



Shastra

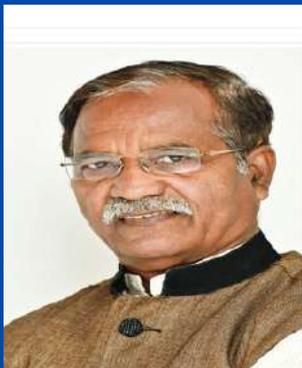
NEWSLETTER KSC ASI

June 2021 Issue 2/21



Table of Contents

- Editorial
- KSC Activities
- Dr SR Kaulgud Endowment Lecture
- Branch Activities
- Doctor's Day Wishes
- Brain Storm
- Achievements
- Veteran in Surgery..Dr CGN..An Interview
- Announcements
- Orbitalary



Dr Aravind Patel
Chairman



Dr Chandrshekar S
Honorary Secretary



Dr Chandrashekar N
Honorary Treasurer



Shastra

June 2021

Issue 2/21



Executive Committee 2021



Dr Dinesh H N
E C Member



Dr B N Patil
Chairman Elect



Dr Rajashekar C Jaka
E C Member



Dr Naaz Jahan Shaik
E C Member



Dr Sarvesh Raju Urs AS
E C Member



Dr Kalaivani V
E C Member



Dr Amaresh V Biradar
E C Member



Dr Vijaykumar H
E C Member



Dr Y Guru basavana
Gouda
E C Member

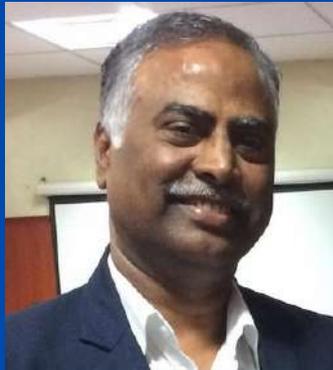


Dr Vijay V Kamat
E C Member



Shastra

June 2021 Issue 2/21



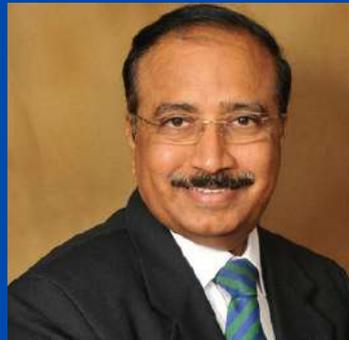
Dr S S Soppimath
Imm Past Chairman



Dr Diwakar Gaddi
Imm Past Honorary
Secretary



Dr Shivaram H V
National EC Member



Dr G Siddesh
Vice President ASI



Dr Ashok S Godhi
National EC Member



Dr Ramakrishna H K
Co-Opt EC Member



Dr Rajgopal Shenoy
National EC Member



Dr K Lakshman
Co-Opt EC Member



Editor's desk...

Dr Kalaivani V

Dear Esteemed Members of KSC,

The Surgeons of Karnataka have proved their academic excellence quietly at several occasions, nationally and internationally. SHASTRA, the state newsletter is the platform to showcase our academic and scientific work. My sincere request to all the surgeons and postgraduate students to make the fullest use of this platform by contributing scientific material on research, recent advances in surgery, newer guidelines and individual academic and nonacademic achievements. Let us all strive together to take SHASTRA and KSCASI to newer heights.

Dr Kalaivani V
Chief Editor



Dear Colleagues,

I request you to send your contributions under the following. We also welcome contributions from our postgraduate students too.

Academic Article

Please send Original articles, Guidelines, Humour, stories, Trivia, Quiz questions and interesting Case report or Case series with Review of literature for academic purposes.

Opportunities/Classifieds

Relevant Jobs, Advertisements and Upcoming Events can be included at a nominal fee as per the discretion of the Editorial team.

Non Academic

Inviting articles - That may be appropriate and interesting to the members. Examples: Life beyond surgery, My daily routine, How I manage Stress, Interesting place I traveled, Books I recommend, Personal achievements, etc.

Feedback/ Suggestions

Any other suggestions for improvements, feedback, Letters to the Editor, any other Inputs are welcome.

Please mark your contributions to: emagazineshastra@gmail.com

Please also send your Name and Contact Number

Regards,

Dr Kalaivani V

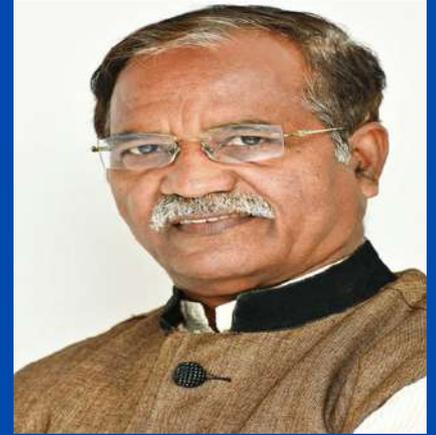


Shastra

June 2021 Issue 2/21



Chairman KSCASI 2021 Dr Aravind Patel



Greetings to all members of KSCASI.

My Pranamas to all my seniors and need their guidance for the coming year.

At the outset I thank all the members of this esteemed organization for electing me as Chairman elect during KSCASICON 2020 Bengaluru. I congratulate the Organizing team led by Dr. Uday Muddebihal and Dr. Aravind Gubbi for their effort in wonderfully conducting the KSCASICON 2020. The KSCASI appreciates Surgical Society of Bangalore for starting the KSCASICON 2020 research grant. I urge all members of KSCASI to utilize this grant. I thank our past chairman Dr. S S Soppimath for travelling all the way from Hubli to Ballari to hand over the charge physically.

Last one year has been - as we are well aware - turbulent due to COVID -19 pandemic .It is painful that we lost some of our colleagues during this period. My heartfelt condolences to the bereaved families. At this juncture I request members of KSCASI to enroll for ASI Social Security Scheme which has the potential to provide financial support to the surviving family members. Let April to June quarter be declared as membership drive and I request all local branch office bearers to enroll members for social security scheme and I urge our branch coordinators to make sincere efforts in this regard.

Though it was a virtual year for KSC ASI, it was an excellent year as far as activities of the association is concerned. EC meetings and scientific committee meetings were held regularly with good attendance. Thanks to Dr. Soppimath and Dr. Diwakar Gaddi for their meticulous planning.

The virtual MIDCON and annual conference - which was also held virtually - were packed with relevant scientific content. Time management was exceptional. Here I congratulate the team led by Dr. Laxman and the team led by Dr. Diwakar for doing the job diligently .They have set the benchmark high. Dr. Jaspal Singh, Hon. treasurer who was also coordinating the branches made all his efforts to make them active, credit should go to him for the activation of new branch .

Dr. Naaz Jahan Shaikh, our poet, Rural surgeon, editor of Shastra made our job easier in communicating and connecting to members and happy that she is helping new editor

Dr. Kalaivani. I am sure Shastra will have new look with lot of new innovative ideas.

The present team will make all efforts in helping the cause of our fraternity including our post graduates. We have chalked out certain initiatives for this year. Virtual journal club, case discussions are on the anvil.

As Everyone can not afford NABH accreditation -should we think of an accreditation from the association like ASI , needs discussion.

This year we have planned to take forward Evidence Based Surgery and research methodology Module. I seek the support of all our EC committee members so that we can aim for the best chapter award this year. If COVID-19 situation permits KSCASI MIDCON 2021 will be held at Mysuru. I invite all the members to plan for this scientific meeting.

Let's work for the betterment of our fraternity with sincerity and I am sure we will get new ideas from each one in this path of progress

Let me end with a quote from Louis Pasteur -

"Science knows no country, because knowledge belongs to humanity and is the torch which illuminates the world"

Let's think scientifically to spread the knowledge of science

Thank you

Dr. Aravind Patel

Chairman KSCASI 2021



Shashtra

June 2021 Issue 2/21



Secretary's desk...

Dr.Chandrashekhar S



Dear Members

Greetings from KSCASI.

Hope to find you all in good health despite the covid pandemic. We have all experienced a different, fearful and challenging situation and hope to overcome this very soon.

We took charge of KSCASI office from February 14th 2021. The previous Executive Committee, headed by Dr.SS Soppimath have done a wonderful job during Covid 19 pandemic. Dr.Gaddi Diwakar executed his chores excellently. All meetings and conferences were conducted virtually. I think for the first time elections for KSCASI were conducted online and that most of the documents were digitalized by this team.

KSCASI has a good number of ASI members and I request the office bearers of all branches to report all the programs organised by them on time to KSCASI so that the same will be sent ASI head quarters.

I request the support of all the members of KSCASI so as to excel in our academic activities. We have planned to organise academic activities, once a month at the State level by the scientific committee headed by Dr.Lakshman.K.

I hope our official Newsletter SHASTHRA, will come out with you lot of information contributed by all the members and the editor, Dr.Kalaivani.

Long live KSCASI

Dr.Chandrashekar S
Secretary KSCASI



Shastra

June 2021 Issue 2/21



Chairman Elect 2021

Dr B N Patil

Dearest Surgeon Colleagues ,

I thank all the members of KSC - ASI for Electing me as a CHAIRMAN ELECT 2022 & giving me this wonderful opportunity to serve our state Chapter.

Congratulations & Best Wishes to the New KSC ASI team, I hope Covid will end this year. All these days we were busy with Virtual Conference & Zoom meetings, but now we must encourage all branches to start offline activities like Surgical CMEs , encourage new ASI memberships ,SSS Schemes , Health Schemes as we really appreciate & enjoy the bonding. We should update & send our Branch activities so that all activities should come in our E- Shastra which will be Edited by Dr kalaivani.

I wish all the best for the New Team under the leader ship of our Dynamic CHAIRMAN DR ARAVIND PATIL , Secretary DR CHANDRASHEKAR & All the EC Members.

