medanta

THE EXCHANGE

ISSUE 93 | DECEMBER 2025

Clinical Innovations. New Milestones. Better Outcomes.

Cover Feature

Fetoscopic Laser Ablation for TTTS at Medanta Gurugram

A major step forward in managing complex fetal conditions

Dr. Esha Gupta, Dr. Geetanjli Behl, Dr. Preeti Rastogi, Dr. Neha Gupta, Dr. Pooja Mittal

Department of Obstetrics and Gynaecology

In This Issue

THE EXCHANGE

Issue 93
December, 2025

Feature Case Study
Medanta - Gurugram

Fetoscopic Laser Ablation for Twin-to-Twin Transfusion Syndrome

First Successful Procedure at Medanta Gurugram

Scan to watch Dr. Geetanjli Behl explain the case in detail.

Twin-to-Twin Transfusion Syndrome (TTTS) is a condition seen exclusively in monochorionic twin pregnancies due to shared placental vasculature that facilitates unbalanced transfer of blood from one twin to the other. Without timely intervention, it carries a significantly increased risk of morbidity and mortality for both fetuses. Fetoscopic laser photocoagulation is the definitive and internationally accepted treatment, and this case represents the first time that the procedure was performed at Medanta, Gurugram.

Case Study

A 30-year-old primigravida with a naturally conceived monochorionic diamniotic twin pregnancy presented at twenty weeks and four days of gestation after travelling from Doha. She had been diagnosed with Stage II Twin-to-Twin Transfusion Syndrome and sought definitive management in the form of fetoscopic laser ablation of placental anastomosing vessels.

Pre-procedure ultrasound showing liquor discordancy - polyhydramnios in recipient sac and oligohydramnios in donor sac

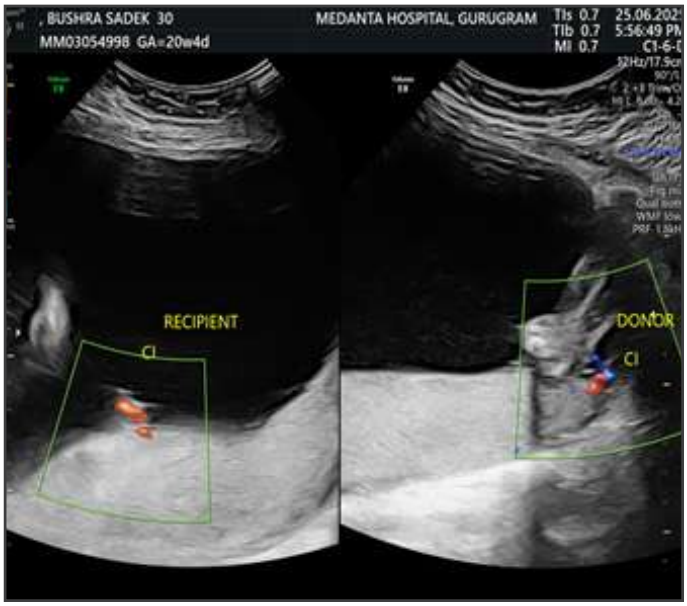
Clinical Assessment and Diagnosis

An antenatal ultrasound assessment was undertaken immediately upon presentation. The findings confirmed the diagnosis of monochorionic diamniotic twin gestation complicated by Stage II disease. The detailed ultrasound features of each twin are presented below in tabular form.

Ultrasound Findings

Parameter	Twin A (Maternal Left – Donor Twin)	Twin B (Maternal Right – Recipient Twin)
Liquor Volume	Severe oligohydramnios with a single deepest pocket of 0.7 cm	Polyhydramnios with a single deepest pocket of 11.4 cm
Bladder	Not visualised	Visualised
Cord Insertion	Marginal	Central
Placenta	Posterior	Posterior
Doppler Findings	Umbilical artery and ductus venosus showing high-resistance flow	Normal waveforms
Estimated Fetal Weight	316 g ± 31.6 g	382 g ± 38.2 g
Additional Notes	Stuck twin appearance	Normal activity

Non-visualisation of the bladder in the donor twin



Ultrasound showing marginal cord insertion in the donor twin

The calculated fetal weight discordance was seventeen percent. The absent bladder in the donor twin, the significant liquor discrepancy and the Doppler abnormalities confirmed the staging as Stage II Twin-to-Twin Transfusion Syndrome.

