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ILS TIMES

A NEWSLETTER OF ILS HOSPITALS

SALT LAKE | AGARTALA | DUMDUM | HOWRAH | RAIPUR

Ortho Robotic Surgery: Innovation in Healthcare

1st MAKO Robot in Eastern India
Now at ILS Hospitals Howrah

ROBOTIC UROLOGY IN ILS:
A new beginning

OUTSTANDING CASES:
January, 2025

Endovascular Coiling for Left ICA Bifurcation Aneurysm in a Hypertensive Patient with SAH

CAPSULE ENDOSCOPY

ILS HOSPITALS

TRUSTED FOR 25 Years IN EASTERN INDIA

Dr. Poonam Kapoor
HOD - Department of Pathology
ILS Hospitals

Editor's Note

Groundbreaking Advancements in Healthcare

MAKO Robotic Technology - We're proud to introduce MAKO robotic technology, a first in Eastern India, now available at ILS Hospitals Howrah. This cutting-edge innovation is revolutionising orthopedic care. Our recent symposium on MAKO robotic technology
and robotic urology showcased the future of surgical excellence. ILS Hospitals is at the forefront of this innovation.

Robotic Urology- ILS Hospitals is embracing a new era in urological care with robotic technology. Enhanced precision and minimally invasive procedures
promise better patient outcomes.

Diagnostic Breakthroughs- ILS Hospitals has launched Capsule Endoscopy, a revolutionary diagnostic tool for gastrointestinal health. Stay tuned for inspiring case studies.

Stay Connected.

Follow us for updates on our hospitals, health innovations, and more!
At **info@ilshospitals.com**

Dr. Om Tantia

Dr. Shashi Khanna

Dr. Sandeep Gupta

Dr. Abhishek Mandal

ROBOTIC UROLOGY IN ILS – A NEW BEGINNING

INTRODUCTION

The integration of robotic technology into urology has revolutionised surgical practice, offering precision, enhanced visualisation, and minimally invasive solutions to complex procedures. Robotics in urology began in the year 2000, and has since become a cornerstone in managing various urological conditions.

Robotic surgery combines the expertise of the surgeon with advanced robotic systems. These systems enable high-definition 3D visualisation, magnified views, and wristed instruments that mimic human hand movements with greater dexterity and reduced tremors. These features allow for precise dissection and suturing, which are critical in delicate urological structures.

CASE REPORT

A 51-year-old middle-aged female patient presented with a complaint of continuous urinary leakage per vagina, along with episodes of normal urination.

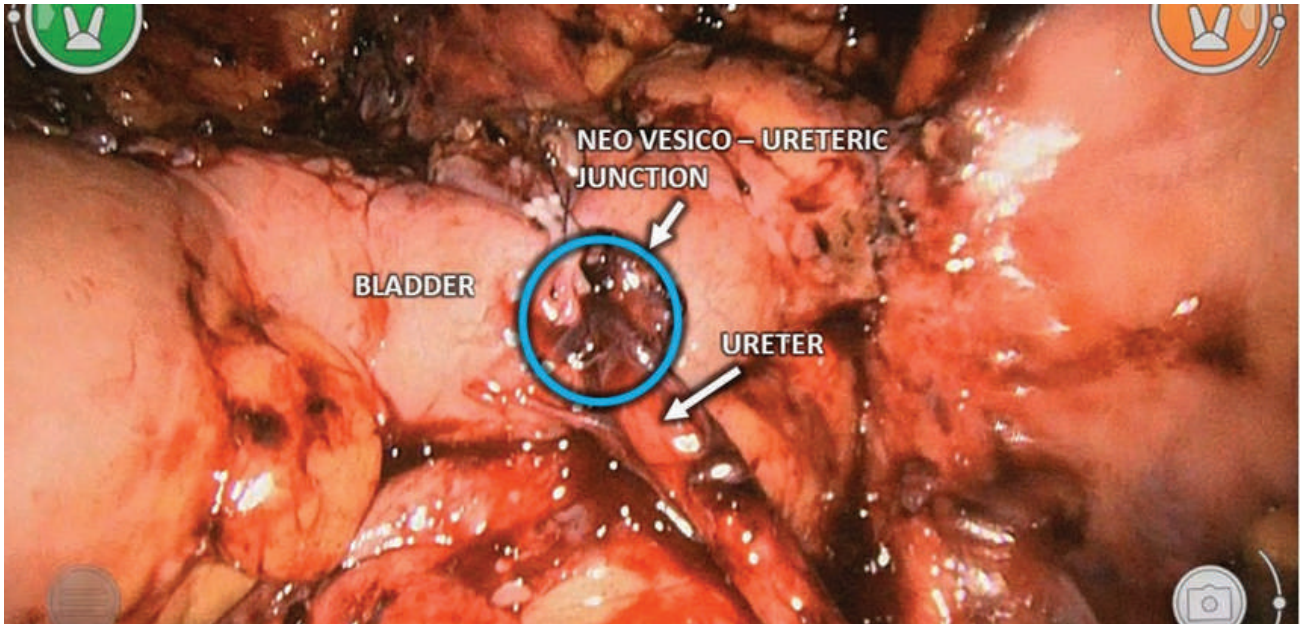
CT scan revealed right hydronephrosis with abrupt termination of the right ureter near the vesicoureteric junction, along with contrast spillage from the right ureter into the vaginal vault, indicating a right uretero-vaginal fistula.