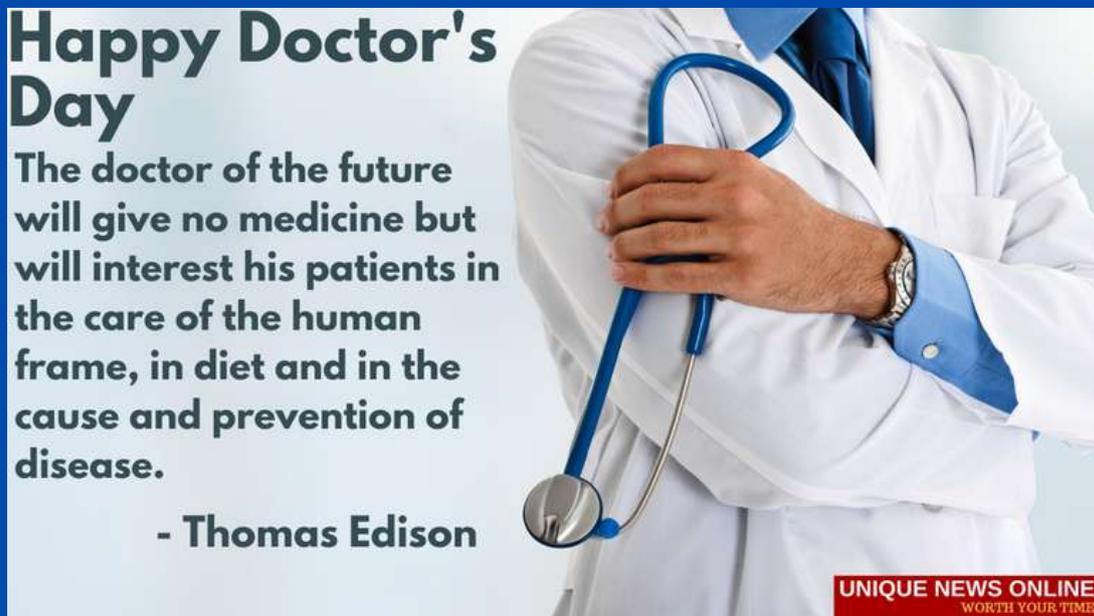
Jai Karnataka
Jai KSCASI
Dr Basanagouda N Patil
Chairman Elect





Why is National Doctor's Day celebrated on July 1?

July 1 marks the birth, as well as the death anniversary of one of the most renowned physicians in India, Dr. Bidhan Chandra Roy. He was also the second chief minister of West Bengal. He received the country's highest civilian award, Bharat Ratna, on February 4, 1961, and therefore the day is celebrated to honour the personality.



National Doctors' Day 2021: Quotes

Surgeons must be very careful when they take the knife! Underneath their fine incisions. Stirs the Culprit Life!"

"Doctor's Day is a reminder to all of us to take some time out to appreciate the doctors who put all their lives into offering services to others."

"The doctor of the future will give no medicine but will interest his patients in the care of the human frame, in diet and in the cause and prevention of disease." - Thomas Edison

"Medicines cure diseases, but only doctors can cure patients."- Carl Jung

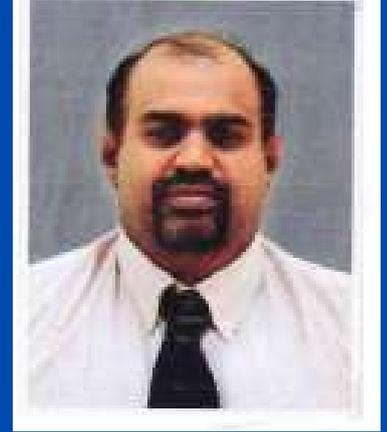
"People pay the doctor for his trouble; for his kindness they still remain in his debt." -Seneca



kscasicon: February 2021

Dr SR Kaulgud Endowment Lecture

Prof. B Srinivas Pai . Professor and Head of the Department General Surgery , Sri Dharmasthala Manjunatheshwara College of Medical Sciences (a constituent of Sri Dharmasthala Manjunatheshwara University)



Topic : The role of laparoscopy in a resource constrained environment

The Father of the nation : Mahatma Gandhi used to say “the soul of India lives in its villages “. It was his opinion that India cannot be compared to Europe : as India was not Bangalore ,Mumbai Kolkata or Chennai or Delhi ,India is her 7 lakh villages. Nearing 75 years of independence close to 66% 2 population of India lives in its villages .

The urban health infrastructure of India and access to modern day medicine can be compared favorably with developed countries . The urban health care centers have created a boom in medical tourism catering to needs of many international visitors . Is there a mismatch between Urban infrastructure and rural needs ? . If health care of India has to improve it is imperative that we provide services to the rural areas .

One such area is the domain of a unique subset of surgeons that exist mainly in India that is defined on the basis of geography with smaller populations, limited technological resources and limited contact with other specialists .This Subspecialist (the term super specialist is more apt for this group of surgeons who practices with limited resources and rudimentary imaging services (I have been informed that basic Ultrasound is available in rural areas) and at quite a distance from tertiary care services .If we want to improve health care best suited to the needs of our villages we should empower our rural surgeons

The Pandora's box is an artifact in Greek mythology connected with the myth of Pandora in Hesiod's Works and Days 3 . Zeus the Greek King of the gods gifted Pandora a box >Not knowing the contents or consequences Pandora opened the box and inadvertently released into the world sickness, death and many other unspecified evils which were then released . Although this is a myth it gives rise to the idiom "to open a Pandora's box", meaning to do or start something that will cause many unforeseen problems. Now why I brought up Greek mythology : What if Pandora had done a Laparoscopy to look inside the box and foreseen the consequences.?

The abdomen is the Pandora's box and to open the abdomen (Laparotomy) may have severely detrimental and far-reaching negative consequences. Unlike Pandora the modern day surgeon does have the services of the Laparoscope . Laparoscopy is a skill set every young surgeon should acquire as a part of his or her training . Provided the correct training is given : It is a skill which easy to learn and not that difficult to master (at least the Basic procedures) . For A surgeon practicing in the rural setting Laparoscopy is akin to Manna from heaven . The learning is already highlighted and the cost of setting it up is not prohibitive



Dr SR Kaulgud Endowment Lecture...

Rural surgeons are as likely to encounter surgical emergencies as their urban counterparts . Although ultrasound is available and the surgeons themselves are well trained in performing and interpreting this investigation : the bulkheads against acute and chronic abdomen the CT scan and MRI are usually not available . There are anecdotes of surgeons performing laparotomies only to find tumors or other findings whose removal was beyond the capacities of the surgeon's skill sets . Even a surgeon with the skill sets would hesitate to perform complex surgeries in that setting because of constraints in post operative care. If the services of the laparoscope are availed in the rural setting the above scenarios for a procedure called Diagnostic Laparoscopy

Diagnostic Laparoscopy (Exploratory laparoscopy) is a Minimally invasive method for the diagnosis of intra-abdominal diseases through direct inspection of intra-abdominal organs. When performed for a malignancy the word staging laparoscopy is used . The main indications are to obtain pus for culture and sensitivity , to obtain a tissue biopsy. Once the diagnosis is established surgeon can proceed with a therapeutic intervention either via a laparoscopy or via the laparotomy . If the surgeon feels the surgery is beyond the scope of his or her skill set he or she can refer it to tertiary care Centre

This approach has reduced morbidity , decreased postoperative pain, helped to plan incisions , led to shorter hospital stay. If the surgeon working in a rural area could perform the definitive therapeutic intervention it would avoid unnecessary referrals to tertiary care which involve out of pocket expenses

The commonest indication for the diagnostic laparoscopy is acute pain abdomen .in the absence of a CT scan it helps in Visualization of the entire abdominal cavity

Localization of intra-abdominal pathology

Acquisition of peritoneal fluid for cultures or cytology

Ability to irrigate the peritoneal cavity to decrease contamination

Specific therapeutic intervention

The proven advantages are 4,5

Improved diagnosis rate. Reductions in nontherapeutic laparotomies , number of radiologic studies performed ,delayed initiation of treatment and overall length of hospital stay

In Chronic pelvic pain in female due to endometriosis adhesions pelvic inflammatory disease (PID) and ovarian cysts diagnostic laparoscopy is a highly accurate method for evaluation all of which can be treated in the rural setting itself 6



Dr SR Kaulgud Endowment Lecture...

KSCASICON 2021

Evaluation of hemodynamically stable trauma patients (blunt or penetrating) diagnostic laparoscopy can provide an accurate diagnosis And reduces negative laparotomies however trauma cases should be tackled with caution in a rural setting owing to the violence culture of the country . Limitations of diagnostic laparoscopy are prolonged operating room time to set up laparoscopic equipment ,delay in therapeutic intervention difficulty associated with clear identification of certain injuries, such as bowel injuries and retroperitoneal injuries.

Since malignancies provide adequate time for evaluation its better to avoid diagnostic laparoscopy in a rural setting

Diagnostic laparoscopy is contraindicated in perforation ,peritonitis ,known intra-abdominal injury, complications of previous surgery, Shock, evisceration, abdominal wall dehiscence and Acute intestinal obstruction. Currently perforations are sometimes managed by laparoscopy however this will be a therapeutic intervention

The technique of diagnostic laparoscopy involves creation of Pneumoperitoneum either by open technique or closed technique And placement of the umbilical port. Additional Ports may sometimes be needed. The patient has to be positioned in Supine position Trendelenburg position and Reverse Trendelenburg position . Each position may require a Left tilt and right tilt maneuver

In cases which may need pelvic evaluation a lithotomy position combined with Trendelenburg position is recommended as the bowel will gravitate away from the pelvis helping visualize this area better Reverse Trendelenburg position (20-30 degrees)with 10°15° of left lateral tilt gain gravitates the bowel towards the pelvis and helps to visualize structures of upper abdomen better . The findings are noted and one may proceed to the necessary intervention when and if the need arises

In conclusion diagnostic laparoscopy is an invaluable tool in well trained hands Can be done without imaging ,Avoids unnecessary laparotomy and Avoids unnecessary referral

References

Collected Works of Mahatma Gandhi VOLUME XXVI PAGE 286

World Bank staff estimates based on the United Nations Population Division's World Urbanization Prospects-2020

Hesiod, Works and Days. 47ff

Stefanidis D, Richardson WS, Chang L, Earle DB, Fanelli RD. The role of diagnostic laparoscopy for acute abdominal conditions: an evidence-based review. Surg Endosc. 2009 Jan. 23(1):16-23

Golash V, Willson PD. Early laparoscopy as a routine procedure in the management of acute abdominal pain: a review of 1,320 patients. Surg Endosc. 2005 Jul. 19(7):882-5.

