



SCALPEL

Newsletter of Association of Surgeons of India



April 2022

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From the desk of President



Dear Colleagues,

It gives us immense pleasure to bring to you the Official Newsletter of ASI – “The Scalpel”. All of us have seen and have been through an unprecedented pandemic in past two years. The Pandemic has changed several things in our lives and our view points. But we all have prevailed through it with our sheer grit and our compassion towards each other. These time has reinstated the fact that together we are stronger. We wholeheartedly welcome the new executive body of ASI and have full trust that they will do their jobs with vigour and enthusiasm and take ASI to greater heights. The Editorial team comprising of Dr. Tarun Mittal, Dr. Madhumita Mukhopadhyay and Dr. Rajesh Prajapati, has come up with an exciting Newsletter which covers several academic and non-academic topics. The articles have been contributed by our members from the country.

Through this message, we would also like to highlight our efforts against the malpractice of online patient aggregator services like Prsityn, Practo etc. We have condemned their way of practice and would like to encourage our members to take a strong stand against them. The motto of our organisation is ‘**Vayam Sevaamahe**’: “**We are for service**”. Let us pledge on the motto to work for the upliftment of mankind. We as association at local city branch level to be come more cohesive and members should work unitedly especially in the hours of crisis and distressed circumstances. With United efforts we can prevent the incidents like Dousa, Rajasthan or Ahmednagar.

Remember it is time for team work and associating with other professional bodies and even social organisations. It is our added responsibility to educate the society through various means, including awareness programmes, writeup in mainstream media.

Long Live ASI !!



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From the desk of Vice President



Esteemed ASI Members,

Greetings from the City of Lakes Bhopal, hope you all are doing well, as we all have been going through probably the most unpleasant time of our life due to the covid pandemic. Despite all the odds the ASI had tried to be in touch with all its members, looking after their welfare and continuing the academic pursuit. It has been a really long time when we all met in person, hopefully this year will allow us to reunite, I will request you to take care of you and your loved ones amidst speculations of fourth wave. Friends we can not forget the most unfortunate recent incidence from Dausa. We all know that the surgical fraternity works under tremendous pressure, but we can't afford succumbing to it. Really concrete steps are to be taken with the collective wisdom to avoid such mishaps in future.

Publication of ASI newsletter is a welcomed step and I hope this will provide a good platform for interactions amongst our members. The enthusiastic editorial team is trying connect all of us, and I hope you will find their efforts worth a praise.

Before I conclude, I would like to express my gratitude to each member of the Association who have blessed me all the time and given me the strength to work for safeguarding interest of the organisation.

Long Live ASI !!

From the desk of Imm Past President



Dear Colleagues,

I am delighted to see the Newsletter of ASI 'SCALPEL' is being published again. The last two years have seen unprecedented situation in face of Covid 19. But this did not let our moral down and we continued the academic work through different online and offline meets.

With the Newsletter being published it will further strengthen our resolve for academic and social progress and communication.

I wish Dr. Tarun Mittal, Dr. Madhumita Mukhopadhyay and Dr. Rajesh Prajapati, the new Editorial Team, all the best for this exciting newsletter which has several new sections in it.

Jai Hind



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From the desk of Hony Secretary



Dear Esteemed Members of ASI

Greetings from ASI Headquarters!!

I'm very happy to know that the Newsletter of our Esteemed Association **SCALPEL** is being published by our enthusiastic team of our Newsletter Committee.

This Newsletter will be a Great platform to appraise all our members about the ongoing activities of our Association and also showcase their surgical expertise and extracurricular activities.

This year, we're inviting and appealing all our members to actively participate and contribute to this newsletter on various headings like

- Interesting surgical case capsule
- Achievements / Award winning research in academic field
- Travelogue
- Hobby section

I am sure this Newsletter will give ample opportunities to keep ourselves abreast about emerging advances in the field of our interest. As all of you know we are the part of ASI, which is the 2nd largest Surgical Association in the Globe with a membership strength of more than 30,000. I am sure this Newsletter will be of immense benefit for all the membership at large.

Long Live ASI !!

From the desk of Hony Treasurer



Dear Esteemed Members,

First and foremost I would like to take this opportunity to thank each and every one of you for the support and helped me to assume the office of the Honorary Treasurer of our beloved association for 2022. I promise to serve our association with best of my capabilities and meet all your expectations. You all must be aware that over past few years the association has strengthened itself in all fields including financial areas too. Most of the litigations have been resolved by tireless efforts of previous Governing Council. Few more hurdles remain but rest assured, together we will overcome those too.

Other than this our team under able guidance of President Dr. G. Siddhesh with support of Vice President Dr. Sanjay Jain, Incoming past President Dr. Abhay Dalvi, Hon. Secretary Dr. Pratapsinh A. Varute and visionary Dr. Santosh John Abraham, Director Academic Council has planned the yearly calendar full with academics, training programs, CMEs workshops with special consideration for young surgeons. One such ongoing program is NSEP which is held each Wednesday on online mode. I request all of you to join us in this series and help the younger generation grow.

Long live ASI !!



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Academic Activities in ASI

Academic Council of ASI is a constitutional body to plan, formulate and execute the various academic activities of the Association of Surgeons of India. The following academic activities are planned for the year 2022.

1. **National Skill Enhancement Programme (NSEP)**
This programme is conducted on every Wednesday between 9-11pm (2100-2300) and is broadcasted live to Facebook page of ASI. The first phase in 2022 will be till end of May. In the first phase, we are handling basic and fundamental surgical topics. The second phase of NSEP will begin after the Regional Refresher Courses and will be looking at basic surgical procedures.
2. The much awaited Regional Refresher Courses dealing with clinical topics will start in the month of June 2022. The background preparations for this event- Competitive MCQ examination will start in May and the target group is residents in Surgery admitted in 2020. It will also be open to those admitted in 2022 too. Please encourage the residents in both these batches to take up the examination.

Regional Refresher Courses is a unique event where learning and competitive assessment are combined to benefit all the participants. The residents get a chance to feel how the exit examination will be, learn from the wisdom of experienced faculty and also get assessed for the next stage. The members get the chance to refresh their past learning and be provided with newer information with concepts, technology and techniques. The top students from each zone will move to the final stage and will have a huge prize money. 1st Prize- Three lakh (Rs 3 Lakh), 2nd Prize- Two lakh (Rs 2 Lakh), 3rd Prize- Fifty thousand (Rs 50 Thousand) x two prizes, All finalists will get Rs 25,000/-. We will be working towards getting the toppers to have funded travel & training to various countries in addition to the prize money.

