



ASI DELHI State Chapter

ASSOCIATION OF
SURGEONS OF INDIA



SCISSORS

Official Newsletter of Delhi State Chapter ASI

Delhi State Chapter ASI

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EDITORIAL

Greetings from the Editorial Team,

It is with great pleasure that we present to you the latest edition of our newsletter — a mirror reflecting the vibrant academic and professional activities of the Delhi State Chapter of the Association of Surgeons of India (ASI). This platform stands as a testament to our shared commitment to excellence, innovation, and service in the ever-evolving field of surgery.

Over the past months, our chapter has continued to thrive, with remarkable contributions from members across institutions — from cutting-edge surgical techniques and research breakthroughs to community outreach programs and resident education. The spirit of camaraderie and collaboration among surgeons in Delhi remains our greatest strength.

This edition highlights key events, academic achievements, surgical workshops, and thought-provoking perspectives from our members.

As we look ahead, let us continue to build on our rich legacy with renewed energy. We encourage all members — senior consultants,

young surgeons, and residents alike — to actively participate, contribute, and share your experiences, insights, and innovations. Your voice enriches this platform and inspires the surgical community at large.

We extend our heartfelt thanks to the office bearers, contributors, and the entire editorial team for their dedication and support in bringing this newsletter to life.

Wishing you all continued success and fulfillment in your surgical journey.

Dr. Anmol Ahuja
Editorial Secretary
Delhi State Chapter ASI



SCISSORS

From the Desk of the President



**Hello Respected Seniors, Dear Friends,
& Fellow Surgeons**

Once again, this is my chance to talk to you all about the issues that I feel are important to the surgical fraternity today.

In my last communication, I had stressed the role of surgeons as teachers and trainers. I continue to elaborate on the theme and submit that we do not have to teach and train only the surgical trainees but also the society at large. Surgeons have often been taken for granted, their results, delivered even under sub-optimal conditions, are expected as a given normal and any short coming viewed seriously, as unacceptable by our society.

We must increase our social outreach in the society, give talks, hold workshops in colonies in conjunction with RWAs, and maybe even with organised groups like corporates, Police, schools, etc. We should also educate the population at large about the realistic expectations of the outcomes of surgical efforts.

This would go a long way in establishing the surgeon as their rightful position of eminence in society, and ensure that the public at large does not hold unrealistic expectations from us, and blame us for not achieving the impossible.

Today, we have once again witnessed the valour of our armed troops. The society has taken it for granted that we will defeat the enemy on all fronts. However, do we sue our defence personnel for every shell that has fallen on our side, every life lost, etc.? Similarly, we, the surgeons, are fighting a battle against death, day in and day out, without any ceasefire ever. But, we have been unable to make our society understand the situation of the longest fighting warrior, the unsung hero, THE SURGEON.

We should take it upon ourselves to educate the people on preventive and promotive measures, including the early and tell-tale signs and symptoms, which should prompt them to consult us, so that their disease burden can be minimised or done away with completely. An ounce of prevention is better than a pound of cure.

So let us increase our outreach and bring about the revolution that creates this ounce of prevention and increases our reputation, popularity, and respect.

Long live surgeons' solidarity Long Live ASI

Jai Hind.

Dr. Sanjeev Singhal
President
Delhi State Chapter ASI



SCISSORS

From the Desk of the Secretary



Dear Readers,

It gives me great pleasure in presenting to you this latest edition of 'SCISSORS', the official

Newsletter of the Delhi State Chapter of the Association of Surgeons of India. As we embark on another quarter, I extend my warm greetings to everyone. Our commitment to advancing surgical and academic excellence in the state of Delhi remains unwavering. This newsletter highlights recent achievements, upcoming conferences, and continuing medical education opportunities designed to enhance our skills and knowledge. I request each of you to actively participate in our activities and share your insights and send articles for publishing in our flagship newsletter. This can also include articles for light-reading, poems, sketches or 'Life beyond Surgery' snippets. Your engagement in this academic venture remains crucial for our collective growth.

The aim of the newsletter is to highlight the achievements of our colleagues and the CMEs and conferences happening all over the state of Delhi. Also the upcoming events are notified for the benefit of our Junior colleagues and young surgeons so that they may attend and utilise these programmes to their fullest potential. We continue to hold

the monthly meetings in various hospitals of our state in a regular manner that is now showing good Delegates and Faculty attendance. We had a very successful SCOPE course from 17th to 20th April 2025 attended by our Current President of ASI Dr Pravin Suryavanshi, President Elect Dr Maruthu Pandian and our Past President Dr Probal Neogi attending the inauguration of the course. This was a real honour to host all of them in our Chapter programme. The month of June will host a number of programmes including Blood donation camps, CMEs, workshops etc. for celebration of Surgeon's week that culminates in the Surgeon's Day on 15th June. They will be covered in the next edition of the newsletter

We encourage you to continue sharing more articles in the upcoming editions and also share your thoughts and feedback with us.

Dr Anmol Ahuja has put in a lot of efforts into bringing this edition of the newsletter and performing his duties as the Editorial Secretary perfectly.

Thank you for your continued support and readership.

Warm regards,

Dr Ashish Dey

Honorary Secretary,
Delhi State Chapter of ASI





Dr. Pravin Suryawanshi
PRESIDENT ASI 2025

YOUR BIRTHPLACE

Degloor

FAVORITE COLOR

Blue

FAVORITE BOLLYWOOD ACTOR

Shri. Amitabh Bachchan

FAVORITE MOVIE

Pinjara

PERSON YOU LOVE THE MOST

My daughters Elesha & Soumya

YOUR FAVORITE PERFUME

Don't use

FAVORITE CUISINE

Puran Poli

YOUR HOBBIES

Gardening, Cycling & Golfing

FAVORITE BOOK

Mrutyunjay

FAVORITE CHILDHOOD MEMORY

5 seat cycle.



Dr. Vijay Arora

**Advisor & Senior Consultant
Deptt. of Laparoscopic,
Laser & General Surgery,
SGRH**

YOUR BIRTHPLACE

Gujranwalan
(Undivided India)

FAVORITE COLOR

Pink to see, blue to show

**FAVORITE BOLLYWOOD
ACTOR**

Rekha

FAVORITE MOVIE

Silsila, Sound of Music

**PERSON YOU LOVE
THE MOST**

My wife,
Dr. Anjali Arora

**YOUR FAVORITE
PERFUME**

Paco Rabanne

FAVORITE CUISINE

Continental

YOUR HOBBIES

Golf and travelling

FAVORITE BOOK

The Child of Ocean
- Ronald Ross

**FAVORITE CHILDHOOD
MEMORY**

Spending summer vacation
in Dehradun and waiting
for the Rispana river to
fill up when the rains come.

SURGERY DIGEST - Journal of Delhi Chapter - ASI

We are delighted and humbled to share the release of the inaugural issue of “Surgery Digest”, the official journal of the Delhi Chapter of the Association of Surgeons of India. This academic endeavour has been made possible through the collective efforts of all of you, and in particular, the dedicated work of the Chapter’s office bearers- especially our former President, Dr P S Sarangi, & our Editor in Chief, Prof Dr Chintamani, for their single minded devotion to this cause.

The ASICON- CME foundation, under the dynamic leadership of Dr Harsha Jauhari & Dr V K Malik, played a crucial & instrumental role in bringing this vision to life. On behalf of the Delhi State Chapter ASI, we, Dr. Sanjeev Singhal, President DSC-ASI, Dr. Ashish Dey, Secretary DSC-ASI all Executive members & GC members-DSC-ASI, thank all the members of Chapter for all the help and support.

The journal belongs to each one of you. It’s growth & impact will depend on your continued engagement- through writing, mentoring, & motivating your colleagues & trainees to contribute . A journal is only as strong as the articles

it carries, & your contributions will define its academic value. I also extend my sincere gratitude to the Advisors & Editorial board members , whose guidance & commitment have been the foundation of this initiative.

We request all the members of the Delhi State Chapter to send articles for the Journal's next edition. It can be uploaded directly on the Surgery Digest - Wolters Kluwer website.

The next edition is going to be in print and we can release it in one of the major Conferences in the State. Please upload RCTs, Systematic reviews, Narrative reviews, Original articles, Case reports, Case Series, Images in Surgery, Editorials, Invited articles (when requested) or Letters to the Editor for the same.



Invited Articles

Beyond Surgery: Exploring the Many Facets of a Surgeon's Career

Introduction : Surgery is often associated with precision, skill, and technical expertise. While these qualities are fundamental, the role of a surgeon extends far beyond the operating room. A successful surgical career requires strong leadership, mentorship, and a commitment to lifelong learning. In addition, the physical and emotional demands of the profession make wellness and personal growth equally essential. This article delves into the lesser-discussed aspects of the surgical profession, highlighting how surgeons can cultivate a well-rounded career.

Leadership : A Crucial Skill for Surgeons: Leadership in surgery is more than just managing an operating room; it involves guiding teams, making high-pressure decisions, and shaping the future of healthcare. Effective surgical leaders:

1. Build a culture of teamwork and accountability.
2. Stay at the forefront of medical advancements.
3. Advocate for improved patient care and hospital policies.
4. Provide mentorship and training for

junior colleagues.

Developing leadership skills early in one's career is crucial. Participation in professional organizations, administrative roles, and leadership training programs can prepare surgeons to take on more significant responsibilities within their institutions.

Mentorship : Passing the Torch to the Next Generation: Every successful surgeon has benefited from mentorship at some point in their career. A good mentor provides not only technical guidance but also career advice, emotional support, and insight into the challenges of the profession. The mentor-mentee relationship offers several benefits:

1. **Skill Development**: Hands-on training helps young surgeons refine techniques.
2. **Career Growth** : Mentors open doors to research opportunities and networking.
3. **Support System** : The demanding nature of surgery can be overwhelming, and having an experienced guide can make a significant difference in modern surgical practice.

While mentorship traditionally flows from senior to junior surgeons, reverse mentorship—where younger surgeons introduce new technology and techniques to their mentors—is becoming increasingly valuable in modern surgical practice.

The Importance of Wellness in Surgery :

Surgery is a high-stress profession, with long hours and intense decision-making often leading to burnout. Many surgeons struggle with maintaining a work-life balance, which can affect both their personal and professional lives. To sustain a fulfilling career, prioritizing wellness is essential. Some strategies include :

- 1. Setting Boundaries :** Allocating time for family, hobbies, and rest.
- 2. Physical Health :** Maintaining a healthy lifestyle through regular exercise and proper nutrition.
- 3. Mental Well-being :** Seeking professional support when needed and engaging in mindfulness practices such as meditation or yoga.

Hospitals and medical institutions should implement structured wellness programs to support surgeons in managing stress and preventing burnout.

Continuous Learning and Personal Growth: The field of surgery is constantly evolving, making lifelong learning a necessity. Surgeons must keep up with advancements in techniques, technology, and best practices. Personal and professional growth can be fostered through:

- 1. Medical Conferences and Workshops:** Attending surgical conferences and training programs to stay informed.
- 2. Research and Publications :** Engaging in scientific research to contribute to medical literature.
- 3. Interdisciplinary Collaboration:** Working with specialists from other fields to enhance patient care.
- 4. Public Speaking and Teaching :** Sharing knowledge through academic institutions and surgical organizations.

With the rise of artificial intelligence, robotics, and minimally invasive techniques, surgeons who actively engage in continuous education will remain at the cutting edge of their field.

The Human Side of Surgery : At its core, surgery is not just about performing procedures—it's about healing people. A good surgeon must be empathetic, approachable, and able to communicate effectively with patients and their families.

Establishing trust is just as important as technical skill, as patients rely on their surgeons for reassurance and clarity regarding their medical conditions. Compassion, honesty, and strong ethical decision-making are key attributes that define an outstanding surgical professional.

Conclusion : Surgery is far more than a technical discipline—it is a lifelong journey that requires leadership, mentorship, self-care, and continuous learning. A surgeon's impact is not only measured by their success in the operating room but also by their ability to guide others, adapt to new advancements, and maintain a healthy, fulfilling career. By embracing these aspects, surgeons can not only improve their own professional journey but also elevate the field of surgery for future generations.

Dr Arun Prasad

FRCS, FRCSEd, FACS, MS (MAMC) MBBS (AFMC)
Adj Professor & Distinguished Clinical Tutor
General Surgery, Surgical Gastroenterology, Robotic and Bariatric Surgery
Indraprastha Apollo Hospitals, New Delhi



Invited Articles

Innovative Approaches in Abdominal Wall Reconstruction: The FASCIOTENS Device

In a recent case at our hospital, we successfully treated a patient with a challenging large ventral hernia with loss of domain following right hemicolectomy for cancer. Our approach combined Botox administration with the application of the FASCIOTENS device three weeks later, demonstrating the value of this innovative mechanical traction system in complex abdominal wall reconstruction.

Understanding FASCIOTENS Technology

The FASCIOTENS device represents a significant advancement in managing complex ventral hernias, particularly those with loss of domain. This mechanical traction system addresses one of the most challenging aspects of hernia repair: the physiological changes that occur when abdominal contents have resided outside the abdominal cavity for extended periods, resulting in a reduced abdominal domain.

