

Sushruta

Newsletter of Surgical Society of Bangalore

Feb 2021

Dr. Venkatachala K
President Elect.

Dr.Sampath Kumar K
President Elect.

Dr.Harisha N S
Hon. Secretary

Dr. Manish Joshi
Hon. Jt. Secretary

Dr. Ramesh B S
Hon Treasurer



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Newsletter of Surgical Society of Bangalore

Feb 2021

Editorial

Dear Esteemed Member of SSB,

'SUSHRUTA' is a monthly newsletter, creating a platform where in the members and surgical postgraduates can publish original articles, case reports, surgical guidelines or any other material of surgical relevance, This will be made available online for all the members.

I request everyone to make use of this platform to disseminate, share or acquire knowledge.

Dr Kalaivani V
Editor SSB KSCASI CC

Dear All,

Kindly encourage this new monthly initiative of the SSB.

Academic Articles

Please send articles, guidelines, humour, stories, trivia, quiz questions and interesting Case report or case series with Review of literature for academic purposes.

Non-Academic

Inviting articles - That may be appropriate and interesting to the SSB members. Examples: life beyond surgery, my daily routine, how I manage stress, interesting place I traveled, books I recommend etc.

Opportunities / Classifieds

Relevant Jobs, Ad's and upcoming events can be included at a nominal fee as per the discretion of the Editorial team.

Feedback / Suggestions

Any other suggestions for improvements, feedback, letters to the editor, inputs are welcome.

Deadline :

Last day of every month.

Send your article to : editorssb@gmail.com

WhatsApp - 8197910166

Please mark all your contributions via emails, WhatsApp with the heading for Sushruta and mention your name, designation and institution.

Request all the SSB members to actively contribute, participate and wholeheartedly appreciate this new initiative "[Sushruta - official newsletter of the Surgical society of Bangalore](#)"

Regards,
The Editorial team of Sushruta

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Newsletter of Surgical Society of Bangalore

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Message from the President



Dear Members,

I must congratulate the Editorial team for bring out e-newsletter “SUSHRUTA” on a regular basis.

After one year gap, we will initiate physical monthly clinical meetings. I must thank Dr. Sumit Talwar, HOD, Department of Surgery, Manipal Hospital for agreeing to our request for a physical meeting. The members will definitely be excited to meet and socialise after a long time. But, we must adhere to strict social distancing norms in the meeting and dining halls. Body temperatures will be checked at the entrance and hand sanitising norms must be practised. This will encourage to continue physical meetings, and more members will attend future meetings. We don't want our members to get infected or carry infection. We must lead by example.

Dr. Venkatachala K
President SSBASICC 2021

Online Monthly Clinical Meeting



SURGICAL SOCIETY OF BENGALURU ASICC (R)

[47years] 1974 - 2021]

www.ssbasicc.org

DR VENKATACHALA K President 845671017 rvenkat24@gmail.com	DR SAMPATH KUMAR K President Elect 9900515287 sampath17k@gmail.com	DR HARISHA N S Hon Secretary 9535200453 drharishans@gmail.com	DRMANISH JOSHI Jt. Secretary 8197910166 docjoshi@gmail.com	DR RAMESH B S Hon Treasurer 9845472444 rameshshamburao@yahoo.co.in
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EC MEMBERS - 2021

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DR MADHU G
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DR VIKRAM S
DR WASIM DARR

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Imm past President
DR VENKATESH K L
Imm Past Secretary

G C MEMBER ASI

DR H V SHIVARAM

EDITORIAL BOARD MEMBER

IJS - ASI 2019- 2024
DR C S RAJAN

SCIENTIFIC ADVISER

DR K LAKSHMAN

Dear Doctor,

12th Feb 2021

You are invited for the Second Online Monthly Scientific Meeting of the Year 2021.

