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International Collaboration
Saumitra Rawat

From the Desk of the President, ASI, Delhi State Chapter

Prof. Anurag Srivastava,
Medical Director,
BALCO Medical Centre, Naya Raipur (Chattisgarh)
Ex-Head, Department of Surgery
All India Institute of Medical Sciences, New Delhi

Sisters and Brothers of Delhi Surgical Society, Namaskar.

I praise each one of you for remarkable courage, wisdom and labour you have exhibited in waging a war against corona.

With a heavy heart we express profound grief for some eminent surgeons and physicians of our city who have left for the heavenly abode during the second wave of pandemic, prominent among those being:

1. Professor IK Dhawan Sir, our beloved teacher and former HOD, Department of Surgery, AIIMS,
2. Professor UC Biswal , former HOD, Department of Surgery, Dr RML Hospital,
3. Dr KK Agarwal, former President IMA.

We pray to God Almighty to bestow ***Moksh*** to the departed souls.

Covid has taught us to work under several constraints, restrictions and observe more precautions in performing surgery. It has taught us to prioritize our surgical OT list and to delay or defer surgery where we can.

I am extremely grateful to Professor P Lal, the President of our chapter in the year 2020, for sailing through the flagship of our chapter in spite of the pandemic. He showed and paved the way to work in difficult times.

I am extremely grateful to Dr Tarun Mittal, our most dynamic secretary. He has worked tirelessly day and night in the last three years in managing all the academic activities of the chapter including the conduct of annual meeting in November 2020 and several webinars on important surgical topics.

Let us all take a pledge to take the academic endeavors of our chapter to greater heights and conduct training of our young surgeons in various disciplines through real or virtual platforms.

The Covid with its variants are here to stay with us and we ought to learn to live with them in a “new normal and more cautious manner”.

Surgeons of the past managed diseases like tuberculosis which were no less dangerous than Covid. Once an effective antiviral, anticovid drug is around us, we would treat Covid in the same manner as we treat tuberculosis today.

We welcome the newly elected president for next year 2022, Professor Neeti Kapur and congratulate her and hope that she will guide our chapter in times to come.

With deepest appreciation for your bravery and diligence.

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

Dear Seniors and Colleagues,

Greetings

Hope all are well and in good health. This year in April we faced an unprecedented situation with Covid pandemic peaking and causing havoc everywhere.

In these tough times Delhi State Chapter ASI was together and offered active help to each other. I thank all the members for the same.

In month of May we were able to successfully conduct first online election for the post of President Elect DSC.

In continuation with our efforts for keeping up the academic activities, online monthly meetings were organized. Apart from this a Symposium on Laparoscopic Cholecystectomy was organized in two parts on 3rd and 10th of July. It was well received with more than 150 participants and active discussion by National faculties.

We are planning many more programs in coming months to keep the academic calender exciting.

We will be organizing Scope 2021 from 1st of September 2021. Also this year Surgicon 2021 will be organized online by the state chapter as being done by our main body and Dr. Subhash Agarwal Sir (Action Balaji) will be organizing it next year .

I thank all the executive members and surgeon colleagues for constant support and encouragement.

I wish you all great health.

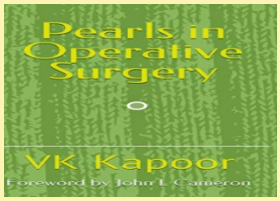
Keep safe.

Regards

Dr. Tarun Mittal

COMMENDATION

Congratulations to **Dr. Neeti Kapur**, Professor & Head, Department of Surgery, ABVIMS & Dr, RML PGIMER Hospital, New Delhi on becoming the President, Delhi State Chapter for the year 2022.



Pearls in Operative Surgery (PiOS)

For complimentary copy of PiOS, please send an email to vkkapoor.india@gmail.com with PiOS in the subject of the email.

Please indicate the name of your institution, city and country in the email.

OUR FIGHT AGAINST COVID PANDEMIC FOR OUR FELLOW COUNTRYMEN

Seldom is one face-to-face with such a gruesome wrath on mankind than what we have witnessed lately during this COVID pandemic. In 2020, when our country was stuck with COVID pandemic, I was shocked to see how vulnerable the race we are against this microscopic yet mighty virus.

We decided to take up this task to save as many lives as possible. With that as a mission, I, Dr RP Singh along with Dr Tanudeep Kaur at **Healthy Human Clinics**, formulated a team consisting of various super specialist and specialist spanning various departments like physician, chest specialist, gastroenterologist, gastrosurgeon, hepatologist, HPB surgeon, cardiology, cardiac surgery, neurology, neurosurgery, anaesthesia, gynaecologist, pediatrics, orthopedics, oncosurgeon, diabetologist, radiologist, dietician, and specialist from other fields as well to give holistic care to our patients as they would have got if they were managed in a hospital. The idea of having so many specialist and super specialist was to cater to all strata of patients, as many of our patients were those with liver failure, kidney failure, dialysis, liver transplant, kidney transplant, diabetes, hypertension, hypothyroidism, coronary artery disease, post PTCA, post CABG, post pacemaker insertion, on home BiPAP for other co-morbidities, Obstructive sleep apnoea, morbid obesity, post bariatric surgery patients, with cancer, on/post chemotherapy, on/post radiotherapy, on/post immunotherapy, pregnant, brain tumor, stroke, congenital disorders, cerebral palsy, deaf and mute, etc etc. We took all specialist under one roof to take care of all maximum spectrum of patients.