"A 51-year-old middle-aged female patient presented with a complaint of continuous urinary leakage per vagina, along with episodes of normal urination."

A Cystoscopy was performed, confirming the CT scan findings. No associated vesicovaginal fistula was identified.

The patient was thoroughly counseled regarding the advantages of robotic surgery, to which she consented. After appropriate preoperative investigations and thorough preparations, she underwent the right robotic ureteric reimplantation under general anaesthesia on February 23, 2025, at ILS Hospitals, Salt Lake.

CT Scan showed Right Uretero Vaginal "Fistula"



Final Post- Op Image

The postoperative period was uneventful, and the patient recovered well. Her vaginal urinary leakage resolved completely, and she was discharged in good health. On follow-up, she is doing well and is currently awaiting the removal of the right DJ stent.

TESTIMONIAL

"Robotic surgery has solved my problem of urine leakage with minimal pain and blood loss. Thank you, Dr. Sandeep Gupta for giving me a new life".

Dr. Aruna Tantia
MBBS, MS, FICOG, FMAS
Dipl. Pelvic Endoscopy (Germany)
Senior Consultant - Gynae Endoscopic, Robotic & Reproductive Surgeon
Director, GPT Healthcare
ILS Hospitals, Salt Lake

Dr. Ruchi Pipara
Consultant - Obstetrics & Gynaecology
MBBS,MS,FMAS
ILS Hospitals Salt Lake

ROBOTIC-ASSISTED LAPAROSCOPIC HYSTERECTOMY IN A MORBIDLY OBESE PATIENT

BACKGROUND:

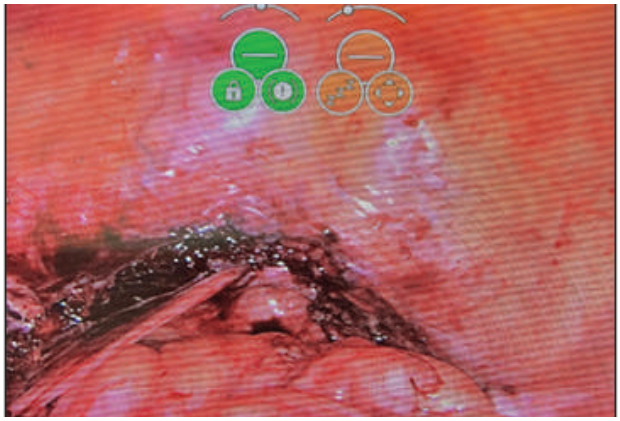
Obesity (BMI >30 kg/m²) is a global health concern, leading to increased morbidity and mortality. The prevalence of morbid obesity (BMI ≥ 40 kg/m²) presents significant challenges for women requiring hysterectomy, as it is associated with a higher degree of technical difficulty and increased perioperative complications (1-2). Conventional laparoscopic surgery in such cases is limited, but robotic-assisted laparoscopic surgery offers improved dexterity and reduces the physical strain on the surgeon, making it a viable alternative (3-5).

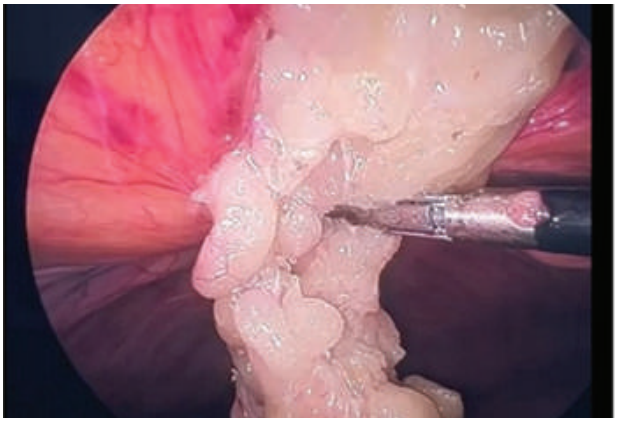
CASE REPORT:

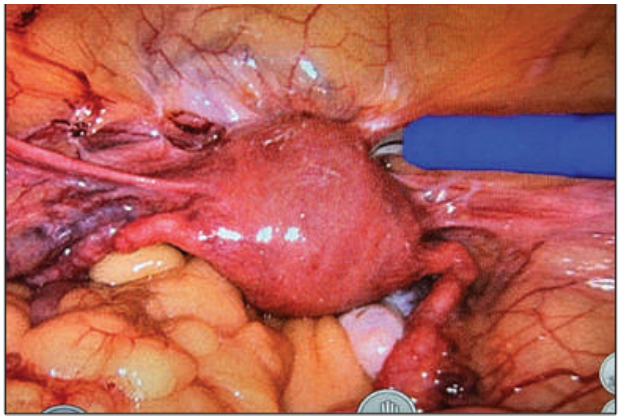
A 47-year-old woman with a BMI of 48.5 kg/m² & weight of 128 kg with two previous cesarean sections presented with lower abdominal pain, severe dysmenorrhea for the past three months and heavy menstrual bleeding with large clots, refractory to medications.
Clinical examination revealed severe abdominal tenderness and a visible umbilical hernia. Gynaecological examination showed a globular enlarged uterus with a bulky, eroded cervix that bled on touch. Diagnostic investigations revealed:

- **PAP Smear:** Atypical Squamous Cells of Undetermined Significance (ASCUS)
- **Ultrasound:** Adenomyosis uteri with adenomyoma

With a diagnosis of abnormal uterine bleeding due to adenomyosis, chronic cervicitis with ASCUS, and umbilical hernia; she was scheduled for a robotic-assisted hysterectomy with bilateral salpingo-oophorectomy (BSO) and umbilical hernia repair. Adequate prophylaxis for DVT was taken using compression stockings.
Preoperatively cystoscopy and bilateral ureteral catheterization with indocyanine green dye were performed to delineate the ureter's course and protect it during surgery.
During surgery, the abdominal layer of fat led to frequent retraction of trocar sleeves inside causing difficulty in the functioning of robotic arm.
Using the CMR Versius Robotic System, a Total Hysterectomy with BSO was successfully performed, followed by vault repair. Extraction of redundant omentum with the umbilical hernia repair was done.







