



# SCISSORS-Delhi



## Executive- Delhi State Chapter

### President

Suresh Kumar Poddar

### President elect-

P S Sarangi

### Past President-

Neeti Kapur

### GC Member-

C K Durga Pawanindra

Lal

Rana A.K. Singh

Tarun Mittal

### Secretary-

Nikhil Gupta

### Treasurer-

Neeraj Dhamija

### Editorial Secretary-

Ashish Dey

### Joint Secretary-

Sameer Nain

### Executives-

Aloy J Mukherjee

Ankur Garg

Anmol Ahuja

C B Singh

Deep Goel

Gaurav Patel

Kamal Kataria

Kumar Manish

Lokesh Gupta

Maninder Kaur

Meghraj Kundan Nitin

Agarwal

Pawan Kumar

Rajiv Kr Bansal Ratna

Chopra

Saket Davera

Sanjeev Singhal

Sumeet Shah

Tarun Gupta

Vikas Panwar

# SCISSORS

The Official Newsletter of the Association  
of Surgeons of India,  
Delhi State Chapter

**Executive-  
Delhi State Chapter****President**

Suresh Kumar Poddar

**President elect-**

P S Sarangi

**Past President-**

Neeti Kapur

**GC Member-**C K Durga  
Pawanindra Lal  
Rana A.K. Singh  
Tarun Mittal**Secretary-**

Nikhil Gupta

**Treasurer-**

Neeraj Dhamija

**Editorial Secretary-**

Ashish Dey

**Joint Secretary-**

Sameer Nain

**Executives-**Aloy J Mukherjee  
Ankur Garg  
Anmol Ahuja  
C B Singh  
Deep Goel  
Gaurav Patel  
Kamal Kataria  
Kumar Manish  
Lokesh Gupta  
Maninder Kaur  
Meghraj Kundan Nitin  
Agarwal  
Pawan Kumar  
Rajiv Kr Bansal Ratna  
Chopra  
Saket Davera  
Sanjeev Singhal  
Sumeet Shah  
Tarun Gupta  
Vikas Panwar**From the Desk of the  
President, ASI, Delhi State Chapter****Dr. Suresh Kumar Poddar**

Dear members of ASI (Delhi State Chapter),

My tenure as President of very prestigious state chapter of ASI is about to be over soon. It was a pleasure working with everyone in the executive committee and I would like to thank all of you for the wonderful cooperation and support throughout. During this tenure, we conducted and oversaw many meetings, state conferences, conferences, academic sessions, workshops and public awareness programmes.

A big highlight of my tenure was our branch receiving the Best State Chapter Award from ASI Headquarters, during ASICON held at Vishakhapatnam. I am going to handover the responsibility to the very able hands of Dr.P.S.Sarangi, who I am sure will take our chapter to even greater heights. My special thanks to Dr Sanjay Jain(President of ASI-2023) and Dr Probal Neogi(President of ASI-2024)for their continued support throughout the year and they even attended our programmes in Delhi few times. It was after a gap of many years that National President of ASI attended programs of our State Chapter.

Once again I would like to thank all of you from the bottom of my heart.

**Dr. Suresh Kumar Poddar, MBBS, MS, FICS****President, Delhi State Chapter, ASI****Senior Consultant, Apollo Spectra Hospital, New Delhi**

**Executive-  
Delhi State Chapter****President**

Suresh Kumar Poddar

**President elect-**

P S Sarangi

**Past President-**

Neeti Kapur

**GC Member-**

C K Durga

Pawanindra Lal

Rana A.K. Singh

Tarun Mittal

**Secretary-**

Nikhil Gupta

**Treasurer-**

Neeraj Dhamija

**Editorial Secretary-**

Ashish Dey

**Joint Secretary-**

Sameer Nain

**Executives-**Rajiv Kr Bansal Kamal  
Kataria

Aloy J Mukherjee

Kumar Manish

Deep Goel

Maninder Kaur Gaurav

Patel

Tarun Gupta

Ratna Chopra

Pawan Kumar

C B Singh

Vikas Panwar Sanjeev

Singhal

Sumeet Shah

Lokesh Gupta

Saket Davera

Nitin Agarwal

Meghraj

Kundan Anmol

Ahuja Ankur

Garg

**From the Desk of the  
Secretary, ASI, Delhi State Chapter**

Greetings of the day

We have come to an end of current tenure of ASI Delhi state chapter 2021-23 and this is last newsletter for the year 2023.

The surgical skills need to be augmented and advanced by scientific researches and experiments so as to bring improvement in the existing practices and procedures and to discover new techniques of preventing and curing diseases of mankind. We organised eleven monthly meetings across Delhi medical colleges to learn and discuss unique interesting cases.

We also conducted various patient information activities like cancer awareness camp and skill advancement programs including single day CMEs.

With the primary object to promote, educate and advance the study and practice of science and art of surgery we organised two offline SCOPE courses last year one at AIIMS and latest at ABVIMS and RML Hospital.

We are very happy to share that our chapter won best chapter award at ASICON for the sixth time.

Let's learn and achieve together.

**Dr Sameer Nain.****MBBS,DNB,MNAMS,FMAS,FIAGES****Secretary (Acting), Delhi State Chapter, ASI****Sr. Specialist Surgeon****ABVIMS & Dr RML Hospital****NEW DELHI**

## Invited Article

### **“Surgeon and Robotics: The Harmony of Skills”**

In the constantly evolving world of modern medicine, the integration of advanced technology has created a remarkable collaboration between human surgeons and robotic systems. This harmonious synergy between the precision and expertise of a surgeon and the capabilities of robotic technology is revolutionizing the field of surgery. The union of these two worlds is not just convenient, but it also opens up new horizons in healthcare, with improved outcomes, enhanced patient safety, and expanded possibilities for medical practitioners.

