



May holds special significance in the healthcare calendar, marking both **Bladder Cancer Awareness Month** and **National Cancer Survivor Month**.

Spreading Awareness, Saving Lives

May was observed as **Bladder Cancer Awareness Month**, a crucial time to raise awareness about a cancer that often goes unnoticed. Bladder cancer commonly presents with warning signs such as blood in urine, frequent urination, or pelvic pain. Early diagnosis significantly improves outcomes – but only if people are aware and act promptly. High-risk individuals, especially smokers and those above 50, must stay alert to these symptoms.

May also marked World No Tobacco Day on May 31st. This year's theme – “Protecting youth from tobacco industry interference” – reminds us how aggressively tobacco companies target the younger generation. From flavored products to flashy advertising, the industry continues to lure children into a lifetime of addiction. As a society, we must safeguard our youth from these tactics.

Tobacco is a leading cause of not just lung cancer, but also bladder, mouth, throat, and many other cancers. Quitting tobacco is the single most powerful step anyone can take for a healthier future.

At Airavat Cancer Care, we believe in empowering people through knowledge and prevention. Let's commit to spreading awareness, encouraging early action, and protecting future generations from the dangers of tobacco.

Stay Alert. Say No to Tobacco. Choose Health.

Lets Know more about Esophageal Cancer...

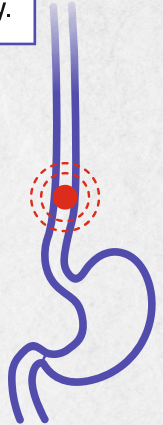
April is celebrated as Esophageal Cancer Awareness Month.

• Do you know?

- Esophageal SCC carcinoma in some patients can be treated without surgery.

Risk Factors of Esophageal Cancer...

- Acid Reflux/GERD
- Smoking
- Alcohol Intake (Excessive)
- Age > 55
- Male more common
- Obesity
- Diets high in processed meats, low in fruits & vegetables
- Achalasia
- Most commonly, it is associated with the lifestyle.
- So, good, healthy habits can prevent the disease.



Screening of Esophageal Cancer

1. 10% of people with chronic/long-term symptoms of GERD can develop Barrett's esophagus (Precancerous condition).
2. In **Barrett's Esophagus**, Normal tissue lining the esophagus changes to tissue that resembles the lining of the intestine.
3. If you have chronic indigestion / chronic GERD then,



Regular Annual Endoscopy



Signs and Symptoms of Esophageal Cancer



Difficulty Swallowing



Weight Loss without Trying



Chest Pain, Pressure or Burning



Worsening Indigestion or Heartburn



Coughing or Hoarseness

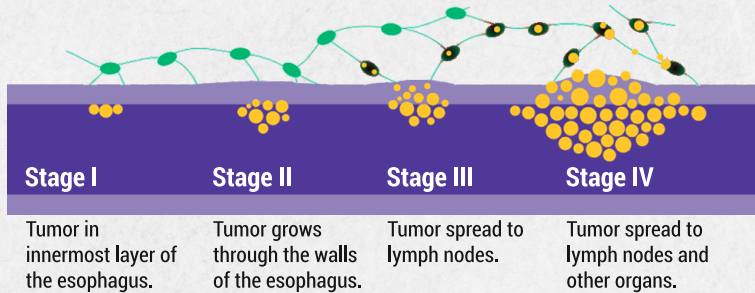


Fatigue

Diagnosis of Esophageal Cancer

- Barium Swallow
- Upper Endoscopy & Biopsy
- Endoscopic Ultrasound
- Bronchoscopy
- CT Scan
- MRI
- PET Scan

Stages of Esophageal Cancer

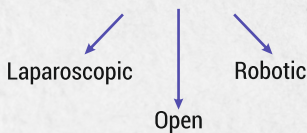


Types of Treatments for Esophageal Cancer

- Multi-modality Treatment
- Role of Chemotherapy, Radiotherapy & Surgery

Surgery

- Endoscopic Resection
- Esophagectomy combined with lymphadenectomy



Radiation & Chemotherapy

- Perioperative Chemotherapy for AdenoCa.
- Neoadjuvant Chemoradiotherapy for SCC.
- Definitive Chemoradiotherapy

Immunotherapy

- Anti-EGFR Therapy
- Anti-PD-L1 Therapy
- Anti-CTLA-4 Therapy

Different types of Esophagectomies

- Three stage (McKeown's)
- Ivor Lewis Esophagectomy
- Transthiatal Esophagectomy
- Thoraco Abdominal Esophagogastrectomy

