



KSC-ASI

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# SHASTRA

ISSUE 2/20, AUGUST 2020



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*Dear esteemed members of KSCASI  
Greetings!!*

*This is the second issue of Shastra of this academic year. This is a difficult time for all of us. The world is grappling to come out of the clutches of the Corona virus and we are all groping in the dark. There is a miasma of despair as each one sees himself or herself through the lens of this Covid 19 crisis. There has been a great change in the approach to the disease. With changing guidelines, we need to keep ourselves updated every day. The frontline warriors have been working more than their capacity. A number of them have even succumbed to the deadly disease and we are still counting! We all pray to Almighty that the sufferings come to an end soon. Meanwhile we have to learn to live with the virus, which is going to be our new normal. And that's the reason why I have chosen the virus in the background of this issue.*

*In these trying times, one good thing we had, is a constant communication with each other, as well as, with teachers and experts. Learning has been in full swing. Thanks to the web based interaction platforms. There is a great surge in the number of webinars. Topics are varied and we can choose, based on our interests. At this juncture, I would like to thank Professor Rajgopal Shenoy for having kept our spirits high through his thoughts and songs everyday without fail. Indeed, a great effort which needs to be applauded.*

*There has been lesser branch activity as most of the doctors including our esteemed members, participate in the fight against Covid 19. Bangalore branch has gone ahead with all their activities in the best possible manner through the e- platform.*

*Social distancing is the rule and henceforth, our conferences will be virtual. It is time we start digesting this fact and prepare for the forthcoming events. Let us hold on to our stability rocks, keep the spirits high, and continue to do what is expected of us, so that, at the end of this Pandemic, we will emerge more knowledgeable, humble and mature. Let us push off all negativity and make the best use of time so that when we look back, we will not repent that we could have used it better.*

*As we entrust ourselves to work, we must be concerned about our family as well as our extended family, i.e. our staff and colleagues, and take utmost care to keep ourselves and those around us, safe and healthy. Let us make safety our choice and continue to serve the society just as we have been doing all these years.*

**Long Live KSC-ASI!!**

**Wishing you all a Happy Independence Day!!**

**Dr. Naaz Jahan Shaikh**

**Editor, Shastra**



## From the Chairman's desk....

Dear all,

*COVID has disturbed our professional life and overall lifestyle. This year has been a testing time for all of us. Disproportionate fear has been created by authorities as well as by the media - which cannot be undone easily. Among all the negativities, we are still able to continue with lot of good work towards the society.*

*Our EBS programs are becoming more popular and better appreciated by the target audience. We are crossing the state border to reach all over India and have associated with Learning General Surgery. ASI has also shown interest in conducting EBS program to pan India audience under its banner. We are associating with RGUHS, Bengaluru for the same and talks are in the final stage and am happy to say that the RGUHS has agreed to be associated with KSCASI*

*Our national association ASI has cancelled the annual conference supposed to be conducted at Vishakhapatnam. Many associations are likely to follow suit. KSCASI EC invited the Organizing committee of KSCASICON, Kalaburagi during the recent EC meeting to know the ground realities of organizing a conference in the back drop of COVID and decided to take a final call by next month. Probably this annual state conference may also be conducted virtually, if things don't improve. I feel sad that the nature may not give an opportunity to Kalaburagi colleagues to host the conference this year for which they started the preparations with great enthusiasm*

*The EC also felt that this year office bearer's election will have to be conducted by online e-voting, the methodology is being worked out by the committee headed by Dr. Aravind Patel. A notice will be sent to all the esteemed members to update their contact details and register themselves for E-voting. We urge all to update as soon as they received the notice. There was a unanimous decision to go ahead with Virtual MIDCON this year, in October and dates are being finalized and will be intimated to all the members. The Scientific Committee headed by Dr. Lakshman and his team is putting in all efforts in the preparation to make it academically interesting and useful to postgraduates and practicing surgeons. A Google form has been sent to collect the opinions of the stake holders as to what topics / area they wish us to cover.*

*Dr. G. Siddesh, past President of KSCASI and National EC member is contesting for the post of Vice President of ASI, 20-21. The EC of KSCASI supports his candidature. Kindly participate in the election by updating your data in the registry of ASI followed by e voting. Our combined effort to participate will help him in achieving the post which he truly deserves.*

*Our Scientific Committee has drawn the draft plan to improvise the scientific content of annual conference based on the feedback of delegates who attended the last conference. KSCASI website committee has almost completed the digitalization of most of the documents and are in the process of uploading the same. Many COVID related and EBS program materials (EBS e-Books, PPTs etc.) are also uploaded to our KSCASI Website and are freely available for download at [www.kscasi.com](http://www.kscasi.com).*

*KSCASI rural surgery committee is working on modalities of supporting the limited resource surgeons and are*

*drafting guidelines which may be taken up with national body and authorities to stream line legal issues to protect them at the same time promote them to do life-saving procedures with no fear of litigation.*

*Dr. Ashwin Masurkar from Gokak, has been doing great work. One of his paper on Laparoscopic Trans Abdominal Ventral Hernia Repair has been published in a prestigious journal, The World Journal of Surgery. I congratulate him for this achievement. I also congratulate many of our members Dr. Aravind Patel, Dr. Arun S. K, Dr. Aruna Rao, Dr. Madhusudhan Kariganur, Dr. Pavan Patil, Dr. Mulki Patil and many others who have contributed / contributing their exemplary services towards COVID care. They make us feel Proud and keep the reputation of our fraternity very high. I compliment Dr. Naaz for having got "Hall Of Fame Felicitation Award" for her excellent poetry. She is now recognized nationally and internationally. She is also responsible for this beautiful E-Shastra, our newsletter.*

