SUSHRUTHA

NEWSLETTER JUNE-JULY 4/22

SURGICAL SOCIETY OF BANGALORE ASI CC

TABLE OF CONTENTS

SUSHRUTHA

NEWSLETTER JUNE- JULY 4/22

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 JUNE-JULY 4/22
SURGICAL SOCIETY OF BANGALORE ASICC

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

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

SUSHRUTHA

NEWSLETTER JUNE-JULY 4/22

SURGICAL SOCIETY OF BANGALORE ASICC

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 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.

Dr. Sampath Kumar K,

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

SUSHRUTHA

NEWSLETTER JUNE-JULY 4/22

SURGICAL SOCIETY OF BANGALORE ASICC

Message from Honorary Secretary

Dr Premkumar A

Warm Greetings to all the Esteemed members of SSBASICC.

The new year has began 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.

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

SUSHRUTHA

NEWSLETTER JUNE-JULY 4/22

SURGICAL SOCIETY OF BANGALORE ASICC

SURGICAL SOCIETY OF BENGALURU ASICC (R)

[48years] 1974 – 2022]

www.ssbasicc.org

DR SAMPATH KUMAR K	DR VENKATESH K L	DR PREM KUMAR A	DR RAMESH B S	DR MUNIREDDY M V
President	President Elect	Hon Secretary	Hon Jt.Secretary	Hon Treasurer
9900515287	9611844404	9886575767	9845472444	9900499533
sampath17k@gmail.com	drvenkat8942@gmail.com	drprem512@yahoo.co.in	rameshshamburao@yahoo.co.in	mreddydr@yahoo.co.in

11.06.2022

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 Sixth Monthly Clinical Meeting of the Year 2022

DATE: - **Wednesday 15th JUNE 2022**

HOST: - DR B R AMBEDKAR MEDICAL COLLEGE HOSPITAL & VYDEHI INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE - Bengaluru

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

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

6:45PM to 7:30PM - Posters

Sl	TOPICS	PRESENTERS
1	UNCANNY PRESENTATION OF LIPOSARCOMA	DR KEERTHI. K – VIMS&RC
2	A RARE CASE OF THYROGLOSSAL CYST CARCINOMA	DR KAVERI A-VIMS&RC
3	DIAGNOSTIC DILEMMA- A CASE OF UPPER GI PERFORATION.	DR NISHA PATIL VIMS&RC
4	RIGHT CONGENITAL DIAPHRAGMATIC HERNIA WITH INTRATHORACIC ECTOPIC KIDNEY- A CASE REPORT	DR AMBIPHAI CHOUDARY N - VIMS&RC
5	SPONTANEOUS RUPTURE OF METASTATIC SPLEEN - A CASE REPORT	DR. L GANDULA MANIKANTA-VIMS&RC
6	MUCOSAL ABLATION OF RETRODUODENAL PORTION OF CHOLEDOCHAL CYST.	DR VEEKSHA SHETTY – DR BRAMCH
7	ORGANOAXIAL GASTRIC VOLVULUS : A COMPLICATION OF HIATAL HERNIA – RARE CASE REPORT.	DR. AMAR M - DR BRAMCH
8	CELDRAN TECHNIQUE OF MESH HERNIOPLASTY FOR INGUINAL AND FEMORAL HERNIA REPAIR.	DR. ARPITA ARJUNAN - DR BRAMCH
9	LAPAROSCOPIC REPAIR OF IRREDUCIBLE SPIGELIAN HERNIA – A RARE CASE REPORT.	DR. CHIRANTH R - DR BRAMCH

7:30PM to 7:45PM - Recent Advances Capsule – Dr Prem Kumar A

7:45PM to 8:45PM - Scientific Papers

Sl	TOPICS	PRESENTERS
1	PROSPECTIVE CORELATION STUDY TO ASSESS THE ASSOCIATION OF SERUM PROLACTIN LEVELS IN CASES OF FIBROADENOMA IN WOMEN OF REPRODUCTIVE AGE.	DR VIKHYATH P RAJ-VIMS&RC
2	A RETROSPECTIVE STUDY TO ASSESS THE EFFICACY OF SURGICAL APGAR SCORE	DR.A.KAREEM BAIG-VIMS&RC
3	A PROSPECTIVE STUDY ON THE ROLE OF C- REACTIVE PROTEIN AS PREDICTOR OF ANASTOMOTIC COMPLICATIONS IN GI SURGERIES IN A TERTIARY CARE HOSPITAL	DR. KARTHIK. H. S-VIMS&RC
4	OUR EXPERIENCE OF FUNDOPLICATION IN THE DEPARTMENT OF GENERAL SURGERY	DR. SUSHRUTH URS- DR BRAMCH
5	SURGICAL RESECTION AND RECONSTRUCTION OF SKIN TUMOURS - OUR EXPERIENCE IN THE DEPARTMENT OF GENERAL SURGERY	DR. S PRITHIKA - DR BRAMCH
6	RETRIEVAL OF GALL BLADDER WITH ENDOBAG AND WITHOUT ENDOBAG IN LAPAROSCOPIC CHOLECYSTECTOMY – A PROSPECTIVE COMPARATIVE STUDY	DR. HAMSA PRIYA P- DR BRAMCH

8:45PM- 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

1st Floor, IMA House, Alur Venkata Rao Road, Bengaluru 560 018, Telefax 080 26709691 / Mob – 9243108442, ssbasicc1974@gmail.com

SURGICAL SOCIETY OF BENGALURU ASICC (R)

[48years] 1974 – 2022]

www.ssbasicc.org

DR SAMPATH KUMAR K	DR VENKATESH K L	DR PREM KUMAR A	DR RAMESH B S	DR MUNIREDDY M V
President	President Elect	Hon Secretary	Hon Jt.Secretary	Hon Treasurer
9900515287	9611844404	9886575767	9845472444	9900499533
sampath17k@gmail.com	drvenkat8942@gmail.com	drprem512@yahoo.co.in	rameshshamburao@yahoo.co.in	mreddydr@yahoo.co.in

07.07.2022

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 Seventh Monthly Clinical Meeting of the Year 2022

DATE: - **Wednesday 20th JULY 2022**

HOST: - SAGAR HOSPITALS - Jayanagar Bengaluru

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

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

Topic: Cardiovascular Thoracic Surgery : Is it One andSame ??? Orientation of Speciality Training