At its core, FASCIOTENS works on a principle of controlled, gradual pre-stretching of the abdominal wall muscles and fascia. The device consists of a stable external frame that connects to the fascia of the abdominal wall via specialized traction sutures or hooks. This external frame can be precisely adjusted to apply calibrated traction forces, gradually elongating the contracted lateral abdominal wall muscles.

Mechanical Principles and Application

The device's mechanical design allows for multi-directional traction forces to be applied according to the specific needs of each case. The tension can be precisely regulated through calibrated adjustment mechanisms, allowing for incremental increases in traction as the tissues adapt. This controlled application of force stimulates tissue growth and gradual expansion of the abdominal cavity.

One of the key advantages of FASCIOTENS is its ability to create tension in a physiologically appropriate manner. Rather than forcing immediate closure, which can lead to increased intra-abdominal pressure and associated complications, the device works with the body's natural adaptive mechanisms.

The gradual stretching promotes tissue growth through mechanotransduction - the cellular process by which mechanical forces are converted into biochemical signals that stimulate tissue expansion.

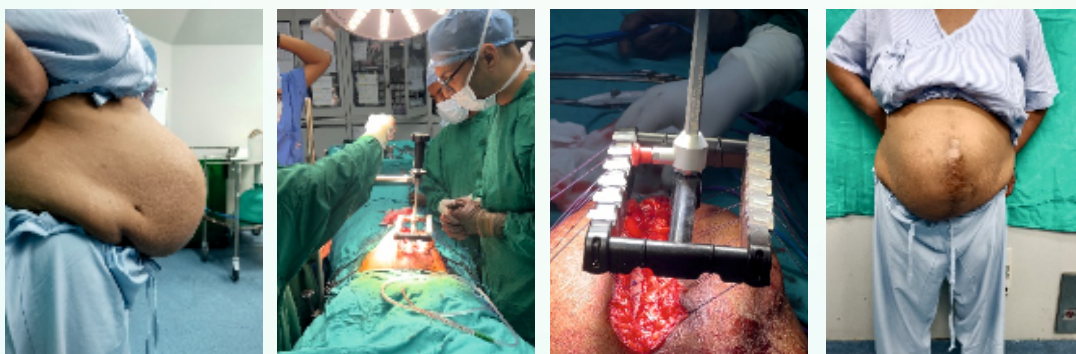
Clinical Application in Our Complex Case

In our patient with post-hemicolectomy ventral hernia and significant loss of domain, we implemented a staged approach. First, Botox injections were administered to the lateral abdominal muscles to induce temporary paralysis and reduce muscular tension. Three weeks later, once the Botox had achieved optimal effect, we applied the FASCIOTENS device.

The timing between these interventions was crucial, as it allowed us to maximize the benefits of both approaches: the chemical relaxation from Botox and the mechanical traction from FASCIOTENS. The device was calibrated to provide appropriate tension based on the patient's specific anatomy and hernia characteristics.

Over time, the controlled traction facilitated the gradual expansion of the abdominal compartment, creating sufficient space for the herniated contents to be repositioned within the abdominal cavity. This progressive approach minimized the risk of abdominal compartment syndrome and respiratory complications that can occur with forced, acute closure of large defects.

By combining pharmacological intervention with mechanical traction technology, we were able to achieve successful reconstruction of the abdominal wall in this challenging case, demonstrating how innovative approaches can significantly improve outcomes for patients with complex ventral hernias.



**Dr Anmol Ahuja, Dr. Ashish Dey, Dr. Shresth Manglik,
Dr. Vinod K Malik, Dr. Tarun Mittal**

Dept of Laparoscopic & General Surgery, Sir Ganga Ram Hospital

Invited Articles

A Resident's instruct to manuscript writing and publishing

The role of a Clinician apart from treating patients in the clinical scenario is to ensure that the academic environment is kept alive. The corpus of medical knowledge that comes through research on various therapies will not mean much if they are not shared and disseminated within the scientific community through publications in scientific journals. However, reporting scientific literature through publications needs specific guidelines and Standard Operating protocols (SOP) to ensure they are written in acceptable manners so as they are accepted for publications in journals of repute. They also help the author to achieve fame among peers and achieve academic milestones including getting fellowships, grants, jobs in their surgical careers.

Residents during postgraduation, during their tenure, may find it difficult to find time to perform research, write and publish papers alongwith direct patient care that is expected from them. They also need to participate in other forms of academic work like presentations at conferences, which further reduces the time needed to write and publish. However creative writing for publication in peer-reviewed journals gives an altogether different dimension to credibility and satisfaction. This write up is an attempt to familiarise with the art of writing and the process to get them from the writing pad to the published form in journals.

Before starting the actual writing process, it is important to have a concrete idea of the project he is about to undertake. The idea should be concrete and should have a novelty factor, not necessarily absolutely original. This should start before the data collection for the study. Whether the results of the study would confirm already existing results or answers an entirely new question is important. This will ensure that the particular project is worth pursuing. Also if the journals are appropriate for publications on that topic should be researched. The type of article and its style and content builds the foundation of the manuscript. To ensure originality in research, it is important to ponder whether the article would be a confirmatory paper publishing the same findings or would be a contradiction or disagreement towards existing thought process. Comparing treatment of a particular condition with multiple therapies, reporting complication rates and potential pitfalls of a particular therapy or something that gives a novelty factor to a topic already discussed in the literature are also good topics.

Once the topic of research has been finalised, it is important to decide, what kind of article it should be. These can be research articles, review articles, letters to the editor, case reports or case series. Randomised Control studies are generally the most difficult to complete in all earnest. Systematic reviews and Metaanalysis are considered as academic herculean projects. Research articles and clinical reviews remain the mostly received articles in the surgical journals. 'How I do it' or papers on techniques showcases a novel procedure or operative approach to an already existing surgery. Letters to the editor are usually written in response to an article published recently in the same journal and questions the findings or interpretation of the results. Case reports are written for interesting and unusual disease presentations or some novel aspect of management. They can be single-patient reports or a series of similar cases with discussion on the published literature. They are less likely to be accepted in major journals though and don't contribute towards academic productivity. It is important to note that a well-written manuscript is a must for any type of paper along with appropriate tables, graphs, images or well-drawn illustrations. Some very important abbreviations are important for every trainee manuscript writer to know before beginning the projects.

PICOT- Before deciding on the study and its title, The PICOT format helps summarise research questions that explores the effect of treatment. It stands for Population, Intervention, Comparisons, Outcomes and Time duration for the study.

MeSH terms- The Medical Subject Headings (MeSH) database is a controlled researched vocabulary brought out by the National Library of Medicine. It is used for indexing, cataloging, and searching of biomedical and health-related information. MeSH includes the subject headings appearing in MEDLINE/PubMed, the NLM Catalog, and other NLM databases.

CONSORT - Consolidated Standards of Reporting Trials is a set of guidelines for reporting Randomized Controlled Trials (RCTs). The CONSORT Group developed these guidelines to improve the quality and transparency of RCT reporting and to make them standardised. The registration of studies, particularly randomized controlled trials (RCTs), is an important tool for identifying all studies related to the key question in a comparative effectiveness review (CER). In the United States, the U.S. Food and Drug Administration (FDA) Modernization Act of 1997 called for the creation of ClinicalTrials.gov and mandated registration of all efficacy drug trials for serious or life-threatening diseases and conditions conducted under FDA Investigational New Drug Application regulations. WHO developed the International Clinical Trials Registry Platform (ICTRP), a global initiative that aims to make information about all clinical trials

involving humans publicly available. They include Australian New Zealand Clinical Trials Registry, Brazilian Clinical Trials Registry (ReBec), Chinese Clinical Trial Registry, Clinical Research Information Service - Republic of Korea, Clinical Trials Registry of India, Cuban Public Registry of Clinical Trials, German Clinical Trials Register, International Standard Randomized Controlled Trial Number (ISRCTN) Registry, Iranian Registry of Clinical Trials, Japan Primary Registries Network, Pan African Clinical Trial Registry, Sri Lanka Clinical Trials Registry and The Netherlands National Trial Register. Trials can be registered in any of the above mentioned registries

PRISMA - Preferred Reporting Items for Systematic Reviews and Meta-Analyses, is a set of guidelines for reporting systematic reviews and meta-analyses.

Deciding the journal is a major undertaking because one should be aware of the Journals that accepts or doesn't accept particular studies. Journal citation metrics like Impact factor helps to decide which journal is more prestigious and reaches a larger audience. Each journal is different and has a different profile of article types that it accepts. A good way to decide on the journal to publish is to check if it is indexed by Journal Citation Reports and recognized by the United States National Library of Medicine and National Institutes of Health shared website, PubMed commons (www.ncbi.nlm.nih.gov/pubmed) or journals supported by scientific, medical or surgical societies. Publishing in these peer reviewed journals is difficult but may be worth publishing at the end. One should however be careful of the 'predatory journals'. They are not listed or indexed and charge a publication fee but don't achieve wide dissemination or readership. Choosing from top listed journals through search engines are best as is taking opinions from senior authors. They have high citations.

Authorship should be decided early in the writing process and should be inclusive. The seniormost author normally takes the lead in formulating the research and is responsible for inclusion of all the authors and the order of their names. The First author typically is the one who contributes the most into developing the project, data collection and analysis, and writing the manuscript. The seniormost author usually takes responsibility for the paper's overall appearance. The corresponding author is usually the seniormost person. All authors should agree on the order of middle authors which is usually by order of contribution and by consensus. Authorship can be a contentious issue and who does which part is ideally to be decided at the outset. Some journals ask for a description of each author's contributions. Simply having contributed cases towards the databank or funding to a

study, is considered insufficient to warrant authorship and such ghost authorships are discouraged. Writing, composing and refining the manuscript can be intimidating, especially for the novice author. But it tends to get easier over time. Finally a review by a professional editor may be worthwhile to ensure that the information is presented in the desirable format and has a higher possibility of being accepted.

Abstracts convey the main points of the article and is composed of four sections: background and objectives, methods, results, and conclusions. Most articles tend to follow the traditional introduction, methods, results, and discussion/conclusion sections format, otherwise known as 'IMRAD'. The Introduction part describes the background of the project and why the paper is written. The Methods section describes how the project was carried out including inclusion of the subjects and how data collection and analyses was performed. The Results section describes the information and interpretation of the data collected and its analysis. The discussion section reiterates the findings of the study and how it compares from the world literature. The Conclusion section tells the gist of the findings and how this contributes to the literature knowledge. The Reference or bibliography section comes at the end. The number of references and citation style will be according to the journal instructions and is usually a variant of the Vancouver style. Using reference managers like Mendeley which are softwares that automates organising the references is very helpful in this regard. The order of writing may however not follow the order in which the paper is finally published. It is easier to start with writing the methods and results, then move on to the introduction and finally the discussion. The abstract is the last part to be written.

Finally it is important to abide by a basic code of ethics when writing a manuscript. Plagiarism which is reproducing others' work, ideas or words as one's own, is a blatant violation of ethical conduct. They should be referenced as much as possible and acknowledged when necessary. Self-plagiarism which is having more than 30% or more of own published works matching in text is equally discouraged. Self-citation to increase their visibility and academic productivity surreptitiously in literature search is also an ethical misconduct. In order to check for possible plagiarism, software services such as iThenticate or Quillbot is useful to check for unintentional plagiarism or similarity index. Failure to disclose 'Conflict of Interest' may have ethical implications. Transparency should be maintained as much as possible through relevant disclosures whether financial or academic.

Conclusion Everyone from Residents to Senior surgeons should attempt to advance their academic pursuits to some extent along with their personal and professional development. This starts with the Dissertation or Thesis, which needs to be pursued with great diligence. If he decides to be involved in Research in the future, the familiarity to the process of writing and the ability to critically assess the scientific literature would help him to a great extent. Finally it can be argued that it definitely makes him a better physician or surgeon over time.

Suggested reading –

1. Nundy, S., Kakar, A., Bhutta, Z.A. (2022). How to Do a Review of the Literature?. In: How to Practice Academic Medicine and Publish from Developing Countries?. Springer, Singapore. https://doi.org/10.1007/978-981-16-5248-6_18
2. Liang TW, Feliciano DV, Koniaris LG. A surgery trainee's guide to writing a manuscript. *Am J Surg.* 2017 Sep;214(3):558-563. doi: 10.1016/j.amjsurg.2016.12.010. Epub 2016 Dec 23. PMID: 28031145.

Dr Ashish Dey

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HEALTH UPDATE

Brachial Plexus Surgery at SGRH: Recent advances in techniques and concepts

Brachial plexus surgery is a complex field focusing on the repair and reconstruction of the brachial plexus nerves, which are critical for upper limb function. Recent advancements in surgical techniques and concepts have significantly improved outcomes for patients with brachial plexus injuries. This write-up delves into the latest developments in brachial plexus surgery, highlighting new surgical techniques, innovations, and evolving concepts that are shaping the future of this specialty at our institute.