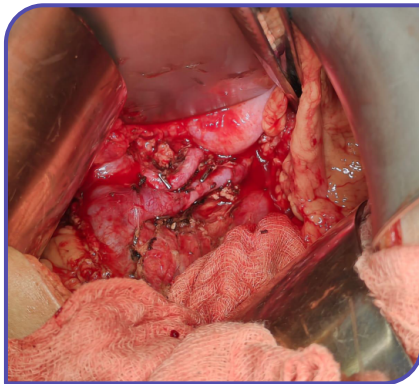
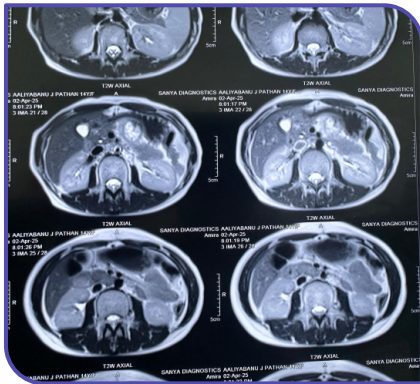
Case of Month - 1

Distal Spleen Preserving Pancreatectomy

A 14 year old female presented to us with vague pain in epigastrium, investigated for the same and found to be suffering from SPEN involving the pancreas.

Patient was non affording, we operated her at LG medical college, where Distal Spleen Preserving Pancreatectomy was performed.

Patient's stay remain uneventful and discharged on POD 4.



Case of Month - 2

Proper Planning and Execution Leads to Great Recovery

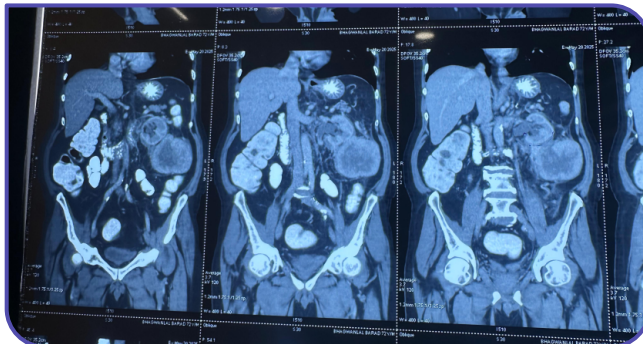
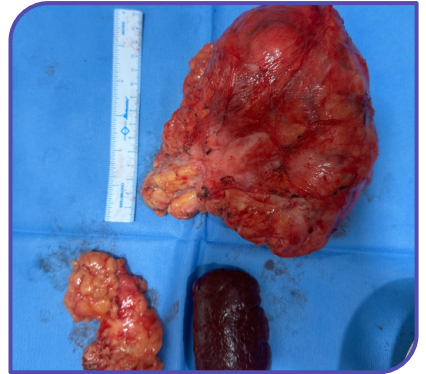
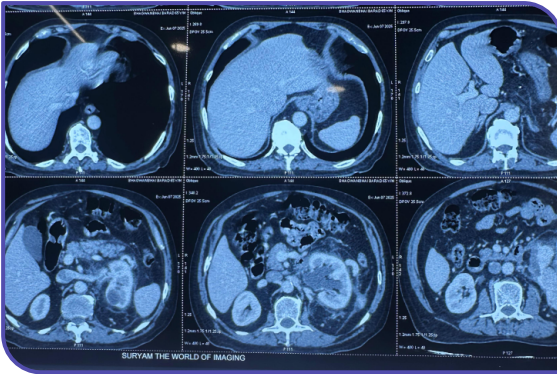
A 69 year old gentleman Hypertensive, COPD, BPH patient came with left flank pain and mass.

Investigations suggested Dedifferentiated liposarcoma involving left retroperitoneum adhered to kidney and involving gerota's fascia.

During the course of investigation patient developed acute exacerbation of COPD and was admitted for pulmonary care.

Initially planned for laparoacopic surgery, Patient was carefully planned for segmental epidural anaesthesia and operated for laparotomy and we performed left RP compartmental resection - left radical nephrectomy with splenectomy was done. DTPA scan suggestive of Left nonfunctional kidney (GFR 10ml/min; 19% relative kidney function).

With planned anaesthesia technique we avoided post op morbidity and discharged patient on POD 5.



WHAT IS TOTAL PELVIC PERITONECTOMY

Total Pelvic Peritonectomy is a complex surgical procedure primarily performed in cases of peritoneal surface malignancies, such as peritoneal carcinomatosis, pseudomyxoma peritonei, or advanced ovarian cancer. The goal is complete cytoreduction (removal of all visible tumor) from the pelvic peritoneum. Here is a detailed medical explanation in a point-wise manner:

• DEFINITION

Total pelvic peritonectomy refers to the complete surgical removal of the peritoneum lining the pelvic cavity, including overlying structures such as the bladder, uterus, rectum, and pelvic sidewalls.

