



SUSHRUTHA

NEWSLETTER JAN 2022 1/22

SURGICAL SOCIETY OF BANGALORE ASI CC



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Editorial's desk....

Dear Colleague,

SSBASICC is progressing towards academic excellence due to the valuable contribution from the SSB members and the office bearers. However this is possible only because of the strong foundation laid down by the senior members. Sushrutha, e newsletter is a platform exclusively for the members and postgraduate students to share knowledge and experience. We sincerely request all members to continue your contribution to take SSB to newer heights nationally and internationally.

Thanks, Regards



Dr Kalaivani V
Chief Editor



Dr Anupama Pujar
Co Editor



Dr Husni Mubarak Khan
Associate Editor

*Send your News, Articles Case Reports, classifieds, etc. to
"sushruthassb@gmail.com"*



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Message from President

Respected Members of SSBASICC

First of all let us sincerely thank Dr. Kalaivani for accepting to be Chief-Editor of this e-newsletter "SUSHRUTHA". We also thank Dr. Anupama Pujar for accepting to be the Co-Editor and also thank the entire editorial board.

We are happy that the COVID scare has come down drastically and that we can conduct our monthly clinical meetings and other educational activities offline.

We request the members to attend in large numbers, along with academic activities we shall also socialize and to exchange our views and knowledge which we have missed for nearly 2 years. We request you to maintain COVID norms which are in vogue now in these meetings.

We would like to put on record our heartiest congratulations to

1. Dr. MK Ramesh, for becoming the Vice Chancellor of Rajiv Gandhi University of Health Sciences.
2. Dr. Shivram HV, for becoming the Chairman Elect of KSCASI.
3. Dr. Nagesh, for becoming treasurer of HPB Surgical Society of India.

We request all the members, to feel free to give suggestions to improve the quality of our academic activities and also request your full co-operation and active participation to reach academic excellence.



Dr. Sampath Kumar K,

Warm Regards,
Dr. Sampath Kumar K,
President, SSBASICC 2022



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Message from Honorary Secretary

Warm Greetings to all the Esteemed members of SSBASICC.

The new year has begun with tug of war between the third wave of Covid and fight for normal life. We have new enthusiasm to make this year a wonderful and fruitful one.



Dr Premkumar A

As we slowly emerge from the clutches of Covid it's time to get back our academics. E Sushruta is one of the mode of sharing knowledge and experiences. I congratulate the editor Dr Kalaivani who has successfully published the newsletter from the inception and continues to bring it to newer heights.

Our newsletter has been a medium to knowledge transfer and platform for exchange new ideas and lifestyle. The diverse and brilliant content makes the newsletter a good read. The interview section gives us an insight into the lives and minds of stalwarts of our surgical field.

I urge all the members to contribute to the newsletter and make it one of the best. I extend my whole hearted support for this newsletter and look forward for the forth coming editions.

Regards

Dr Premkumar A

MS, FICS, FACS, FRCS(Glasg), PhD (MIS)

General secretary

SSBASICC



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Comparative study between eTEP RS & IPOM Surgery :Our Experience Dr. Sai Prashanth Parasa Resident, St Martha's Hospital



Introduction:

Based on aetiology, European hernia society divides ventral hernias into primary or congenital hernias and acquired hernias. Open approach was the treatment of choice for ventral hernias till 1993. Laparoscopic approach was introduced in 1993.

Aim and Objectives:

- To compare eTEP RS and IPOM technique in uncomplicated ventral hernia repairs

Materials and Methods:

Prospective comparative study conducted from Jan 2020 to Dec 2020 at SMH. Randomisation was done by odd even method.

Results:

Out of total study population of 30, 15 are in eTEP RS and 15 are in IPOM group. Mean duration of surgery is 189.9 min in eTEP RS group and 53.6 min in IPOM group. Cost of surgery, Pain scores on POD 1 and at the time of discharge are compared.

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Discussion:

Minimally invasive methods used for ventral hernia repair should meet the objectives of open surgical techniques. In our study duration of surgery was longer for eTEP RS when compared to IPOM and other parameters were compared.