Moderator : Dr H V Rajashekara Reddy, Consultant Thoracic Surgeon, Sagar Hospitals, B'lore

6:45PM to 7:30PM - Posters

Sl	TOPICS	PRESENTERS
1	A RARE CASE OF ESUST ARISING FROM LESSER OMENTUM	DR KAVYA
2	SPACE OCCUPYING LESION IN LEFT KIDNEY - CLINICOPATHOLOGICAL DILEMMA	DR VINOD
3	A RARE CASE OF PANCREATIC INJURY WITH RUPTURED PANCREATIC HEAD TUMOR IN CHILD	DR INDRAJA
4	LARGE RETROPERITONEAL PARADUODENAL CYST	DR INDRAJA
5	AN INTERESTING CASE OF LEFT ISCHIORECTAL ABSCESS	DR JANANI
6	LYMPHOMA MIMICKING AS SARCOMA - CASE REPORT	DR PAVAN
7	POOR URINARY DRAINAGE BAD , A THING OF PAST	DR PAVAN
8	AN INTERESTING CASE OF MUCINOUS NEOPLASM OF APPENDIX	DR HARI
9	A RARE TUMOR OF PERICARDIUM	DR ABDUL BASITH

7:30PM to 7:45PM - Recent Advances Capsule – Dr Prem Kumar A

7:45PM to 8:45PM - Scientific Papers

Sl	TOPICS	PRESENTERS
1	STAKEHOLDERS PERCEPTION ON ONLINE CLASSES	DR JANANI
2	PROSPECTIVE OBSERVATIONAL STUDY ON CHEST DRAIN INSERTION	DR PAVAN
3	CHANGE IN VOICE FOLLOWING THYROIDECTOMY	DR INDRAJA
4	A PROSPECTIVE STUDY COMPARING THE EFFECTIVENESS OF STANDARD TRANSURETHRAL RESECTION OF PROSTATE (TURP) VS TRANSURETHRAL ENUCLEATION AND RESECTION OF PROSTATE (TUERP) IN THE MANAGEMENT OF BENIGN PROSTATIC HYPERPLASIA	DR HARI
5	EVALUATION OF TELEPHONIC INTERVIEW VERSUS IN PERSON FOLLOWUP AFTER SURGICAL PROCEDURE	DR VINOD
6	A PROCESS AUDIT ON SURGICAL SAFETY CHECKLIST	DR ABDUL BASITH

8:45PM- 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
Hon Secretary

Dr. PREM KUMAR A
President

1st Floor, IMA House, Alur Venkata Rao Road, Bengaluru 560 018, Telefax 080 26709691 / Mob – 9243108442, ssbasicc1974@gmail.com

SUSHRUTHA

NEWSLETTER JUNE-JULY 4/22

SURGICAL SOCIETY OF BANGALORE ASICC

Best Paper

Presenter-Dr Hamsa Priya P

Institute-: DR B R Ambedkar Medical College and Hospital, Bengaluru

Title-Retrieval of gallbladder with endobag and without endobag in laparoscopic cholecystectomy – A prospective comparative study.

INTRODUCTION: In laparoscopic cholecystectomy, perforation of gall bladder and spillage of bile and stones are the commonest complications encountered which can lead to complications. According to guidelines of SAGES, use of endobag is not mandatory in all cases. Use of endobag causes less spillage, less infections and less post-operative complications. This was compared with direct extraction of gallbladder through 10mm port. A drain bag was used as an endobag which is economical and cheaper alternative.

AIM: To compare the benefits and complications of extraction of gall bladder in an endobag versus direct extraction through 10mm port in laparoscopic cholecystectomy in terms of operative time, port site infection, port site pain, port site hernia, sinus formation, port site malignancy and need for fascial extension

MATERIALS AND METHODS: A prospective and comparative study in 104 patients admitted in department of General Surgery, DR B R Ambedkar Medical College and Hospital, Bengaluru to compare benefits and complications of gall bladder retrieval with endobag and direct extraction. Patients were divided into two groups, group A and group B by alternative randomization after surgical assessment and confirming the diagnosis of disease

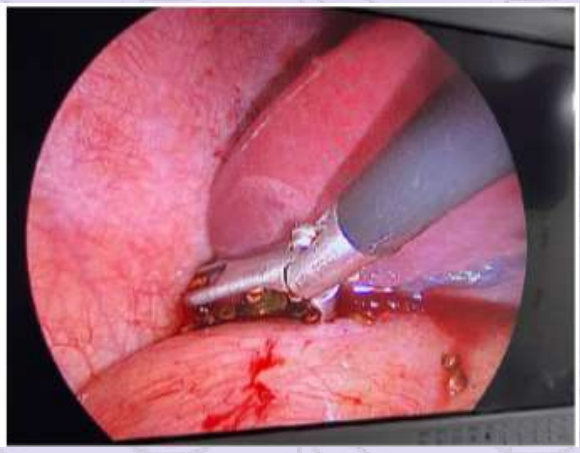
SUSHRUTHA

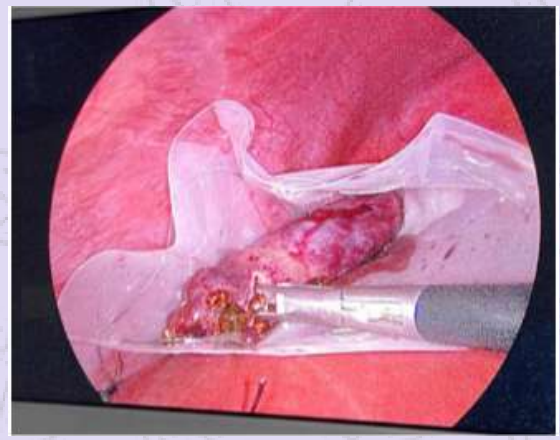
NEWSLETTER JUNE-JULY 4/22

SURGICAL SOCIETY OF BANGALORE

RESULTS: In this study, mean age group of patients was 38 years in group A and 40 years in group B. There was female preponderance in both the groups. Both the groups included- Acute and chronic calculous cholecystitis, mucocele and symptomatic cholelithiasis. The mean operative time was 45.6mins in group A and 42.9mins in group B (P=0.34). 2 patients had Intraoperative spillage in group A and 1 in group B (P=0.67). Port site spillage occurred in 10 patients of group B and 1 in group A (P-0.001). 8 patients in group A required fascial dilatation and 3 in group B (P=0.03). It was mandatory to extend fascia in 3 patients of group B and 1 in group A (0.08). Port site infection was discovered in six. patients of group B and none in group A (P=0.02). Port site hematoma occurred in 2 patients of group B nil in group A (P=0.18). 4 patients of group B presented with port site hernia and none in group A (P=0.05).6 patients had sinus formation in group B and nil in group A (P=0.02). Mean hospital stay were 2.52 and 2.94 days in group A and B respectively. Difference between the mean VAS score done in both the group was statistically insignificant.

