

NEWSLETTER

SURGISCOPE

25 JUNE 2023



ASSOCIATION OF SURGEONS OF INDIA
KARNATAKA STATE CHAPTER



SURGEONS DAY

25TH JUNE 2023

SURGEONS FOR COMMUNITY SERVICE



Surgeons Day Special Issue
KSCASI

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Surgeons Day Special Issue
KSCASI

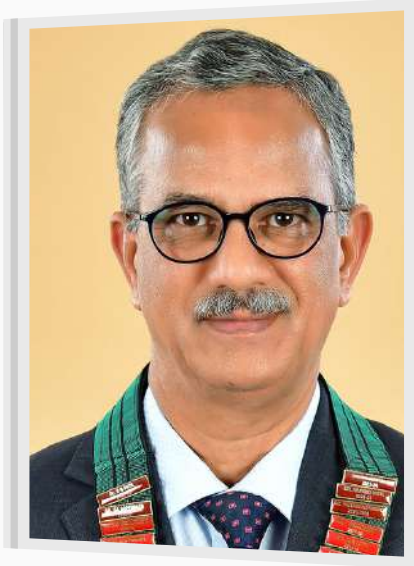
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Executive Committee 2023



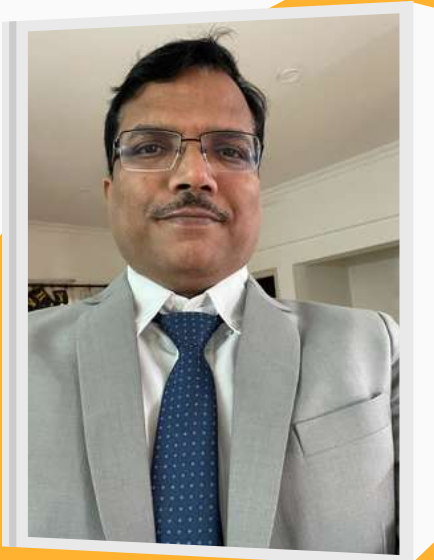
Dr H V Shivaram
Chairman



Dr Chandrashekar N
Secretary



Dr Rajshekhar C. Jaka
Treasurer



Dr B. N. Patil
Past Chairman



Dr Narayanachandra I. Hebsur
Chairman Elect



Dr Chandrashekar S
Past Secretary

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Executive Committee Members 2023



Dr Preethi S P



DR Kalaivani V



Dr C. Rajesh Ballal



Dr Sampath Kumar K



Dr Venkatachala K



Dr Suresh Huchchannavar



Dr Shivaprakash D. S.



Dr V. Ananda Kumar



Dr Basavesh Patil

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National EC Members



Dr Rajgopal Shenoy K



Dr Ishwar R Hosamani



Dr G Siddesh
Imm Past President ASI



Dr Gurushantappa Yalagachin



Dr Gaddi Diwakar

Chairman's Message....



Dr. H.V. Shivaram

Celebrate Life! Celebrate Surgeons Day!!

We the surgeons are the skilled medical professionals who perform a range of procedures to help people overcome illness, injuries and medical conditions which cannot be treated by medicines. We work tirelessly to improve patient outcomes, conduct research, teach young doctors and to ensure that people receive the best possible care. As emphasized by Jim Yong Kim (President of World Bank 2012-2019) that surgery is "indivisible and indispensable" part of health care, and it is not complete without surgeons and surgical care.

Surgeons Day (proposed by ASI- Karnataka) is an opportunity to celebrate the vital role that surgeons play in healthcare and to highlight their hard work, dedication, and commitment to their patients. We need to drive home this message by public engagement and proactive programs.

The Bangalore City Branch of ASI, celebrates Surgeons Day on the last Saturday of June

every year. The ASIKSC has declared June 25 th as the "Surgeons Day" and all the twenty city branches have agreed to celebrate Surgeons Day on June 25 th every year. The related activities can occur around this date in a weeks' time. KSCASI has designed very attractive logo to share with the public and professionals and also releasing a newsletter/souvenir.

We can celebrate in many ways:

- Organise a free health check/free surgery camp or free consultation
- Do one free surgery per surgeon in our own set up during the week
- Associate with other organisations like IMA, Rotary, Lions etc. to reach public
- Organise walkathon/cyclothon to create public awareness
- Organise a press meet and highlight the surgeon's contributions
- Organise a meeting of all surgeons to celebrate with lunch or dinner; can have guest lectures, CME, surgery demonstrations etc.
- Honour senior or well deserving local surgeons to celebrate his contribution to society and profession

All surgeons across all super/subspecialties are involved. Good photographs, short videos are taken, and good publicity/media coverage of the scientific/ public awareness program is essential. We can use our social media platforms to create awareness about Surgeons Day and the important work the surgeons do. Share stories of successful surgeries, facts about surgical procedures and information about how to become a surgeon etc.

Chairman's Message...

Most important is to take care of ourselves! In our busy schedule we often forget to take care of our own health. Suddenly one fine day we find ourselves with diabetes, hypertension or in cardiac ICU. Surgeons' Day is a reminder for all of us to undergo an annual health check and take care of ourselves and our family.

Let us celebrate surgeons' life, a true contributor to society's welfare!

Surgeons' Day Logos/ images:



Hon, secretary- 'Surgeons Day' message



Dr.chandrashekar.N.

Dear members of KSCASI.

Greetings from KSCASI.

Surgery can inspire anticipation, fear, and many other feelings in the people who have to under go surgical procedure. Surgery is not just a procedure, it's a chance for someone to get better. For surgeons, it's also a chance to prove their ability to save lives.

Dear friends I am very happy that we are celebrating our own day, that's "**Surgeons Day**" across the state in all the city branches of KSCASI. The main idea of the Surgeons Day is to tell the common man or the public about what actually a Surgeon's job is. We know how stressful it is at the end of the day. Every patient is different and every case is different hence we need to take utmost care in preparing the case for surgery and to minimize the complication. "Surgeons Day" also tells or reminds US that we need to take care of ourselves, get a complete health check-up of yourself because you are an important person as many people and families are dependent on you. KSCASI has decided to make it an annual event every year. Do some charity work even though we do every day it goes unnoticed.

Have a great Surgeons Day celebration at your city branches.

Thank you. Long live ASI



Editorial

ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಯ ವೃತ್ತಿ ಮಾನಸಿಕವಾಗಿ ಹಾಗೂ ಭೌತಿಕವಾಗಿ ಅತ್ಯಂತ ಸಾಮರ್ಥ್ಯವನ್ನು ಹೊಂದಿರಬೇಕಾದ ವೃತ್ತಿ. ಪ್ರತಿ ನಿತ್ಯವೂ ಹೊಸ ಸವಾಲುಗಳು. ಇವು ನಮ್ಮ ಜ್ಞಾನ, ವೃತ್ತಿಕೌಶಲ್ಯತೆ ಹಾಗೂ ವೃತ್ತಿಪರತೆಯನ್ನು ಒರೆಗೆ ಹಚ್ಚಿ ನೋಡುತ್ತದೆ. ಇಲ್ಲಿ ತ್ವರಿತ ಸರಿಯಾದ ನಿರ್ಧಾರ ಮಾಡುವ ಅನೇಕ ಸಂದರ್ಭ ಇರುತ್ತದೆ. ಹಾಗೆಯೇ ಇಲ್ಲಿ ಎಷ್ಟೇ ನಿಪುಣರಾದರೂ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಯ ಪರಿಣಾಮ ನಿರೀಕ್ಷಿತ ಫಲ ನೀಡದಿರಬಹುದು. ಇದೆಲ್ಲದರ ಜೊತೆಗೆ ರೋಗಿಗಳ ಅಪಾರ ನಿರೀಕ್ಷೆ ತಪ್ಪು ಕಲ್ಪನೆಗಳು ಶಸ್ತ್ರಚಿಕಿತ್ಸಕರನ್ನು ಅತ್ಯಂತ ಒತ್ತಡಕ್ಕೆ ಒಳಪಡಿಸುತ್ತದೆ. ಇದು ನಮ್ಮ ಆರೋಗ್ಯದ ಮೇಲೆ ಪರಿಣಾಮ ಬೀರುವುದು.

ಇಂತಹ ಪರಿಸ್ಥಿತಿಯ ಮಧ್ಯದಲ್ಲಿ ಶಸ್ತ್ರಚಿಕಿತ್ಸಕರು ತಮ್ಮ ಆರೋಗ್ಯದ ಬಗ್ಗೆಯೂ ಗಮನಿಸಬೇಕು. ಒತ್ತಡದ ವಾತಾವರಣದಿಂದ ದೂರವಿರಬೇಕು. ಬದುಕನ್ನು ಸಂಭ್ರಮಿಸಬೇಕು. **ನಮ್ಮ ವೃತ್ತಿಯನ್ನು ಸಂಭ್ರಮಿಸಬೇಕು**

ನಮ್ಮ ವೃತ್ತಿಯನ್ನು ಸಂಭ್ರಮಿಸುವ ನಿಟ್ಟಿನಲ್ಲಿ ಶಸ್ತ್ರಚಿಕಿತ್ಸಕರ ದಿನ (Surgeons Day)ವನ್ನು ಸರ್ಜಿಕಲ್ ಸೊಸೈಟಿ ಅಫ್ ಬ್ಯಾಂಗ್ಲೂರ್ (SSBASICC) ಬಹಳ ವರ್ಷಗಳಿಂದ ಆಚರಿಸುತ್ತಾ ಬಂದು ಮೇಲ್ಪಂಕ್ತಿಯಾಗಿದೆ. ಈ ವರ್ಷ ಕರ್ನಾಟಕ ರಾಜ್ಯದ ಇತರ ಶಾಖೆಗಳು KSCASI ಅಧ್ಯಕ್ಷ ಡಾ. ಶಿವರಾಂ, ಗೌರವಾರ್ಥ ಕಾರ್ಯದರ್ಶಿ ಡಾ ಚಂದ್ರಶೇಖರ್ ಮತ್ತು KSCASI ಆಡಳಿತಮಂಡಳಿಯ ನೇತೃತ್ವದಲ್ಲಿ ಶಸ್ತ್ರಚಿಕಿತ್ಸಕರ ದಿನ ಆಚರಿಸಿದರು. ಅನೇಕ ವೈದ್ಯಕೀಯ ಶೈಕ್ಷಣಿಕ ಕಾರ್ಯಾಗಾರ, ಯೋಗ, ವಾಕಧಾನ್, ಕೌಶಲ್ಯಭಿವೃದ್ಧಿ ಶಿಬಿರಗಳು ಹಾಗೂ ಹಿರಿಯ ಶಸ್ತ್ರಚಿಕಿತ್ಸಕರನ್ನು ಸನ್ಮಾನಿಸಿ ಆಚರಿಸಲಾಯಿತು

ಈ ಶಸ್ತ್ರಚಿಕಿತ್ಸಕ ದಿನದ ಆಚರಣೆಯ ಸ್ಮರಣಾರ್ಥವಾಗಿ ಈ "SURGISCOPE" ಪತ್ರಿಕೆ ಬಿಡುಗಡೆ ಮಾಡಲಾಗುತ್ತಿದೆ.

ಇದರಲ್ಲಿ ರಾಜ್ಯದ ವಿವಿಧ ಭಾಗಗಳಲ್ಲಿರುವ ಶಸ್ತ್ರಚಿಕಿತ್ಸಕರ ಬರೆದಿರುವ ವೈದ್ಯಕೀಯ ಲೇಖನಗಳು, ಸ್ವಂತ ಅನುಭವಗಳು, ಹಾಸ್ಯ, ಕವನಗಳು, ರಸಪ್ರಶ್ನೆಗಳು, ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆಗೆ ತೆಗೆದ ಛಾಯಾಚಿತ್ರಗಳಿವೆ. ಈ ವೈವಿಧ್ಯಮಯತೆಯಿಂದ ಕೂಡಿದ ಶಸ್ತ್ರಚಿಕಿತ್ಸಕರ ದಿನದ ಸ್ಮರಣಾರ್ಥ ಎಲ್ಲರಿಗೂ ಮೆಚ್ಚುಗೆಯಾಗುತ್ತದೆ ಎಂದು ನಂಬಿದ್ದೇವೆ.



ಡಾ. ಅನುಪಮ ಪೂಜಾರಿ ಕೆ

ಈ ಸಂಚಿಕೆಯನ್ನು ನನ್ನ ಮೇಲೆ ನಂಬಿಕೆಯಿಂದ ಸಂಪಾದಕ ಜವಾಬ್ದಾರಿಯನ್ನು ನಿರ್ವಹಿಸುವ ಅವಕಾಶ ನೀಡಿದ KSCASI ಅಧ್ಯಕ್ಷ ಡಾ ಶಿವರಾಂ ಅವರಿಗೇ ಹೃತ್ಪೂರ್ವಕ ಕೃತಜ್ಞತೆಗಳು

ಈ ಶಸ್ತ್ರಚಿಕಿತ್ಸಕರ ದಿನದ ಸ್ಮರಣಾರ್ಥ ಸಂಚಿಕೆಗೆ ತಮ್ಮ ಅತ್ಯಮೂಲ್ಯ ಬರಹಗಳನ್ನು ಕಳುಹಿಸಿ ಸಂಚಿಕೆಯ ಮೆರುಗನ್ನು ಹೆಚ್ಚಿಸಿದ ಎಲ್ಲ ಶಸ್ತ್ರಚಿಕಿತ್ಸಾ ತಜ್ಞರಿಗೂ ಆದರಪೂರ್ಣ ಕೃತಜ್ಞತೆಗಳು.

I wholeheartedly thank all the esteemed surgeons who contributed to this special issue of Surgeon's Day. Their contributions have enriched this newsletter and made it vibrant.

ನಮ್ಮ ವೃತ್ತಿಯೇ ಪ್ರವೃತ್ತಿಯಾಗಲಿ. ಬನ್ನಿ ನಾವೆಲ್ಲ ಶಸ್ತ್ರಚಿಕಿತ್ಸಾ ವೃತ್ತಿಯನ್ನು ಸಂಭ್ರಮಿಸುವ

Don't look at the Calendar, Just keep Celebrating Every day

Twelve Blessings for a Surgeon

May you take counsel
Before mask and gown,

May you measure twice
But only severe once,

May your fingers feel
What lies deep unseen,

May bleeding cease with
Practiced gentleness,

May your sutures hold
The tissue true and fast,

May panic never strike
When failure looms,

May you think clearly
When you lose your way,

May you be decisive
At the crucial time,

May you still be patient
As the day wears on,

May you inspire courage
When hope seems in decline,

May you acknowledge all
Who labored through the day,

May you love the art with
Your whole heart and mind.



Contributed by:
Dr C. S. Rajan
Consultant Surgeon, A M G H.
Emeritus Surgeon, St. Martha's Hospital.
Bengaluru

QUOTE CORNER : Crisp & Strong SURGICAL Corner Stones :

1. Technical wizardry can't overcome biological restraints.- Moshe Schein
2. The post-operative fart is music to the surgeon's ears. - Moshe Schein
3. The flat abdomen is a good abdomen. -George Decker
4. A poor assistant is better than a talented opponent. -.Rick Paul
5. Bleeding in the belly is like fire on a ship - you run towards it. -Jeffery Young

O'Hare JA.

Twelve Blessings for a Surgeon.

JAMA. 2018;320(24):2603. doi:10.1001/jama.2018.12434

ಶಸ್ತ್ರಚಿಕಿತ್ಸಕನೋ?.....

..... ಮಾಂತ್ರಿಕನೋ!!!

ನಾನೊಬ್ಬ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸಕ,
ಅದು ನನ್ನ ಜೀವನದ ಆಕಸ್ಮಿಕ.
ಆದರೂ ನನ್ನ ಅನಿಸಿಕೆ,
ಶಸ್ತ್ರ ಚಿಕಿತ್ಸಕನೊಬ್ಬ ಮಹಾ ಮಾಂತ್ರಿಕ..!!!

ಧರಿಸಿದಾಗ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸಕನ ಉಡುಪು,
ನನಗೊ ಮೈದುಂಬುವುದು ಎಲ್ಲಿಲ್ಲದ ಹುರುಪು.
ರೋಗಿಯ ಮೈಗೆ ಬಳಿಯುವ ಔಷಧ ಲೇಪನ...
ನನಗನಿಸುವುದು ಸುಗಂಧ ದ್ರವ್ಯದ ಅಭ್ಯಂಜನ.

ದವಾಖಾನೆಯ ಒಳಾಂಗಣದಲ್ಲಿ ನಡೆದಾಡುವಾಗ,
ದೇಗುಳದ ಸಭಾಂಗಣದಲ್ಲಿ ನಡೆವಂತ ಕಲ್ಪನೆ.....
ಶಸ್ತ್ರ ಕ್ರಿಯೆಯಲ್ಲಿ ತೊಡಗಿದಾಗ,
ಯೋಗ ಮುದ್ರೆಯಲ್ಲಿ ಮುಳುಗಿದ ಭಾವನೆ.....