#### **The Rise of Robotic Surgery**

The use of robotics in surgery has been steadily gaining prominence over the past few decades, primarily due to advancements in technology and innovation in medical robotics. The da Vinci Surgical System, developed by Intuitive Surgical, is one of the pioneering systems that has paved the way for the integration of robots into the operating room. Since its FDA approval in 2000, this system has been utilized for a wide range of procedures, from minimally invasive surgeries to complex, delicate operations. The success of the da Vinci system has led to increased competition and innovation in the field of robotic surgery. The CMR Versius system is a new entrant that aims to make robotic surgery more accessible, flexible, and cost-effective. Its modular design allows for easy portability and adaptability to different surgical environments. The system incorporates 3D high-definition vision for enhanced precision, and its ergonomic design reduces surgeon fatigue. Versius also aims to lower the barriers to entry by offering affordability and cost-competitiveness, making robotic surgery more widely available to healthcare facilities and benefiting a broader range of patients.

Robotic surgery offers several advantages over traditional manual procedures. One of the most significant benefits is the enhanced precision and dexterity it provides to surgeons. Robotic instruments can perform intricate movements with greater stability and control, enabling surgeons to carry out procedures with remarkable accuracy. This is especially advantageous in procedures that require delicate tissue manipulation or in cases where precise incisions are crucial to the patient's well-being.

#### **The Surgeon's Role in Robotic Surgery**

While robotics has introduced a new dimension to surgery, it has not replaced the role of the surgeon. Instead, it works hand in hand with the surgeon, magnifying their skills and capabilities. Surgeons are still at the core of every operation, making critical decisions, providing expertise, and overseeing the entire process.

A surgeon's skills are more vital than ever in the age of robotic surgery. They must be well-versed in the technology, capable of operating and directing the robotic system, and interpreting the data provided by the system. The human touch, empathy, and clinical judgment of a surgeon are irreplaceable, as they not only perform the procedure but also communicate with patients, make real-time decisions, and ensure that the robotic system is utilized optimally.

#### **Patient Benefits and Safety**

One of the most significant advantages of the collaboration between surgeons and robots is improved patient outcomes and safety. Robotic systems offer the potential for smaller incisions, reduced blood loss, shorter hospital stays, and quicker recovery times. Moreover, they allow for procedures that were once considered too risky to be performed more safely and effectively.

The precision of robotics reduces the likelihood of human error, making procedures safer for patients. The elimination of shaky hands or fatigue during long surgeries can result in more consistent and successful outcomes. Additionally, robotic systems provide surgeons with a 3D view of the surgical site and the ability to scale their movements, giving them unprecedented control.

## Challenges and Considerations

While the integration of robotics into surgery is promising, it does come with its challenges. The initial cost of acquiring and maintaining robotic systems can be significant, and there may be a learning curve for surgeons and healthcare institutions in adopting this technology. Moreover, ethical concerns and the need for a clear legal framework surrounding robotic surgery are important issues to consider.

The ongoing advancement of robotics in surgery also requires continuous training and education for surgeons to stay up-to-date with the latest technology. As robotic systems evolve, surgeons must be adept at utilizing these tools effectively, adapting to new procedures, and understanding their limitations.

## The Future of Surgeon-Robot Collaboration

The harmony between surgeons and robotics is not just a passing trend but rather a transformation that will continue to shape the future of surgery. As technology progresses, we can expect even more refined robotic systems and an expanded range of procedures that can benefit from their application. This will ultimately translate into better patient care and outcomes.

Surgeons are becoming the conductors of these robotic symphonies, skillfully orchestrating procedures with the precision of technology and the wisdom of experience. The harmony between surgeons and robotics represents a healthcare revolution, one that merges human ingenuity with technological prowess to push the boundaries of what is possible in the field of surgery.

In conclusion, the partnership between surgeons and robotics has ushered in a new era of medical excellence. This collaboration harnesses the best of both worlds, augmenting the skills and expertise of surgeons with the precision and capabilities of robotic technology. Together, they promise a brighter and safer future for patients and continue to redefine the art and science of surgery.



### Dr. Pradeep Chowbey

**MS, MNAMS, FRCS(London), FIMSA, FAIS, FICS, FACS, FIAGES, FALS, FAMS**

**Padmashri Awarded by The President of India**

**Chairman - Institute of Laparoscopic, Endoscopic, Bariatric and GI Surgery**

**Chairman - Surgery & Allied Surgical Specialities**

**Max Super Speciality Hospital, Saket, New Delhi-110017 (India)**

## Chapter Activities

### AUGUST MONTHLY MEETING

The August monthly meeting of Delhi State Chapter was organized by VMMC & Safdarjung Hospital on August 19, 2023 (Saturday), 3 to 4 pm.

S.no	Topic	Presenter
1.	Acute necrotizing gastritis	Dr. Bhanu Pratap Reddy, Unit 1
2.	Histological surprise in a case of abdominal dermoid	Dr. Lakki Reddy V Bharath, Unit 3
3.	An unusual case of gastric outlet obstruction	Dr. Nemi Chandra J, Unit 4
4.	Gordian Knot	Dr. Sushila Choudhary, Unit 6



### SEPTEMBER MONTHLY MEETING

The September PG Masterclass & monthly meeting of Delhi State Chapter was organized by LHMC & Smt. S. K. Hospital. New Delhi on September 23, 2023 (Saturday), 2 to 4 pm.

Venue: Mini Auditorium 5<sup>th</sup> Floor, New Academic Block

#### PG Masterclass (2-3 pm)

1. Neck Mass – Dr. Ashish Garg
2. Obstructive Jaundice – Dr. M. Surya Pratap

#### CLINICAL MEETING (3:00PM -4:00PM)

S.No	Topic	Presenter
1.	Large retroperitoneal tumour- Diagnostic Dilemma	Dr. Rachna Unit-S1( Dr. Romesh Lal )
2.	An unsolved mystery of Gastric outlet obstruction in a young lady.	Dr. Amit Unit –S2/S7 ( Dr. Anup Mohta/ Dr. Priya Hazrah)
3.	Intra thoracic Sleeve migration - Myth or Reality.	Dr. Vandana Nukarpu Unit- S6/S8 (Dr. Sanjeev Kr. Tudu/ Dr. Gyan Saurabh)
4.	Functional Neuroendocrine Tumour of small intestine	Dr. Sumantha Reddy Unit- S3 ( Dr. Manoj Andley)
5.	Retroperitoneal chondrosarcoma – A surgical challenge.	Dr. Shaline Satya Prakash Unit – S4 ( Dr. Ashok Kumar)



## OCTOBER MONTHLY MEETING

The monthly meeting of Delhi State Chapter was organized by University College of Medical Sciences & GTBH on October 21, 2023 (Saturday), 3 to 4 pm.

