

ZEN ACADEMY BULLETIN

Official newsletter of Zen Multispeciality Hospital, Mumbai

Focus: Surgical Innovation | Academic Excellence | Resident Well-being



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Editorial

From Rehabilitation to Robotics: The Evolving Spectrum of Care

Every issue of the **Zen Academy Bulletin** represents a forward step in the journey of **Zen Multispeciality Hospital**, driven by our constant pursuit of better patient care, academic engagement, and clinical innovation. As we present the third issue of the second year of our bulletin, we are pleased to showcase several initiatives that demonstrate our expanding clinical capabilities and our commitment to continuous learning.

One of the key highlights of this issue is the growing emphasis on **rehabilitation medicine**, particularly in the fields of cardiac and postsurgical recovery. Modern healthcare increasingly recognises that successful treatment does not end with surgery or acute medical management. ***True recovery requires structured rehabilitation that restores function, independence, and quality of life.*** The development of integrated rehabilitation services reflects Zen Hospital's commitment to comprehensive patient care that extends well beyond the hospital stay.

Another important topic covered in this issue is the management of **diabetic foot**, a major and growing health challenge in our country. With India facing an increasing burden of diabetes, early recognition and conservative management strategies play a crucial role in preventing ulcers, infections, and amputations. The article in this issue highlights contemporary approaches that emphasise multidisciplinary care, early diagnosis, and preventive strategies—an approach that aligns with Zen Hospital's philosophy of proactive and patient-centred healthcare.

Academic exchange and professional collaboration remain central to our mission. The report from the **IAGES-ELSA Conference** held in February 2026 reflects the dynamic academic environment in which Zen surgeons continue to engage with national and international experts. Conferences such as these not only update clinicians on evolving surgical practices but also foster a culture of learning and collaboration.

Equally important are the educational activities hosted at our own institution. The **Hiatus Hernia Workshop** and the **Anorectal Masterclass** held at Zen Hospital brought together experienced faculty and enthusiastic participants to discuss practical surgical techniques and clinical decision-making. Such focused academic events strengthen our role as a centre for postgraduate education and skill development.

The bulletin also highlights important developments in advanced surgical care. The article on **robotic prostatectomy** demonstrates how technology is transforming urological surgery by improving precision, reducing morbidity, and enhancing patient recovery.

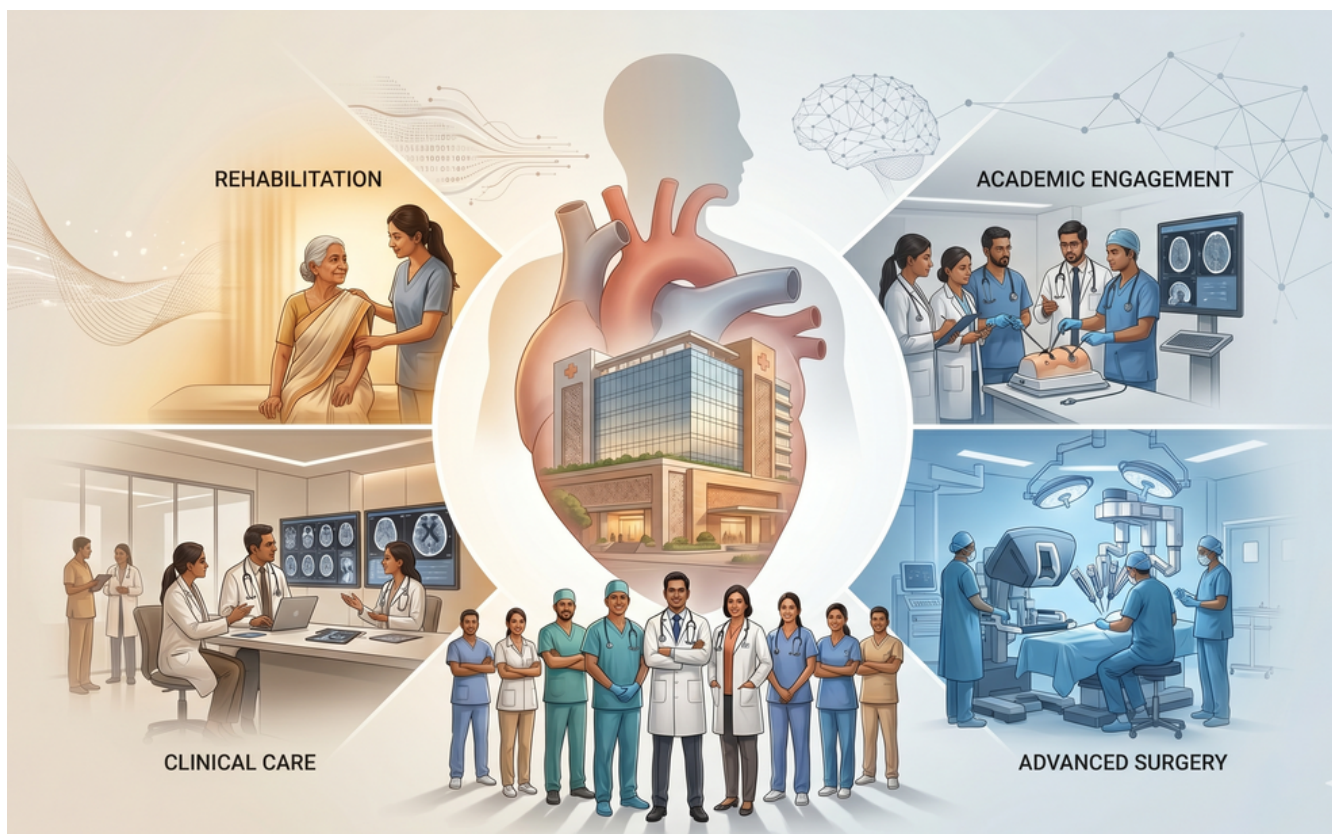
Alongside this, the feature on renal transplantation represents another significant step in expanding specialised services and providing life-saving treatment options to patients with advanced kidney disease.

