



SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE ASI CC



TABLE OF CONTENTS

- **Editorial**
- **Message from President and Secretary**
- **SSBASICC Activities: April 2022**
- **Spectrum Of Combat Trauma – Learning Points**
- **Management of Renal Calculus: Is Knife, The Last Resort?**
- **A Case of corrosive esophageal stricture**
- **SSBASICC Activities: May 2022**
- **Parathyroid adenoma – our experience**
- **Robotic assisted Vs Video assisted McKeown Esophagectomy**
- **A Rare cause of intestinal obstruction in an adult**
- **Interview with Prof. Dr. B R Prakash.**
- **Advertisements**
- **Obituary**



SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE ASI CC

SSBASICC 2022 Executive Committee



Dr Sampath
President



Dr Prem Kumar
Hon Secretary



Dr Ramesh
Jt Secretary



Dr Munireddy
Treasurer



Dr Venkatesh KL
President Elect



Dr Venkatachala
Past President 2021



Dr Harish
Past Secretary



Dr H V Shivaram
Chairman Elect –
KSCASI

**DR BALAKRISHNA S N DR HIMAGIRISH
RAO
DR HOSNI MUBARAK KHAN
DR KAPIL KISHORE S V
DR KRISHNA KUMAR
DR NAGABHUSHAN J S DR NIRANJAN P
DR NITIN KUMAR
DR NITISH S
DR PANDU D
DR PRASHANTH D
DR RAJASHEKAR JADE
DR RAVINDRA G
DR SAGAR Z
DR SAJEET NAYAR G DR SANTOSH C S
DR SATYANARAYANA V**

**DR DR SRINIVAS B KULKARNI
Dr SUDARSHAN V
DR SUNIL KUMAR V
DR VENKATESH REDDY
DR VIJAY RAJ PATIL
DR VIKRAMS
DR VIVEK AGARWAL
DR WASSIM DARR**

**SPECIAL INVITEE
(SCIENTIFIC ADVISERS)
DR K LAKSHMAN
DR C S RAJAN**



Dr C S Rajan



Dr K Lakshman



SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE

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

Editorial Board

Dr Sampath
President

Dr Prem Kumar
Honorary Secretary

Dr C S Rajan

Dr K Lakshman
Advisors



Dr Kalaivani V
Chief Editor



Dr Anupama Pujar
Co Editor



Dr Hosni Mubarak Khan
Associate Editor

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



SUSHRUTHA

NEWSLETTER APRIL-MAY 22 3/22

SURGICAL SOCIETY OF BANGALORE

Message from President

Respected Members of SSBASICC

We sincerely thank the editorial team for their excellent work in bringing out such a nice E- Newsletter "SUSHRUTHA".

We have Master class operative video session, discussing operations of the Breast cancer by Dr. Somashekar (Surgical oncologist, Bengaluru) in the month of June.

We have prestigious event of our society "*Surgeons day*" in the same month where we Felicitate/ honour two most



Dr. Sampath Kumar K,

senior surgeons of Bengaluru with **LIFE TIME ACHIEVEMENT AWARD**. We are glad to honour Dr. K. V. Ashok kumar and Dr. K. Ramdev for the same.

We also have a Prestigious **PROF. B.N. BALAKRISHNA RAO ORATION**, by Dr. Vikram Kate (Prof. General & G.I surgery, JIPMER). The topic is Corrosive Gastroesophageal strictures- Challenges And Proposed Management On our Experience Of Three Decades.

We are planning to arrange a rural camp in July. We also plan to do some operative video sessions in the future months and CSEP in the month of November.

We request the members to attend in large numbers, and let's make these academic activities a grand success. We request you to maintain COVID norms (compulsory wearing masks) in these meetings.

We request all the members, to feel free to give suggestions if any, in conducting academic activities and also we request your full co-operation and active participation in these academic activities.

Warm Regards,

Dr. Sampath Kumar K,

President, SSBASICC 2022



SUSHRUTA

NEWSLETTER APRIL-MAY22 3/22

SURGICAL SOCIETY OF BANGALORE

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 forthcoming editions.

Regards

Dr Premkumar A

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

General secretary

SSBASICC

SUSHRUTHA

NEWSLETTER APRIL-MAY 22 3/22
SURGICAL SOCIETY OF BANGALORE



SURGICAL SOCIETY OF BENGALURU ASICC (R)

[48years] 1974 - 2022]

www.ssbasicc.org

DR Sampath Kumar K President 9900515287 sampath17k@gmail.com	DR Venkatesh K L President Elect 9611844404 drvenkatbh42@gmail.com	DR Prem Kumar A Hon Secretary 9886575767 dipremk512@yahoo.co.in	DR Ramesh B S Hon Jt. Secretary 9845472444 rameshshamburao@yahoo.co.in	DR Munireddy M V Hon Treasurer 9900499533 mreddydr@yahoo.co.in
--	--	---	---	--

11.04.2022

E.C MEMBERS -2022

DR BALAKRISHNA S N
DR HIMAGIRISH RAO
DR HOSNI MUBARAK KHAN
DR KAPIL KISHORE S V
DR KRISHNA KUMAR
DR NAGABHUSHAN J S
DR NIRANJAN P
DR NITIN KUMAR
DR NITISH S
DR PANDU D
DR PRASHANTH D
DR RAJASHEKAR JADE
DR RAVINDRA G
DR SAGAR Z
DR SAJEET NAYAR G
DR SANTOSH C S
DR SATYANARAYANA V
DR SRINIVAS B KULKARNI
DR SUDARSHAN V
DR SUNIL KUMAR V
DR VENKATESH REDDY
DR VIJAY RAJ PATIL
DR VIKRAM S
DR VIVEK AGARWAL
DR WASSIM DARR

EX OFFICIO MEMBERS

DR VENKATACHALA K
Imm past President

DR HARISH N S
Imm Past Secretary

SPECIAL INVITEE

(SCIENTIFIC ADVISERS)

DR K LAKSHMAN
DR C S RAJAN

K S C A S I

DR H V SHIVARAM
Chairman Elect - KSCASI

Dear Doctor,

You are invited for the Fourth Monthly Clinical Meeting of the Year 2022

DATE: - **Wednesday 27th APRIL 2022**

HOST: - **COMMAND HOSPITAL AIR FORCE- Bengaluru**

VENUE:- **No 2, Trinity Circle, Airforce Officers Mess, M G Road, Bengaluru -1**

6:00PM to 6:45PM - Postgraduate Teaching Programme

CASE PRESENTATION : 1) Faculty Lecture - NECROTISING SOFT TISSUE INFECTION
Faculty - Gp Capt S K Deshpande Sr Adv Surgery