3. We will be conducting two Quiz programmes- Online MemBrain and a physical final round along with ASICON among the selected teams from each state.
4. ASICON 2022 will have an academic schedule drawn with faculty all across the country to show case the best of Indian Surgery in a single platform.



Dr Santhosh John Abraham
Director, Academic Council ASI - 2022
Past President, The Association of Surgeons of India



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The First Executive Committee Meeting of the Association of Surgeons of India held at Virtual Platform on 20th December 2021 with New President Dr. G. Siddesh, Mysuru. The following decisions were taken during the meeting.

Election of Honorary Secretary and Honorary Treasurer was done along with few additional posts for the year 2022 for the betterment of Association.

Announcement of Specialty Sectional representatives for the year 2022 were announced.

- The Association of Thoracic and Vascular Surgeons of India (ATVSI)
- Indian Association of Traumatology & Critical Care (IATCC)
- Association of Armed Forces Surgeons (AAFS)

Appointment of Auditor and Lawyer 2022 were announced. The Executive Committee resolved to continue with the services of present Auditor and Lawyer (i.e.: Chaturvedi & Company as auditor and Mr. Adeesh Anto as lawyer for the ASI) for the year 2022. The house was unanimously approved both the appointments.

The President announced that the Vice President, Dr. Sanjay Kumar Jain will be the Chief Election Officer as per constitution and the selection of two election officers will be informed during the next Executive Committee Meeting.

The Second Executive Committee Meeting of the Association of Surgeons of India held at Virtual Platform on 9th January 2022. The following decisions were taken during the meeting.

- Announced Director, Social Welfare Council 2022
- Announced various Committees for the year 2022
- Election Officers & Voting agency were announced
- Announced Sectional Representatives & Co-opted EC Members for the year 2022
- ASICON 2021 Accounts statement were presented and passed by the Executive Committee
- Many important decisions were taken

The Executive Committee Meeting of the Association of Surgeons of India was held at Chennai on 27th March 2022 10 am onwards at Conference Hall ASI Headquarters, Chennai





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On 26th January, President Dr. G. Siddesh and his team celebrated 73rd Republic Day at ASI Headquarters, Chennai



Dr. Abhay Dalvi Immediate Past President ASI 2022 was felicitated with the Past President Medal and Certificate.



Dr. B. Krishna Rau, Past President ASI was felicitated for being conferred ASI Life Time Achievement Award for the year 2022 with Certificate and Memento.





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Dr. G Siddesh, President-ASI has been awarded for delivering “Dr. B S Jirge Oration” on changing trends in clinical practice – a challenge at 40th JNMC Scientific Society Annual CME held on 9th and 10th April 2022.



Letter was sent to all ASI Members on 30th January 2022 regarding “The menace of middlemen in medicine” and it was well appreciated by many members.



ASI's National online Skills Enhancement Programme (NSEP – PGs), which is a one of its kind web based initiative that aims to ensure that surgical trainees learn the ABC's of basic procedures, which are often not formally taught neither in the regular teaching sessions nor at major conferences.





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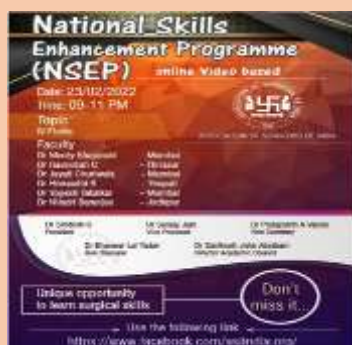
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National Skill Enhancement Programme (NSEP) 2022

- The First NSEP Programme conducted on 2nd February 2022 – Sutures & Needles
- The second NSEP Programme conducted on 9th February 2022 – Intraop hemostasis
- The third NSEP Programme conducted on 16th February 2022 – Blood transfusion
- The fourth NSEP Programme conducted on 23rd February 2022 – IV Fluids
- The Fifth NSEP Programme conducted on 2nd March 2022 - Basic concepts in Oncology
- The Sixth NSEP Programme conducted on 9th March 2022 – Ultrasound for surgeons





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The Editorial Board Meeting of IJoS with ASI Principal Office Bearers was held on Saturday the 12th February 2022 at 12:30 pm.



President Dr. G. Siddesh visited ASI Headquarters on Sunday 20th February 2022 for the discussion with ASI Auditor's, GST Person and local Members. Many important issues were discussed during the Meeting.



President Dr. G. Siddesh invited to attend SASICME 2021 conducted by West Bengal State Chapter on 6th March 2022



On 6th March 2022 Sunday, Chapters and Sections Meeting was conducted at Virtual Platform. Chairman / President and Secretaries of various State Chapters and Sections are attended the meeting. President Dr. G. Siddesh outlined his vision for the year 2022. There was a constructive discussion with everyone contributing and freely expressing their views in various issues and many important decisions were taken. ASI Hand Book 2022 (e-version) has been released during the Meeting. Soft copy of Hand Book sent to all Office Bearers of Chapters and Sections.





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“The Love story behind the Discovery of Surgical gloves”

Author: Kaushik Bhattacharya, Specialist Surgery, CAPFs Composite Hospital BSF Kadamtala, Siliguri, West Bengal

Surgical rubber gloves were introduced 100 years ago at Baltimore's Johns Hopkins Hospital, but not for the reasons one might think and there was a strong love story associated with the discovery of the surgical gloves and there was nothing to do with antisepsis. Every time a surgeon or nurse wears a surgical glove before the surgery, one can say a silent thank-you to Caroline Hampton and Joseph Bloodgood.