Together, the topics covered in this issue illustrate the evolving identity of ***Zen Hospital: a healthcare institution that integrates clinical excellence, technological advancement, multidisciplinary care, and academic engagement.*** Whether through innovative surgical procedures, comprehensive rehabilitation, or continuing medical education, our focus remains firmly on improving patient outcomes and advancing medical practice.

As always, this bulletin is a collective effort. We thank all contributors, clinicians, and team members who continue to share their knowledge and experiences through these pages. Their work reflects the spirit of dedication and collaboration that defines Zen Hospital. Special thanks to ***Dr Prasad Bhukebag*** for editorial support.

We hope our readers find this issue informative and engaging. We look forward to continuing this journey of learning, innovation, and service together.

Warm Regards,
Dr Avinash Supe
Dr Roy Patankar



Modern Approach To Diabetic Foot

Dr Ramnarayan S, Zen Diabetic Foot Center

Diabetes mellitus, and consequently diabetic foot disease, continues to demonstrate an ever-increasing prevalence. Its significant impact on patients' quality of life, coupled with the substantial burden on healthcare resources, makes it a major public health concern.

Diabetic foot encompasses a spectrum of clinical problems, including peripheral neuropathy, vascular insufficiency, callosities, foot ulcers, and an increased risk of lower extremity amputation. Effective management requires a **comprehensive and multidisciplinary approach** integrating prevention, early detection, advanced treatment modalities, and sustained patient education.

Recent progress in diabetic foot care has been driven by advances in wound management, offloading strategies, and coordinated multidisciplinary care. Innovations in wound care include advanced dressings, bioengineered skin substitutes, and growth factor therapies, all of which create an optimal environment for tissue repair and contribute to reduced healing times. Offloading techniques such as total contact casting and specialised therapeutic footwear play a critical role in pressure redistribution and ulcer healing.

Early identification of at-risk patients remains central to prevention. Regular foot assessments using structured tools such as NeuroTouch—incorporating monofilament testing, vibration perception, thermal perception, and infrared thermal mapping—combined with vascular evaluation using the Ankle-Brachial Index (ABI), enable timely risk stratification. When peripheral arterial disease is suspected, arterial colour Doppler and duplex imaging provide definitive assessment and guide further management.

Evidence-based guidelines for diabetic foot management emphasise strict glycaemic control, routine foot surveillance, appropriate footwear, and early intervention for minor lesions to prevent progression. These protocols have significantly contributed to improved limb salvage rates and reduced morbidity.

A **multidisciplinary model** is essential for optimal outcomes. Collaboration between diabetologists, podiatrists, vascular surgeons, orthopaedic specialists, and wound care teams ensures comprehensive evaluation and individualised management. Such an integrated approach addresses the complex pathophysiology of diabetic foot disease and enhances both clinical and functional outcomes.

At the Zen Diabetic Foot Centre, this philosophy is implemented through a structured team-based approach. The multidisciplinary team includes general surgeons, plastic surgeons, foot and ankle surgeons, interventional and conventional radiologists, podiatrists, intensivists, physicians, diabetologists, dieticians, and physiotherapists, working cohesively to deliver comprehensive care.

The centre is supported by a **fully digital Foot Lab** equipped with NeuroTouch, ABI measurement, portable Doppler, DIME assessment, and pedobarography. These technologies enable objective evaluation, detailed digital reporting, and precise treatment planning. In addition, a dedicated weekly footwear and orthotics outpatient service facilitates early mobilisation and helps patients regain functional independence.





The Evolving Landscape of Kidney Transplantation

*Dr. Deepa Usulumarty, Dr. Aseem Thamba,
Dr. Aditya Nayak, Dr. Viswanath Billa,
Department of Nephrology*

Kidney transplantation remains the **gold standard for end-stage renal disease (ESRD)**, offering superior survival and quality of life compared to dialysis. Over the past two decades, advances in surgical technique, immunology, and long-term graft management have transformed transplantation into a reliable and durable therapy.

