



SCISSORS-Delhi



Bimonthly Newsletter of Delhi-ASI

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Greetings for the season,

I feel proud and privilege to be communicating with my sisters and brothers. At the outset I thank and congratulate Dr Neeraj Dhamija, our editor to bring out a brilliant Newsletter with able support of our secretary Dr Tarun Mittal. With your enthusiastic participation, our chapter has become the most vibrant rainbow of Academics and Camaraderie. Sage guidance of seniors and my predecessors, active cooperation of president elect, enthusiastic implementation by our young executive and above all your support, is taking our chapter to newer heights of glory. Regular PG master classes, hands-on training workshops, participation in national/ international conferences and unique activities like Cancer awareness camps, have become our signature. Apart from these our fraternity from various parts of city is making us proud by organising exemplary meetings. Dr Bachan Singh with his colleagues from east Delhi, Dr Lokesh Gupta, Dr Narin Sehgal and their colleagues from west Delhi, Dr Harish Gulati and his colleagues from south Delhi and Dr Rajnesh Attam, Dr Satish Tyagi and their colleagues from north Delhi need to be complemented for such events in their respective areas. I am sure we will continue on this trail blazing path to wider horizons with your good wishes.

Looking forward to meet you in all our academic and social get togethers.

Regards and Love

Prof Brij B Agarwal

President
ASI-Delhi State Chapter



Accolades of Dr. C.K. Durga, Consultant, Professor and HOD (Surgery)

NARI SHAKTI PURUSKAR

Nari Shakti Puruskar given for the pioneering work done in the field of Breast Cancer for the last 34 years at PGIMER, Dr. RML Hospital, New Delhi.



Best State Chapter of Association of Surgeons of India Award

For the first time in the history of Delhi State Chapter of Association of Surgeons of India, Delhi State Chapter got the **BEST Chapter** award under her Presidentship due to various academic and awareness programs conducted by Department of Surgery, PGIMER, Dr. RML Hospital, New Delhi.



Dear esteemed colleagues,

We are working hard to raise the Delhi state chapter to newer heights. With regular communication, meetings and support of the members of ASI- Delhi the working of our family of surgeons has become more harmonious. The medico-legal cell committee first meeting is planned on 30th May 2018. Looking forward for your support and guidance in all future activities.

Regards

Dr Tarun Mittal

Secretary
ASI-Delhi State Chapter



PRINCIPLED ETHICS CONSIDERATIONS IN SURGERY: An Introduction

‘The moral standards for professional men and men in public life are going to be higher in the future, and the limelight of public opinion turned on medical and surgical grafter, and the evil will cease to exist. Hand in hand with this reform, let us hope that there will come to be established a legal and moral standard of qualification for those who assume to do surgery’

Charles W. Oviatt

(President’s Address, delivered before the Western Surgical & Gynecological Association, St. Louis, December 30, 1907)

Medical Ethics, ‘the study of moral values and judgments as they apply to medicine’, is as important to surgical sub-specialties, as it is to other medical fields. The statutory set of four-principle ethics forms the golden rules of ethics that we apply in various areas of biomedical sciences today. The much enshrined ethics principles came into existence in the mid-seventies with the basis in the life-time work of Tom and Beauchamp. The four principle includes:

1. Principle of Respect for Autonomy
2. Principle of Beneficence (the patient must benefit)
3. Principle of Non-maleficence (Primum Nocere, do-no-harm)
4. Principle of Justice

Surgery is an atypical field of medicine where the patient-surgeon interaction is far from the conventional one-off/incidental short-duration visit of a physician. A surgical patient, more-often-than-not establishes a life-time association with the attending surgeon ably catalyzed by phasic interaction before, during, and after surgery. Therefore, the scope of applied ethics principles are far different and wider, warrant greater doctor-patient engagement, and involve contentious decision-making deliberations that moves along surgical healthcare deliverables.