Göçmen A, Atak T. Diagnostic laparoscopy findings in unexplained infertility cases. Clin Exp Obstet Gynecol. 2012. 39(4):452-3



Academic Excellence

Social Service

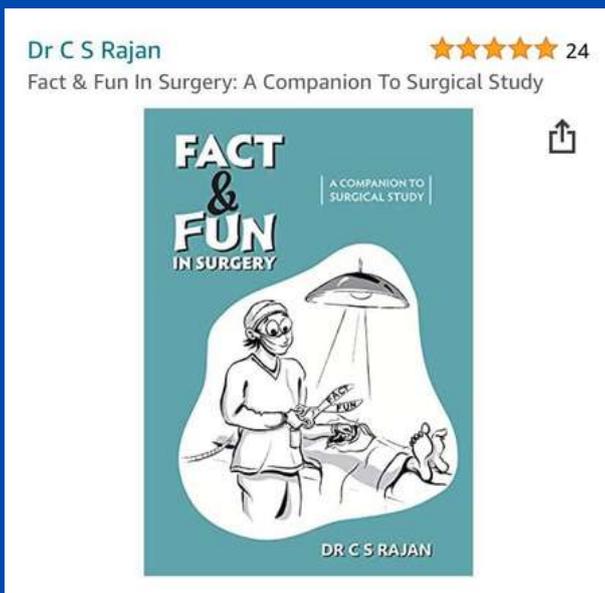


E Book Release

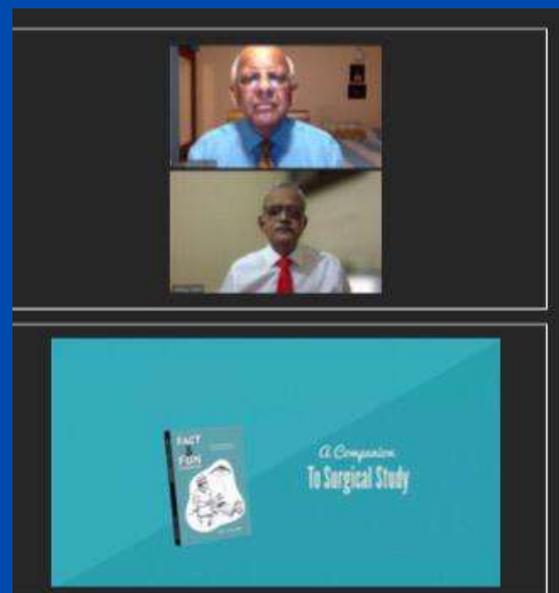
Dr Rajagopal Shenoy



Dr B N Patil



Dr C S Rajan

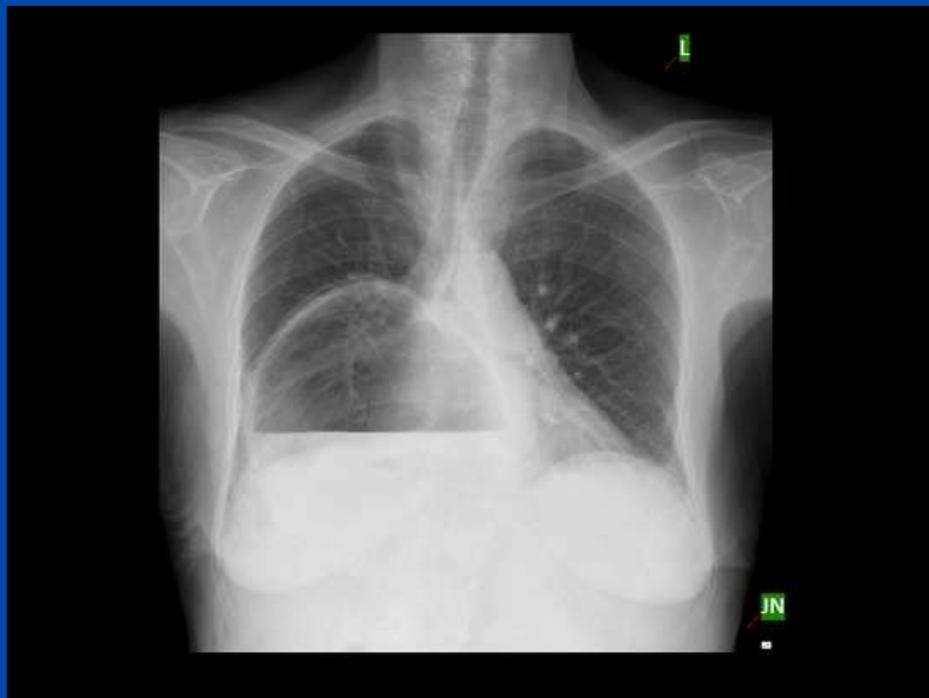




A Little Brain Storming



AIR FLUID LEVEL IN A 68 YEAR OLD LADY
68 year old lady with this chest x ray . What do you suspect – Scroll down.....full case report





CS's COVID SAGA :..... The Tale of a Corona Survivor:

Dr C S Rajan 20 May 2021

Firstly : Gratitude

All Celestial Salutations with deep Compassion and Sweetness,
For my Complete Salvage from the ravages of the Corona Syndrome.
And my Credit Statement of Commendation with Salutation
To All Medical Health Care and Service teams for their
Comprehensive Success to return my Constitutional Strength.

Secondly : Why me....?

To be Chosen Selectively for the Chiller Stumping ??
I was healthy, with no major Co-morbidity Sickness,
Practicing all Conduct Styles (SMS : Soaping, Masking & Social distancing)
And Called the Shots, taking both doses of CoviShield
And yet, Covid Struck...! And hit hard.....!!

Thirdly : What happened.....? - Initial

Chills and Shivers; Coryza and Stuffiness of the nose, for about 4 days
The Confirming Swab test (RT-PCR) came positive on 26th April.
Recommended Cure Substances for mild Covid Started.
Weakness never left, Curious Sensation of loss of taste and smell, set in.

Thirdly : What happened.....? - Later

On 3rd May, a Cold and Sudden worsening
With a Cute Shortness of breath, taken to St Martha's Hospital.
Chest Skiagram, and CT Scan done... Counted Score of 9/25
Inflammatory Markers sent showed a mild Crescendo Surge.

Even with Cortico Steroids in the main for therapy,
And Clexane to Stop blood clots, plus
Covering Secondary Infection with third generation Cephalo Sporins,
The Clearness of Sane mind seemed Convolutated, yet Shortened!



Shastra

June 2021 Issue 2/21



CS's COVID SAGA :..... The Tale of a Corona Survivor: Dr C S Rajan 20 May 2021

Told, the 'Cytokine Storm' had hit, Tocilizumab given.
ICU area shift for better Care and Support,
Need of upto 15L/minute of Oxygen
Delivered through a face Clasp Shroud.

Fourthly : 'Touch and go' time..!
The Constricting Suffocation, of the chest,
The Cerebral Starvation of Oxygen,
The Control-less Sympathetic response,
The Cursed Solitude of the ICU
The Cruel Surroundings of
Ventilator lights with Colour and Sirens
Blue Code Shouts with Chaotic Scenes on neighbouring beds,
Caused Chainless Swings of the mind,
Confusion Supreme in Thought,
With black Curling Shadows of beckoning death!
Fear, Clouding Sane mind,
Is this life's Cessation Summons?
Of Cemetery Sand pits,
Or of Crematorium Smoke..?

Recovery : The Calm Surprise
With no apparent reason, 3 days later,
A Courageous Strength appears
Breathing eases, oxygen need Curiously Scales down
The mind gets Clearer and Steady.
And Confident Smiles appear with treating Teams.
I've turned the Corner Sharp
My body breaks the Covid Shackles..!



CS's COVID SAGA :..... The Tale of a Corona Survivor: Dr C S Rajan 20 May 2021

Return :

With the Charming Smile of Lady Luck,
Plus Confident Support of medic teams,
And very important, the Crucial Strut
Of the love of the Children and Spouse,
Aided by Worldwide Countless Supplications of kith, kin and friends,
And the Charitable Sweetness of the Good Shepherd Sisters,
There was a Constant Steady improvement,
To a Clear Sighted return home in 11 days.
Albeit, with a Corporeal Squashed feeling.

Lesson :

Vaccination has been my Crucial Saviour.
Critically Saved me from need of ventilation..!
Like, with the Car Seatbelt, I got into a Car Smash up,
But Crawled and Squeezed out of the wreckage, alive.
So, please vaccinate, let us all Come Safely through,
This Cursed Span of Time!

And I remain, Cordial and Soothed,
To Cash in Spectacularly, on this yet another term,
Of Caring Surgically for the needy and
To the Continuous Share of Cheer and Sprightliness with All..!

C S R



Shastra

June 2021

Issue 2/21



BRANCH ACTIVITIES 2021 Surgical Society of Bangalore

President: Dr Venkatachala K
Secretary: Harisha N S

SURGICAL SOCIETY OF BENGALURU ASICC (R)
[47 years] 1974 - 2021
www.ssbasicc.org

DR VENKATACHALA K President 9845671017 dvenkat2@gmail.com	DR Sampath Kumar K President Elect 9900515287 sarpath17@gmail.com	DR HARISHA N S Hon Secretary 9635200453 dharishans@gmail.com	DR MANISH JOSHI Hon JJ Secretary 8197910199 dodpsh@gmail.com	DR RAMESH B S Hon Treasurer 9845672444 rameshamburao@yahoo.co.in
--	--	---	---	---

Dear Doctor, 13th May 2021

You are invited for the 5th Online Monthly Scientific Meeting of the Year 2021.

DATE: - Wednesday 19th May 2021

HOSTS: - Private Surgeons of Bangalore & Corporate Hospitals

ONLINE: <https://us02web.zoom.us/j/kkKYqRf4o>
Meeting ID: 820 3382 0597
Passcode : 106676
Please login at 4 -45 pm (All The PG's & Members of SSBASICC)

5:00 to 5:45 PM: -Enterocutaneous Fistula Interesting Case Capsule:-
BY DR. SHIVARAM, ASTER CMI HOSPITAL

E - POSTERS: 05:45 PM To 6:30PM (Private Surgeons of Bangalore)

1. Case Report Of Paraganglioma	Dr. Vishak, Bbh.
2. Case Report Of Ameloblastoma	Dr. Adarsh, Bbh.
3. Case Report Of Chordoma -	Dr. Pankaj/Rajul, Bbh.
4. Cholelithal Cyst: Our Experience	Dr. Arpith, Bbh.
5. HIPEC Our Experience	Dr. Nima, Bbh.
6. An Unusual Presentation Of Intestinal Lymphoma	Dr. Susmitha Barama, Bngl.
7. A Rare Case Of Omental Infarction	Dr. Sriram, St. Philomenas Hospital
8. Flexor Tendon Reconstruction -	Dr. Sanaar, St. Philomenas Hospital
9. A Case Of Pseudopyloric Tumor Of Head Of The Pancreas	Dr. Arjali, St. Philomenas Hospital.

