Sushruta

Newsletter of Surgical Society of Bangalore

OCT 2021

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Send your News, Articles, Event details, Classifieds, etc. to "editorssb@gmail.com"

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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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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

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SURGICAL SOCIETY OF BENGALURU ASICC (R)

[47years] 1974 – 2021]

www.ssbasicc.org

DR VENKATACHALA K	DR SAMPATH KUMAR K	DR HARISH N S	DRMANISH JOSHI	DR RAMESH B S
President	President Elect	Hon Secretary	Hon Jt.Secretary	Hon Treasurer
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drvenkat24@gmail.com	sampath17k@gmail.com	drharishans@gmail.com	docjoshi@gmail.com	rameshshamburao@yahoo.co.in

Respected seniors and my dear friends of SSBASICC,

I'm very happy to announce that the office bearers of SSBASICC for the year 2022 have been elected unanimously.

1. President Elect : Dr.Venkatesh K L FL- 15185
   Associate professor, Dept. of Paediatric surgery, BMCRI,PMSSY SSH.
2. Honorary Secretary : Dr.Prem Kumar A FL-19748
   Associate Professor of surgery, BMCRI.
3. Honorary Joint Secretary: Dr.B S Ramesh FL 15398
   HOD, Dept. of general surgery, Dr.Ambedkar medical college.
4. Honorary Treasurer : Dr.Munireddy M V FL - 31805
   Laparoscopic and interventional endoscopic surgeon.

My hearty congratulations to all.

There were only single nominations each for the post of honorary secretary, honorary joint secretary and honorary treasurer.

For the post of President Elect, there were two nominations- Dr.Venkatesh KL and Dr. Rajshekar C Jaka.

Dr. Rajshekar C Jaka withdrew his nomination in favour of his friend Dr.Venkatesh K L.

Let us all sincerely appreciate and thank him for his warm gesture.

For the post of Executive committee, only two nominations have come till now. I will be contacting all the HOD's of different institutions to nominate the candidates from their institutions. Kindly co-operate.

Warm regards.

Thanking you.

DR. SAMPATH KUMAR. K
President Elect and Election Officer- 2021
SSBASICC.

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Best Paper - Winner

Neutrophil-Lymphocyte ratio (NLR), Platelet-Lymphocyte ratio(PLR) and sonological findings in predicting severe cholecystitis.

Dr Swati

ABSTRACT

AIMS AND OBJECTIVES:

To assess the utility of Neutrophil-Lymphocyte Ratio (NLR), Platelet-Lymphocyte Ratio (PLR) & Ultrasound findings to predict severe cholecystitis.

To identify an NLR, PLR cut off value to discriminate between simple and severe cholecystitis.

MATERIALS AND METHODS :

Prospective observational time bound study conducted with sample size of 100 patients from December 2019 to January 2021. Severe cholecystitis was defined as cholecystitis complicated by secondary changes like haemorrhage, gangrene, emphysema, abscess, perforation, carcinoma. NLR, PLR values were calculated from absolute neutrophil count and absolute lymphocyte count. All patients underwent Ultrasound abdomen by the same Radiologist, findings were grouped into three categories, Luminal, Mural and Pericholecystic changes. Intraoperative findings, Histopathological examinations were taken into account. Data was analysed using SPSS Software Version 22. Receiver Operating Characteristic Curve analysis employed to identify optimal NLR, PLR Cut off value and to predict Combined accuracy of NLR, PLR and Ultrasound findings to predict severe cholecystitis.

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Best Paper

RESULTS:

In our study, 23% patients had severe cholecystitis. Mean age was 46 years. 65% seen in females. Presence of calculi and presence of multiple calculi was higher in patients with severe cholecystitis (p value 0.25) calculated using Chi square test. Ultrasound findings of Luminal, Mural and Pericholecystic changes were also higher in severe cholecystitis (p value <0.001). Mann whitney test showed mean NLR, PLR higher in severe cholecystitis. Cut off NLR of 3.75 had a sensitivity of 100%, specificity of 77.92%. Length of hospital stay in patients with severe cholecystitis was longer than those with simple.

