

March-April 2023/ Vol-0 2

Sushruta

Surgical Society of Bangalore ASICC
Newsletter



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SSBASICC 2023 Executive Committee



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Dr C S Rajan
Scientific Advisor



Dr K Lakshman
Scientific Advisor



Editorial's desk...

Dear Esteemed members of SSBASICC,

"Excellence happens not by accident; it is a process" – Dr A P J Abdul Kalam

Celebrations par magnificence and conscientious endeavours of visionary Surgeons, apparently, led to the establishment of Surgical Society of Bangalore. Since then the society is committed to enhance academic and clinical activities. Hence, herewith, hearty congratulations to all SSB members, as the Society enters the Golden Jubilee Year (1973-2023). It's time to celebrate and wish the Surgical Society of Bangalore to scoot further to attain new heights.

"Sushrutha" an e-Newsletter reflects the SSB activities with the vision to excel. We, the editorial board, are committed to fulfil the goal.

We request all the elite members of the Surgical Society to continue their invaluable contributions and make this newsletter Vibrant.

With great pleasure we are bringing before you the second issue of 'Sushrutha'. The highlight of this issue is an interview with Dr Munireddy M, Surgical Oncologist, Sagar hospital, which gives us deep insight into his journey towards achieving his dreams. This issue also includes an illustrated report on Golden Jubilee Inauguration, academic and other activities. I thank Dr Neha Chauhan, Dr Aravind Gubbi and Dr Praveen C R for their literary contributions and for being a part of this issue as well. I also extend my gratitude to my colleagues in the Editorial Board for all their support.

Once again, I Wish you all a Happy Golden Jubilee Year!!!!!!

Dr Anupama Pujar K

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Dr Kapil Kishore S V
Member

Send your News, Articles, Case Reports, Classifieds, Awards and Acheivements etc. to "sushruthassb@gmail.com"



Message from Presidents Desk...



Dear Colleagues,

It gives me immense pleasure to once again bring to you this April 2023 edition of the Official Newsletter of SSBASICC – “E Sushruta”. With an entire new array of articles, Interview with surgeons, Case reports of MCM, Basic Surgical Skills Course, Basic Endoscopy Course and invited Extracurricular posts. The articles have been contributed by our members from across the length and breadth of the Bangalore metro city. The Editorial team comprising of Dr. Anupama Pujar, Dr. Hosni Mubarak Khan, Dr Niranjan, Dr Kapil Kishore and Dr Munireddy M V, has come up with another exciting edition of the Newsletter which covers an extensive collection of Golden Jubilee Year Celebration. We also look forward to this years' Prof B N Balakrishna Rao Oration & Surgeons' Day of SSBASICC.

We are delighted to inform you that Surgical Society of Bangalore ASICC will be completing fifty years of its existence since

it was established in 1973 by few likeminded senior surgeons who were visionary leaders and held high positions in the academic field.

As I have mentioned before SSBASICC gives plenty of opportunities for young guns, like Travelling fellowship, All Monthly Clinical meetings, National Continuing Surgical Education Program, State Level Surgical Quiz Competition and Basic Surgical Skills Workshop with nominal registration fees. We in the association, at all levels should organize programs like Free Health Camps, CMEs and Workshops for our younger colleagues as a part of the Golden Jubilee celebrations with fund raising activities for SSBASICC. We should all aim to make the body more vibrant and active and strive for increasing membership at our levels. I once again wish the Executive Committee, Senior & Scientific Advisors all the best for the Golden Jubilee Year Celebrations 2023.

Monthly Clinical Meeting hosted by Manipal Hospital and Command Hospital Airforce was a huge success with good attendance. As a part of the Golden Jubilee (1973 – 2023) a Logo was released and an official launch of Golden Jubilee academic Program began at MCM on 19/4/2023.

I wish all our Senior Members, the very best to make it a memorable Golden Jubilee event. The executive body of SSBASICC will continue to support the local organizing committee to do their jobs with vigor and enthusiasm and take the Golden Jubilee participation to greater heights.

Dr Venkatesh K L
President - SSBASICC



Message from Honorary Secretary...

SSB- Golden Jubilee year 2023^{☆☆}

Dear SSB Members,

It's indeed a privilege and honour to serve as secretary in this golden Jubilee year of SSB. The SSB golden Jubilee logo has been unveiled and will be used widely throughout the celebration year 2023.

There are variety of social, academic event's and competition's being arranged for all the SSB member's as part of the Golden Jubilee Celebrations. Please suggest, participate and contribute enthusiastically to each of these programs and encourage your colleagues as well.

We also invite all the SSB members for the prestigious Surgeon's Day celebrations being planned for June 24th , Saturday. This SSB tradition of celebrating Surgeon's Day is being popularised and taken state-wide by Dr Shivaram (KSCASI President) .

Monthly Clinical Meetings have been seeing a huge response from PG's from all institutes. Will request each of you, Seniors to contribute and encourage juniors participation from your institute regularly.

E-Sushrutha newsletter under the aegis of Dr Anupama Pujar, Dr Niranjana and Dr Hosni Mubarak Khan is turning over a new leaf. Kudos to the entire team



Please feel free to get in touch, if there is any good suggestions for this golden Jubilee year 2023.

I will leave you with this quote that I like:

"Start by doing what's necessary, then do what's possible and suddenly you are doing the impossible"

- Francis'of Assisi

Dr Manish Joshi
Hon Secretary-SSBASICC



Golden Jubilee Year 1973-2023

Surgical Society of Bangalore ASICC will be completing Fifty years of its existence since its establishment in 1973 by few like minded Senior Surgeons who were visionary leaders and held high positions in the academic field. The Society is now one of the most active and vibrant academic organizations with more than 1000 members, conducting regular Monthly Clinical Meeting and workshop and CSEP. To commemorate this landmark golden jubilee year, a year long celebrations are planned with Golden Jubilee Committee.

Golden Jubilee committee 2023-24

- **Chairman-** Dr U Vasudeva Rao
- **Organizing secretary-** Dr Venkatesh K L
- **Joint Organizing Secretary-** Dr Rajshekhar C Jaka
- **Joint Organizing Secretary-** Dr Manish Joshi
- **Treasurer-** Dr Sunil Kumar V

Golden Jubilee Year Inauguration – 1973-2023

The Golden Jubilee Year was officially inaugurated on 19-04-2023 during the Monthly Clinical Meet at Command Hospital Airforce, Bangalore. Air Marshal **DR N B Amaresh** (President 1988-89) along with other past presidents Lighted the lamp and also released the official logo.

Dr Nanda Kumar Jairam (Secretary 1984-85) spoke about the founder President Dr T S Jairam. Committee Chairman

Dr U Vasudeva Rao briefed regarding the Golden Jubilee celebrations





Academic activities...

