

Sushruta



**Surgical Society of Bangalore ASICC
Newsletter**

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SSBASICC 2024 Executive Committee



Dr Rajshekhar C Jhaka
President



Dr Munireddy M V
Hon Secretary



Dr Hosni Mubarak Khan
Hon Jt Secretary



Dr Sunil kumar V
Hon Treasurer



Dr Prem Kumar
President Elect



Dr Venkatesh K L
Past President 2023



Dr Manish Joshi
Past Secretary



Dr H V Shivaram
Chairman, KSCASI



Dr C S Rajan
Scientific Advisor



Dr K Lakshman
Scientific Advisor

Executive Committee members

- DR PUNITH N
- DR ANUPAMA PUJAR K
- DR SAI HARISH M
- DR MOHAMMED SHAHID ALI
- WG.CDR.(DR) K P MISHRA
- DR NATARAJ NAIDU R
- DR SRINIVAS MURTHY D
- DR VIKRAM S
- DR MUKUNDA N K
- DR VISHNU KURPAD
- DR NISHANTH L
- DR DEVAPRASHANTH M
- DR IKRAM FAREED F
- DR NIRANJAN P
- DR HIMAGIRISH K RAO
- DR ABDUL RAZACK
- DR SUPREETH K
- DR AKSHATH G
- DR KRUTHI S R
- DR M SRIDHAR
- DR RAVINDRA G
- Dr MANJUNATH B D
- DR WASIM DAR`
- DR RAGHAVENDRA BABU J
- DR RAJAKUMAR NAIK
- DR VIKRAM S BILIGIRI
- DR KAPIL KISHORE S V
- DR HARISH N S
- DR SUNIL KUMAR ALUR
- DR NARASIMHA MURTHY MP
- DR SATHISH O
- DR HARISH KUMAR H



Editorial Board



Dr Rajshekhar C Jhaka
President



Dr Munireddy M V
Hon Secretary



Dr C S Rajan
Advisor



Dr K Lakshman
Advisor



Dr C R Chhallani
Advisor



Dr Anupama Pujar K
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Associate Editor



Dr Nishanth L
Member of Editorial
Board



Dr Kapil Kishore S V
Member of Editorial
Board

Editorial Desk

Dear Esteemed Members of SSBASICC,

As we celebrate the Golden Jubilee of the Surgical Society of Bangalore, it is with great pleasure that we reflect on the remarkable journey we have undertaken, continually raising our standards towards excellence.

In January and February, we embarked on significant initiatives in the realm of public health. The Mega CPR training program for Police was a commendable effort to equip law enforcement personnel with life-saving skills. Additionally, the Walkathon organized to raise awareness about cancer demonstrated our dedication to the well-being of the community. Further, the Society has actively involved with events such as the Breast Cancer CME and the free health camp. These initiatives underline our responsibility towards promoting health and well-being beyond the confines of our professional practice.

Under the dynamic leadership of Dr. Rajashekhar C Jaka as President and Dr. Munireddy M V as Honorary Secretary, the new Vibrant Executive Committee is poised to lead the Society towards even greater heights.

In line with our commitment to keeping our members informed, we are delighted to present the First Edition of "Sushrutha" for the year 2024. This edition not only covers the diverse activities of SSBASICC but also features an insightful interview with Dr. K R Srimurthy. His journey towards excellence serves as inspiration to all of us. A heartfelt thanks to Dr. Lakshman K and Dr. Kruthi S R for their valuable contributions to this edition. I thank Editorial Board for their unwavering dedication in making this newsletter vibrant and informative.

As we look forward to the future, let us continue to embrace challenges as opportunities for growth. With the collective efforts of our members and the visionary leadership of the Executive Committee, SSBASICC is poised for continued success and impact in the years to come.

Dr Anupama Pujar K



Message from Presidents Desk...



Dear friends and seniors,

A warm greeting to all of you. It is a God-sent opportunity and blessing to lead the Surgical society of Bengaluru as "President" during the "Golden Jubilee year" celebration.

I congratulate and thank all the past presidents for elevating this society to a glorious height.

Any person or society will become immortal by its great deeds, especially when it is done with the intention of greater good for the society.

We began with a bang, and in the very first month, organized a unique and mega CPR and first aid training for more than 2200 police officers, which became a world record. It has gained attention all across the country, including our ASI national President who invited me to replicate it across the country

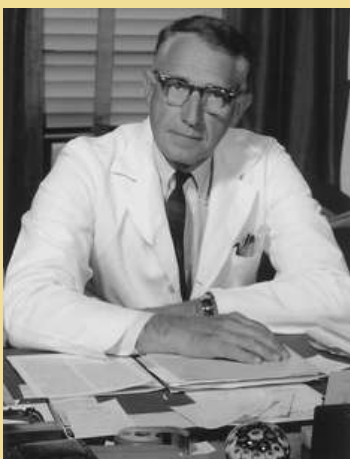
In the very next month, on World Cancer day (February 4th), we organized a cancer awareness walkathon, where more than 10,000 people participated and created history. We received an appreciation letter from the Department of Health & Family welfare, Govt of Karnataka for it

In the coming months, we want to touch the lives of each and every person in the society, by reaching out to their needs

I am joined by an excellent team of office bearers who are ready with supportive hands

I wish all our esteemed members and the society to remember and write about our activities in golden words in this golden jubilee year. Where there is a will, there is a way!

Dr Rajshekhar C Jaka
President



- **A surgeon maintains a mental catalogue of the things he did wrong at various times in his career and tries never to repeat them.**
- **The brain is an island in an osmotically homogeneous sea.**

— **Francis Daniels Moore**

From a lecture. Quoted in 'The Best Hope of All', Time (3 May 1963)



Message from Honorary Secretary...



Greetings from SSBASICC Golden Jubilee year 2024,

Dear SSB Members,

It is a great honor to serve our society as the Honorary Secretary for the Golden Jubilee year 2024. Our society has guided me in developing my surgical skills since my postgraduate days. Our endeavor is to add value to the academic and social activities of the society and build a solid platform for younger surgeons to develop their skills."

It is our duty to work towards the welfare of SSBASICC and elevate our society to greater heights. Every member shares the responsibility of maintaining our society as the best city chapter of ASI in the country, a position it has held for many years.

Teamwork is the key to success, and we are fortunate to have dynamic and vibrant surgeons serving as office bearers and EC members in this Golden Jubilee year

I request every member of society and head of institutions to actively encourage postgraduates and junior surgeons to participate regularly in accademic activities.

As part of the Golden Jubilee celebrations, we have successfully conducted two record events in the preceding months."

We request the valuable suggestions from senior surgeons Dr Ashok kumar K V, Dr C S Rajan, Dr Lakshman K, Dr C R Challani, Dr Shivaram H V and other surgeons to improve activities of society, who were instrumental in shaping accademic activities.

As we celebrate the Golden Jubilee year, it is even more crucial to acknowledge the contributions of the previous office bearers

Wishing all the best to E-Sushrutha newsletter team under the aegis of Dr Anupama Pujar K, Dr Niranjana P, Dr Nishanth L and Dr Kapil Kishore

Happy Golden jubilee year 2024!

DR MUNIREDDY M V
Hon Secretary -
SSBASICC



SSB at KSCASICON 2024...

Speakers

- Dr. H V Shivram
- Dr. Jagannath Dixit
- Dr. Ganesh Shenoy
- Dr. Rajashekar Jaka
- Dr. K Lakshman
- Dr. Nagesh N S
- D. C S Rajan
- Dr. Amit jain
- Dr Tulip Chamany

Prof Pampanagoida video session

Speaker -Dr Roopa Bhushan

Chairpersons:

- Dr. M Ramesh
- Dr. Kalaivani V
- Dr. C S Rajan
- Dr. H V Shivaram
- Dr. Nishanth L
- Dr. L N Mohan
- Dr. K Lakshman
- Dr. K Venkatachala
- Dr. Sampath Kumar K

Judges for Award/Free Papers and E Posters

- Dr. Munireddy M V
- Dr. Venkatesh K L
- Dr. Venkatachala.
- Dr. Himagirish.
- Dr. Kalaivani V
- Dr. Madan Mariyappa
- Dr Sreekar Pai
- Dr. Shrikanth.C
- Dr Srikanth K Aithal
- Dr. Sampathkumar K
- Dr. Anupama Pujar.

Co ordinators

Photography an Art Exhibition

Book Exhibition

- Dr Himagirish Rao
- Dr Venkatachala K
- Dr Anupama Pujar K

Post Graduate students from various institutions of Bangalore received best poster and best paper award



Surgical society of Mysore PG award paper 3rd place -Dr. Kadambari, St. Martha's hospital



Best City Branch by KSCASI was awarded to the Surgical Society of Bangalore



Dr. C R Challani , Senior consultant surgeon from Mahaveer Jain hospital was honored by the KSCASI for his services



Dr Rajshekar C Jaka awarded Dr R B Patil symposium award



Mahadevan Award -Dr. Ganesh Shenoy from Fortis Hospital Cunningham road



Golden Jubilee Year 1973-74 to 2023-24.