We started with the idea of having a **"Virtual Hospital"** on similar lines to a physical hospital. Similar to the usual way in which a patient comes in the real (physical) hospital, shows to a doctor, then doctor writes prescription which has orders for OPD treatment or IPD admission, for those with IPD admission orders a file is made under the treating doctor and then the further management is given along with consultation of various specialties, likewise we came out with this concept of Virtual Hospital where a patient initially approaches one of us for their problem, here their whatsapp number becomes their file registration number, following which he gives a consent for treatment on his whatsapp file, after which a file is formed under the treating doctor whom the patient has consulted. Then the treating doctor calls the patient (both voice call and video call also whenever the need arises), takes their history, asks them to upload their previous prescription, treatment taken, investigation done in the same way as the patient would do it when he is approaching a doctor in a hospital. Subsequently, all the doctors do a virtual meeting together and formulate a treatment plan for the patient. After that the patient and their entire family is always connected to us in real time on our platform. Their reports are uploaded in real time and the management is changed accordingly and treatment dispensed with. Out team was constantly working 24x7 to help the maximum number of patients. Initially in 2020, we started this as a project to take care of relatively stable and mildly sick patients, so that maximum number of patients can be managed at home and the stress on hospitals is decreased. However, soon our success stories started circulating and more and more patients including sick and very sick patients started getting registered with us. We have given home care to patients with even spo2 of 50's, 60's and 70's. During this current second wave when the healthcare system was under severe crunch, we suddenly started getting calls from not only Delhi NCR, but all over India as well as from Canada, USA, New Zealand and many other countries. Our team was not expecting this much of undertaking but they all rose up to the occasion and delivered magnificently in this testing times which not only the current generation of our patients and their family but as well as their future generations will **revere.** As our patient data base started to increase from sick, to critical to extremely critical, we started getting calls from patients who were in casualty of various hospital seeking our help to take their patient home and start treatment with us as there was no bed and oxygen in the hospital. We soon realized that we have to do even more for all these dying and sick patients, so we tried to help our patient in getting oxygen cylinders, medicine, as well as food and nutrition at home for those who did not have any support system to make food. This was all done as a charity due to the money generated by registering patients with us, where after registration of patients with us all their consultations for the next 2 months related to COVID were done absolutely free of cost and most of the money so generated was utilized to help many others in need. Many patients in very sick and critical category went for the option of home ICU setup and care in the absence of beds/oxygen in the hospital. There extremely delicate care was also advised to the concerned medical staff at the home of all such patients.

The team **treated more than 1700 such patients** actively and more than **2000 patients** indirectly; in addition we take pride in touching the lives of **more than 10,000 family members** of the patients we treated. Our successful patients and the lives saved are our only and true gift and prize in return. We have been showered by blessings from all over the country by our patients. We have also been acknowledged by Lok Sabha MP's and Delhi Police head quarters for our endeavors. We still feel fully energized and high on spirits to make every life count and every breath saved and are fully prepared for any other adversity that this virus may bring upon us.

Ameen!!

Dr. Ravinder Pal Singh,
Director & HOD, Centre for Liver Transplant & Gastro Sciences,
Saroj Super Speciality Hospital, Delhi

"GRATITUDE IN PANDEMIC"

Dr.Muhammed Huzaifa, *Junior resident, AIIMS, Delhi*

Covid-19 pandemic has devastating effect in our lives. Each among us have faced some kind of hardships, Suffering, pain and agony. Though most of our experiences are heart wrenching in these uncertain times, but gratitude is a lesson I learned the hard way in this pandemic.

I joined as surgery resident just before the pandemic struck, with aspiration to learn craft to cut, dissect and anastomose tissues. I was always fascinated by the craft of a surgeon and healing touch which their hand possess. Just when my training was picking up pace, we faced unprecedented pandemic, all our OTs were closed for resource and manpower diversion to serve covid patients. These days I hop between surgical ward and covid ICU duties every fortnight.

I remember myself donned in PPE (personal protective equipment) for the first time at AIIMS trauma centre, struggling to breathe as if I was choked and my eyes could hardly see anything through fogged goggles. As I entered ward, I was anxious seeing severely breathless patients who were gasping for each breath and needed help, it felt as I have been thrown unprepared in battlefield.

Gratitude is an appreciation of what we have and seeing patients struggling to breathe made me forget about my PPE induced breathlessness. There are numerous such moments on my duty, which thought me to appreciate life. I would share few of them here.

It was a cold night in Delhi's winters, I grabbed a cup of coffee at canteen and proceeded towards triage ward, where sick patients were awaiting covid test and they would be shifted to general or covid ward depending upon their covid reports. I took over of patients from previous team and kept myself busy monitoring progress of each patient. A teenager caught my attention, he was busy in his phone while most of patients were asleep. "What brought you here" I asked him, "Doctors have told me that my lungs are destroyed" he said in a normal tone as if he has no fear of disease. I took interest to know more about his life and family, "My elder brother passed away two days back with a similar disease I have", he whispered while looking at his phone as if he had no grief from loss of his elder brother. "I feel sorry for you, but how are you dealing with such loss" I asked with curiosity, "I lost my mother when I was 5, and eldest brother 2 years back", "Ab maut dekhne ki aadat hogayi sir", his tone had grief this time. I felt numb as soon I heard these words, my heart started beating faster and my eyes turned teary. "I hope you get well soon dear" I comforted him with a shaky voice and sat on a chair at nursing station. "Are any of your obstacles bigger than suffering of this young boy" a question kept echoing in my mind, each time my head bowed with guilt and I cursed myself for being thankless all these days. I learnt appreciating each moment of well being of self and close ones.

It was a sunny afternoon, I finished my OPD and checked on new admission in our surgical ward, "I was operated outside for perforation in my intestine" a middle-aged lady in 40s, seated comfortably on bed told me, she had a broad smile and a hope that we would remove her bulky intestinal tumor which had caused perforation by eroding surrounding intestine. While work up in hospital, few days after admission she developed pulmonary embolism from DVT in leg, we managed it successfully and delayed surgery for few days. After resection of tumor, few days later I noticed greenish fluid seeping out of her midline wound. I informed her husband about need to re-operate as she had developed leak somewhere in her intestine. "Please tell me if I would survive sir" she had a question to me, when I asked her consent for surgery, such questions are always painful for a doctor to answer. "We will do our best to help you madam, please don't worry" I consoled her. "Please let me meet my children sir, I don't know if I could make this surgery" she had a request to me. I was standing in front of her bed when her children arrived, both in teens, she immediately hugged and kissed them with teary eyes and told them how much she loved them.My heart wept in silence though I was successful in controlling my tears. They say doctors are emotionally strong, but these moments cause unmatched grief and unforgettable nightmares. When she was ready to go home after successfully recovering from this surgery, she thanked our team immensely for the care which we had provided. While she was leaving ward I realized that having a thankful patient is a form of deep gratitude.