SURGICAL SOCIETY OF BANGALORE ASICC (R)

1973 - 2023 [50 Years]

www.ssbasicc.org

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DR SUNIL KUMAR V Hon Treasurer 7702602960 sunilkcvc@yahoo.com			

Dear Doctor, **29.03.2023**

You are invited for the **Third Monthly Clinical Meeting of the Year 2023**

DATE: - **Wednesday 15th MARCH 2023**

HOST: - **MANIPAL HOSPITAL - Bengaluru.**

VENUE: - **"SIGMA Hall", Hotel Chancery Pavilion, Residency Road, Bengaluru 25.**

6:00PM to 6:45PM - **Postgraduate Teaching Programme - OSCE (Questions for PG's)**

6:45PM to 7:30PM - **E-POSTERS**

Sl	TOPICS	PRESENTERS
1	Is RE-TEP possible? A case of recurrent ventral abdominal wall hernia after aTEP	Dr. Sai Chaitra (Gen Surgery)
2	A rare variant of Dermatofibrosarcoma protuberans	Dr. Ajayesh Modi (Gen Surgery)
3	A rare cause of Fournier's Gangrene	Dr. Punyaja Singh (Gen Surgery)
4	Cytic fluid treatment syndrome as a cause of post/holo/plectomy syndrome	Dr. Sowmya (Gen Surgery)
5	Presacral intraperitoneal abscess for advanced peritoneal carcinomatosis secondary to epithelial ovarian cancer	Dr. Lavanya (Surgical Oncology)
6	Uses of Indocyanine green in Surgical Oncology	Dr. Zahana (Surgical Oncology)
7	Uses of Indocyanine green on Plastic & Reconstructive surgery - Our experience	Dr. Pooja (Plastic Surgery)
8	Laparoscopic versus openectomy in complicated appendicitis	Dr. Vignesh J (General Surgery)

7:30PM to 7:40PM - **SURGICAL CANAPES - DR PREM KUMAR A**

7:40PM to 8:40PM - **SURGICAL PAPERS**

Sl	TOPICS	PRESENTERS
1	Our experience with aTEP+TAH for ventral hernia - A single institution observational study	Dr. Gokulnath R (General Surgery)
2	Post surgical abdominal wall sinus - a therapeutic trial	Dr. Saranya Gupta (General Surgery)
3	Clinico-Radiological and Histopathological correlation in the diagnosis of Mesothelioma Granulomatosa Mesenterii	Dr. Akshay M (General Surgery)
4	Prospective analysis of prevalence of metastasis in Levels IIB and V neck nodes in oral cavity squamous cell carcinoma	Dr. Lakshmanan C (Surgical Oncology)
5	Acute Mesenteric Ischaemia: 10 year Institutional Experience	Dr. Sri Vignesh (Surgical Gastroenterology)
6	Oncoplastic Breast reconstruction - our experience	Dr. Anshika Marwah (Plastic Surgery)

8:40PM onwards - **Announcements, Prizes & National Anthem**

Fellowship & Dinner

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

DR VENKATESH K L
PRESIDENT

DR MANISH JOSHI
HON SECRETARY

1st Floor, MA House, Alur Venkata Rao Road, Bengaluru 560 018, Telefax 080 26705991 | Mob - 8243106442

SURGICAL SOCIETY OF BANGALORE ASICC (R)

1973 - 2023 [50 Years]

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DR SUNIL KUMAR V Hon Treasurer 7702602960 sunilkcvc@yahoo.com			

Dear Doctor, **29.03.2023**

You are invited for the **Fourth Monthly Clinical Meeting of the Year 2023**

DATE: - **Wednesday 19th APRIL 2023**

HOST: - **COMMAND HOSPITAL AIRFORCE - Bengaluru.**

VENUE: - **"Airforce Officer's Mess, - (Near Trinity Church) M G Road, Bengaluru.**

6:00PM to 6:45PM - **Postgraduate Teaching Programme - "Approach to a Trauma Patient" - W.O.CDR (DR) SHRIKANT MARWATYAR, TRAUMA SURGEON.**

6:45PM to 7:30PM - **POSTERS**

Sl	TOPICS	PRESENTERS
1	INFLAMMATORY MYOEPITHELIAL TUMOR	DR ANAND S
2	UNUSUAL CASE OF PERITONEAL OBSTRUCTION	MAJ (DR) AMAN KALIA
3	A RARE CASE OF STRANGULATED INGUINAL HERNIA WITH TORSION TESTIS	IGN LDR (DR) LOHIT TELANG
4	POST VARICELLA NDI	IGN LDR (DR) PRIYANKA
5	STIMULANT REVISION REDUPED	IGN LDR (DR) M GUPTA
6	SCOTOSKELETAL OSTEOSARCOMA	FO (DR) AYLAZ HUSSAIN

7:30PM to 7:40PM - **SURGICAL CANAPES - DR PREM KUMAR A**

7:40PM to 8:40PM - **SURGICAL PAPERS**

Sl	TOPICS	PRESENTERS
1	ENDOSCOPIC ASSISTED COLORECTAL SURGERIES- OUR EARLY EXPERIENCE	IGN LDR (DR) M GUPTA
2	TRANSIENT OBSTRUCTION OF THE SMALL BOWEL ASSOCIATED WITH CLINICAL SEVERITY SCORE IN PATIENTS OF VARICOSE VEIN UNDERGOING SURGICAL MANAGEMENT	IGN LDR (DR) LOHIT TELANG
3	GOLD WINGS IN VASCULAR SURGERY	MAJ (DR) AMAN KALIA
4	COMPARISON OF USG AND FNAC IN THE DIAGNOSIS OF BREAST LESION	DR ANAND
5	REVISORICAL SURGERIES FOR COLIC OF PLEURAL SHEETS: INSIGHT, CHALLENGE AND MANAGEMENT PLAN	FO (DR) AYLAZ HUSSAIN
6	COMPARISON OF CONVENTIONAL VS LASER HEMORRHOIDECTOMY	IGN LDR (DR) PRIYANKA

Please Note:

8:45PM - 9:00PM

- Air Marshal Dr N B Anandiah (President 1988-89) will light the lamp and also release the official Golden Jubilee logo along with other past presidents.
- Dr Nanda Kumar Jayaram (Secretary 1984 - 85) will say a few words about the founder president Dr T S Jalluri.
- Briefing by chairman Dr U Vasudeva Rao regarding GJ celebrations.

9:00PM onwards - **Announcements, Prizes & National Anthem**

Fellowship & Dinner

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

DR VENKATESH K L
PRESIDENT

DR MANISH JOSHI
HON SECRETARY

1st Floor, MA House, Alur Venkata Rao Road, Bengaluru 560 018, Telefax 080 26705991 | Mob - 8243106442





Best Poster- March

Dr. Sai Chaitra

Manipal Hospital

Title: Is Re-E Tep possible? A case of recurrent ventral hernia after eTEP.



CASE REPORT:

A 43 year old gentleman, who underwent laparoscopic eTEP RS for umbilical hernia about two and half years ago presented with a hernia in the epigastrium.