Postoperative recovery was smooth, and the patient was discharged within 48 hours. At her one-week follow-up, all surgical ports were well-healed.

DISCUSSION:

Obesity significantly increases the risk of surgical complications, including infection, venous thromboembolism, and poor wound healing. However, the enhanced dexterity, improved visualisation, and ergonomic advantages of robotic systems mitigate these risks compared to traditional laparoscopic and open approaches.

Robotic surgery is particularly advantageous in morbidly obese patients due to its ability to provide stable, precise movements with minimal tremors. The use of articulated instruments allow surgeons to navigate through difficult anatomical spaces, which is often a challenge in obese patients with excessive adipose tissue. Furthermore, robotic platforms offer three-dimensional visualisation, therefore enhancing accuracy and reducing the risk of injury to adjacent organs.

In this case, challenges related to trocar displacement due to the patient's abdominal fat were encountered, but the robotic system provided sufficient flexibility and control to overcome these issues. The additional use of ureteral catheters and indocyanine green dye ensured the safety of the ureters, reducing the risk of injury during dissection.

Geppert. B. et al and other studies have reported that robotic-assisted hysterectomy results in shorter hospital stays, reduced blood loss, and fewer postoperative complications in morbidly obese women when compared to open laparotomy.

Additionally, robotic systems reduce physical strain on surgeons, potentially leading to better surgical performance and outcomes (6).

While robotic surgery has higher initial costs compared to conventional laparoscopy, the benefits of reduced complications and faster recovery times may offset these expenses. Careful patient selection, adequate preoperative preparation, and skilled surgical teams are essential to achieving optimal outcomes in morbidly obese patients.

In conclusion, robotic-assisted laparoscopic hysterectomy presents a viable and effective alternative for managing gynaecological conditions in morbidly obese patients. It provides the benefits of minimally invasive surgery while overcoming the challenges posed by obesity, contributing to improved patient outcomes, overall surgical success and early recovery.

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> "A 47-year-old woman with a BMI of 48.5 kg/m² & weight of 128 kg with two previous cesarean sections presented with lower abdominal pain, severe dysmenorrhea for the past three months and heavy menstrual bleeding with large clots, refractory to medications."

Dr. Anindya Sundar Trivedi
MBBS, MD,DM
Consultant Cardiologist
ILS Hospitals, Agartala

Dr. Naresh Babu
MBBS, PGDCC, FNIC,
Clinical Cardiologist
ILS Hospital, Agartala

RHEUMATIC HEART DISEASE (RHD) WITH SEVERE MITRAL STENOSIS (MS).

Procedure Performed: Percutaneous Transvenous Mitral Commissurotomy (PTMC) on 10.01.2025.

Chief Complaints:

Mild chest pain (off and on) for 1 year. Shortness of breath (SOB) (off and on) for 1 year.

Past Medical History:

Known case of Rheumatic Heart Disease (RHD), Severe Mitral Stenosis (MS), Type 2 Diabetes Mellitus (T2DM), and Atrial Fibrillation (AF). History of Left Popliteal Embolectomy and Medial Compartment Fasciotomy on 10/12/24.

ADVANTAGES OF PTMC:

Minimally Invasive:

PTMC is a non-surgical procedure performed via catheterisation, avoiding the need for open-heart surgery. Reduced risk of surgical complications such as infections, bleeding, and prolonged recovery.

Effective in Mitral Stenosis:

PTMC is highly effective in relieving symptoms of mitral stenosis by dilating the narrowed mitral valve. Improves blood flow from the left atrium to the left ventricle, reducing symptoms like chest pain and shortness of breath.

Shorter Hospital Stay:

Patients typically have a shorter hospital stay compared to surgical options like mitral valve replacement. Faster recovery and return to normal activities.

Lower Mortality and Morbidity:

PTMC has a lower risk of mortality and morbidity compared to surgical interventions, especially in patients with favorable valve anatomy.

Suitable for High-risk Patients:

PTMC is a preferred option for patients who are high-risk candidates for surgery due to comorbidities like diabetes, atrial fibrillation, or previous surgical history.

DISADVANTAGES OF PTMC:

Not Suitable for All Patients:

PTMC is not recommended for patients with severe mitral regurgitation, heavily calcified valves, or unfavourable valve anatomy. In such cases, surgical intervention may be required.

Risk of Complications:

Although rare complications such as mitral regurgitation, cardiac tamponade, thromboembolism, or arrhythmias can occur during or after the procedure.

Limited Long-Term Durability:

PTMC may not provide a permanent solution, and some patients may require repeat procedures or surgical intervention in the future. The durability of the procedure depends on factors like valve anatomy and the presence of calcification.