Living in new normal in pandemic-devastated times, I found gratitude right from roof on top of my head, food to eat, a loving family, good friends, colleagues and my patients. Neale Donald Wash rightly said, **"The struggle ends when gratitude begins".** Gratitude is a lesson something pandemic taught me early in my life, which isn't an innate quality most human posses

TRAUMA SURGERY DURING PANDEMIC - LESSON LEARNT

Dr. Md. Nafees Ahamad, *Assistant Professor of Surgery, JNMCH, AMU.*

Introduction

As with all other components of healthcare, trauma centres have had to alter and reconfigure care delivery in response to the challenges of the COVID-19 pandemic. Despite this pandemic, trauma and emergency care needed to continue.

Initial COVID Response

The disaster plan that was in place provided an infrastructure for the institutional response to the COVID-19 pandemic. It was clear from the outset that this pandemic was associated with a rapidity of spread and consumption of health care resources. As a result, the structure of the disaster plan and the incident command centre required modification to take into account the rapid use of PPE and the institutional resources required to manage the COVID-19 surge, and to maintain the dedicated resources to injured patients.

The established incident command composed of hospital leadership including all critical members of the Infection Prevention and Control Department, medical and nursing leadership, environmental services, facilities and engineering, and operational teams. Hospital resources including PPE, hospital bed capacity, operating room (OR) availability, and personal were tracked. Efforts were taken to begin re-allocating hospital resources, patient flow, and personnel to deal with the initial COVID-19 concerns. Importantly, central to all discussions and planning was a continued focus on the trauma population.

Some of the intensive care unit beds were reassigned to develop a specific COVID response unit. Additionally, preparations were made to increase ICU capacity in a stepwise fashion.

Conservation of PPE was rapidly initiated with preservation of surgical masks, gowns, and gloves. Operative PPE was controlled by moving supplies to the OR front desk for distribution. The number of medical students and trainees at the bedside, in the ED and in the OR were restricted to conserve PPE and for individual protection from viral exposure.

Within days of the activation of the emergency operations centre, SJH was testing all patients being admitted to the hospital, including all trauma patients. To manage the continued influx of injured patients by pre-hospital providers along with concurrent COVID-19 infected patients, alterations in the Emergency Department were made to enhance staff and patient safety. Patients without symptoms and those with chest imaging findings not consistent with COVID-19 were treated in a different resuscitation area with standard droplet precautions to conserve PPE.

Although the operating rooms continued to run at capacity, including all elective surgery for the first half of March, a dedicated COVID-19 room was created. This room was labeled and marked on the exterior and interior for appropriate PPE application and removal. The interior of the OR had removal of all disposable equipment to minimize contamination and waste. Dedicated runners were assigned to gather equipment and supplies to support any patient being treated. In addition, specific OR-TOs were available to support the OR staff specifically to help facilitate PPE use and minimize delays in surgical intervention.

Patient care location for all admitted injured patients was assigned based on COVID-19 status. Asymptomatic patients without imaging findings consistent with COVID-19 were treated in the patients geographic designated ICU or acute care floor under standard precautions. Patients with unknown status or known to be COVID-19 positive were treated in the specialized COVID-19 ICU or COVID-19 acute care floor.

Additionally, elective surgical procedures were canceled except cancer operations. This led to a rapid reduction in the number of operative cases at SJH. Along with this reduction, the number of accessible operating rooms was decreased in an effort to reduce OR staffing. Surgical residents were divided to separate in-patient care units, creating teams working in isolation to optimize physical distancing while still caring for patients. This allowed staff and faculty to minimize potential in-hospital exposures, focus on resilience, divert resources toward COVID-19 patients, and provided additional ICU space within unused operating rooms should a surge demand it.

Patients requiring emergent or urgent surgery with unknown status or COVID-19 infections were treated with full airborne precautions. Runners were essential to obtain equipment, medications, and blood products as needed. The use of 2-way radios/walkie talkies were incorporated that allowed all members including anaesthesia, nurse circulator, blood services, runners, and OR front desk to communicate continuously in and out of the COVID-19 operating room. This significantly improved the ability to communicate. Due to the potential need for multiple simultaneous operating rooms, the ability to convert a non-COVID-19 operating room to COVID-19 room was needed. As such, 2 carts were created with signage for PPE use, all needed PPE, additional set of walkie talkies, and plastic covers to be placed over OR equipment to prevent contamination that could be wheeled to any operating room for rapid conversion.

As COVID-19 infections increased in the region, testing increased significantly. Increased testing stressed an overworked virology lab and led to progressive delays in results returning from an average of 6 hours to greater than a day. As a result, the number of emergent and urgent operative trauma cases that were performed under airborne precautions increased. A policy was developed that injured patient needing emergent or urgent operations were to undergo rapid COVID-19 testing and appropriate initial hospital admission location based on testing results.

Continued...

As the community-acquired COVID-19 infections further escalated, PPE availability reached critical levels. Although essential for management for COVID-19 patients, these supplies are obviously essential for operative procedures and all aerosol-generating procedures. As a result, these limited supplies were distributed daily with the expectation that they would be reused unless they became soiled or contaminated. Overuse of respirators during operative procedures was minimized by using respirators in the operating room only during the aerosol-generating portion of non emergent procedures for asymptomatic patients with unknown COVID-19 status. During this time, all healthcare providers were required to complete a daily self-assessment and to undergo testing if they were symptomatic or were exposed. Healthcare providers were required to self-quarantine until test results returned, because at this time asymptomatic spread and viral incubation was not clearly understood.

Because of the regional state-mandated restriction on travel, a greater than 50% reduction in daily individual movement occurred including a reduction in motor vehicle traffic. This resulted in a sustained reduction in overall trauma volume but appeared to be mainly due to a reduction in minor trauma and not major trauma.