During his previous surgery, a 2x2.5 cm umbilical defect was noted. Retrorectus plane was created superiorly from epigastrium to retro pubic space inferiorly and laterally extending between the two linea semilunaris. A 15x15cm prolene mesh was placed on the defect with a 5cm overlap and secured with tackers.

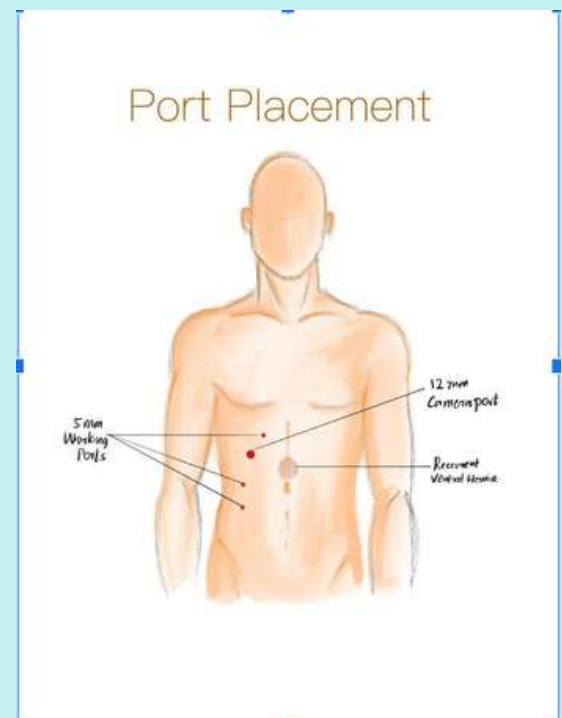
CT scan- divarication of recti with a facial defect in the epigastrium measuring about 3x3cm, with a epigastric hernia just cranial to the previously implanted mesh was noted.

After standard preoperative workup & informed consent, the patient underwent **laparoscopic eTEP RS procedure for the epigastric hernia.**

Intraoperative details:

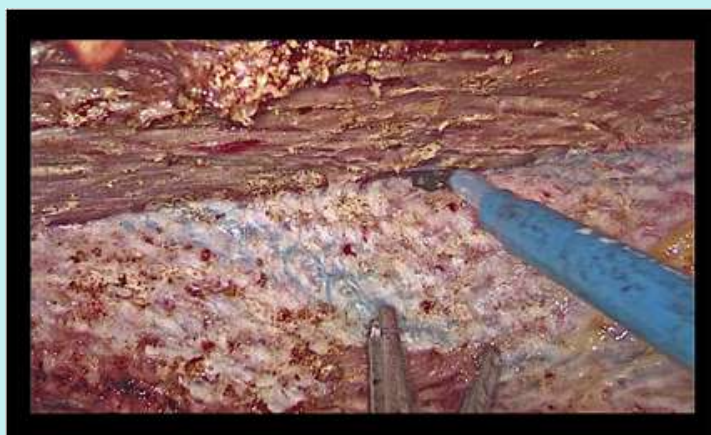
- Access into the retro rectus plane was gained through a 12mm incision in the right hypochondrium using a 12mm optical port.(Fig:1)
- 3 X 5mm working ports were placed in the epigastrium, right hypochondrium & right lumbar region.
- Creating the retro rectus plane on the right side was followed by crossing over.

- Epigastric hernia identified, dissected & hernia sac along with the contents reduced.
- Previously implanted mesh noted just caudal to the hernia with dense adhesions.
- After a meticulous dissection, a plane was created superficial to the previously implanted mesh.
- Once the retro rectus plane was created, it was measured and a 34x19cm prolene mesh was placed and secured with tackers.





Epigastric Hernia



retrorectus plane created above previously implanted mesh

Further research, data and long term studies are needed to confirm these factors as the etiology for recurrences. In this patient, we suspect that, the discrepancy between the plane created & the mesh size, suture hernia due to tackers as the cause of recurrence & hence we dealt with it by placing a 34x19cm prolene mesh after measuring the retro rectus plane that we have created.

CONCLUSION:

1. Wide range of variability in the area of the plane created & lack of standard recommendations regarding the mesh size pose a challenge for appropriate estimation of the mesh size. Tailored mesh placement after measuring the plane that we have created can help us to overcome this problem.
2. eTEP RS procedure can be considered even in cases of recurrent ventral hernia after eTEP, but surgeon's expertise and individual patient factors should be taken into consideration.

Discussion

Owing to the recent adoption of laparoscopic eTEP-RS procedure into routine surgical practice, the data regarding the long-term postoperative results is inadequate. Misjudgment of mesh size as mentioned in Baig SJ et al study, inadvertent injury to myofascial planes during early learning curve of the surgeon as mentioned in Fernandez SS et al study, suture hernias, hernias missed on CT and during the previous surgery, could be some of the probable etiologies attributed to recurrences after eTEP for ventral hernias.



Best Paper-March

**Dr Gokulnath R
Manipal Hospital**

Title:"Our experience with Enhanced view Totally Extraperitoneal mesh repair (eTEP) for ventral hernias: A single institution prospective observational study"



Introduction ;-Ventral hernia repair (VHR) is one of the most common minimal access surgeries performed globally. Traditional laparoscopic ventral hernia repairs relies on intraperitoneal onlay mesh placement.They have Limitations in dissection; rare but serious complications from direct contact between the mesh and intraperitoneal viscera. eTEP + eTAR provides an alternative plane for minimal access ventral hernia repair with retro rectus dissection & mesh placement, introduced in 2016.

eTEP avoids an intra abdominal mesh and all the related complications, provides a flexible port placement and access to a large surgical field for a better anatomical reconstruction of anterior abdominal wall. Increased procedure duration, steep learning curve and lack of adequate long term studies are the major limitations of eTEP.

3. Improvement in quality of life after eTEP using Hernia related quality of life survey questionnaire (HerQLes)

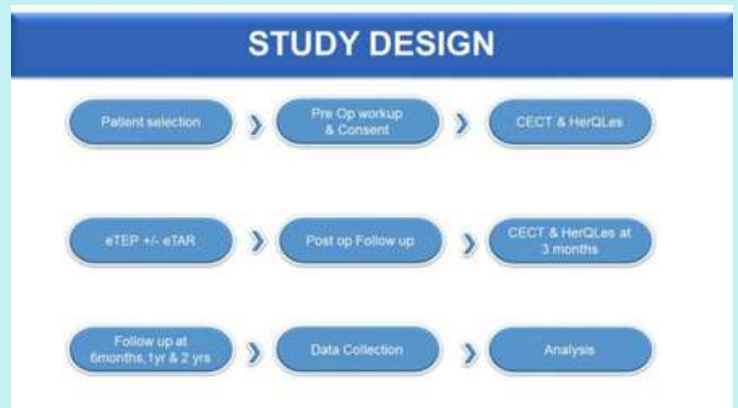
4. Recurrences within the follow up period

Research & Methodology : A Prospective observational study conducted from June 2020 to December 2022 in 52 patients, who underwent eTEP +/- eTAR in Manipal Hospitals Bangalore.

