

Sushruta

Newsletter of Surgical Society of Bangalore

SEP 2021

Dr. Venkatachala K
President .

Dr.Sampath Kumar K
President Elect.

Dr.Harisha N S
Hon. Secretary

Dr. Manish Joshi
Hon. Jt. Secretary

Dr. Ramesh B S
Hon Treasurer



Table of Contents

	Page No.
1. Editorial	- 2
2. Interview with surgeon - Dr Shasidhar Buggi	-6
3. Extra anatomical bypass grafting for limb salvage: a case report - R. Muralidhar1, Suraj Muralidhar2	- 19
4. Five-Year Outcomes of Endoscopic Sleeve Gastropasty for the Treatment of Obesity - Reem Z Sharaiha	- 23
5. Trivia - courtesy	
6. SSB News	
7. Advertoria	

ಸುಶ್ರುತ

Newsletter of Surgical Society of Bangalore

SEP 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

ಸುಶ್ರುತ

Newsletter of Surgical Society of Bangalore

SEP 2021

Message from the President

Dear Members,

The monthly clinical meetings will continue on a virtual platform as the fear of an impending third wave of the pandemic is yet not over. Please attend in good numbers to support the efforts of PG students and the hosting institutions.

The annual Professor Hanumaiah memorial CSEP will be conducted between 22nd to 26th November, 2021. It's on a virtual platform, between 5-9 pm. Please encourage your PG students to register and attend in good numbers. This will be followed by Annual orations on 27th November, Saturday evening. If situation permits, this will be a physical meeting.

Please contribute to our e-news letter SUSRUTHA and enrich it.
Stay safe and stay protected.

Dr. Venkatachala K
President SSBASICC 2021



Surgical Society of Bangalore Association of Surgeons of India City Chapter

1st Floor, I.M.A. House, Alur Venkata Rao Road, Bangalore - 560 018.

Web : www.ssbsai.org, Email : cmeinsurgery@gmail.com, Mob : 9243108442

BASIC SURGICAL SKILLS COURSE FOR SURGICAL POSTGRADUATE STUDENTS

CONDUCTED BY SURGICAL SOCIETY OF BANGALORE ASICC

Registration Fee Rs. 1000/-

Link for Payment

<https://www.onlinesbi.com/sbicollect/collecthome.htm?corpID=3957560>

(Limited Registration for 40 Students Only)

21st Sunday NOVEMBER 2021

:- VENUE :-

BANGALORE MEDICAL COLLEGE SURGICAL SKILL CENTER - BENGALURU - 2

Time : 9:00 AM to 5:00 PM

(Students will be reshuffled between Morning & Afternoon Batches)

Lunch Break : 1:00pm to 2:00pm (Packed Lunch (Veg) will be Provided)

Delegates (maximum 40 students) will be divided in to 2 groups; one group for open surgery skills and the other group will go to laparoscopy training session. The 2 groups will interchange after the lunch.

OPEN SURGERY SKILLS SESSION :

Orientation to various surgery instruments, a sepsis, how to use the sharp equipments safely, knot tying, suturing, bowel anastomosis and other exercises.

ENDO TRAINERS SESSION :

Basic laparoscopic training including various instruments, orientation to camera and monitor, multiple hand eye coordination exercises, extra corporeal knotting and if possible intra corporeal suturing.

Note- Surgical Skills Training will include Anastomosis on Sheep Intestine and Vascular Anastomosis on Sheep Aorta.

SPONSORED BY :- BANGALORE MEDICAL COLLEGE – SURGICAL SKILL CENTER


DR. VENKATCHALA K
SURGEON


DR. HARISH N S
SURGEON



Surgical Society of Bangalore Association of Surgeons of India City Chapter

1st Floor, I.M.A. House, Alur Venkata Rao Road, Bangalore - 560 018.

Web : www.ssbasicc.org, Email : cmeinsurgery@gmail.com, Mob : 9243108442

PROF.B.HANUMAIAH MEMORIAL NATIONAL CONTINUING SURGICAL EDUCATION PROGRAMME ON A VIRTUAL PLATFORM

22nd - 26th NOVEMBER 2021

HIGHLIGHTS FOR THE VIRTUAL CSEP - 2021

- MORE EMPHASIS ON CLINICALS & CASE PRESENTATION
- INTERACTIVE SESSIONS WITH EXTERNAL & INTERNAL FACULTY WHO ARE EXAMINERS FOR POST - GRADUATES
- DR. NITHYANANDA SHETTY ENDOWMENT LECTURE
- STATE LEVEL SURGICAL QUIZ - QUIZ MASTER DR.C S RAJAN
- PROF.B.HANUMAIAH MEMORIAL ORATION
- PROF.M.AUTHIKESHAVALU MEMORIAL ORATION
- MILLENNIUM GOLD MEDAL AWARD - 2021

EARLY BIRD
OFFER TILL
7TH NOVEMBER 2021
REGISTER EARLY
RS.500/-

:- FOR REGISTRATION & PAYMENT :-

Link for Payment

ssbasicc.org

<https://www.onlinesbi.com/sbicollect/icollecthome.htm?corpID=3957560>

The mail id for Last day for sending us the ppt is on 7th November 2021 (ssbasicc1974@gmail.com)


DR.VENKATACHALA K
PRESIDENT


DR. HARISH N S
HON SECRETARY



Interview with surgeon - Dr Shashidhar Buggi

Dr. SHASHIDHAR BUGGI Prof. & Head of the Department Cardio Thoracic Surgery
&

Former Founder Director Shantabai Devarao Shivaram Tuberculosis Research
Centre and Rajiv Gandhi Institute of Chest Diseases,
(An Autonomous Institute, Government of Karnataka), 1st Main Someshwarnagar, Near
NIMHANS, DRC Post, Bangalore-560 029



Dr. SHASHIDHAR BUGGI

Personal details

Name : Dr.Shashidhar Buggi.

Father's name : Sri.Bassayya Buggi.