CONCLUSION: Gall bladder retrieval with endobag has proven to be superior to direct extraction as it prevents spillage of bile and stones. It reduces the incidence of port site infection and sinus formation without taking any additional time during surgery. Moreover, a simple sterile drain bag can be used as an endobag as a cost effective alternative.





SUSHRUTHA

NEWSLETTER JUNE-JULY 4/22

SURGICAL SOCIETY OF BANGALORE ASICC

Best Paper

Presenter-Dr. Vikhyath. P. Raj,

Institute-Vydehi Institute of Medical Sciences & Research Centre, Bangalore

Title-A prospective Study to assess the raised serum prolactin levels in cases of Fibroadenoma in Women of reproductive age.

Introduction:

Given the prevalence of fibroadenomas in the adolescent population and the psycho social morbidity of finding a lump in the adolescent breast, it is imperative for physicians treating adolescent patients to be familiar with this disease process. This study is intended to assess serum prolactin levels in patients presenting with fibroadenoma to our hospital. If a correlation is established between serum prolactin levels and incidence of fibroadenoma, a feasible drug treatment such as anti-prolactin agents can be used which can reduce the anxiety and cosmetic problems associated with surgical interventions.

Aims and objectives:

• To estimate serum prolactin level in patients presenting with lump in the breast and proved to be fibroadenoma with FNAC.

• To assess whether prolactin level can be used as an indicator for incidence of fibroadenoma

Material and Methods:

It is a prospective analytical study where patients presenting with lump in the breast with FNAC showing fibroadenoma in the reproductive age group of 18-45 years admitted in Department of General Surgery, Vydehi Institute of Medical Sciences and Research Centre Bangalore were included in our study. A pretested proforma was used to collect patient information from all the selected patients. Each patient had a fasting blood sample taken. Prolactin was estimated by Immuno-radio metric Assay. Sample size was calculated to be 95 patients.

Results:

Majority of the study participants were from the age group of 18-24 years (51.58%). 34(36%) participants complained of pain along with lump in the breast. Majority of the participants had lump in breast of size 3 cm (58.94%) in the greatest dimension in both right and left breast followed by 4 cm (29.47%). Out of 95 participants 42(44.21%) had raised serum prolactin levels and remaining 53 had normal serum prolactin levels. Mean prolactin level in single lump group was 19.14 and in multiple lump group it was 37.27 (p < 0.001).

Conclusion:

In our study serum prolactin levels were significantly raised in patients with bilateral fibroadenoma as compared to patients with unilateral fibroadenoma. We also concluded that patients having multiple lumps in both unilateral and bilateral group had raised serum prolactin levels as compared to those with single lum**p.**

SUSHRUTHA

NEWSLETTER JUNE-JULY 4/22

SURGICAL SOCIETY OF BANGALORE ASICC

Best Poster

Presenter name: Dr Veeksha V Shetty

Institute: Dr. B.R. Ambedkar Medical College and Hospital

Title: Mucosal ablation for retro duodenal portion of choledochal cyst

Case Report:

History: 3 years old child, was brought by parents with complains of pain in upper abdomen in the last 1.5 year, which was insidious in onset and gradually progressive in nature. Associated with vomiting, bilious in nature, fever, yellowish discoloration of sclera and occasional distension of upper abdomen which reduces spontaneously. On examination of the abdomen, tenderness was noted in the right hypochondrium, rest normal.

Investigation:

Blood parameters: LFT within normal limits

USG abdomen and pelvis showed presence of type 4A choledochal cyst.

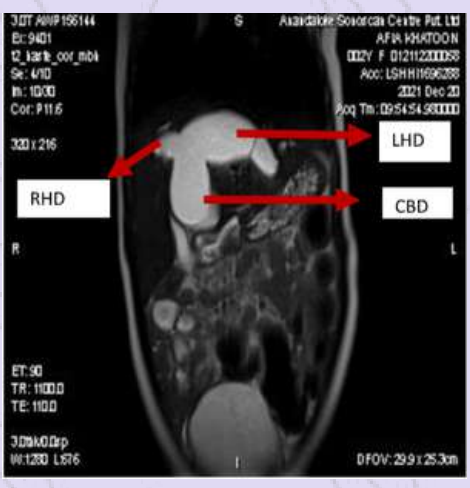


fig 1

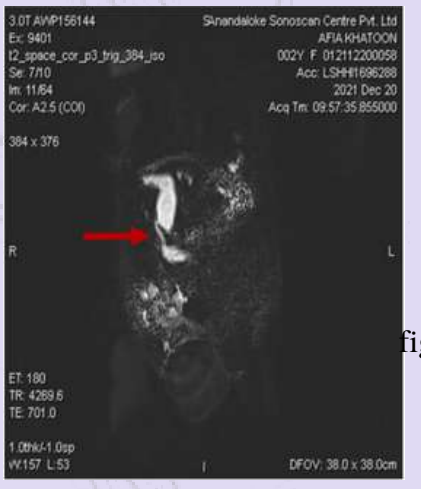


fig 2

MRCP showed presence of intra and extra hepatic dilatation of the hepatic and common bile duct respectively (fig.1) and presence of an anomalous connection between the main pancreatic duct and common bile duct (fig 2)