DATE: - TUESDAY 16th FEBRUARY 2021

HOST: - BGS GLOBAL HOSPITAL & MVJ MEDICAL COLLEGE H

ONLINE: <https://us02web.zoom.us/j/5410500137?pwd=dVRxWkhFU1RKSzU4K0U0TW9aRmtXdz09>

Meeting ID: 541 050 0137

Passcode: 957151

5-00 to 6-00pm: - **Postgraduate Teaching Programme -:**

1. 5-00 - 5-30pm Breast Examination and Breast Diseases – Dr Monica Pansari
2. 5-30 -6-00pm Management of Liver Metastases in Colorectal Cancer – Dr Venkatachala K

Please note: - (Request PGs to be present ONLINE by 4.45 PM)

E - POSTERS: 6-00PM to 6-45PM (BGS GLOBAL & MVJ MEDICAL COLLEGE H)

1. An Inguinal surprise – Amyand's hernia (by Dr Sudarshan V) MVJMCH
2. A case of jejunojejunal intussusception due to jejunal lipomatosis. (by Dr Mohammed Rashid) MVJMCH
3. A case of recto-sigmoid injury due to trans anal barotrauma (Dr Saad) MVJMCH
4. A case of perforated Meckel's diverticulum (Dr Akhila K) MVJMCH
5. A case of appendicular agenesis (Dr Panchami) MVJMCH
6. Total pancreatectomy for NET pancreas – BGS GLOBAL H
7. Persistent hypoglycaemia - very rare case of adult onset nesidioblastosis- – BGS GLOBAL H
8. Recurrent episodes of sepsis & multiple hydatid cysts of the liver in a high risk cardiac patient -BGS GLOBAL H

E- PAPERS: 6-45 TO 7-45PM (BGS GLOBAL & MVJ MEDICAL COLLEGE H)

1. Mannheim Peritonitis Index – A prognostic tool in perforation peritonitis. (by Dr Sumit Pal) MVJMCH
2. Factors predicting difficult cholecystectomy. (by Dr Abdul Rashid) MVJMCH
3. Role of Diagnostic Laparoscopy in chronic abdominal pain. (Dr Poornima Parasuraman) MVJMCH
4. Percutaneous cholecystostomy in the management of acute cholecystitis- our experience - BGS GLOBAL H
5. a series of myonecrosis in Diabetics- uncommon entity? - BGS GLOBAL H

7-30PM ANNOUNCEMENTS

Note: - 1. Inform & Encourage your Postgraduates to LOGIN online PG Teaching Program by 4-45pm.

Dr. VENKATACHALA K
President

Dr. HARISHA N S
Hon Secretary

Online Monthly Clinical Meeting – Presentations

Mannheim Peritonitis Index- A Prognostic Tool In Peritonitis Due To Hollow Viscus Perforation.



Best Paper

Dr. Sumit Pal

Best Paper From MVJ



SUMIT PAL
04-11-2017

Background:

Acute generalized peritonitis from gastrointestinal hollow viscous perforation is a potentially life threatening condition. The prognosis of peritonitis remains poor despite development in diagnosis and management. Early identification of patients with severe peritonitis may help in selecting patients for aggressive surgical approach.. Grading the severity of acute peritonitis has assisted in no small way in decision making and has improved therapy in the management of severely ill patients. Empirically based risk assessment for important clinical events has been extremely useful in evaluating new therapies, in monitoring resources for effective use and improving quality of care.

Many scoring systems have been designed and used successfully to grade the severity of acute peritonitis . MPI was developed by Wacha and Linder in 1983. The Mannheim Peritonitis Index (MPI) is a specific score, which has a good accuracy and provides an easy way to handle with clinical parameters, allowing the prediction of the individual prognosis of patients with peritonitis. This study attempts to evaluate the prognostic value of Mannheim Peritonitis Index scoring system in patients with peritonitis due to hollow viscous perforation, to assess it as a clinical tool in stratifying these patients according to individual surgical risk.

Aims and Objectives :

To evaluate the effectiveness of Mannheim Peritonitis Index in determining the morbidity and mortality due to hollow viscus perforation.

Materials and Methods:

3) The study was carried out in Department of general surgery, in MVJ medical college in 50 patients with solitary thyroid nodule from September 2018 to September 2020.

Results:

The mean age of the patients was 40.58 . Majority of the patients presented to the hospital after 24 hrs of the onset. Mortality among the patients with MPI score >29 was 25% and mortality among MPI 21-29 was 10%. Patients with MPI<21 had no mortality .The incidence of wound complications and pulmonary complications increases with the MPI score. Patients who had clear exudates intra operatively, had very few post operative complications. The cut off for bad prognosis in the study was observed to be MPI>26.

Conclusion:

Mannheim Peritonitis Index can be used to grade patients according to the risks for morbidity and mortality in patients with perforative peritonitis post operatively. It also gives the surgeon, an idea of the prognosis of the patient.

Best Poster From MVJMC



Best Poster

A CASE REPORT OF PERFORATED MECKEL'S DIVERTICULUM.