E- PAPERS: 6:30 PM TO 7:30 PM (Private Surgeons of Bangalore)

- Comparative study of total extraperitoneal inguinal hernia mesh repair with or without tackers -
Dr. Pankaj, BBH.
- Comparison of GCS and CT brain findings in patients with traumatic brain injury - Dr. Adarsh, BBH
- Comparative study between endovascular laser ablation and radiofrequency ablation for treatment of varicose veins of lower limbs - Dr. Durga Prasad, BMJH
- Follow up on different methods of haemorrhoidectomy - Dr. Monish Rajkumar, Sparsh Super speciality Hospital.
- Myotomy with Fundoplication: Is it a one stop solution for Achalasia - Dr. Raghunath, Fortis Hospital, Bangalore.
- Is the E TEP RS new gold standard for medium sized, primary, and Midline Ventral Hernia Defects? An experience of 182 cases - Dr. Saurabh Mishra / Dr. Gowtham, Apollo Hospital.

7-30PM ANNOUNCEMENTS

Note: Inform and encourage your postgraduates to login online PG teaching program by 4:45pm

EX OFFICIO MEMBERS DR KALAVANI V
Imm past President

DR VENKATESH K L
Imm Past Secretary

G C MEMBER ASI DR H V SHIVARAM

EDITORIAL BOARD MEMBER IJS - ASI 2019- 2024 DR C S RAJAN

Dr. VENKATACHALA K
President

Dr. HARISHA N S
Hon Secretary

1st Floor, IMA House, Alur Venkates Rao Road, Bengaluru 560 018. Tele/fax 080 28705891 / Mob - 9243108442 ssbasicc1974@gmail.com

SURGICAL UPDATE MAY 2021
(ONLINE CME)

DATE-8th Saturday, May 2021
TIME-7PM TO 8PM

TOPIC:1
PREHABILITATION IN SURGERY

SPEAKER - DR.SHIVARAM
ASTER CMI HOSPITAL
TIME - 7 TO 7:20PM

TOPIC:2
COVID AND SURGEON

SPEAKER - DR LAKSHMAN . K
SAGAR HOSPITAL
TIME - 7:30 TO 7:50 PM

MODERATOR:
DR. VENKATACHALA
(PRESIDENT, SURGICAL SOCIETY BANGALORE)

MODERATOR:
DR.HARISH N.S
(SECRETARY, SURGICAL SOCIETY BANGALORE)

zoom **MEETING ID-852 8482 2930**
PASS WORD -957151

May: Monthly Clinical Meeting, hosted by Private Surgeons of Bangalore, headed by Dr. Challani PG students presented 9 posters and 6 research papers.

Best poster award: Dr Adarsh (A case report of Ameloblastoma)

Best paper awards: Dr Durga Prasad (comparative study between Endovascular laser Ablation and Radio-frequency ablation for the treatment of lower limb varicose vein)

Dr Vishak - (A cross sectional study on the incidence of complications following Double J Ureteric stenting and its impact on the quality of life of the patient)



Shastra

June 2021 Issue 2/21



BRANCH ACTIVITIES 2021

Surgical Society of Bangalore

Best poster award:

1. A case of Locally Invasive Sarcomatoid Carcinoma of Penis. Dr. S V Gowtham – VYDEHI IMS.
2. A rare case of Giant EGIS of wild variant. Dr Veeksha Shetty- DRBRAMCH

Best paper awards:

1. A Prospective study on effect of Hyperbaric oxygen therapy (HBOT) on Diabetic Ulcers. Dr. Srivachan S S - VYDEHI IMS.
2. Surgical treatment of Pilonidal sinus in Gluteal cleft: A comparative study of outcome between Excision without closure and Limberg Flap technique. Dr Sanyal Sumbul Rana-

SURGICAL SOCIETY OF BENGALURU ASICC (R)
[47years] 1974 - 2021
www.ssbasicc.org

DR VENKATACHALA K President 9845871017 vvenkat24@gmail.com	DR Sampath Kumar K President Elect 9900515287 sams00h117@gmail.com	DR HARISHA N S Hon Secretary 8555200453 hharishans@gmail.com	DRMANISH JOSHI Jt Secretary 8157910166 sivsoahji@gmail.com	DR RAMESH B S Hon Treasurer 9845472444 rameshbhamkumar@ssbasicc.org
--	---	---	--	--

Dear Doctor, 14 JUNE 2021

You are invited for the Sixth Online Monthly Scientific Meeting of the Year 2021.

DATE: - **TUESDAY 16th JUNE 2021**

HOST: - **DR B R AMBEDKAR MEDICAL COLLEGE H & VYDEHI INSTITUTE OF MEDICAL SCIENCES RC**

ONLINE: <https://us02web.zoom.us/j/5410350137?pwd=VFRkVWl1MkFUUkRKSzU4K0U0TW9aRmRkKz08>
Meeting ID: 541 035 0137
Passcode: 967151

5-00 to 5-45pm: - Postgraduate Teaching Programme -:
Case Scenario / Presentation of a BREAST LUMP - Dr S Prithika - DRBRAMCH

Please note: - (Request PGs to be present ONLINE by 4.45 PM)

E - POSTERS: 5-45PM to 6-30PM (VYDEHI IMS RC & DR B R AMBEDKAR MCH)

1. Metastatic liver structure causing intestinal obstruction. Dr. Gowtham J Reddy - VYDEHI IMS
2. A case of Distal Abdominal trauma with isolated Gall bladder rupture. Dr. Anurag T - VYDEHI IMS
3. A case of Locally Invasive Sarcomatoid Carcinoma of Penis. Dr. S V Gowtham - VYDEHI IMS
4. A Giant Parathyroid Adenoma. Dr. Priganka R K - VYDEHI IMS
5. Singly Cystic Secondary Hypertension. Dr. Raksha K P - VYDEHI IMS
6. AV malformation of abdominal wall presenting as chronic abdominal pain. Dr. Kumar Mayank - VYDEHI IMS
7. Lilly's procedure for Giant Cholelithal Cyst in an adult. Dr. Hansa Priya P - DRBRAMCH
8. A rare case of Duplex Gallbladder. Dr. Manish S - DRBRAMCH
9. A rare case of Giant ECIST of wild variant. Dr. Veeksha Shetty - DRBRAMCH

E-PAPERS: 6-30 TO 7-30PM (VYDEHI IMS RC & DR B R AMBEDKAR MCH)

1. Comparative study of endovenous laser ablation with sclerotherapy to treat varicose veins with stripping for varicose veins. Dr. Chandana P Reddy - VYDEHI IMS
2. A Prospective study on effect of Hyperbaric oxygen therapy (HBOT) on Diabetic Ulcers. Dr. Srivachan S S - VYDEHI IMS
3. Hyperbilirubinemia as a diagnostic marker in acute appendicitis and its role as a predictor in appendicular perforation. Dr. Hansa P - VYDEHI IMS
4. Surgical treatment of Pilonidal sinus in Gluteal cleft: A comparative study of outcome between Excision without closure and Limberg Flap technique. Dr. Sanyal Sumbul Rana - DRBRAMCH
5. Algorithm based approach in management of Pressure Sores. A Prospective Study. Dr. Siddesh S Shetty - DRBRAMCH
6. Laparoscopic Management of Ventral Hernia repair using Intraoperative Synthetic Mesh- A 10 year Retrospective Observational Study. Dr. Yashshwini Kareli - DRBRAMCH

7-30PM ANNOUNCEMENTS

Note: - 1. Inform & Encourage your Postgraduates to LOGIN online PG Teaching Program by 4.45pm.

Dr. VENKATACHALA K
President

Dr. HARISHA N S
Hon Secretary

*1st Floor, IMA House, Alur Verkate Rao Road, Bengaluru 560 019, Telefax 080 26706691 / Mob - 9866523930
9243100442 ssbasicc157a@gmail.com

SURGICAL SOCIETY OF BENGALURU ASICC (R)

Cordially invites you to the CME on
Peri-operative Blood Management

Dr. Kalaiyani V
Consultant Surgeon and Associate Professor
Ramaiah Medical College and Hospital &
Ramaiah Memorial Hospital

Dr. C Shivaram
Consultant & Head
Transfusion Medicine
Manipal Hospital Bangalore

Dr. V. Arun
Chief Of Anaesthesia
Aster CMI Hospital

Moderator
Dr. Ravishankar H R
HOD Surgery
Sagar Hospital

Time: 07:00 p.m. to 08:30 p.m.
Day & Date
Saturday, 19th June 2021

Please Login by 6-45pm

YouTube
Panel Discuss on Perioperative Blood Management
https://youtu.be/W_XtsguGqs0

Zoom Meeting link:
<https://us02web.zoom.us/j/8426023183?pwd=bkVlNmQmMTg1TGU1Azc2WTpUZXZkZ09>



SSBASICC Surgeon's day Celebration

Surgical Society of Bangalore Association of Surgeons of India City Chapter
Cordially Invites you to the
SURGEONS DAY - 2021

CHIEF GUEST
Dr. ABHAY DALVI
PRESIDENT - ASSOCIATION OF SURGEONS OF INDIA

Felicitation of Senior Surgeons
Dr. JOSEPH ANTHONY & Dr. K R SRIMURTHY

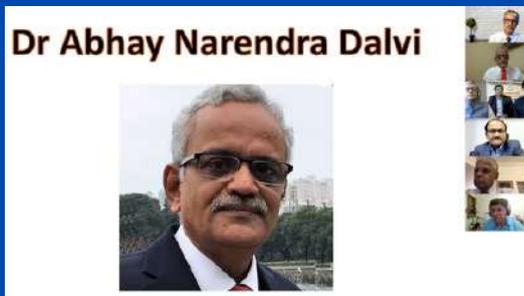
BOOK RELEASE
Fact & Fun In Surgery : A Companion to Surgical Study
Written by **Dr. C S RAJAN**

Prof. B N BALAKRISHNA RAO ORATION
Dr. ANIL K D'CRUZ
Director of Oncology, Apollo Hospitals
President, Union International Cancer Control (UICC),
Geneva Ex-Director & Chief, Head Neck Services,
Tata Memorial Hospital Mumbai

Date : Saturday, 26th June 2021, Time : 6.00pm

DR. VENKATACHALA K PRESIDENT
DR. HARISH N'S HON SECRETARY

Please Login @ 5.45pm. Programmes Link Page 2



President ASI

Dr K N Srimurthy



Dr Ani N D'Cruz



Dr Joseph Anthony



KSC-ASI-Ballari City Branch

President: Dr Prabhu Hubli

Secretary: Dr Khalid Muqueem

Scientific program : 04th April 2021

Chief guest: Dr G Siddesh, President-Elect

Spoke on "ASI and Academics".

felicitation of Dr. G. Siddesh

1) Initial Assessment and management of Trauma .