Following this initial overall decrease in trauma volume, an increase was noted mid-way through September as the community rate of COVID-19 fell. This resulted in a doubling of injured patients admitted daily with penetrating trauma making up a greater proportion. Surprisingly, a simultaneous increase in the number of COVID-19 positive injured patients was treated despite a decrease in rate of community COVID-19 infections. As a result, ICU admissions and need for mechanical ventilation further increased. As a result, healthcare providers that were potential exposed to an asymptomatic or symptomatic COVID-19 patient for greater than 15 minutes were required to self-quarantine for 14 days.

As the number of COVID-19 community infections decreased, SJH's elective surgery practice was restarted by government order in October 2020. Routine COVID-19 testing for all patients continued, including testing for all patients undergoing elective surgery. Many of these elective surgical patients were previously injured patients requiring semi-urgent procedures that had been previously postponed. However, re-establishing a normal flow to evaluate and schedule surgery on these injured patients was problematic due to difficulty in reaching patients, and patient fears of contracting COVID-19. To increase patient contact, rapid growth and implementation of a system wide telemedicine platform was done. The established COVID-19 operating room was maintained for emergent procedures, despite a dedicated attempt to re-establish elective surgery.

As community COVID-19 limitations and regulations are rescinded, trauma centres are confronted with increasing volumes, at or exceeding baseline levels. However, preparedness for COVID resurgence and vigilance for staff and patient safety must continue until this pandemic is resolved. Health care providers must continuously monitor community transmission to determine hospital policies and procedures. Importantly, during this time, lessons learned must be incorporated into sustained and efficient practice pattern. Essential to preparedness is working collaboratively with regional institutions to maintain level loading, and to prioritize critically injured patients to receive care at specialized trauma centres. Without the right patient receiving the right care at the appropriate hospital, care of injured patients will suffer and would further increase the overall impact of the pandemic.

During periods of low community transmission, sustained efforts at conservation of PPE and restocking of essential equipment should be performed. Furthermore, daily employee self-declaration of COVID-19 symptoms and visitor restrictions continue to be employed due to alarming current increases in community rates. Strict adherence to mask-wearing and distancing continues to be enforced, and any individuals exposed to a potential COVID-19 patient without a mask for greater than 15 minutes are required to self-quarantine for 14 days with/without testing. These are all important aspects to minimize spread and maintain the health care work force.

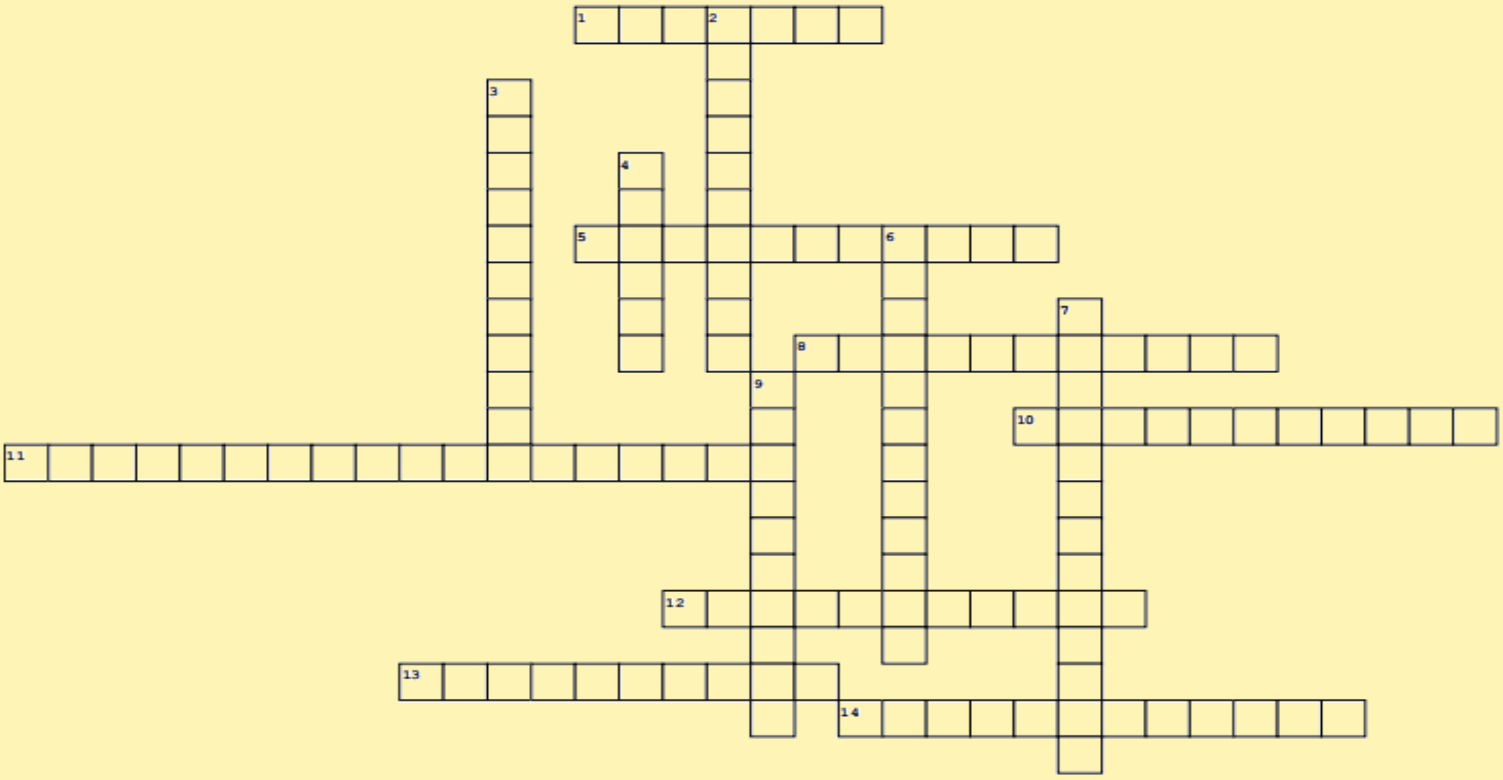
Finally, institutions must work collaboratively with infection control and the Department of Health to follow community rates of COVID-19 infection and hospitalizations. Modifications in surgical scheduling and hospital capacity need to be determined and proactively addressed based on this collaboration and data. Staff resilience and safety must be continuously addressed, and frequent if not daily updates on rates, policies, and procedures should be provided. Web-based access to all policies and procedures is essential to quickly find and implement as needed. Processes and tiered responses to rapidly increase ICU capability must be maintained, and the ability for the operating room to rapidly decrease overall volume must be in place to free staff and resources. Surgical palliative care must be a cornerstone to the underlying care to these injured patients. Continuous assessment of discharge facility capabilities, specifically skilled nursing facilities, is essential to optimize patient flow and maintain the institutional commitment to optimal management of injured patients.

