SUSHRUTHA

NEWSLETTER AUG-SEPT 5/22

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SURGICAL SOCIETY OF BANGALORE ASI CC

TABLE OF CONTENTS

SUSHRUTHA

NEWSLETTER AUG-SEPT 5/22
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"

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NEWSLETTER AUG-SEPT 5/22

SURGICAL SOCIETY OF BANGALORE ASICC

Message from President

Dr. Sampath Kumar K,

Respected Members of SSBASICC

We sincerely thank the editorial team for the excellent work in bringing out such a nice e-newsletter, **SUSHRUTHA**. Apart from monthly clinical meetings hosted by different Medical Institutions, we have conducted master class video discussions on operative surgery and Basic Surgical skill course which was attended by a good number of postgraduate students which was well appreciated and has i benefited them immensely.

We have successfully conducted surgeon's day programme and honoured two eminent surgeons of Bengaluru, **Dr K V Ashok Kumar** and **Dr Ramdev** for their life time achievement. Prestigious professor B N Balakrishna Rao oration was given by **Dr Vikram Kate** (Prof, General and GI Surgery, JIPMER). The topic "Corrosive gastro oesophageal stricture management: our experience of 3 decades" was thoroughly enjoyed by one and all. We also conducted a rural camp with the help of our past general secretory **Dr Harish a**nd we sincerely thank him for his help.

We have an important programme coming in the month of November, Prof B Hanumaiah Memorial National Continuing Surgical Education Program (CSEP) 2022. We request all the members / HODs to encourage their postgraduates to attend this programme in large numbers and make it a grand success.

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

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

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NEWSLETTER AUG-SEPT 5/22

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

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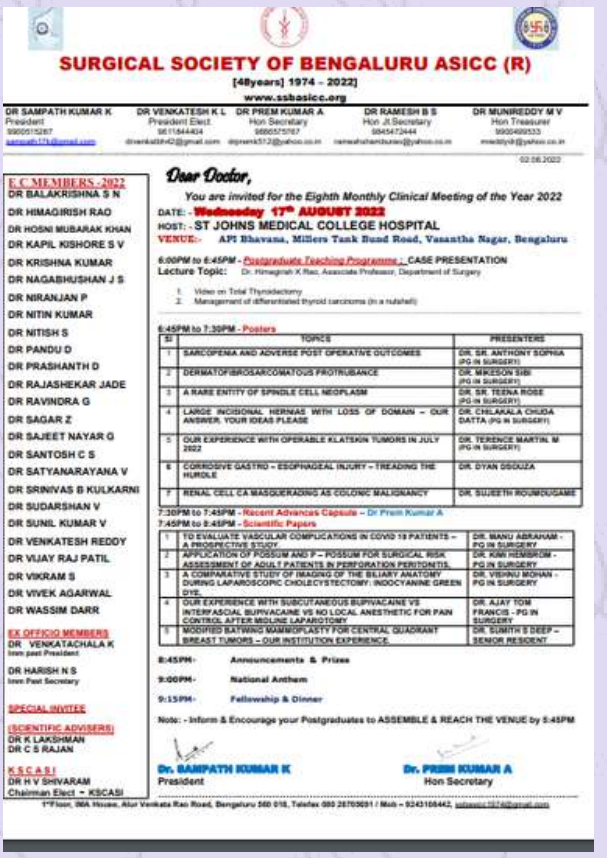
NEWSLETTER AUG-SEPT 5/22

SURGICAL SOCIETY OF BANGALORE ASICC

Academic Activities



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Dear Doctor,

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

DATE: - **Wednesday 17th AUGUST 2022**
HOST: - ST JOHNS MEDICAL COLLEGE HOSPITAL
VENUE:- API Bhavana, Millers Tank Bund Road, Vasantha Nagar, Bengaluru

6.00PM to 6:45PM - Postgraduate Teaching Programme : CASE PRESENTATION
Lecture Topic: Dr. Himagirish K Rao, Associate Professor, Department of Surgery

1. Video on Total Thyroidectomy
2. Management of differentiated thyroid carcinoma (in a nutshell)

6:45PM to 7:30PM - Posters

Sl	TOPICS	PRESENTERS
1	SARCOPENIA AND ADVERSE POST OPERATIVE OUTCOMES	DR. SR. ANTHONY SOPHIA (PG IN SURGERY)
2	DERMATOFIBROSARCOMATOUS PROTRUBANCE	DR. MIKESON SIBI (PG IN SURGERY)
3	A RARE ENTITY OF SPINDLE CELL NEOPLASM	DR. DR. TEENA ROSE (PG IN SURGERY)
4	LARGE INCISIONAL HERNIAS WITH LOSS OF DOMAIN – OUR ANSWER, YOUR IDEAS PLEASE	DR. CHILAKALA CHUDA DATTA (PG IN SURGERY)
5	OUR EXPERIENCE WITH OPERABLE KLATSKIN TUMORS IN JULY 2022	DR. TERENCE MARTIN. M (PG IN SURGERY)
6	CORROSIVE GASTRO – ESOPHAGEAL INJURY – TREADING THE HURDLE	DR. DYAN DSOUZA
7	RENAL CELL CA MASQUERADING AS COLONIC MALIGNANCY	DR. SUJEETH ROUMDUGAME

7:30PM to 7:45PM - Recent Advances Capsule – Dr Prem Kumar A
7:45PM to 8:45PM - Scientific Papers

1	TO EVALUATE VASCULAR COMPLICATIONS IN COVID 19 PATIENTS – A PROSPECTIVE STUDY	DR. MANU ABRAHAM - PG IN SURGERY
2	APPLICATION OF POSSUM AND P – POSSUM FOR SURGICAL RISK ASSESSMENT OF ADULT PATIENTS IN PERFORATION PERITONITIS.	DR. KIMI HEMBROM - PG IN SURGERY
3	A COMPARATIVE STUDY OF IMAGING OF THE BILIARY ANATOMY DURING LAPAROSCOPIC CHOLECYSTECTOMY: INDOCYANINE GREEN DYE.	DR. VISHNU MOHAN - PG IN SURGERY
4	OUR EXPERIENCE WITH SUBCUTANEOUS BUPIVACAINE VS INTERFASCIAL BUPIVACAINE VS NO LOCAL ANESTHETIC FOR PAIN CONTROL AFTER MIDLINE LAPAROTOMY	DR. AJAY TOM FRANCIS - PG IN SURGERY
5	MODIFIED BATWING MAMMOPLASTY FOR CENTRAL QUADRANT BREAST TUMORS – OUR INSTITUTION EXPERIENCE	DR. SUMITH S BEEP – SENIOR RESIDENT

