



KSC-ASI

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# SHASTRA



ISSUE 1/20, APRIL 2020

## KSC ASI OFFICE BEARERS



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**Dr. Sadashivayya Soppimath**  
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Dr. K. Lakshman  
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Dr. Dayanand Nooli



**Editor**

**Dr. Naaz Jahan shaikh**

**WEB SITE :www.kscasi.com**

**Mail: secretarykscasi@gmail.com**

**emagazineshastra@gmail.com**

**Phone: Chairman- 9448452944**

**Secretary-9448371009**



*Dear Esteemed KSC-ASI Members,*

Thank you all for bestowing upon me this prestigious task of bringing out the Shastra, a job so close to my heart.

Before we start another year, let us reminisce the year that just passed. It has been a wonderful year with the various academic activities in full swing. Our past Chairman, Dr. Vidyadhar Kinhal, has been travelling to all the places boost the confidence and spirit of the various branches. Even the social activities conducted are worth a mention. Kolar City Branch sprang to life once again. A Hernia Free camp was conducted by Bengaluru surgical society, under the leadership of Dr Prashant Murthy at Chickballapur, which has been a point of focus even at the ASI Head Office. Honouring the teachers of schools was another great thought, which has received appreciation.

The conference, KSCASICON 2020 was indeed a great success. A blend of great academics, ambience and delectable dishes served in a 5-star atmosphere was a great success. The wide range of topics covered, gave an insight into the past, present and the future. Post graduate participation was very enthusiastic. The whole team of the KSCASICON 2020 deserves to be applauded.

Our new team leader, as you all know is Dr Sadashivayya Soppimath who is well known for academics and discipline. Dr Aravind Patel has been elected as the President Elect. We wish them all great success in their endeavours.

This issue of Shastra will focus on the Conference. With addition of a Hindi poem it has become multilingual. I hope all of you would like to read this. Please write to us if there are any suggestions or deficiencies. The mail id's are mentioned in the first page.

We are extremely sorry for the delay in bringing out the first issue of Shastra for this academic year. Due to the COVID 19 pandemic outbreak and the lockdown we were waiting for a suitable time. In this difficult time we need to work with utmost care and caution. Let us have faith in the Almighty, who will soon listen to our prayers and help the entire world to overcome this deadly storm.

Wishing you all a safe year ahead.

Long Live KSC-ASI!!

**Dr. Naaz Jahan Shaikh**  
**Editor, Shastra**

## Chairman's Message



Dear esteemed members,

Greetings to all of you!!

My sincere thanks to all members of the Karnataka state chapter of ASI for giving me an opportunity to occupy the highest chair of the state of the Surgeons' Association of Karnataka.

I am also lucky that I have the guidance of Dr. Vidyadhar Kinhal, as past chairman, ably supported by Dr. Diwakar Gaddi as secretary and Dr. Jaspal Singh Tehalia as treasurer. I thank our enthusiastic state EC members who are very eager to serve the associations to their best and national EC members for guidance. My sincere thanks to co-opted members who have accepted the responsibility given to them.

We compliment Dr. Uday Muddebihal, Dr. Aravind Gubbi and their team for having conducted a very successful state annual conference for the first time in a five star hotel. The delegates and faculty enjoyed the scientific feast, food and social events. I would also like to congratulate Dr. K. Lakshman and Dr. C.S. Rajan for their excellent work to maintain the highest standards of the scientific session.

During our tenure we had chalked out some work like looking into improvisation of the annual conference, digitalising our records, making Midcon more attractive and improving the knowledge towards research & publishing papers for young surgeons & trainees. These are a bit hampered due to the havoc created by COVID pandemic.

Our surgical colleagues have not only shown their dedication in treating patients in this risky time but surgeons Dr. Madhusudhan Kariganur, Dr. Pavan Patil, Dr. Aravind Patel etc have also done lot of innovative work in making protective masks and PPEs locally with available material and resources. I compliment them. With this kind of dedication and interest we may not fall short of such protective gears like in other places. Though the authorities are doing their best, there is a bit lack of coordination. May be, because such situation is totally new to them.

The central government also has announced insurance to the healthcare workers who are involved in treating COVID patients. I request you all to take advantage of this. We must co-operate in all possible way with the authorities to improve the outcome and also take care to minimise the problems with treating doctors and other health care workers.

In the national forum our state is lauded for academic activities, membership, membership in social security and social service activities. We must continue to lead. We thank Dr. K. Lakshman who has initiated evidence based surgery and research methodology workshops which gained immense popularity and greatly appreciated by staff and post graduate students. They have been conducted at various Medical colleges so far. The continuity has been interrupted by COVID!!!. Most of the meetings are cancelled or have been converted to virtual meetings.

I request all my colleagues to avoid elective surgeries and do only emergency surgeries with utmost care. Protecting ourself and our staff is very important and crucial. We pray for the roll back of normal life at the earliest and return of our clinical, academic and association activities to normalcy.

I pray for good health of our patients and colleagues.

**Chairman, KSC-ASI,**  
**Dr. Sadashivayya Soppimath**

## Secretary's Message



Dear Members.

With immense sense of gratitude I write this message. With the cooperation extended by you all I have completed one year at office, satisfactorily managing the responsibilities it brings.

Congratulations to Surgical Society of Bengaluru for the successful conduct of 38th KSCASICON. Kudos to the team led by Dr Uday Muddebihal, Organizing Chairman and Dr. Aravind Gubbi, Organizing Secretary along with their team who conducted a memorable conference in a five star ambience. My sincere thanks to Dr Vidyadhar Kinhal, our outgoing Chairman, my teacher who supported me through out the year and for his work towards the Organisation. My gratitude to all EC members of the KSCASI for their unstinted support and guidance during my first year in the office.

During the recently held conference credit of careful planning of academics goes to the State scientific committee and to hard work done by Dr Rajan and Dr Lakshman.

A disturbing trend seen in this year's conference is, Postgraduates whose paper / poster have been selected for presentation being absent for their presentation. A lot of effort goes in to selecting and scheduling the scientific paper and poster presentation. It is just utter disregard to the efforts of all those involved in organising a conference. I will be writing to the Heads of the Department of those students who have abstained from the presentation.

