



ASI DELHI State Chapter

ASSOCIATION OF
SURGEONS OF INDIA



SCISSORS

Official Newsletter of Delhi State Chapter ASI





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Delhi State Chapter ASI

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From the Desk of the Editor

Greetings from the Editorial Team,

As we bring to you the final edition of our newsletter for this year, it gives us immense joy to reflect on a year filled with learning, innovation, and collective achievement within the Delhi State Chapter of the Association of Surgeons of India (ASI). This platform continues to serve as a vibrant reflection of our shared journey — one defined by academic pursuit, professional excellence, and the unyielding spirit of service.

Throughout the year, our members have exemplified dedication and progress — from pioneering surgical advancements and impactful research to skill-building workshops and community outreach. Each contribution has added strength and inspiration to our fraternity.

This concluding edition captures key milestones, memorable academic events, and voices of thought leadership from across the surgical community. It is not just a summary of activities, but a celebration of the unity and enthusiasm that continue to define our chapter.

As we step into a new year, let us carry forward this momentum — to innovate, educate, and collaborate even more meaningfully. We invite all members, especially our young surgeons and residents, to stay actively engaged and contribute to this growing tapestry of surgical excellence.

We extend our heartfelt gratitude to all office bearers, contributors, and the editorial team for their unwavering commitment throughout the year.

Wishing everyone a wonderful year ahead — filled with good health, success, and continued professional growth.



Dr. Anmol Ahuja
Editorial Secretary
Delhi State Chapter, ASI



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From the Desk of the President

Hello Respected Seniors, Dear Friends, and Fellow Surgeons,

As we reach the last edition of our newsletter for 2025, it gives me immense pride to look back at yet another remarkable year in the journey of the Delhi State Chapter of the Association of Surgeons of India (ASI). This year has been marked by academic vibrancy, professional growth, and above all, the enduring spirit of camaraderie among our members.

Our chapter has continued to uphold its commitment to excellence — through CMEs, workshops, surgical skill programs, and community outreach activities. The active participation of our members from across institutions has been the cornerstone of this success. I extend my heartfelt appreciation to each one of you for your contributions and enthusiasm.

Throughout my tenure, I have often spoken about the role of surgeons as not only healers and teachers, but also as educators to society at large. This vision remains as relevant today as ever. We must continue to engage with the public — spreading awareness about health, prevention, and realistic expectations from surgical care. The more we share our knowledge, the more we strengthen trust between the profession and the community we serve.

As my tenure comes to a close this year, I wish to express my deepest gratitude to all my colleagues, office bearers, and the editorial team for their relentless dedication and teamwork. Together, we have carried forward the ideals of ASI with pride and purpose.

I am confident that the new leadership will take the chapter to even greater heights, building on the strong foundation we have created together. Let us remain united in our mission — to learn, to teach, and to serve with integrity and compassion. Long live Surgeons' Solidarity! Long live ASI! Jai Hind!



Dr. Sanjeev Singhal

President

Delhi State Chapter, ASI



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From the Desk of the Secretary

It gives me great pleasure to present to you this latest edition of 'SCISSORS', the official newsletter of the Delhi State Chapter of the Association of Surgeons of India. 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 across Delhi. Upcoming events are also 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 had a very successful SCOPE Course from 4th to 7th July 2025 at VMMC, which was an absolute academic extravaganza. The success of this surgical week held on 15th June is largely due to the participation of all the major hospitals and medical colleges across Delhi, leaving an indelible mark on the surgical calendar.

I take pride in bringing out 'SURGERY DIGEST', the flagship journal of the Delhi State Chapter of ASI, made possible through the untiring efforts of our Editor-in-Chief, Dr. Chintamani, and the support of the ASICON CME Foundation.

As my tenure as Secretary comes to a close at the end of this year, I look back at the lovely two years I have served in the Chapter, working with two amazing Presidents and an exceptional Executive. A lot has been achieved through our collective efforts, and much remains to be fulfilled by the next team, led by another dynamic Secretary.

Dr. Anmol Ahuja has put in tremendous effort in bringing out this edition of the newsletter and in performing his duties as the Editorial Secretary with great dedication.

Thank you for your continued support and readership. I extend my heartfelt thanks to all my colleagues for being part of this wonderful extended family.



Dr. Ashish Dey
Secretary
Delhi State Chapter, ASI



Dr Santhosh John Abraham

MS; DipNB(Surg); FRCS(Eng);
FRCS(Edin); FRCS (Glas); FACS

Head Department of Surgery

Medical Superintendent

Lourdes Hospital, Kochi

YOUR BIRTHPLACE

Cheppad, Kerala

FAVORITE COLOR

Red

BOLLYWOOD ACTRESS

Hema Malini

FAVORITE MOVIE

Sholey

**PERSON YOU LOVE
THE MOST**

My Wife Dr. Shoba

**YOUR FAVOURITE
PERFUME**

Don't Use

FAVORITE CUISINE

Turkish

YOUR HOBBIES

Shuttle Badminton

FAVORITE BOOK

The Final Diagnosis

**FAVORITE CHILDHOOD
MEMORY**

Travelling to Munnar



Prof Dr Vinod K Malik

Dean Gripper

Former Chairman

Dept of Laparoscopic, Laser
& General Surgery

Sir Ganga Ram hospital, Delhi

YOUR BIRTHPLACE

Village Dujana in Haryana.

FAVORITE COLOR

Blue

BOLLYWOOD ACTRESS

Rani Mukerji

FAVORITE MOVIE

Chupke Chupke

**PERSON YOU LOVE
THE MOST**

my two grandchildren
Ivaan and Mihir..

**YOUR FAVOURITE
PERFUME**

Don't Pour Aqua Homme
by Bulgari

FAVORITE CUISINE

Lebanese

YOUR HOBBIES

social media contents,
consuming and creating blogs

FAVORITE BOOK

Everything by Munshi
Premchand,

FAVORITE CHILDHOOD MEMORY

strolling around the fields and picking sugarcane and enjoying the sugarcane, and eating freshly made jaggery straight from the pan..



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SURGERY DIGEST - Journal of Delhi Chapter - ASI

Dear Esteemed Colleagues,

We are delighted and humbled to announce the next 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. Link to submit article at SURGERY DIGEST -<https://journals.lww.com/sd/pages/default.aspx> This edition is going to be in print and we plan to

release it during SURGICON 2025, the annual conference of the Delhi State Chapter of ASI. 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.

Looking forward to a great Surgery Digest issue and a lovely SURGICON 2025, led by Dr Subhash Aggarwal and Dr Arindam Mukherjee



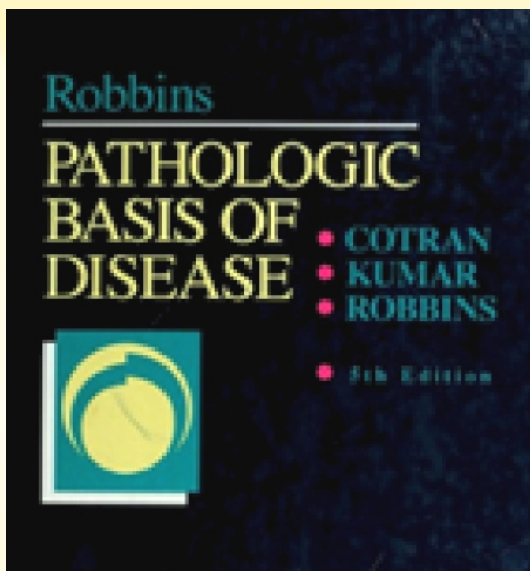


Between The Lines Where Medicine & Literature Intersect

It begins to appear that almost everything one does gain a livelihood or for pleasure is fattening, immoral, illegal, or, even worse, oncogenic”

“Cancer is ubiquitous in human populations; the only certain way to avoid cancer is to not be born.”

Above are, two of the many witty quotes used by the authors in the textbook **Robbins, Kumar & Cotran: Pathologic Basis of Disease**, an essential part of the 2nd year MBBS Curriculum across the world. Robbins’ textbooks are renowned for their engaging and sometimes humorous prose, often including literary flourishes or wry observations that make the material more memorable. While the majority of the text is clinical and factual, these gems are scattered throughout and are often cited by students for their cleverness.



On Tattoos and Life Choices

“The tattoo pigment has the distressing property of persisting in situ throughout life in dermal macrophages, creating **difficulties** if one wishes to **marry** ‘Alice’ when the adornment is seductively titled ‘**Mary**.”

On Tonsillitis and Surgery

“Whether recurrent episodes of acute tonsillitis favor the development of chronic tonsillar enlargement is open to debate, but regardless of cause the enlargement of the lymphoid tissue invites the tender mercies of the ENT surgeon.”

On Perspective in Medicine

“One may get so close to the tree that one loses sight of the forest.”

On Appearances and Pathology

“An innocent face may mask an ugly nature.”

The intersection of literature and medicine is a fascinating space where the clinical meets the creative, and where the language of diagnosis blends with the art of storytelling.

Medicine, at its core, is a discipline rooted in biological events - yet once these events are named, they enter the realm of language and become framed by culture, mediated by literature. The patient's story, the case history, and even the textbook are all forms of narrative that influence medical understanding and practice. Nineteenth-century clinicians developed the two - part history and physical examination, weighing the patient's narrative against the evidence of the body

- a method that mirrors the interpretive strategies used by novelists and poets of the same era. Writers like Mary Shelley, George Eliot, and the Brontës explored themes of health, suffering, and the supernatural, often blurring the boundaries between the natural and the medical.



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Reading and engaging with literary works helps doctors develop empathy, critical thinking, and a deeper understanding of the human condition. Rita Charon, the founder of narrative medicine, emphasizes how storytelling is central to medicine: "I brought into medicine my desire to get lost in a story, and my conviction of how important a part of life reading is". Narrative medicine encourages practitioners to listen more attentively to patients, to value their stories, and to recognize the importance of context and culture in shaping health and illness.

Our very own Sushruta, in his Samhita in 700 B.C. stressed on the importance of history taking by asking about dietary habits, exercise routine and mental status to isolate the causes influencing the body's doshas'!! All this information was presented as a story to his students later on for training purposes.

Literature has often served as a source of inspiration for medical theories and practices. Nineteenth-century physicians like Sigmund Freud used literary case studies - such as those involving Shakespeare's characters - to explore new ideas about mental pathology. Literary autobiographies, novels, and poems have shaped medical discourse on childhood, emotion, and even degeneration, illustrating the mutual influence between literature and medicine.

Osler's Quotes: While not from Robbins, Osler's aphorisms are also widely quoted in medical literature and are sometimes referenced in discussions about medical education and patient care.

"To study the phenomena of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all."

"The good physician treats the disease; the great physician treats the patient who has the disease."

"If medicine is a science of uncertainty and an art of probability."

Bailey & Love is known for its practical, authoritative tone rather than overt wit or literary quotes. However, it does include a "Sayings of the Great" section with famous surgical aphorisms, such as Sir Robert Hutchinson's:

"From inability to let well alone; from too much real for the new and contempt for what is old; from putting knowledge before wisdom, science before art, and cleverness before common sense; from treating patients as cases; and from making the cure of the disease more grievous than the endurance of the same, Good Lord, deliver us."

"The only certainties in life are death, taxes, and the inevitability of a missed diagnosis."
(A play on Benjamin Franklin's famous quote, often adapted in medical circles.)

"if you hear hoofbeats, think horses - not zebras. But if you're in Africa, you might want to reconsider."

(A humorous twist on the classic diagnostic adage)

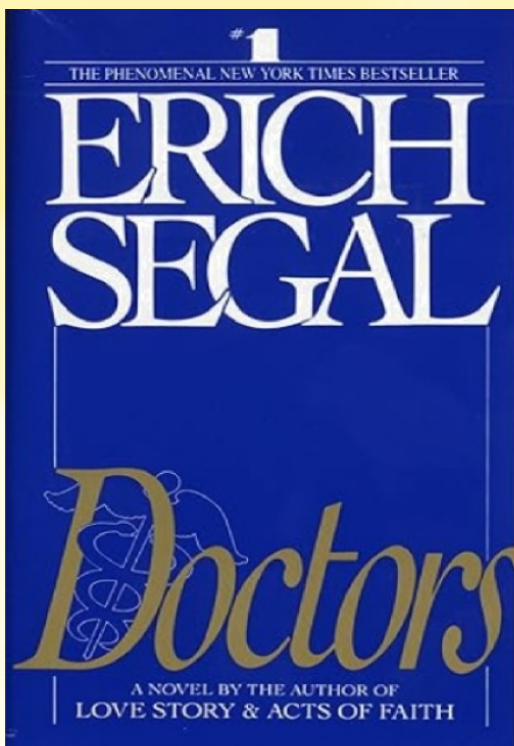
Another interesting quote, "What is man, when you come to think upon him, but a minutely set, ingenious machine for turning, with infinite artfulness, the red wine of Shiraz into urine?" was used by Karen Blixen in her collection of short stories, *Seven Gothic Tales*, 1934.