India continues to face a substantial burden of ESRD, with over 220,000 patients reaching this stage annually, while **fewer than 10,000 transplants are performed each year**. Living donor transplantation accounts for nearly 90% of procedures, with deceased donor transplantation (DDT) contributing only a small fraction. With a DDT rate of just 0.8 per million population compared to over 40 per million in Spain, expansion of deceased donor programmes remains central to addressing this gap. Recent progress through state-level coordination networks and paired exchange programmes offers cautious optimism.

Surgical principles have remained consistent, but refinements have improved safety and accessibility. Minimally invasive donor nephrectomy, including robotic approaches, has reduced morbidity and improved donor acceptance. On the recipient side, robotic-assisted transplantation is emerging in selected centres, particularly benefiting obese patients and those with complex anatomy. The adoption of hypothermic machine perfusion has further enhanced outcomes in deceased donor transplantation by reducing ischaemia-reperfusion injury and enabling better utilisation of marginal kidneys.

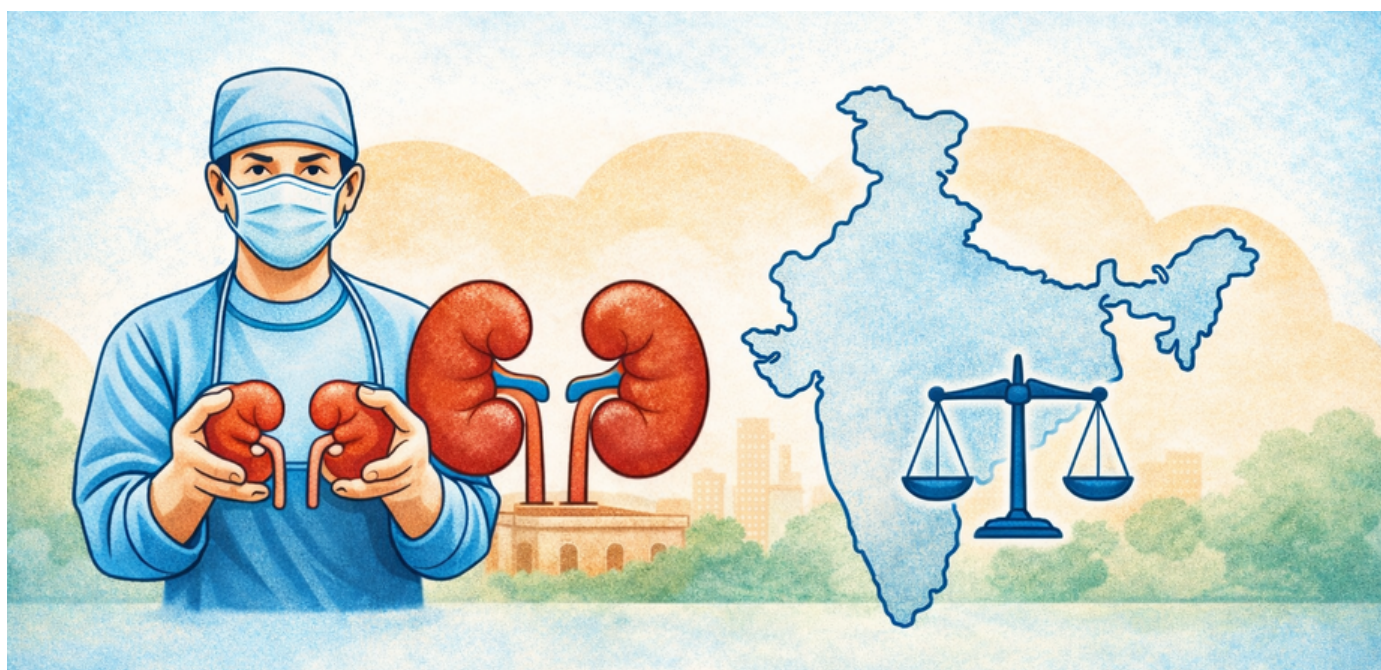
Rejection continues to be a key challenge. While induction therapy with anti-thymocyte globulin and corticosteroids, followed by maintenance with Tacrolimus and Mycophenolate, remains standard, diagnostic strategies are evolving. Renal biopsy continues to define T-cell mediated and antibody-mediated rejection, but newer non-invasive tools such as donor-derived cell-free DNA and gene expression profiling are enabling earlier detection of graft injury.

Management strategies have also advanced. T-cell mediated rejection generally responds well to corticosteroids, whereas antibody-mediated rejection remains more complex, requiring therapies such as plasmapheresis, intravenous immunoglobulin, and targeted biological agents. Emerging therapies directed at the complement pathway and cytokine signalling are expanding treatment options, with a growing focus on **preserving long-term graft integrity** rather than simply reversing acute rejection.