Conclusion:

eTEP RS can be considered as an effective alternative for IPOM as it is cost effective, associated with less post operative pain and allows patients to resume to their daily activities very early but has long operative time and is technically challenging



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Adrenal Adenoma- Defying Basics– Dr. Vandana

Introduction:

Based on literature, any Adrenal tumor measuring above 4cm is considered to have malignant tendency. Our study was regarding a tumor measuring 13x13cm with non-functional status.

A Large well encapsulated lobular mass in hepatorenal pouch measuring 13x13cm was found compressing IVC,

Right Renal vein stretching over mass and entering IVC. The mass was also pushing the right kidney and covering 2/3rd of it. After histopathology and IHC studies, such a large tumor being benign is rare.

Aims and Objectives:

Tumor measuring greater than 13cm being Benign is rare.

Method:

USG, CT, Routine investigations were done. Functional assessment was done.

Patient was prepared prior to the surgery with Alpha and Beta blockers.

Histopathology and IHC studies were done post-surgery.



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Discussion:

Prevalence of incidentalomas has been between 0.35% to 1.9%.

Approximately 54% of adrenal incidentalomas are adrenal adenomas. 15% of adrenal incidentalomas show Hypersecretion of hormones. Adrenal tumor size greater than 4.0cm has high sensitivity for adrenal cancer. Rarely, a patient can have bilateral adenomas and, in that case, other causes should be considered such as metastatic disease, congenital adrenal hyperplasia, lymphoma, infections, hemorrhage and infiltrative conditions of adrenal glands

Conclusion:

After histopathology and IHC studies, such a large tumour being benign is rare. Although non-functional on evaluation good pre-operative preparation of the patient with alpha and beta blocker helps in smooth intra-operative and post-operative outcome.



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Outcomes of Pyeloplasty in Paediatric PUJ Obstruction

Dr Nida Shahnawaz



Introduction

PUJ obstruction is the most common cause of obstructive nephropathy in children. It's seen in one out of 1500 live births. Screened by routine ANC scan which is done in the second trimester. Boys are more commonly affected than girls, and lesions are seen more on the Left > Right.

Aims and objectives

To describe the indications and presentation of children with PUJ obstruction.
To determine the safety, efficacy and outcomes of pyeloplasty in pediatric age group.

Materials and methods

It was a retrospective study, the study period extending from - Jan 2016 to Dec 2021. Study population- patients with PUJ obstruction, under the age of 15, who came to the pediatric surgery department in SMH.



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Results:

Study population of 20 kids showed that most(12) of the kids were diagnosed with PUJ obstruction through ANC scan. Most of them had a pre-op APD of between 2-3cm and also had reduction in function on DTPA/EC scan. Post-operatively there was an improvement in the mean APD from 28mm to 18mm. All kids had post-op good drainage on DTPA/EC scan.

Conclusion

Pyeloplasty is a safe and effective procedure for PUJ obstruction, with good post operative improvement in renal function



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A Rare Case of Pseudoaneurysm of Superficial Femoral Artery as a complication of diagnostic angiogram in a female with Takayasu's Arteritis

Dr Nishath Fathima(PG)

Dr Vivekananda

Dr AV Kulkarni

**Sapthagiri Institute of
Medical Sciences**



INTRODUCTION:

A pseudoaneurysm is a pulsating encapsulated haematoma in communication with a ruptured vessel. Pseudoaneurysms can arise either spontaneously or iatrogenically. In both cases they are a major cause for concern as they can rupture, bleed or cause sudden death. Femoral pseudoaneurysms may complicate up to 8% of vascular interventional procedures.



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CASE REPORT:

A 60 year old female presented with no pulse in both arms and her blood pressure could not be recorded in either arm. She had systemic hypertension and hypothyroidism , she had claudication in both upper limb and lower limb, chest pain and shortness of breath 2 years back for which she underwent cardiac and peripheral angiogram, which showed right subclavian and carotid artery long segment disease, with right vertebral artery 100% occlusion, left carotid, subclavian and vertebral artery 100% occlusion from ostium.

Aortogram showed right and left bilateral below knee diffuse disease with patent collateral circulation. She was diagnosed as severe atherosclerotic aortoarteritis.

After the procedure, patient noticed a swelling in the upper part of right thigh which was the access site, since 2 years. Initially it was of the size of 2by2 cm, painless and non progressive. Since 2 months patient noticed a sudden increase in size to 10by8 cm, associated with pain and heaviness of right lower limb.