Aims and objectives

To Assess :

1. Anatomical restoration of anterior abdominal wall after eTEP using preoperative and postoperative CT
2. Operative parameters , Post operative complications and recovery after eTEP



HerQLes Questionnaire

	Never/Do not recall	Very rarely	Sometimes	Often	Very often	Always
1. My abdominal wall has a huge impact on my health	1	2	3	4	5	6
2. My abdominal wall causes me physical pain	1	2	3	4	5	6
3. My abdominal wall interferes when I perform strenuous activities, e.g. heavy lifting	1	2	3	4	5	6
4. My abdominal wall interferes when I perform moderate activities, e.g. bowling, bending over	1	2	3	4	5	6
5. My abdominal wall interferes when I walk or climb stairs	1	2	3	4	5	6
6. My abdominal wall interferes when I dress myself, take showers and cook	1	2	3	4	5	6
7. My abdominal wall interferes with my sexual activity	1	2	3	4	5	6
8. I often stay at home because of my abdominal wall	1	2	3	4	5	6
9. I accomplish less at home because of my abdominal wall	1	2	3	4	5	6
10. I accomplish less at work because of my abdominal wall	1	2	3	4	5	6
11. My abdominal wall affects how I feel every day	1	2	3	4	5	6
12. I often feel blue because of my abdominal wall	1	2	3	4	5	6



Results

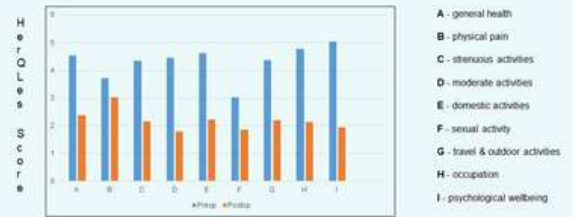
Average Defect Size : 23.4 sq.cm, Mean operating time : 191.6 +/- 73.78 minutes, Mean Hospital Stay : 3.94 +/- 0.88 days, Need of Opioids : 7.6%, Seroma : 1 Case, Post Op Ileus : 0 cases, Surgical Site Infections : 1 case – Port site. No cases of mesh infection, Avg Mesh size : 530.05 sq.cm (Prolene mesh), 98% successful restoration of anterior abdominal wall anatomy in 3 months of CT Follow up. Recurrence: 1.92 % in one year and 3.84% in 2 year follow up. Statistically significant improvement in quality of life assessed by HerQLes questionnaire

	Our study	Belyensky et al	Nicolas et al	Richard Lu et al	Allsedat et al	Sarfraz et al
Sample size	52	79	66	120	M.A	21
6 Months recurrence	1.92	NA	1.5	1.7	1	4.7
1 Year recurrence	1.92	0.12	NA	NA	NA	NA
2 Year recurrence	3.84	NA	NA	NA	NA	NA

Misjudgement of the mesh size and technical errors seem to be the reason behind recurrence

Long term follow ups are needed for further analysis and comparison

IMPROVEMENT IN QUALITY OF LIFE : AN OVERVIEW



Aggregate HerQLes Score showed a positive change of more than 50%

p Value for the aggregate scores is < 0.00001, which is statistically significant



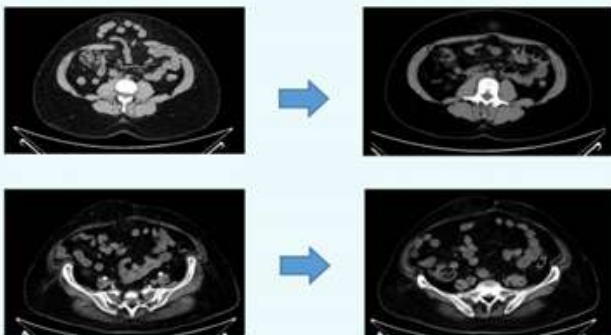
Conclusion

• eTEP +/- eTAR provides excellent anatomical restoration of anterior abdominal wall, especially in cases of multiple fascial defects and complex ventral hernias.

• Recurrence rates in early to midterm follow ups are promising.

• Hence, eTEP TAR can be considered as useful surgical tool for anatomical and functional restoration of anterior abdominal wall and to improve the quality of life of patients with ventral abdominal wall hernias.

• Long term follow up studies on eTEP stays as the need of the hour.





Best Paper – April

Dr. Ayjaz Hussain

Command Hospital Air Force, Bangalore

Title-New Surgical Technique For Closure Of Pilonidal Sinus Defects – Rotation And Advancement Flap

Introduction

Pilonidal disease is a very common disease, frequently encountered in the outpatient department. The patient is usually an adolescent presenting as a sinus in the intergluteal region with intermittent discharge. It was first described in 1833 by Dr. Mayo, and the term pilonidal sinus was coined by Dr. Hodge in 1880. The acceptable pathophysiology of the disease was first described by Dr. Patey and Scarf.

Incidence was calculated to be 26 cases/100,000 of the Indian population. The disease has a male preponderance, often attributed to hirsute nature. Pilonidal sinus is also associated with obesity (37%), sedentary occupation (44%), and local irritation or trauma (34%). This disease was very commonly observed in jeep drivers during the Second World War, and hence, it was named as "jeep disease."

The treatment aims at complete tract excision and defect closure with well-vascularized tissue without tension. Obliteration of the intergluteal sulcus is of paramount importance in reducing recurrence. A close relationship exists between success of wound closure and postoperative morbidity and recurrence in the surgical treatment of pilonidal sinus (PS).

Although various surgical methods have been described for reconstruction of PS, including phenol application, unroofing and curettage, open treatment, repair with partial and primary suture, repair with a local flap

and repair with a local or distant fasciocutaneous and musculocutaneous flap, recurrence rate remains a major problem.

Aims/objectives

This study provides

- Description of "Rotation and advancement flap" as a new approach in pilonidal sinus disease treatment
- Evaluation of recurrence and associated complications

Research Methodology

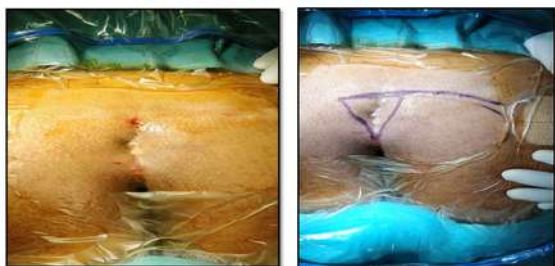
- Study Design: A single centre, descriptive, prospective study
- Study Duration: 3 years
- Study population: 70 patients who underwent local excision and rotation advancement flap were included
- Inclusion criteria: Pilonidal sinus patients including recurrent cases
- Exclusion Criteria:
 - Cavity abscess
 - Factors affecting poor wound healing
- Methodology: All patients with Pilonidal sinus who underwent Sinus tract excision and Rotation advancement flap were studied.