CONCLUSION:

NLR of 3.75 is a cut off value to predict severe cholecystitis and prolonged length of hospital stay. Combined Predictive Accuracy of NLR, PLR, Ultrasound findings was 91%.

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Best Paper

A Comparative study of Dasarda procedure of inguinal Hernia repair using polydiaxanane (PDS) versus prolene.

Dr Spandana

ABSTRACT

Desarda Repair is a tension free mesh free pure tissue based repair for Inguinal hernia. Both absorbable and non absorbable suture materials are being used for suturing the strip of external oblique aponeurosis to arch fibres to strengthen the posterior wall of inguinal canal.But on using a non absorbable suture material the aim of overcoming the use of foreign body for hernia repair is not achieved . Hence in our study by using a absorbable suture material we are completely overcoming the placement of foreign body in the inguinal region.

AIMS AND OBJECTIVES:

To Compare Desarda Repair for Inguinal Hernia using PDS and Prolene

MATERIALS AND METHODS :

Prospective Randomised Control Study conducted in Department of General Surgery , KIMS Hospital and Research Centre , Bengaluru . A total of 50 patients with primary Inguinal hernia (both direct and indirect) were included in this study and operated during the period of November 2019 to May 2021. These patients were grouped into two groups of 25 each. Group A patients underwent Desarda Procedure using PDS and Group B underwent Desarda Procedure using Prolene. Both short term and long term outcomes were recorded with a follow up of 6 months.

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RESULTS:

Majority of the cases were Direct inguinal hernia with majority belonging in the age group of 31- 60. Post operative pain was significantly higher (P < 0.001) in Prolene group whereas there was no significant difference in complications and were comparable. Follow up showed more number of cases with chronic pain in Prolene , however , both groups had no cases of recurrence.

CONCLUSIONS:

In this study use of PDS and Prolene showed similar outcomes. But on using PDS we are completely overcoming the use of foreign body in inguinal hernia repair. Hence , Desarda Repair for Inguinal Hernia using Absorbable Suture Material (PDS) can be considered .

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Best Poster

GIST lesser curvature of stomach – A Rare Presentation

Dr Samarth

Introduction:

Gastrointestinal stromal tumor(GIST) is the most common primary mesenchymal tumor of the gastrointestinal tract1. GISTs arise from interstitial cells of Cajal. Most tumors are of spindle cell type. Approximately 20% of the cases are of epithelioid histologic variant and approximately 10% are mixed epithelioid and spindle type2.

ABOUT THE CASE:

- 65y female came with easy fatigability since 3 months and loss of appetite since 1 month with no pain abdomen, vomiting, abdominal distension, fever, significant weight loss, altered bowel movements. K/C/O Hypertension since 1.5 months on treatment with H/O abdominal hysterectomy 20years back, H/O Incisional Hernia surgery 10years back.
- On Examination: Solitary mass felt in the epigastric and left hypochondrial region of 18x 12 cm, extent- 4cm below xiphi sternum superiorly to 2cm above the umbilicus inferiorly, 5cm from midline-towards-right and 13cm from midline-towards-left, smooth surface, moves with respiration, mobile horizontally, dull to percuss, normal bowel sounds heard.

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Best Poster

INVESTIGATIONS:

• USG Abdomen and Pelvis–cystic solid mass lesion in epigastrium:116x96x95mm, Volume–555cc, Internal vascularity of nodule seen – NEOPLASM. ?GIST-Stomach/ ?Pancreatic mass-lesion.

• CECT Abdomen- Infragastric mixed-density mass-lesion - ?GIST-Stomach

• OGD–Extrinsic compression seen on the lesser curvature of stomach, mucosa appears edematous ?Cause

TREATMENT:

Exploratory laparotomy +Wide local excision of tumor

REPORTS:

HPE Report:

Epitheloid gastrointestinal stromal tumor of stomach

IHC Report:

CD34–Diffuse and strong positivity in tumor cells
DOG1–Diffuse and strong positivity in tumor cells
Ki-67-25% in the hotspot
Synaptophysin and Chromogranin–Negative in tumor cells

REFERENCES:

1. Ahmed M. Recent advances in the management of gastrointestinal stromal tumor. World J Clin Cases. 2020 Aug 6;8(15):3142-3155. doi: 10.12998/wjcc.v8.i15.3142.
2. Binny Khandakar, MD, Sharmila Ghosh, MD, Jihong Sun, MD, Epithelioid Gastrointestinal Stromal Tumors: A Retrospective Look, American Journal of Clinical Pathology, Volume 152, Issue Supplement_1, October 2019, Page S67

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Interview with surgeon - Dr. (Brig) S Rajagopalan

Dr. (Brig) S Rajagopalan
Medical Director and Vice Principal at Dr. Chandramma Dayananda Sagar Institute of Medical Education and Research.
34 years service in Indian Army as Medical Officer, Surgeon & Administrator

Dr. (Brig) S Rajagopalan

Qualifications:

BSc – 1976, MES College, Bangalore
MBBS – Dec 1980 – Armed Forces Medical College, Pune
MS – Dec 1988 – Armed Forces Medical College, Pune
FAIS – Dec 2009 - Fellow of the Association of Indian Surgeons
FRCS (Glas)

Present Position:

Medical Director and Vice Principal at Dr. Chandramma Dayananda Sagar Institute of Medical Education and Research

Clinical and administrative experience

34 years service in Indian Army as Medical Officer, Surgeon & Administrator

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Awards
Army Chief's commendation award twice

Academic experience:

- 25 years teaching experience as UG teacher
- 20 years experience as PG teacher – Guided 12 PG students in their dissertation work
- HOD Surgery, Armed Forces Medical College, Pune & RRMCH, Bangalore
- Examiner – MBBS, MS, DNB - at several universities
- Undertook three research projects successfully funded by DRDO
- Authored 03 chapters in 03 books
- Published - 35 papers in peer reviewed International and National journals, 10 papers in other non indexed publications
- Presented - 35 papers / guest lectures in National and International Conferences
- Panelist and participant in several Symposia and Discussions in National Conferences
- Chairperson and Faculty in National Conferences and Workshops
- Past Secretary Association of Armed Forces Surgeons
- Member Ethical Committee at AFMC, Pune, Rajarajeswari medical college and CDSIMER, Harohalli
- Member Editorial Advisory Board of the Medical Journal Armed Forces of India, Pune, and Journal of Medical Sciences, RGUHS
- Member several student and faculty welfare committees in medical colleges

Extra Academic:

- Life member – Association of Surgeons of India
  Indian Association of Trauma and Critical Care
  Association of Armed Forces Surgeons
  Surgical Society of Bengaluru

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Introduction:

Born on 17 May 57 in Bangalore in a middle class family, being third of six children. Mother is a homemaker, and father having started life in the postal service retired from Bangalore GPO as Chief Post Master, Karnataka.

Did primary schooling from a private school and thereafter completed Higher Secondary from Kendriya Vidyalaya, Malleswaram. After a BSc degree from MES College, Bangalore, was selected in the entrance exam of Armed Forces Medical College, Pune for MBBS in 1976. Performed well and decided to join the Army Medical Corps. After stints as a General Duty Medical Officer, selected to do MS General Surgery in 1986.

Had a very successful, satisfying though strenuous career as surgeon for 28 years at various military hospitals in the country. Apart from the usual number routine of general surgical cases, had extensive experience in trauma surgery in the insurgencies of North East and Jammu Kashmir State. Was given the opportunity to teach surgery to undergraduates and postgraduates at the Armed Forces Medical College and Base Hospital, Delhi. Rose up the ladder to hold the appointment of Professor and HoD General Surgery at AFMC, Pune.

On quitting service, worked at Rajarajeswari Medical College and Hospital as Professor and HoD Surgery for 5 years where I had a very satisfying tenure teaching surgery to students and staff alike. Took a decision to shift to full time administration after 33 years in Surgery, and accepted the post of Medical Director and Vice Principal at Dr. Chandramma Dayananda Sagar Institute of Medical Education and Research on 01 Jan 2020, where I am still working.

