Official Newsletter of Karnataka State Chapter of Association of Surgeons of India

KSC-ASI

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SHASTRA

ISSUE 3/19, SEPTEMBER 2019

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Dear esteemed KSC-ASI members

It gives me immense pleasure to present the third issue of Shastra of 2019. A variety of articles have been included in this issue. The topics help in understanding the burden of Head and Neck cancers By Dr. Shilpa Chatni and importance of Evidence Based Medicine by Dr. Ramakrishna, who has a book published by Springer on Medical Statistics. An article stressing on how to choose the college for post graduation by Dr. Raja Shanmuga Krishna R, from Ganga Hospital is an eye opener to all those who are in the stage of choosing a college and career in surgery. Dr Madhusudhan Karignur, who is the President Elect of IMA-KSB, explains the pitfalls of the NMC bill.

The Doctors seem to be beaten day in and day out. An article on this issue by Dr Pinky Thapar explains on the causes and effects. What were stray incidents earlier are now very common. The Doctors are unhappy and so are the people! This is definitely not good for the Society. The past few years has seen a drift in the Doctor-Patient relationship. With increase in incidence of violence the doctors seem helpless. The only option left was to shut down the establishments. It is disheartening to realise that the cries of the doctors fall on deaf ears. When the healer himself is hurt, how can he deliver his best? The frequent “Bandhs” have raised many an eyebrow. The people of the country are confused. The rising health costs has led to suspicion in the people's minds. They blame the doctors for the prices that have skyrocketed in health care. With impracticable Government schemes, the people do not know where to go. Our problems would be the last they would care for!

The damage has already been done. Somehow we have been demonised in the public eye. It is time now to introspect. Where did we go wrong? And what best can be done? Over the years in our medical fraternity, we have failed to incorporate sympathy and empathy during the course of learning and practice. This is where the Quacks have taken over us and they are heroes in the public eye. In the race of writing so many exams we fail to understand certain aspects of treatment of which kindness is most important. Many a times we start looking up at images when the diagnosis is staring at us through clinical examination. At some corner of the patients' minds, they always feel that the the doctor did not touch the patient! Hence as clinicians we should never fail to do a complete clinical examination. Let us not forget that we chose medicine as our profession only because of our love for humanity!

Reconnecting with the people is the only answer to the present issues. We must involve ourselves in preventive health through public education programmes. Addressing school children would help in changing the attitude of a whole generation towards us. Denial of Primary health care is the main cause of public anguish. We must find a way out to reach out to people in the times of need. Only then we would be heard and our problems answered!!

Long live KSC-ASI
Dr. Naaz Jahan Shaikh
Editor, Shastra.

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Chairman's Message

Dear colleagues,
Season's greetings!!

It has been a mixed feeling for the Medical field in the past three months. As far as KSC-ASI is concerned, we are conducting one CME per month. The Midcon scheduled for August 24 and 25 had to be postponed due to heavy rains and floods leading to inaccessibility. Many of our members have been actively involved in the relief works. Dr Basavaraj and his team at Bagalkot have been doing great service by consistently getting involved in helping people in the flood hit areas.

Medical education appears to be at the crossroads. with the abolition of NEET, no one has clarity about the academic course. Smoke has to settle down, to decide about the merits and demerits. I Personally request all the Junior Doctors to learn good basic skills to thrive in the field. Of late, Interns tend to concentrate on preparing for Post graduate entrance exams without giving much importance to learning clinical skills and basic bed side procedures. No branch is inferior. The decision is difficult. Moreover, one may have to choose from available options. Trying to be the best in the given field is the trick of the trade. "ONLY SURGICAL EXPOSURE WILL NOT TAKE YOU ANYWHERE. IT IS IMPORTANT TO LEARN BASICS, AND THE SKILL OF THE SURGICAL TECHNIQUES".

As senior faculty members in medical teaching , please look after your Post Graduate students as your children. Do not pressurise them for non-clinical works. Students nowadays are extremely sensitive. No student should think of ending his / her life.

Collectively we are all failing to impress upon the society at large to understand our grievances. I urge doctors not to go on strike. Let us be sugar in water, and not sand in water, water being the society. Good communication skills will go a long way towards achieving success. These skills matter most especially in emergencies.

And Last but not the least, "A mistake that makes you humble is much better than a success that makes you arrogant". Learning from mistakes, over a period of time brings wisdom and wisdom teaches us when not to operate! Chose the procedures wisely. Practice safely and efficiently. Stay safe, practice ethically, and enjoy the profession which you have chosen with so much passion!!

LONG LIVE KSC-ASI!!

Dr. Vidyadhar Kinhal
Chairman, KSC-ASI

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Secretary's message

Dear senior colleagues and friends,

Greetings to all on the eve of 73rd Independence Day. Though this month was filled with patriotic fervour with the abrogation of article 370, shadow of gloom was all prevalent. With floods affecting almost three fourth of the state many families lost lives and livelihood. A tremendous work has been done by our local branches including Chikkodi, Bagalkot, Belagavi and Hubballi Dharwad in carrying out relief activities and providing relief at the crucial time of need. I congratulate them for their selfless service and I urge them to device a long term relief activity in line with ASI Mission statement.

Unfortunately for the same reason of floods MIDCON at Mangaluru has been postponed to 19th and 20th of October. Though it poses extra work to the organisers , they are very meticulous in planning the said event to make it as an academic feast. The least we can do is to reciprocate to them by attending in good numbers. I personally request you all to come and join us at Mangaluru and make the event a memorable one.

On a sad note we lost one of our senior member Dr N.M.Prabhu on 10th August. He was the president of KSCASI, prof of surgery at KIMS, Hubli. He was the first surgeon to bring flexible endoscope to Hubli and popularise in the entire north Karnataka. He was the one who made people aware about USG and endoscope in small places around Hubballi. We should derive inspiration from such seniors. Because of their hard work our profession has recognition of this magnitude. I pray to God to give strength to his family to bear the loss and may his soul rest in peace.

My sincere request to all the branches is to send the activity report as soon as they conduct the activity in MICROSOFT WORD format along with couple of photos . Do not wait for sending the report. This helps us in sending the report to ASI within the specified time limit.

ASI has been conducting webinar's on interesting topics. We will be sending you messages regarding the same. Register early and login at the appropriate time to be a part of the learning experience . You can also visit KSCASI website for the updates on the academic activity. I request you to make use of it.

With this I hope to meet you in large numbers at MIDCON Mangaluru on 19th and 20th October

Long Live KSC ASI.
Secretary
Dr. Diwakar Gaddi.

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Evidence Based Medicine

-Dr. Ramakrishna H.K.
Consulting General and Laparoscopic Surgeon
Bhadravati

People almost arrive at their beliefs not on the basis of proof,
but on the basis of what they find attractive
- Blaise Pascal

Evidence-based medicine (EBM), is finding evidence obtained from well designed and conducted research and using that evidence to make clinical decisions.