Date of birth : 20.06.1952

Native and : chincholi,

Birth place chincholi taluk, gulbarga district, karnataka state,
india.

primary and secondary education : chincholi,

pre university education : sri jagadguru renukacharya college
bangalore

professional course

(mbbs, m.s, m.ch) : bangalore medical college,
bangalore

QUALIFICATIONS

- > E.C.F.M.G. : 1973
- > M.B.B.S : 1975
- > Master of Surgery : 1979
- > M.Ch (CTVS) : 1986
- > F.I.A.C.S : 1999

Area of specialization

Thoracic surgery

Total service

Medical professional 45 years

Sserved as government servant in various capacities 38 years

Head of the department of cts 30 years

Head of the institution 26 years



Preface...

“We Treat He Cures”

“My journey as Thoracic Surgeon and Health Administrator from October 1991 to 2017”

Born and brought up in a lower middle class family in most backward area of Karnataka i.e., The Kalyan Karnataka Region formerly called as Hyderabad Karnataka Region and studied in Kannada Medium wanted to become a doctor in childhood with blessing of my parents and my beloved eldest Sister with total care by my brother I could able to get a Medical Course in the Bangalore Medical College, Bangalore. All the professional courses MBBS, M.S. General Surgery and M.Ch CTSSurgery from Bangalore Medical College and become Head of the Department at the age of 34 and Head of the Institution at the age of 39 and with intention of serving the needy suffering people I joined into Government service following the principles of Basavanna in the day to day work as a professional doctor seeing god in the suffering people with a national pride. With this Moto never even thought of going to abroad even though I had the credit of passing ECFMG examinations during my student period of MBBS. Being an Alopathic doctor I believe every system of Medicine like Ayush, Ayurveda, Siddha, Unani, Homeopathy by providing a platform for an integrated approach in the management of various chest diseases including H1N1 pandemic. I had the opportunity to handle H1N1 pandemic as our Institution was the only Institution in Karnataka recognized to treat H1N1 cases in 2010 for the first few months and the work done appreciated by Public, Government of Karnataka, Government of India, press and media even after my retirement with this experience I could able to treat and advice thousands of patients even during present Covid-19 pandemic even I have the satisfaction of operating on Covid-19 patients with Thoracic Complication and saved the life of patients. In all our medical establishments my slogan is “We Treat and He Cures” and also I tell my patients “Healthiness is a Way of Life” even though I was the first to pass M.ch CTVS from Karnataka Universities I dedicated myself in the field of Tuberculosis and Other Thoracic Surgery.

As Tuberculosis continue to be a major killer in the postindependence India as a Honorary Secretary of Karnataka State TB Association for almost 10 years took part in the Tuberculosis Control Programme in Karnataka and took the message to the nook and corner of our State through by involving people representatives and it was a MOVEMENT (state wide movement) for control of TB which had very big impact on the TB Control Programme in the state of Karnataka and as a head of the Institution we were the first to start Revised National TB Control Programme in the Department of Medical Education, Karnataka State.

Being a staunch government servant involving with hospital staff by creating a healthy environment we could able to achieve lots of FIRST things in our Administration like to Release Citizen Charter in Karnataka, to install Hospital Information System, Biometric Attendance, Installation Doctor anywhere.com, to Register



in the e procurement for Tendering System, Establishment of Adverse Drug Reaction Monitoring System in Medical Education under PvPI, Awards to Best Staff Nurses and Best Group-D Officials and Celebration of Unique National Festival Independence day in a unique way other than Police Department apart from performing maximum number of Thoracic Procedures in the Country and saving the lives of the thousands of people coming to Government Institution during my resume our institution had the credit of operating on a patient coming from Afghanistan for Thoracic Major Surgery. To bring National Integrity and National Pride in this institution among our staff I initiated by establishing best Staff Nurse and Best Group D Award to be given every year on Independence Day and the celebration of Independence day was done in such way that it brought tremendous change in the entire staff of our institution. The Independence Day was not just a half an hour or one hour programme which use to be most of the Government Institutions. It was almost for fifteen days involving all the staffs of the hospital in various activities like sports, music, dance, drama and cultural programme this was a unique feature during my tenure for almost 26 years in this institution.

With this environment in this institution involving all the dedicated staff I could able to achieve and succeed in saving the thousand crores worth of hospital land which anti-social elements trying to grab the land which was allotted to our hospital by Mysore Maharaja before Independence and also I had the credit of by evicting unauthorized huts with residing 2000 inmates in the hospital campus for almost 50 years and rehabilitating them by constructing separate houses through Karnataka Housing Board creating healthy environment in the hospital premises.

The whole establishment was like a home even with limited staff our hospital staffs worked hard with honesty giving best available care to the needy patients this brought a tremendous impact in the minds on the peoples, media and public administrator not only Karnataka but also Nationally hence this Hospital was awarded as the Best Patient Friendly Hospital by the Association Healthcare Providers of India (AHPI) and the award was given to this institution in 2016 at Chennai

SPECIAL TRAINING

Human Resource Management Training Course for Senior Health Administrators at National Institute of Health & Family Welfare (Ministry of Health & Family Welfare, Govt. of India, New Delhi)

Date of joining to Government Service 19th December 1979 through KPSC



DESIGNATIONS

Former Founder Director & Thoracic Surgeon
SDS Tuberculosis Research Centre & Rajiv Gandhi Institute of Chest Diseases,
Someshwaranagar 1st Main Road, Bangalore-560029.

Prof. & Head of the Dept. of Cardio-Thoracic Surgery Bangalore Medical College &
Research Institute Bangalore.

Member
CII-IQ Healthcare Quality Task Force, Bangalore

Honorary Secretary
Karnataka State TB Association
Visiting Cardio Thoracic Surgeon
National Institute of Mental Health And Neuro Science,
Hosur Road, Bangalore.

Hon. President
Karnataka State Health & Family Welfare Services &
Medical Education All Cadres Employees Association,
Bangalore.

Fellow
Indian Association Of
Cardio-Vascular Thoracic Surgeons.



EXPERIENCE ADMINISTRATIVE

Head of the Department of Cardio Thoracic Surgery
Bellary Medical College Bellary ,From 1987 to 1991.

Head of the Department of Cardio Thoracic Surgery
Bangalore Medical College & Research Institute,
Bangalore ,From 1991 to May 2009.

Head of the Department of Cardio Thoracic Surgery
SDS TRC & RGICD, Bangalore ,From May 2009 to June 2017.