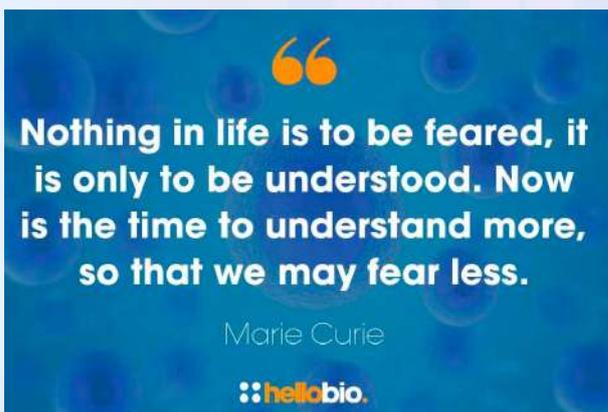
*The whole EC joins me in profusely complimenting and thanking Organizing Committee of KSCASICON Bengaluru, 2020 - Dr. Uday Muddebihal, Organizing Chairman, Dr. Arvind Gubbi, Organizing Secretary and their team for presenting the audited accounts of the conference. They have contributed 10 lakhs to the state chapter - biggest in the history of KSCASI. Kudos to the team!!*

*Dr. Diwakar Gaddi is meticulously planning and executing all the work tirelessly and efficiently. Dr. Jaspal has not only maintained the accounts diligently but also is painstakingly co-ordinating with all the heads of the surgery departments and city branch office bearers. Our EC members are actively contributing for the betterment of the association and to improve our activities, both academic and nonacademic. The EC requests all our members to become members of IMA health scheme, take COVID insurance from insurance providers and also become member of ASI Social Security Scheme. This will empower them and their family to face any unforeseen financial shocks due to COVID.*

*It is disheartening that the doctors are being assaulted by the patient relatives in spite of rendering best services in relatively compromised state with enormous risk to life. I hope the authorities will open their eyes and start implementing the law strictly against these miscreants.*

*I sincerely pray that all of us sail through this difficult time and will be back to our routine soon. Wish You all a **Happy Independence Day.***

*With best wishes and warm regards,  
**Dr. Sadashivayya Soppimath**  
 Chairman, KSCASI.*



*"Today we cherish the ones who made our independence possible. Freedom is hard to get, but we were blessed to have it. Let's appreciate everything we have and celebrate the great miracle of freedom".  
**Happy Independence Day!***



## From the Secretary's desk....

Dear Esteemed KSC-ASI Members,

Greetings to all the members of KSCASI. We have entered the phase of community transmission in this COVID-19 Pandemic. Need of the hour is personal safety, Safety of the family and dedicated service to the community. The whole India is looking up to us as CORONA WARRIORS. Keeping aside our personal misgivings Let's work dedicatedly for the larger good. We have to keep abreast of the Latest developments of the treatment guidelines. NO HEROICS when treating the COVID positive patient, personal safety is paramount.

KSCASI website is loaded with information about COVID management and ASI has also published guidelines regarding conduct of surgery during the time of pandemic. This pandemic has put paid to all our plans of physical meetings. MIDCON will not be held this year for the same reason. But there is deluge of webinars happening, so select the topic which interests you and update your knowledge.

All of us are undergoing tremendous stress in this period where uncertainty is looming large. But remember "This too shall pass". Try to keep oneself happy. Spend time with family, if you are still not exposed and if not quarantined or isolated. We often think that when things change, we will be happy. But the truth is when we are happy, things change.

Request all associate members to send their MS degree certificate to ASI head office at Chennai and get their membership status to Full life. KSCASI had sent a communication regarding changing the structure of conference, in terms of conducting as well as regarding scientific content. Kindly go through that.

Long Live KSC-ASI!!

Wish you all a Happy Independence Day!!

Dr. Diwakar Gaddi  
 Secretary, KSCASI

### ASI ELECTION 2020

Dear members,

E-Voting for the post of Vice President ASI 2021 is due in October 2020.

**DR. G. SIDDESH M.S.**



Professor of surgery  
 Past chairman KSCASI  
 Organizing secretary ASICON MYSORE 2016.  
 National EC Member  
 Is contesting for the above post

The E.C. of Karnataka State Chapter support his candidature.

Please vote and help him to win the election, which he truly deserves.



# MIDCON 2020

October 17 AND 18

*Dear Members,*

*It gives us great pleasure to announce that the MIDCON will be held this year. It will be a web based event. The MIDCON is primarily meant to cater to the needs of postgraduates and young surgeons. Of course, there will be enough to interest the other members also.*

*The tentative dates are 17th Saturday and 18th Sunday of October 2020 between 3 pm and 8 pm. The afternoon/evening timing is to help PGs finish their morning duties and participate in large numbers in the afternoon.*

*We will be sending a questionnaire asking the PGs what kind of programme they would like. Please give us your views quickly. We will tailor the programme to suit your requirements.*

*One of the main aims of the conference is to give our PGs an opportunity to present posters and papers to meet their academic requirements. It is important that the studies and abstracts meet some minimum requirements. To understand what kinds of studies and abstracts meet these requirements, please listen to the Evidence Based Surgery workshop (EBS) recording at the following links:*

<https://www.youtube.com/watch?v=14NuwLf9ZbI&t=5841s>

<https://www.youtube.com/watch?v=ApNSL6KXd4s&t=38s>

*You can also get relevant information from the book on EBS at the following link:*

<https://kscasi.com/Notification.aspx>

*We will be expecting a structured abstract to be directly submitted to the website. Selection of abstracts will be on established criteria which will be circulated separately.*

**MORE DETAILS WILL BE SOON AVAILABLE ON WWW.KSCASI.COM**

*Good luck with your submissions,*

*Best wishes*

**KSCASI Scientific committee**

**Remembering the great soul Dr Hirji S Adenwalla..**  
**(Excerpts from Smile train, colleagues, students and well -wishers)**



Smile Train and the entire cleft community mourn the loss of Dr. Hirji S. Adenwalla (Cleft Surgeon), a truly heroic 'Smile Maker', who treated thousands of children in need at Jubilee Mission Hospital in the southern Indian city of Thrissur from 1958 until his death May 27, 2020 at age 90. Smile Train partner surgeon Dr. Hirji S. Adenwalla is, quite possibly, the only surgeon in the world who has been exclusively performing cleft surgeries for the last 15 years.