The most significant gains have been in graft longevity. With improved immunological matching, surveillance, and individualised immunosuppression, **graft survival has extended well beyond two decades** in many patients. Attention to cardiovascular risk and long-term toxicity of immunosuppressive agents has become integral to post-transplant care, reflecting a shift towards sustained, patient-centred outcomes.

Zen Hospital has established a comprehensive kidney transplant programme with dedicated infrastructure, advanced surgical capability, and a multidisciplinary team encompassing nephrology, surgery, immunology, and transplant coordination. The presence of a high-volume neurosurgical and trauma service, coupled with structured coordination and integration with national and state organ-sharing networks, places the institution in a **strong position to expand deceased donor transplantation**.

Kidney transplantation today is **no longer defined solely by surgical success**. Its future lies in sustained **graft survival, equitable access, and the systematic expansion of deceased donor programmes to meet the growing burden of renal disease**. Zen Annexe is now officially approved for Renal Transplant programme.



Cardiopulmonary Rehabilitation: From Survival to Functional Recovery

Dr. Deepika Tavade, Consultant Physiotherapist

In the modern medical landscape, surviving a cardiac or pulmonary event—whether a myocardial infarction, coronary bypass surgery, or chronic lung disease—reflects the success of acute care. However, for many patients, the transition back to normal life remains challenging. **Deconditioning, reduced exercise tolerance, and fear of exertion** often persist long after discharge.

Cardiopulmonary rehabilitation (CR) addresses this critical gap. It is a multidisciplinary, evidence-based intervention that facilitates the transition from medical vulnerability to functional resilience. At Zen Multispeciality Hospital, recovery is viewed as an active process of physiological recalibration rather than passive convalescence.

Why Rehabilitation is Transformative

The fundamental shift achieved through CR is from **mere survival to meaningful functional recovery**. Evidence demonstrates that structured **rehabilitation reduces all-cause mortality by approximately 25%** and significantly lowers hospital readmissions.

The benefits are both physiological and psychological. Physiologically, CR improves myocardial efficiency and enhances peripheral oxygen utilisation. Psychologically, it addresses **kinesiophobia—the fear of movement** that frequently follows cardiac events—by restoring confidence through supervised, graded activity.



Rehabilitation is structured using Metabolic Equivalents (METs), where 1 MET represents resting energy expenditure.

- **Phase I (1–3 METs):** Inpatient phase with early mobilisation, breathing exercises, and short ambulation to prevent deconditioning.
- **Phase II (3–5+ METs):** Supervised 8–12 week outpatient phase, progressing to moderate activity and restoring independence in daily function.
- **Phase III–IV (5–8+ METs):** Maintenance phase with transition to independent exercise and sustained active lifestyle.

Rehabilitation at Zen is individualised and data-driven. **Holter monitoring** is used during early exercise to detect exertion-induced arrhythmias or ischaemia not evident at rest. **The Karvonen formula** helps define a patient-specific target heart rate, ensuring exercise remains within a safe therapeutic range.

Cardiopulmonary rehabilitation is indicated following myocardial infarction, revascularisation procedures, and chronic pulmonary disease. Long-term success depends on sustained adherence, supported at Zen through personalised exercise prescriptions and structured follow-up within a maintenance programme.

Regular moderate exercise of approximately 150 minutes per week, minimising prolonged sedentary periods, incorporating resistance training, and practising daily breathing exercises form the foundation of long-term cardiovascular health. Exercise should be stopped and medical evaluation sought if there is chest discomfort, disproportionate breathlessness, dizziness, radiating pain, or palpitations.

Exercise-based cardiac rehabilitation reduces mortality and improves outcomes, while pulmonary rehabilitation remains the standard of care in chronic respiratory disease. Target heart rate–guided training using the Karvonen method provides a safe and effective framework for exercise prescription.

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- The Karvonen Study: Journal of Cardiopulmonary Rehabilitation. (Validation of safe heart rate tracking).

Opioid-Free Anaesthesia in the Era of Enhanced Recovery

Dr Yogita Kenjale, Dr Pramod Kale, Department of Anaesthesia

Enhanced Recovery After Surgery (ERAS) protocols have become integral to modern perioperative care, particularly in ambulatory surgery. A key recommendation is the **reduction of intraoperative opioid use** to minimise opioid-related adverse events, including postoperative nausea and vomiting, constipation, urinary retention, sedation, pruritus, and more serious complications such as respiratory depression, opioid-induced hyperalgesia, and dependence.

Opioid-free anaesthesia is defined as the **complete avoidance of opioids during the intraoperative period**. Analgesia and haemodynamic stability are achieved through a multimodal combination of non-opioid agents and anaesthetic adjuncts acting on different nociceptive pathways.

This approach offers several advantages. **It reduces the incidence of postoperative nausea and vomiting, improves recovery profiles, and avoids opioid-induced respiratory depression**, which is particularly relevant in patients with underlying pulmonary disease or obstructive sleep apnoea. Reducing perioperative opioid exposure may also help limit the risk of persistent opioid use in susceptible individuals.