S.No.	Cases	Presenter & Unit
1	Transuterine transvesical migration of an intrauterine contraceptive device	Presenter - Dr. Vidhi Maurya Moderator - Dr. Iqbal Singh
2	Pancreatic Necrosis: A Plea for early intervention	Presenter - Dr. Aamir Khan Moderator - Dr. Arun Gupta
3	Uretero-Vaginal fistula : A rare entity	Presenter - Dr Tiyasa Santra Moderator - Dr. Iqbal Singh
4	Gestational Gigantomastia	Presenter - Dr Pallavi Raj Moderator - Dr. Navneet Kaur



## SURGICON 2023

A very successful and well attended SURGICON 2023, the Yearly Conference of the Delhi State Chapter of ASI was organized from 17<sup>TH</sup> to 19<sup>TH</sup> November 2023 in Indraprastha Apollo Hospital, Sarita Vihar, New Delhi. More than 250 delegates and 150 faculties participated in the deliberations. Inauguration & Valedictory of the conference were the highlight of the conference where Prof Sanjay Jain (President) was the Chief Guest during inauguration ceremony. This year also we gave plaques to our members who organized Delhi state chapter endorsed meetings. Prizes were given to awardees like President Medal, Travelling Fellowship award, Rolling trophy of the best presentation of the institute, competitive paper and poster winners and PG quiz winners.

### HIGHLIGHTS

#### DAY 1 – 17 NOVEMBER 2023

- Live Operative Workshop
- Competitive paper session
- Prof Sandip Mukerjee PG Quiz (preliminary rounds)
- Dr. Ravi Basil Poster Session

#### DAY 2 - 18 NOVEMBER 2023

- Oral paper session
- Lectures, Debates & Panel discussions
- Inauguration
- Golden Jubilee Oration
- Video session
- Prof Sandip Mukerjee PG Quiz (Final rounds)
- Conference Banquet / Gala Dinner

#### DAY 3 - 19 NOVEMBER 2023

- Competitive Video Session
- Oral paper sessions
- Debates, Lectures & Panel discussions
- Dr. S K Sen Memorial Oration
- T J Aggarwal Memorial Oration
- General Body Meeting & Election results
- Master Videos
- Valedictory ceremony & Prize distribution



## DECEMBER MONTHLY MEETING

The December monthly meeting of Delhi State Chapter was organised by ESI-PGIMSR Hospital, Basaidarapur, New Delhi on December 23rd, 2023 (Saturday), 3.00 pm - 4.00 pm at Golden Jubilee Hall, first floor Administrative Building followed by High-Tea.

The following cases discussed.

### CLINICAL MEETING (3:00PM -4:00PM)

S.No	CASES	PRESENTER	FACULTY
1.	Function Preserving Pancreatectomy for NET Pancreas	Dr. Vansh Bhola	Dr. Siddharth Mishra
2.	A Rare Case of Peritoneal Tumor	Dr. Amisha Nath	Dr. Sumit Kumar
3.	A Challenging Case of Extra-Adrenal Pheochromocytoma	Dr. Aviral Singhal	Dr. Gaurav Patel
4.	An Unusual Renal Cyst in a Young Female	Dr. Anurag Kachhap	Dr. Suhas Agarwal



## AWARDS

### Travel Fellowship Award 2023

The Delhi State Chapter-ASI is sending two of its members for travel fellowship 2023 to high volume centers who are doing world-class surgery for refining their skills.

Following are their names and center in which they will do their training: -

- Dr. Rohan Kapoor** - Surgical Oncology Fellowship (Code- DATFS2023) at AIIMS Rishikesh under the guidance of Prof Amit Gupta, In charge, Surgical Oncology, AIIMS Rishikesh
- Dr. Nikhil Narain** -Bariatric Surgery Fellowship (Code- DATFB2023) at ILS Hospitals, Kolkata under the guidance of Dr Om Tantia, Medical Director & Head, ILS Hospital

For this fellowship, we are giving them Rs 25,000/-, and a certificate in our inauguration ceremony of SURGICON 2023.

### President Medal Award - DSC-ASI 2023

**Dr. M Sai Sri Harsha** from LHMC has been awarded "President's Medal 2023" for best published PG paper. As a token of appreciation for the same, his name was announced on the day of the conference (SURGICON 2023) during the inaugural function.



## CME & WEBINARS

### "IAGES FALS Hernia 2023" - 18-20<sup>th</sup> August 2023

The Max Superspeciality Hospital, Delhi organized "IAGES FALS Hernia 2023" at New Delhi under the aegis of IAGES and Delhi State Chapter, ASI from 18-20 August 2023 at Auditorium, Max Superspeciality Hospital Saket, New Delhi. The Organising Chairman was Dr. Ashish Vashistha, and Org Secretaries were Dr. Gauranga Saikaia, Dr. Anand Kishore and Dr. Devyani Gautam.

#### Course Highlights were

- Faculty Lectures
- Panel Discussions
- Live operative workshop (laparoscopic & Robotics)



### CME on "Rectal Cancer Update" - 25-27<sup>th</sup> August 2023

BLK Max Super specialty hospital in association with Delhi State Chapter organized 'Rectal Cancer Management Update' on 25-27 August 2023 at New Delhi. The Organising Committee included Dr. Deep Goel, Dr Amir M Parray, Dr. Ravindra Vats and Dr. Mohammad Riyaz

#### Topic : "Have we cracked the code" with Hands on Workshops

- Hands-on the Robot (Simulation workshop)
- Pelvic MRI Workshop (One to one interaction with radiologist)
- Hands on Stoma care workshop
- Energy devices and surgical staplers workshop
- With wide range of panel discussion, meet the Professor, interactive activities



### "FALS Bariatric Course & CME": 1<sup>st</sup> - 3<sup>rd</sup> December 2023

The Department of Laparoscopic, Laser & General Surgery, SGRH, Max-BLK Hospital & Manipal Hospital in association with Indian Association Of Gastrointestinal And Endoscopic Surgeons (IAGES) organized **Fellowship in Advance Laparoscopic surgery (FALS) Bariatric Course & CME 2023** from 1st to 3rd December 2023 at Jaypee Siddhartha, New Delhi.