Honoring of the Past Presidents of the SSB



Recognized by
Dr Smita Segu



Recognized by
Dr Srikanth Aithal

Dr Sadashivmurthy



- President SSB 1989 - 1990
- Born on 26th September 1939 in Kodihalli near Hesarghatta
- MBBS - Mysore Medical College MS Gen Surgery - Bangalore Medical College. MCH Plastic Surgery - Madras Medical College
- He joined BMC as lecturer in 1969. From 1980-83, he was responsible for creation of one Plastic Surgery unit at B&LCH and at MMC Mysore. He worked In Saudi Arabia from 1983-1989. HOD In Dept of Plastic Surgery BMC 1989-1997
- Director of Sanjay Gandhi Institute of Trauma and Orthopaedics 18/12/2000 - 19/10/2001
- Elected as President of APSI in 2002
- President of Century Club 2000- 2001, Bangalore
- He played Badminton. He was a great writer and a humanitarian

Dr. P. Srinivasa Maiya



- President SSB 1990-91
- Joined BMC in 1962 and completed MBBS in 1968. As SHO for 3 years in CSI hospital. Joined MS in BMC in 1972.
- Worked in CSI and St. Marthas' Hospital. Then shifted to St. John's Medical Hospital as lecturer, and continued as Asst. Prof., Associate Prof, Unit Head till 1989. Prof. and Head in Dayananda Sagar College of Dental Sciences till 2017.
- Worked as consultant in private hospitals. Shekhar Hospital, Sri Krishna Sevashrama Hospital, Seva Kshethra Hospital, Ashwini Hospital, Hosakote
- Very punctual. Very prompt in teaching., Very strict but had jovial relationships.
- Dr. PSM was felicitated on Surgeon's Day 28th June 2014.
- Always committed. Selfless service and consultation with or without remuneration in charitable institutions for almost 40 years.



Golden Jubilee Year 1973-74 to 2023-24.

Honoring of the Past Presidents of the SSB

Recognized by
Dr C S Rajan



Dr H S Ramachandran



- 19th President SSB 1991 - 1992
- M.B.B.S., in early 1960s
- M S (Gen Surgery) – KMC Mangalore, of Mysore University – 1966 -70
- He was RMO at Govt Wenlock Hospital – Mangalore
- After retirement, he joined ESI Rajajinagar, Bangalore, as the Medical Superintendent
- Was a very soft spoken and gentle person.
- Was known to be a good teacher and surgeon.
- He lead the SSB with a quiet dignity.
- He was a confirmed bachelor

Dr. Kadaba Ramanna Srimurthy



- President SSB 1992 – 1993.
- MBBS, from Bangalore Medical College – 1963 , FRCS England in 1969
- Pediatric Surgical posts at the renowned Great Ormond Street Hospital, London, and at Booth Hall Hospital in Manchester, Further 1 year as a Fellow in Dept of Pediatrics Surgery, Los Angeles Children's Hospital, USA
- Joined SJMC & worked at SMH from 1975 to 1991 as a Consultant General and Paediatric Surgeon
- Lead the Bangalore Hospital DNB programme for many years
- Later was associated with the newly formed IGICH, as its Honorary Paediatric Surgeon, and set up the Dept & DrNB Paed surgery there
- A good Clinical Teacher too. Loved Minimally Invasive surgery. He Was the First in Bangalore to introduce MIS, especially VATS, in newborns



CPR Training programme for 2200 Policemen & Women on 14.01.2024

Surgical society of Bangalore ASI City Branch an established association of all surgeons in Bengaluru, celebrating its Golden Jubilee (50th) year. As a social responsibility to educate, upskill and save a life, SSB had organized CPR and first aid training program for 2200 police personal on January 14th 2024, Sunday at Kanteerava Indoor stadium along with ICATT from 9-00am onwards.

Dr Rajshekhar C Jaka – President SSBASICC has taken the initiative and all arrangements were executed by him.

This event was jointly organized by Dept of Youth empowerment & Sports, NSS, Govt of Karnataka and Surgical society of Bangalore ASI City Branch in association with Sankalpa Chase cancer foundation and research trust ICATT Foundation and SEMI.

This event was Inaugurated by **Shri. Dinesh Gundu Rao Hon'ble Minister for Health and Family Welfare**, Govt. of Karnataka. Chief Guest was **Shri B Dayananda IPS Commissioner of Police**, Bengaluru City,



Welcome & Felicitation of Dignitaries by **DR Rajshekhar C Jaka** – President – SSBASICC



The entire Team with Volunteers



Post Graduate students of various medical colleges volunteered for the event

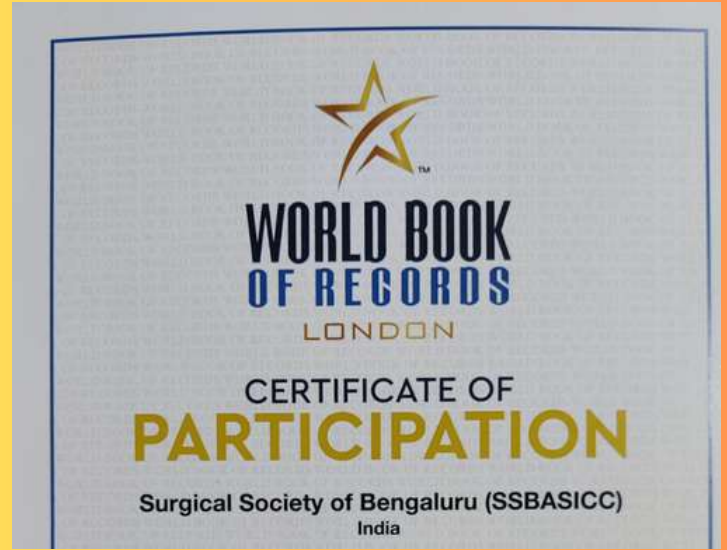


CPR Training programme for 2200 Policemen & Women on 14.01.2024



Vote of Thanks by **Dr Munireddy M V** – Hon Secretary SSBASI City Branch
Master of Ceremony was **Dr Hosni Mubarak Khan**.

Congratulations



ರಮಣ್ ಗುಪ್ತಾ, ಉಪನಿರ್ದೇಶಕರು, ಕರ್ನಾಟಕ ಪೊಲೀಸ್ ಅಧಿಕಾರಿಗಳ ಸಂಸ್ಥೆ, ಬೆಂಗಳೂರು ನಗರ.

RAMAN GUPTA, I.P.S., Inspector General of Police & Addl. Commissioner of Police, East, Bengaluru City.

GOVERNMENT OF KARNATAKA

ಸಂಖ್ಯೆ / CE : 080-22942267
ಫ್ಯಾಕ್ಸ್ / Fax : 080-22206094
ಮೊಬೈಲ್ / Mob. : +91-9480891010
e-mail : addlcpson@ksp.gov.in
ದಿ. 1, ಭಗವಾನ್ ಮಹಾವೀರ ರಸ್ತೆ, ಬೆಂಗಳೂರು - 560 001
No. 1, Bhagawan Mahaveer Road Bengaluru-560 001

Dated: 22.02.2024

Dear Dr Jaka,

I am writing this letter of recognition favouring Dr Rajshekhkar C Jaka for organizing a mega CPR and first aid training session for 2,200 police officers in Bengaluru. The innovative approach you brought to this training is remarkable. Such mega training was conducted for the first time and saved lot of time, as small batch training would have taken many days to complete. The execution of the program with remarkable precision and imparting of such crucial life saving technique is vital, particularly for police personnel who are frequently the first responders in emergencies. Your concept of social initiative for a safer society is commendable. Large number of police officers were deputed at your request considering your great ability to execute it efficiently and every police officer was confident and elated at the end of training, on being upskilled with a must have skill. I thank you for organising this event and congratulate you for successfully completing it.

with regards,
Yours sincerely,
[RAMAN GUPTA, IPS]

To,
Dr Rajshekhkar C Jaka,
President, Surgical Society of Bangalore (SSBASICC),
Chairman, Sankalpa Chase Cancer Foundation & Research Trust, Bengaluru.

2200 ಪೊಲೀಸರಿಗೆ ತರಬೇತಿ - ವಿಶ್ವದಾಖಲೆ ನಿರ್ಮಾಣ

ವಿದ್ಯಾರ್ಥಿಗಳು, ಸಾರಿಗೆ ಸಂಸ್ಥೆ, ಸರ್ಕಾರದ ವಿವಿಧ ಇಲಾಖೆ ಸಿಬ್ಬಂದಿಗೆ ಪ್ರಥಮ ಚಿಕಿತ್ಸಾ ತರಬೇತಿ: ಸಚಿವ ದಿನೇಶ್ ಗುಂಡೂರಾವ್

ಬೆಂಗಳೂರು, ಏ. 14: ಸರ್ಕಾರದ ಸಂಸ್ಥೆಗಳಲ್ಲಿ 2200ಕ್ಕೂ ಹೆಚ್ಚಿನ ಪೊಲೀಸರು, ಸಾರಿಗೆ ಸಂಸ್ಥೆ, ಸರ್ಕಾರದ ವಿವಿಧ ಇಲಾಖೆ ಸಿಬ್ಬಂದಿಗೆ ಪ್ರಥಮ ಚಿಕಿತ್ಸಾ ತರಬೇತಿ ನೀಡುವ ಕಾರ್ಯಕ್ರಮವನ್ನು ಸಚಿವ ದಿನೇಶ್ ಗುಂಡೂರಾವ್ ಉದ್ಘಾಟಿಸಿದರು. ಈ ಸಂದರ್ಭದಲ್ಲಿ ಸಚಿವರು ಪೊಲೀಸ್ ಅಧಿಕಾರಿಗಳಿಗೆ ಪ್ರಥಮ ಚಿಕಿತ್ಸಾ ತರಬೇತಿ ನೀಡಿದರು. ಈ ಸಂದರ್ಭದಲ್ಲಿ ಸಚಿವರು ಪೊಲೀಸ್ ಅಧಿಕಾರಿಗಳಿಗೆ ಪ್ರಥಮ ಚಿಕಿತ್ಸಾ ತರಬೇತಿ ನೀಡಿದರು. ಈ ಸಂದರ್ಭದಲ್ಲಿ ಸಚಿವರು ಪೊಲೀಸ್ ಅಧಿಕಾರಿಗಳಿಗೆ ಪ್ರಥಮ ಚಿಕಿತ್ಸಾ ತರಬೇತಿ ನೀಡಿದರು.