Some surgeons are confused about EBM. They think EBM is about supplying or having evidence for their treatment decisions. For e.g., it is essential to have ultrasound scanning or any other similar proof of appendicitis before doing Appendicectomy. This is not so. EBM helps is making right decisions for a clinical problem based on the evidence in the literature obtained from the published research works. It discourages using opinions of "experts" or anecdotal case reports to make decisions on treatment.Ultimately it is for the benefit of the patients. It aims at improving the quality of treatment & outcome. It provides some standardisation of the treatment. It helps in forming protocols. The concept of EBM started around 1980's. Its popularity as a tool to for recommendations for clinical decision is rapidly increasing.

Why opinions from experts may be fallacious? We know that there are many experts. Halstedt was an expert. His concept of radical mastectomy was practiced for decades until some surgeons showed evidence from research trials and published which showed that radical mastectomy is not really more useful than less radical operations. Can we now practice radical mastectomy because it was advocated by an expert? Most of the time we practice what our teachers have taught us or by observing how our teachers treated patients, how they made clinical decisions. We also know that there is always another professor from another medical college, who is also an expert and has equal reputation as our teacher. This second expert also will have students and these students follow his method of treatment. Suppose in a clinical problem, if these two experts have different views regarding treatment plan, whom should we follow? Who is right? This is not imaginative but a real possibility on many occasions. In conferences/workshops we have seen experts operating. One expert says we must always fix mesh in TAPP while another expert says he has never used any fixation. Both are experts! One expert says never use polypropylene mesh intra peritoneally for laparoscopic ventral hernia while another expert says he has been using conventional

polypropylene meshes for past 6 years without any problem. If you ask questions both will have very good answers and arguments in their support. Hall of audience may also be divided in to two groups each one supporting one or the other expert. Who is correct and which method should we follow? Should we apply "democracy" and say one who has more number of supporters is the correct one? Majority may also be wrong. I have seen thousands of patients (even some doctors as patients) believing and taking some liquid given by a quack for cure of cancer. Usually these quacks are very popular. It is because 100 people told it is effective. Only a few are saying it is ineffective. But these 100 people will never examine evidence of how many are really benefitted with the liquid. A few who think scientifically and done some research of the effectivity, say it is useless. But if we apply democracy rule, we have to accept that the liquid is effective. We will be committing a mistake.

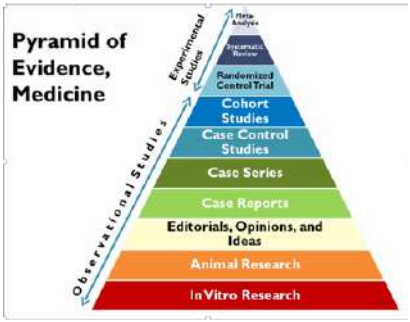
Even when we read articles in journals, we may get confused. Totally opposite views may be given in two articles published in reputed journals. For example consider these statements/conclusions from real published articles. "Intra peritoneal Mesh plasty with conventional polypropylene mesh is a safe, quick, convenient method of incisional hernia repair with minimum morbidity and mortality; the results are comparable to any other procedure being practiced today. The complications associated with intra peritoneal placement of the conventional polypropylene mesh were not seen in our experience". (Malik FI, Mirza TI. Intra peritoneal mesh plasty. Professional Med J Sep 2010; 17(3): 360-365)
"Bilayer prosthetic mesh composed of ePTFE and polypropylene can be safely placed intra peritoneally without causing intestinal obstruction or enteric fistula". (Keith W Millikan et al, Intra peritoneal underlay ventral hernia repair utilising bilayer expanded polytetrafluoro ethylene and polypropylene mesh. The American surgeon (2003) Volume: 69, Issue: 4, Pages: 287-291).

If you read only second article you will think polypropylene mesh should not be used. If you read only first article you are likely to use it. If you read both? You may be Confused !
Pharmaceutical companies or manufacturers of medical devices may use an article which helps marketing of their products (e.g., a mesh or a drug). We tend to believe and start accepting the concept marketed by them. Even experts also give statements from one article and young surgeons attending conferences may be carried away with misguided information. So we have to look into evidence from research than from expert. We also must know how to analyse and interpret the research papers. We must know how to check which is a better paper, and has less flaws in the study design. So we should know basics of research methodologies.

For medico legal purposes also we can quote a guideline or reputed journal. This goes a long way to save us than an expert opinion which may be countered by another expert.
Finally, if we keep on doing only the "correct" methods, no new ideas concepts will come up. We will be blindly following one concept. Innovations are also required. To prove our innovations are useful, we must show evidence in support of our claim through properly conducted research trials.

The medical knowledge and concepts of management also changes with time. If you have to transfer the benefits of recent advances to your patients, you need to have updated knowledge. We may have a problem in the current line of management. We want to improve the results. We need some guidelines to change your current line of management. Then we need to know what are the results with the new line of management and how reliable the results are.

Answer to all these problems is EBM.
We must also understand and realize that all published data are not equally reliable or carry equal weightage. Different types of data or studies have varying strengths or values. If we arrange different types of studies based on their value or strength of usefulness in decision making in our clinical practice, we get what is known as Pyramid Of Evidence.



(Ref:http://www.slideshare.net/kpadron_libraries/evidence-based-practice-8412826).

In general, observational studies carry lesser value than experimental studies (interventional studies). Expert opinions are at the bottom, only slightly better than animal or in vitro studies. Case series are better than expert opinions. Meta analysis of a large number of double blind RCTs are the best. If it supports a particular conclusion then it can be accepted with fair degree of confidence. For e.g., laparoscopic cholecystectomy is superior to open cholecystectomy. In some cases, the conclusions from meta analysis are not so unequivocal. For example: Complications of intra peritoneal PPM (adhesions, infection, intestinal fistulisation, sinus formation, seroma and recurrence) can occur with the newer mesh also.

There is no statistically significant difference in the incidence of these complications between these meshes. …… the choice of the mesh depends on the surgeon's preference and cost of the mesh rather than EBM. (H. K. Ramakrishna and K. Lakshman. Intra Peritoneal Polypropylene Mesh and Newer Meshes in Ventral Hernia Repair: What EBM Says? Indian J Surg. 2013 Oct; 75(5): 346–351).

In such cases surgeon is not committing mistake if he uses any of these two conclusions. So we need to consider the strength of evidence also. Based of the relative strengths, evidences are graded into various levels.

Levels of evidence:

The recommendations with strong evidence (high degree of confidence) are placed at 1st level. As the level increases, the strength decreases. There are many systems but basically they all have same principle. One such system is given here as an example. (http://www.cebm.net/oxford-centre-evidence-based-medicine-levels-evidence-march-2009) uses a system where Level 1 has highest strength and level 5 has lowest strength of evidence.

Level 1: Evidence shows evidence from Systematic review of high quality RCTs.

Level 2: Evidence from low quality RCTs.

Level 3: Evidence from Case Control studies.

Level 4: Evidence from case series or observational studies.

Level 5: Evidence from expert opinion, anecdotal case reports.

