AIRAVAT BULLETIN

MONTHLY CHARTER Aug-Sept 2025 Edition

“નારી તું નારાયણી” – સ્વાસ્થ્યની શક્તિ અને સંઘર્ષની પ્રેરણા

નારી એ માત્ર સર્જનહાર નથી — તે શક્તિ, સંવેદના અને સંસ્કારનું જીવંત સ્વરૂપ છે. પરંતુ આજના સમયમાં જ્યારે સ્ત્રીઓ સમાજના દરેક ક્ષેત્રે આગેવાની લઈ રહી છે, ત્યારે સ્વાસ્થ્યની એક મૌન લડત – કેન્સર – તેમની સામે સૌથી મોટું પડકારરૂપ બન્યું છે.

ભારતમાં દર વર્ષે લગભગ 14 લાખ નવા કેન્સર કેસ નોંધાય છે, જેમાંથી 60% થી વધુ સ્ત્રીઓના કેસ છે. માત્ર સ્તન કેન્સર જ મહિલાઓમાં કુલ કેન્સર કેસના 28% છે. ગર્ભાશયના મુખનો કેન્સર લગભગ 16% કેસ માટે જવાબદાર છે, ખાસ કરીને ગ્રામ્ય વિસ્તારોમાં. ગુજરાતમાં દર વર્ષે અંદાજે 40,000 થી વધુ નવા કેન્સર કેસ નોંધાય છે, જેમાંથી પ્રતિ પાંચમાંથી ત્રણ દર્દી સ્ત્રી હોય છે. અમદાવાદ, વડોદરા અને રાજકોટ જેવા શહેરોમાં સ્તન કેન્સરનો દર ઝડપથી વધી રહ્યો છે, જ્યારે ગ્રામ્ય દક્ષિણ ગુજરાતમાં ગર્ભાશયના મુખના કેન્સરનું પ્રમાણ વધુ છે.

સરકાર દ્વારા છેલ્લા કેટલાક વર્ષોમાં મહિલાઓના આરોગ્ય માટે અનેક મહત્વપૂર્ણ પહેલ કરવામાં આવી છે: આયુષ્માન ભારત યોજના હેઠળ કેન્સર સારવાર માટે મફત અથવા ખૂબ ઓછા ખર્ચે સુવિધાઓ ઉપલબ્ધ છે. HPV વેક્સિનને રાષ્ટ્રીય કાર્યક્રમમાં સામેલ કરવામાં આવી છે, જે યુવતીઓમાં ગર્ભાશયના મુખના કેન્સર સામે રક્ષણ આપે છે. **ગુજરાત સરકાર** દ્વારા “Garima Abhiyan” અને “Kanya Suraksha Health Drive” જેવી યોજનાઓ પણ મહિલાઓના આરોગ્ય માટે સક્રિય થઈ છે.

ભારતના ઈતિહાસમાં અનેક સ્ત્રીઓએ કેન્સર સામેની લડતમાં પોતાનો અવિસ્મરણીય અંકિત કર્યો છે:

- સોનાલી બેન્દ્રે , જેઓએ પોતાનો સ્તન કેન્સરનો સંઘર્ષ જાહેર કર્યો અને હજારો મહિલાઓમાં હિંમત જગાવી કે કેન્સર અંત નથી, નવી શરૂઆત છે.
- લીસા રે, જેઓએ Multiple Myeloma બાદ “Living with Cancer”ની અભિયાન શરૂ કરી — જેનાથી કેન્સર દર્દીઓ માટે માનસિક સહાયતા અને સ્વીકાર વધ્યો.
- ગુજરાતની અરુણા દાંડે જેવી કાર્યકર સ્ત્રીઓએ સ્થાનિક સ્તરે “Women Against Cancer Forum” દ્વારા ગ્રામ્ય સ્ત્રીઓમાં સ્ક્રીનિંગ અને જાગૃતિનું મહત્વ વધાર્યું.
- સુસ્મિતા દેવી જેવી નર્સિંગ સ્ટાફે વર્ષો સુધી ટર્મિનલ કેન્સર દર્દીઓની સેવા કરીને માનવતાનું ઉત્તમ ઉદાહરણ પૂરું પાડ્યું છે.