- Followed up for a period of 1 year.

- Post-op complications and recurrence rates were analyzed.



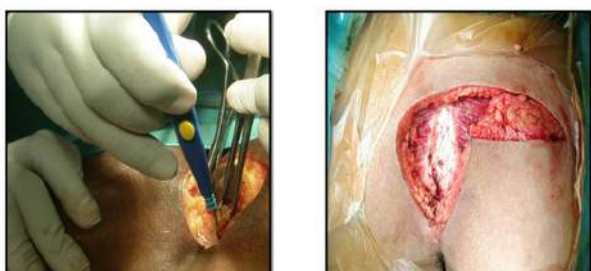
SURGICAL PROCEDURE



ON TABLE MARKINGS



EXCISION



CLOSURE AND POST OP



Results

A total of 70 patients, including nine females, composed the study group. The age distribution of the patients ranged from 22 years to 36 years. Seven patients (10%) had recurrent disease following treatment by various other techniques by other centers. The defect size ranged from 4 to 10 cm, with a flap size ranging from 8 to 19 cm. In our study, in the postoperative period, eight patients (11.4%) developed seroma, drainage was done, and wound healed well. One patient developed wound gaping (1.4%) and treated with secondary suturing in early postoperative period. In the initial few cases of our technique, seroma formation was a frequently encountered complication. The complication was tackled by keeping drain just below the raised flap and was effective. All the patients were followed up for a period of 1 year.

Conclusion

The rotation and advancement flap technique is found to be a useful surgical technique for pilonidal sinus. Its advantage in terms of esthetic closure with almost nil recurrent rate and least postoperative complication is far superior to other surgical procedures in practice. To conclude, pilonidal sinus is a common disease of the intergluteal region with a significant effect on the quality of life. Surgery remains the mainstay of treatment. Although various techniques are described, recurrence rate remains high. This study with new surgical technique could be a small, single-center study, however, a prospective study with a large study group will be more accurate in determining outcomes of the procedure.



Best poster –April

Dr Lohith Tejasvi

Command Hospital Air Force, Bangalore

**Title- Incarcerated hernia with Testicular ischemia
– A surgical rarity**



case report

A 37 year old male presented with Painful irreducible (R) Inguino - scrotal swelling (Duration- 3 hour), with 2 episodes of vomiting .On Examination-- 10 cm x 4 cm swelling in right inguinoscrotal region, non-reducible, tender, Cough impulse was Absent
Diagnosis- Irreducible Inguinal hernia with acute scrotum

Investigation- Ultrasound of inguinoscrotal region- bowel wall edema with reduced vascularity and torsion testis with no internal vascularity

Patient was posted for **emergency Inguinoscrotal exploration**

Intra op findings Gilbert type III defect. Closed loop of bowel within the sac, dusky but bowel found viable. Right testis- Viable, vascularity confirmed with intra op Doppler

Patient underwent Release/reduction of trapped small intestine was done followed by **Open mesh hernioplasty**

Post Op-Uneventful, discharged on POD-3.

Follow Up (4 weeks) Patient healthy. USG Scrotum normal testes with preserved vascularity



Viable bowel loop



Testes decompressed



Viable Testes

Discussion – Acute scrotum is a common emergency presentation, wide differential diagnosis needs to be considered. Only handful cases of incarcerated inguinal hernia causing testicular ischaemia have been reported, occurrence in adults is a rarity. Mechanism - compression of spermatic cord and venous congestive infarction- edema within tunica albugenia causing arterial insufficiency-testicular ishaemia. Emergent surgery (within 6 hrs of onset)-more than 80-90% testicular salvage. High index of suspicion - key to early diagnosis and successful management.



Sac opened



Basic endoscopy course on 12-3-2023

BASIC ENDO SCOPY COURSE was organised by BY HIMAS -Institute for Advanced Surgical Training & Research in Association with SURGICAL SOCIETY OF BANGALORE ASICC held on Sunday, the 12th March 2023 at HIMAS 21st Century Hospital, Basavanagudi, Bangalore.

The Course included Live diagnostic Endoscopy wherein ten trainee-surgeons registered to participate and around 15 patients benefited from the programme.



Senior faculty members of SSBASICC (Surgical Society of Bangalore ASI CC) were Faculty for the course

- Senior Advisor** **Dr. K Lakshman**
- President** **Dr. Venkatesh K L**
- Hon Secretary** **Dr. Manish Joshi**
- Organizer** **Dr. Harish N S**





Basic Surgical Skills Course on 02-04-2023

Basic Surgical Skills Certificate course was organized by TRUSTWELL HOSPITALS in Association with SURGICAL SOCIETY OF BANGALORE ASICC ON Sunday, 2nd APRIL 2023 from 9-00AM to 5-00PM wherein 43 postgraduate students from various medical colleges were benefited.

Faculty

Why do you need Basic Surgical Skills Course

Dr K Lakshman

Inauguration & Lighting the Lamp

Dr Deepak Halidpur

Dr K Lakshman

Dr Venkatesh K L

Dr Manish Joshi

Knotting and Suturing Techniques

Dr Sunil Kumar V

Dr Roopa Bhushan

Dr Venkatesh K L

Intestinal Anastomosis

Dr Vishnu Kurpad

Dr Sunil Kumar V

Dr Roopa Bhushan

Basic of Laparoscopy and Stapler Demo

Dr Hosni Mubarak Khan

Dr Roopa Bhushan

Dr Sunil Kumar V

Dr Ranjith

Dr Wasim Dar

Dr Vishnu

Vascular Anastomosis

Dr Wasim Dar

Dr Sunil Kumar V

Dr Ranjith

Dr Vishnu





Robotic Hands On Workshop on 23-04-2023

SSBASICC in collaboration with Da Vinci (**Intuitive Surgical India Pvt Ltd**) organised Robotic hands on workshop on Sunday 23 April 2023, at Intuitive Surgical simulator office.

This Robotic Basic - Simulator Workshop* training was for **Executive Committee Members of SSBASICC (EC Special only)** 10 Select participants benefited from the hands on workshop.

This workshop was facilitated by

- Dr Vishnu Kurpad
- Dr Manish Joshi
- Mr Pankaj Singh - Senior CSE (Da Vinci team)





Surgeon's Interview: Dr Munireddy M - A Story of Chasing The Dreams



M S, MCH, MNAMS

Consultant Surgical Oncologist , Sagar Hospital

The Journey

"I am from a small village nearby Bangalore. My parents were agriculturists, my father was not educated, my mother had primary school education. I was the first in my family to get higher education. And I was one among the 4 people from my village to get higher education. I studied primary and secondary education in a nearby village and town in Kannada medium Government School. I changed to English medium in High school, however English was also taught in Kannada there. But my teachers were committed.

My Kannada teachers in particular had recognized my hunger for knowledge and it is them who gave me not only the taste of literary reading, but also the books to read as no one would buy books for me.