Dr Pavan Kumar, DNB plastic Surgeon.

2. Clinical capsules: interesting case discussions.

LABC Dr Sushil Kumar PG

3. Upper Limb DVT,

Dr. Darshan PG.





Surgical Society of Gadag



CME: Pancreatitis
Speaker: Dr Soppimath

Felicitation of Dr Siddesh
Dr B N Patil
Dr Aravind Patil
Dr Soppimath





POEM

Dr. Gaddi Diwakar-

This too shall pass-
 Drowned in deluge of despair
 All affected none to spare!
 Death earlier was a mere number
 Now has a face we remember!
 A son in UK and daughter in US
 Cancelled flights mixed up dates
 Calling in anxiety for updates!
 Doctors relative and friends father
 Emotions peak, hope hits a nadir!
 Somebody's uncle and an aunt
 Every soul has a nightmare that haunt!
 Innocence sent to foster care
 Overwhelming anguish none to share!
 Chaos Interspersed by Wailing of the siren
 Ineffective in camouflaging the pain!

Praise the Lord for the saviour
 Gentle soul in white shiny armour,
 Taking all the blame in their stride
 For those few policy who decide.

This too shall pass
 Stuck we are in the beak of a funnel
 Ray of light is shining bright at the end of the
 tunnel
 Keep faith dear all
 For this too shall pass!

- Dr. Gaddi Diwakar-

Dr Gaddi Diwakar
 Imm. Past Secretary, KSCASI
 Prof & Head
 Dept. Of Pediatric surgery
 Vijayanagar Institute Of Medical Sciences
 Ballari



Dr Aravind Patel

ಕಲಸುಮೇಲೋಗರ ವಸಂತ*
 ಕಲಸುಮೇಲೋಗರವಾಗಿಹುದು ಬದುಕು
 ವರುಷವಿಡೀ ಹಾಕಿದ ಮುಖದ ಮುಸುಕು||

ನಮ್ಮೊಡನೆ ಬಾಳಿದವರು ಅಗಲಿಹರು ಇಂದು
 ನೋಡಲಿಲ್ಲ ಅವರ ಮುಖವನು ಕೊನೆಗೂ
 ಉಳಿದವರು ಇನ್ನೆಷ್ಟು ದಿನವೆಂದು ತಿಳಿಯದೆ,
 ತಲ್ಲಣಗೊಂಡಿಹುದು ಜಗವು ಇಂದು||

ಕರಿಮೋಡ ಮುಸುಕಿಡೀ ಜಗದಲಿ,
 ವೈದ್ಯಲೋಕವು ಕಂಡ ವಿಸ್ಮಯಕೂಪಕೆ
 ಬಿದ್ದು ಮಣ್ಣಾದರು ವೈದ್ಯಮಿತ್ರರು
 ವೃತ್ತಿಘನತೆಯ ಮೆರೆದು ಅಮರರಾಗಿಹರು
 ಅವರು||

ನರಳಿ ಸತ್ತವರ ಸರದಿಯ ಸಾಲು,
 ಮಸಣಕೂ ಹೋಗದ ದಾರುಣ ಸ್ಥಿತಿ,
 ಮರಣವೆಂಬುದು ಅನುದಿನದ ವಾರ್ತೆ,
 ವರುಷ ಮುಗಿಯಿತು ಸುವಾರ್ತೆಗಳಿರದೆ||

ಬದುಕಿ ಉಳಿದವರ ದಿನಗಳೆಷ್ಟೋ,
 ಕಾಡಿದಾ ತೃಣರೂಪದಣುವಿನ ಕಾಟ,
 ಹೊಸವಸಂತಕೆ ಕಾಲಿಡುವುದೋ ಏನೋ,
 ಭಯಾನಕ ಕಥೆ ಮುಗಿಯದಾ ಕಾಟ||

ಶತಮಾನದ ದುರಂತ ತೊಳಲಾಟದಲೂ
 ಬಿಡದ ಹೆಗ್ಗಣಗಳ ಅಬ್ಬರ ,
 ನಾಚಿಕೆಯಿರದವರ ರುದ್ರನರ್ತನ,
 ಹಣಕಾಗಿ ಕೈಚಾಚಿ ಬಾಚಿಕೊಂಡವರು,
 ನುಣುಚಿ ಬದುಕಿ ಉಳಿದಿಹರು ಕೆಲವರು||

ದಾಪುಗಾಲಿನಾ ಮನುಜಪಥದ ವೃಥೆ
 ಕಳೆದ ವರುಷದಾ ದುರಂತ ಕಥೆ,
 ಆಸೆಗಳಾ ಬಿಗಿ ಕಡಿವಾಣವಿರದಿರೆ
 ಕಾಣುವುದು ಅಂತ್ಯವನು ಈ "ಧರೆ"||

ಜೀವಿಸುವ ಬಗೆಯನರಿಯಬೇಕಿಹುದಿಂದು
 ಪ್ರೀತಿಯೆಂಬುದನಪ್ಪಿ ಹಗೆತನವ ತೊರೆದು
 ಪ್ರಕೃತಿಯೊಡನೆಯ ಸರಳ ಬದುಕು
 ಮನುಕುಲಕೆ ಒಳಿತಿನಾ ಸರಳ ಮಂತ್ರ||

ನವವಸಂತದಲಿ ಒಂದು ಸಂತನಾ ಚಿತ್ತ,
 ದುರಾಸೆಗಳ ತೊರೆದ ನೇತಾರರ ಗುರಿ
 ಏಳಿಗೆಯ ಕಾಣುತ ಸಾಗಬಲ್ಲುದು
 ಬೆಳಕಿನತ್ತದ ಬದುಕು ನಾಡಜನರದು||

ಜ್ಯೋತಿಪ್ಪಿಯು.





Brain Storm....

INTERESTING CASE OF AIR FLUID LEVEL IN A 68 YEAR OLD LADY – Case report

Authors

Dr Sathya Priyanka, Dr Vijayendra K, Dr K. Rajgopal Shenoy

Dept of surgery

KMC Manipal

Introduction: Hiatal hernia (HH) occurs quite frequently in the general population. It can present with a wide range of non-specific symptoms, most of them are related to gastroesophageal reflux disease. It can give rise to diagnostic difficulties. Treatment can be challenging at times, depending on the type of hernia and findings at laparotomy. Complications can be dangerous. The most recent guidelines regarding the management of hiatal hernia was released by the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) in the year 2013. Hiatal hernia (HH) is caused by increased intra-abdominal pressure.

Keywords: Paraesophageal hernia, Gastric volvulus, Treatment

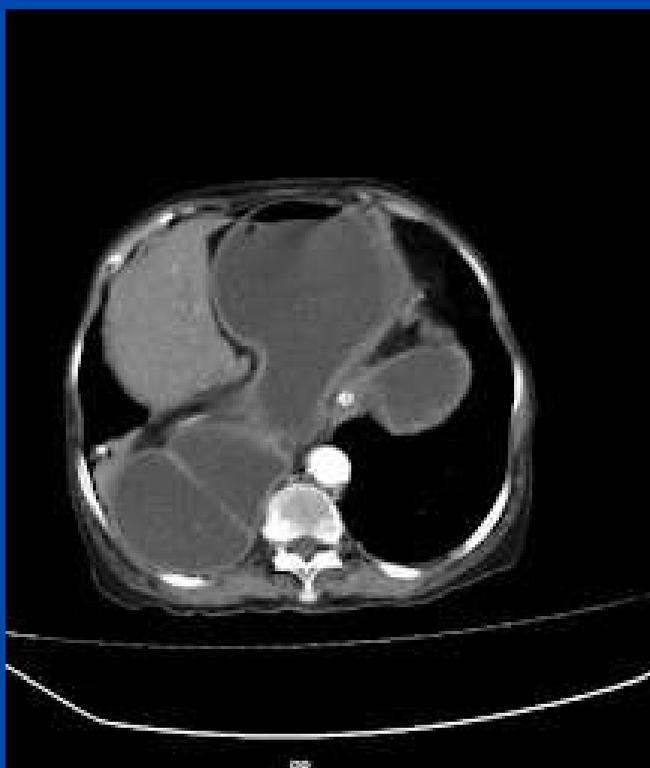
A 68 year old female patient came to the hospital with the complaints of vomiting since 1 year on and off with discomfort/pain in the upper abdomen, fear to consume food and poor appetite since 2-3 months. Vomitus contained green coloured fluid (bile) and often food particles. She also said that she lost 3 kgs because of vomiting. However, she is able to pass stools. She feels her upper abdomen is distended which is relieved with vomiting. No jaundice and no other relevant history was noted. She is hypertensive and diabetic, on regular medication and under control. For these complaints she visited a general practitioner and was treated with pantoprazole intermittently. General examination revealed pallor and abdominal examination revealed a vague mass with tympanic note in the epigastrium and tenderness with mild guarding in the upper abdomen. Gastric outlet obstruction was considered as first diagnosis probably secondary to carcinoma pyloric antrum or duodenal obstruction. UGI endoscopy was done which showed stomach filled with lots of food particles and the gastric mucosa and antrum could not be visualised. Difficulty was noted in pushing the scope and distending the stomach resulted in pain to the patient.



he had come with chest x-ray and it is shown as below.



Once chest x-ray was seen by admitting unit, it was discussed with radiologist and the diagnosis of duodenal obstruction or diaphragmatic hernia on the right side or malrotation with obstruction were considered. Admitting unit chief asked for CECT scan.



CECT Report: Gastric volvulus with paraesophageal hernia on the right side with duodenal obstruction due to displacement of duodenum into posterior mediastinum through oesophageal hiatus. Diaphragm is pushed upwards.



Exploratory laparotomy was done.

Intraoperative findings:

Distended stomach and duodenum herniated on the right side of oesophagus.

GE junction is in normal position.

Paraoesophageal defect of 4 cm with distal stomach with body and first part of duodenum as content with partial volvulus of the stomach.

Operative procedure:

Nasogastric aspiration of stomach contents was requested which helped in the decompression of stomach and eventually stomach could be reduced.

Reduction of stomach and duodenum was attempted by slowly releasing the adhesions between the contents and diaphragmatic opening and from the side of the oesophagus.

4 cm defect was noted on the right side of oesophagus.

Defect was sutured by using non-absorbable sutures.