Dr. Adenwalla arrived in Thrissur, newly married and fresh from medical school in Mumbai to find a hospital with 20 beds, no doctors, and no patients. The couple moved into a small house on the hospital grounds with no ceiling fan and no indoor plumbing, and Dr. Adenwalla got to work. In those early days, he ran the hospital himself, delivering babies and attending to emergency care, but his first love was always helping children and he developed a true passion for treating cleft lips and palates.

In 1959, he founded the Charles Pinto Centre for Cleft Lip and Palate at the hospital as a one-man cleft operation named in honor of his former boss. The center was underfunded and did not have access to new equipment, but his love for the work and his patients was limitless, and he used every resource at his disposal to give every child who came to him the care they needed.

Under Dr. Adenwalla's direction, the centre became one of India's leading comprehensive cleft training centers and attracted young medical students from all over India and abroad. His knowledge and enthusiasm for the treatment of children with clefts was unparalleled. Here was a man who lived through the days of Ralph Millard and the whole evolution of Cleft Craft, and still was so humble in all his work. His patients travelled from all over the state, and some from far and wide. His dedication for helping these children ran so deep that he once pulled the emergency stop handle on a moving train when he noticed a child with an untreated cleft through the window!



He operated this way for over 40 years, until his wife read an article about a new organization called 'Smile Train', that was looking to partner with hospitals in India to sponsor free cleft surgeries. She wrote to them about her husband, and, in 2001, Jubilee Mission Hospital and Dr. Adenwalla became Smile Train's first Indian partners. Over the next 19 years, Smile Train helped the Charles Pinto Centre transform into a modern, multi-disciplinary hub of cleft care and training with Dr. Adenwalla at its core.

Smile Train helped Dr. Adenwalla receive the international recognition he deserved but would have never sought for himself, bringing him to speak at international conferences in cleft care, where he empowered even more doctors around the world through sharing his techniques and experiences. He also served on Smile Train's Medical Advisory Board in New York and was a founding member of Medical Advisory Council in India. He earned the prestigious Joseph McCarthy Award for Excellence in Medicine and Humanitarian Services in 2006 and Smile Train honoured him with a Lifetime Achievement Award to mark 500,000th cleft surgery in India in 2018.

Though all the changes and fame, he never slowed down. In nearly two decades of partnering with Smile Train, he personally performed 3,700+ transformative cleft surgeries. He also felt sadness on how current medical care is riddled with profit making and rampant commercialism.

He continued to perform at least four cleft surgeries a week right to the day he passed away in that same little house on the hospital grounds he and his wife first moved into more than 60 years ago. Though Dr. Adenwalla covered his office walls with black-and-white pictures of his heroes, the pioneers of cleft surgery, he was too modest to realize that he belonged right where he sat in that pantheon, at its very centre. He was a model of kindness, dedication, and consistency, and his legacy will live on forever through his thousands of students and the tens of thousands of smiles he left behind.

"Full of gentle wisdom and hard discipline which helped push everyone further, Dr. Adenwalla was a sage who helped everyone and fully embraced Smile Train's 'Teach A Man to Fish' model by training, mentoring, and guiding young cleft surgeons and medical professionals. He will always be remembered for his great and boundless love and compassion for children with clefts. He was the very picture of benevolence and compassion and it was truly a joy to see him interact with children. He will truly be missed, but his legacy will live on in the smiles of the thousands of children he helped and in the hearts of everyone who was fortunate enough to know him."

What if today, you gave yourself permission to be outrageously kind?

What if you extend as much goodwill and kindness as you can possibly muster to every person you meet? And what if you did it with no thought of reward?

I am sure of one thing: it will be a day you will never regret." - Steve Goodlier. This saying summarizes his character in few words. Kindness begets Kindness. May his noble soul eternally rest in peace.

Compilation by-Dr Somashekar Gejje

Consultant Plastic Surgeon

Bengaluru.

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## GYNECOMASTIA - TREATMENT OPTIONS

**-Dr. Somashekhar Gejje**  
**Plastic Surgeon , Bengaluru.**



Gynaecomastia is the enlargement or overdevelopment of breast in men. It is characterized by increase in localized fat deposition, overdevelopment of glandular element, a mix of both or excess skin in the breast region. It mainly happens during infancy, adolescence and during senile age (more than 65 years).

Gynecomastia happening during puberty age often resolves on its own.

Gynecomastia can cause emotional discomfort and impair one's self-confidence. Some men may even avoid certain physical activities such as swimming and intimacy, simply to hide their condition.

Many a times the cause is unknown (idiopathic). Hormonal imbalance, like rise in the levels of oestrogen (estradiol), decrease in the androgens (DHEAS, Testosterone), Decrease in androgen receptors, variations in LH, FSH, shift in the ratio of Testosterone to Estrogen in men >65 years can give rise to gynaecomastia. Steroid and hormone abuse by men for bodybuilding also causes this condition.

The main symptoms the patients present with are enlarged breast size restricting certain physical activity like swimming, going to a gym etc., tenderness and sometimes pain. On Consultation other than the routine general physical examination local examination is done (Fig 1) to note the Breast size, Skin type/colour, consistency (whether glandular element is more or fatty element is more), size of the nipple/areola (ideal size in men is 2.8 cm diameter, position of it (ideal position is 20 cm from the sternal jt). Specifically one has to look out for any signs of Klieinefelter syndrome. Also detailed abdominal and genital examination to rule out liver, adrenal, testicular tumours etc. apart from routine blood tests we ask for serum testosterone, LH, FSH, estrogen levels.

The right candidate for the treatment is one who has

- A positive outlook, has realistic and practical expectation
- Breast size consistently enlarged for more than one year
- Non smoker /no drug abuser
- Physically fit and having relatively normal weight
- Breast size too large
- Breast development has stabilised



Treatment:

**Non-surgical options:** One can always hide the enlarged breasts by using a pressure garment. Oral medications Tamoxifen (anti estrogen), Clomiphene citrate (hormonal modulator) and deoxy-cholic acid (fat dissolvent by brand name Kybella) injections have shown some result but still not FDA approved for the treatment of this condition.