ಶಸ್ತ್ರಕ್ರಿಯೆ ಕೊಠಡಿಯ ಅರಿವಳಿಕೆಯ
ಪರಿಕರಗಳ ಶಬ್ದ
ನನ್ನ ಕಿವಿಗಳಿಗೆ ಹಕ್ಕಿಗಳ ಚಿಲಿ ಪಿಲಿ ನಾದ....
ಶಸ್ತ್ರ ಚಿಕಿತ್ಸಾ ಸಾಮಗ್ರಿಗಳ ಸಪ್ಪಳ,
ನನಗದೋ... ನವಿರಾದ ಹಿಮ್ಮೇಳ.

ನಾ ಮಾಡುವೆ ಶಸ್ತ್ರ ಕ್ರಿಯೆಯ ಹಲವಾರು ಬಗೆ,
ಅದು ಮೂಡಿಸುವುದು ರೋಗಿಯ ಮೊಗದಲ್ಲಿ ಕಿರುನಗೆ.
ಕಳೆವುದು ಆತನ ನೋವು,
ಮರಳಿ ನಲಿವುದು ಆ ಜೀವ....

ಅಷ್ಟೆಲ್ಲ ಶ್ರಮದ ನಡುವೆಯೂ
ಚಿಕಿತ್ಸೆ ನೀಡುವುದಿಲ್ಲ ಅಪೇಕ್ಷಿತ ಫಲ??
ಇದುವೇ ವಿಧಿ ವಿಪರ್ಯಾಸ,
ಸದಾ ನಾನಾಗಲಾರೆ ಸಫಲ.!!!



ಡಾ || ಬಿ. ಎಸ್. ರಮೇಶ್.
ಪ್ರಾಧ್ಯಾಪಕರು ಮತ್ತು ಪ್ರಾಂಶುಪಾಲರು
ಡಾ. ಬಿ ಆರ್ ಅಂಬೇಡ್ಕರ್
ವೈದ್ಯಕೀಯ ಮಹಾವಿದ್ಯಾಲಯ
ಬೆಂಗಳೂರು

ಈ ವೃತ್ತಿಯು ಬೆಸೆಯುವುದು ಜನಾನುಬಂಧ...
ಇದರ ಮುಂದಿಲ್ಲ ಯಾವ ರಕ್ತ ಸಂಬಂಧ??
ನನಗೂ ಒಂದು ಜೀವ ಉಳಿಸಿದ ಆನಂದ...
ಅವರ ಪಾಲಿಗೆ ನಾನೇ ...
ಶ್ರೀ ಮುಕುಂದ....!
ಹಗಲಿರುಳೆನ್ನದೆ ನಾ ಮೆರೆಯುವೆ ವೃತ್ತಿ ಧರ್ಮ...,
ನಾ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸಕನೆನ್ನುವುದು?
ನನ್ನ ಪೂರ್ವ ಜನ್ಮದ ಪುಣ್ಯ ಕರ್ಮ....
ಆದರೂ ನಾನರಿಯದಾದೆ..??ಫಲಾ ಫಲಗಳ ಮರ್ಮ.....???

ಓ ... ಓ... ಓ....
ನೀ ಕೇಳೋ
ನನ್ನ ಸಖ.....,
ಶಸ್ತ್ರ ಚಿಕಿತ್ಸಕನೊಬ್ಬ,
ಮಹಾ ಮಾಂತ್ರಿಕ..???
ನಾನೂ ಒಬ್ಬ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸಕ.

Once again happy surgeons day to all

ಶಸ್ತ್ರಚಿಕಿತ್ಸಕನು

ಬದುಕ ಹಾದಿಯದುವು
ಚಾಕು,ಕತ್ತರಿ,ಸೂಜಿಯ ಜೊತೆ
ವೃತ್ತಿಪರ ತಂಡದ
ಸೂಕ್ಷ್ಮ ನಡೆಯ ಫಲದ ಗೆಲುವು||

ಮುಳ್ಳು ಗಿಡ ಗಂಟೆಗಳಿಗೆ
ಒಮ್ಮೆ
ವಿಷಕಾರಿ ಚಿಂತನೆಗಳಿಗೆ ಮಗದೊಮ್ಮೆ
ಬೀಳುವುದು ಕತ್ತರಿ
ರೋಗರುಜಿನಗಳಿಗೆ ಬಿದ್ದಂತೆ,
ಸುಗಮವಾಗಿಸಲು ಪಯಣ||

ನೆತ್ತರ ಹರಿಸದೆ
ಬದುಕ ಹಾದಿ ಸಾಗಿದರೆ,
ನೆತ್ತರವ ಕಂಡು ಎದೆಗುಂದದ
ಗುಂಡೆದೆಯವನು
ಬದುಕ ನೀಡುವನು ಕಾಯಕನಿರತ ವೃತ್ತಿಬದುಕಿನಲಿ,||

ಮೆತ್ತಿದ ಕೆಸರನು ಕೊಸರಿ
ಸುತ್ತಿಕೊಂಡ ಬಳ್ಳಿಯನು ಕತ್ತರಿಸಿ
ಅಂಜದೆ,
ಆಜುಬಾಜಿನ ನರನಾಡಿಗಳಿಗೆ ವಂದಿಸುತ ಸಾಗುವನು||

ಕೆಡುಕ ಕತ್ತರಿಸಲು ಸದಾ ಸನ್ನದ್ಧನು
ಕಪ್ಪು ಕೊಳಕನು ಕಿತ್ತು ಬಿಸುಟಿ
ಹೊಲಿಯುವನು
ಜೀವಕಳೆಯ ಚಿಂತನೆಗಳ,
ಅಪೇಕ್ಷಿತವೆನಿಸಲು
ಹಚ್ಚುವನು ಸಾಂತ್ವನದ ತೇಪೆಯ||

ನೈತಿಕ ಮೌಲ್ಯಗಳು ತುಂಬಿದ
ಬದುಕು,
ಸುಸ್ಥಿರ ಬದುಕು,ಸಾರ್ಥಕ ಬದುಕು
ಎನುತ ಬದುಕುವನು ಶಸ್ತ್ರಚಿಕಿತ್ಸಕನು||

ಜ್ಯೋತಿಪ್ರಿಯ



ಡಾ. ಅರವಿಂದ ಪಟೀಲ್
ಶಸ್ತ್ರಚಿಕಿತ್ಸಾ ತಜ್ಞರು
ಬಳ್ಳಾರಿ



Karnataka state chapter (KSCASI): SURGEONS DAY CELEBRATION



Greetings from Chairman KSCASI,

Dr H V Shivaram:

<https://youtu.be/ZC6IWE8lyFY>

25 th June every year is declared as Surgeons Day by ASI Karnataka chapter and all city branches agreed to the proposal and planned several activities around this date. The purpose was three-fold

1. It was an opportunity to celebrate the vital role that surgeons play in healthcare and to highlight their hard work, dedication, and commitment to their patients. We planned to drive home this message by public engagement and proactive programs like press briefings, articles in media, walkathon, free consultation, free surgeries, blood donation camps etc

2. To upgrade the skills and knowledge and bring upon unity and camaraderie amongst surgeons of all specialties in Karnataka: by guest lectures, orations, honoring senior eminent surgeons, get together, banquet dinner etc

3. To motivate surgeons to undergo a master health check on this day and stay fit to serve the community and take care of their own family: SMS, WhatsApp message and email was sent to all members of KSCASI

Press meet was held in Bangalore press club Bangalore on 23 rd Jun 2023 with more than 25 reporters of both print and visual media attending the press meet. Chairman explained about the Surgeons day celebration on 25th of June across the state and urged the media to spread the good work done by the surgeons. The activities planned all over Karnataka was highlighted.



Surgeons Day Celebration on 25th June | Press Meet

KSCASI : SURGEONS DAY CELEBRATION

Surgical Society of Bangalore ASI City Branch on June 24



Chief Guest-Mr Dinesh
Karnataka High court
Judge



Guest of Honor-
Dr M K Ramesh,
Vice Chancellor
RGUHS.



Two eminent senior surgeons
Prof P S Prabhakaran and Prof N Srinivasan were
felicitated with Life Time achievement award for
2023..

Prof B N Balakrishna Rao Oration.



Prof M Vijaya Kumar - Vice Chancellor -
Yenepoya University, Mangalore delivered
the Oration
Topic was **"Skill Based Surgical Training -
Present Status and Future"**



KSCASI : SURGEONS DAY CELEBRATION

Shivamogga City Branch on June 25

Shivamogga city branch celebrated Surgeons' Day as per KSCASI instructions on 25 th June 2023. conducted a CME on this occasion

Speaker 1: Dr Sathishkumar BM

Topic: Error Traps in Laparoscopic and Open Cholecystectomy

Speaker 2: Dr Vivek MA

Topic: Soft Tissue sarcoma of extremities- Contemporary management



On this occasion two senior members were honoured , recognizing their services to people of Shivamogga district

1. Dr RC Bangalore

2. Dr GD Narayanappa.

It was a grand success, and more than 60 surgeons attended the program.



KSC ASI Vijaynagar Branch -on June 25 in association with IMA Gangavathi



Surgical CME was arranged on the occasion. Guest speakers from Secure Hospitals Hubballi

Dr Manoj Bhutte and **Dr Ullas Bisleri** gave lectures on Neuro intervention and interesting cases in CTVS respectively.

On the occasion of Surgeons Day Two Senior surgeons of Vijayanagar branch

Dr A Somaraju from Gangavathi

Dr Basavaraj Reddy from

Hagaribommanahalli were honoured for their Surgical services and social services to the community.

About 60 members attended this event.



KSCASI : Surgeons Day Celebrations

Tumakuru City Branch

Free consultation camp was organized at PHC, Bellavi.. Around 200 patients were screened and the eligible patients were advised for surgery and endoscopy at various centers in Tumkur ..



Free Endoscopy services at Chaitanya Gastro center by Dr Prashanth B Nirwani rao and at Shridevi Hospital, MG Road, Tumakuru by Dr Manonmani M H.



Free Surgeries were conducted across various hospitals in Tumakuru on the eve of Surgeons Day



Surgeons day-25th June

All surgeons attended the day with great enthusiasm and in a good attire.

Celebrations:

The day began with an invocation song by Dr Kanakadurga, welcome address was delivered by Dr Prashanth B Nirwani rao, president KSCASI- Tumakuru city branch.

Chief guest

Dr Chandrashekar N , Secretary KSCASI

Two senior surgeons were felicitated

Dr Hulinaikar

Dr Shivakumarappa GM.

CME on Robotics in GI Oncology BY Dr Jagannath Dixit , senior Robotic GI Oncologist, HCG Hospital , Bengaluru.



KSCASI : Surgeons Day Celebrations

Udupi City Branch-23rd of June 2023

It was with great zeal and enthusiasm we had members attending from Udupi, Kundapura and Manipal, with a wide spectrum from the senior most surgeons to the aspiring postgraduates.

Invocation song by Dr Vivarsha Balaji.

Welcome Address - Dr Vijayendra Kedage, Treasurer, Udupi Branch

Presidential Address - Dr Annappa Kudva,

Dr Rajgopal Shenoy spoke about the various activities planned by the ASI and beneficial programs for surgeons and postgraduates.

Honored two senior most surgeons-

Dr Anand Rao
Dr Santosh Pai.

Panel discussion between the senior surgeons in the city and the young surgeons who are Unit Heads at Kasturba Medical College, Manipal.

Panelists included Dr Anand Rao, Dr Santosh Pai, Dr Sampath Kumar, Dr Badareesh L and Dr Sunil Krishna. The discussion was open to the audience where Dr Rajgopal Shenoy, Dr Umesh Bhat and Dr Reethesh Shetty shared their experiences

Moderated by Dr Pavan Bhat.



KSCASI : Surgeons Day Celebrations

Kalaburagi branch-24 June

KSCASI Kalaburagi branch along with Dept of Surgery MRMC organized A CSE Program on occasion of Nationals surgeon day. The meeting was attended by over 100 delegates and was well appreciated in scientific content. Kalaburagi conducted CSE program on 24th June 2023 on the occasion of "National Surgeons Day"



1) **Dr Amaresh Biradar** Plastic surgeon Spoke on "Revealing Beauty: The Art and Science of Chest Plastic surgery"



2) **Dr Sangmesh Tondare** , Assist Prof in Surgery GIMS, Spoke on " Unveiling The Path: Strategies for becoming a better Surgeon"



3) **Dr Rahul Harwal** Gastro Surgeon Spoke on "From Stones to Solution : Evidence based practice in Choledocholithiasis".

Mysore Branch-25th June



Walkathon and Cyclothan was organized about 170 members participated.



Felicitation of Senior Surgeons

Dr. C.G.Narasimhan
Dr.Mahesh Kumar,
Dr.Vasanth Kumar
Dr.Vittal were



CME program

Surgical Society of Mysore celebrates SURGEON'S DAY on 25.06.2023

To acknowledge their contribution in providing health care services and ensuring well-being of patients, the Society of Surgeons, Mysore, Karnataka State Chapter, Association of Surgeons of India, Mysore Chapter, is organizing a walkathon/cyclothon and a CME & felicitation of senior surgeons on 25.06.2023.

WALKATHON/CYCLATHON
Theme - Create awareness on "Public myth about common surgical ailments"
Venue - JK Grounds
Time - 6.30am
Breakfast
Complimentary T-shirts will be provided

CME & FELICITATION OF SENIOR SURGEONS
Venue - Hotel Southern Star
Time - 7 pm
Dinner
FREE SURGERIES

KSCASI : Surgeons Day Celebrations

Hubli-Dharwad Branch

24th June

Felicitating eleven senior surgeons

Dr S R Kaulgud	Dr S R Ramanagoudar
Dr R B Magadur	Dr S A Contractor
Dr T G Patil	Dr Y N Irkal
Dr V E Gadagi	Dr Mallikarjun Desai
Dr Vivek Yelmali	Dr B S Madakatti
Dr Ravi Kalghatgi	



The felicitation was done by KIMS Director Dr. Ramalingappa Antartani, KSCASI Chairman Elect Dr N I Hebsur, President Hubli - Dharwad ASI Dr C K Patil, Dr Ishwar Hosmani Principal, KIMS and Dr Gurushantappa Yelagachin HOD Surgery, KIMS.

More than 80 members attended the function.



25th June

Walkathon

25th June, ASI Hubli - Dharwad along with Hubli Fitness Club organised a Walkathon with a message to the public regarding **harmful effects of tobacco smoking, chewing, consumption of gutka and paan.** More than 100 surgeons, post-graduate students and undergraduate students of KIMS Hubli participated.



Blood Donation Camp in KIMS Hubli

Most of the surgeons, postgraduate students of the Surgery Department, and undergraduate students of KIMS Hubli donated blood. In total, 39 blood donations were done that day.



KSCASI : Surgeons Day Celebrations

Belagavi Branch

24th June

Free Health Check Up camp was held at Vibhaa Hospital. The camp involved several doctors, nurses, and medical professionals who conducted various health check-ups and tests. .

25th June

Tree Plantation drive

KSC ASI - Belagavi Branch, in association with Green Saviours, undertook a Tree Plantation drive. Nearly 200 saplings were planted, contributing to the beautification of the area and the preservation of the environment.



Blood Donation Camp

Blood Donation Camp was held at the Kasbekar Metgud Clinic, in association with the Mahaveer Blood Bank. Thirty people generously donated blood, contributing to the life-saving efforts of the blood bank.

In the evening, talks were given by Sameer Majli and Mr Jaydapeep Lengde of Green Saviours on sustainable development. . Mrs Harpreet Kaur also spoke about fitness for surgeons, promoting appropriate postures and instructions regarding various exercises ..

Fifteen Surgeons from the Belagavi district being honored for their outstanding service to the community. The felicitation ceremony was aimed at acknowledging the contribution of senior surgeons towards the society .



KSCASI : Surgeons Day Celebrations

Raichur Branch on 25th June

Honored and felicitated Senior surgeons of Raichur For their contribution to the field of surgery.

1. Dr. K M Nayak
2. Dr. Basavangouda
3. Dr. Muniswamy Gattu.
4. Dr. I. C. Singwi

Talk by Dr. Inderchand Singwi on **Interesting cases he operated in his career..**



Sullya Branch

Sullya medical college, Department of surgery celebrated Surgeons day and felicitated Prof and HOD **Dr Balakrishna sir**.

Good gesture by students and staff.





KSCASI : Surgeons Day Celebrations - In Media

ಶಸ್ಯಚಿಕಿತ್ಸಕರು ಆಧುನಿಕ ಬದುಕಿನ ಜೀವ ರಕ್ಷಕರು

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ಪ್ರಜಾಪ್ರಗತಿ

ಶಸ್ಯಚಿಕಿತ್ಸಕ ದಿನದ ಅಂಗವಾಗಿ ಸನ್ಮಾನ

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ವಿಶ್ವವಾಣಿ

ಶಸ್ಯಚಿಕಿತ್ಸಕರ ಅಳತೆ ಮೀರಿದ ಸೇವೆ: ದಿನೇಶ್ ಕುಮಾರ್

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ಪುದುರಿ Sandip tarhalakar

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ಸರ್ಜನರು ಯಾವತ್ತೂ ಸಿದ್ಧನರೇ...