SUSHRUTHA

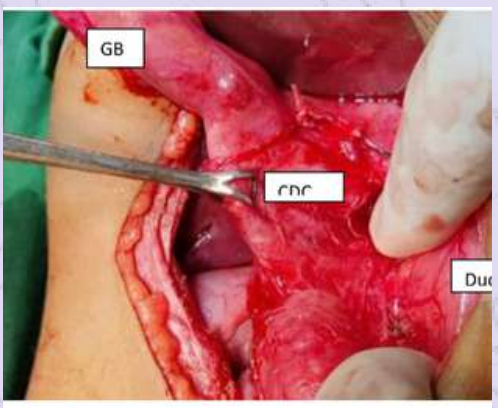
NEWSLETTER JUNE-JULY 4/22

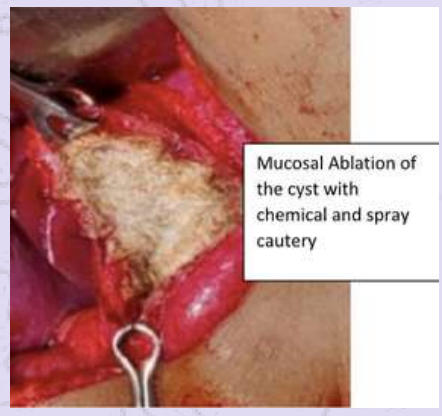
SURGICAL SOCIETY OF BANGALORE ASICC

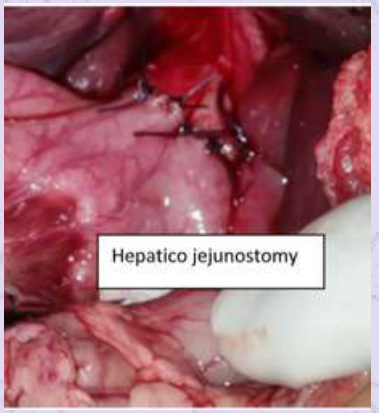
Treatment:

Intraoperatively dilated common bile duct was noted and the retro duodenal portion of Choledochal cyst was found to be adherent to the head of pancreas, Superior Mesenteric vein and Portal vein. Hence total excision of Choledochal cyst could not be performed till confluence with pancreatic duct. After excision of the superior portion of the choledochal cyst and gall bladder, the pancreatic opening in the CDC was identified and sutured followed by mucosal ablation of retro duodenal portion of the choledochal cyst with chemical as well as spray cautery. Finally, hepaticojejunostomy was performed.

Histopathology of the resected cyst wall were consistent with choledochal cyst







Discussion

Lilly's Mucosectomy Procedure

Excision is accomplished by removing only the less adherent portion, the posterior wall is dissected using a plane between the inner (mucosa) and outer layers of the cyst (serosal surface) or mucosa of the cyst wall is obliterated by curettage or cautery. Hence, the portion of the cyst wall and bile duct that is adherent to the portal vein and hepatic artery is left undisturbed. The mucosal lining of the retained cyst wall should be ablated by diathermy, as 57% of the cholangiocarcinoma in a choledochal cyst arises from the posterior wall of the cyst (Flanigan, 1977). According to the results of a nationwide survey of Japan, bile duct and gallbladder cancers were found in 6.9 and 13.4 % of adult patients with congenital biliary dilatation, respectively.

Conclusion

Lilly's procedure is performed in order to reduce the above-mentioned risks of malignant transformation when complete excision of cyst is not possible.

SUSHRUTHA

NEWSLETTER JUNE-JULY 4/22

SURGICAL SOCIETY OF BANGALORE ASICC

Best poster

Presenter: Dr. Kaveri. A,
Institute-Vydehi Institute of Medical Sciences and Research Centre, Bengaluru

Title- A rare Case of Thyroglossal cyst carcinoma -a case report

Case Report :

A 34 year old lady presented with swelling in front of the neck since one year with recent increase in size and pain since 3 months. She was a diabetic since 2 years on oral hypoglycemic agents. On examination, a solitary swelling measuring 5x6 cm, present on the left side of the neck in the middle 1/3rd. Swelling moved with deglutition and protrusion of the tongue, it was cystic in consistency, fluctuant and trans-illumination was present. Bilateral carotid pulsations were normal. Trachea was central. No palpable cervical lymph nodes Clinical diagnosis was Thyroglossal cyst.

- Ultrasound neck revealed cystic lesion from the left lobe of the thyroid gland.
- Thyroid function tests were within normal limits : T3- 1.04 ng/ml, T4- 10.01 ug/dl, TSH- 2.33 uIU/ml.
- X-ray Neck – Soft tissue mass present in the pre-laryngeal region extending from C3-C4. Trachea was central in position.

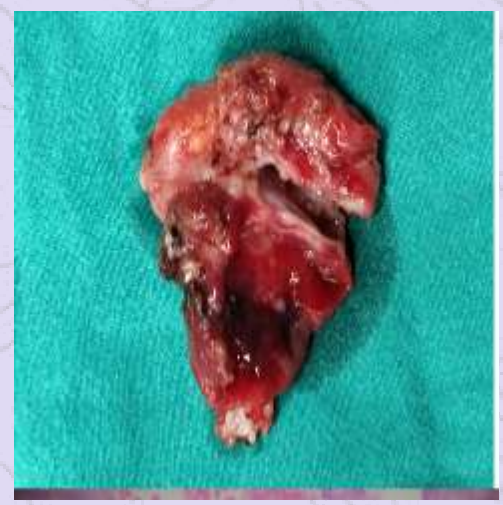
SUSHRUTHA

NEWSLETTER JUNE-JULY 4/22

SURGICAL SOCIETY OF BANGALORE ASICC

- CT Scan - Neck showed a well-defined multiloculated cystic lesion measuring 4 x 38 x 44 mm (ApxTrxCc) with an heterogenously enhancing soft tissue component measuring 8x18x12mm. Rest of the thyroid and remaining structures were normal.
- FNAC: Smear showed inflammatory cells composed of neutrophils, macrophages and few lymphocytes along with sparse follicular type of epithelial cells. Some of these macrophages were large and showed binucleation and cytoplasmic vacuolation.

Impression : Cystic lesion on the left side of the neck.



Treatment :

- Sistrunk operation was planned.Intra-operative findings: Thyroglossal cyst noted measuring 4x5cm which was deep to pretracheal fascia. Lower pole of the cyst was not attached to the left lobe of thyroid gland. Upper pole of the cyst adherent to the body of the hyoid bone. Both lobes of the thyroid : normal. Sistrunk procedure was done with removal of the cyst and body of the hyoid bone. Cut section revealed : both solid and cystic components.