• INDICATIONS

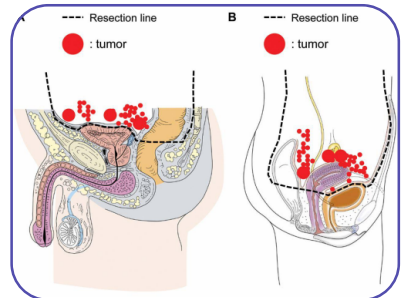
1. Peritoneal carcinomatosis from colorectal, ovarian, or appendiceal cancer.
2. Pseudomyxoma peritonei.
3. Mesothelioma involving the pelvic peritoneum.
4. Recurrent or residual pelvic disease after previous surgeries.

• ANATOMICAL EXTENT

- Removal of parietal peritoneum over:
 - Pelvic sidewalls (right & left)
 - Posterior cul-de-sac (Pouch of Douglas)
 - Anterior peritoneum over bladder & pubic symphysis
- Removal of visceral peritoneum if infiltrated:
- Over uterus, ovaries, rectum, bladder

• PROCEDURE INCLUDES (MAY VARY PER CASE)

- Bladder peritonectomy (anterior pelvic peritoneum)
- Uterovesical fold resection (if uterus is preserved)
- Rectovaginal and posterior cul-de-sac peritonectomy
- Pelvic sidewall stripping (including external iliac vessels)
- Uterosacral and rectal peritoneum removal
- Resection of pelvic organs if involved:
 - Hysterectomy
 - Oophorectomy
 - Anterior resection or low anterior resection of rectum
 - Partial cystectomy



• GOAL

- Achieve CC-0 (complete cytoreduction) or CC-1 resection (no visible or <2.5 mm residual disease) in cytoreductive surgery.

• OFTEN COMBINED WITH

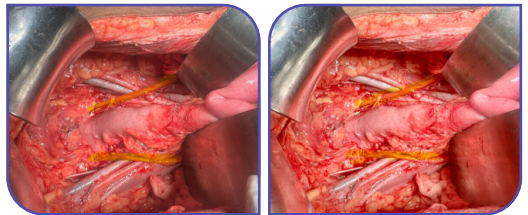
- HIPEC (Hyperthermic Intraperitoneal Chemotherapy) to eliminate microscopic residual disease.

• CHALLENGES AND CONSIDERATIONS

- Technically demanding, requires:
 - Detailed knowledge of pelvic anatomy
 - Multidisciplinary surgical skills
 - Risk of complications:
- Bleeding from pelvic vessels
- Injury to ureters, bladder, or rectum
- Postoperative infection, fistulas, or bowel dysfunction

• POST-OPERATIVE CARE

- Monitoring for complications (urine output, bowel function)
- Early ambulation
- Nutritional support
- Adjuvant systemic therapy if indicated.



WORLD NO TOBACCO DAY

We kept our promises of **Prevention on World No Tobacco Day.**

Dr. Ronak Vyas was fortunate enough with other consultants in Narayana's noble plight in raising awareness.

At Pali, Rajasthan a Rally was organised and health talk was planned at Government Medical College.

Our doctor gave the motivational speech to students and general audience along with respected Faculty director Mr. Hemant Bhatnagar Sir & Dr. Rushabh Kothari, Consultant Medical Oncologist, NH.



Choose Wisely - It matters...

Tobacco and Cancer: A Deadly Connection That Costs Lives and Livelihoods

Tobacco use remains one of the most preventable causes of cancer worldwide, yet its grip on society—especially in India—is alarming. From cigarettes and bidis to gutkha and khaini, tobacco is deeply woven into cultural and social habits. But behind its widespread use lies a harsh reality: tobacco is a potent carcinogen, responsible for a massive burden of illness, death, and economic loss.

AIRAVAT
• CANCER CARE •
IT CANE, WE FOUGHT, YOU WON

WORLD NO TOBACCO DAY

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www.airavaticancercare.com

લોકેશન માટે સ્કેન કરો

How Tobacco Causes Cancer?

- **Lungs:** Smoking is the leading cause of lung cancer. Inhaled tobacco smoke causes chronic inflammation and DNA mutations in lung tissues.
- **Oral Cavity:** Chewing tobacco and gutkha are directly linked to oral and oropharyngeal cancers. Continuous exposure causes cellular changes and leukoplakia (white patches), which can turn malignant.
- **Esophagus, Larynx, Pancreas, Bladder, Cervix:** Tobacco use increases cancer risk in all these organs.
- **Secondhand Smoke:** Even non-smokers exposed to tobacco smoke are at a higher risk of cancer, particularly children and spouses.