I request all local branches and institutes to plan ahead their activities and if given to the office we shall prepare a calendar of events to be published in the web site. I request branches to report their activity as soon as they conduct so that it can be uploaded in the website.

With the threat of COVID-19, I request you all to take all the safety measures and also help the state administration in effectively controlling the menace.

Long live KSCASI

Take care.

Long Live KSC ASI.

**Secretary, KSC-ASI,**  
**Dr. Diwakar Gaddi**

## ***As I leave my chair.....***



Dear friends...

Namaste.

It has been a most memorable duration of my life time as chairman of prestigious KSC - ASI, 2019-2020.!! A position that made me to understand surgeons spread across karnataka. A great community indeed! Every where warmth of hospitality which I received was difficult to be put in words. A Proud moment to relish is that all regions of karnataka urban/rural surgeons are rendering high tech services. Many are doing social service too.

The recently concluded annual conference at Bengaluru was one of the best in all fields be it Academic, Food, and Hospitality. All the arrangements were of a superlative degree. The whole organising team led by Dr. Uday Muddebihal, ably assisted by Dr Aravind Gubbi under the able guidance of Dr Rajan and Dr Lakshman worked extremely well. I whole heartedly thank the organising team who worked for success of conference.

My sincere thanks to Dr. Diwakar Gaddi and all executive members of central and state who helped me during my period.

Covid-19 has created a wide spread panic inbtge entire world. We being on the opposite side of the scenario irrespective of our fears will be coming forward to be a part of the team to overcome the disease. My humble request to all is to keep yourself safe and take all the precautionary measures and take good care of your health as well.

To all the young budding surgeons I would like to convey a simple message that, learning is a continuous process. Keep yourself abreast of the changing trends and also spend adequate time to acquire the right skills which are the most priced possessions of surgeons.

Long live KSC-ASI

MEERA BHARATH MAHAN

***Dr. Vidyadhar Kinhal, Immediate Past Chairman,  
KSC-ASI***

# KSCASICON 2020

KSCASICON 2020 was held at Hotel Sheraton on 14th, 15th and 16th February. The ambience was very soothing. The arrangements, Scientific content and execution of the programmes were remarkable. Delicious Food with a topping of entertainment gave the delegates a lot of relaxation after the whole day's scientific sessions.

Following awards and prizes were given to the participants

- **Mahadevan Award** - Dr. Nishanth Lakshmikantha
- **Mysore Surgical Society Prize**

1st prize- Dr. Abhinaya, KIMS Hubli

2nd Prize- Dr. Barkha Kukreja, JNMC Belagavi

3rd Prize- Dr. Dhruva M.C, KIMS Bengaluru

- **Best Branch award**

a. Large Branch- Hubballi Dharwad

b. Medium Branch- Ballari

c. Small Branch- Mangaluru

Prizes were given to various participants for both poster and free paper sessions as well at different stations.

Details can be obtained on the website.