BENEFITS OF EBM

- Minimises errors in Clinical Decisions
- Improves Quality of Patient Care
- Promotes Lifelong & Self Directed Learning
- Continuous Professional Development

Limitations of EBM:

- RCT- unethical
- Expensive trials
- Funding & conflicts of interests
- Time consuming
- Obsolence of research findings
- Unavailability of evidence
- Publication bias/ retrieval bias
- Ghost writers

"The amount of writings of a profession is a measure of its vitality and activity, whilst their quality is a rough indication of its intellectual state"

Sir Robert Hutchison (1871-1960)

Lancet 1939;2:1059

Conclusion:

In spite of limitations, Evidence Based Medicine helps the clinicians to take appropriate clinical decisions with a combination of experience and evidence available in the published literature. Clinicians must know the relative strengths/value of different types of study and methods of interpreting the data. Clinicians should critically analyze the claims in the literature/pharmaceutical companies to arrive at proper decisions. As far as possible, clinicians should follow guidelines and protocols in the management. It helps in maintaining uniformity of treatment. They are also helpful in defending a case if patient drags the clinician to court of law.

Historical meeting !
Beginning of a New Chapter in ASI.

For the first time in the history of ASI, Guidelines for Surgical Emergencies prepared by Team ASI and released by Honourable Dr Harshvardhan, Union Health Minister. ASI's role in various national health schemes and issues facing Surgeons including NMC bill, clinical establishment act and violence against doctors were also discussed. Honourable Minister was highly appreciative of ASI's efforts and assured continuing role for ASI in various issues.

Patient education Booklet on Gall stones Authored by Dr. Ashok Godhi released by Brig. Brij Gopal on Independence Day

Dr. Siddesh and his team from Sigma Hospital Mysuru handing over a cheque of Rs. One Lakh to Chief Minister towards flood relief.

Obituary

Dr N.M.Prabhu Passed away on 10th August. He was the president of KSCASI, prof of surgery at KIMS, Hubli. He was the first surgeon to bring flexible endoscope to Hubli and popularise in the entire north Karnataka. He was the one who made people aware about USG and endoscope in small places around Hubballi. KSC ASI expresses deep condolences and prays that God gives strength to the bereived family to bear the loss.

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An Overview of Head and Neck Cancer

-Dr. Shilpa Chatni
MS. M.Ch
Head and neck Surgical Oncologist
Hubballi

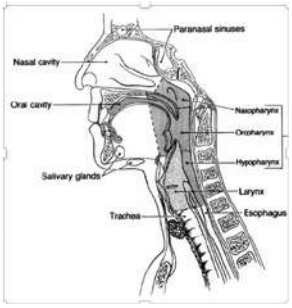
Although 'Head and Neck cancer' refers to any cancer arising between the skull base and the root of the neck, the term is often used synonymously with the 'Squamous cell cancers of the mucosal surfaces of the upper aero-digestive tract' (HNSCC) which form 90% of cancers of this region. The following discussion is regarding these cancers.The other malignancies of this region include Salivary gland tumours, Thyroid cancers, Para pharyngeal tumours, Skull base tumours, Parathyroid tumours, Skin cancers, Lymphomas and Sarcomas of this region.

The burden of Head and Neck Cancer varies greatly worldwide. While in North America and Europe, HNSCC accounts for 5-10% of new cancer cases, it forms about 30-50% of the new cancer cases in high risk countries like India, Sri Lanka, Pakistan, Bangladesh etc. This variation is mainly because of the demographic difference in the use of tobacco and alcohol which cause about 80-85% of the HNSCC. In India and other parts of the world where chewing is the prevalent mode of tobacco consumption, Oral cavity ranks first among the Head and neck cancer sites while in the western world where smoking is common, cancer of the larynx ranks high. However, in North America and Europe there is rise in the incidence of Oropharyngeal cancers in the last two decades and that is attributed to Human Papilloma virus (HPV) infection. Nasopharyngeal cancer attributable to Ebstein – Barr virus (EBV) is very common in some parts of China, Taiwan and Hongkong.

80-85% of HNSCC are attributable to Tobacco consumption in some form. In India, Oral cancer ranks 1st among all cancers in men and is next only to Breast and Cervix in women. Chewing is the rampant form of tobacco consumption in India. Betel nut is also now established as an independent carcinogen in oral cancer. Alcohol, though acts in synergism with tobacco to increase its carcinogenesis, has been implicated as an independent risk factor in HNSCC.

HPV and EBV are specific causative factors for Oropharyngeal and Nasopharyngeal cancers and syndromes like Plummer- Winson syndrome and Fanconi's anaemia are associated with Cricopharyngeal cancers.

The HNSCCs arise in the following sites. The sites are further classified into sub-sites.



Cancers in the various sites and sub sites differ from each other not only in the clinical presentation but also in their biology, the propensity to lymph node metastases, the response to different modalities of treatment and the overall prognosis.The clinical presentation varies depending on the site of the primary, ranging from a small ulcer / growth in the oral cavity to varying degrees of affection of the very vital functions , namely, breathing, eating, swallowing , speaking and of course the appearance of a person. Swelling in the neck vowing to the nodal metastases could be the only presenting symptom sometimes.

Surgery and Radiotherapy are the two main modalities of definitive treatment in Head and Neck cancer. Surgery or Radiotherapy can be used as Single modality treatment in early stage cancers. The choice depends on the site of the primary cancer, functional implications of the treatment. However, all cancers in advanced stages require multimodality or combined modality treatment. Chemotherapy and Targeted therapy form part of the combined modality treatment regimens. In general, Surgery is the preferred primary modality of treatment for Oral cavity cancers and cancers of the paranasal sinuses. While the Laryngeal and Pharyngeal cancers are more radiosensitive and surgery of these regions significantly affects vital functions, Organ Preservation with Radiotherapy or Chemoradiotherapy is the treatment of choice for majority of the patients.

The cancer and the therapy of HNSCC often affect vital functions like eating, swallowing, speech and breathing either temporarily or sometimes permanently. Hence, apart from the main treatment, these patients need supportive and rehabilitative care in the form of feeding tubes, adequate nutritional assistance, tracheostomy, swallowing therapy, dental implants etc.

Advances in technology and Research have made an impact in all fields of Clinical medicine and so in Head and Neck oncology. More conservative surgeries can be performed today with better functional outcomes but without compromising the oncological outcomes. Microvascular reconstruction has made a great impact in improving functional and cosmetic outcomes in specific indications like mandibular reconstruction and reconstruction of very

extensive defects. Better Radiotherapy techniques like Intensity Modulated Radiotherapy (IMRT) and Image guided Radiotherapy (IGRT) have made it possible to target the disease better and limit the dose to the surrounding structures. Newer regimens using drugs combined with Radiotherapy have increased the Organ preservation rates in Laryngeal and Pharyngeal cancers. Discovery of molecular markers has created better targets for treatment and prevention.

Finally, certain unique features of HNSCC are worth a mention. These are

- There is a known etiological factor and hence it is an ideal disease for Primary Prevention.
- The molecular and histological cancer progression model is established. There are well known potentially malignant disorders, especially in the very accessible oral cavity. These are Leukoplakia, Erythroplakia and Oral sub mucous fibrosis. These offer tremendous potential for research on screening, primary prevention by tobacco cessation and chemo prevention.
- Unlike other cancers, there is a very low propensity to distant metastases. Hence, there is a great potential to improve loco regional control and there by the survival.
- In view of the exposure of the whole aero-digestive tract to tobacco, field carcinogenesis is known. This leads to occurrence of Second Primary cancers. The incidence is in the range of 15-20%.This necessitates prolonged follow up in these patients.