Medical Superintendent
SDS TB & Rajiv Gandhi Institute of Chest Diseases, Bangalore.
From Oct 1991 to 18th May 2009.

Founder Director
SDS TRC & Rajiv Gandhi Institute of Chest Diseases, Bangalore.
From 18th May 2009 to 30th June 2017.



ACADEMIC

Teaching & Training

Under-Graduates and Post-Graduates since 1982

Teaching & Training

Under-Graduates and Post-Graduates of Ayurveda, Homeopathy and Unani Students.

Teaching & Training

Para-Medical course like General Nursing and B.Sc Nursing students.

Teaching and Training

Post Graduates in M.S. (Gen.Surgery) from Bangalore Medical College & Research Institute, Command Hospital, Ambedkar Institute of Medical Sciences, Bangalore, Kempegowda Institute of Medical Sciences, Bangalore.

Teaching and Training

M.ch Superspeciality Students from Sri.Jayadeva Institute of Cardiology, Bangalore

Teaching and Training

Consultant General Surgeons belonging to Director of Health Services under Karnataka Health Systems Development Project. For the management of thoracic emergencies including chest injuries

CLINICAL

- Major Thoracic Surgical procedures were done for almost 30 Years on patients not only from Karnataka but all over the country including few patients from Outside of India like Afghanistan and Bangladesh. This is because acute shortage of Thoracic Surgeons in our Country.
- Established and Conducted Thoracic Surgical Procedure at Bellary Medical College Hospital that was closed for almost 12 years

Conducted more than one lakh major and minor thoracic surgical procedures from 1987 to till date including chest injuries.

- Conducting maximum number of Pulmonary Resections in Karnataka.
- Experience of removal of maximum no. of Foreign Bodies in the Tracheo Bronchial and Oesophagus in Karnataka. A rare foreign body (6 gms gold piece) in the lung which was undetected for 14 years was diagnosed and successfully removed by conducting major thoracic procedure which was appreciated by media and public.
- This institution under my administrative leadership took the initiation of treating MDR TB cases before launching PMDT program under RNTCP in Karnataka from 2006 onwards



- Free drugs for MDR TB patients were given for the entire state without a separate budget allocation from the government and was managed with the available budget released.
- Nearly 500+ MDR TB cases were treated under this program from 2006 to 2012.
- Took the lead for the management of H1N1 influenza pandemic in Karnataka and screened more than 10000 suspected cases without any extra budget. Our institution was the only institution recognized for the management of the pandemic in the first 4 to 6 months.

The work done during H1N1 has been appreciated by the Government and Media and the Public and the article were published in the New York Times.

- Visiting Consultant in the panel of Cardio -Thoracic Surgeon Professor at NIMHANS.
- Because of my leadership the institution took the lead in the management of diseases like SARS, MERS, Ebola, Zika Virus Disease.

AWARDS / FELICITATIONS.

- > Appreciation and felicitation done by the police department at Bellary for the outstanding services done to the injured police personal in an encounter.
- > Appreciation and felicitation done by the public of Bellary city for outstanding services done at Bellary Medical College.
- > Appreciation and felicitation done by Centre for Human RightPro-life Bangalore.
- > Renuka Basava Prashasthi Awardee. > Felicitation done by Lions Bangalore District
- > Vision Group on Science and Technology, Govt. of Karnataka –Centre of Excellence in Science, Engineering and Medicine (2013-14) for Air Pollution Related Diseases Diagnostic Centre
- > Dr.B.C. Roy Awardee from Indian Medical Association, Nelamangala Branch.
- > Prime Time Global Healthcare Excellence Awardee – 2014 for Best Cardio Thoracic Surgeon in Karnataka
- > Karnataka State Prestigious “KEMPEGOWDA AWARDEE” – 2014” for Best Services and Extraordinary Achievements done in Health Sector.
- > NEHRDO- MUMBAI’s Prestigious “National Excellence in Healthcare Award” & “Quality Brand India”-2015. > India Health Care Awards-2016 for “Best Multispecialty Cardio Thoracic Hospital in South India-2016”



PUBLICATIONS / PAPER PRESENTATION / CHAIRING FOR SESSIONS

- > Presented several papers in the Regional and National Level Conferences held at various places.
- > Regularly attending all the national conference of Association Thoracic and Cardio-Vascular surgeons of India since 1985 and chest physicians conference.



OUT STANDING ACADEMIC ACHIEVEMENTS.

- > First Bangalore Medical College Under-Graduate student to pass {E.C.F.M.G.} educational commission for foreign Medical Graduates during final year of M.B.B.S in 1973. In spite of that Joined Government Service to serve the poor and needy patients as a General Surgeon initially and Cardio Thoracic Surgeon subsequently.
- > First Successful Candidate among the first batch superspeciality course from Sri. JAYADEVA INSTITUTE OF CARDIOLOGY, Bangalore.

First Person to get M.ch in cardio thoracic surgery from Bangalore University in 1986. > To become the youngest Medical Superintendent (39 years) of Major Teaching Hospital.

- > First Superintendent to be deputed to undergo training in Human Resource Management for senior health Administrators at N.H.R.C New Delhi.
- > First Medical College Teaching Faculty to be elected President of Karnataka Government Medical and Dental College Teachers Association.
- > First Superintendent of SDS TB & RGICD to promote Academic activities by getting postings of interns, Post Graduates and super specialty course in the field of Tuberculosis and Chest Diseases.
- > First institution to lead and start Revised National Tuberculosis control Programme (RNTCP) in Teaching Institution in 1993-1994.



EXTRAORDINARY ADMINISTRATIVE ACHIEVEMENTS.