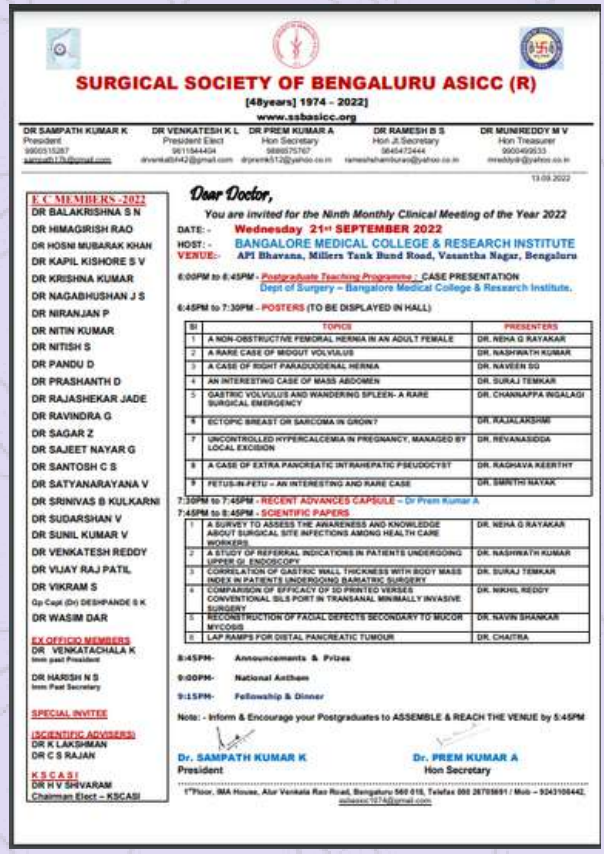
8:45PM- Announcements & Prizes
9:00PM- National Anthem
9:15PM- Fellowship & Dinner

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

Dr. SAMPATH KUMAR K
President

Dr. PREM KUMAR A
Hon Secretary

1stFloor, IMA House, Alur Venkata Rao Road, Bengaluru 560 018, Telefax 080 26703091 / Mob – 9243108442, sskascc1974@gmail.com



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DR H V SHIVARAM
Chairman Elect – KSCASI

Dear Doctor,

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

DATE: - **Wednesday 21st SEPTEMBER 2022**
HOST: - BANGALORE MEDICAL COLLEGE & RESEARCH INSTITUTE
VENUE:- API Bhavana, Millers Tank Bund Road, Vasantha Nagar, Bengaluru

6.00PM to 6:45PM - Postgraduate Teaching Programme : CASE PRESENTATION
Dept of Surgery – Bangalore Medical College & Research Institute.

6:45PM to 7:30PM - POSTERS (TO BE DISPLAYED IN HALL)

Sl	TOPICS	PRESENTERS
1	A NON-OBSTRUCTIVE FEMORAL HERNIA IN AN ADULT FEMALE	DR. NEHA G RAYAKAR
2	A RARE CASE OF MIDGUT VOLVULUS	DR. NASHWATH KUMAR
3	A CASE OF RIGHT PARADUODENAL HERNIA	DR. NAVEEN SG
4	AN INTERESTING CASE OF MASS ABDOMEN	DR. SURAJ TEMKAR
5	GASTRIC VOLVULUS AND WANDERING SPLEEN- A RARE SURGICAL EMERGENCY	DR. CHANNAPPA INGALAGI
6	ECTOPIC BREAST OR SARCOMA IN GROIN?	DR. RAJALAKSHMI
7	UNCONTROLLED HYPERCALCEMIA IN PREGNANCY, MANAGED BY LOCAL EXCISION	DR. REVANASIDDA
8	A CASE OF EXTRA PANCREATIC INTRAHEPATIC PSEUDOCYST	DR. RAGHAVA KEERTHY
9	FETUS-IN-FETU – AN INTERESTING AND RARE CASE	DR. SMRITHI NAYAK

7:30PM to 7:45PM - RECENT ADVANCES CAPSULE – Dr Prem Kumar A
7:45PM to 8:45PM - SCIENTIFIC PAPERS

1	A SURVEY TO ASSESS THE AWARENESS AND KNOWLEDGE ABOUT SURGICAL SITE INFECTIONS AMONG HEALTH CARE WORKERS	DR. NEHA G RAYAKAR
2	A STUDY OF REFERRAL INDICATIONS IN PATIENTS UNDERGOING UPPER GI ENDOSCOPY	DR. NASHWATH KUMAR
3	CORRELATION OF GASTRIC WALL THICKNESS WITH BODY MASS INDEX IN PATIENTS UNDERGOING BARIATRIC SURGERY	DR. SURAJ TEMKAR
4	COMPARISON OF EFFICACY OF 3D PRINTED VERSES CONVENTIONAL SILS PORT IN TRANSANAL MINIMALLY INVASIVE SURGERY	DR. NIKHIL REDDY
5	RECONSTRUCTION OF FACIAL DEFECTS SECONDARY TO MUCOR MYCOSIS	DR. NAVIN SHANKAR
6	LAP RAMPS FOR DISTAL PANCREATIC TUMOUR	DR. CHAITRA

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

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NEWSLETTER AUG-SEPT 5/22

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Best Paper

Name- Dr. Vishnu Mohan

Institute – St. John's Medical College , Bangalore

Title

A comparative study of imaging the biliary anatomy during laparoscopic cholecystectomy :Indocyanine green dye vs conventional laparoscopic cholecystectomy

Introduction-

Laparoscopic Cholecystectomy is a common Elective Laparoscopic Procedure. Complications during the procedure can result in significant morbidityVariations in anatomy is the main reason for bile duct injury, most common being variations in the insertion of Cystic duct into the common bile duct. Common preventive measures implemented to reduce the complicationsareThe Critical View of Safety (CVS), Dissection within Calot's Triangle, Techniques such as Intra / Per operative cholangiogram (Debatable because it requires minimal dissection within the Calot's triangle to cannulate the cystic duct and also requires extra personnel and equipments along with adding to the operative time). Near-Infrared Fluorescence (NIRF) imaging after an i.v injection of Indocyanine Green (ICG) Dye provides a real time imaging of the biliary tract before dissection of the Calot's triangle. ICG is an intravenous dye which when stimulated by near-infrared light (700–900 nm) provides fluorescent visualization of vascular and biliary structures. It is metabolized exclusively by hepatic parenchymal cells and secreted into bile. Peak concentration in the bile reaches within 30 min - 2 h, and in the arterial system it requires1–2 min.