**Surgical options:** Small localized deposits of fat / gland can be operated under local anesthesia with or without sedation. Other anesthesia techniques would be regional (high thoracic spinal) and general anesthesia.

**The goals of surgical procedure:**

- 1) To reduce fat
- 2) To reduce gland
- 3) To reduce nipple areola size
- 4) To position nipple and areola in the standard position
- 5) To achieve symmetry



In cases where gynecomastia is primarily the result of excess fatty tissue, **liposuction** techniques alone may be used. This requires insertion of a cannula, a thin hollow tube, through several small incisions. The cannula is moved back and forth in a controlled motion to loosen the excess fat, which is then removed from the body by vacuum suction. Different liposuction techniques that are used for example: **manual liposuction, ultrasound assisted, power assisted, Laser assisted.**

**Excision techniques** are recommended where glandular breast tissue or excess skin must be removed to correct gynecomastia. Excision also is necessary if the areola will be reduced or the nipple will be repositioned to a more natural male contour. Incision patterns vary depending on the specific conditions and surgical preference. Usually the incisions are 2-3 cm around the areola in the junction of it with the skin. A disc of 1 to 1.5 cm tissue is preserved beneath nipple areola to prevent saucer deformity. Sometimes gynecomastia is treated with both liposuction and excision.

Gynecomastia surgery is typically a short procedure with a quick recovery and virtually invisible scars. It is many times a day care procedure, the patient goes home the same evening. By 3-6 months after surgery, the scars are practically invisible in most cases. Sometimes contour irregularities may be visible after the swelling subsides. Rarely wound infection, seroma (collection of fluid under the skin), hematoma may occur. Small irregularities can be taken care of secondarily after a few months under local anesthesia. Also with continuous massage the irregular contours can be corrected to some extent. Most patients experience a reduction or loss of sensation in the treated areas but this is almost always temporary.

The benefits of gynecomastia surgery are that when properly done, the result is permanent. It will restore a naturally masculine appearance to your chest. With a firmer, flatter, and better-shaped chest, the patient feels more confident with vastly increased self-esteem. It is recommended that these surgeries are done by a board certified Plastic / Aesthetic surgeon to get the best results.

**Post op course:** The chest area may be bruised and swollen for a couple of weeks, but this will gradually reduce. It will be required to wear a supporting compression garment, 24/7 for up to six weeks after surgery to support and compress your chest. Most patients can return to work within 5-7 days after the surgery. One will be instructed to avoid any heavy lifting or strenuous activity for up to six weeks after surgery and not drive until one feels comfortable wearing a seatbelt.

**Recurrence:** Male breast reduction results are meant to be permanent – the excess fat, glandular tissue and skin, once removed are gone for good. However, it is important to maintain a healthy lifestyle. Significant weight gain, steroid abuse, or certain medical conditions like chronic liver failure etc, which cause hormonal imbalances, could result in a recurrence of fatty gynecomastia.

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## Webinars: Boon or Bane?

**-Dr. H.V.Shivaram**  
**Aster CMI Hospital, Bangalore**



One of the daily features of the 'Covid era', with or without lockdown has been webinars and more webinars. Yes, we have an epidemic of webinars if not a pandemic! Initially everyone welcomed them as if a great innovation has happened, but gradually there has been some sort of gloom and disinterest. The reality is that it has become an invaluable tool for information exchange and teaching in this time of social distancing. It is better to have an in-depth knowledge about it and then decide whether to accept or reject it.

Webinar (short form for Web-Based-Seminar) is an online interactive event held via the internet in real time. It could be a talk, seminar, panel discussion, workshop, training the students etc. It is shared on the internet using a video hosting platform like Zoom, Webex meet, GoToMeeting, Microsoft Teams, JioMeet etc. With topnotch innovations and advances in software tools, webinar experience is expected to revolutionize the way we interact or host a meeting.

Web conferencing became available to the public in 1996. But it is the widespread penetration of low cost broadband access which made it more popular and useful. Today there are more than 50 different webinar platforms in the market and many of them are free. The premium paid once have better features. There is a whole range of possibilities like support for multi-user real-time audio and video conferencing (participants can see and hear several speakers), slide show, whiteboard option, text chat, streaming and recording (video files can later be used as video lessons), remote desktop management, document collaboration, content sharing, voting and polls etc.

A webinar is often confused with virtual meet or conference. A virtual meet or event creates real situations in an online environment. It needs large number of online tools including webinars and allows one to attend an event as if one is really present there. Many organisations are now holding their annual conferences virtually and finding a new experience, thanks to Corona!

### Advantages of Webinars:

The most important feature of webinar which brought it to the limelight during this pandemic, is the ability to arrange meetings of large number of people without the need for their physical presence. Information exchange is enabled while maintaining social distance. One can participate in a seminar or give a lecture sitting in the comfort of his home to hundreds of people who may be thousands of miles away. With almost 4.57 billion people (59 percent of world population) having their presence on the internet, it makes no sense to limit oneself to offline events. Most webinar platforms now allow thousands of participants and with the addition of live streaming on YouTube or Facebook, there is no limit to the number of people who can participate. There is no worry about the venue, the capacity of the hall, hosting the guests, arranging travel etc. Tremendous cost saving is possible with almost no manpower and with the least amount of effort. Webinars are far flexible than live meets, as attendees can log on from any laptop or mobile at any time or record the event and watch it later at their convenience. There is no paper work, printing brochures, certificates, arranging mementos etc. Unauthorized people entering the event can be prevented by

password protection. Webinars cut across time, space, money and effort using the internet. Recording in HD and full HD format is a boon again since no expenses are involved and it can be shared in social media for wider audience and kept as permanent document. For amateur speakers webinar appears attractive because there is no worry of stage fear. Trainee surgeons & volunteers are grateful to webinar since all their burden of menial work like arranging the meeting is avoided.