HPE Report:

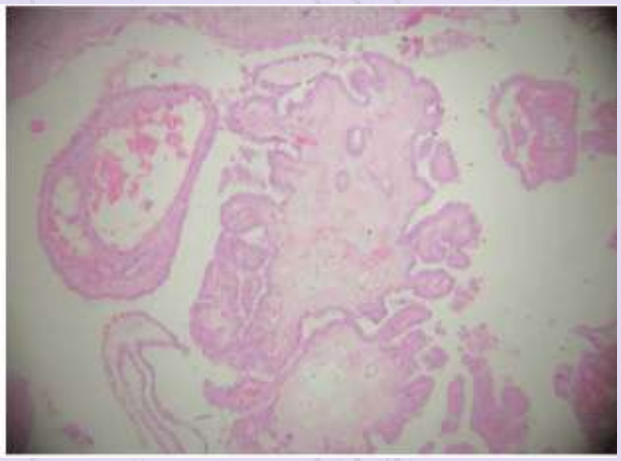
- Macroscopic findings : Cut-open cystic mass measuring 4.5x3.5x0.3cm. Bony bit measuring 1x0.4x0.4cm.
- Microscopic findings :

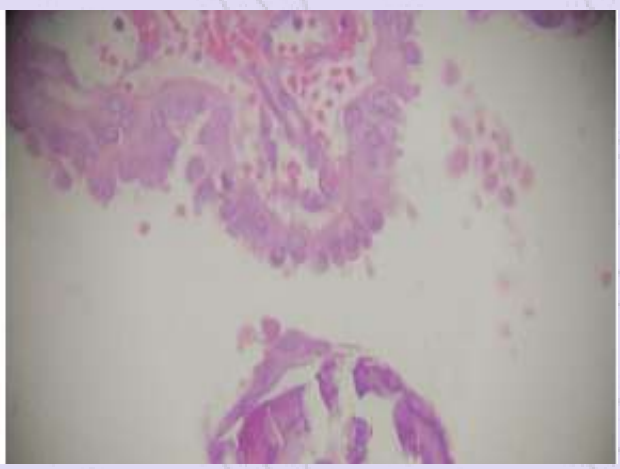
Features consistent with Papillary carcinoma thyroid-classic variant, arising from.Thyroglossal cyst. Tumour cells arranged in papillary pattern. Psammoma body dystrophic calcification diagnosis - Papillary thyroid carcinoma within the thyroglossal cyst

SUSHRUTHA

NEWSLETTER JUNE-JULY 4/22

SURGICAL SOCIETY OF BANGALORE ASICC





The patient was advised total thyroidectomy after Surgical oncology opinion. However, the patient refused to undergo the proposed surgery. Patient was discharged and was lost to follow-up.

Discussion :

There are two theories as to how the thyroglossal duct carcinoma develops:

Metastasis to the thyroglossal remnant from the thyroid gland which is one-third only

Tumor developing de novo within the thyroglossal remnant contributing to the remaining two-third.

The role of pre-operative FNAC is debated and has low diagnostic accuracy for diagnosis of Thyroglossal duct cyst carcinoma and sampling of the solid component is needed. Hence, final diagnosis usually depends on HPE report.

Conclusion :

• Thyroglossal duct carcinoma is a rare entity- 1-2% of all Thyroglossal duct cyst cases As a result, diagnosis is difficult, since thyroglossal duct carcinoma can present identical to benign thyroglossal cyst. The extent of treatment is also controversial. It is widely accepted that the Sistrunk procedure may be adequate to achieve a cure Total thyroidectomy is advocated in patients with large tumors or high risk group.Thyroglossal duct carcinoma has an excellent survival rate. 100% survival rate for 5years. 95% survival rate for 10 years.

SUSHRUTHA

NEWSLETTER JUNE-JULY 4/22

SURGICAL SOCIETY OF BANGALORE ASICC

Paper: 1 st prize

Presenter name: DR JANANI S V

Institute: Sagar Hospital

Title: Stakeholder’s perception on online classes

Introduction

Online-learning is use of technology & network communication for teaching & learning Technology enabled transfer of skills & knowledge to large number of recipients. Becoming so popular - likely to be expected in any formal education curriculum. Increase in covid pandemic worldwide - added importance to online classes. Role played by teachers & students gain due importance. As it is their perception & attitude which is critical to their motivation & learning.

Aim:

Analyse the Perception and opinion of teachers & students about online classes

To analyse the perception of teachers & students about online classes

Tries to explain,

1. Opinion of students on impact
2. Comfort
3. Support of teachers in online course

Also, teachers view on,

1. Efficacy
2. Teaching practice
3. Training for online classes

Methods:
Descriptive analytical study. Separate questionnaire containing 3-4 questions under three topics (Impact,Comfort,Support)for general surgery postgraduates and general surgery teachers of different medical colleges/ institutions via google form and by questionnaire distributed in person Sample size – 172; Study period – 1st JUNE 2021 - 18th JUNE 2022
Inclusion criteria: All general surgery Post graduates and registrars/teachers of medical colleges/teaching institutions
Exclusion criteria:
Unwilling to participate in study

Results.
Total number of responses-172.No for conducting online classes in their institution – 68
Yes, for conducting online classes in their institution- 104.No. of Pg's responded- 56
No. of teachers/registrars responded- 48
Average No of classes per week 1-3 per week
Maximum number of pgs and teachers (62% & 82%) responded positive for impact on studies and 81% of pgs & 60% of teachers responded positive impact on online learning. Online teaching was effective for 40mins by most of pgs & teachers. Most of them (64%) felt learning is different in online and offline classes. 54% Pgs felt its hard to stick to online classes due to disturbance during on call duty hours. Most of the pgs (83%) and teachers(67.8%) were comfortable in handling online tools. 81% pgs felt they receive enough support from teachers during online classes and 91 % responded their teachers encourage discussion during online classes. Equivocal number of teachers responded adequate(47%) and inadequate(53%) for Interaction with students in online classes.

