

May-June 2023/ Vol-03

Sushruta

Surgical Society of Bangalore ASICC
Newsletter



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Hon Secretary



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Dr C S Rajan
Scientific Advisor



Dr K Lakshman
Scientific Advisor



Editorial's desk...

Dear Esteemed members of SSBASICC,

We, surgeons, face daily challenges that test both our technical expertise and mental fortitude. As guardians of our patients' well-being, we shoulder the immense responsibility of ensuring their health and safety, along with a continuous pursuit of knowledge and skill refinement. Therefore, it is imperative that we prioritize our physical and mental well-being, recognizing the crucial role it plays in our profession. Let us embrace self-care and cultivate a sense of pride in our noble role as surgeons.

With unwavering commitment, the Editorial Board of Sushrutha Wholeheartedly pledges to cover and honor all the momentous celebrations of the Golden Jubilee Year. It is our Pride to report about past presidents recognized by Dr C S Rajan And Dr K Lakshman

The recent commemoration of Surgeons' Day 2023 was a resplendent occasion that filled us with immense pride and joy. We Congratulate Executive Committee of SSBASICC led By **Dr Venkatesh K L**, President and **Dr Manish Joshi**, Hon Secretary for the success of Surgeons Day

It is with great pleasure that we unveil the much-anticipated third edition of Sushrutha, a true testament to our commitment and passion. A stellar highlight of this edition is an exclusive interview with the distinguished Dr. Ajit K Huilgol, who graciously shares his profound insights on the art of celebrating life. EB extends the deepest gratitude to Dr. Harish N S and Dr. H V Shivaram for enriching this edition with their enlightening articles.

"The more you praise and celebrate your life, the more there is in life to celebrate"- Oprah Winfrey

Dr Anupama Pujar K

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Hon Secretary

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



Message from Presidents Desk...



Surgeon's Day is being celebrated uniquely only by Surgical Society of Bangalore, Karnataka from last three decades.

Surgeon's Day commemorates the beginning of surgery by Ancient Indian Surgeon -Sushruta . Aptly Sushruta is revered as the **Father of Surgery** based on his exemplary treatise and detailed description of surgery in **Sushruta Samhita**

It is indeed a very proud moment for Indians to have this special day dedicated to the great Indian Surgeon and it's a honor for current generation of surgeons to continue the practice of surgery with better and safer techniques for the benefit of their patient's.

Safe Surgeries can save lives, Which has been at the very foundation of surgical training and practice. We ,the office bearers of Surgical Society of Bangalore are privileged to continue the annual celebration of Surgeon's Day and create awareness of safe surgeries.

Surgery has progressed at a rapid pace, thanks to newer technology, improved services and creation of sub-specialties. Indian Surgeons are skilled and experienced to manage all surgical conditions as their global counterparts or even better and at an affordable cost.

The world is looking at India as a training center for their Surgeon's. Hence it is apt to be celebrating Surgeon's Day -A special' celebration of Surgeon's and safe surgeries.

In this regard, we had organized a special Walkathon. with more than 200 Surgeon's of Bangalore participating and wishing all the general public a healthy lifestyle and regular check ups

Your friendly neighborhood Surgeon is just a consult away.

Dr Venkatesh K L
President -SSBASICC



Message from Honorary Secretary...

SSB- Golden Jubilee year 2023

Dear SSB Members,

" Don't join an easy crowd; you won't grow. Go where the expectations and the demands to perform are high." ~ Jim Rohn

Surgeon's Day celebrations was special' this Golden Jubilee year with lot's of participation from the past president's, secretaries and office bearers....alongwith the ever enthusiastic SSB members.

I must put on record the fantastic hard-work put in by each of the EC members in reaching out to all their friend's, colleague's and ensuring a record turnout for the event.

Surgeon's Day was an electrifying event - as said by many in the audience, with two Senior Surgeon's being felicitated - Dr Prabhakaran and Prof Srinivasan . The Prof BN Balkrishna Rao oration was exceptional with Prof Vijayakumar rendering a peek into the future of Medical education with simulation systems



Morover the cultural extravaganza was amazing addition to the housefull event.

There's more in store for this Golden Jubilee year....as thing's are rolled out.... Please do continue your support with your presence and encourage all the activities of SSB.

This E-Sushrutha newsletter team - Dr Anupama Pujar, Dr Niranjana and Dr Hosni Mubarak Khan and their editorial board are doing a great job

It's indeed a privilege and honour to serve as secretary in this golden Jubilee year of 2023.

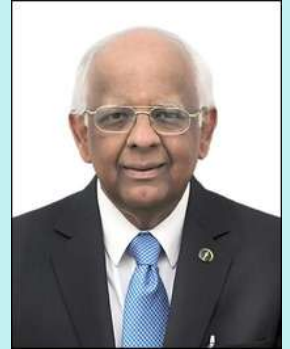
Dr Manish Joshi
Hon Secretary-SSBASICC



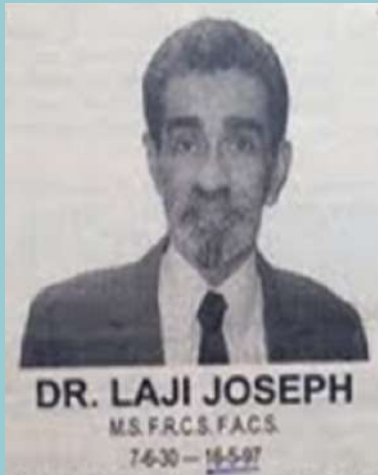
Golden Jubilee Year 1973-2023

Honoring of the Past Presidents of the SSB

Recognized by Dr C S Rajan

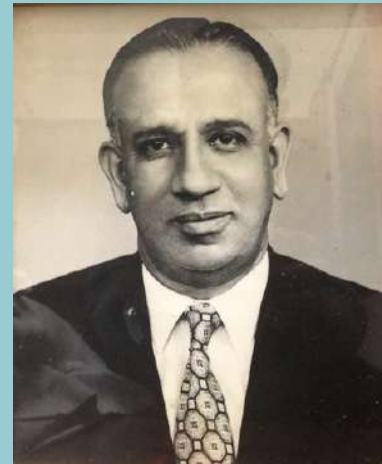


Dr Laji Joseph



- MBBS, MS (Gen Surg) 1950 Vellore , FRCS Edinburgh(1966) .
- Prof of Surgery by SJMC in 1967
- Worked in SMH, SPH, Republic Nursing Home
- Pioneer of Urology in Bangalore
- Popular for bed side clinics
- Kind examiner, student friendly
- 4th President of the SSB 1976-1977
- one of Prime movers to start UG Pg Surgical clinic as part of SSB activities.
- Exam orientated PG Teaching, conducted for a week, yearly continued **till today** as the Prof B Hanumaiah Annual CSEP of the SSB
- Passed away in Bangalore in May 1997

Dr H K Srinivas Murthy



- MBBS (Mysore)
- FRCS and an Ortho qualification.(UK)
- established the Department of Orthopaedics in Victoria Hospital attached to BMC
- started the REPUBLIC NURSING HOME along with his four freinds
- 5th President of the SSB 1977-1978 - Only Orthopaedic Surgeon to head the SSB
- Perfect Gentleman
- Was strict in surgical technique
- Informed and well read
- Astute leader



Golden Jubilee Year 1973-2023

Honoring of the Past Presidents of the SSB

Recognized by Dr K Lakshman



Prof. K Krishnamurthy



- MBBS(MMC), Armugam Medal-Highest aggregate
- MS-Louvierian Catholic University – 1947,
- FRCS from Edinburgh – 1950
- Clinical Professor of Surgery in Mysore, Hubli
- Prof and HOD in Bangalore 1962
- Head – PG Studies – 1964
- Awards-
IMA Award – 1982,
Life time achievement award – 2000
Rajyothsava Award – Karnataka
- Started the PG library under the Bangalore Surgical Trust
- SSB Chairman 1975

Prof Sathyanarayana Setty P R



- MBBS 1947, MS 1955 Madras Medical College
- FICS in 1957 after presenting an original paper. Several presentations and publications(33) are in his credit
- Rose to be Professor and HOD after holding teaching positions at Madras, Mysore and Bangalore
- Visited 12 universities in USA on USAID programme
- Attended Rotary International Conference in San Francisco
- Started Ramakrishna Nursing Home
- Known for his Philanthropic work
- Instituted gold medals for best outgoing student and budding surgeons
- SSB Chairman in 1976.



Academic activities...