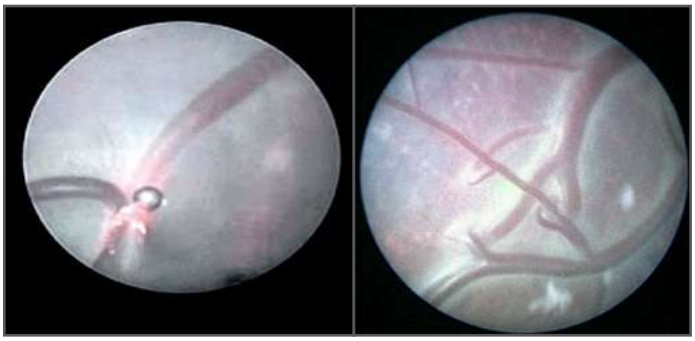
Counselling

The couple received detailed counselling regarding the natural history of untreated Twin-to-Twin Transfusion Syndrome, including the ninety to one-hundred percent risk of losing both fetuses and the high risk of neurological injury in the survivor. The benefits and risks of fetoscopic laser photocoagulation were explained. The procedure improves dual survival to approximately seventy percent, ensures at least one survivor in nearly eighty percent of cases, and reduces neurological morbidity to five percent. They were also counselled regarding possible complications, including preterm rupture of membranes, preterm labour, and a twelve percent chance of persistent TTTS or evolution into Twin Anaemia–Polycythaemia Sequence (TAPS). The couple consented for fetoscopic laser coagulation.

Procedure

Fetoscopic laser ablation was planned using the Solomon technique. Approximately six anastomosing placental vessels were identified and coagulated.

The procedure is minimally invasive and generally performed under local anaesthesia. An optimal entry point was selected under continuous ultrasound guidance to provide clear visualisation of the vascular equator. A small incision was made on the maternal abdomen and a ten French cannula was introduced into the uterus using the Seldinger technique. A 3.3 mm curved fetoscope was advanced to assess the placental vasculature. A 0.6 mm diode laser fibre was then used to coagulate the identified anastomoses. The Solomon technique was employed by joining the coagulated points along the vascular equator in a continuous line to reduce recurrence of TTTS and the risk of transition to TAPS.



Fetoscopic visualisation and laser photocoagulation of placental anastomosing vessels

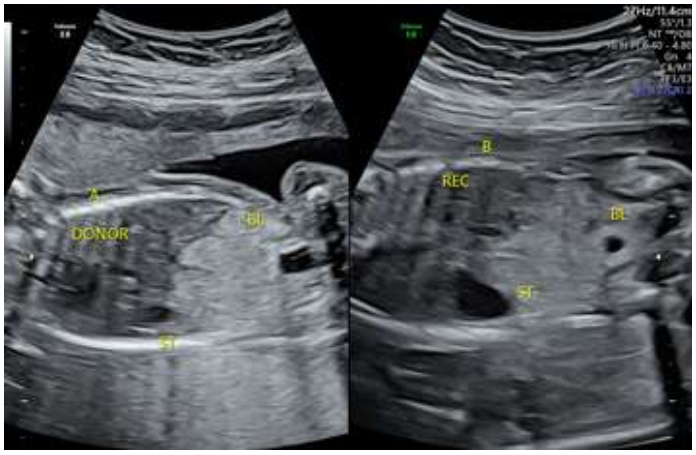
At the completion of the procedure, approximately 1,300 millilitres of amniotic fluid were drained from the recipient twin's sac. The heart rates of both fetuses were normal at the end of the intervention.

Team performing foetoscopic laser ablation for TTTS

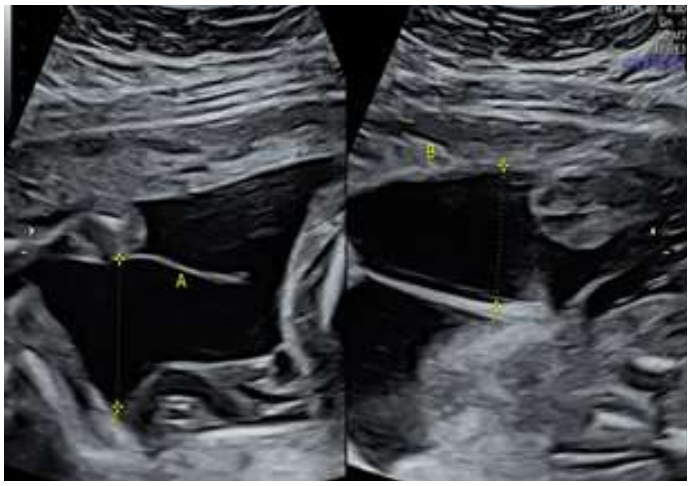
Postoperative Course

The patient remained clinically stable following the procedure. There was no leaking per vaginam or abdominal discomfort. Ultrasound monitoring demonstrated early improvement. By postoperative Day 2, the bladder of the donor twin became visible and amniotic fluid reaccumulated around the fetus.

Middle cerebral artery Dopplers initially suggested evolving TAPS, with the donor twin showing a peak systolic velocity of 0.69 MoM and the recipient 1.60 MoM. However, these normalised over the next twenty-four hours, and by the time of discharge both liquor volume and Doppler parameters were reassuring. The fetal weight discordance at this point measured eighteen percent.