### **Disadvantages of webinars:**

Webinars are criticised basically for their dehumanized feel and lack of physical interaction between the participants. There is no clapping, standing ovation or handshakes leading to lack of enthusiasm. The audience misses important nonverbal clues like eye contact, gestures and facial expressions which add context and interest to the talk. Technical glitch or poor internet connection can be a problem. Sometimes the participants may spoil the proceedings if they don't mute and create noise in the background. Distraction of participants during the webinar is a real challenge and hard to curtail. They may be doing some other work after logging in and the speaker has the tough task of keeping them engaged all the time. One of the negative aspects of webinar is that the youngsters are robbed of a chance to learn team work while organizing an event.

### **Webinar etiquette:**

Many a time it is very annoying to see chaos in webinars. Good webinar etiquette is expected from both the speaker and participants for better communication, greater mutual respect and higher efficiency. The speaker or the presenter should arrive at least 20 min early and check the software and load his presentation to see everything is functional. It is very dismaying for participants to see the speaker struggling to start his presentation. He should be seated comfortably in a quiet room with good lighting and the light should be in front and not behind. He should be decently dressed and presentable with a pleasant background. The presentation must always start and end on time and there should be no delay, expecting more people to login. When the presenter starts, he should confirm with the attendees that they can hear him and see his presentation. It is better to speak slowly, so that the audience at a distance can follow it. When not talking, the mic must be muted. During Q&A session, questions from the chat box can be answered and audience can participate putting the mic on. Speaker has to make a constant effort to engage the audience with Q&A's and interactive activities. Someone can be a co-host to look at chat box and take questions or coordinate. Participants should login a few minutes early and keep the mic muted. Wait for their turn to speak using hand raising icon and should not disturb the speaker when he is speaking; use chat room responsibly to ask only relevant questions.

Webinars can be successfully utilized for our advantage in professional development and training young surgeons and postgraduates. The optimal webinar duration is 30 to 45 minutes and if a topic needs more than an hour, then it is better done as two sessions. Up to 65% of our population is said to be visual learners. By a combination of audio, video and a touch of live interactions, webinars can become a very powerful tool. There is a fear that webinars may eventually kill live events as they are seen as convenient both by presenters and participants. It is possible that the number of live events may reduce and webinars and virtual conferences may dominate the academic scene.

Our professional bodies have embraced the online platforms of teaching and learning seriously. Everyday many messages of webinars arrive in our inbox and it is for us to decide carefully which one to attend and how to make the best use of our time.

The future of webinars is exciting. Automation of webinar platforms may make it possible to send invitations, reminders, delegate registrations, invoicing, issuing participation certificates etc. Webinars will become increasingly integrated with other channels of information like directly embedded into user's website, Facebook page, YouTube and so on. Modern culture is based on the principle of information exchange and we better adapt to the change and accept the new normal.

(Source: Inputs from various blogs, reviews in the web)

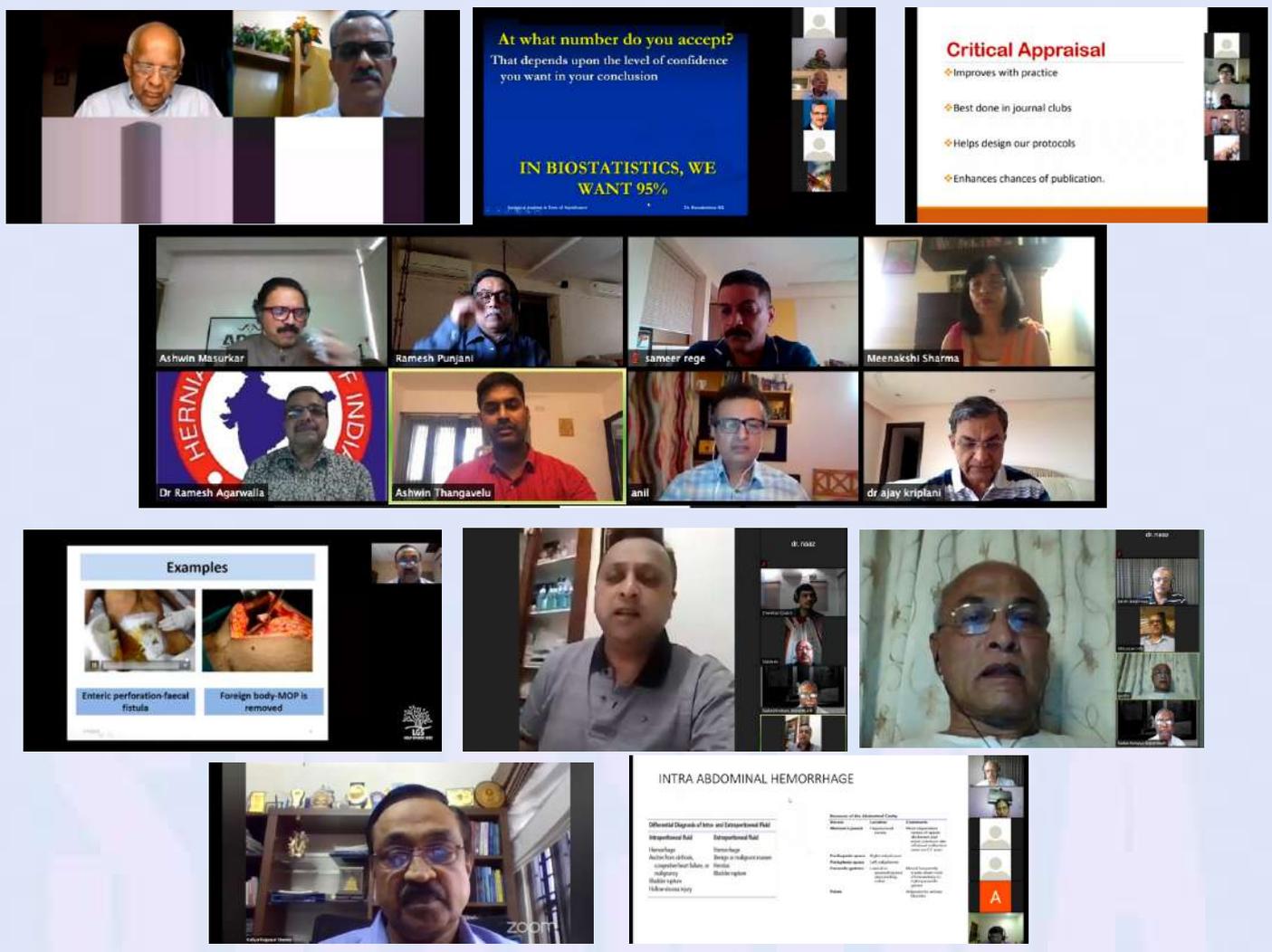
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### Important Webinars in the last three months and you tube link