## E- POSTERS WINNERS LIST

STATION	SESSION	WINNER	POSTER	CONTACT EMAIL / NO.	SECOND PLACE	POSTER	CONTACT EMAIL / CELLNO
D-1	1	Dr. Kirishan	BILATERAL TRIFURCATION OF RECURRENT LARYNGEAL NERVE	kr1798@gmail.com	AISHWARYA PUNTAMBEKAR AARUSHI MISHRA	PAPILLARY CARCINOMA IN A MASSIVE THYROID GOITRE: TOTAL THYROIDECTOMY A case of a post traumatic pseudo-tumourism	sonuambekar@gmail.com aarushimishra3@gmail.com
D-2	1	Dr. Sharath chandra tejas S	NICOLAUS SYNDROME FOLLOWING INTRAMUSCULAR DICLOFENAC SODIUM INJECTION	Sharathchandra10@gmail.com	Dr. RAJIVRAN.H.V	MULTIPLE MARBLES WITHIN THE PANDORA'S BOX : A CASE OF HYDATID DISEASE	rajivran10@gmail.com
D-3	1	Vishranika S Athal	TWENTY YEARS OF PAIN - A STORY WITH HAPPY ENDING	athalvish@gmail.com	Hariprized Ghanavelu	Median arcuate ligament syndrome - our experience!	venkath12@gmail.com
D-4	1	Nutan B V	SKIN INCISION FOR PORT PLACEMENT IN LAPAROSCOPIC SURGERY- A NOVEL METHOD	nutanabv@gmail.com	NIL		
D-5	1	Janani manar reddy mandoggalan	TREATMENT OF VENOUS ULCER OF THE LOWER LEG BY ENDOVENOUS LASER ABLATION	janani.poo1en6@gmail.com	NIL		
D-6	1	Dr. Reshna Murali	"PALLIATION TO CURE - A ROAD NOT TAKEN" : FOREQUARTER AMPUTATION	reshnamurali550@gmail.com	DR. HARSHA S. POOJARY	TO BE STRUCK BY TWO DIFFERENT CYCLOMES IS UNUSUAL: A RARE CASE OF DUAL PRIMARY- ANCIENT SCHWANNOMA OF THE PLEURA AND EXTRASKELETAL OSTEOSARCOMA OF THE CHEST WALL	poosharsha92@gmail.com
D-1	2	Rashmi Mali	Malignant nodular hidradenoma-inguinal region- clinically misdiagnosed as squamous cell carcinoma: a case report	rashmimmbalric@gmail.com	Ganesh Ganapathi Hegde	UNUSUAL PRESENTATION OF CARCINOMA OESOPHAGUS AS ILEAL DEPOSITS	ganeshhegde@gmail.com
D-2	2	DEEPAK LAL S.D	AN INTERESTING CASE OF INTERSEX	sddl@gmail.com	Chetan	ACCESSORY PENIS OR DIPHALLIA OR PENILE DUPLICATION - A CASE REPORT	Chetanpadasetty1610@gmail.com
D-3	2	Rishabh	Urinary Tract is a Pandora's Box	rish.agarwal@gmail.com	Miyank	Primary isolated lymphedema of the penis	muyasimmi3@gmail.com
D-4	2	VARUN T H	A RARE CASE OF PENOSCROTAL SWELLING - PEGOMA	varun.tn54@gmail.com	Dr. Sahana M P	RENAL COLIC FISTULA: A RARE CONNECTION	dr.sahana93@gmail.com
D-5	2	KARTHIK S	Transoral endoscopic stapled oesophageal diverticulectomy for Zenker's Diverticulum	dr.karthiksonu@gmail.com	JAMBURKALA A Y	A RARE CASE OF RECURRENT PLEOMORPHIC ADENOMA PRESENTING AS A LATERAL MULTIPLE NECK SWELLING	jambaral@gmail.com
D-6	2	Yenaga Ravinder Reddy	Parathyroid adenoma case series of	myreddy@gmail.com	NIL		
D-1	3	CHEMURU MUNISEKHAR REDDY	MEDIASTINAL CYSTIC HYGIROMA PRESENTING AS SPONTANEOUS CHYLOPERICARDIUM IN AN ADULT	chemuru.munisekharreddy@gmail.com	Dr. Aravinda P.S	Thoracoscopic enucleation of esophageal leiomyoma	psarvind07@gmail.com
D-2	3	Shavana Chinmayee K	LITHEAL TUMOR MASCULATING AS AN ORIENTAL CYST: AN UNUSUAL PRESENTATION	shavana.chinmayee@gmail.com	Dr S Y MULKIPATIL	ASRYAND'S HERNIA, A RARE CASE REPORT	drsympatil@yahoo.com
D-3	3	Dr. Jawane Saylee Baliram	Myriad's Hernia- An Unusual finding in Inguinal Hernia Surgery	sayleebawane.1994@gmail.com	SUNIL MATHEW	RIGHT ASRYAND'S HERNIA : BILATERAL INDIRECT UNCOMPLICATED INGUINAL HERNIA WITH APPENDIX AS CONTENT ON RIGHT SIDE	sunilmathew1@gmail.com
D-4	3	DHINESH RAM C	STOMACH THAT CRIES AFTER HAVING FOOD - LAPAROSCOPIC RELEASE OF MEDIAN ARCULATE LIGAMENT	dhineshram7@gmail.com	Yathendra V	Bochard's Triology	dr.yathendra@gmail.com
D-5	3	Prashanth U	An Unusual Case Of Isolated Rectal Bleeding	prashanthu2@gmail.com	Dr. Akhil S Puckitt	PRIMARY ANORECTAL MALIGNANT MELANOMA WITH LIVER METASTASIS- A RARE ENTITY	akhilnandu9@gmail.com
D-6	3	Rashmi Mali	DISTAL PANCREATIC MASS WITH DIAGNOSTIC SURPRISE	dr.rashmi11@gmail.com	NIL		
D-1	4	Dr. Adam Basha K	Biliary Cystadenoma	adam.basha@gmail.com	Dr. Vinaya Chandra	In audit of laparoscopic cholecystectomy	Vinayachandra13@gmail.com
D-2	4	DR. MOHAMMED SQUIB PATEL	A rare case of acute intestinal obstruction	squib.sdm@gmail.com	Dr. Sahana M P	Acute Appendicitis in elderly patients : Challenges we face	dr.sahana93@gmail.com
D-3	4	Dr. Ashwini Chauhan	Cecal Duplication cyst	ashwinig@gmail.com	Dr. Deva Keerthana	A rare presentation of ileal bowel obstruction	devakeerthana.d@gmail.com
D-4	4	Dr. Akhil Choudhary	Proximal bowel obstruction	akhilchoudhary99@gmail.com	Dr. Miyank	Enteric Duplication Cyst: 3 cases with varied presentation and management	muyasimmi3@gmail.com
D-5	4	Aishwarya R	PRIMARY LYMPHOMA OF BREAST: A RARE CASE	RADHASHWARYA68@GMAIL.COM	Dr. KOTADI HANPPA MAHADEV	BONY CANCER OF THE BREAST	drkotadi2@gmail.com
D-6	4	Dr. Benak S	An Incidental liver cyst	benak.s.84@gmail.com	Dr. Durta Shweta manohar	A case of familial adenomatous polyposis	Shweta.manohar95@gmail.com