Conclusions

High-level trauma care can be provided through coordinated regional and local response to deal with the pandemic and simultaneously with injured patients. This coordinated effort allows the appropriate patient to be treated at the appropriate institution. The coordinated process must evolve as new data emerges. To predict resource utilization and situational awareness across the entire healthcare system careful assessment of community rates of illness and injury are required. Overall care of injured patients should be maintained at pre- pandemic levels.

CROSSWORD

COVID MEDICATIONS- Both Common and Rare ones !



Across

1. HIV medication containing a combination of two antivirals

5. antiviral medication also known as Avigan

8. signaling proteins like cytokines

10. kinase inhibitors

11. used to treat malaria and autoimmune conditions

12. IL-6 inhibitor

13. antiviral that is given by intravenous (IV) infusion in the hospital

14. blocks SARS-CoV-2 virus from entering and infecting human cells

Down

2. used with Bamlanivimab

3. antiviral medication used for influenza

4. FDA issued Emergency Investigational purpose but not proven useful recently

6. antibiotic commonly used to treat bacterial infections

7. common corticosteroid medication

9. oral medication used to treat infections caused by parasites

Dr. Ashish Dey,
Associate Consultant, Department of General and Laparoscopic Surgery,
Assistant Professor, GRIPMER
General, Laparoscopic and Bariatric surgeon,
Sir Ganga Ram Hospital, New Delhi

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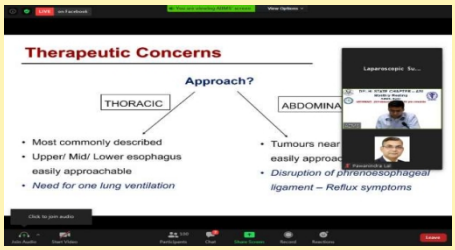
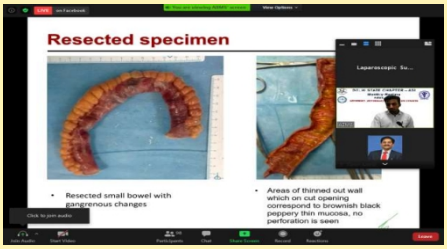
Chapter Activities

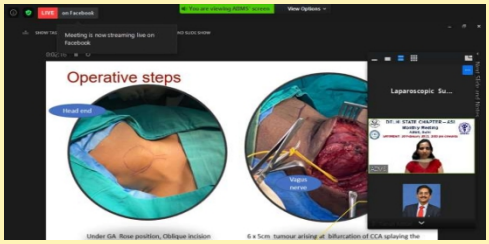
FEBRUARY MONTHLY MEETING

The monthly meeting of Delhi State Chapter, ASI was hosted by the Department of Surgical Disciplines, AIIMS, New Delhi on 20th February 2021.

S.No.	Topic	Presenter
1.	Tale of PGs	Unit I Presenter -Dr. Jnaneshwari Jayaram
2.	Rapid Weight loss after sleeve Gastrectomy: Intervene Early	Unit II Presenter Dr. Amardeep Kumar
3.	Mediastinal Mass: A Mute Malady	Unit III Presenter - Dr. Ekansh Gupta
4.	COVID19- The Gut Feeling	Unit IV Presenter - Dr. Raghunandan Dixit
5.	Traumatic Chylothorax: A novel approach to a known quagmire	Trauma Surgery Unit Presenter - Dr. Parvez Mohi Ud Din Dar







MARCH MONTHLY MEETING

The March virtual monthly meeting & PG Master class of Delhi State Chapter, ASI was hosted by Sir Ganga Ram Hospital, New Delhi on 20th March 2021.

PG Masterclass cases (2:00 to 3:00 pm)

Early breast carcinoma, right side– Dr. Pardhasarthi
Solitary thyroid nodule – Dr. Deepak Patel

Monthly meet cases (3:00 to 4:00 pm)

S.No.	Topic	Presenter
1.	Rare relatively benign pancreatic tumor	Dr. Pardhasarthi Unit 1A- Dr. R Sarangi, Dr. Manish K Gupta
2.	Fibromatosis of the appendix presenting with right Iliac fossa mass :- a rare case report	Dr. Anjali Bhartiya Unit 1B – Dr. Brij B Agarwal, Dr. N Dhamija
3.	An interesting case of CLW, right forearm	Dr. Murali Mohan Unit 2 – Dr. Vijay Arora, Dr. C S Ramachandran, Dr. Srikrishna Das
4.	An interesting case of intestinal obstruction in post-bariatric patient	Dr. Deepak Patel Unit 3- Dr. V K Malik, Dr.Tarun Mittal, Dr. SM Taha Mustafa, Dr. Ashish Dey, Dr. Anmol Ahuja

Chapter Activities

VIRTUAL CLASS

Delhi State Chapter, ASI organized an intensive online session on “BREAST CANCER” by Prof (Dr) Anurag Srivastava, President DSC ASI on 24th April 2021.

The session included

- History taking and Physical examination for Breast Diseases
- Recent Advances in Breast Cancer

Approx 120 students participated in this session.

WEBINAR

Delhi State Chapter, ASI in association with Dr. Kushal Mittal (Hony Secretary, ACRSI) organized a Live Webinar on "Minimally Invasive Proctology procedures - Hemorrhoids, fissure, fistula, Pilonidal Sinus” on 22 May 2021.