SURGICAL SOCIETY OF BANGALORE ASSICC (R)
1973 - 2023 - [Golden Jubilee Year]
www.ssbasicc.org

DR VENKATESH K L President 961184404
DR RAJ/SHEKHAR C JAKA President Elect 9880349019
DR MANISH JOSHI Hon Secretary 9900143128
DR WASIM DAR Hon Jt Secretary 9900143128
DR SUNIL KUMAR V Hon Treasurer 770200660

Dear Doctor,
You are invited for the **Fifth Monthly Clinical Meeting of the Year 2023**
DATE: - **Wednesday 17th MAY 2023**
HOST: - **PRIVATE SURGEONS & CORPORATE HOSPITAL.**
VENUE: - **"API Bhavana Millers Tank Bund Road, Vasantha Nagar Bengaluru - 52.**
6:00PM to 6:45PM - **Postgraduate Teaching Programme**
"PG Teaching Programme - CSMC by Dr C S Rajan"
6:45PM to 7:30PM - **POSTERS / e-POSTERS (@ Foyer with Coffee / Tea Break)**

TOPICS	ORIENTERS
Ectopic Pancreas	Dr.Raj Tripathi (Bt Phlebomas)
Para oesophageal Hernia with Gastro-Vaginal	Dr Arun (Bt Phlebomas)
Trauma with a Rip	Dr.Nisha Gurin (BBH)
A tiny giant	Dr.Lakshya S (BBH)
Not so foreign an object	Dr.Arun KP (BBH)
An Abdominal Cyst	Dr. Anvesha Shrinani (BBH)
Tendinous mesenteric	Dr.Darshan Barik (BBH)
A Goss of Dual Malperforations	Dr.Jyotsna (BBH)
A case of multiple test and pyloric diverticula and perforations	Dr.Ragun (BBH)
Tendinous extending from stomach to jejunum	Dr.Nisha (BBH)
SMA block	Dr Anvesha Dr. Sunil (BBH)
Pain Cause of Cardiac Tamponade	Dr Anvesha (Bt Phlebomas)
No Nerve injury test!	Dr.Nivedita S Ganesh (Bt Phlebomas)

7:30PM to 7:40PM - SURGICAL CANCERS - DR PREM KUMAR A
7:40PM to 8:40PM - SCIENTIFIC PAPERS

1. Ligationless anastomosis management in high risk patients with primary NPWT. Vt Primary Closure - a prospective study	Dr. Avineta Patra (Actor CME)
2. A game changer in the life of children with SMA- a surgeon's tale	Dr.Samuel Philip (BBH)
3. Diversity of micro vascular free flaps in reconstructive surgery	Dr Nisha Gurin (BBH)
4. Effectiveness of vacuum assisted dressing in diabetic foot ulcers	Dr. Kishankumar (BBH)
5. eTEP technique for inguinal and ventral hernias - Approach being updated	Dr.Avinash / Dr. Sunil (BBH)
6. Characteristic lateral neck masses mimicking as cervical body tumors - A single institution Retrospective review	Dr.Deeptika (BBH)

Please Note:
8-45PM - 9:00PM: **Golden Jubilee Celebrations (1973 - 2023)**
Past Presidents Recognized by Dr C S Rajan
Dr Laj Jagan & Dr H K Srinivasa Murthy
9:00PM- onwards **Announcements, Prizes & National Anthem**
Fellowship & Dinner
Note: - Inform & Encourage your Postgraduates to ASSEMBLE & REACH THE VENUE by 8:45PM

SPECIAL INVITEES (K.S.C.A.S.I)
DR H V SHIVARAM Chairman - KSCASI
SCIENTIFIC ADVISERS
DR C S RAJAN
DR K LAKSHMAN

DR VENKATESH K L PRESIDENT
DR MANISH JOSHI HON SECRETARY

1st Floor, IMA House, Alur Venkatesa Rao Road, Bengaluru 560 018, Telefax 080 26705691 / Mob - 9243108442
ssbasicc173@gmail.com

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DR MANISH JOSHI Hon Secretary 9900143128
DR WASIM DAR Hon Jt Secretary 9900143128
DR SUNIL KUMAR V Hon Treasurer 770200660

Dear Doctor,
You are invited for the **Sixth Monthly Clinical Meeting of the Year 2023**
DATE: - **Wednesday 28th JUNE 2023**
HOST: - **DR B R AMBEDKAR MEDICAL COLLEGE & VYDEHI INSTITUTE OF MEDICAL SCIENCES & R C - BENGALURU**
VENUE: - **"API Bhavana Millers Tank Bund Road, Vasantha Nagar Bengaluru - 52.**
6:00PM to 6:45PM - **Postgraduate Teaching Programme**
"PG Teaching Programme - CSMC by Dr C S Rajan"
6:45PM to 7:30PM - **POSTERS / e-POSTERS (@ Foyer with Coffee / Tea Break)**

TOPICS	ORIENTERS
1. A RARE PRESENTATION OF ASPERGILLOMA OF NECK	DR. SANJANA SUBBARAO - DR SRINATH
2. NERVE SHEATH TUMOR: AN UNUSUAL CASE OF A NECK SWELLING	DR. SRINIVAS SANKRUMAR - DR SRINATH
3. A RARE CASE OF U DUBLICATION OF URETER	DR. AMY KUMAR TALWADE - DR SRINATH
4. A RARE CASE OF SMALL BOWEL ADENOCARCINOMA PRESENTING AN ACUTE INTESTINAL OBSTRUCTION	DR. VISHANT KUMAR SHARMA - DR SRINATH
5. ROUND SITE METASTASIS FOLLOWING CHOLECYSTECTOMY AFTER INTERVAL OF 15 YEARS	DR. POOJA NAZU G. VYDEHI ISSAC
6. CERVICAL APPROACH FOR A HODGE HMG WITH INTRATHORACIC EXTENSION	DR NEERA BHASKAR VYDEHI ISSAC
7. THYROID ABSCESS	DR AHMED INAYAT VYDEHI ISSAC
8. A CASE OF INFANTILE HEMANGIOENDOTHELIOMA	DR PUJA KUMARI VYDEHI ISSAC
9. RARE PRESENTATION OF ADENOCARCINOMA COLON	DR NRIKSHAN K VYDEHI ISSAC
10. INULAR CARCINOMA OF THYROID	DR MOUKUNTA K VYDEHI ISSAC
11. UNUSUAL PRESENTATION OF RECTAL FOREIGN BODY	DR VENKATESH R S VYDEHI ISSAC
12. CASE OF PORTAL ARTERY TRANSECTION	DR ROOP DHANALAL VYDEHI ISSAC

7:30PM to 7:40PM - SURGICAL CANCERS - DR PREM KUMAR A
7:40PM to 8:40PM - SCIENTIFIC PAPERS

1. OBSERVATIONAL STUDY - NO ANTI-BIOTIC THERAPY IN ELECTIVE LAPAROSCOPIC CHOLECYSTECTOMY	DR. MANISH SREENIVASA - DR SRINATH
2. TWO PORT VS THREE PORT LAP APPENDICECTOMY IN UNCOMPLICATED APPENDICITIS - A COMPARATIVE STUDY	DR. PRIYANAL T. V. DR SRINATH
3. A COMPARATIVE STUDY: TACEVERS VS BUTIFER FOR MELASMA TREATMENT IN PDM PLUS	DR KEERTHAN KUMAR S - DR SRINATH
4. OUR EXPERIENCE IN MANAGEMENT OF DELAYED PRESENTATION OF CONGENITAL SPANPHRAGMATIC HERNIA IN A TERTIARY CARE CENTER	DR KARAN H C VYDEHI ISSAC
5. CURRENT SCENARIO IN THE CLINICAL PRESENTATION AND MANAGEMENT OF MESENTERIC LYMPHADENITIS CASES IN A TERTIARY CARE HOSPITAL	DR MEGHA KRAN VYDEHI ISSAC
6. THE ROLE OF THERAPEUTIC HYPOTHERMIA IN POST OPERATIVE PAIN MANAGEMENT	DR K SHASHANKAR VYDEHI ISSAC

Please Note:
8-45PM - 9:00PM: **Golden Jubilee Celebrations (1973 - 2023)**
Past Presidents Recognized by Dr C S Rajan
Dr K Krishna Murthy (1974-75) & Dr P B Sathyanarayan Setty (1975-76)
9:00PM- onwards **Announcements, Prizes & National Anthem**
Fellowship & Dinner
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ssbasicc173@gmail.com





Best Poster- May

Dr. E. B. Harsha Vardhan Goud,
BHAGWAN MAHAVEER JAIN HOSPITAL,

Title: RAPUNZEL SYNDROME.



Case Report

A 10 year old child with psychiatric disorder came to the hospital with chief complaints of pain abdomen, vomiting since 1 week. On examination Patient was having sparse hair and per abdomen was showing a hard, non tender, mobile palpable mass in the epigastric region.