The towering figure in the history of American medicine and one of its greatest surgeons and regarded as ‘Father of Modern Surgery’, William Stewart Halsted (1852 – 1922). During three decades at Johns Hopkins, he developed innovative new procedures for operating on gallstones, thyroid glands, blood vessels, and hernias. He was best known in his day for introducing the radical mastectomy to treat breast cancer—a (now-discredited) procedure where the surgeon excavated not only the tumour but the entire breast and most of the muscles of the chest wall. Halsted was credited with starting the first formal surgical residency training program in the United States at Johns Hopkins. In spite of being a brilliant surgeon, throughout his professional life, he was addicted to cocaine (which he started using as topical anaesthetic, notably during eye surgery) and later also to morphine, which were not illegal during his time. As revealed by Osler's diary, Halsted developed a high level of drug tolerance for morphine. He was "never able to reduce the amount to less than three grains daily" (approximately 200 mg). The addiction ruined Halsted's professional reputation in New York. His sometimes strange and erratic behaviour was accepted as simple eccentricity. He spent 18 months in a psychiatric hospital, under an assumed name, trying to conquer his cocaine habit but as soon as he was released and moved to Baltimore in January of 1888, though his closest friends believed him to be drug free; in reality, he had become morphine addict. Only the fledgling Johns Hopkins Hospital would take him on, and even then its administrators placed him on probation from the very beginning. It is here that he began teaching nurse Caroline Hampton and other nurses the fundamentals of medical science. An aristocratic South Carolina woman, Caroline Hampton, whose socially prominent family had been impoverished in the hard times of the post-Civil War period, caught the attention and affection of Halsted. As a nurse Caroline was known for her manual dexterity and her cool, calm demeanour. These qualities made her a natural fit for surgery, and in 1889 she moved to Baltimore and took a job as the chief surgical nurse at the brand-new Johns Hopkins Hospital under the boss William Halsted. Halsted noticed she suffered more than most from the occupational dermatitis of the operating room and he interpreted this as a sign of her "gentle blood." Halsted respected Caroline as she was sharp, and he praised her as an “unusually efficient” scrub nurse in the operating theatre. So he was naturally alarmed and perturbed in the winter of 1889 when she came to him and announced that she was quitting due to her skin problem. She developed severe rashes and eczema, and her skin began peeling. Though she loved her job, but she couldn't take the pain anymore.



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Halstead commented in the Journal of the American Medical Association in 1913:

"In the winter of 1889 and 1890 -- I cannot recall the month -- the nurse in charge of my operating room complained that the solution of mercuric chloride produced a dermatitis of her arms and hands. As she was an unusually efficient woman, I gave the matter my consideration and one day in New York requested the Goodyear Rubber Company to make, as an experiment, two pair of thin rubber gloves with gauntlets. On trial these proved to be so satisfactory that additional gloves were ordered." Halsted suggested Caroline coat her hands in a substance called collodion—a thick, gelatin-like syrup made of nitrocellulose that hardened around her fingers. Unfortunately, the collodion cracked whenever she flexed her fingers, which obviously wouldn't do.

Finally, Halsted paid to get some plaster casts made of Caroline's hands, then commissioned two pairs of bespoke rubber gloves from the Goodyear Rubber Company of New York. Caroline's gloves were relatively sleek and slender, covering her hands and forearms. They weren't disposable as people didn't just throw things away back then. They had to be pulled on over soapy hands and boiled between operations. But they worked brilliantly and Caroline's hands, safe at last from the acids and mercury baths, healed quickly. The gloves were so effective that other nurses took it upon themselves to procure their own. Halsted, like many gentleman doctors during that time, was prone to taking long vacations, and he was shocked to return from one such break to see most of his staff wearing rubber gloves, including his male surgical assistants. Caroline had inspired them all. Some of his assistants even reported that the gloves improved their work: they provided better grip for holding instruments than wet, slippery fingers.



Halstead, a 37-year-old bachelor then, and his scrub nurse Carolina, 30, were married in June of 1890 shortly after he presented her with two pairs of rubber gloves made to fit plaster casts of her hands. One staff member wrote later that he strongly suspected a romance was in progress when he walked into the Johns Hopkins pathology laboratory and found the normally aloof and reclusive Halsted passionately demonstrating the anatomy of a dried fibula to his future bride. Their engagement was announced within a week. They purchased the High Hampton mountain retreat in North Carolina from Caroline's three aunts. There, Halsted raised dahlias and pursued his hobby of astronomy; he and his wife had no children. His drug habit undoubtedly had much to do with his selection of Caroline Hampton as his wife. She was described by one Halsted intimate as a "woman after his own heart and, like himself . . . a little odd." But the marriage worked because each respected the other's privacy. They even maintained separate apartments in their three-story Baltimore row house, he on the second floor and she on the third. Halsted noted that the adoption of rubber gloves was "an evolution rather than an inspiration or happy thought." Engaging in a bit of self-recrimination, he added, "it is remarkable that . . . we could have been so blind as not to have perceived the necessity for wearing them invariably at the operating table." In the fall of 1890, some of the young doctors who assisted in the operations began using gloves on a regular basis but, again, the purpose was to protect their hands rather than to avoid infecting the patients. In time, working with gloves became almost second nature, and they continued to wear them as surgeons, claiming that "they seemed to be less expert with the bare hands than with the gloved hands."

The older and more established surgeons were slower to change, fearing that operating in gloves might dull their sense of touch and cause a fatal slip with the scalpel. Halsted, himself, used them only occasionally until about 1896. He then sent bronze casts of his hands to the Goodyear Company and ordered gloves that were thin, pliable and close-fitting.



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But there were opponents and critics of the surgical gloves. One well-known surgeon commented in 1898: "I . . . have arrived at the conclusion that the practical disadvantages of gloves counterbalance their theoretical advantages. Surgeons who were doing first-class work three years ago seem to me to be doing second or third-rate now, on account of the interference made by their gloves." Fortunately, these arguments and controversies were becoming irrelevant as the surgeons were becoming aware that rubber gloves offered more than "theoretical advantages" in reducing the potential for infections. Additionally, most surgeons came to realize -- in Halsted's words -- "how slightly the sense of touch is obtunded by the rubber covering or how unessential it is in most operations that the greatest delicacy of finger perception be preserved." Halsted was pioneer in establishing Johns Hopkins as the nation's premier medical facility since its opening in May 1889 and became the hospital's first professor of surgery and surgeon-in-chief. A biographer of Halsted quoted "It would be hard to find a couple whose tranquil union depended so completely on their mutual ability each to let the other go off in any suitable direction unaccompanied, physically or emotionally," "It was a strange form of congeniality, and an ever stranger form of love. Nevertheless, it suited them both -- and it worked." The marriage of Carolina with Halsted had few sad moments as Caroline resigned from her job to marry Halsted and lost her career in the process. As a husband, Halsted, was unbelievably fussy around the house. For instance, he insisted on inspecting every single bean of his coffee. He also insisted on mailing his shirts to Paris to have them laundered because no American firm could meet his standards. As the one running their household, Caroline had to satisfy all these demands. She suffered from migraines but every year, from April to November, she travelled to North Carolina to run the farm they had purchased there; she also resumed gardening and loved taking buggy rides with her beloved dachshunds, the delightfully named Nip and Tuck. But she spent increasing amounts of time alone, and there's strong circumstantial evidence that, like her husband, she turned to morphine. And however devoted to each other the couple might have been, one historian observed that the gift of the gloves was about the only tender thing Halsted ever did for her. Halsted died on Sept. 7, 1922, following gallstone surgery. Caroline Halsted fell ill with pneumonia and died seven weeks later. "Unwilling to live," a biographer wrote, "she responded to none of the efforts of the medical men." The discovery of Surgical gloves will probably remain the most important innovation in the history of surgery which occurred due to the love story between a drug addict surgeon and his whip-smart nurse. The entire humanity saw the benefit of the surgical gloves during the Covid 19 pandemic recently.