Post procedure ultrasound showing bladder visualisation in donor twin



Post procedure ultrasound showing normalisation of liquor in both twin sac

Discharge and Follow-Up

The patient was discharged on Day 3 in stable condition, with no complaints of fluid leakage, pain, or uterine contractions. Ultrasound at discharge showed satisfactory Doppler flow and adequate amniotic fluid around both twins. She was advised weekly ultrasound monitoring for the next two weeks, followed by a detailed neurosonogram after four weeks.

The pregnancy progressed until 34 weeks with appropriate growth of both fetuses. She delivered two healthy male babies weighing 2.2 kg and 2.0 kg, respectively. The smaller twin required a short NICU stay, and both neonates had a favourable overall outcome.

Discussion

Twin-to-Twin Transfusion Syndrome affects approximately ten percent of monochorionic twin pregnancies and is associated with substantial risk when not treated. Serial amniodrainage may achieve temporary improvement in polyhydramnios but does not address the underlying pathophysiology, often requiring multiple interventions and carrying persistent risk. Fetoscopic laser photocoagulation is the definitive treatment as it directly occludes the causative vascular anastomoses. It is a highly specialised procedure that requires advanced expertise, specialised equipment and multidisciplinary coordination.

The successful completion of this procedure for the first time at Medanta, Gurugram demonstrates the growing capability of the Fetal Medicine unit in offering high-end fetoscopic care. This case reflects the effectiveness of early identification, comprehensive counselling, precise surgical technique and meticulous postoperative monitoring in improving perinatal outcomes in advanced monochorionic twin complications.

Technology Highlight:

Fetoscopic Laser Ablation

Fetoscopic laser ablation is a minimally invasive technique that enables direct visualisation and targeted coagulation of placental vascular anastomoses responsible for Twin-to-Twin Transfusion Syndrome. Using a high-resolution fetoscope and a fine-calibre diode laser fibre, the procedure allows precise identification and interruption of intertwin blood vessel connections with minimal maternal morbidity. The technology supports real-time imaging, controlled energy delivery and meticulous ablation of the vascular equator, improving perinatal outcomes and reducing the risk of recurrent TTTS or post-laser TAPS.

Dr. Geetanjli Behl
Senior Consultant - Fetal Medicine
Medanta - Gurugram

THE EXCHANGE

Issue 93
December, 2025

Dr. Pooja Mittal
Senior Consultant - Obstetrics and Gynaecology
Medanta - Gurugram

Dr. Preeti Rastogi
Director and HOD - Obstetrics and Gynaecology
Medanta - Gurugram

Dr. Manikandan K.
Visiting Consultant - Gynaecology and Gynaeoncology
Medanta - Gurugram

Case Study
Medanta - Indore

Live-Related Renal Transplant in an Obese Recipient Using a Donor Kidney with Multiple Renal Calculi

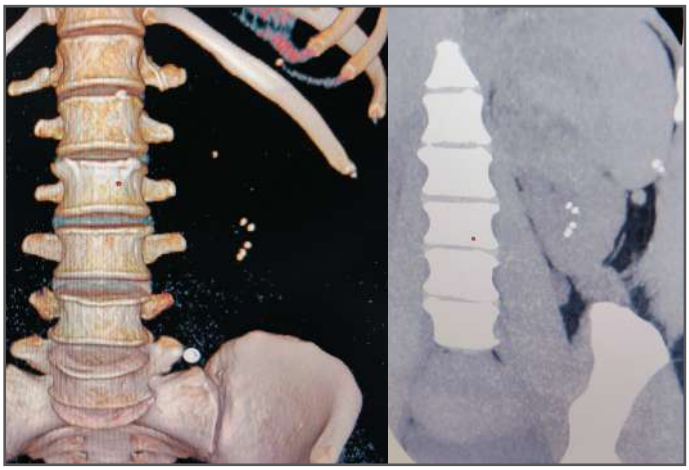
Renal transplantation in obese patients is clinically challenging due to deeper surgical fields, increased technical complexity, higher anaesthetic risk and a greater likelihood of postoperative wound complications. Additional complexity arises when the donor kidney contains renal calculi, requiring ex vivo stone extraction before transplantation. This report describes a technically demanding case where a 115 kg recipient with end-stage renal disease (ESRD) successfully underwent live-related renal transplantation using a donor kidney that contained eight stones, all managed within the same operative session.

Case Study

A 47-year-old male with chronic kidney disease diagnosed in 2018, now progressed to end-stage renal disease on maintenance haemodialysis since 2022, presented to Medanta Indore for renal transplant evaluation. His dialysis regimen comprised thrice-weekly four-hour sessions, with a dry weight of 97 kg and interdialytic weight gain of 2–3 kg. He experienced recurrent intradialytic hypertension, and dialysis was administered via a left arteriovenous fistula. His comorbidities included systemic hypertension and a history of transfusion of two units of packed red cells two years prior; he had no known drug allergies. At assessment, he weighed 115 kg (height 174 cm), categorising him as a high-risk surgical candidate.