IAGES is one of the largest association of Minimal Access Surgeon of India. These programs are organized to upgrade the skills of the practicing surgeons and offer them an opportunity to apply for fellowship. The fellowship was conducted in Exam and Non Exam category. The initial 2 days were packed with didactic lectures which were delivered by stalwart national faculties. The program was inaugurated by Dr. Ajay Swaroop, Chairman, BOM. Other dignitaries present were Dr. S. Easwaramoorthy IAGES President, Dr. Satish Midha IAGES Secretary, Dr. Subhash Agarwal, IAGES President Elect, Dr. Deep Goel, Org. Chairman and Dr. Tarun Mittal, Org. Secretary



## WORKSHOPS

The Dept of Laparoscopic Laser & Gen Surgery, Sir Ganga Ram City Hospital, Delhi under the aegis of the Delhi State Chapter organized 'Laser Proctology Workshop' at the OT complex of SGR City Hospital on 12 August 2023.

The invited operating faculty was Dr. Kalyan Kar from Kolkata. The Org Chairman was Dr. Vinod K Malik, Org Secretary was Dr. Ashish Dey, Org Jt-Secretary was Dr. Tarun Mittal and Treasurer was Dr. Anmol Ahuja. Surgeries performed were Fistula-in-ano, Hemorrhoids, Fissure and pilonidal sinus. There were also talks on Laser in Proctology & Videos and Techniques.



The Society for Management of Lung Diseases (SMLD) and Delhi State Chapter, ASI organized "Chest wall reconstruction & VATS Course 2023" with Hands-On Cadaveric Workshop on 7th October 2023 at DDU Hospital, New Delhi.

Dr. P S Sarangi was the Organizing Chairman & Dr. Pramoj Jindal, was the Organizing Secretary



## ACHIEVEMENTS

### BEST STATE CHAPTER AWARD

The Delhi State Chapter was again awarded the Best State Chapter award because of its outstanding performance. This was handed over in the ASICON 2023 held between 13<sup>th</sup> to 16<sup>th</sup> December in Vishakapatnam. The President of ASI-DSC **Dr Suresh Poddar**, Secretary of ASI-DSC, **Dr Nikhil Gupta**, GC members of ASI-DSC, Dr Pawanindra Lal and Dr Tarun Mittal were there to receive the award from the President of ASI, Dr S K Jain.



## PUBLIC AWARENESS & SOCIAL SERVICE PROGRAMME

Gastro Surgery and Stone Center Clinic under the aegis of Delhi State Chapter, ASI organised a Public awareness/Education Program on '**Anorectal Disease**' on 2 Oct 2023 from 11.00 am onwards. Dr Neeraj Dhamija Consultant, SGRH and Treasurer, Delhi State Chapter organized the event.

Approximately 30 persons attended this program and benefited from it.



The Department of Surgery, Dr RML Hospital, New Delhi under the aegis of Delhi State Chapter, ASI organized Social Service Activity on '**Bariatric Support Group Meet & Free Medicine Distribution Camp**' on 30th Oct 2023 from 10.00 am onwards. Dr Nikhil Gupta, Dr. Peeyush Kumar, and Dr. Nikhil Narain organized the event.

Approximately 30 persons attended this program and benefited from it.



The Department of Surgery, Jeewan Hospital, New Delhi under the aegis of Delhi State Chapter, ASI organized Social Service activity on '**Free Consultation Camp**' on 3 November 2023 from 11.00 am onwards.

Approximately 35 persons attended this program and benefited from it.



Dr. Nikhil Gupta, Professor Surgery, RML Hospital & Secretary, Delhi State Chapter -ASI carried out an interactive public service activity on AIR (Akashvani AIR) as "Radio Doctor - Phone In" . Topic was " Obesity Management" on 23 November 2023 at 3:00 pm.



Dr. S K Poddar, President , Delhi State Chapter - ASI and many members of Delhi chapter supported and participated in Public Awareness Program "Walkathon - Chalo Rajghat" on 29 Oct 2023 to support Delhi Medical Association.



The Delhi state chapter, ASI in association with SGRH hospital organised a social service Program (free piles camp) for public on December 18, 2023 at Auditorium, SGRH, New Delhi.



The theme was "Constipation and Piles in the Era of Covid". All patients were offered free physical examination. The general public also interacted with doctors and asked questions. There was a public lecture on "Piles in the era of Covid? by Dr. Vijay Arora, Former Chairman of the Department & Colorectal Clinic Incharge, Dept of Gen & Lap Surgery, SGRH.



On the occasion of Piles Day, Gastro Surgery & Stone centre organised a Colo-Rectal Health screening camp under the aegis of Delhi State Chapter, ASI. 20th December 2023 (Wednesday), from 05:00 pm – 08:00 pm.



## SCOPE 2024

Dear Faculty and Students, Greetings from team SCOPE 2024!!

It gives us great pleasure to say that the SCOPE Course 2024 of this year under the aegis of Delhi State Chapter, ASI, was successfully organised from 11<sup>th</sup> to 14<sup>th</sup> January 2024. The venue was the ABVIMS auditorium, RMLH hospital ably supported by the Department of Surgery, RMLH headed by Dr Neeti Kapur and supported by Dr Sameer Nain and his colleagues. Dr Ashish Dey was the SCOPE Coordinator. Dr Tarun Mittal needs a special mention for his efforts. Dr Suresh K Poddar, Dr P S Sarangi and all GC members including Dr C K Durga, Dr Rana A K Singh and Dr Pawanindra Lal were very much instrumental in the success of the course. **Dr Probal Neogi**, President, ASI and **Dr Pravin Suryavanshi**, President Elect ASI was present for the course and was a tremendous source of encouragement and support to the Chapter and the Course in particular.

The four-day compact course like every year was focused on Case presentations by the Residents, mock examination using clinical Case scenarios, Ward rounds, instructional video sessions and sessions on Radiology, Instruments and specimens, Ward rounds and AET-com and OSCE based discussions. There were cash prizes for the Winners. It was attended by close to 200 delegates. We thank all the Faculty and particularly the Delegates for the success of the course.