1. EBS SESSIONS 1- <https://www.youtube.com/watch?v=14NuWlf9Zbl&t=5841s> AND SESSION 2- <https://youtu.be/ApNSL6KXd4s>
2. LGS PG clinics- RIF Mass- <https://m.youtube.com/watch?v=O2z5U0DVa-4&feature=youtu>
3. Thesis process made simple : <https://www.youtube.com/watch?v=QVdzCLndz2Y>
4. What every surgeon must know during Covid times : <https://youtu.be/s7mPJ65MQkg>
5. Obstructive Jaundice, Current Perspectives: <https://youtu.be/IKE3zpAyApk>
6. Ventral Hernia surgery : How to improve outcome : <https://youtu.be/dXsisqiBxNU>
7. Intra abdominal infections, <https://m.facebook.com/groups/577546865633064?view=permalink&id=3207594399294951>
8. Approach to Epigastric mass: By Dr. Rajgopal Shenoy - <https://youtu.be/ZxnQruSfbaU>
9. Approach to Neck swelling: By Dr. Rajgopal Shenoy- Part 1-<https://youtu.be/9JWlJgXeKSo> Part 2- <https://youtu.be/p4NqcJkNNio>
10. Approach to Midline Neck swelling: By Dr. Rajgopal Shenoy-<https://youtu.be/NRrQzds9c0g>
11. Approach to Mass left Hypochondrium- By Dr. Rajgopal Shenoy: <https://youtu.be/ThbsvOiKghw>
12. Approach to Epigastric Mass- By Dr. Rajgopal Shenoy : <https://youtu.be/ZxnQruSfbaU>

## FROM THE COLLAGE OF WEBINARS



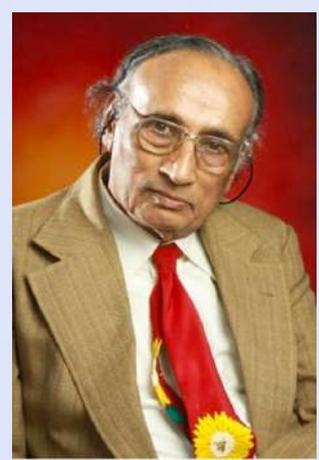
## OBITUARY



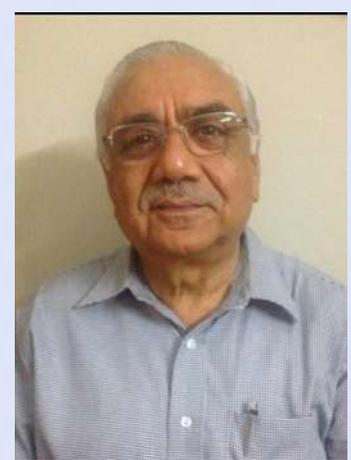
**Dr. Jeevandhara Kumar,**  
former professor of surgery,  
HOD of Surgery at MMC and JSSMC,



**Dr. Arunkumar Badsheshi,**  
former professor of surgery,  
Kalaburgi



**Dr. Boregowda**  
Retired Professor of Surgery, BMC Bangalore



**Dr. Belani**  
Retired Professor of Surgery, MSRHC Bangalore

## A Case of Large Carotid Body Tumour

### Shamblin Class 2

-Dr. Chetan Hosakatti

Vascular & Endovascular Surgeon.  
 Hubballi

A 28 year old presented with swelling in the neck since 3 to 4 months with mild difficulty in swallowing. His imaging studies showed a highly vascular large carotid body tumour 6x5cms completely encasing distal external carotid artery and about 270 degree encasement of distal common carotid artery and internal carotid artery. Tumour was extending up to base of skull.

His blood investigations and vitals were normal. His 24hr VMA levels were slightly raised. Endocrinology clearance was obtained and patient was planned for surgery. In view of large tumour extending up to base of skull, c-apron incision with mandibular swing was done for adequate exposure of tumour.

With careful dissection carotid sheath was opened and tumour exposed. Common carotid artery control was obtained. Periadventitial dissection, along the 'White line of Gordon', was started from CCA. Tumour was completely encasing ECA and was not possible to dissect out. ICA was thinned out and densely adherent at mid level. During further dissection ICA was injured which was promptly controlled and temporary Pruitt-Inhara shunt was placed to maintain cerebral perfusion. Tumour was further dissected and excised completely. During dissection hypoglossal, vagus and glossopharyngeal nerve were indentified and safe guarded.

In view of thinned out ICA, end to end anastomosis was not possible. Proximal Great saphaneous vein was harvested from right thigh and interposition vein graft was done for internal carotid artery repair. Closure was done and patient was extubated. Patient had mild difficulty in swallowing which settled in 2 weeks.

**Disussion:** Carotid body tumours are highly vascular tumours. Symptomatic CBTs need surgical removal, the principles of which include wide surgical exposure, proximal and distal vascular control, identifying and preserving neurovascular structures, and careful dissection from carotid arteries. The Carotid sheath is dissected to identify the 'White line of Gordon', and thereafter the same plane is followed. FNAC is contraindicated in view of its vascularity. Embolisation may look promising by reducing vascularity, but makes dissection difficult and hence not of advantage. High rates of post operative cranial nerve dysfunction favour observation of asymptomatic CBT. Though, a Shamblin 3 CBT warrants surgical excision.