Opioid-free anaesthesia is fundamentally based on **multimodal analgesia**, as no single agent can replace opioids. Regional and local anaesthesia techniques, including neuraxial blocks and ultrasound-guided peripheral nerve blocks, form the cornerstone of effective analgesia. Systemic agents are used in combination, including NMDA receptor antagonists such as ketamine and magnesium, intravenous lignocaine, anti-inflammatory drugs such as NSAIDs and dexamethasone, and alpha-2 agonists such as dexmedetomidine and clonidine. These agents act synergistically to provide analgesia and maintain autonomic stability.

Despite its potential benefits, opioid-free anaesthesia presents several challenges. The use of multiple drug infusions increases complexity and demands careful monitoring. Many adjuncts have a narrow therapeutic range, with risks of adverse effects at higher doses. Evidence regarding postoperative pain control remains variable, with some studies suggesting increased pain or rebound pain once the effects of adjuncts diminish. In certain procedures, complete opioid avoidance may lead to higher postoperative analgesic requirements.

Furthermore, there is limited evidence that opioid-free anaesthesia reduces long-term opioid use. Effective postoperative pain management remains the key determinant of sustained opioid exposure and long-term outcomes.

Opioid-free anaesthesia should therefore be **applied selectively**. It is most appropriate for minimally invasive and short-duration procedures, and in patients at high risk for opioid-related complications, such as those with obstructive sleep apnoea, respiratory compromise, or a history of opioid dependence. In more invasive surgeries, complete opioid avoidance may compromise analgesia and patient comfort.

Conclusion

Opioid-free anaesthesia is an evolving strategy aligned with ERAS principles, offering the potential to reduce opioid-related morbidity. However, it is not universally applicable. **A balanced, patient-specific approach** that incorporates multimodal, opioid-sparing techniques rather than complete avoidance is likely to provide the most optimal outcomes.

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1. Shanthanna H, Joshi GP. Opioid-free general anesthesia: considerations, techniques, and limitations. *Curr Opin Anaesthesiol*. 2024;37(4):384-390.
2. Tripodi V, Sardo Salvatore. Effectiveness and safety of opioid free anesthesia compared to opioid based anesthesia: systemic review and network meta-analysis. *Journal of anesthesia, analgesia and critical care*, August 2025, 53(5).

Mental Well-Being in Residency

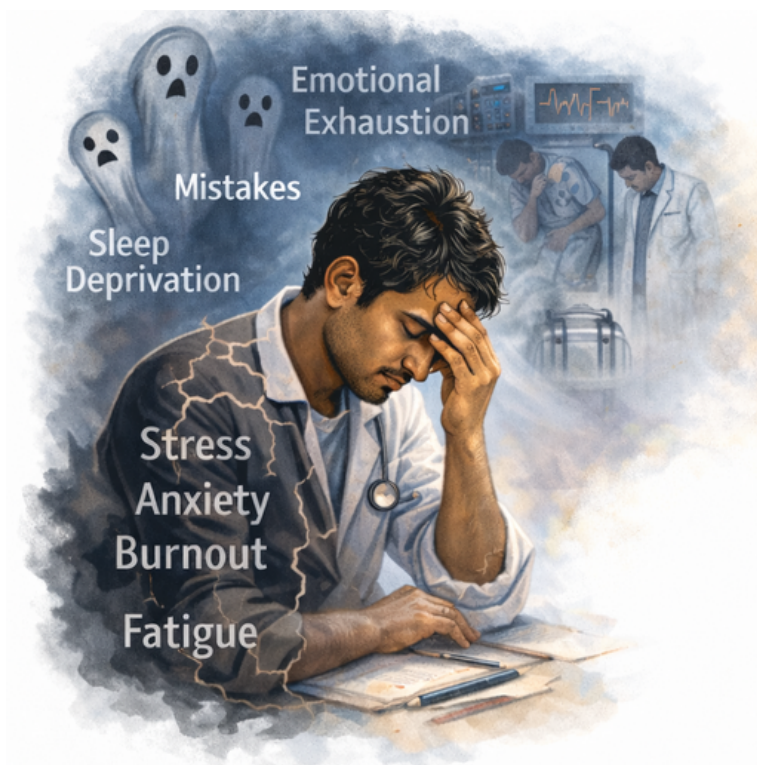
Dr Prasad Bhukebag, Dr Avinash Supe, Department of Minimal Access and Robotic Surgery

Residency is one of the most demanding phases in a doctor's career, characterised by long working hours, high clinical responsibility, and continuous emotional stress. While essential for developing competence, this environment places residents at significant risk of **burnout, anxiety, and depression**. These challenges are often underreported due to stigma and fear of professional consequences, allowing distress to persist unnoticed until it affects performance and patient care.