His 45-year-old wife volunteered as the donor. Donor imaging revealed eight renal calculi within the left kidney. Following multidisciplinary review, a plan was made to perform ex vivo stone extraction during donor nephrectomy and proceed with transplantation using the same kidney.

Blood groups were AB positive for the recipient and B positive for the donor. Haplomatching was confirmed.



3D reconstructed image and CT scan Image- showing multiple renal calculi in the left kidney of the donor

Pre-Transplant Investigations

Infectious screening showed negative HIV, HBsAg, HCV, and COVID-19 RT-PCR results. CMV IgG was reactive and IgM non-reactive. ECG was normal. A 2D echocardiogram showed a preserved left ventricular ejection fraction of 65%. Ultrasound abdomen showed right kidney size 6.9 × 3.6 cm and left kidney size 7.3 × 3.5 cm. Micturating cystourethrogram was normal with no reflux. Neck venous Doppler and iliac vessel Doppler studies were also normal.

Laboratory values on 18 August 2025 included haemoglobin 12.3 g/dL, urea 117 mg/dL, TLC 13.1 $\times 10^3/\mu L$, albumin 5.10 g/dL, platelets 338 $\times 10^3/\mu L$, sodium 136 mmol/L, potassium 4.5 mmol/L, uric acid 6.7 mg/dL and calcium 6.4 mg/dL. PT/INR was 11.7/1.18 and APTT 25 seconds.

Immunological evaluation showed negative CDC crossmatch, negative Flow DSA, and negative lymphocyte crossmatch. HLA match was 3/12. CMV status was R+/D+.

The patient was cleared for live-related renal transplantation with planned donor stone clearance.

Surgical Management

On 1 September 2025, the recipient was admitted for surgery. On 2 September 2025, donor nephrectomy was performed. During this procedure, all eight stones were removed from the donor kidney using an ex vivo approach to ensure a stone-free graft and minimise the risk of postoperative obstruction or infection. Flexible RIRS with stone basket was used and all the stones were grasped and removed through the ureter of the donated kidney on the bench after kidney extraction, while the kidney laid on ice bath.

Immediately after stone clearance, the same kidney was transplanted into the right iliac fossa of the obese recipient. Due to his body habitus, surgical exposure required meticulous dissection and careful vascular handling. The renal artery was anastomosed end-to-side to the external iliac artery, and the renal vein to the external iliac vein using 6-0 prolene. Following anastomosis, the graft showed good arterial pulsation and immediate urine output.

Ureteroneocystostomy was performed using the Modified Lich-Gregoir technique, and a ureteric stent was placed. The cold ischaemia time was 75 minutes and warm ischaemia time four minutes.

Donor kidney on ice bath with flexible RIRS scope being used for stone extraction ex-vivo

Postoperative Course

On postoperative day (POD) 0, the patient arrived in the Kidney Transplant Unit with stable haemodynamics (BP 151/106 mmHg, CVP 10.6 cm H_2O). Induction immunosuppression included intravenous methylprednisolone 1 g daily for three days, followed by maintenance triple immunosuppression with prednisolone, tacrolimus and mycophenolate sodium. Intravenous meropenem was given for seven days.

Arterial line and Ryle's tube were removed on POD 1. Serum creatinine improved steadily from 2.0 mg/dL on POD 1 to 1.0 mg/dL on POD 2 and 0.9 mg/dL on POD 3. Between POD 5 and POD 7, creatinine stabilised at 0.7 mg/dL. Foley catheter removal occurred on POD 7 and the drain was removed on POD 8. Scrotal swelling, commonly seen in obese post-transplant recipients, was managed with compressive dressing and scrotal support.

Doppler ultrasound on 4 September 2025 confirmed excellent graft perfusion with resistive indices of 0.59 (upper pole), 0.58 (mid-pole), 0.55 (lower pole) and 0.59 (hilum). All postoperative cultures were sterile. Tacrolimus levels were 10.7 on POD 5 and 3.0 on POD 8.

Outcome and Follow-Up

The patient was discharged on 14 September 2025 in a haemodynamically stable condition with a serum creatinine of 0.8 mg/dL.

Discussion

This case is clinically significant for two major reasons:

1. Recipient Obesity:
    - Obesity complicates surgical exposure, increases anaesthetic risk, raises infection and wound complication rates, and can affect immunosuppressant pharmacokinetics.
2. Donor Kidney with Eight Stones:
    - Donor nephrolithiasis typically warrants exclusion or staged procedures. In this case, ex vivo stone extraction enabled safe use of the kidney in the same operative sitting, avoiding multiple surgeries for both donor and recipient.

Despite these dual challenges, the patient achieved excellent early graft function, demonstrating that with expert surgical planning, meticulous technique and multidisciplinary care, outcomes can match those of standard-risk transplants.

Conclusion

This complex live-related transplant involving an obese recipient and a donor kidney with multiple calculi was completed successfully in a single operative sitting. Comprehensive evaluation, coordinated surgical strategy and careful postoperative management resulted in excellent graft function and an uneventful recovery.