Historical context and traditional approaches

To appreciate recent advances, it is crucial to understand the traditional approaches to brachial plexus surgery. Historically, surgical options were limited and often involved nerve grafting and direct nerve repair. Procedures such as primary nerve repair and nerve grafting were the mainstays of treatment. While these methods provided some improvement, they were often associated with variable outcomes due to the complexity of the brachial plexus, distance the repaired nerve recovery march had to cover and the limitations in surgical techniques.

Advancements in surgical techniques

1. Microsurgical technique/fibrin glue

One of the most significant advancements in brachial plexus surgery has been the refinement of microsurgical techniques. The introduction of high-magnification microscopes and advanced microsurgical instruments has allowed us to perform more precise nerve repairs. Microsurgery enables the repair of smaller nerve fibres and the meticulous alignment of nerve stumps, which is crucial for optimal functional recovery. We at SGRH have latest S&T micro instruments, which make our job easier, as well as we have finest threads ranging from 8/0 to 12/0, which help us undertake smallest of neuro anastomosis.

Fibrin glue for coaptation has now become a standard practice in brachial plexus surgery. I, personally, take two stitches with Ethilon 9/0 at the edges in the epineurium and apply glue while keeping the nerve ends approximated. This leads to minimal scarring and faster recovery.

Over the years, our surgical incisions have reduced in length and now we place targeted small incisions which help in fast, pain free recovery.

2. Distal nerve transfers

Nerve transfer techniques have gained prominence as an alternative or complement to nerve grafting. Nerve transfers involve rerouting a healthy nerve to restore function in a paralysed muscle or area. Recent advances have refined the selection of donor nerves and improved the techniques for their transfer. For example, the use of the fascicle from ulnar and median nerves to restore function to the elbow flexors (Oberlin I and II) has shown promising results.

Advances in surgical planning and intraoperative nerve monitoring by nerve stimulators have further enhanced the success rates of nerve transfers.

3. Optimal utilization of contralateral C7

Numerous authors have described the use of contralateral C7 in brachial plexus, namely C7 with free ulnar graft, hemi C7 transfer but contralateral C7 described by Wang et al. has been the most successful in getting results in hand in global palsy. We have adapted a modification inspired by his technique and in the past 3 years and I have done more than 20 cases with this technique with encouraging results in hand recovery in cases of global palsy. The route I use to bring the contralateral C7 to the pre-sternal area is circum carotid rather than pre-vertebral. Also I have found shortening of the humerus by 1 inch (done by our ortho colleagues) helps in achieving a tension free closure of the nerves.

4. Free functioning muscle transfer

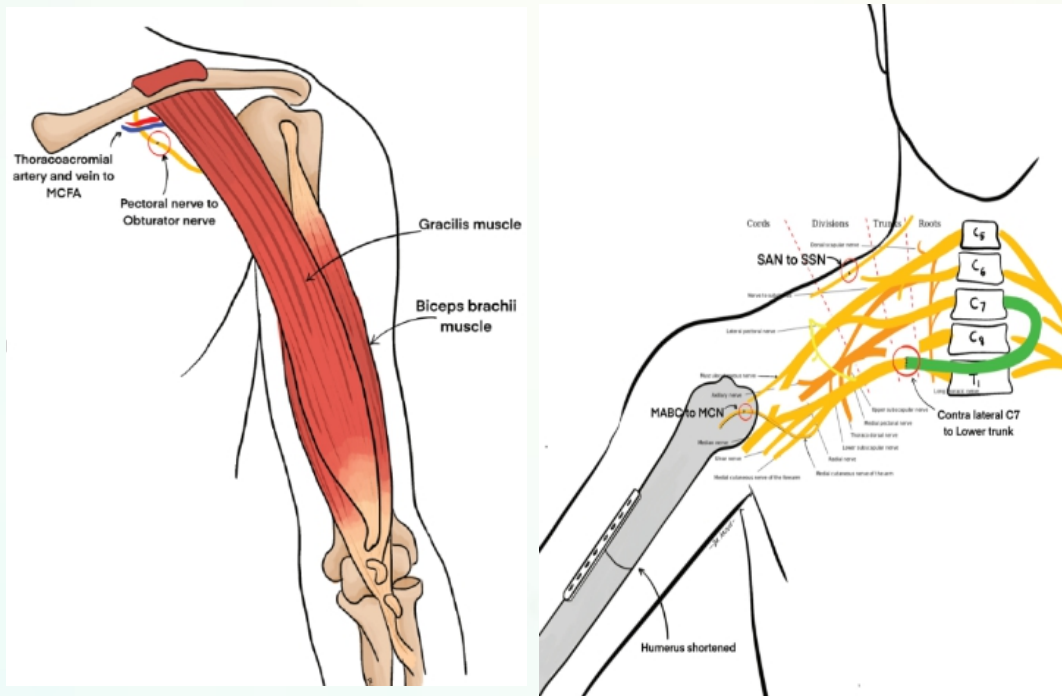
Described by Doi et al., this technique of bringing the gracilis muscle from the thigh as a free vascularized graft to take up function in the upper limb offers hope to patient of old, neglected brachial plexus injury. We at SGRH have been doing this procedure now for more than 10 years and have refined this technique to consistently achieve a power of M4 and higher in most of our cases.

Innovations in surgical concepts

1. **Neuroplasticity and rehabilitation integration** Recent research has highlighted the importance of integrating surgical interventions with neuroplasticity and rehabilitation strategies. Neuroplasticity refers to the brain's ability to reorganize and adapt following injury. Understanding how the nervous system adapts and recovers has led to improved postoperative rehabilitation protocols. For example, I used a hypoglossal nerve to median nerve transfer via a cable graft in a patient recently. In this patient the physiotherapy will involve asking the patient to move his tongue in a darting manner to make his fingers flex. Similarly, whenever I do intercostal nerve transfer for biceps, I always ask the patient to do brisk walk, Pranayam (breath Yoga) and any other chest exercise which can increase his vital lung capacity, hence strengthening the intercostals, which in turn make the biceps stronger. We are increasingly collaborating with rehabilitation specialists like occupational therapists to design comprehensive treatment plans that maximize functional recovery and improve long-term outcomes.
2. **Genetic and molecular advances** Advances in genetics and molecular biology are beginning to influence brachial plexus surgery. Research into the molecular mechanisms of nerve injury and repair has led to a better understanding of the factors that influence nerve regeneration. For instance, the identification of specific growth factors and signaling molecules has paved the way for targeted therapies that can enhance nerve regeneration and functional recovery. While these approaches are still in the experimental stages, they hold significant potential for future clinical applications. We are currently having an ongoing study in collaboration with our research department on the 'Role of autologous bone marrow derived mononuclear stem cells in peripheral nerve regeneration'. We will soon come out with some definitive answers on this front.
3. **Advances in imaging and customized surgical planning** MR neurography provides high-resolution images that allow for a detailed assessment of nerve integrity, including detecting nerve damage, inflammation or compression. This is a more sensitive method than standard MRI and can help in identifying the exact location and extent of nerve injury, guiding surgical planning and predicting outcome. We can now create a detailed map of the brachial plexus and plan our approach with unprecedented precision. Customized surgical planning allows for more accurate nerve repair and improves the likelihood of successful outcomes.

Challenges and future directions

Despite these advancements, several challenges remain in the field of brachial plexus surgery. The complexity of the brachial plexus and the variability in injury patterns make it challenging to achieve consistent outcomes. Additionally, the integration of new technologies and techniques into clinical practice requires rigorous validation and long-term follow-up studies. A majority of our patients are from a lower socio-economic strata, hence providing world-class care at a subsidized rate is always challenging. We are often forced to take decisions that are guided by finances rather than clinical judgement. Future research in brachial plexus surgery will likely focus on further improving surgical techniques, enhancing rehabilitation strategies, and exploring novel therapies.



Dr Anubhav Gupta
Vice Chairman & Senior Consultant
Department of Plastic, Cosmetic and Hand Microsurgery
Sir Ganga Ram Hospital



CASE REPORTS & ARTICLES

“Beyond The Bias: Thriving As A Female Surgeon”

For years, one question has persisted: How is surgery as a career for women?

A year ago, as a fresh out of college graduate, I was asking the same question. Now that I am living it day in and day out, I find myself answering it—just as every female surgeon does at different stages of their journey.

I have been inspired by so many remarkable surgeons, both male and female, which led me to choose general surgery as my specialty. Yet, every now and then, I encounter moments where I struggle to relate to my male colleagues. Surgery, by itself, is a demanding field, and being a woman in it brings an added set of challenges.

Traditionally, leadership roles in academia and mentorship have exhibited significant gender disparities. When I make a mistake, my biggest fear is not just the error itself but that someone will attribute it to my gender rather than a lack of skill. When I fall ill, I worry about being perceived as weak. Every time I suffer from menstrual cramps, I fear that it will be seen as an excuse rather than a genuine struggle.

I frequently carry the weight of an imposter syndrome—like everyone else belongs, and I am just trying to fit in. I can't help but notice the hesitation in a patient's eyes when they assume I am a nurse. But why? Because of the deep-rooted belief that a woman's role is merely to support men. It will be a long and active process to dismantle these unconscious biases.

But then, despite these challenges, there are moments that remind me why I chose this path. A patient who returns, asking only for me. A senior surgeon who takes my suggestion seriously during a surgery, and it works. The rare but invaluable colleagues and mentors who support me unconditionally and ensure I never feel alone in this journey.

These are the moments I hold onto—they keep me going. I believe this is possible because there is growing global awareness and recognition that overcoming gender discrimination requires continuous efforts.

So to every woman who wonders if she belongs in surgery—the answer is yes. You belong. And one day, you'll be the inspiration for someone else asking the same question.

Dr. Geetanjali,

2nd year DNB Resident, DDU Hospital, New Delhi

Single Surgeon Experience of 85 Cases on SSI Mantra Robotic Surgical Platform at a Small Healthcare Facility

The rise of robotic surgery has redefined the landscape of minimally invasive procedures across the globe. In India, the emergence of indigenous technology such as the SSI Mantra Robotic Surgical System has brought this revolution within reach of smaller healthcare institutions and a broader patient demographic. At the NOVO Robotic Surgery Centre, Meenakshi Hospital, Kaushambi, Ghaziabad 50-bedded facility. The introduction of the Mantra system in July 2024 has yielded impressive results under the stewardship of a single dedicated surgeon. This article summarizes the experience of the first 85 robotic cases performed on this platform, highlighting its clinical efficiency, cost-effectiveness, and transformative potential in community-level healthcare settings.

Mantra: An Affordable Made-in-India Solution : The SSI Mantra is India's own contribution to the growing field of robotic-assisted surgery. Unlike other globally marketed robotic platforms, Mantra stands out due to its affordability without compromising surgical precision or technology. One of the most attractive features of the system is its open console design, offering 3D 4K visualization that enhances the depth of field and clarity crucial for delicate surgical maneuvers. This design not only benefits the primary surgeon but also proves invaluable for teaching and training purposes, offering real-time learning for fellow surgeons and medical students. Furthermore, one of the key challenges in adopting robotic surgery in smaller centers has been the high cost of disposables. However, Mantra significantly reduces this financial burden. The disposables used in this system are far less expensive than those required by foreign robotic systems, making robotic surgery accessible and sustainable even in cost-sensitive settings.

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smaller centers has been the high cost of disposables. However, Mantra significantly reduces this financial burden. The disposables used in this system are far less expensive than those required by foreign robotic systems, making robotic surgery accessible and sustainable even in cost-sensitive settings.

Surgical Experience and Outcomes: Between July 2024 and April 2025, a total of 85 robotic surgeries were performed by a single surgeon using the SSI Mantra system. These included a diverse range of procedures, each tailored to patient needs and clinical indications. The breakdown of cases is as follows:

28 Robotic Cholecystectomies - Mean console time: 30 minutes, Average blood loss: < 20 cc

17 Robotic Bariatric Surgeries - Mean console time: 50 minutes, Average blood loss: < 20 cc

22 Robotic Gynaecological Procedures -Including radical and simple hysterectomies, ovarian cystectomies, myomectomies, and adhesiolysis for endometriosis

8 Robotic Ventral Hernia Repairs - Mean console time: 100 minutes, Blood loss: Nil

7 Robotic Inguinal Hernia Repairs - Mean console time: 55 minutes, Blood loss: Nil

1 Robotic Radical Hemicolectomy - Console time: 55 minutes, Blood loss: < 20 cc

2 Robotic Funduplications- Mean console time: 60 minutes, Blood loss: < 20 cc

These outcomes showcase the versatility and efficiency of the Mantra system across general surgery, bariatrics, gynaecology, and gastrointestinal procedures. Notably, all operations were performed with minimal blood loss and highly favorable recovery profiles.

Patient-Centered Benefits and Growing Demand - One of the most compelling observations from this experience has been the overwhelmingly positive patient feedback. Most patients reported significantly less postoperative pain compared to conventional laparoscopic surgery. This can be attributed to the enhanced control and reduced torque generated by the robotic arms, resulting in minimal tissue trauma at the port sites. Moreover, awareness about robotic surgery is on the rise. Patients are increasingly informed, often requesting robotic procedures proactively after hearing about their benefits from peers. This shift reflects both an evolving

healthcare consumer mindset and the importance of offering technologically advanced solutions even at secondary care centers. Challenges and Insurance Landscape - While patient demand and outcomes are encouraging, certain systemic challenges remain. Insurance companies do generally approve robotic surgery claims; however, the process often involves extensive documentation and justifications. Despite these bureaucratic hurdles, the low-cost nature of robotic procedures at our facility has allowed most claims to be approved. A more streamlined approach by insurers would go a long way in enhancing access and affordability.