ಪ್ರಥಮ ಚಿಕಿತ್ಸಾ ತರಬೇತಿ ನೀಡುವ ಕಾರ್ಯಕ್ರಮವನ್ನು ಸಚಿವ ದಿನೇಶ್ ಗುಂಡೂರಾವ್ ಉದ್ಘಾಟಿಸಿದರು. ಈ ಸಂದರ್ಭದಲ್ಲಿ ಸಚಿವರು ಪೊಲೀಸ್ ಅಧಿಕಾರಿಗಳಿಗೆ ಪ್ರಥಮ ಚಿಕಿತ್ಸಾ ತರಬೇತಿ ನೀಡಿದರು. ಈ ಸಂದರ್ಭದಲ್ಲಿ ಸಚಿವರು ಪೊಲೀಸ್ ಅಧಿಕಾರಿಗಳಿಗೆ ಪ್ರಥಮ ಚಿಕಿತ್ಸಾ ತರಬೇತಿ ನೀಡಿದರು.

2,200 policemen participate in CPR training

Over 2,200 policemen participated in cardiopulmonary resuscitation (CPR) training at Stree Kanteerava Indoor Stadium on Sunday. Minister for Health and Family Welfare, Dinesh Gundu Commission, inaugurated the CPR training, with the presence of Police B Dayananda as the chief guest. The Surgical Society of Bengaluru received a certificate from the World Book of Records for organising training for such a substantial number of policemen.

Health Minister, Commissioner of Police and other policemen participating in the CPR training

appreciation to the organisers for arranging this initiative. It would be beneficial if every...

ವಕಾಲದಲ್ಲಿ 2200ಕ್ಕೂ ಹೆಚ್ಚಿನ ಪೊಲೀಸರಿಗೆ ಸಿಪಿಆರ್ ಟ್ರೈನಿಂಗ್ | ಹೃದಯಾಘಾತದ ಸಂದರ್ಭ ಜೀವ ಉಳಿಸಲು ಪೂರಕ ಪ್ರಥಮ ಚಿಕಿತ್ಸಾ ತರಬೇತಿ ವಿಶ್ವದಾಖಲೆ ನಿರ್ಮಾಣ

ಸಚಿವ ದಿನೇಶ್ ಗುಂಡೂರಾವ್, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸಚಿವರು, ಸರ್ಕಾರದ ವಿವಿಧ ಇಲಾಖೆ ಸಿಬ್ಬಂದಿಗೆ ಪ್ರಥಮ ಚಿಕಿತ್ಸಾ ತರಬೇತಿ ನೀಡಿದರು. ಈ ಸಂದರ್ಭದಲ್ಲಿ ಸಚಿವರು ಪೊಲೀಸ್ ಅಧಿಕಾರಿಗಳಿಗೆ ಪ್ರಥಮ ಚಿಕಿತ್ಸಾ ತರಬೇತಿ ನೀಡಿದರು.

ಪ್ರಥಮ ಚಿಕಿತ್ಸಾ ತರಬೇತಿ ನೀಡುವ ಕಾರ್ಯಕ್ರಮವನ್ನು ಸಚಿವ ದಿನೇಶ್ ಗುಂಡೂರಾವ್ ಉದ್ಘಾಟಿಸಿದರು. ಈ ಸಂದರ್ಭದಲ್ಲಿ ಸಚಿವರು ಪೊಲೀಸ್ ಅಧಿಕಾರಿಗಳಿಗೆ ಪ್ರಥಮ ಚಿಕಿತ್ಸಾ ತರಬೇತಿ ನೀಡಿದರು.

The event was well covered by media



CME on Breast Cancer-on 20. 01. 2024

BMC Alumni Association in association with Academy of Pathology & Surgical Society of Bangalore conducted comprehensive Breast cancer related CME of high impact on 20. 01. 2024 at Dr. Basavarajendra Auditorium BMC Alumni Association Building BMCRI campus, KR Road Bangalore



INVITED FACULTY

- Dr. K. Lakshman** Senior Consultant SHRC
- Dr. Ajitha MB** Prof & Head of Surgery, BMCRI
- Dr. Dayananda** Prof & Head of Pathology, BMCRI
- Dr. Siddiq M Ahmed** Prof of Pathology, BMCRI
- Dr. Arul Dasan** Prof & Head of Radiology, BMCRI
- Dr. Prem Kumar A** Prof of Surgery, BMCRI
- Dr. Rajashekar Jaka** Surgical Oncologist, Manipal Hospitals
- Dr. Geetha V Patil** Associate Professor of Pathology, KMIO
- Dr. Jayanthi S Thumsi** Senior Consultant, Apollo Hospitals
- Dr. Rohith Madhurkar** Interventional Radiologist, Apollo Hospital
- Dr. Ravi B Divakar** Medical Oncologist, Sri Shankara institute
- Dr. Urvashi Bahadur** Research Scientist, Stand Life genetic Lab
- Dr. Srinivas** Interventional Radiologist, BMCRI
- Dr. Shashikala K** Prof & Head of Pathology, SSIMS



Dr. R K Saroja- Organizing Chairman
Dr. N Gandhi - Organizing. Co-Chairman
Dr Sunil Kumar V - Organizing Secretary
Presided by -**Dr Rajshekhar C Jaka**





Free Surgical & General health camp held on 26.01.2024

Free Medical & Surgical Camp was organised by Surgical Society of Bangalore ASI City Branch in coordination with IMA Bangalore Branch, Lions Club of BTM Nightingales (Dist 317E) on the Occasion of 75th Republic Day 2024 & Golden Jubilee Year (Conducting Free Medical & Surgical Camp) @ "Krishna Block" National Games Village Campus, Koramangala, Bengaluru on 26 th Sunday January 2024 @ 10-00am to 1-00pm..



This Camp was Inaugurated by Honourable Minister for Muzrai & Transport Department **Shri Ramalinga Reddy**. **Dr Nataraj H** (P S to Food Minister **K H Muniyappa** & **Shri Rajendra** – President Koramangala Club as Chief Guests.

Dr Rajshekhar C Jaka – President SSBASI City Branch, **Shri Mallappa Kale**, – Joint Director- Vidhana Soudha, President of Krishna Sharavathi Welfare Association presided over the function.

Around 130 people attended this Camp by the general public and the residents of National Games Village. Examined by our Expert Surgeons & Panellists.

Dr Rajshekhar C Jaka – President SSBASICC

Dr Vikram S Biligiri

Dr Ravindra G

Dr Prakash A S

Dr Sunil Alur

Dr Madhusudan – Surgical Oncologist

Dr Srinivas Velu – Lions Club (Diabetologist)



All Lab investigations were carried out by MEDALL DIAGNOSTICS, Bengaluru.

Camp arrangements including breakfast and lunch & momentos were organised by **Dr Vikram S Biligiri** – Hon Secretary Krishna Sharavathi Association NGV, Bengaluru.



Camp Patients were Screened for Thyroid, Hernia Breast, Varicose, Diabetic Complications. Further Surgical Follow-up has been advised @ St Johns Medical College, Victoria Hospital Bangalore, Atal Bihari Vajpayee Medical College & RI.





CANWALK - Walkathon on world cancer day held on 4.02.2024

“CAN WALK” Walkathon on the occasion of World Cancer Day was organised on 4th February 2024 in Kanteerava Outdoor Stadium, Bengaluru from 6-30am onwards as part of Golden Jubilee Year Celebration of SSBASICC.

This event was jointly organized by Dept of Youth empowerment & Sports, NSS, Govt of Karnataka and Surgical society of Bangalore ASI City Branch in association with Sankalpa Chase cancer foundation and research trust

Walkathon was organized with the aim of Creating awareness about early cancer signs and educating people about avoidable causes which can prevent many cancer-related deaths. This is a continuation of our commitment to service and responsibility.

Over 10,000 renowned surgeons, oncologists, their families, senior citizens, and representatives from popular colleges across the city of Bengaluru, along with esteemed members of the Surgical Society of Bangalore ASICC, came together to participate in a walkathon. The goal was to elevate the standards of cancer care and make significant strides towards improving patient outcomes.



Dr. Rajshekhar C Jaka, President of SSBASICC, had taken the initiative, and all arrangements were executed by him along with **Dr. Munireddy M V**, Honorary Secretary, and the **Executive Committee** Members of the Surgical Society of Bangalore ASI City Branch.