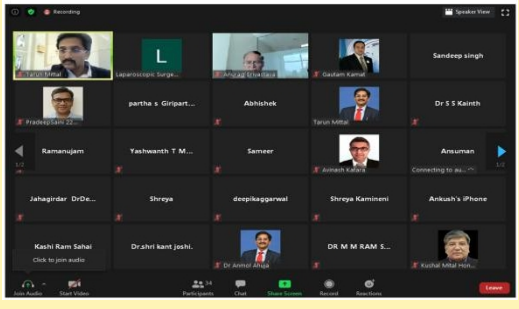
Topic: Minimally Invasive Proctology : In Hemorrhoids, Fistula, Fissure, Pilonidal Sinus
Date & Time: 22 May 2021 (Saturday)

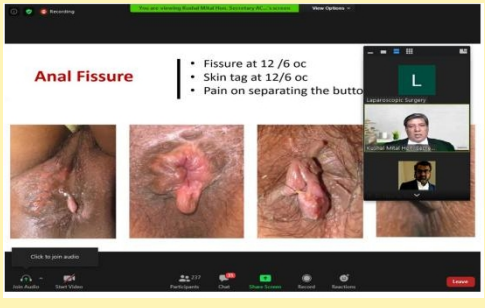
Speaker Faculty: **Dr. Kushal Mital** (Hon. Secretary, ACRSI 2019-2021, Director & Consultant surgeon, Medicare hospital, Thane & Consultant Surgeon, Currae hospital, Thane)

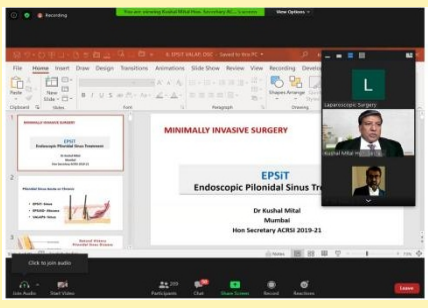
Panelist: **Prof Neeraj Goyal** (Lap Hernia, Laser Proctology , Bariatric Surgeon & Ex Prof Head, Surgery, SBB Dental College, Ghaziabad)

Moderator: **Prof Anurag Srivastava** (President, Delhi State Chapter ASI, Ex-Head, Department of Surgery, AIIMS, New Delhi).

Approx 260 participants attended this webinar.







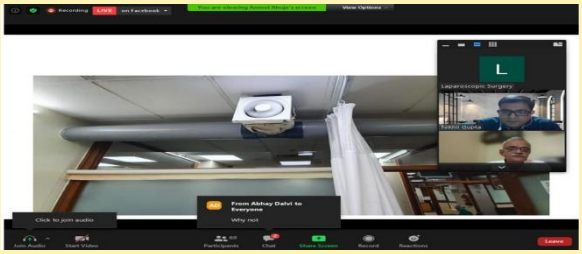
Chapter Activities

WEBINAR

The Delhi State Chapter has organized a **Live Webinar on "Resuming surgical practice in Covid 19 second wave" on June 5, 2021.**

Panelists: Dr. Abhay Dalvi, Prof Anurag Srivastava, Dr. Jayashree Sood, Dr. Deep Goel, Prof Nandini Duggal, Prof Purva Mathur & Dr. Atul Gogia

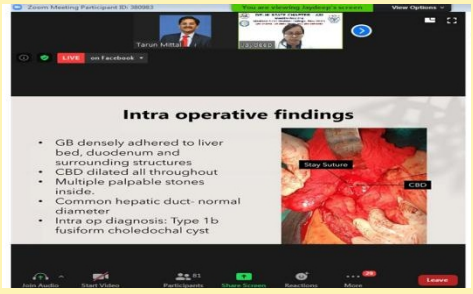
Moderators: Dr. Tarun Mittal & Dr. Nikhil Gupta.

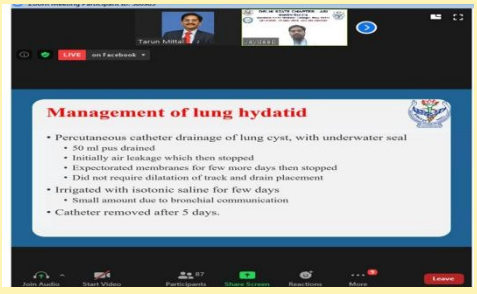


APRIL MONTHLY MEETING

Organized by Maulana Azad Medical College, New Delhi on June 19, 2021, could not be done in April 2021 due to COVID second wave.

S.no	Topic	Presenter
1.	Curious case of life threatening lower GI bleed	Unit 1 : Dr SK Jain, Dr Anurag Mishra Presenter Dr Aastha Nayyar
2.	Unusual presentation of an uncommon intra-abdominal traumatic injury	Unit 2 Dr. CB Singh Presenter- Dr Satyabrata Mohapatra
3.	Is there a role of non-operative management of Hydatid cyst?	Unit IV - Dr Rajdeep Singh Presenter- Jaydeep Aher
4.	"Little Old Lady - A Tale of Two Hernias"	Unit 5 Dr. Sushanto Neogi Presenter - Dr N Nasida Fathima
5.	Myriad of gems on the biliary shore- A bizarre revelation	Unit VI A- Dr. Anubhav Vindal Presenter- Dr. Shreya Agarwala





Chapter Activities

SYMPOSIUM

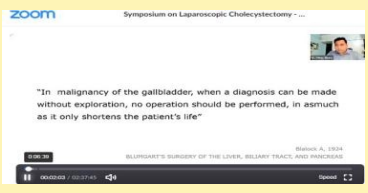
The Delhi State Chapter, ASI has organized a **Live Symposium on "Laparoscopic Cholecystectomy – What next? (Part I & II)** and was attended by>150 delegates**.** The symposium was held on zoom platform on 3rd July and 10th July, 2021 respectively.