Optimizing Utilization in Small Healthcare Facilities - Operating a high-end surgical robotic system at a 50-bedded hospital like Meenakshi Hospital underscores the feasibility and potential of robotic surgery in smaller setups. The results achieved by a single surgeon in less than a year are promising, but they also highlight an opportunity for growth. By involving more consultants and specialists, the utilization rate of the Mantra system can be significantly improved, ensuring greater return on investment and broader patient access.

Conclusion: The Future is Robotic. The experience of 85 robotic surgeries using the SSI Mantra platform at our center is a testament to the systems capabilities, especially in small healthcare facilities. With its cost-effectiveness, technological excellence, and patient-friendly outcomes, Mantra is not just a tool for elite institutions, its a game-changer for healthcare delivery across India. Robotic surgery is no longer a futuristic luxury. It is a present-day necessity. As surgical techniques evolve and patient expectations rise, the adoption of indigenous and affordable robotic solutions like Mantra is imperative. The earlier we adapt, the better positioned we will be to provide cutting-edge, compassionate, and comprehensive surgical care to every corner of our country. Robotic surgery is here to stay, embrace the future today.

Dr. Vikrant Sharma

MBBS, MS, FNB (MAS), FACS (USA), Fellowship in Robotic Surgery, NHS Portsmouth (UK) Training in Revision Bariatric Surgery (Belgium) Fellowship in Gynaecology (Pune), Specialist Surgeon (DHA)



A Practical Guide to Manifestation – Insights from * Manifest by Roxie Nafousi

Roxie Nafousi's *Manifest: 7 Steps to Living Your Best Life* offers a clear, practical approach to turning our dreams into reality. Manifestation, as she explains, isn't just about wishful thinking—it's about mindset, energy, and aligned action. With science-backed principles and real-life examples, she breaks it down into seven actionable steps that can help us create the life we want.

The 7 Steps to Manifestation

1. Be Clear in Our Vision - If we don't know exactly what we want, how can we expect to achieve it? Clarity is key. Instead of vague goals like "I want to be happy" or "I want success," we need to be specific. Do we want a new job? A healthy relationship? A sense of purpose? Writing down our desires in detail, as if they are already happening, helps set the right intention.

2. Remove Fear and Doubt - Fear and self-doubt act as roadblocks. If we believe deep down that we aren't worthy of success or happiness, we subconsciously push those things away. Identifying limiting beliefs and reframing them into positive statements can shift our mindset and open doors we didn't even realize were closed.

3. Align Our Behavior with Our Goals - It's not enough to think positively—we need to act as if we are already the person we want to become. If we're manifesting career growth, are we networking, learning, and stepping outside our comfort zone? If we want love, are we showing up as someone ready for a healthy relationship? Our actions should match our aspirations.

4. Recognize Challenges as Tests - The universe has a way of throwing obstacles in our path, not to block us, but to test how committed we are. When setbacks happen, it's easy to think, "Maybe this isn't meant for me." Instead, we can reframe these challenges as opportunities to grow, refine our approach, and prove to ourselves that we're serious about our goals.

5. Practice Gratitude Daily - Gratitude shifts our energy. When we focus on what we already have, rather than what's missing, we naturally attract more positivity. A simple habit—writing down three things we're grateful for each day—can make a huge difference in our mindset and overall outlook.

6. Turn Envy into Inspiration - Instead of feeling jealous when we see others achieving what we want, we can use it as proof that success is possible. Surrounding ourselves with inspiring, motivated people helps us stay on track and believe in our own potential.

7. Trust the Timing of Our Journey - Sometimes, things take longer than we expect. Instead of obsessing over when and how our goals will manifest, we can focus on the present and trust that what's meant for us will come at the right time. Letting go of control allows us to enjoy the process rather than stress over the outcome.

Key Takeaways

1. Manifestation is a combination of clarity, self-belief, action, and trust.
2. Our thoughts and energy shape our reality, so removing self-doubt is crucial.
3. Challenges don't mean we're failing—they test how much we truly want something.
4. A daily gratitude practice can shift our mindset and attract more positivity.
5. Instead of worrying about when our dreams will come true, we can focus on becoming the person who's ready to receive them.

Final Thoughts

Manifest is more than a self-help book—it's a mindset shift. It reminds us that we have more power than we think, and by following these steps with consistency and belief, we can create real, meaningful changes in our lives.



Dr Anmol Ahuja

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Consultant, Dept. of Laparoscopic & General Surgery, Sir Ganga Ram Hospital



A DAY IN THE DIARY OF A SURGEON-

Rahul had just finished his dinner and plunged the spoon into the fruit custard that Pooja, his wife had prepared for him. As his two-year-old daughter, Pakhi clung onto his neck and was trying to climb onto his shoulders, his cellphone rang. He had recently bought his new smartphone, his new Samsung Note, that he tried his best to keep out of reach of Pakhi. Dr Rahul Dasgupta was an Attending Consultant in Bhagat Singh Hospital in Virender Nagar, New Delhi for a few years now.

Pooja brought the phone to him. Dr Kaushal Arora, his unit head was on the line. After the little niceties that was his style of starting a conversation, Dr Arora asked Rahul to see an urgent reference in the hospital. Although he was not on call, it was a special request to see the patient who had just been admitted in his unit. Rahul lived just a couple of miles away from the hospital and was recently promoted from Clinical Assistant to Attending Consultant. Life was generally good for Rahul and full of promise, he thought, as he looked lovingly into the eyes of Pakhi, the apple of his eye. He replied to his boss that he would immediately go, see the patient and report back to him. Although he was slightly disappointed at having to forgo his playtime with Pakhi, that he so cherished, he told Pooja that it probably was just a routine call and he would be back soon. As he left home, Pakhi, realizing that her father was leaving, let out a wail to see him go, that tore at Rahul's heartstrings.

Almost cursing the day he decided to join medical school, Rahul parked his car in the hospital parking lot, waved at the guard who greeted him cheerily and climbed up the staircase. He suddenly realized that he had forgotten to tuck his shirt into his trousers as he normally did. He shut out his thoughts and his eyes assumed a concerned look as he entered room 1222 of B S Hospital after a gentle knock.

The patient, Mrs Bansal was a 70 year old frail looking woman and had just been admitted. She had been having pain in her tummy for the past few days and had become unbearable since morning. She had neatly plaited grey hair, split right in the middle and had the loving, but bright eyes of a person, who had seen the world. It could not however hide the acute pain that was clearly visible across her face. He daughters and the son in law sat around her making small quiet talk. The younger daughter Prerna, who had just returned from the United States, greeted the young budding doctor. She was tense and unsure and had that quizzical look in her eyes.

It was clear that they were expecting someone more senior, possibly with graying hair around the temples. Everybody stood up as Rahul entered the room. He was slightly taken aback at all the respect, that he rarely encountered or expected in practice. He masked his surprise, as he put a calm hand on Mrs Bansal wrist to check her pulse. She opened her eyes slowly, showing that faraway look, suggesting that all

was not well with her. He continued to examine her tummy, asking small brief questions. He was convinced there was probably a perforation of her bowels and would need a CT scan to confirm his diagnosis. He called up his Unit Head, Dr Arora, reported his findings and proceeded to fill up the necessary forms for the scan. As he was leaving the room, he tried to explain his concerns in brief professional words to the attendants in the room. Purna, who even at that late hour was smartly dressed in a white office shirt and smart trousers was keenly following everything Rahul had to say. When she spoke to ask the few brief questions to allay her fears and doubts, in the clear unadulterated American accent, Rahul could not help but notice the deep dark eyes that were full of concern. Rahul offered his assurances and his complete professional help in the care of her mother. He shut the door gently muffling the murmurs of 'Thank you Doctor' behind him. He decided to rest in his duty room while the CT scan was being done. He calculated that it would take at least two hours before the scan was complete. He just couldn't make himself leave the hospital till the tests were done out of concern for his frail patient. As Rahul closed his eyes in the reclining chair, his daughter's face floated before his eyes for a moment and filled him with warmth all over. He smiled unconsciously to himself as he pulled the comforter over him.

The scan revealed that Mrs Bansal had a perforation in his upper small gut and would need surgery. The relatives were informed that she was posted for surgery at 8 am the next morning. Meanwhile the anaesthetists assessed her and explained their concerns to the relatives. It was a high risk case, which would mean she might be shifted to the ICU on a ventilator after surgery with the tube in her windpipe for breathing support. Purna who appeared to be taking the decisions, signed the forms giving her consent.

During surgery, early next morning, it was clear that the perforated bowel had spilled its contents all over the abdomen forming pockets of pus. The bowels had formed a cocoon around the perforation and had become friable. The surgery took slightly

more than two hours to gently separate the bowels, close the rent and wash the abdomen thoroughly so as to clean out the infection. Mrs Bansal was kept in the ICU overnight. Rahul and Dr Arora met the concerned relatives and told them that although the surgery went off well, the following couple of days will tell, how she is going to progress and recover. Mrs Bansal however, was taken off the oxygen support and shifted to her room the next day. Her recovery was better than expected and she was happy to be shifted to her room away from the blinking lights and beeping alarms of the ICU.

It was obvious that Prerna was the one paying for the expenses of her mother's treatment, as she always did, sending money from the United States. She was the one who had initially insisted to her relatives in Delhi, on shifting her mother to the reknowned B S Hospital rather than a nearby government hospital, while she booked her flight tickets from the US at double the price and left for India straightaway. Dr Arora and Dr Rahul came for their rounds late in the evening and assured her that she was well on her way to recovery. Prerna was all concern for her mother and never left her side even for a minute.

Mrs Bansal recovered fast. She was started on a diet the next day and 2 days later she was fit to be discharged. Dr Arora came for the rounds, fixed up the appointment for the follow up and assured her of all help possible for her recovery. Rahul came to see her before discharge to explain to her the few details about diet, medications and the wound dressing that is routinely done before discharge. Prerna looked at Rahul with grateful eyes as she shook hands for the last time and almost unconsciously held on to it for a split second longer. With an effort, she could only utter



“Thank You Doc” as her eyes turned misty with an overwhelming sense of relief. She could say no more as a lump formed in her throat with an overwhelming feeling of relief and gratitude. “Just doing my job” said Rahul as he put his hands in his labcoat and turned to get out of the room to see his next patient. A warm feeling swept over him as he left Room 1222. He has the familiar satisfying feeling of a job well done, and one, that needed no validation from anyone. He was no more angry at being summoned to see a patient with pain in her tummy in the middle of the night just a few nights back.

Dr Ashish Dey

MS, FMAS, FIAGES

Secretary, Factory Delhi State Chapter ASI
Senior Consultant, Deptt. of Laparoscopic and General Surgery,
Sir Ganga Ram Hospital



IRONMAN WAS ONCE A COMMON SURGEON-

Story of how a dedicated GI & HPB Oncosurgeon transformed himself & earned 3 time titles of IRONMAN.

Ironman is the world's toughest sport in which participants have to finish 3.86km of swim followed by 180 km of cycling followed by 42.195km of running. All 3 activities have to be finished within 15 hours 30 minutes in one stretch then the athlete is awarded with the title of Ironman. So ironman is an extreme endurance sport.

Story begins in childhood from a small village of Bhagalpur, Bihar at the age of 8 years when I lost my father because of appendicular perforation. As an elder son I started taking care of my mother & my 3 year old sister. My interest towards sports activities began in RSS Shakha. Daily at 4am in the morning at the age of 8 years I did extensive physical activity. Running daily around 5 to 10km was common in the early morning in childhood at 4am followed by many types of exercises like high jumps, pull-ups on trees & pushups.

To me, the story of how I started and learned swimming is special. There was one big pond in-front of my native home. I used to go and try to swim but one day I saved my life as I almost drowned. On that day I challenged myself and took an oath to learn swimming by taking a banana tree to learn how to kick during swimming & in 3 days I learned swimming & crossed 150mt the entire length of the pond which gave me immense pleasure. Swimming went to extreme lengths during preparation for MBBS entrance. As I used to live near the banks of Ganga, I had an opportunity to swim along with my friends from at least 2 to 3 kms.

Cycling in the village at the age of 8 to 9 years, observing the beautiful scenery of plantation fields was the most attractive thing.

I used to ride on the Hero cycle which was my 1st cycle, I bought it for 1100 rs. Daily, on an average, riding 40 kms was common during class 11 & 12 for attending all the 4 tuitions I had plus college.

I got 8th rank in AIPMT in my state and got selected in MBBS at Patna Medical College, Patna in 1995. It was a busy schedule for me as I had lectures, duty in medical wards & exams, pressure. I still managed to do 30 minutes of daily extensive exercise like jumping jacks, pull-ups, push-ups & walking on the arms.

After completion of MBBS I got a chance to stay at GSVM Medical college for 2003. During that period, the route of running of 10km continued along with my wife & sister.