Despite low distant metastatic rates and advances in treatment, survivals in Head and Neck cancer have not improved over the last 4 decades. The majority of the patients have advanced stages on presentation. So, early detection is the key to improve survivals in Head and neck cancer. Awareness among clinicians and training at Primary health care level is crucial to aid early detection.

To sum up, Head and Neck Cancer burden is very high in India. It is a highly preventable disease. There is no better example than Head and Neck cancer for a highly preventable cancer. Tobacco cessation, which is seemingly a simple logical approach is not so simple a practical approach. However, the WHO's Frame work convention on Tobacco control (FCTC) provides countries foundation to implement and manage tobacco control. More than 180 countries have partnered with WHO including India. India has been a partner since 2005 and there have been significant policy changes in India with respect to creating smoke free spaces, advertising regulations, warning pictures on tobacco products. Gutkha, a premixed tobacco and pan masala has been banned. However, much needs to be done. Screening and Chemo prevention are other strategies being researched for high risk individuals.

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Guest Column...

A guide to select Super Specialty Institution of your choice

- Dr Raja Shanmuga Krishnan R
Consultant Plastic Surgeon
Ganga Hospital

With the NEET SS results out and with the date of counselling not announced, students are left debating what institution to choose. This is one of the most confusing moments with a lot of people giving their different views. I will share what I felt through the years

1. Choose a mentor and not an institution

Provided you have a very good rank, and you can choose any institution, enquire about who are the good mentors. A good mentor is a good teacher, who is not hesitant in sharing what he knows, has a right attitude, skilful and is happy in you coming up. Believe me, these type of people are not very common. How much you will rise or fall depends on your mentor. This I feel is the most important yardstick based on which you should make your decision. Good mentors in small colleges are much better than bad teachers in big institutions or central institutions. I see that many students blindly tell that this college is good for a particular speciality not knowing that all the good teachers who made it good have retired. That is not the way to go. Post PG, when applying for fellowships people look who trained the person. It is better to have been with a good mentor.

2. Look for quality and not for cutting

One of the most common question asked by PG aspirants is how much cutting is there? An institution having more hands-on is definitely good. I do not discount it. But you need supervised hands-on and do the right technique. I hear people telling me that in a particular institute, there are few PGs and few faculty and so there are loads of cutting chances. I may think twice before going to those type of institutions. For example, you do a procedure wrongly 100 times, it is extremely difficult for you to do it the right way by unlearning and learning again. So finally your experience is minus 100 and not 100. Even observing doing the right way is more important than doing the wrong way multiple times.

3. Bond

Personally I feel bond for PG is unfair and is akin to bonded labour. No other branch like engineering/law has got it. Anyway, you need to factor this in your decision. If you want to work for the govt, it does not matter. However, you need to watch out how the states implement the bond. If they are absorbing you in places of repute, then it is fine. If they are

making you work in places with no facilities, then it may not be a good idea. Then it's better you choose a place without a bond.

4. Look out for the facilities

Not all institutions have the same facilities. Choose institutions with good facilities. For example, not all centres in plastic surgery do microsurgery. So when you go out, you will not know microsurgery. Some have big burns units. But not all have skin banks or do early excisions. So look out for what the unit offers. When you do not have good facilities, you will be learning the suboptimal treatment. Another thing is that you need to see whether they are used much. For example, there are a lot of institutions who have bought a microscope, but not used much due to lack of theatre, trained person etc. What's the use?

5. Speak to a senior

It is prudent to talk to a person in the unit before you enter that unit. This is because in some departments there is so much fighting within the department and some department heads are so toxic. It is better you avoid those units cos you need a free good mind to do well. Also, ask about the work there. Some departments, including some central institutions, spend their first year doing a nurses job mostly in drawing blood for blood investigations and giving their daily injections and so on. With just three years of PG and so much to learn, if a year is spent in this, what a shame!!!

6. Attitude and work culture

Some professors teach you the right attitude. I feel that with the right attitude, one can do wonders. Some units analyse their successes and failures, do audits, have mortality and morbidity meetings. Some are very hardworking and very optimistic. You must look out for these type of professors and institutions because when you leave, you will take out with you not only surgery but also ethics, attitude and work culture.

7. Research and other opportunities

Some units encourage research and presenting in conferences and so on. Some do not. It is better you go to institutions of this sort which will give you that research attitude because it is not all about cutting in the end.

8. M Ch / DNB

In some medical colleges where they only look at degree, M Ch can be advantageous. That is all. Other than that, there is no other advantage. For a mother bringing her sick child and a lady bringing her husband and vice versa, the only objective for them is to go back healthy

If you are making them better, give good care, people will respect you and come to you only. What you know and how capable you are is more important than your degree. No one asks it. In fact, I did DNB plastic, and I have never regretted it. I never wrote any exam for M Ch too. No one has gone to another plastic surgeon because I did DNB. Due to unfavourable working conditions, a lot of the good teachers have gone private. In super speciality, you need a lot of facilities which are in working condition, and you may get them in private and not in public hospitals. You must evaluate a place based on all the other points and not differentiate an institution based on M Ch/DNB. Plus in DNB there is no bond. By giving undue importance to M Ch, I feel people are missing out many great opportunities.

9. Family & Stipend

Beyond all this, many people have certain family issues. Family is very important. Some people may have to choose an institution to be close to their spouse or children. Some may have some family commitments and debts, and so good stipend is necessary. In that case, choosing the institution based on family needs is the right thing.

10. It all depends on you

However big a number is, if you multiply by zero it is zero. However good the facilities are, if a student is lethargic, not hardworking, not reading everything is a waste. As teachers, we long and yearn for students who are good, hardworking, responsible, honest and read well. When we realise that someone is good, we tend as teachers to read more, teach more and more hands-on. We also want to guide them to good fellowships and so on. We also feel much better, and the unit gets much better. A teacher is known by how well his/her students perform and we would love our students to do well. Just as you are all yearning to get into that great institution, we as teachers are also looking forward to those students whom we will be very proud of in life when you do well. In life, you will realise that the biggest limiting factor is yourself. So guys and girls, give the best that you can, and the world will give the best that it has to offer.

Best of luck for a great future!!!

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IMPORTANT LINKS

1. Webinar on "Safe Laparoscopic Cholecystectomy & How to overcome difficulties"
Dr Deepraj Bhandarkar- https://youtu.be/Q9dQ_iLaj_o

2. Dr. H V Shivaram's Webinar on "Approach to Massive Abdominal Wall Hernia" – The Association of Surgeons of India - http://asiindia.org/2019/06/29/asi-webinar-approach-to-massive-abdominal-wall-hernia/

3.Dr.Arvind Kumar's webinar on Safe Insertion, Maintenance & Removal of Chest Tube & How to Avoid Serious Complications - http://asiindia.org/2019/08/01/webinar-dr-arvind-kumar/

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Guest Column...