Dependence on Operator Skill:

The success of PTMC heavily depends on the expertise and experience of the interventional cardiologist performing the procedure.

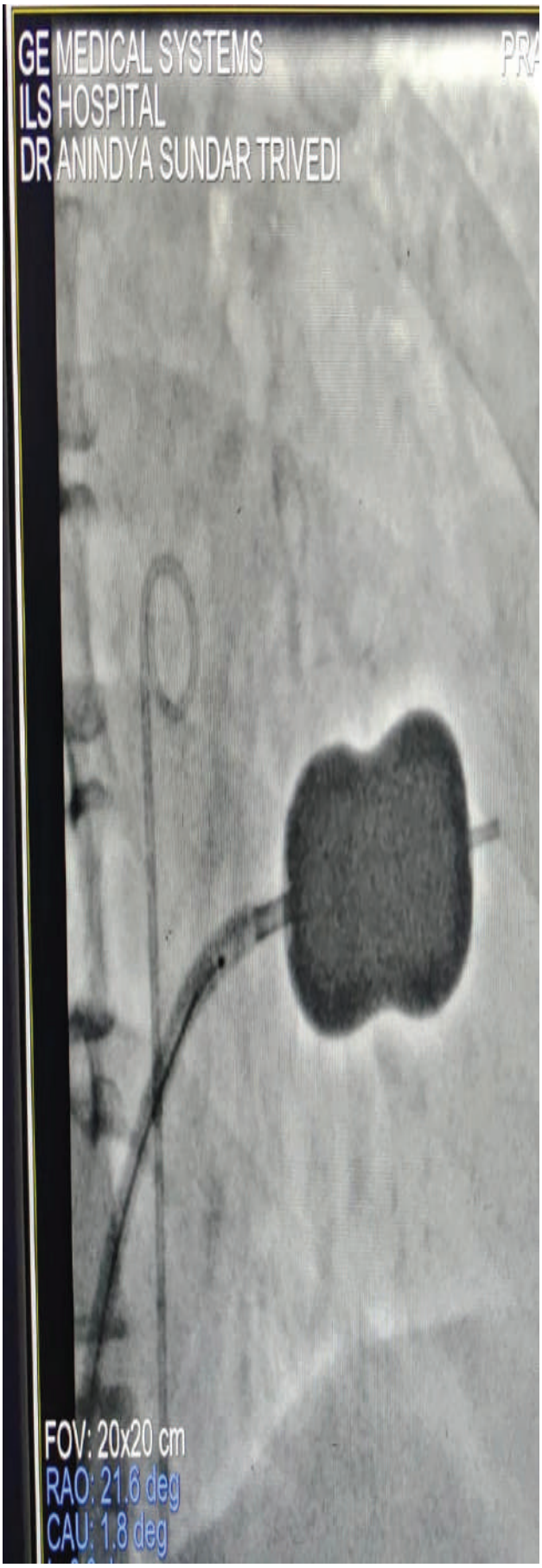
Risk of Restenosis:
Some patients may develop restenosis (re-narrowing of the valve) over time, necessitating further intervention.

CONCLUSION:

PTMC is a highly effective and minimally invasive treatment option for patients with severe mitral stenosis, particularly those with favourable valve anatomy and high surgical risk. In this case, the patient with RHD and severe MS underwent PTMC successfully, with an uneventful post-procedure course and stable condition at discharge. However, the long-term outcomes will depend on factors such as valve anatomy, the presence of comorbidities, and adherence to follow-up care. The advantages of PTMC, such as reduced invasiveness and faster recovery, make it a preferred choice for eligible patients, but potential disadvantages like the risk of complications and restenosis must be considered.

Mrs. Praja Rani Debbarma (PTMC)
UHID: ILS7686953
DOA: 06.1.2025
DOD: 13.1.2025
Consultant: Dr. A.S. Trivedi + Dr. Naresh

> "PTMC is a preferred option for patients who are at high-risk for surgery due to comorbidities like diabetes, atrial fibrillation, or previous surgical history."



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Dr. Akash Chakma
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SEVERE PNEUMONIA

-Old PPI lead erosion with loss of capture requiring TPI.-Dyselectrolytemia.-TIA.

Procedure performed :
New Aveir leadless VVIR PPI implantation.

Chief complaints :
Breathing difficulty.
Syncopes.

Past medical History:
Ischemic CVA 2020
Post PPI for CHB in 2016
Hypertension
Trigeminal Neuralgia

ADVANTAGES OF LEADLESS PACEMAKERS:

Minimally Invasive:
Leadless pacemakers are implanted directly into the heart through a catheter, typically via the femoral vein, eliminating the need for surgical incisions in the chest.
This reduces the risk of surgical complications such as infections, bleeding, and scarring.

No Leads:
Traditional pacemakers require leads (wires) to connect the device to the heart, which can fracture, dislodge, or cause complications like venous obstruction or infection. Leadless pacemakers eliminate these lead-related issues, reducing long-term complications.

> "Patients typically experience a quicker recovery time compared to traditional pacemaker implantation, with many able to resume normal activities within a day or two."

Lower Risk of Infection:
Since there is no subcutaneous pocket (as in traditional pacemakers), the risk of pocket infections is eliminated. The risk of systemic infections (e.g., endocarditis) is also reduced due to the smaller size and minimally invasive nature of the device.

Cosmetically Appealing:
No visible device or scar on the chest, as the pacemaker is entirely contained within the heart.