2) Quiz - Gp Capt Amit Gaur & Gp Capt Anurakshat Gupta

6:45PM to 7:15PM - Posters

Sl	TOPICS	PRESENTERS
1	INTERVENTION IN SPINAL CORD INJURY	Maj(Dr) Uppaluri Dheeraj
2	GIANT POSTERIOR MEDIASTINAL GOITRE	Surg Lt Cdr(Dr) Ajin Anto AK
3	PROLONGED LUNG ENTRAPMENT - CHALLENGES	Dr Anand
4	PHYTOBEZOAR CAUSING INTESTINAL OBSTRUCTION IN A NEONATE	Sqn Ldr(Dr) Lohith Tejasvi
5	A CASE OF DISSECTING THORACIC AORTIC ANEURYSM - HYBRID REPAIR	Maj(Dr) Aman Kalia
6	A CASE OF CORROSIVE INJURY OESOPHAGUS	Fg Offr (Dr) Abhigyan
7	COMPLICATED HYDATID CYST LIVER	Fg Offr (Dr) Nikita Dutta

7:15PM to 7:30PM - Recent Advances Capsule - Dr Prem Kumar A

7:30PM to 8:30PM - Scientific Papers

Sl	TOPICS	PRESENTERS
1	NPWT VS CONVENTIONAL THERAPY OVER SSG FIXATION	Maj(Dr) Uppaluri Dheeraj
2	SPECTRUM OF COMBAT TRAUMA - LEARNING POINT	Sqn Ldr(Dr) Lohith Tejasvi
3	MALIGNANT MASQUERADE IN SURGERY	Surg Lt Cdr(Dr) Ajin Anto AK
4	KIDNEY STONE "IS KNIFE THE LAST RESORT"	Maj(Dr) Aman Kalia
5	LIMBERG FLAP - OUR EXPERIENCE	Dr Anand
6	EFFICACY OF SLEEVE GASTRECTOMY - A LONG TERM FOLLOW UP	Fg Offr (Dr) Abhigyan

8:30PM- Announcements & Prizes

8:45PM- National Anthem

9:00PM- Fellowship & Dinner

Note: - Inform & Encourage your Postgraduates to ASSEMBLE & REACH THE VENUE by 5:45PM


Dr. SAMPATH KUMAR K
President


Dr. PREM KUMAR A
Hon Secretary



SUSHRUTHA

NEWSLETTER APRIL-MAY 22 3/22

SURGICAL SOCIETY OF BANGALORE

Paper-first prize

Presenter name – Sqn Ldr(Dr) Lohith Tejasvi

Institute- Command Hospital Bangalore

Title- Spectrum Of Combat Trauma – Learning Points

Aim- To study the critical steps of management of varied types combat trauma

Introduction- Combat trauma injuries are high velocity firearm injuries and are different from civilian trauma injuries in terms of Mechanism of injury, pathophysiology and management. The main challenges face in management of combat trauma injuries are extrication of patient from difficult terrain and hostile environment and timely provision of first aid. In this context here we study varied number of combat trauma cases which presented to an armed forces hospital.

Research methodology –The following Cases were studied and discussed-

Fire arm injuries

- Abdominal
- Face and Neck
- Vascular

Frost bite injuries.

Conclusion- Management of combat trauma requires Provision of Robust first aid and Rapid evacuation to trauma center.

Multiple patients and polytrauma may overwhelm the system and hence dedicated trauma care center with trauma team is required.

SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE

Paper-2nd prize

Presenter name: Maj (Dr) Aman Kalia

Institute: Command Hospital Airforce (Bangalore)

Title: Management of Renal Calculus: Is Knife,
The Last Resort?



Aim and Objectives:

To study clinical outcomes of Retrograde Intrarenal Surgery (RIRS) in management of Renal Calculus and is knife, the last resort? or RIRS can become valuable tool in management of Renal Calculi.

Introduction:

- Endoscopic surgery for management of pathology within the renal collecting system using retrograde closed approach. RIRS can be used in treatment of stone disease and evaluation and treatment of Hematuria, Upper tract malignancy, PUJO and ureteric stricture, foreign body in upper tract.



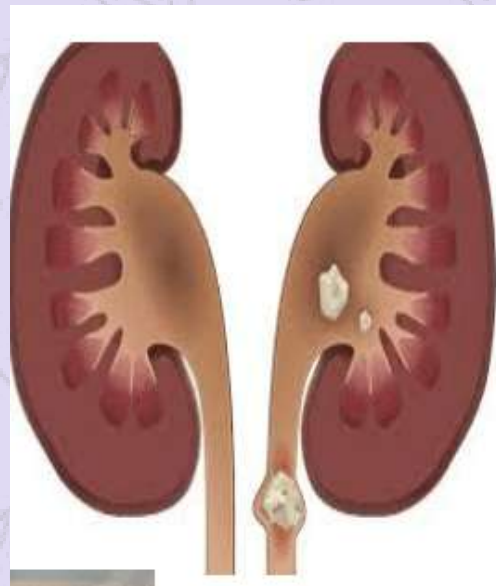
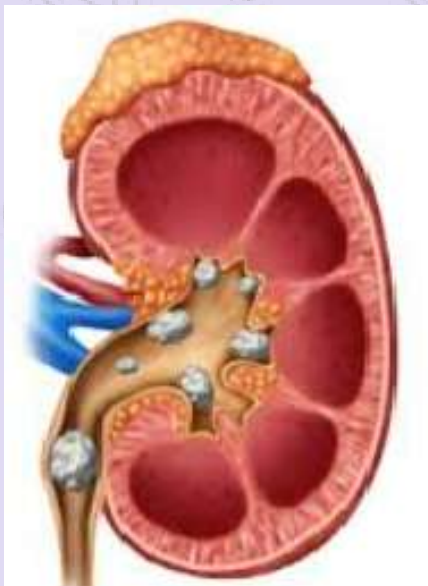
SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE

Research methodology:

- A self-controlled Case Series conducted at CHAF with study population of 23 individuals managed with RIRS p for removal of renal calculus across age group ranging from 20- 60 from Oct 2020 till Mar 2022. We operated on 9 cases in Right Kidney and 14 cases on left kidney. Dusting was done in 6 cases, Fragmentation and retrieval in 12 cases and Berry picking in 5 cases. Prospective study was done with respect to outcomes, complications in RIRS procedure.