INDIAN DOCTORS..
DON'T WE DESERVE BETTER??

-Dr. Pinky Thapar
Chief MIS Surgeon
Jupiter Hospital,Thane, Mumbai

Oh wow.. You are a doctor from India? Glad to meet you! This is the usual introductory greeting received by most Indian doctors when they travel abroad. The reason being, all over the world, they are considered the most respected and trust worthy doctors with good clinical acumen. The art and craft of Surgery (Sushruta) was born in India. Given a choice, NRIs settled abroad search for and prefer visiting an Indian doctor as compared to local doctors. Not only that, they come all the way to India for their non-emergency treatment. If available, even the native people prefer an Indian doctor. India has been a medical tourism hub for Middle East countries. But unfortunately, in our own country, we are treated as thugs and murderers. Forget respect, we are beaten up for no fault of ours. A country which was once known for its non- violence movement, has taken a violent movement towards doctors.

As a community, we are least bothered about our health, be it our eating habits, physical fitness or mental health. We are totally carefree and behave ignorant about good habits.We just like to live for the moment. But when it comes to serious health issue, we very well know that nowhere in the world, Medical Science can provide a permanent cure to all diseases. Yet in India, we conveniently start blaming the system and the doctors for failure to cure. And even those who follow disciplined life style, when it comes to serious health ailments, they fail to accept that body is temporary but rather expect Doctors to bless them with immortal body. Medical Science is an incomplete science. The grief of losing near and dear ones can be overcome by positive prayers for the departed soul and accepting reality, rather than anger and violence against the medical professional.

Another reason of anguish against doctors is the expenses involved in treatment. We blame the Doctors for overall expenses whereas major amount goes in Medicines, Consumables and Investigations. Doctor's Fee is the least amount in the total bill. We must not forget Doctors don't own pharmaceutical companies or regulate paramedical expenses, neither do doctors have any say in providing quality medicines and support system in

government sector. So why blame doctors for the expenses? Doctors working in the Municipal and Government run hospitals work 24/7 without proper infrastructure and severe shortage of supporting staff. It is equally important to understand that the young over-worked resident doctor is not responsible for lack of hi-end equipment or intensive care facilities. And if we wish quality care, for which every citizen is entitled irrespective of social status, we need to contribute for that. Also, ours being a huge country, with less number tax payers, we cannot expect Government to provide free services to all.

It pinches most Indians to pay a doctor's consultation fee! As a society, our great grand parents were used to village Vaidya who never charged anything for consultation or treatment.Reason being, their personal and household expenses were borne by the villagers and they never spent a single paisa in learning the art of medicine. And today we expect the same from current generation doctors to provide free service without ourselves contributing anything towards their education and other house hold expenses of their family. This generation doctors too would be happy providing free services provided they themselves get a decent livelihood and their children get appropriate schooling and higher education.

Regarding charity, no other profession does charity the way doctors do. It is an inherent quality in most who become doctors. But they don't let anyone know this because they take ownership and do it selflessly. Being poor in marketing skills, most Doctors do not highlight their successful outcomes and challenging cases, but do go through sleepless nights if patient is not improving or despite all efforts, the outcome is fatal.

The average life span of a doctor is less in India as compared to other countries, reason being they take undue stress in providing care to the sufferer, and neglect their own physical and mental health. Of course, I don’t deny the fact that like in any other profession, sometimes there may be errors by Doctors and stray cases of mishaps.

Nothing is constant in life except change. And yes, we need to change our perspective and be humane to all. Rather than spreading negative stories, we can even spread positive stories about our health issues and the health provider. Let's not drive these care givers out of our country, to other countries where they are respected, and deprive our people of quality health care. Let's do our bit, and contribute for a better healthcare for all.
Let there be Peace, Peace and Peace..!!

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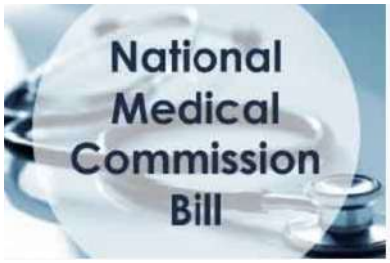

Why Doctors Oppose

-Dr. Madhusudan Karignur
Gen and Lap surgeon
President Elect IMA- KSB

The NMC Dissected

Nearly 70% of the 100-plus member MCI were elected members, while the 25-member NMC will have a majority nominated, mostly by the central government.MCI members could be re-nominated or re-elected. The NMC chairperson and other members nominated by the Centre can't be re-nominated.While the NMC, like the MCI, will have no jurisdiction over the various AIIMS, JIMPER Pondicherry or PGI Chandigarh in most matters, their admissions will now have to be through NEET. Interestingly, the National Board of Examination (NBE) and the post graduate medical degrees it regulates continue outside NMC.

NMC gives short shrift to state.

The NMC itself will have 11 part-time members representing states or state medical councils, who were a majority in the MCI. And the tenure of part-time members is just two years, meaning each state will get represented roughly every 10 years. States' representation is primarily in the medical advisory council, which will include 72 members from states and state councils. But this can only advise the commission. Interestingly, the advisory council will be chaired by the commission's chairperson and will include all 25 commission members. Thus, these 25 will be part of the advisory council and then decide as the National Medical Commission on whether to accept its advice or not.

NMC has many non-medico representation.

Three of the 25 members of the commission, one in the search committee and one in the medical assessment and rating board, one in the ethics and medical registration board will not be doctors. There are also four in the medical advisory council. Other non-doctors include bureaucrats. The secretary to the commission, also appointed by the Centre, too could be a non-doctor as the bill does not mandate it should be a doctor.

NMC consolidates the Centre's control over medical education and doctors.

There is a preponderance of the Centre's nominees in the NMC. It also categorically states that the Centre can give directions to state governments for carrying out provisions of the Act and they will have to comply with such directions.

Most glaring omissions in the MCI that the NMC Bill has addressed.

MCI decisions were not binding on state medical councils and even if MCI decided to suspend a doctor, the state council often refused to do so. The NMC Bill clearly states that the ethics board of the commission will "exercise appellate jurisdiction with respect to actions taken by state medical councils" on issues of compliance with the ethical code.

In the NMC Bill, the Centre has the power to remove the chairperson or any member of the commission for several reasons including if their continuation in office is "prejudicial to public interest" or the person has abused the position or has acquired financial or other interest likely to affect functioning. Unlike MCI members, NMC members will have to declare assets and liabilities at the time of entering and demitting office.They will also have to give a conflict of interest declaration of professional and commercial engagements or involvements and these are to be displayed on the commission's website. They will also have a two-year cooling off period after their tenure during which they cannot be employed in any capacity, including as consultant or expert in any private medical institution whose matter they might have dealt with directly or indirectly. This cooling off period, however, can be waived by the Centre.

NMC and bridge course : The devil enters through the other door!

Open reference to a bridge course for Ayush doctors has been dropped. But it lurks in the reference to an annual sitting of the commission with the Central Council of Homoeopathy and the Central Council of Indian Medicine "to enhance the interface" between systems of medicine. In such a sitting, all the members present and voting can "decide on approving specific educational modules or programmes that may be introduced in the undergraduate course and the postgraduate course across medical systems and promote medical pluralism".