Dr. Jay Singh Arora

Consultant - Nephrology and Kidney Transplant Medicine

Medanta - Indore

Dr. Anshul Agrawal

Consultant - Urology and Kidney Transplant Surgery

Medanta - Indore

Case Study

Medanta - Noida

Video-Assisted Thoracoscopic Decortication for Complicated Pneumonia with Empyema

Complicated pneumonia progressing to multiloculated empyema remains a significant clinical challenge, particularly when the inflammatory process leads to pleural thickening, loculation and entrapment of the lung. Early recognition and timely escalation of care are essential to prevent chronic sequelae such as fibrothorax and long-term respiratory impairment. Surgical decortication is often required when medical therapy and drainage are insufficient. Video-Assisted Thoracoscopic Surgery (VATS) has emerged as the preferred approach due to its minimally invasive nature, superior visualisation and favourable postoperative recovery profile. This case describes the successful management of a patient with advanced empyema using VATS decortication, highlighting the importance of prompt intervention and modern thoracoscopic techniques.

Case Study

A 68-year-old gentleman presented to Medanta – Noida with a prolonged history of fever, cough and progressive breathlessness. He had been unwell for approximately a month prior to admission and had undergone intermittent outpatient treatment without sustained improvement. His symptoms gradually worsened and were associated with increasing fatigue and functional limitation. There was no significant smoking history, chronic respiratory illness or known immunocompromised state.

A contrast-enhanced CT scan of the chest performed at the referring centre revealed features of complicated pneumonia with a large loculated pleural effusion and early empyema formation on the left side. The patient was subsequently referred to Medanta for further evaluation and management.

Parapneumonic multiloculated collection, pre-VATS

Clinical Assessment

At presentation, he reported severe left-sided chest discomfort and difficulty in breathing, particularly on exertion. Clinical examination demonstrated reduced air entry over the left hemithorax, stony dullness on percussion and signs consistent with a significant pleural collection. His inflammatory markers were raised, indicating ongoing infective pathology.

The CT chest from the referring centre confirmed extensive left-sided pleural thickening, multiloculated effusion and dense consolidation of the adjoining lung parenchyma.

A diagnosis of complicated pneumonia with multiloculated empyema was established. The presence of pleural septations, thickened pleura and an incompletely expanding lung indicated that medical management alone would be insufficient. Surgical intervention was deemed necessary to achieve complete drainage, remove the fibrous peel and allow lung re-expansion.

Management and Surgical Intervention

A decision was made to proceed with Video-Assisted Thoracoscopic Surgery (VATS) decortication, given the extent of loculation and pleural thickening. After obtaining informed consent, the patient was optimised for surgery.

Under general anaesthesia with single-lung ventilation, thoracoscopic access was established through standard port placement. On entry, partially solidified multiloculated collection along with a dense fibrinopurulent peel was visualised encasing the left lung and preventing expansion. A large volume of thick pus was released on opening the loculations.

The fibrous peel was meticulously dissected and removed from the visceral and parietal pleura. All loculated pockets were broken down, the pleural cavity was irrigated thoroughly, and adhesion bands limiting lung mobility were carefully released.

Gradual re-expansion of the lung was noted intra-operatively. Haemostasis was secured and a chest drain was placed before closure. The patient tolerated the procedure well.

Postoperative Course

The immediate postoperative period was stable. The patient reported significant symptomatic relief with improved breathing in the first 24 hours. Chest drain output gradually reduced, and serial chest radiographs demonstrated satisfactory re-expansion of the left lung. His inflammatory markers steadily declined.

He remained afebrile and was mobilised early with physiotherapy support. The chest drain was removed once output was minimal and imaging confirmed no residual collection. The patient continued to improve and was discharged in stable condition with appropriate follow-up advice.

Post-VATS decortication, all chest tubes removed

At review, the patient displayed excellent functional recovery with marked improvement in respiratory capacity. He had returned to routine daily activities without limitation. Follow-up imaging confirmed a well-expanded lung with no recurrence.

Discussion

Complicated pneumonia leading to multiloculated empyema carries significant morbidity if not treated promptly. The presence of septations, thick pleural rind and trapped lung often limits the effectiveness of medical therapy alone. Early surgical decortication is essential to restore lung expansion, eliminate persistent infection and prevent long-term sequelae such as fibrothorax.

Video-Assisted Thoracoscopic Surgery has transformed empyema management by offering a minimally invasive alternative to thoracotomy, with reduced pain, shorter hospital stay and faster functional recovery. This case reinforces the importance of timely intervention and coordinated multidisciplinary care.

Technology Highlight:

VATS Decortication

VATS decortication is a minimally invasive thoracic surgical technique enabling complete removal of the fibrous pleural peel and drainage of multiloculated empyema under high-definition thoracoscopic vision. Precise dissection within confined anatomical spaces allows breakdown of loculations, evacuation of pus and restoration of lung expansion with significantly less morbidity than open thoracotomy.