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ವಿಜಯ ಕರ್ನಾಟಕ

ವೈದ್ಯಕೀಯ ಲೋಕಕ್ಕೆ ಸುಶುಭರ ಕೊಡುಗೆ ಕುರಿತು ಅರಿವು ಮೂಡಿಸಲು ಸುಮಾರು 200 ಸರ್ಜನ್‌ಗಳು 5 ಕಿ.ಮೀ. ವಾಕಥಾನ್ ನಡೆಸಿದರು.

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ASSOCIATION OF SURGEONS OF INDIA KARNATAKA STATE CHAPTER

SURGICAL SOCIETY OF MYSORE
ASI - Mysore City Branch

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Uniformity & Consistency of Teacher & Humaneness always outlasts life-Remembering Gifted & Conceptually Clear Teacher Dr M R Tanga



Dr M R Tanga



**Author - Dr Sharad M Tanga
Ex Prof & Head,
Dept of Surgery, MRMC**

'Sir was very Methodical in his Teaching and Meticulous in his Surgery' recapitulates Dr S S Soppimath, Former Student & currently Prof & HOD, KLE's Medical College, Hubballi. He has been sharing this with different groups with different anecdotes on each & every occasion I was present, including this year.

It's been 18 years since Dr Manikchand Rukmnappa Tanga, Professor of Surgery, M R Medical College, Kalaburagi has gone and about 30 years since he retired as a Teacher. Yet he lives!

It's not only Dr Soppimath, there's hardly any interaction with Dr M R Tanga's former Students, Patients, Political & Prosocial

associates, Bureaucrats and Press Persons who don't recap his uprightness and considerate service. At times, they are so immersed in staying with him that they ignore the present me.

One of the toppers at KMC, Manipal and post graduate of prestigious AIIMS, New Delhi, Dr M R Tanga got trained later at University of Ottawa Medical School, Canada.

One can imagine the life & scope of the 1960s in Gulbarga, yet Academician Dr M R Tanga returned to serve at the roots. He tried to blend with people and adapt to the working conditions here without compromising on Academics and Surgical Practice.

Remembering Gifted & Conceptually Clear Teacher Dr M R Tanga

Author of about 100 Scientific Articles published in various Indian, British, Canadian, American & Asian Journals, he undertook advanced surgeries like Gender Affirmation surgeries, Esophagectomies, Pancreatectomies and Adrenalectomies for Symptomatic Pheochromocytomas at Medical College Hospital and Nursing Home set-up of those days.

Innovator & Rockfellow Scholar, Dr M R Tanga used Folley's Catheter fixation for Sigmoid Volvulus and published the same, Sigmoid Volvulus - Newer modality of treatment; American Journal of Surgery; 128:119, 1974. Now, it's popular as 'Tube ostomy'.

'Once I got late to the clinical class' remembers Dr V V Chinniwalar, Surgeon, Gangavati and Former Chairman, ASIKSC. 'Do you think this is a political meeting? Where one enters at one's desire' were the admonishing words of disciplinarian & straightforward Dr M R Tanga.

The irony is, later, Dr M R Tanga went onto join Politics and amazingly got elected as MLC for 3 terms without compromising the basic tenets he followed in the surgical profession. That could happen only because of his ethical strength and genuine concern for the underprivileged.

We would see Dr M R Tanga would co-passenger poor Patients or attenders in his car to the Government General Hospital' says Dr Shivaraj Alashetty, Professor of Medicine, MRMC. That was the level of compassion he tried to incorporate all through his life.

'No one is more hated than he who speaks the truth. He stands alone'. When something like that emerged in the political party, he stayed put with dignity diverting his energies in academics of Governance and Public Administration. He didn't stop moving

If these were not enough, all through his life, he was not so lucky on the health front. During his lifetime, he underwent 6 surgeries and once he was a cancer survivor.

Dr M R Tanga thrived in adversity all through his life and that is the testimony and inspiration for inclined & aspiring surgeons.

People with traits like that of Dr M R Tanga leave behind a legacy of goodwill and live long enough even after they are gone!

Change and Cherish than be Rigid and Irrelevant

'Change is inevitable. I completed 36 years of teaching surgery in a single institution. When I look back, I realize that I could have done better. In medical colleges we have multiple responsibilities but the prime duty is to give quality education. I ask myself, 'Have I changed teaching methodology in the last few years or am I teaching same things again and again?'. What about surgeries that I do? My contemporary surgeons may also feel the same way. Are they relevant or irrelevant? Should I continue teaching some unwanted things? Am I bothered about the importance of research/ quality papers? This article is written with my experiences and emotions.

These are only my expressions and not with a view to advise anyone. In medical colleges, importance is given to 1. Teaching 2. Surgery 3. Research. Thus, I have compiled this article under these three headings. So I am writing this article on the eve of Surgeons day celebrations conducted by KSC-ASI, all over Karnataka. Thanks for opportunity

TEACHING

When I completed my MS, the only methodology for learning and interpretation was teaching and bedside examination. We had brilliant teachers who imparted exemplary knowledge to us, who laid a strong foundation and shaped us into good clinician surgeon who can teach well. They were eager to teach and train us. Teaching methodology was bedside clinics and ward rounds. To a certain extent, seminars were useful but least importance was given to research



**Dr K. Rajgopal Shenoy, Professor
of Surgery,
KMC MANIPAL.**

Hundreds of tests including finger invagination test, Schwartz test, Trendelenburg tests, percussion over scrotum, getting above a swelling, getting below a swelling, falling forwards....so many! Students were virtually ragged in general clinics. Senior Professor's words were always considered as ultimate and last conclusive evidence. Pass or fail of a candidate largely depended on bedside work and performance in the final examination. The pass percentage was just 20 to 40 %. So, most of surgeons who passed out in 80s started practicing in their home towns in nursing homes. A few joined teaching institutions. Medical colleges were very limited. A small percentage of students went to foreign countries. It was a successful model those days. To a certain extent our teachers knew us well. It was similar to the GURU SHISHYA relationship of the ancient times.? Should we continue the same methodology or should we change? The answer is strongly in the affirmative. Yes, we need to change. **Why?**

Change and Cherish than be Rigid and Irrelevant

I feel we need to change. What changes can we do? Most of us might have already changed or may be changing. Undoubtedly, we should continue bedside clinics. What we teach at the bedside clinics need a shift from ONLY CLINICAL METHODS TO more discussion on management issues. We need not stress upon some of the 'unnecessary' tests. The list of such tests is long. Students have to be informed about these tests, their significance and the philosophy behind these tests. Equal importance must be given to discussion on how to manage the case rather than repeatedly asking the same questions, say in history-taking. There is no substitute to clinical experience but today, a vast majority of our patients present to the hospital with an ultrasound report in their hands. Although I reiterate that we should not be driven by investigations but we cannot ignore them either. The human mind and hands have limitations. Today, we talk about evidence-based science. It is possible that a senior professor is totally wrong in his clinical findings and interpretations. It is better to accept the reality and change rather than insist on olden ways. We must walk with the times.

Summary of changes needed in teaching methodologies.

- Insist on bedside discipline and dress code for students. They have a casual attitude now. Please do not leave this task to the Dean and shirk your responsibility. Teach them ethics.

- Allot 50% of your time to teach how to elicit very relevant history and clinical signs during bedside clinics. Emphasize communication skills here. Tell them to follow.
- Take this opportunity of bedside teaching and discuss as many clinical problems in the clinical postings. The NMC has decreased the clinical cases that SHOULD BE SEEN MANDATORILY by students.
- Give more emphasis to management of the patient. Always discuss about imaging, lab reports, other investigations and interpretations
- Insist on a good case record.
- It will be good if you can complete the discussions by taking the students to the operating theatre and show them the surgery also. Thus, you would have given the students a complete discussion of common problems.
- Please do not teach students all that you know but focus on what they need to know. Let the focus be on problem-oriented discussions. Ignite the brains of young students.

SURGERY

After completion of MS General Surgery from KMC Mangalore, I joined KMC, Manipal in 1986 on December 1st as Faculty- Junior lecturer. It took almost a decade to stabilize at Manipal, working under senior professors, learning surgical craftsmanship. Let me give you details about what major surgeries were done:

Change and Cherish than be Rigid and Irrelevant

More than a hundred Sugiura Fotagava surgeries were done by many of us in the institution, hundreds of GJ Vagotomy, a few Highly selective vagotomy, plenty of open cholecystectomy and CBD explorations, and many others.... By the time I became fully confident of doing these surgeries safely, I realized that they were all getting outdated. So, what happened to many such advanced surgeries? New, safe, effective nonsurgical methods were discovered. We have seen sudden booming of laparoscopic surgery in the last 3 decades. Suddenly you find many specialists in all branches have got into medical colleges and other hospitals. The hospital administration considers them because patients are asking for sophisticated surgery and gadgets. Insurance companies also insist on them. What is the result? You feel you are lagging behind. What I have seen in the last few years is that surgery for reflux (Laparoscopic fundoplication), surgery for hemorrhoids (Stapler hemorrhoidopexy), Laparoscopic hernioplasty - inguinal/incisional/Umbilical etc, radio frequency ablations and many other surgeries are increasingly popular.

Summary of changes expected in surgeries and my suggestion to youngsters working in medical colleges

- Attend workshops more than conferences. Laparoscopy opened a new era of hope for general surgeons. Let us shift focus to laparoscopy and advanced laparoscopy. Focused workshops that also give hand-on training are being conducted. However

minor that surgery might seem, it is still worth learning

- Among general surgeons in medical colleges, let there be understanding and divide yourself further - Examples Breast, Upper GI, Lower GI etc.
- With the increase in surgical oncologists and GI surgery specialists, patients may seek oncology /GI surgery dept directly. We cannot change this. What we can do is whatever oncological / GI surgery case that you are confident about and have given good results, continue doing and become better. Attending workshops helps.
- Hundreds of conferences happen every year. Choose those with focus and try gaining maximum knowledge. Knowledge is your strength. It is not tubular, it is expanding.
- Keep a document of surgeries done by you (logbook). It will be your asset as you climb up the ladder. Take responsibility for the patients on whom you have operated. 'I am not on duty' is not the answer for not attending an urgent call. Younger surgeons of the next generation will face litigations. Be meticulous in communication, counselling and documentation.
- Choose well, communicate well, cut well and care well.

RESEARCH

When I did my MS general surgery, I did not give importance to either statistics or research. Thesis was an important requirement and I did it sincerely and effectively

Change and Cherish than be Rigid and Irrelevant

To collect some information from journal articles, I even travelled to AIIMS New Delhi, took permission and used the library for journal references because it was available only there. There was no photocopying facility. For a decade or so thereafter, I did not give much importance to research. Every surgeon in the first decade after obtaining their degree tries to consolidate his skills rather than research. As the institutions grew, in their pursuit of higher ranking for medical colleges and universities, suddenly we are being questioned - What are your quality research papers? What is your H index? What are your patents? Why did you not do multicentric studies? Many of us who have now crossed sixty have not given importance to this entity. Understanding the subject/ research methodology/statistics is learnt in the early part of life. It is easy to say no age is exempted from learning.

Summary of changes needed towards research and improvement of the quality of your performance.

- A common refrain you will hear is that anyone can teach but new knowledge must be created and therefore research is important. While it is true that anyone can teach, it is also true that very few can be good teachers (the 'Guru'). That needs knowledge, dedication, passion and immense love for the students. These teachers know that it is their responsibility to nurture the next generation. They feel that it is their duty to ensure that their students

learn all the correct things, including ethics and communication. It is almost like bringing up children. Such teachers should be celebrated, never brushed aside because they do not have a few research papers.

However, not everyone can fit those shoes. For that reason, and because of the current expectations from universities, it is necessary for the younger generation to learn research methodologies, how to obtain research grants, how and where to publish and generally increase one's visibility. You will need to keep abreast with the current literature, what work is being done in your field of interest, what are the lacunae and whether you can fill the lacunae. Uphold ethics at all times, whether you are doing human or animal research, interventional or observational, prospective or retrospective.

Research is good. Results of good research can change the practice of medicine and surgery. New techniques, discoveries and treatments have been added only because of research. Approach it with enthusiasm and do your research with honesty and integrity. India is a big country with a large proportion of young people. The possibilities are endless. Let us work towards 'Make in India' quality research so that we can hope for a day when the rest of the world looks at us for recent advances in all fields of medicine and more. We can do it! Yes, we can! So we need to change....

Artificial Intelligence in Surgery

Introduction:

Artificial intelligence (AI) can be loosely defined as the study of algorithms that give machines the ability to reason and perform cognitive functions such as problem solving, object and word recognition, and decision-making [1]. Technological innovation and discovery and interaction with machines is a constant human endeavor. After years of research AI has reached the threshold level where it can 'take off'. Several fields of human activity have benefited from AI; surgery is no exception. AI is compared to the 'Industrial revolution' and is expected to have a significant impact on society in the near future. In these circumstances, it is good to understand some basic concepts about AI in general and its applicability to Surgery, in particular.

Basic Concepts:

Basic concepts [1] underlying AI include Machine learning (ML), Natural Language Processing (NLP), Artificial Neural Networks (ANN) and Computer Vision (CV).

Machine learning is the capacity of the computer to learn from data inputs to recognise patterns and make predictions. The inputs processed may come from structured data or from unstructured data where the machine is capable of detecting patterns. Even more interesting is 'reinforcing learning' capacity of the machine - where it learns from continued inputs and hence, this learning is perpetual. The efficiency of the



Dr Lakshman K
Consultant Surgeon, Bangalore

outputs keep improving with time as inputs increase.

Natural Language Processing is the ability of the machine to go beyond words and codes and 'understand' the context and sentiment behind human language. It enables the machine to extract information and analyse unstructured, free flowing text as is seen in electronic medical records, progress notes and operation notes.

Artificial Neural Networks form an essential part of 'Deep Learning' by the machines. Deep Learning consists of layers of computation with an integration among layers so that large datasets can be analysed. This concept is inspired by the neural networks of the human brain. Several prediction models are powered by the deep learning concept of AI and have consistently outperformed the human brain. This is understandable as machines have much better memory and can process large datasets at a given time.

Artificial Intelligence in Surgery

Computer vision refers to the ability of the machine to recognise patterns in images and videos. It involves perhaps the highest form of machine learning. This aspect of AI is in its infancy. But it has great potential in computer aided diagnosis, planning surgery and predicting outcomes after, for example, analysing videos of laparoscopic surgery.

AI can help surgeons in many ways - the main ones being mentioned below.

Clinical decision support and preoperative planning:

AI can analyse large databases about specific symptoms and diseases to arrive at a clinical diagnosis. Data from electronic medical records, laboratory reports and images can all be integrated into the dataset to help in diagnosis. This has been shown to reduce errors in diagnosis [2]. Detailed analysis of images can delineate anatomy of the affected region and help in better operative planning.

Robotic Surgery:

AI plays a pivotal role in Robotic surgery. AI is involved in regulating the precision movements of the robotic arms. Constant feedback in real time improves surgical accuracy and safety. With advances in object recognition and tracking, the possibility of autonomous or semi-autonomous robotic surgery may not be as far away as we imagine [3]. Experts in the field have described robotic autonomy in levels - Level 0

denoting no autonomy, Level 3 denoting the surgeon selecting a predefined action by the robot and Level 6 denoting complete autonomy where the machine chooses and executes a given action.

Augmented and Virtual Reality and AI:

Augmented reality (AR) is an experience where the real world images are enhanced by integration with computer generated images. Virtual reality (VR) is an experience where the whole three dimensional image of the chosen environment is generated by the computer. AI plays an important role in integrating AR and VR and giving an enhanced experience of the anatomy and pathology to the surgeon. AI can also integrate information from the laboratory and the medical records in this experience. This helps in choosing the correct procedure, practising it virtually before the actual procedure, thus cutting operating time and improving patient safety. Further, the amalgamation of AR and AI helps in machines getting more and more autonomous [4].

Postoperative Monitoring and predictive analytics:

AI has the potential to significantly improve postoperative monitoring and through predictive algorithms, detect early warning signs of complications. The use of wearable devices has improved monitoring tremendously. AI is being used increasingly to interpret data generated by the wearables [5].

Artificial Intelligence in Surgery

AI and surgical training:

AI has penetrated quite deeply into surgical training. There is a limitation in the opportunities for training our trainees. There are several reasons for this. It may be lack of time, increased number of trainees, limited attendance of patients and the increasingly worsening medico-legal atmosphere. Surgical simulation is the answer to improve training in this situation. AI plays a major role in training through integration of AR and VR, telementoring and skills assessment [6].