The bill also provides for "Community Health Providers" (CHPs) defined as persons granted a licence to practice medicine at mid-level. Criteria or eligibility to become CHP will be defined through regulations framed under the Act. The Bill merely says that they will be persons "connected with modern scientific medical profession".

NMC Bill and entry and exit exams for doctors.

NEET is to continue as the entry exam and even institutes like AIIMS will have to use it. As for exit, that too will be "a common final year undergraduate medical examination", National Exit Test, to grant licenses to practice medicine. The exit test is expected to become operational within three years of the NMC bill becoming law.

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The exit exam will be common for Indian and foreign medical graduates, a long standing demand of foreign medical graduates who have been subjected to a screening test no Indian medical graduate had to clear. This will also mean those who get their MBBS degree from the US, UK, Canada, Australia or New Zealand would also have to pass the exit exam if they want to practice here. Currently students with MBBS degrees from these countries are automatically entitled to practice in India. The exit exam will also serve as an entrance exam for post-graduate education in any institution under this law.

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Sir Robert Hutchison

From inability to let well alone; from too much zeal for the new and contempt for what is old; from putting knowledge before wisdom, science before art and cleverness before common sense; from treating patients as cases; and from making the cure of the disease more grievous than the endurance of the same, Good Lord, deliver us.

The Patient-Physician Relationship

Physicians must never forget that patients are individual human beings with problems that all too often transcend their physical complaints. They are not "cases" or "admissions" or "diseases."

Patients do not fail treatments; treatments fail to benefit patients.

ACHIEVEMENTS / SERVICES

Dr. Jayanti Thumsi received the prestigious Kengal Hanumanthaiah State award for the service to the society in the field of Breast Cancer on 18th August 2019 at Kannada Sahitya Parishad, Bangalore

Doctors working in flood relief work:

Dr Nooli and team from Chikkodi, Dr Anil Bellad and team from Belagavi and Dr Basavaraj Kolhar and team from Bagalkot

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"Help others and give something back. I guarantee you will discover that while public service improves the lives and the world around you, its greatest reward is the enrichment and new meaning it will bring in your own life"
-Arnold Schwarzenegger

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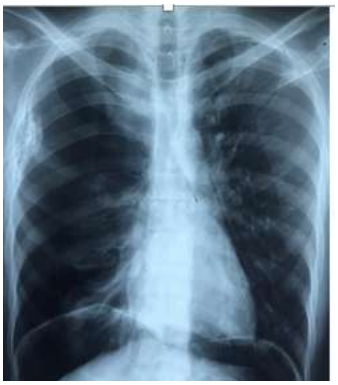
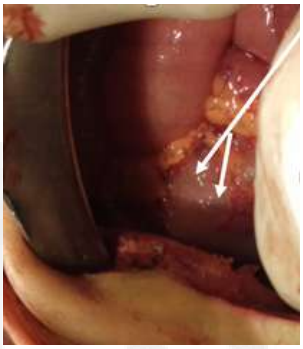
An interesting case of Pneumoperitoneum

- By Dr. Khalid Muqueem, Professor of Surgery Vims, Ballari



A 27 years old male patient presented with breathlessness since 6 days and pain abdomen since one day. It was more in the upper abdomen. He also complained of tightness in the right side of chest. No history of vomiting or fever. On examination, patient was tall and had some Marfanoid like features. Air entry was decreased on the right side with resonance note on percussion. Abdomen showed mild distension with tenderness present in the epigastric region. Chest X-ray, showed Pneumothorax on the right side. It also showed significant gas under both the domes of diaphragm. ICD was placed and in view of epigsastric pain Laparotomy was done and was found to show no evidence of hollow viscus perforation. Bubbles were noted on the parietal and visceral surface of peritoneum, and the crepitus felt was unmistakable.

Discussion :



Majority of cases with pneumoperitoneum (90-95%) are due to gastrointestinal tract perforation, the remaining 5-10% of cases doesn't require surgical intervention, as they are caused due to various gynecological, thoracic, post-operative, iatrogenic or sometimes idiopathic causes. Pneumoperitoneum is also commonly seen in patients with tracheal ruptures due to endotracheal intubation or in patients requiring mechanical ventilation . It can occur due to direct passage defects in pleura and diaphragm, through the perivascular connective tissue to the mediasitnum, retroperitoneum and then to the peritoneum, or through natural microscopic passages in the diaphragm.

Note : A diagnostic Laparoscopy would have definitely reduced the morbidity due to laparotomy.

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Poetry Corner

ಜಲಪ್ರಳಯದ ಝಳಕುಗಳು...

ಸುರಿವ ಮಳೆಗೆ ಅಡ್ಡಿಯೊಡ್ಡಲು
ಕೃಷ್ಣ ಮೇರುಗಿರಿ ಎತ್ತಲಿಲ್ಲ
ಉಕ್ಕಿ ಹರಿಯುವ ಪ್ರವಾಹ ಕುಡಿಯಲು
ಶಿವನು ಬರಲಿಲ್ಲ
ಮನೆಮಾರುಗಳು ಕುಸಿಯದಂತೆ
ರಾಮ ಬಾಣ ಬಿಡಲಿಲ್ಲ
ಸೇತುವೆ ಕುಸಿತ ತಡೆಯಲು
ಹನುಮಂತ ಬರಲಿಲ್ಲ
ನೀರನಡುವಿದ್ದರೂ, ಕುಡಿಯುವ ನೀರಿಗೆ
ಅರ್ಜುನ ಗಾಂಢೀವಿ ಎತ್ತಲಿಲ್ಲ
ಹೊಟ್ಟೆಗೆ ಹಿಟ್ಟು, ವಾಸಕ್ಕೆ ಮನೆಗೆ
ಸಾಲ ಕೊಡಲು ತಿಮ್ಮಪ್ಪ ಬರಲಿಲ್ಲ
ಬಿರಿವ ಭೂಮಿಗೆ ಬೀಗ ಹಾಕಲು
ಜಾನಕಿ ಬರಲಿಲ್ಲ
ಎಲ್ಲ ಅನಾಹುತಗಳ ತಪ್ಪಿಸಲು
ಗಣಪ ಬರಲಿಲ್ಲ

ಡಾ.ಕರವೀರಪ್ರಭು ಕ್ಯಾಲಕೊಂಡ
ಬಾದಾಮಿ

Kargil...A fight with the enemy on the hill

Kargil, A symbol of victory over deceit
Where, the enemy had to retreat with a bleat.
Come along my dear Indians....
Let's all celebrate the Kargil Vijay Diwas!!
The battle fought was so very unique
Shoes on a snow clad mountain gave a squeak.
As the soldier marched upward with a skreak,
And focused only to reach the mountain peak.
A place where the dead wouldn't decay
During a fall securing themselves to the belay
The cold wind was so very harsh....
And help from the ground also very scarce.
The soldiers fought with valour and vigor
The very thought of it gave us a rigor...!
As our tricolor flapped with pride on the hill top
The nation's cheers wouldn't stop.
Remember, as we celebrate this feather,
Let not the spirit whither.
Each one is indebted to the mother
Who lost her son fighting to ward off the sinister!!!