Investigations:-

Routine Investigation: Within normal limits.
CECT Abdomen was done which demonstrated a heterogeneous intra-gastric mass containing gas bubbles that was molded to the stomach wall.



Operative findings:- a ball of hair mass moulded to the shape of stomach extending into jejunum.

Postoperative follow up along with psychiatric evaluation and treatment was followed



Discussion-

A bezoar is a mass often found trapped in the gastrointestinal system. Though it can occur in other locations. Gastric trichobezoars are a rare form of bezoar formed from swallowed human hair. They usually develop in young women who are emotionally disturbed, depressed, or mentally retarded, with trichotillomania and trichophagia. They can cause abdominal pain, gastric ulceration, bleeding, obstruction, intussusception and perforation. While gastric bezoars are more common, intestinal bezoars are more likely to be revealed by bowel obstruction.

After successful treatment, psychiatric consultation and treatment is imperative to prevent reoccurrence and improve long-term prognosis.

Treatment modalities and success rates :-
 Exploratory laparotomy with Anterior gastrostomy - nearly 100%. Laparoscopic surgery -75%. Coca Cola therapy with Therapeutic endoscopy - 5%

Conclusion

Although rare, a young girl presenting with pain abdomen, epigastric mass, psychological disorder, Trichobezoar should be considered as a Differential diagnosis.



Best Paper-May

Dr Amrita Patro

Aster CMI Bangalore

Title:"Laparotomy Wound Management in High Risk Patients with Primary Negative Pressure Wound Therapy Vs Primary Closure: A Prospective Study"



Introduction ;-

Incidence of Surgical Site Infection (SSI) in high-risk laparotomy is up to 40%; adding to morbidity and cost. One of the methods of reducing the risk of SSI is by using NPWT This study was performed to evaluate the effect of NPWT as a prophylactic tool to prevent SSI in patients undergoing laparotomy with risk factors has not been evaluated



Aims/Objectives:

- To study the effectiveness of NPWT vs. Primary Closure in preventing SSI in high risk laparotomies
- Other wound related complications like seroma, hematoma, wound dehiscence

Research & Methodology :

Non randomized prospective observational pilot study from August 2022 to Feb 2023.
Study Population: Adult Indian patients undergoing emergency or elective laparotomies with pre-existing risk factors for infection. 40 patients were included with 20 patients in NPWT group and 20 patients in primary closure group (ongoing study)
Data collected in Excel sheet: Demographics, Comorbidities, Diagnosis, Elective/Emergency surgeries, Risk factors, Number of VAC applications, Wound complications

Results:

In the NPWT group, 2 patients developed SSI. 1 patient had a wound dehiscence. In the Primary closure group, 4 patients developed SSI, 1 requiring therapeutic application of VAC dressing. No seroma or hematoma noted in both groups

Conclusion:

Surgical site infections were 50% lesser in the NPWT group



Best Paper-June

DR. Prajwal T. V

DR B R Ambedkar Medical College Hospital

Title:"Two port VS Three port Lap Appendectomy in uncomplicated Appendicitis - A Comparative study.



Introduction :- In the current era of minimal access surgery we are continuously striving to reduce the operative trauma and better cosmesis

Materials and Methods; This prospective and randomized study is conducted at DR BR AMBEDKAR MEDICAL COLLEGE, Bengaluru, Karnataka from July 2022 to may 2023. A total of 80 patients were included in the study, who underwent two port and three port laparoscopic appendicectomy randomly

POST-OP PAIN AND VAS SCORE

★ Measurement of post-op pain as per Visual Analog Scale for patients of both groups at 6h,12h and 24h

PARAMETER	2 PORT N=40	3 PORT N=40	P VALUE
VAS AT 6 HOUR	2.8	3.0	0.0743
VAS AT 12 HOUR	2.5	2.7	0.0581
VAS AT 24 HOUR	1.8	1.6	0.0558

PERIOPERATIVE AND POSTOPERATIVE OUTCOMES

PARAMETERS	2 PORT N=40	CONVENTIONAL 3 PORT N=40	P VALUE	Significance
Mean duration of operation	40 min (40 ± 15 min)	32 min (32 ± 10 min)	0.0087	Significant
Mean duration of hospital stay	1.2 (1.2 ± 0.7)	1.4 (1.4 ± 0.6)	0.1554	Not significant
Cosmesis (Mean Patient)	2.8	3.1	0.0664	Not significant

CONVERSIONS

PARAMETERS N=80	CONVERTED TO 3 PORT N=40	CONVERTED TO OPEN N=40
2 PORT	5	NIL
3 PORT	-	NIL

Results; In our study, mean operative duration for two port appendicectomy was 40min. average hospital stay was 1.2 days in two port appendicectomy

INTRAOP COMPLICATIONS

PARAMETERS N= 80	2 PORT N=40	CONVENTIONAL 3 PORT N=40	P VALUE	Significance
TRANSECTION OF APPENDIX	1	NIL	0.1617	Not significant
SEROSAL TEAR/ BLEEDING	1	NIL	0.1617	Not significant

Conclusion; The 2-port appendicectomy led to statistically significant increase in operative time due to single working port when compared to 3 port. Especially female patients felt that scar at palmer's point can be concealed under garment. 2-port appendicectomy is safe for management of uncomplicated appendicitis, if any untoward intraop complications/ difficulties, it can be easily converted.



Best Poster-June

DR. Amit Kumar Talwade

DR B R Ambedkar Medical College Hospital

Title:"A RARE CASE OF Y-DUPLICATION OF URETER..



Case report – A 62year old female with chief complaint of pain in the left side of the abdomen since 10 days. The pain increased while urinating. She also has a history of repeated urinary tract infections since 2 months and got treated for the same.

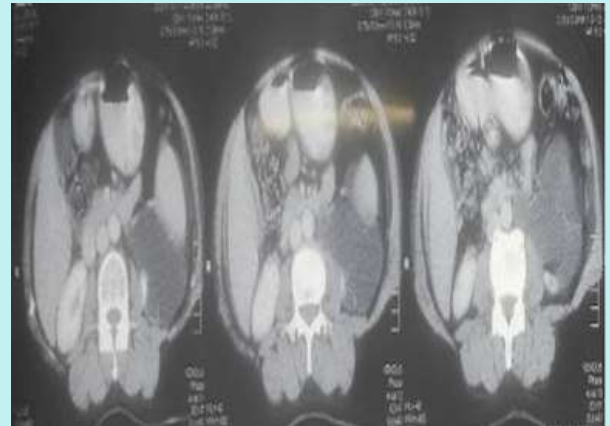
Clinical Examination – Per-abdominal examination – Abdomen was soft, tenderness present in the left hypochondrium and left lumbar region, guarding was present and bowel sounds were present.

Investigation

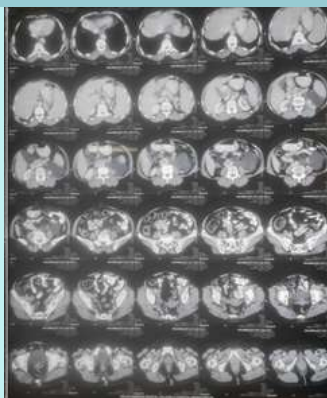
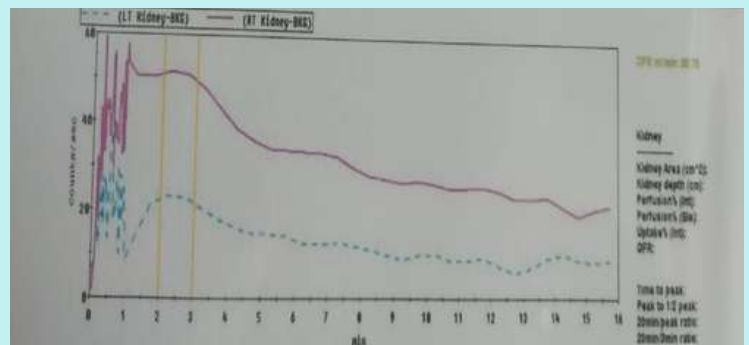
Blood Investigations - within normal limits.

Ultrasound Abdomen and Pelvis – The duplication of the left pyelocaliceal system with gross hydronephrosis of the lower moiety.

CECT Abdomen and Pelvis - Double moiety of the left kidney and gross dilatation of the calyceal system of lower moiety with extreme thinning of the cortex of the lower pole. Excretory phase – Duplex ureter coming out from the superior and inferior renal pelvis.



DTPA Scan – Poorly functioning left kidney with no uptake in the lower moiety.