References

1. Rutkow IM. The Surgeon's Glove. *Arch Surg.* 1999;134(2):223. doi:10.1001/archsurg.134.2.2231.
2. <https://www.sciencehistory.org/distillations/the-nurse-who-introduced-gloves-to-the-operating-room>

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A Rare Case of Double Gall Bladder: A Case report and review of literature

Author : Dr Gurushantappa H. Yalagachin, Professor HOD, Dept of surgery KIMS, Hubli

Abstract: Double gallbladder is a rare congenital anomaly of the Hepatobiliary system with an incidence of 1:4000. First described by Boyden in 1929, later classified by Harlaftis into three types. Preoperative diagnosis should be confirmed to minimise the complications during surgery and post-operatively. MRCP is the investigation of choice for preoperative diagnosis of duplication. Laparoscopic cholecystectomy is treatment of choice for removal of double gallbladder. Here is a case report of 25-year girl with double gallbladder who underwent laparoscopic cholecystectomy with removal of both gallbladders successfully.

Keywords: Duplication of gallbladder, Double gallbladder, Accessory gallbladder, Laparoscopic cholecystectomy, Duplex gallbladder.

Case report: A 25-year female was subjected to ultrasound examination for dyspeptic symptoms and diagnosed with duplication of gallbladder with cholelithiasis in one of the gallbladders. MRCP revealed duplication of gallbladder with two separate cystic ducts. CECT abdomen showed each gallbladder being supplied by two separate cystic arteries arising from common hepatic artery. In all three radiographic investigations, gallbladder wall and CBD reported normal. Preoperative routine investigations including LFT was normal. Patient underwent laparoscopic cholecystectomy. Intraoperatively, two gallbladders with two cystic ducts noted with a single cystic artery supplying both. Grade I Nasser's adhesions and two separate lymph nodes of Lund noted. Anterior gallbladder was intrahepatic extending 2cm within the liver bed, with white bile as content, and widened cystic duct ending into CHD near the confluence. Loop ligation done for anterior gallbladder after mobilization due to its close proximity to CHD, whereas clip applied for posterior gallbladder and cystic artery separately. Histopathological examination confirmed histology of two gallbladders, with features of chronic calcific cholecystitis in posterior gallbladder. Intraoperative and postoperative period was uneventful. **Discussion:** Duplication of gallbladder is a rare congenital anomaly of hepatobiliary system seen 1:4000 live births developing during 5th-6th week of gestation due to excessive budding from the caudal bud of hepatic diverticulum and failure of regression of accessory buds.

In 1929, Boyden¹ classified duplication of gallbladder. In 1977, Harlaftis² described three main types depending on their morphology and embryogenesis. Type 2-ductular is the most common presentation. Our case represents Harlaftis type 2-trabecular gallbladder. Congenital variants of gall bladder and biliary tree are recognized preoperatively in only 50% cases and presence of two cystic lesions in gallbladder fossa on ultrasound should be further subjected to MRI with MRCP to delineate the biliary system.³ These anatomic biliary variant increases risk of complications including bile duct injury during laparoscopic cholecystectomy, hence preoperative diagnosis minimises the complications during surgery. An ultrasound followed by MRCP is investigation of choice for diagnosis of duplication of gallbladder. Rate of complication during laparoscopic cholecystectomy is more, especially during removal of second gallbladder.⁴ Asymptomatic cases should not be intervened if the gall bladder is not diseased.⁵



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References:

1. Boyden E A. The accessory gallbladder: an embryological and comparative study of aberrant biliary vesicles occurring in man and the domestic mammals. American Journal of Anatomy. 1926;38(2):177-231.
2. Harlaftis N, Gray SW. Three cases of unsuspected double gallbladder. The American Journal of Surgery. 1976;149(6):178-80.
3. Mazziotte, Minutoli F, Blandino A. Gallbladder duplication: MR Cholangiography demonstration. Abdominal Imaging. 2001;26:287-9.
4. Al Rawahi A, Al Azrii Y. Successful laparoscopic management of duplicate gallbladder: a case report and review of literature. International Journal of Surgery Case Reports. 2016;21:142-146.
5. RolDan-Valadez E, Osorio-Peralta S. Asymptomatic true gallbladder duplication: a case report and review of the literature. Acta Radiologica. 2004;45:810-4.



Figure:1 (a) USG Abdomen showing two gallbladder lumens in gallbladder fossa with gallstone (with post acoustic shadow) (b) MRI Abdomen showing two gallbladder lumen in gallbladder fossa with gallstone in the posterior gallbladder. (c) MRCP showing opening of the posterior gallbladder into the CBD. Anterior gallbladder not visible

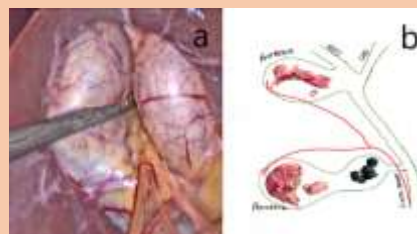


Figure 2: (a) Intraoperative image of Double gallbladder (b) Pictorial representation of the positions of gall bladder in relation to CBD

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IgG4 related inflammatory pseudotumour of the kidney mimicking renal cell carcinoma

Authors: Somendra Bansal, Assistant Professor (Urology), Shalu Gupta Professor (Surgery), SMS Medical College, Jaipur

Immunoglobulin G4-related disease (IgG4-RD) is an immune mediated systemic disorder which involves almost any organ systems. In genitourinary system, IgG4-RD most often presents as retroperitoneal fibrosis with secondary involvement of ureters. Here we discuss an interesting case of IgG4 related inflammatory pseudotumour of the kidney mimicking renal cell carcinoma.

