

PROFESSIONAL PROFILE

Dr. Samir R. Pradhan

CONSULTANT OBSTETRICIAN & GYNAECOLOGIST
VAGINAL & PELVIC RECONSTRUCTIVE SURGEON
GYNAECOLOGICAL ENDOSCOPIST

ADVANCED VAGINAL SURGERY ◆ UROGYNAECOLOGY ◆ HIGH-RISK OBSTETRICS
GYNAECOLOGICAL ENDOSCOPY ◆ MINIMALLY INVASIVE & ROBOTIC GYNAECOLOGY

"Right surgery. Right technology. Right patient."

MUMBAI · GHATKOPAR – MULUND – THANE CORRIDOR

PROFESSIONAL PROFILE

A quarter-century of surgical judgment, from community practice to tertiary care

Dr. Samir R. Pradhan is a senior Consultant Obstetrician and Gynaecologist with **25 years of experience** spanning community-based, nursing-home practice and advanced surgical care at leading corporate hospitals across Mumbai's suburban region.

> *Use the simplest, safest and most economical technique when it is sufficient — and escalate to advanced technology only when the clinical situation genuinely demands it.*

Good medicine is not necessarily the most expensive medicine. Treatment is selected on the basis of disease, anatomy, individual circumstances, safety, surgical expertise, available infrastructure and cost-effectiveness.

A particular professional interest is the **preservation and advancement of vaginal surgery** for appropriately selected benign conditions — a natural-orifice approach that avoids abdominal scars, reduces dependence on costly technology and, in suitable patients, speeds recovery. This is matched by extensive experience in advanced laparoscopy, hysteroscopy, robotic gynaecology, retroperitoneal surgery and contemporary oncological techniques.

DIMENSION ONE

Surgical simplicity when simplicity is appropriate

Natural-orifice, scarless, economical surgery performed to the highest standard.

DIMENSION TWO

Advanced technology when complexity demands it

Laparoscopy, robotics and multidisciplinary tertiary care on call.

25	600+	NDVH	10
YEARS OF PRACTICE	CERVICAL CERCLAGE CASES	NATIONAL FACULTY	CORE AREAS OF EXPERTISE

CORE AREAS OF EXPERTISE

Vaginal & Pelvic Reconstructive Surgery

1

Advanced Vaginal & Pelvic Reconstructive Surgery

Vaginal surgery for pelvic organ prolapse across all compartments and stages, assessed using established POP-Q principles.

- Anterior, posterior, apical & uterine prolapse
- Multicompartment & advanced-stage prolapse
- Vault prolapse & recurrent prolapse
- Native-tissue compartment repair
- Sacrospinous fixation · McCall's culdoplasty
- Levatoroplasty & pelvic-floor reconstruction
- Preventive apical support at vaginal hysterectomy
- Mesh reserved for carefully selected cases

2

Vaginal Management of Urinary Incontinence

- Retropubic & transobturator tension-free tapes
- Vaginal pelvic-floor reconstruction
- Correction of anterior compartment defects
- Urodynamic assessment where indicated

Accurate diagnosis · careful patient selection · the least invasive effective treatment.

3

Vaginal Hysterectomy & Non-Descent Vaginal Hysterectomy (NDVH)

National faculty and experienced surgeon in NDVH and advanced vaginal hysterectomy for appropriately selected benign indications — fibroids, adenomyosis, abnormal uterine bleeding, benign endometrial pathology, benign uterine enlargement and selected pelvic pain.

- Vaginal removal of tubes, ovaries, selected benign adnexal masses & small ovarian tumours

The guiding objective — avoid an abdominal incision whenever the vaginal route is clinically appropriate and safe.

Reconstruction, Cerclage & Scarless Surgery

4

Complex Vaginal Reconstruction

- Obstetric anal sphincter injuries (OASI)
- Vesicovaginal & rectovaginal fistulae
- Selected rectal prolapse procedures
- Complex pelvic-floor defects
- Recurrent vaginal prolapse

Demanding detailed command of pelvic anatomy, tissue planes, sphincter and vascular structures — with meticulous tissue handling.