Aims and objectives- To compare the effectiveness of using ICG dye and NIRF during Laparoscopic Cholecystectomy vs conventional Laparoscopic Cholecystectomy.

Objectives Primary-To assess the utility of ICG dye and NIRF imaging during Laparoscopic Cholecystectomy by comparing the time required and ease of dissection of anatomy to reach the Critical View of Safety vs conventional Laparoscopic Cholecystectomy.**Secondary**.a) To compare the incidence of intraoperative bile duct injury and other complications during NIRF assisted laparoscopic cholecystectomy versus conventional laparoscopic cholecystectomy.b) To study the variation in anatomy of the biliary structure.

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NEWSLETTER AUG-SEPT 5/22

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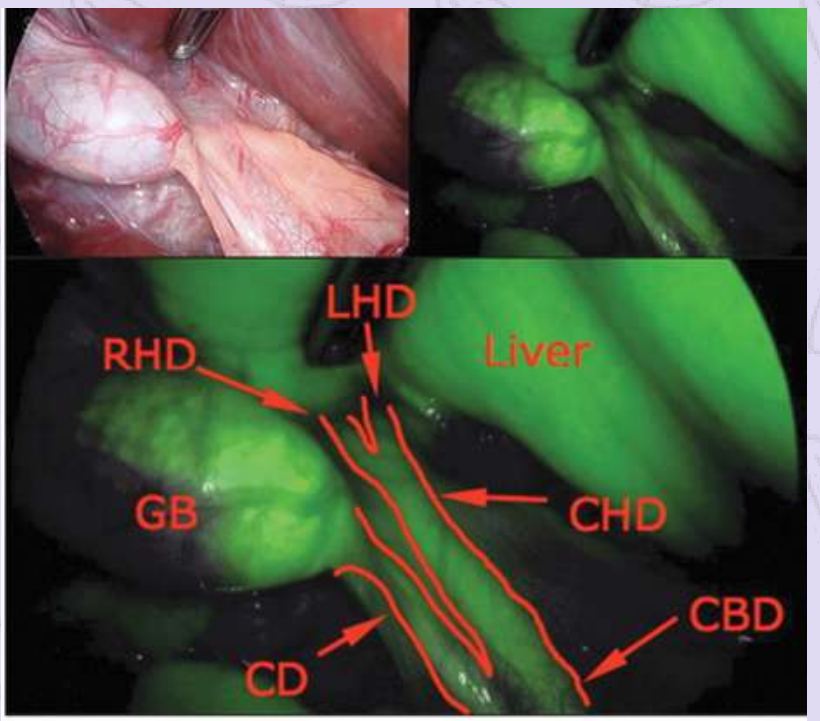
Research methodology

This was a Quasi-Randomised comparative study conducted after Institutional Ethics committee clearance .Study Period: November 2020 to July 2022.50 patients undergoing laparoscopic cholecystectomy were analysed. The patients were randomly divided into Study and Control group of 25 each. **Inclusion criteria** Patients above the age of 18 advised to and consented to undergo Laparoscopic Cholecystectomy for acute cholecystitis(<72 hours), symptomatic cholelithiasis or for sequelae of Gall stone disease. **Exclusion criteria**: Acute cholecystitis (>72 hours), Patients who have known allergy to ICG dye, Patients who have not consented for the intervention After Informed consent , 0.1ml intradermal test dose was given half an hour before shifting to the OT. 2.5 ml of ICG via iv infusion was given in the receiving area , which corresponds to 30-45 minutes prior to visualization of biliary structures during laparoscopic cholecystectomy. NIRF imaging was used to identify the biliary anatomy during Laparoscopic Cholecystectomy (Stryker AIM 1588). Parameters Analyzed:

Outcome measure	**Definition**
Time until identification of CD	Time in minutes
Time until identification of CBD	Time in minutes
Time until visualization of CVS	Time in minutes
Intraoperative bile leakage	Visualised bile lea
Bile duct injurym	Strasberg classification



Normal biliary anatomy using ICG & NIRF

Results

VARIABLE	STUDY	CONTROL	SIGNIFICANCE
CD	10.92 m	14.48 m	P < 0.0139
CBD	13.16 m	18.36 m	P< 0.0037
CVS	14 m	23 m	P< 0.0029

Anatomical variations were identified in 1 patient in each Study and Control group .2 cases in the control group were converted to open – one because of minor CBD injury and the other because of Frozen Calot's triangle . No cases were converted to open in the study group.

Conclusion

Laparoscopic Cholecystectomy with ICG & NIRF provides a better , faster visualization of extrahepatic biliary anatomy thereby enabling safer and better dissection within the Calot's triangle. It can also be used as an alternative to Intraoperative Cholangiogram. All these factors reduces the instances of bile duct injury and therefore ICG with NIRF should be used as an adjunct to improve patient safety during Laparoscopic Cholecystecomy.

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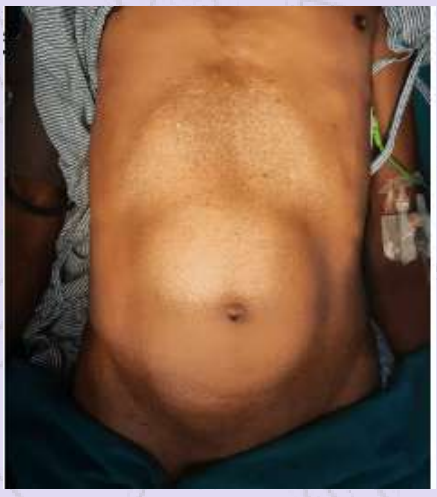
NEWSLETTER AUG-SEPT 5/22
SURGICAL SOCIETY OF BANGALORE ASICC

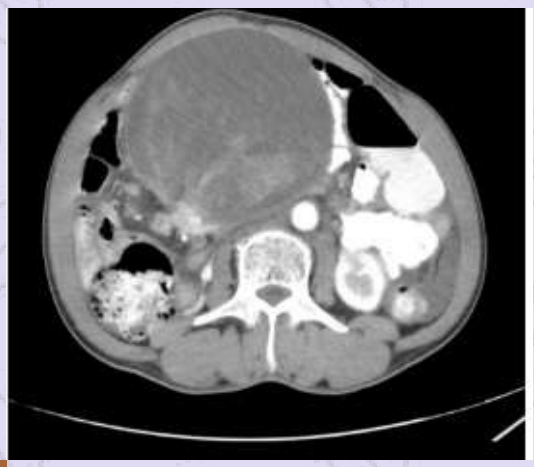
Best Poster

Presenter's name - Dr. Tresa Rose A
Institute - ST. JOHN'S MEDICAL COLLEGE AND HOSPITAL, BANGALORE.