Abstract:

Meckel's diverticulum is a common congenital abnormality resulting from an incomplete obliteration of the vitello-intestinal duct during 5th week of gestation. It may remain asymptomatic but complications like diverticulitis, haemorrhage, intestinal obstruction, intussusception, perforation can occur in adults and children. Perforation of Meckel's diverticulum is rare and can mimic a variety of acute surgical and inflammatory conditions of the abdomen. This is a case of a 26 year old male ,who presented to our casualty with pain abdomen in lower abdomen with local peritoneal signs and radiological imaging suggestive of hollow viscus perforation. The patient underwent exploratory laparotomy which revealed a perforated Meckel's diverticulum and normal appendix. The patient was managed by wedge resection and anastomosis with appendectomy. Perforation of Meckel's diverticulum ia a rare complication occurring in less than 7%of patients with complicated Meckel's diverticulum. This case report is a unusual case of complicated Meckel's diverticulum in an adult and demonstrates that a healthy degree of suspicion for complicated Meckel's diverticulum should be present while diagnosing an acute abdomen.



Best Poster

Best Poster From BGS

PERSISTENT HYPOGLYCEMIA :

A Rare Case of Adult Onset Nesidioblastosis

Dr Manisha , Dr Varsha , Dr Nagabhushan , Dr Neel Shetty, DrVenugopal Pillai

Department of Surgical Gastroenterology, HPBBGS Gleneagles Global Hospitals,
Bangalore



Abstract:

Nesidioblastosis is a very rare entity, also called NIPHS. It is diffuse islet cell hyperplasia arising from the pancreatic ductal epithelium, associated with persistent hyperinsulinemic hypoglycaemia. Nesidioblastosis is usually a disease of infancy but in rare cases has been identified in adults. Adult onset nesidioblastosis is rare, with the incidence of 0.3 case per million patient a year. Nesidioblastosis should be considered in the diagnostic evaluation of hypoglycaemia, because it mandates a different approach to the surgical management.

We report a 48yr old male who presented with symptomatic persistent hypoglycemic episodes & abdominal pain aggravated by food intake. Patient had multiple consultations at various different places and multitude of investigations & finally was diagnosed to have diffuse pancreatic nesidioblastosis by Ga 69 Datonac 3D PET CT. Conservative management with Diet, Octreotide hyperglycemic drugs and various other newer drugs was not successful. After extensive risk assessment and discussion patient opted for spleen preserving Laproscopic Distal Pancreatectomy. Post operatively patient became euglycemic. The Histopathology and Immuno-histochemistry was conclusive of the islet cell hyperplasia supporting the diagnosis of nesidioblastosis.

Keywords:

Nesidioblastosis.

NIPHS- Non-InsulinomaPancreaticogenousHyperinsulinimic Syndrome



Best Paper From BGS

Percutaneous Cholecystostomy In Management Of Acute Cholecystitis : Our Experience

Dr Manisha , Dr Varsha Patil, Dr Nagabhushan , Dr Neel Shetty4.
Department of Surgical Gastroenterology,
BGS Gleneagles Global Hospitals, Bangalore

BACKGROUND:

Study to evaluate efficacy & complications associated with percutaneous cholecystostomy in patients with delayed presentation of acute cholecystitis.

METHODS:

Our study is a Retrospective Audit of Gallstone Disease who underwent Laparoscopic Cholecystectomy at our institute. Consecutive 110 patients who underwent Laparoscopic cholecystectomy between January 2019 to January 2021 were included in the study.

RESULTS:

78 patients had AC (71%). Of 78 patients, 32 patients(49%) presented to the ER with symptoms lasting approximately 72 hours or less who were taken up directly for Laparoscopic Cholecystectomy. 46 patients (51%) presented in ER after 72 hours of onset of pain, who were admitted, evaluated & planned for Interval cholecystectomy (in view of sepsis, operative challenges and other comorbid issues).36 patients of the delayed AC group responded well & were planned for interval cholecystectomy after 4-6 weeks.10 patients (28%) of delayed AC group did not improve with conservative management deteriorated further with raising counts & other clinical parameters.These patients subsequently required PCC for immediate relief of symptoms & control of sepsis. Overall there was zero conversion rate.

CONCLUSION:

Our small retrospective study supports the notion that PCC is a viable & lifesaving option for patients with AC where immediate cholecystectomy is contraindicated/ found to be unsafe. Complication rates are minimal/acceptable.