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Literary Fiction is filled with numerous excellent books over the years which have not only entertained us but also inspired us. Doctors by Erich Segal is one such book based on the Harvard Medical School class of 1962, primarily following the intertwined lives of Barney Livingston and Laura Castellano, childhood friends from Brooklyn who pursue medicine together. The narrative explores their journey from childhood aspirations through the rigors of medical school and into their professional and personal adult lives.

(Following is an Excerpt from the novel Doctors)



'What had brought them together on this bright September morning in 1958 was their common status as first-year students at Harvard Medical School. They had gathered in Room D to hear a welcoming address by Dean Courtney Holmes. His features could have come straight from a Roman coin. And his demeanour gave the impression that he had been born with a gold watch and chain instead of an umbilical cord. He did not have to call for quiet. He merely smiled

and the spectators hushed. "Gentle- men," he began, "you are collectively embarking on a great voyage to the frontiers of medical knowledge - which is where you will begin your own individual explorations in the yet-uncharted territory of suffer- ing and disease.

Someone sitting in this room may find a cure for leukemia, diabetes, systemic lupus erythematosus and the deadly hydra headed carcinomas ..."He took a perfectly timed dramatic pause. And with a sparkle in his pale blue eyes he added, "Perhaps even the common cold." There was appreciative laughter. Then the silver-haired dean lowered his head, perhaps to signify that he was deep in thought The students waited in suspense. When at last he looked up and began to speak again, his voice was softer, an octave lower. "Let me conclude by disclosing a secret

- as humbling for me to reveal as for you to hear."He turned and wrote something on the blackboard behind him. Two simple digits - the number twenty

-six.

A buzz of bewilderment filled the room. Holmes waited for quiet to return, drew breath, and then gazed straight into the spellbound auditorium. "Gen- tlemen, I urge you to engrave this on the template of your memories: there are thousands of diseases in this world, but Medical Science only has an empirical cure for twenty-six of them. The rest is ... guess- work." And that was all. With military posture and athletic grace, he strode off the podium and out of the room. The crowd was too dazzled to applaud.'

Robin Cook is another popular name. Robin Cook's first novel was The Year of the Intern (1973), which offers a gritty, realistic look at the psychological impact of medical training on young physicians. How- ever, the book that truly launched the medical thriller genre and is most

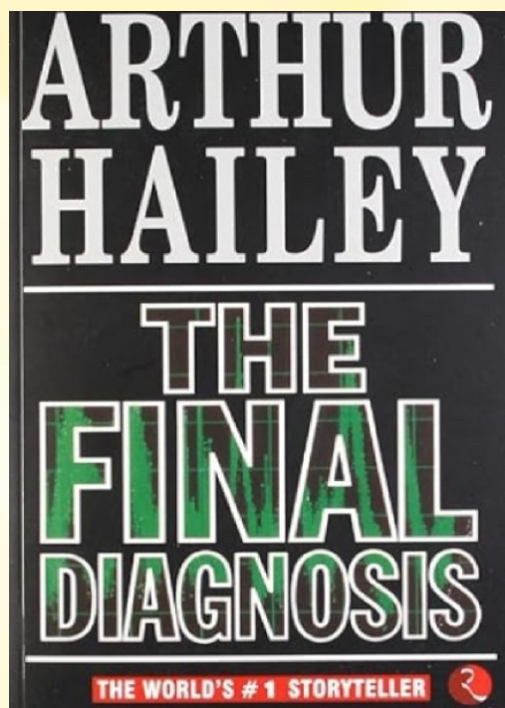


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widely recognized is *Coma* (1977), which follows a medical student investigating mysterious comas at her hospital. While *The Year of the Intern* is authentic and insightful, *Coma* is more gripping and relatable for most readers.

“*The House of God*” by Samuel Shem is often cited as the most influential and enduring classic in medical fiction. It is praised for its dark humour, raw depiction of medical training, and deep insight into the realities of hospital life.

The Final Diagnosis by Arthur Hailey is a seminal medical novel that critically examines the inner workings of a hospital, with a particular focus on the pathology department and the ethical dilemmas faced by its staff. While some aspects may feel dated, its core messages about professionalism, responsibility, and the human side of medicine remain pertinent even today.



(Following is an excerpt from the novel *The Final Diagnosis*)

“The pathologist is often known as the doctor the patient seldom sees. Yet few departments of a hospital have more effect on a patient's welfare.”

Here comes the sales pitch, Seddons thought, and Pearson's next words proved him right.

“It is pathology which tests a patient's blood, checks his excrements, tracks down his diseases, decides whether his tumor is malignant or benign. It is pathology which advises the patient's physician on disease and sometimes, when all else in medicine fails” - Pearson paused, looked down significantly at the body of George Andrew Dunton, and the eyes of the nurses followed him.....“it is the pathologist who makes the final diagnosis”

In conclusion, “Between the Lines: Where Literature and Medicine intersect” is not merely a metaphorical phrase - it describes a real and vital connection. Medicine and literature inform and enrich each other, offering new perspectives on health, illness, and the human experience. As we continue to explore this interdisciplinary alliance, we find that the best care is often found not just in the science, but in the stories we tell and the stories we hear.



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A novel characteristic physical sign in alcoholic minor head injury patients while presenting to ER— A perspective from trauma centre of peripheral tertiary healthcare centre

Dear Editor,

Minor head injuries in intoxicated patients, whether from car accidents or spontaneous falls, are prevalent in the emergency department (ER). This phenomenon considerably adds to the everyday problems that emergency residents encounter, compounding the already heavy workload and stress in the ER. The burden falls on healthcare institutions and fatigued medical personnel, who must deal with these frequent situations in addition to other severe crises. Minor head injuries are common in alcoholic patients, with incidence rates ranging from 46% to 65%. [1] In clinical practice, many bodily indications help with triage, early diagnosis, and prompt intervention. For example, Levine's sign (a clenched fist pushed on the chest) is generally recognizable in patients with myocardial ischemia, as reported by American cardiologist Samuel A. Levine. [2]

These signals are very useful in directing rapid medical choices and prioritizing treatment. A thorough study of the available medical literature indicates no distinguishing physical posture signs in alcoholic patients with mild head traumas. Such a sign has the potential to significantly improve triage efficiency, especially in hectic and resource-constrained emergency rooms.

While signs such as Battle's sign (bruising over the mastoid process) for basilar skull fractures, Cushing's triad (hypertension with bradycardia) for increased intracranial pressure, and the Mount Fuji sign [indicative of pneumocephalus on NonContrast Computed Tomography (NCCT)] [3-5] have been described in head injury cases, none are specific to alcoholic patients with minor head injuries

Glasgow Coma Score(GCS) between 13-15. These current indicators either need the use of particular diagnostic instruments or are seen in more severe instances, limiting their usefulness in swiftly diagnosing small injuries in a subset of patients.

During my emergency responsibilities at Baba Raghav Das (BRD) Medical College's Emergency and Trauma Centre in Gorakhpur, India, I noticed a specific physical postural indicator among alcoholic patients aged 17 to 30 years who presented with mild head injuries. These patients, generally sleepy with a GCS of 13-15, had an alcoholic aroma on



Fig. 1. Alcoholic patient with minor head injury showing characteristic postural appearance sign of typically crossed forearms placed over chest while presenting in ER on stretcher

aroma on their breath, stable vitals, and a distinctive posture: crossed forearms put across the chest or belly (Fig. 1). I recommend dubbing this position as Prashant's Sign. This characteristic particular position was persistently present across these patients, making it a valid predictor of small head injuries in this particular cohort.



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Radiological examinations (NCCT head) of such individuals typically yielded no noteworthy results. These patients were normally kept under observation for a few hours, and any lacerations were stitched under local anesthesia. Most were released within 24 hours of admission after regaining full consciousness, with symptomatic prescriptions (e.g., for headache, vomiting) and information on warning signals of head injuries (e.g., loss of consciousness, persistent vomiting, seizures, bleed from ear and/or nose, weakness in limbs).

Prashant's Sign has the potential to be used in triage as a bedside diagnostic tool, especially in resource-constrained settings in low- and middle-income nations where NCCT is not widely accessible. This sign may help save time in the emergency room by allocating hospital beds and resources more efficiently to more severely wounded/injured patients. It also gives medical professionals a simple but efficient means to swiftly evaluate and prioritize treatment, which is critical in settings with large patient numbers and limited screening and diagnostic equipment.

Further, more study with a large sample size is required to establish this sign's clinical value. A prospective research study evaluating Prashant's Sign's sensitivity, specificity, and predictive value might give strong evidence for its use in clinical practice. Training ER professionals to detect and use this indicator may improve patient outcomes by allowing for quicker and more accurate triage in resource limited settings

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Clinical Features and Hand Deformity in Apert Syndrome

Apert syndrome is an autosomal dominant inherited craniosynostosis syndrome. It is due to gain-of-function missense mutations of fibroblast growth factor receptor (FGFR2)-2 on chromosome 10q.[1]

It is characterized by craniosynostosis, syndactyly, rarely polydactyly and dysmorphic facial features.

Additional signs and symptoms include hyperhidrosis, oily skin with severe acne, or patches of missing hair in the eyebrows. [2]

There are three specific subtypes of hand findings in Apert syndrome based on the overall shape of the hand-

1. Spade (side-to-side fusion with flat palm)
2. Mitten (fusion of fingers resulting in concave palm)
3. Rosebud (tight fusion of all digits).[1]

Disturbance of soft and bony tissue also include a short thumb with radial clinodactyly, complex syndactyly with a bony fusion involving the index, long and ring fingers, symphalangism and simple syndactyly of the fourth web space. [3]

Polydactyly is rarely seen in Apert Syndrome.[2] Although, after reevaluation of familial cases of acrocephalosyndactyly with polysyndactyly, acrocephalosyndactyly is suggested to be divided into two major groups.

1. Apert-Pfeiffer type (Type I): Characterized by - Crouzon-like facies, hallux varus and severe syndactyly.
2. Saethre-Chotzen/ Robinow-Sorauf type (Type II) : Characterized by - Saethre-Chotzen facies, hallux valgus and mild syndactyly.

Each type should have atypical forms with polysyndactyly due to pleiotropic effect of a dominant gene.[4]

Conflict of Interest declaration: The authors declare that they have NO affiliations with or involvement in any organization or entity with any financial interest in the subject matter or materials discussed in this manuscript.

Clinical Images :

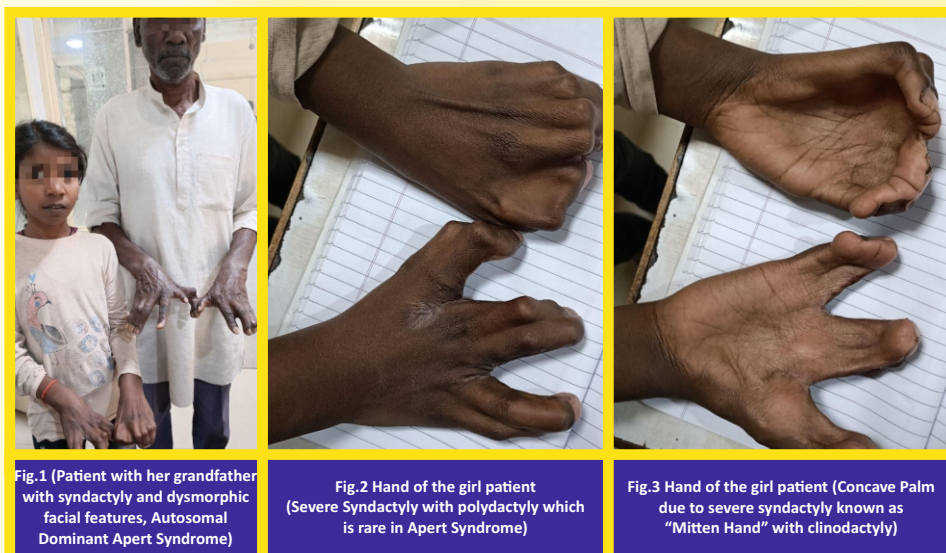


Fig.1 (Patient with her grandfather with syndactyly and dysmorphic facial features, Autosomal Dominant Apert Syndrome)

Fig.2 Hand of the girl patient (Severe Syndactyly with polydactyly which is rare in Apert Syndrome)

Fig.3 Hand of the girl patient (Concave Palm due to severe syndactyly known as "Mitten Hand" with clinodactyly)



Fig.4 (Hands of Her Grandfather, showing severe syndactyly with clinodactyly of fused middle, ring and little fingers)



Fig.5 (Palmar surface of her Grandfather hand showing concave palm due to deformity)

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Mesenchymal Hamartoma of the Liver in a Child and an Adult : Case Report and Literature Review.