5

High-Level Cervical Cerclage — Modified Shirodkar Technique

A specialised area of interest with deep expertise in technically demanding, high-risk procedures across all recognised indications:

- History-indicated cerclage
- Ultrasound-indicated cerclage
- Examination-indicated / rescue cerclage
- Recurrent mid-trimester loss & cervical insufficiency

High placement close to the internal os — anatomical precision, haemostasis, preservation of cervical tissue.

6

V-NOTES & Aesthetic Gynaecology

Trained in Vaginal Natural Orifice Transluminal Endoscopic Surgery (V-NOTES) and Aesthetic Gynaecology. V-NOTES is offered selectively where a natural-orifice approach provides a meaningful clinical advantage — complementing a broader commitment to scarless, minimally invasive surgery.

Female pelvic anatomy · Functional vaginal surgery · Perineal reconstruction · Individualised aesthetic concerns

"Accessible in care. Scientific in decision-making. Sophisticated when necessary."

ADVANCED MINIMALLY INVASIVE & ROBOTIC GYNAECOLOGY

Advanced Laparoscopy, Hysteroscopy & Robotic Surgery

ADVANCED LAPAROSCOPY

- Complex pelvic & adnexal surgery
- Deep infiltrating endometriosis
- Retroperitoneal & advanced pelvic dissection

HYSTEROSCOPY

- Diagnostic & operative hysteroscopy
- Management of intrauterine pathology
- Minimally invasive treatment of AUB

ROBOTIC GYNAECOLOGY

- Complex minimally invasive pelvic surgery
- Advanced dissection where robotics adds real advantage

RETROPERITONEAL SURGERY

- Major vessel & ureteric identification
- Pelvic sidewall, nerve-sparing approaches

Precision Surgery & Contemporary Technology

Predictive anatomical assessment · Tissue-plane identification · Vessel & ureter protection · Nerve-sparing principles · Tissue-specific dissection · Strategic retroperitoneal access · Spectrum-based tissue identification · ICG-guided visualisation

Particularly valuable in deep infiltrating endometriosis, complex pelvic surgery, ventrofixed uterus, selected mesh-based reconstruction, endometrial carcinoma, and retroperitoneal or oncological surgery.

8

GYNAECOLOGICAL ONCOLOGY · MULTIDISCIPLINARY CARE

For appropriately selected oncological cases — laparoscopic or robotic surgery, retroperitoneal lymph-node dissection, sentinel node mapping, ICG-guided visualisation, nerve-sparing principles and precision retroperitoneal dissection, as disease and circumstance dictate.

The choice of approach remains patient- and disease-specific — never technology-driven.

High-Risk Pregnancy, Haemorrhage & Placenta Accreta Spectrum

9

High-Risk Pregnancy & Complex Obstetric Care

- Advanced maternal age & post-ART pregnancies
- Complex antenatal & high-risk conditions
- Obstetric emergencies
- Postpartum haemorrhage · Placenta Accreta Spectrum

Built on anticipation, preparation, multidisciplinary coordination and timely escalation of care.

10

PPH & PAS — Stepwise, Individualised Management

Management tailored to the clinical situation, available expertise and, where relevant, the patient's fertility-preservation wishes.

CONSERVATIVE / FERTILITY-PRESERVING

- Systematic uterine devascularisation
- Compression brace sutures
- Stepwise haemorrhage-control strategies

VASCULAR CONTROL & DEFINITIVE SURGERY

- Internal iliac artery ligation, where selected
- Radical obstetric hysterectomy for maternal safety

Trained in OSCS — stepwise conservative surgery for focal Placenta Accreta Spectrum — enabling contemporary conservative approaches in appropriately selected patients.

THE OVERRIDING PRINCIPLE *Maternal safety is paramount.*

Fertility-preserving surgery is considered only when appropriate, feasible — and never at the expense of safety.