Principle of Respect for Patient Autonomy

The aspect of patient autonomy and informed consent procedure before surgery is very important because it’s the only time the patient gets meaningful subjective interaction with the attending surgeon, which preempts opportunity to forge patient-surgeon relationship. Informed detailing of problems, such as, offering various available options, discussing anticipated outcome of surgery, and resultant quality-of-life upheaval should be undertaken to most efficiently match patient’s expectations and resources to the intended surgical outcome. Otherwise, precluding iatrogenic harm due to surgery, a laudable goal, is still far from reality. Always, as a dictum, structured run-down of serial decision-making items leading onto active surgery intervention needs to be discussed closely with patients and his/her attendants before asking them to sign informed consent document. While, in case of elective surgery, informed consent of the patient reiterated by a close attendant/witness is the norm; for major surgery where negative surgical and anesthesia outcome is not uncommon, wherever possible, advanced directives should be always being a built-in addendum. Sensitive issues like, surgery for organ donation, pediatric surgery, limb-saving surgery, and surgery on vulnerable patients, an exclusive IC needs to get incorporated to the main informed consent form on a case-to-case basis.

Principle of Beneficence (the patient must get the benefit)

A patient, who has to undergo operative intervention for an ailment, must get benefit. There are several indicators reflecting the benefit transfer to the patients, including, alleviation of symptoms (e.g. pain, vomiting, constipation, headache, acidity, febrile state, among others) that brought him/her to the surgeon; prevention of recurrence of problems; improved quality-of-life; and also the psychological benefit in form of reassurance of post-surgery access and provision of reaching out to the surgeon as and when it may be required. Another important aspect of benefit to patient is the correct choice of surgery (open, laparoscopic, robotic), the timing (early [cancer] surgery, delayed [cleft palate surgery]), and the plan for surgery (proactive nutritional preparation in bariatric surgery, surgery aligned with chemo/radiotherapy, correcting anemia in thalassemia, etc.). Most importantly, the pointers with potential to accrue benefits to the patient must be seen and realized in light of the incumbent risk associated with the ailment and/or the surgery being offered. Always, particularly when palliation is not the goal, the benefits to the patients should preferably outweigh risks secondary to surgery. Intriguingly, the principle of beneficence relates directly to respect for patients’ autonomy in that the decision on various aspects of surgery (options, plan, and approach) must be shared with the patient, and wherever possible, should be more team-oriented (e.g. tumor board in oncologic surgery, combined neurologist-neurosurgeon opinion for neurosurgery) than surgeon-centric. Also, at all times, an independent hawk-eye should be in thick of things to oversee the surgery plan and conduct. The surgeon should have a low threshold to involve experts from other specialties first-up in order to roll out safe and effective surgical healthcare delivery sojourn for the patient.

Principle of Non-Maleficence (first do-no-harm)

The risks to the surgical patients are not only due to the existent problem that the patient have for which surgery is indicated but also because of complications of surgery, and even sometimes, due to non-achievement of desired results. Further, a major part of complications of surgery is accounting by iatrogenic harm incurred during the operative intervention. Therefore, to balance risk: benefit more precisely, internal (by surgeon him/herself) and external (departmental, fraternal, institutional) validation of surgeon's training, experience, and proficiency is absolutely warranted to ward of undue 'harm' to the patients. More so, rather than getting satisfied with technical success of the surgery, surgeons should invest in continued and long-term involvement so as to know true surgery outcome. This would help lower harm, facilitate grounding of patient benefits, and in turn, bolster surgeon confidence and improve oversight. The surgical healthcare delivery team must also work proactively towards non-surgical care aspects by looking into efficient utilization of resources available to the patients, which have a direct bearing on overall satisfaction and in reducing psychological harm to the patient and the dependent family members.

Principle of Justice

A surgeon and the surgical healthcare system have responsibility towards the patient, community, and the larger society they cater to. They should distance them from favored prioritization of patient on the operating list based on caste, creed, culture, religion, and social vulnerability (orphans, contagious diseases, HIV status). Also, every now and then, a surgeon should contribute towards community surgery camps for the free/low-cost services of the poor patients. The responsibility of awareness creation regarding newer and advanced surgery options rests with the surgeons. In case of conducting research by inviting patients from the community and offering them free surgery; a surgeon investigator should refrain from undue inducement for recruiting patients, be fair and equal to every individual, and compensate them for to travel expenditure and loss of work. Importantly, to respect patient's autonomy in deciding in research participation, a duly explained consent should be undertaken, and if the participant is illiterate, consent of the community head needs to be secured. Further, apart from undertaking essential research that brings outcome benefit to patients and addresses felt local needs, the surgeon and the system should ensure provision of post-surgery access and facilitative rehabilitation.