INTRODUCTION

The myxoid stroma, bile ducts, and mesenchymal tissue that make up a mesenchymal hamartoma of the liver (MHL) are the components that make up this uncommon benign hepatic tumour. In paediatric populations, it is the second most frequent benign liver tumour, and it typically affects children under the age of two years. Despite this, it is still a quite uncommon occurrence overall. (1) The nonspecific presentation and imaging features of this condition, which can be similar to those of other cystic liver lesions (such as biliary cystadenoma or embryonal sarcoma), constitute a difficulty for diagnostic purposes.

(2) Adult cases of MHL are extremely rare and extremely unusual. There have been only a few documented examples of adult cases across the world, according to reports, and fewer than five percent of cases occur after early childhood. (3) There have been less than fifty adult cases reported in English literature, according to a case report that was published in 2024. (4) Even though developmental abnormalities of hepatic mesenchyme or ductal plate malformations are proposed, the pathophysiology is still not well understood. (5)

MHL is a benign condition; nonetheless, it can grow significantly, which may require surgical intervention. For the purpose of preventing recurrence and associated consequences, including the extremely uncommon malignant change, complete excision continues to be the standard of therapy. (6) Because of their rarity, adult cases are especially in need of documenting in order to improve both clinical and surgical comprehension.

This publication provides two examples of MHL from Asian patients, one is a paediatric case and the other is an adult case. Both cases were effectively handled with surgical procedures. In this study, we intend to accomplish the following goals: (1) highlight the importance of differential diagnostic considerations across age groups; (2) conduct a literature review on adult MHL; and (3) highlight the clinical and pathological hallmarks that assist in the management and prognosis of the condition.

CASE PRESENTATIONS

Case 1: A male child who was 19-month-old appeared with a growing abdominal distension that had been present for the previous five months. A history of fever, vomiting, jaundice, anorexia, haematemesis, melena, or weight loss was not present in the patient's medical history. Under the assumption that the patient had a malignant hepatic lesion, the patient had undergone two cycles of chemotherapy; An examination revealed that there was no evidence of ascites, but there was a huge, hard, and non-tender mass that could be felt in the right upper quadrant. This mass extended beyond the midline. In the laboratory, the results showed that the patient had a level of 14 ng/mL of alpha-fetoprotein (AFP), a negative serology for hepatitis B and C, a haemoglobin level of 12 g/dL, a total leukocyte however, the tumour continued to continue to grow.

count of 10,300/mm³, platelets of 507,000/mm³, and an international normalised ratio of 1.01.

A serum total bilirubin level of 0.9 mg/dL, albumin 3.9 mg/dl alkaline phosphatase levels of 114 U/L, SGOT levels of 52 U/L, and SGPT levels of 226 U/L were found during liver function testing.



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Abdominal ultrasonography revealed a significant hepatic lesion, which prompted a contrast-enhanced computed tomography (CECT) scan. The CECT scan revealed a well-defined heterogeneous solid mass measuring 18 × 15 × 10 cm, which originated from segments 5 and 6 of the right lobe of the liver (Figure 1). There was no indication of biliary obstruction, vascular invasion, or distant metastases. The patient underwent non-anatomical hepatic resection, which involved segments 5 and 6 along with cholecystectomy. In the course of the operation, the mass was fed branches of the posterior sectoral pedicle, which were then ligated. The specimen had dimensions of 16.5 centimetres by 16.5 centimetres by 9 centimetres, and it was encapsulated, somewhat cystic, and well confined (Figure 2 and 3). Intraoperative cholangiography was performed

to rule out any possibility of biliary leakage (Figure 4). The histopathological examination revealed a lesion that was constituted of epithelial and mesenchymal components. The lesion displayed islands of normal hepatocytes, multiple branched and dilated bile ductules, and a loose fibromyxoid stroma that contained fibroblasts, collagen fibres, and dilated vascular channels. It was clear that there were areas of ductal plate malformation, and there were many cystic spaces that were lined with epithelium of the biliary type. No complications arose during the postoperative recovery period, and the patient was released from the hospital on the seventh postoperative day. At the one-year follow-up, he continued to be asymptomatic, and abdominal ultrasonography revealed no indications of a return of the condition.



Figure 2: Intra-op photo of the lesion before excision.

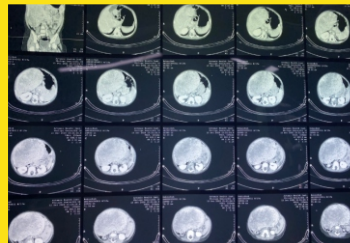


Figure 1: CECT abdomen of 19-month-old male child showing lesion in right lobe of liver.

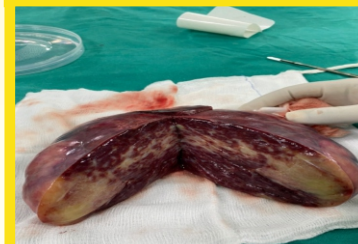


Figure 3: post resection, cut surface of the lesion.



Figure 4: Intra-operatively cholangiogram done post resection, showed no bile leak or narrowing.

Case 2: The second case involved a 34-year-old female who presented with intermittent right upper quadrant abdominal pain for the preceding three months, without any associated fever, jaundice, vomiting, anorexia, weight loss, haematemesis, or melena. On examination, the abdomen was soft with a palpable, ill-defined mass in the

right hypochondrium, and there were no stigmata of chronic liver disease. Laboratory investigations revealed hepatitis B and C serologies negative, haemoglobin 15.5 g/dL, total leukocyte count 9,400/mm³, platelets 284,000/mm³, INR 0.92, and normal liver function tests, including serum total bilirubin 0.4 mg/dL, SGOT 19.4 U/L, SGPT 29.4 U/L,

albumin 4.2 mg/dL and alkaline phosphatase 120 U/L. tumour markers were within normal limits, with CA 19-9 at 10.01 U/mL and CEA at 4.09 ng/mL. Abdominal ultrasonography showed a cystic lesion in the right lobe, and subsequent multiphase CECT demonstrated a 10.5 × 7.6 × 8.1 cm well-defined, exophytic, predominantly cystic mass arising from segments 5 and 6 of the right hepatic lobe. The lesion exhibited thick peripheral rim-like enhancement on the portal venous phase, with intraluminal enhancing nodular projections and incomplete enhancing internal septations, while the right posterior portal vein and right adrenal were abutted but not invaded. There was no evidence of biliary dilatation or distant metastases (Figure 5). The patient underwent non anatomical resection of segments 5 and 6 along with cholecystectomy. The resected tumour measured 9 × 8 × 5 cm and was exophytic,

subcapsular, soft, gelatinous, and partially cystic (Figure 6, 7 and 8). Intraoperative cholangiography ruled out bile leaks (Figure 9). Histopathological examination confirmed mesenchymal hamartoma, demonstrating islands of normal hepatocytes, numerous branched and dilated bile ductules, a loose fibromyxoid stroma with fibroblasts, collagen fibres, dilated vascular channels, areas of ductal plate malformation, and multiple cystic spaces lined by biliary-type epithelium. The hepatic resection margins were negative for tumour infiltration. The postoperative course was uneventful, and the patient was discharged on postoperative day six. At follow-up, she remained asymptomatic with no radiological evidence of recurrence.

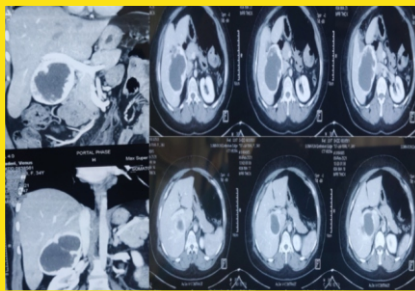


Figure 5: CECT abdomen of 34 year old female showing lesion predominantly in right lobe of liver.

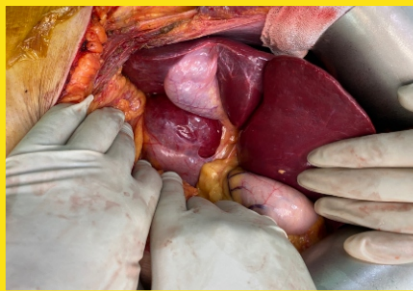


Figure 6: Intra-op picture before resection.



Figure 7: Intra-op picture before resection.



Figure 8: Post resection, cut surface of the lesion.



Figure 8: Post resection, cut surface of the lesion.



DISCUSSION

Mesenchymal hamartoma of the liver (MHL) is a rare benign tumour most frequently encountered in children under two years of age. It typically presents as a large, multicystic hepatic mass with consistent histological features including fibromyxoid stroma, bile duct proliferation, and ductal plate malformation (7,8).

Adult cases of MHL are exceedingly rare, with fewer than 50 reported in the literature as of 2024 (4). Our two cases demonstrate that while histopathological architecture remains consistent across age groups, clinical presentation and imaging characteristics can vary significantly. The paediatric case presented with abdominal distension and a mixed solid-cystic lesion, consistent with typical features described in earlier series (8). The adult patient exhibited a predominantly cystic mass with rim enhancement and septations—features known to mimic other hepatic lesions such as cystadenomas or undifferentiated embryonal sarcoma (2,9,12). Diagnosis remains challenging due to non-specific laboratory findings and overlapping imaging features. MRI can assist in differentiating MHL by identifying typical signal characteristics (13). In both our cases, tumour markers (AFP, CEA, CA 19-9) were within normal limits, further emphasising the role of imaging and histopathology (7). Complete surgical excision remains the treatment of choice to prevent recurrence or rare malignant transformation, including into undifferentiated embryonal sarcoma (6,7).

In rare scenarios, such as extensive recurrence or unresectable lesions, liver transplantation has been reported as a feasible option (11).

Given its rarity, particularly in adults, MHL should be considered in the differential diagnosis of large cystic hepatic lesions. Meticulous surgical resection and appropriate

histological evaluation are critical for optimal outcomes (14,15).

CONCLUSION

MHL, though primarily a paediatric entity, can also present in adults with distinct imaging features but similar histology. Our cases illustrate the importance of including MHL in the differential diagnosis of cystic liver lesions regardless of age. Complete surgical excision with clear margins remains the gold standard treatment, supported by imaging surveillance to monitor for recurrence or rare malignant change.

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The 3 AM Question: When Does Growth Stop Hurting?

You know that feeling at 3 AM when you're finishing your last chart, and you can't remember if you ate dinner? Or was it lunch you missed? That moment when you realize you've been running on adrenaline and instant coffee for so long that you've forgotten what "normal tired" feels like?

I see you. And more importantly, we need to talk about you.

As someone standing at the bridge between our senior consultants and residents, I've noticed something we don't discuss enough in our operation theaters and ward rounds. We talk about surgical techniques, patient outcomes, and clinical excellence. But we don't talk about the surgeon who's learning all this – the human being in those scrubs who's transforming into a skilled surgeon, one grueling day at a time.

Here's what I've observed: our consultants are genuinely invested in making us better. That critical comment about your knot-tying? It comes from decades of experience wanting to flow into you. That "You should have known this" moment? It's their way of pushing you toward excellence. They're not wrong in their intentions. They're actually right about what we need to learn.

But here's what they might not see – the weight we carry back to our hostel rooms.

Residency isn't just about acquiring skills; it's about surviving the acquisition process. We're learning to make life-and-death decisions while our own life feels like it's on pause. We're perfecting our suture techniques while our personal relationships fray. We're studying wound healing while ignoring our own emotional wounds.

The irony? We chose this. We wanted this. We're passionate about this. And yet,

somewhere between the 30-hour shifts and the constant evaluation, that passion starts feeling like pressure. The dream that drove us to surgery begins to blur in the exhaustion.

What makes it harder is the silence. We don't talk about it because we think it makes us weak. We see our co-residents struggling and assume they're handling it better than us. We hear "When I was a resident..." stories and wonder why we can't just toughen up. But here's the truth: strength isn't about not feeling the weight; it's about carrying it without pretending it isn't heavy.