Faster Recovery:
Patients typically experience a quicker recovery time compared to traditional pacemaker implantation, with many able to resume normal activities within a day or two.

Suitable for Patients with Limited Venous Access:
Ideal for patients who have limited venous access or previous complications with traditional pacemaker leads.

Reduced Risk of Device-related Complications:
No risk of lead dislodgement, lead fracture, or Twiddler's syndrome (a condition where the patient manipulates the device subconsciously).

DISADVANTAGES OF LEADLESS PACEMAKERS:

Limited Indications:
Currently, leadless pacemakers are primarily indicated for single-chamber pacing (typically VVI pacing), which is suitable for patients with permanent atrial fibrillation or those who only require ventricular pacing.
They are not suitable for patients who require dual-chamber pacing (e.g., those with sinus node dysfunction or AV block).

Battery Life:
The battery life of leadless pacemakers is generally shorter than traditional pacemakers (around 8-12 years), and once depleted, the device cannot be recharged. Replacement requires implanting a new device, as the old one cannot be easily extracted.

Extraction Challenges:
While leadless pacemakers are designed to be retrievable, extraction can be technically challenging and carries risks such as cardiac perforation or damage to the heart tissue.

Limited Programmability:
Leadless pacemakers have fewer programming options compared to traditional pacemakers, which may limit their ability to adapt to specific patient needs.

Higher Cost:
Leadless pacemakers are generally more expensive than traditional pacemakers, which may limit their accessibility in some healthcare systems.

Risk of Pericardial Effusion or Tamponade:
During implantation, there is a small risk of perforating the heart wall, which can lead to pericardial effusion or cardiac tamponade, requiring emergency intervention.

Limited Long-term Data:
Leadless pacemakers are relatively new, and long-term data on their performance and complications are still being collected.

Not Suitable for All Patients:
Patients with certain anatomical constraints (e.g., small heart size) or those who require advanced pacing features (e.g., CRT or ICD) are not candidates for leadless pacemakers.

CONCLUSION:

Leadless pacemakers represent a significant advancement in cardiac pacing technology, offering a minimally invasive, lead-free alternative to traditional pacemakers. They are particularly beneficial for patients who require single-chamber ventricular pacing and those at high risk of lead-related complications or infections. However, their limited indications, higher cost, and challenges with extraction and battery replacement make them unsuitable for all patients. As technology evolves and long-term data becomes available, leadless pacemakers may become more versatile and widely adopted.

Jahar Lal Podder (Leadless Pacemaker)
UHID: ILS7454900
DOA: 12.12.2024
DOD: 30.12.2024
Consultant: Dr. A Chakma + Dr. A.S. Trivedi

Dr. Jayanta Mukherjee
MD, DM (Gastroenterology)
Consultant Gastroenterologist
ILS Hospitals, Salt Lake

CAPSULE ENDOSCOPY

A capsule endoscopy is a non-invasive procedure that allows Gastroenterologist to see inside your digestive tract. It's also known as a PillCam or video capsule endoscopy.

HOW IT WORKS

The patient swallows a capsule of the size of a vitamin pill. The capsule takes thousands (more than 50,000) images as it passes through the digestive tract. The capsule sends the pictures to a recorder that the patient wears on her/his waist. After the capsule passes out through the patient's body, the doctor reviews the images and gives the diagnosis.

USES

To identify problems of the small intestine which is beyond the reach of the endoscope. To diagnose celiac disease, inflammatory bowel disease (IBD), polyps, tumors & vascular abnormalities.

> "The capsule sends the pictures to a recorder that the patient wears on her/his waist."

This Capsule Endoscopy is now available at ILS Hospitals, Salt Lake both for OPD & IPD patients.

Dr. Arpan Chaudhuri
MBBS, DNB
Consultant Critical Care
ILS Hospitals, Dumdum

ENDOVASCULAR COILING FOR LEFT ICA BIFURCATION ANEURYSM IN A HYPERTENSIVE PATIENT WITH SAH

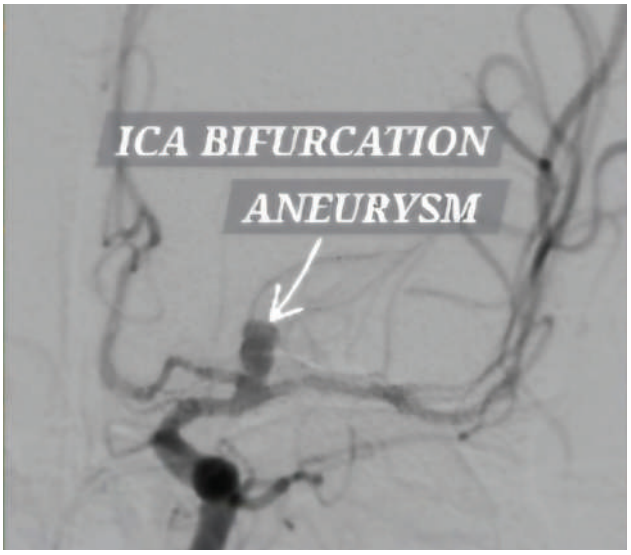
PATIENT PROFILE:

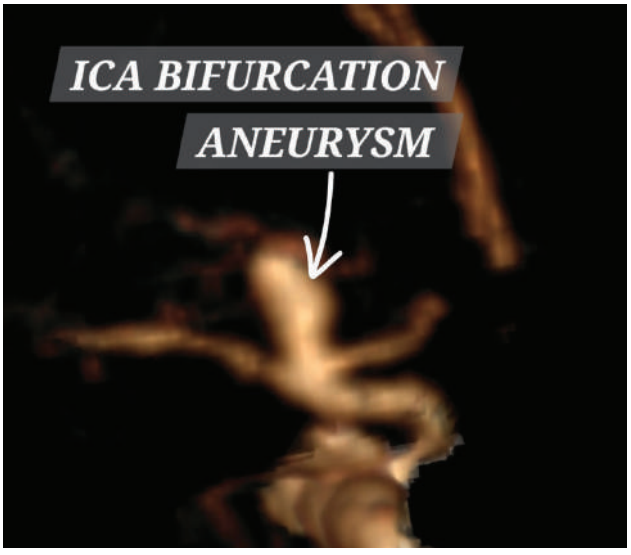
Age/Sex: 53-year-old male
Comorbidities: Hypertension, non-diabetic

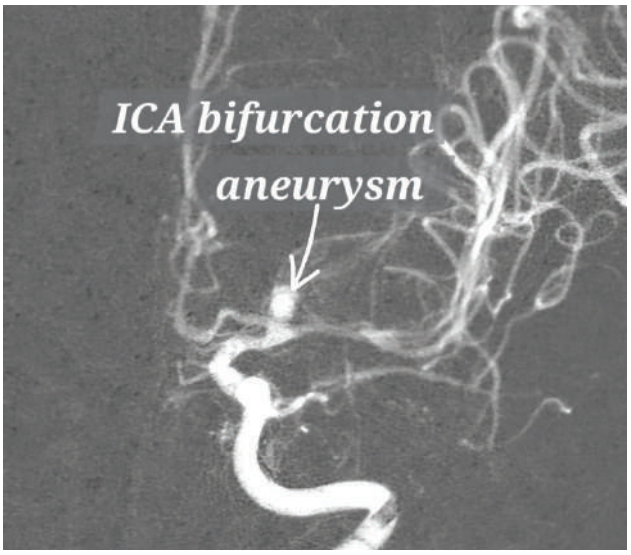
CLINICAL PRESENTATION:

The patient presented to ILS Hospital, Dumdum, with a sudden-onset headache persisting for seven days. On admission, his Glasgow Coma Scale (GCS) score was 12/15. He had previously been evaluated at RINS Hospital, where a CT scan of the brain revealed:

- Subarachnoid haemorrhage (SAH)
- Left internal carotid artery (ICA) bifurcation aneurysm, measuring:
- Neck: 2.4 mm
- Dome: 3.8 mm
- Height: 5 mm







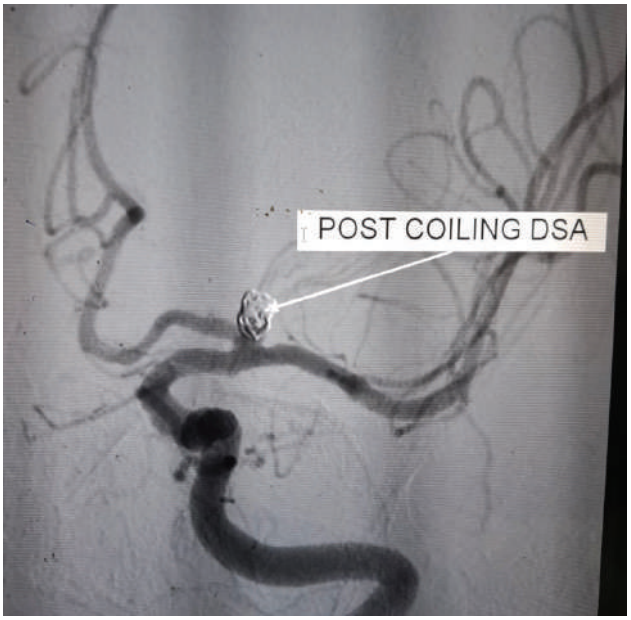
PROCEDURE DETAILS:

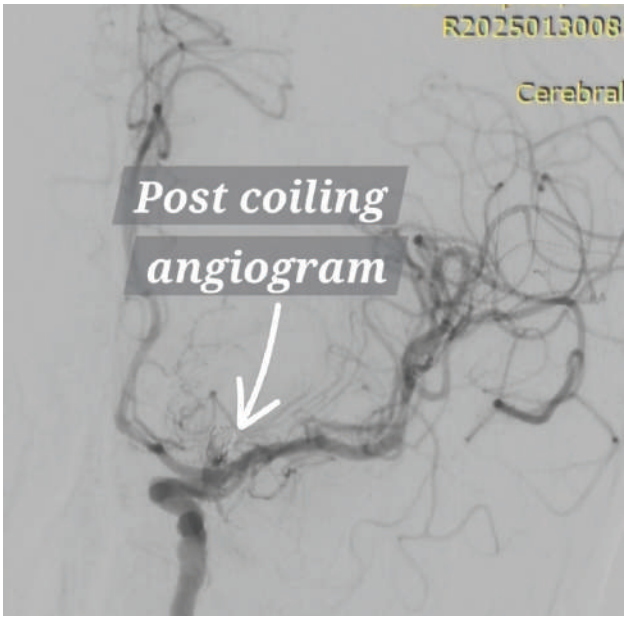
The aneurysm coiling was performed by in our state-of-the-art Cath Lab under general anesthesia, with overseeing anesthesia management. The procedure involved the deployment of *four detachable platinum coils, successfully securing the aneurysm.