Title: A rare entity of spindle cell neoplasm…



Case report:
History: A 58-year-old male patient with no co-morbidities presented with complaints of pain and mass per abdomen for 6 months. On examination– Center abdominal mass involving periumbilical, Right Iliac fossa, Rt Lumbar and Hypogastrium with smooth surface, well defined borders, firm in consistency, horizontally mobile. Intraperitoneal mass



Investigations:
. PET CT large solid cystic mass likely malignant possibly of retro peritoneal GCT.
CECT
• well defined, thin walled, abdominopelvic, predominantly cystic lesion with multiple enhancing septations and solid components, likely arising from root of mesentery.
• No infiltration of mass into surrounding bowel.
• Internal Vascularity from SMA and SMV.

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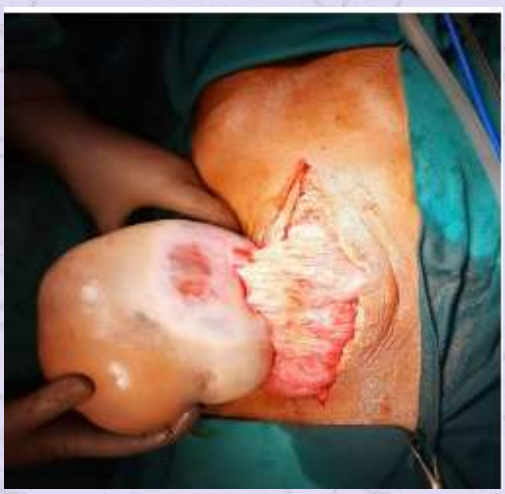
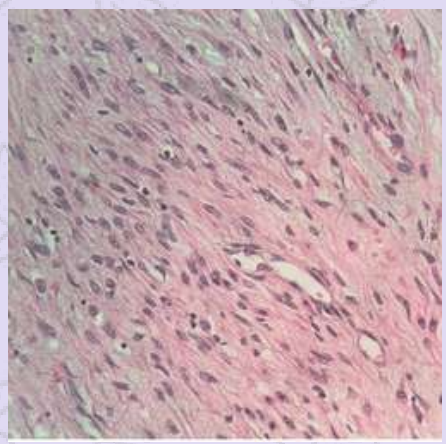
Surgical procedure :-
Laparotomy + Excition of mesenteric mass



Operative findings:1) 12x15 cm cyst, with a fleshy firm stalk arising from Jejunal mesentery, 75 cm from Duodenojejunal flexure noted with thick capsule with Vascular pedicle, free from surrounding bowel.
2) Frozen section showed multiple cellular sediments.



Histopathology
MICROSCOPY: Portions of neoplasm-loosely arranged spindle cells, edematous myxoid background., fascicular arrangement of cells, No significant atypia/mitoses, Inflammatory infiltrate, lymphocytes, plasma cells and mast cells; focal aggregates

Tumor Markers
The neoplastic cells are positive for SMA, Desmin,h- caldesmon, S 100 is focally positive. The proliferative index (K167) is <5% Negative for ALK, Beta Catenin and CD117,The Immunoprofile is consistent with Inflammatory Myofibroblastic Tumor.

Discussion
Inflammatory Myofibroblastic Tumor (IMT) is an uncommon lesion of unknown cause. The word “TUMOR” because it mimics malignant neoplasm clinically, radiologically and histopathologically. Various terms used are inflammatory pseudotumor, fibrous xanthoma, pseudosarcoma, and most recently, Inflammatory Myofibroblastic Tumor. Common sites - lungs, eye, peritoneum and mesentery. Clinically - painless, indurated mass or swelling of relatively short duration or following specific symptoms related to the site of origin.Diagnosed through CT or MRI but it might be nonspecific and often suggest infiltrative growth, aggressive malignant lesion or granulomatous disease. Treatment - radical excision, steroids, irradiation and/or chemotherapy. CO2 laser is a
new modality of treatment.

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NEWSLETTER AUG-SEPT 5/22

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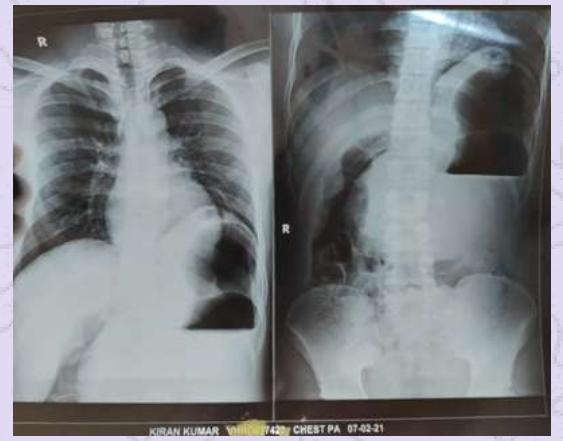
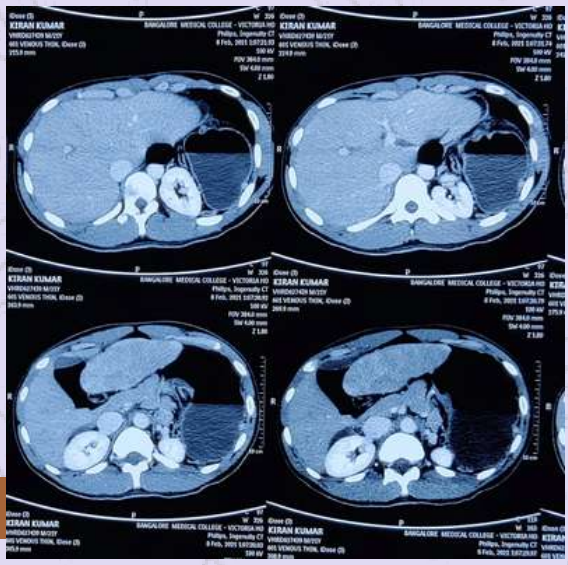
Best Poster

Presenter Name – Dr Channappa M Ingalagi

Institute- Bangalore Medical College and Research Institute

Title- Gastric Volvulus and Wandering Spleen : A Rare Surgical Emergency





Case Report:

A 21-year-old male was admitted to the emergency department of our hospital complaining of severe abdominal pain, nausea, and multiple episodes of vomiting followed by repeating nonproductive retching. Upon physical examination abdomen was diffusely tender in left hypochondrium and epigastric region, and bowel sound were present. There was a significant difficulty in passing a nasogastric tube.