On examination; Solitary swelling measuring 12by8 cm in the right thigh just below the groin crease, uneven surface , invariable consistency, non pulsatile, non-mobile and no thrill over the swelling.



Pre operative photo showing swelling in the right upper thigh just below the groin crease



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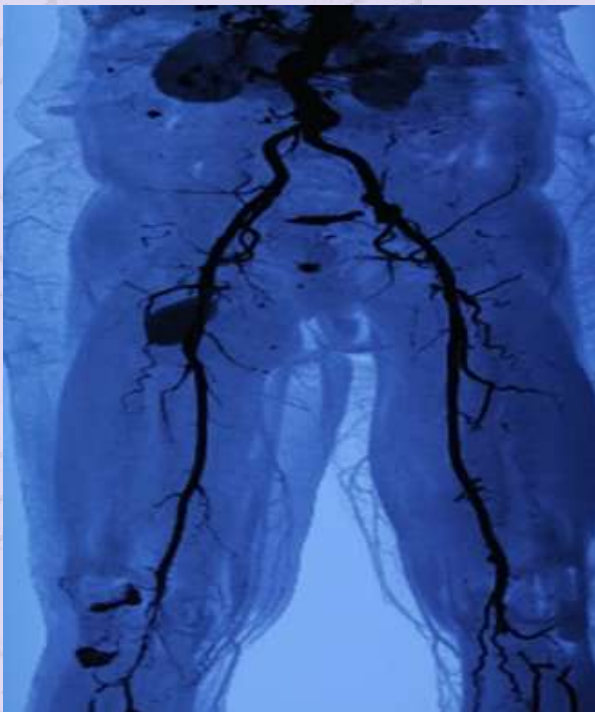
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INVESTIGATIONS:

CBC- Hb- 8.1-10.5, TC- 9100 ESR- 14, RFT- WNL, LFT-WNL, SEROLOGY- negative, CRP- 25.6, Coagulation profile – normal, TFT- WNL , 2D ECHO- EF-60%.

Right lower limb Arterial Doppler- A large , thick walled , well encapsulated cystic mass seen in the right femoral region , demonstrating a bidirected turbulent swirly blood flow pattern. ? Aneurysm of common femoral artery with hematoma.

CT angiography of both lower limb- A contrast filled elongated sac centrally with partial thrombosis, the sac is seen to be communicating with the common femoral artery just proximal to its bifurcation. A large pseudoaneurysm with partial thrombosis involving the right common femoral artery, just proximal to its bifurcation



CT Angiogram showing a large pseudoaneurysm of common femoral artery , just proximal to its bifurcation



Digital Subtraction Angiogram showing pseudoaneurysm of common femoral artery



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PROCEDURE:

Patient underwent right SFA pseudoaneurysm excision, hematoma evacuated and primary repair was done under epidural anaesthesia.



Intra operative :Groin incision made and pseudoaneurysm excised



SFA puncture site identified , distal and proximal control obtained



Romovac drain placed and wound closed in layers

DISCUSSION

Patients with Takayasu's arteritis have localised arterial segments of severe stenosis that are often dilated, increasing the likelihood of developing pseudoaneurysms.

Pseudoaneurysms can occur after cardiac catheterisation, usually when the femoral arterial puncture is too low. Puncture of the profunda femoris artery causes a pseudoaneurysm because the vessel is not supported by the femoral head or bone.



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The incidence of pseudoaneurysms after catheterisation ranges from 0.5% to 14%. Typical findings of Colour Doppler ultrasound include swirling color flow seen in a mass separate from the affected artery, and colour flow within a tract communicating with the mass and the affected artery as a pseudoaneurysm neck.

Treatment

Conservative management, ultrasound-guided compression, minimally invasive percutaneous therapies (thrombin or collagen injection and coil embolization) and surgical repair.

Percutaneous ultrasound-guided thrombin injection is currently the treatment of choice in many centres due to advantages such as a shorter procedural time, better patient tolerance and higher effectiveness in patients on anticoagulants.

Indications for surgical treatment are rapid expansion of the PSA, failure of percutaneous intervention, concomitant distal ischemia, and neurological deficits.