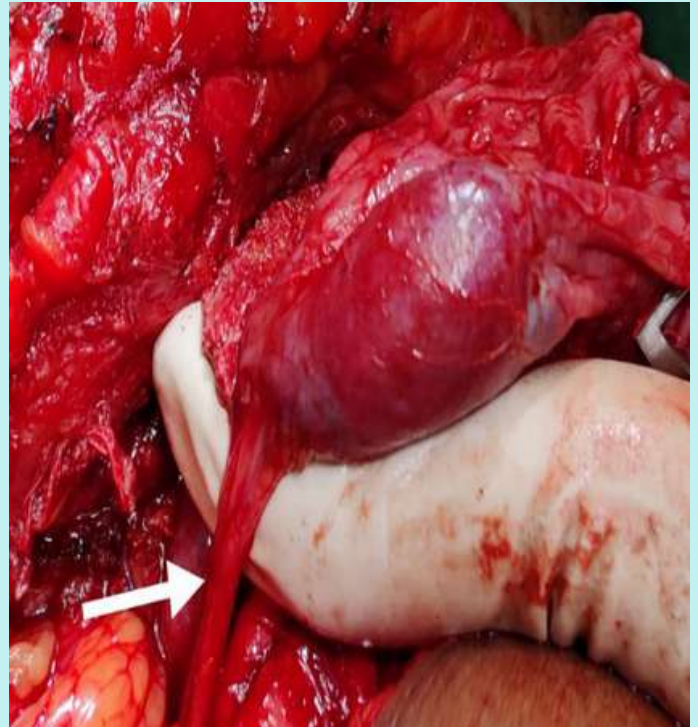
Treatment

The patient had left side duplex collecting system and underwent left side partial nephrectomy with ligation of the ureter arising from the lower pole.

Intra-op Findings – Two ureter were seen one arising from upper pole and another from lower pole.



Y-Duplication of Ureter one ureter to the upper pole and other to the lower pole



Separate Renal vessels to the lower moiety.



Upper pole after the partial Nephrectomy

Discussion and Conclusion

- Congenital anomalies of the kidneys and urinary tracts (CAKUT) are embryonic disorders that arise during development and result in a spectrum of defects in the kidneys and outflow tracts which include the ureters, the bladder, and the urethra.
- The prevalence is estimated at 4–60 per 10,000 births.
- Ectopic ureters are found in one of every 2000–4000 people.
- Antenatal ultrasounds correctly diagnose CAKUT in 60%–85% of infants.
- The remaining cases of CAKUT are mostly diagnosed after an infant or child presents with urinary tract infections, haematuria, and occasionally incontinence.
- In most of the cases if patient presents with gross changes, then nephrectomy is the treatment of choice.



Best Paper – April

Dr. Dr Kiran H C

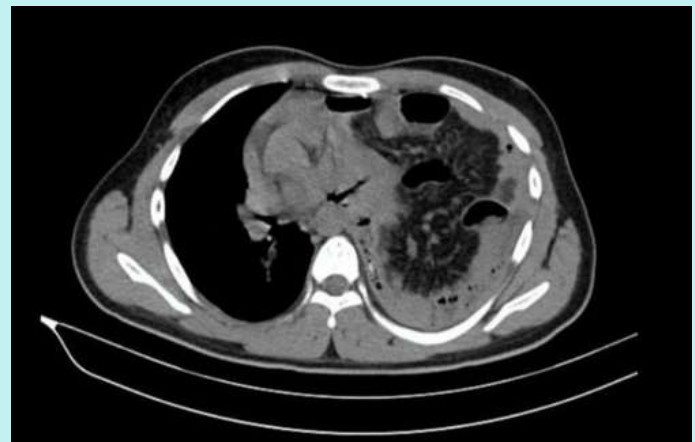
Vydehi Institute of Medical Sciences and Research Centre

Title-Our experience in management of delayed presentation of Congenital Diaphragmatic Hernia in a Tertiary care center



Introduction-

Diaphragmatic hernia is defect in the diaphragm which allows the passage of an organ, or part of it, into the thoracic cavity. Delayed CDH-Diagnosed after neonatal period when initial symptoms occur later and ; asymptomatic CDH found in the course of routine X-ray examination of chest.



Aims/objectives

- To know the various signs and symptoms of delayed presentation of congenital diaphragmatic hernia
- To know various surgical modalities for management of delayed Congenital diaphragmatic hernia.
- To know various intra-operative and post-operative complications encountered in various modalities.

Materials and Methods:

Twelve patients of diaphragmatic hernia who were admitted and who underwent successful surgery at the Vydehi Hospital, during the time period of 2018-2023 were included in the study. Retrospectively data obtained from case records and analysed.

Results:

Each patient was evaluated with respect to age, sex, presenting signs and symptoms, diagnostic method, contents herniated, operative findings, associated anomalies, postoperative morbidity and mortality. Predominant age group being 10-30yrs(9 patients). Major symptoms being exertional breathlessness(9) and pain abdomen(6). Laparotomy(9) was preferred approach. Intra-op bowel injury was noted(2) for which only anatomical repair was done. Post-operative ICU stay and Oxygen supplementation was necessary in most cases.



Case where bowel perforation was noted



Primary Repair of the defect

Conclusion: Congenital Diaphragmatic Hernia in adults is relatively rare. Chest radiograph can lead to diagnosis of diaphragmatic hernia. For delayed CDH, surgery is mainstay of treatment. Reduction of the hernia contents into the abdomen and primary repair of the diaphragmatic defect with mesh reinforcement is our choice. In cases with bowel perforation and fecal spillage primary repair only is recommended.

The Sushruta Samhita

The characteristics of a good surgeon are described in *Sushruta Samhita*.

शौर्यम् आशुक्रिया शस्त्रतैक्षण्यमस्वेदवेपथु ।

असंमोहश्च वैद्यस्य शस्त्रकर्मणि शस्यते ॥

(Ss.su. 5.10)

“Boldness, quickness and immediacy in action, sharpness of the instrument, non-sweating and non-trembling, and unconfusedness (on the part of the surgeon) - these are what are praised in a surgeon's act.



Contributed by
Dr Dr Kruthi S R
Rajarajeswari
Medical College
and Hospital



Best poster –June

Dr Dr Pooja G Naidu

Vydehi Institute of Medical Sciences and Research Centre

Title–Wound site metastasis of gall bladder carcinoma after an interval of 15 years



Case report–Patient came with complaints of swelling over the scar site in the right upper part of abdomen since 2 months. No other complaints. Patient underwent open cholecystectomy for unknown gall bladder pathology 15 years ago. HPE report not available. Clinically mass was around 8*6cm, firm in consistency, borders ill defined. Patient was clinically diagnosed with soft tissue tumor over anterior abdominal wall. USG was suggestive of mass involving the anterior abdominal wall and FNAC was done which was suggestive of Adenocarcinoma features. Core needle biopsy was done and IHC revealed biliopancreatic origin. PET was done to rule out any metastasis and CECT reported as lesion involving only the anterior abdominal wall. Patient was given neoadjuvant chemotherapy with cisplatin and gemcitabine (6 cycles) and was taken up for wide local excision with tensor fascia Lata graft. Final HPE report revealed Adenocarcinoma

Discussion : Gall bladder cancer is uncommon disease with very high mortality. Most patients presents with advance disease. Wound site Metastasis following open cholecystectomy is 7% for incidentally detected gall bladder carcinoma. Patients with wound site metastasis could be managed with surgical excision of the lesion supplemented with chemotherapy. Unique feature about this case was that the wound site recurrence had a very long interval of 15 years.



Conclusion:

For patients with isolated wound site metastasis aggressive management strategy of combining wide local excision and neoadjuvant chemotherapy may be a step forward in the treatment of this rare group of patients.



Walkathon on 18-06-2023

Surgical Society of Bangalore organized **WALKTHON** on the occasion of Surgeons day and Golden Jubilee celebration in association with St Martha's Hospital. **Dr Srikanth Aithal -HOD Surgery, Dr B S Girishar, Sathyakrishna and Dr Arun Kumar N & Dr Punith N** were actively participated & oragnised this event .**Chief Guest was Dr Venugopal**, India Medical Association President – Bangalore Branch.



Flagged off by Sr Gracy – Sister superior, Addl Medical Supdt St Marthas Hospital and **Dr Venkatesh K L – President SSBASICC** at 6 am from St. Marthas Hospital.



Hon'ble Minister for Medical Education Minister **Dr Sharanprakash R Patil**, Govt of Karnataka appreciated Surgical Society of Bangalore Association of Surgeons of India City Branch, Dr Punith and Team – St Marthas Hospital for spreading awareness on the Roll of Surgeons and safe surgeries to the Bangalore public.