- Dr. Naaz

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BRANCH BUZZ...

BALLARI BRANCH

Chairman : Dr. Prabhu Hubli
Secretary : Dr. Khalid Muqeem

1.Bellary Surgical Society, branch of KSC-ASI, conducted a CME on Paediatric Surgery, in collaboration with IMA Ballari, on Sunday 28th July 2019 at IMA Hall, HQH campus, Ballari, from 11:00 am.
Dr Diwakar Gaddi, MCh, Paediatric Surgery, VIMS and Secretary KSC-ASI, graced the occasion, and also he was one of the key speakers of this CME. He gave a very simple, yet apparently scary scenarios (especially for parents) in Paediatric Surgery, which are managed, many a times, by simple steps. He very aptly named his talk as "Making Mountain out of a Mole Hill and beyond.!!".
Dr Manjunath L MCh Paed Surgery, from Davangere, was our guest speaker. He gave a talk on "Paediatric Surgical Pulmonogy", in which he explained about various pulmonary conditions affecting the Paediatric population, which are treated by VATS, VATS-Assisted and open surgery. He showed relevant operative videos too.
Dr.Pavankumar V, Plastic Surgeon, VIMS, gave a talk on "Congenital anomalies of Upper Limb", in which he presented excellent slides, giving us insight into the embryology, clinical presentation to various corrective surgeries of Upper limb anomalies.
And finally Dr. Sanjeev Joshi, MCh, Paediatric Surgery, VIMS, gave a talk on the " Atresias of the gut", in which he elaborated on its definition, types, classification and management.
As the main audience were General Surgeons and Surgical postgraduates, the topics were customised accordingly.
CME was followed by fellowship and lunch.

2. Another CME was held on 31-08-2019 at Hotel Nakshatra on "Anorectal Diseases".
Speakers: Dr. Rajeev Premnath spoke on latest management of anorectal diseases . Dr. Naaz Jahan Shaikh spoke on Fistula in Ano and Dr Aruna Rao Kamineni spoke on Pilonidal Sinus. Meeting was sponsored by ABBOTT. About 70 surgeons including postgraduates attended the meeting.
Dr Khalid Muqueem, Secretary Bellary Surgical Society, moderated the events and Dr Prabhu Hubli, President, Bellary Surgical Society, addressed the gathering and gave vote of thanks.
CME was followed by fellowship and dinner

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

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

1. On the eve of World Environment Day ASI Hubballi Dharwad City Chapter in association with KIMS planted saplings in KIMS campus, Hubballi. Dr. Ramlingappa Anthartani Director KIMS was the Chief Guest, Dr.M.C.Chandru Principal, KIMS and Dr. Arun Kumar Medical Suptd. planted the saplings on 5th June 2019. State EC member Dr.Gurushantappa Yalgachin, Secretary, Dr.S.Y.Mulkipatil, , KIMS Doctors, P.G. students and other members attended**.**
2. Third monthly meeting was held on Saturday, 15th June, 2019 at Kyriad Prestige Hotel,Opposite K.H.Patil College, Beside Nekar Bhavan, Vidyanagar, Hubballi. Dr. Manohar T. Senior Consultant-Urology from Columbia Hospital, Bangalore spoke on Recent Advances in Urology, UTI of importance to General Surgeons. Laser - Myth or Reality. President Dr. Vijay Kamat, State E.C. member Dr.Gurushantappa Yalgachin, Secretry Dr.S.Y.Mulkipatil, Treasurer Dr.Sandhya, Dr.S.M.Navalgund, Dr.Devendrappa K. Dr.Srinivas Pai, senior doctors and resident doctors attended the CME. 110 members was the total strength

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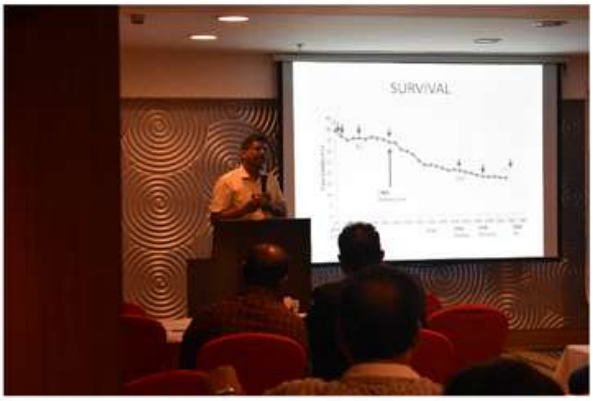

4th monthly meeting was held on Saturday, 13th July, 2019 at Denissons Hotel,Gokul Road, Hubballi. **Dr. Prasad Gunari** Med. Oncologist, HCG, Hospital, Hubballi and **Dr. Sanjay Mishra** Radition Oncologist, HCG, Hospital, Hubballi spoke on **Chemoradiation in CA Breast**. President Dr. Vijay Kamat, Secretry Dr.S.Y.Mulkipatil and senior doctors and resident doctors attended the CME. 80 members was the total strength.

Surgical workshop and clinical case discussion for UGs at KIMS - SYNERGIA Attended by North Karnataka medical colleges Under Graduates

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ASI sports meet (Badminton)was conducted on 29th and 30th of July 2019 at KIMS, Hubballi. 40 members participated in the game. The following are the results of the Badminton game.

Mens Doubles

Winners : Dr.Ramesh Hosmani & Dr.Vasant Teggimani

Runners : Dr.Suhas Kalghatagi & Dr.Vinay Gadagi

Mens Singles

Winner : Dr.Suhas Kalghatagi

Runner : Dr.Vasant Teggimani

Womens Singles

Winner : Dr.Aboli

Runners : Dr.Rashmi

Womens Doubles

Winners : Dr.Srilaxmi & Dr.Spoorthi

Runners : Dr.Rashmi & Dr.Aboli

Mixed Doubles

Winners : Dr.S.Y.Mulkipatil & Dr. Aboli

Runners : Dr. Ramesh Hosmani & Dr.Spoorthi

ACTIVITIES REPORT OF ASI HUBBALLI DHARWAD CITY CHAPTER

JULY 2019

ASI SPORTS MEET - 2019 BADMINTON RESULTS

Activity report of the KSC - ASI, KALABURAGI BRANCH

President: Dr Rajashakhar patil
Secretary: Dr ShivaKumar C R
Program Coordinator : Dr. Nitin Tengli

KSC ASI Kalaburagi branch along with Dept of surgery MRMC, kalaburagi organized a Continued surgical education program on 17th August 2019 at BAsaveshwar Teaching and General hospital, Kalaburagi. The invited faculty was from Solapur
and Kalaburagi.

Condolences were paid to Late Dr jaideep Rampure.