Complications of pseudoaneurysm includes, rupture, distal embolization, local pain, neuropathy and local skin ischemia from its mass effect.

Conclusion

Patients with arterial wall disease, such as Takayasu's arteritis, are better studied initially by CT angiography and not by direct angiography as this avoids punctures in an already diseased vessel. Looking for the neck of the femur and puncturing by the Seldinger technique is an accepted method of preventing pseudoaneurysm. The femoral artery should be compressed after removal of the femoral arterial sheath.



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2)Min JJ, Shon Y, Kim HJ, Hong DM, Jeon Y. An undiagnosed pseudoaneurysm found during arterial catheterization in a Takayasu arteritis patient. Korean journal of anesthesiology. 2012 Oct;63(4):374.



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Interview with Dr C S Rajan, The Quiz Master

Dr C S RAJAN, as on 4th Feb 2022

A BORN, BRED, BUTTERED, AND NOW, 'JAMMED' BANGALOREAN.



Personnel details

Into a happy family of Government Medical Officer at Mysore, with 2 sons, 15 & 12 years old, I arrived as an 'after thought' or an 'accident', to 'seniorish' parents (Dad 49 & Mom 39) in 1953. A 7th month Emergency CS for bleeding Placenta Previa had to be performed, and a tiny 3¾ pound male infant was extracted. THAT WAS ME...! Always sickly, physically weekend and underweight, parents went many an extra mile, to raise me up, with great care and effort.



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Dr CSR



As a student

St Joseph's Boys High School, Bangalore, in 1965



CSR the medico, at St
John's Medical
College, 1973

Sickly Childhood, 5 Operations: Tonsillectomy 1961, Laparotomy & Appendectomy 1969, open reduction and screw fixation for Pott's fracture left ankle 1970, LIH repair 1981, CABG 2009.

Viruses LOVE me... yearly URTIs, Chicken Pox 1967, Hepatitis A 1977, Mumps with Orchitis(!) 1986, Herpes Zoster 2019, Chikungunya 2020, Bad Covid 19 May 2021 with 4 days in ICU, lucky recovery..!



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Dr CSR

Married ELSIE in 1983, after a 5 year courtship, 2 daughters, Vitradika & Rathika, both married, (to Rohan & Roshan respectively) 3 Grandkids, Ezra & Elissa (to V&R), & Noah(to R&R)

Lived from age of 6 years in Jayamahal Extension area, parental house till 2005, and now have a flat on Nandidurga Road.





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Dr CSR



CSR standing centre, with rest of Family,
Graduates all, 1978

CSR Whole Family :
2 daughters and their husbands and
3 grand kids, Jan 2019.



Qualifications:

MBBS, (1971-1977, SJMC, Bangalore), MS (1978-1981, BMC, Bangalore
@ B&LCH only),
MNAMS (1982, NBE, New Delhi), DHHM(2002, IGNOU, New Delhi).



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Dr CSR

Awards and Accolades

1. CST,RCS* England (Through ODTS[^], 1989-1991), Hon. FRCS Glasgow 2012, FICS-IS 1993, FAIS 2003, & FIAGES 2012. [CST* - Certificate of Sponsored Training, ODTS[^] - Overseas Doctor's Training Scheme, as a Senior Registrar in General and Thoracic Surgery, at Treliske Hospital, Truro, Cornwall, UK]
2. The LTAA - The Life Time Achievement Award of the OBA* of SJBHS, for 2016. [* OBA - Old Boys Association of St Joseph's Boy's High School, Blr]



3. Distinguished NBE teacher Award 2019 from the ANBAI, for over 2 decades of DNB Teaching.

4. National Surgical Quiz Master from 2005 to 2021 (in 9 of the 16 years)

5. State Surgical Quiz Master for 19 continuous years, 2003-2021.

CSR as Quiz Master



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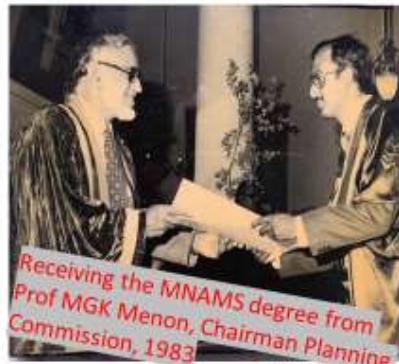
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Dr CSR