Sr Gracy – Sister superior, Addl Medical Supdt, Sr Ancy – Nursing Supdt, St Marthas Hospital and Dr Venkatesh K L –President SSBASICC. Dr Manish Joshi welcomed the members.

Warm up speech was delivered by Dr Venkatesh K L – President SSBASICC, Dr K Lakshman, Dr C S Rajan to the Surgeons gathered. Ms Pranita Venkatesh, and other groups performed dance and warm up exercise,



The Walkathon with a 5km end point was distributed the medals, saplings and some goodies to all participated, Vote of Thanks by Dr Manish Joshi, followed by delicious Breakfast@ St Marthas Hospital Premises.

The Walkathon was well covered by Both Print and Television media





International Yoga Day on 21-06-2023

SSBASICC in Association with **Bhagwan Mahaveer Jain Hospital** organised International Yoga Day

The theme was **Vasudhaiva Kutumbakam.**

Chief Guest was Vice Chairman, Hon Secretary of the Managing Trustee Bhagwan Mahaveer Jain Hospital.



Dr Venkatesh K L – President SSBASICC. **Dr Manish Joshi** – Hon Secretary , gave the **Warm up speech.** **Dr C R Chhallani** -HOD Surgery, Bhagwan Mahaveer Jain Hospital along with **Dr Preethi Hiremath** and senior colleagues from the dept of surgery organised Yogathon.



Dr C R Chhallani – HOD Surgery invited distinguished guests at the stage and felicitated them on the occasion which was followed by Breakfast@ Bhagwan Mahaveer Jain Hospital Premises, Bengaluru .

The Event was Live streamed on You tube for others to participate online



More than 100 surgeons participated in the yoga to create public awareness and learn yoga to improve on Life style & maintain Healthy Body & Mind and also reduce the risk of stress on Surgeons.





SURGEONS DAY on 24.06.2023

The Annual **Surgeon's Day** was celebrated on Saturday **24th June 2022**, this grand celebration was held at Grand Ball Room, The Capitol Hotel, Rajbhavan Road, Bengaluru



Welcome Address by Dr Venkatesh K L - President, Surgical Society of Bangalore ASI City Branch



Master of Ceremony Dr Nishanth Lakshmi Kantha



The Invocation by Dr Chandrika Muralidhar



Dr H V Shivaram - Chairman - KSC ASI addressing the gathering on KSC ASI & Surgeons Day to be celebrated all over the state from now onwards



Chief Guest-Mr Dinesh Karnataka High court Judge



Guest of Honor- Dr M K Ramesh, Vice Chancellor RGUHS



SURGEONS DAY on 24.06.2023

Honored two legendary senior surgeons on the occasion of Surgeons Day celebration With Life Time Achievement Award 2023



Felicitation of Prof P S Prabhakaran – Senior Surgeon, Member of ASI & SSBASICC



Felicitation of Prof N Srinivasan – Senior Surgeon, Member of ASI & SSBASICC





SURGEONS DAY on 24.06.2023

Prof. B.N. Balakrishna Rao's Memorial Oration –2023

The prestigious Prof. B.N. Balakrishna Rao oration was delivered by Prof M Vijayakumar MBBS,DNB, MCh, FRCS, FACS, FICS, Hon. Vice Chancellor, Yenepoya University, Former Director and Professor & Head Surgical Oncology, Kidwai Memorial Institute of Oncology, Bangalore.- Professor of General & Gastrointestinal Surgery, Jawaharlal Institute of Post-Graduate Medical Education and Research JIPMER), Pondicherry

The topic was “Skill Based Surgical Training – Present Status and Future” and was well applauded by 259 members present during the celebration.



Prof M Vijaya Kumar delivering Prof B N Balakrishna Rao Oration – 2023



Prof M Vijaya Kumar being felicitated with Citation & Mememto



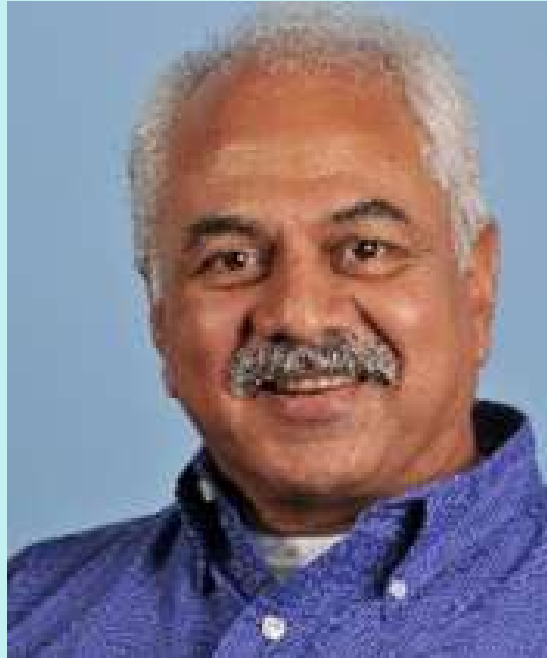
Vote of Thanks by Dr Manish Joshi- Hon Secretary SSBASICC

Cultural Events





Life of an All-rounder: An Interview with renowned Surgeon Dr Ajit K. Huilgol



MBBS, MS, MNAMS

**Consultant Transplant Surgeon Aster and
Kauvery Hospitals**

Sir, tell us about yourself and your education:

" My parents are from Hospet. My mother was a homemaker, and my father was the Director of Operations and Training Manager at Indian Airlines. He served in the Royal Air Force during British India,. After Independence, the RAF became the Indian Air Force. Later, he joined Deccan Airlines, which was owned by the Nizam of Hyderabad. Eventually, all airlines merged to form Indian Airlines Corporation.

I was born in Hospet and studied in Bishop Cotton Boys' School in Bangalore. Later,I joined National College Basavanagudi, where Professor H. Narasimhaiah was the principal at the time.

For my undergraduate studies,I enrolled in Bangalore MedicalCollege, and did my post- graduation (1976-1979) at PGI Chandigarh.I worked as a Senior Resident in General Surgery and Peripheral Vascular Surgery there only till 1981. I then spent some time in Kerala before returning to Bangalore and joined the M.S. Ramaiah Medical College (1981-1991). Meanwhile, I had started to do kidney transplant surgery for the Bangalore Kidney Foundation from May, 1983. However, I enrolled in PGI, Chandigarh to get a formal training in kidney transplant surgery under the late Prof RVS Yadav in 1984. This formal certificate later helped me in starting the kidney transplant program in the MS Ramaiah Medical College"



Dr Ajit K. Huilgol - Life of an All-rounder



With Sister

As I said earlier, I loved engineering and admired steam locomotives. I found a remarkable similarity between them and surgery. You can see them working. Surgery, too, is a field where you actively participate and witness the transformative changes firsthand. This enduring passion for surgery has stayed with me, and as I reflect on my journey, I cannot imagine myself pursuing any other path."

Why did you choose surgery?

"In my early years I had a keen interest in engineering. My brother, who currently resides in Australia, is an engineer, but now teaching pure mathematics. He has been a significant influence and a role model in my life, and I wanted to follow in his footsteps. However, there was a significant turning point in my aspirations.

During that time, my sister was admitted to Victoria Hospital for appendicitis and underwent surgery there. It was my first visit to a hospital, and I was captivated by the atmosphere. I was in the 9th standard then. In that moment, something within me shifted, and I made a spontaneous decision to pursue biology instead of mathematics. From that point onward, I was determined to become a surgeon, not just a doctor.



School group photo at BCBS



Receiving prize



Engagement pic with Dr Medha



Dr Ajit K. Huilgol - Life of an All-rounder



Recent Pic

Your journey as a Transplant surgeon

I was involved in Karnataka's first kidney transplant, which took place in May 1983. It has been 40 years since that landmark event. In 1987, I started the transplant department at M.S.Ramaiah Medical College, making it the first medical college in Karnataka to have a dedicated department for kidney transplants. I initially joined as a Lecturer and eventually progressed to become the Head of Transplant Surgery and Peripheral Vascular Surgery.

In 1991, my salary was Rs 5,100, with a take-home pay of Rs 3,700. Unfortunately, I couldn't continue working at M.S. Ramaiah Medical College with such a salary, so I decided to leave and establish my own private practice. I started our own Dialysis and Transplant Program and have remained committed to the same field, and am still performing transplant surgeries.