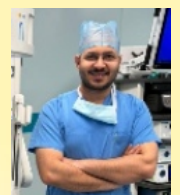
Mental health in residency isn't a luxury – it's a necessity. A burned-out resident doesn't just struggle personally; they risk patient safety. An exhausted mind makes mistakes. An overwhelmed heart loses empathy. And isn't empathy why we chose to heal in the first place?

We need a shift in our culture. We need senior surgeons to remember their own residency nights. We need residents to know that asking for help isn't admission of failure – it's an act of responsibility. We need systems that recognize that producing excellent surgeons requires not breaking the humans learning to become them.

So here's my 3 AM answer: growth should challenge us, not destroy us. Excellence should inspire us, not exhaust us. And becoming a surgeon should be about building someone strong, not breaking someone down.

We can be better surgeons and better humans.

Both. Not either-or.



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Uniportal Video-Assisted Thoracoscopic Surgery (U-VATS): Redefining Thoracic Surgery in the Minimally Invasive Era

Introduction

Video-assisted thoracoscopic surgery (VATS) has transformed thoracic surgery by reducing surgical trauma, postoperative pain, and recovery time. Initially performed through three or four ports, advances in optics, stapling devices, and instrumentation have allowed the evolution toward the uniportal VATS (U-VATS) technique. This approach introduces the thoracoscope and all operative instruments through a single 3–4 cm incision, typically in the 5th intercostal space (Figure 1). The technique replicates the direct, in-line vision of open surgery, thus offering superior ergonomics and spatial orientation. First described by Rocco et al. (2004) for minor procedures and expanded by Gonzalez-Rivas et al. (2010) for lobectomy and complex resections, Uniportal VATS has become a globally adopted technique for a wide spectrum of thoracic operations, including anatomical lung resections, mediastinal tumor excision, decortication, and empyema management.

Evolution and Technical Principles

The core concept of Uniportal VATS lies in minimizing intercostal trauma by using a single incision, thereby reducing the number of intercostal nerves injured during access. Improved camera optics and the advent of articulating endoscopic staplers and energy devices have facilitated complex anatomic resections through one port. Unlike traditional multiport VATS, where triangulation is achieved externally, Uniportal VATS creates an 'internal triangulation' within the thoracic cavity, allowing for intuitive hand–eye coordination and enhanced precision (Figure 2). Clinical Applications and Outcomes

1. Lung Cancer Surgery

Recent systematic reviews confirm that Uniportal VATS provides comparable oncologic outcomes to multiport VATS in early-stage non-small cell lung cancer (NSCLC). Sihoe (2019) reviewed 22 clinical studies and found no difference in morbidity, mortality, or lymph node yield between uniportal and multiportal approaches, though U-VATS demonstrated trends toward reduced pain and shorter hospital stays. Meacci et al. (2020) further reinforced that U-VATS segmentectomy is safe and feasible, with equivalent survival and recurrence rates when oncologic principles—adequate margins and complete nodal dissection—are respected.

2. Sublobar Anatomic Resections

Sublobar resections, including segmentectomy, have gained renewed importance with the increased detection of small ground-glass opacities and early NSCLC. The 2021 systematic review by Venkitaraman et al. found that U-VATS segmentectomy was associated with shorter postoperative hospital stay, reduced drainage duration, and similar lymph node yield compared to multiport VATS. These findings establish U-VATS as a valid minimally invasive alternative for carefully selected patients with early-stage tumors (<2 cm) or limited cardiopulmonary reserve.

3. Infectious and Benign Thoracic Diseases

The role of U-VATS extends beyond oncologic resections. Luciani et al. (2022) demonstrated that U-VATS decortication for stage II pleural empyema is safe and effective even in elderly patients, achieving complete lung re-expansion with low complication rates and early recovery. The approach minimizes postoperative pain and facilitates early mobilization, critical for frail or comorbid patients.



SCISSORS

Complex and Robotic-Assisted Procedures

U-VATS has been successfully applied for sleeve resections, vascular reconstructions, and mediastinal tumors, showcasing its technical versatility. The most recent advancement, Uniportal Robotic-Assisted Thoracic Surgery (U-RATS), combines robotic dexterity with the single-incision philosophy. Farooqi et al. (2024) reported comparable perioperative outcomes to multiport robotic surgery with additional benefits of shorter operative time and improved cosmesis.

Learning Curve and Surgeon Experience

The Uniportal technique requires a dedicated learning curve. Studies indicate that proficiency is typically achieved after approximately 30–40 procedures, with significant reductions in operative time and blood loss thereafter. Structured training, simulation, and proctorship from experienced centers are essential for safe adoption.

Advantages of Uniportal VATS

Across studies, Uniportal VATS consistently demonstrates:- Reduced postoperative pain due to limited intercostal nerve injury- Shorter hospital stay and drainage duration- Improved cosmetic outcomes with a single small incision- Comparable lymph node yield and oncologic results to multiport VATS- Ease of conversion to thoracotomy via the same incision if required. Meta-analyses reveal statistically significant improvements in early

Hospital, the Uniportal VATS technique is routinely utilized for **lobectomies, decortications, mediastinal resections, and pleural biopsies**. completeness.

Sir Ganga Ram Hospital Perspective

At the **Institute of Chest Surgery, Sir Ganga Ram** The department's early institutional experience recovery parameters without compromising surgical

reflects **favorable outcomes in postoperative pain reduction, shorter hospital stay, and improved patient satisfaction**. These results reaffirm the safety, feasibility, and patient-centered advantages of the Uniportal approach in both benign and malignant thoracic conditions.

Future Directions

With the emergence of U-RATS and advances in 3D visualization, imaging-guided navigation, and fluorescence technology, the uniportal approach continues to evolve. The convergence of robotics and single-incision access may define the next era of minimally invasive thoracic surgery.

Conclusion

Uniportal VATS represents a significant advancement in thoracic surgery, embodying the principle of 'doing more through less.' The current body of evidence demonstrates that it is a safe, reproducible, and oncologically sound technique with clear benefits in recovery and patient comfort. As experience grows and technology advances, Uniportal VATS is poised to become the standard approach for minimally invasive thoracic surgery worldwide.



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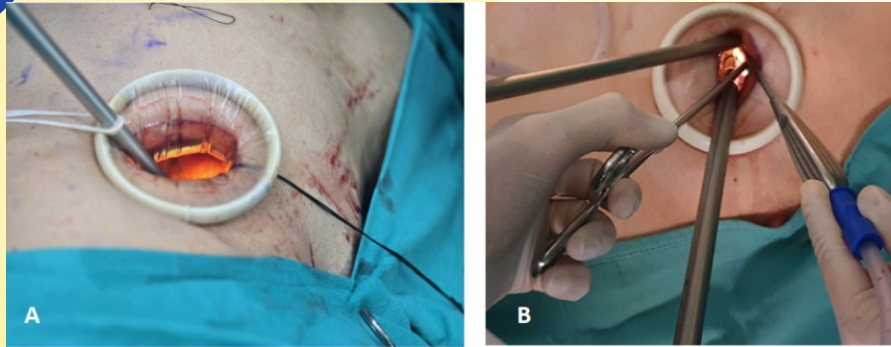


Figure 1: Intraoperative photographs showing the uniportal video-assisted thoracoscopic surgery (U-VATS) setup. (A) A single incision with a wound protector placed in the 5th intercostal space, showing access to the thoracic cavity through the uniportal approach. (B) Intraoperative view demonstrating the use of multiple instruments, including the thoracoscope, energy device, and endoscopic instruments, inserted through the same incision, allowing triangulation and precise dissection.

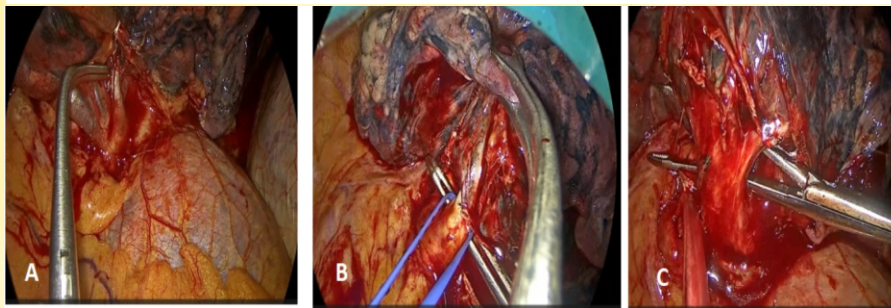


Figure 2: Intraoperative views demonstrating dissection of hilar structures during uniportal video-assisted thoracoscopic surgery (U-VATS) lobectomy. From left to right: (A) Dissection and exposure of the pulmonary vein. (B) Identification and isolation of the pulmonary artery branch. (C) Dissection of the lobar bronchus prior to division. Each step is performed through a single uniportal incision, maintaining optimal visualization and instrument coordination.

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Urobag-as a back up water seal for Intercostal tube drainage

INTRODUCTION

Blunt trauma to the chest was often caused by an accident, a fall from a height, blunt force, or a physical attack. These blunt traumas to the chest resulted in numerous injuries, such as lung damage, rib fractures, pneumothorax, haemothorax, and lung contusions, as well as tracheobronchial injuries that required urgent intervention. After these injuries, patients experienced anything from simple shortness of breath to respiratory failure. It was important for such patients to understand the reasons for treatment and to adopt a multidisciplinary approach in the management of lung and chest wall injuries.

The most commonly used intervention in chest trauma was intercostal tube drainage, which was connected to an underwater seal. This underwater seal acted as a one-way valve, allowing air from the pleural space to exit while preventing air from re-entering the pleural space, even at intrapleural negative pressures. While creating the backup underwater seal for the chest tube drainage, it was essential to ensure that the tube connected freely with the intrapleural space without obstruction and

without any leaks. The tube end on the side of the water needed to be submerged, with the preferred level of water above the tube outlet being 2 cm [1].

Time was the most important factor while managing a trauma patient. There were many ideas for creating an underwater seal using the fundamentals of seal physics, but it was crucial to act quickly because emergencies, such as mass casualties, occurred when least expected. There needed to be a correct and effective method for making an emergency underwater seal using the most common hospital materials to save lives. A urine bag had been used previously in pneumothorax cases without a water seal [2]. Here was a method to convert a urobag into an underwater seal.

METHOD

Securing a backup underwater seal was accomplished using commonly available hospital supplies such as a urobag (fig. 4), silk suture (fig. 3), a surgical blade of any number (fig. 2), and adhesive tape (fig. 1).

STEP

UROBAG-AS A BACKUP WATER SEAL FOR INTERCOSTAL TUBE DRAINAGE
Vasudeva Lam-BHRUT, London, Lady hardinge medical college, New Delhi

Background Problem Statement
Intercostal Tube Drainage (ICD) is a vital, life-saving procedure in General surgery and emergency care.
Indicated for trauma, pneumothorax, haemothorax, and postoperative complications.
Utilises an underwater seal system functioning as a one-way valve to allow pleural drainage and prevent air/aid re-entry.
In regions affected by wars, disasters, and healthcare inequalities, standard ICD systems may be unavailable.
Despite adequate surgical skill and training, doctors often face equipment shortages.
Innovative use of readily available hospital materials becomes crucial to provide essential, life-saving care in such circumstances.

Emergency Principle
This presentation describes a simple, rapid, and cost-effective method of converting a standard urine drainage bag (urobag) into an underwater seal system. The aim is to provide a safe improvised option for short-term use, transport, or when conventional underwater seal systems are unavailable for hours.

Objective
This presentation describes a simple, rapid, and cost-effective method of converting a standard urine drainage bag (urobag) into an underwater seal system. The aim is to provide a safe improvised option for short-term use, transport, or when conventional underwater seal systems are unavailable for hours.

Technique
Take a urobag and detach the collection pouch from its tube.
Using a surgical blade, make a small elliptical eye about 2 cm from the tube's end.
Insert the eye end of the tube into the collection pouch through the detached opening.
Position the eye end at a bottom corner of the bag and secure it externally with silk suture, avoiding blockage of the eye.
Fix the tube at the level of the urobag's hanging point using adhesive tape.
Fill the bag with sterile fluid until the water level is about 2 cm above the eye.
Connect the system to the intercostal drainage tube for use.

Key Principles for Safe Use
Water seal depth: Maintain at 2 cm—greater depth can increase intrathoracic pressure and hinder lung expansion.
Positioning: The urobag must always remain below the level of the patient's chest during and after insertion.
Continuity: The tube tip must remain underwater at all times, including during patient transport.
Air vent: The system must allow for air exit from the collection chamber to prevent pressure buildup (already created as the tube enters the bag).