Awards and Accolades



Receiving the Surgery prize at SJMC in 1978



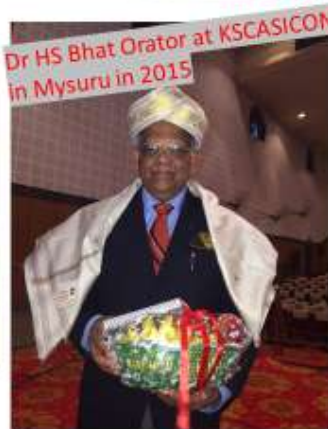
Receiving the MNAMS degree from Prof MGK Menon, Chairman Planning Commission, 1983



Receiving the Hon. FRCS at Glasgow in 2013



The Life Time Achievement Award [LTAA] at School, SIBHS, Blr, Sept 2016



Dr HS Bhat Orator at KSCASICON in Mysuru in 2015



Recognition of 17 years of being Surgical Quiz Master by the SSB, in Nov 2018.



In April 2019. Distinguished NBE Teacher Award from NBE President



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Dr CSR

Posts and Positions held & Designations:

WHOLE CAREER at St Martha's Hospital, Bangalore - 1981 to 2013: Started as Tutor in Surgery from SJMC in 1981; then joined SMH in 1982 and rose through Consultant, Senior Consultant, & Unit Chief, and finally Senior Consultant and HOD General Surgery 2003 - 2013; I have been involved in the surgical mentorship and training of exactly 75 young Surgeons of the next generation (Dissertation guide for 20 of them too). Was also the Additional Medical Superintendent in charge of DNB Programme : 'Director, DNB Studies', for 7 disciplines and 66 PGs!



CSR surgical team at SMH 2001



Farewell pic of SMH 2013



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Dr CSR

Posts and Positions held & Designations:

For the SSB itself, I have served many terms in the EC, and been its Hon Secretary in 1992, and the President in 2006. I have also been Chairman of the KSCASI for 2016-2017. I have been a very active member of the Organisation Teams of ASICONS 1985 and 1997 in Bangalore and of ASICON 2016 at Mysuru. Been part, and leader, of Scientific Committees of KSCASICONs 2004, 2009 and 2020 in Bangalore.



President, SSBASICC: 2006

Farewell pic of SMH 2013

CSR surgical team at SMH 2001



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Dr CSR

Brief history about your school, education and career.

Started School a year later than usual, initial Sophia's, then SJBHS, top 5 in class, 9th Rank in State Board examinations, PUC at SJC, MBBS from SJMC on a Scholarship, and only cycle, the MS from BMC, when I had a Suvega moped. Obtained a Distinction in Biochemistry, the SJMC Gold Medal in Surgery & Blr University Gold Medal in OBG..!

Extrasurgical activities:

NEVER PLAYED, but love ALL forms of Sport, keenly follow Cricket, Tennis, Motor Racing, Golf and all other sports too. Ran and won 800m & 1500m races at SJMC and finished 3rd at Intermedics in 1970s.

Played Cricket & Table Tennis at SJMC & SMH, Captain SMH Cricket(tennis ball) team in 1990s. I am a very ardent RCB fan and supporter!



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Dr CSR

Mentors of Dr Rajan



Ms Rosalind, My 1964 Class
Teacher of Std V



Dr C Vittal, Mentor M S days



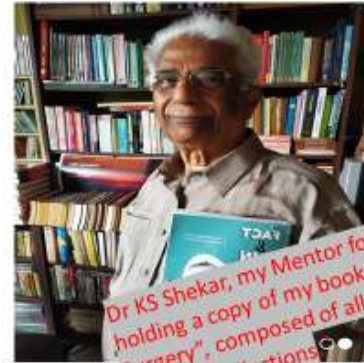
UK Surgical Mentors Mr. SS Hassan for
Thoracic Surgery
& on Rt Mr. NJ Barwell for the Shouldice
repair and groin hernia surgery under LA