By the end of high school, I had completed Kuvempu's magnificent novel "Kanooru Subbamma Heggadathi". All the teachers loved and encouraged me. They shaped my personality. If my handwriting is good, that means entire credit goes to my teachers.

Then I got seat in Bangalore Medical College. Later because of my academic excellence I got seat in PGI Chandigarh and AIIMS Delhi. I stayed in AIIMS Delhi for one year. I had to leave it later, as the selection process was different for second year. I came back and joined M S in BMC with one year exemption, thanks to Dr Rudrappa. I was under Dr Vittal whom I consider my mentor. After completion of M S, I got Assistant Surgeon job in KGF. However I resigned from the job on 5th day.



Dr Munireddy M –A story of Chasing the dreams

I joined as SR in St Johns Medical College, even though the salary was less . St. Johns was a great place. Dr Alfred Mascarhenhas was a great person whom I cannot forget. He helped me a lot. I was happy for academic excellence but due to financial requirement, I left St. Johns and started private practice.



The Story of Roller Coaster Ride

I came to Bangalore for PUC and sought admission in National College. When I went there, there was separate counter for Moffusil candidates. At that time, I did not know the meaning of Moffusil, that was my state!!

One of our relative was an Engineer and was earning lots of money abroad. So, I was forced to take PCM by my parents as they wanted me to become an Engineer.

I got an engineering seat, but sooner I could make out that this is not my field. So I left. Then I had two options, either leave education or repeat PUC.

I chose the second option, everyone laughed, condemned me as they thought I have gone mad and I will not get a medical seat. But I did not bother as I was confident about myself. I got a medical seat in BMC. This is like a diverticulum in the way to become a doctor.

Why did u choose Surgery and when

I was very good and interested in Anatomy dissection. Looking at my technique of dissection, my anatomy teachers said I will be a surgeon one day. So being a surgeon was instilled in my mind from that time. When I entered clinical side, I saw Dr Vittal operating, who was a famous surgeon at that time. He became my icon and I was indoctrinated by an opinion that I should become a surgeon.

Tale of MS General Surgery

I wrote PGI entrance and I did get a good rank but did not get surgery in first round and i was in waiting list. Later I got but by that time I had joined AIIMS as I only wanted to join surgery.

I got 3rd Rank in AIIMS. When the result was announced in hall, I shouted with happiness for the first time in life. Everyone started looking at me. It was a thrilling time which I will never forget.

When I got MS seat in AIIMS, I was asked to choose subspeciality as we were supposed to do speciality postings for 6 months in first year. They offered cardiothoracic surgery. I agreed. That time cardiothoracic department was headed by Professor Gopinath. He is considered as the pioneer of Cardiothoracic surgery in India. No one used to last there for one month. Everyone laughed at me when I agreed for cardiothoracic surgery. 2nd day of my course, I was doing dressing in ward. Dr Gopinath had entered the ward by then. He was an ordinary looking man, with loose shirt and wearing casual footwear. I could not believe he was a surgeon of that eminence.



Dr Munireddy M - A story of Chasing the dreams

When he entered the ward, everyone were scared and started running here and there. He came to me and shouted **'HEY YOU SAVAGE, which the hell of a forest did you come from?'**

I did not know my mistake. I still remember those words of shouting byheart. At that time, I did not know the meaning of Savage. I searched in dictionary for meaning! and it was **'ADAVI MANUSHYA'**.

Dr Gopinath was a great man, kind hearted. Words do not matter. When I returned to general surgery, I felt I am not learning much and mental torture was too much. I was not happy with the training and my mother was sick. So felt like going back to Bangalore . So I left MS in AIIMS and came back.

Finally M S General Surgery

I left AIIMS and joined Bowring Hospital for M S. Somehow it took long time to adjust. By that time, I got a Job in Railways through UPSC. The salary was attractive, so I just ran away and joined Railways as Assistant Surgeon. I was posted in North Cachar hills in Assam. I spent 3 months. Assistant surgeon was an administrative job. But Surgeon in me was calling. I was passionate about surgery and didn't like the work which I was doing. So I left the Govt job and came back to Bowring. Professor Narayanaswamy was very angry and scolded me for running away but he was kind hearted and finally allowed me to join M S. Later I became his favorite student.

After MS, I joined state government job in KGF, but was not happy there . Later I joined St Johns as Lecturer. I did my first Whipple's in St Johns. I owe it to **Dr Vittal and Dr Alfred Mascarhenhas** who encouraged me.



Struggle of MCH seat

Even though I had done lots of Onco surgeries, once in private practice they questioned my credential in operating cancer cases. So, I decided to do MCH in Surgical Oncology. I had fulfilled pre admission criteria and with combined marks of preadmission criteria and written test, I was eligible for the interview.

That year they removed preadmission criteria marks and considered only entrance marks which favored the Freshers. So, I was not selected for the interview.

I went to the **court and proved the injustice** done to me. Then division bench passed a stricture on Kidwai director asking how could they do this. They were humiliated.

Then the case was withdrawn and that is when they created a third seat for me. This judgement appeared in law journals. Next year three seats were continued. Irony was, I had done many Whipple surgeries before joining Kidwai and was now doing my course under my students who were staff there by then.



Dr Munireddy M - A story of Chasing the dreams



St Johns Days

Posts and Positions held

- Associate Professor of Surgery -St Johns Medical College
- General Surgeon / Surgical Oncologist—Yellamma Dasappa Hospital, Mallya Hospital and Sagar Hospital



Family

Member medical / Non Medical

- Association of Surgeons Of India
- Surgical Society of Bangalore ASICC

Scientific Papers Presented and Published

- "The acute abdomen and Intestinal Zoonosis" Presented at 43rd Annual Conference of A.S.I. held at Madras (27-30 Dec, 1983).
- "Profundoplasty in peripheral vascular diseases" Presented at 2nd Annual Conference of Karnataka State Chapter of A.S.I. during April 1984 at Mangalore.
- "Surgery of Renovascular Hypertension – A review of 27 cases" presented at 11nd Annual Conference of Karnataka State Chapter of A.S.I. during April 1984 at Mangalore.
- "Non-Cirrhotic Portal Fibrosis and Portal Hypertension" presented at 45th Annual Conference of A.S.I. held at Bangalore.
- "Portal hypertension due to Spleno-Portal Venous Thrombosis" presented at the Surgical Society of Bangalore and was awarded the 'Best Paper of the of year – 1985'.
- "Budd Chiari Syndrome" – A Rare experience" presented at Vth Annual Conference of Karnataka State Chapter of A.S.I. held at Belgaum during 21st and 22nd of March 1987. This paper was awarded 2nd prize.



Dr Munireddy M - A story of Chasing the dreams

Your mentor

Dr Vittal

Dr Alfred Mascarhenhas

H Narasimhaiah was my inspiration

Favorite Surgery

I love all surgeries but in particular Whipple surgery, Gastrectomy, Open Hernia surgeries, Proctology

If not a Surgeon

General practitioner or Politician or Agriculturist.