Discussion and Conclusion
This improvised urobag underwater seal system is not a substitute for standard drainage devices but serves as a temporary, life-saving measure during emergencies, patient transport, or in areas with disrupted medical supply chains.
It exemplifies how sound surgical knowledge, scientific reasoning, and resourcefulness can maintain patient safety despite equipment shortages.
In dire situations such as war zones, mass casualty incidents, and under-resourced healthcare settings, this simple technique offers a practical and effective solution. It highlights the crucial role of innovation, adaptability, and fundamental surgical principles in ensuring that essential care continues even when conventional tools are unavailable.



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The urobag was taken, and the collection pouch and tube were detached with a pull (fig. 5).

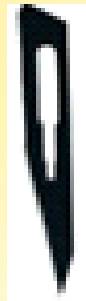
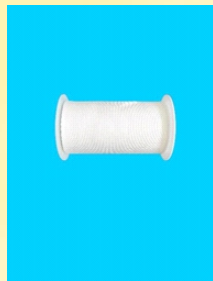
Using a surgical blade, an eye was created about 2 cm from the end of the tube by cutting out an elliptical part of the tube, as shown (fig. 6 and fig. 7).

The end of the tube with the eye was inserted into the collection pouch through the defect created while detaching the tube and pouch (fig. 8).

The eye end of the tube was maneuvered to a bottom corner of the bag, and silk was used to secure the tube end there by knotting from the outside of the bag. Care was taken not to occlude the eye created (fig. 9).

Using adhesive tape, the tube was secured at the level of the hanging attachment of the urobag (fig. 9).

The bag was filled with a sterile solution up to approximately 2 cm above the eye created (fig. 10).



The bag was filled with a sterile solution up to approximately 2 cm above the eye created (fig. 10). The system was connected to the intercostal drainage tube (fig. 11).



adhesive



blade



3 silk suture

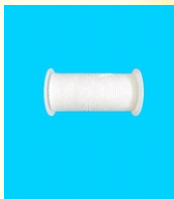


Fig.1 adhesive tape fig.



2 surgical blade fig.



3 silk suture



Fig.4 uro-bag fig.



5 collection pouch and tube disconnected



fig.6 making eye using surgical blade

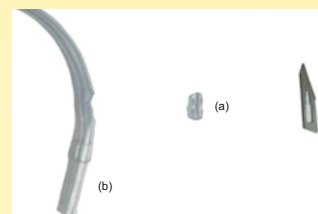


fig.7 elliptical portion (a) cut from tube and eye is made (b)



Fig.8 insertion of eye end of tube into bag

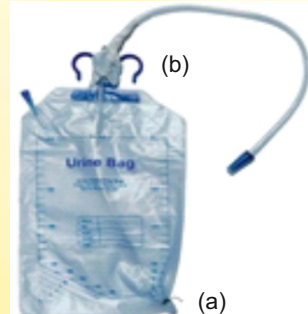


Fig.9 tie a knot with silk in one bottom corner of the bag including the tube (a) and securing bag and tube with tape (b)



fig.10 fill with sterile fluid up to 2cm above the eye



fig.11 connect the system to the chest tube

DISCUSSION & CONCLUSION

This improvised urobag underwater seal system is not a substitute for standard drainage devices but serves as a temporary, life-saving measure during emergencies, patient transport, or in areas with disrupted medical supply chains. It exemplifies how sound surgical knowledge, scientific reasoning, and resourcefulness can maintain patient safety despite equipment shortages.

In dire situations such as war zones, mass casualty incidents, and under-resourced healthcare settings, this simple technique offers a practical and effective solution. It highlights the crucial role of innovation, adaptability, and fundamental surgical principles in ensuring that essential care continues even when conventional tools are unavailable.

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Book Summary: Start With Why by Simon Sinek

In *Start With Why*, Simon Sinek breaks down what separates truly inspiring leaders and organizations from the rest. His core message is clear and powerful: Great leaders inspire action by clearly communicating why they do what they do—not just what they do or how they do it.

At the heart of the book is the **Golden Circle** model:

- Why – Your purpose, cause, or belief.
- How – The values or processes that bring your Why to life.
- What – The products or services you offer.

Most people and companies operate from the outside in—focusing on the “What” and “How.” But the most impactful leaders and brands (think Apple, Martin Luther King Jr., and the Wright brothers) operate from the inside out. They begin with Why—and that's what resonates deeply with people.

Sinek explains that “people don't buy what you do, they buy why you do it.” This principle isn't just about marketing—it applies to hiring, innovation, leadership, and team-building. If your actions don't align with your Why, people sense it. Authenticity matters.

He uses a wide range of stories—from Apple's fanatical customer base to Southwest Airlines' consistent culture—to show how purpose-driven companies build loyalty, trust, and long-term success. When a company forgets its Why (like Walmart, which shifted focus from helping people to chasing profits), it loses connection and begins to decline.

Sinek also dives into biology—specifically how the limbic brain (which controls decision-making and feelings) responds to the Why, not facts or features. That's why emotion often drives buying behavior and loyalty.

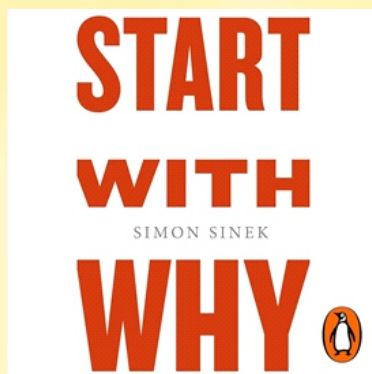
Key Highlights & Real Examples:

1. Start with Why, not What
 - o Apple doesn't just sell computers; it believes in “challenging the status quo and thinking differently.” This belief drives customer loyalty far beyond product specs.
2. The Golden Circle: Why -> How -> What
 - o The Wright Brothers had a dream to fly because they believed it could change the world. They succeeded despite limited funding and education, unlike Samuel Langley, who had more resources but no clear Why.
3. Inspire, don't manipulate
 - o Price drops and promotions, like those often used in the airline industry, may produce short-term gains—but they don't create lasting loyalty like Southwest Airlines, which thrives by living its belief in making flying accessible and friendly.
4. Trust starts with clarity
 - o Herb Kelleher of Southwest Airlines consistently emphasized the company's Why—democratizing air travel—which kept everyone aligned, from pilots to gate agents.
5. Hire for belief, train for skill
 - o Sinek shares how Apple hires people who believe in their mission first, and then trains them on the products. This leads to employees who evangelize the brand, not just work there.
6. The Celery Test
 - o This test shows how a clear Why helps filter decisions: if your Why is health, you'll choose celery and organic food over cookies—even if both are on sale. Random tactics dilute purpose.



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7. Consistency breeds loyalty
 - o Harley-Davidson isn't just a motorcycle company—it's a lifestyle. Their Why of freedom and rebellion is reflected in everything from product design to community engagement.
8. Leaders set the tone
 - o Martin Luther King Jr. gave the "I Have a Dream" speech—not the "I Have a Plan" speech. His clarity of belief inspired a movement, not just compliance.
9. Don't lose sight of your Why
 - o Walmart was founded to help people live better by offering low prices. When it started chasing profits over purpose, employee morale and customer connection dropped.
10. Your Why is your compass
 - o During tough times, Apple stayed committed to innovation and simplicity, even when the market demanded conformity. This consistency helped them bounce back under Steve Jobs.



About the Author: Simon Sinek

Simon Sinek is a British-American author and speaker best known for his work on leadership and organizational behavior. He rose to fame after his TED Talk "How Great Leaders Inspire Action" became one of the most watched of all time. A former advertising executive turned thought leader, Sinek has also written *Leaders Eat Last*, *The Infinite Game*, and *Find Your Why*. His work helps individuals and organizations find clarity, build trust, and lead with purpose.

Why This Matters to You

Why does your organization exist? What do

you believe in?

These are the questions Start With Why urges you to answer—not just to sell better, but to lead better. Whether you're building a hospital, running a practice, or mentoring younger doctors, starting with your Why helps build trust, attract the right people, and weather challenges with clarity.

In today's cluttered world, clarity of purpose isn't just a competitive advantage. It's essential.

"People don't buy what you do; they buy why you do it." – Simon Sinek

Dr Anmol Ahuja

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The Thinking Scalpel: How Reflexive AI is Redefining Surgical Safety

The Beginning of a Conversation

Surgery has always been a conversation, between human intention and uncertainty.

When we lift a scalpel, we engage not only with anatomy but with judgment, empathy, and consequence. For centuries, this dialogue was silent and personal. Today, however, a new participant is entering that dialogue, the machine, in form of robots and laparoscopic equipment

When I began working on the **Ethically Reflexive Intelligence Framework (ERIF)**, my question was simple:

Can artificial intelligence not only assist in surgery, but understand its moral rhythm? Could a machine ever sense hesitation, doubt, or the quiet ethical awareness that precedes a life-saving decision?

It seemed like an impossible question. But so did flight, once.

The Reflexive Mind and the Reflexive Machine

Traditional surgical AI has been brilliant at seeing and identifying ducts, vessels, and bleeds through segmentation algorithms. Yet, what it does not see are the surgeon's inner signals: fatigue, hesitation, loss of focus, or ethical conflict.

That's where the idea of reflexivity emerged. Reflexivity is the ability to reflect upon one's own actions in real time which is a uniquely human strength. The ERIF framework seeks to encode this ability into machines, not as a replacement for conscience, but as a mirror to it.

Within ERIF, modules like ERDI (Ethical Reflexive Decision Index) and RECS (Reflexive Ethical Corrective System) act as sentinels of awareness.

ERDI captures the surgeon's cognitive fluctuations by using, eye-tracking, or tremor analysis, EEGs to sense when attention wavers or cognitive overload looms.

RECS interprets these cues, prompting subtle corrective actions: slower motion, field re-evaluation, or a momentary pause.

Together, they form the neural and ethical pulse of the procedure, the heartbeat of surgical consciousness.

When the AI Noticed the Hesitation

During a simulated laparoscopic cholecystectomy, something remarkable happened. As the trainee approached the cystic artery, ERDI spiked sharply, a sign of elevated mental effort. A moment later, RECS dipped, indicating a lapse in cognitive coherence. The system flagged a gentle warning: "High reflexive load detected, confirm anatomy."

The resident paused, reassessed, and realized the cystic duct and artery were partially fused by inflammation, a potential error narrowly avoided. This could be any procedure, any surgery or for that matter any human machine interaction so long as the integration is completed.

It was not technology showing off but it was technology reflecting back the human mind.

That single instance demonstrated what years of theory had promised: Ethical reflexivity can be quantified, guided, and taught.

The Ethics of Awareness

The deeper question, however, is not about detection but it's about meaning.

Why should an AI care if a surgeon hesitates?



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Because that hesitation is where ethics lives. Every surgeon knows the weight of a near-miss, the invisible pause when instinct collides with responsibility.

AI systems, though unreflexively, might only optimize for speed or accuracy. But reflexive AI learns to optimize for safety and moral prudence.

It doesn't measure how much a surgeon bleeds the patient; it measures how the

surgeon thinks in the face of bleeding and learns from that moment.

This is what we call **Ethical Reflexivity**, the shift from intelligent automation to conscientious collaboration.

The Architecture of Reflexive AI

The ERIF framework builds upon several interacting modules:

Module	Function
ERDI – Ethical Reflexive Decision Index	
RECS – Reflexive Ethical Corrective System	Provides corrective feedback loops
PRISM – Probabilistic Reflexive Inference System	loops Predicts anatomical and ethical risk
HERMES – Heuristic Ethical Monitoring Engine System	zones Evaluates intraoperative ethical performance
DEERI – Delayed Ethical Event Reflection	Assesses post-operative ethical learning and reflection

These systems operate as a loop of learning and self-correction, continuously syncing the surgeon's cognitive state with intraoperative data.

The result is not only safer operations, but smarter ethical learning curves.

When Reflection Becomes Data

In traditional metrics, we measure operative time, blood loss, or complication rates. In reflexive AI, we begin to measure thought itself, how awareness evolves under stress.

Imagine an operation where video frames, instrument telemetry and EEGs combine into a cognitive-ethical profile, showing not only what happened, but why it happened. Over time, this creates the DEERS score, a reflection index that quantifies post-operative ethical growth.

It's humbling when you realize your brain leaves a footprint not just in the act, but in the reflection.

Beyond the Operating Room

Though born in surgery, ERIF's philosophy extends far beyond.

Pilots, defense operators, and even policy AI systems face similar ethical choke points where decisions are made in seconds. The dream is that reflexive algorithms could one day assist anyone whose split-second choice carries human consequence.

Because reflexivity, in essence, is universal, it is the moral physics of intelligence itself.