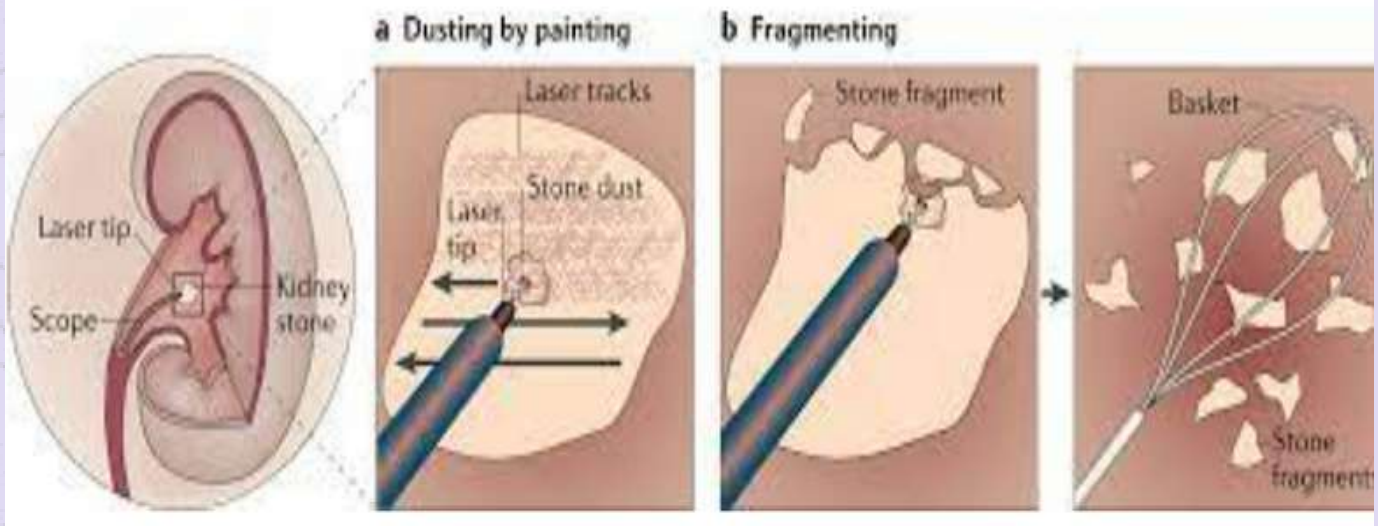
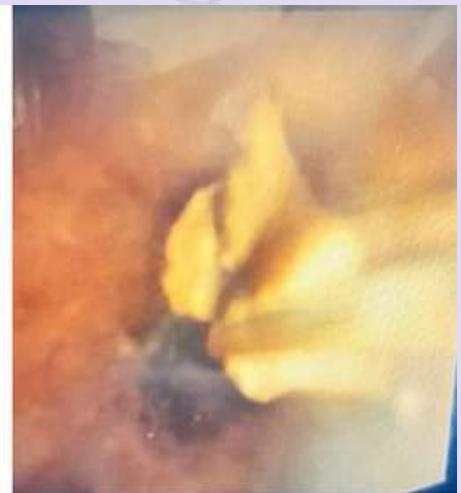




SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE





SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE

Result:

Insignificant residual stone that is less than 4mm in 21 cases and significant residual stone that is less than 4 mm in 2 cases. The most common complication we encounter is Infection in 9 cases which was managed by antibiotics and 1 case of hemorrhage which stopped spontaneously. We have not encountered Ureteric perforation, ureter stricter, lost stone, avulsion of ureter.

Conclusion:

RIRS is becoming integral part of armamentarium of Urologist playing valuable tool in upper tract pathology with wide range of applications, it is minimal invasive surgery so it is comparatively safe and efficacious.



SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE

Poster: 1 st prize

Presenter name: Fg Offr (Dr) Abhigyan Chakraborty

Institute: Command Hospital Airforce(Bangalore)

Poster Title: A Case of corrosive esophageal stricture



Case Report:

History: 26 yr old female with h/o Harpic Ingestion in Jun 2021, FJ placement done in civil. Presented to us in Sep 2021 - Progressive dysphagia with drooling of saliva and severely malnourished with weight – 25kg and BMI -13.3 kg/m² .

Investigations:

- Oral Gastrograffin study: stricture thoracic esophageal region and Endoscopy on 21 & 30 Sep showed Corrosive stricture at 28cm with no distal passage.
- Imaging: CECT Chest and Abdomen revealed strictured esophagus below T3 level and no fundal gas shadow.

Treatment: Colonic conduit Surgery with isoperistatic ascending and transverse colon graft based on middle and left colic artery and gut continuity restored with 3 anastomosis. Post op patient started per orally on day 5 and within 6 months gained original weight.



SUSHRUTHA

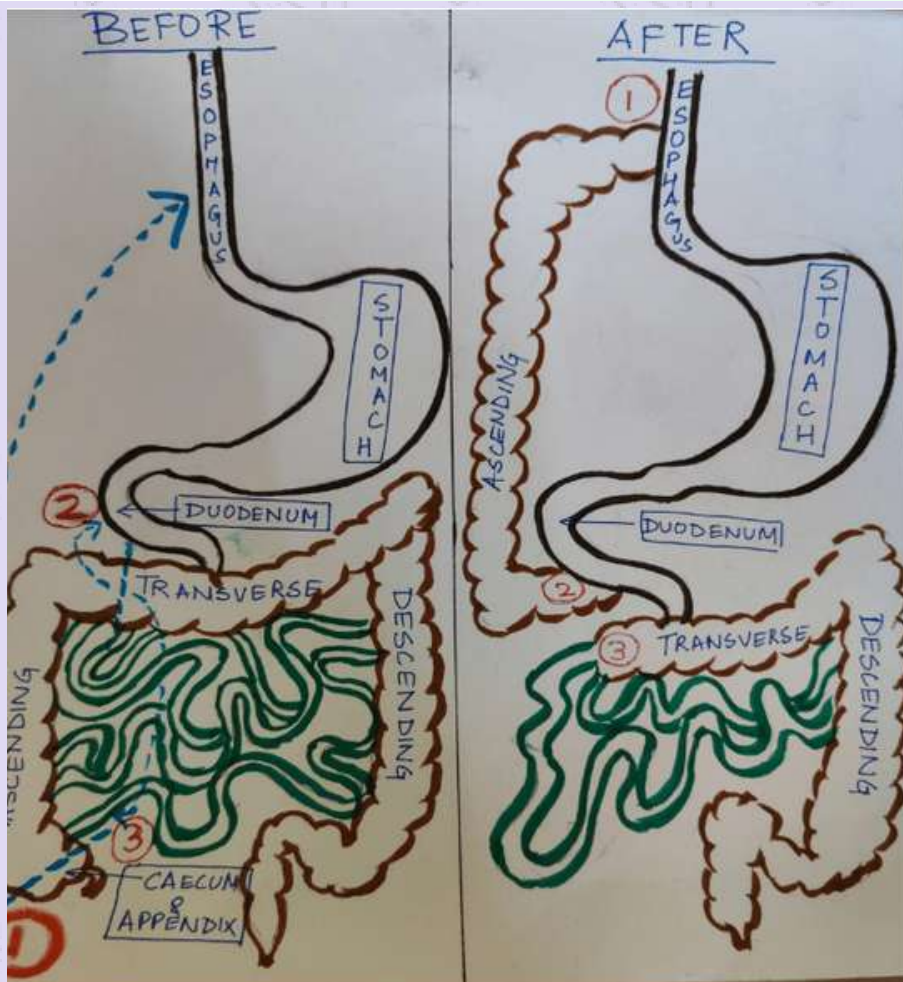
NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE



Conduit – Ascending colon

Pyloric Stricture





SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE

Discussion:

- Spectrum : mild to serious
- Depends on corrosive strength, duration of contact, viscosity, volume
- Symptoms and Examination – unreliable in predicting extent
- Natural history: Acute lasting 3 days, sub acute from 4-20 days and chronic more than;3 Weeks Zargar's classification is used for endoscopic grading from grades 1-4.
- Conduits like stomach , colon and jejunum can be used
- Routes used for transposition are : Post Retrosternal, Para hilar, Subcutaneous and Mediastinal

Conclusion: Caustic Corrosive esophageal injuries must be promptly identified and early management should be instituted. Once a stricture is formed, definitive surgery is the choice with best results.



SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE

Monthly clinical meeting -April

Random Pics



SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22
SURGICAL SOCIETY OF BANGALORE



SURGICAL SOCIETY OF BENGALURU ASICC (R)

[48years] 1974 - 2022]

www.ssbasicc.org

DR SAMPATH KUMAR K
President
9900515287
sampath17k@gmail.com

DR VENKATESH K L
President Elect
9611844404
drvenkatbh42@gmail.com

DR PREM KUMAR A
Hon Secretary
9886575767
drpremk512@yahoo.co.in

DR RAMESH B S
Hon Jt. Secretary
9845472444
rameshshamburao@yahoo.co.in

DR MUNIREDDY M V
Hon Treasurer
9900499533
mreddydr@yahoo.co.in

11.05.2022

E C MEMBERS -2022

DR BALAKRISHNA S N
DR HIMAGIRISH RAO
DR HOSNI MUBARAK KHAN
DR KAPIL KISHORE S V
DR KRISHNA KUMAR
DR NAGABHUSHAN J S
DR NIRANJAN P
DR NITIN KUMAR
DR NITISH S
DR PANDU D
DR PRASHANTH D
DR RAJASHEKAR JADE
DR RAVINDRA G
DR SAGAR Z
DR SAJEET NAYAR G
DR SANTOSH C S
DR SATYANARAYANA V
DR SRINIVAS B KULKARNI
DR SUDARSHAN V
DR SUNIL KUMAR V
DR VENKATESH REDDY
DR VIJAY RAJ PATIL
DR VIKRAM S
DR VIVEK AGARWAL
DR WASSIM DARR

EX OFFICIO MEMBERS

DR VENKATACHALA K
Imm past President

DR HARISH N S
Imm Past Secretary

SPECIAL INVITEE

(SCIENTIFIC ADVISERS)

DR K LAKSHMAN
DR C S RAJAN

K S C A S I

DR H V SHIVARAM
Chairman Elect - KSCASI

Dear Doctor,

You are invited for the Fifth Monthly Clinical Meeting of the Year 2022

DATE: - **Wednesday 18th MAY 2022**

HOST: - **PRIVATE SURGEONS & CORPORATE HOSPITALS - Bengaluru**

VENUE:- **API Bhavana, Millers Tank Bund Road, Vasantha Nagar, Bengaluru**

6:00PM to 6:45PM - **Postgraduate Teaching Programme**

CASE PRESENTATION : **OSCE BY DR C R CHHALLANI / DR C S RAJAN**

6:45PM to 7:35PM - **Posters**

Sl	TOPICS	PRESENTERS
1	ATYPICAL PRESENTATION OF MEDIASTINAL MASS CASE REPORT	DR KEERTHANA - ASTER CMI H
2	SURGICAL MANAGEMENT OF ESOPHAGEAL CORROSIVE POISONING	DR MONICA - BBH
3	INDOCYANINE GREEN IN SURGICAL MANAGEMENT OF LYMPHATIC LEAK	DR ARPIT - BBH
4	A HUGE RENAL CLEAR CELL CARCINOMA - LARGEST TO BE REPORTED	DR BABU SREE VATSE - BBH
5	STRANGULATED INGUINAL HERNIA WITH CAECA PERFORATION	DR NISHA - BBH
6	A RARE CAUSE OF INTESTINAL OBSTRUCTION	DR SRIRAM - ST PHILOMENAS H
7	CROHN'S - A RISING TREND IN CHILDREN	DR M DEEPIKA - BMJH
8	A RARE CASE OF AXILLARY PRIMARY MALE BREAST CANCER	DR JYOTSANA B - BMJH
9	UNUSUAL CASE OF ILEAL PERFORATION	DR S AVINASH - BMJH
10	ADULT THYROID GLAND CYST - OUR EXPERIENCE	DR MADAN - ASTER CMI H

7:35PM to 7:50PM - **Recent Advances Capsule - Dr Prem Kumar A**

7:50PM to 8:50PM - **Scientific Papers**

Sl	TOPICS	PRESENTERS
1	PARATHYROID ADENOMA - OUR EXPERIENCE	DR NINU MATHEW - BBH
2	ENHANCED RECOVERY AFTER SURGERY IN LAPAROSCOPIC CHOLECYSTECTOMY	DR ARPIT - BBH
3	ROBOTIC VS THORACOLAPAROSCOPIC ESOPHAGECTOMY - OUR EXPERIENCE	DR ANKITA BISWAS - NARAYANA H
4	EVALUATION OF POSSUM & P.POSSUM SCORES IN GASTRO INTESTINAL SURGERIES	DR S AVINASH - BMJH
5	MYRIAD PRESENTATION OF NET	DR AMRITA PATSO - ASTER CMI H
6	LAPAROSCOPIC MANAGEMENT OF ACHALASIA CARDIA	DR SUHAS - A V HOSPITAL