**SCOPE**  
Surgery Clinical Oriented Postgraduate Examination Course

**SCOPE COURSE -2024**  
Surgery Clinical Oriented Postgraduate Examination Course

Delhi State Chapter, ASI  
11<sup>th</sup> to 14<sup>th</sup> January 2024  
Auditorium, ABVIMS Dr RML Hospital, Delhi

**Highlights of the Course**

- Live case presentations depending on the availability of cases
- Mock examination using clinical scenarios
- Short operative instructional videos for operative surgery
- Sessions on Radiology, Instruments and Research Methodology (to prepare for table viva)
- Ward Rounds
- OSCE based discussions
- Cash prize of Rs 3000 for best case presentation per session (2 per day total 8 prizes)
- Cash prize of Rs 3000 per ward round (for answering examiner's favorite question)

**Registration Details**

- Rs. 4500/- till 31<sup>st</sup> December 2023
- Rs. 5000/- from 1<sup>st</sup> January 2024 till 10<sup>th</sup> January 2024
- Rs. 6000/- Spot registration (if seats available)

[Link to online payment: https://asidhi.com/scope.html](https://asidhi.com/scope.html)  
Online Payment (through RTGS / NEFT):

- Account name - Association of Surgeons of India, Delhi,
- Bank name - Canara Bank, Branch: Connaught Hospital, Delhi
- A/c No. 866821952426, IFSC Code: CNBR0011111, Account Type: Saving

For further queries contact: delhistatechapter@gmail.com, WhatsApp 9910396709

Dr. S K Poddar President	Dr. Nikhil Gupta Secretary	Dr. Neeraj Khurana Treasurer	Dr. Sameer Nain J Secretary	Dr. Ashish Dey Editor	Dr. P S Sarangi President Elect
Dr. C K Durga GC AD	Dr. Pawanindra Lal GC AD	Dr. Rana AK Singh GC AD	Dr. Tarun Mittal GC AD	Dr. Nitin Agarwal Dr. Anmol Ahuja Dr. Karan Kataria & All GC members	



## ELECTION RESULTS

Chief Election Officer (Dr Neeti Kapur, Immediate past president) along with other Election Officers Dr Rana A K Singh and Dr Pawanindra Lal

In view of single and valid nominations found for the posts of President Elect, Secretary, Joint Secretary and Editorial Secretary, the following were declared elected unopposed.

President Elect 2024: Dr Sanjeev Singhal

Secretary 2024-25: Dr Nikhil Gupta

Joint Secretary 2024-25: Dr Lovenish Bains

Editorial Secretary 2024-25: Dr Anmol Ahuja

In view of two valid nominations for the post of Treasurer DSC 2024-25, e-voting was conducted from 10th November 9 am to 16th November at 5 pm. Dr Sameer Nain has been declared as the winner and hence, he will function as Treasurer of DSC 2024-25.

Subsequently, Dr Nikhil Gupta withdrew from the post of Secretary, ASI-DSC on 15/12/23 due to personal reasons after having completed the term of almost 2 years with an excellent track record, that was accepted by the Executive of the Delhi State Chapter. Dr Sameer Nain started functioning as the Acting Secretary till the election of the next Secretary of the ASI-DSC.

## UPCOMING EVENTS

**LHMC Surgery PG Clinical Update-** -1<sup>st</sup> to 4<sup>th</sup> February, LHMC, New Delhi

**Endolap MAMC-** 16<sup>th</sup> to 18<sup>th</sup> February, Maulana Azad Medical College, New Delhi

## Interesting Case reports and articles

### **Co-existing xanthogranulomatous pyelonephritis and Renal tuberculosis in nonfunctional kidney and challenging management .**

#### **Introduction**

Xanthogranulomatous pyelonephritis(XGPN) is rare and aggressive entity seen in 0.6-1% cases and renal tuberculosis accounts for 15-20% of extrapulmonary tuberculosis .Finding coexistence of these two etiologies is again rare .

#### **Case report**

we herewith report a case of 30 year old lady with recurrent episodes of pain in right flank and urinary tract infection for past 1 years without hematuria .On investigation she was found to have 3 calculi <1 cm in size in her right kidney .Urine routine microscopy showed pus cells and culture showed E coli .Patient was subjected to PCNL but it failed and received one unit of blood transfusion outside then patient reported to us .She also has h/o low grade evening rise of temperature and weakness.Hb-9.3gm% ,Blood urea 18,S creatinine 0.8. CT urography s/o XGPN, DTPA showed 9 % function in right kidney. Planned for Laparoscopic Nephrectomy but converted later on. There was large nodular kidney with multiple pus pockets, adhered to IVC and posteriorly to psoas muscle with multiple enlarged lymph nodes in inter aortocaval region Duodenum ,hepatic flexure were cautiously separated .The kidney tissue was taken out leaving part near IVC .On HPE the cut surface of specimen of rt kidney showed multicystic areas and large areas of fibrosis .Marked cortical thinning with loss of CMD ,xanthogranuloma with dense chronic inflammatory infiltrate and fibrosis ,multiple epithelioid cell granulomas seen .ZN stain for AFB negative but CBNAAT in kidney tissue was positive .Six lymph nodes show reactive hyperplasia with histiocytosis. In postoperative period patient had abdominal distension ,fever and raised TLC with septated intra-abdominal collection .ATT was started .Patient responded well to it .

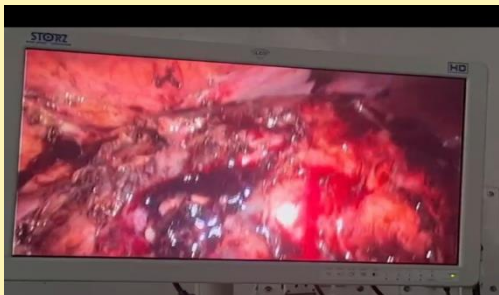


FIGURE 1



FIGURE 2

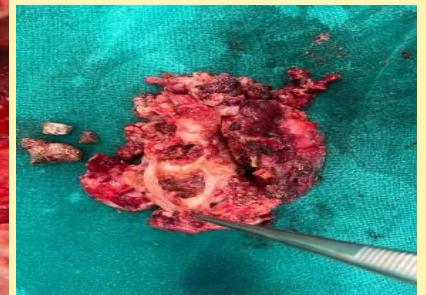


FIGURE 3

#### **Discussion**

Determination of granulomatous interstitial nephritis is very much crucial for initiation of appropriate therapy . Although TB is most common cause of granulomatous nephritis in India ,chances of getting a granuloma on renal biopsy are rare .The clinical manifestation of renal TB is often unilateral and renal lesions can disseminate beyond the renal capsule and lead to development of mass lesion ,simulating neoplastic lesion .In localized renal disease ,origin of the bacilli is pulmonary however during diagnosis of renal TB lung disease is rarely found ,although clinical and radiological traces of TB might be observed .The Renal TB and XGPN presentation is common but usually XZPN is associated with large staghorn calculus but in our case only three stones<1 cm were there .