The Human in the Loop

Every time I look at the softly humming AI dashboard in our simulation lab, I remind my students:

“This machine doesn't replace you, it reminds you of yourself.”

Ethically reflexive AI brings humanity back to the heart of technology.



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It tells us that intelligence is not measured in speed, but in the pause that prevents harm. In that pause, the human and the machine meet, not as master and servant, but as co-thinkers in the fragile art of healing.

A New Kind of Learning

Our next step is to make this learning loop accessible, not just to researchers but to residents and trainees.

If an intern can see their ERDI-RECS curve alongside their operative video, reflection becomes part of training, not punishment, but awareness.

This is the future classroom: not just seeing where you cut, but understanding why you thought that way when you did.

Conclusion: The Ethics of Tomorrow

The future of surgery is neither robotic nor

purely human. It is reflexive.

Machines will think with us, not for us.

They will carry mirrors into the moments we fear most, uncertainty, pressure, fatigue and reflect not judgment, but understanding.

Between scalpel and silicon, something extraordinary is unfolding: A vision of surgery where ethics, cognition, and compassion are not taught separately, but measured together.

Perhaps one day, when the machine pauses beside your mid-procedure and softly signals, "Check your field," it won't be a warning.

It will be wisdom, echoing back your own best instincts.

Author's Note

Dr. Piush Choudhry is a general surgeon and founder of the Layveer Medical Division (Delhi), focusing on ethically reflexive AI systems in surgery. His framework ERIF (Ethically Reflexive Intelligence Framework) forms the foundation of India's first patented AI for ethical cognition in high-risk tasks.

Dr. Piush Choudhry,

Layveer Medical Division, Delhi, India

(Based on Indian Patent Application No. 202511070784 —

"Ethically Reflexive AI in Surgery and High-Risk Human-Machine Tasks".



Safe Cholecystectomy : A Surgical Reflection

The case begins with aching pain,
The scan reveals the stones that reign.
Through portals placed with measured art,
We chart the gallbladder's guarded heart.

The screen transforms to world and sky,
Of glow and shade where trocars lie.
With steady hand and patient grace,
We trace the pathways, place by place.

“ Hug the gallbladder, ” soft I say,
Stay near, my friend, don't drift away.
In Calot's space where dangers keep,
Dissect with care, deliberate, deep.

Resist the cautery's tempting spark ,
For unseen wounds can leave their mark.
Layer by layer, strand by strand,
Free the truth by your command.

Then pause before the clips take hold,
A sacred moment, calm and bold.
“ Time out !” we call — confirm the view,
The duct, the artery, known and true.

The Critical View — our final test,

To see it clearly is our quest.
Lift the lower third once more,
Let knowledge, light, and skill restore.

But when the field turns fierce and red,
And swelling clouds obscure ahead,
When scars of old confuse the scheme,
Remember — this is not your dream alone.
“ Call for help ” — that strength of voice,
A wiser, braver, surgeon's choice.

If tangled planes refuse to part,
And chaos claims the patient's chart,
Convert with grace — it's not defeat,
But judgment sound, experience complete.
That open view, that guiding hand,
Still marks a surgeon who will stand.

So carry on, with steady sight,
For every dawn gives way to night.
Let prudence be your constant star,
And safety guide you — near or far.

It will be wisdom, echoing back your own
best instincts.

Dr Shardool Vikram Gupta

Associate Professor Surgery,
Dr Rml Hospital, NEW DELHI





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HOBBY SECTION

दिवाली 2025

होली दिवाली हैं, ऐसे त्यौहार,
ले जाते हैं, सबको अपने घर द्वार।

काम धाम को थोड़ा सा भुलाकर,
घर वालों की फिर से याद दिलाकर।

त्यौहारों की चमक दमक में,
मिलने जुलने की चहल पहल में।

कुछ यादगार पल समेट लेते हैं।
उलझनों से भरी जिंदगी से भी,

कुछ सुकून के पल चुरा लेते हैं।
हँसी ठहाके, पकवानों के चटकारे,

चलते हैं लम्बी गपशप के फटकारे,
नई पोशाकें और पूजा की तैयारी।

दिवाली की रोशनी देखने को निकलती सबकी सवारी,
जिंदगी के टोकरे से परेशानियों को बीन हटाते रहें।

मीठी मीठी स्मृतियों को हम सब संजोते रहे,
हमारी संस्कृति के परिचायक

इन त्यौहारों के रस में
डूबकर सराबोर होते रहें,

समय निकालकर अपने अपने स्वजनों के साथ
मिलजुल कर त्यौहार मनाते रहें।

विजयादशमी 2025

रा से रावण रा से राम
कितने अलग थे दोनों के काम

जिसके जैसे होंगे जग में काम
वैसा ही बनेगा उसका नाम

कर्मों का ही तो फल था
और कुछ इतना प्रबल था

एक बने सर्वअनुकरणीय मर्यादा पुरुषोत्तम
दूसरा बना महापंडित होते हुए भी अधम

दुष्कर्मों को आज ही तज दे
अंतर्मन के रावण को बाहर कर दें

नकली मुखौटा दूर हटा लें
सच्चाई का दामन थाम लें

चकित हों भारतीय संस्कृति की अलौकिकता से
परिचित हों विजयादशमी की प्रासंगिकता से



Dr Kusum Meena

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HOBBY SECTION

Age is a number only, not a handicap

Age is a number, not a handicap
I remember of innumerable joys, not sorrows;
Of innumerable friends, not enemies;
I remember the parent's affection,
And also their scoldings ; but feel grateful for
them;
As those have made me what I am today.
I Remember the days spent in my that home,
Miss it more than my present huge bungalow.
I miss the delicious food lovingly made and fed
by Maa;
Preference still remains for it compared to five-
star gourmet.
I Forget the teachers' rod, but remember their
teachings,
I Forget the school fights, when I was bruised
and injured,
But when I came home, told that I had fallen off
the bicycle;
I have forgotten the ragging of the medical
college,
I just remember the smiling faces and the fun
we had
I forget the snow of the foreign countries,
But remember the good training that I had
received there.
I have forgotten the times when I had slept
hungry
because of my patients and the mess had
closed ,
I Just remember how a,b,c,d, of surgery was
learnt;
Gradually the age increased, the physical
strength decreased,
the eye sights have become weak; the specs
are needed ,
Can't hear properly but hearing aid is avoided;
Wife insists , children also say, employ a driver;
But I love to hear -Oh at 85, you still drive a car,;
Age is a number, not a handicap
smaller,
but the strength of trust has become larger;
Instead of the ads, faith and confidence, bring
patients,
many patients no longer call me a doctor but an
uncle;
I want them to see me as I am, I want them to
respect my age;

Stopped dyeing hair, stopped befooling people;
The line of patients in the clinic has become
Patients love me , many touch my feet;
Age is a number, not a handicap.
I also do not charge my fees from many,
there is no shortage of money now;
Where will I spend? Everything is available in
the house,
Hardly any surgeon of my age operates, but at
times I do;
My hands do not tremble, I can see properly,
Should I leave surgery because of my age only ?
Yes, the day I feel that my patient may be
harmed by me,
I will stop holding the knife; but till then let me
continue,
8 and 5 – 85, is a number, hell with this
number ,
I don't consider myself a Buddha,
Old age is far away, I am still young.
Age is a number, not a handicap
But yes, I can't learn and do Robotic Surgery,
Can't perform Heart and Liver transplantations;
But never mind, I have done enough;
And can every one do everything?
With the blessings of God and with the love of
you all,
I will keep walking, and enjoying this beautiful
world.
I will continue to love, and will continue to get
love.
Remember, Age is a number, not a handicap,
And surely not hopelessness for anything .
Come on, get up , smile and enjoy the world.

**Dr. S M Bose MS, FRCS(E), FRCS (G), FAMS,
FACS, FICS, FACG
NAMS Council Member**

Former Sr Prof & Head of Surgery, PGI, Chandigarh
Prof of Surgery, AIIMS, New Delhi
President Asscn of Surgeons of India
President Ind. Asscn. of Surgical Gastroenterology
President Chandigarh Surgical Society



Guardians of the Shola: The Resplendent Bush Frog

The resplendent bush frog is one of the Western Ghats' most unique symbols of how much life still hides in the folds of India's oldest mountains. First described in 2010, on the Anamudi peak, the highest peak of the Western Ghats (2695m above sea level), this tiny frog belongs to a group of high-elevation amphibians that evolved in the cool, mist-soaked shola-grassland region. Its discovery

added yet another chapter to the Western Ghats' reputation as a global biodiversity hotspot, where new species continue to emerge even today. What makes the resplendent bush frog special is not just its rarity, but how precisely it is adapted to its environment—an environment that is only a region of 3 sq km, shrinking faster than we acknowledge.



Meesapulimala (2640m above sea level), where I encountered this remarkable species, offered the perfect setting to appreciate its world. We had to leave the main track, go slightly off-road and hike through damp, root-lined forest patches. The misty air was cold and heavy with the scent of wet earth all around. Every few steps, the forest softened into quiet, then erupted again with distant insect calls. It took

patience and a fair bit of searching before we finally spotted the frog; a tiny gem perched delicately on a leaf, glowing with muted orange and yellows under the diffused light. I remember crouching there, letting myself absorb the privilege of being in front of a creature that most people will never see in the wild.



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What stayed with me was not just the excitement of the sighting, but the realisation of how fragile these ecosystems are. The shola forests exist only in small fragments, clinging to high ridges across the Ghats. They are among the most climate-sensitive habitats in India. A slight shift in rainfall, temperature, or land use can push species like the resplendent bush frog closer to disappearance. Amphibians are already one of the most threatened groups on the planet, and their loss often signals deeper ecological imbalance. Conservation, therefore, is not optional. It is urgent. Protecting the resplendent bush frog (IUCN red list: Critically

endangered) means defending entire mountain systems that regulate water, store carbon, and support thousands of interconnected lives—including ours. Safeguarding the shola-grassland mosaic preserves a heritage that cannot be rebuilt once lost. My experience at Meesapulimala reminded me that the survival of such species depends as much on awareness as on scientific action. Each encounter is a call to recognise that rarity carries responsibility, and that these forests deserve our respect, our protection, and our voice.

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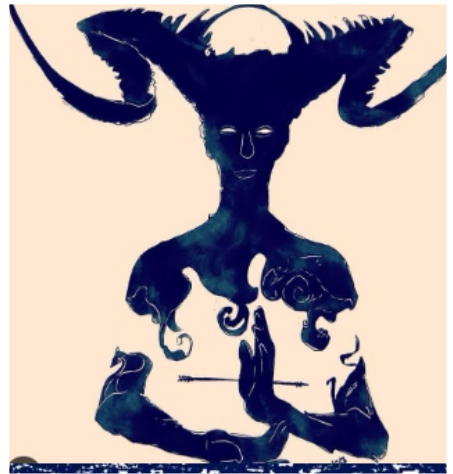




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HOBBY SECTION

MIRAGE



Dr Ashik S (DNB Trainee)

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ASICON CME

- Sir Ganga Ram Hospital, New Delhi with Delhi State Chapter of ASI in association with ASICON CME Foundation & organized ASICON CME 2025 on 14 September 2025 at the Main Auditorium, Sir Ganga Ram Hospital, New Delhi.
- Theme: Upper GI Tract – Esophagus and Stomach
- Highlights:
- 7th Dr. K. C. Mahajan Memorial Annual Oration on 14th September 2025 by Dr. C. Palanivelu on "MIS is the Future of Surgery".
- Poster Presentation, Quiz on Esophagus and Stomach, Video Presentation: Key Surgical Procedures (Tips and Tricks)



Annual ASICON- CME 2025 (Delhi Chapter)

(Under the aegis of ASICON-CME Foundation and Delhi State Chapter of ASI)



Theme: Upper GI Tract- Esophagus and Stomach

Cadaveric Workshop & ASICON CME

13th & 14th September 2025

Organized by : Sir Ganga Ram Hospital under the aegis of ASICON CME Foundation & Delhi State Chapter of ASI

13 September 2025 (Saturday) - Cadaveric Workshop at DDU Hospital,
14 September 2025 (Sunday) - CME at Main Auditorium, Sir Ganga Ram Hospital, New Delhi

Highlights

Cadaveric workshop in Deen Dayal Upadhyay Hospital, Convener: Dr P S Sarangi and HoD Surgery: Dr Puneet Chhibber on 13th September 2025, Saturday from 8 am **Limited Seats – 25 only**

7th Dr K C Mahajan Memorial Annual Oration on 14 September 2025 by **Dr C. Palanivelu**

Quiz on Esophagus and Stomach

Quiz award: 1st: Rs 25000, 2nd: Rs 15000, 3rd: 10000/-

Conference dinner: 14th September 2025 (Sunday)

Video presentation on Key Surgical Procedures (Tips and Tricks).