Burnout typically presents as **emotional exhaustion, depersonalisation, and a reduced sense of achievement**. It can impair clinical judgement, reduce empathy, and **compromise patient safety**. Addressing mental well-being, therefore, requires both individual strategies and institutional responsibility.

From personal experience, the effects of sustained overload during residency are tangible. There were periods marked by persistent, severe headaches following prolonged duty hours and consecutive on-call shifts. At the time, these symptoms were often normalised and ignored, both personally and within the training environment. In retrospect, they represented **early warning signs of cumulative fatigue, sleep deprivation, and cognitive strain**.

This experience reflects a broader cultural context, particularly in India, where excessive workload and inadequate rest are often accepted as intrinsic to training. Long hours, limited recovery time, and restricted leave are frequently justified by the expectation that current trainees should endure the same hardships as their seniors. As a result, **fatigue and early signs of burnout are overlooked rather than addressed**. While resilience remains important, the uncritical continuation of such practices risks compromising both trainee well-being and patient safety.



Mindfulness offers a practical and evidence-based approach to improving mental resilience. It involves maintaining present-moment awareness with a non-judgemental attitude. In clinical settings, mindfulness enhances focus, emotional regulation, and decision-making under pressure. Even brief interventions, such as guided breathing or short reflective pauses before clinical duties, can **improve cognitive clarity and reduce stress**.

Creating a supportive training environment is equally important. Faculty should model balanced professional behaviour, encourage open communication, and normalise discussions around stress and uncertainty. Peer support systems, including debriefing sessions and mentoring groups, help residents process challenging experiences and reduce isolation.

Structural reforms remain essential. Rational duty hours, protected academic time, adequate supervision, and access to confidential mental health services are key components of a healthy training ecosystem. Institutions must ensure that seeking support is stigma-free and professionally safe.

Conclusion

Mental well-being in residency is both a professional necessity and an institutional responsibility. Integrating mindfulness with supportive mentorship, peer engagement, and systemic reforms is critical to **moving from a culture of endurance to one of sustainable excellence**. Such an approach enables residents not merely to cope, but to function effectively and maintain long-term professional health.



Anorectal Workshop: Advancing Practical Excellence in Colorectal Surgery

Dr Priya Gupta, Dr Nitish Jhawar, Consultant Minimal Access and Colorectal Surgeon

Zen Hospital continues to strengthen its standing as a centre for academic excellence through consistently organised, high-quality surgical workshops and training programmes. On 15 March, the institution conducted the **Anorectal Masterclass at Acres Club, Chembur**, marking another significant milestone in its academic calendar.

Endorsed by the **Association of Colon and Rectal Surgeons of India (ACRSI)**, the programme was conceptualised and led by **Dr Roy Patankar and Dr Nitish Jhawar**. Their structured approach ensured an optimal balance between live operative learning and focused academic discussion. The workshop featured **more than 10 live surgical transmissions from Zen Hospital**, offering delegates real-time insights into operative decision-making, technique, and intraoperative problem-solving. Complementing this were expert-led lectures covering key practical aspects of anorectal surgery.



The masterclass received an exceptional response, with **over 450 surgeons attending in person from across Maharashtra and more than 1,000 participants joining virtually**. A highlight of the programme was the session titled **“Horrors in Anorectal Surgery”**, where faculty presented complex and challenging cases from their experience. This segment generated high engagement, facilitated candid discussion, and provided valuable learning in the management of difficult and unexpected clinical scenarios.

Guided by the vision and mentorship of senior stalwarts **Dr Avinash Supe and Dr S K Mathur**, Zen Hospital remains committed to advancing structured surgical education. Through such initiatives, the institution continues to **set benchmarks in academic delivery and contributes meaningfully to the ongoing professional development of surgeons**.





Zen Hospital Conducts High-Impact Hiatus Hernia Pre-Conference Workshop

Dr Urvin Shah, Department of Minimal Access Surgery

The **Pre-Conference Workshop on Hiatus Hernia** was successfully conducted on 12 February 2026 at Zen Hospital, Mumbai, as part of the academic programme preceding **IAGES-ELSA 2026**. The workshop brought together **30 distinguished national and international experts** in gastrointestinal and minimally invasive surgery, creating a high-value platform for advanced learning and academic exchange.

The faculty included eminent surgeons such as **Dr Charu Paranjape (Harvard-Mass General Brigham)**, **Dr Prakash Gatta (Texas Health Resources, Texas)**, and **Dr Amber Shada (University of Wisconsin-Madison)**. The programme featured focused lectures and high-level discussions on patient selection, contemporary management of hiatus hernia, evolving surgical techniques, management of complex and recurrent cases, and strategies to optimise long-term outcomes.

The sessions were highly interactive, with detailed **case-based discussions** forming a core component of the workshop. Challenging clinical scenarios were critically analysed, allowing participants to gain practical insights into **surgical decision-making, operative planning, and postoperative care**.