Photo source: wikipedia

આજે જરૂરી છે કે દરેક મહિલા પોતાની આરોગ્ય યાત્રા માટે જવાબદારી લે: નિયમિત બ્રેસ્ટ સેલ્ફ એક્ઝામિનેશન, વાર્ષિક સ્ક્રીનિંગ, સંતુલિત આહાર અને માનસિક સ્વાસ્થ્યની કાળજી એ સાચા અર્થમાં “નારાયણી” સ્વરૂપની ઉપાસના છે.

આ દિપાવલીના આ અવસરે, ચાલો આપણે નારાયણી શક્તિને નમન કરીએ — જે દરેક દિવસે સંઘર્ષ કરે છે, અને દરેક હારને જીતમાં ફેરવે છે.

સ્વસ્થ નારી એટલે સ્વસ્થ સમાજ.

SHE BELIEVED. SHE WON.

"Woman is Divine - We Celebrate her Triumph"

Every woman here is more than a survivor — she's a symbol of courage and conviction. Through pain, fear, and uncertainty, she chose faith over fear and hope over doubt.

At Airavat Cancer Care, we salute her spirit — her will to fight, her grace in healing, and her belief that cancer can be cured, not feared.
Each smile captured here is a story of victory — of a woman who believed... and won.

Not all cases can be compiled here; we salute her perseverance against the battle and we are always together in the fight.

IT CAME. WE FOUGHT. YOU WON.









CASE CAPSULES

Case - 1

LICAP Flap: An Efficient Oncoplastic Solution for Lateral Breast Defects

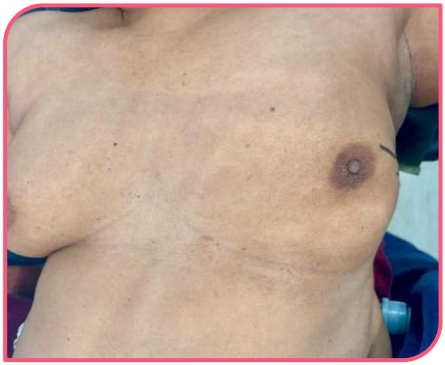
A 51-year-old female with a UOQ Luminal A breast cancer underwent **Left BCS + ALND with immediate reconstruction using a No Doppler, Single Position LICAP (NDSP-LICAP) flap.**

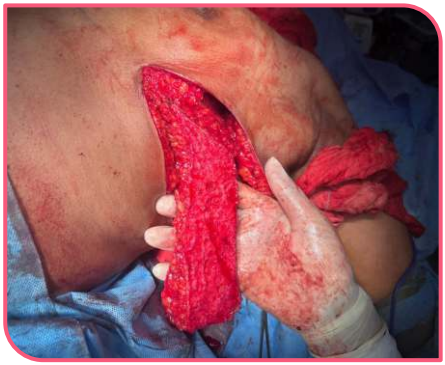
Technical Highlights:

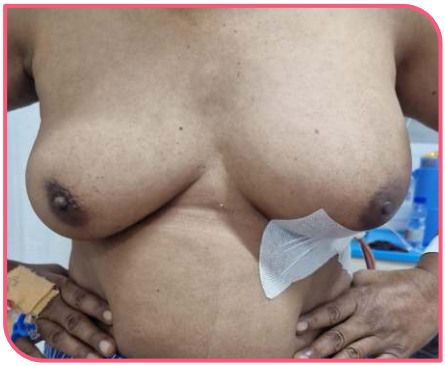
- NDSP-LICAP Technique: The flap was raised without pre-operative Doppler, relying on anatomical landmarks. The entire procedure—from resection to reconstruction—was completed with the patient in a single supine position.
- Seamless Integration: The flap, harvested through the axillary incision, provided perfect volume replacement for the UOQ defect and excellent exposure for the ALND.
- Optimal Outcome: The well-vascularized tissue ensures contour restoration and radiotherapy tolerance, with a donor scar concealed along the bra line.