## KSCASICON 2020

### E - PAPERS WINNERS LIST

HALL	SESSION	WINNER	PAPER	CONTACT EMAIL / NO.	SECOND PLACE	PAPER	CONTACT EMAIL / CELLNO
B1 [MARS]	1	Sunilkumar Alur	"Lift" A simple sphincter saving procedure in anal fistula	drsunkalal@gmail.com	TIRUMAL PATWARI	ABDOMINAL WALL RECONSTRUCTION	tiru_patwari@yahoo.com
B2[JUP -1]	1	KARTHIK S	Evaluation of ultrasound guided Nerve blocks in the management for post-operative analgesia in Patients undergoing Laparoscopic Inguinal Hernia surgery.	dr.karthiksomu@gmail.com	Dr SHABANA J THAHA	A comparative study of fibrin glue versus suture mesh fixation in Lichtenstein hernia repair.	shbnjthaha8@gmail.com
B3[JUP-2]	1	Dr Raghavendra Gangadhar Muttur	Comparison between post-operative outcomes of laparoscopic vs open Inguinal hernia repair.	rtmadhu276@gmail.com	Atul dua	Comparison of tissue adhesive (n-butyl-2-cyanoacrylate) versus conventional suturing in umbilical hernia surgeries	duaatul5@gmail.com
B4- PLUTO	1	Veena H.R	TO EVALUATE RISK FACTORS FOR SEROMA FORMATION IN PATIENTS UNDERGOING MODIFIED RADICAL MASTECTOMY	veenahr279@gmail.com	Dr Carunya Mannan	MANAGEMENT OF IDIOPATHIC GRANULOMATOUS MASTITIS	drcarunya@gmail.com
SESSION WINNER							
B1 [MARS]	2	SHASHANK K A	ANALYSIS OF RELATIONSHIP BETWEEN CARCINOMA BREAST AND EXPRESSION OF Ki67	vadulasa.shashank@gmail.com	Dr Vijetha Vikram N	A STUDY ON THE ROLE OF PROLIFERATIVE INDEX MARKER Ki67 IN BREAST CARCINOMA	vijethavikramn@gmail.com
B2[JUP -1]	2	MYTHERE SMS	Difficult Gall Bladder	smmyth3@gmail.com	Dr.Akhil S Plackiel	PORT SITE INFILTRATION WITH BUPIVACAINE VS CONVENTIONAL ANALGESICS IN CONTROLLING POST OPERATIVE PAIN IN LAPAROSCOPIC CHOLECYSTECTOMY. A PROSPECTIVE RANDOMIZED CLINICAL TRIAL	akhilma99@gmail.com
B3[JUP-2]	2	Supreeth K	A COMPARISON DOUBLE BLINDED STUDY BETWEEN THE INFUSION OF OMEGA 3 FATTY ACID AND OCTREOTIDE INFUSION IN THE TREATMENT PROTOCOL OF ACUTE PANCREATITIS- A NOVEL APPROACH	sup_41184@yahoo.com	Dr Geutham B	ASSOCIATION OF SERUM LIPID PROFILE WITH SEVERITY OF ACUTE PANCREATITIS	geuthamb15@gmail.com
B4- PLUTO	2	Dr.sruthy harshan	ESTIMATION OF SERUM MikroRNA 21 AS A TUMOR MARKER IN CARCINOMA ESOPHAGUS	sruthybh42@gmail.com	Sharanya Shetty	Effects of perioperative glutamine on surgical outcome in gastrointestinal cancer patients	Sharanyasheti@gmail.com
SESSION WINNER							
B1 [MARS]	3	Aishwarya NS	Evaluation of Red cell distribution width (RDW) and RDW to Platelet ratio as prognostic markers in Acute Pancreatitis	aishwarya3008@gmail.com	Aboli Koranne	A COMPARATIVE STUDY BETWEEN PEPTIC ULCER PERFORATION SCORE (PULP), MANNHEIM PERITONITIS INDEX, ASA SCORE AND JABALPUR SCORE IN PREDICTING THE MORTALITY IN PERFORATED PEPTIC ULCERS	aboli.ack@gmail.com
B2[JUP -1]	3	dr amitha lobo	determinants of outcomes after emergency laparotomy	amithalobo2016@gmail.com	Dr Ashita Elizabeth Thomas	Small bowel Diverticulosis – our experience	ashitathomas2@gmail.com
B3[JUP-2]	3	Nishanth Lakshminartha	An audit on Peripheral Venous Cannulation	lkentha.57@gmail.com	Ramya M V	Serum Vitamin D3 in Post Thyroidectomy hypocalcaemia, a role to play?	romidocmp@gmail.com
B4- PLUTO	3	Sheena Wadhwa	An Analysis of Iatrogenic urinary catheter injuries in a tertiary care centre .	wsheena@gmail.com	Trissia Mary George	ReTURBT: Clinical significance & safety in patients with Non muscle invasive bladder cancer	trissia.george@gmail.com
SESSION WINNER							
B1 [MARS]	4	Dr Shetty Sonia	SEPSIS/ OPEN LIGATION OF INCOMPETENT PERFORATORS IN VARICOSE VEIN SURGERY(C4-C6)	soniyashetty55@gmail.com	Dr Ahaana Gundopadhy	AGGRESSIVE MANAGEMENT OF ABDOMINAL WALL DEFECTS IN NEWBORNS	ahaana6194@gmail.com
B2[JUP -1]	4	Dr. Bhavyadeep Korapati	A Management Dilemma – Submucosal Colonic Lipoma	bhavyadeep.k@gmail.com	Dr. Mayank	Needle Stick Injuries - To prick or not to Prick	mayankmm3@gmail.com
B3[JUP-2]	4	Dr. Arun Kalburgi	Lipid profile and Biochemical Gall stone Profile	skarun6591@gmail.com	NIL		
B4- PLUTO	4	Dr Abinaya	SINGLE DOSE ANTIBIOTIC PROPHYLAXIS FOR PREVENTION OF SURGICAL SITE INFECTION IN ELECTIVE SURGERIES-AN INSTITUTIONAL EXPERIENCE	abinivivasan5@gmail.com	Dr Rashmi M R	A STUDY ON LIMBERG FLAP VERSUS PRIMARY CLOSURE IN THE TREATMENT OF Pilonidal SINUS	doc.rashmi11@gmail.com

## Photo Gallery





## MEDICATION SAFETY

*Dr. Sachin . D. Nale*  
*Rangadore Hospital, Bangalore.*



Medicines are backbone of the therapeutic armamentarium but they are double edged weapons also. If used appropriately, they cure patients but inappropriate use can harm the patients. It is important for all stakeholders (Doctors, Nurses, Pharmacists and Community) to understand medicines properly and use them rationally. Wrong use, Over use, Under use are very prevalent all over the globe and irrational use results in crease in mortality and morbidity.

### **Medication safety can be ensured by:**

- A. Monitoring medication errors.
- B. Monitoring adverse drug reactions.
- C. Appropriate patient counselling.
- D. Developing and using standard treatment protocols.
- E. Developing and using Antimicrobial use policies.

There are many sources which can cause medication errors

### **a. Selection of Procurement:**

The selection of medicine should always based on evidence on safety, efficacy and suitability. Selected medicines when procured in any Healthcare system should have a proper quality control so that patients receive efficacious, safe and good quality medicines. Evidence based selection and stringent quality control can ensure that patients are receiving safe medicines

### **b. Storage of medicines**

Medicines need to be stored in proper environment especially under temperature regulation, otherwise they lose their potency and may be less effective when consumed. Medicines should be properly stored in pharmacy at 0 degree -25 degree C and protected from light and dispensed and distributed maintaining the cold chain

### **c. Ordering and Transcribing:**

Most of the medical errors, occur during ordering and transcribing and broadly be ascribed to following five processes of medication use:

1. Prescribing, 2. Transcribing 3. Indenting 4. Documenting 5. Verbal orders

**Prescription errors** : errors in prescribing can take place while choosing the medications , their dose , strength, pharmaceutical form, rout of administration , duration of treatment and instruction of use . Errors can become multi fold if the prescription written is not legible.