The principle of biomedical ethics that guides different surgical specialties also makes room for contentious and controversial positioning on the part of surgeons and the systems that provide functional infrastructure to them. Not uncommonly, the surgeons are caught unaware of their own actions and behavior arising out of certain situations and their own interest; and in the process are seen in the awkward light, i.e. conflicts-of-interest. In the current times, it is not surprising to encounter surgeons who revel in non-excellence, commercialism, and being non-accountable after surgery is over (surgery outcome agnostic). Another troublesome facet of modern-day surgery that one need to abhor is the way a few disillusioned surgeons are trying to reflect their surgical skill-set in the halo of advanced operative systems (high-fidelity surgical microscopes, laser/harmonic instruments, intuitive robotic systems, neuro-navigation units, etc.). As a jump-start into Ethics of Surgery, the laudable goal of a precision surgery realm would be helped more, not by guiding patients into imaginative reality of error-free objective technology systems, but by adequately trained, competent, and humane surgeons who continuously strive to bring benefit to the consenting patients and balance out their professional conflicts-of-interest.

Suggested Readings:

1. Stokes W. Ethics of operative surgery. Dublin Journal of Medical Sciences, 1894
2. Reiling J. Ethics of surgery. JAMA 2018; 319: 1388
3. Beauchamp TL, Childress JF. Principles of Biomedical Ethics. Fifth Edition, Oxford University Press, 2001.

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Synopsis of the monthly meeting of ASI-Delhi state chapter

Monthly Meet for the month of March

The ASI Delhi State Chapter monthly meeting was held at Sir Ganga Ram Hospital, New Delhi, on March 17, 2018.

There was a master class with interesting and interactive case discussions which was held before the clinical meet. It was very informative and well attended by the postgraduate students from various institutions.

Five interesting cases were discussed during the clinical meet presented by the postgraduate students of Sir Ganga Ram Hospital:

1. A demon in the abdomen – Dr. Sarrah Idrees
2. Rare case of dual malignancy- Dr. Muley Kiran Kumar
3. Rectal Prolapse – The minimally denervating anterior (ventral) rectopexy is the newer trend- Dr. Rinelle Mascarehenas
4. Unusual complication of cesarean section- Dr. Kanuri Harish
5. Bariatric surgery in patients with chronic liver disease- Dr. Parmeshwar Bambrule

On 18th March 2018, Hands on training for basic surgical skill was organized in association with J & J in Sir Ganga Ram Hospital Auditorium which was well attended by the postgraduate students.



Monthly Meet for the month of April

Monthly meet for the month of April 2018 was held at Maulana Azad Medical College, New Delhi on April 28, 2018. PG master class was held before the clinical meet where two cases were discussed as per the exam based pattern. The PG master class was well attended by the postgraduate students and eminent faculty members of the MAMC and Delhi ASI.

After the PG master class clinical meet was held from 3:00-4:00 pm. Five interesting cases were presented by the postgraduate students of MAMC the details are as follows:

1. Pulmonary Aspergilosis- Dr Aparajita
2. Small Bowel Obstruction Caused by Rare Tumour- Dr Mehul
3. An interesting case of Dysphagia in a middle aged female- Dr Manish Mishra
4. Pseudocyst of pancreas mimicking achlasia cardia- Dr Davendra Koli
5. Interesting case of Extracranial Meningioma- Dr Gautam Shubhankar

All the cases were very well presented and were followed by case based discussion by faculty members with active participation from the PG students. Hands on training in association with J & J was also organised on Basic Laparoscopic Skills on 29th April 2018, which was well attended by PG students.