Certificate of successful completion will be handed over only after the end of CME on 14th September.



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Chapter activities

Monthly Meetings & PG Masterclasses

April monthly meeting & PG Masterclass-DSC organized by the Department of Surgery, Maulana Azad Medical College on 26th April 2025. (Saturday), 2 to 4 pm. 3:00 PM - 4:00 PM:

Case presentation

S No.	Case	Presenter & Unit
1.	An Uncanny Uncinate forms a Cul-de-sac	Presenter - Dr Manicka Aakash Dr C.B.Singh - Unit 1
2.	Lap management of an uncommon pancreatic tumour	Presenters - Dr Divyansh Raghuvanshi (Case report) & Dr Manideep Banoth (Discussion) Dr Rajdeep Singh: Unit 3
3.	Dam that broke causing gastric outlet obstruction	Presenter Dr Harsha Dr Sushanto Neogi: Unit 4
4.	A trip down the biliary lane	Presenter - Dr Ujala Pathak Dr Anubhav Vindal: Unit 5



May monthly meeting organized by the Department of Surgery, Deen Dayal Upadhyaya Hospital on 24th May 2025. (Saturday), 3 to 4 pm.

Cases to be presented-

S No.	Case	Presenter	Unit
1.	ACTINOMYCOSIS MASQUERADING AS SOFT TISSUE TUMOUR Dr. Geetanjali	Dr. Geetanjali	Dr PS Sarangi Unit II
2.	A CLASSICAL CASE OF PANDORA BOX	Dr. Navakoti Mohan Reddy	Dr Puneet Chhibber Unit I
3.	A RARE CASE OF UPPER TRACT UROTHELIAL TUMOUR	Dr. Ankush Bansal	Dr PS Sarangi Unit II
4.	RESTORING FLOW; HEALING WOUNDS	Dr. Abhinu Mannadath	Dr PS Sarangi Unit II
5.	A CASE OF EXTREMITY VASCULAR INJURY	Dr Amit Kumar	Dr Puneet Chhibber Unit I





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Chapter activities

The June monthly meeting & PG Masterclass of Delhi State Chapter was organized by Hindu Rao Hospital & Northern Railway Central Hospital on June 28, 2025 (Saturday), 2 to 4 pm. Venue - Passi Auditorium Complex, Hindu Rao Hospital, New Delhi

Cases for Monthly meeting, 3 to 4 pm

Case 1 - Atypical presentation of testicular mass (tubercular orchitis) Dr Himanshi singh (NRCH)

Case 2 - Urethral Recurrence of Urothelial Carcinoma of the Bladder Following Radical Cystectomy: A rare case presentation, Dr Rajashekhar(NRCH)

Case 3 - Diagnostic Dilemma in a patient of left Congenital Diaphragmatic hernia with Fecopneumothorax, Dr Kushica Chandra(HRH)

Case 4 - Foreign bodies in the small bowel- Focus on challenges, Dr Priyadarshan (HRH)

Case 5 - Solid pseudopapillary tumour of pancreas with concomitant urogenital anomalies, Dr Kunjit Joshi (HRH)



The July monthly meeting was organized by ABVIMS Dr RML Hospital on July 26, 2025 (Saturday), 1:30 to 4 pm. Venue: LT3, Ground floor, PGI

Monthly meeting Cases 3:00 - 4:00 pm:

1. The Unseen injury - A Dramatic presentation of Morel Lavallee lesion long after trauma
Presenter - Dr Srishti Bishnoi under guidance of Dr Manoj Dokania
2. Silent until it burst (Gastric Diverticular Perforation) - Presenter-Dr Tanmay under guidance of Dr Neeti Kapur
3. Move the liver to conquer the culprit Presenter: Dr Darshini under guidance of Dr Rana A K Singh
4. Indeterminate Splenic Cyst : when vessels dictate the blade Presenter: Dr Sambhavi, under guidance of Dr Devadatta Poddar/ Dr Shailesh Kumar
5. Mammary Masquerade : When bilateral gynaecomastia hides a secret tumor
Presenter - Dr Manik under guidance of Dr Sneh Jayant





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Chapter activities

The August Monthly Meeting & PG Masterclass of Delhi State Chapter was organized by VMMC & Safdarjung Hospital on Saturday, 23rd August 2025 from 2 to 4 pm.

PG Masterclass (2–3 pm)

A case of Peripheral Vascular Disease, Presenter – Dr. Abhinav Kumar | Moderator – Dr. Ashok Sharma

A case of Abdominal Lump, Presenter – Dr. Shourya Kumar | Moderator – Dr. Rajkumar Chejara

Monthly Meeting Cases (3–4 pm)

1. Hidden in the sweat: A Case of Axillary Neoplasm – Dr. Khushhal Jindal | Dr. Rajkumar Chejara (HOD)
2. Multiple tumors: Unraveling a syndromic surgical challenge – Dr. Arun Kumar | Dr. Ashok Kr. Sharma (HOU)
3. Pseudo papillary pancreatic neoplasm; operative challenge – Dr. Akshita | Dr. Nishith S. Mandal (HOU)
4. Oncoplastic Breast Surgery – Healing with Precision, Restoring with Compassion – Dr. Ankur | Dr. V.C. Aggarwal (HOU)
5. Body whispering steel & shadow: A Surgical crisis – Dr. Madhuri | Dr. Shivani Paruthy (HOU)



The September Monthly Meeting & PG Masterclass of Delhi State Chapter was organized by LHMC & SSK Hospital on Saturday, 27th September 2025 from 2 to 4 pm.

The Venue was Lecture Theater 3 Third Floor Academic Block LHMC & SSK Hospital NEW DELHI

PG Masterclass (2–3 pm) presented were

1. A case of Carcinoma Penis- Presenter - Dr. Neeraj
2. A case of Right Hypochondrium Abdominal Lump- Presenter - Dr. Akhilesh

Monthly Meeting Cases (3–4 pm) presented were

1. Enemy without borders- Neurogenic tumor - Presenter- Dr. Palash, S2 unit- Dr. Anup Mohta (HOU)
2. Pseudocyst Pancreas - Presenter- Dr. Varun, S3 unit- Dr. Manoj Andley (HOD)
3. Rise and fall of Rectal Cancer - a colonoscopic journey - Presenter- Dr. Prakhar S4 unit- Dr Ashok (HOU)
4. The Silent Giant- A large retroperitoneal tumor - Presenter- Dr. Amneet S5/7 unit- Dr. Nain Singh(S5)/ Dr Ashish Arsia (S7) (HOU)



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Chapter activities

5. GIST in a CYST or a CYST in a GIST- Presenter- Dr. Aayush, S6 unit- Dr. Gyan Saurabh (HOU)
6. Tumor clearance to vascular crisis-case based insights into portal vein injury management - Presenter- Dr. Manav Bansal, S1/8 unit- Dr. Sudipta Saha(S1) /Dr Pawan Kumar Rattu(S8) (HOU)



The October Monthly Meeting of the Delhi State Chapter was organized by UCMS and GTB Hospital on Saturday, 18th October 2025, from 3:00 PM to 4:00 PM. Venue: LT-1, First Floor, College Block, UCMS

S No.	Case	Presenter	Unit
1.	A rare case of VHL syndrome	Dr. Nitu Singh (SU-6)	Dr. Iqbal Singh
2.	Recurrence in the Shadows: Right Gluteal Liposarcoma Revisited	Dr. Ishu (SU-2)	Dr. Deepak Kumar
3.	An Unusual Presentation of a Giant Pancreatic Pseudocyst	Dr. Basant Jindal (SU-3)	Dr. Rahul Rohitaj
4.	Metabolic Workup in All Renal Stone Patients — For or Against?	Dr. Akansha Agarwal (SU-6)	Dr. Iqbal Singh





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Chapter activities

The Surgical week -Delhi Chapter ASI 9 to 15 June 2025

The Delhi state chapter of ASI organised the Surgeons' week from 9th to 15th June 2025, and concluded on 15th June 2025 celebrated as National Surgeons Day.

The following are the list of activities conducted in the various Hospitals, Institutions, Medical Colleges, Private Nursing Homes and Clinics all across Delhi. Apart from the activities mentioned below, the following individual efforts were also conducted]

- 1. One free surgery per surgeon** in many of the private hospitals on any particular day of the week was done. As it is difficult to collate the data done by all the surgeons as part of the benevolent activity, I am sending the data of the Department of Laparoscopic and General surgery, Sir Ganga Ram Hospital, for the entire week. This is the list of Surgeries that were done supervised or performed by the Consultants who don't charge any surgical fees. Many private hospitals have this kind of an arrangement where the Consultant does/ supervises the operations for free. Many Private practitioners too did this activity on their own will and effort across the city of Delhi.
- 2. Free Consultation day** – No fees was charged for all patients seen by private practitioners on a particular day of the week. For me it was the 14th June for my combined morning and afternoon OPD slots. I am Sending the 'Zero billing' receipts of the patients seen on that day. Many others did the same as part of their effort towards the cause
- 3.** Blood donation camps are being organized in all major hospitals and institutions across the state of Delhi.
- 4.** We have encouraged all surgeons to undergo their own “Health check-ups” during the week.

Day 1- 9/6/25, Monday

Hindu Rao Hospital - National Surgeons Week at Hindu Rao Hospital and NDMC Medical College organised a plethora of Academic Activities under the Aegis of Delhi State Chapter of Association of Surgeons of India. A live surgery display of Laparoscopic Surgery was done for undergraduate students and residents from OR to Surgery Seminar room in the Morning half. The afternoon half of the day was used to organise Poem writing & Poster making competition from 2 pm. These poems were judged by appointed Faculty, and the winners awarded and certificated issues and given. They were also compiled into a booklet and released on 12th June in the Passey auditorium, Hindu Rao Hospital.

Day 2 – 10/6/25, Tuesday

Hindu Rao Hospital

- 1.** Live Telecast of Surgeries from the OT
- 2.** Breast Cancer Awareness campaign- Video display of self-breast examination and sensitisation regarding Breast Cancer. Followed by distribution of self-breast examination and monitoring cards. Celebrating Breast Awareness campaign by wearing pink ribbons and distributing to all lady patients. Attendees included doctors and staff on duty also. The occasion was graced by the presence of MS, Additional MS, CMO Admin and Dr Deepak Das, HOU Dept of Medicine. This was followed by Breast examination of all lady patients who attended the surgical OPD, by lady surgeons



SCISSORS

Chapter activities

Day 3 – 11/6/25, Wednesday

Northern Railway Central Hospital, New Delhi - Tree Plantation drives - 11 June 2025 at 7 am conducted by Northern Railway Central Hospital, New Delhi in the Residents Society Compound. Around 50 participants for the Tree plantation drive in NRCH Residents Committee ground. Thanks to everyone for coming. Specially to Dr Ratna Chopra for taking time out in spite of a full week programme in HRH. And Dr Biswanath Tiwari from NRCH for the coordination and execution.

Hindu Rao Hospital

1. Live telecast from OT of basic lap procedures including TEP, Cystoscopy and Lap Cholecystectomy, moderated in Seminar room by Dr Ratna Chopra
2. Knotting and suturing workshop, Faculty being Dr Ratna, Dr Jagmohan and Dr Shruti from 2 pm onwards
3. Breast Cancer Awareness at UHTC OPD by Dr Amit Goel. Tool was the Video prepared by Dr Ratna Chopra. All were well attended by more than 20 participants. Awareness regarding importance of Early Detection of Cancer Breast, Breast Self-Examination was done in Surgery OPD of Hindu Rao Hospital in UHTC Vivekanadpuri. This was also done on Friday

Deen Dayal Upadhyay Hospital - Breast cancer awareness camp was organised in the premises of Deen Dayal Upadhyay Hospital in west Delhi. Almost 40 former and current patients undergoing treatment along with their attendants attended the meeting and listened to talks by senior faculty about the importance and correct technique of self examination for early detection of breast cancer.