Investigation

CECT- suggestive of Mesentericoaxial type of gastric volvulus causing gastric outlet obstruction.Wandering spleen with an elongated and dilated splenic vein . Endoscopy -showed scattered multiple necrotic patches seen across the body of stomach, 2 litre of food and fluid stasis were noted in the stomach GEJ visualised and mucosa appeared normal at GEJ.

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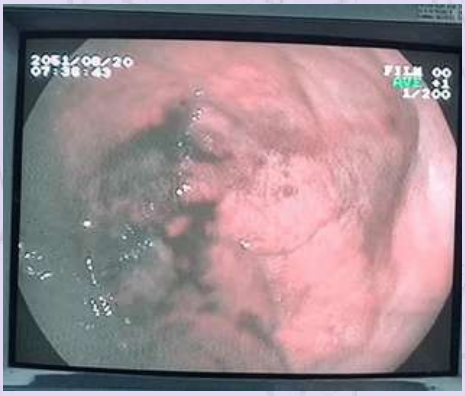
Treatment:

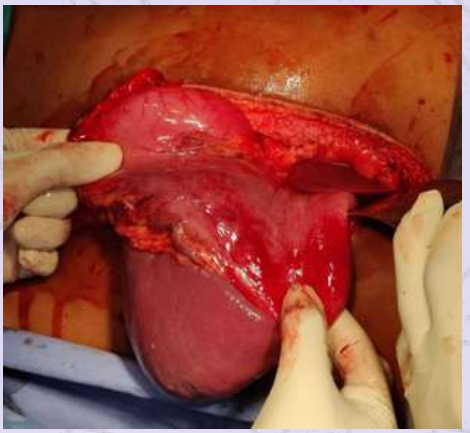
On Exploratory laparotomy wandering spleen noted to the left of midline with no peritoneal attachment and mesentericoaxial rotation of stomach noted, left gastroepiploic vein engorged Congestion of stomach was noted , which decreased following derotation.

Gastropexy and spleenopexy done.



Discussion

Gastric volvulus in almost all the cases is associated with congenital diaphragmatic hernia and eventration of the diaphragm and wandering spleencas The aetiology of gastric volvulus is thought to be secondary to laxity or lack of the gastric (gastrohepatic,gastrosplenic, gastroduodenal, and gastrophrenic) ligaments, leading to volvulus, as in our case. The most approved surgical treatment consists in anterior gastropexy with open or laparoscopic technique.

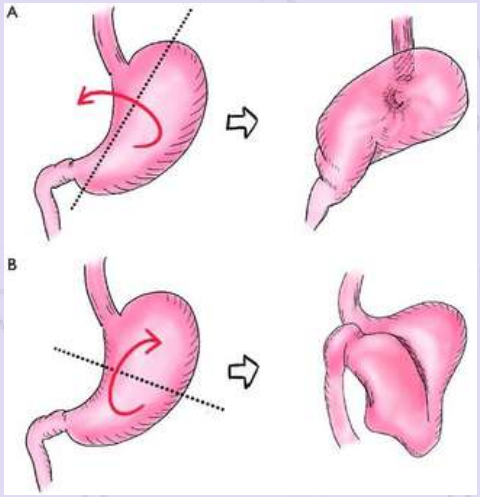


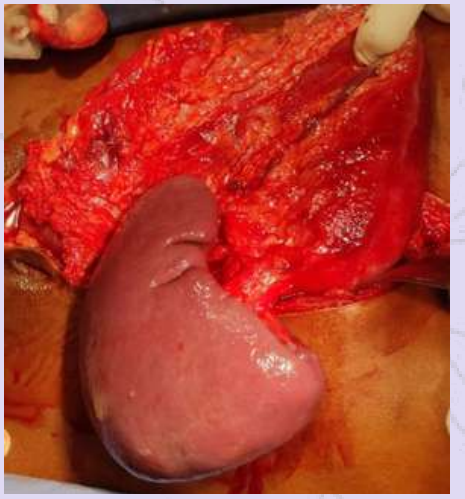
Conclusion

It is a diagnosis of clinical exclusion.

Surgical intervention is the optimal treatment.

These entities are potentially life-threatening, if not treated in time





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NEWSLETTER AUG-SEPT 5/22
SURGICAL SOCIETY OF BANGALORE ASICC

Best Paper

Presenter name-Dr.Nikhil S Reddy
Institute-Bangalore medical college and research institute ,Bangalore

Title: To compare the efficacy of 3D printed SILS port versus conventional port in TAMIS(Transanal minimally invasive surgery)- A pilot study

3D printed SILS port

Introduction:

Rectum and sigmoid colon are the most frequent sites for conditions like polyps, ulcers, cancers etc in gastrointestinal tract. TAMIS (Transanal minimal invasive surgery) was introduced in year 2010 by Larach, Albert and Atallah, is a crossover between single incision laparoscopic surgery and transanal endoscopic microsurgery (TEM)which showed a promising results.To do this procedure SILS (Single Incision laparoscopic surgery) port is used. Variety of SILS ports are available in market with each having their own advantages and disadvantages .Conventional SILS port found to have few drawbacks to insert,insufflate and for instruments.To overcome these problems,3D printing technology is used to print our own SILS port with required design alterations.

Objective of the study: To compare the efficasy of 3D printed SILS port over conventional SILS port

Research methodology:

This is a ongoing Randomised control trial conducted in department of general surgery,Victoria hospital with 18 patients in each group Patients with suspected rectal disease on history,examination are admitted evaluated and posted for TAMIS using conventional port and 3D printed SILS port and surgeon assess the efficacy of port using 4 parameters-port placement,Instrumentation,Insufflation and Durability of port Early results of 5 patients in each group are analyzed