Chapter Activities



Hands-on Cadaveric Workshop

A two day hands-on cadaveric workshop was conducted by the Delhi Chapter of the Association of the Surgeons of India in collaboration with the Department of Anatomy, VMMC and Safdarjung Hospital under the convenership of Dr Chintamani on 22nd and 23rd March. The workshop was a rich practical learning experience for the budding surgeons, Post Graduate and Undergraduate students in surgery and anatomy. It consisted of lectures, live video demonstration of cadaveric dissection for Neck dissections, thyroidectomies, Modified radical mastectomy, Tracheostomy and Hernia repair and practical hands-on experience on cadavers. The demonstration was punctuated with a very lively discussion and time to time questions to the senior faculty during the procedure who willingly explained every detail and techniques related to the surgery on the human body. The surgery was performed on the cadavers of the Anatomy Department in the Dissection hall and video cameras were setup for the live demonstration. The workshop was inaugurated by the President of the Association of Surgeons Of India (Delhi chapter) Dr BB Agarwal with Dr Rna AK Singh as Guest of honour.

The surgeries were demonstrated by the convenor of the workshop, Professor Dr Chintamani along with Dr B B Agarwal and Dr Tarun Mittal of Sir Gangaram Hospital, Dr Rana A K Singh & Dr Dinesh Kumar of PGIMER, Dr R M L Hospital, Dr Pankaj Arora from Northern Railway Hospital, Dr Megha Tandon, Dr Abhishek and Dr Rishikesh of Safdarjung Hospital, Dr Abhinav Kumar from AIIMS, Dr R Sahai from Hindu Rao Hospital and Dr Sudipto Saha from LHMC. Various surgeries that were demonstrated included Radical neck dissections, thyroidectomy, tracheostomy, modified radical mastectomy, Appendicectomy, hernioplasty etc. . This was followed by hands-on training to the participants under the supervision of the entire faculty. The guest lectures by various faculty of Surgery and Anatomy laid a good foundation for the workshop.

The live projection of the surgeries taking place in the Dissection Hall displayed in the Lecture theatre provided a means of two way communication. The present workshop witnessed postgraduate residents as participants from different hospitals like AIIMS, Maulana Azad Medical College, Hindu Rao Hospital, Central Railway Hospital amongst others. Such workshops organised for the surgeons are expected to go a long way in the dissemination of useful knowledge and honing the skills for the young surgeons.

This cadaveric workshop, the second of its kind performed under the aegis of Delhi chapter of ASI and under the convenership of Prof. Chintamani was a huge success with more than 150 delegated getting to perform independent surgeries on the cadavers. It was heartening to see the enthusiasm on the faces of the participants who could reproduce all surgeries making this hands on cadaveric workshop really useful.

Optimizing Surgical Outcomes for Rectal



Department of GI Surgery, Indraprastha Apollo Hospital in association with Delhi chapter of Association of Surgeons of India organized Guest Lecture by Prof. Steven D Wexner, Director- Digestive disease centre, Chairman- Department of Colorectal Surgery, Cleveland Clinic Florida, USA on 28th March 2018. The meeting was well attended by the members of ASi-Delhi and postgraduate students. It was a great interactive academic feast with a positive feedback from all attendees.

Health & Wellness Camp



Health wellness camp with free Bmi Composition analysis , blood test, general Check up and free obesity counselling was organised under delhi state chapter banner. Free consultation with the dietician and dietary counselling was also done. The camp was well attended and benefited many patients in adapting healthy life style.

Medico-legal Cell of Delhi State Chapter ASI

Executive Committee of Delhi State Chapter, ASI constituted a Medicolegal Cell for the surgeons. This Committee will guide the surgeons regarding their medicolegal issues if any.

Dr. Harsha Jauhari was named as the chairman of the committee.

List of volunteers for the Medicolegal cell of Delhi-ASI are-

Arun K Gupta, C K Durga, H Jauhari (Chairman), I K Dhawan, Khetan Mukund, Lokesh Gupta, M C Misra, Naveen Sharma, Nepash, P K Patnaik, Pankaj Arora, Pawan Lal, P K Gambhir, Pramoj Jindal, Pusphinder Khurana, Rakesh Khattar, Richie Gupta, S B Gogia, S K Tudu, Shailesh Kumar, Shiv Chopra, Sunil Garg, Tanwir Karim, Vikas Jain, Vivek Bindal and V R Minocha.