1) Dr Sanjay Deshpande , Urologist , Solapur Spoke on Current
perspective in the management of Urolithiasis.
2) Dr. Nishant Kunnor Conducted a interactive post graduate teaching sessionndiscussing the common urological cases. It was attended by Dr Ravindra Patil, Dr Tanveer Ustad, Dr Anup Desai, Dr Sharan R Udrawadi.
It was attended by over 100 delegates. The program was appreciated in its scientific content and arrangements.

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"We look for medicine to be an orderly field of knowledge and procedure. But it is not. It is an imperfect science, an enterprise of constantly changing knowledge, uncertain information, fallible individuals, and at the same time lives on the line. There is science in what we do, yes, but also habit, intuition, and sometimes plain old guessing. The gap between what we know and what we aim for persists. And this gap complicates everything we do."
- Atul Gawande, Complications: A Surgeon's Notes on an Imperfect Science

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Activity Report of KSC-ASI, Tumkur Branch

Organising chairman: Dr.Prabhakar G.N

Organising Secretary : Dr. Satish Babu. N

a)CMEs were conducted in the month of June 2019

1) 6th June 2019 in association with BGS Gleneagles Hospital Bangalore,

Speaker : Dr Rohith Madhurkar, Consultant Interventional Radiologist

Topic : Interventional Radiology for Surgeons

2) 25th June 2019 in association with Fortis Hospitals Bangalore, and AOI Tumkur branch

Speaker : Dr Sandeep Nayak P, Consultant Robitic and Oncosurgeon

Topic : Minimally Inavasive Surgery for common Thoracic and Abdominal cancers, + Robotic Surgery for Head and Neck Tumoours

b)Conducted a CME on 24th JULY 2019 in association with Aster CMI Hospital Bangalore and API Tumkur Branch

1. Topic : Optimizing care in Advanced liver Disease

Speaker: Dr Mallikarjun Sakpal, Consultant - Hepatology & Liver Transplantation

2. Topic : Outcomes of Liver Transplant

Speaker :Dr Sonal Asthana, Senior Consultant - HPB & Transplant surgery.

c) CME conducted on 14th august 2019 in association with HCG Cancer Hospital, Bangalore1. Speaker : Dr Mahesh KB, consultant surgical oncologist, BangaloreTopic : Evolving trends in Breast Cancer Surgery2. Speaker : Dr Varun kumar , Consultant Radiation oncologyTopic: Role of radiotherapy in breast cancer

d)CME on 27th August 2019 in association with Abbott India Ltd

Speakers :

Dr Arvind Gubbi, consultant gastro surgeon, Bangalore and Dr Sampath Kumar

Topic : Constipation - Changing paradigm








Activity report of the KSC - ASI, BENGALURU BRANCH- BENGALURU SURGICAL SOCIETY

President : Dr Aravind Gubbi
Secretary: Dr. Sampath Kumar
President Elect - Dr. Kalaivani

ACTIVITY REPORT OF SURGICAL SOCIETY OF BENGALURU ASICC -JANUARY to JUNE 2019

The Branch acknowledges with sincere thanks, all the help of honorable members, seniors, mentors teachers and friends during the LAST 6 MONTHS tenure in successfully, satisfactorily and gracefully.

The year was started with first executive committee meeting (Executive Committee Meeting) on 8 January 2019 along with senior surgeons and all the heads of the Institutes taking part in the academic activities of the society, which was well attended and work was carried forward keeping in mind all the suggestions. It was unanimously agreed to intimate the members about the activities electronically by email, Whatsapp message and on the website. We formed various Whatsapp Groups involving EC members, postgraduates and Monthly Clinical Meetings, Heads of the Surgery and progress was reviewed in the subsequent EC meetings so as to remain efficient.

From this year e posters presentation was started during the Monthly Clinical Meetings to promote go green and healthy environment from Surgeons of Bengaluru. This move was appreciated and accepted by all the Hosting Institutions.

The monthly clinical meetings (MCM) were all held at the central location, API Bhavan except for the Command hospital MCM. In all MCM post graduate teaching sessions were conducted from 6.30 pm. The attendance were excellent most of the Postgraduates In Surgery from Various Teaching Hospitals were actively participated. This was followed by e poster presentation and free paper presentations. The clinical meetings were all excellent with good quality scientific papers and well attended by senior members as well as consultants from various teaching and non teaching hospitals in the city. Apart from these MCM

The list of Prize winners for E Posters and Free Papers for the last six months are attached herewith.
Monthly Clinical Meeting: Postgraduates Teaching Programme 6-00pm
-CT & MRI scan abdomen and pelvis for Post Graduates - HOW TO READ?? - Dr. Radhesh (Senior Radiologist)
a) Impact of surgery on Fluid and electrolytes 10-12 minutes - DR. POOJA MURTHY
b) Fluid electrolyte management in stable post op patients (10 minutes) - DR.RAGHAVENDRA GOUDAR
c) Fluid and electrolyte management in unstable/septic patients (10-15 minutes) - DR. SRIRAM VAIDYA
d)Case Capsule discussion by Dr Rajmohan

MCM ON 15-05-2019 Hosted By Private Surgeons Of Bengaluru / Corporate Hospitals.
"CASECAPSULES/CASEPRESENTATION" forPGsByDrCSRajan
MCM ON 19 -06-2019 hosted by Dr B R Ambedkar Medical college & Vydehi Institute of Medical Sciences.

Case capsule for PGs By VYDEHI INSTITUTE OF MEDICAL SCIENCES RC & DR.B.R. AMBEDKAR MEDICAL COLLEGE BENGALURU

1. MCM ON 16-01-2019 HOSTED BY ST MARTHAS HOSPITAL

MCM ON 20-02-2019 Hosted by BGS Gloobal Hospital and M V J medical College

MCM ON 20-03-2019 Hosted By Manipal JHospital, Bengaluru

4. MCM ON 24-04-2019 Host

SURGEONS' DAY CELEBRATION
JUNE 30TH

The Annual Surgeon's Day was celebrated on Saturday 29 June 2019, This grand celebration was held at Grand Ball Room, The Capitol Hotel, Rajbhavan Road, Bengaluru- 560001.
The Chief Guest was Prof. (Dr.) Arvind Kumar– President, The Association of Surgeons of India
The Guest of Honour was Dr Annadani M Meti, President - Indian Medical Association, KSB
The topic was "There is safety in More Safety" and was well applauded by 200 members present during the celebration.

Two legendary senior surgeons Dr S B Belani. & Dr M G Bhat on the occasion of Surgeon's Day celebration were honoured

Prof. B.N. Balakrishna Rao's memorial oration The prestigious Prof. B.N. Balakrishna Rao oration was delivered by Dr Parveen Bhatia- Chairman, Institute of Minimal Access Metabolic & Bariatric Surgery, Institute of Robotic Surgery (IRS), Sir Ganga Ram Hospital, New Delhi.

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KSC-ASI

OFFICIAL NEWS LETTER OF KARNATAKA STATE CHAPTER OF ASSOCIATION OF SURGEONS OF INDIA

SHASTRA

ISSUE 3/19, SEPTEMBER 2019

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Upcoming events

MIDCON 2019
to be held at
K.S.HEGDE MEDICAL COLLEGE AND RESEARCH CENTRE
POSTPONED TO
19th and 20th OCTOBER