In 2004 I got admitted for PG surgery in NRCH New Delhi with lots of sports amenities in Railway like sports ground & swimming pool.

Progressively my running distance increased to Half Marathon in 2014. I started training for the marathon & 1st Marathon finished in SCMM 2016 (Now it is known as Tata Mumbai Marathon).

Group cycling started by buying a cycle in 2016. I did my 1st 'century ride' in 5 hrs, but now progressively cycling speed & distance increased & 180 km of cycling in 6 hrs only.

Most important is family support to do extreme sports. My wife Mitali is also a marathon runner & cyclist so it is easy for me to manage time together in sports & strength training & at least 3 hours a day for 3 years needed to prepare for Ironman.

Once parents start doing sports, kids spontaneously get involved in sports. As my elder son keeps participating in 10 km runs in the Delhi Marathon. My younger son is playing badminton at Delhi state zonal level and he has also achieved black belt in Karate.

Good nutrition, with a high protein level diet, fresh fruit & vegetables is an important key to build good endurance strength.

"Early to bed & early to rise" with a good sleep is important in the routine life of Ironman for sports recovery.

SCISSORS



As I'm GI & HPB oncosurgeon, so professionally I have long duration challenging surgeries to perform like my surgical procedure is Laparoscopic whipple which I'm really passionate about, Thoracoscopic -Laparoscopic esophagectomy , Lap D2 radical gastrectomy & Lap colectomy. But these long duration surgical procedures can be done very easily if the surgeon's strength & patience is at a high level.

Preparation for ironman is like meditation. It requires 3Ds— determination, dedication & discipline in life. Sports activity begins in the early morning. In ironman 3 sports activity Swim, cycling and running. I used to do 3 times a week, 3 days swim per week & 3 days run per week either in the evening or in the morning before going to OT or OPD at 9am.

One long activity every month in which it takes around 6 to 7 hr , like 150 to 200 km of cycling & 15 to 21 km of running.

In ironman open water swims 3.86 km in the ocean or lake. In Delhi NCR we have only one option, Bhardwaj Lake 400mt one lap length in Aravali hills Faridabad inside dense forest. We used to trek in the forest for around 4 km then we swam 4 to 5km & then trek back to the parking area.

As an Ironman I feel it is very easy to manage my professional life and my personal life with family.

Now I've created the Triathlon Club of India & started giving programmed organized training to many athletes to create more Ironman in India.

Highly grateful to my family, friends, all members of Triathlon Club of India & many known & unknown persons. Without support from each & every one it would not be possible for me to train for Ironman .

I would really wish to see more Ironmen from our Association of Surgeons of India in the Official Ironman Club Triathlon Club of India . Any full time ASI member can connect on instagram handle trithalonclubofindia.

SCISSORS



Ironman Kalmar Sweden 2023



Ironman Copenhagen 2022



**Near to finish 42km of run
Hamburg 2024**



**Hamburg 2024 cycling near to finish
180km & proceeding towards 42km of run**



**Ironman Hamburg 2024 just after 3.86 km
of swimming proceeding towards 180km of cycling**



Ironman Hamburg 2024

Dr Bishwa Nath Tiwary

GI & HPB Oncosurgeon
Northern Railway Central Hospital New Delhi
Insta handle- @bishwanathtiwary, @trithalonclubofindia;
Fcaebook- Bishwanath tiwary;
Youtube- @bishwanathironman9529

HOBBY SECTION

“और कुछ नहीं है कहना ”

गुमसुम रहना
चुपचाप बस सहना
खामोशी को ओढ़ना
मुसीबतों को जोड़ना
आसुओं का बहना
जबरन उन्हें रोकना
किस्मत को अपनी कोसना
लोगों का टोकना टाकना
शर्म है महिला का गहना
ऐसा बार बार कहना
पुरुष को नहीं है रोना
मर्ज को हँसते हुए सहना
मानसिक स्वास्थ्य पर बात न करना
उलझनों का बोझ सिर पर लादना
इस सोच को अब है बदलना
और नहीं कुछ है कहना
विचारों को अपने तक ना रखा करो
कुछ अच्छा लगे तो खुलकर बखान कर
नापसंद भी हो तो उसे जाहिर करो
घुट घुट कर ना तुम जिया करो
संवाद के तारों को जोड़ा करो
आसपास अकेला न किसी को छोड़ा करो
खुलकर जिदंगी गुजारा करो
खुशियों से झोली को भरा करो

“बदलाव ”

बदलाव प्रकृति का नियम है,
बस , रखना हमें संयम है।
पतझड़ के बाद बसंत का आना निश्चित है,
पर यह करना हमें ही सुनिश्चित है।
तन, मन, धन से जब हम
सेवा को तत्पर होंगे,
सही गलत में यकीनन फिर बड़े अंतर होंगे।
साम, दाम, दंड, भेद जाँचे परखे तरीके हैं,
कलयुग में भी अपेक्षित केवल
सही सलीकें हैं ।
कृतित्व से ही होती व्यक्तित्व की पहचान है,
अच्छे कृत्यों का तो हमेशा होता गुणगान है।

समय बड़ा बलवान है ,
जीवन बनाना हमें अर्थवान है।

सदाचरण के सब कद्रदान हैं,
इस, कविता को मिलता यहाँ अवसान है।

Dr Kusum Meena
Professor Surgery
L.H.M.C, New Delhi



AWARDS

Heartiest congratulations to

Dr. Pradeep Chowbey Sir on being honored with the prestigious IFSO APC Visionary Leadership Award in Metabolic and Bariatric Surgery at the IFSO APC Congress in Mumbai!

This remarkable achievement is a testament to his unparalleled contributions to the field. A truly special moment as the award was presented by none other than the Legend and Bharat Ratna, Sachin Tendulkar! Having served as the Worldwide President of IFSO and Past President of IFSO APC, this recognition holds immense significance.



Chapter Activities

Monthly Meetings & PG Master classes

The December Clinical Monthly meeting & PG masterclass of the Delhi State Chapter, ASI was organised by ESI-PGIMSR and Model Hospital, Basaidarapur, New Delhi on December 21, 2024 (Saturday) as per Schedule below: Venue: Golden Jubilee Hall, First Floor, A-Block (Administrative Block), ESI-PGIMSR and Model Hospital, Basaidarapur, New Delhi. Very well organized meeting by HOD ESI, Dr. Sumit Chakravarti and was attended by a huge number of delegates as well as faculty from across the state.

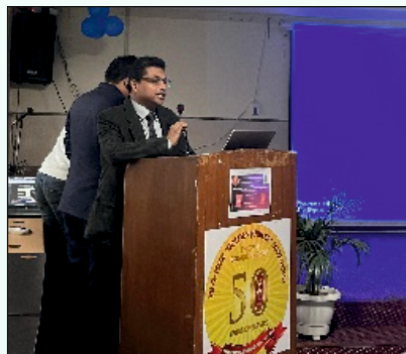
PG Master Class: 2-3 PM

S No.	Topic	Presenter	Moderator
1	Case of Carcinoma Breast	Dr. Sandeep Gara	Invited Faculties
2	Case of Obstructive Jaundice	Dr. Anurag Kachhap	Invited Faculties

Clinical Cases : 3-4 PM

S No.	Topic	Presenter	Moderator
1	A Home Away from Home: A unique case of Diaphragmatic Hernia	Dr. Ashwani Yadav	Dr. Vaishali Saxena
2	A Tale of Headache: from pills to the operating room	Dr. Amisha Nath	Dr. Gaurav Patel
3	Subcapsular Splenectomy: an alternative to the conventional procedure	Dr. Naveen	Dr. Munish Sharma
4	An Arduous Journey of a case of Obscure GI Bleed	Dr. Bhavya Wadhvani	Dr. Siddharth Mishra

This was followed by a Lecture by Dr Chintamani, on 'Writing a scientific paper- tips & tricks'.



The January monthly meeting of Delhi State Chapter of ASI was organized by Army Hospital Research & Referral, New Delhi on January 17, 2025 (Friday), 3.00 pm - 4.00 pm at Army Hospital R & R, Delhi. This was attended by the top Army surgical fraternity, headed by Brig Jaswinder Singh . This was the first academic meet of the current year 2024 under the Presidentship of Dr. Sanjeev Singhal.

S No.	Topic	Presenter	Moderator
1.	VATS Thymectomy in Myasthenia Gravis – Our Experience from a Tertiary Care Oncology Centre	Maj Namrata Patel	Col VP Singh
2.	Blunt Trauma Abdomen with Grade IV /Grade V Liver Injury managed conservatively	Maj Arun Govind	Col VP Singh
3.	Current Management of Traumatic Thoracic Aortic Injuries	Dr Mohit Gupta	Col AK Dabas
4.	Congenital Diaphragmatic Hernia- Changing Paradigm of care	Maj Shailesh Ishwar	Col Kamal Kishore

As a tradition, the handing over ceremony from the previous executive to the current executive took place after the case discussions at 4 pm and the Presidential Collar was handed over to the President, Dr. Sanjeev Singhal by Dr. P S Sarangi.



The February monthly meeting of Delhi State Chapter was organized by Department of Surgical Disciplines, AIIMS, Delhi on 15th February 2025 (Saturday), 3 to 4 pm. The meeting was followed by Executive Meeting of state chapter.

Venue: Surgery Block, All India Institute of Medical Sciences, New Delhi

The list of cases were as below

Unit	Topic	Faculty
I	The Robotic Approach to Adrenal Surgery: Enhanced Visualisation and Control	Prof. Sunil Chumber, Dr. Piyush Ranjan, Dr. Yashwant Singh Rathod, Dr. Ankita Singh, Dr. Devender Singh
II	Precision Surgery for Anorectal Melanoma: Robot Assisted APR	Prof. Hemanga K Bhattacharjee, Dr. Manjunath Maruti Pol, Dr. Washim Firoz Khan, Dr. Aditya Baksi
III	Unravelling the Enigma: Robotic Solutions for Dunbar Syndrome	Prof. Rajinder Parshad, Dr. Mohit Joshi, Dr. Suhani, Dr. Aditya Kumar
IV	R.A.W. Robot Assisted Whipple's	Dr. Asuri Krishna, Dr. Brijesh Singh, Dr. Sushant Soren
V	Robotic Diaphragmatic Hernia Repair	Prof. V K Bansal, Dr. Om Prakash, Dr. Sanjeet Kumar Rai, Dr. Arun Anand
VI	Surgical Symphony: The Art and Science of Robotic Thyroidectomy	Prof. Anita Dhar, Dr. Kamal Kataria, Dr. Uttam Kumar Thakur, Dr. Nelson T



March monthly meeting & PG Masterclass-DSC organized by SGRH on 22 March 2025
 The March monthly meeting & PG Masterclass of Delhi State Chapter was organized by Department of Laparoscopic, Laser & General Surgery, Sir Ganga Ram Hospital Delhi on 22 March 2025 (Saturday), 2 to 4 pm.

2 – 3 pm – PG Masterclass

1. Carcinoma Breast - Dr. Sarvesh S, PGY II
2. Retroperitoneal soft tissue tumor masquerading as sarcoma - Dr. Arpit Pathak, PGY III

3 -4 pm – Monthly Meet

S No.	Topic 10 mins + 2 mins discussion	Presenter & Unit
1	Carcinoma breast with undescended testes	Dr. Siddharth Glida, PGY II Dr. Brij B. Agarwal's Unit 1
2	An unexpected twist in the management of bowel obstruction	Dr. Abha Chugh, PGY II Dr. Vijay Arora's Unit 2
3	Life Threatening complication after OAGB/MGB	Dr. Ramesh Karthik Krishna, PGY III Dr. Tarun Mittal's Unit 3
4	A case of large re-recurrent ventral hernia - optimally managed by a laparoscopic approach	Dr. Dhaigude Piyush Raghunath, SR Institute of MAS- Dr. Sudhir Kalhan



CME on Medical Expulsive Therapy on 19 Dec 2024

ASI Delhi State Chapter in association with Cipla organized a CME on 19 December 2024 in the online mode. The topic discussed was Medical Expulsive Therapy with other treatment modalities. Speaker- Dr. Juhil Nanavati, Uro-Surgeon, Andrologist & Kidney Transplant Surgeon, Shalby Hospital, Surat. Moderator - Dr. Ashish Dey, Secretary, Delhi Chapter ASI & Senior Consultant, Dept of Laparoscopic, Laser & General Surgery, SGRH, New Delhi. There were upwards of 200 attendees in the program.



The poster features a blue and yellow color scheme. At the top left is the Cipla logo. To its right, it says 'in collaboration with:' followed by the logo of the Association of Surgeons of India (Delhi Chapter). Below this, the text 'Proudly Presents' is written in a red, cursive font. A central yellow box contains the topic: 'MEDICAL EXPULSIVE THERAPY WITH OTHER TREATMENT MODALITIES'. Below this, two circular portraits are shown. The left one is labeled 'Speaker' and the right one 'Moderator'. Under each portrait is the name and professional details of the respective doctor. At the bottom, a yellow box contains the date and time: 'Thursday, 19th December 2024' and '5:00 PM'. A QR code is located in the bottom right corner, and a link to the registration page is provided at the bottom left.