**Pre-operative**



**Angiogram showing large vascular tumour**



**Exposure of tumour extending upto base of skull**



**Pruitt- Inhara shunt for ICA to maintain cerebral perfusion**

**Interposition GSV vein graft reconstruction of Internal Carotid**



**Specimen photograph**

## BRANCH BUZZ

### Activity report of the KSC ASI - BENGALURU BRANCH

**President : Dr. Kalaivani V.**

**Secretary: Dr. Venkatesh K.L**

1. In view of the Pandemic, 100 PPEs were donated to Covid warriors at BMCRI, Bowring and Lady Curzon Hospital.
2. International Yoga Da was celebrated by presenting a half an hour video on Pranayama.
3. Web Based workshop on EVIDENCE BASED SURGERY, on 14th and 21st June. Dr. Lakshman was the course director.
4. Surgical Society of Bangalore You Tube Channel was launched - on 15th July.
5. Monthly clinical meetings and EC meetings were held every month

MANIPAL HOSPITAL	06.05.2020	MCM	Online
EXECUTIVE COMMITTEE MEETING	07-04-2020	ECM	Online
COMMAND HOSPITAL AF	29-04-2020	MCM	Online
EXECUTIVE COMMITTEE MEETING	05-05-2020	ECM	Online
PRIVATE SURGEONS / CORPORATE HOSPITALS	20-05-2020	MCM	Online
EXECUTIVE COMMITTEE MEETING	02-06-2020	ECM	ONLINE
DR.B.R.AMBEDKAR MC & VYDEHI IMS	17 -06-2020	MCM	ONLINE
EXECUTIVE COMMITTEE MEETING	07.07.2020	ECM	ONLINE
SAGAR HOSPITAL – JAYANAGAR	15.07.2020	MCM	ONLINE

• MCM – MONTHLY CLINICAL MEETING

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

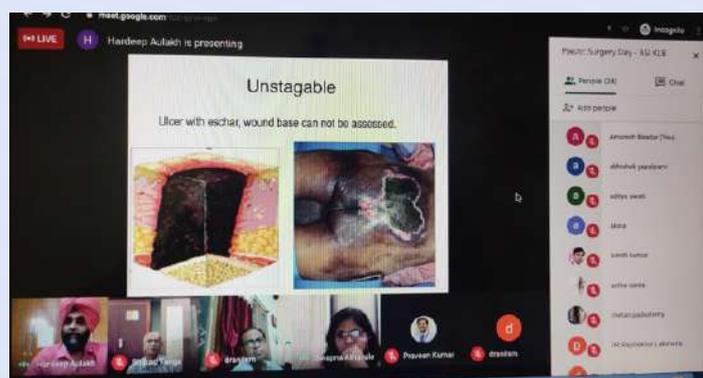
**President : Dr. Rajashekhar Patil**

**Secretary: Dr ShivaKumar C R**

KSC ASI kalaburagi branch along with Dept of surgery, MRMC Kalaburagi conducted an Online Webinar program on 15th July 2020 on the occasion of “National Plastic surgery day”

- 1) Dr. Hardeep singh , Consultant plastic surgeon , Medanta Medcity spoke on “ surgical management of sacral sores”
- 2) Dr Praveen Kumar , consultant plastic surgeon , swastika hospital shivmogha spoke on “the Beauty of Plastic surgery in management of hand injuries”
- 3) Dr Swapna Athavale consultant plastic surgeon Jupiter hospital, pune. Spoke on “Breast Aesthetics and Reconstructions”.

It was attended by over 50 delegates on google meet platform. The program was appreciated in its scientific content.





Activity report of the KSC ASI- Hubballi Branch

President: Dr.Vijay Kamat
Secretary: Dr.S.Y.Mulkipatil
Treasurer: Dr.N.Sandhya

- 1. Online Training Programme on COVID-19 to all Association conducted by ASI HD in the month of April 2020. Speakers were - Dr.S.S.Soppimath and Dr.S.Y.Mulkipatil. 45 participants were present in the online training programme.
2. Dr Gurushantappa Yalgachin chaired for Surgical clinics - National level event.
3. Dr Ishwar Hosamani Chaired session for Surgical clinics - National level event Dr Rashmi (PG) KIMS presented case in this event.
4. Secretary - Dr.S.Y.Mulkipatil As Recourse person for training COVID Doctors and Other staff - 500 members.



Activity report of the KSC ASI- Belagavi Branch

President: Dr. Shashikant Kulgod
Secretary: Dr. Sudhir Bhat

ASI Belagavi Branch conducted a Zoom monthly meeting on 14-05-2020
ASI membership drive, ASI Social Security Enrolment Drive, Problems Faced By Surgeons During Covid 19 were discussed
Session was presided By President Dr Shashikant Kulgod
Total of 25 members attended the session
everyone participated and put forth there views
Vote Of Thanks given by Dr Sudhir Bhat, Secretary



*keeping our spirits high through singing :  
"The Singing Surgeon- Dr. Rajgopal Shenoy"*

*All of us have been going through a difficult phase. during this time from the day of Janata curfew and through the entire lockdown period and now its relaxation phase, each day he has presented a song along with the news pertinent to that day. he has shared some of important views of colleagues, seniors, juniors and many people around him. His daughter Dr. Rachana Shenoy and niece, Sindhu, both have been a part of this wonderful activity. At lockdown 100 he had presented 50 Kannada and 50 English songs. We sincerely appreciate his efforts and passion. Till date, he has presented to us more than 115 songs.*



**Amidst this pandemic**

*The world sees so much of suffering. It is painful to see the loss of lives. There is no one to bid good bye during the final journey. More than 100 Health care workers have lost their lives. We pray to God to rest their souls in peace. The grief is immeasurable. The whole world grieves this loss and joins in prayers everyday and every hour. Let us all pray to God for forgiveness, and let the misery of every one on Earth Soon come to an end.... Amen.*