Limitations and Concerns about AI:

Several organisations are worried about the direction in which AI systems are progressing. Commercial concerns may overwhelm propriety and ethics. The World Health Organisation (WHO) has put out a cautionary statement regarding AI systems and Large Language Models(LLM)like ChatGPT [7]. These involve limitations in the inputs that have gone into machine learning that may lead to inadequate and/or improper medical information being produced by AI. Also, completely incorrect and sometimes dangerous information may be put out in a very plausible manner, thus misleading the reader. This stems from the large amount of information, without proper evidence, that is available on the internet, that the AI system gleans information from. Very importantly there are no safeguards prescribed to maintain patient data confidentiality.

There are ethical dilemmas when a LLM system is used to generate text for medical/surgical publishing. Questions about responsibility and accountability for the data and analysis arise. As the LLM uses existing information without necessarily attributing the data to the original author, some material put out by AI can be considered plagiarism.

It is to be noted that several leaders in the field of AI have raised objections about the lack of governmental control and the direction that AI development is taking. The chief of AI at Google, resigned recently. European and American governments are convening meetings to regulate the development of AI. The Indian government has also put out a preliminary document on AI [8], even though we are some distance away from actual legislation.

Conclusions:

AI is taking major strides in all walks of human life and surgery is no exception. AI is likely to have a major impact on how surgeons work. All aspects of surgical care including diagnosis, preoperative care, performance of the actual operation and postoperative care are all going to have a paradigm shift. It is important for surgeons to understand the basic concepts underlying AI and to keep abreast of the rapid developments that are taking place in the field.

Artificial Intelligence in Surgery

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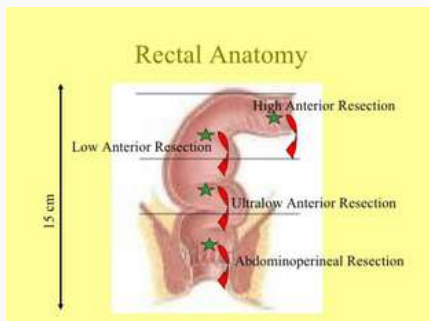
Robotic Sphincter Preservation Surgery: a Case Report

Sphincter preserving surgeries have become the standard of care in high volume centers like HCG. With multidisciplinary team approach and single organ specialist clinics, patients with low rectal disease can still have normal lifestyles, by avoiding the morbidity associated with the surgeries of the past era.



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response with high degree of precision. After completion of the therapy patients are reviewed 6-8 weeks after radiation and undergo MRI staging to assess disease status. Relevant investigations to assess fitness for surgery. Patients are counselled regarding the need for a temporary ileostomy and are given a bowel wash before surgery



Ultra-low anterior resection

Disease and patient factors Factors

Good sphincter tone is a pre-requisite for the procedure. Patients with lax sphincter may not benefit by a sphincter preserving procedure.

Pre – operative planning.

Patients after being diagnosed are seen by the Radiation as well as the Medical oncologists. The Case is discussed in a multi disciplinary meet and Neo-adjuvant therapy is planned accordingly. Most patients are candidates for Neoadjuvant chemoradiation, for tumor downstaging.

FDG PET-CT Scan with MRI are done for planning of the Tumor area and the

Anaesthesia :

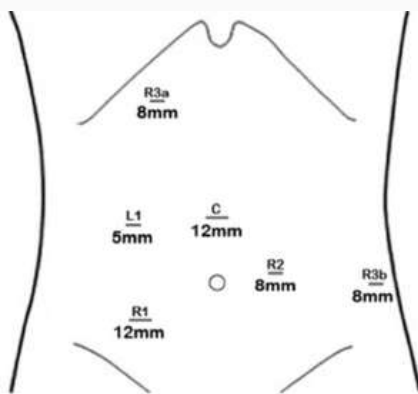


In our center, we usually use a combined regional with general anaesthesia. The patient is positioned in steep head low with low lithotomy. We use Hydraulic Allen Lithotomy stirrups- so that the limb positions can be managed intra-operatively.

Robotic Sphincter Preservation Surgery: a Case Report

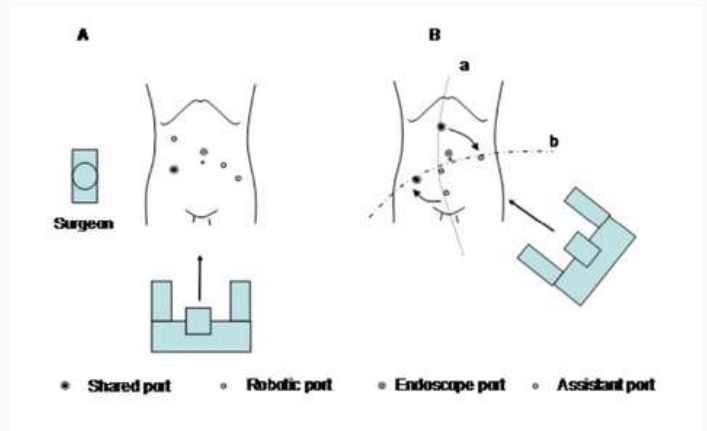
Central venous line and an arterial line is inserted for optimum intra-op monitoring. Blood transfusions are avoided. Since the procedures may run for long durations, we take utmost care of the gelfoam padding of the sacrum and scapulae.

Port placement :



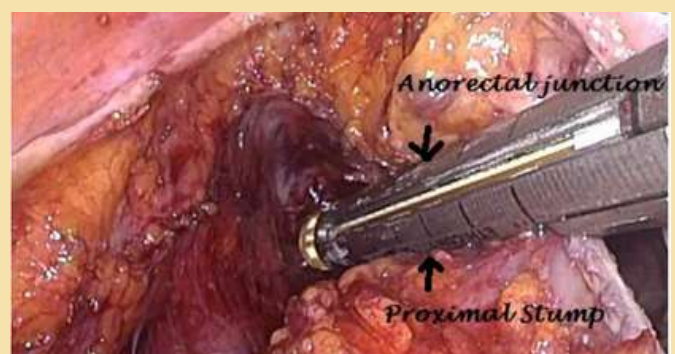
The Standard port placement is used with additional ports for splenic flexure mobilization. The robot is docked in line with the left Anterior superior Iliac Spine. Port placement may require adjustments depending on the body habitus and the abdominal distension. Assistant ports are required for occasional suction and stapling. In our experience the bipolar and monopolar energy sources score over the harmonic instrument. This is primarily due to the greater range of movement, 7 versus 4 in the harmonic. Sometimes, a double docking may be required, for the splenic flexure mobilization. This is a crucial step to ensure that there is adequate length of the colon to bring down to the pelvis and to have a tension less anastomosis. The Robotic Arm 1 will carry the robotic monopolar scissors and the robotic arm 2 carries the Robotic .

fenestrated bipolar The Robotic Arm 3 used for traction can be transposed to the epigastric port (R3a) for splenic flexure mobilization..



Our Technique:

- Additional port placement (12mm) for the stapling of the rectal stump.
- Intra - op per rectal examination by assistant before firing endostaplers
- Rectal wash before stapling
- Marking of the distal limit of the lesion.
- Confirmation of gross margin of disease before removal of specimen
- Ensuring proper technique of stapling of the rectal stump.
- Performing a leak test with Asepto syringe. • Placement of 28Fr Rectal Tube after the anastomosis, and is anchored to the skin



Robotic Sphincter Preservation Surgery: a Case Report

Post – operative :

Immediate post-operative: ambulation on the day of surgery. Early post-operative : removal of Foleys catheter on Day 2. All patients in our experience, experience no difficulty in voiding urine. Patient is allowed oral sips on day 2 and soft diet on day 3. Patients are educated regarding stoma Care. Patients are usually discharged by Day 6. The final Histopath report is discussed in the multi disciplinary meet and the ileostomy closure date is decided for the patient accordingly. 10-15% of our cases have had complete pathological response.

Case Report: :

:A 58 yr old patient presented with bleeding per rectum and altered bowel habits since 6 months. On clinical examination, he was found to have a growth around 5 cm from anal verge. Patient was evaluated with Colonoscopy and PET CT. He was found to have a moderately differentiated carcinoma 4 cm from anal verge. He was given Neoadjuvant chemoradiation to downstage the tumor. 8 weeks after completing radiation he was reassessed clinically and with MRI, tumor had regressed considerably. He underwent robotic sphincter preserving ultra low anterior resection with temporary ileostomy. Final Histopathology report was ypT0N0- a complete pathological response. His case was discussed at the multidisciplinary meet. He was given adjuvant chemotherapy and planned for ileostomy closure at a later date.

Conclusion:

Robotic Surgery has ushered in a new era of minimally access surgery in colorectal surgery. The laparoscopic colorectal technique has several drawbacks, such as a two-dimensional view and the limited dexterity of instruments due to the fixed instrument tips. The da Vinci Surgical System was first used by colorectal surgeons in 2002 and was shown to overcome the drawbacks of conventional laparoscopic surgery. The da Vinci Surgical System has overcome these limitations and provides a three-dimensional, highdefinition operative field, the steady "traction and counter-traction," reduces the physiologic tremor, and enables three extra degrees of movement using articulated instruments allowing for improved dexterity of movement . Robotic L-AR has shown several benefits, in faster patient recovery, shorter duration of hospital stay, earlier return of bowel function, reduced blood loss and number of blood transfusions and lower rates of abdominal post-operative bleeding, late intestinal adhesion obstruction, and other late morbidities. Our experience has been that good case selection and appropriate downstaging of the tumor with chemoradiation, optimum timing of surgery and strategic port placement and good post operative care, all contribute to a high success rate of sphincter preserving surgeries for Low rectal Cancers. In our center we have been able to perform sphincter saving procedures for 75-80% of patients presenting with low rectal growth.

Reminiscences of a lady surgeon

All the women surgeons of today owe immense gratitude to the pioneers who paved the way and today we are indeed free to choose what we want to do. The story of Dr Barry(Dr Miranda Stuart), known as the 'beardless surgeon', gives us goosebumps as we read her story and realise that she had to pose to be a man and lived that life to pursue her dream of being a surgeon. Dr. Elizabeth Blackwell and Dr. Emily Jennings Stowe are some names which are immensely inspiring. Times have changed and we find a growing number of female surgeons across the globe.

I wonder often, why 'women in surgery' are a different category while we see women in all the other branches that include OBG, Medicine, Cardiology, ENT, Ophthalmology and so on. I would stick to the women in surgery concept till a little longer, so that we can be clear about ourselves and then expect the same opinion from others. First, our fraternity should understand that a lady surgeon has the equal competence provided she is judged by the work experience she has got. She might have been a little late in reaching the position where her colleague has already reached. So be it! Life is not a race. There is a need for each of us to slow down at certain phases in our life time... It may be sickness, some family issues and so on. But, unfortunately the need for a slowdown comes to all working women at such a time when we are at the peak of career building. Never mind, do give the appropriate time and attention. But then do not fail or forget to comeback. And, let the duration may not be too long, such that we start feeling so cozy



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and comfortable that a return to work becomes impossible and evade us from taking the trouble.

It is here, that our association with our colleagues is very important. And in today's era, it is not difficult. We have a lot of networks or groups. Those women who have been successful in their respective careers must offer a helping hand and give the much needed support, encouragement and the push to bounce back. Remember, It is not going to be a cake walk. The obstacles will appear time and again or may be present daily. This is where the multi-tasking ability (or so to say the ability to switch quickly to different tasks) of women comes in handy.

Equally important is to stay updated. And for a surgeon it means the skill as well. This would mean an added expense too, for which one must be prepared. And that brings financial independence into the picture. Manage your income and investments such that there is an earning even when we have taken a break from work.

Reminiscences of a lady surgeon

Children are our greatest investment. The right upbringing goes a long way or else this may turn out to be a liability. For the right outcome, our time is what is required. Here, the need for sharing responsibilities becomes a key factor. Both parents should share the responsibility and make it happy and memorable, because when you look back later on in life, the memories are the ones going to stay with us

Our focus should be to prepare the children for the road rather than, making the road for them. That includes their involvement in the household work which itself would make them do their own school work with responsibility. Rather than focusing on developing IQ i.e. Intelligence Quotient alone, a focus on EQ (emotional Quotient), SQ (Social quotient) And AQ (Adversity quotient) is what is needed. It applies to ourselves as well as to our children..

Lastly, work is not all in life. There is much more to it. Stop glorifying undue stress and unwanted long hours of work. It would only subtract our health and numbers from life which is a precious God given gift. Remember we live only once and therefore make the best out of it. It is never too late to develop the hobbies you had given up while focusing on career. If you had none, then develop one, today! They come as a good replacement during retirement which eventually has to come whether we want it or not.

To all the ladies holding the scalpel, you are surgeons by choice and not by chance. The scalpel feels so congenial in your confident hands. To keep its faith strong your struggle may be a little long. Hardships are only the stepping stones which make us all stronger by the day. Be inspired and keep inspiring.

HUMOUR :

A genie gave three physicians one wish each. The first physician said, "I'm already the smartest pediatrician in the world, but I'd like to be 25% smarter." Poof! The pediatrician became 25% smarter.

The second physician said, "I'm already the smartest neurologist in the world, but I'd like to be 50% smarter". Poof! The genie made the neurologist 50% smarter".

The third physician told the genie, "I'm not only the smartest surgeon in the world, but I'm also the smartest person. But, just to be sure, I'd like you to make me 100% smarter."

"This is the third and final wish," the genie said. "If I fulfill your wish, I can't change you back."

"Just make me 100% smarter," the surgeon demanded.

"Okay," said the genie. Poof! **"You're a nurse practitioner!!"**

Contributed by:

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Medical students and their fantastic hallucinations of salaries

This is dedicated to all the future doctors and/or present medical students of Bangalore and India:

A

Recently came across multiple reels of street interviews of 2nd and 3rd year medical students and their "future". 'Salaries of 80k to 1 lakh after MBBS and 2.5 Lakhs after PG specialization. " I forwarded it to all my colleagues and we had a good laugh MBBS doctors freshers can be hired for 30k, experienced at 40K and maximum 50K Doesn't scale much after that. Specialist salaries are funnier. 60k to 80K depending on your luck. 1L in 2 years and 1.5L in 10 years and won't scale much after that. Keep jumping from one job to other to push it to 2L but you have a high chance of being fired. This is the reality for 90% of doctors. Forgot, if you have a super specialty degree, please add a generous 10k to the above numbers.

B

Oh you know a richie rich doctor or have family who owns Rolls Royce, Audi. Well, take a good look at yourself and your 150 batch class. Among you one might own F1 team., another one may live like KF airlines baron, king of good times - Vijay Mallya. The rest of you are also going to be Vijay Mallya but the UK one, living modest life humbled by reality.

C

you will be special one if not going to live modest life with modest remuneration. You are the one, the neo of your batch. Well, just finished your masters? It's time to prepare for fellowships.



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ESIC Medical College, Kalburgi

Well congratulations on finishing one. Many more fellowship follow and no end You can do it, age is just a number, 35 is another number. How about some foreign fellowships spending 10-20Lakhs of your savings. How about some work experience in UK or Australia?

Congratulation, you just hit 40 and because you are in the medical field you look like 50. Come back to India for that sweet 10L per month salary. Wait corporate offering you a better package, no salary and only cuts. You are confused as to what that means! You haggle and settle on a 5L per month salary. Oh you now have to compete with 100 others who have followed the same formula. Corporates were waiting for your arrival so they can replace their current 10L one with the fresh 5L recruit.

The move was so stressful that they increased the OPD charges for everyone. The calculation so difficult that your salary actually decreased. The formula they use where patients pay hospital more money, so doctors get less and less pay is a proprietary algorithm. You have more luck accessing Googles Lambda algorithm.

Medical students and their fantastic hallucinations of salaries

D

There is another final way. Ingredients needed, money and power. Most people have neither. If you are a middle class doctor then, this is a very heavy door for you to open. Not impossible but extremely difficult. Well, still if you arrange for 10cr or at least 2.5cr and find 3 more partners. Open a hospital. Keep 3cr out of that for bribes, running costs and political handouts. Wait 3 years and voila, you are earning 10lakh per month. 80% chance

you will fail but, it's better to try. A corporate might bail you out and pay you 50lakhs for your initial investment. Life expectancy of a

doctor is 59. If you are running a hospital and practicing, then good luck crossing 60

E

Don't think just because your mom calls you Sharukh Khan or Ranbir Kapoor, it's true. You are most likely Shreyas Talpade or Tusshar Kapoor. Welcome to the 15% tax bracket profession.

F

Disclaimer : Experience gained from working in govt, medical colleges, private & corporates

Currently in between "Mission open a hospital 2025" and "Mission Leave for UK 2026".

(Source – WhatsApp forward)

Humor in Surgical Practice :

Patient's oversmart relative: Doctor the syrup you mentioned for constipation....**we should give him before or after sleep??**

Me: Before better (My mind however continues to laugh and chatter)....But if he sleeps you can still put the syrup in his mouth, if you know how to...