SUSHRUTHA

NEWSLETTER JUNE-JULY 4/22

SURGICAL SOCIETY OF BANGALORE ASICC

Discussion:

Students participation is an essential part of successful implementation of online classes. Has great transformation for education system and is preferred because, time ,location, flexibility ,broad knowledge base. Uninterrupted learning during covid time. Positive impact on students learning Teachers have mixed opinion on online classes. Clinical learning getting affected with online classes. Abhinandhan kulal et al conducted a similar study with 68 teachers and 203 students,Students opined - significant impact on their learning. Support from teachers is adequate. Not as comfortable as offline classes. Traditional learning is always better. Teachers have mixed opinion- Online classes fail to fill emotional attachment between teacher & student .Its challenging to teach clinical examination online.Emmanuelle Motte et al assessed perception of 172 Paediatric residents and teachers on online classes states, Online classes have its own advantage; It can’t replace the traditional learning. It provides an opportunity to communicate among different institutes; wider discussion.Senida harefa et al studied 30 students’ perception of online learning during covid 19 states students feel less comfortable, less motivated and limited interaction. If well designed materials & learning are implemented to right technology & curriculum it will produce satisfying learning

Conclusion:

Online learning - significant role to play in future. The obstacles of online learning can be obviated by better planning. Active participation/interaction by students. Using pictorial representation/ quiz at the end. Clinical demonstration videos ,Scheduling classes 1 week prior can improve online classes.A complete transition to online classes is not feasible.“It can be a best adjunct to offline learning”.

SUSHRUTHA

NEWSLETTER JUNE-JULY 4/22

SURGICAL SOCIETY OF BANGALORE ASICC

Paper 1st prize

Presenter-Dr Indraja
Institute- Sagar Hospital

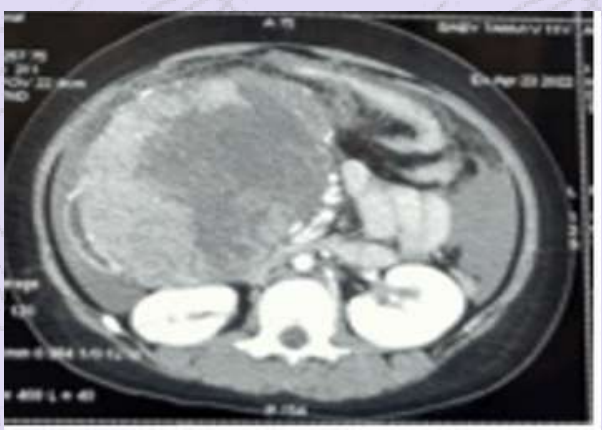
Title : A Rare case of pancreatic injury with ruptured pancreatic head tumor in child

Case report

clinical features 11 years old young girl admitted in our hospital with alleged history of fall from Bicycle followed by which patient developed pain abdomen & vomiting. Initially patient was taken to nearby hospital & USG abdomen & pelvis done – Which showed Moderate ascites? Hemoperitoneum, Large solid mass in right hypochondrium.
On examination patient was drowsy, pallor was present PR: 131/min BP: 80/60 mm of Hg SPO2: 98% room air P/A: Distension +, Generalized Tenderness +

Investigations

Hb – 9.48,TLC – 49530, PLT – 4.80, Creatinine – 0.66 mg/dl, Amylase – 21 U, Lipase – 19.8 U/L,PT/INR – 15.90 / 1.19



CT Abdomen & Pelvis:
Well defined collection of 12x13x12 cm in the region of head & uncinate process of pancreas. Collection is severely displacing the C loop of duodenum & short segment collapse of IVC because of mass effect.

SUSHRUTHA

NEWSLETTER JUNE-JULY 4/22

SURGICAL SOCIETY OF BANGALORE ASICC

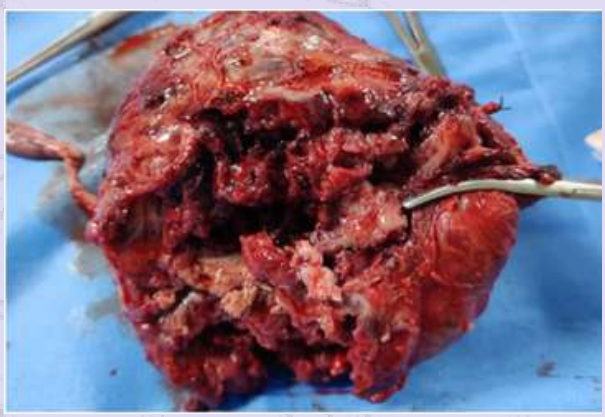
Intra operative findings:

Large ruptured tumour of size 15 x 15 cm arising from head of pancreas Hemoperitoneum of approximately 1 litre.

Surgery :

Emergency pylorus preserving Pancreatico Duodenectomy on 23/04/2022 (Pancreatico jejunostomy+ Hepatico Jejunostomy+ Duodeno jejunostomy)

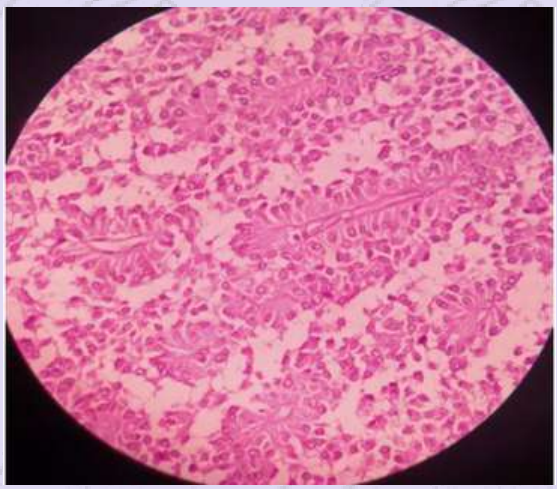
On POD -9 Patient had leak From Duodeno- Jejunostomy site.Re exploration and Re do surgery was done for the same.Patient was monitored in ICU for 18 days during hospital stay. Patient gradually recovered & discharged on POD -30.



Histopathology:

Impression:

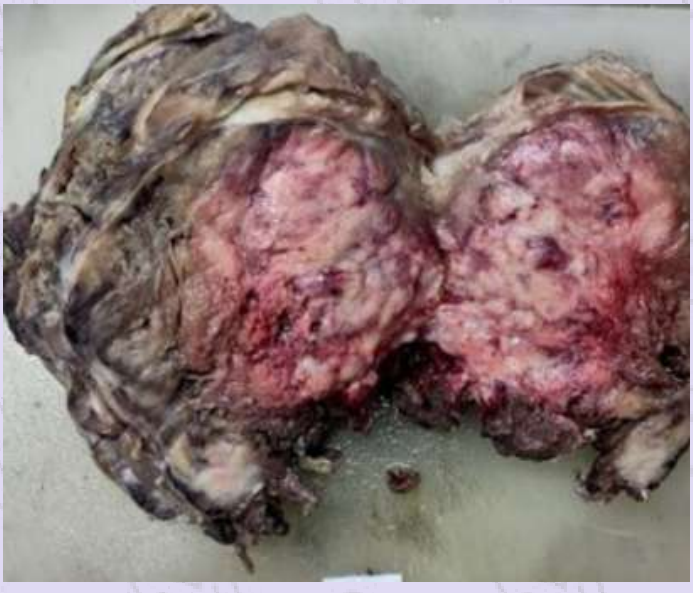
Solid pseudo papillary neoplasm with low grade malignant potential. Pseudo papillae are the tumour cells detached from blood vessels forming fibrovascular stackings /rosette like structures.