THE DR. PRADHAN APPROACH

Bridging two models of healthcare

MODEL ONE

The Natural-Orifice & Economical Model

- No abdominal incision; natural anatomical access
- Minimal instrumentation; less dependence on costly equipment
- Potentially shorter hospitalisation, earlier recovery
- Lower treatment cost, excellent functional outcomes

Not merely cost-saving — the discipline of avoiding unnecessary technological escalation while upholding high surgical standards.

MODEL TWO

The Technology-Enabled Model

- Advanced laparoscopy & robotic surgery
- High-definition & ICG fluorescence imaging
- Advanced energy platforms, ICU, blood-bank support
- Multidisciplinary teams & interventional radiology

Through affiliations with major corporate hospitals when complexity demands it.

Technology is neither rejected nor automatically preferred — it is used when it adds meaningful clinical value.

Simple disease	→ Simple, safe, economical solution
Complex disease	→ Advanced technology & multidisciplinary care
Highly complex disease	→ Escalation to the right expertise & infrastructure

> *You do not always need the most expensive surgery.*
> *You need the most appropriate surgery.*

Treatment guided by **Disease + Anatomy + Patient Factors + Safety + Surgical Expertise + Infrastructure + Cost-effectiveness** — not simply by the availability of a machine.

INSTITUTIONAL EXPERIENCE

25 years of continuous, personal healthcare relationships

As Director of a nursing home for approximately 25 years, Dr. Pradhan has maintained close, continuous relationships with patients and their families. His associations with major corporate hospitals across the **Ghatkopar–Mulund–Thane corridor** ensure access to advanced infrastructure whenever escalation of care is required.

This dual experience — the personal doctor–patient relationship of community practice, and the multidisciplinary environment of tertiary care — informs every clinical decision.

- Compassion
- Empathy
- Accessibility
- Ethical practice
- Individualised decisions
- Cost-conscious care
- Continuity of care
- Patient autonomy

FOR CORPORATE HOSPITALS & PROFESSIONAL COLLEAGUES

A rare combination under one surgeon

- Advanced vaginal surgery
- Pelvic reconstructive surgery
- Urogynaecology
- NDVH
- Complex vaginal reconstruction
- Modified Shirodkar cerclage
- Advanced laparoscopy
- Hysteroscopy
- Robotic gynaecology
- Retroperitoneal surgery
- Gynaecological oncology
- High-risk obstetrics
- Placenta Accreta Spectrum
- Postpartum haemorrhage
- Precision surgical principles
- Cost-conscious decision-making

His approach supports a patient-centred continuum of care — from economical natural-orifice procedures to sophisticated tertiary intervention, whenever clinically required.

PROFESSIONAL VALUES

The principles behind the practice

Compassion
Every patient deserves dignity, empathy and respect.

Clinical Judgement
Technology should support decision-making — not replace it.

Surgical Precision
Accurate restoration, meticulous dissection, preserved function.

Economical Care
High quality need not mean high cost.

Appropriate Escalation
When complex care is needed — prompt and uncompromising.

Continuous Learning
New skills; proven principles.

Teaching & Knowledge Sharing
Advanced vaginal surgery and other valuable techniques must be preserved, refined and passed to the next generation of gynaecologists.

PROFESSIONAL VISION

Traditional surgical wisdom, modern minimally invasive techniques and advanced technology should **coexist rather than compete**. Neither technology-first nor technology-averse —

PATIENT-FIRST

The right operation · Through the right route

Using the right technology · By the right team · At the right cost



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Urogynaecology · Advanced Laparoscopy · Robotic Gynaecology
High-Risk Obstetrics · Placenta Accreta Spectrum · Cervical Cerclage

Committed to surgical precision, evidence-informed decision-making and compassionate care — with empathy.

APPOINTMENTS & PROFESSIONAL ENQUIRIES

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SAVE CONTACT

WHATSAPP CHAT

SCAN FOR LOCATION

VISIT WEBSITE