- > Established Adverse Drug Monitoring centre in this institution under Pharmacovigilance programme of India (PvPI)
- > Took initiation to establish the Best Jan Aushadi Kendra in the Institution by providing space Main Building Entrance and also budget.
- > Responsible to make SDS Tuberculosis and Rajiv Gandhi Institute of Chest Diseases as an Government run Autonomous institution for improving clinical facilities, Teaching Activities, conducting of Research activities in Tuberculosis and Chest diseases and Thoracic Surgery and proposed to make this as a National Chest Institute.
- > As a head of SDS TRC & RGICD for almost about 26 years both initially as Medical Superintendent and subsequently Director of this institution by adopting managerial skills responsible making this chest institute one of the best maintained and service oriented Autonomous institution in Karnataka and also Nationally.
- > First to establish the pandemic disease H1N1 sophisticated ward in Karnataka at SDS TRC & RGICD, Bangalore and took the lead in the entire management of the Pandemic disease.
 - > First Superintendent to release the Citizen's Charter in Karnataka State. Appreciation letter received from Additional Chief Secretary Government of Karnataka.
 - > First Superintendent to Introduce Best Group 'D' and Best Staff Nurse Medals to boost the Talents of the staff Nurse and Group 'D' Officials of the Hospital as part of the Human Resource Development.

First Superintendent to introduce award for Best Maintained ward in collaboration with Ethicon Company.

- > Implemented Government Orders effectively to increase Revenue in the Health Sector.
- > First to Implement RNTCP in the Medical College Hospitals and the treatment of MDR cases in Karnataka.

First time, only the hospital in Karnataka to initiate and implement to treat Multi Drug Resistant Tuberculosis cases by providing Free Drugs for a period of 18 months with the available financial resources with no extra budget allocation. Treated more than 600 MDR TB cases thus preventing the spread of MDR TB at least to 10-20 lakhs cases in Karnataka for past 6 years.



- > As a part of the initiative to prevent the emergence of global pandemic of H1N1 influenza infection, Government of Karnataka have identified this institute for screening, diagnosing, isolation and management of H1N1 affected patients including emergency services. Our institution is the first to take initiation and to start the sophisticated separate isolated ward on 29-04-2009 with 20 beds capacity.
- > This institute have been identified for DOTS PLUS treatment and for the treatment of patients DOTS Plus ward is established.
- > Initiation taken to Establish the National Institute of Virology, Pune Bangalore Unit at our Hospital premises.
- > After providing autonomous status to SDS TRC & RGICD, Initiated to get sanction of Rs.15.50 crores budget from Karnataka Government for the year 2010-11 for overall improvement of this institution.
- > Initiation taken to Establish the Geriatric Institute a specialty of medicine which deals with comprehensive health care of people aged above 65years for Elderly in our Hospital premises.
- > Established Government Nursing College with intake of 60 students per year to improve human resource in the healthcare professionals.
- > Initiation taken to Upgrade SDS TRC & RGICD as National Institute of Chest Diseases and proposal have been submitted to Union Ministry of Health, Government of India.
- > The Master Lung Checkup programme was launched for early detection of lung diseases as a part of "Lung health program" in Karnataka which was inaugurated by Hon'ble Chief Minister of Karnataka on 30th October 2013.

INFORMATION TECHNOLOGY IN HOSPITAL ADMINISTRATION.

- > First State Run Autonomous Institution to register in the eProcurement Portal for the transparency in the administration to facilitate fair in the process procurement.
- > First Superintendent in the Country to introduce latest Finger Print Technology in employees monitoring system to maintain discipline and punctuality in the Government service in the year 2002
- > First Superintendent to install Doctor anywhere dot com as a Telemedicine for distant Learning in Government Hospitals in Karnataka in the year 2002
- > First Superintendent to implement the Government Sponsored Hospital Medical Information System (HMIS) all effectively functioning from 2002.
- > First Superintendent to introduce and to inaugurate the hospital waste management annexe at SDS TB & RGICD for the benefit for Hospitals and Nursing homes in the south Bangalore.
- > Online appointment booking facilities for Lung health program using mobile application.

OUT STANDING SURGICAL ACHIEVEMENTS.

- > First surgeon to do Emergency Thoracic operation to save the life of a new born child with Congenital Anomaly of Trachea T. O. Fistula at Bellary Medical College Hospital, Bellary



- First Cardio Thoracic Surgeon to be honored by the department of police at Bellary as a token of Appreciation for saving the life of a police who sustained bullet injuries during an Encounter with Nuxlite.
- First Cardio Thoracic Surgeon to save maximum patients with bullet injuries to the chest in the various police firing in Karnataka during Ayodhya Riot Victim during 1992.
- First Cardio Thoracic Surgeon in Karnataka to save Maximum number of children with foreign bodies in the tracheo-bronchial tree & Oesophagus.
- First Cardio Thoracic Surgeon in Karnataka responsible in saving the life of a lady belongs to minority community during idga maidaan Riot.

INFRASTRUCTURAL ACHIEVEMENTS.

- After establishing autonomous institution under construction building which was there almost 20 years with 12000 sq. mtr area was completed in a matter of 2 years.
- Acted as a key person to establish the Rajiv Gandhi Institute of Chest Diseases New Complex having 12000 sq.mtr with the state of the art facilities for Non-Tubercular chest diseases at SDS TRC and RGICD premises.
- First Superintendent of SDS TB & RGICD to renovate the entire premises of the hospital to give new looks and fame to the hospital.
- Played an important role to construct a drinking water overhead for public purpose by NGO's.
 - To facilitate a good healthy environment to Tubercular & Chest diseases patients nearly 2000 plantation was made in the hospital premises having 60 acres of land.
 - Received Government and public appreciation for the bestmaintained Government Hospital.
- Slum clearance – More than 500 slums with 2000 peoples staying in the hospital premises were evicted and rehabilitated who were present in the hospital premises for almost 50 years to provide good and healthy environment to patients and staffs residing in the hospital campus.
- Land Litigation worth of crores of hospital land which many heavy weight miscreants trying to grab the Government property was taken back by prompt administrative and legal action including a land under the administrative control of NIMHANS which was originally belonging to SDS TRC & RGICD.
- Established “Children Playground” with all plays equipments by motivating Lions Bangalore.
- Played an Important role to establish the Air Pollution Related Diagnostic Centre at this hospital by motivating GAIL (India) Limited, New Delhi and to get donation of 20,00,000=00 (Twenty Lakhs to establish the same).
 - Inaugurated Chest Speciality Services on the occasion of World Asthma Day at Hospital premises.
 - In Memorandum of Understanding with Mysore Minerals Limited SDS TRC & RGICD entered for regular screening of workers working in Mysore Minerals Limited for chest diseases.
 - Established 26 bedded Intensive Respiratory Care Unit with State-of-the-art facilities for treating emergency respiratory disorders.