SUSHRUTHA

NEWSLETTER JUNE-JULY 4/22

SURGICAL SOCIETY OF BANGALORE ASICC



Gross specimen: Ruptured pancreatic head mass showing solid haemorrhagic & cystic areas.

Discussion

Constitutes less than 1% of all pancreatic tumors Limited data available on paediatric SPN behaviour Low-grade malignant potential Surgical resection is the treatment of choice for SPN Pylorus preserving pancreaticoduodenectomy (PPD) –Recommended for SPN located in the head of Pancreas. Excellent survival with complete surgical excision.

Conclusion

Minor injuries causing significant hemodynamic disturbances should be evaluated. Solid pseudopapillary neoplasm is rare paediatric tumour of the pancreas & Complete Surgical Resection is the treatment of choice.

SUSHRUTHA

NEWSLETTER JUNE-JULY 4/22

SURGICAL SOCIETY OF BANGALORE ASICC

Master Class Operative Surgery discussions (Video)

11th JUNE 2022 hosted by Surgical Society of Bangalore ASICC in association with IRILLIC @ Senate Hall, Hotel Capitol

Operations:

- Modified Radical Mastectomy
- Beast Conservative Surgery
- Sentinel Lymp Node Biopsy
- Breast Reconstruction Oncoplasty

Speaker- Dr. Somashekar S P, HOD and CHAIRMEN, Dept. Surgical Oncology, Manipal Hospital- Bengaluru

Dr Ashwin R - Dept of Surgical Oncology, Manipal Hospital - Bengaluru.

Moderators: Dr K Lakshman and Dr Venkatachala K

SUSHRUTHA

NEWSLETTER JUNE-JULY 4/22
SURGICAL SOCIETY OF BANGALORE ASICC

Surgeon's day

The Annual Surgeon's Day was celebrated on Saturday 25 th June 2022, this grand celebration was held at Grand Ball Room, The Capitol Hotel, Rajbhavan Road, Bengaluru- 560001.

Address by the Chief Guest : Dr Siddesh G - President ASI

Felicitation of Our Chief Guest Dr Siddesh G – President ASI

Prof. B.N. Balakrishna Rao's Memorial Oration -2022

The prestigious Prof. B.N. Balakrishna Rao oration was delivered by **Dr Vikram Kate** - Professor of General & Gastrointestinal Surgery, Jawaharlal Institute of Post-Graduate Medical Education and Research (JIPMER), Pondicherry

The topic was "**Corrosive Gastroesophageal Strictures- Challenges And Proposed Management On Our Experience Of Three Decades'** and was appreciated by 180 members present during the celebration.

SUSHRUTHA

NEWSLETTER JUNE-JULY 4/22

SURGICAL SOCIETY OF BANGALORE ASICC

Two legendary senior surgeons DR K V ASHOK KUMAR & DR K RAMADEV were honored on the occasion of Surgeon's Day celebration With Life Time Achievement Award For their Contribution to Surgery

Dr K V Ashok Kumar with Dignitaries

Dr K Ramadev with Dignitaries

SUSHRUTHA

NEWSLETTER JUNE-JULY 4/22

SURGICAL SOCIETY OF BANGALORE ASICC

FREE SURGICAL RURAL CAMP

The Surgical Society of Bengaluru A.S.I.C.C. conducted a free Surgical Rural Camp on 17th Sunday July 2022 from 10 am to 3 pm @ NIDASALE VILLAGE Ramnagar Dist, Karnataka in Association with Dr Harish Institute of Minimal Access Surgery.

Surgeons for the Free Surgical Camp

1. Dr Sampath Kumar K – President
2. Dr Prem Kumar A – Hon Secretary
3. Dr Ramesh B. S - Hon Jt. Secretary
4. Dr Munireddy M V – Hon Treasure
5. Dr Venkatachala K – Imm Past President
6. Dr Harish N S – Imm Past Secretary
7. Dr H V Shivaram – Chairman Elect KSCASI
8. Dr Hosni Mubarak Khan
9. Dr Sunil Kumar V

(Around 250 – 300 Adults) participated and were Examined, many were benefited, few people sought medical advise and few were diagnosed with different diseases and were fixed for free surgeries

SUSHRUTHA

NEWSLETTER JUNE-JULY 4/22

SURGICAL SOCIETY OF BANGALORE

BASIC SURGICAL SKILLS COURSE FOR SURGICAL POSTGRADUATE STUDENTS

Basic surgical skills course for surgical postgraduate students was held on Sunday 31st July 2022 conducted by surgical society of Bangalore, ASICC in Association with BMCDT / BMCAA CLINICAL SKILL CENTER with limited registration of 20

FACULTY

Open skills : Dr C S Rajan
Dr Ravi Shankar H R

Bowel Anastomosis : Dr Venkatachala K
Dr Rajshekhar Jaka

Laparoscopic skills Dr B S Ramesh
g Dr Nishant L

Coordinators

Dr Sampath Kumar K
Dr Prem Kumar A
Dr Sunil Kumar V

g

SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE ASICC

Interview with Dr Mahabhaleshwar Govind Bhat Popularly known as Dr M G Bhat

MBBS MS FRCS FICS General & Laparoscopic Surgeon&Bariatric Surgeon

Personal details

Dr M G Bhat, one of the pioneers in laparoscopic surgery was born in Hospet, Karnataka, on 27th July 1948.He got married to Dr Jaya Bhat, an experienced Obstetrician and Gynaecologist. "My wife has been the greatest support of my life. She has been a force probably to drive me in doing various things and gave me the support when I needed it," shares Dr Bhat.