Favorite place

Bangalore, Koramangala in particular.

Favorite books

- Devita, Hellmen and Rosenberg's Cancer: Principles and Practice of Oncology.
- War and Peace by Leo Tolstoy.
- Freedom at Midnight by Dominique Lapierre and Larry collins.
- Gandhi Kathana by D S Nagabhooshana and all books on Gandhi.

How do u destress

Spending time with friends in farmhouse



With Grand Children



Mahatma Vidyalaya

Extra Surgical Activities

Social service, as we are indebted to society to return what we got. I helped in building auditorium in our Government High School at Sarjapura, and started scholarship for the students.

I started a non-profit school 'Mahatma Vidyalaya' in my village to give good quality education and moral principles. I donated majority of my earnings and took loan for it too. I believe many people in this country lived a great life like Mahatma Gandhi but were not recognized. As a mark of respect to those we named the school as Mahatma Vidyalaya. Now 1200 students are studying there from LKG to 10th Standard.

Now I am proud of the school and it gives me immense feeling of fulfilment.

'Unless u sacrifice, u will not achieve anything'.



Dr Munireddy M – A story of Chasing the dreams

Interesting incident

I underwent hemithyroidectomy for a benign lesion. But RLN palsy happened which I can never forget. At that time, I felt bad for the surgeon more than myself. I had a booming voice. Before I could address a huge audience without mike, but I lost it. At that time, I cried a lot.

One more incident was when I was operating Congenital Hernia for a 5 year old. Suddenly the child developed opisthotonos. Even the anesthetist tried a lot but child died after being on ventilator for 20 days. I went into depression. My son was of the same age. I felt if God would come and ask me can u give life of your child to make that child alive, I would have given it. But child's father instead of being angry, had so much faith and good will upon me.

That made me cry once again. At that moment I felt whether or not I should continue surgery. It was a truly traumatic incident in my practice.

Key to success

Destiny

If there is success which is preordained it will happen, otherwise whatever you do it will be a failure.

Success is what gives you happiness.

Love and affection towards the work and commitment to the patients' well being contributed to whatever success I have achieved.





Acknowledging one's limitations is truly a "Super-power"!

How often do we encounter patients who require multiple procedures that are best done as a team? And how often we do not involve the concerned expert and do the procedure ourselves (albeit sub-optimally)? And how often do we land into complications or substandard results due to this approach? And how often are we later guilt-ridden that our patient deserved better and we haven't actually delivered what he/she deserved?

These questions form the basis of this write-up! I take you through some real life incidents and stories that illustrate that what truly makes "Great Surgeons" as opposed to "Mediocre Surgeons"!

The year was 2018 when I was selected for a fellowship in Lasers by the Association of Plastic Surgeons of India for which I travelled to Mumbai to train with one of the pioneers of Lasers in India, Dr D. I had a fabulous time learning from him not just about lasers and aesthetic surgery but many of the pearls of life as well. On the days when he didn't have any major case he was kind enough to allow me to visit another senior and renowned plastic surgeon of Mumbai Dr M, who is primarily into aesthetic surgery.

On one such day when I visited this senior surgeon, I was excited to see the OT list for the day which stated Mrs X 67years/F "Facelift with facial fat grafting and ptosis correction".

When he finished the facelift and facial fat grafting, I saw another senior plastic surgeon, Dr S, wash in and come for the ptosis surgery. Immediately after the ptosis correction, he left.



After the case finally finished and we were sitting in the doctors' lounge discussing the steps of the surgery, I casually asked Dr M that when he had done a complex surgery like facelift and fat grafting and he could have very well done the ptosis surgery as well, why did he chose to rope in Dr S for the same. Dr M smiled and politely replied "That's a nice question Neha. To you as an external person it seems that I could have done ptosis surgery as well as the facelift surgery; however I know my strengths, weaknesses and my limitations. I could have done the ptosis correction, however I know Dr S does it much better than I can ever do as he does it regularly and my patients deserve the best possible care. Hence, I wanted him to do that part for her."



Acknowledging one's limitations is truly a "Super-power"!

Then he shared with me how he had moved on to aesthetic surgery while reconstructive and microsurgery were once his passion and how he could do them very well, but still chose to be an aesthetic surgeon as he felt that finding one niche field and excelling in that is far better than being mediocre at everything.

It was an amazing lesson in humility, quest for excellence and passion for well being of one's patient in the best possible way. And no doubt that is the reason I feel Dr M is one of the best aesthetic surgeons of the country!

Again in 2022, I had the opportunity to visit one of the world renowned plastic surgeons who holds legendary status in the field of Rhinoplasty, Dr Nazim Cerkes in Istanbul, Turkey via an International fellowship awarded to me by the Association of Plastic Surgeons of India. Dr Nazim is a superb human being and a great surgeon whose hands seem to be perfectly crafted to design some of the best noses in the world. He has a huge international patient base who travel to him for both aesthetic and reconstructive rhinoplasties. While Dr Nazim is a trained plastic surgeon and can almost do everything that other plastic surgeons can, he mainly concentrates on rhinoplasties as he feels his excellence or good results are the result of him recognizing his passion and only doing what he does best and refining his techniques and methods in the same field. He receives scores of fellows from all over the world to learn the craft of Rhinoplasty from him. Same is true for Dr Burt Brent, Dr Nagata and Dr Françoise Firmin who primarily chose ear reconstruction as their forte and are immensely successful in it.

Dr Elizabeth Hall Findlay, a plastic surgeon based in Canada similarly specialises and excels in breast surgeries and has devised several techniques and modifications for the same which now form the standard surgical techniques across the world.

Lives of all these masters teach us how recognizing our strengths and weakness and choosing our passion can pave our paths to be excellent in our respective fields rather than being "jack of all trades!" It also teaches us that as clinicians it is our utmost duty towards patients to upkeep their trust invested in us by giving them the best possible treatment available even if that means putting our "Surgeons' Pride" aside and involving/referring to other specialists; to do procedures that we do not frequently do.

We and "Surgery" as a speciality may immensely benefit by us remembering that recognising one's strengths and limitations isn't actually a weakness, it is a "Super Power"!



Author-Dr Neha Chauhan
Consultant Plastic Surgeon
Fortis Hospital
Richmond Road



Balancing Life Between Profession and Passion!

In between work there's a thing called LIFE which has to be lived, loved and enjoyed. It's a celebration when you take that path.

Having crossed 50, I'm now recognised well amongst many as a Doctor, with passion to wildlife and Photography. Very few get that honour and I'm blessed indeed! Profession still continues.

"When you have a dream, you got to grab it and never let it go. Twelve years ago when I dreamt of contributing to wildlife, I thought of getting involved in it with passion burning in me. Till then, I was one such regular visitor to the Jungle to wean of my time with friends over Drink and Dine, Dance and Dwell attitude!!!