KEYWORDS:

Acute Cholecystitis (AC), Percutaneous Cholecystostomy (PCC)



Interview with Surgeon - Prof. Dr. Vivek Jawali



Prof. Dr. Vivek Jawali
MBBS, MS, M.Ch, D SC
(Honoris Causa)

Present Positions:

Chairman

1) Cardiovascular sciences 2) Hospital Governing board 3) Regional Medical Advisory Council, Fortis Hospitals, Bangalore.

- President-Karnataka Association of Cardiothoracic Surgeons
- Past Member – Medical Council of India(MCI)
- Member: Governing Council, JSS Medical College and Teaching Hospitals, Mysore(Karnataka)
- Member : Board of Directors, BLDE University and Medical College, Bijapur (Karnataka)
- Managing Trustee – Om Shanthi Dham (A nationally renowned Vedic Gurukul, Bangalore)
- Managing Trustee- DAV Schools , Bangalore

Education:

- MBBS at MR Medical College, Gulbarga (1974 –first rank and best all round outgoing student)
- MS at JJM Medical College, Davangere
- M.Ch. at KEM Hospital and Seth G S Medical College Mumbai
- Received further specialized training in vascular, thoracic, paediatric cardiac surgery separately all over the world.
- Honorary Doctorate by Rajiv Gandhi University of health sciences

Institution Building :

Instrumental in founding the SRI JAYADEVA INSTITUTE of Cardiology & the Wockhardt Hospitals Ltd.(Now merged in to and renamed the Fortis Healthcare Ltd). Dr Vivek Jawali was on the Board of Directors of Wockhardt Ltd.



CLINICAL & ACADEMIC EXPERIENCE:

- Performed more than 30000 cardiothoracic and vascular surgeries.
- Published 31 papers and presented more than 200 papers
- Delivered 11 national Orations
- Innumerable guest lectures in India and abroad
- Demonstrated new surgical techniques (live) in many centres in India and abroad

Early Life:

Place of birth, early education, MBBS, MS, more.....

Born in Aland ,Gulbarga dist of Karnataka.

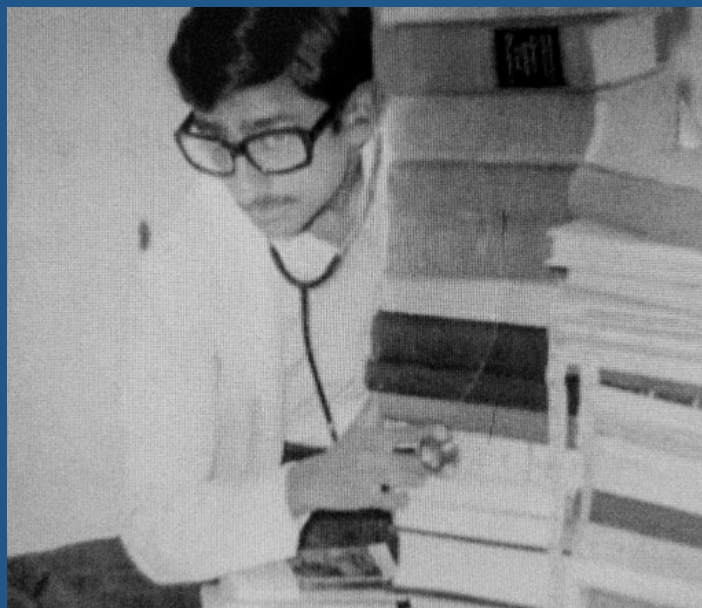
Schooling in Marathi medium in Barshi (Solapur dist)

Grew in a total rural setting & heard English only in college

-rest is in the cv above

Your mentors:

Too many to count (learned so many things from so many - medical n non medical; but my real mentor has been me, myself.



During MBBBS



Alumni group from KEM. Bombay .
Everyone now is someone nationally .
Next to my right hand is my old room mate Bala who is a national
icon of heart & lung transplant today

ACADEMIC POSITIONS:

- Past President, Indian Association of Cardio thoracic Surgeons (IACTS) 2008
- Founder Member, international society of minimally invasive cardiac surgeons (ISMICS) 1998
- Council Member, Asian association of Cardiothoracic surgeons (till date)
- Past Vice President, Indian College of Cardiology -2006
- President-Karnataka association of cardiothoracic surgeons
- Currently the member of the editorial board of innovations in Cardiac Surgery; a journal of international society of minimally invasive cardiac surgeons (which deals with all new technologies and ideas in cardiac surgeries)
- Member, editorial board – “cts.net” (the major and popular) website of cardiac surgeons of the world
- Member board of editors , Journal of Indian association of Cardiac Anaesthesia
- Web Administrator “iacts.org”(website of the Indian Association of Cardiothoracic surgeons)
- Examiner for M.Ch. and DNB