If not then just see this scene from Kamal Hassan movie "**Pushpaka Vimaana**"



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Our surgery Hod Dr Belani sir..had told once. He asked one intern "what is the normal level of bilirubin?". He said " 100 g percent sir" with utmost confidence. . Belani sir said sarcastically "**Not only the patient will go to Grave , even the soil will turn Yellow**"



ಸರ್ಜನರು ಯಾವತ್ತೂ ಸಜ್ಜನರೇ

25 ಜೂನ್, ರಾಷ್ಟ್ರೀಯ ಶಸ್ತ್ರಚಿಕಿತ್ಸಕರ ದಿನಾಚರಣೆ (National surgeons day). ಇದು ಶಸ್ತ್ರಚಿಕಿತ್ಸಕರು ಸಂಭ್ರಮಿಸುವ ದಿನವಾದರೂ ಸಾರ್ವಜನಿಕರಿಗೆ ಕೆಲವೊಂದು ವಿಶಿಷ್ಟವಾದ ವಿಷಯಗಳು ತಿಳಿಸಬೇಕಾಗಿದೆ. ಯಾರು ಶಸ್ತ್ರಗಳನ್ನು ಉಪಯೋಗಿಸಿ ರೋಗಿಗಳಿಗೆ ಚಿಕಿತ್ಸೆ ನೀಡುತ್ತಾರೋ ಅವರೆಲ್ಲ ಶಸ್ತ್ರಚಿಕಿತ್ಸಕರೆಂದು ಕರೆಸಿಕೊಳ್ಳಾರೆ. ಸುಶ್ರುತರು ದೇಶದ ಮೊದಲ ಸರ್ಜನ್, 800 BC ಯಲ್ಲಿ ಅವರು ಬರೆದಿರುವ ಸುಶ್ರುತ ಸಂಹಿತೆ ಇಂದಿಗೂ ಉಪಯುಕ್ತ. ಸರ್ಜನ್ಗಳೆಂದರೆ ಸಾಮಾನ್ಯ ಶಸ್ತ್ರಚಿಕಿತ್ಸಕರು, ಹೆರಿಗೆ ತಜ್ಞರು, ಮೂಳೆ ತಜ್ಞರು, ಕಿವಿ ಮೂಗು ಗಂಟಲು ತಜ್ಞರು, ಕಣ್ಣಿನ ಸರ್ಜನ್, ಕ್ಯಾನ್ಸರ್ ಸರ್ಜನ್, ಕಿಡ್ನಿ ಹಾಗೂ ಮೂತ್ರ ರೋಗದ ಸರ್ಜನ್, ನರ ರೋಗದ ಸರ್ಜನ್, ಹೃದಯ ಸರ್ಜನ್, ಜಠರ ಹಾಗೂ ಕರಳಿನ ಸರ್ಜನ್ ಹೀಗೆ ನಾನಾ ಸೂಪರ್ ಸ್ಪೆಷಾಲಿಟಿ ಸರ್ಜನ್ಗಳೆಲ್ಲ ಪಟ್ಟಿಯಲ್ಲಿ ಬರುತ್ತಾರೆ. ಈ ಎಲ್ಲಾ ಸರ್ಜನ್ ಗಳಗೂ ಅರವಳಿಕೆ ತಜ್ಞರ ಸಹಾಯ ಹಾಗೂ ಸಹಕಾರ ಬಹಳ ಮುಖ್ಯ. ನಾವು ಎಂತಹ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ಮಾಡಿ ಹೆಸರು ಮಾಡಿದರೂ ಅದರ ಹಿಂದೆ ಅರಿವಳಿಕೆ ತಜ್ಞರು ಬೆನ್ನೆಲುಬಾಗಿ ಇದ್ದೇ ಇರ್ತಾರೆ. ಹಾಗೆಯೇ, ಶಸ್ತ್ರಚಿಕಿತ್ಸಕರು ರೋಗಿಗಳಿಗೆ ಆಪರೇಷನ್ ಮಾಡುವ ಮೊದಲು ಇನ್ನಿತರ ಸೈಬಲಿಸ್ಟ್ ಹಾಗೂ ಸೂಪರ್ ಸ್ಪೆಷಲಿಸ್ಟ್ಗಳ ಸಹಕಾರ ಬಹಳ ಮುಖ್ಯ. ಫಿಸಿಯನ್, ಹೃದಯ ತಜ್ಞರು, ಮಕ್ಕಳ ತಜ್ಞರು ಹಾಗೂ ಇನ್ನಿತರರ ಸಹಾಯ ಬೇಕಾಗುತ್ತದೆ. ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಗೆ ತಯಾರು ಮಾಡಲು ಇವರೆಲ್ಲರ ಸಹಕಾರ ಬಹಳ ಮುಖ್ಯ.

ಮೊದಲೆಲ್ಲ CT ಸ್ಕ್ಯಾನ್, ಹೊಟ್ಟೆ ಸ್ಕ್ಯಾನಿಂಗ್, ರಕ್ತ ನಾಳಗಳ ಸ್ಕ್ಯಾನಿಂಗ್, PET ಸ್ಕ್ಯಾನಿಂಗ್ ಇನ್ನಿತರ ಅತ್ಯಾಧುನಿಕ ಉಪಕರಣಗಳು ಇರದಿದ್ದ ಕಾಲದಲ್ಲಿ ಶಸ್ತ್ರಚಿಕಿತ್ಸಕರಿಗೆ ಬಹಳ ಕಠಿಣವಾದ ದಿನಗಳಿದ್ದವು, ಡಯಾಗ್ನೋಸಿಸ್ ಒಂದಾಗಿದ್ದರೆ ಒಳಗಡೆ ಖಾಯಿಲೆ ಇನ್ನೊಂದು ಆಗಿರ್ತು. Chest is a music box and Abdomen is a magic box ಅನ್ನುವ ಮಾತಿತ್ತು. ಇತ್ತೀಚಿನ ದಿನಗಳಲ್ಲಿ ಆಧುನಿಕ ಉಪಕರಣಗಳು ಬಂದ ಮೇಲೆ ರೋಗಿಗಳಿಗೆ ಸರಿಯಾದ ಡಯಾಗ್ನೋಸಿಸ್ ಹಾಗೂ ಚಿಕಿತ್ಸೆ ಕೊಡಲು ಸಾಧ್ಯವಾಗುತ್ತಿದೆ. ಇಂತಹ ಪರಿಸ್ಥಿತಿ ಯಲ್ಲಿಯೂ ಕೆಲವೊಮ್ಮೆ ಕ್ಲಿಷ್ಟಕರವಾದ ಸಮಯದಲ್ಲಿ ಸರ್ಜನ್ಗಳು ಹೆಣಗಾಡಬೇಕಾಗುತ್ತೆ.

ಎಷ್ಟೇ ಅನುಭವ ಇರುವ ಸರ್ಜನ್ ಆಗಿದ್ದರೂ ಪ್ರತೀ ರೋಗಿಗೂ ಅವನು ಅಷ್ಟೇ ಕಾಳಜಿ ಕೊಡಬೇಕಾಗುತ್ತೆ. ಪ್ರತೀ ರೋಗಿಯಲ್ಲೂ ಏನಾದರೂ ಹೊಸ ಅನುಭವ ಆಗುತ್ತಲೇ ಇರುತ್ತದೆ. ನಾನು ಸಾವಿರಾರು ಆಪರೇಷನ್ಗಳನ್ನು ಮಾಡಿದ್ದೇನೆಂದು ಅಹಂಕಾರ ಪಡುವ ಹಾಗಿಲ್ಲ. ಪ್ರತೀ ಆಪರೇಷನ್ ಪ್ರಾರಂಭಿಸುವಾಗ ಸರ್ಜನ್ಗಳ ಹೃದಯ ಬಡಿತ ಹೆಚ್ಚಾಗುತ್ತೆ ಆಮೇಲೆ



ಲೇಖಕರು-ಡಾ.ಶಿವಪ್ರಕಾಶ್. ಡಿ ಎಸ್
ಶಸ್ತ್ರಚಿಕಿತ್ಸಾ ತಜ್ಞರು, ಭದ್ರಾವತಿ

ಸರಿಯಾಗುತ್ತೆ. ಏಕೆಂದರೆ ನಾವು ಕೆಲಸ ಮಾಡುತ್ತಿರುವ ವ್ಯಕ್ತಿಯ ಜೀವ ಬಹು ಮುಖ್ಯ. ಕೆಲವೊಮ್ಮೆ ಅನಿರೀಕ್ಷಿತ ಘಟನೆಗಳು ಸಂಬವಿಸುವ ಬಯ ನಮ್ಮೊಳಗೆ ಇದ್ದೇ ಇರುತ್ತೆ. ಆಪರೇಷನ್ ಸಮಯದಲ್ಲಿ ಒಂದೆರಡು ಹನಿ ರೋಗಿಯ ರಕ್ತ ಹೋದರೂ ಸರ್ಜನ್ ದೇಹದಿಂದ ಅಷ್ಟೇ ಬೆವರು ಇಳಿದಿರುತ್ತೆ.

ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ಅಂದರೆ ಅದಕ್ಕೆ ಬಹಳಷ್ಟು ತಯಾರಿ ಇರಬೇಕು. ಒಳ್ಳೆಯ ಆಪರೇಷನ್ ಕೊರಡಿ, ಆಧುನಿಕ ಅರಿವಳಿಕೆ ಯಂತ್ರೋಪಕರಣಗಳು, ಎಲ್ಲಾ ತುರ್ತು ಚಿಕಿತ್ಸೆಗೆ ಬೇಕಾದ ಔಷಧಗಳು (ಅನಿರೀಕ್ಷಿತವಾಗಿ ಬರುವ ಅಪಾಯಗಳಿಗೂ ಮುಂಜಾಗ್ರತೆ), ಕೆಲವೊಮ್ಮೆ ರಕ್ತದ ವ್ಯವಸ್ಥೆ ಮಾಡಿಕೊಳ್ಳಬೇಕಾಗುತ್ತೆ. ಒಟ್ಟಿನಲ್ಲಿ ರೋಗಿಯ ಜೀವಕ್ಕೆ ಅಪಾಯವಾಗದ ಹಾಗೆ ಮುನ್ನೆಚ್ಚರಿಕೆ ಕ್ರಮಗಳನ್ನು ರೋಗಿಗೆ ಸೋಂಕು ಆಗದಂತೆ ಮುನ್ನೆಚ್ಚರಿಕೆ ಬಹಳ ಮುಖ್ಯ, ಅದಕ್ಕೆ ಓಟಿ ಸಿಬ್ಬಂದಿಗಳು ಬಹಳಷ್ಟು ಎಚ್ಚರಿಕೆಯಿಂದ ರೋಗಿಗೆ ಸೋಂಕು ಆಗದಂತೆ ಶಿಷ್ಟಾಚಾರವನ್ನು ಪಾಲಿಸಬೇಕಾಗುತ್ತೆ. ಒಂದು ಆಪರೇಷನ್ ಆದಮೇಲೆ ಇನ್ನೊಂದು ಆಪರೇಷನ್ ಅಷ್ಟೇ ವೇಗವಾಗಿ ಕೊರಡಿ ಸಜ್ಜುಗೊಳಿಸಬೇಕು. ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ಸರ್ಜನ್ ಒಬ್ಬನೇ ಮಾಡಲು ಸಾಧ್ಯವಿಲ್ಲ, ಅದಕ್ಕೆ ನುರಿತ ಶುಶ್ರುಷಕ ಅಥವಾ ಶುಶ್ರುಷಕಿಯರ ಉಪಸ್ಥಿತಿ ಬಹಳ ಮುಖ್ಯ. ಅವರು ಸರಿಯಾಗಿ ಅಸಿಸ್ಟ್ ಮಾಡಿದ್ದಲ್ಲಿ ಮಾತ್ರ ಸರ್ಜನಿ ಸರಾಗವಾಗಿ ನೆಡೆಯಬಲ್ಲದು. ಆಪರೇಷನ್ ಥಿಯೇಟರ್ ಟೆಕ್ನಿಷಿಯನ್ ಬಹಳ ಕಡಿ ಸಿಗುವುದು ಕಷ್ಟ, ಅವರಿದ್ದರೆ ಇನ್ನೂ ಸಹಾಯಕ್ಕೆ ಬರ್ತಾರೆ. ಕೊರಡಿಯ ಸ್ವಚ್ಛತಾ ಕೆಲಸ ಬಹಳ ಮುಖ್ಯ ಅದಕ್ಕೆಲ್ಲಾ ಥಿಯೇಟರ್ ಶಿಷ್ಟಾಚಾರಗಳು ಇರುತ್ತವೆ. ಆಪರೇಷನ್ ಮೊದಲು ಆಕ್ಸಿಜನ್ ಹಾಗೂ ಇನ್ನಿತರ ಅನಿಲಗಳ ಪರಿಶೀಲಿಸಬೇಕು. ಒಟ್ಟಾರೆ ಯಾಕೆಂದರೆ ಆಪರೇಷನ್ ಮಾಡುವ ಮೊದಲು ಬಹಳಷ್ಟು ತಯಾರಿ ಇರಬೇಕು.

ಸರ್ಜನರು ಯಾವತ್ತು ಸಜ್ಜನರೇ

ಒಮ್ಮೆ ಅಪರೇಷನ್ ಶುರುವಾದರೆ ಕೊಠಡಿಯಲ್ಲಿ ಎಲ್ಲಾ ವ್ಯವಸ್ಥಿತ ವಾಗಿರಬೇಕು. ಏಕೆಂದರೆ ರೋಗಿಯ ಜೀವ ಹಾಗೂ ಜೀವನ ಬಹು ಮುಖ್ಯ.

ಒಬ್ಬ ವ್ಯಕ್ತಿ ತನ್ನನ್ನು ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಗೆ ಒಳಪಡಿಸಿಕೊಳ್ಳಬೇಕೆಂದರೆ ಅವನಿಗೆ ವೈದ್ಯನ ಮೇಲೆ ಅಪಾರವಾದ ನಂಬಿಕೆ ಇರಬೇಕು ಮತ್ತು ನಂಬಿಕೆ ಇರುತ್ತೆ ಕೂಡ.ರೋಗಿಯು ನಾಲ್ಕಾರು ಜನರಲ್ಲಿ ವಿಚಾರಿಸಿಹಾಗೂ ಇತರೆ ವೈದ್ಯ ರ ಸಲಹೆ ಪಡೆದು ಶಸ್ತ್ರಚಿಕಿತ್ಸಕರ ಹತ್ತಿರ ಬರುವುದು ಸಾಮಾನ್ಯ. ಆಗ ಸರ್ಜನ್ ಕೂಡ ತನ್ನೆಲ್ಲಾ ಅನುಭವ ಹಾಗೂ ನಿಪುಣತೆ ಉಪಯೋಗಿಸಿ ಚಿಕಿತ್ಸೆ ಕೊಡಲು ಪ್ರಯತ್ನಿಸುತ್ತಾನೆ.ಒಮ್ಮೊಮ್ಮೆ ಕೆಲವು ಕಣ್ಣಿಗೆ ಕಾಣದ ಅಥವಾ ಅನಿರೀಕ್ಷಿತ ಆಘಾತಕಾರಿ ಘಟನೆಯು ಸಂಭವಿಸಿದಾಗ ವೈದ್ಯರ ಮೇಲೆ ಆರೋಪಿಸೋದು ಸರ್ವೇಸಾಮಾನ್ಯ.ಅವರವರ ಸ್ವೆಷಾಲಿಟಿ ತಕ್ಕ ಹಾಗೆ ಕೆಲಸದಲ್ಲಿ ಮಾನಸಿಕ ಹಾಗೂ ದೈಹಿಕವಾಗಿ ಒತ್ತಡ ವಿಪರೀತವಾಗಿ ಇರುತ್ತೆ.ಎಷ್ಟೇ ಕಷ್ಟಕರವಾದ ಆಪರೇಷನ್ ಮಾಡಿದ್ರೂ ಒಮ್ಮೆ ರೋಗಿಯು ಗುಣಮುಖವಾದಲ್ಲಿ ಎಲ್ಲಾ ಕಷ್ಟಗಳು ಮರೆತು ಹೋಗುತ್ತೆ.