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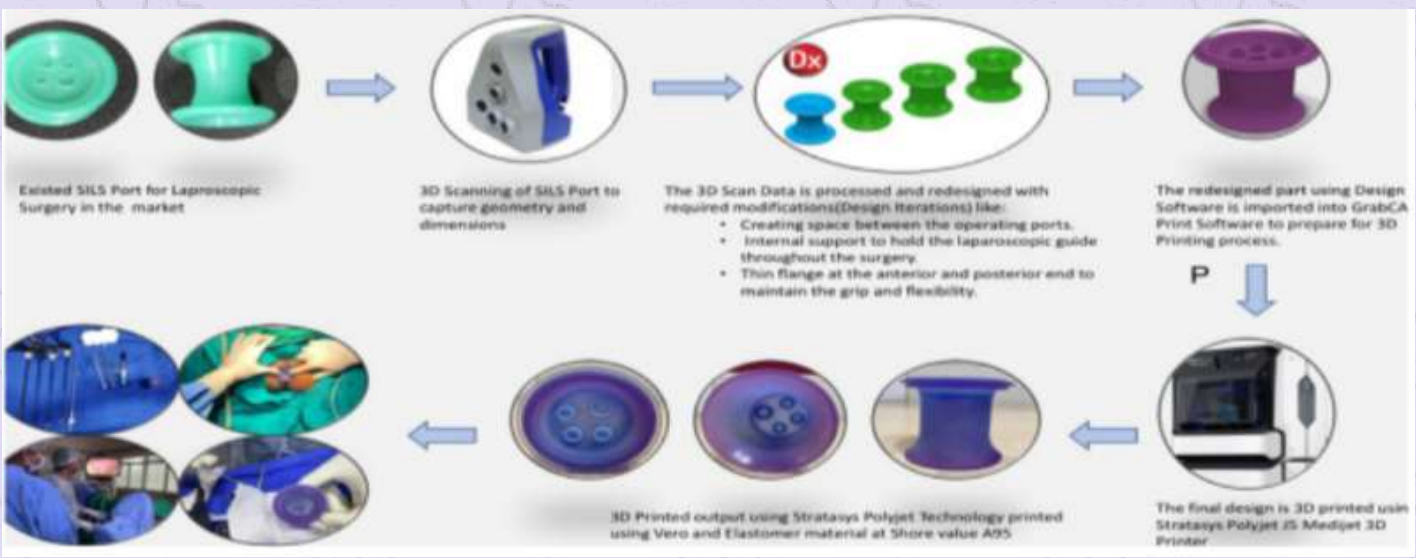
SURGICAL SOCIETY OF BANGALORE ASICC



Results

A statistically significant difference p<0.001* was noted for 3D printed SILS port placement and Instrumentation when compared to conventional port. However, durability of port was better in conventional port than 3D port with a statistically significantdifference p<0.001*

Conclusion

3D printed port demonstrates potential advantage over the conventional port but the process needs refining and standardization.

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SURGICAL SOCIETY OF BANGALORE ASICC

Walkathon organised by Vascular surgeons of Bangalore in association with surgical society of Bangalore ASICC on Saturday 6th August 2022

The walkathon took off from town hall at 7-30am and ended at Kanteerva Stadium Indoor Stadium. Bengaluru

This event was attended by 200 members including Dr K Sudhakar - Hon'ble Health & Medical Education Minister, Govt of Karnataka - was Chief Guest.

Police Commissioner - Bangalore, Shri Pratap Reddy was also present in the event

Dr K R Suresh - Director - JIVAS

Dr Vivekanand - President JIVAS
Dr Sampath Kumar k - President - SSBASICC
Dr R Muralidhar - SSBASICC
Dr Venkatachala K - President Elect - SSBASICC
Dr Venkatesh Reddy - Special Coordinator - SSBASICC
Dr Vikaram S - E C M SSBASICC
Dr Nagabhushan - SSBASICC

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NEWSLETTER AUG-SEPT 5/22

SURGICAL SOCIETY OF BANGALORE ASICC

Master Class Operative Surgery discussions (Video) Session held on Saturday 27th AUGUST 2022

Master Class Operative Surgery discussions (Video) Session held on Saturday 27th AUGUST 2022 hosted by Surgical Society of Bangalore ASI City Branch in association with Healthium Medtech Limited and Endorsed by Hernia Society of India @ API Bhavana,Bengaluru @ 6-30pm.(90 members attended this meeting (Consultants as well as Postgraduates from Various Teaching Hospitals)

Operations:

1. Open Inguinal Hernia Mesh repair -
   Dr C S Rajan-
   Consultant Surgeon – Vydehi Specialty Hospital (Formerly Mallya Hospital) and
   Annaswamy Mudaliar Hospital,
   Bengaluru

2. Laparascopic Inguinal Hernia Mesh Repair -
   M Ramesh –
   BEST Institute and A V Hospital, Bengaluru.

Moderators:

1. Dr Ashok Nayak K –
   Director Nayak Hospital and
   Consultant Surgeon
   Bhagwan Mahaveer Jain Hospital,
   Bengaluru.

2. Dr Ravishankar H R –
   Head of the Surgery department and
   Consultant Surgeon – Sagar Hospital –
   Jayanagar, Bengaluru

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SURGICAL SOCIETY OF BANGALORE ASICC

BASIC SURGICAL SKILLS COURSE FOR SURGICAL POSTGRADUATE STUDENTS

Basic surgical skills course for surgical postgraduate students was conducted by SURGICAL SOCIETY OF BANGALORE ASI CITY Branch in Association with BMCDT / BMCAA CLINICAL SKILL CENTER on Sunday 11th SEPTEMBER 2022 with Limited Registration for 20 students Only.

Introduction with ppt - Dr C S Rajan

Open skills : Dr Prem Kumar
Dr Nagabhushan

Bowel Anastomosis :
Dr C S Rajan
Dr Rajashekar C Jaka
Dr Munireddy M V
Dr B S Ramesh

Station-4 Laparoscopic skills
Dr Nishant L

Coordinators
Dr Sampath Kumar K
Dr Prem Kumar A
Dr Venkatesh K L

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Congratulations!!

Dr Amit Kumar Jain
Professor, Raja Rajaeshvari Medical College

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SURGICAL SOCIETY OF BANGALORE ASICC

Interview with Dr. Uday Madhavrao Muddebihal

MS FRCS (Edin) FRCS(London)
FRCS (Glasgow) FACS(USA)

Personal details.

Dr Uday M Muddebihal was born in Bijapur, Karnataka, on 11September 1953 to Mr Madhvarao and Sarojini Muddebihal. His father was working in Education department of Karnataka. He is married to Mrs. Sally Uday Muddebihal, who has been an immense support to him throughout his career. He has 3 chidren, Deepali, Roopali and Deepak, who are software engineers working in US. Both his daughters are married ,and have 2 grand children. He studied in various schools in Karnataka, (Savnoor, Dharward, Gulbarga and Hubli) as his father had a transferable Job.