Receiving "the Best all round outgoing student's award" at the M. R. Medical College Gulbarga in 1975

CLINICAL ACHIEVEMENTS:

- a) Performed India's first beating heart bypass surgery in 1992 and was responsible for pushing its popularity in India
- b) Performed India's first minimally invasive bypass surgery (MIDCAB) in Sept 1994
- c) Performed India's first awake cardiac surgery (surgery without GA or ventilator, done under continuous high thoracic epidural) June 1999
- d) Performed World's first Awake Open Heart Surgery (a 74 years patient underwent triple bypass without aortic valve replacement without GA or ventilator)2002 April

AWARDS:

- The Harvard medical international life time achievement award for medical excellence in India.
- The Karnataka Rajyotsava award
- BC Roy award for medical excellence
- The Bangalore corporation's Kempegowda "Outstanding Bangalorean" Award
- And innumerable other national & state awards .

What were your favourite surgeries ?

Coronary bypass surgeries with arterial grafts, surgery for ventricular restoration, heart valve repairs etc but actually everything including vascular & aorta



What surgery you are reluctant ?

Any high risk surgeries in an individual with a short expected life span that are likely to create a bigger financial blow to the family. Technically not averse to any surgeries



Old team - everyone became someone in the state & country

How and why did you choose Surgery ?

I was in full time painting in school and hated science .Medicine was a forced choice ,but surgery towards the end of the collage during internship ,became appealing because it was like an art and also appealed as something that was macho and a true combination of “Paramartha & Swartha”.

What would you do different if you get a chance to relive PG life ?

Moonlight with other surgical specialities more, learn writing papers, do simulation courses for hand n eye coordination for endoscopic skills, visit as many higher centers as I can manage, read the inspiring surgical biographies, hang out at the trauma emergencies at night,train my hands more and more on simulated models or animals.



Personal Interests beyond surgery :

Too many ...reading, all kinds of music, films, the science of film making, Theater, poetry, travelling, adventures like sky diving & scuba diving, biking, driving, friends n people, nature, forests, mountains

Favourite food :

Kolhapuri cuisine, Italian & local food wherever I go

Favourite books :

Fountainhead (Ian Rand), Making of a surgeon (Ian aird), Alchemist (Paul coelho), most books by Somerset Maugham and many racy fictions of the kind of " Godfather" etc.(actually too many to list)

Favorite place of travel :

Norway, Italy, Indonesia, Himalaya, Kashmir, Belgium, the American parks, Wild life reserves in Kenya n Tanzania, Himachal Pradesh



Training young cardiac surgeons of Japan in the art of coronary anastomoses on simulators



Any regrets (or anything for younger surgeon's to avoid...)

Should have spent more quality time with my child
(yet not compromising my profession n passion)

How you tackle stress ?

Mental Stress is a byproduct of yr personality disorder,don't take it .Physical stress needs fitness .



Me, My daughter Nivedita and my wife Sadhana



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Me as the President of Indian Association of Cardiovascular & Thoracic Surgeons (IACTS) in 2008 with my team of executive committee and editor of the national journal .



In the OT [x]



President of the students union of
M. R. Medical College, Gulbarga



Receiving a life time achievement award by the “Society of Minimally Invasive Cardiac Surgeons of India “for pioneering the minimally invasive cardiac surgery in India along with Dr. Subramanian (Lenox hill hospital, Newyork on my right & Naresh Trehan on my left .



During one of the many live surgery & beating heart bypass surgery teaching tours to China (1999)



Erik Jansen of Netherlands, close friend & inventor of the octopus device for beating heart bypass surgery .We worked closely on animal experiments in the pioneering days of beating heart bypass surgeries in early 90s

Dr Vivek Jawali interview pics to be added to Sushruta newsletter [x]



What were the keys to success as a surgeon

- 1- hard work
- 2- Don't wait for "THE OPPORTUNITY "
- 3- teamwork....never allow anything that is not a win-win

Any message to younger surgeons.