“CAN WALK” Walkathon was Inaugurated by **Shri. Dinesh Gundu Rao Hon’ble Minister for Health and Family Welfare**, Govt. of Karnataka and was Presided by **Dr. Rajshekhar C Jaka** – President SSBASICC. The occasion was graced by celebrities like Kannada cinema actors **Mr Prem, Mr Abhijit, Miss Karunya Ram**





CANWALK - Walkathon on world cancer day held on 4.02.2024



Welcome & Felicitation of Dignitaries by Dr Rajshekhar C Jaka – President – SSBASICC
He thanked all the Dignitaries at the end of the walkathon

Vote of Thanks by Dr Munireddy M V – Hon Secretary SSBASI City Branch, once again thanking all the dignitaries, SSBASICC, Members, Volunteers, Navodayan’s team as well as Entertainers who volunteered to perform at the end of the Walkathon

The event ended by distributing Medals, followed by Breakfast & Beverages.



Thanking Note for the success of "CANWALK" organized on the 4th of February 2024

npcdcs:2017 npcodcsar2017@gmail.com
 To: sbbasicc1974@gmail.com, chasacancer2013@gmail.com, navodayanbengaluru@gmail.com
 Tue, Feb 13, 2024 at 15:22 AM

Dear Canwalkers,
 Namaste & Greetings!

We, on behalf of Honourable Health Minister and the Department of Health & Family Welfare wish to extend our appreciation and sincere gratitude to Sankalpa Chase Cancer Foundation & Research Trust, Surgical Society of Bengaluru and the Navodayans in Bengaluru and the entire team for organizing such a successful "CANWALK" mega event on the 4th of February 2024, 6:30 AM with the theme of "Know Cancer for No Cancer" & "Close the Care Gap" for creating awareness and prevention of cancer in Karnataka.

The walkathon event was stunning and the overall atmosphere was energetic. It was evident that a tremendous amount of effort and planning went into making this event a great success. We take pride for being part of this mega event.

We are sure that the crowd was inspired and motivated and have taken home the awareness messages of cancer and its prevention.

Once again, thank you all for being a part in organizing this mega event. Looking forward to organizing NCD related health awareness campaigns and events together in future.

Warmest Regards,

With regards,

Dr. G.A.Srinivasa
 Deputy Director
 NPCDCS/NPHCE/NPPC
 Health and Family Welfare Services,
 Ground Floor, Arogaya Southa,
 Magadi Road, Bengaluru - 560023
 Karnataka
 Ph No:9449843416





Academic Activities...

SURGICAL SOCIETY OF BANGALORE ASICC (R)

[50years] 1974-2024 Golden Jubilee Year
www.ssbasicc.org

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 DR ANUPAMA PUJAR K
 DR SAI HARISH M
 DR MOHAMMED SHAHD ALI
 Wg.Cdr.(Dr) K P MISHRA
 DR NATARAJ NAIDU R
 DR SRINIVAS MURTHY D
 DR VIKRAM S
 DR MUKUNDA N K
 DR NISHNU KURPAD
 DR VISHNANTH L
 DR DEVAPRASHANTH M
 DR IKRAM FAREED F
 DR NIRANJAN P
 DR HIMAGIRISH K RAO
 DR ABDUL RAZACK
 DR SUPREETH K
 DR AKSHATH G
 DR KRUTHI S R
 DR M SRIDHAR
 DR RAVINDRA G
 DR WASIM DAR
 DR RAGHAVENDRA BABU J
 DR RAJAKUMAR NAIK
 DR VIKRAM S BILIGIRI
 DR KAPIL KISHORE S V
 DR HARISH N S
 DR SUNIL KUMAR ALUR
 DR NARASIMHA MURTHY MP
 DR SATHISH O
 DR HARISH KUMAR

EX OFFICIO MEMBERS
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DR VENKATESH K L
 Hon Past Secretary
DR MANISH JOSHI
SPECIAL INVITEES
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DR H V SHIVARAM
 Chairman - KSCASI
SCIENTIFIC ADVISERS
DR C S RAJAN
DR K LAKSHMAN

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Ajay



Best Poster January ...

Dr Ajay Choudhary

St Martha's Hospital Bangalore

Title-Congenital Lobar Emphysema: A frequently misdiagnosed diseases

Case report

Four month old Female Child with Complaints of High grade Fever and Cough since 2 day and Fatiguability and Diaphoresis while feeding. The child had History of admission in NICU for TTNB

On examination-the child was Febrile, Tachypnic. Subcostal and Intercostal retraction present. Hyperresonant on percussion in right inframammary region. Decreased breath sounds in right middle and lower zone. Ronchi present in right middle and lower zone

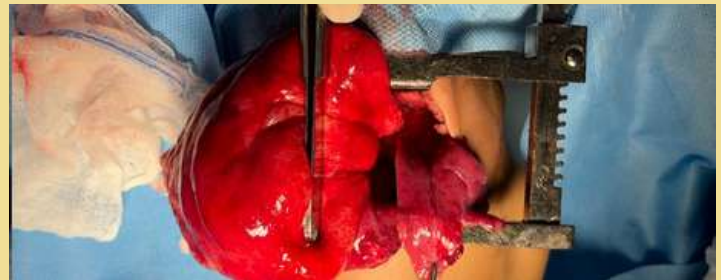
Investigation

- Hb 10.7 ESR 2
- TC 16.7 DC(NLEM) 40/54/0/6
- ESR 5 Na/K 140/5.3
- **Chest X Ray**- Hyperinflated right lung with mediastinal shift to left
- **HRCT(CHEST)** Hyperinflation of right lower lobe and mild diffuse attenuation of vascular structure, suggestive of Congenital Lobar Emphysema, Atelectatic changes in right upper and middle lobe



Treatment/Management

- Right Lower Lobectomy +ICD Insertion
- Intraoperative Findings- Large inflated right lower lobe with emphysematous changes with atelectatic changes in middle and upper lobe
- HPE- Massively distended alveolar sacs with thinned out septae, intralveolar haemorrhage with macrophages.



Discussion

CLE/Congenital Alveolar Overdistension, is a developmental anomaly. CLE, estimated incidence is approximately 1/20,000-1/30,000. The left upper lobe is affected most often (50%) followed by Right middle, upper and lower lobe respectively. Affected infants usually are symptomatic in the neonatal period. Approximately 25 to 33% of cases present at birth, 50% by one month of age, and nearly all by six months of age. The appropriate treatment of CLE in newborns with respiratory distress is surgical resection of the affected lobe.

Conclusion

- A high index of clinical and radiological suspicion is required to diagnose this rare anomaly which may mimic other causes of respiratory distress.
- Early identification and proper management can lead to dramatic improvement in the clinical condition of the patient.



Best Paper January ...

**Dr. Kadambari R
St Martha's Hospital Bangalore**

Title- Conventional vs additional port technique in obtaining first pre-peritoneal port access in TEP surgeries

Introduction:

TEP surgeries for inguinal hernia have good proven outcomes, however, this procedure has a steep learning curve, difficult first port entry, frequent port site issues, and high rates of unintentional pneumoperitoneum. In contrast to the conventional open technique used for first pre-peritoneal port insertion, we studied an additional port technique in which, a 5 mm intra-abdominal port was inserted at Palmar's point, then, under vision, just as the trocar indents the peritoneum, it is tunneled in the pre-peritoneal plane towards pubis.

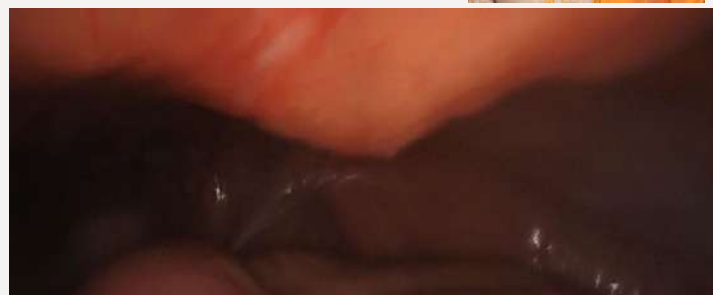
Aims and Objectives:

To compare the intraoperative and post-operative outcomes in conventional vs additional port technique of first pre-peritoneal port insertion.



Materials and methods:

During a six-month period, 24 patients with inguinal hernia who were planned for TEP procedure were studied. Patients were randomized into group A (conventional technique) and group B (additional port technique). Demographic details, BMI, intra-operative outcomes (time taken for the first port placement, sliding of port, peri-port gas leak, unintentional pneumoperitoneum), post-operative pain, and scarring were studied and analyzed using SPSS software.



Results:

Both groups had similar age (56.16 vs 57.08 years, $p > 0.05$) and BMI (25.58 Vs 25.99, $p > 0.05$). Time taken (6.75 vs 4.75 min, $p < 0.05$), sliding of port (41.66% vs 8.33%, $p < 0.05$), peri-port gas leak (66.66% vs 8.33%, $p < 0.05$), Incision length (22.4 vs 12.16 mm, $p < 0.05$), post-operative pain on day 1 (3.83 vs 2.0, $p < 0.05$) and scarring were significantly better in group B than group A. One patient in group A had failed port entry. Patients in both groups had similar rates of unintentional pneumoperitoneum. (16.6% vs 25.0%, $p > 0.05$)



Conclusion

Additional port technique has better intra-operative and post-operative outcomes, including port site logistics, compared to conventional technique. Added advantages include easier management of unintentional pneumoperitoneum, and visualization of peritoneal defects.