Cipla

in collaboration with:

ASSOCIATION OF SURGEONS OF INDIA (DELHI CHAPTER)

Proudly Presents

TOPIC

MEDICAL EXPULSIVE THERAPY WITH OTHER TREATMENT MODALITIES

Speaker

Dr. Juhil Nanavati
MBBS, DNB (General Surgery),
DrNB (Urology), Uro-Surgeon,
Andrologist & Kidney Transplant Surgeon,
Shalby Hospital, Surat
Awarded Gold Medal in Surgery
(By Prime Minister Shri Narendra Modi)

Moderator

Dr. Ashish Dey
Senior Consultant,
Department of Laparoscopic,
Laser and General Surgery,
Sir Ganga Ram Hospital

Please join us on

Thursday, 19th December 2024

5:00 PM

Please click here to register or scan the QR code
<https://meduptodate.in/ASI>



Chapter Activities


CME on Hernia Repair & Liver Transplant on 15 January 2025

Max Superspecialty Hospital, Dwarka in association with ASI Delhi State Chapter - WEST ZONE organized a CME on 15 Jan 2025 at ITC Hotels, Dwarka, New Delhi. The topics discussed were Hernia repair and recent advancements in Liver Transplant.

Speakers Dr. Randeep Wadhawan and Dr. Amardeep Yadav were invited to talk on their respective topics. Guest of Honor : Dr. P S Sarangi, Dr. Ashish Dey

Max Super Speciality Hospital, Dwarka in association with ASI Delhi Chapter cordially invites you for a

Continuing Medical Education Programme




📅 Wednesday, 15th January 2025 ⌚ 8:30 pm onwards
📍 Welcomhotel By ITC Hotels, Sector-10, Dwarka, New Delhi

Topics	Speakers
Hernia Repair: Embracing Innovation & Redefining Standards	Dr. Randeep Wadhawan Vice Chairman GI, Minimal Access & Bariatric Surgery
Recent Advancements in Liver Transplant	Dr. Amardeep Yadav Principal Consultant Liver Transplant & Biliary Sciences


Followed by Cocktails & Dinner

Dr. P. S. Sarangi | **Dr. Ashish Dey**
President - ASI Delhi Chapter | Secretary - ASI Delhi Chapter

RSVP
Rupesh Saini | 9999900847



Max Super Speciality Hospital, Dwarka
Plot No. 1, Sector - 10, Dwarka, New Delhi - 110 075
Phone : +91-11-2511 3511



Chapter Activities

CME on "Benign Esophageal disorders" - 1 Feb 2025

The Delhi State Chapter of Association of Surgeons of India organised a half day CME on the single theme of "Benign Esophageal disorders" on 1 Feb 2025 (Saturday). In Hotel Suryaa, New Friends Colony. The Academic session also included a short session on 'Life beyond surgery' where we had speakers on Financial Investment and Spirituality for Surgeons from 4 to 8 pm followed by drinks and dinner. This included panel discussions and individual talks on the important topic. It was well attended by over 200 delegates. We also celebrated Delhi getting the Best State Chapter award at the end of the programme attended by President, Dr. Sanjeev Singhal and Past President Dr. P S Sarangi.

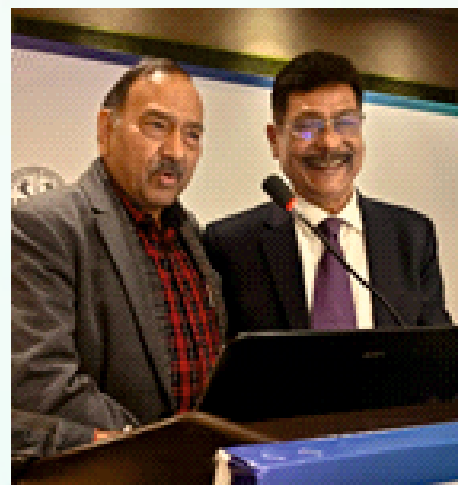


The Surgeon and the Esophagus
Including talks on Wealth management and Mental wellbeing by prominent speakers

1st February, 2025 04:00 PM onwards

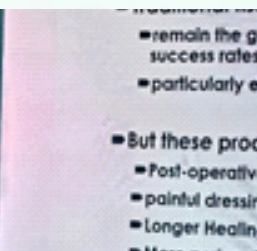
The Suryaa New Delhi, New Friends Colony, New Delhi 110025

TIME	SESSIONS
	Welcome and Program Overview - Dr Ashish Dey
	The right surgical candidate in GERD
Session I	Panel Discussion - Diagnosis of GERD, an Enigma still!
4.00 pm to 4.35 pm	Moderator - Dr Prabal Roy Panelists - Dr Anil Arora, Dr Rajinder Prasad, Dr Pradeep Jain, Dr Subyosachi Bal, Dr Sumesh Shah
	Antireflux Surgery
Session II	Panel Discussion - Fundoplication in GERD - Key to doing it Correctly!
4.40 pm to 5.15 pm	Moderator - Dr Arun Prasad Panelists - Dr Ajay Kriplani, Dr Deepak Govil, Dr Manish Bajaj, Dr Parveen Bhatia, Dr Raj Chejara
	Life Beyond Surgery
Session III	Chairpersons- Dr K N Srivastava, Dr Vinod K Malik, Dr Ratna Chopra, Dr Chintamani, Dr Neeti Kapur
5.20 pm to 6.00 pm	Surgeon and Money matters - Anuj Gupta
6.00 pm to 6.20 pm	Surgeon, Spirituality and Mental wellness - Ela Tyagi
	Esophageal Patpourri
Session IV	Chairpersons - Dr K N Srivastava, Dr Vinod K Malik, Dr Ratna Chopra, Dr Chintamani, Dr Neeti Kapur
6.20 pm to 6.55 pm	5 things you Absolutely need to know about ! In 10 minutes 1. What not to do in Lap Fundoplication - Dr Parveen Bhatia 2. Barrett's Esophagus- When to operate ? - Dr Deborshi Sharma 3. Endotherapy in GERD- When and for Whom - Dr Anil Arora
Session V	Achalasia and its management, any Gold Standard yet ?
7.00 pm to 7.45 pm	Moderator - Dr Rajdeep Singh Panelists - Dr Sanjeev Singhal, Dr Saumitra Rawat, Dr Ashish Vashista, Dr Manoj Arndley, Dr Ashish Kumar
7.45 pm to 8.00 pm	My experience as President of Delhi State Chapter, ASI and celebrating its success - Dr P Sarangi
8.00 pm	Group Picture of Executives of DSC, ASI, Adjournment Followed by Dinner



The SGRH FISTULACON 2025” on 23rd February 2025

The Department of Laparoscopic, Laser & General Surgery, SGRH organized "The SGRH Fistulacon 2025 in association with ACRSI and ASI-Delhi Chapter. The comprehensive single theme program on Fistula in Ano was meticulously designed to align with the mission of advancing proctological education and clinical excellence. On this momentous day, our esteemed faculty especially Dr. Pradeep Sharma, Dr. Kamal Gupta, Dr. Kushal Mital and Dr. Sanjay Singla shared their expertise, guided us from fundamental principles to the latest advancements in the management of fistula-in-ano. It was attended by well over 150 practicing senior surgeons, surgeons in training and surgical residents. The Program included talks by eminent faculties, Panel Discussion and operative workshop.



CME on "Colo Rectal Cancers " on 7th March 2025 at SGRH

Colo Rectal Surgery Division, Sir Ganga Ram Hospital organized a CME on "Colo Rectal Cancers " on 7th March 2025, 10 am onwards, under the aegis of Delhi State Chapter, ASI at Auditorium SGRH. There were 45 delegates who attended the CME and also attended by the executive members of the Delhi Chapter, ASI. It was organized by Dr. Sheikh Mohammad Taha Mustafa, Senior Consultant, Color Rectal Surgery Unit.





SIR GANGA RAM HOSPITAL
Trust of Generations



Sir Ganga Ram Hospital
in association with
Delhi State Chapter, ASI
Co-Sponsoring

CME on Colorectal Cancers
Colorectal Cancer Awareness Week
7th March 2025
Venue: Auditorium, SGRH

SCIENTIFIC PROGRAMME

Patrons : Dr Ajay Swaroop, Dr D S Rana, Dr Jayashree Sood, Dr A K Bhalla
9:30 am - Inauguration and Breakfast

Time	Topic	Speaker	Chairperson
SESSION I			
10:00 - 10:15 am	Epidemiology of colorectal cancer in India. Do we get cancer at early age?	Dr V. K. Malik, SGRH	Dr Chatterjee, Dr Prasad, Dr Chand Watal, Dr Sangaria
10:15 - 10:30 am	Genetics of hereditary colorectal cancer - Indian data	Dr Verma, SGRH	
10:30 - 10:45 am	Genetics of sporadic colorectal cancer and its clinical relevance	Dr Ramesh Patel, SGRH	
10:45 - 11:00 am	Role of methemoglobin in colorectal cancer state free	Dr Kishore, SGRH	
SESSION II			
11:00 - 11:15 am	Colonoscopy in diagnosing and follow-up of colorectal cancer in India: a role of screening in India	Dr Purohit, SGRH	
11:15 - 11:30 am	MRI in colorectal cancer - What questions a surgeon should ask?	Dr Sonam Bhat, SGRH	Dr Sengupta, Dr Tanuj Mittal, Dr Rishi Agrawal, Dr Samrajit
11:30 - 11:45 am	Role of CT and PET-CT in colorectal cancer	Dr Rishi, SGRH	
11:45 - 12:00 pm	Predictive Markers in Colorectal Cancer	Dr Sneha Jain, SGRH	
SESSION III			
12:00 - 12:15 pm	Current Role of Chemotherapy in rectal cancer. Can we skip radiation?	Dr Shresh Agrawal, SGRH	
12:15 - 12:30 pm	Immunotherapy in rectal cancer: Current role	Dr Aditya Kumar, SGRH	Dr Ashish Mittal, Dr Suresh Babbar, Dr Vikram Grewal, Dr Shelly Thakur
12:30 - 12:45 pm	Radiation in T1T2 when and how? Sequelae	Dr Shikha Halder, SGRH	
12:45 - 1:00 pm	Endoscopic Management of Adenomatous and Dysplastic Polyps in Colon and Rectum	Dr Anil Anand, SGRH	
LUNCH BREAK			
SESSION IV			
1:30 - 1:45 pm	TAMR for rectal cancer: when and why	Dr Pratik Kumar, SGRH	
1:45 - 2:00 pm	Laparoscopic LVN (Omentum) in rectal cancer: Indications & technique	Dr Anand P. Malhotra, Dr Anand Agrawal, Dr Manoj	
2:00 - 2:15 pm	CME with ILSL discussion for right colon cancer	Dr Anand, SGRH	Dr Shilpi Bhat, Dr Anand Khand, Dr Anand Dey, Dr S. K. Das
2:15 - 2:30 pm	Robotic LAR. Key Landmarks and Nerve-sparing Techniques	Dr Deep Goyal	
2:30 - 2:45 pm	Management of Transverse colon cancer	Dr Pradyumn Jain, Dr Anand Agrawal, Dr Anand Bhat	
SESSION V			
2:45 - 3:00 pm	Public Examination in rectal cancer	Dr Pratik Jain, Dr Shresh Agrawal, Dr Anand Bhat, Dr Anand Khand, Dr Anand Dey, Dr S. K. Das	
3:00 - 3:15 pm	Endoscopic Management of Anorectal Leak in CRC	Dr Shresh Agrawal, SGRH	Dr Anand Bhat, Dr Anand Khand, Dr Anand Dey, Dr S. K. Das
3:15 - 3:30 pm	Urgency Surgery in CRC and its Management (Open commentary) by Dr. Aditya Malhotra	Dr S. Rajan, SGRH	
3:30 - 3:45 pm	CRC - HPEIC in Colorectal Cancer	Dr Santosh Kumar, Dr Anand Agrawal, Dr Anand Bhat	
SESSION VI			
3:45 - 4:00 pm	Role of AI in CRC	Dr Pratik Jain, Dr Shresh Agrawal, Dr Anand Bhat, Dr Anand Khand, Dr Anand Dey, Dr S. K. Das	
4:00 - 4:15 pm	Palliative Care in CRC	Dr Shresh Agrawal, SGRH	Dr Anand Bhat, Dr Anand Khand, Dr Anand Dey, Dr S. K. Das
4:15 - 4:30 pm	Role of mental health professional in managing CRC patients	Dr Sankhyajyoti, SGRH	Dr Anand Bhat, Dr Anand Khand, Dr Anand Dey, Dr S. K. Das
4:30 - 4:45 pm	Quality of Life after T4TME. SGRH Data	Dr Tanishka, SGRH	

CME on "Abdominal Tuberculosis: A Clinical Imbroglia" on 8th March 2025 by ESI New Delhi

The Department of Surgery, ESI-PGIMSR and Model Hospital, Basaidarapur, New Delhi under the supervision of Dr. Sumit Chakravarti (HOD), conducted a theme based CME titled- "Abdominal Tuberculosis: A Clinical Imbroglia" on 8th March 2025 under the aegis of Delhi State Chapter, ASI. Around 150 surgeons and physicians from all over Delhi NCR as well as inhouse residents and delegates attended the meeting and gained deep clinical insights in this vast topic. It was attended by the Executives of DSC-ASI including past presidents and secretary of the chapter.