ನಮ್ಮ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಯ ವಿಭಾಗದಲ್ಲಿ ಅತ್ಯಂತ ದೊಡ್ಡ ಮಟ್ಟದಲ್ಲಿ ಅವಿಷ್ಕಾರಗಳಾಗಿದ್ದು ಹಾಗೂ ಇನ್ನೂ ಹೆಚ್ಚಿನ ಅವಿಷ್ಕಾರಗಳಾಗುತ್ತಿದ್ದು ಜನರಿಗೆ ಬಹಳ ಸರಳವಾಗಿ ಚಿಕಿತ್ಸೆ ಸಿಗುತ್ತಿದೆ. ಲ್ಯಾಪರೋಸ್ಕೋಪ್ , ಎಂಡೋಸ್ಕೋಪ್ , ಲೇಸರ್ ಹಾಗೂ ಕಾಟರಿ(ಹಾರ್ಮೋನಿಕ್) ಇನ್ನೂ ಹಲವು ಅತ್ಯಾಧುನಿಕ ಉಪಕರಣಗಳು ಸರ್ಜರಿಯಲ್ಲಿ ಬಹಳ ದೊಡ್ಡ ಅವಿಷ್ಕಾರ.ಒಂದು ಸಣ್ಣ ಪೆನ್ಸಿಲ್ ಗಾತ್ರದ ಉಪಕರಣಗಳನ್ನು ಹೊಟ್ಟೆ,ಕೀಲು,ಬಿನ್ನೆಲುಬು ಹಾಗೂ ಎದೆ ಒಳಗೆ ತೂರಿಸಿ ಟಿವಿ ಪರದೆ ಮೇಲೆ ನೋಡಿಕೊಂಡು ಬಹಳಷ್ಟು ಕ್ಲಿಷ್ಟಕರವಾದ ಆಪರೇಷನ್ಗಳನ್ನು ಬಹಳ ಸುಲಭವಾಗಿ ಮಾಡಬಹುದಾಗಿದೆ. ಇದಕ್ಕೆ ಬಹಳ ತರಬೇತಿ, ನಿಪುಣತೆ, ಜಾಣ್ಮೆ ಹಾಗೂ ತಾಳ್ಮೆ ಬೇಕು.

ಇದೆಲ್ಲದರ ಮಧ್ಯೆ ಸರ್ಜನ್ ಗಳಿಗೆ ವಿಷೇಶವಾದ ಸಮಸ್ಯೆಗಳಿವೆ .ಕೆಲವೊಮ್ಮೆ ಆಪರೇಷನ್ ಶುರುವಾದಾಗ ಅನಿರೀಕ್ಷಿತವಾಗಿ ಸಮಯ ಮಿತಿಮೀರಬಹುದು. ಊಟ ತಿಂಡಿ ಸಮಯಕ್ಕೆ ಸರಿಯಾಗಿ ಮಾಡಲು ಆಗದೆ ಇರಬಹುದು, ಇದರಿಂದ ಆರೋಗ್ಯಕೆಡಬಹುದು. ಕೆಲವೊಮ್ಮೆ ರೋಗಿಯಿಂದ ಸರ್ಜನ್ಗೆ ವೈರಸ್ ರೋಗ ಹರಡಬಹುದು(ಬಹಳಷ್ಟು ಉದಾಹರಣೆಗಳಿವೆ).ಸರ್ಜನ್ ಗಳು ಬಹಳಷ್ಟು ಹೊತ್ತು ನಿಲ್ಲಬೇಕಾದ್ದರಿಂದ ಕೆಲವೊಮ್ಮೆ ವೆರಿಕೋಸ್ ಖಾಯಿಲೆಯಿಂದ ಬಳಲಬೇಕಾಗುತ್ತದೆ. ಸರ್ಜನ್ ಗಳಿಗೆ ಬೇರೆ ವೈದ್ಯರ ಹೋಲಿಕೆ ಮಾಡಿದಲ್ಲಿ ವಿಪರೀತವಾದ ಒತ್ತಡ ಇರುತ್ತದೆ ,ಇದರಿಂದ ರಕ್ತದೊತ್ತಡ ಹಾಗೂ ಸಕ್ಕರೆ ಖಾಯಿಲೆಗಳಿಗೆ

ತುತ್ತುಗಬಹುದು.ಹಗಲು ರಾತ್ರಿ ಎನ್ನದೆ ಯಾವಾಗ ಬೇಕಾದರೂ ತುರ್ತು ಕರೆ ಬರಬಹುದು. ಕೆಲವೊಮ್ಮೆ ಆಪರೇಷನ್ ಸಮಯ ಮಿತಿ ಮೀರಬಹುದು, ಅನಿರೀಕ್ಷಿತವಾಗಿ ಆಘಾತಕಾರಿ ಘಟ್ಟಕ್ಕೆ ತಲುಪಬಹುದು. ಇದರಿಂದ ವಯಕ್ತಿಕ ಬದುಕು ಕೂಡ ಹಾಳಾಗಬಹುದು. ಇದಕ್ಕೆಲ್ಲ ಕುಟುಂಬದ ಸಹಕಾರ ಬಹಳ ಮುಖ್ಯ ಕೆಲವೊಮ್ಮೆ ರೋಗಿಯು ಆಪರೇಷನ್ ಆದಮೇಲೆಯಾವುದೇ ಇತರ ರೋಗದಿಂದ ಅಕಸ್ಮಾತ್ ಮರಣ ಹೊಂದಿದರೆ ವೈದ್ಯ ಮಾನಸಿಕ ಖಿನ್ನತೆಗೆ ಒಳಗಾಗಬಹುದು, ಇದರಿಂದ ಸಂಪೂರ್ಣ ಹೊರ ಬರಲು ಬಹಳಷ್ಟು ಸಮಯ ಬೇಕಾಗಬಹುದು. ಕೆಲವೊಮ್ಮೆ ಕೆಲವರು ಸರ್ಜನ್ ವೃತ್ತಿಯನ್ನೇ ಬಿಟ್ಟಿರುವ ಉದಾಹರಣೆ ಇವೆ. ಸರ್ಜನ್ ಆಗ ಬೇಕಾದರೆ LADIES FINGER ,EAGLE'S EYE AND LIONS HEART ಇರಬೇಕು ಅನ್ನೋ ಮಾತಿದೆ.ನಾವು ಸರ್ಜರಿ ಮಾಡಿ ಹೊಲಿಗೆ ತೆಗೆದು ಗಾಯ ಒಣಗಿದ ಮೇಲೆ ಎಲ್ಲಾವೂ ಮುಗಿಯುವುದಿಲ್ಲ.ರೋಗಿಯು ತನ್ನ ಮುಂದಿನ ಆಗು ಹೋಗು ಗಳಿಗೂ ಸರ್ಜನ್ ಕಾರಣ ಅನ್ನೋ ಅಭಿಪ್ರಾಯಕ್ಕೆ ಬರಬಹುದು. ಎಷ್ಟೋ ಕಷ್ಟಕರ ವಾದ ಆಪರೇಷನ್ ಆದ ಮೇಲೆ ಸರ್ಜನ್ ಥಿಯೇಟರ್ನಿಂದ ಹೊರ ಬಂದ ಮೇಲೆ ರೋಗಿಯ ಕಡೆಯವರಿಗೆ ಮನಸ್ಸಿನಲ್ಲಿ ಮೂಡುವ ಕಟ್ಟ ಕಡೆಯ ಪ್ರಶ್ನೆ ಎಷ್ಟು ಹೊಲಿಗೆ ಹಾಕಿರಬಹುದು?? ಕೆಲವೊಮ್ಮೆ ಅತೀ ಬುದ್ಧಿವಂತರು ಎಲ್ಲಾ ಸರ್ಜರಿಯನ್ನು ಲ್ಯಾಪರೋಸ್ಕೋಪಿಕ್ ನಲ್ಲಿ ಬಯಸುತ್ತಾರೆ!.



ಗ್ರಾಮಾಂತರ ಹಾಗೂ ತಾಲ್ಲೂಕು ಪ್ರದೇಶಗಳಲ್ಲಿ ಕೆಲಸ ಮಾಡುವ ಸರ್ಜನ್ಗಳಿಗೆ ಅವರದ್ದೇ ಆದ ಸಮಸ್ಯೆಗಳಿರುತ್ತವೆ.ತುರ್ತು ಸಮಯದಲ್ಲಿ ಇನ್ನೊಬ್ಬ ಸರ್ಜನ್ ಹಾಗೂ ತಾಲ್ಲೂಕು ಪ್ರದೇಶಗಳಲ್ಲಿ ಕೆಲಸ ಮಾಡುವ ಸರ್ಜನ್ಗಳಿಗೆ ಅವರದ್ದೇ ಆದ ಸಮಸ್ಯೆಗಳಿರುತ್ತವೆ.ತುರ್ತು ಸಮಯದಲ್ಲಿ ಇನ್ನೊಬ್ಬ ಸರ್ಜನ್ ಸಹಾಯಕ್ಕೆ ಬೇಕಾದಾಗ ಬಹಳ ಕಷ್ಟವಾಗುತ್ತೆ. ದೊಡ್ಡ ಪಟ್ಟಣಗಳಲ್ಲಿ ಇರುವ ಉಪಕರಣಗಳ ಹಾಗೂ ವ್ಯವಸ್ಥೆಗಳು ಗ್ರಾಮಾಂತರ ಪ್ರದೇಶಗಳಲ್ಲಿ ಸಿಗುವುದು ಕಷ್ಟ. ನಮ್ಮಲ್ಲಿ ಎಷ್ಟೋ ಬಾರಿ ಇರುವ ವ್ಯವಸ್ಥೆಯಲ್ಲೇ ದೊಡ್ಡ ಸರ್ಜರಿ ಮಾಡಿರುವ ಉದಾಹರಣೆಗಳಿವೆ.

ಸರ್ಜನರು ಯಾವತ್ತು ಸಜ್ಜನರೇ

ಸರ್ಜನರು ದುರ್ಜನರಲ್ಲ . ನಾನೊಬ್ಬ ಸರ್ಜನ್ ಎನ್ನಲು ಹೆಮ್ಮೆ ಇದೆ.ಪ್ರತಿಯೊಬ್ಬ ಸರ್ಜನ್ ಕೆಲವೊಂದು ಸನ್ನಿವೇಶದಲ್ಲಿ ಏಕಾದರೂ ನಾನು ಸರ್ಜನ್ ಆದೇನೋ ಅನ್ನೋ ಮನೋಭಾವಮನಸ್ಸಲ್ಲಿ ಬಂದು ಹೋಗಿರುತ್ತೇರೋಗಿಯು ಗುಣವಾದ ಮೇಲೆ ನಗು ಮುಖ ನೋಡಿದಾಗ ಎಲ್ಲಾ ಮರೆತು ಹೋಗುತ್ತೆ.ಸ್ಮಶಾನ ವೈರಾಗ್ಯ, ಪ್ರಸವ ವೈರಾಗ್ಯ ತರಹ ಓಟಿ ವೈರಾಗ್ಯ ಕೂಡ ಕ್ಷಣಿಕ.

ನಮ್ಮ ಶಸ್ತ್ರಚಿಕಿತ್ಸಕರ ಸಂಘ (ASI) ರಾಷ್ಟ್ರ ಮಟ್ಟದಲ್ಲಿ ಅತ್ಯಂತ ದೊಡ್ಡ ಮಟ್ಟದಲ್ಲಿ ಯುವ ಸರ್ಜನ್ ಗಳಿಗೆ ನಿರಂತರ ಕಾರ್ಯಾಗಾರಗಳ ಮೂಲಕ ತರಬೇತಿ ನೀಡುತ್ತಿದ್ದು ಬಹಳಷ್ಟು ಸಮಾಜಕ್ಕೆ ಉಪಯೋಗವಾಗಿದೆ.ಅದೇ ರೀತಿಯಲ್ಲಿ ರಾಜ್ಯ ಮಟ್ಟದಲ್ಲಿ ನಮ್ಮ ಸಂಘ (KSC ASI) ಉತ್ತಮರ ಸಾರಥ್ಯದಲ್ಲಿ ಆಧುನಿಕ ಶಸ್ತ್ರಚಿಕಿತ್ಸಾ ವಿದಾನಗಳನ್ನು ಕಾಲಕಾಲಕ್ಕೆ ಉಣಬಡಿಸುತ್ತಿದೆ.

ಜೂನ್ 25 ರ ಶಸ್ತ್ರಚಿಕಿತ್ಸಕರ ದಿನಾಚರಣೆಯ ಪರವಾಗಿ ಎಲ್ಲಾ ಸರ್ಜನ್‌ಗಳಿಗೂ ಶುಭಾಶಯಗಳು.

The surgeon's pledge

We all love the flying experience in flights but the amount of preparation and training for a flight to take off is worth interesting. Similarly when we advice surgery, patient's experience should be worth remembering like a flight journey rather than patient thinking about surgeon's experience, finance and safety. Well there are similarities in both aviation and surgical sector, I thought of comparing and here are the details.

Aviation industry/Surgical sector

1. Pilot/ Surgeon
2. Passengers/patients
3. Copilot/ Anesthesiologist
4. Crew/ OT staff
5. Ground staff / Preoperative nursing staff
6. Duration of flight journey needs briefing and preparation /Duration of surgery needs prior preparation & team briefing
7. Checklists to avoid accidents/ checklists to avoid complications

The checklists have been in aviation sector since long time. In surgery it was introduced by WHO in the year 2009. As both have similarities



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involving human lives and HRA (Human reliability analysis), it is better to start using checklist. Some of us might be using the checklist, but for others it might be new. This might seem an extra task without much value but it is worth doing to avoid disasters. We can have our checklist at institute level. On this surgeon's day let's take a pledge and also motivate others to start using the surgical safety checklist to avoid a disaster(complications) and manage the complications.

Note: please check for the "surgical safety checklist in operation theatre" by WHO

Acknowledgement: Book by Dr Atul Gawande (Checklist manifesto)

ಹಳ್ಳಿ ವೈದ್ಯರ ಡೈರಿಯಿಂದ

ನಾನು ಯಾದಗಿರಿಯಲ್ಲಿ 1995 ರಿಂದ 2001 ವರೆಗೆ ಶಸ್ತ್ರ ವೈದ್ಯನಾಗಿ ಕರ್ತವ್ಯ ನಿರ್ವಹಿಸಿದ್ದೇನೆ. ಆಗ ತಾಲುಕಾ ಆಸ್ಪತ್ರೆ ಯಾದಗಿರಿಯಲ್ಲಿ ಕೇವಲ ನಾಲ್ಕು ಜನ ಡಾಕ್ಟರ್ ಮಾತ್ರ ಇದ್ದರು. ನಾನು ಶಸ್ತ್ರ ವೈದ್ಯ, ಡಾ. ವಿಜಯ ಕುಮಾರ್ ಮಕ್ಕಳ ತಜ್ಞರು, ಡಾ. ಜಿ.ಡಿ. ಹುನಗುಂಟಿ ಶಸ್ತ್ರ ವೈದ್ಯರು ಮತ್ತು ಡಾ. ತುಂಗಾ ಕುಲಕರ್ಣಿ, ಮಹಿಳಾ ವೈದ್ಯರು. ಅದೊಂದು ಮುಂಜಾನೆ ಸುಮಾರು 10 ಗಂಟೆಗೆ ನಮ್ಮ ಆಸ್ಪತ್ರೆಯ ಮುಖ್ಯ ವೈದ್ಯಾಧಿಕಾರಿ ಡಾ. ಪಿ. ವಿಜಯಕುಮಾರ್ ನನಗೆ ಅರ್ಜಿಂಟಾಗಿ ಐಬಿಗೆ ಹೋಗೋಣ ಅಲ್ಲಿ ಒಬ್ಬ ವಿಐಪಿ ಗೆ ಚಿಕಿತ್ಸೆ ಬೇಕಾಗಿದೆ ಎಂದು ಹೇಳಿದರು ಮತ್ತು ಬೇಗನೆ ನಡೆಯುವಂತೆ ಅವಸರಿಸಿದರು. ನಾನು, " ಸರ್ ಯಾರಿಗೆ ಏನಾಗಿದೆ? ಏನೇನು ಸಾಮಾನುಗಳು ? ಬೇಕು ಔಷಧಿಗಳು ಬೇಕು? ಅವನ್ನೆಲ್ಲಾ ತೆಗೆದುಕೊಂಡು ಹೋಗಬೇಕಲ್ಲ" ಅದಕ್ಕೆ ಕೇಳಿದ್ದು ಎಂದೆ. ಅಂತದ್ದು ಏನು ಇಲ್ಲ ಮಾನ್ಯ ಶ್ರೀ ಮಲ್ಲಿಕಾರ್ಜುನ್ ಖರ್ಗೆ ಅವರಿಗೆ ಕಾಲಲ್ಲಿ ಮುಳ್ಳುಗಳು ಚುಚ್ಚಿವೆಯಂತೆ ಅವರನ್ನು ನೋಡಲು ಮತ್ತು ಮುಳ್ಳುಗಳನ್ನು ತೆಗೆಯಲು ಹೋಗಬೇಕು ನಡೆಯಿರಿ ಎಂದು ಹೇಳಿದರು

ಶ್ರೀ ಖರ್ಗೆಜಿ ಆಗ ವಿರೋಧ ಪಕ್ಷದ ನಾಯಕರಾಗಿದ್ದರು ಮತ್ತು ಬೆಳೆ ಸಮೀಕ್ಷೆಯ ಸಲುವಾಗಿ ಹೊಲದಲ್ಲಿ ರಾಜ್ಯದ ಎಲ್ಲಾ ಕಡೆ ಅಡ್ಡಾಡಿ ಬಂದಿದ್ದರು. ಅವರ ಕಾಲಲ್ಲಿ ಮುಳ್ಳುಗಳು ಚುಚ್ಚಿಕೊಂಡಿದ್ದವು. ಇದನ್ನು ಕೇಳಿ ನನಗೆ ಎದೆ ಝಲ್ ಅಂದಿತು. ಏಕೆಂದರೆ ಮುಳ್ಳುಗಳನ್ನು ಆಪರೇಷನ್ ಥಿಯೇಟರ್ ನಲ್ಲಿ ತೆಗೆಯುವುದೇ ತುಂಬಾ ಕಷ್ಟ. ಅಂತಹುದ್ರಲ್ಲಿ ಐಬಿ ಯಲ್ಲಿ ತೆಗೆಯೋದು ಹೇಗೆ ಎಂದು ನನ್ನ ಎದೆ ನಡುಗಿತು. ನಾನು ಅಂಬುಲೆನ್ಸ್ ನಲ್ಲಿದ್ದ ಬಿನ್ ತೆಗೆದು ನೋಡಿದಾಗ ಅದರಲ್ಲಿ Artery forceps, Needle holder, Sterile dressing ಇದ್ದವು. Vaccine carrier ನಲ್ಲಿ ಟಿ.ಟಿ. ಇಂಜೆಕ್ಷನ್ ಮತ್ತು ತುರ್ತು ಚಿಕಿತ್ಸೆ ಗೆ ಬೇಕಾಗುವ ಕೆಲವು ಇಂಜೆಕ್ಷನ್ ಇದ್ದವು.