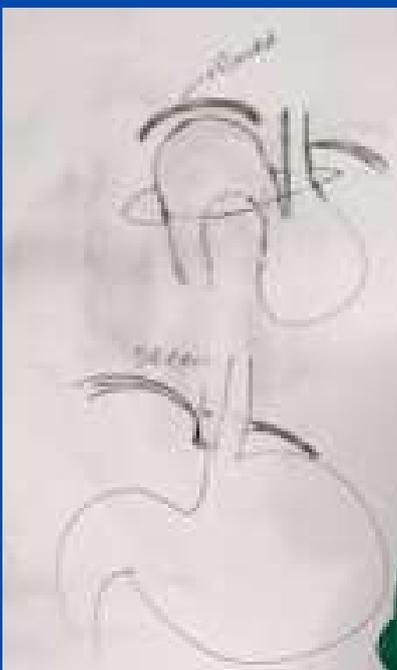
Bites were taken from the fibrous rim of opening to the peritoneum all around.

Care was taken on the medial side while taking bites from soft tissue of oesophagus.

Discussion about mesh placement happened. However operating surgeon felt there are no specific tissue to suture the mesh to.

Rest of abdomen was examined and sigmoid diverticuli were found.

Abdomen was closed in layers.

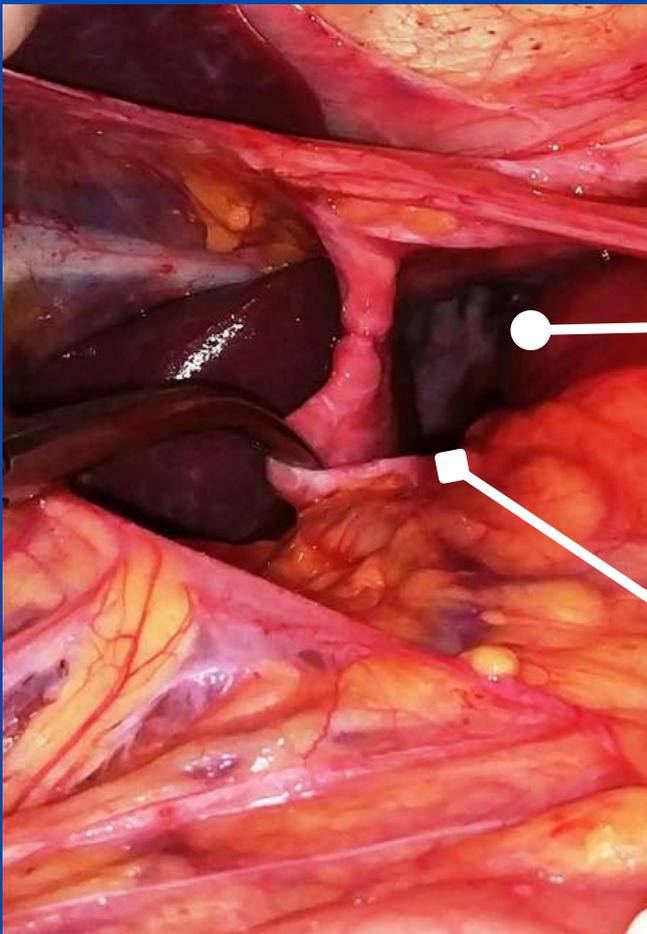
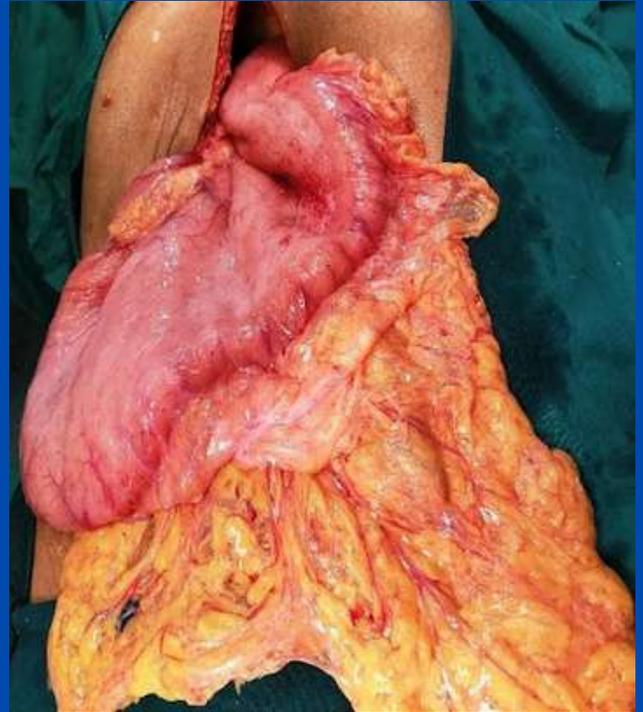


Contents in the hernial sac

Postoperative period: Patient tolerated the procedure well and was started on oral feeds on POD-2, tolerated feeds well and passed stools. Patient was discharged by 6th day.

Follow up: Patient visited OPD twice in the following year and had no symptoms. Patient was able to eat well and gained 3 kgs of weight.

Reduction of Content and
Suture Closure of the defect



Arrow showing Oesophagus in the normal position which is mildly dilated due to recurrent volvulus. No true sac found

Arrow showing 4 cm defect through the diaphragm, paraesophageal after reduction of contents



Chest x-ray post-op 10 day:
Showed full expansion of lung
and the level of the
diaphragm.

Discussion:

Hiatus Hernia is characterized by a protrusion of any abdominal structure other than the oesophagus into the thoracic cavity through a widening of the hiatus of the diaphragm. There are many types of hiatus hernia. The current anatomic classification of hiatus hernia has evolved to include a categorization of hiatal hernias into Types I – IV (Guidelines for the Management of Hiatal Hernia- SAGES).

Type I hernias are sliding hiatal hernias, where the gastroesophageal junction migrates above the diaphragm. The stomach remains in its usual longitudinal alignment and the fundus remains below the gastroesophageal junction.

Type II hernias are pure paraesophageal hernias (PEH); the gastroesophageal junction remains in its normal anatomic position but a portion of the fundus herniates through the diaphragmatic hiatus adjacent to the oesophagus, through a defect in the phreno-oesophageal membrane.

Type III hernias are a combination of Types I and II, with both the gastroesophageal junction and the fundus herniating through the hiatus. The fundus lies above the gastroesophageal junction.

Type IV hiatal hernias are characterized by the presence of a structure other than stomach, such as the omentum, colon or small bowel within the hernia sac.



More common type is type I and is seen in more than 95% of cases. Types II–IV hernias as a group are referred to as paraesophageal hernias (PEH), and are differentiated from Type I hernias by relative preservation of posterolateral phrenoesophageal attachments around the gastroesophageal junction. Least common is type 2 PEH. A paraesophageal hernia is characterized by an upward dislocation of the gastric fundus through a defect in the phrenoesophageal membrane. It is an uncommon type of hiatal hernia that mainly affects older adults, with a median age of presentation between 65 and 75 years. Advancing age (because of loss of elastic fibres) or raised increased intra-abdominal pressure or multiparar are the causes generally mentioned. Most cases of hiatal hernia are acquired rather than congenital. Paraesophageal hernias are associated with abnormal laxity of the gastrosplenic and gastrocolic ligaments, which normally prevent displacement of the stomach. As the hernia enlarges, the greater curvature of the stomach rolls up into the thorax. Because the stomach is fixed at the GE junction, the herniated stomach tends to rotate around its longitudinal axis, resulting in an organoaxial volvulus. Infrequently, rotation occurs around the transverse axis resulting in a mesenteroaxial volvulus. Over time, the entire stomach eventually herniates, with the pylorus juxtaposed to the gastric cardia, forming an upside-down, intrathoracic stomach.

Gastric volvulus is a rare condition characterized by pathological rotation of the stomach, most commonly associated with paraesophageal hiatal hernias. Few patients can have Borchardt's triad- which comprises of severe epigastric pain, unproductive retching and inability to pass a nasogastric tube, represent total gastric obstruction.

Our patient had partial gastric volvulus. Portion of body of the stomach with pylorus and duodenum have entered through the hiatus resulting in duodenal obstruction. Patient also had anaemia. Anaemia is due to mucosal ulceration caused by volvulus resulting in mucosal ulcers and bleeding. Iron deficiency anaemia can be seen in upto 50% of patients with a paraesophageal hiatal hernia².

We asked for Contrast Enhanced CT scan for arriving to a diagnosis in this patient. Multi-slice CT with sagittal, coronal, and 3D reformatted images³ has increased the sensitivity of CT for the detection of hiatal hernia⁴. If intestinal obstruction and strangulation occur, dilated intestinal segments will be visualized with air-fluid levels within the chest cavity and abdomen. Cephalad migration of the gastroesophageal junction or gastric fundus through the hiatus can be clearly visualized on oral contrast-enhanced CT images. Our patient had normal gastroesophageal junction. The laparoscopic approach has demonstrated a lower postoperative morbidity and mortality, and a shorter hospital stay as compared to the open approach.⁵



References:

1. Guidelines for the Management of Hiatal Hernia: [sages.org/publications/guidelines/guidelines-for-the-management-of-hiatal-hernia](https://www.sages.org/publications/guidelines/guidelines-for-the-management-of-hiatal-hernia)
2. Yu HX, Han CS, Xue JR, Han ZF, Xin H. Esophageal hiatal hernia: risk, diagnosis and management. *Expert Rev Gastroenterol Hepatol.* 2018;12:319–329
3. Low DE, Simchuk EJ (2002) Effect of paraesophageal hernia repair on pulmonary function. *Ann Thorac Surg* 74:333-337
4. Eren S, Ciris F (2005) Diaphragmatic hernia: diagnostic approaches with review of the literature. *Eur J Radiol* 54:448-459
5. Dallemagne B, Quero G, Lapergola A, Guerriero L, Fiorillo C, Perretta S. Treatment of giant paraesophageal hernia: pro laparoscopic approach. *Hernia.* 2018;22:909–919.



Achievements...An Interview

Dr C G Narasimhan

Proud of you

Posts Held

- Senior Surgeon.Kamakshi Hospital Mysuru, 1973 to till date.
- Honorary Surgeon and Unit Head. K R Hospital Mysore- 1970 -1973.
- Past President Surgical Society of Mysore 1993-94.
- Chairman Org Committee ASI conf at Mysore 1994.
- Chairman Org Committee ASI conference at Mysore 2003.
- Past Chairman. A S I State Chapter – 2004.
- Chairman Organising Committee ASI National Conference Mysore, 2016.
- Past President. Mysore Med College Alumni Association 2011.
- President. Ganabharathi Music sabha sine 2011 till date.