#### **Conclusion**

XGPN and Renal TB presentation are similar in many ways .Surgery itself is treatment for XGPN bur Renal TB demands additional treatment . So high index of suspicion and appropriate diagnostic tests and ATT becomes saviour.

#### **References**

- 1)Kundu R,Baliyan A, Dhingra H, Bhalla V ,Punia RS.Clinical spectrum of Xanthogranulomatous pyelonephritis.Indian JNephrol.2019;29(2):111-115
- 2)Jang TL,McKoy T,Hakim J,Polenakovik HM.Xanthogranulomatous pyelonephritis -A diagnostic and therapeutic dilemma.the American J of Medical Sciences ;365(3):294-301

**Dr Kusum Meena,**  
**Professor Surgery,**  
**L.H.M.C, New Delhi**  
**9868000080(M)**

**LAPAROSCOPIC MANAGEMENT OF GASTRIC PERFORATION POST LAPAROSCOPIC ADJUSTED GASTRIC BANDING- A CASE REPORT**

Obesity is a major health issue of the modern world and is increasingly common in adults and children. Excessive body weight is associated with well-known adverse effects such as cardiovascular diseases, obstructive sleep apnea, diabetes mellitus, some cancers and osteoarthritis (1). Obesity significantly reduces life expectancy, by six to seven years on average(1). There are many surgical methods for treating morbid obesity. Options include restrictive (adjustable gastric banding, vertical band gastroplasty), restrictive/resective(sleeve gastrectomy), restrictive/malabsorptive(Roux-en-Y gastric bypass, biliopancreatic diversion with duodenal switch) and purely malabsorptive procedures(duodenal switch). Laparoscopic adjustable gastric banding (LAGB) is a safe and reversible procedure that entails low mortality and morbidity( approximately 0.05% and 11.3% respectively)(2). Laparoscopic gastric banding offers the advantages of minimally invasive surgery, adjustability, and reversibility. Even so, it has a high readmission and revision surgery rate of 52%. (2). Gastric pouch enlargement, band slippage, band migration, port site infections are the most common complications associated with LAGB. Erosion and migration of gastric bands have an incidence of 0.6-3% (2). The incidence of gastric perforation is 0.1-0.8% (3,4 ). We present a case of gastric band erosion through the stomach causing perforation which was managed laparoscopically.

**CASE REPORT**

A 47 year old female with history of morbid obesity presented in the emergency with complaints of non-bilious vomiting and pain in lower abdomen since 2 days. Patient also gave a history of vomiting multiple times in the past year. She had undergone a laparoscopic adjustable gastric band (LAGB) placement at another institution in 2018 , her BMI then was 41.78 kg/m<sup>2</sup> versus 24.88 kg/m<sup>2</sup> at current presentation. Her medical history was significant for diabetes mellitus which had now reversed. She also underwent laparoscopic cholecystectomy in 2021 for symptomatic gallstones. She was hemodynamically stable .On abdominal examination, her abdomen was soft with no distension , there was tenderness in left upper quadrant with no signs of peritonitis, bowel sounds were present. We got a chest x ray done as a routine investigation which showed a rim of air under the right hemidiaphragm (Fig 1). We got a CT Abdomen with intravenous contrast done for confirmation which showed air foci under the right hemidiaphragm suggestive of pneumoperitoneum (Fig 2), surgical band in place ( Fig 3) and circumferential mural thickening of ascending bowel loops.



BAND



FIGURE 1 . X RAY CHEST SHOWING THIN RIM OF AIR BELOW RIGHT HEMIDIAPHRAGM

FIGURE 2. CT ABDOMEN IMAGE SHOWING AIR UNDER RIGHT HEMIDIAPHRAGM

FIGURE 3. CT ABDOMEN IMAGE SHOWING BAND IN PLACE

It was decided to take the patient immediately for diagnostic laparoscopy. The lesser sac was opened by dissecting the short gastric vessels towards the gastric fundus which revealed the gastric band in place and a gastric perforation of approx. size 1x1cm above it (Fig 4).The gastric band was removed and the perforation site repaired with interrupted vicryl 1-0 sutures (Fig 5).The small bowel was thoroughly inspected. Thorough wash with normal saline was given.



Figure 4. Site of gastric perforation

Figure 5. Perforation site sutured with interrupted VICRYL 1-0 sutures

Her post operative period was uneventful. She was allowed liquid diet on postoperative day 3 and discharged on postoperative day 4 with intraabdominal drain in situ. She was called for follow up in outpatient department on postoperative day 6 when her drain was removed, and she was allowed full diet. She was followed up on postoperative day 14 and 30, the patient remained asymptomatic, and her recovery remained uneventful.

## DISCUSSION

LAGB is a very common bariatric procedure which is relatively safe but has lost popularity in the last decade due to a high rate of reoperation, complications and weight regain.<sup>(2)</sup> Major complications of LAGB such as gastric perforations are rare.<sup>(3)</sup> Band erosion and intragastric migration are feared complications that persist as long as the band is installed. The most common symptoms of band erosion include abdominal pain, nausea, vomiting, weight regain and port infection. Proposed causes are related to subclinical gastric lesions at the time of placement, overly tight closure, elevated internal pressure after the ingestion of very large food quantities (ischemia of stomach wall) and abnormal reaction of the tissue in contact with the prosthesis. <sup>(5)</sup> Diagnosis is complex, and a high rate of suspicion is necessary. CT scan with iv contrast should be the diagnostic technique of choice as it is able to more precisely identify the location of the band.<sup>(6)</sup> Fluoroscopy is simple to do and detects the migration of the band, while upper gastrointestinal endoscopy can be therapeutic for withdrawal of the band when possible.<sup>(7)</sup> While removal of migrated gastric bands is often possible via upper endoscopy, surgical treatment in case of acute perforation is mandatory. In cases where it has migrated towards the small bowel or further and is associated with perforations, an open approach is required. We managed our case laparoscopically. Withdrawal of the band followed by immediate reinstallation is not recommended because of the high rates of failure and risk.

