

# Whats up WOODLANDS

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## A Race Against AFLP at 37 Weeks: Teamwork in Action

At a routine antenatal review on September 1, 2025, subtle jaundice set off alarms. A bilirubin of 5 mg/dL confirmed the concern, and close monitoring was advised. Six days later, on September 7, the expectant mother – a **38-year-old primigravida** – was transferred to Woodlands on **CPAP**, critically unwell with **acute fatty liver of pregnancy (AFLP)** complicated by **congestive cardiac failure** and **hepatorenal failure**.

In the ICU, under **Dr Soutik Panda**, her INR was >2, signalling significant coagulopathy. **Four units of FFP** were administered, an urgent echocardiography was performed, and the obstetric team made the pivotal call – **proceed to emergency delivery**. As **Dr Lahori Roy, Consultant – Obstetrics & Gynaecology**, recalls: *“AFLP is rare but unforgiving. With worsening coagulopathy and cardiac compromise, every minute mattered. Immediate delivery offered the best chance for both mother and child – and the decision had to be swift and coordinated.”*

In the OT, maternal vitals were precarious; nonetheless, a **term (37-week) baby girl**, weighing approximately **2.8–3.0 kg**, was delivered and stabilised. Post-operatively, the mother returned to the ICU. Within 72–96 hours, her coagulopathy worsened and a **large rectus-sheath haematoma** developed, necessitating **6–7 units of blood** and a return to OT for drainage – performed with **Dr Darius Anklesaria** joining the team. Thereafter, her clotting parameters began to improve.

Through the next fortnight, care was meticulous: her **total bilirubin peaked near 20 mg/dL**, raising the spectre of hepatic coma, before trending downward with intensive support. Around 10–12 days after admission, she was discharged with **bilirubin ~9 mg/dL** – and at follow-up, it had fallen to 1.86 mg/dL. She had **no prior comorbidities**.

*“Early vigilance matters,”* adds Dr Lahori Roy. *“Noticing jaundice at a routine visit changed the trajectory. In AFLP, decisive delivery and multidisciplinary ICU care can be the difference between catastrophe and recovery.”*



Dr Lahori Roy

## Acute Fatty Liver of Pregnancy (AFLP) – at a glance

- **What it is:** A rare, life-threatening liver disorder of late pregnancy/post-partum caused by microvesicular fat in liver cells → acute liver failure.
- **When it appears:** Usually third trimester (often 32–38 weeks) or in the early post-partum period.
- **Who's at risk:** First pregnancy, twin/ Multiple gestation; association with fetal fatty-acid oxidation defects (e.g., LCHAD) – consider genetic counselling post-delivery.
- **How it presents:** Nausea, vomiting, malaise, right-upper-quadrant pain, jaundice; can progress to hypoglycaemia, coagulopathy, renal dysfunction, encephalopathy.
- **Lab clues:** Moderately raised AST/ALT, elevated bilirubin, prolonged INR/PT, leucocytosis, low platelets; hypoglycaemia is a red flag. (Swansea criteria guide diagnosis.)

## Woodlands' Foresight Cell: Future-ready care starts here

Healthcare moves fast; microbes move faster. Woodlands has launched the **Foresight Cell**, a forum of doctors, to keep our clinicians a step ahead – turning fresh evidence into everyday decisions. The opening Boardroom session, led by **Dr Dip Narayan Mukherjee** (Microbiology & Infection Control), focused on local infection trends, hospital antibiogram insights, and practical ways to prescribe **smarter, safer, sooner**. The Cell will share learning through case discussions, rapid “spot the diagnosis” drills and a journal club – so knowledge isn't confined in print, it shows up at the bedside.



### AMR, in simple words

**Antimicrobial resistance (AMR)** is what happens when germs learn to dodge our medicines. Misuse speeds it up: buying antibiotics over the counter, taking them “just in case,” stopping midway, sharing leftovers – or using them casually in animals and agriculture. Each shortcut gives bacteria another practice match until they finally win the real game. Stewardship is the antidote: the right drug, dose and duration, guided by our antibiogram, with early review and de-escalation.