Dr. Belal Bin Asaf

Director - Institute of Chest Surgery,
Chest Onco-Surgery and Lung Transplant

Medanta - Noida

THE EXCHANGE

Issue 93
December, 2025

Spotlight

Medanta Launches Advanced Surgical Heart Failure Clinic in Gurugram

Medanta Gurugram has launched the Advanced Surgical Heart Failure Clinic, a specialised centre for the diagnosis, surgical management, and holistic rehabilitation of patients with complex and end-stage heart failure.

The clinic marks a major milestone in India's cardiac care landscape, bringing together a multidisciplinary team of cardiac surgeons, heart failure specialists, interventional cardiologists, and rehabilitation experts to deliver integrated and precision-driven care. It is equipped with advanced facilities such as CPET, right heart catheterisation, genetic and biopsy testing, along with comprehensive pre- and post-transplant rehabilitation.

Going beyond conventional medication, the clinic offers surgical therapies, mechanical circulatory support (LVAD, RVAD, BiVAD, ECMO), and transplant readiness programmes. With a strong focus on early detection and timely intervention, it ensures optimal outcomes through LVAD or transplant planning and bridge-to-transplant or destination therapy approaches.

When to Refer a Patient

If a patient meets any of the following "I NEED HELP" criteria, it's time to refer them for advanced evaluation and management:

- Need for IV inotropes
- NYHA class IIIB/IV symptoms or persistently elevated natriuretic peptides
- Presence of end-organ dysfunction
- Ejection fraction below 35%
- Defibrillator shocks
- More than one hospitalisation due to heart failure
- Oedema despite escalating diuretics
- Low blood pressure or high heart rate
- Progressive intolerance or down-titration of guideline-directed medical therapy (GDMT)

This initiative reinforces Medanta's leadership in advanced cardiac care, strengthening its mission to deliver lifesaving, precision-driven treatment through cutting-edge technology, multidisciplinary expertise, and compassionate care.

Medanta Patna Hosts Cardiac Conclave 2025

Bringing Global Expertise to Bihar

MEDANTA 2025
CARDIAC Conclave

Interventional Cardiology Master-Class Chapter -1

Jay Prabha Medanta Super Speciality Hospital, Patna, hosted the Medanta Cardiac Conclave 2025 on 23 November, bringing together leading cardiologists from India and across the world for a day of scientific exchange and contemporary clinical learning. Experts representing India, England, the USA, Mauritius and Nepal participated in scientific sessions and focused masterclasses, sharing emerging evidence and best practices in cardiovascular care.

Dr. Naresh Trehan, Chairman and Managing Director, Medanta, addressed the inaugural session and reaffirmed Medanta's commitment to advancing cardiac care in Bihar.

The conclave featured contributions from eminent international faculty members including Dr. James Nolan and Dr. Raje Narayan from England, Dr. Mithilesh Das from the USA, and Dr. Shamlool Umesh from Mauritius, who discussed evolving interventional strategies and future directions in cardiac treatment.

Senior interventional and clinical cardiologists from major Indian cities presented their experience with complex angioplasty, high-risk case management, leadless pacing systems, arrhythmia therapies and minimally invasive cardiac procedures.

Dr. Praveen Chandra, Chairman, Interventional Cardiology, Medanta Gurugram, highlighted the rapid evolution of interventional cardiology and the increasing feasibility of treating previously untreatable cases.

Dr. Rajneesh Kapoor, Vice Chairman, Cardiology, Medanta Gurugram, underscored the value of advanced technology and coordinated clinical teams in improving outcomes for patients presenting late with acute cardiac conditions.

Dr. Pramod Kumar, Director and Head, Department of Cardiology, Medanta Patna, spoke about the hospital's long-term vision of positioning Patna as a centre of excellence in cardiovascular sciences.

A courtesy high tea allowed participating clinicians to interact with H.E. Shri Arif Mohammed Khan, Governor of Bihar, adding a distinguished note to the event.

A key feature of this year's conclave was the introduction of a first-of-its-kind simulation village, offering hands-on training in advanced interventional devices and procedural techniques. This initiative provided a practical learning platform, particularly valuable for early-career cardiologists.

The conclave was attended by Dr. Ravi Shankar Singh (Medical Director, Medanta Patna), Dr. Ajay Kumar Sinha, Dr. Shaheen Ahmed, Dr. Vijay Kumar, Dr. Pawan Kumar Singh, and members of the scientific and organising committees. Dr. Shamshad Alam, Organising Secretary, shared that this programme marks the launch of the Interventional Cardiology Masterclass Chapter–1, which will continue to offer structured training opportunities for physicians in the region.

"We want to provide the people of Bihar with the same state-of-the-art cardiac treatment available globally."

Dr. Naresh Trehan

Chairman and Managing Director
Medanta

In-Focus

Socho Mat, Baat Karo.