Lt to Rt: Dr SG Despande, Dr SB Bellani*, Dr Joseph
Anthony*, Dr KO Mammen, Dr PS Maiya,
Dr KR Srimurthy*, Dr BA Anantharam



Dr CK Subbaiah, Long Time Mentor



Dr KS Shekar, my Mentor for Surgical Quiz,
holding a copy of my book "Fact & Fun in
Surgery", composed of all my quiz
material collections

Your Mentor:

MANY : cannot single out one : was handheld by a different person, at each step. So, my gratitude to.. and inspiration from, are:

1. During MS : Dr C Vittal - the value of record keeping, the importance of teaching, and of being kind to juniors. He repaired my Inguinal Hernia in 1981, simple darn, no recurrence..!!!

2. At SMH, initially Dr Joseph Antony, then later on in the main Dr C K SUBBIAH, my philosopher and guide, in ALL walks of life, to becoming a very close friend to me and my family.



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Dr CSR

Your Mentor..

3. In the UK, Mr NJ Barwell, for the Shouldice repair and the Repair under LA, & Mr SS Hassan, for the Thoracic Surgery. I'm still on a daily What's App exchange with Mr SSH..!

4. For Quizzing : I was always interested in Quiz and did quiz shows for the family. But it was DR KS SHEKAR that opened the doors of Surgical Quiz to me, and I have excelled in it.

Besides being a form of knowledge sharing, I have introduced humour and aphorisms, with a Cricket style scoring, to make it a very interactive session called 'Quizotainment'..!

It has also lead me to a very unique style of authorship using vocabulary from letters of my initials 'C' & 'S'. My 'CS Tips on Chest drains' in the IJoS still gets many hits everyday! I have just written a book, "*Fact & Fun in Surgery*" compiled of all the information I had collected for the quizzing, and added a collection of humour to it too. The book is available on Amazon.

5. In LIFE : My brother Air Marshall PHILLIP RAJKUMAR, for his skills, dedication, and very jovial and happy outlook on life.



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Dr CSR

Member; Medical :

Currently of SJMCAA, BMC Alumni (PG), IMA, SSBASICC, KSCASI, National ASI, NAMS, ISG, IAGES, ABSI, HSI & APHS, IATCC, & the ANBAI; Ex-Member :CS at SMH, Blr Gastro Gp & Th Surg Gp of Blr.

Member; Non-Medical:

Currently : St John's Church, Century Club, Batch (1969) Rep in OBA of SJBHS, & Batch (1971) Rep in AA of SJMC: Ex Member : JYA in Jayamahal, Family YMCA, JDA at SMH, was President PTA at Sophia's.

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Dr CSR

Why did you choose surgery?

Was 'forced' to like a Medical career, by Dad (both my elder brothers 'escaped' his push to medicine) and he was determined I did not slip away too...! Once I knew that I was going to be doing only medicine, I never liked the big textbooks of Medicine, but preferred the smaller "doing books" like 'Pye's surgical handicraft', and decided, it would be only some surgical option for me ... !

If not for surgeon what would you want to be?

Having a hero brother in the Air Force, I too wanted to be a pilot, an Airline pilot...but once I became myopic in high school, all that went out of the window. Was good at Maths and loved Chemistry too, so maybe, Chemical Engineering????

What would you want to do if you relive your PG life?

NOTHING: Those were the 3 most satisfying years in my life, hard work, daily learning of something, immense respect for my work from medics, paramedics and patients at B&LCH, and a very supportive, pretty GF too..!



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Dr CSR

Favourite food, place to visit, books, any other.

Andhra food : The RRs of the past, now Nagarjunas, and for Desserts, Lakeview ice creams on MG Rd - would go there every night duty, with the team..! Now its Corner House Ice Creams. Not much of a traveller, and as sport takes all my attention, not much of a reader too.