Money is a complication of hard work & habit for excellence



My two mentors

Dr. G B Parulekar, Dean KEM & celebrated Indian CVTS teacher & on my left Dr. Dudley Jhonson of Milwaukee, a pioneer in CABG



Brightest Afro American Children hand picked from all over at the Blackwood school & university in Huntsville Alabama ,where I am a frequent invitee as an inspirational speaker



Favourite quotes –

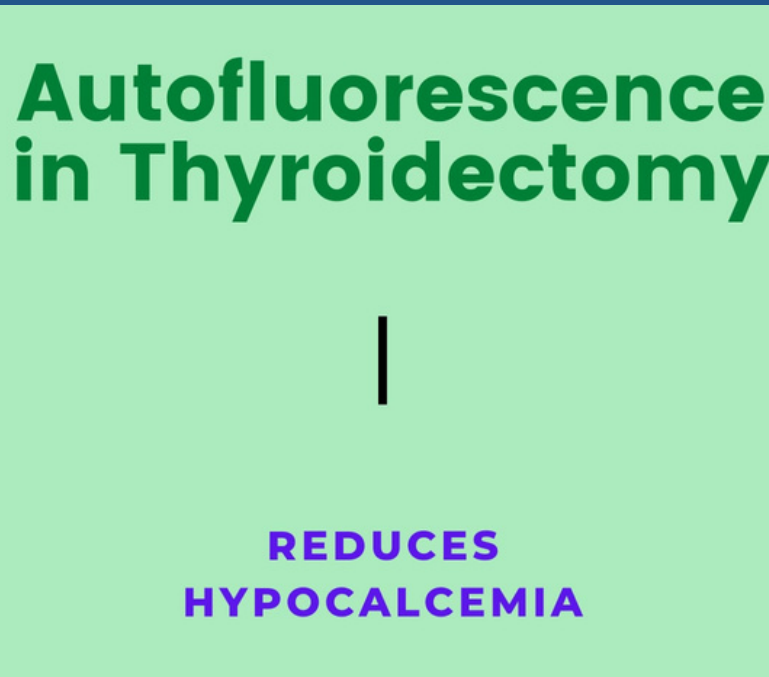
- 1- Intelligence is not a substitute for hard work
- 2- first wealth is Health
- 3- Mind should be like the pond of the softest water ,where a ripple created by a bird flying low is sure to reach the shore
- 4- Girte hain shah sawar hi maidan-e-jung me,
Wo tiftl kya girenge jo chaalte hain ghutno ke bal.
- 5- kai bar doobey,kai bar ubhre,kai bar Sahil se aa takraye.
Talash o talab me woh lizzat mili, ki ab yeh dua hai
Ki manzil kabhi na miley !



Team of Senior and Junior consultants at Wockhardt from mid 90s. You can spot Dr. Laxman, Anuradha Sadashiv & Kini. All these boys & girls are on some important positions around India & world .



Autofluorescence and Indocyanine Green in Thyroid Surgery: A Systematic Review and Meta-Analysis



Diego Barbieri et al. Laryngoscope. 2020.

Laryngoscope. 2020 Nov 28.

doi: 10.1002/lary.29297. Online ahead of print.

Authors

Diego Barbieri 1, Pietro Indelicato 1 2, Alessandro Vinciguerra 1 2, Federico Di Marco 3, Anna Maria Formenti 4, Matteo Trimarchi 1 2, Mario Bussi 1 2

Affiliations

1Division of Head and Neck department, Otorhinolaryngology unit, IRCCS San Raffaele Scientific Institute, Milan, Italy.

2School of Medicine, Vita-Salute San Raffaele University, Milan, Italy.

3Urological Research Institute (URI), Division of experimental oncology, IRCCS San Raffaele Scientific Institute, Milan, Italy.

4Department of Endocrinology, Vita-Salute San Raffaele University and IRCCS San Raffaele Scientific Institute, Milan, Italy.

PMID: 33247620

DOI: 10.1002/lary.29297



Abstract

Objectives/hypothesis: To estimate the impact of optical techniques on prevention of post-operative hypocalcemia and hypoparathyroidism after total thyroidectomy.

Study design

Systematic review and meta-analysis.

Methods:

A literature search was conducted in Pubmed, EMBASE, SCOPUS, and Cochrane databases. The main inclusion criteria for eligible articles for meta-analysis were patients with benign or malignant thyroid pathologies who underwent total thyroidectomy, utilization of optical techniques to support PGs preservation, the availability of calcium and/or PTH levels. The primary outcome was to evaluate the variation of calcium and PTH levels when adopting optical technologies compared to standard naked-eye surgery.