## CONCLUSION

Band migration/erosion should be suspected in patients with a history of gastric band placement presenting with bowel symptoms. Its management depends on the location of the band as well as the expertise of the surgical team.

The purpose of this case report was to demonstrate the feasibility of a laparoscopic approach in management of acute gastric band perforation.

## REFERENCES

1. Haslam DW, James WP: Obesity. Lancet 2005 Oct 1; 366(9492):1197-1209
2. C.L McBride, V.Kothari. Evolution of laparoscopic adjustable gastric banding. Surg Clin North Am, 91(2011),pp.1239-1247
3. Himpens J, Cadiere G-B, Bazi M, Vouche M, Dapri G. Long term outcomes of laparoscopic adjustable gastric banding. Arch Surg. 2011; 146(7):802-7
4. Sonavane SK, Menias CO, Kantawala KP, Shanbhogue AK, Prasad SR, Eagon JC. Laparoscopic adjustable gastric banding: what radiologists need to know. Radiographics. 2012; 32(4):1161-78
5. K.Sapalidis, L.Liavas, N.Panteli, E.Kosmatopoulos, I.Anastasiadis, S.Charalambides, et al. Intrajejunal migration of adjustable gastric band: a case report. Curr Health Sci J, 39(2013), pp.118-120
6. O.Salar, N.Waraich, R.Singh, A.Awan. Gastric band erosion, infection and migration causing jejunal obstruction. BMJ Case Rep, (2013)
7. M.Buetler, A.Thalheimer, D.Meyer, M.Fein. Band erosion and passage, causing small bowel obstruction. Obes Surg, 16(2006), pp.1679-1682

**Dr Shraiya Tiwari**, MS General Surgery, Attending Consultant, Max Patparganj, Delhi

**Dr Darpreet Bhamrah**, Associate Director, Max Patparganj, Delhi

**Dr Bachan Singh Barthwal**, Principal Consultant, Max Patparganj, Delhi



### The Case of a lost guide (wire)

Catheterization of central veins is a routine technique which is widely used in emergency departments and medical intensive care units. Seldinger's technique is widely used to place central venous and arterial catheters and is generally considered safe. The technique does have multiple potential risks. Guide wire-related complications are rare but potentially serious. All residents in training should be aware of the myriad complications that this procedure entails.

**Introduction :** A central line is a large-bore central venous catheter that is typically placed using a sterile technique. The procedure is not without complications, including potentially lethal ones.

Here we describe one such case report of a retained guidewire in a critically ill patient, which was successfully retrieved.

**Case report :** A 36 year old male was referred to the surgery emergency with an alleged history of RTA. The patient developed progressively increasing breathing difficulty and pain in the right side of the chest post injury. During the assessment, the patient was found to have multiple rib fractures on the right side. At presentation, the patient was assessed and found to be hypoxic though with normal pulse and blood pressure. The patient was started on breathing support, initially via face mask at low flow oxygen. Bilateral ICDs were inserted to relieve pneumothorax and subcutaneous emphysema. But the patient's saturation progressively worsened and the work of breathing kept on continuously increasing. For the same, the patient was planned for elective intubation and sedation in view of increasing work of breathing. With an intensive care team, elective intubation was done and central line placement was done for fluid and nutritional support. Post procedure, the team reported that the length of the guidewire inserted was shorter than the original length. The patient then underwent a bedside chest x-ray which revealed a linear radiopaque shadow extending from the tip of the central line, which was purported to be the broken/retained guide wire. The lower end of the guide wire could not be visualised, which meant that the guidewire had wandered further beyond the heart.

**Image :** Green arrow (above) and white arrow (below) point to the retained guidewire.

After a discussion with the cardiologists and the intensivist, a plan was made to remove the guide wire via percutaneous angiography and fluoroscopy approach, since the wire had already reached near the iliac vessels.

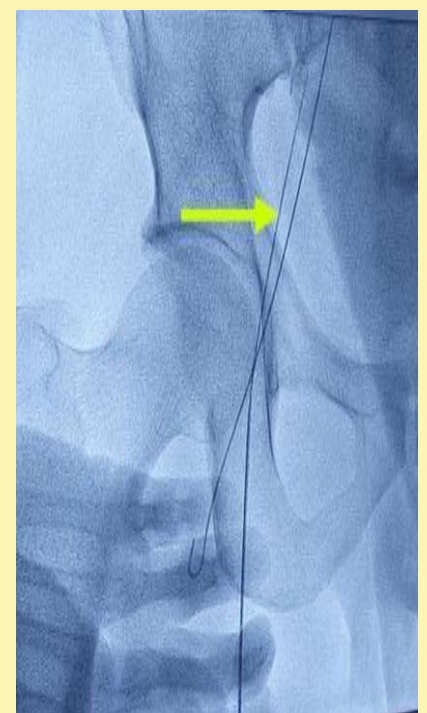
The patient was shifted in an intubated state to the fluoroscopy suite and central line guidewire was removed under fluoroscopic guidance by the cardiology team by femoral approach.

**Image :** The green arrow points to the snare used by the cardiologist. Lower hooked end is the end of the guidewire.

**Post Intervention:** The retrieval of guidewire was uneventful. The patient did not suffer any ill effects from the procedure. The patient recovered well. Since central venous catheterisation is a common procedure, surgeons must be aware of all complications and appropriate interventions to handle them.