ನಾನು ವಿಜಯಕುಮಾರ್ ಸರ್ ಅವರಿಗೆ ಹೇಳಿದೆ, "ಒಂದೆರಡು ನಿಮಿಷ ತಡೆಯಿರಿ ನಾನು ಈಗ ಬರುತ್ತೇನೆಂದು" ಅಲ್ಲಿಂದ ಡಾ. ತುಂಗಾ ಕುಲಕರ್ಣಿ ಅವರ ಮನೆಗೆ ಹೋಗಿ ಬಂದೆ. ಆದದ್ದು ಆಗಲಿ ನೋಡೇ ಬಿಡೋಣ ಎಂದು ಇಬ್ಬರೂ ಐಬಿಗೆ ಹೋದವು. ಅಲ್ಲಿ ಖರ್ಗೆ ಅವರು ಕುಳಿತಿದ್ದರು. ಏನ್ ಡಾಕ್ಟ್ರಿ ಬಂದಿದ್ದೀರಿ ಅಂತ ಕೇಳಿದರು. "ಸರ್ ನಿಮ್ಮ ಪಿಎ ಫೋನ್ ಮಾಡಿ ನಮ್ಮನ್ನು ಕರೆಸಿದ್ದಾರೆ" ಎಂದು ಹೇಳಿದೆವು. ಅವರು "ನನಗೇನಾಗಿದೆ. ನನಗೇನು ಆಗಿಲ್ಲ" ಎಂದರು. ನಾವು "ಅಲ್ಲ ಸರ್ ನಿಮ್ಮ ಕಾಲಲ್ಲಿ ಮುಳ್ಳುಗಳು ಚುಚ್ಚಿವೆಯಂತೆ ಅವುಗಳನ್ನು ತೆಗೆಯಬೇಕಾಗಿದೆ ಮತ್ತು ಟಿ ಟಿ ಇಂಜೆಕ್ಷನ್ ಕೊಡಬೇಕಾಗಿದೆ ಅದಕ್ಕಾಗಿ ಬಂದಿದ್ದೇವೆ" ಎಂದು ಹೇಳಿದೆವು. ಅವರು ನಗುತ್ತಾ "ನಾನು ಎಲ್ಲ



ಲೇಖಕರು-ಡಾ. ರಂಗನಾಥ ಕಟ್ಟಿ
ಶಸ್ತ್ರಚಿಕಿತ್ಸಾ ತಜ್ಞರು, ಕಲಬುರಗಿ.

ಮುಳ್ಳುಗಳನ್ನು ತೆಗೆದುಕೊಂಡಿದ್ದೇನೆ, ಟಿ ಟಿ ಗೀಟಿ ಏನೂ ಬೇಡ, ಹೊಲದಾಗೆಲ್ಲ ಮೊದಲ ಬಹಳ ಸಲ ನಾನು ಮುಳ್ಳುಗಳನ್ನು ಚುಚ್ಚಿಸಿಕೊಂಡಿದ್ದೇನೆ". ನಮಗೆ ಇಂಜೆಕ್ಷನ್ ಕೊಡಲು ಅವರು ಬಿಡಲೇ ಇಲ್ಲ. ಅಲ್ಲಿದ್ದ ಎಲ್ಲಾ ಮುಖಂಡರು ಒತ್ತಾಯ ಮಾಡಿದ ಮೇಲೆ ಟಿಟಿ ಇಂಜೆಕ್ಷನ್ ತೆಗೆದುಕೊಂಡರು. ನಾವು ಅವರಿಗೆ ಆಂಟಿಬಯೋಟಿಕ್ ಮಾತ್ರೆಗಳನ್ನು ತೆಗೆದುಕೊಳ್ಳಲು ವಿನಂತಿಸಿ ಕೊಂಡೆವು

ನನಗೆ ಹೋದ ಜೀವ ಕೈಯಲ್ಲಿ ಬಂದಂತಾಯಿತು ಏಕೆಂದರೆ ಮುಳ್ಳುಗಳನ್ನು ಅವರೇ ತೆಗೆದುಕೊಂಡಿದ್ದರು. ದೇವರು ನನ್ನ ಮಾನ ಕಾಪಾಡಿದ್ದ. ಅಲ್ಲಿಂದ ಬಂದ ನಂತರ ನಾವು ನಾಲ್ಕು ಜನ ವೈದ್ಯರು ಸುಮಾರು 11 ಗಂಟೆಗೆ ಒಟ್ಟಿಗೆ ಚಹಾ ಸೇವಿಸುತ್ತಿದ್ದೆವು. ಆಗ ಡಾ. ವಿಜಯಕುಮಾರ್ ಅವರು, "ಕಟ್ಟಿಯವರೇ ನೀವು ಐಬಿಗೆ ಹೋಗೋಣ ಅಂದರೆ ಓಡೋಡಿ ಡಾಕ್ಟರ್ ತುಂಗಾ ಕುಲಕರ್ಣಿ ಅವರ ಮನೆಗೆ ಏಕೆ ಓಡಿ ಹೋದಿರಿ?" ಎಂದು ಕೇಳಿದರು. ನಾನು ನನ್ನ ಪಾಕೆಟ್ ನಿಂದ ಒಂದು ಉಪಕರಣವನ್ನು ತೆಗೆದು ಟೇಬಲ್ ಮೇಲೆ ಇಟ್ಟೆ. ಅಕಸ್ಮಾತ್ ಮುಳ್ಳು ತೆಗೆಯೋದೆ ಆಗಿದ್ದರೆ ಇದರಿಂದಲೇ ನಾನು ತೆಗೆತಿದ್ದೆ ಅಂದೆ. ನಮ್ಮ ಆಸ್ಪತ್ರೆಯ Artery forceps ನಿಂದ ಮುಳ್ಳು ತೆಗೆಯೋದು ಅಸಾಧ್ಯ ಎಂದು ನಾನು ಹೇಳಿದೆ. ನಾನು ಟೇಬಲ್ ಮೇಲೆ ಇಟ್ಟ ಉಪಕರಣವನ್ನು ನೋಡಿ ಎಲ್ಲರೂ ಆಶ್ಚರ್ಯಗೊಂಡರು. ನಾನು ಹೇಳಿದೆ ಇದರಿಂದ ಮುಳ್ಳನ್ನು ಸುಲಭವಾಗಿ ತೆಗೆಯಬಹುದು. ಹೆಂಗಸರು ಕಣ್ಣಿನ ಹುಬ್ಬು ನ್ನು ತೀಡುವ ಅದು **eyebrow plucker**.

Innovative teaching-Sand models



Anatomy of Stomach & Proximal Jejunum



Dr A R Nitin Rao
Surgical Gastroenterologist, RMC
Bangalore



Jejunum divided distal to Ligament of Treitz



Jejunojejunostomy anastomosis with Roux limb (appreciate the Y structure formation of Jejunum now)



Roux limb of Jejunum created



Gastrojejunostomy formed with Roux limb to complete ROUX-EN-Y Gastrojejunostomy

Quiz Time-Cricket

QUESTIONS

1. In a T20 match what is the HIGHEST SCORE that can theoretically be achieved by a Batter?

NOTE : No wides / no balls ... all only legal deliveries.

2. In a Cricket match, every batter gets out on the very First Ball faced....!

Which number batter will remain NOT OUT at the end...?

3. Exciting ODI Match Both batters on 94, 3 balls left, 7 runs to get to win.

How do the batters, win the match for their team, with both scoring their century, and remain not out..?

4. In a TEST match, how does a bowler get a hat trick by bowling 3 separate overs...?

5. Who's Car number plate reads - KA 10.N 10.

6. About women's cricket, who was India's first women's cricket Team captain in Tests....?

HINT : Namma Karnatkadavuru....in Bangalore...!!



**Contributed by- Dr C S Rajan,
a hard core (and, annually
suffering..!!) 'R C Bian' ...!!**

7. Which Indian lady cricketer has won the ICC Women's Cricketer of the year Award, twice?

8. Over ALL forms of Cricket, who is India's No 1 Cricket Captain...?

9. The first Indian batsman to be given out in an ODI for "Handling the ball", is...?

10. Connect Roger Binny, current BCCI President, with Mayanti Langer, the TV Cricket show host.

11. About the IPL, Sachin's baby is for MI, Sachin Baby was for RCB, who is Sachin's baby's baby for?

12. Name the cricketer fondly referred to as the 'Mysore Express'..!

For answers Scroll Down

The ampoule of lies

Lies in our lives are meant to hurt
Annoying everyone, as the venom they spurt.
But, there seem to be exceptions to this rule
As I often proudly hold a lie filled ampoule.

Seeing a man whose limb is black like a charcoal

I assure him success, sans his body as a whole.

The terminally ill patient with a deadly cancer
Partly closed eyes, and life around in a shatter.

His hands I gently hold with distress
A lie I whisper, while a tear I suppress.
As I handover the newborn in the hands of the father

While, gasping on the bed lies the mother
Though often I know that we cannot conquer
Never I hesitate, so many lies I utter.

Knowing very well that a heart that fills the chest

Has lost its power to pump at its best
I bring a smile false, to my lips
And express that it's time to start enjoying life's sips

Death, I understand, is the greatest reliever
And time undoubtedly the greatest healer.
Yet, I fight with God Almighty every day
And never hesitate to fill my bowl with lies on my way.

This bundle of lies I carry along
Marching forward with this extra prong
But the weight of these lies seems to be so light!

' Cause I know I have lied, to relieve someone's plight!!



-Dr. Naaz Shaikh
Consultant Surgeon
Citi hospital, Hosapete
Vijayanagara district

The Tree

In a forest full of tree
Oak was he
Several grew in earnest ,
Withstanding storm and tempest.

There was Sal , birch and elm
Dense was their foliage, green was their realm
There was teak , rosewood and ebony
A tinge of bamboo and even mahogany.

Several grow lateral, some crooked, some bent
together time they spent ,
Most had nests for creatures arboreal , the leaves in search of light ethereal ,
The trees bore fruits : most tasteful
The shade from branches ,
For the traveler weary and lover's romances
The oak grew vertical, his spirit unflappable, his nature indefatigable. Tall resolute he stood, weather harsh he withstood

The crooked trees said to him in a forest
straight trees don't last , deposed they are by cutters of wood fast .
Oak shrugged and said : oh then I'll be furniture ,
Maybe desk of a scholar
I Shall be or maybe a cabinet at a library .

Then he was cut , and ground into sawdust
His destination was not the carpenter, But to be used as railroad scatter



-Dr. Srinivas Pai B
Prof and HOD Surgery
SDM College Of Medical Sciences
Dharwad

What the cutters of wood did :
the roots of tree they spared rest of the tree was bared, but the soul of a tree is not it's trunk or branching it's the roots where it's residing , that's where the oak's soul was hiding

Along came a hermit , a missionary and zealous visionary , the root he took to his farm by a brook ,

Then then the oak emerged
First a root , then a shoot , with right nurture, the tree returned to erstwhile stature vertical he grew, his spirit unflappable, his nature indefatigable.

Now he bears fruits, the fruits which grow into trees he thinks, which like him grow tall, vertical, their spirit indefatigable

ವೈದ್ಯನಾಗುವುದೆಂದರೆ..



ಡಾ|| ಶಿವಾನಂದ ಕುಬಸದ

ಶಸ್ತ್ರಚಿಕಿತ್ಸಾ ತಜ್ಞರು

ಕುಬಸದ ಆಸ್ಪತ್ರೆ, ಮುಧೋಳ. ಬಾಗಲಕೋಟೆ

ವೈದ್ಯನಾಗುವುದೆಂದರೆ ಸುಲಭದ ಮಾತಲ್ಲ
ಛಲ ಬೇಕು ಮನದಲ್ಲಿ ಸಾಧಿಸಬೇಕೆಂಬ
ಮೂರು ದಶಕಕೂ ಮಿಕ್ಕಿ ಓದುತ್ತಲೇ ಇರಬೇಕು
ಅರ್ಥ ಬದುಕು ಬರೀ ಕಲಿಯುವುದಕ್ಕೇ ಮೀಸಲು.....

ಬಲಬೇಕು ಮನೆಯಲ್ಲಿ ಮನೆ ಮಂದಿ ಎಲ್ಲ
ಕಣ್ಣು ಕಿರಿದು ಮಾಡುತ್ತ ಮನೆಯ ಮಗ ಬಂದು
ಮನೆಯ ಸೇರಲಿ ಎಂದು ದಾರಿ ಕಾಯುವಲ್ಲಿ

ರಾತ್ರಿಯೇ ಹಗಲೇ ವಾರದ ಕೊನೆದಿನವೋ
ಮೊದಲ ದಿನದ ಮುಂಜಾನೆಯೋ
ಅರಿವಿಲ್ಲದ ಬದುಕು ಕಾಲ ಸರಿದದ್ದು ಗೊತ್ತಾಗದ ಹಾಗೆ

ಪತ್ನಿ ಮಕ್ಕಳ ಜೊತೆ ಮತ್ತೆ ಹೆತ್ತವರ ಜೊತೆ
ಕಾಲ ಕಳೆದದ್ದಕ್ಕಿಂತ ರೋಗಿಗಳ ಜೊತೆಗೆ
ಅವರ ನೆಂಟರ ಜೊತೆ ಸೇರಿ ಬದುಕಿದ್ದೇ ಹೆಚ್ಚು

ನೂರೆಂಟು ಕಾನೂನು ನಿತ್ಯ ಕಾಡುವ ತೊಡಕು
ವಾಸಿಯಾದರೆ ನಾರಾಯಣ ಇಲ್ಲದಿರೆ ಗೋವಿಂದ.

ಎರಡು ಹೊತ್ತಿನ ಊಟಕ್ಕೆ ಒಂದಿಷ್ಟು ಆಸರೆಗೆ
ಜರೂರಿದೆಯೇ ಇಷ್ಟೊಂದು ದುಡಿಯುವುದು
ಅನಿಸಿದಾಗಲೆಲ್ಲ ಒಳದನಿಯು ನುಡಿದೀತು
"ಬದುಕಲೆನಿತೋ ದಾರಿ ಬದುಕಿಸಲು ಇದೊಂದೇ ದಾರಿ"

ಕಷ್ಟವೇನೋ ಉಂಟು ಸಾರ್ಥಕತೆ ಇದೆಯಲ್ಲ
ಕಣ್ಣೀರೊರೆಸಿದ ತೃಪ್ತಿ ಧನ್ಯತೆಯ ಸಂತ್ಸೃಷ್ಟಿ.