Has one daughter Dr Gauri Bhat who is also a doctor, a GP and married to her collegemate, Dr Ram Kasthri, an interventional radiologist settled in Glasgow, Scotland, UK. They have a 16 year old daughter, Anjana, who plans to do Law.

SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE ASICC

Dr M G Bhat

Childhood Days

The seeds of success are always sown in the childhood.

"I was always a good student in school as well as college. In medical college too I managed my studies pretty well. I was a student president and used to participate in all the sports and was considered an all-rounder, My father being a general practitioner at Hospet in Karnataka, I was naturally driven to the career of medicine. A turning point in my life came when this small town boy from a conservative family, got the taste of unbridled freedom as I entered college life outside Hospet. I totally lost concentration from my studies. I just freaked out with focus shifting to being free. I had a gang with whom I used to do 'dadagiri'," It reached a point where I was on the verge of being thrown out of a college for breaking a hostel door! However, after that incident, self-realisation that I was treading on a wrong path dawned on me. I realised that this is not the way I wanted it to be. There was a total transition in me from that day onwards, and as they say, I have never looked back since then, I was getting admission in the same college for a medical seat, but decided to completely forget this incidence, and therefore, purposely took admission in Kasturba Medical College in Manipal from where I did MBBS and MS."

SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE ASICC

Dr M G Bhat

Surgical Career

Worked with **Liverpool Hospitals** from 1978 to 1983
In **Riyadh,** Saudi Arabia, for three years, Central Hospital as a specialist in surgery.
MS Ramaiah Hospital for an year
Manipal Hospital: Since the time of inception in 1991,Head of Department of General Surgery at the hospital form 1992 to 2005 and continued to work from 2009 to 2020
Medical Director at Manipal for a year,
Wockhardt Hospital on Baneergatta road: Established the surgical department
Medical Director at the Nova Medial Centres from 2007 to 2012 and was instrumental in establishing this concept in many stand-alone such centres across the country.
Satya Sai Hospital in Whitefield as an honorary surgeon for many years.

Manipal Experience

It is at Manipal Hospital that my surgical career surged newer heights. I had a special interest in surgical gastroenterology, especially hepatobiliary pancreatic surgery. There were not many doing these surgeries in those days in Bangalore. It was in 1992, after coming back from an International conference in Delhi, I introduced Laparoscopic surgery technique in Manipal Hospital. I have very good memories of Manipal Hospital, which is an amalgamation of corporate, social as well as educational views.

SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE ASICC

Dr M G Bhat

Awards and Recognition

Awarded Blue Ribbon gold medal 1972 as a best outgoing student of Kasturba Medical College, Manipal/Mangalore.
Dr TMA Pai Gold Medal and Blue Ribbon awarded for obtaining the highest marks in the medical career.
Lifetime achievement honour given by the Kasturba Medical College during the Diamond Jubilee Celebrations of the College in Jan 2004.
Life time achievement by ASI KSC
Life time Achievement by the IAGES
Life time Achievement by the SSBASICC 2019

SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE ASICC

Dr M G Bhat

Interesting incidents to share

"The other area of interest is medical ethics which I developed when a family of a diseased patient of mine filed a court case against me for negligence. This was an old high-risk patient who was refused to be operated in few places. I took up the case and did the operation. Unfortunately, the patient did not survive. Just before he died I was out of station. A lot of confusion was created and the relatives felt that I was negligent, completely suppressing the fact that he was unfit and on wheelchair,They decided to give up when they realised they did not have a chance with legal route. This incident annoyed me and I took a decision to do something about it. I did a Diploma in Medical Law & Ethics by chapter." He also did a Diploma in Medical Informatics in 2003 from Royal College of Surgeons of Edinburgh. "I found the concept very interesting, and my surgical career actually took a backseat for two years as the course was demanding and needed intense reading" shares Dr M G Bhat.

Looking Back

"I decided to retire from clinical work with the beginning of pandemic but continue with the association and academic activities. Life has been good and God has been kind to me , as I look back at my professional journey as a surgeon. With an experience of more than four decades of doing many complex and difficult surgeries successfully, I felt that I should retire when all is going good and before my work efficiency gets blunted and so the time came with the onset of pandemic lock down to stop completely at the age of 72 when I was in good health and fit. He avers, I feel that as a surgeon one needs to be completely in control-both physically and mentally, when you operate, because your results are directly proportionate to the efficiency you have ."

SUSHRUTHA

NEWSLETTER APRIL-MAY 3/22

SURGICAL SOCIETY OF BANGALORE ASICC

Dr M G Bhat

Extra Surgical Activities

"My wife and I love to travel to Scotland to meet our daughter and family. I am not an avid reader. One or two books in a year. I used to play cricket as a medical student.
Today, I enjoy playing golf. Golf started around 2006 as a change to the routine and gradually got roped into the committee leading to being the president of the Karnataka Golf Association 2020-2022. This gave me an unbelievable exposure and great experience of dealing with general administration and with different kind of personalities. It was both frustrating and enjoyable time and at the end I have come out with a good note establishing credibility and accountability".

Advise to Young Surgeon

In surgery, the experience comes only through operating, which only happens once you are through with your post-graduation.
"There is an old saying that 'a good surgeon operates with his hand, not with his heart'. For me, it is the heart which sometimes helps me to take a very tough surgical decision at the time of crisis. When I am about to take a decision on an operation table, I imagine the patient at the place of my close ones and take the best decision possible,"
"What differentiates a successful surgeon from an ordinary surgeon is his or her power of taking snap decisions. This quality gets built in at the start of the surgeon's career. I was missing this quality in the early part of my career . On some occasions in the early days, I was slow in taking decisions, may be because of lack of courage. Many surgeons have this issues and lack the courage to take decisions. "Patients come with a blind hope that they will be cured. They want a guarantee for a lifetime."
"I analyse a lot. I have records of each and every surgery since the time I did my first surgery in 1976. I look at my own mistakes and correct myself the next time. I have done a lot of self-training like this and keep improving my techniques and approach and that is the reason for my success. I have always done what is best for the patient. I have never blamed anyone for failures in my career and never looked back at decisions made in my life. I have always been kind and generous in my charges."

SUSHRUTHA

NEWSLETTER JAN 22 1/22

SURGICAL SOCIETY OF BANGALORE ASICC

Advertisements