- The procedure was uneventful.
- The patient was extubated post-procedure and transferred to the Intensive Therapy Unit (ITU) for post-coiling monitoring.
- Immediate post-procedure GCS remained stable at 12/15.

POST-OPERATIVE COURSE & OUTCOME:

On postoperative day 2, the patient showed neurological improvement with GCS 15/15, indicating a positive recovery.





CONCLUSION:

This case highlights the efficacy of endovascular coiling in the management of ICA bifurcation aneurysms with SAH, ensuring a minimally invasive and safe outcome. The timely intervention and a collaborative approach between neurosurgery, interventional radiology, and critical care played a key role in the patient's successful recovery.

> "The patient presented to ILS Hospitals, Dumdum, with sudden-onset headache persisting for seven days. On admission, his Glasgow Coma Scale (GCS) score was 12/15."

Dr. Siddharth Gupta
MBBS, MS (Orthopaedics)
ILS Hospitals, Howrah

MAKO ROBOTIC KNEE JOINT REPLACEMENT: REVOLUTIONISING KNEE SURGERY

MAKO robotic knee joint replacement is a cutting-edge surgical procedure that utilises advanced robotic technology to provide patients with a personalised and precise knee replacement experience. This innovative approach offers numerous benefits and advantages over conventional knee replacement surgery.

CASE STUDY

58 year female presented with knee pain since the last five years, unable to work with varus thrust gait. On examination, she had bent knee deformity with joint line tenderness.

During investigation, she was found to have a high-grade arthritis with bone and bone disease.

She was planned for a MAKO robotic knee replacement with preoperative planning. Following the operation, she was able to work without assistance within 12 hours post-surgery.

"58 year female presented with knee pain since the last five years, unable to work with varus thrust gait. On examination, she had bent knee deformity with joint line tenderness."

BENEFITS AND ADVANTAGES:

1. Improved Accuracy: MAKO's robotic arm enables surgeons to achieve unparalleled accuracy and precision, resulting in optimal implant placement and alignment.

2. Personalised Surgery: MAKO's advanced software creates a customised 3D model of the patient's knee, allowing for a tailored surgical plan that addresses their unique needs.

3. Minimally Invasive: MAKO's robotic-assisted surgery requires smaller incisions, resulting in less tissue damage, reduced blood loss, and faster recovery times.

4. Reduced Pain: MAKO's precise implant placement and minimally invasive approach lead to reduced postoperative pain and discomfort.

5. Faster Recovery: Patients who undergo MAKO robotic knee joint replacement typically experience faster recovery times, with many returning to their normal activities within weeks.

6. Improved Outcomes: MAKO's advanced technology and personalised approach lead to improved patient outcomes, including enhanced knee function, mobility, and overall quality of life.

7. Reduced Risk of Complications: MAKO's robotic-assisted surgery reduces the risk of human error, resulting in fewer complications and revisions.

HOW MAKO ROBOTIC KNEE JOINT REPLACEMENT WORKS:

1. Pre-surgery Planning: A CT scan is taken to create a 3D model of the patient's knee.

2. Surgical Procedure: The surgeon uses MAKO's robotic arm to remove damaged bone and cartilage, and implant a new knee joint.

3. Real-time Feedback: MAKO's advanced software provides real-time feedback to the surgeon, ensuring precise implant placement and alignment.

CONCLUSION:

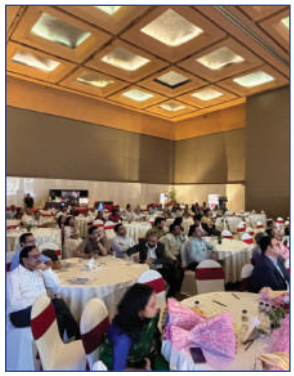
MAKO robotic knee joint replacement offers a revolutionary approach to knee surgery, providing patients with a personalised, precise, and minimally invasive experience. With its numerous benefits and advantages over conventional knee replacement surgery, MAKO is an attractive option for those seeking to restore their knee function, mobility, and overall quality of life.

KEY ACTIVITIES

Food Festival at ILS Hospitals, Agartala, 2024

Xmas Celebration
at ILS Hospitals, Agartala, 2024

ILS & CAHO CQP Conference & Workshop
on Pharmacovigilance on 22nd March, 2025



Scientific symposium on MAKO Robotic Arm
Assisted Joint Replacement 22nd March, 2025

Inaugural edition of ET Now Industry Icons, East,
on 31st January, 2025


Christmas Celebration
at ILS Hospitals, Salt Lake

Holi Celebration at ILS Hospitals, Salt Lake


Doctor's Day Celebration at ILS Hospitals, Salt Lake

Christmas
at ILS Hospitals, Howrah

Cricket Match at ILS Hospitals, Salt Lake




Bag, Bottle, Blanket, Laptop Distribution
and Blood Donation at ILS Hospitals, Salt Lake