8:50PM- **Announcements & Prizes**

9:00PM- **National Anthem**

9:15PM- **Fellowship & Dinner**

Note: - Inform & Encourage your Postgraduates to ASSEMBLE & REACH THE VENUE by 5:45PM


Dr. SAMPATH KUMAR K
President


Dr. PREM KUMAR A
Hon Secretary

1stFloor, IMA House, Alur Venkata Rao Road, Bengaluru 560 018, Telefax 080 26705691 / Mob - 9243108442
ssbasicc1974@gmail.com



SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22
SURGICAL SOCIETY OF BANGALORE

Paper 1st prize

Presenter-Dr Ninu C Mathew
Institute- Bangalore Baptist hospital

Title : Parathyroid adenoma – our experience



Objectives

An analysis on the parathyroid adenoma excision done in our hospital over the last three years.

Introduction

Primary hyperparathyroidism is the third most common endocrine disorder and the most common cause is parathyroid adenoma. The classic presentation of stones, groans, moans has changed over the years because of early detection of hypercalcemia in case of non-specific symptoms.



SUSHRUTHA

NEWSLETTER APRILL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE

Research methodology

The ten cases of parathyroid adenoma excision which was done in the last three years were studied in detail, starting from diagnosis and post operative recovery. The epidemiological details were also considered.

Results

Out of 10 cases, 8 were female and 2 male. The average age being 40year old. Only one patient was asymptomatic. Only one patient had a clinically palpable swelling. The calcium level ranged from 12-17mg/dl. The size of the lesion varied from as small as 6mm to maximum of 3cm. For 9 patients, Tc99M sestamibi scan had been done. 6 patients underwent parathyroid adenoma excision, one had double adenoma and three underwent hemithyroidectomy along with it.

Conclusion

In case of high clinical suspicion with supportive biochemical evidence, patient should preferably be investigated with scintigraphy and ultrasonography scan. Definitive indication for surgery is symptomatic patient and focused parathyroidectomy is preferred treatment options by the surgeons.



SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE

Paper -2nd prize

Presenter Name: Dr. Ankita Biswas

Institute: Narayana Hrudalaya, Bangalore

Title: Robotic assisted Vs Video assisted McKeown Esophagectomy



Aim:

To evaluate short-term outcomes of robot-assisted McKeown Esophagectomy (RAME) and video-assisted McKeown Esophagectomy (VAME)

Objective:

To compare safety, operative feasibility and oncological outcome of Robotic Assisted McKeown Esophagectomy and Video Assisted McKeown Esophagectomy.



SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE

Introduction:

Worldwide esophageal cancer is the ninth most common cancer (incidence of 456,000 per year). It is 6th most common cause of cancer related death, (42,000 per year). A patient will present clinically with Dysphagia (most commonly), initially towards solids, eventually progressing to include liquids (usually occurs when esophageal lumen < 13 mm) and Weight loss (second most commonly).

A multimodality approach involving surgical resection with lymph node dissection +/- neo adjuvant chemo/radio therapy as per staging is the treatment of choice. In Indian subcontinent where squamous cell cancer is most common involving proximal thoracic and mid thoracic esophagus, there is a need for McKeown type total esophagectomy. Conventional open transthoracic esophagectomy is associated with significant morbidity and mortality, hence there is a need for minimally invasive total thoraco-laparoscopic esophagectomy, with shorter duration of postoperative stay, lesser morbidity, and mortality, with no compromise in oncological quality or survival, when compared to the open approach.

However, MIE is associated with a steep learning curve and high technical complexity, which may limit its applicability. The da Vinci surgical robot (Intuitive Surgical, Sunnyvale, CA, USA) may play a part in overcoming some of these limitations. This system provides three-dimensional view, magnification of the operating field, tremor filtration, motion scaling and wristed instruments which mimic the movements of the human hand. It may lead to a shorter learning curve for this complex procedure. Although initially described in 2003, robotic esophagectomy has not been broadly adopted. Hence, there is scarce data comparing the two minimally invasive approaches.



SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE

Research Methodology:

We conducted a retrospective comparative study spanning three years from January 2016 to December 2018 at the department of Gastrointestinal Surgery, Narayana Hrudalaya, Bangalore. For this study we included all patients undergoing Robotic assisted or Video-assisted McKeown esophagectomy for esophageal carcinoma.

Within the duration of the study period, a total of 74 patients meeting the inclusion criteria were identified and included in the study from a prospectively maintained database.

Baseline characteristics including age, gender, body mass index (BMI), Eastern Cooperative Oncology Group (ECOG) performance status and American Society of Anesthesiologists (ASA) grade were collected. All patients underwent initial staging, consisting of flexible endoscopy and imaging.

Treatment was discussed in a multidisciplinary tumor board and patients with T stage $>T2$ or clinico-radiological suspicion of nodal involvement were subjected to neo-adjuvant treatment with chemo-radiation. Routine blood testing, pulmonary and cardiac evaluation were performed prior to surgery. After patient counselling and anesthetic clearance, surgery was performed as per standardized steps using The da Vinci Surgical Robot System (for RAME), and standard Thoraco-laparoscopic equipment (for VAME).



SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE

Result:

Out of these 74, 25 patients underwent RAME and 49 underwent VAME. PSM on 1:1 basis produced 25 pairs of patients. Baseline characteristics were comparable. Operative time and intra-operative blood loss was similar between the two groups. Median length of stay was significantly lower in RAME group. Major postoperative complications were more common in VAME group but not statistically significant. Median number of harvested lymph nodes and R0 resection rate did not differ in between the two.

Conclusion:

We found in our experience that robotic assisted esophagectomy was equivalent to conventional minimally invasive esophagectomy, in terms of safety, feasibility and oncological adequacy. The difference between the two could potentially be in technical details like surgeons' comfort, subcarinal node dissection, and azygous vein preservation. However, whether robot assisted esophagectomy is superior to conventional minimal invasive esophagectomy; to evaluate that we would need further randomized controlled studies with a larger patient sample



SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE

Poster -1st prize

Presenter name - Dr Sriram S Janakiraman

Institute - St Philomena's Hospital

Title:

A Rare cause of intestinal obstruction in an adult



Case report -

19-year-old female with right hypochondrium and epigastric pain for 2 days with multiple episodes of bilious vomiting, constipation. History of Pyoperitonium during LSCS (9months back). Appendix couldn't be visualized then.