Results:

In total, 13 papers with 1484 procedures were included. Pooled proportion for short- and medium-term hypocalcemia rates were 8% (95% CI, 5%:11%) and 1% (95% CI, 0%:4%) for optical techniques, while for naked-eye surgery were 15% (95% CI, 9%:23%) and 5% (95% CI, 2%:9%), respectively.

Conclusions:

Optical technologies reduced short and medium term hypocalcemia compared to conventional surgery.

Keywords:

Near-infrared fluorescence imaging (NIFI); hypocalcemia; hypoparathyroidism; indocyanine green (ICG); near-infrared autofluorescence (NIR-AF); parathyroid glands (PGs); thyroid surgery; total thyroidectomy.

Level of evidence: NA Laryngoscope, 2020.

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Trivia - courtesy :Dr Pratap Balakrishna

Came across the Will of Amrita Pritam. I found it so beautiful and meaningful.

THE WILL OF AMRITA PRITAM

Fully conscious and in good health, I am writing today my will:

After my death
Ransack my room
Search each item
That is scattered
Unlocked
Everywhere in my house.

Donate my dreams
To all those women
Who between the confines of
The kitchen and the bedroom
Have lost their world
Have forgotten years ago
What it is to dream.

Scatter my laughter
Among the inmates of old-age homes
Whose children
Are lost
To the glittering cities of America.

There are some colours
Lying on my table
With them dye the sari of the girl
Whose border is edged
With the blood of her man
Who wrapped in the tricolor
Was laid to rest last evening.

Give my tears
To all the poets
Every drop
Will birth a poem
I promise.



Make sure you catch the youth
Of the country, everyone
And inject them
With my indignation
They will need it
Come the revolution.

My ecstasy
Belongs to
That Sufi
Who
Abandoning everything
Has set off in search of God.

Finally,
What's left
My envy
My greed
My anger
My lies
My selfishness
These simply Cremate with me...

Amrita.



Branch Appreciation



Karnataka State Chapter of Association of Surgeons of India
39th Annual Conference of KSC-ASI



KSC-ASICON 2021

Date : 12th, 13th & 14th February 2021



Appreciation Award
to

**SURGICAL SOCIETY OF BANGALORE
FOR HOSTING 38TH KSC-ASICON 2020**

Dr. S. S. Soppimath
CHAIRMAN, KSCASI

Dr. Diwakar Gaddi
HON. SECRETARY, KSCASI

SSB recieved Appreciation Award for excellent hosting of
Kscasicon2020 [x][x][x]



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Trivia - courtesy Dr Nanda

Subhaashitha.

नास्ति विद्या समं चक्षु नास्ति सत्य समं तपः ।

नास्ति राग समं दुःखम् नास्ति त्याग समं सुखम् ॥

There is no (power of) vision like education.

There is no penance as the the owe of truth.

There is no pain as that caused by desire.

There is no act that gives more happiness than sacrifice.

ಶಿಕ್ಷಣಕ್ಕಿಂತ ದೊಡ್ಡ ಧೀರ್ಘ ದೃಷ್ಟಿ ಇಲ್ಲ, ಪ್ರಾಯಶ್ಚಿತ್ತಕ್ಕಿಂತ ದೊಡ್ಡ ತಪವಿಲ್ಲ, ಇಚ್ಛೆಯಿಂದ ಉಂಟಾಗುವ ನೋವಿಗಿಂತ ದೊಡ್ಡ ನೋವಿಲ್ಲ. ತ್ಯಾಗದಿಂದ ದೊರಕುವ ಸಂತೋಷಕ್ಕಿಂತ ದೊಡ್ಡ ಸಂತೋಷವಿಲ್ಲ.

॥ ಅನ್ಯಥಾ ಶರಣಂ ನಾಸ್ತಿ ತ್ವಮೇವ ಶರಣಂ ಮಮ

ತನ್ಮಾತ್ ಕಾರುಣ್ಯ ಭಾವೇನ ರಕ್ಷ ರಕ್ಷ ಜನಾರ್ದನ ॥

Kaup Laxmikantha Tantry



Trivia - courtesy Dr Raj Shekar H



The C S Reflections, A Year On, After Kscasicon 2020

It's a note of Contentment and Satisfaction.

Commander Serene, Uday Muddebihal in the Chairman Seat on the deck,
With able navigation of ASI's Executive Committee Shivaram,
Charismatic Strongman, Arvind Gubbi at the helm,
And a team of Convinced Sailor surgeons
Took Charge of the Ship of KSCASICON 2020.