NATIONAL INTEGRITY.

- First Superintendent of the Major Hospital in Karnataka to celebrate Independence Day in a large scale and meaningful way to develop National Integrity in the minds of the Government staff.
- The celebration involving all the staff irrespective of the cadre use to be for almost 1 month and also to bring the National Integrity and Pride about our Nation.

CULTURAL ACTIVITY IN THE HOSPITAL.

- Regularly on the eve of Independence Day cultural events like Dance, Music, Drama was arranged and performed by noted artist for the benefit of the patients and encouraged to develop interest in the cultural activities among staff members.

TRAINING PROGRAMS

- Appraised and introduced 15 days training to Interns from Allopathy / Homeopathy / Ayurveda / Unani methods of Medicine.
- Appraised and introduced training to Post-Graduate students in the department of cardio thoracic surgery.
- Appraised and introduced M.ch students training in the department of thoracic surgery for post graduates from various institutions.
- Introduced special training in the management of chest injured thoracic emergency under KHSDP training programme.

Website News Article Links

- <https://timesofindia.indiatimes.com/topic/Dr-ShashidharBugg>



Place of birth- Chincholi district- Gulbarga

Date of birth - 20/06/1952

Early education - Chincholi

Medical graduation - MBBS, MS & Mtech from Bangalore Medical college.

My professional mentors - Dr. Deshikachar , Dr. Vittal, Dr. M. Gurappa, Dr. J.D. Mascarenhas.



Favorite surgery - pulmonary resection

Thoracic surgery - teamwork is important to prevent on the table catastrophe.

Hobbies - learnt Hindustani classical music.

I always keep national pride in my profession. Every patient is sometimes frustrated from which state he has come from - while working in the Government as a surgeon and administrator.

I always use these quotes for my patients.

"We treat, he cures."

Healthiness is a way of Life.

We must see God in Sunshine

patients try to see your own people in them while treating them, then we never go wrong or repent, whatever may be the results or outcome.

I learn from every patient as learning is a continuous process.

Hardwork, dedication to the profession.

🙏Concern and curiosity helps you learn more and more and so justifies your profession.

1. If you see the moon,
You see the beauty of God.
If you see the sun,
You see the Power of God.
If you see the mirror,
You see the best creation of God.
So believe in yourself.

2. Six best Doctors in the world;
Sunlight, rest, exercise, diet, self-confidence, friends.
Maintain them in all stages of life.

3. Don't educate your children to be rich. Educate them to be happy. So, when they grow up, they know the value of things, not things.
To expect the unexpected shows a thoroughly modern intellect.- Oscar Wilde.



Case Report

Extra anatomical bypass grafting for limb salvage: a case report

R. Muralidhar1, Suraj Muralidhar2

ABSTRACT

Extra-anatomical bypass grafting is a recognised method of lower limb re-vascularisation in high-risk patients who cannot tolerate aortic cross clamping, or in those with a hostile abdomen. Extra-anatomic bypasses are surgical arterial bypass procedures that circumvent the “normal” anatomical pathways. While such procedures can be performed in any vascular bed, the term most frequently is used to describe those bypasses that reroute blood to the lower extremities, avoiding intracavitary procedures. Initially introduced as alternative revascularization methods in the treatment of peripheral arterial occlusive disease and as techniques for bringing blood back to the lower extremities. Here, we present you a case of Peripheral Arterial Occlusive Disease where an Axillo-Femoral bypass was done.

Keywords: Bypass, Extra-anatomical, Limb salvage

INTRODUCTION

Extra-anatomical bypasses are surgical procedures performed at sites that do not correspond to the natural anatomy.

1 The main objective of extra-anatomical bypass is to simplify a large surgical procedure, such as aortofemoral reconstruction, allowing a higher number of patients to be revascularized

2 The term "extra-anatomic bypass" implies deliberate avoidance of the natural anatomic pathway. The most common examples of extraanatomic bypass are axillo-femoral and femoro-femoral bypasses and their combination, the so-called axillo-bifemoral bypass; in these procedures, abdominal entrance is deliberately avoided.³ The two categorical reasons for doing this are:

- To avoid "hostile" intra-abdominal pathologic features and
- To avoid the higher risk of transabdominal reconstruction in patients with serious visceral or systemic disease.

4 In the former instance, there may be no reasonable alternative; in the latter, one is accepting a lesser degree and duration of benefit in exchange for lower mortality and morbidity rates.¹

Mortality and patency rates are the traditional measures of risk and benefit, respectively, and yet the literature reveals fourfold differences in operative mortality rate and a twofold difference in long-term patency for each of the three extra-anatomic bypasses.

2 The criteria for indicating such procedures are generally the same currently adopted for classical revascularizations: critical ischemia (ischemic pain at rest and/or ulcerations) and incapacitating claudication, whose conservative treatment is not successful.

On the other hand, candidates to revascularization due to any of these alternative techniques are patients considered as high risk for the classical procedure, whether due to increased anesthetic restrictions, or due to cardiac limitations that would make aortic clamping a high-risk procedure.

3 There is also a group of patients that offers local difficulties to perform aorto-femoral reconstruction, related to femoral anastomoses or due to presence of infection in the inguinal region of previous aorto-femoral graft. Results of extra-anatomical bypasses range according to procedure and patients' general conditions.

CASE REPORT

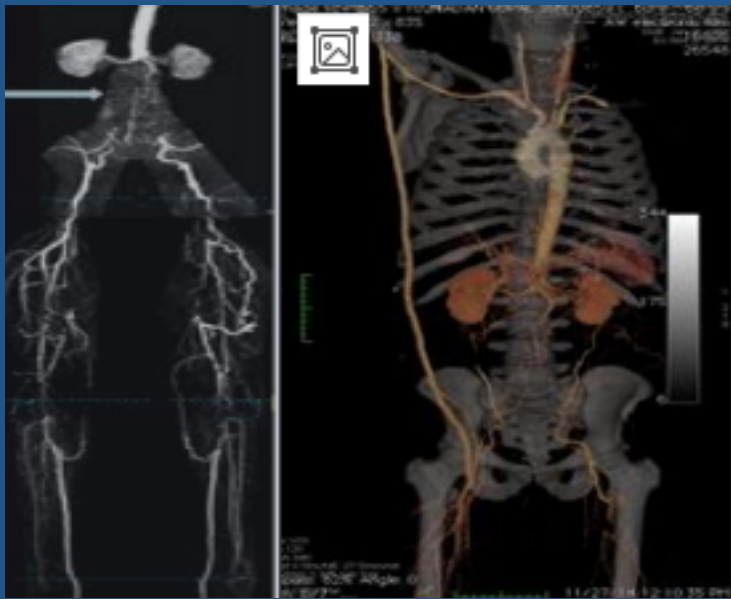


Figure 1: Pre-op and post-op MR angio of the patient.