ACADEMIC ACHIEVEMENTS

First Surgeon in Mysore: In the Following

- To start practice in Private Field.
- To complete 50 years of active practice 1970 till date
- To do pancreatico jejunostomy in 1973 on a 11 year old boy and other major Surgical procedures in private hospitals
- To start G I endoscopy in 1985.
- To start Laparoscopy at my 57th year
- To get elected as Chairman KSC/ASI
- To deliver Dr.H.S.Bhat Oration in 2008.



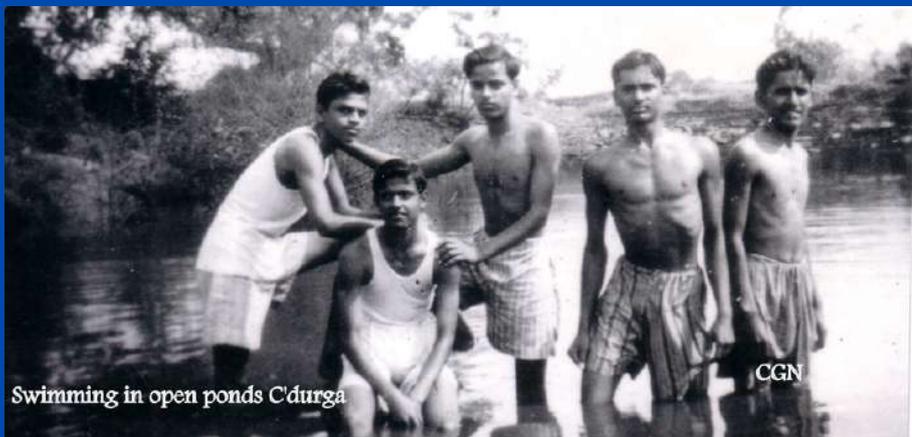
Dr CGN..Popularly known as
Senior Surgeon, Kamakshi Hospital Mysuru,
1973 to till date.





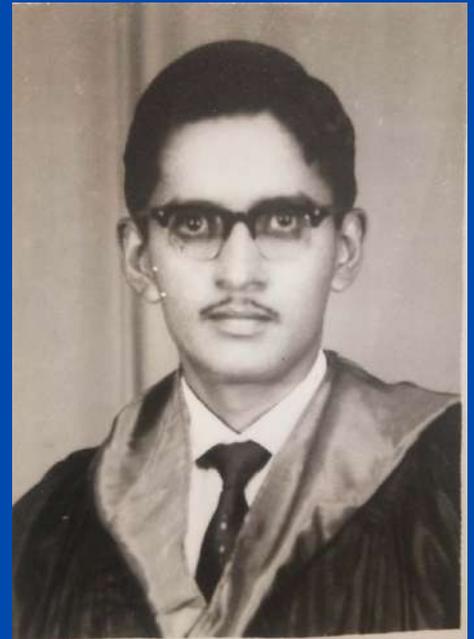
Dr CGN....

Coming from a relatively less known town of Chitradurga perhaps a neglected district in the erstwhile Mysore state carried some disadvantages. As a scout, scaling the tough & steep rocks of the famous fort umpteen number of times, playing cricket bare footed, swimming in open ponds and not seeing any big cities made my physique and outlook quite RURAL and RUSTIC. Later when I joined Mysore Medical College (MMC) in 1957 after passing the Intermediate course with distinction (2nd PUC now a days) I felt like a fish out of water.



Swimming in open ponds C'durga

CGN



Birth : 18th May 1940

Family

Education till senior intermediate at Chitradurga.

MBBS (1963) and MS (1970) from MMC.Mysore.

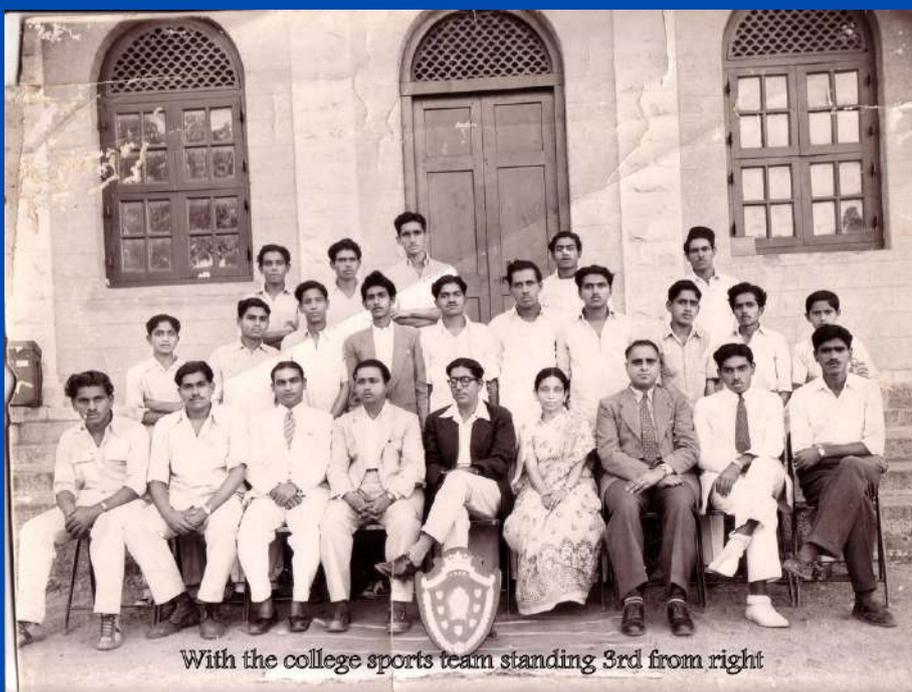
Wife: Dr.Shanthi a retired Scientist from CSIR- C F T R I

Daughter: Suma , Audiologist, her husband: Dr.Harindra.M.N.- E N T, Head and Neck Surgeon Apollo Hospital Mysore,

Two grandsons:

First GS: Advocate in Bangalore

Second GS: Joined J N M C Belgavi in 2020



With the college sports team standing 3rd from right



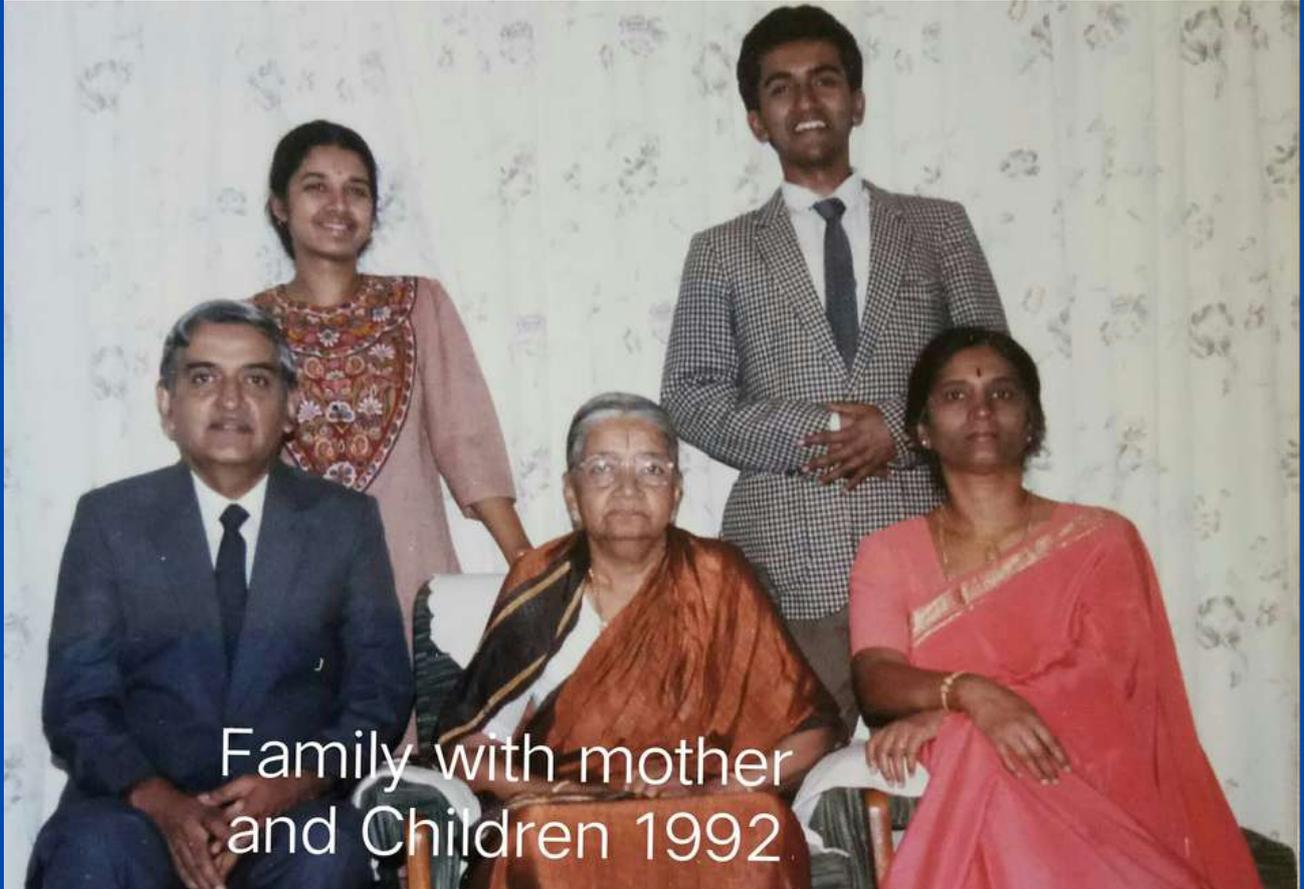
Shastra

June 2021

Issue 2/21



Dr CGN



Family with mother
and Children 1992



Golden Jubilee Reunion of 1957 Batch of M M C Held at Mysore on 21st Dec 2007



Dr CGN

Losing my father who was in a none too happy economic state during my first MB at the age of 18 within a year of my admission, my days in the Medical College became quite tough and I had to swim against the current all through 5 and half years. Belonging to the forward caste and not being eligible for any scholarship from the government I had to depend upon meager scholarship from some private associations. However a Professor in the college was kind enough to grant me free studentship and I did not have to pay any fee throughout the course.

After passing the final MBBS in April 1963 I did my houseman ship at Victoria Hospital Bangalore. Immediately I joined Neyveli Lignite Corporation hospital, Tamil nadu where I gained a very good experience as the patient load was unbelievable 100 to 150 per day.