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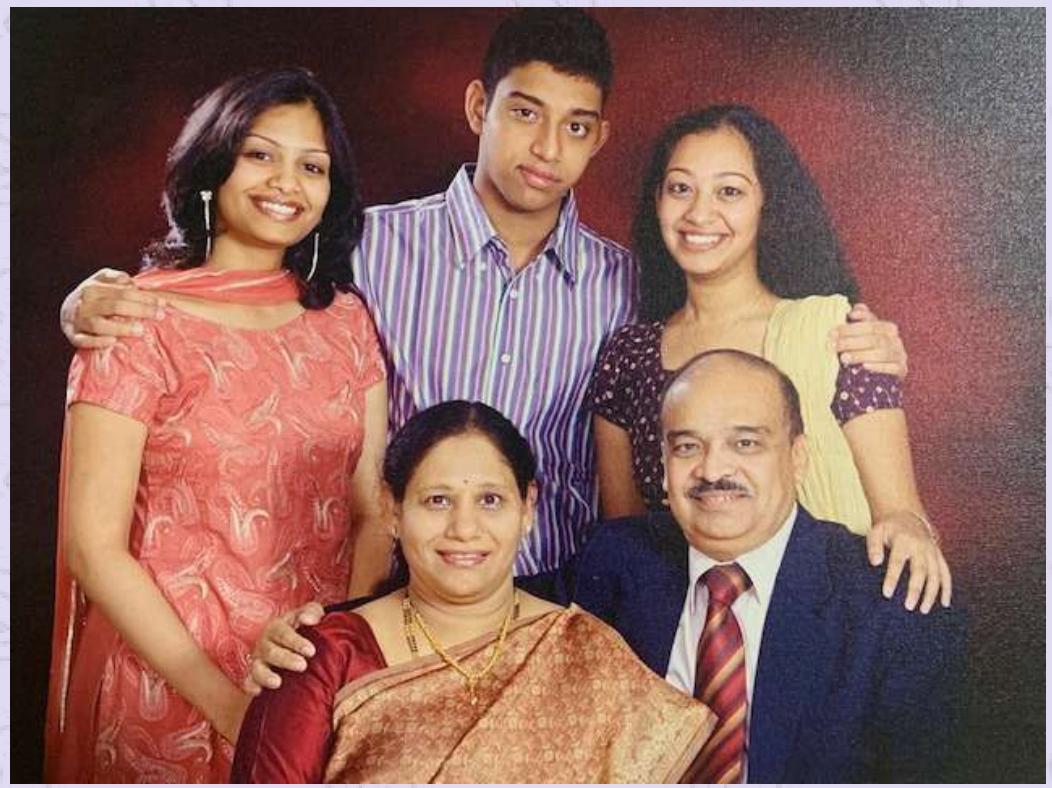
Dr. Uday Muddebihal



Dr. Uday Muddebihal and his family

School days

I was an average student during my school and college days, happy go lucky young lad, interested in extracurricular activities rather then academics. Unfortunately I did not get admission in to Medical after 12th Standard, I missed every year getting admission in to Medical by 1 Mark!!. So I continued doing BSc with Chemistry Major and Zoology minor. On the basis my final BSc marks I finally secured admission in to Medical, Oh, what a relief, succeeded, at last as ***I wanted to be a Doctor !!***

Interesting Incident

Before joining Medical, as I had to wait for a year, I worked as a teacher in Nutan Vidyalaya High school, in Gulbarga. The interesting part was that, some of the students whom I taught in 12th standard, became my classmates in 1st MBBS, and addressed me as "Sir"!, which was an embarrassing situation for me initially, but eventually I got used to it.

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Dr. Uday Muddebihal

Surgical career- Surgeon in the Making - Interesting fact

After completing MBBS, I moved to Bombay for my future career, as during those days (4 decades ago) Bombay was considered as the "Mecca of Medicine ", and a "magical city", where everyone came to fulfill their dreams. I went to Bombay with the intention of becoming a physician. As I couldn't get medical residency post at that time, and had to wait for 6 months in order to get it. I opted for a surgical residency temporarily, so that I would have a room to stay in, along with a monthly income to sustain myself in this big city that I wasn't familiar with.

During that surgical residency period, (Rajawadi Hospital Ghatkopar) there were only 2 units where in, it had alternate days of OPD and OT, which led me to work 24x7 for 6 months. I was forced to do emergency and elective surgeries, under the guidance of my registrar Dr. Komal Singh, who was over worked and in order to reduce his work, he encouraged me to perform all the surgeries under his guidance.

This led me to change my mind to becomimg a surgeon from the initial desire of becoming a physician!!

After working as a Surgical resident in Various hospitals in Bombay, I was fortunate to get MS seat in Tata Memorial Hospital under Dr. P B Desai, who was the director of the hospital at that time. During my residency in surgery, I worked in Bombay Hospital, KEM and Tata Memorial Hospital, and RPTB Chest hospital. I was fortunate enough to work with, Dr. PB Desai, Dr. Shirish Bansali, Dr. Shrikhande and Dr. Vasant Setha, and many others who were Doyens in the Surgical field during those days.

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NEWSLETTER AUG-SEPT 5/22

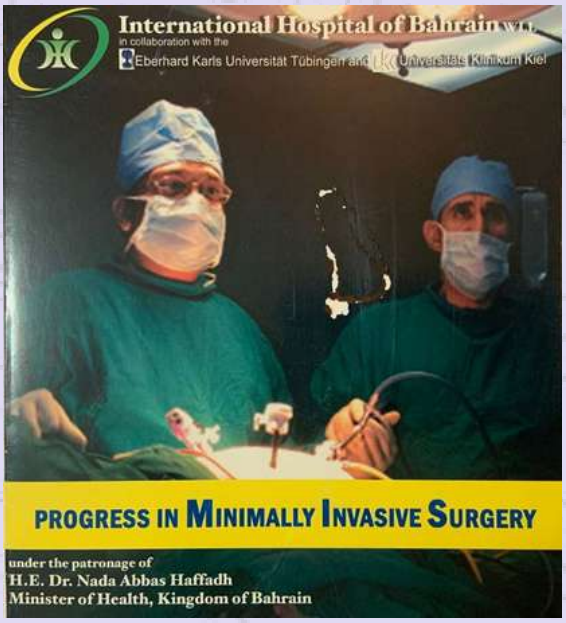
SURGICAL SOCIETY OF BANGALORE ASICC

Dr. Uday Muddebihal

I started my surgical career in Bahrain and later moved to the UK, to do my fellowship. I started my residency in Accident and Emergency and went on to do surgical rotation completing the Fellowship!! Though it was a hard time, I enjoyed every bit of it as I had the full support of my family.

During that period, Laparoscopic surgery had just started. With the desire to learn the ***"in thing",*** I had training in Basic and Advanced laparoscopic surgery at Dundee under Prof. Cusheri (In Glasgow).