ACTIVITIES AND ENGAGEMENT

Dr. Ronak Vyas delivered highly engaging and insightful sessions with active doctor associations, Gandhinagar, representing VIMS Hospital.

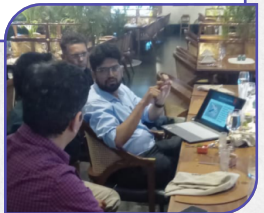
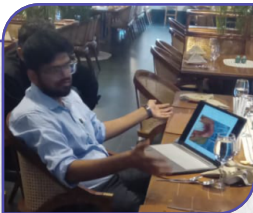
The event was graced by the presence of 20 esteemed and renowned doctors.



Dr. Samarth took the dias at khambhat docotor association and delivered a health talk about recent advances in surgical oncology



Dr. Manish carried on RTM with eminent surgeons of Naroda, where new techniques and advanced surgical procedures were discussed with senior surgeons.



Dr. Samarth Dave sharing his responsibilities went out of comfort zone and delivered an awareness talk representing the Narayna Hospital at the Anoop engineering, Kheda as a part of corporate activities



Watch the fourth episode of our crafted series

"FLAUNT IT, SCARS ARE BEAUTIFUL."

Featuring our fighter : **Madhuben Patel**

"STEP ON STOMA - STORY OF STRENGTH"



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PATIENT'S REVIEWS

Dr. Rushit Dave is best Doctor. He is perfect He is too polite and helpful any time. His way of talking with patients is like he is talking with his own family member Airavat Cancer Hospital, Ahmedabad.

- Suresh Parekh

An excellent young doctor and surgeon having a great vision regarding social concerns. In these times, He's one of the rare professional doing 100 percent transparent and ethical practice. As a leader, he runs his hospital like a family. One can see every team member working there dedicatedly with a smile on their face and gentle care towards the patients.

Dr. Ronak Vyas, you are a gem.

- Chirag Modi

Dr. Manish has been very dedicated and careful about patients. He has been very particular about explaining from initial observation, validating the medical report and not only that guiding patient and her family for precise diagnosis. This build the confidence within patients mind for next stage to take decisions on medical surgery. Found him humble, polite and supportive which is very important for woman during critical situations.

Thank you for all guidance and support and also big thank you to support staff as well. Keep it Up Manish for all credible work to you and entire team for noble cause for society.

- Dhaval Shah

1 YEAR CELEBRATION OF AIRAVAT CANCER CARE



#ACC

Outreach OPDs

AMRELI

Raghavendra Hospital, 2nd Floor, Keriya Road, Nr. Railway Underbridge, Amreli.

HIMMATNAGAR

Shankus Cancer Hospitals, 1st Floor, Ashwamegh Complex, New Civil Hospital, Hadiyol Road, Himmatnagar.

VISNAGAR

Nutan General Hospital (S.K.), Visnagar.

PALANPUR

Parikh Hospital (Mahajan Hospital), Near Delhi Gate, Baradpura, Palanpur.

SURENDRANAGAR

- C J Hospital, Derasar Chowk, Surendranagar.
- Medico Multi-Speciality Hospital, 3rd Floor, Shubhlaxmi Avenue, Handloom Road, Near Mai Mandir Road, Surendranagar.

OUR ASSOCIATIONS



Narayana Hospital,
East Ahmedabad



Shaleen Cancer Hospital,
Ahmedabad



Shankus Cancer Centre,
Himmatnagar



Namostute Hospital,
Gandhinagar



VIMS Hospital,
Chandkheda

ABOUT US

- Highly motivated team of Cancer Specialist; aim to deliver Protocol backed, Result oriented Cancer Surgical care to our patients.
- We aim to provide advanced, ethical, quality cancer care to our patients in most affordable and empathetic way.
- Looking after premiere organizations; committed to raise the bar of our working institutes.
- More than 30+ Years of cumulative experience in Onco-Surgery.

EXPERT TEAM OF CANCER SURGEONS



DR. RUSHIT DAVE

MS, M.Ch. (GCRI)

Consultant Cancer Surgeon



DR. RONAK VYAS

MS, M.Ch (GCRI), F.MAS

Consultant Cancer Surgeon



DR. MANISH SADHWANI

MS, M.Ch (GCRI)

Consultant Cancer Surgeon



DR. SAMARTH DAVE

M.Ch., Surgical Oncology

Consultant Cancer Surgeon

CONTACT US

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🌐 **www.airavatcancercare.com**

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