*Spare me the agony*

*Amid the beeping clutter  
Some courage I should muster,  
No mortal school has taught  
To face, or withstand this onslaught!*

*A sob here and a sob there-  
Sorrow laid open thread bare ,  
Prelude to horror- a night mare,  
Inevitable destiny bares it's veil  
Agony crescendos to a wail.*

*A fight ruthless, with an enemy invisible,  
Thin air, the only opponent to duel,  
Humanity will win, appears cliché  
As long as the virus holds its niche.*

*Mortal remains covered in white  
Beware!! Not a pretty sight .  
Remorse engulfs the heart  
raises a lump in thee throat.*

*To keep comfort one project  
An attitude I know that's phoney  
Before that facade crumbles  
Spare me the agony!*

- Dr Gaddi Diwakar

ಸ್ವಾಯಂಢಿಗಾಗಿ ಹೋರಾಟ

ಮೊದಲನೇ ವರ್ಷ  
ನಾರ್ಮಲ್ ನಾಡಿ  
ಮಿಡಿತ ನೋಡುವುದು  
ಕಲಿತೆ

ಎರಡನೇ ವರ್ಷದಲ್ಲಿ  
ಅಬ್ನಾರ್ಮಲ್ ನಾಡಿ  
ಮಿಡಿತದ ಕಾರಣ  
ಹುಡುಕುವುದು ಕಲಿತೆ  
ಕೊನೆ ಎರಡು ವರ್ಷದಲ್ಲಿ  
ಅದನ್ನು ಸರಿಪಡಿಸುವುದನ್ನು  
ಕಲಿತೆ

ಸಂಪೂರ್ಣ ಆತ್ಮ ವಿಶ್ವಾಸದಿಂದ  
ವೈದ್ಯನಾಗಿ ಹೊರಬಂದೆ...  
ಸಮಾಜದ ನಾಡಿ ಮಿಡಿತ ನೋಡುವುದೇ

ಕಲಿಯಲಿಲ್ಲ.

ಅದೇ ನಿಮ್ಮ/ನಮ್ಮ

ದೌರ್ಭಾಗ್ಯ

ಶಿಷ್ಯ ವೇತನ /ಸಂಬಳ

ಪಡೆಯುವ ವಿಧಾನವೇ

ಕಲಿತಿಲ್ಲ /ಕಲಿಸಲಿಲ್ಲ.

"ವೈದ್ಯೋ ನಾರಾಯಣೋ ಹರಿ "

ದೇವರಿಗೇಕೆ ಸಂಬಳ

ಅಲ್ವೇ???

ಡಾ. ವಿದ್ಯಾಧರ ಕಿನ್ನಾಳ





### *Musings of a Doctor!!*

Wishes showered ,  
 from far n near  
 'happy doctor's day'  
 to all the healers, today....  
 And I wondered,  
 the art of healing is an act,  
 Practiced to perfection not just one day, but everyday.

Saving many a lives, mitigating pains and diseases  
 devastating...  
 adulations and praises made us never proud, more  
 humble,  
 Fought many a battles armed with skills and wisdom,  
 yet lost a few to the inevitable .

As death lays its icy hands on a beating heart ...  
 Frozen with grief is my heart too,  
 Bleeds to all the blames ,breaking to abuses hurled.  
 But still do I go on, donning a smile to fight another war  
 ,my best assured.

For I am neither God nor Demon,  
 Bust a mere mortal, bestowed with special skills and  
 compassion...  
 Understand and empathize with me dear mankind,  
 To serve as healer is my purpose and passion.

When in doubt,  
 I look up to God for he has answers for sure, our  
 Savior...  
 But then He smiled and replied,  
 When in doubt I too look at you to help me save ...my  
 warrior.

So I march forward, fighting the unknown unseen  
 enemy,  
 Unarmed, unsure on an unseen path...  
 With an undying spirit and untiring passion...uncaring  
 the aftermath.

**Dr Aruna Kamineni Rao**

### *Misfortune of the Pachyderm*

In a silent valley of the God's own country  
 Walked an elephant, alone and astray  
 Hungry, entered a so called man's territory  
 But factually , man displaced animals causing their  
 misery.

A fruit in sight, she picked with delight  
 And engulfed the whole without a doubt, slight.  
 Little did she suspect, it was packed with poison  
 That was meant to disrupt animal's intrusion.

An explosion in the neck brought her to her knees  
 She walked in pain, without hurting any  
 In the midst of a pond she cried with agony  
 Her tears added a larger volume to the water body!

Spectators around gathered to see the show  
 Deep in the waters, they watched her, slowly die.  
 Justice she couldn't do to the baby within her  
 That occupied a tiny space in her womb's corner.

Empathy shown by her fellow colleagues  
 A heart wrenching scene, that made all bereaved.  
 Headlines created, channels bombarded  
 Creation of news sensation, that was applauded.

The question remains in their innocent minds  
 Why are the humans so cruel, so unkind??  
 Will there ever be an end to their pain and misery...?  
 We destroy their abodes, encroaching their territory.

**- Dr Naaz Shaikh**

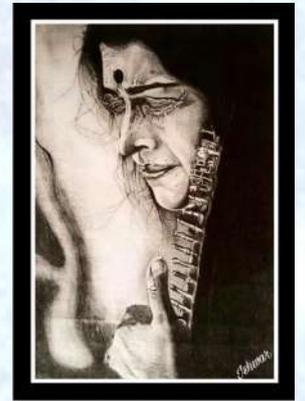
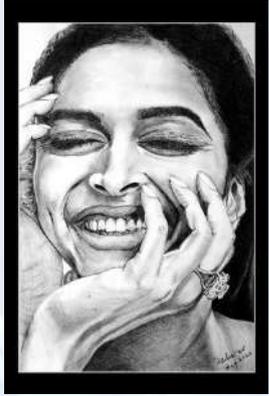


Pic credit - Google

# *Pencil Sketch*

*By*

*Dr. Eshwar Hosamani*



# *Superclicks*

*By*  
*Dr. Amaresh Biradar*