When I first began conducting transplant surgeries, I was a relatively young surgeon of the age of 31. The administration at

M.S. Ramaiah Medical College had reservations about my ability to handle transplant surgeries, despite my prior experience at the Bangalore Kidney Foundation. Consequently, I had to bring in an outside surgeon, Dr. Sahariah from Hyderabad, to help set up the transplant centre. He attended the first five surgeries. He performed the first three transplants while I did donor surgeries, and stood by while I did the other two. After these, Dr. Sahariah was generous enough to inform the management, and Mr M.S. Ramaiah himself that I could conduct transplant surgeries independently and that his presence was no longer necessary. No one else would have done what he did, especially since he as was getting paid, including travel expenses. But he displayed great professionalism by recommending me instead"

Interesting incidences in surgical practice

"There have been numerous incidents throughout my career, some with happy outcomes and others with sad endings. This is the nature of medicine. Despite our best efforts, the final outcome is not always within our control. No healthcare professional wishes to harm anyone, but despite our dedication and expertise, unfortunate outcomes can occur. There are lots of factors beyond our control.

As you start operating more you will realize that there is a power above you. Whether you refer to it as God or by any other name, there is a force beyond our own capabilities. It humbles us and reminds us that without that power, we cannot succeed. We need to acknowledge this."



Dr Ajit K. Huilgol – Life of an All-rounder

Let me share some incidences

Funny and not so funny

In M.S. Ramaiah, the Intensive Care Unit (ICU) and Operating Room were located far apart, in opposite directions. It was quite challenging to transfer transplant patients from the operating room to the ICU, as we had to navigate through construction zones and dusty areas. I recall an incident where a spider descended from the operating room light and scurried around during a kidney transplant surgery. Fortunately, no adverse effects occurred as a result.



Family Pic



There was another incident during a transplant surgery where I was washing the wound thoroughly after the procedure. I requested saline to clean the wound, but to my surprise, toxic fumes began to emerge. It turned out that the nurse had provided me with formalin instead of saline, to wash the wound. That was supposed to be potentially fatal. Despite this unexpected mishap, the transplanted kidney functioned remarkably well for many years.

These incidents serve as reminders of the unpredictable nature of medicine. Even when faced with unexpected situations or errors, there can be surprising outcomes and instances of resilience. It highlights the importance of being vigilant, adaptable, and continuously learning from our experiences.

Gratifying Experience

One of my patients came from Bangladesh with a history of right kidney removal due to cancer. He managed to survive for five years, but unfortunately, his remaining left kidney failed, and he had to rely on dialysis for survival. When he came to me for a transplant, I decided to get an ultrasound to investigate the cause of his remaining kidney's non-functioning state. The ultrasound revealed hydronephrosis caused by a stone in the ureter. I removed the stone and, miraculously, the patient began passing urine again, and he no longer required dialysis! He went back home and joyfully reported that his kidney failure had been cured by me! This remarkable case was featured in an article in the Times of India on the front page of July 27, 1993, coincidentally, my birthday. The article highlighted the work of myself and Dr. Devi Shetty, referring to us as surgeons with the "**Hands of Allah!**" While removing the stone was a straightforward procedure for me, it brought immense relief to a patient who had been on dialysis and eagerly awaited an end to his suffering.



Dr Ajit K. Huilgol – Life of an All-rounder

Another notable case involved a Japanese patient who held a prominent position in a large corporation and had been undergoing dialysis in the US. He came to me for his transplant. After returning to Japan, he appeared on Japanese television and spoke about the success of the surgery. In his native language, he expressed his delight by saying, **"It's a pleasure to hear the sound of my urine flowing into the urinal."** Such positive feedback and gratitude from patients bring great joy to a surgeon's heart

I also performed a transplant surgery on a **young girl from Australia**, and following the procedure, she went on to get married and have twins. Transplant surgeries provide a second chance at life for those who have lost hope. In the past, dialysis had its complications, but fortunately, it has significantly improved over time.

These stories illustrate the profound impact of transplant surgeries on patients' lives, restoring their hope and granting them the opportunity to lead fulfilling and meaningful lives.

Membership OF Societies / Associations:

life member of

- Indian Medical Association (IMA)
- Indian Society of Organ Transplantation (ISOT)
- Indian Society of Nephrology (ISN)
- Association of Surgeons of India (ASI)
- Surgical Society of Bangalore (SSB)
- Asian Society of Transplantation (AST) Additionally, I am a founder-member of:
- Vascular Society of India (VSI)
- Peritoneal Dialysis Society of India (PDSI)

Honors and Awards:

- 1. Col John (Papa) Wakefield Memorial Oration, 2017**, Delivered the inaugural oration
- 2. Lifetime Achievement Award**–Awarded by the Nephrologists Association of Karnataka in 2015
- 3. Distinguished Alumnus Award**, Awarded by the Bangalore Medical College in 2015
- 4. RVS Yadav Memorial Oration**, Indian Society of Organ Transplantation in 2012
- 5. President of Indian Society of Organ Transplantation**, Term: 2010 – 2012
- 6. Lifetime Achievement Award**, Awarded by the FKCCI (Federation of Karnataka Chambers of Commerce and Industry) in 2006
- 7. Samaja Seva Bhushan Award**, Awarded by the Subharam Trust, Bangalore, India in 2000
- 8. Chairman**, XVIII Annual Conference of ISOT –Annual conference of the Indian Society of Organ Transplantation held in Bangalore, India in 2007
- 9. Vice President** of Indian Society of Organ Transplantation, Term: 2006 – 2008
- 10. Honorary Secretary** of Indian Society of Organ Transplantation, Term: 2004 – 2006
- 11. President**, Indian Medical Association, Bangalore East, Term: 2000 – 2001
- 12. Vice President**, Indian Medical Association, Bangalore East, Term: 1999 – 2000
- 13. Chairman**, 1st Annual Conference of PDSI, Chaired the inaugural conference of the Peritoneal Dialysis Society of India in 1997
- 14. Secretary, Surgical Society of Bangalore** Term: 1987



Dr Ajit K. Huilgol – Life of an All-rounder

Other Achievements:

1. Visiting Professor, Bangladesh Medical College, Dhaka, Bangladesh, Term: 1995 – 1998

2. Helped establish a kidney transplant center in Jalandhar, Punjab, India, Year: 1997

3. Invited by the Nigerian Government to help set up a transplant center in Lagos

This initiative did not materialize due to resistance from local nephrologists and surgeons. Year: 2000

4. Invited by the Ethiopian Government to help set up transplant centres in AddisAbaba and Mekkele

- Trained local surgeons in AV fistula operations for dialysis
- Performed 45 AV fistula operations in both places, free of charge
- This program did not take off due to resistance by the local nephrologists and surgeons Year: 2014 –2016

5. Trained surgeons at Eldoret and Naivasha, Kenya, in AV fistula operations, Performed 12 surgeries free of charge



Favorite Surgery

I love performing transplant surgeries, vascular surgeries, thyroid surgeries, and gallbladder surgery.



What would u do if you relive post graduate life

I got a seat at PGI Chandigarh and AIIMS Delhi. I didn't want any distractions, so I chose PGI Chandigarh. There were only four cinema theatres in the entire city! Inside the campus, however, there was a movie theatre where movies were screened twice a week, and tickets were priced at one rupee regardless of where you sat. There was no hierarchy, and it operated on a first-come, first-served basis. English movies were screened on Fridays, while Hindi movies were shown on Sundays. With a season ticket costing ten rupees, you could watch twelve movies! I received a stipend of 660 rupees in my first year itself, and my monthly expenses were only 100 rupees, inclusive of room rent, electricity, water and all meals in the canteen! I lived happily, feeling like a king. If I had to relive my post-graduate life, I would choose the same path.

If not surgeon what u would have been

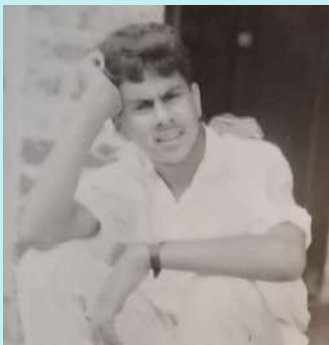
I cannot imagine a life without being a surgeon. If given the opportunity to be put back on Earth and asked what I wanted to become, I would choose to be a surgeon again. I cannot envision any other path for myself.



Dr Ajit K. Huilgol – Life of an All-rounder

Please share with us how you developed a love for wildlife and wildlife photography?