On examination - Poorly, built, Tachycardia present, Abdomen - periumbilical Tenderness with guarding, no palpable mass, bowel sounds present, Per Rectal exam - Empty

Investigations -

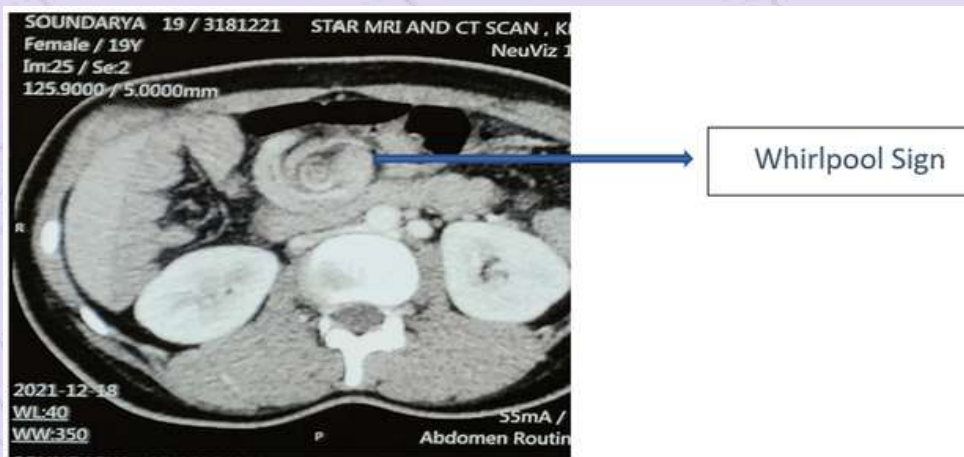
USG Abdomen and Pelvis:

Inverted relationship of SMV and SMA with whirlpool sign on colour doppler



SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22
SURGICAL SOCIETY OF BANGALORE



Ct Scan of Abdomen (Plain):

Third part of duodenum not crossing the midline; SMV to the left of SMA. Twisting of small bowel along the SMA axis seen. Large bowel seen predominantly to the left and small bowel to the right.

Diagnosis: Malrotation with mid Gut volvulus

Management:

Laparotomy findings – Cecum was seen at the epigastric region. Multiple adhesion bands between right lateral abdominal wall and cecum, between cecum and the duodenum. Small bowel was seen rotated upon its axis (SMA axis). Small bowel was viable. Mesentery was narrow



SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22
SURGICAL SOCIETY OF BANGALORE





SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE

Ladd's procedure was done – components include –

1. Complete Evisceration
2. Counter clockwise detorsion of volvulus
3. Division of Ladd's bands
4. Widening of midgut mesentery
5. Incidental Appendicectomy
6. Replacement of small bowel along right abdominal gutter, colon along left abdominal gutter with cecum in the left upper quadrant

Discussion:

Incidence of malrotation is estimated 1 in 6000 live births. 64–80% of malrotation cases present in the first month of life and 90% within the first year. Adult presentation is very rare accounting for only 0.2–0.5% of cases, of which only 15% present with midgut volvulus. Midgut volvulus secondary to intestinal malrotation is a rare cause of an acute abdomen in adults, with 92 confirmed cases in the literature.

Conclusion:

Malrotation with midgut volvulus is a rare differential for acute abdomen in an adult patient. Increased diagnosis is seen due to advanced imaging. Hence, it's imperative to be aware of the condition and its management.



SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22
SURGICAL SOCIETY OF BANGALORE

**Monthly clinical meeting
random pics....**





SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE ASICC

Interview with Prof. Dr. B R Prakash. MS, FICS Professor, Medical Superintendent and Endoscopist



Personal details

I was born on 13th April 1950 in Davangere in the residence of my grandparents, popularly known as Bellulli Family.

My father Shri. B A Revappa, an agricultural graduate, worked in the agricultural dept, Govt of Karnataka and retired as a Deputy Director. Mother, Smt. B S Parvathamma was a first class holder in SSLC. She was one among the 16 students who appeared for the SSLC exams in whole of Davangere. Only 2 were female students. She was good at Veena and Carnatic music. She could not pursue further Education as there were no intermediate colleges in Davangere.



SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE ASICC

Dr B R Prakash



“Januma Janumada Anubhanda”

I got married in the year 1978 to Smt. Sudha Prakash, B.Sc, home maker. I have 2 children and 5 grand children. Pramod, my son, is MBA graduate and a PhD Research scholar. He is the VP of HR in a leading Media Company, married to Mallika Paramesh, PGD in HR, a home maker. They have a son and a daughter. Pragnya, my daughter, who is also an MBA, resides in Des Moines, Iowa, USA. She is a Bharathanatyam dancer and has her own dance academy in the US. She is also a Cultural Ambassador in Iowa. She is married to Yogeshwara Gonchigar, MBA, University of Iowa. He works in John Deere. She has 2 sons and a daughter.



SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE ASICC

Dr B R Prakash



My family



SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE ASICC

Dr B R Prakash

Qualifications

M.B.B.S from JJM Medical College, Davangere. Graduated in 1973.

MS from JJM Medical College, Davangere. Completed in 1981.

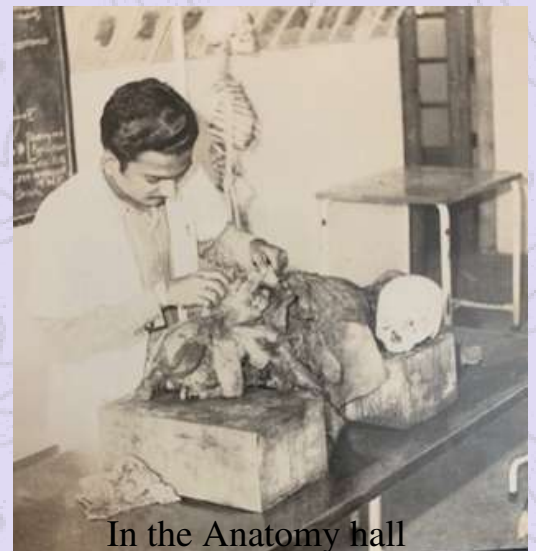
Underwent training in Endoscopy in 1985 under Dr. Krishna Rau in Chennai.

F.I.C.S in the year 1990-Lucknow.

School, Education and Career

Studied up to lower secondary (now 7th Grade) in New Middle School, Chitradurga. Even now the memories of climbing the Chitradurga fort, visiting the *Onake Obbavva's Kindi* is still afresh in my mind.