Akshadha

Best Paper January ...

Dr Akshadha Easwar

St Martha's Hospital Bangalore

Title-A Comparative Study between Preoperative and Intraoperative scoring systems in predicting the difficulty of Laparoscopic Cholecystectomy

Introduction:

Laparoscopic cholecystectomy is one of the most commonly performed surgeries and is the treatment of choice in the modern-day management of symptomatic gallstone disease. However, the conversion rates to open surgery are surprisingly variable. Various scores have been made previously to pre-operatively or intra-operatively categorize individual patients, in an attempt to predict which cases are difficult. In our study, we aim to see the accuracy of pre-operative scoring in predicting the intra-operative difficulty in laparoscopic cholecystectomy.

Aims and Objectives:

To determine whether the intraoperative scoring system is a better predictor of difficult laparoscopic cholecystectomy as compared to preoperative scoring system, in terms of intraoperative difficulty, duration of surgery, conversion to open and postoperative complications.

Materials and methods: All patients admitted to the General Surgery Department at St Martha's Hospital, Bengaluru, India, who underwent laparoscopic cholecystectomy, from May 2022 to April 2023, were included in this study, obtaining a sample size of 220. Patients were scored before surgery using the pre-operative model, and, subsequently, intra-operatively scored during surgery. The two scores were finally compared

Results:

We found a significant association between the pre-operative and intra-operative scores, with the pre-operative score having a 94% accuracy in predicting intra-operative difficulties in laparoscopic cholecystectomy. Both pre-operative and intra-operative scores were equally sensitive in predicting cases that finally had to be converted to an open procedure. For other parameters, intra-operative scores proved to have a slightly better sensitivity, however it was not statistically significant.

Conclusion

Intraoperative scoring has a slightly better positive predictive value in predicting conversion. Intraoperative scoring however offers no significant advantage as compared to preoperative scoring in predicting the difficulty of laparoscopic cholecystectomy. Preoperative scoring offers a safe and effective tool in predicting difficult laparoscopic cholecystectomies.



Best Paper February ...

Dr. Mohammed Furqan M

Sapthagiri Institute of Medical Sciences and Research Center

Title-Platelet rich plasma dressing vs Normal saline dressing in the management of Diabetic foot ulcer- a prospective comparative study



Introduction:

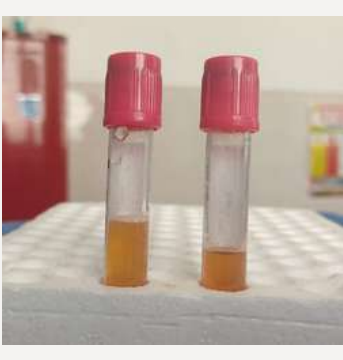
Incidence of Diabetic Foot Ulcer ranges from 15-25% in Diabetic individuals, with etiological triad being- Peripheral Neuropathy, microangiopathy and tissue hyperglycemia. Autologous PRP has been tried in this study which acts by degranulation from alpha granules releasing growth factors which stimulates wound healing.

Aims and Objectives:

To determine the efficacy of Platelet rich plasma dressing versus normal saline dressing in patients with Diabetic Foot Ulcer in SIMS & RC.

Materials and methods:

Sample size- 50 patients, 25- Normal Saline dressing(control group) 25- PRP dressing(Study group), randomly allocated. Ulcer area measured on Day 1 and 45 using measure app,iOS and calculated with Wound contracture= Initial area- Final area. PRP prepared by centrifuging autologous venous blood twice- Soft and hard spins.



Results:

All demographic data and HbA1C levels were found to be comparable. Percentage of Wound contracture with PRP dressing had P-value<0.05(statistically significant). Number of patients who underwent SSG was higher (6 as compared to saline dressing-2) and faster(17.6 days v/s 23.2 in saline dressing) in PRP dressing with P-value<0.05(significant).



% of WC	Case	%	Control	%
<16	0	0	24	96
16.1-26.0	2	8	1	4
>26	23	92	0	0
Total	25	100	25	100
P-value	<0.05			

	STUDY GP	%	CONTROL GP	%
Underwent SSG	6	24%	2	8%
Time Period in days(avg)	18.6		23.2	
P- value	<0.05			

Conclusion

PRP dressing contracted in wound size more than in the control group. Hence, PRP can be used as a better alternative for dressings and a faster recovery.



Best Paper February ...

Dr C G Malini Devi

MVJ Medical College & Research Hospital

Title-A comparative study on effect of Low pressure versus High pressure pneumoperitoneum in Laparoscopic Cholecystectomies



Introduction:

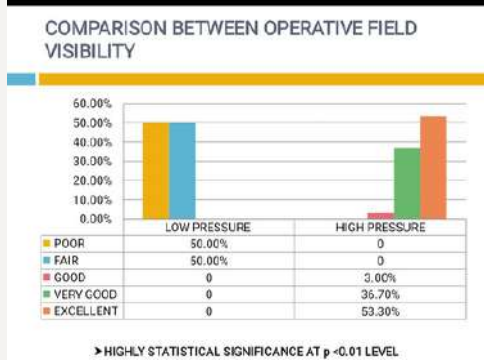
Laposcopic cholecystectomy has become gold standard for management of cholelithiasis. The current stress is being given on increasing patient safety and reducing the post – operative morbidity associated with this procedure. Use of low –pressure pneumoperitoneum in an attempt to lower the impact of pneumoperitoneum, however, available space for dissection is less than the high pressure pneumoperitoneum.

Aims and Objectives:

To assess the effect of low pressure verses high pressure pneumoperitoneum in laproscopic cholecystectomies .Its efficacy interms of patient outcomes.

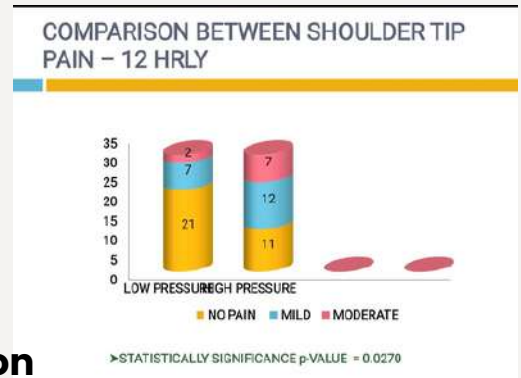
Materials and methods:

A Prospective comparative study was conducted on 60 patients who had underwent laproscopic cholecystectomy for symptomatic cholelithiais in MVJMC & RC, during study period between Nov-2021 to August 2023.The patients were chronologically divided into two groups of intervention applying the inclusion and exclusion criteria. Low pressure (8-10 mmhg)- Group A , High pressure (13-15 mmhg)- Group B



Results:

Post operative pain among two groups, had no statistically significant with p- value of 0.436 ,Post operative shoulder tip pain at 12 hrly among two groups, had statistically significant with p-value of 0.0270 .In terms of initiation of oral feeds , p-value 0.0449 with statistically highly significant. Whereas conversion rate, in low pressure group 10 cases were converted to high pressure, due to difficult visualization. In terms of duration of surgery were highly significant in high pressure group with p- value of 0.0080.The operative field visibility in two groups were then compared based on experience with surgeons , thus group b with high pressure Pneumo- peritoneum had better field visibility with significant P value of 0.0005.



Conclusion

The, benefits from low pressure group lasted for short duration in comparison to the high pressure Group ,as the high pressure Group has a much better outcome on a long term basis with a better field visibility and operative convenience for the surgeon. A better visibility of a surgeon, decreasing the chances of operative complications, with better outcome, hence high pressure group is considered superior to the low pressure group.



Best Poster February ...

Dr.P Kavini Varshini

Sapthagiri Institute of Medical Sciences and Research Center

Title-A STITCH IN TIME SAVES NINE –Penetrating trauma to abdomen with Inferior Epigastric Artery injury



Case report

A 30-year-old female garments worker presented to the ER with history of fall over a sewing machine, and sustained an injury to abdomen, Patient complains of pain abdomen and weakness after the incident.

on Examination–Pulse – 110 bpm, regular & low volume, Bp- 90/60 mm of Hg, Pallor present. Per abdomen examination Tenderness and guarding was present in Suprapubic and Left iliac fossa , Bowel sounds were heard. A penetrating wound of 1 cm x 1 cm over Left lower quadrant of the abdomen.

Investigations

E FAST scan revealed free fluid in the peritoneal cavity.

CECT - Abdomen & Pelvis- Bulky and Features suggestive of Left rectus sheath hematoma, likely due to injury to left inferior epigastric artery. Mild to moderate hemoperitoneum



Treatment

Patient underwent Exploratory laparotomy under General Anesthesia .Clots noted in the Anterior abdominal wall and clots and pooled blood noted in the Peritoneal cavity. Retro-rectus plane was created and the bleeding vessel – Left inferior epigastric artery was ligated. Thorough wash was given, no other source of bleeding or injury noted.