Conclusion:

The NDSP-LICAP approach is a reliable, efficient, and elegant oncoplastic technique that combines oncological safety with superior cosmesis without complex setup.



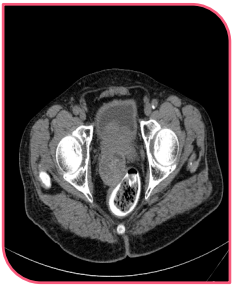


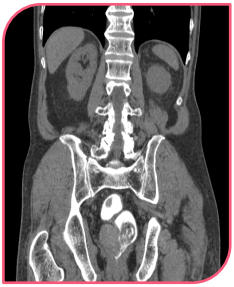


Case - 2

Multivisceral Resection for locally advanced Rectal GIST in severely morbid patient

- **Patient Demographics:** 72-year-old male. ; PS-1 Status.
- **Relevant Past Medical History:** Hypothyroidism, Ischemic Heart Disease. Ex-smoker, ex-alcoholic.
- **Presenting Complaint (Initial):** History of urinary retention X Multiple episodes for last 2 months.
- **Initial Clinical Findings:**
  - ✦ Per Rectum (P/R): A hard mass felt 2 cm from the anal verge (AV) on the anterior wall, with overlying normal mucosa. The finger was negotiable, but the upper extent was not felt.





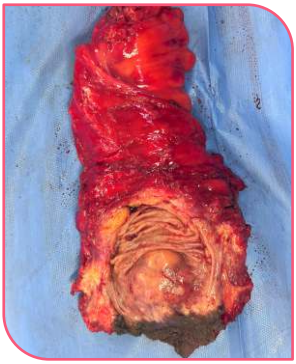
Imaging (MDCT Chest & Abdomen): An eccentric, exophytic, inhomogeneously enhancing lesion (40x43x56 mm) with necrosis and calcifications in the rectoprostatic space. It showed **loss of fat planes (LOFP) with the prostate and abutted the right seminal vesicle.**

- **Histopathology (TRUS-guided biopsy):** Low-Grade GIST, (IHC: CD117, DOG-1, and H-Caldesmon positive).
- **Initial Treatment Plan:** In view of the locally advanced disease, the MDT planned for neoadjuvant Imatinib 400 mg OD. The patient was started on therapy.

- **Treatment Default:** The patient self-discontinued Imatinib after only 2 months and was lost to follow-up for 8 months.

PATIENT PLANNED FOR SURGERY

Operative Details
Procedure Performed: Abdominoperineal Resection (APR) with en bloc prostatectomy & seminal vesiculectomy.



Post-Operative Course & Outcome

- Uncomplicated recovery, with no apparent urinary leak or fistulation.
- **Post-Operative Management:**
  - Started orally on Post-Op Day (POD) 1.
  - Mobilized on POD 1.
  - Perineal and pelvic drains removed on POD 3.
  - Discharged in stable condition.
  - Foley catheter removed on POD 7 after discharge.

Final Histopathology Report (HPR):

- **Tumor Type:** GIST, spindle cell type., Size: 7.0 x 4.8 x 3.9 cm., pT3pN0., High-grade, 16 mitosis/5mm².

GIST Risk Stratification: Based on the modified NIH criteria (size >5cm, mitotic rate >5/50 HPF, location: rectum), this tumor is classified as **High Risk for recurrence.**

Recommendations & Action Plan

- **Adjuvant Therapy:** The MDT should recommend adjuvant Imatinib 400 mg OD for 3 years. This is paramount due to the high-risk features and the history of treatment default.
- **Monitoring:** Standard GIST surveillance with clinical examination and CT scans

Perioperative Management of Pheochromocytoma

The ideal perioperative management guidelines for pheochromocytoma focus on optimizing blood pressure, intravascular volume, and minimizing perioperative risk through a structured, staged approach involving preoperative, intraoperative, and postoperative protocols.