Figure 2: Per-op photo showing the ringed PTFE graft being anastomosed with the femoral artery.

A 60-year-old diabetic presented with a non-healing ulcer in his Right foot following disarticulation of 4th toe with severe spreading cellulitis in the leg with critical ischemia. He was very obese, hypertensive and had nephropathy. He was also a chronic smoker with compromised lung functions. He had features of Ischemia in both his lower limbs. On clinical examination both his femoral pulses were not palpable. Routine blood investigations were normal. Serum creat. -

2.1. MR angio showed total occlusion of the aorta at the level of the origin of the renal arteries with reformation in the common femoral on the right side. Again, he had occlusions distally hence had a poor run off.

Although the surgical gold standard for aorto-iliac disease is a direct aorto-iliac/femoral replacement, extraanatomical grafts have a place where patients have poor cardiac or respiratory reserve, who cannot tolerate a trans-abdominal approach or in those with a hostile abdomen where a direct approach would be contraindicated due to the extent of abdominal pathology.



Figure 3: Pre-op and post-op photos of the wound over the foot.



Figure 4: SSG was done and it has taken up very well.

DISCUSSION

Since Freeman and Leeds first described the femorofemoral crossover graft in 1952 and later, Blaisdell and Hall along with Louw proposed the now well-established axillo-femoral bypass in 1963, extra-anatomical bypass procedures have been a recognized method of lower limb revascularization in patients with aorto-iliac disease.¹⁻³ At present, patients are increasingly being offered percutaneous angioplasty and stenting for lower limb ischemia due to stenotic arterial disease. However, surgical approaches are still appropriate and have a major role to play in patients with severe symptoms due to long occlusions of the aorto-iliac segments or where angioplasty has failed. Furthermore, Whatling et al, have recently shown better long-term patency following femoro-femoral grafting when compared to angioplasty with stenting for aorto-iliac disease.

Ideally this patient required an Aorto - femoro - popliteal bypass for correction of Ischemia. Approaching aorta trans peritoneally was fraught with many complications due to his obesity and co morbid conditions. Further due to poor run off distally the longevity of the graft was also not guaranteed. Hence, it was decided to go ahead with an extra anatomic bypass.

Surgical procedure

EABP from the right axillary artery to the right common femoral artery using a long ringed PTFE graft brought subcutaneously was done.

Post-operative period

He tolerated the procedure well and following the surgery perfusion to the right foot improved well. The wound granulated well and the SSG done to the ulcer was successful. He was asymptomatic and claudication had disappeared.



CONCLUSION

With acceptable morbidity, long-term primary patency and survival rates are obtainable in patients suitable for extra-anatomical bypass surgery despite having significant co-morbidities. 5-year patency rates in those that survive axillary procedures is as good as those undergoing femoral procedures. Furthermore, surviving patients who evade amputation within a year have an excellent chance of long-term limb salvage. Thus, in selected situations, extra anatomic bypass helps in limb salvage.

Funding: No funding sources Conflict of interest: None declared Ethical approval: Not required

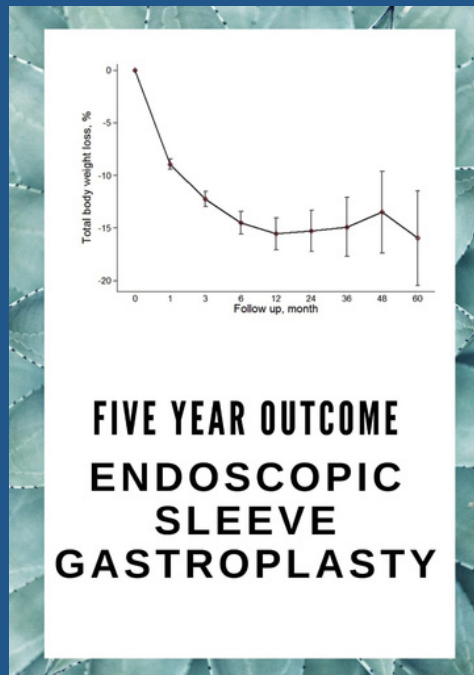
REFERENCES

1. Freeman NE, Leeds FH. Operations on large arteries; application of recent advances. *Calif Med.* 1952;77:229-33.
2. Blaisdell FW, Hall AD. Axillary-femoral artery bypass in lower extremity ischaemia. *Surg.* 1963;54:563-8.
3. Hertzner NR, Bena JF, Karafa MT. A personal experience with direct reconstruction and extraanatomic bypass for aortoiliofemoral occlusive disease. *J Vasc Surg.* 2007;45:527-35.
4. Cuschieri RJ, Gilmour DG, Leiberman DP. Extraanatomic bypass grafts for severe lower limb ischaemia. *J R Coll Edinb.* 1988;33:84-7.

Cite this article as: Muralidhar R, Muralidhar S. Extra anatomical bypass grafting for limb salvage: a case report. *Int Surg J* 2017;4:3146-8.

Five-Year Outcomes of Endoscopic Sleeve Gastroplasty for the Treatment of Obesity

Reem Z Sharaiha et al. Clin Gastroenterol Hepatol. 2021 May.