ESIC FORTNIGHT 2025
DEPARTMENT OF SURGERY

ESI-Post Graduate Institute of Medical Science and Research, Basaidarapur, New Delhi

Solicits Your Gracious Presence in Inauguration of VII Annual CME

"ABDOMINAL TUBERCULOSIS - A Clinical Imbroglia"
A Theme Based CME
(Under the aegis of Delhi State Chapter, ASI)

On Saturday, 8th March 2025, 11.00 AM

Venue:
Golden Jubilee Hall,
First Floor, Administrative Block

Dr. M. Ganesh
Dean

Dr. Nirmala Aiyar
Medical Superintendent

Dr. Sumit Chakravarti
Organising Chairman

Dr. Gaurav Patel
Organising Co- Chairman

Dr. Vaishali Saxena
Organising Co- Chairman

Dr. Munish Sharma
Organising Secretary

Dr. Suhas Agarwal
Organising Secretary



CME on Robotic Partial Nephrectomy & Recent advancement in GI Oncology on 19 March 2025

Venkateshwar Hospital, Delhi in association with ASI Delhi State Chapter - WEST ZONE organized a CME on "Robotic Partial Nephrectomy & Recent advancement in GI Oncology" on 19 March 2025 at Hotel Hyatt Centric, District Center, Janakpuri, New Delhi. Around 100 delegates attended the event. Speakers Dr. Aditya Pradhan & Dr. Tushar Aeron were invited to talk on their respective topics. Guest of Honor : Dr. Sanjeev Singhal, Dr. Ashish Dey.

DELHI STATE CHAPTER ASI & VENKATESHWAR HOSPITAL, DELHI
Cordially invites you to a
CONTINUING MEDICAL EDUCATION (CME)

Speaker	Topic
Dr. (Lt. Col) Aditya Pradhan MBBS, MS, DNB Principal Director Urology, Uro-Oncology, Robotics & Renal Transplant	Robotic Partial Nephrectomy
Dr. Tushar Aeron MBBS, MS, M.Ch Director Liver Transplant & Robotics GI Surgery, GI Oncology, Bariatrics & Robotic Surgery	Recent advancement in GI Oncology

Date & Time
19th March, 2025 (Wednesday) | 8:30 PM onwards

Venue
Hyatt Centric Janakpuri New Delhi

Dr. Sanjeev Singhal
President



Dr. Ashish Dey
Secretary

RSVP: Nitin Mukesh - 9310484182



CME on "Role of Curative Surgery in Stage 4 Cancer- 29 March 2025

HOPE Oncology Clinic in association with Delhi State Chapter of ASI organised a CME on "Role of Curative Surgery in Stage 4 Cancer", where multiple Stage 4 Cancer scenarios and Surgical, Chemotherapeutic and Immunotherapy regimens were discussed. It was presented by Dr Amish Vora and attended by over 30 delegates and Executive members of Delhi ASI including President and Secretary of the chapter. It was held on 29th March in CSOI, K G Marg, New Delhi.



H.O.P.E. ONCOLOGY CLINIC
ASI - DELHI STATE CHAPTER

Invites you to an informative & interactive Session

Topic : Role of Curative Surgery in Stage 4 Colon Cancer

Speaker : Dr. Amish Vora
MBBS, MD, DNB, DM - Medical Oncologist
Director - H.O.P.E. Oncology Clinic
Senior Consultant PSRI Hospital
Senior Consultant NHI Hospital

ASI - Delhi State Chapter

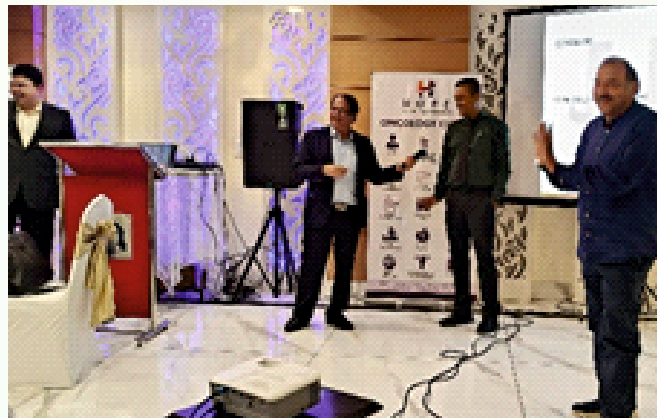
Dr. Sanjeev Singhal President	Dr. Ashish Dey Secretary	Dr. Sameer Nain Treasurer
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Convenor : Dr. SK Poddar

📅 29th March, 2025 🕒 07:00 PM Onwards

📍 CSOI, Kasturba Gandhi Marg, Parijat Hall

H.O.P.E. Oncology Clinic
A-13, Haveli Khari, New Delhi **7303860100**



Single theme-based conference on 29th & 30th March 2025 called 'India Veins conclave'

Apollo Indraprastha hospital in association with with Delhi state chapter of ASI, organised a Single theme-based conference on 29th and 30th March 2025 called 'India Veins conclave'. It was attended by around 50 delegates and also by executive members of DSC-ASI in the Auditorium, Apollo Hospital.



CME on Future of Surgery: Mastering Robotics, AI, AR & VR on 11 April at PHD House, Delhi

Med World in association with Delhi State Chapter ASI organized an online CME on "Future of Surgery: Mastering Robotics, Artificial Intelligence and Virtual Reality on 11 April 2025 (4 to 10 pm). Around 10 prominent faculties practicing high volume robotic surgery participated in the event with over 50 attendees from across the country.

Highlights of the CME were to - Discover the latest innovations in surgical technology, - Sharpen the technical skills and expertise, -Embrace the future of robotics, AI, AR & VR in surgery, -Network with leading surgeons, researchers, industry experts, - Tackle challenges and shape of the future of healthcare. It was well appreciated by the attendees.

Med World
Nurturing Medical Innovation & Entrepreneurship

Surgeons Conclave

Future of Surgery: Mastering Robotics, AI, AR & VR

Date: Friday, 11th April 2025 | **Time:** 4:00 PM - 10:00 PM
Venue: PHD House, Delhi

Join us as we explore how cutting-edge technologies like Robotics, AI, AR, and VR are transforming surgery – boosting precision, speeding recovery and improving patient outcomes.

Why Attend?

- Discover the latest innovations in surgical technology
- Sharpen your technical skills and expertise
- Embrace the future of robotics, AI, AR & VR in surgery
- Network with leading surgeons, researchers, and industry experts
- Tackle challenges and shape the future of healthcare

Program Agenda

3:00pm - 4:00pm	Registration & Welcome Tea
4:00pm - 5:00pm	Inaugural Session
5:00pm - 6:00pm	Session 1: Robotics in Surgery: Precision and Possibilities - Evolution of robotic surgery, Its Applications
6:00pm - 7:00pm	Session 2: AI in Surgical Decision Making & AR & VR for Training and Surgery
8:00pm - 8:30pm	Conclusion: Summary of the Conclave
9:00pm	Networking Dinner

Scan to Register

AIMED

Contact Us:
M: +91 9999955186 | E: sg@policymeschamber.com, event@thepolicytimes.com

ROBOSYM 2025" from 4-6th April 2025 at AIIMS, New Delhi

In association with Delhi State Chapter-ASI, All India Institute of Medical Sciences, New Delhi organized its 1st Symposium on Robotic Surgery – “ROBOSYM 2025”. It was held from 4th-6th April 2025. The conference offered an opportunity to to learn and discuss the nuances of Robotic Surgery with renowned national and international experts. The sessions on all organ systems in the field of Robotic surgery were insightful and the discussions enriching

Symposium Highlights:

1. Robotic Workshop (Limited to 10 spots): 4th April 2025- Simulation training, Docking and port placement, Skills practice on wet tissue
2. Conference: 5-6th April 2025- Didactic lectures, Video demonstration, Discussions on tips and tricks, Award video presentation for residents

It was organised by Dr Sunil Chumber, HoD, Dr Aditya Kumar, and team from AIIMS and attended by over 150 delegates from across Delhi NCR and Faculty from across the country.



Training Programme, Instructional Courses & Workshops

Live operative workshop - 23 Feb 2025 at SGRH, New Delhi

A live operative workshop was organized along with the "SGRH Fistulacon 2025 in association with ACRSI and ASI-Delhi Chapter organized by the Department of Laparoscopic, Laser & General Surgery, SGRH. The surgeries demonstrated were LIFT, FILAC, VAAFT, Fistulotomies, Fistulectomies. These surgeries were demonstrated by prominent surgeons of ACRSI including Dr. Sanjay Singla, Dr. Kamal Gupta, Dr. Pradeep Sharma, Dr Kushal Mital, Dr. Tarun Mittal. The surgeries were relayed live to the auditorium and was well appreciated by the delegates present.



Hands on workshop - SGRH Vascular Clinics - 23 March 2025

The Institute of Vascular & Endovascular Sciences (IVES), SGRH organized "Hands on Workshop" for surgical postgraduates on 23 March 2025 at SGRH Skill center in association with Delhi State Chapter, ASI. Around 60 postgraduates attended the meeting and took advantage of the clinical case presentations and the workshop.



SCOPE Course 2025 - 17th to 20th April 2025

It gives us great pleasure to say that the flagship course of Delhi State Chapter of ASI, 'Surgery Clinical Oriented Postgraduate Examination Course (SCOPE) 2025' of this year was successfully organised from 17th to 20th April 2025. The venue was DDU Hospital, New Delhi. Dr Ashish Dey Secretary DSC was the SCOPE Coordinator ably supported by Dr. Sanjeev Singhal President-DSC, Dr. P S Sarangi Past President, DSC, Dr. Sameer Nain Treasurer DSC, All executive members and all GC members-DSC ASI. Dr Pravin Suryawanshi, President, ASI was present as Chief Guest and was a tremendous source of encouragement and support to the Chapter and the Course in particular. Dr Probal Neogi, Past President ASI, Dr. Maruthu Pandian, Vice President, ASI, & Dr. B L Chaudhary, MD DDU Hospital, were the Guest of Honor during the Inauguration on 17th April 2025 at 5 pm and gave their words of encouragement.

The Institute of Vascular & Endovascular Sciences (IVES), SGRH organized "Hands on Workshop" for surgical postgraduates on 23 March 2025 at SGRH Skill center in association with Delhi State Chapter, ASI. Around 60 postgraduates attended the meeting and took advantage of the clinical case presentations and the workshop.



Skill enhancement Programme of ASI (SEPA) at various centers in Delhi

We have great pleasure in announcing that we have, as a continuation of ASI's Skill Enhancement Programme of ASI (SEPA), organized a Physical 1-day operative workshop and surgical training programme at SGRH on 10 March 2025 on "Laparoscopic Cholecystectomy". 07 delegates participated in this. Faculties (Dr. Tarun Mittal, Dr. Ashish Dey, Dr. Anmol Ahuja) of SGRH demonstrated the Surgeries followed by an interactive discussion and distribution of certificates.



Department of Laparoscopic, Laser & General Surgery, Unit 3, organized a Physical 1-day operative workshop and surgical training programme at SGRH on 24th March 2025 on "Hernia - Inguinal / Ventral". Surgeries demonstrated were TEP, TAPP, IPOM plus, Etep, Etep Tar, Patch mesh repair. 08 delegates participated in this. Faculties (Dr. Tarun Mittal, Dr. Ashish Dey, Dr. Anmol Ahuja) of SGRH demonstrated the Surgeries followed by an interactive discussion and distribution of certificates.

Association of Surgeons of India (ASI) is conducting SKILL ENHANCEMENT PROGRAMME (SEPA) Course on "Hernia - Inguinal/Ventral" at Sir Ganga Ram Hospital. Date - 24th March 2025. Course fee is Rs. 1000/-, ASI Membership Mandatory. QR code for Payment. Faculty: Dr. Pravin B. Suryawanshi (President ASI), Dr. S. Manoj Kumar (Vice President ASI), Dr. Tarun Mittal (Coursey & Title Lead SEPA), Dr. Ashish Dey (Course Coordinator), Dr. Anmol Ahuja (Course Coordinator).



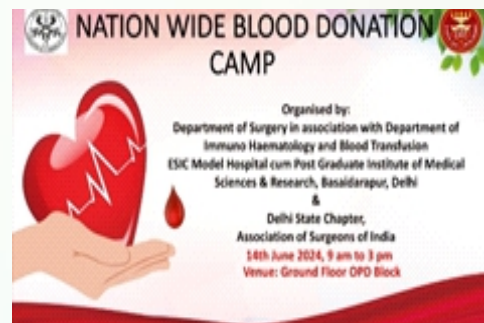
Department of Thoracic Surgery organized a Physical 1-day operative workshop & surgical training programme at SGRH on 6th May 2025 on "Thoracic Surgery" under the mentorship of Dr. S Bal, HOD Thoracic Surgery, SGRH followed by an interactive discussion and distribution of certificate.