Dr. Ullas Karanth, the tiger conservationist and scientist, believes that all children are born with an inherent love for nature, wildlife, animals, and birds. In fact, even if you present a small child with round or rectangular biscuits alongside biscuits shaped like animals, the child will instinctively reach out for the animal-shaped ones, despite other biscuits being tastier. This showcases the innate love for nature that resides within us. However, as children go to school and engage in academic studies such as Geography, Math's, Science, and History (on a lighter note all "nonsense") their connection with wild life gets suppressed. but love for nature remains within like ember in life, waiting for spark to reignite it



Squirrel on shoulder

In my case, the spark was kept alive by my mother. She would take me to watch documentary movies by Walt Disney called "True Life Adventures." These documentaries were full-length features highlighting various animals such as jaguars, flying squirrels, African lions, and many others. This exposure to wildlife through these documentaries nurtured and sustained my love for animals.



Although I couldn't afford a camera during my time at Ramaiah, once I left and started my private practice, I purchased a camera. This allowed me to embark on numerous journeys, visiting nature resorts both in India and abroad, capturing the beauty of the natural world, through photography.



The passion for wildlife and the desire to connect with nature is an intrinsic part of who we are, and it can be rekindled at any moment, reminding us of the beauty and importance of the world around us.



Dr Ajit K. Huilgol – Life of an All-rounder

Other Extrasurgical activities

Cricket Commentator

During my time in Bangalore Medical College, while studying in the second year of MBBS, I began my journey as a cricket commentator for All India Radio. This venture continued for 33 years until 2005, with intermittent breaks along the way. I also had the opportunity to provide commentary for television channels, covering events such as the Ranji Trophy, Duleep Trophy, and even a Women's World Cup match between Australia and South Africa held at Chinnaswamy Stadium.

In the early days of my commentary career, Chinnaswamy Stadium didn't have a dedicated commentary box. Instead, four of us were positioned on steps with a table, and microphones were handed to us. It was in this manner that we conducted the first-ever commentary at Chinnaswamy Stadium in 1972, even before its official inauguration.

I Cricket holds a special place in my heart. In fact, when I got married, I jokingly told my wife that cricket was my first love, followed by surgery as my second love, wildlife as my third love, and she would be my fourth love! She had no objection to that!

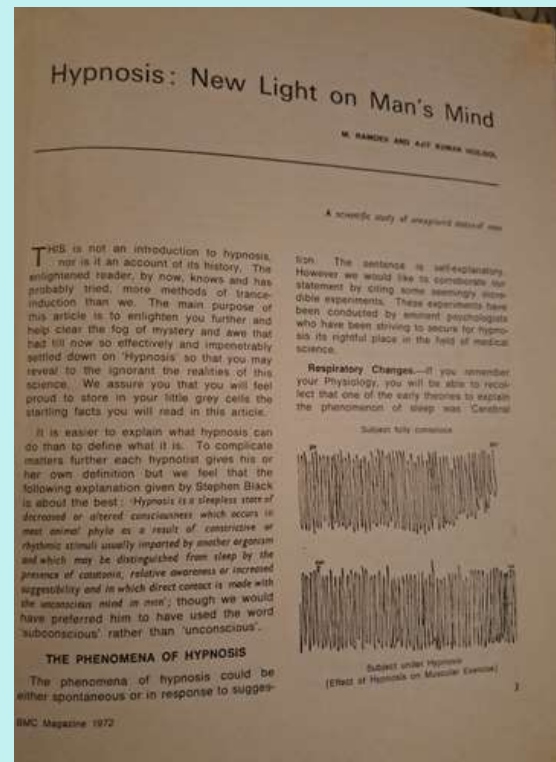
I also actively played cricket during my time in college, representing both PGI Chandigarh and M.S. Ramaiah Medical College. Cricket has been an integral part of my life, allowing me to express my passion for the game both as a player and a commentator.



Body building competition in BMC. Dr Ajit K Huilgol standing second from left.

Amateur hypnotist

In addition to my medical career and cricket commentary, I have also staged several shows in Bangalore and Mysore as an Amateur hypnotist.



Article on Hypnosis for BMC Magazine by Dr Ajit K Huilgol



Dr Ajit K. Huilgol – Life of an All-rounder

Actor

I had the opportunity to showcase my skills as a cricket commentator in the movie "**Freaky Chakra,**" which starred Deepti Naval. It was a unique blend of my passion for cricket and the world of cinema



Achievements as a Wildlife Photographer:

- Runner Up Award in the Behaviour: Mammals section of BBC Wildlife Photographer of the Year competition in 2009
- Associateship of the Royal Photographic Society (ARPS) in 2008
- Photographs helped India win the Gold Medal in the 15th Biennial FIAP Nature World Cup in 2010
- Photographs helped India win the Gold Medal in the 17th Biennial FIAP Nature World Cup in 2014

Apart from these, many Photographs and articles have been published in several national and international books and magazines. These Photographs have won many national and international awards including Photographic Society of America gold medals.

Photographic Distinctions:

ARPS / EFIP / EFIAP / MPSA / **C***MoL** (only the second Indian to get this distinction)/ GPU CR5 (only the second Indian to get this distinction)/ GM.APS / E.NPS / Hon CPE / ES.CP / BAPU / E.SSP / AAPG / Hon F.Nobel/Gold

The only Indian to hold both C***MoL and GPU CR5 distinctions

Over 15,000 Acceptances in National and International Salons

More than 10,000 Acceptances in PSA Salons

More than 500 Medals, including over 200 PSA (Photographic Society of America) Gold Medals

Over 20 Best Entrant Awards





Dr Ajit K. Huilgol – Life of an All-rounder

Your Mentor

- My first mentor is my mother, who instilled good values and a love for wild life in me.
- Dr.R.V.S. Yadav is known for performing the second kidney transplant in India.
- M.L. Jaisimha has been my mentor for cricket. I also performed a transplant for his brother, who lived for 10 years afterwards.
- As for wildlife photography, I am self-taught, but I received guidance from M.N. Jayakumar, who retired as the Additional Principal Chief Conservator of Forests, Karnataka, about which camera to buy. He also shared tips on its usage.



Your favorite food

I enjoy sweets, especially those made by my mother. The traditional sweets like Sihi Sajjige, Holige, and Mandige, are delightful choices. These sweets were not only delicious but also carried the love and care put into them by my mother

Favorite place

I love wildlife and have visited several incredible places in Karnataka such as Kabini, Bandipur, Ranganathittu, Hosanagara, and Kalasa..Outside of Karnataka,

I've also explored Bandhavgarh and Kanha in Madhya Pradesh, Tadoba in Maharashtra, Ranthambore in Rajasthan, Kaziranga, and Corbett National Park, to name just a few. Additionally, I've had the opportunity to explore wildlife destinations outside of India, including Africa (Kenya, Tanzania, Botswana, South Africa), Costa Rica, Canada, the Galapagos Islands, and Antarctica.

During my one-month stay in Antarctica, we lived on a ship. It was summer there, with temperatures reaching a maximum of about two degrees Celsius. The sun would set around 1 am and rise again at 4 am. We used to enjoy taking photographs late into the night until midnight. It was an unforgettable experience being surrounded by the pristine beauty of Antarctica.

Favorite books

- Jim Corbett Stories
- Schwartz's Principles of Surgery
- Textbook of pathology by William Boyd
- All books on wildlife
- Murder mysteries





Dr Ajit K. Huilgol – Life of an All-rounder



Key to Success

When you are passionate about your job, it ceases to feel like work and becomes a romantic engagement with what you are doing. The love and enthusiasm you have for your work drives you to excel and enjoy the process.

However, it is also important to diversify and engage in activities outside of your profession. These diversions serve as a means to regenerate and recharge your energy, allowing you to return to work feeling refreshed and revitalized.

Engaging in sports, spending time in nature, participating in physical exercise,

practicing yoga, and incorporating meditation into your routine all contribute to keeping you fit, both physically and mentally. These activities not only promote well-being but also provide a balance to the demands of your job.

Remember, finding a balance between your passion for work and taking time for personal pursuits is key to maintaining a fulfilling and sustainable lifestyle.



Advice to young surgeons

Diversifying your interests and being passionate about what you do can lead to a more fulfilling and well-rounded life.



Bless you my son



When Healing Meets Innovation: The Doctor Turned Entrepreneur

Introduction:

Doctors are widely respected for their noble profession of saving lives and promoting well-being. However, some medical professionals venture beyond the traditional role of a doctor and embark on entrepreneurial endeavors. This unique blend of medical expertise and business acumen allows them to explore innovative solutions, disrupt traditional healthcare practices, and create a lasting impact on patient care. In this write-up, we delve into the journey of a doctor turned entrepreneur, highlighting the motivations, challenges, and rewards associated with this transformative career path.

Motivations for Transition:

The decision of a doctor to transition into entrepreneurship can be driven by several factors. Firstly, witnessing inefficiencies within the healthcare system often inspires doctors to seek alternative solutions. They identify gaps in care delivery, technology adoption, or patient experiences and are driven to find innovative ways to address these issues. Moreover, doctors' first hand experience with patient needs and clinical challenges provides them with a unique perspective to design and develop novel healthcare products or services. These motivations, coupled with a desire for professional growth and a passion for creating change, compel doctors to step into the entrepreneurial realm.