Discussion and Conclusion

Rectus sheath hematoma accounts for less than 2% of patients complaining of acute abdominal pain and is spontaneous. Particularly in the elderly on oral anticoagulants. Trauma to the inferior epigastric artery is more common and reported in about 0.2-2% of laparoscopic procedures. Retrospective study conducted by Sobkin et al incidence of traumatic injury to inferior epigastric artery was 20 cases over a 12-year.

Hence we conclude High index of suspicion and timely treatment is the key in managing the cases



Best Poster February ...

Dr Karthick T

MVJ Medical College and Research hospital

Title-Hernia roulette

Case report

65-year-old female complaining of swelling in left groin since 1 yr. complains of pain and vomiting for 1 day, non-bilious. Complaints of the irreducibility of swelling since 1 day. No history of urinary symptoms

On examination-Per abdomen distension was present in the lower abdomen, Bowel sounds sluggish. Groin area - swelling of about 5x5 cm present medial to the inguinal ligament. Cough impulse absent. Tense, irreducible, and tender swelling. skin over swelling - erythematous.

Investigations

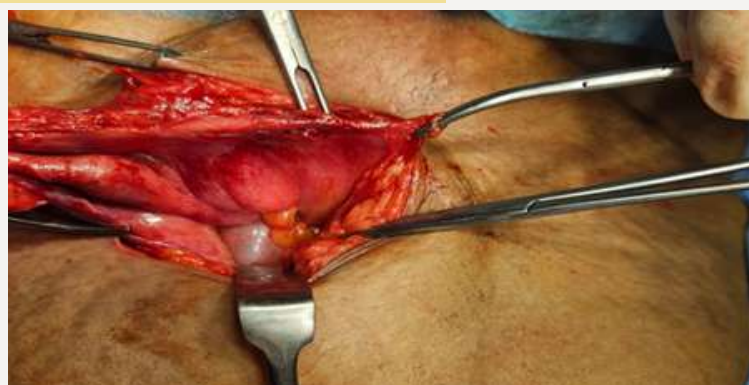
Routine investigations - within normal limits. USG abdomen pelvis- strangulated femoral hernia- with bowel as content and compromised vascularity.

Treatment

Procedure- Hernioplasty

Final diagnosis- OBSTRUCTED DIRECT INGUINAL HERNIA OF SLIDING TYPE

DISCUSSION



Discussion

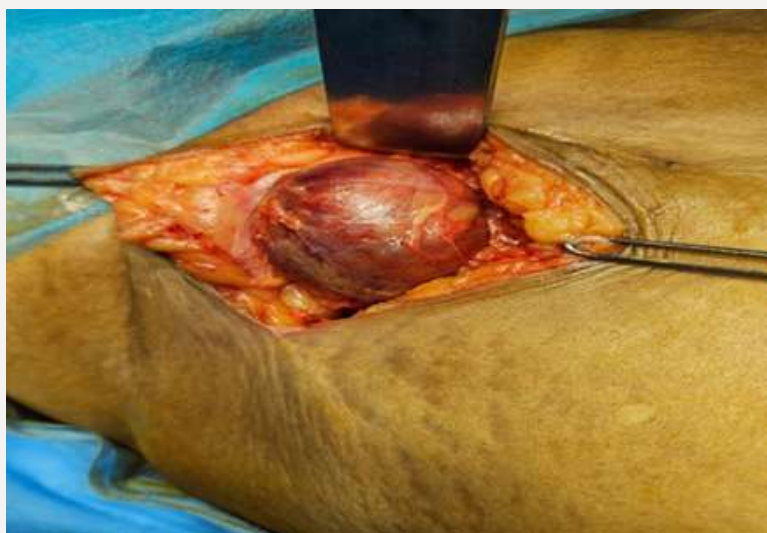
Frequency of sliding hernias is estimated at 6-8% of all elective inguinal hernia repairs.

- Two main factors in the development of bladder hernia are the presence of lower urinary tract obstruction which leads to bladder distension together with the weakening of both the abdominal and the bladder wall which enables it to slide through the dilated inguinal ring, especially with constant increase in the pelvic pressure during straining.

Conclusion

The fundamentals of sliding inguinal repair are meticulous, gentle dissection and identification of all anatomical structures.

Opening of the sac is not necessary in sliding hernias, except in cases where an obstructed or strangulated hernia is expected





An Interview with Minimal Access Pediatric Surgeon Dr Kadaba Ramanna Srimurthy – Leader Par Excellence



MBBS, FRCS England
Consultant Paediatric and Laparoscopic Surgeon
The Bangalore Hospital

Positions Held in India

- Consultant General and Pediatric Surgeon -St Johns Medical College

Consultant Surgeon to

- The Bangalore Hospital
- Ravi Kirloskar Memorial Hospital
- Indira Gandhi Institute of Child Health

Orations

- Prof Authikesavalu Oration 2001
SSBASICC
- Prof K Krishnamurthy Oration 2002
ASI
- Prof Mascrenhas Oration 2009
St Johns Medical College

Awards

IAPS-Karl Storz Visiting Professor Travelling Fellowship award
Delivered Golden Jubilee Oration ASI conference Calcutta
Chairman IAEES 2006

Life Memberships-

ASI, IAPS, IAGES, ELSA, member BAPES

Executive Positions Held

President SSBASICC -1992
Secretary City Chapter ASI-1987
Past President IAPS-2005 to 2006
Past Vice President AMASI-2006 to 2008
Scientific Committee Chairman ASICON 1997



Dr Kadaba Ramanna Srimurthy – Leader Par Excellence

Sir, can you please narrate your journey so far?

My grandfather was a doctor, and my father followed in his footsteps, practicing in Langford town. My Father pursued his medical education at Bangalore Medical College, becoming a significant source of inspiration for me, especially in my aspiration to become a surgeon. At that time, I lacked a clear understanding of surgery, and I did not have any role models in the field.

A close family friend, Dr. T.S.Jairam, who happened to be a professor and the father of Dr.Nanda Kumar Jairam, was my closest connection to the world of surgery. Surprisingly, I had already made up my mind to become a surgeon even before entering medical college

I secured Highest marks in the state for Physics, Chemistry, and Biology during my Pre-University Course (PUC.) There were only four medical colleges available. Initially, I went to Mysore Medical College for an interview. However, a change of heart led me back to Bangalore, where I joined Bangalore Medical College (BMC) since many of my friends were enrolled there. Subsequently, I embarked on my professional journey

My next destination was Delhi, where I worked at Safdarjung Hospital for six months, gaining valuable experience. Following this, I set my sights on the United Kingdom, where I had the opportunity to work in various medical institutions. This international exposure allowed me to broaden my perspective and enhance my skills, contributing significantly to my growth as a medical professional."

I successfully completed my FRCS in the first attempt, and the journey felt like sailing through a breeze. My preparation, fueled by

the determination to become a surgeon, proved effective in navigating through the challenges of the tough exams. Maintaining a positive attitude, from the thought that if my professors could pass the exams, so could I. This mindset laid the foundation for my career.



Following this achievement, I spent two years in Los Angeles, where I dedicated myself to training in pediatric surgery. In February 1973, I returned to India and have been working here ever since. This homecoming marked a pivotal moment in my professional journey, and I have continued to contribute to the field of surgery in my homeland.

Upon my return, I established a nursing home on Elephant Rock Road. Simultaneously, I contributed to St. Martha's, where students from St. John's were posted. Balancing both roles – teaching at St. Martha's and managing my own practice, brought immense satisfaction. However, in 1991, St. John's students were withdrawn as they established their own program, I left St. Martha's in the same year.

I then transitioned to Bangalore Hospital, which became operational in the same year. During this time, we initiated the DNB Program, marking another chapter in my professional journey. The hospital became a hub for comprehensive healthcare, and the DNB Program aimed at nurturing the next generation of surgeons.



Dr Kadaba Ramanna Srimurthy – Leader Par Excellence

What are the challenges you faced when you came back to India?

In the earlier days, the infrastructure and facilities in the hospitals were quite primitive. When operating on cases like oesophageal atresia, we had to work quickly and under limited anaesthetic conditions. This period, spanning from 1973 to 1980, posed significant challenges for neonatal cases such as oesophageal atresia, with survival rates being disheartening.

During this time, neonates with conditions like oesophageal atresia faced low chances of survival. However, a turning point emerged in 1980 when I witnessed my first successful survival in a case of atresia. Subsequently, there was a notable shift and advancements in medical practices began to make a significant impact

By the late 1980s and beyond, the landscape changed drastically. Even residents in institutes like Indira Gandhi Institute performed surgeries on oesophageal atresia, and babies not only survived but they thrived. The survival rates have now reached levels comparable to those in the West. This transformation reflects the remarkable progress made in both technical competence and post-operative management.



Looking back, the challenges we faced during those early years were formidable. Technical competence was not the sole hurdle; the post-operative management presented significant problems as well.

Issues such as the absence of parental nutrition and proper cannulas made the medical landscape exceptionally challenging. However, the resilience and dedication of medical professionals, coupled with advancements in medical science, has brought about a positive change, leading to improved outcomes and the ability to provide better care for patients."



Why did you choose Paediatric surgery?

After growing weary of practicing general surgery in the UK, my consultant suggested that it was time to super specialize. He introduced me to a colleague on Great Ormond Street, where I worked for six months. Subsequently, I moved on to Manchester Royal Children's Hospital, where I had the opportunity to further specialize in pediatric surgery. The connections I made there led me to Los Angeles Children's Hospital, solidifying my transition into the field of pediatric surgery. The hospital even offered me a position as a consultant, but despite the tempting opportunity, I chose to return.