A 67-year-old male was incidentally diagnosed with left renal infiltrative hilar mass lesion. Patient also had left inferior parathyroid adenoma with hypercalcemia. Serum IgG4 was > 300 mg/dL (normal value 4–86), CRP was 6.1 mg/L and ESR was 112 mm/h. Triple-phase CECT scans of abdomen showed pseudotumour occupying left renal hilum, hilar vessels and upper ureter. Patient underwent CT-guided biopsy from the mass, which revealed inflammatory lesion, reactive T cell, B cell and IgG4-related disease (storiform type of fibrosis). Corticosteroid (prednisolone) started at dose of 40 mg/ day and patient responded to it with shrinkage of tumour and preserved kidney function during follow-up imaging at 4 weeks.

IgG4-RD is typically a fibroinflammatory condition characterized by dense lymphoplasmacytic infiltrate, presence of abundant IgG4 rich plasma cells and frequent elevation of serum IgG4 levels. Acute phase reactants such as ESR and CRP may be highly elevated in IgG4-RD but can be normal despite active disease in some patients. Increased serum IgG4 level is usually seen, but up to 40% patients with biopsy proven IgG4-RD may have normal level. The imaging features of IgG4-RD are generally nonspecific. Currently, CECT or MRI is the imagining modality of choice for evaluation. Biopsy is usually required to rule out malignancy/tuberculosis/assessment of active inflammation versus fibrosis. Diagnostic criteria for IgG4 disease are massive lymphoplasmacytic tissue infiltration, storiform fibrosis and obliterative phlebitis, with IgG4-/IgG-positive plasma cell ratio of at least over 40%, typically over 70%. Corticosteroids have good and rapid response in IgG4-RD and preferred first-line therapy and started with initial dose of 0.6 mg/kg/day or 30 or 40 mg/day of prednisolone to induce remission for 2–4 weeks and then gradually tapered (5 mg every 1–2 weeks) to a maintenance dose (5–10 mg/day). B cell depletion agent (rituximab) is an effective treatment in steroid-dependent or refractory patients. IgG4-RD has high risk of relapse, therefore needs regular follow-up.

High index of suspicion of IgG4-RD by radiologist, immunologist and urologist is necessary to avoid unnecessary surgical intervention and start appropriate medical management as early as possible to avoid loss of organ function.



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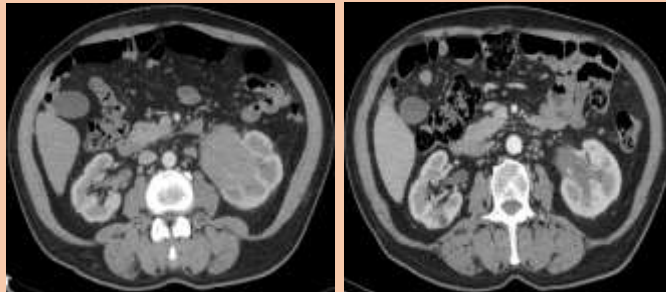


Figure 1: Arterial phase axial scan: A) before treatment B) after treatment Pseudotumour occupying renal hilum, showing shrinkage of tumour after steroids

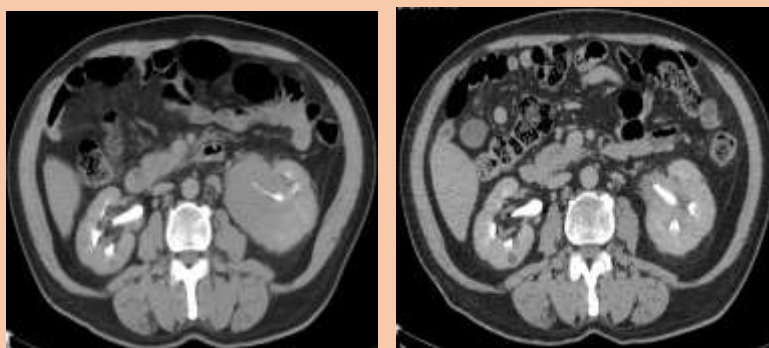


Figure 2: Excretory phase axial scan: A) before treatment B) after treatment Pseudotumour occupying renal hilum, showing shrinkage of tumour after steroids

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Interview with Dr. Pradeep Chowbey

Dr. Tarun Mittal: Sir, please tell us about your childhood days and school time or any fond memories?

Dr. Pradeep Chowbey: I am from a place called Burhanpur in Madhya Pradesh. I had my education in a Municipality School. In school, we used to sit on a "Tat-Patti" and roll it up after we finish school. So this is how our beginning was and it taught me the importance of becoming self sustained. You have to do everything with your hand, and the habit has continued.



Q: Any role model which you could identify with or which you had, during your school times, that you looked up to?

A: My father was a Civil surgeon and I always looked up at him. In those days, the civil surgeon used to do everything. Starting from treating cough, cold, fever, malaria, typhoid to operating cataract and doing mastoid surgeries, tonsillectomies, cesarean, as the 'Surgery was Surgery'. So I always looked up to him as a role model because he was very respected in the whole state. Seeing him, I always wanted to become a doctor.

Q: Sir, tell us something about your graduation days, which college you were from, and any special lesson or any special incident, you remember from your undergraduate days?

A: My MBBS was from Jabalpur Medical College and like anybody else, we were just like an average student. In those days, language used to be a big problem because medical education was in English and we were from 'Hindi' background. It took quite a bit of time for us to learn the textbook English but conversation in English was very difficult. It used to be quite a bit of task but we were hardworking. I never used the word that 'I am tired' or 'It's enough for the day'. So we used to finish whatever task was given to us - may be physical work, or mental work or may be reading textbooks or appearing for the tests or exams.

Q: Sir kindly tell us about your postgraduate days. Was anyone else your role model in early part of your surgical career, when you were doing your postgraduation?

A: We were fortunate to have a great teacher. My postgraduate teacher was Late Dr. OP Mishra. His teaching was purely clinical and disciplined. He was very sensitive towards patients. When I say that, what I mean is his sensitivity was to such extent that, when there used to be an abscess admitted at around 2 o'clock in the night, he would like us to drain that abscess as soon as possible.

Q: When did you decide to go into private practice, you must have an option of Govt service also?

A: I was very keen for a Govt job. I missed one or two opportunities in 1977 when I did my postgraduation. There was an opportunity of doing Mch in Cardiac surgery in AIIMS because I was selected there. But somehow my advisors and friends said Cardiac surgery needs a lot of setup, so don't be a Cardiac surgeon. Then I joined RML hospital and applied for Central Govt job. I got the Central Govt job, but it was in Bangalore. I did not want to leave Delhi at that



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time so I did not join that CGHS job. That is the time when an opportunity came for a Junior Consultant in Sir Ganga Ram Hospital, New Delhi. I was selected for the same and the rest is history.