### **Methods to reduce Prescription errors :**

- Appropriate Prescription writing:  
The prescription should be legible (preferably written in capitals ) and complete in itself .
- Name dosage form (tablets, syrups etc.) strength dose, frequency, diluents, dilution and duration of prescribed medicine should be appropriately mentioned on the prescription. It is better if medicines are written in generic name. Brand name can be written in bracket.

- Strength of medicines should be started in standard units using abbreviations that are consistent with system international (SI). "Micro-grams " and "Nanograms " should not be abbreviated since abbreviation from "g" is very easily misread as "mg", a 1000 fold overdose. If unavoidable , a zero should be written preceding decimal point e.g., 0.3, avoid writing 3.0 mg.
- Quantity less than 1g should be written in milligrams eg. 500mg and not 0.5gm. Quantity less than 1mg should be written in micro-grams, eg. 100 micrograms and not 0.1mg. In case prescription to be taken on "as required (SOS)" basis, a minimum dose interval should be specified. Also maximum dose per day allowed should be mentioned.
- Acronyms such as ASA (Asprin), PCM(Paracetamol), CPM (Chloropheniramine), CPZ (Chlorpromazine) etc. Should not be written as they are error prone.

### **Transcription Errors:**

Transcribing means copying the information from Medical Records/ Progress notes to the Medication Sheet. It is a peculiar type of error that is commonly made by Doctors/Nurses/Medical Transcriptions while transcribing.

How to reduce transcription Errors?

Transcriptions of drugs or prescription orders should be avoided as far as possible.

The original source documents should be in the transcribers immediate possession, legible and complete in all aspects when it is necessary to transcribe information from one document to another. Transcribe cautiously, double checks should be done with the original documents. In case of any confusion due to illegible hand writing always cross-check with the Doctors.

### **d. Indent Errors:**

Indents are the computerized / hand written orders that are sent to pharmacy for dispensing of medications as per prescription. Some of the important causes of indent errors are illegible prescriptions, LASA (Look Alike, Sound Alike and Spell Alike drugs) medicines. Usually prescribing by brand names has large potential for indenting errors.

#### **Methods of reduce indent errors:**

- Prescription should be written legibly, preferably in capital letters.
- In case of confusion always cross check
- List of LASA drugs should be identified and made available to all concerned persons.

### **E. Documentation Errors:**

Documentation is the backbone of medication management and safety. An accurate documentation of medication history, disease history, any drug/food allergy, progress history and administration of drugs can help in detection and prevention of many fatal medication errors.

#### **Methods to reduce documentation errors:**

- The culture of documentation needs to be inculcated amongst nurses and doctors.
- Frequent training program should be held.
- Documentation should be done immediately after drug administration or after receiving any information and should never be relied on memory.

### **Misinterpretation of Verbal Orders:**

Verbal Orders given on phones, during doctor's rounds, during hand- over duties and emergency are a big source of errors and miscommunication. Ideally verbal orders should not be given, but in case of emergency situations, verbal orders can be given by senior consultants only to a doctor or to a senior nursing staff. Since these orders are given in emergency situations even a slight deviation from the order can result in serious harm and subsequently death of the patients.

### **Methods to reduce errors due to verbal orders:**

- Verbal orders should only be allowed in emergency situations.
- Before documenting the receiver should follow a read back policy and order should be documented immediately.
- The order should be countersigned by the person who gave verbal order as early as possible.

### **F. Preparing and Dispensing:**

Dispensing refers to the process of preparing and giving out medicines on the basis of prescription. Dispensing error is defined as the discrepancy between the drugs prescribed, indented and dispensed. Dispensing errors include dispensing incorrect drug, dose, dosage from wrong quantity of in-appropriate in-correct or in-adequate labeling. Often brand substitution is being made by pharmacist without realizing the correctness of the dispensed drugs. Dispensing of medicines requires qualified and trained pharmacists who could understand the pharmacology of each drug, should have good calculations and arithmetic skills in assessing quality of preparations, attributes of cleanliness, accuracy, honesty and can communicate effectively with patients.

### **G. Administration Errors:**

Medication Administration is the most crucial part of medication use. Administration errors include wrong drug, wrong patient, missed doses, extra doses, less dose, incorrect dilution, incorrect route of administration.

### **Methods to reduce Administration Errors:**

- In case of any confusion about drug name, dose, dilution, frequency, route always cross check with the prescriber.
- Label of all the medicines should be read properly before preparing and administrating.
- All the parenteral drugs prepared should be labelled prior to preparation of a second drug.
- Patient should be identified at least by two patient identifiers prior to administration.
- General appearance of medicines should be checked before administration.
- The patient should be educated about their medication

### **Conclusion:**

Ensuring medication safety requires multipronged approach. Selection of safe and effective drugs is a cornerstone of providing medication safety. Evidence based selection along with quality assured medicines and scientifically managed pharmacy ensures that patients are receiving safe and good quality products.

All Stakeholders should be trained to prevent and report both medication errors and adverse drug reactions. Developing standard treatment guidelines and protocols for some commonly occurring diseases and high-risk drugs will reduce patient harm. Further to strengthen the medication safety, patient and community should be adequately trained and counselled about the safe use of medicines.