We still need new antibiotics – carefully developed and carefully used. Around the world (including India), research is advancing next-generation options for tough, hospital-acquired infections. But these are not stronger pills for everyone; they're precious tools reserved for patients who truly need them. Beyond antibiotics, promising frontiers – **vaccines, bacteriophages** (helpful viruses that target harmful bacteria) and gene-level approaches – could protect patients and re-sensitise stubborn bugs.

Future-ready care starts with foresight. This is how we keep patients safer – one informed decision at a time.

## DR WOOD'S CORNER

### WINTER BREATHER 2025



#### Shield Up: Vaccines & Air-Savvy

Start strong with your **annual flu shot** and, if your doctor advises, **pneumococcal protection** (Pneumovax 23 or Prevnar 13); check the **AQI** before stepping out and **N95/FFP2** up on bad-air days, keep outdoor time short, and **warm the air you breathe** with a scarf so the lungs aren't shocked by the chill.



#### Home Base: Habits, Not Hype

Make the home a **no-smoke zone** – no cigarettes, go easy on incense/dhoop and skip mosquito coils (choose electric); **ventilate when AQI improves**, sip water through the day, lean into **amla/guava/citrus** for vitamin C, add lean protein and a touch of omega-3, and remember that small smart choices – windows open at the right hour, house plants kept clean, dust filters changed – stack up like quiet bodyguards.



#### Breathe Like a Pro: Devices & Drills

Re-check **inhaler technique**, use a **spacer**, label devices, set **refill reminders**, keep the **reliever** within reach; follow your **action plan** – know your green/yellow/red zones and your **peak-flow baseline**; keep gear clean – **spacers weekly, nebulisers with distilled water only**, never share mouthpieces; then add ten minutes twice daily of **diaphragmatic + pursed-lip breathing** and a few easy **indoor stretches** to keep the chest wall loose and the rhythm smooth.



#### Nights & Red Flags: Sleep Smart, Act Fast

Aim for bedroom humidity around **40-50%**, avoid scalding steam, and try a small **head-end raise** if cough or wheeze nags at night; if your **reliever use jumps beyond two days a week**, symptoms wake you at night, **SpO2 dips under 92%**, lips turn bluish, or breathlessness shows up at rest – **don't wait, seek care fast**.

*Winter may nip, but your lungs can out-quip – with prep, pattern, and poise.*

#WoodlandsForGenerations

## MD SPEAKS



**Mr Rupak Barua**  
Managing Director & CEO,  
Woodlands Multispeciality  
Hospital Ltd.

At the heart of this month's newsletter is a case that reaffirms the power of swift diagnosis and seamless multidisciplinary care in saving two lives at once. A 38-year-old expectant mother with acute fatty liver of pregnancy arrived critically ill; within hours, teams from Obstetrics, Critical Care, Cardiology, Anaesthesia and Surgery coordinated an emergency delivery, controlled major bleeding and guided her home with a healthy baby.

Behind such outcomes lies preparation. Our Foresight Cell is an investment that transforms local data on infection trends and antibiograms into everyday prescribing wisdom, so that antimicrobial resistance never outpaces our judgement.

In the operating theatre, Frozen Section services give our surgeons rapid pathological guidance, helping them balance courage with restraint in cancer surgery.

We are committed to stepping beyond our campus. As official healthcare partner at the India-South Africa Test at Eden Gardens, our doctors, nurses and paramedics cared for international players and over 250 spectators – guardians on the boundary, ensuring cricket could take centre stage because healthcare was already in place.

Thank you for the expertise, empathy and discipline you bring to these stories. Together, we will keep making Woodlands future-ready – one informed, compassionate decision at a time.

## You Have Heard of “Frozen Section.” But Do You Really Know What It Means?

**Where microscopic minutes decide surgical direction -**  
by **Mainak Chakraborty**, Chief of Laboratory Services

In the high-stakes theatre of surgery, sometimes the most critical verdict is delivered not by the surgeon's scalpel, but by a slice of tissue under a microscope. That's where the **Frozen Section** steps in – a process that can, within **30 minutes**, reveal whether a tissue is cancerous and how far the disease has spread.