Q: What were the difficulties you faced in early days of your private practice and any lessons learnt from them?

A: We had legends like Dr. K C Mahajan, Dr. B K Vohra, Dr. Bhandari, Dr. K C Mittal. Those were the legends of that time and as a junior most surgeon, it was very difficult to get any patient coming to you, because everybody used to go to them. Whoever used to come, we used to feel really obliged and we used to feel grateful that they are having faith in us and they are coming to us. But one's availability is very important. One satisfied patient will definitely send another patient. It takes time but I am sure this is the best way and the most consistent way, which works over a period of time. Generally it takes time for one patient to become two, but for two to become four takes lesser time and from 100 to 200 takes even less time. It is important to keep patience initially and not to compete with seniors or juniors. You have to have your own patients who would come to you for your capabilities, for your behavior, for your compassion, for your love and affection towards them. You should be clear in your mind whether the patient needs surgery or not. If the patient does not need surgery you should not unnecessarily force them to undergo surgery.

Q: Sir how did you start your laparoscopic journey and what were the difficulties you faced when you started this journey?

A: In 1989, I was in New Orleans attending the American College of Surgeons meeting. In a biliary session, Dr. Reddick presented 4 cases of video cholecystectomy. It was mesmerizing and it was like magic. They showed all the 4 patients walking around in the evening. Suddenly I realized that possibly this is what I am looking for. I thought that I must get into laparoscopy, but we hardly had any equipments or instruments. It took almost 2 years to consider it. Then I got information that there is a workshop which is going to be conducted by Dr. Mohan Chellappa in Singapore General Hospital. I attended that workshop. When I performed the endo-training sessions and also did one cholecystectomy in the animal lab, I could sense that this is possibly what I am looking and possibly I will be able to do the same thing reasonably well, endoscopically. I did my first laparoscopic cholecystectomy at Dr. S K Sama Nursing Home where I did 25-30 cases over a couple of months following which my journey of laparoscopy started in SGRH. We grew our series and made a team at SGRH

Q: What was your life-changing event in your surgical practice which made you, what you are now and that you look back at, in 40 years of your practice?

A: When I was doing my post-graduation, there was a lymph node biopsy which was being done by my senior 2nd year MS student. Then he said "okay if you are interested you can stitch the wound". So I took one mattress suture. After all these years, that feeling is still with me that how the needle went in, came out of the other side and how we did the mattress suture. I actually looked at that suture, almost like my first love in surgery.

Q: Can you share some tips for young surgeons for communication with the patient and family?

A: The communication whether it is with the patient, with the family, with your younger colleagues or with your senior colleagues. It is a very important part and has an integral role in your professional life, in your personal life as



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well in your family life and amongst your friends. In communication, you should try to maintain the transparency. We should be transparent in our communication. So if your communication is honest, if your communication is transparent- everybody will be able to make out what you are speaking and it is very important and integral part of the all aspects of life.

Q: Sir, how are you able to balance between your professional life and family life – any tips you would like to give to the younger colleagues?

A: Definitely family is very important. You can strike a balance between your family and professional life and that balance is possible by utilizing your time well. So when you are doing your professional job, you should concentrate on your work and when you have a spare time, your family should be priority. If there is a crisis or a problem in the family, definitely family gets the priority because there is nobody else to look after your family. For your patients there could be other doctors who can look after them. So whatever you are doing, just focus on that, concentrate on that and in between whenever you find an opportunity, unwind yourself with your family and with your passion.

Q: How do you take care of your health and stress in your life?

A: You should spare atleast 30 mins of your time everyday to maintain your health. Because unless you are healthy you cannot do your job with perfection and you cannot advice anybody to be healthy. Everybody will have their own stress busters. For me, my stressbuster I would say is 'Art'. So I think if you come back home a little tired, then a good artwork or good sculpture, when I look at it, I find it to be very relaxing apart from a little bit of music.

Q: What are the challenges you face presently now in your surgical practice?

A: What most challenging today I find is lack of confidence of the patients and their family in their doctor. That used to be immense, almost 100 percent confidence, may be 40-45 years back. Now I think, it is almost lost. I will not blame them, because of the present day social media. I think social media is filled with negative comments about doctors for that matter. Second thing is the litigation. I think the society has become very litigant. I really get worried for my younger colleagues how they are going to face this situation in future. But I think to face that, I strongly recommend our youngsters that you should be very particular about documentation. Because we have seen whenever there is any litigation, what counts is what is documented. You must have seen the patient 10 times in a day, but if it is not documented than nobody will believe you.

Q: Sir, You have now into Robotics, how has been your experience using Robot and your message to younger generation?.

A: It is very interesting aspect of my surgical career. Let's go back 45 years back. We were all doing conventional surgery. In 90s came 'laparoscopy', so I moved passionately to do laparoscopic surgery. But with this, we lost one dimension. Open surgery was 3-dimension surgery and with laparoscopy we lost one dimension and it became 2-Dimension surgery. Last year when I looked at this new generation Robot from Cambridge Medical Robotics from Cambridge UK, I got fascinated with this. Because it got me back the one dimension, which I lost 30 years back. Robotic surgery is 3D surgery and with the recent generation robots which has come in the market, I literally jumped on this last year. We were very lucky we could do first 100 cases in 10 weeks. I think robotic surgery is going to be



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the future for common surgical procedures like gallstones, hernias, hysterectomies, appendectomies, funduplications, bariatrics etc. Technically every center who is doing laparoscopic surgery will have to have a robotic system also with them. This is because of the demand and also for making it safer, more skillful, more precise. This particular generation will see better and better robotic systems coming in future.

Q: It will be a pleasure to help you in whatever way we can help you Sir for fulfilling your dreams. In the end kindly share a message to all our colleagues of your whole 45 years of practice– what message you would like to share to the younger generation in the end.

A: My message is that please forget the word “I” and believe in “We”. You should create a team. If you are all alone, your growth will never take place. You will not grow in your decision making, you will not grow in your skills, you will not grow on your practice. So the Mantra is to create a robust team.



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HOBBY SECTION



Painting on Santorini island of Greece done with a knife by Dr. Chanjiv Singh.