Medanta Launches 1-Minute Prostate Cancer Risk Assessment

Prostate cancer often develops silently in its early stages, with many men showing no symptoms until the disease advances. To promote awareness, Medanta has introduced a simple, one-minute, three-question prostate risk check, accessible via given below link:

www.medanta.org/prostate-cancer-risk-assessment

or scan the QR code

The tool helps individuals reflect on common risk factors and understand when further evaluation may be appropriate. While not a diagnostic test, it complements ongoing awareness efforts by making information easily accessible and encouraging timely attention to prostate health.

Designed to support informed discussions about prostate care, this resource reminds patients to take the first step without delay. Socho Mat, Baat Karo — because early risk assessment and structured follow-up are key to improving long-term outcomes.

This initiative reflects Medanta's commitment to raising awareness around men's health and supporting proactive engagement with prostate care.

THE EXCHANGE

Issue 93
December, 2025

Kudos

Medanta – The Medicity, Gurugram Recognised as the Best Multi-Speciality Hospital (Private) in North India and Delhi NCR

Medanta - The Medicity, Gurugram has been ranked

#1

Best Multi-Speciality Hospital (Private) – North Zone

#1

Best Multi-Speciality Hospital (Private) – Delhi NCR

at the

THE WEEK–Hansa Research Best Hospitals Awards 2025.

The recognition was conferred in the presence of Smt. Anupriya Patel, Union Minister of State for Health and Family Welfare, reaffirming the national importance of clinical excellence and patient-centric care.

This achievement reflects Medanta's sustained leadership in high-acuity care, multidisciplinary expertise, evidence-based protocols, and robust clinical outcomes. It also underscores our commitment to delivering ethical, safe and world-class treatment across specialties.

The honour is a testament to the visionary guidance of Dr. Naresh Trehan, whose focus on quality, innovation and continuous improvement continues to shape Medanta's approach to advanced healthcare delivery.

Congratulations!

Dr. Raghav Bansal

Senior Consultant – Cardiac EP and Pacing

for being awarded the

First Prize for Best Case Presentation

(EP Category)

at the Indian Heart Rhythm Society Annual Conference (IHRSCON 2025) held in Visakhapatnam from 31st October to 2nd November 2025.

This recognition highlights his clinical expertise and reinforces Medanta's leadership in advanced electrophysiology care.

THE EXCHANGE

Issue 93
December, 2025

Milestones

Hon'ble UP Chief Minister Yogi Adityanath Ji Inaugurates Medanta's New Super Speciality Hospital in Noida

Medanta has strengthened its clinical presence in the NCR with the formal opening of a new 550-bed super speciality hospital in Noida, inaugurated by Hon'ble Chief Minister Yogi Adityanath ji.

Located in Sector 50 with easy metro access, the hospital is designed to bring high-quality tertiary and quaternary care closer to patients in Noida, Delhi-NCR and Western Uttar Pradesh.

The facility offers care across more than 25 super specialities and includes over 130 ICU beds, 16 modern operation theatres and a team of 200+ clinicians already in place. It brings together advanced technology such as the da Vinci Xi robotic system, Artis Icono Biplane Cath Lab, Varian Edge TrueBeam radiosurgery platform, O-Arm imaging and comprehensive diagnostic services including 3T MRI, 256-slice CT and PET Scan.

Built on Medanta's clinician-led and protocol-driven model, the new hospital is set to enhance access to dependable, multidisciplinary care for a rapidly growing region.

> *"Medanta Noida has been created with one purpose — to offer patients the confidence that they are receiving safe, high-quality care delivered by experienced clinicians. This hospital brings together the best of technology and clinical expertise to support better outcomes for our communities."*
>
> **Dr. Naresh Trehan**
> Chairman and Managing Director
> Medanta

Scan the QR code for glimpses of Medanta Noida

Service Bulletin

Expert Care

GETS EVEN MORE CONVENIENT

Preventive Health Checks

Now Available All **7 Days**

at

Medanta - The Medicity and

Mediclinic - Golf Course Road

0124-6548-833

Medanta's Leading

Eye Care Specialists

Now at Medanta Mediclinic Golf Course Road

Consulting

All **7 Days of the Week**

Eye Care Services at a Glance

- Comprehensive Eye Check-up
- Glaucoma Management
- Corneal Transplant Services, Including Sutureless Transplants
- Paediatric Ophthalmology
- Oculoplasty and Ocular Aesthetics
- Cataract Surgery
- Ocular Oncology
- Retina Services
- Ocular Trauma Care

88-0000-1068

THE EXCHANGE

Issue 93
December, 2025

Welcome Onboard

Dr. Chandan Kumar Jha

Director - Endocrine and Breast Surgery

Medanta - Patna

Dr. Jha specialises in advanced endocrine and breast surgery, with expertise in minimally invasive thyroid, parathyroid, and adrenal procedures, endocrine oncology, and oncoplastic breast-conserving surgery including sentinel lymph node biopsy and TIVAD insertion.