Hands-on Session on Vascular & Bilio-enteric anastomosis

Hands-on Session on Vascular & Bilio-enteric anastomosis was organised by DDU Hospital in association with J & J on 20th May 2018. It was well attended by approx. 50 Postgraduate students from various institutes across Delhi. Lecture demonstrations were done by the eminent faculty of Delhi ASI. The session was very informative and benefited all the attendees.



Cancer Awareness Program

Delhi state Chapter in association with Ram Manohar Lohiya (RML) Hospital organised a cancer awareness program for public on 19th May 2018 at RML Hospital. The organising team- Dr Durga, Dr Rana AK Singh, Dr Chintamani, Dr Nitin Agarwal and other faculty members of Delhi-ASI made the program a grand success. There were lectures and very informative posters and print media distributed to the general public for the awareness against cancer, its prevention, early diagnosis and treatment.



Surgeon as a good listener

An attack of pain that consumes everything except the grip of suffering! A moment of fear when one becomes acutely aware of one's mortality due to disease! The surgeon has the power to relieve this suffering. The physical distress can be relieved eminently by surgery or a conservative approach, but the mental agony demands empathy and reassuring words. Managing fears and apprehensions of the patient and his family is an art that evolves with time and a listening ear is essential for this.

As a patient talk, the doctor hears not only his symptoms but the underlying person too. Patient's attitudes, beliefs, experiences and life situation are reflected in his disease, therapeutic choice, recovery and behavior with the doctor. Surgery is often a radical and irreversible treatment and may bring tremendous change in a patient's life. So, it calls for a meticulous and thorough work up of relevant issues.

Listening to patient fosters a good rapport, develops trust in the doctor and helps him to surrender to wisdom and skill of the surgeon, thereby receiving the best from him without the burden of mistrust or safe practice. In the surgeon, this promotes confidence and a deeper clinical engagement and in the postoperative period, early detection and management of complications. All this translates in better treatment outcome, increased patient satisfaction and less chance of ill will or legal suits against surgeon in case of a serious complication or mortality.

What is listening? It is a basic component without which communication is not possible. It includes hearing the patient, searching for the meaning beneath the words, noting nonverbal cues like eye contact, expressions, body language, silences, and reflecting on what patient says as he speaks. Thus, surgeon is able to understand important factors like difficulties in patient's life, unwise delay in treatment seeking, resistance to a specific treatment or investigative procedure, need for doctor shopping, and can tailor the treatment accordingly. Correct interpretation of an atypical symptom or diagnosis of a rare disease, decision for surgery or conservative management and preempting trouble from patients call for active and targeted listening to the patient as well as one's own intuition which is based on the clinical experience accumulated over time.

In operation theatre, listening to team members' concerns and observations with discretion may prevent operative complications and enhance team spirit, while in a crisis it is critical to heed one's inner voice. This is possible if one is able to quieten the distracting noise within by managing one's emotions, look beyond one's convictions and philosophy and be attentive to here and now. It is also surgeon's inner voice which propels him to fill in the gaps in his training with workshops and fellowships and gives a thrust to his growth as a surgeon. Furthermore, listening to one's conscience prevents slipping in the face of temptations plaguing the medical profession and helps set high ethical standards for medical profession.

However, certain situations may not be conducive to such listening. For example, emergency room, life threatening situations, mandatory elaborate documentation, shortage of medical staff. Though, over time with practice one can learn this essential skill by reevaluating one's interactions, observing one's seniors and seeking guidance from them.

The process of listening may be blocked by similarities and dissimilarities in age, gender, religion, etc. due to mismatching patient- surgeon perspectives as well as unresolved emotional issues, a need to control others or simply a bad day. The important thing is that unless listening is cultivated as an attitude one may falter.

Dr. Anita Mahajan

Consultant

Sir Ganga Ram Hospital

Dear Seniors & Colleagues,

Working as an editor for the Delhi State Chapter ASI is a honour. Our newsletter is a medium where every registered member of the Delhi State ASI can express herself/himself openly. With this message I request you to actively contribute to the Newsletter and speak out loud and clear the thoughts which cultivate in your intelligent brain. Don't let them be to yourself. Looking forward for your support & guidance.

Regards

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