Interesting incidents you like to share:

1. In 1978, I was doing SHO in Ortho after Internship -- I applied for MS Ortho & D'Ortho. At the submission window, my friend said, 'hey, do NOT leave the 3rd option available, empty'. So I took his pen and scribbled MS General Surgery, as the 3rd option. And I did not get the Ortho I opted for, but was given General Surgery at B&LCH (BMC). I went sadly to my Dad... he said, not to worry, do your MS in General Surgery, and then do your MS in Ortho, you will be a far better orthopaedic surgeon....but that step never happened, and I ended, and now without regret, a General Surgeon



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Dr CSR

2. My father always told me, ‘Son, work for a Salary. If you use surgery to make a living, money will become your indication for surgery. PLEASE do not do that. And if you chose to do that, it is NOT why I made you a doctor. Do not take money from your patients, you must work for a salary. He made me try for Government selection, but even with the No 2 rank in the merit list, I did not make the selection in 1979. So, on completion of the MS, he said, ‘now, go work for the nuns, salary will just be enough, but your satisfaction will be better’. I obeyed him and joined SMH. And NEVER regretted it.

3. In 1998, Dad was 93, blind (glaucoma) and bedridden. He called me and asked, ‘Son, after my days, will you leave SMH’? I explained, that with 2 daughters I will have to go into practice to sustain the family and their needs. He was sad, and after a while he asked me the same Q again... I was silent.. After 5 minutes, he said, ‘Son I’m waiting for your answer’. I finally said "Dad I'll stay on with SMH till I retire". He held my hand and squeezed it, did not say anything more, and passed away a few days later. And that's why I stayed on at SMH till retirement ...!!



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Dr CSR

My favourite surgery:

2 divergent ones... one delicate and soft, the other rough and tumble and gutsy...!! They are :

1. Open repairs of Inguinal hernias under LA, both the tissue repair (the modified Shouldice repair of Barwell) or the light weight mesh hernioplasty, with same day discharge.
2. Surgery for suppurative pleuro-pulmonary disease ...drainages, decortications and VATS



Patient walking out of the OT after Lt Inguinal Hernia repair under LA, by CSR, at a Surgical Camp at Chikaballapur in Jan 2020



Post Op patient Sept 2021



SUSHRUTHA

NEWSLETTER JAN 22 1/22

SURGICAL SOCIETY OF BANGALORE

Dr CSR

Key to your success:

1. My love for surgery, and my concern for the fellow suffering human being due to a surgical cause. Helped by my outgoing, extrovert personality and love for the brighter and happier side of life. My guiding quote has been *"He / She who lacks a sense of humour, has no sense at all"....!!!!*

2. My ability to conduct very good bedside teaching clinics and to impart Basic Surgical Skills to all Trainees.... I consider myself a Primary School Teacher for Medicos on the Surgical path. *Satisfaction is not about the fruits you gather, but rather it is about the seeds you scatter..!*





SUSHRUTHA

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SURGICAL SOCIETY OF BANGALORE

Dr CSR

Advise to young surgeons:

1. Very simple : 8 Ps : Proper Pre-operative Planning and Preparation, Prevents Poor Postoperative Performance.
2. PLEASE maintain a Log Book of all operations, with difficulties and/or complications and a long term follow up if possible. This is your best Self Audit.
3. Maintain a GOOD physical condition : Optimum weight (allow 10 - 15% increase for age after 40 years), active limb movements...a game or a walk of 3-4km / day.
4. Learn to ENJOY LIFE....Surgery is not the "Be all and End all" of life... there is lots, lots more outside surgery...!!! Go for those extras. Your surgical results will improve..!



As RCB fan



CSR with Dr M Ramesh on Meeting Dr ABDUL KALAM, in 1998, for the support and of the "LAPAROSCOPY TRAINING VIRTUAL REALITY SIMULATION" Platform He agreed and together with DRDO we did develop a Model.



SUSHRUTHA

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Lastly, My Gratitude:

It is only, and ONLY to the SSB. I was from a non-University Institution. There was little scope to show my Quiz Talent...But it was only the SSB that has encouraged and supported me, and helped me reach National acclaim and fame. Thanks to this, I was also elected to the National EC of the ASI, twice, and am currently a sitting Editorial Board Member of the Indian Journal of Surgery.

I never got Institutional Support. It was all my effort, with SSB's given opportunity and encouragement. I been Honoured to deliver all the 3 Orations of theSSB, and 4 more across State and Country.

I THANK YOU SO MUCH, SSB. I AM EVER GRATEFUL....!!!



SUSHRUTHA

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Obituary

Prof Dr B T Sampath Kumar

Senior Urologist
Former Professor and HOD, BMC