I returned to Bahrain, to the same hospital International hospital of Bahrain) with higher remuneration (Because of my Fellowship!!) to start laparoscopic work - What a turn around.!!!!



I was one of the first surgeons to start the Laparoscopic surgery in Bahrain, which hit the head lines in in "The Gulf. Daily" news paper.

During that time, I conducted a world conference on "Progress in Minimally Invasive Surgery," and I had invited Dr. M G Bhat, President IAGES and Dr. M Ramesh as faculty from Bangalore.

After returning to India, I joined as Prof of Surgery at SDM Medical college Dharward, which had just started. Later I moved to Bangalore and Joined Manipal Group of Hospitals as consultant in General and Laparoscopic surgery. As I was interested in teaching, I extended my services at Rajarajeshwari Medical college .

Endoscopic surgery introduced in Bahrain International Hospital

The operations can be performed with greater accuracy and speed without cutting open the body

From S.V. Venkatraman
Our Bahrain Bureau Chief

Manama

A private hospital here has introduced endoscopic surgery which reportedly cuts down on the recuperation period of patients, allowing them to return to normal duties in less than seven days.

According to Dr. Uday Muddebihal, General and Laparoscopic Surgeon at the International Hospital of Bahrain, the process, since its introduction in his hospital has evinced widespread interest.

"Although the method, popularly known as 'Key Hole Surgery' has been in vogue in many parts of the world for quite sometime now, it has made its debut in the region recently.

"Diagnosis and surgery on patients suffering from varied ailments can be performed with greater accuracy and speed, eliminating the need to 'cut open' the body of the patient, as done in conventional types of operations.

"Endoscopic surgery conforms to a variety of applications," he said during an interview with *Gulf News* yesterday.

According to available information, this type of surgery is being performed at the Salmaniya Medical Center and at the Bahrain Defence Force Hospital.

As he explained, small 'ports' of varied sizes are introduced into the body of the patient; the affected organ is displayed on a television screen through a camera, enabling the surgeon to determine the ailment and decide on the necessary course of action. The use of endoscopy in the 'diagnostic process' is invaluable since in many cases surgery could be avoided, he said.

"Since the facility was installed, many patients were examined through this method. It is a matter of gratification that each of the operations performed was successful.

"Removal of ovaries in a patient suffering from breast cancer, gall bladder and appendix surgery have also been performed," Dr. Uday said.

Endoscopic surgery accrues several advantages; patients can resume their normal diet and li the following day and in mo cases, jobs can also be resumed about a week.

The method has proved to cost-effective, he added. Accordi to Ken Wordsworth, Seni Director (Finance a Development), the equipme installed conforms to state-of-t art technology and is estimated have cost BD 20,000.

"While the cost of surgery var depending on the ailment, the t 'package' including ward, surgi and medicine charges could on average work out to BD 1,5 compared to about BD 2,100 surgery through the conventio method.

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NEWSLETTER AUG-SEPT 5/22

SURGICAL SOCIETY OF BANGALORE ASICC

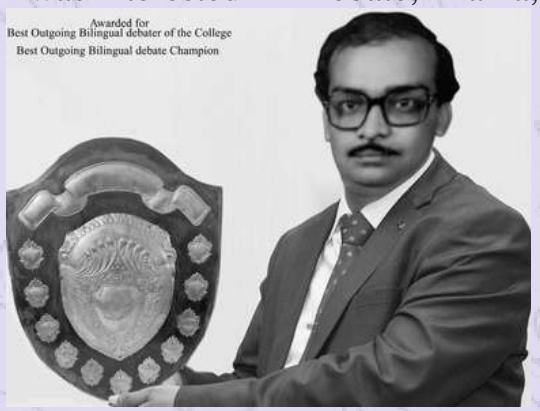
Dr Uday Muddebihal

Awards, Recognition, and Orations

Examiner for Royal College of Surgeons of Edinburgh, London,and Glasgow.

Honored as "Best out going Bilingual (English and Kannada) debate Champion "of KMC Hubli on Karnataka Rajyotsava day in 1976.
Won the 1st prize in Inter Medical Debate competition (Karnataka State in 1974-1975).

I was interested in "Debate, Drama, and Sports". EC Member Sports Committe, KMC Hubli, 1976.



Prof Authikeshavalu Oration
Dr A J Narendra Oration
Dr S S Narsangi Oration
Dr Balakrishna Rao Symposium

Prof B Hanumaiah Memorial Oration ,Nov 26th 2022 (Invited to deliver)

Dr K N Uduppa Endowment Lecture at ASI Conference in Bombay Dec2022

Life Member of Many professional bodies. (ASI, IAGES, ELSA, AMASI, APHS, and many more.
Invited Faculty - In Japan, Indonesia, China, and other Asian countries. For guest lectures (As an Asia Pacific Society member)
Executive member, Treasurer and President (2011) of Bangalore Surgical Society.

Organizing Chairman - KSCASICON 2020 at Bangalore.

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NEWSLETTER AUG-SEPT 5/22

SURGICAL SOCIETY OF BANGALORE ASICC

Dr. Uday Muddebihal

Dr. Uday Muddebihal as president of Bangalore Surgical Society with Prof. Shawrtz

Dr. Uday Muddebihal with President of Royal College of Surgeons, Dr. David Galave.

Honored at KSCC ASICON at Hassan.

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Dr. Uday Muddebihal

Advise to Young surgeons

1 - There is no alternative to sincere and hard work.
2 - Attend regularly CME and hands on training to improve your surgical knowledge and Skills.
3 - As said, surgeons always operates twice on the patient !! First in the mind (steps), Second time on patient, to improve the out come of surgery, (Practice it)
4 - Keep abreast with the newer Technology (Now a days patients are demanding)
5 - Treat always patients with Empathy and sympathy (Spend time with patients and take them in your confidence)
6 - As you have invested lot of your time and money to become a surgeon, don't expect early gratification, Patience and Perseverance is a must.!!
7 - Take the opinion, suggestions, of senior surgeons when in doubt. If necessary, their help in operations. No Ego should be involved, as Safe and Ethical Practice is a must
8 - In the present era, "Early burnout of surgeons " is increasing. Spend quality time with your family, friends and loved ones. They are your stress busters.
9 - Maintain good Mental and Physical health,
10 - Exercise, Practice Yoga , Mediation and have good sleep.

I am ever grateful to my friends, colleagues and Bangalore surgical society, for welcoming me with open arms and warm hearts, after my return from abroad.

Have a nice day, God bless you all

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