A frozen section, also called a **cryosection**, is a rapid diagnostic technique performed in the pathology lab while a surgery is still on. A tiny tissue sample from the patient is **flash-frozen**, cut



*Dr Mainak Chakraborty*

into **paper-thin slices** in a **cryostat**, and stained for immediate examination under the microscope. The pathologist then provides a **real-time report** to the surgeon – sometimes while the patient is still under anaesthesia.

The impact? Enormous. The surgeon can instantly decide whether to **remove more tissue**, **preserve critical structures**, or **close the surgery**, confident that the tumour's margins are clear. In essence, the Frozen Section acts as the **surgeon's compass**, guiding the extent of an operation with precision and restraint.

Yet, experts emphasise – it isn't a shortcut to diagnosis but a **collaborative decision tool**. The pathologist and surgeon work in tandem, interpreting what's seen on the slide and what's unfolding on the table.

Introduced over a century ago, this technique remains a marvel of modern medicine – **where frozen moments help make life-changing calls**.



*Cryostat (Frozen Section) Machine in action*

## Guardians on the Boundary: Woodlands at the India-South Africa Eden Test



Woodlands Hospital provided 6 ambulances and a 40 strong-manpower on all days of the Test. The team seen here on Day 1 - November 14, 2025

Test cricket returned to Eden Gardens in November 2025, for the first time since the 2019 Pink Ball Test, with Woodlands Multispeciality Hospital on duty as official healthcare partner of the Cricket Association of Bengal for the India-South Africa First Test (14-18 November).

Across three action-packed days, plus three practice sessions and India's optional nets on what would have been Day 5, Woodlands provided a safety net. A doctor trained in emergency medicine and four stretcher bearers guarded the turf, while an orthopaedic surgeon and support staff staffed the players' medical room. In the stands, two doctors, nurses and paramedics staffed the spectators' medical room, backed by two nurses each at seven medical kiosks around the 65,000-capacity stadium.

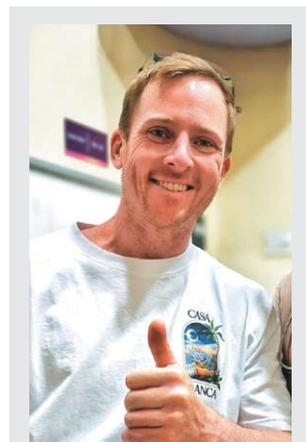


A patient who suffered a fall being evacuated from the stands.

The partnership was tested by big names. South Africa's Kagiso Rabada, Marco Jansen and eventual Player of the Match Simon Harmer were all treated at Woodlands for different ailments. India captain Shubman Gill, injured mid-innings on Day 2, was admitted for a couple of days of specialised care. Their recovery journeys were marked by warm words in the Woodlands visitors' book.



The lanky Proteas pacer Marco Jansen poses with Dr Saptarshi Basu of Woodlands, the host city medical chairman for the Test.



Simon Harmer at Woodlands after undergoing a radiological investigation.

"Thank you so much Woodlands Hospital and Dr (Saptarshi) Basu for looking after me and treating me like family. Much love," wrote Harmer in the visitors' book while Rabada penned: "Thanks for your hospitality."

Over 250 spectators were treated for cuts, sprains, fever, headache and indigestion, with a few evacuated from the stands after falls - an unscripted but reassuring brush with protocol-driven emergency care.

Woodlands has also been CAB's trusted healthcare partner for all First Class and international matches at Eden Gardens, and for the Bengal Pro T20 League at Eden and Jadavpur University, Salt Lake.

"As custodians of community health, we see Eden Gardens as an extension of our campus," said Mr Rupak Barua, Managing Director & Group CEO, Woodlands. "Our role is to ensure that when cricket takes centre stage, healthcare is already in place at the boundary."

For suggestions and queries, please write to: [corporate.communication@woodlandshospital.in](mailto:corporate.communication@woodlandshospital.in)