## A UNIQUE CASE OF SUPRAPUBIC CATHETER SITE INCISIONAL HERNIA WITH A HISTOLOGICAL SURPRISE - Dr. Gurushantappa Y.

### CASE DETAILS

- 50 year old male patient came with a history of swelling over lower part of anterior abdominal wall since 5 years with a past history of blunt trauma abdomen with suspected urethral injury 30 years back for which he underwent suprapubic catheterisation (SPC) which was removed 2 months later
- On examination swelling of size 20 x 10 cms was seen over suprapubic region with overlying skin excoriation and obvious bowel sounds heard over the swelling. Swelling was not reducible. He had penile urethrostomy

### INTRA-OP DETAILS

- Skin over the hernia was completely excised.
- Sac contained segment of jejunum, ileum, caecum and ascending colon.
- Multiple tubercles noted over the jejunum, ileum and mesentery.
- Adhesiolysis done.
- Segment of jejunum 100 cm distal to DJ flexure was studded with tubercles and was densely adherent to the overlying skin.
- The bowel is resected 100 cm distal to DJ flexure and 10 cm proximal to IC junction
- Jejunum is anastomosed to the ascending colon in an end to side fashion
- Double breasting of the abdominal wall defect done. Post-operative period was uneventful

### HISTOLOGICAL SURPRISE

Histopathology report of the excised specimen revealed poorly differentiated adenocarcinoma deposits with extensive serosal and omental deposits. Patient was explained regarding the disease and referred to medical oncologist for chemotherapy

Review of literature: Likely sites of primary for poorly differentiated adenocarcinoma deposits in the peritoneum are, lung, colon, pancreas, and stomach, poorly differentiated neuro-endocrine tumours of GI tract, mucinous or serous carcinoma of ovary in females, metastatic melanoma. Investigations to detect the possible primary sites include, CECT, PET scan, Immunohistochemistry, Electron microscopy, Molecular diagnosis. Cancers of unknown primary (CUP) are categorized into four major subtypes by routine light microscopy criteria: (i) adenocarcinomas well/moderately differentiated; (ii) undifferentiated or poorly differentiated adenocarcinomas; (iii) squamous cell carcinomas; and (iv) undifferentiated neoplasms. About half of the patients will be diagnosed with metastatic adenocarcinoma, 30% will have undifferentiated or poorly differentiated carcinomas, 15% squamous cell carcinomas and the remaining 10% will have undifferentiated neoplasms. With modern immunohistopathology, most of the tumors in the latter group can be better characterized, and can include poorly differentiated carcinomas, neuroendocrine tumors, lymphomas, germ-cell tumors, melanomas, sarcomas and embryonal malignancies. Treatment is only palliative. Platinum based chemotherapy may be of some help. Usually patients succumb to the disease in six to nine months period



## BRANCH BUZZ

### Activity report of the KSC ASI- Kalaburagi Branch

**President : Dr.Rajashekhar Patil**

**Secretary: Dr ShivaKumar C R**

- KSC ASI Kalaburagi branch Along with Jain Institute of Vascular sciences, API KLB and KOA conducted Continued surgical education program on 8h February 2020 at Mahadevappa Rampure Medical College.

TOPIC I : Introduction to Vascular Surgery & Its Evolution

Speaker – Dr. Vivekananda, HOD, JIVAS

TOPIC II : Approach to patient with Back Pain

Speaker – Dr. Mahesh B H, HOD Vitus, Spine

TOPIC III : Disvascular Diabetic Foot Wound and its Management

Speaker – Dr.Sumanth Raj B, Vascular Surgeon

TOPIC IV : Is Spine Surgery Safe?

Speaker – Dr. Raghavendra Rao, Spine Surgeon

TOPIC V : Management of Chronic Venous Insufficiency

Speaker – Dr. Mamata S H, Vascular Surgeon

Over 120 delegates attended it. The program was appreciated in its scientific content and arrangements.



### Activity report of the KSC ASI- Tumkur Branch

**President : Dr. Prabhakar G. N**

**Secretary: Dr. Satish Babu**

A CME was conducted on 16th January 2020, In Association with HCG MSR Cancer Centre, Bangalore. Speakers

:

1) Dr. Mohan Kumar S, Radiation oncologist, Bangalore.

Topic: Role of radiation in cancer treatment.

2) Dr. Vinayak V Maka, Medical Oncologist, Bangalore

Topic: Principles of Chemotherapy in Cancer Treatment



**Activity report of the KSC ASI- VIJAYAPURA BRANCH**

**President : Dr. Ashok R. Jadhav**

**Secretary: Dr Ramakanth Baloorkar**

1. On the occasion of "World Cancer Day", a Guest lecture on "Cancer Awareness" was arranged by KSC/ASI Vijayapura City Branch on 8/2/2020 between 11-00am to 11-45am. Dr. Shailesh Kannur Onco-surgeon delivered the lecture. Dr.Ramakanth Baloorkar Secretary KSC/ASI, Vijayapur City branch, Vijayapura and Dr.S.S.Patil Vice President KSC/ASI, Vijayapur City branch,Vijayapur spoke about the Cancer Awareness.

The Lecture benefited the staff & students of those institutions. It included power point presentation showing basic knowledge of Cancer and its risk factors along with preventive measures.Faculty of the said institutions welcomed and co.ordinated the events. Around 250 students and staff members attended the events.

2. REPORT on Workshop On Research Methodology & Evidence Based Surgery held On 7/3/2020: As a part of academic activity of the department, a "Workshop On Research Methodology & Evidence Based Surgery held on 7/3/2020 was organised by the Department of General Surgery, BLDE (Deemed to be University) Shri.B.M.Patil Medical college Hospital & R.C. Vijayapura, in association with KSC/ASI and Vijayapura City Branch of ASI/KSC held at Medical Education Department of BLDE (DU), Shri.B.M.Patil Medical college, Hospital & R.C. Vijayapura on 7/3/2020.

Dr.K.Lakshman Consultant GI & Laparoscopic Surgeon, Associate Editor of IJS, Chairman, BMC DT-Infosys, BMR Bangalore, was the Chief Guest and the resource person for the said workshop. Dr. Rajiv Lochan, Consultant HPB and Abdominal transplant Surgeon, Aster CMI, Bangalore, Dr. Manish Joshi, HOD Surgical Gastroenterology, HPB, Bariatric Surgery, Trust Well Hospital Bangalore, Dr.Ramakrishna H K, Past Editor of Shashtra Bhadravathi, Dr.Niranjan P, Consultant Laparoscopic and Bariatric Surgery Sagar Hospital Bangalore, Dr. Nishanth, Bangalore, were the other Resource persons and External faculty for the workshop. Dr. Tejaswini Vallabha Professor of Surgery was the Internal Faculty and Resource person.