Authors

Reem Z Sharaiha 1, Kaveh Hajifathalian 2, Rekha Kumar 3, Katherine Saunders 3, Amit Mehta 2, Bryan Ang 4, Daniel Skaf 4, Shawn Shah 2, Andrea Herr 2, Leon Igel 3, Qais Dawod 2, Enad Dawod 4, Kartik Sampath 2, David Carr-Locke 2, Robert Brown 2, David Cohen 2, Andrew J Dannenberg 5, Srihari Mahadev 2, Alpana Shukla 3, Louis J Aronne 3

Affiliations

1Division of Gastroenterology and Hepatology, Weill Cornell Medicine, New York-Presbyterian Hospital, New York, New York. Electronic address: rzs9001@med.cornell.edu.

2Division of Gastroenterology and Hepatology, Weill Cornell Medicine, New York-Presbyterian Hospital, New York, New York.

3Division of Endocrinology Diabetes and Metabolism, Weill Cornell Medicine, New York-Presbyterian Hospital, New York, New York.

4Joan & Sanford I. Weill Medical College of Cornell University, New York, New York.

5Department of Medicine, Weill Cornell Medicine, New York-Presbyterian Hospital, New York, New York.

PMID: 33011292

DOI: 10.1016/j.cgh.2020.09.055



Abstract

Background and aims:

The growing burden of obesity as a chronic disease necessitates a multifaceted approach to management. There has been an increase in the number of available endoscopic therapies for weight management with endoscopic sleeve gastroplasty (ESG) proving to be one of the best options. The long-term efficacy of ESG for management of obesity is not known. This study sought to assess the long-term safety and efficacy of ESG for treatment of obesity.

Methods:

This was a prospective cohort study. Participants underwent ESG in a single academic center, and were prospectively enrolled. All procedures were performed by the same therapeutic endoscopist. Patients with a body mass index of >30 kg/m² (or >27 with comorbidities), who underwent ESG from August 2013 to August 2019 for treatment of obesity were enrolled. Patients were followed for up to 5 years after their procedure. The primary outcome was weight loss at 5 years after the procedure (% total body weight loss, TBWL) RESULTS: 216 patients (68% female) with a mean age of 46 ± 13 years, and mean BMI of 39 ± 6 kg/m² underwent ESG. Out of 216 patients, 203, 96, and 68 patients were eligible for a 1-, 3-, and 5-year follow up, with complete follow-up rates of 70%, 71%, and 82%, respectively. At 5 years, mean TBWL was 15.9% (95% CI, 11.7–20.5, $p < .001$) and 90 and 61% of patients maintained 5 and 10% TBWL, respectively. There was an overall rate of 1.3% moderate adverse events (AEs), without any severe or fatal AEs.

Conclusions:

Our results suggest that ESG is safe and effective for treatment of obesity, with durable long-term results for at least up to 5 years after the procedure. This procedure should be considered as a reliable option for treatment of obesity.

Keywords:

Bariatrics; Endoscopy; Gastroplasty; Obesity; Therapeutics.



OSSICON 2022



19th National Conference of
Obesity & Metabolic Surgery Society of India

Bariatric & Metabolic Surgery: Collaborate and Consolidate

24th - 26th February, 2022 | Hotel Sheraton Grand, Brigade Gateway, Bengaluru

**Conference
Website is
Now Live**

For more Information visit:
www.ossicon2022.com



Conference Secretariat

Dr H V Shivaram, Organising Chairman
Aster CMI Hospital
Mobile: +91 9845043920
Email: ossicon2022@gmail.com

Conference Manager



Ms Gulshan
Mobile: +91-9832645544
Email: gulshan@alpcord.net



OSSICON 2022



19th National Conference of
Obesity & Metabolic Surgery Society of India

Bariatric & Metabolic Surgery: Collaborate and Consolidate

24th - 26th February, 2022 | Hotel Sheraton Grand, Brigade Gateway, Bengaluru



**Hurry Up ! Early bird Registration
closes on 30th November 2021**

-----Click here to Register -----

Local Organising Committee



Patron
Dr. M. G. Bhat



Organizing Chairman
Dr. H. V. Shivaram



Organizing Co-Chairman
Dr. M. Ramash



Vice Chairman
Dr. Tulip Channary



Organizing Secretary
Dr. Sumit Talwar



Treasurer
Dr. Manish Joshi



Organizing Co-Secretary
Dr. Anand Gubbi



Joint Org Secretary
Dr. Moynuddin



Joint Org Secretary
Dr. Saunabh Mitra

For more Information visit: www.ossicon2022.com

Conference Secretariat

Dr. H. V. Shivaram, Organizing Chairman
Aster CME Hospital
Mobile: +91 9846043500
Email: ossicon2022@gmail.com