ಮಲೆನಾಡಿನ ಹಾದಿಯಲ್ಲಿ

ಡಾ. ಅನುಪಮ ಪೂಜಾರ ಕೆ

ಇನಿಯನ ಸೇರಲು
ನೆರಿಗೆಯ ಸರಿಪಡಿಸುತ್ತ
ತವಕದಿ, ಬಳಕುತ ಬರುವ
ಪ್ರೇಯಸಿಯಂದದಿ
ಜುಳು ಜುಳು ನಾದದಿ
ನಸುನಾಚುತ್ತ
ಸಾಗರನೆಡೆಗೆ, ಕನಸ
ತರಂಗಗಳೇರಿಸಿ ಮೃದುವಾಗಿ
ಕುಪ್ಪಳಿಸಿ ಸಾಗಿದ್ದಳು
ಹೊನಲರಸಿ,

ಹರಿವ ಹೊನಲಿನ
ಸಂಭ್ರಮವ ಕಂಡು
ಕೊರೆವ ಚಳಿಯಲ್ಲಿ
ಹಸಿರು ಕಂಬಳಿ ಹೊದ್ದ
ಪರ್ವತನು ಎಂದಿನ ಗಾಂಭೀರ್ಯದ
ಮಂಜಿನ ಮೀಸೆಯಡಿಯಲ್ಲಿ
ನಕ್ಕಿದ್ದನು

ಚಿತ್ತಾರದ ಕಾರ್ಮೋಡಗಳು
ನಡೆವುದ ಮರೆತು
ಕಲೆತು, ಕೋಲಾಟದ
ಆರ್ಭಟದಲ್ಲಿ ಗುಡುಗಿ
ಹೂನಲ ತಾಳಕ್ಕೆ
ಶೃತಿ ಸೇರಿಸಿ ಮುಸಲಧಾರಿಯಾಗಿ
ಸುರಿಯತೊಡಗಿತ್ತು

ಹರೆಯದ ಹರಿವ ನದಿಯ
ಸಡಗರ ಕಂಡು
ತುಂಟತನದಿ ಕಾಡಿಸಲು
ದಿಗಂತದಲಿ ಬಣ್ಣಗಳ
ಚೆಲ್ಲಿ ಆಸೆ ಮೂಡಿಸಿ
ದಟ್ಟು ಕಾಡಿನಲ್ಲಿ
ಕಣ್ಣುಮುಚ್ಚಾಲೆಯಾಡುತ್ತಿದ್ದನು ರವಿತೇಜ,

ನದಿಯ ನರ್ತನಕ್ಕೆ
ಸಂಗೀತದ ಭಾವ ನೀಡಲು
ರಾಗಗಳ ಗಮಕದಲ್ಲಿ
ಸ್ವರಗಳ ಸಂಗಮದಲ್ಲಿ
ಉತ್ಸಾಹದಿಂದ ಚಿಲಿಪಿಲಿಗುಡುತ್ತಿದ್ದವು
ಪಕ್ಷಿಗಳು

ಪ್ರಕೃತಿಯ ಸುಕೃತಿಯಲ್ಲಿ
ಚಿರಂತನ ಉತ್ಸಾಹ
ಹೊಸತನದ ಹಂಬಲ
ನಿತ್ಯ ನೂತನ ಭಾವೊಲ್ಲಾಸ

ಪಂಜರದೊಳಗಿನ ಹಕ್ಕಿ ಹಾಡುತಿದೆ



ಮೂಲ. ಮಾಯ ಎಂಜಲೋ
ಕನ್ನಡಕ್ಕೆ ಡಾ. ಅರವಿಂದ ಪಟೇಲ್

ಆಗಸದಿ ಹಕ್ಕಿಯು ಹಾರುತಿದೆ
ಹರಿವ ತೊರೆಯಲಿ ಮಿಂದು
ಸೂರ್ಯಕಿರಣಕೆ ರೆಕ್ಕೆ ಒಡ್ಡಿ
ಪಟಪಟಿಸುತ ನಲಿಯುತಿದೆ
ಹಕ್ಕಿ ಉಲಿಯುತಿದೆ||

ಪಂಜರದೊಳಗಣ ಹಕ್ಕಿಗೆ
ಸರಳುಗಳಾಚೆಯ ಸಿರಿ,ಬಿಸಿಲುಗುಡುರೆ
ಕಟ್ಟಿದ ಕಾಲು,ಕತ್ತರಿಸಿದ ರೆಕ್ಕೆ
ಸೀಮಿತ ಸ್ಥಳದಲಿ ಬಂಧಿ,
ನೋವು ಮಡುಗಟ್ಟಿದ ಕಂಠ ಹಾಡುತಿದೆ||

ಸ್ವಚ್ಛಂದದಿ ಹಾರುವ ಕಲ್ಪನೆಯ
ಕನಸಿನಲಿ,
ನರಳುತ,ನಲುಗುತ ಹಾಡುತಿದೆ,
ದೂರದ ಬೆಟ್ಟದ ತುದಿಯಲಿ ಕೇಳುತಿದೆ,ನೊಂದ ನಾದ,
ಪಂಜರದೊಳಗಿನ ಹಕ್ಕಿ ಹಾಡುತಿದೆ||

ಸುಳಿವ ಗಾಳಿಗೆ ಮೈಯೊಡ್ಡಿದ ಗಿಡಮರಗಳ ಎಲೆಗಳು
ತೂಗುತ ನರ್ತಿಸುವೆ,
ಹೆಕ್ಕಿ ಕುಕ್ಕಿ ಹುಳುಗಳ ತಿನ್ನುತ,
ನೀಲಾಕಾಶದಿ
ಹಾರುವ ಬಯಕೆಯಲಿ
ಪಂಜರದ ಹಕ್ಕಿ ಹಾಡುತಿದೆ||

ಕನಸುಗಳ ಗೋರಿಯಲಿ ಹಕ್ಕಿ
ತನ್ನ ನೆರಳನೇ ಕಂಡು ನಡುಗುತಿದೆ,
ಕಾಲು ಕಟ್ಟಿ,ರೆಕ್ಕೆ ಕತ್ತರಿಸಿದ
ನೆನಪಾಗಿ
ನರಳುತ ಪಂಜರದ ಹಕ್ಕಿ ತತ್ತರಿಸಿ ಬಿಕ್ಕುತ ಹಾಡುತಿದೆ||

"ಸೆಕ್ಯೂರಿಟಿ ಸೆಲ್ಯೂಟ್ ಹೋಟೆಲ್"



ಡಾ. ರಂಗನಾಥ ಕಟ್ಟಿ
ಶಸ್ತ್ರಚಿಕಿತ್ಸಾ ತಜ್ಞರು,ಕಲಬುರಗಿ.

ನಾನು ಹಾಗೂ ನನ್ನ ಗೆಳೆಯ ಬೆಂಗಳೂರಿನಲ್ಲಿ ಆಕಸ್ಮಿಕವಾಗಿ ಭೇಟಿಯಾದೆವು. ನನ್ನ ಗೆಳೆಯ ಎಂ.ಡಿ. ಸೀಟ್ ಸಲುವಾಗಿ ಕೋರ್ಟ್ ನಲ್ಲಿ ಕೇಸ್ ಗೆದ್ದು ಸೀಟು ಪಡೆದಿದ್ದ. ಈ ಕೇಸ್ ಸಲುವಾಗಿ ಬಹಳ ದಿನ ಲಾಜ್ ನಲ್ಲಿ ಇದ್ದ ಅನುಭವ ಹಾಗೂ ಬೆಂಗಳೂರು ಹೋಟೆಲ್ ಗಳ ಬಗ್ಗೆ ಮಾಹಿತಿ ಅವನಿಗೆ ಇತ್ತು.

ಅಪರೂಪಕ್ಕೆ ಸಿಕ್ಕ ನನಗೆ ಊಟ ಮಾಡಿ ಸುತ್ತೇನೆಂದು ಆಹ್ವಾನ ಕೊಟ್ಟ. ಇಬ್ಬರೂ ಒಟ್ಟಿಗೆ ಊಟ ಮಾಡುವ ಸಲುವಾಗಿ ಒಂದು ಹೋಟೆಲ್ ಗೆ ಹೋದೆವು. ಬಾಗಿಲಲ್ಲೇ ಸೆಲ್ಯೂಟ್ ಹೋಟೆಲ್ ಸೆಕ್ಯೂರಿಟಿ . ಅದಕ್ಕೆ ಪ್ರತಿಯಾಗಿ ನಾನು ಮುಗುಳ್ಳಗೆ ಬೀರಿ ಹೋಟೆಲ್ ಒಳಗೆ ಹೋಗಲು ಹೆಜ್ಜೆ ಹಾಕಿದೆ. ನನ್ನ ಗೆಳೆಯ ಕೈಹಿಡಿದು ಎಳೆದು ಈ ಹೋಟೆಲ್ ಬೇಡ ಎಂಬ ಅರ್ಥದಲ್ಲಿ ಕಣ್ಣನ್ನೆ ಮಾಡಿದ. ನಾನು ಅವನನ್ನು ಹಿಂಬಾಲಿಸಿದೆ. ಸನಿಹದಲ್ಲೇ ಇನ್ನೊಂದು ಹೋಟೆಲ್ ಗೆ ಹೋದರೆ ಅಲ್ಲೂ ಸೆಕ್ಯೂರಿಟಿ ಸೆಲ್ಯೂಟ್ ಹೋಟೆಲ್ ಬನ್ನಿ ಸಾರ್ ಎಂದು ಸ್ವಾಗತಿಸಿದ. ನನ್ನ ಗೆಳೆಯ ಪುನಃ ನನ್ನ ಕೈ ಹಿಡಿದು ಈ ಹೋಟೆಲ್ ಬೇಡ ಎಂದು ಕೈಹಿಡಿದು ಎಳೆದು ಕೊಂಡು ಮುನ್ನುಗ್ಗಿದ. ಇದೇ ರೀತಿಯ ಅನುಭವ ಇನ್ನೂ ಎರಡು ಹೋಟೆಲ್‌ನಲ್ಲಿ ನನಗೆ ಆಯಿತು. ನನಗೆ ಹಸಿವು ಜಾಸ್ತಿ ಆಗಿತ್ತು ಮತ್ತು ಈ ನನ್ನ ಗೆಳೆಯ ಹೀಗೇಕೆ ಮಾಡುತ್ತಿದ್ದಾನೆ ಎಂಬುದು ತಿಳಿಯಲಿಲ್ಲ. ನಾನು ತಾಳ್ಮೆ ಕಳೆದುಕೊಂಡು, " ಏನಪ್ಪಾ ಕುಲಕರ್ಣಿ ನನಗೇನು ಇವತ್ತು ಊಟ ಮಾಡಿಸ್ತೀಯೋ ಅಥವಾ ಬರೀ ಸೆಕ್ಯೂರಿಟಿ ಸೆಲ್ಯೂಟ್ ನಿಂದ ಹೊಟ್ಟೆ ತುಬಸಿಕೊಳ್ಳಲೋ . ಇದೇಕೆ ಹೀಗೆ ಮಾಡ್ತೀಯಾ. ಹೋಟೆಲ್ ಬಾಗಿಲಿಗೆ ಹೋಗಿ ಸೆಕ್ಯೂರಿಟಿ ಸೆಲ್ಯೂಟ್ ಹೋಟೆಲ್ ಕೂಡಲೇ ಈ ಹೋಟೆಲ್ ಬ್ಯಾಡ್ ಇನ್ನೊಂದು ಕಡೆ ಹೋಗೋಣ ಅಂತ ಯಾಕ ಮಾಡ್ತಾ ಇದ್ದೀ. ಅದಕ್ಕೇನು ಕಾರಣ ಎಂದು ಕೇಳಿದೆ.

ಅವನು," ನಿನಗೆ ಗೊತ್ತಿಲ್ಲ ಯಾವ ಹೋಟೆಲ್‌ನಲ್ಲಿ ಸೆಕ್ಯೂರಿಟಿ ಸೆಲ್ಯೂಟ್ ಹೋಟೆಲ್ ಒಳಗೆ ಕಳಿಸಿದ ಅಂದರೆ ಅಲ್ಲಿ ಫೋಲೋ ತಲೆ ಬೋಳ್ಳತಾರ. ನನಗೆ ಬೆಂಗಳೂರಾಗ ಭಾಳ ಅನುಭವ ಆಗ್ಯಾದ, ನಿನಗೇನು ಗೊತ್ತು" ಎಂದು ಕೊನೆಗೆ ಯಾವ ಹೋಟೆಲ್ ಮುಂದೆ ಸೆಕ್ಯೂರಿಟಿ ಇರಲಿಲ್ಲವೋ ಅಲ್ಲಿಯೇ ಊಟ ಮಾಡಿಸಿದ ಕಂಜೂಸ್ ಕುಲಕರ್ಣಿ. ಅವನ ಉತ್ತರ ಕೇಳಿದ ನನಗೆ ನಗು ತಡೆಯಲು ಆಗಲಿಲ್ಲ.

Answers to Cricket Quiz

1. 663 runs :

[In each over, for 19 overs, 5 balls x 6 runs + last ball for 3 runs (to get cross over) = 30 + 3 = 33 runs/over

For 19 overs 33 x 19 = 627....+ last over 6 ball x 6 runs = 36 runs

Total 627 + 36 = 663 runs, not out.]

2. Batter No 8

[Batsman 1 & 2 go to bat, Batsman Nos 1,3,4,5,6,7 get out in 1st over... 8 comes in

In next over batsman 2,9, 10 & 11 get out....No 8,being at non striker's end remains not out as he has not faced a ball.]

3. Batter A : faces first ball, hits a 4, moves to 98, then hits next ball to a near boundary rope, they run 3, BUT one run is short, so cross over achieved, and only 2 runs credited. This gives the batter A the century, but team is still 1 run less than the target.

Batter B faces the last ball, and hits it for a 6, moves to 100... Batting team wins...!!!

4. In the First innings, with last ball of 1 over, bowler gets 9th wicket of batting team.

With First ball of bowler's next over, he gets 10th wicket.... Team All out.

While bowling in the 2nd innings, bowler gets a wicket with his first ball....!

So 3 'continuous' balls bowled, each in a separate over, each getting a wicket, to be a 'hat trick'!

5. Anil Kumble's car.... Given to him for his 10 wicket haul in a Test match, vs Pakistan at New Delhi in 1999.

6. Santha Rangaswamy

led the women's team in their first Test match in 1976 against West Indies, at the M. Chinnaswamy Stadium, in Bangalore.

7. Smriti Mandhana

the Indian batter, is the only one to have won the coveted ICC Women's Cricketer of the Year award twice.

Australian Ellyse Perry won it twice too

8. Virat Kohli

is the most successful captain in India. Despite not winning any ICC trophy, he has with an overall win percentage of 63.38. Under the aggressive skipper, India won 65 of 95 ODIs, 30 of 50 T20Is and 39 of 66 Tests..

9. Mohinder Amarnath,

first and only Indian batsman to be given out in an ODI for "Handling the ball", at India vs Australia at the MCG, Melbourne, 9th Feb 1986.

10. Father in law :

Mayanti is married to Roger Binny's son, Stuart Binny. They have a son.

11. Gujarat Titans'

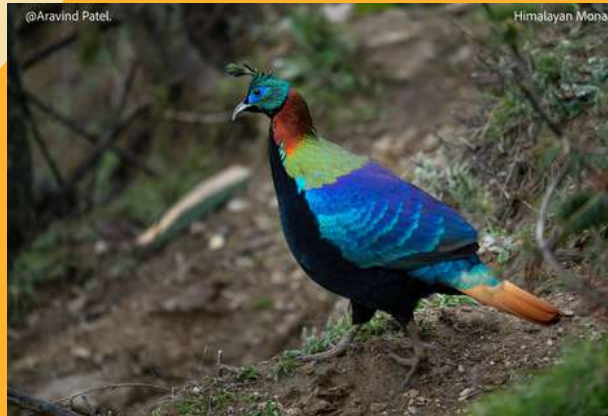
: Shubnam Gill is rumoured to be linked to Sachin's daughter Sara.

12. Javagal Srinath.

Through Surgeon's Lens



Dr Aravind Patel



Dr Aravind Patel



Dr Srinivas Pai B



Dr Aravind Patel



Dr Aravind Patel

NEWSLETTER

SURGIS SCOPE

25 JUNE 2023



From the Desk of Chairman Elect.....

Let us prepare for Surgeons Day 2024 !

Dear Surgeons of Karnataka,

25th June 2023 is an immensely proud and a historic day for KSCASI!

Chairman Dr H V Shivaram, Hon Secretary Dr N Chandrashekar & city branch coordinator Dr D S Shivaprakash & whole EC Team of KSCASI relentlessly worked hard for the last few months to motivate all surgeons and city branches of Karnataka to celebrate Surgeons Day on June 25th.

In more than one way it has created a sort of history in India by making the public aware of Surgeons contributions to the community at large with adequate coverage in national, local newspapers and electronic/social media. It was for the first time, Surgeons Day was celebrated all over Karnataka uniting the entire surgical fraternity

Across the state free consultations, free surgeries, endoscopy, blood donation camps, walkathon, cyclothon, tree plantation, CMEs were held, senior surgeons were honoured, and guest lectures were delivered; banquet dinners were arranged and surgeons celebrated the day all over the state. Camaraderie and team spirit exhibited by surgeons were exemplary and it is a role model for younger surgeons



Dr Narayana Chandra I Hebsur

Our Chairman Dr H V Shivaram has coaxed all surgeons to undergo annual health check on this day so that every surgeon of our state remains fit to serve the society and support his family.

We should continue & nurture this thought process and let us Celebrate Surgeons Day every year!

Eagerly waiting to celebrate Surgeons Day on 25th June 2024 with you all ! Stay motivated and stay fit !!