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WITH MALICE TOWARDS NONE AND NULL

Author: Dr. Rupnayan Goswami, Honorary Secretary, The Assam State Chapter of ASI

"Bhaag, Basanti, Bhaaaaag....."

"The journey of a thousand miles begins with a single step"

The first step or its pleural "stepS", are carefully nurtured in the training of Surgery. One is gradually initiated into the art and science of surgery, especially the operative aspect, under direct guidance. This structured system is credited to William Stewart Halsted, yes, more famous for the Radical mastectomy operation for Cancer of the Breast, which goes by his name.

Few of his other contributions are- establishing the key role of the submucosa (as the toughest coat) in intestinal anastomosis, the term "elephantiasis chirurgica"- lymphedema following Radical mastectomy for Cancer of Breast, the first known operation to remove Gall stones and possibly the T-tube. He was also popularly known as the "walking, talking, Gray's anatomy textbook" for his command of anatomy. Regarding his concept of "residency" system for training of would-be surgeons, his biography records as follows: "Halsted envisioned total emmersion in the problems and practice of surgery until a superior level of competence and maturity was reached. The rigors of the work would demand that men be unmarried, live in the hospital, and be available for duty 24 hours a day, seven days a week.....the number of years of service required to be deemed "sufficiently trained" were not specified and would vary with the resident. There would be a system of graduated responsibility, with junior assistant residents, assistant residents and at the top of the pile, "resident". It is the hard way only with no short cuts. It reminds me of a joke- having been battered right, left and center, the pupil wrote to his boxing master enquiring whether the sport can be learnt by correspondence course !! Yes, the endurance of the rigors will only produce a surgeon, no more no less.

Tips and advices galore as regards the technique of imbibing the tricks of the trade. "See one, assist one, do one" or "see one, do one, teach one", for example were such advisories. As in real life, the world of surgery is full of surprises. The sailing is not smooth and hence the discipline is so full of suspense and thus thrilling. But in contrast to this established norm, how often one is compelled by circumstances to undertake the first step without the comfort of superior guidance. The first time Conrad Ramstedt attempted Fredat's procedure for Hypertrophic Pyloric Stenosis, (extra mucosal myotomy with transverse closure of the muscle was the procedure in vogue then), he had neither seen or done one. Later on he went on to design the famous "Pyloromyotomy" for which he is still fondly remembered 111 years hence. True, in the life of a surgeon, often does one is forced to tread into the unknown all alone. Once upon a time a joke was doing the rounds that- after completion of the operation the resident profusely thanked the Professor for having got the opportunity to see the procedure for the first time. In response the Professor in a low voice whispered into his ears- "me too"!!



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But the present scene of the drama begins in the OPD. The young boy had a recurrent rectal prolapse (procidentia), with failure of conservative treatment. We discussed the case and the Professor explained and described the procedure. Then Sir asked me to prepare the boy for operation and to give him a call when the case is ready in OT. Accordingly I arranged the operation in the Emergency OT through my "networks" among the resident "dosts" of Anesthesiology. I saw to it that all the requisite sutures and Polypropylene meshes etc were ready. When about to be induced for anesthesia, I called the Professor. The response from the other end was a complete surprise to me. Sir was perplexed that I arranged the OT so quickly, in fact the same day itself! Then what he said made me feel that the ceiling had fallen over my head- sir had already left for another destination and that it will not be possible to return back in time. The issue with me was that not only I had never done one, but I had never seen one not to speak of assisting one ! But sir continued- "Rupnayan, go ahead, I know you will be able to do it. And you will do it well !" Now, having been bestowed with such confidence and that too by none other than your Guru, myself got really elated. My self-confidence surged ahead in full throttle. But the ground reality, I reflected was, that apart from Well's, Ripstein's and Lahaut's- the names of the operative procedures for rectal prolapse, I could not recollect anything more from my dear 'ol Baily's; but vaguely remembered that the procedure was written in Farquharson's textbook of Operative surgery. Time was running out fast as the anesthesiologist was almost ready to intubate. Without thinking much, I dashed out of the theatre in the OT attire itself. As I whizzed past the Casualty department the Medical Officer retorted "sirjee, bare tez laga hai kya ?" On the way Amitabh ji's lines kept ringing inside my brain- "aisa to admi life mein do hi time pe bhagta hai- Olympic ka race ya police ka case", I added another one that day ! Just outside the hospital gate was the rickshaw stand where numerous curious faces were following me with great interest. I jumped into the first rickshaw and seeing a "determined" myself aiming for him, realizing the urgency of the "unknown", the rickshaw wala already started to move. "Bhaag Basanti, bhaaaag....." kept pounding inside me with the same tension, same intense emotion as in the film. I burst into my hostel room, picked up the Farquharson's and was back into the rickshaw in a jiffy. On the way back frantically searched for the chapter and read it in one go ! As I was proceeding with the operation one of my seniors came inside the OT and asked in a very casual tone- "kya kar rahe ho, Rupnayan jee ?" Then as if in a self explanatory tone said- "khali baitha tha, to socha dekhte hain kya chal raha hai OT mein". "Kuch nehin sirjee, ek rectal prolapse tha, to kar diya kam", trying to appear as cool as possible but added "sirjee ek bar ankh dal doge kya ?" "Kynu nehi bhai, dikha tera kalakari" responded my senior and added "barhiyan kiya hai yaar". Needless to state that I was greatly relieved. Having completed the procedure, called up sir and informed that I could do it well. "I knew you will be able to do it well" replied sir. Us, all three actors in the drama, understood my situation and condition that day very well. Yet thoughts of all of us were in perfect harmony. With careful selection of words, tone and tune, and perfectly executed actions, both, my senior and my Guru restored upon myself the dignity and self-confidence whilst at the same time upholding their responsibilities. KIM ODHKOM ETI !!!

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Dr. Bhanwar Lal Yadav
Hony Treasurer

Achievement/award winning research in academic field

Prof Shailesh V Shrikhande has been awarded Honorary Fellowship of American Surgical Association (ASA), Seattle, Washington in June 2020. He is only the second Indian and the first cancer specialist to receive this prestigious honor in 141 years of the world's oldest association. This once in a lifetime honour will keep me inspired for decades.