A key highlight was the **live surgical demonstrations transmitted directly from the operating theatre**. Procedures were presented with step-by-step narration, enabling participants to appreciate operative strategy, technical nuances, and intraoperative judgement in real time. Continuous interaction between faculty and delegates further enriched the learning experience.

Another significant feature was the live demonstration of EndoFLIP technology, among the first of its kind in a conference setting in India. This session highlighted its role in assessing oesophagogastric junction distensibility and intraoperative functional evaluation during anti-reflux and hiatus hernia surgery. The demonstration generated considerable interest and underscored the growing importance of advanced functional assessment tools in improving surgical precision and outcomes.

Participants gained direct exposure to advanced laparoscopic techniques and the management of complex cases, while also benefiting from close interaction with globally recognised faculty. The workshop facilitated meaningful discussion of real-world challenges and provided a comprehensive perspective on current best practices.

Reflecting on the programme, **Dr Charu Paranjape noted**, *"It was a privilege to participate in the Hiatus Hernia course at Zen Hospital. The programme seamlessly combined advanced laparoscopic techniques with live surgery and case-based discussions, delivered by outstanding faculty. It **sets a new benchmark in hiatus hernia education.**"*

Overall, the workshop was a highly successful academic initiative. With its strong faculty, structured scientific content, live operative learning, and introduction of innovative technology, it provided an enriching educational experience and **set a robust academic foundation for IAGES-ELSA 2026.**

Curating Excellence: Behind the IAGES Scientific Programme

Dr Vishakha Kalikar, Department of Minimal Access Surgery

Being part of a scientific programme is one thing; curating it in its entirety is an entirely different challenge.

The past year of preparation, culminating in the intensity of the final month and the demanding last three days, reflected the scale and responsibility of the task. When it all came together, it reaffirmed that the effort, the pressure, and the sleepless nights were justified.

As part of the academic initiative, a Pre-Conference Workshop on Hiatus Hernia was successfully conducted at Zen Hospital. The programme featured renowned national and international faculty, delivering focused discussions and live operative learning in advanced hiatus hernia surgery. The workshop provided a high-value platform for practical insights, surgical decision-making, and academic exchange.

The main scientific programme was equally impactful. Dr Roy Patankar delivered a compelling keynote address titled "Unstupid Yourself", which resonated strongly with the audience and added a distinctive perspective to the conference.

The success of the programme reflects the collective effort of faculty, organisers, and participants. It was both a privilege and a responsibility to contribute to an academic platform of this scale.

We remain grateful to the IAGES community for their trust and support, which made this opportunity possible.

Robotic Prostatectomy

Dr Anil Bradoo, Consultant Urologist

Robotic prostatectomy has emerged as a transformative advancement in the management of localized prostate cancer. Over the past decade, it has rapidly evolved from a novel technique to a **standard of care** in many centers worldwide. In our practice at **Zen Hospital**, robotic-assisted radical prostatectomy is now routinely performed, reflecting both technological progress and growing patient acceptance.

The fundamental principle of prostate cancer surgery remains **oncological clearance while preserving function**. Robotic surgery enhances the surgeon's ability to achieve both goals. With high-definition three-dimensional visualization, tremor filtration, and articulated instruments, the robotic platform allows **precise dissection in the confined pelvic space**. This is particularly crucial in **nerve-sparing procedures** aimed at preserving urinary continence and erectile function.

One of the most consistent advantages of robotic prostatectomy is **improved perioperative outcomes**. Multiple studies have demonstrated **reduced blood loss, lower transfusion rates, shorter hospital stays**, and fewer complications compared to open surgery. These benefits translate into **faster recovery** and earlier return to normal activities, which is highly valued by patients.

Equally important are oncological outcomes. Long-term data suggest that robotic prostatectomy provides cancer control **comparable to traditional open surgery**. A large contemporary analysis reported **lower prostate cancer-specific mortality** in patients undergoing robotic procedures, although careful interpretation is warranted. At Zen Hospital, adherence to oncological principles, combined with meticulous surgical technique, ensures optimal cancer outcomes.

Quality of life is a critical consideration in prostate cancer treatment, given the long survival of these patients. Robotic surgery has shown encouraging results in this domain. Studies indicate that many patients experience stable or **improved quality of life** following robot-assisted prostatectomy, particularly when nerve-sparing techniques are employed. Furthermore, randomized data have demonstrated **improved urinary and sexual function recovery** in the early postoperative period with robotic approaches.

However, it is important to maintain a balanced perspective. Functional outcomes such as urinary continence and sexual health can vary **depending on patient factors, tumor characteristics, and surgical expertise**. While robotic technology enhances precision, outcomes remain highly dependent on the surgeon's experience and patient selection.

From a systems perspective, the adoption of robotic surgery reflects a broader shift toward minimally invasive, technology-driven healthcare. At Zen Hospital, the integration of robotic prostatectomy into routine practice has been accompanied by structured training, standardized protocols, and multidisciplinary care pathways. This ensures that patients benefit not only from advanced technology but also from comprehensive perioperative care.