With an irresistible ambition of doing post graduation I had to resign the job after a couple of years to join MMC for MS in general Surgery in 1967



With an irresistible ambition of doing post graduation I had to resign the job after a couple of years to join MMC for MS in general Surgery in 1967. Here again I had to go through stipend less course as I was considered as non government candidate. My going to Madras National Conference of A S I in 1968 paid me rich dividends in passing the M S exam as none of the P Gs had the habit of attending such conferences those days. Attending annual conferences of A S I became a habit thereafter and it was so strange there were very few representing our state. The concept of 'Continuing Medical education' started in 1977 at Madurai workshop by the noted paediatric surgeon Dr.T.Dorairajan which I attended. It later became a common feature.



CGN....

I was much interested in teaching but it eluded me all along and I had to straight away jump in to Private practice in Mysore at my 30th year though I did not have any hands on training under seniors. I did not opt to join the Bangalore Nursing Home run by my father in law, Dr.T.K.Dayalu which was then as popular as Manipal or other corporate hospitals of these days,. Here I got lot of opportunities to operate.

In Mysore when I started practicing in 1970 the facilities like laboratory and radiological investigations were absolutely meager, Ultra sound, C T and M R I scan were not even heard of. The theatre equipments like cautery, better anesthetic machines and drugs were not available. Penicillin, Streptomycin, tetracycline ,Gentamycin (Garamycin) were the antibiotics, Novalgin (banned later) and morphine as pain killers were available. Doing surgery under such circumstances was quite challenging. As I was the only surgeon in the private field and with no super specialists available by default I had to operate all cases including caesarian sections, hysterectomies also. Orthopaedics which we had studied in detail during M S course those days came in handy to deal with. This included closed reduction of fractures, internal fixation, patellectomies, S P nailing of fracture neck of femur and to top it all a few cases of antero – lateral decompression of the spine in cases of Pott's disease of the spine and cervical rib excision.

As a youngster in my 30s I was able do Nephrectomies,2 stage Prostatectomies, difficult paediatric surgeries like Swenson's procedure for Hirschsprung's, plastic surgeries like cleft lip and palate repair etc. Attending courses at Tata memorial Hospital helped me to improve my skill to operate Oesophagus, Gastric , Pancreatic and Rectal cancers. Thus I was a general surgeon in the true sense of the term handling almost all organs of the body including the lungs with the exception of the heart and Brain. As things changed in 1980's and 1990's with advent of U S scan and C T scan surgical precision also changed considerably keeping myself abreast with the developments.

At this stage it is not out of place to mention as some of the M S, PGs of K R Hospital used to come to me clandestinely to assist a few major cases and lap surgeries they were also visiting my clinic which was close by to K R Hospital to discuss some academic issues. I am indeed happy that a few of them have acknowledged my services in their thesis.



Dr CGN..

Awards & Recognition

- IMA Mysore Branch Felicitation.....1999.
- ASI/KSC felicitation at Belgaum conf... 2000.
- Dr.H.S.Bhat orator at Gulbarga.....2008.
- Felicitation by Governor of Karnataka.2000.
- Mysore Dist Rajyothsava2017.
- Hoysala Award Mysore.....2007.
-
- Sangeetha Seva Nidhi by JSS Swamiji.....2014.
- Felicitation By.Mr.Praveen Sood Police Chief
at the Popular Music event ' Geeth Gaata Chal
'in Mysore.....2000.
- Mysore Med Coll Alumni Assoc.....2017.
- Several other Social Organizations.



Felicitation RGUHS



Felicitation JSS Swamiji



CGN...Awards & Recognition



Felicitation by Governor



H S Bhat Oration



Dr CGN

Extra Curricular Music Activities.

Hobbies – Photography, Karnatic and Hindustani vocal music, Swimming, Gardening, Philately and Crossword solving, reading kannada literature , Love to make pickles and preparing T V recipes (sweets!).



PRESIDENT GANABHARATHI MUSIC SABHA SINCE 2011

With The Erstwhile Royal Family, Smt. Pramoad devi and Mr. Yaduvar Wadeyar





Dr CGN

Photography

I am quite well versed with the computer in editing the photos and preparing my own slides also.

Arranged a Photo Exhibition of both General and Clinical photos titled “Scalpel and Lens “for the benefit of doctors and general public at Mysore Kala Mandira in 2003. It was inaugurated and appreciated of by the noted Photojournalist and a Padmasri awardee Mr.T.S.Sathyan.



Drs.Nityanand rao,C.B.Murthy,Xavier D'souza and Dr.Ananth



SIBIRIAN GULL AT TRIVENI SANGAM .. PRAYAGRAJ. Photo By Dr.C.G.N. (2018)



Dr CGN

Membership to other Medical/Non Medical Organizations

- Association of Surgeons of India.
- IMA, Mysore Branch :1970,
Vice President , Secretary
- Indian Society of Gastroenterology.
- Society of G I Endoscopy of India.
- Indian Association of Endosurgeons.
- Member of Med College Kho Kho and
Basket Ball teams.
- Member I M A Mysore Branch since 1970.
Was the Secretary and Vice President.
- President and Donor, Ganabharathi
Music Sabha Mysore.
- Donor to two Senior Citizens Homes.
- Patron of several Music and Cultural
Sabhas in Mysore.
- Member, Mysore Sports Club.
- Member Philately Club Mysore.

Chairman ASI





DR CCN...



Mentor

As I didn't have any Professor or Surgeon who taught me or gave any opportunity to learn, I consider Text books of Operative surgery and Zolinger and Zolinger Atlas of Surgery are my mentors.



Favourite Surgery

Hernioplasty and Pancreatic Surgery.

Why I chose Surgery

I thought that Surgery is always challenging and satisfying.





Dr C G N...

If not a Surgeon

I intended to do General Medicine as I spent quite a few years in Medical wards.

Re-living PG life.

I would try to win the confidence of the Professor to make me a good Surgeon.

I would also take up a research subject side by side for my dissertation.

Favourite food etc.

I have a sweet tooth, love sweet of any kind. Fond of fruits particularly Nanjangud Bananas.

I like to visit historical places both in India and abroad. Like to revisit north east India and Egypt. I read Short stories and Autobiographies. D V G's Kaggga and Basavanna's vachanas are my favourite readings.

Interesting incidents in the Profession

There are many in my long career of 50 years but let me quote only two.

: In 1972 after giving G A to a V I P patient a very senior anesthetist who had a habit of spraying local anesthetic after giving muscle relaxant before intubation got the needle of the syringe slipped in to the larynx. A very sensible suggestion by my colleague surgeon to lift the patient head down helped the needle to slip back and we could retrieve it giving us a sigh of relief.

: In 1987 an 11 month old child had swallowed an open safety pin. It was in the lower oesophagus and I could remove it successfully under GA with the " adult Olympus scope " that I had, after carefully measuring the length of the scope to be introduced.

Consumer Protection Act... Fight for your Rights

As one operates more and more he is bound to face some complications, I was no exception. I had to solve them all by myself in the absence of a surgeon colleague. Couple of cases of Consumer protection also I faced in my long career. On both occasions I argued myself without the help of a lawyer. The judgments were in my favour and in one , the patient had to give me Rs.2000/ !!.



Dr CGN

Key to success

I can attribute this to gaining the confidence of the patient by spending sufficient time with him/her, talking to them in their own dialect as I could converse in all the south Indian languages apart from Hindi. Never in my career I demanded money before surgery or asked an advance, in other words I was never business minded. My utmost commitment in pre op and post op care also paid me rich dividends. I believed in Bsavanna's saying " Kayakave Kailasa " meaning work is worship and I considered the Patient as the God.

Advice to young Surgeons

Do your job with Sincerity and devotion. Name, fame and money automatically follow.

Before surgery do your home work referring the books and plan your procedure.

Handle the tissues with respect and diligence from skin to skin.

Be confident but never be over confident and never be complacent, even a circumcision may land you in trouble.

Be frugal in using antibiotics either pre or post op. For years I never used antibiotics in clean cases of hernia, thyroid etc as I was very strict with the OT staff in following the sterilization protocols.

Document whatever you do both in writing the post op notes yourself and taking clinical photos.

They are always helpful in solving medico-legal cases.

Advice to youngsters

There is no shortcut to success. Success is something in everyone's reach. You only have to go for it. Hard work and sincerity are a must. But you need to be a bit humble.

You are bound to face failures, but take a pause, learn from mistakes and keep going.

Never stop progressing. If you stop progressing, you are already going backwards.

Believe in God,

Respect Parents and Teachers,

Love your work and do your work with love and Sincerity



Dr CGN

Publications

Has authored “101 questions answered about cancer “in Kannada.

Has authored a chapter about Surgery in Kannada ‘ Vishwa kosha ‘14th Edition of University of Mysore.

My operative procedures in the form of a DVD have been published for the benefit of young surgeons.

Some my clinical Photographs are included in Manipal manual of Surgery By.K.Rajagopal shenoy.

Has given number of educative Medical lectures on A I R and T V.

Memorable Moments

- Passing my MS exam in 1970, doing my first pancreatic surgery in 1973 when none of the modern technologies and facilities were available,
- Becoming the Chairman of the State Chapter of ASI are my memorable events.

Devastating Moments & Recovery

Losing my only 21 years old son (final Semester Engineering) who collapsed suddenly in front of me without any ailments in June 1994 and my mother breathing her last the next day left us totally distraught. Both I and my wife could brave the grief by involving ourselves more actively in our respective professions and also by the support from my daughter and son in law.

Regrets in life

: That I did not learn music from my childhood. (Now I am learning classical Hindustani music from my 78 th year)

: That I did not learn playing cricket scientifically.



Announcements

 KSCASI midCON 2021
State level conference
of kscasi which will be
held in the month of September
3rd week ie on 23,24 and 25
docs.google.com

https://docs.google.com/forms/d/e/1FAIpQLScWF4ozTaEDXr337006o5B3tF9-sBeUr_LGfWBeUch09-5rEg/viewform?usp=sf_link

[Click here for more details](https://docs.google.com/forms/d/e/1FAIpQLScWF4ozTaEDXr337006o5B3tF9-sBeUr_LGfWBeUch09-5rEg/viewform?usp=sf_link)

 DoctorsSpeak | Effect
of Covid19 on
Healthcare Providers |
16-07-2021 | 5PM | DD
Chandana
#DoctorsSpeak #Covid19
#HealthcareProviders
youtu.be

<https://youtu.be/j8q4kSgrun0> 12:51 PM

Dr. Ashok Godhi's Interview
[Click here to watch the video](https://youtu.be/j8q4kSgrun0)



Shastra

June 2021

Issue 2/21



ORBITUARY



Dr. Ganesh, CMO, GH kollegala