Choice to become a surgeon:

It was an event of international magnitude when I was 10 years old that decided my career. The year was 1967, Christian Barnard performed the first human heart transplant and the news splashed in all newspapers so fascinated me that I too decided to pursue a career in Surgery. I was too young to understand that there were several specialities in medical sciences, nevertheless I kept myself abreast about happenings in the medical field. Since there were no doctors in my family, my parents too encouraged me to pursue a career though they constantly wondered where the money would come from.

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Army Service / rewards:

Since some of friends were from the Armed Forces background at Kendriya Vidyalaya, I also joined the bandwagon to take up my medical journey in the Armed Forces –and qualified in the AFMC entrance exam. I have never regretted that decision. Had a great career, was given the opportunity after a competitive selection process to specialize in surgery. Made the best of it and worked with zeal and sincerity, though it was tough on the family. My hard work in trauma surgery at J & K and in the North East was a struggle for both me and the patient, several soldiers' lives and careers saved and heartbreaks too, when our team failed to save a life or limb. Learnt a lot not only about my profession but also about human tenacity, grit and determination. Held the rank of a Brigadier and Awarded the Army chief's commendation twice as recognition of my work.

Having said that, I also enjoyed Army service itself – the discipline, orderliness, camaraderie and the broad vision it offers is unique and something to cherish. Physical fitness of course is a way of life. There are several opportunities to showcase and improve upon your existing talents and learn new skills outside your profession too. Made several lifelong friends along the way.

Mentors:

None specific, though I hold in high esteem some of my tutors / junior professors in surgery from whom I learnt the basics in surgery that laid the foundation for a successful career later.

I also respect my professor, Dr. Col RS Dube, a bold and successful surgeon though not highly academic in orientation.

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Favourites:

On the professional front, I have trained and worked with several general surgeons and gastro intestinal surgeons in the Army and I can say without hesitation that I have been good technically. Colorectal surgery is easily my favourite, though I am also partial to hepatobiliary surgery. I seriously avoid esophageal and pancreatic surgery since I have been a hesitant learner; my opportunities were few and never adequate to operate with confidence. Nevertheless any general surgical procedure always interested me.

On the personal front, I love to read books – especially short stories. Some of my favourites have been Guy de Maupassant, GK Chesterton, PG woodhouse, Jeffrey Archer. I don't appreciate science fiction at all. I also do some gardening when time permits, appreciate greenery in the pots and get my hands dirty on weekends.

I am not a food fad, appreciate a lot of dishes provided they are all vegetarian. Have a sweet tooth and indulge often on sweets.

Have travelled to a number of States during my long stint in the Armed Forces. Every State has a lot to offer. I would recommend the North Eastern States to friends, to really appreciate what nature is all about. Good to explore several areas.

Key to Success:

Aggression rarely, assertion often, assiduous always.

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Tackling stress:

On the professional front, it can be tricky. You need to be patient and speak to supportive and understanding peers, but often it is your reliable senior and experienced colleague who is a patient listener. Exchange of ideas and opening up frankly relieves stress. Finally, it is important to remember that a surgeon should learn to accept stress as a professional problem.

On the personal front, a supportive spouse who is cognizant of a surgeon's hurdles in daily life is a big plus point. Sometimes helpful siblings or even parents can help one to cope up with stress.

Message to young Surgeons

To reach great heights, you need a good ladder which one ascends step by step. If the foot step is shaky, one can come crashing down before you reach the pinnacle. Be patient, persistent and above all sincere – to yourself and to your patients. You will be rewarded. Shortcuts can be slippery and dangerous causing you to regret later. Also remember, reputations both good and bad, precede you, it can be a small world. Again, project your work with adequate research and publications and presentations if you want to build up a sound academic standing amongst your professional colleagues. It matters a lot and gives you great satisfaction to see your name in print or in the media or at conferences.

Any Regrets:

Professionally speaking, I learnt laparoscopic surgery rather late in life since the opportunities were not aplenty in the Services for a general surgeon. So one had to struggle to learn and project oneself. Hence I could not move on confidently to advanced laparoscopic surgery, and that affected my learning newer techniques.

Secondly, I do regret that my surgical research and publications could have been better and numerous had I had been with a mentor who was keen to pursue academic research.