Had to pursue my High School in Bangalore High School, Jayanagar, Bangalore as my father got transferred to Bangalore. Did my Pre-university in APS college, Bangalore.



In the Anatomy hall



My MBBS Friends



With my Post Graduate friends



SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE ASICC

Dr B R Prakash



With all time popular
and my favorite person-
S Nijalingappa

With the Hon. Governor
Smt. Ramadevi and Film
Star/Politician Ambareesh



Posts and Positions held

Year	Experience
1973 to 1974	Internship for one year at J.J.M Medical College, Davangere
1975 to 1976	Senior House Officer for one year at J.J.M Medical College, Davangere
1976 to 1978	Assistant Medical Officer, Chinmaya Mission Hospital, Bangalore
1978 to 1981	P.G. in General Surgery, J.J.M Medical College, Davangere
1981 to 1987	Lecturer/Asst. Professor in General Surgery, M.S. Ramaiah Medical College, Bangalore
1987 to 1998	Assistant Professor in General Surgery at Sanjay Gandhi Accident Hospital & Research Institute, Bangalore
1998 till 2010	Professor & H.O.D. General Surgery at Sanjay Gandhi Hospital & Research Institute, Bangalore
2010 till 2017	Medical Superintendent & Professor of General Surgery at Sapthagiri Institute of Medical Sciences & Research center, Bangalore
2018 till 2020	Medical Superintendent & Professor of General Surgery at Siddhartha Institute of Medical Sciences & Research center, T Begur Bangalore



SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE ASICC

Dr B R Prakash

My days at Sapthagiri Institute of Medical Sciences:



At my chamber



Inaugurating the college Cultural Festival



Convocation-with Chief Guest Ex CM



Surgical staff



SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE ASICC

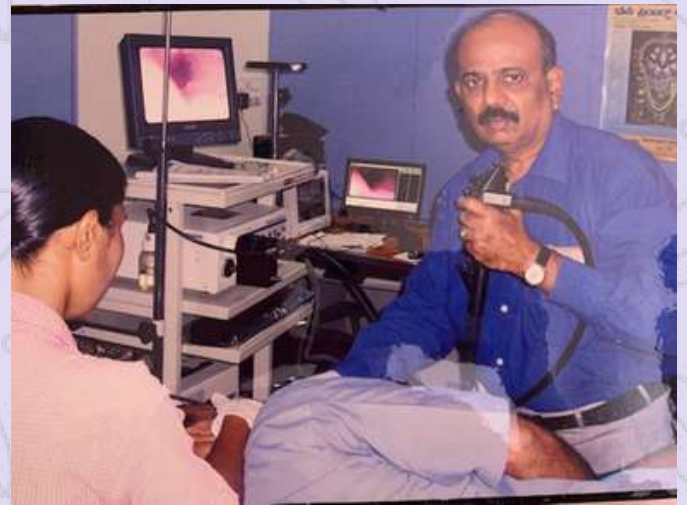
Dr B R Prakash

Achievements:

One of the first generation Endoscopist. Started endoscopy in the year 1985 by owning my own equipment. This was in an era when very few centers were doing endoscopy.



Endoscopy in 1985



Endoscopy in 2005

SSBASI CC

Served in various capacities as EC, Treasurer, Secretary, President of SSBASICC. Active member of the organizing team of ASICON 1985 and 1997 which were held in Bangalore

I worked as the Hon. Secretary in the year 2001 under the presidency of Late Dr. Belani for SSB. First time in the history of Surgical Society, all the clinical meetings from Jan to Dec were held at a central place in St. Josephs' Auditorium



SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE ASICC

Dr B R Prakash

The presenting institutes had to get only the floppy discs. All other arrangements, including the fellowship and dinner were taken care. This was a grand success and was much appreciated by all the members.

Hon Secretary-SSB



Prof. Udwadia and Former Minister
Ms. Nafisa



Honoring Prof. Udwadia





SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE ASICC

Dr B R Prakash

President of SSBASI

During a period of one year as a President of SSBASI in the year 2005, I managed all the activities successfully.

The office was moved to a larger space. Registration of SSBASI with the Registrar of Societies was completed.

At the time of orations, workshops were conducted for the first time on basic surgical skills at Manipal Hospital. There was also a training conducted on laparoscopy at AV Hospital.





SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE ASICC

Dr B R Prakash

Delivered Prof. Adikeshawaralu oration on Abdominal Trauma during CME Programme organized by Surgical Society in the year 2009.

Examiner: RGUHS Bangalore

Interesting incidents to share

I was the first person to do Senior Housemanship at JJ Medical college (Chigateri General Hospital) under Dr. Mohandas Hegde in the year 1975. He gave plenty of opportunities to perform surgeries, where in I did get a chance to perform my first Vagotomy with Gastro-jejunostomy on 8th August 1975. He had the generosity to assist the whole procedure, which I cannot forget in my life.

At Sanjay Gandhi Institute

In 1987, an 8-year-old boy was referred with h/o Road Traffic Accident (RTA) where in a diagnosis of suspected diaphragmatic rupture (Lt) was made and was advised surgery. On exploration there was a huge diaphragmatic rupture with auto amputation of left kidney. The ruptured diaphragm was repaired. Patient did well post operatively. He is now grown up and has 2 children.

This was the first diaphragmatic rupture surgery I performed.





SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE ASICC

Dr B R Prakash

We got a good number of fracture pelvis with rupture of the urethra in male patients. Initially used to repair ruptured urethra by rail road technique. As the technology advanced, it was confined to SPC and later referred to the Urologist. Had a rare opportunity of seeing rupture urethra in a female patient with fractured pelvis. After initial SPC, ruptured urethra was repaired.



It was really a challenge to operate on a blunt injury abdomen case as it may be a Liver, Spleen, Gall Bladder, Renal injury and intestinal injuries.



As a Prof. and Medical Superintendent at Sathagiri Institute of Medical Science, I was also instrumental in getting sanction of 150 seats from MCI in 2011. The first private medical college to get 150 UG seats sanctioned in Karnataka state during the first inspection itself.



SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE ASICC

Dr B R Prakash

Even at Siddhartha Medical College, I was instrumental in getting sanction of 150 seats from MCI in the year 2019 during the first inspection itself.

A big question!!!

Foreign body after Endoscopic removal is the property of a Patient or Hospital or a Surgeon??????

Diamond ring which was stuck in the lower third of esophagus was removed through Endoscopy and was handed over to the Patient.