I looked deep into the Jungle to adopt to the **pace of nature**, and her secret was patience. The Jungle taught me FIVE THINGS. **Entertainment, Excitement, Enthralment, Education and Emotion.**

My addiction was so intoxicating to Jungle and Photography, soon it became contagious and pulled in many friends into the arena. Today, not just me, we as a group visit the jungles with cameras to photograph the wildlife !!!



I fell in love with the Jungle and their inmates just like how the boatman loves the sea even during the cyclone and birds love the sky even during the rain. Such was my passion towards the Jungle!





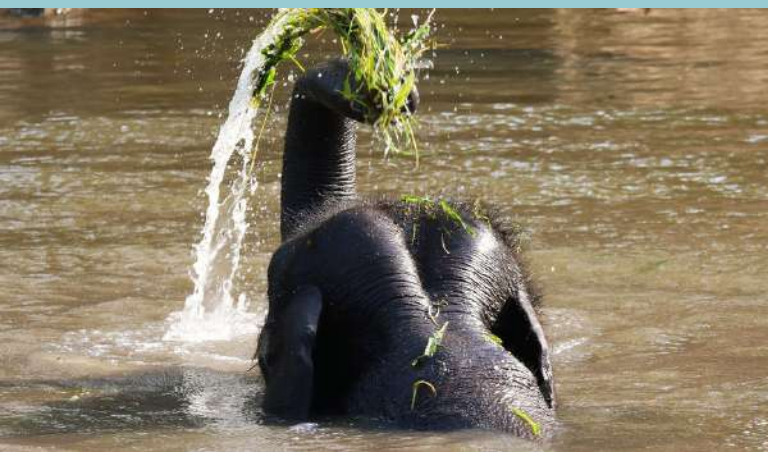
Balancing Life Between Profession and Passion!

My emotions, instincts, and interests are all with nature today, Wildlife in particular, it's not just the wild animals but also the people involved in conserving them- the Forest watchers, the Forest guards, the Tribes and the Forest officers as well. I'm their Go-To-Man for any of their health concerns offering my services 24/7 and with profound gratitude thank my dearest professional colleagues for their support.



Wildlife is something which man cannot construct. Once it is gone, it is gone forever. Humankind must learn to understand that the life of an animal is in no way less precious than our own. God has created this beauty, which can only be protected by the love of compassionate hearts in the world.

The real wealth of the Nation lies in the resources of the earth like soil, water, forests, minerals, and wildlife. Let's collectively join to protect it.



There may be days when I can't help an animal in need, but the day will never come that I won't try!

I thank Dr. Anitha Sadashivaiah, my wife, a compassionate Pediatrician who herself is a daughter of a great Forest officer who had dedicated his life to conserve the forest of Karnataka. She has recognized and has acknowledged my passion.



Author-Dr Aravind Gubbi
Consultant Endoscopic Surgeon
Gubbi's Gastroenterology Centre
Ex President -SSBASICC
Ex Vice President- PHANA



Upcoming Events

Monthly Clinical Meet

- Private Surgeons & Corporate Hospitals on 17-05-2023 @ API Bhavan
- Dr B R Ambedkar Medical College and Vydehi Institute of Medical Sciences and Research Centre on 21-06-2023 @ API Bhavan

Mark Your Calender

Surgeon's Day Celebrations-
June 24th, 2023(Saturday).

Diary Note

1973-2023- **Golden Jubilee Celebration Year**
SSBASICC

Humor in Surgical Practice

Digital Era

An old patient visiting the hospital for the second time with constipation, not responding to oral movicol sachets or enema , my senior colleague told the patient's son (at 4pm, when his opd timings was over) Dr Praveen will be coming. He will do "**Digital Evacuation**"

I attended to this patient and after long arduous job of relieving the patient, billed the patient for " Manual evacuation of feces". Being a corporate hospital it was a reasonable amount of around 3,000.

After clearing the dues Patient's son met me to clarify his doubt. "Dr Praveen, Dr Prakash told me that Digital evacuation will be done.

But the bill mentions manual evacuation. So was it a manual or digital evacuation??"

I took a while to understand the question. I replied" Digit refers to finger. So digital word is used in that sense...Not the digital that you as a software engineer knows it to be..

(Being Digital is the re-imagining of business processes to be by default a fully online, fully automated process from end user interaction to back office processing, with no need for human intervention.)

Surgeon, Am a Surgeon, Am a Surgeon!!!!



Dr Praveen C.R
Consultant General
and Laparoscopic
Surgeon,
Manipal hospital
Varthur road.
Whitefield.

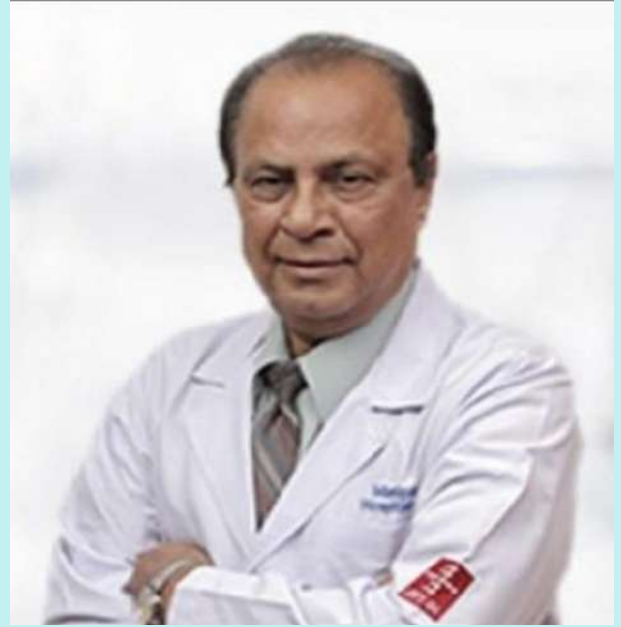


Obituary



Dr B A ANANTHARAM
MS, MCH Plastic surgery
30-11-47 to 24-03-23

- Renowned Plastic, Reconstructive and Hand Surgeon
- Assist Prof of Plastic Surgery-1981 to 1983
- Senior Consultant-St. Martha's Hospital,
- Senior Consultant-St. Philomena's Hospital,
- Director-Medical Services, Dhanvanthri Hospital Society's AMGH unit.



Dr N K BHAGAWAN
DOD-21-04-2023

- Graduated from BMC in 1967 followed by surgical training in USA
- Pioneer And Eminent Vascular surgeon
- Vascular Surgeon in St Martha's Hospital.
- Vascular Surgeon in Manipal Hospital -started Fellowship programme
- Ex president of VSI
- Life Member SSBASICC
- Founder member of Bangalore Vascular Society
- Accomplished Cricketer and Passionate Tennis Player



Obituary



Dr NIKHIL CHANDRA SARKAR

DOD 14-02-2023

- Leading GI Surgeon
- Wing Commander at Command Hospital
- Surgeon at HAL Hospital post retirement
- Head of Surgical Unit 1987-1994 at St Martha's Hospital
- DNB Teacher
- Life Member of SSBASICC