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Quotes :

'Don't base your decision on the advice of those who don't have to deal with the results'

'A good surgeon doesn't just concentrate on technical ability, but also on the appropriateness of what you are doing' – Benjamin Carson, Neurosurgeon

'A good surgeon must have an eagle's eye, a lion's heart and the hands of a lady'

When given another chance, what will you do differently?

I have been a late starter in several fronts in life including surgery. I would do my utmost to correct this deficiency and meet up with people who matter in the profession. Other than these, I have no regrets.

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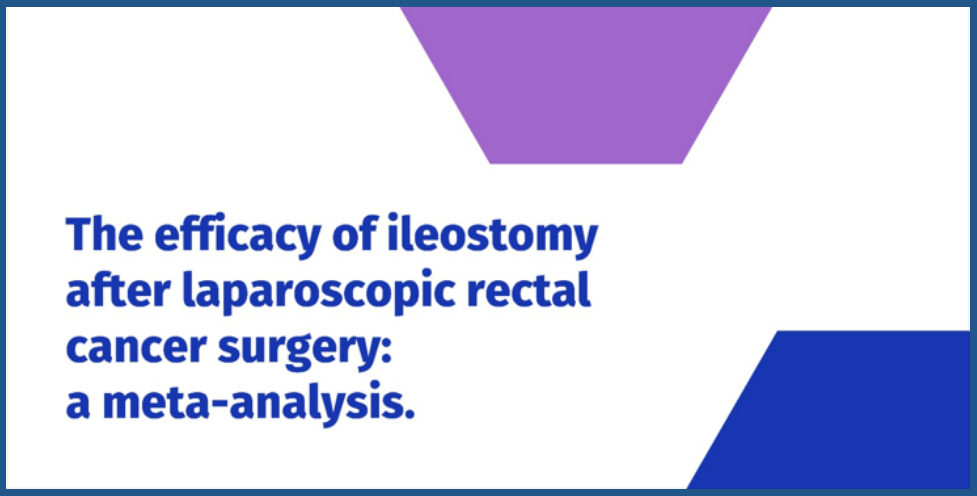
The efficacy of ileostomy after laparoscopic rectal cancer surgery: a meta-analysis



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Abstract:

Background: Protective ileostomy is always applied to avoid clinically significant anastomotic leakage and other postoperative complications for patients receiving laparoscopic rectal cancer surgery. However, whether it is necessary to perform the ileostomy is still controversial. This meta-analysis aims to analyze the efficacy of ileostomy on laparoscopic rectal cancer surgery.

Methods:

Cochrane Library, EMBASE, Web of Science, and PubMed were applied for systematic search of all relevant literature, updated to May 07, 2021. Studies compared patients with and without ileostomy for laparoscopic rectal cancer surgery. We applied Review Manager software to perform this meta-analysis. The quality of the non-randomized controlled trials was assessed using the Newcastle-Ottawa scale (NOS), and the randomized studies were assessed using the Jadad scale.

Results:

We collected a total of 1203 references, and seven studies were included using the research methods. The clinically significant anastomotic leakage rate was significantly lower in ileostomy group (27/567, 4.76%) than that in non-ileostomy group (54/525, 10.29%) (RR = 0.47, 95% CI 0.30-0.73, P for overall effect = 0.0009, P for heterogeneity = 0.18, I2 = 32%). However, the postoperative hospital stay, reoperation, wound infection, and operation time showed no significant difference between the ileostomy and non-ileostomy groups.

Conclusion:

The results demonstrated that protective ileostomy could decrease the clinically significant anastomotic leakage rate for patients undergoing laparoscopic rectal cancer surgery. However, ileostomy has no effect on postoperative hospital stay, reoperation, wound infection, and operation time. The efficacy of ileostomy after laparoscopic rectal cancer surgery: a meta-analysis.

Keywords: Clinically significant anastomotic leakage; Ileostomy; Laparoscopy; Rectal cancer.

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#evidence
#evidencebased
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Trivia

Fast surgeon is the one whose patients get discharged without complications and are able to get back to their job at the earliest !

Time has to be measured from "onset of illness to back to work" and not "skin to skin"

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