Public Education Programs & Social Service Activities

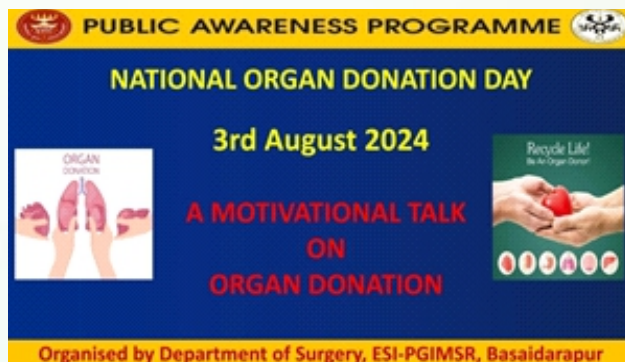
Voluntary Blood Donation Camp at PGIMSR cum ESIC Model Hospital.

On the occasion of World Blood Donor's Day i.e 14th June 2024, a successful voluntary blood donation camp had been organized by the Department of General Surgery in collaboration with the Department of Immuno Haematology and Blood Transfusion under the aegis of Association of Surgeons of India, Delhi State Chapter at PGIMSR cum ESIC Model Hospital, Basaidarapur, New Delhi. Around 84 donors voluntarily donated blood including Faculties, Pg residents, Nurses, Nursing orderly, Technicians, various non medical employees of ESI and general public. A large number of females became a part of this event. Dr. Sumit Chakravarti, Professor & Incharge, Department of Surgery actively supervised in the organising of the event. Dr. Suhas Agarwal, Assistant Professor, Surgery and Executive ESI-PGIMSR, Basaidarapur, participated and donated blood towards a noble cause.



Voluntary Blood Donation Camp at PGIMSR cum ESIC Model Hospital

On the occasion of National Organ Donation Day dated 03rd August 2024, a successful Public Awareness Programme had been organized by the Department of General Surgery in collaboration with the Department of Ophthalmology under the expert supervision of Dr. Sumit Chakravarti sir and Dr. Prakriti Chourasia madam at PGIMSR cum ESIC Model Hospital, Basaidarapur, New Delhi. A motivational talk had been given by Dr. Munish Sharma, Associate Professor from the Department of Surgery. Approximately 110 people became a part of this event. Dr. Suhas Agarwal also motivated, guided and helped the participants to pledge. Approximately 23 people wilfully pledged for organ donation.



Public Hernia Awareness Camp on 23 Feb 2025 at SGRH

The Digestive Disease Clinic under the aegis of ASI- Delhi State Chapter organised a Free Public Hernia Awareness Camp on 23rd February 2025 at Gastro Surgery & Stone Center Clinic -Janakpuri-West Delhi. The participation in the camp was totally free and no fee was charged to the patient. The camp was a success with approx 30 registrations and patients and their relatives benefiting by the talk on hernia related issues and free consultation by Dr. Neeraj Dhamija.



Social Service Program- Non Scalpel Vasectomy (NSV) on 3rd March 2025 by at PGIMSR cum ESIC Model Hospital, Basaidarapur.

Under the aegis of Delhi State Chapter-ASI, a successful Public Awareness Programme on Non Scalpel Vasectomy (NSV) and other male contraceptives had been organized by the Department of General Surgery under the expert supervision of Dr. Sumit Chakravarti at PGIMSR cum ESIC Model Hospital, Basaidarapur, New Delhi. A motivational talk was also given in view of spreading the awareness about NSV and male contraceptives for making India's tomorrow better in terms of population control. There was also a talk that motivated, guided and helped the patient's in understanding the concept of Non Scalpel Vasectomy and directing their thought process in the right direction i.e. against the social misconceptions in this regard. Approximately 200 people or more became a part of this event wilfully.



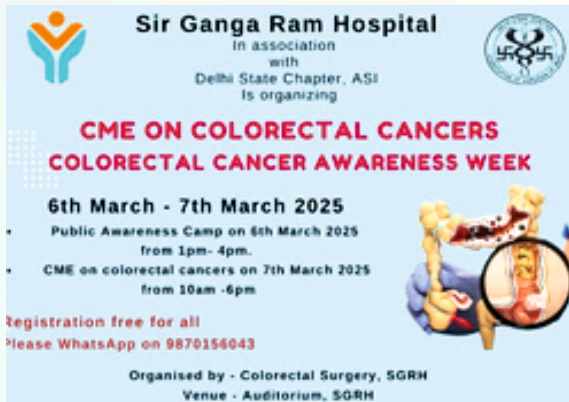
Social Service Program - Blood Donation Camp on 5th March 2025 at ESI-PGIMSR and Model Hospital Basaidarapur.

Under the aegis of Delhi State Chapter ASI, a successful voluntary blood donation camp had been organized by the Department of General Surgery in collaboration with the Department of Immunohaematology and Blood Transfusion at ESI-PGIMSR and Model Hospital, Basaidarapur, New Delhi. Many donors voluntarily donated blood including Faculties, Pg residents, Nurses, Nursing orderly, Technicians and various non medical employee of ESI. A large number of females became a part of this event. Dr. Sumit Chakravarti, Professor & Incharge, Department of Surgery actively supervised in the organising of the event. Dr. Suhas Agarwal, Assistant Professor coordinated, participated and donated blood towards a noble cause. A total of 87 blood donations was achieved today at our hospital to serve humanity and put a step forward in the larger interest of saving lives and becoming the reason for someone's smile.



Public Awareness Camp - Colon Rectal Surgery, 6 March 2025 at SGRH, New Delhi

Colo Rectal Surgery unit, Sir Ganga Ram Hospital organized a Public Awareness camp on "Colo Rectal Cancer" on 6th March 2025, 1 pm onwards, under the aegis of Delhi State Chapter, ASI at Auditorium SGRH. Approx 35 people attended the camp. It was organized by Dr. Sheikh Mohammad Taha Mustafa, Head, Colon & Rectal Surgery Unit, Sir Ganga Ram Hospital New Delhi.



Sir Ganga Ram Hospital
In association with
Delhi State Chapter, ASI
Is organizing

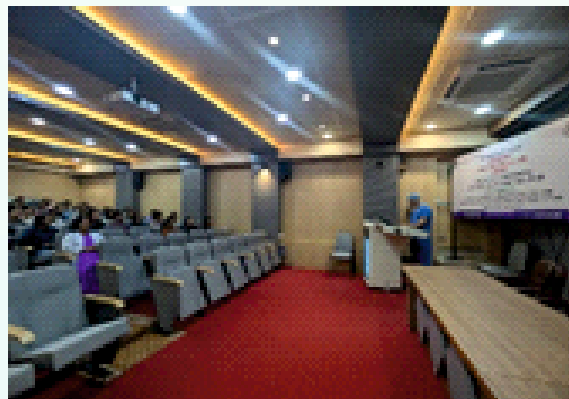
CME ON COLORECTAL CANCERS
COLORECTAL CANCER AWARENESS WEEK

6th March - 7th March 2025

- Public Awareness Camp on 6th March 2025 from 1pm - 4pm.
- CME on colorectal cancers on 7th March 2025 from 10am - 6pm.

Registration free for all
Please WhatsApp on 9870156043

Organised by - Colorectal Surgery, SGRH
Venue - Auditorium, SGRH



UPCOMING EVENTS

ASICON 2025 KOLKATA

SURGICAL BRILLIANCE MEETS BENGAL'S HERITAGE!

SCAN/CLICK TO REGISTER

CONFERENCE HIGHLIGHTS

- SCIENTIFIC SESSIONS
- LIVE OPERATIVE WORKSHOP
- PAPER & POSTER PRESENTATIONS
- SKILL COURSE
- KEYNOTE ADDRESSES
- ORATIONS

The capital of West Bengal awaits to mesmerise you with its unmatched beauty.



THE ORGANISING COMMITTEE ASICON 2025



Dr. Makhan Lal Saha
Organising Chairperson



Dr. Diptendra Kumar Sarkar
Organising Secretary



Dr. Sandip Ray
Treasurer

ASICON 2025 Kolkata Registration

Category	Special Discount during ASICON 24	Early Bird Upto 28 th Feb	First Slab Upto 31 st July	Second Slab Upto 30 th Sep	Third Slab Upto 30 th Nov	SPOT
ASI member	7700	9500	10500	11500	12500	14500
ASI non-member	9500	11500	12500	13500	14500	16500
PGT ASI member	6600	7500	9000	10000	11000	13500
PGT ASI non-member	8000	9500	10500	11500	12500	15500
Accompanying person (max-2)	7700	9500	10500	11500	12500	14500
Banquet	2500	3000	3000	4000	4000	6000
Workshop	2750	2750	3300	3850	3850	4400
Foreign National	7700	9500	10500	11500	2500	14500

*Please note that 18% GST will be applicable over the above rates



Biswa Bangla Convention Centre
New Town, Kolkata
17th December - 20th December, 2025

85TH ANNUAL CONFERENCE

of The Association of Surgeons of India (ASI)

UPCOMING EVENTS



20th Annual Congress of the
Asia Pacific Hernia Society (APHS)

&

19th Congress of
Hernia Society of India (HSI)

Collaborate, Innovate, Integrate



2025

18, 19, 20
SEPTEMBER

JW MARRIOTT HOTEL,
AEROCITY, NEW DELHI,
INDIA



SIR GANGA RAM HOSPITAL
Trust of Generations



Indian Association of Gastrointestinal Endosurgeons
Sir Ganga Ram Hospital, BLK-Max Super specialty &
Delhi State Chapter, ASI
is organizing

FALS Hernia

Fellowship in Advanced Laparoscopic Surgery in Hernia

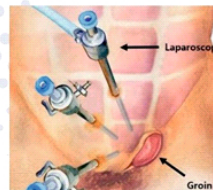
A 3-Day Fellowship Program with Lectures &
Live Operative Workshop

Date : 28 Nov - 30 Nov 2025

Venue : Jaypee Siddharth
Delhi-08

Registration Form Link:
<https://forms.gle/62DEEKeyRemYMUvk8>

QR code for Registration



Dr Deep Goel
Org Chairman

Dr. Tarun Mittal
Org Secretary

Dr. Ashish Dey
Org Treasurer

Dr Anmol Ahuja
Org. Jt Secretary

Dr Shreshth Manglik
Workshop Coordinator

Call Us
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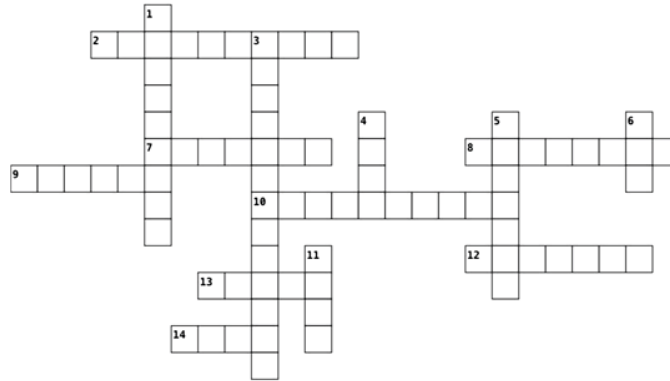
Whatsapp at
9810396769

Email at
falshernia2025@gmail.com

CROSSWORD ON BREAST CANCER

Compiled by : Dr Sukhda Monga, Senior Resident, MCh. Breast and Endocrine Surgery, Department of Surgical Disciplines, AIIMS, New Delhi

MammoMaze



Across

2. A 21-gene expression assay that evaluates recurrence risk and assists in tailoring adjuvant therapy for breast cancer patients
7. An antibody-drug conjugate recently approved for HER2-low breast cancer based on the DESTINY B-04 trial results
8. An intraglandular horizontal fibrous septum extending from the pectoral fascia at the fifth rib, forming medial and lateral vertical ligaments crucial in breast surgery and reconstruction.
9. A classic DNA sequencing method used historically to identify pathogenic mutations in breast cancer-related genes.
10. A rare hereditary cancer syndrome caused by TP53 mutations, predisposing individuals to early-onset breast cancer and sarcomas.
12. A metabolic phenomenon where cancer cells preferentially use glycolysis for energy production, even in the presence of oxygen.
13. A clinical trial evaluating whether sentinel lymph node biopsy can be avoided in early breast cancer with negative axillary ultrasound.
14. A tumor suppressor gene whose mutations significantly increase the risk of hereditary breast and ovarian cancer.

Down

1. A cell adhesion protein encoded by the CDH1 gene, often lost in invasive lobular carcinoma of the breast.
3. An anti-PD-1 monoclonal antibody used in the treatment of triple-negative breast cancer expressing PD-L1
4. A molecular technique used to detect large genomic rearrangements, including deletions and duplications in breast cancer susceptibility genes
5. A breast cancer subtype characterized by high estrogen receptor expression, low proliferation, and a favorable prognosis.
6. A novel imaging technique combining aspects of PET scans and mammography to detect small clusters of cancer cells within the breast
11. An antibody-drug conjugate combining trastuzumab with a cytotoxic agent, used for HER2-positive metastatic breast cancer and in residual invasive cancer after neoadjuvant HER-2 positive breast