Dr. Kamlesh Singh Bhaisora

Director - Neurosurgery

Medanta - Lucknow

Dr. Bhaisora specialises in skull base surgery (endoscopic and open), vascular neurosurgery, brain tumours, and minimally invasive spine surgery, with extensive expertise in complex cranial and cerebrovascular disorders.

Dr. Pranjali Saxena

Associate Director - Paediatrics and Neurodevelopmental

Medanta - Lucknow

Dr. Saxena specialises in neurodevelopmental paediatrics, early childhood development, paediatric nutrition, and the management of developmental, behavioural, and neonatal health concerns.

Dr. Manu Madan

Senior Consultant - Respiratory and Sleep Medicine

Medanta - Noida

Dr. Madan specialises in interventional pulmonology including EBUS, cryobiopsy and thoracoscopy, with expertise in airway diseases, lung infections, sleep disorders and complex critical care respiratory management.

Dr. Naveen Gupta

Senior Consultant - Anaesthesiology

Medanta - Noida

Dr. Gupta specialises in onco, robotic and transplant anaesthesia, with advanced expertise in regional anaesthesia, perioperative critical care and complex airway management.

Dr. Vikrant Sharma

Consultant - Neurosurgery

Medanta - Lucknow

Dr. Sharma specialises in neuroendoscopy, functional and epilepsy surgery, skull base neurosurgery, and the management of neurosurgical emergencies including traumatic brain injury, spine trauma, and stroke.

Dr. Shishir Kumar

Consultant - Neurosurgery

Medanta - Patna

Dr. Kumar specialises in neurointervention, endovascular neurosurgery, and minimally invasive/endoscopic spine surgery, with expertise in complex cranial, cerebrovascular, paediatric and skull base neurosurgical procedures.

Dr. Tejas Pandya

Consultant - Radiation Oncology

Medanta - Patna

Dr. Pandya is an expert in advanced radiation techniques (IMRT, IGRT, VMAT, SRS/SBRT, TBI and brachytherapy) and in delivering comprehensive clinical oncology care.

THE EXCHANGE

Issue 93
December, 2025

Dr. Durva Dharmesh Shah
Associate Consultant - Psychiatry
Medanta - Noida

Dr. Shah specialises in adult, child and adolescent psychiatry, with focused expertise in perinatal mental health, addiction psychiatry and cognitive-behavioural therapy.

Dr. Rohan Krishnan
Associate Consultant - Orthopaedics
Medanta - Patna

Dr. Krishnan specialises in joint replacement, arthroscopy, sports injury management, and spine and trauma surgery, with additional international training in advanced orthopaedic care.

Dr. Biplob Kumar Biswas
Associate Consultant - Biochemistry
Medanta - Noida

Dr. Biswas specialises in diagnostic and molecular biochemistry, with expertise in immunoassay-based testing, PCR techniques and clinical laboratory quality management.

IN CASE OF **EMERGENCY** DIAL **1068**

Medanta Network

Hospitals

Medanta - Gurugram
Sector - 38, Gurugram, Haryana | Tel: 0124 4141 414 | info@medanta.org

Medanta - Lucknow
Sector - A, Pocket - 1, Sushant Golf City, Amar Shaheed Path, Lucknow I Tel: 0522 4505 050

Medanta - Patna
Jay Prabha Medanta Super-Speciality Hospital, Kankarbagh Main Road, Kankarbagh Colony, Patna Tel: 0612 350 5050

Medanta - Ranchi
Medanta Abdur Razzaque Ansari Memorial Weavers', P.O. Irba, P.S. Ormanjhi, Ranchi | Tel: 1800 891 3100

Medanta - Hospital, Ranchi
NH 33, P.O. Irba, P.S. Ormanjhi, Ranchi | Tel: 1800 891 3100

Medanta - Indore
Plot No. 8, PU4, Scheme No. 54, Vijaynagar Square, AB Road, Indore I Tel: 0731 4747 000

Medanta - Noida
Plot No. F-16, Block-F, Sector 50, Noida, Gautam Budhha Nagar, U.P. I Tel: 0120 3141 414

Mediclinics

Defence Colony
E - 18, Defence Colony, New Delhi | Tel: 011 4411 4411

Cybercity
UG 15/16, DLF Building 10 C, DLF Cyber City, Phase II, Gurugram I Tel: 0124 4141 472

Subhash Chowk
Plot No. 743P, Sector - 38, Subhash Chowk, Gurugram I Tel: 0124 4834 547

Cyber Park
Shop No. 16 and 17, Tower B, Ground Floor, DLF Cyber Park, Plot No. 405B, Sector-20, Udyog Vihar, Gurugram I Tel: 93541 41472

Golf Course Road
562 SP, Sector 27, Golf Course Road, Gurugram I Tel: 0124 6930 099

Ranchi
Shah Corporate, Kutchary Road, Opp. Atal Smriti Vendor Market, Ranchi I Tel: 1800 891 3100

Medanta Helpline: 88-0000-1068

medanta.org