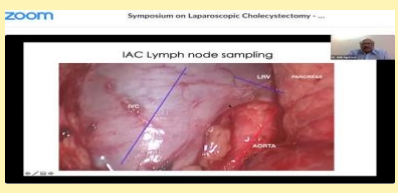
Part 1: Laparoscopic cholecystectomy – Case based discussion

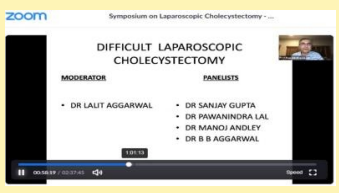
Sessions (40 mins each session)	Moderator	Panelists
Session 1 - Biliary Leak	Dr. Nikhil Gupta (RML)	Dr. Rajesh Khullar (Max), Dr. Ajay K Kriplani (Fortis, Gurgaon), Dr. Om Tantia (ILS Kolkata), Dr. Naresh Bansal(SGRH)
Session 2 - Bleeding during / after laparoscopic cholecystectomy	Dr. Tarun Mittal (SGRH)	Dr. Subhash Agarwal (Action Balaji), Dr. Ravinder Pal Singh (Saroj), Dr. Randeep Wadhawan (Manipal), Dr. Prakash K Sasmal (AIIMS Bhubaneshwar)
Session 3- Biliary stricture	Dr. Anubhav Vindal (MAMC)	Dr. Adarsh Chaudhary (Medanta), Dr. Abhideep Chaudhary (BLK), Dr. Rana AK Singh (RML), Dr. Piyush Ranjan (SGRH)


Part II: Laparoscopic cholecystectomy - (Special situations and Delegate videos)

Sessions	Moderator	Panelists
Session 1 **1) Carcinoma gallbladder & Laparoscopic cholecystectomy** (Suspected Ca GB & Incidentally detected Ca GB postoperatively **2) Postoperative pain after LC** **3) Gallstone induced pancreatitis**	Dr. Vinay Shaw (Medeor) Dr. Neeraj Dhamija (SGRH)	Dr. Anil Agarwal(GB Pant) Dr. G D Sharma (Action Balaji) Dr. Rudra Acharya(MAX) Dr Vaishali Bhardwaj(RML)
Session 2 - Difficult situations (Video based) Frozen Calot's Cholecystoenteric fistula Mirizzi's syndrome CLD / Cirrhosis	Dr. Lalit Aggarwal (LHMC)	Dr. Brij B. Agarwal (SGRH) Dr. Manoj Andley (LHMC) Dr. Pawanindra Lal (MAMC) Dr. Sanjay Gupta (UCMS)
Session 3- Surgeon videos *	Dr. S K Poddar (Apollo Spectra)	Dr. Arun Prasad (Apollo) Dr. K N Srivastava,(BLK) Dr. R. N. Sahai (HRH)







STRESS IN SURGERY RESIDENTS- EXAGGERATED DURING COVID TIMES ?

Dr.Reetu Dogra, DNB *Resident, DDU Hospital, New Delhi*

From A Trainee Perspective :- There are so many things that causes stress in surgeons day to day life. Stress varies in many dimensions like anger, anxiety, depression, burn out, mood swing and many more,,,what really causes a surgeon to be angry or stressful is not only his nature it is actually more than that and infact many folds more than just his/her nature. We can't pen down every thing but lets try to start from 1---

1. The day we enter in our surgery residency , we think we will do hard work more than our seniors and we won't be scolded by our seniors, but what happens ! we land up in getting scoldings right from day one which initially results in our immature anger only but these constant scoldings later on become the cause of stress and burnout among the trainee surgeons. WE LEARN FROM THE MISTAKES--- this holds true in a surgeon's life but "DAANT SE HI TO SEEKHTE HAIN" this doesn't HOLD TRUE IN SURGEONS, infact this is the cause of stress in residents.

2. No other profession except armed forces has strict rules and principles like the surgeons…rules are good but not always. We cant leave the workplace empty even if we r not able to do our duty without any replacement. And to find a replacement is even more stressful than doing duty.

3. I don't think I need to mention the extra or normal work hours , these are not even counted by the majority of surgeons because they don't even get time to count them. Same with the residents, when their other colleagues of other specialities and other profession are enjoying or spending time with their families , surgeons are locked or bound to remain inside the operation theatres. Its not that we want to attend the parties and leave the theatres, its like we regret not being able to spend time with our families. We don't say this but this ultimately becomes anger inside us. Like others our working hours should also be fixed so that even a case comes late there should be other team who will replace us .

4. "Surgeons are born warriors" initially we all want to show our stamina of doing long duties without having sleep but ultimately we r making ourself weak emotionally, physically and mentally which reflects in our way of talking , our way of treating patients , our way of dealing with situations. We become angry very fast, we don't have patience to listen carefully , we cant even speak politely with our colleagues forget about the patients and even family members.

5. No time for self care…no proper breakfast , no lunch or even brunch and late night dinners ??? no fix timings of the food which is the basic need of the life. After night duties, don't get time to even fresh ourself in bathrooms. Male surgeons can handle ? I don't know but being a female surgeon what about our menstrual hygiene which we taught to the society. We don't get time to change , to use washrooms and still stand like that for hours together in the theatres. This all creates mess in a surgeon's life.

6. We can't afford to make mistakes,,, but working for hours together and dealing with so many patients even if we make some mistakes--- its not a big deal ! everyone should understand this. Mistakes are bound to occur according to the working efficiency of the human brain. We are not robots who can work without mistakes, infact its battery also needs to be charged.

7. Our profession is all about acquiring knowledge along with surgical skill and time to time upgradation of our work according to the new advances and techniques for the betterment of the patient. Learning curve is so so long. We are always debted to our seniors for learning the things and many seniors take advantages of these things which becomes depressive sometimes.

8. Our extra hours of work are not considered as appreciation as opposite of half hour late on duty when we get scoldings from seniors. Though seniors right from head of the department are overburdened with the work but if this heriarchy will continue like this who will break this circle of stress in our surgeons ???

9. No proper place to sit and no proper place to even rest in between duties, in fact it's the same for all the doctors. Paramedics have more liberties and facilities in hospitals than doctors. The condition is more pathetic in government colleges and hospitals.