Dr Kadaba Ramanna Srimurthy – Leader Par Excellence

What are the most satisfying moments of your life?

I have devoted six decades to the field of surgery, and I continue to actively perform operations. I was among the early adopters of laparoscopic surgery. I bought my own equipment in 1994. The commencement of pediatric laparoscopy at the Indira Gandhi Institute of Child Health, with support from Dr. Benakappa, marked the beginning of the Department of Pediatric Laparoscopic Surgery. Dr. Ramesh joined as a Lecturer, and together, we built the department into an epicenter for pediatric laparoscopic surgery in Bangalore.

One of the most fulfilling aspects of my journey is having inspired others to become pediatric surgeons, including Dr. Ashley DCruz, Dr. Shah, Dr. Ramesh, Dr. C S Rajan, and many others. They are all eminently qualified, doing extraordinary work, and to this day, it warms my heart that they come to say hello. This connection and the satisfaction derived from inspiring the next generation mean more to me than anything else

In the dynamic field of surgery, skills continually evolve with the introduction of new equipment and techniques. Recognizing this, I have actively contributed to training the next generation of surgeons through our DNB program spanning 13 years. Our students are exposed to a wide range of surgical fields, various techniques, and approaches. As a result, when they leave, they do so with comfort and confidence in their surgical skills."

If you were asked to relive your post graduation days....

In the earlier days of our medical education, we heavily relied on textbook knowledge. We diligently executed procedures based on our consultants' instructions, perhaps without fully grasping the limitation of textbook information. It took time for us to realize that a textbook cannot provide tailored information for each individual patient. Merely knowing a procedure does not automatically make it suitable for a patient; we must consider the appropriateness of the treatment for each unique case.

The essence of post-graduation, in my view, lies in applying textbook knowledge to practical situations. During my post-graduation, access to many investigations was limited. Even when I returned to India, obtaining something as basic as Serum Electrolyte required sending samples to the Indian Institute of Science. The luxury of a wide array of antibiotics or extensive investigations was not available to us in those days; we had only a handful of antibiotics at our disposal.

Today, the landscape has changed significantly for the better. We now have access to a plethora of treatment options, and the availability of resources has vastly improved. The contrast between then and now showcases the remarkable progress made in the medical field, providing healthcare professionals with greater tools and options to deliver effective and tailored treatments for their patients."



Dr Kadaba Ramanna Srimurthy – Leader Par Excellence

Can you share some interesting memories of your childhood?

Joining school early and receiving a double promotion, arranged by my father for his pride, made me two years younger than my classmates. This age gap posed a challenge, and looking back, I wished I had gone through regular classes. I often advise my children to experience a regular school life with fun. Although passing a year later would not have been detrimental, being younger for the class created added pressure.

During my childhood in Langford Town, I completed my schooling at St. Joseph's. My father emphasized the importance of being a good student, driven by my brother's academic excellence. I have a sister too. In PUC, my father proposed buying a medical seat at Bangalore Medical College, as many of his doctor friends did for their children. However, I insisted on earning my seat based on merit. The achievement of securing a seat at the college became my first sense of academic accomplishment, although I also remained active in sports during my college years.

Entering medical school at a young age presented difficulties and a lot of pressure. I struggled to understand many concepts, especially given the challenges of language, which was particularly difficult during my MBBS. Despite the initial challenges, I managed to graduate, albeit with some difficulty. The real understanding of subjects like anatomy and physiology came later, during my Primary FRCS. Perhaps, this was due to being at a proper age and having matured mentally.

In the early days, only a small percentage of students passed medical exams, with most facing challenges in subjects like anatomy and physiology. The examinations were tough, and the focus was on identifying what students did not know rather than what they knew. Today, the process has become relatively easier."



Children and grandchildren



Dr Kadaba Ramanna Srimurthy – Leader Par Excellence

Your mentors

During my MBBS days, Professor Kalappa in the Department of Surgery deeply inspired me. Alongside him, there were other eminent personalities in the department, including Dr. Authikeshavalu, Dr. Krishnamurthy, Dr. T.S. Jairam, and Dr. Hanumaiah. Dr. Kalappa played a pivotal role in supplementing my surgical aspirations. I worked closely with him during and after my internship.

Throughout my rotatory internship, I was posted in various departments, but I made it a point to complete my work in each respective department and return to Dr. Kalappa's unit. As a result, I was immersed in surgery for a significant nine months during my internship, except for the three months dedicated to public health postings.

For my senior Housemanship, I chose to work in Dr. Kalappa's unit at Victoria Hospital. While we had excellent faculty in medicine, my interest leaned more towards surgery during that time. However, with the passage of time, I have come to realize the importance of every field in medicine. Engaging in discussions with professionals from various medical fields significantly contributes to improved patient management.

Back in those days, there was a distinct divide between surgical and medical fields. Today, I appreciate the interconnectedness of all medical disciplines, understanding their equal importance in providing comprehensive patient care."

Your favourite surgery

- Laparoscopic surgery for oesophageal atresia that is a challenging surgery.
- Laparoscopic PUJ surgery

Extrasurgical activities

I am an avid sportsman, regularly playing golf with a single handicap. I have maintained my passion for golf and engage in an 8-kilometer walk regularly. My sports journey extends to hockey and table tennis. During my college years, I had the honor of captaining the team in Bangalore Medical College. Although I fell just short of making the university selection, my commitment to sports has remained a consistent and integral part of my life."



With Golf buddies

If not a surgeon, what would you have become ?

I do not know I cannot think anything else other than surgery. May be a chemist. I was good in chemistry. Anything related to chemistry

Your Favourite books

I read lots of Fiction books...
Dan Brown, Daniel Silva etc...
Kindle is part of my life



Dr Kadaba Ramanna Srimurthy – Leader Par Excellence

Your favourite food

I am not a foodie. I eat whatever is there. Not very particular.

Your Favourite places

I travelled worldwide. South América, Russia, Australia, New Zealand. and I enjoyed the travelling



Key to success

I believe in the practical application of knowledge, especially when faced with patient challenges. The focus is on finding solutions that offer the best approach to patient care, minimizing costs and avoiding unnecessary investigations. Even today, I am inclined towards performing procedures and continuously seeking ways to enhance skill. With the current advancements in technology, the emphasis has shifted towards understanding what not to do rather than just what to do.

The fundamental principle remains: treat the patient as if they were your relative. This approach transforms the mindset. While there was a previously eagerness to operate, the emphasis now lies in carefully selecting whom to operate on and determining the extent of the surgery. We must evaluate the benefits of surgery for the patient and assess their ability to withstand the procedure. Extensive surgery without ensuring a good quality of life for the patient holds little value.

Working at Bangalore Hospital exposes us to challenging cases with comorbidities.

Tailoring the approach to each patient becomes essential. A team approach is crucial, involving discussions with physicians, gastroenterologists, medical oncologists, anesthetists, and other specialists, depending on the patient's condition. This collaborative effort ensures the best-suited treatment modality for each individual, prioritizing the patient's well-being."



Advise to Young Surgeons

Effective patient care involves active collaboration with colleagues, including surgeons, physicians, oncologists, and nephrologists, whenever the need arises. Pursuing a cause for the patient's condition is crucial. This begins with taking a detailed history and conducting a thorough clinical examination to arrive at an accurate diagnosis. Emphasizing the importance of history-taking, I recognize it as a vital step in understanding the patient's condition.

Furthermore, becoming technically competent is a continuous commitment. Keeping abreast of advancements in medical technology and refining technical skills ensures that the best possible care is provided to patients. This holistic approach, encompassing collaboration, investigative diligence, and technical proficiency, is key to delivering comprehensive and effective patient management



Surgical Snippet by Dr K Lakshman

Scar Endometriosis

Endometriosis is defined as functioning endometrial tissue outside the uterine cavity.

Scar endometriosis is present in the abdominal scar, generally after gynaecological surgeries and caesarean section.

They present with a painful, tender nodule in the scar that may show cyclical exacerbation of pain during menstruation. This cyclical nature of pain may not be seen in some cases.

The differential diagnosis include:

- Incisional hernia
- Neuroma in the scar
- FB granuloma, usually associated with an unabsorbable stitch

While spontaneous endometriomas can occur rarely in the abdominal wall, the common mechanism is thought to be due to implantation of endometrial tissue at surgery.



CT scan showing a 2 cm nodule with indistinct margins, limited to the abdominal wall.



The most common operation is the caesarean section. The incidence is 0.03-45%. The Pfannenstiel incision carries a higher risk of endometrioma compared to the vertical incision. The lesions also seem to occur more frequently at the corners of the wound. Thorough irrigation of the wound before closure is recommended to reduce the incidence of scar endometrioma. Another recommendation is use separate instruments and needles to close the abdominal wall.

Malignancy in scar endometrioma is very rare. But when it does occur, it is very aggressive

Treatment is by surgical excision.



2 cm nodule in the scar



Surgical Snippet by Dr K Lakshman

Scar Endometriosis



Cut section of Endometrioma

HPE will confirm the diagnosis

If recurrent or extensive, one may have to treat with oral contraceptive pills or GnRH agonists. Medical treatment gives transient relief and will have a negative impact on fertility.