Welcome speech was addressed by Dr.M.S. Kotenavar Professor, and dignitaries were felicitated. Vote of thanks was delivered by Dr. M.B. Patil. Professor & HOD of Surgery.

All the staff members and Postgraduate students of surgical disciplines of BLDE (Deemed to be University) Shri.B.M.Patil Medical college Vijayapura & Al-Ameen Medical college, Vijayapura and Members of Vijayapura City Branch of KSC/ASI were present. Dr. Gududur Ajaykumar attended the workshop as a KMC observer. 2 credit point were allotted to the workshop.

Total of 63 Delegates attended the workshop. Feedbacks were collected and e-certificates were given to the resource persons and the delegates.



## Activity report of the KSC ASI - SHIVAMOGGA BRANCH

A dinner meeting with CME was arranged on 12th March 2020, Thursday.

Speakers. Dr R. D Prabhu. A Non Surgical topic: Mruthyunjaya japa

Dr Ramakrishna HK: Scientific temperament, Research and Surgeon



## Activity report of the KSC ASI - BELAGAVI BRANCH

ASI MEETING WAS HELD IN ADARSH PALACE 20/02 /2020

Introduction of speakers was done by Dr. Rajesh B. Nerali

Speaker:

Dr. Shrishail H, Surgical Gastroenterologist, Lake View Hospital, Belagavi.

Topic:

Management of Pancreatic Body And Tail Tumours

## Activity report of the KSC ASI - HUBLI -DHARWAD BRANCH

**President: Dr.Vijay Kamat**

**Secretary: Dr.S.Y.Mulkipatil**

**Treasurer: Dr.N.Sandhya**

1st Monthly CME was held on Friday, 24th January, 2020 at President Hotel, Near Unkal Lake, Hubballi. Video Session was conducted on SSI in colorectal Surgeries and Dr.S.S.Soppimath was a Guest Speaker he gave a talk on Difficult Cholecystectomy. He was felicitated on this occasion



## Important links

1. Webinar on Rectal Cancers and Recent Advances :

<http://asiindia.org/2020/02/10/approach-to-rectal-cancers-recent-advances>

2. Why AWR : <https://youtu.be/T75sV4UFi4w>

## FREE HERNIA CAMP REPORT

Free Hernia camp was held on 3/01/2020 at Chickaballapur town, Karnataka state. Surgical society of Bengaluru and IMA Chickaballapur jointly organised this under guidance of Dr. Prashanth Murthy. 28 patients were screened by 6 surgeons and 3 anaesthetists at Ambedkar Bhavana. An inaugural function was held on the same day in the evening. It was attended by Dr Yogesh Gowda, DHO Chickaballapur, Dr Kalaivani V, President Surgical Society of Bengaluru and Dr H.V. Shivaram, GC member ASI. 15 cases of hernia, inguinal, umbilical and congenital inguinal hernia were operated on 5/01/2020 at 5 hospitals and nursing homes in Chickaballapur by surgeons from Bengaluru and Chickaballapur. Surgeries were done free of cost, including investigations, mesh, suture materials, drugs and disposables. Surgeries went on well, and perioperative and postoperative period was uneventful. Many thanks to all the hospitals & nursing homes and their staff for providing their space, manpower, operation theatre, and even drugs and disposables. Thanks to all the anaesthetists who rendered their services. Thanks to all the surgeons from Chickaballapur and Bengaluru for their services. Thanks to all the Office bearers and members of IMA Chickaballapur as well as office bearers & members of Surgical Society of Bengaluru who took active part in the surgical camp. Thanks to office bearers of KSC-ASI and ASI for their support. Special thanks to the Chairman, Dr. Vidyadhar Kinhal and Secretary, Dr. Diwakar Gaddi of KSC-ASI who had come all the way from Bellary and also thanks to EC members who had come from Mysore and Chikkodi. Thanks to Micro labs, Lotus Surgicals and Matha associates for providing mesh, suture materials, drapes and drugs. Last but not the least, thanks to all the patients who were beneficiaries of the camp.







*Donning new hat with pleasure,  
wonderful years ahead as grandma.  
Another role from directly doing to..  
Supporting indirectly,  
This is life!*

**Dr. Tejaswini Vallabha**

**Dr. Nanda Rajneesh**



*Always be ready to learn.  
Your knowledge decides how  
well you are accepted by  
others.*

**Dr. Preeti Hiremath**



*To all budding lady surgeons:-  
Pursue your passion with great interest,  
You are already blessed with-  
Gentle hands, Caring hear Keen thinking*

*Being confident about yourself,  
Being true to oneself,  
Being born to make a difference...  
Being the trail blazers for  
generations equality .  
#Equal world is Enabled world.*



**Dr. Aruna K. Rao**



**Dr. Neha Chauhan**

*Breaking the glass ceiling...  
I was born into a beautiful family, No one told,  
"There would be a ceiling to your dreams"  
Went to wonderful school, No one tutored,  
"There would be a ceiling to your dreams"  
Graduated from a remarkable college,  
No one lectured,  
"There would be a ceiling to your dreams"  
Attained post-doctoral from a university par excellence,  
No one indoctrinated,  
"There will be a ceiling to your dreams"  
Now when I step out into the world,  
Don't create glass ceilings at home or work.  
For sooner or later  
I'm bound to break them all,  
For I have never fathomed,  
"There could ever be a ceiling to my dreams"!!  
And for all those glass ceilings that exist since ages,  
Oh Men! Join hands with me to break them all,  
Not because I can't do it on my own,  
But because it's your responsibility as well,  
Of creating a world of equal opportunities,  
So that for future generations,  
Lies a beautiful world ahead.*



**Dr. Kalaivani**

*We should aim to be a person  
of some worth to this society.  
Well, it's not easy to be  
successful. Being honest,  
hardworking, sincere and  
having perseverance is the key  
to success.*