**Dr Swapnil Suman**, PG, General Surgery,

**Dr. CB Singh**, Director Professor, MAMC





*With Best Compliment*

**From the makers of :**

**PINAKA**  
Nano Curcumin, Ubidecarenone, Piperine,  
Omega 3-6-9 Fatty Acid & Cyanocobalamin  
**TABLETS**

**PROMOHEAL**  
Trypsin 96 mg, Bromelain 180 mg &  
Rutoside Trihydrate 200 mg **TABLETS**

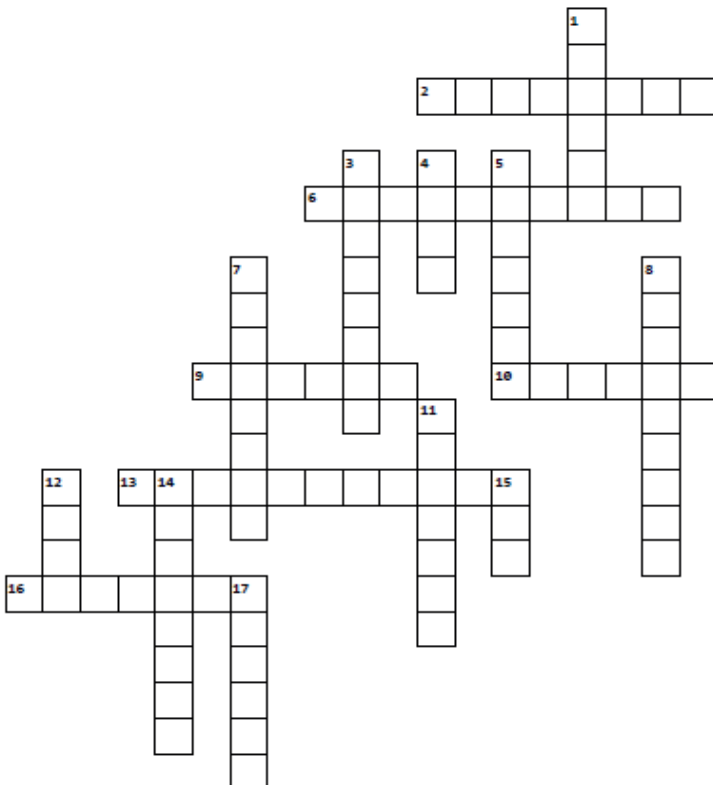
**Promoheal Reduces the Time of Healing**

**DUKE'S LAB**  
*Life in Safe Hands*

**Editor's space**

**Crossword**

**Hiatus hernia surgeries**



**Across**

- 2.** Proposed the term hiatus hernia and classified HH into the 3 types
- 6.** Demonstrated that esophagitis was due to gastroesophageal reflux
- 9.** Diagnosed an HH using x-rays in 1900
- 10.** Partial Posterior wrap
- 13.** Related the symptoms to the presence of an HH
- 16.** Physiologic link between HH and gastroesophageal reflux Allison

**Down**

- 1.** Published his innovative operation Gastroplasty
- 3.** The first report of Hiatus hernia published in 1853
- 4.** Restored the angle of His by reapproximating phrenoesophageal bundles to median arcuate ligament
- 5.** Paired with Allison in GERD
- 7.** and Sloan,
- 8.** significantly improved Nissen's operation and understood its philosophy
- 11.** and Henderson,
- 12.** described his technique of Gastric patch
- 14.** Creation of the fundoplication using anterior wall of the gastric fundus
- 15.** Partial anterior wrap
- 17.** and Belsey developed their famous operations.

Crossword Compiled by **Dr Ashish Dey**, Senior Consultant, Sir Ganga Ram Hospital & Editorial secretary, SCISSORS



## From the Editor's desk

Respected seniors and Dear Friends,

It's the time of the year for the next edition of the Quarterly Newsletter and I am honored to be a part of you through 'Scissors', the Newsletter of the Delhi State Chapter of the Association of Surgeons of India. This is going to be my last contribution as Editorial Secretary of the Delhi State Chapter of ASI as I hand over the baton to my successor, Dr Anmol Ahuja who will be taking over from me and I wish him all the best for all future endeavors. I am sure he will do a great job with his new ideas and enthusiastic approach. This mouth piece as customary, announces all the past and future Academic events, Meetings, Conferences, CMEs and Social awareness programmes conducted in association with or by the Delhi State Chapter. In this newsletter are also published are case reports, studies and articles by residents and Faculty and an Invited article from one of the current visionaries in the field of Laparoscopic and Robotic surgery.

And for the first time, with the permission of the Executive, Sponsorship from Industry for the cost of publication and printing of the newsletter has been initiated, albeit small, which in course of time may lead to better publication standards and quality that will mirror the achievements of the Chapter in all its glory. This has always been something that I had thought about when I was handed over the responsibility

Let us all welcome Dr P S Sarangi, as the coming President of the Delhi State Chapter of ASI who will be leading from the front his new team of Executive members. It was an amazing 2 years as an Editorial secretary and was helped by our Current President, Dr Suresh Poddar, the Secretary, Dr Nikhil Gupta, Treasurer, Dr Neeraj Dhamija, Jt secretary, Dr Sameer Nain, all the GC members, Dr Rana A K Singh, Dr C K Durga, Dr Pawanindra Lal, Dr Tarun Mittal, to whom I owe a special mention as a friend, and the Executive members to whom I shall remain ever grateful. I would be failing in my duty if I do not acknowledge the Former Secretary, Dr Nikhil Gupta for all that he has done and achieved for the State Chapter in his almost 2-year tenure leading from the front.

Through this newsletter, I hope that I had fulfilled my responsibilities as the Editorial secretary to the best of my ability and will always remain open to criticisms and suggestions from everyone. I thank everyone who sent their articles for this current edition and in anticipation of all future contributions to make it more vibrant under the new leadership.

Regards

### Dr. Ashish Dey

Editorial Secretary  
ASI-Delhi State Chapter  
+91-9971007627  
ashishdey2006@gmail.com



### Acknowledgement -

- Dr. Suhas Agarwal, Assistant Professor, Department of Surgery, ESI Hospital, Basaidarapur for his active involvement and invaluable help in Editing this edition of the 'Scissors'.



- Mrs Pooja Pant - Office Secretary, Department of General and Laparoscopic surgery, Sir Ganga Ram Hospital for keeping records and archiving materials for the newsletter



For Communications -  
please email to delhistatechapter@gmail.com, or call 011 4225 1317