10. Paramedics treat residents as tenants for 3 years in any hospital, so they don't behave properly with trainees which leads to clash between them most of the times. Daily clash and working day in and day out with them becomes stressful. Clash on OT table with anesthetists and even paramedics when u have already done 12 to 14 hours duty and then they start taunting us about our work, what else can make even a normal person angry but if surgeons say something , then they become arrogant surgeons. When u receive these kinds of rewards after giving so much time … anyone can have stress and anger.

11. Even clash with other departments like Radiologists at the end of the day when they have just started their duty and we have already done 10 hours of duty can create lot of disappointments.

Continued…

12. Constant feeling of being helpless, not getting time for oneself and not for studies can really make the situation worse.

13. If resident is living away from home, this really adds fuel to the situation, sometimes we get time after 2 days to talk to our parents or siblings. When we leave home they are busy with home chores and when we reach back home its already late to talk to them.

14. All these things have increased since the COVID -19 pandemic has stuck the world, as we are not treating surgical patients but treating the medicine patients more. The one and half year has given no surgical residency experience or exposure thus adding on to no gain at all. This trainee period won't come again who will fill this gap in our training ? This question is still unanswered.

15. Increasing incidences of assaults on doctors also degrade our morale, push us down and compel us to rethink about the sacrifices and the time which we are giving to our patients instead of our families and ourselves.

I'm not writing this to demotivate my juniors or my colleagues but to remind them of their value for their family and friends and above all we are also humans just like others so show some sympathy to yourself also and don't be always harsh on yourself just to be competitive. In the end I want to say that --- " Life of a surgeon is actually a mess until its not balanced "--- I don't know who will balance it ? The surgeon himself/herself, his/her partner, his/her family, his/her colleagues, good seniors/juniors, better working environment ? A good mix of all or anyone would help, really don't know.

"RAPUNZEL IN THE CITY"

Vardhan P, Jaiswal A, Vinay Shaw, *Department of GI, MAS & Bariatric Surgery, Medeor Hospital, New Delhi*

Rapunzel syndrome is a rare type of 'Trichobezoar' where concretions of swallowed hair is seen extending from the stomach to part of the small intestine or beyond. The name is derived after 'Rapunzel', who was a long haired maiden described in a fairy tale written by the Grimm brothers in the 19th century. Rapunzel had very long hair and there are stories that she lowered her tresses to allow her prince charming to climb up to her prison tower to rescue her.
'Trichobezoar' is an extremely rare intestinal condition resulting from ingesting hair (trichophagia) and is sometimes associated with the hair-pulling disorder (trichotillomania) .This condition is more common in women, especially adolescent girls. Trichobezoars can become large and form as a cast of the stomach (fig 1). They may enter into the proximal duodenum similar to the young girl who presented to us with symptoms of intestinal obstruction (fig 2)

A 23 year girl presented to us complaints of dull aching upper abdominal pain, non-bilious vomiting, decreased appetite and weight loss of 12 months duration. Clinical examination revealed well-defined mass occupying the upper half of the abdomen. The mass was non tender, firm and partially mobile. Laboratory tests revealed hypochromic microcytic anemia. CECT abdomen showed a large trichobezoar extending up to the second part of duodenum. She underwent laparotomy after fluid and electrolyte deficit correction. On exploration there was a huge trichobezoar ball filling the entire stomach cavity and extending into the duodenum. The trichobezoar mass was removed via anterior gastrotomy incision. The duodenal component could also be delivered through same opening after temporary clamping proximal jejunum and retrograde milking manoeuvre. The patient had an uneventful perioperative period and discharged on 5th postoperative day.

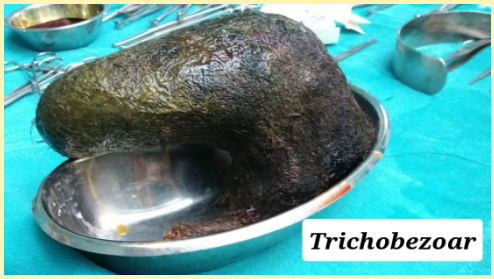


Fig 1 – Trichobezoar forming a stomach like cast

Fig 2 – The bezoar seen extending into duodenum

These patients frequently have accompanying comorbid mood and anxiety disorders, depression or family stress and require comprehensive psychiatric evaluation. A multidisciplinary approach is essential to prevent recurrence and our patient was also advised the same.
Trichobezoars can be a differential diagnosis in adolescent girls who present with vague abdominal pain with a non tender, mobile upper abdominal lump. They may also have halitosis and alopecia. While upper GI endoscopy can be both diagnostic and therapeutic if treated early in the course; surgery remains the mainstay when presented late with large mass and features of proximal intestinal obstruction.

EDITOR's VIEW

Dear Seniors and colleagues,

It Is an honour to contribute as an editor of " SCISSORS" and present the achievements and the activities of one of the best state chapters of Association of Surgeons of India. Newsletter is a medium through which we can express ourselves. In spite of devastating second wave of COVID pandemic, chapter has continued its intent towards academics, although in virtual mode.

"It is during our darkest moments that we must focus to see the light".

It was heartening to receive so many articles for this edition of "SCISSORS" from younger surgeons. I request all my colleagues to speak up their mind and actively contribute to the Newsletter. Looking forward for your support and guidance.

"Great things are done by a series of small things brought together"

Dr. Sumit Chakravarti
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*** Keys to Crossword**

Remdesivir- antiviral that is given by intravenous (IV) infusion in the hospital

Dexamethasone- common corticosteroid medication

Plasma- FDA issued Emergency Investigational purpose but not proven useful recently

Bamlanivimab- blocks SARS-CoV-2 virus from entering and infecting human cells

Etesevimab- used with Bamlanivimab

Hydroxychloroquine- used to treat malaria and autoimmune conditions

Azithromycin- antibiotic commonly used to treat bacterial infections

Tocilizumab- IL-6 inhibitor

Baricitinib- kinase inhibitors

Interferons- signaling proteins like cytokines

Kaletra- HIV medication containing a combination of two antivirals

Ivermectin- oral medication used to treat infections caused by parasites

Oseltamivir- antiviral medication used for influenza

Favipiravir- antiviral medication also known as Avigan

For Communications mail to- delhistatechapter@gmail.com