PREOPERATIVE PREPARATION

- **Alpha Blockade:** Initiate at least 10–14 days before surgery, typically with phenoxybenzamine (non-selective, long-acting) or selective alpha-1 blockers (doxazosin, prazosin). Titrate until blood pressure is consistently <160/90 mmHg supine and there is no more than mild orthostatic hypotension (no reading <80/45 mmHg standing).
- **Volume Expansion:** Increase oral fluid and salt intake (or IV fluids if needed) to restore contracted intravascular volume. Euvolemia is confirmed clinically (absence of orthostatic symptoms and stable vitals).
- **Beta Blockade:** Added only after adequate alpha blockade and if tachycardia develops. Never start beta blockade first due to risk of hypertensive crisis.
- **Other Antihypertensives:** Use calcium channel blockers if additional BP control is needed. Tyrosine hydroxylase inhibitors (e.g., metyrosine) may be used for very unstable cases.
- **Cardiac Evaluation:** Screen for catecholamine-induced cardiomyopathy, arrhythmia, and myocardial ischemia.

INTRAOPERATIVE MANAGEMENT

- **Monitoring:** Insert arterial line before induction for real-time BP monitoring; consider central venous access for vasoactive drugs, especially in cardiac-compromised patients.
- **Anesthesia:** Prefer smooth induction techniques, avoid sympathomimetic agents (e.g., ketamine), and use propofol or etomidate for induction based on cardiac function.
- **Hemodynamic Control:** Be prepared to use vasodilators (nitroprusside, phentolamine) for hypertension, and vasopressors for hypotension after tumor removal.
- Manipulation Minimization: Minimize tumor handling to prevent catecholamine surges and intraoperative crises.

POSTOPERATIVE MANAGEMENT

ICU/HDU Care: Early post-op admission for intense monitoring due to risk of severe hypotension & hypoglycemia.

Hypotension Management: Aggressive fluid replacement and vasopressor support as necessary, typically transient.

Glucose Monitoring: Hourly glucose checks for first 12–24 hours due to risk of hypoglycemia from catecholamine withdrawal and rebound insulin secretion.

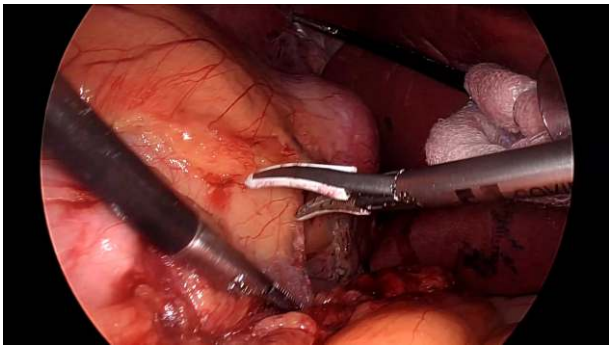
Long-Term Surveillance: Biochemical (normetanephrines/metanephrines) and imaging (MRI preferred) screening tailored by risk factors; low-risk patients require annual biochemical checks, while high-risk (young, genetic syndromes, large tumors) need lifelong annual follow-up.

GUIDELINE CONSENSUS

- Multidisciplinary team (endocrinologist, anesthetist, surgeon) involvement is required throughout the perioperative period.
- The Endocrine Society, Nature Reviews Endocrinology, and current clinical guidelines emphasize at least 1–2 weeks of alpha blockade and postponing surgery until BP/volume is fully optimized.
- Surgical technique typically favors minimally-invasive adrenalectomy unless contraindicated by tumor size/location.

These ideal management steps are widely endorsed in current international consensus and specialist guidelines, and provide safety, stability, and improved outcomes for patients undergoing pheochromocytoma surgery.

Laparoscopic Right Adrenalectomy for Pheochromocytoma



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ACTIVITIES AND ENGAGEMENT

An activity dedicated to women organised by Narayana Health; Dr Samarth Dave led community based activities and spread the vital knowledge about Breast cancer & Cervical cancer. It encouraged women to take charge of their health.







Dr. Ronak Vyas conducted insightful lecture at Narendra Modi medical college for post graduate residents of surgery; sharing updates on early breast cancer management - nurturing the next generation.




Dr. Samarth Dave took active part as a panelist at the Oncowin Update - 2025; for the panel discussion - Treatment of Locally Advanced NSCLC in 2025.