Picnic at ILS Hospitals,
Salt Lake

Diwali Celebration at
ILS Hospitals, Salt Lake

Ortho Robo Cake Cutting
at ILS Hospitals, Howrah

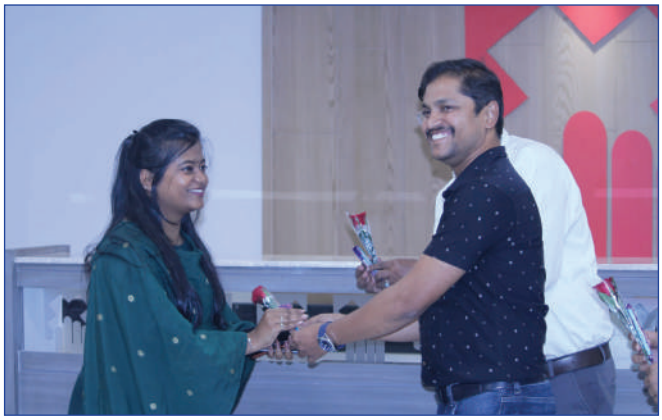





Puja at ILS Hospitals, Raipur, 2025




Holi Celebration at ILS Hospitals, Raipur, 2025

Women's Day Celebration at ILS Hospitals, Raipur, 2025

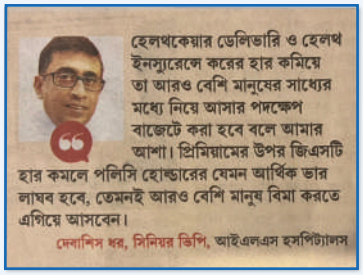
PRESS RELEASE


ভিলেন পারদের ওঠানামা, ভিড় হাসপাতালে

Ei Samay, 08.01.2025


হাইপারহাইড্রোসিস: কী এর কারণ ও প্রতিকার

Dainik Statesman, 25.02.2025

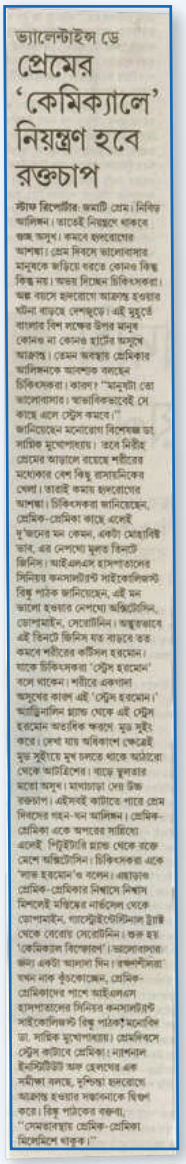

হেলথকেয়ার ডেলিভারি ও হেলথ ইনস্যুরেন্সে করের হার কমিয়ে তা আরও বেশি মানুষের সাধ্যের মধ্যে নিয়ে আসার পদক্ষেপ বাজেটে করা হবে বলে আমার আশা। প্রিমিয়ামের উপর জিএসটি হার কমলে পলিসি হোল্ডারের যেমন আর্থিক ভার লাঘব হবে, তেমনই আরও বেশি মানুষ বিমা করতে এগিয়ে আসবেন।

দেবাশিস ধর, সিনিয়র ভিপি, আইএলএস হসপিট্যালস

The Times of India, 05.01.2025
National Budget Expectations


ভাঙল না রেকর্ড, অঙ্গদানের দৌড় থামল আগের চেয়ে কমে

Ei Samay, 05.01.2025


ভ্যালেন্টাইন্স ডে প্রেমের 'কেমিক্যালে' নিয়ন্ত্রণ হবে রক্তচাপ

Sangbad Pratidin
14.02.2025


Hosp elevates gastroenterology care


Weather vagaries, pollution spike leave Kol low with a lingering cough

The Times of India, 05.01.2025


আইএলএস অস্পতালমা অব মাকো রোবোটিক-আর্ম অসিস্টেড জোইন্ট রিপ্লেসমেন্ট শল্যক্রিয়া সুরু


Scientific symposium on MAKO Robotic Arm Assisted Joint Replacement on 22.03.2025


ILS Hospitals Introduces MAKO Robotic-Arm Assisted Joint Replacement Surgeries


Hyperhidrosis: Types, causes and remedies

The Statesman, 28.01.2025

WELCOME TO ILS HOSPITALS, RAIPUR

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MBBS, MD, DNB (Interventional Cardiology)

Dr. Hanish Sharma
MBBS, MD, DNB (Gastroenterology)

Dr. Sunny Uttamani
MBBS, MD, DNB (Hepatology)

Dr. Ajit Mishra
MBBS, MS, MCh, Fellowship in Liver Transplant

Dr. Bhuwan Sharma
MBBS, MD, DM (Neurology)

Dr. Amit Jain
MBBS, MS, MCh (Neuro Surgery)

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Dr. Grishma Tiwari
M. Sc. (Food & Nutrition)

WELCOME TO ILS FAMILY

Dr. Rahul M Sharma

MBBS, MS, MCh (Urology)
Consultant Urologist
at ILS Hospitals, Agartala

Dr. Prasenjit Sarkar

MBBS(Hons), DPH, MD, FACP(USA),
Fellowship in Infectious Diseases
at ILS Hospitals Dumdum

Dr. Gursimran Singh

MBBS, MD, DM (Gastroenterology)
Consultant Gastroeneterolgist
at ILS Hospitals, Agartala

Dr. Nilanjan Majumdar

MBBS, MD (Med), DM (cardiology)
Consultant Cardiologist
at ILS Hospitals, Agartala

Dr. Biswadeep Kr. Das

MBBS, MD (Critical Care)
Consultant Critical Care
at ILS Hospitals, Howrah

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We invite your valuable comments and suggestions at **info@ilshospitals.com**

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