Further reading:

- Cesarean scar endometriosis: presentation of 198 cases and literature review. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6339338/pdf/12905_2019_Article_711.pdf
- Endometriosis-associated malignant transformation in abdominal surgical scar A PRISMA-compliant systematic review <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5728970/pdf/medi-96-e9136.pdf>
- Extrapelvic endometriosis: a rare entity or an under diagnosed condition? <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3942279/pdf/1746-1596-8-194.pdf>

Pencil Sketch

"See the World through my eyes."



By Dr Shubha Dandu
PG Student of General Surgery
Sapthagiri Institute of Medical
Sciences and Research Center



A tribute to the trailblazers

Striyah Samasta Jagatsvam Pratibhaanti

All the women in the world shine with brilliance

The earliest account of women as medical and surgical practitioners goes back to at least 3,500 BCE. Flint and bronze surgical instruments were uncovered from the grave of Queen Shubad of Ur. Wall paintings in tombs and temples of ancient Egypt show them performing surgical procedures and there is also evidence that female surgeons were practicing in ancient Sumeria, Babylon, Greece and Rome. However, women were discouraged or prevented from practicing surgery throughout history. In the 14th century, King Henry VIII was quoted as saying "No carpenter, smith, weaver or women shall practise surgery"[1]. Women did, however, continued to practise without formal training or recognition for the next several centuries



Dr. James Barry

Women began to return to the medical profession in the 19th century taking all the difficult paths . It was during this time we come across the story of a beardless lad, **Dr. James Barry (1795–1865) aka Dr Margaret stuart** . She went on to pretend to be a male for lifetime and became a british army surgeon and was renowned as a skillful operator. Her deception was not discovered until her death, and Dr Barry was officially buried as a man. Such was her passion and love towards being a surgeon [2].



Author-Dr Kruthi S R
Rajarajeswari Medical College
and Hospital

Dr Elizabeth Blackwell (1821- 1910), inspired a whole generation of women when she gained her M.D. in 1849 thus becoming the first female physician from Geneva College of Medicine in NewYork, .This paved the way for many more American women to gain admittance to medical schools there, some of which, like the Female Medical College of Pennsylvania, were founded specifically for women[1,3].



Dr Elizabeth Blackwell

Dr. Mary Edwards Walker (1832–1919) is recorded as the first female surgeon in the United States. In 1855, she was the second female graduate of an American medical school. In 1861, when the civil war broke out she was denied the acceptance as doctor to treat the wounded, undeterred she continued to work as nurse and in 1863, she became the **first female surgeon in the US Army**



A tribute to the trailblazers



Dr. Mary Edwards Walker

She was an outspoken critic of unnecessary limb amputations that were too readily performed under unsanitary conditions in the battlefield and advocated to hygienic practices while attending the wounds [4]. In recognition of her efforts, the medical facilities at the State University of New York in Oswego were named after Dr. Edwards Walker. In 1865 she received the Congressional Medal of Honour for her work as a US Army surgeon. In commemoration of her efforts, there was also a stamp issued in 1982. She is the first and only woman, as of 2008, to have been awarded the Congressional Medal of Honour.



Dr. Jennie Smillie Robertson

Dr. Jennie Smillie Robertson (1878–1981) was the first recorded female surgeon in Canada. In 1909, she graduated from the University of Toronto medical school, She was the surgeon to perform the first major gynecological surgery in a private home. She helped establish the Women’s College Hospital where she was the chair of gynecology from 1912 to 1942, and she launched the Federation of Medical Women of Canada [5].

Dr. Smillie Robertson married Alex Robertson at the age of 70, though she knew him from 1898 as she thought she cannot have both marriage and a carrier in medicine and her plan was to persue the latter.



Dr. Jessie Gray

Dr. Jessie Gray (1910–1978) - The first registered female general surgeon in Canada according to the Royal College of Physicians and Surgeons registrar. In 1934, she graduated from medicine at the University of Toronto as the gold medal recipient. In 1941, she was named Canada’s “First Lady of Surgery” and she served, starting in 1946, as the chief of Surgery at the Women’s College Hospital. In 1954, she was honored with the Elizabeth Blackwell Medal[1].



Dr Nina Starr Braunwald

Dr Nina Starr Braunwald - A pioneer in the field of heart surgery, She was the first woman to be certified by the American Board of Thoracic Surgery, and the first woman to be elected to the American Association for Thoracic Surgery



A tribute to the trailblazers

In 1960, at the age of 32, Dr. Braunwald led the operative team that implanted the first successful artificial human mitral valve replacement, which she had designed and fabricated. Her other significant contributions include development of the stented aortic homograft for mitral valve replacement, surgical treatment of chronic thromboembolic disease, and pioneering techniques for the use of tissue cultures to discourage the formation of clots when prosthetic valves and circulatory assist devices are in use[6].

India had its own rebellious women who paved way for future female doctors.



Anandibai Gopalrao Joshi

Anandibai Gopalrao Joshi (31 March 1865 – 26 February 1887) Anandi Joshi was one of the first Indian female physicians. She was the first female of Indian origin to study and graduate with a degree in medicine in the United States. Unfortunately she expired at the age of 22 due to tuberculosis before establishing the practice of medicine[7].



Dr Muttulakshmi Reddy

Dr Muttulakshmi Reddy is well known for establishing the Adayar Cancer Institute in 1954. Apart from being one of India's first female doctors, Reddy was an educator, lawmaker, surgeon, and reformer. She was the first female legislator in the history of British India.

She protested against the casteist practice of upper-caste women using Dalit wet-nurses to feed infants, worked hard against the banning of Devdasi performances in private and public functions. Also started a home for Devadasis – country's first shelter homes for victims of sexual assault – in her own home in Adyar. It was the efforts of Dr Reddy that got the age of legal consent for marrying women[8].

Mary Poonen Lukose (1886– 1976) was an Indian gynecologist, obstetrician and the first female Surgeon General in India. She was the founder of a Tuberculosis Sanitorium in Nagarcoil and the X-Ray and Radium Institute, Thiruvananthapuram

She is considered to be the first woman appointed as a surgeon general in the world



A tribute to the trailblazers



Mary Poonen Lukose

She was in charge of 32 government hospitals, 40 government dispensaries and 20 private institutions. She was also a founder member of the Indian Medical Association and the Federation of Obstetric and Gynaecological Societies of India (FOGSI).[9]

Dr. Marie Mergler, Dean of the Woman's Hospital Medical College in 1899, is quoted as saying, **"No woman studying medicine today will ever know how much it has cost the individuals personally concerned in bringing about these changes; how eagerly they have watched new developments and mourned each defeat and rejoiced with each success. For with them it meant much more than success or failure for the individual, it meant the failure or success of a grand cause"**[1]. However we shall always make time to revisit history and remember these wonderful women along with many others from so many more countries who were true trailblazers, who broke the glass ceiling of gender disparity and because of whom we are where we are today.

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**FEARLESS, FIERCE
& FABULOUS**

**SHE
CAN**



Upcoming Events

- Monthly Clinical Meet-Manipal Hospital on March 20th 2024
- Monthly Clinical Meet -Command Hospital on April 17th, 2024
- March 23rd 2024- free surgical camp at MC layout BBMP hospital

Mark Your Calender

- Surgeon's Day Celebrations- June 29th, 2024(Saturday)

Diary Note

2024-Golden Jubilee celebration year of SSBASICC

Congratulations

b) Project Life Saver

President ASI Dr. Probal Neogi requested the following committee to arrange for providing Basic Life Support training to the first responders in an accident. The program will aim to educate students, teachers and most importantly Police personnel in basic life support measures. This programme can be carried out at city branch levels imparting basic training in CPR, Airway management, Management of Hemorrhage and Patient transfer in an accident scenario. He requested Dr. Madhumita Mukhopadhyay to kindly pursue the same with the help of the committee Members, especially Dr. Rajashekhar Jaka who did a similar program at Bengaluru recently for around 1000 policemen. He wished to convey his congratulations to Dr. Jaka and the Karnataka State Chapter for the phenomenal success of this program.

Country Lead: Dr. Madhumita Mukhopadhyay

Members : Dr. Rajashekhar Jaka

Dr. Arvind Rai

Dr. Subhash Agarwal



Dr Kalaivani V
Elected as EC member
South Zone- IAGES

Dr Rajshekhar C Jaka-
Member

Project Life Saver Committee of ASI



**Dr Venkatesh K L as invited faculty for
Guest Lecture organized by Surgical
Society of Kolar ASICC at Sri Devraj Urs
Medical College**



Obituary...



**Dr Somashekhariah D
M S, MCH (Paediatric Surgery)**

- Past Secretary of Surgical Society of Bangalore – 1985-86, worked very hard in the amalgamation of S.S.B & A.S.I City Chapters as SSBASICC, the present body .
- Active Member of the Constitution & byelaw Committee SSBASICC – 1999 & 2014
- Past President of IMA KSB – 1992-93
- Past Chairman of IMA KPPS and former member of Karnataka Medical Council
- First secretary and the second Chairman of IAPS – Karnataka state chapter.
- Author of Paediatric Surgery book
- Started MCh in Pediatric Surgery Course at BMCRI, KIMS Hubli & in Karnataka along with other Colleagues.
- Caring and compassionate human being. Excellent teacher



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