Member Medical

JJMMC Alumni - Secretary for 10 years (1986-1996)

IMA- SSBASICC, KSCASI, National ASI
President of TSS (Trauma Surgeons Society)
from 2007 to 2010.

Member Non-Medical

Life member KSCA (Karnataka State Cricket Association)

Life member KGA (Karnataka Golf Association)

Life member Jayanagar Cultural Association.

Life member JP Nagar Cultural Association

Life member of T.V Cultural Association



Felicitated during JJMMC Alumni meet at Madikeri



SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE ASICC

Dr B R Prakash

Extra Surgical Activities:

Carrom:

Add a little bit of body textCarrom player from school days. Runner up in Pre-University tournament. Winner in Medical College festival Competition. Winner for one year and runner up for 2 years. Winner in doubles (Partner-Dr.N Ramesh) continuously for 3 years.

Cricket:

Cricketer from High School days. Played for college team for 2 years.

Shuttle Badminton:

Started playing badminton from 1978. Represented M S Ramaiah Medical College in Inter Medical Competition at Bellary.

Regularly played Shuttle till 2012 at KSCA Club and have won many prizes in Intra and Inter Club tournaments.



Receiving trophy from Brijesh Patil



SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE ASICC

Dr B R Prakash

Golf:

Started playing Golf from 2002 at KGA and continue to play Golf regularly even today. Winner and Runner up in various Golf tournaments like Mercedes Benz Trophy, Doctors Golf Tournament, Muttanna Memorial Tournament, Civil Services Golf Tournament etc.,. Had a rare opportunity as a Golfer of having *'Hole in one'* at KGA on hole 15 in the year 2019.



"HOLE IN ONE" at KGA

Theatre and Acting:

A versatile and popular mono actor during the student days. I have won various competitions. I had the privilege of participating in "All India Inter Medical Youth Festival" held at Pondicherry in the year 1971.

A Director/Dramatist during college days. I have directed and acted in various dramas like "Socrates", "Tughlaq" etc., and have won awards such as Best Director, Best Actor and Best Drama.



SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE ASICC

Dr B R Prakash



College fest: Sapthagiri Medical College



Receiving Best Actor award from
Padmashree R B Patil

Likes:

I am very fond of pets, especially Dogs.

I love gardening and enjoy spending more time in gardens

SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE ASICC



Dr B R Prakash

Your Mentor:

“A mentor is someone who sees more talent and ability within you, than you see in yourself, and helps bring it out of you.” — Bob Proctor



Prof. Krishna Rau

As the above saying goes, I was truly blessed to have great mentors during my early days. My wholehearted gratitude to:

Dr. U Seshadri, Dr. MohanDas Hegde, and Late Dr. Maheshwarappa: The teachers who taught me the art of having confidence while performing surgeries apart from Surgical techniques.

Dr. Krishna Rau: My trainer and Guru in Endoscopy- Both Gastro- duodenal and Colonoscopy in Chennai.



With Prof. U Seshadri



With Prof. Mohandas Hegde



SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE ASICC

Dr B R Prakash

Your Favorite Surgery:

Bilateral Truncal Vagotomy with Gastro-jejunostomy.
Blunt Injury Abdomen

Why did you choose surgery?

Surgeons deal with life and death situations daily. Surgeons need to be excellent problem solvers, confident, decisive, and willing to take full responsibility for every decision they make. But they also need those soft skills.

I had an inclination towards becoming a Doctor during my Pre-University days and to become a General Surgeon. I was inspired to study surgery looking at my mentors perform various complicated surgeries.

I patiently waited for 3 years after under graduation to fetch a seat in Gen Surgery even though I was offered seats in different specialties.

If not for Surgeon, what would you want to be:

I was ambitious about becoming a Theater person. But my passion towards Surgery did not allow me to become anything other than a Surgeon, Surgeon, and Surgeon!!!!

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

Time just flew. I am incredibly happy and content full that I led my life to the fullest in those 3 years. I understood what punctuality, discipline and commitment is.



SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE ASICC

Dr B R Prakash

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

Jolada Rotti and Yennegayi Palya, Holige, Chilli(Menashina Kaaye) Bajji, Kara Mandakki.

Favourite place to visit:

I visit Iowa-USA every year to spend time with my grand children. Not a keen traveler otherwise.

Favourite Books:

Kannada novels by Byrappa, Shivaram Karanth, Triveni and similar ones.

My other favorite: My pet - English Mastiff

Key to your success:

5 major keys to my success are: Determination, Skill, Passion, Discipline and Hard work.

I always feel these are the most important prerequisite for any person to succeed in both professional and personal life.

My positive attitude towards my patients has helped me overcome many challenges in my career.

Last but not the least, I would like to thank my wife Mrs. Sudha Prakash for her unconditional support throughout my journey, which played a major role in my success.



SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE ASICC

Dr B R Prakash

Advise to young surgeons:

- a) Keep yourself physically active by indulging yourself in any form of sports. This will help you in maintaining a good mental and physical health which is very important for any surgeon.
- b) Be punctual, disciplined, and sincere in all the work you do. It will pay you in the long run for sure.

***THANK YOU SSBASICC FOR THIS AMAZING
INTERVIEW!!
APPRECIATE ALL YOUR EFFORTS AND WISH ALL
THE BEST FOR THE FUTURE EDITIONS OF
“SUSHRUTHA”***



SUSHRUTHA

NEWSLETTER JAN 22 1/22

SURGICAL SOCIETY OF BANGALORE

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

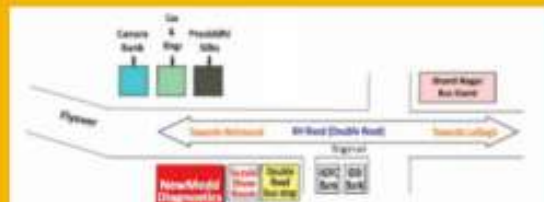
- OncoPET
- CardioPET (Viability)
- NeuroPET
- F18 Bone Scan
- Fever of unknown origin
- Multislice CT
- Ga-68 DOTANOC PETCT
- Ga-68 PSMA PETCT

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. 119 KH Road (Double Road), Bangalore 27



SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE ASICC

Obituary



Dr Joseph Anthony

Founder member of – Bangalore surgical society/Bangalore urological society/Karnataka urological society/bangalore city chapter ASI

President – Bangalore Surgical Society 1985/Bangalore Urological Society 1996

Member – ASI/USI

First urologist in karnataka state, having had formal residency training in urology at NY university in buffalo, USA

Urologist and surgeon at St Philomenas Hospital, Bangalore