Book published by Dr. Anand Mishra (Prof Head, Endocrine Surgery, King George's Medical University) titled 'Endocrine surgery- A South Asia Perspective'. It has been published globally and is available. This book has been edited by Dr. Anand Mishra along with Dr. Amit Agarwal, Past President of IAES, Dr. Kul Ranjan Sing, Joint Secretary IAES, and Dr. Rajeev from Singapore University. The link to the book is as follows:
<https://www.routledge.com/Endocrine-Surgery-A-South-Asian-Perspective/Mishra-Agarwal-Parameswaran-Singh/p/book/9781032136509>



Dr. Dipak Kumar Sarma was awarded with 'Prof. Jogesh Mahanta Memorial Award - 2022' by Down Town Hospital, Guwahati on the day of 15th February, 2022 as a token of appreciation for his contribution in the field of Surgery. Dr. Sarma is Professor of Surgery and Head of the department of Emergency Medicine of Gauhati Medical College and Hospital, Guwahati. He is presently the Chairman of Assam Chapter of Association of Surgeons of India.



Jaipur Surgical Tutorial (JST) - Prof VK Kapoor, Head of the Department of HPB Surgery at the Mahatma Gandhi Medical College & Hospital (MGMCH) Jaipur, has initiated an online Jaipur Surgical Tutorial (JST) where students present cases and discuss operative procedures in sessions moderated by teachers; students wanting to join JST may send their what's app no. to the JST coordinator Dr Anand Nagar, Associate Professor (what's app 95997 30280).



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Dr. Tarun Mittal
Exec. Member-Delhi

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Vice President
Dr. Madhumita Mukhopadhyay
Exec. Member-West Bengal

Dr. Santhosh J. Abraham
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Hony Secretary
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UPCOMING ACTIVITIES

State Chapter Conferences

Name of Event	Dates
NCASICON 2022 Annual Conference – Northern State Chapter of ASI	16- 17 April 2022
CG- ASICON 2022 Annual Conference – Chhattisgarh State Chapter of ASI	17 April 2022
MASICON 2022 Annual Conference – Maharashtra State Chapter of ASI	28- 30 April 2022
Annual Conference Haryana State Chapter	30 April- 1 May 2022
KASICON 2022 - Annual Conference – Karnataka State Chapter of ASI	18- 19 June 2022
SASICON 2022 (Annual Conference –West Bengal State Chapter of ASI)	29 – 30 July 2022
Annual Conference Tamil Nadu State Chapter	11- 14 August 2022
APASICON 2022 Annual Conference Andhra Pradesh Nadu State Chapter	26- 28 August 2022
Annual Conference Punjab State Chapter	1 – 3 October 2022
GUJASICON 2022 Annual Conference – Gujarat State Chapter of ASI	14- 16 October 2022
UPASICON 2022- Annual Conference – UP State Chapter of ASI	28- 30 October 2022
SURGICON 2022 Annual Conference – Delhi State Chapter of ASI	11- 13 Nov 2022
OSASICON 2022 - Annual Conference – Odisha State Chapter of ASI	18 – 20 Nov 2022

Sectional Conferences

Name of Event	Dates
IAESCON 2022- Annual Conference – IAES	15- 17 September 2022
ACRSICON 2022 Annual Conference – ACRSI	22-24 September 2022
AMASICON 2022- Annual Conference – AMASI	18-20 November 2022



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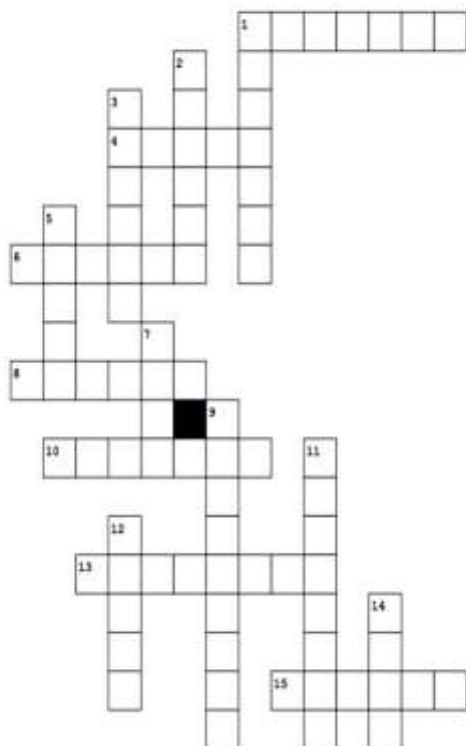
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CROSSWORD

Legends of Surgery-



Across

1. posterior wall repair of inguinal canal
4. father of bariatric surgery and first performed gastric bypass
6. canadian bariatric surgeon
8. first open heart surgery
10. radical mastectomy
13. first to use intraoperative MRI scanning during endoscopic pituitary surgery
15. legend in thyroid surgery

Down

1. performed first heart transplantation
2. discoverer of surgical asepsis
3. performed the first Appendicectomy
5. novel parastomal hernia repair utilizing TAR
7. developed MMS technique to remove skin cancer lesions
9. used eTEP RS technique for repair of ventral hernia
11. Russian orthopedic surgeon who invented the procedure to lengthen or reshape limb bones
12. cooper ligament repair
14. performed first lap cholecystectomy

Rules: The solved Crossword puzzle on a printout (as a pic) should be sent as an attachment to asi.scalpel@gmail.com from your registered email ID. The puzzle is open to all members of ASI. The first 3 correct email entries received will have the winners name mentioned in the next edition of SCALPEL.

Crossword compiled by : Dr. Ashish Dev. Consultant. Sir Ganga Ram Hospital & Editorial Secretary, Delhi Chapter- ASI



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From the Desk of Editors



Dr. Tarun Mittal



Dr. Rajesh Prajapati



Dr. Madhumita Mukhopadhyay

Dear Friends & Colleagues

Everyday we do something that will inch you closer to a better tomorrow. A great saying by Doug Firebaugh. After Covid-19 took a toll for last two years, the continuous efforts from our surgical fraternity to beat all the odds and to continue providing the best care to our beloved patients needs a good round of applause.

With this positive change of normalcy, we want to welcome & congratulate our new executives of Association of Surgeons of India. After a gap we have come up with the recent edition of the official Newsletter 'SCALPEL'.

We would urge all the members to contribute with your insightful articles and experiences for the newsletter. We are planning to have articles under the following heads like Interesting surgical case capsule or interesting surgery related articles; Achievement/award winning research in academic field; Travelogue - An excerpt on your recent travel to an exquisite destination with photos; Hobby Section – e.g. Painting, Photographs, Poem, Lifestyle; Crossword.

The real treasure of knowledge will always increase by sharing it. Wishing for the best of health to each and everyone of you and your family.

Long Live ASI !!