**Dr. Sandhya**

*A Women is a reflection of Maa Durga  
By her powerful actions, she is shaktiswarupini  
By her calmness she is shanthaswarupini  
By her fierceness, she is Rudraswarupini  
By nurturing a child, she is Maatruswarupini  
By holding the power of entire universe within,  
she becomes Jagathswarupini  
Happy women's day to all wonderful Ladies.*



**Dr. Sayeda Siddiqua Banu**

*Never let your shine dull for  
anyone.. You are a woman and  
that's your super power !!!  
Celebrate yourself. Because you  
are worth the love that's meant  
for you and the pains you've  
broken through... Happy  
women's day !!*

## Superclicks: Dr. Arun S.K, Ballari



## COVID-19



*Disease is only a healthy response to an unhealthy environment.*

*As the world battles the COVID 19 Pandemic, the medical fraternity working along with paramedics, pharmacists, police, people involved in keeping the city clean and all those involved directly or indirectly deserve a great applause. Our country with a lockdown is facing a major economical crisis. when food supply chain was cut we could see messiahs on the streets sharing food packets. Humanity was seen in various avatars.*

*This pandemic also reminds us that we have destroyed our planet to such an extent that it needs time to heal. While the Earth heals let us pray humbly with folded hands that it passess off as quickly as it came and let it not take away any more lives.*

*Environmental pollution is an incurable disease. It can only be prevented.*

Barry Commoner

## COVIDIOT

Noun

- A person who refuses to follow 'Social distancing' during CONVID-19
- Someone who ignores the warnings regarding public health or safety
- A foolish person who hoards groceries, needlessly spreading CONVID-19 fears, and depriving others of vital supplies.
- People not respecting other people during a pandemic.



## Caught between numbers



*Caught between numbers rising every second  
To look normal, each of us tries to pretend  
Panic in the air as Corona creates history  
What made it to surface is a total mystery.*

*Was it a biological war experiment gone wrong?  
Or unhealthy and unkind devouring by mankind?  
Science so advanced could click it's pictures  
With a crown around the virus, is noted in scriptures.*

*Measures to contain its spread miserably failed  
Panic multiplied when newsfeed by social media misled  
With world in a lockdown there is silence around  
The fear for life is the cause for this astound.*

*Reserves depleted, markets abandoned  
With no means for transport, travellers stranded  
Health care working overtime seems to be burdened  
Improper personal hygiene is a cause for concern.*

*With schools shut and exams cancelled  
We realise that health takes priority, for once!  
But yet it is ignored most, as kids are burdened  
With lots to learn, play and recreation ignored*

*We talk of weapons to fight across borders  
And research directed towards disaster survival  
Less attention is paid in building a strong human  
We are fighters by birth, is oft forgotten.*

*Gifted we are with an immune system  
Designed to fight during every invasion  
We care more for Science than for Nature  
But the two are inseparable, being a single structure*

*Let's get back to the basic teachings  
Good personal hygiene must be within our bearings  
With simple measures let's wipe away this misery  
Conquer the disease and prevent replication of history.*

Dr Naaz Shaikh

## में स्त्री हूँ...

ऐ स्त्री, तुम कभी पुरुष न बन पाओगी,  
मगर मैं स्त्री हूँ, मैं क्यूँ पुरुष बनना चाहूँगी ?  
मैं स्वतंत्र स्त्री हूँ, परतंत्र से क्यूँ जीना चाहूँगी,  
आज़ाद हूँ, आज़ादी से ही जीवन बिताऊँगी।

ज्ञान की तलाश में जो मुझे छोड़ गया,  
मैं तो उसे छोड़ने में कभी न कतारूँगी,  
यशोधरा भी न बनना चाहूँगी  
स्वावलंबी हूँ वैसे ही रहना चाहूँगी।

जब न थी कोई गलती मेरी शाप से शिला बन बैठी,  
मुक्ती देने लगी जरूरत फिर किसी अजनबी पुरुष की,  
मैं वो अबला अहिल्या न बनना चाहूँगी,  
स्वाधीन न करूँ किसीको खुद स्त्री रहना चाहूँगी।

जिसने उठाये सवाल मेरे चरित्र पर,  
उसको भी अग्नी परीक्षा मैं दिलवाऊँगी,  
मैं सीता भी न बनना चाहूँगी,  
अनाधीन स्त्री हूँ, वैसे ही रहना चाहूँगी।

जो गाती रही गुणगान उसके लेकर इकतारा,  
जो बन न पाया उसका सहारा,  
न मैं वो मीरा, न मैं वो राधा बनना चाहूँगी,  
स्वछंदी स्त्री हूँ, वैसे ही जीना चाहूँगी।

थे वो पाँच बड़े धनुर्धारी बलवान,  
न बचा पाये लाज लज्जा जिसकी,  
मैं तो वो द्रौपदी भी न बनना चाहूँगी,  
खुद की इज्जत खुद बचाने आत्मनिर्भर बनना चाहूँगी।

बांधी जिसने आंखों पर पट्टी,  
जिसके लिये बना ली अपनी दुनिया अंधेरी,  
मैं तो वो गांधारी भी न बनना चाहूँगी,  
दी है जो दृष्टि मुझे, अपने पथ पर ही चलना चाहूँगी

हाँ मैं नाजुक हूँ, पर कमजोर नहीं,  
हाँ मैं सरल हूँ, पर नासमझ नहीं,  
हाँ मैं सहज हूँ, पर रुक्ष नहीं,  
हाँ मैं निश्चल हूँ, पर बलहीन नहीं,  
हाँ मैं निर्मल हूँ, पर अपूर्ण नहीं,  
हाँ मैं कोमल हूँ, पर दुर्बल नहीं,  
हाँ मैं जीवन हूँ, पर असहाय नहीं,  
मैं प्रेम हूँ, मैं सिर्फ प्रेम हूँ,  
हाँ, इसलिए तो मैं एक स्त्री हूँ, मैं एक स्त्री ही रहना चाहूँगी,  
मैं कभी भी पुरुष न बनना चाहूँगी,  
मैं कभी भी पुरुष न बनना चाहूँगी।

डॉ नम्रता कुलकर्णी  
बेंगलुरु

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