TEAM BUILDING

Team building and celebrating the festivities around Shakti-Ma ambe during Navratri 2025.




Team building- Movie time with the team, had some "Jolly" time with whole team



Birthday Celebration on the count-we dont miss any opportunity of celebration

We successfully completed our NABH inspection before 2 months and later in the month of September we received the prestigious NABH accreditation. Our commitment towards quality patient care is undoubted.

PROUD MOMENT - We Are NABH Accredited!

This recognition reflects our unwavering commitment to delivering world-class cancer care through well-defined clinical protocols, ethical practices, and compassionate service. The accreditation process evaluated every aspect of our hospital operations — from patient rights and infection control to surgical safety and infrastructure excellence.

This achievement is not just a certification, but a reaffirmation of our dedication to continuous improvement and our mission to provide safe, reliable, and patient-centric oncology services to every individual who trusts us with their care.

National Accreditation Board
for Hospitals & Healthcare Providers
(Constituent Board of Quality Council of India)

CERTIFICATION

Airavat Cancer Care
03rd Floor, Empire Doctor House
Kargil Petrol Pump Cross Road, S G Highway
Ahmedabad - 380060, Gujarat

has been assessed and found to comply with NABH Entry Level -Small Healthcare Organisation (SHCO) requirements. This certificate is valid for the Scope as specified in the annexure subject to continued compliance with the Entry Level requirements.

Valid from : August 12, 2025
Valid thru : August 11, 2027

PATIENT SAFETY & QUALITY OF CARE
NABH
CERTIFIED

Certificate No.
PESHCO-2025-11169

Dr. Atul Mohan Kochhar
Chief Executive Officer

National Accreditation Board for Hospitals & Healthcare Providers, Tower K-100, First Floor, World Trade Centre, Safdarjung Enclave, Nauroji Nagar, New Delhi – 110029
Phone: +91-11-42600600, +91-11-42600700 • Email: helpdesk@nabh.co • Website: www.nabh.co
Head Office, J – 200, World Trade Centre, Safdarjung Enclave, Nauroji Nagar, New Delhi – 110029, India

ISQua EEA Accredited Organisation 2022-2026

Sl No. 027840

NABH as an organisation is ISQua Accredited
To verify the authenticity of certificate, reach us on verification@nabh.co

Watch the sixth episode of our crafted series

“FLAUNT IT, FEARLESS FAIRY”

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PATIENT’S REVIEWS

Mara father nu name Dineshbhai Ambalal Patel, ame Gandhinagar na vatani chiye emane lip na bhag ma cancer thayu hatu. Ame Dr. Ronak Vyas jode operation karaviyu. Hal amne bahuj saru che. Thank u Dr. Ronak Vyas, Surgical Oncologist.

- Patel Dhavalkumar

Dr. Manish Sadhwani is the best Doctor of cancer, he is very humble Doctor, His behaviour was very good with everyone, he brings a confidence to the patient.
It is a matter of great pride for our “Sindhi” Community to have a Doctor like Manish Sadhwani. Thank You So Much Sir.

- Kareena Dariyani

Thank you Dr. Rushit Dave for your exceptional care and dedication. I'm so grateful for your expertise and kindness. Whenever we visited Rushit Sir, he always explained everything in detail and being so humble to us and patient also.
Your compassion and professionalism are deeply appreciated. Thank you for being such an amazing doctor and thank you to whole team of Airavat Cancer care.

- Anita Soni

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

- Krishna Hospital, Bus Station, Road, opp. M. P. Shah Arts & Science College, Ambedkar Nagar, Surendranagar, Gujarat 363001
- Life Care Super Speciality Hospital, Old Jct Rd, Opposite District Library, Vadipara, Surendranagar, Gujarat 363001

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

DR. PRANJAL BANTHIA
MS (BJMC), MCh (AIIMS Delhi)
Consultant Cancer Surgeon

CONTACT US

FOR APPOINTMENT CALL: +91 91044 62944

www.airavatcancercare.com

Airavat Cancer Care, 3rd Floor,
Empire Doctor House,
Kargil Petrol Pump Cross Road,
SG Hwy, Ahmedabad - 380060.

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