The Chic Sheraton ("5 Star") was to be the venue,
To deliver a meet of Class and Style.
Calculating Sampath, as Treasurer,
Chhalani Sir as the guiding fund Collection Steward,
Commercial Sponsor and Company Stalls expert Venkatachalla,
Curriculum Specialist CSR and Computer Savvy K Lakshman
Local branch Chief Surgeon, Kalaivani, and many more

Clever Sages like R Muralidhar and Rajashekara Reddy of Corporate Sector
With MK Ramesh and Seshagiri Rao of Controlled State services
Formed the Core Strength.
Ablly supported by Combined Strength of many, many Cub Surgeons
Who all worked with a Commitment Sincere,
And executed their tasks with Common Sense and Cool Surety.

A Calendar Schedule of meetings, over Coffee and Snacks,
Gave a Concrete Shape to all aspects of the Conference Schedule.
Clerical Support of Glen & Kumar was Consistent and Sound throughout.
The whole team ensured a 'Paperless' meet, thus Crucially Saving trees.

he meet was hailed as being a Celebrated Success
For its Clockwork Standard timing,
Core Subject and Cutting-edge State of the art, deliberations.
Papers and Posters were presented in e-format with Computers and Screens,
Allowing larger number of Competitive Students to present, to the
Careful Scrutiny, and grading, by the Clever Seniors.

Official events were Correct and Spot on, for Code and Sequence.
The Cuisine was Savoury and the entertainment was Culturally Sublime.



Cautious and Stringent Currency Stocking and Cash Spending
Was the transparent Character Specific of the Accounting.
A Cerebrally Smart and Control Strict Gubbi ensured
A Crore of Spending was met with a large Cash Surfeit,
To be shared with Clinical Surgical societies of
Of hosting Bangalore Champion Surgeons and with the
Controlling Chapter of the State

Very warm Congratulation and Salutations to all,
Was the 'Certificate of Success' given by the KSCASI on 12 Feb 2021.

x-----xx-----xx-----x

Dr. C S Rajan



Sushruta

Newsletter of Surgical Society of Bangalore

Feb 2021

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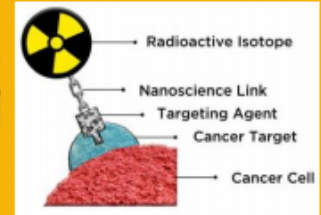
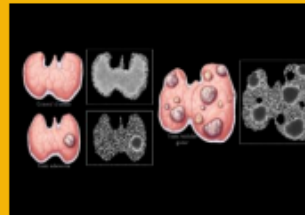
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PETCT Scan

Nuclear Medicine

Thyroid Disorders

Radionuclide Therapy



Our Facilities

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- Myocardial Perfusion Scan (Stress Thallium)
- Renal Scans (DTPA/EC/DMSA/VUR)
- Liver Scans (HIDA/Bile Leak/GB Ejection)
- Bone Scan
- RBC Scan/Meckel's Scan
- MIBG Scan
- Lymphoscintigraphy/VQ Scan

PET-CT

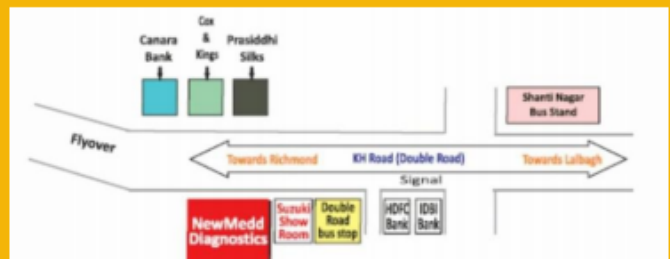
- OncoPET
- CardioPET (Viability)
- NeuroPET
- F18 Bone Scan
- Fever of unknown origin
- Multislice CT
- Ga-68 DOTANOC PETCT
- Ga-68 PSMA PETCT

Radionuclide Therapy

- Pain Palliation
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- Hyperthyroidism
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- Neuroendocrine Tumors
- MIBG Therapy
- Lu-177 DOTATATE Therapy
- Lu-177 PSMA Therapy

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Newsletter of Surgical Society of Bangalore

Feb 2021

Upcoming Events Hosted By MCM Manipal
On 17th March 2021 Wednesday
Venue: API Bhavan

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Thank-You