Conference Manager



Ms. Gulshan
Mobile: +91-932945544
Email: gulshan.gulpeo@rediffmail.com



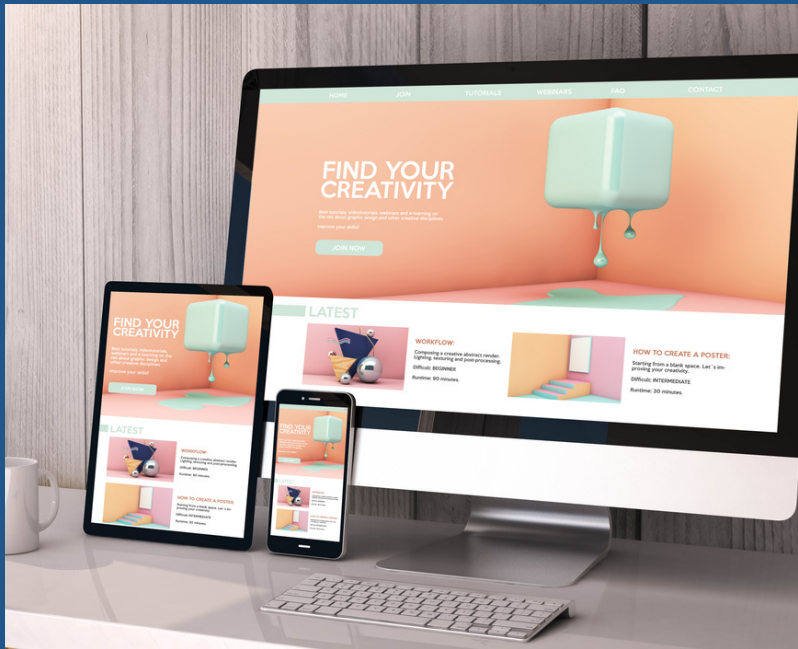
Trivia

30 day sustainability challenge

	DAY 1 I will not run the tap while brushing my teeth <input type="checkbox"/>	DAY 2 I will not waste food on my plate <input type="checkbox"/>	DAY 3 I will use both sides of paper, reuse papers used on one side <input type="checkbox"/>	DAY 4 I will not litter anywhere at any time <input type="checkbox"/>	DAY 5 I will switch off all devices, chargers at the wall, when not in use <input type="checkbox"/>	
	DAY 6 I will carry a handkerchief and not use tissue paper <input type="checkbox"/>	DAY 7 I will shift to an inkpen <input type="checkbox"/>	DAY 8 I will use a small mug & bucket for bathing, not a shower <input type="checkbox"/>	DAY 9 I will use only public transport today <input type="checkbox"/>	DAY 10 I will start carrying a cloth bag every time I step out <input type="checkbox"/>	
	DAY 11 I will not charge my phone overnight <input type="checkbox"/>	DAY 12 I will plant a sapling today, and nurture it for a year <input type="checkbox"/>	DAY 13 I will carry a reusable water bottle whenever I step out <input type="checkbox"/>	DAY 14 I will clean my vehicle using a wet cloth, not wash it with water <input type="checkbox"/>	DAY 15 I will reduce my internet usage by 1 hour today <input type="checkbox"/>	
	DAY 16 I will have one millet-based meal <input type="checkbox"/>	DAY 17 I will avoid any snack that is packaged in plastic <input type="checkbox"/>	DAY 18 I'll open windows at home & college to minimise fan & light use <input type="checkbox"/>	DAY 19 I will learn the basics of waste segregation <input type="checkbox"/>	DAY 20 I will keep a bowl of water outside my house for birds <input type="checkbox"/>	
	DAY 21 I will not eat imported fruits, grains & vegetables <input type="checkbox"/>	DAY 22 I will reuse my towel, & not wash it after every use <input type="checkbox"/>	DAY 23 I will walk for at least 1 km of the total travel planned for today <input type="checkbox"/>	DAY 24 I will switch off unnecessary lights/fans at home/college <input type="checkbox"/>	DAY 25 I will buy my grocery from small scale/local vendors <input type="checkbox"/>	
	DAY 26 I will keep my mobile data & WiFi off at night <input type="checkbox"/>	DAY 27 I will start segregating my waste <input type="checkbox"/>	DAY 28 I will finish leftovers in my fridge & waste no food <input type="checkbox"/>	DAY 29 I will stop using disposable razors/ I'll shift to cloth menstrual pads <input type="checkbox"/>	DAY 30 I will minimise usage of AC & keep it between 24 -26° C <input type="checkbox"/>	



Advertisements



Get Your Website at just
Rs. 4999/- per month
(all inclusive)

Call Now # 9845848572



DrHappitude.com
add the magic of digital strategies

We Organize Online Webinar / Digital CME

- Upto 100 Participants - Rs.12000/-
- Upto 500 Participants - Rs.25000/-

Includes Tech support & Graphic Design Creatives

Call Now # 9845848572



DrHappitude.com
add the magic of digital strategies



Advertise your events, workshop or courses in this
space at a nominal charge.

Contact: editorssb@gmail.com



Advertisements



NewMedd

Diagnostics

The Latest in Technology

NewMedd diagnostic is a free-standing, full-service diagnostic imaging facility servicing patients. We offer the latest in technology and unsurpassed quality and service, while providing diagnostic imaging services in an all-digital center. In addition, we provide these services in a beautiful, comfortable, soothing environment that is both conveniently located and easily accessible.

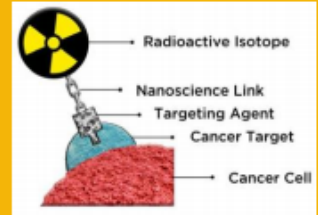
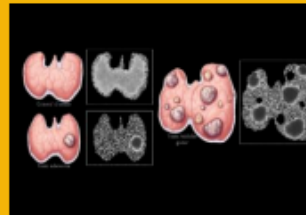
Our Services

PETCT Scan

Nuclear Medicine

Thyroid Disorders

Radionuclide Therapy



Our Facilities

Nuclear Medicine

- Thyroid Scan/Parathyroid Scan
- 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

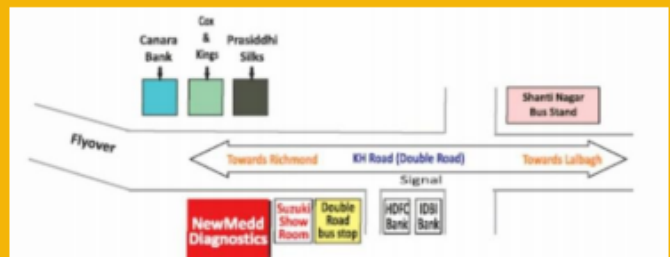
- OncoPET
- CardioPET (Viability)
- NeuroPET
- F18 Bone Scan
- Fever of unknown origin
- Multislice CT
- Ga-68 DOTANOC PETCT
- Ga-68 PSMA PETCT

Radionuclide Therapy

- Pain Palliation
- Radiation Synovectomy
- Hyperthyroidism
- Thyroid Cancer
- Neuroendocrine Tumors
- MIBG Therapy
- Lu-177 DOTATATE Therapy
- Lu-177 PSMA Therapy

Request an appointment

Call US: 080-22224050 / 09481212244
 Email: contact@newmedd.com
www.newmedd.com



Address: No. 110 KH Road (Double Road), Bangalore 27

ಸುಶ್ರುತ

Newsletter of Surgical Society of Bangalore

SEP 2021

Sushruta - Editorial Team 2021

Advisors

Dr C S Rajan
Dr K Lakshman
Dr Ramesh S
Dr H V Shivaram

Chief Editors

Dr Kalaivani V
Dr Manish Joshi

Editorial Board

Dr Venkatachala
Dr Hosni Mubarak Khan
Dr Manjunath B D
Dr Pandu D
Dr Pavan Sugoora
Dr Pruthiraj A S
Dr Ravishankar H R
Dr Ravi S
Dr Rohit Kumar C

Thank-You