Challenges Faced:

Transitioning from a doctor to an entrepreneur presents its fair share of challenges. Doctors often lack formal business training and must learn on the go, developing skills in areas such as strategic planning, marketing, finance, and team management. Balancing the demands of clinical practice while building a startup can be mentally and physically exhausting. Additionally, securing funding for healthcare startups can be daunting, as investors may perceive doctors as lacking business acumen or be hesitant to invest in an industry known for its complexities and regulations. Nevertheless, the determination and resilience cultivated through medical training empower doctors to tackle these obstacles head-on.

Opportunities for Innovation:

Doctors-turned-entrepreneurs are uniquely positioned to identify and seize opportunities for innovation within the healthcare sector. They possess first hand knowledge of the challenges faced by patients, healthcare providers, and the industry as a whole. By leveraging their medical expertise, they can develop innovative medical devices, digital health solutions, telemedicine platforms, or healthcare software applications that improve diagnostics, treatment outcomes, patient engagement, and overall healthcare delivery.



When Healing Meets Innovation: The Doctor Turned Entrepreneur

These entrepreneurs have the potential to disrupt traditional practices and transform healthcare as we know it.

"

Impact on Patient Care:

The entrepreneurial pursuits of doctors have a profound impact on patient care. Their innovations can enhance accessibility, affordability, and quality of healthcare services, thereby benefiting individuals and communities. By bridging the gap between medical expertise and entrepreneurial vision, doctors-turned-entrepreneurs can develop solutions that optimize clinical workflows, promote preventive care, enable remote monitoring, and facilitate personalized medicine. Through their ventures, they empower patients to take control of their health and enable healthcare providers to deliver efficient and patient-centric care.

Conclusion:

When doctors become entrepreneurs, they embark on a remarkable journey where they combine their medical knowledge with an entrepreneurial mindset. By recognizing the gaps in the healthcare system and utilizing their expertise, these individuals can revolutionize patient care through innovation and technology. Despite the challenges they face, their determination and passion drive them to overcome obstacles and make a lasting impact on the healthcare industry. As the world continues to evolve, the doctor-turned-entrepreneur serves as a beacon of hope, bringing healing and innovation together for a brighter future in healthcare.



AUTHOR – Dr. HARISH N S
Director – HIMAS



Destiny... Thy name is Surgery?

It was the year 1982, in the month of June, on a Friday evening when I was doing my internship at KR Hospital attached to Mysore Medical College. I had my posting at paediatric department under Prof Anke Gowda at Cheluvamba Block. There was an anemic child in the ward and I was to get a bottle of blood from the blood bank which was situated behind the Pathology Block. Between these two blocks there was a large vacant space with grass and in the corner there used to be a kitchen where food used to be cooked for the patients. Those were the days when all the menial work used to be the responsibility of the poor "house Surgeon"! I went to the blood bank, collected the bottle of blood and started walking towards Cheluvamba block to go to the pediatric ward. I was in a hurry and looked at the watch- it was 6 o'clock in the evening. I was thinking that my white coat which I was wearing since a week needed a wash on the weekend.

All of a sudden, a horse which was grazing in the vacant space started chasing me! I was shell shocked and took to my heels to save myself and the blood I was holding in my right hand. To escape from the horse attack I had to enter inside the building. I ran towards Cheluvamba block with all my youthful strength & energy. But I was not lucky!

The horse was faster than me (naturally)! Just before I could enter Cheluvamba block, it caught hold of my right lower arm near the elbow with its mouth and started dragging me to the field. Imagine the scenario - me holding the precious blood bottle in my right hand and the horse trying to trample me. I quickly realized that if I fall down I am finished. In the spirit of the

moment I gathered all my energy and pushed the horse in the opposite direction holding its right fore leg. The only thing in my mind was that I should not fall and the blood bottle should not be broken. It was a fight between me and the horse wherein the horse was trying to push me down and I was defending myself pushing the horse all the way back which was now standing on its hind legs. The pain in my arm was now unbearable and my hand was becoming numb and blue! By this time a large onlooker crowd had gathered around and there was a huge commotion. Many of them threw stones at the horse but the horse was not leaving me

I was told it was a pathetic scene to watch. The scenario was like the one from the famous Hindi movie Satta Pe Satta where the hero fights with a horse, lifting both its fore legs. The entire time the horse, standing on its hind legs was trying to push me and I was holding its fore leg, trying to push it back. The one thing in my favour was that it was a slightly weaker & older horse and did not have full horse power in it (so to speak)!

I was shouting for help. The crowd pelting stones on the horse did not know what else to do. In the bargain I also received some stones! By all means it was a helpless situation. By this time I had gently dropped the blood bottle on the grass and someone took it to the pediatric ward.

Finally it was the presence of mind of an illiterate cook in the neighboring kitchen which saved the day. He brought a long kitchen knife from his kitchen armamentarium and shoved it into the horse's anus from behind. The horse felt severe pain and it opened its jaws instantly releasing my damaged & crushed arm.



Destiny.... Thy name is Surgery?



(Representative photo)

By that time I was totally exhausted. I happened to glance at my watch and it was 6.20 PM and that's all I remembered. I fell unconscious the next second, and my friends and fellow doctors who were helplessly watching immediately took me to the emergency department which used to be called as "Casualty". I was resuscitated there. My right hand was numb and bluish. When I gained some consciousness I overheard the surgical resident on call discussing over phone with his boss - "sir there is an intern with a bad crush injury of the right arm due to a horse bite...brachial artery is damaged...he needs above elbow amputation"

I was shell shocked! I looked at my right hand again and again. I was unable to move it. It was bluish and had no sensation. A dressing was decorating my crushed arm. Within no time I was shifted to the operation theatre in the stone building. My only hope was that it was the call duty day of Prof CB Murthy's unit and he may do his best to save my limb. He was the best surgeon of that time in Mysore and we all respected him very much. He graciously came to the OT for this poor

intern's emergency surgery. His plan was to explore the arm under general anesthesia and check before taking it up for amputation. There was no CT scan or Doppler during those days for pre-operative assessment

I was told later that on exploration Prof CB Murthy found that the brachial artery had escaped the teeth bite injury of the horse by a millimeter or so and it had gone into severe spasm due to crush injury. There were deep bite marks on the humerus bone! Prof Murthy wanted to do everything possible to save the limb and he was not in a hurry. He tried vasodilator solution papavarine (how lucky I was -it was readily available in the OT!) and waited for some time. A miracle occurred again for the second time (the first miracle came in the form of the cook). Gradually the brachial artery spasm was relieved and the colour of the cyanosed hand improved. Everyone in the OT heaved a sigh of relief. When I gained my consciousness I was pleasantly surprised that my right hand was alive and pink. Was it destined to do some surgeries in the future? None knew at that point of time. Not even me.

It was such a strange and bizarre incident that it became big news the next morning. Most of the local newspapers carried the news on the front page -"Mad Horse bites the Doc" was the headline. There was a hot discussion in most of the newspapers (thankfully there were no loud TV news channels those days) that there is no security in the hospital premises and the medical superintendent was taken to task



Destiny.... Thy name is Surgery?

This newspaper coverage gave me a strange kind of publicity and the public started pouring in to see me in the ward. Suddenly I had become a hero who had fought with a horse and survived. The students of Mysore medical College were agitated and they went on strike asking for proper security in the hospital premises. The administration promptly erected cattle traps in all the gates and also decided to post some security personnel

I was in the hospital for a fortnight recovering from my injuries and receiving physiotherapy etc. The worst part was to receive 14 injections of those Anti Rabies Vaccine on the abdominal wall!

Luckily, I recovered and my hand became fully functional. And the rest, as they say, is History!

(What is that scar mark sir? is the most often asked question in OT when I start scrubbing before a surgery, putting my story telling skill to test !)



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Upcoming Events

Monthly Clinical Meet

- Sagar Hospital-Jayanagar 19-07-2023 @ API Bhavan
- St Johns Medical College Hospital on 16-08-2023 @ API Bhavan

Mark Your Calender

National CSEP 2023 20-11-2023 to 24-11-2023

Diary Note

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

SSBASICC



Obituary



Dr Shashikala Kagwad
04-05-1958 to 17-06-2023

- Life Member of SSBASICC
- Faculty in Department of General Surgery, BMC
- Unit chief from 2013
- Professor of General Surgery 2016
- Retired from service 2018
- Calm and composed person. Encouraged junior staff..