In conclusion, robotic prostatectomy represents a significant advancement in the surgical management of prostate cancer. It offers clear advantages in perioperative recovery, **maintains excellent oncological outcomes**, and contributes to **improved quality of life**. As experience grows and technology continues to evolve, robotic surgery is likely to further refine the balance between **cancer control and functional preservation**—ultimately benefiting patients in a meaningful way.

References:

Lee CC, Chen M, Chien YS, Chung CH, Li JY. Comparison of outcomes of robot-assisted vs. open or laparoscopic of radical prostatectomy: a population-based cohort study. J Robot Surg. 2025 Oct 14;19(1):691.



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: LIVE 4.0

DATE: SUNDAY 10TH MAY, 2026 **TIME: 9:00 AM TO 5:00 PM** **VENUE: ACRES CLUB, CHEMBUR**

SCIENTIFIC AGENDA

Organizing Chairman : Dr. Roy Patankar **(MMC Points Applied)**

Timings	Program	Duration	Speaker/Panelist/Operating faculty
9:00 to 9:05 AM	Welcome to Delegates		
	Session 1 : Gall Bladder		
	Anatomy with Critical View of Safety	10 mins	Dr. Abhay Dahi
	Laparoscopic Cholecystectomy: 2 Live cases	60 mins	
9:05 to 11:30 AM	Panel Discussion: Troubleshooting in Laparoscopic Cholecystectomy	60 mins	Moderator: Dr. Pinky Thapar Panelists: Dr. Ajay Gujar, Dr. Debashish Das, Dr. Aparna Deshpande, Dr. Satish Dharap, Dr. Geeta Ghag, Dr. Chetan Kantharia, Dr. J B Agarwal.
	Session 2: Hiatus Hernia		
	Master Videos:		
	Toupet's Fundoplication	10 mins	Dr. Rahul Mahadar
	Nissen's Fundoplication	10 mins	Dr. Rajan Modi
	2 Live Cases	60 mins	
	Panel Discussion: Troubleshooting in Hiatus Hernia	60 mins	Moderator: Dr. Roy Patankar Panelists: Dr. Meghraj Ingle, Dr. Ritesh Kamat, Dr. Harsh Sheth, Dr. Prashant Rao, Dr. Deepraj Bhandarkar
	Session 3: Ventral Hernia and Inguinal Hernia		
	Applied anatomy of the abdominal wall	10 mins	Dr. Manmohan Kamat
	Laparoscopic Anatomy of Inguinal region	10 mins	Dr. Sanjay Sonar
	Live Cases	60 mins	
	Panel Discussion: Troubleshooting in Ventral and Inguinal hernia	60 mins	Moderator: Dr. Sharad Sharma Panelists: Dr. Ramesh Punjani, Dr. Nidhi Khandelwal, Dr. Mandar Gadgil, Dr. Sameer Rege
4:30 PM to 5:00 PM	Quiz	30 mins	Dr. Prasad Bhukebag

WORKING LUNCH : 1:00 PM TO 2:00 PM

Registration is FREE but COMPULSORY - Contact Mr. Pares - 8657703277

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Publications from Zen Hospital

Original Article

Acute wrap migration after anti-reflux surgery: The devil is in the details

Vishakha Kalikar, Roy Patankar, Avinash Supe

Department of Digestive Diseases, Zen Multi Speciality Hospital, Mumbai, Maharashtra, India

Biphasic Use of ICG for Delineation of Bilio-Vascular Anatomy During Lymph Node Clearance

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Roy Patankar, MS, FRCS, PhD¹ and Avinash Supe, MS, FRCS, MHPE² 



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Annals of the National Academy of Medical Sciences (India)

Article in Press



Case Report

A rare case of gastric glomus tumor and review of literature

Jainil Patel¹ , Vishakha Kalikar¹ , Roy Patankar¹ 

¹Department of General Surgery, Zen Hospital, Chembur, Mumbai, Maharashtra, India

EAS Journal of Anaesthesiology and Critical Care

Abbreviated Key Title: *EAS J Anaesthesiol Crit Care*

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 OPEN ACCESS

Case Report

Tracheo-Esophageal Fistula: A Case Report

Dr Pavan Vaishnani^{1*}, Dr Anshul Udiavar², Dr Anuja Deshpande³, Dr Pramod Kale⁴, Dr Vikas Nair²

¹Resident, Department of Anaesthesia, Zen Multi-Speciality Hospital, Mumbai Maharashtra, India

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A case report on Delayed Presentation of Traumatic Diaphragmatic Hernia

Kaustubh Kulkarni ^{a*} and Vishakha Kalikar ^a

^a Zen Multispecialty Hospital, Mumbai, India.

The challenges in successful anaesthetic management in a case of situs inversus totalis

Anshul Udiavar, Pavan Vaishnani, Pramod Kale and Vikas Nair

DOI: <https://www.doi.org/10.33545/26643766.2025.v8.i3a.584>