Day 4- 12/6/25, Thursday

ABVIMS and RMLH

1. Academic activity. ABVIMS and RMLH organised the Breast Cancer Awareness and screening Camp. The Objective was to educate the public about breast cancer prevention, early detection, and treatment. Activities were Awareness talks by senior surgeons, Free clinical breast examinations, Distribution of informational pamphlets, Counseling sessions for high-risk individuals. Held in collaboration with the Association of Surgeons of India (ASI) Delhi Chapter, the Cancer Screening Camp was held at the ground floor of the Surgery OPD. The event witnessed active participation from patients, their relatives, nursing staff, MBBS students, and postgraduate MS students. The program commenced with an opening address by Dr. Neeti Kapur, Head of the Department of Surgery and Governing Council Member of ASI, who formally inaugurated the session. A health awareness talk was delivered by Dr. Shalini Thakur, who emphasized the importance of early detection through self-breast examination, highlighting practical steps and awareness for breast cancer prevention. Adding significance to the occasion, Dr. Rana A.K. Singh, former Medical Superintendent of RML Hospital and a Governing Council member of ASI, graced the event with his presence and shared valuable insights. The celebration underscored the commitment of the surgical community towards public health awareness and preventive care, particularly in the fight against cancer.



SCISSORS

Chapter activities

2. Esophageal Surgical workshop. RMLH organised the workshop. Objective was to showcase advanced minimally invasive surgical techniques for oesophageal conditions. Activities were Live operative workshops, Case discussions and surgical planning, Interaction with patients pre- and post-surgery and also Hands-on training for surgical residents. Under the leadership of Dr Neeti Kapur (ASI GC) the live demonstrative workshop was organised. Dr Deep Goel (ASI GC) demonstrated a flawless Laparoscopic + Thoracoscopic Oesophagectomy in a Siewert Type I (EGJ) tumour post NACT using a 3D-4K system. The program was attended by many residents and faculty of the department.

Hindu Rao Hospital – The Academic event The Printed Collection, the Display of instruments deserving for a museum storage for future generations, the Felicitations of the superannuated Senior surgeons of your hospital and the encouragement of the Residents, Nurses and ancillary staff, they all made the programme worthwhile. The programme started with an Invited lecture on 'Leadership and Surgeons' by Dr Harish Gupta, and a talk on soft skills by eminent surgeon Dr G D Sharma. The Valedictory function followed by lunch and display of surgical models, posters prepared by students, novel equipments and gadgets of the past decades were the other highlights of the programme.

Day 5 – 13/6/25, Friday

VMMC - Public oral cancer awareness programme in Surgery OPD in presence of Dr Rakesh kumar, Head of the Department, Department of Oncosurgery. Approx 50 patients and their attendants attended the program followed by refreshments. Head of the Department, Dr Rajkumar Chejara then took lectures on Preventive Steps of Oral cancer, Dr Rakesh Kumar on Screening investigation and treatment aspects. Moderated by Dr Meghraj Kundan, Senior Consultant in the Department of Surgery.

Deen Dayal Upadhyay Hospital - Organised the Blood Donation camp in their premises. The details has been sent separately on email to the headquarters.

Jeewan Hospital - Free surgery check up camp was organised by the hospital attended by almost 50 patients. The pics are attached with the email.

Hindu Rao Hospital – Bowel and suturing workshop from 2 pm for all surgical residents mentored by senior faculty. The wet tissues and all the suturing equipments and consumables were made available for the residents for free.

Sehgal Neo Hospital- Organised a Prostate Cancer Screening Camp in the OPD of their premises. Patient awareness talks and screening of high risk individuals were undertaken. Importance of screening was emphasised and investigations of high risk individuals done. Almost 25 patients had turned up for the event.



SCISSORS

Chapter activities

Day 6 – 14/6/25, Saturday

DDU Hospital - The Cadaveric workshop on Liver resections in DDU hospital. The efforts of Dr Puneet Chibber Head of Department, Dr Maninder Chabbra and Dr P S Sarangi,

Baba Saheb Ambedkar Hospital – CME

Apollo Spectra Hospital - Free check up

RMLH –

1. **ABVIMS & RMLH** Plantation Drive - The Department of Surgery, ABVIMS & Dr. RML Hospital, took a meaningful step toward sustainability by organizing a Plantation Drive as part of Surgeons Week! Under the leadership of Dr. Neeti Kapur, HOD Surgery, the team of dedicated surgeons, residents, and staff came together to plant saplings, reinforcing our commitment to healing both people and the planet. Every tree planted is a promise for a healthier tomorrow. Proud moment to blend surgical excellence with environmental stewardship!

2. **RMLH** Felicitation Ceremony for Excellence in Surgical Training. Objective was to recognize and honour outstanding contributions in surgical education and training. Activities included awards to faculty and residents for academic excellence, innovative practices, and mentorship, Speeches by eminent guests and senior faculty, Presentation of certificates and mementos followed by Cultural program and group photograph session. It was then culminated with vote of thanks to Surgeons.

Blood Donation Camps-

As part of Surgeons Week Celebrated in multiple hospitals. As a part of the week-long celebration, Blood Donation Camps were organized on 14th June 2025, coinciding with World Blood Donor Day. All residents and faculty members participated wholeheartedly in the camp, showcasing their commitment to community service and saving lives. This noble initiative was organized in collaboration with the Delhi Chapter of the Association of Surgeons of India (ASI).

The Department of Surgery of various hospitals in association with their respective Blood Banks proudly contributed to this life-saving cause, with many doctors stepping forward to donate blood and inspire others. A true celebration of service, compassion, and dedication! .

Objective was to encourage voluntary blood donation and support the hospital's blood bank. Organized in collaboration with the Department of Transfusion Medicine. Activities were On-the-spot registration and medical screening, Certificates and refreshments for donors, Awareness about the importance and safety of blood donation

They were organised in VMMC, SGRH, ABVIMS and RMLH , HRH, LHMC, NRCH, Sehgal Hospital. The Blood Donation details have been received only from 9 out of the 12 or more hospitals that conducted the camp. Wherein we collected 360 units.

The details of 2 hospitals are still awaited, as RMLH is continuing it's blood donation drive for this week also and only after completion will they be able to give us a definite number. The details of the hospitals along with the Certifying authority letter has already been sent as an attachment by email a couple of days earlier from delhistatechapter@gmail.com



SCISSORS

Chapter activities

Day 7, 15/6/25, Sunday

Cyclothon and Walkathon - 15 June 2025 at 6 am conducted by ASI Delhi in association with Northern Railway Central Hospital, New Delhi and ConCor, from Karnail Singh Stadium. The Cyclothon was attended by participants of the CCC Cycling Club where more than 80 cyclists completed a 50 km roundabout cycle journey that was flagged off at 6 am and the Walkathon with around 70 participants started at 6.30 am from Karnail Singh stadium, Connaught Place, New Delhi 110001 amid a pleasant Sunday cloudy morning. The location is https://maps.app.goo.gl/P9FvrfxEaZy7XKa89?g_st=aw. On-ground arrangements included Refreshments at the venue, Medical assistance & ambulance support and All essential logistics & safety measures. Adequate parking place was organised in the vicinity for the attendees and their families at the Central hospital front gate road & walk through cycle to Karnail Singh stadium gate 1 and at back gate of central hospital near Sarvoday NRCH Radiology centre.

RMLH- Surgeon's Day was celebrated with enthusiasm at Atal Bihari Vajpayee Institute of Medical Sciences (ABVIMS) and Dr. Ram Manohar Lohia Hospital on 15th June 2025. The event recognized and felicitated eminent surgeons and dedicated nursing staff, honouring their invaluable contributions to patient care and surgical excellence. Dr. Rana A.K. Singh, former Director and Medical Superintendent of Dr RML Hospital, was awarded a memento for his outstanding service, leadership, and contribution to surgical training and faculty development. Sister Manju Ahuja was also honoured for her exceptional dedication to surgical patients. She has served as the in-charge of both the Emergency Operation Theatre (EOT) and First Floor OT, earning admiration for her commitment and compassion. The celebration was part of National Surgeons Week, which concluded with an inspiring address by Professor Dr. Neeti Kapur, Head of the Department of Surgery. Dr. Kapur emphasized the importance of teamwork, patient-centric care, and ongoing training in shaping the future of surgery. The event was a heartfelt tribute to the hands that heal and the hearts that care.

At the end of the Surgeon's week and all throughout, patient testimonials were collated. Both audio and video recordings (with permission) was done, carefully and meticulously edited and circulated on social media by the tech-friendly resident surgeons. Also patient awareness videos were made by residents of all hospitals during the week. All surgeons were encouraged to share words of appreciation received by them from the patients and post on their personal social media handles and pages.

Many other Social awareness programmes were organised in smaller hospitals and private nursing homes on their own efforts in the larger interest of the Association of Surgeons of India, Delhi. We tried to upload all our programmes and workshops on Social media, Print media and Audio-visual media including involving Individual or Hospital's social media campaigns and News Channels.



SCISSORS

Chapter activities





SCISSORS

CMEs

Banquet Dinner hosted by Hindu Rao Hospital and Northern Railway Central Hospital 28 June at 7 pm in CSOI,

A felicitation ceremony for superannuated senior surgeons from Northern Railway Central Hospital, New Delhi was organized by Our President, Dr Sanjeev Singhal Sir on 28 June 2025 at 7 pm in CSOI, KG Marg. This was attended by 2 senior surgeons - Dr. Vijay Kumar Ramteke & Dr. D Sharma along with their spouses. This was a family gettogether and dinner attended by Executive members of Delhi Chapter, ASI with their spouses and residents from NRCH & HRH. Felicitaiton of the senior surgeons with gifts and mementos followed by a short speech from the senior members and was followed by Banquet dinner.

The brief introduction of the senior surgeons are as follows: -

Dr. Vijay Kumar Ramteke was born in February 1953 in Aurangabad, Maharashtra. He completed his schooling at St. Xavier's, Jaipur, and pursued MBBS (1970 batch) and MS in General Surgery (1979) from SMS Medical College, Jaipur. He later earned an FRCS (Edin, UK), a Health Management degree from the University of Connecticut, USA, and completed an executive program at NYU's Stern School of Business. He began teaching surgery at SMS Jaipur and joined Indian Railways as a surgeon in 1983, eventually becoming Director General Health, Government of India. He championed safe surgical practices, improved working conditions, introduced modular OTs, surgical ICUs, and checklist protocols across Railway hospitals. Dr. Ramteke was an active member of ASI, UIMC (Paris), IAOH, and IPHA. Post-retirement in 2013, he continued teaching as Adjunct Faculty at IIHMR and founded the "Forum of Industry Medicine" to train doctors and paramedics. He has presented papers internationally, including in Paris, The Hague, Barcelona, Morocco, and Russia.

Dr. D Sharma, an Alumnus of AIIMS New Delhi, was the head of Surgery at NRCH, a long standing member of ASI he was the executive member from Railways for over 20 years. Introduced MAS in Railways in 1995 and Oncology in 1998. He was a pioneer in starting DNB at Railways in 1991, established railway hospitals as an examination centre and was a teacher, examiner and an inspector of NBEMS. He rose to the position of MD and CMD in Railways and was in-charge of the entire North Zone. After superannuation he was the CAO of Apollo Noida for 15 years and of Metro Hospitals for another 3 years.





SCISSORS

CMEs

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

MedWorld 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.

MedWorld
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

INDUSTRY PARTNER: PHD HOUSE
ASSOCIATION PARTNER: ASI
SPONSORING PARTNER: A|MED

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

CME on Endocrine Diseases organized by ABVIMS Dr RML Hospital on July 26, 2025 (Saturday), 1:30 to 4 pm. Venue: LT3, Ground floor, PGI

S No.	Time	Topic	Speaker
1	1.30-1.35 pm	Welcome Address	Dr Neeti Kapur
Panel Discussion/ Case Capsule Panelist- Dr Sumit Chakraborty/ Dr Sailesh Kumar/Dr Manoj Dokania/ Dr Nirajan			
2	2.05-2.25 pm	Approach to Adrenal Lesions	Dr Shardool Vikram Gupta
3	2.25-2.45 pm	Approach to STN	Dr Nikhil Narain
4	2.45-3.00 pm	Question and Answer Session	





SCISSORS

CMEs

SGT QUIZOPLASTY - 13 SEP 2025 AT SGT University

Deptt. of General Surgery, FMHS, SGT University in collaboration with Delhi State Chapter of ASI organized QUIZ on September 13, 2025 (8.30 AM to 1 PM).

Venue was Hospital Auditorium (4th Floor), SGT University, Budheria, Badli – Gurugram Road, Gurugram, Haryana 122505. India.

Cash Prizes were 10k, 5k & 3k

Patrons were Mr. & Mrs. MS Chawla

Org Secretary - Dr Tarun Gupta & Org Chairman - Prof KS Goel, HOD





SCISSORS

Training Programme, Instructional Courses & Workshops

SCOPE Course 4 - 7 Sep 2025 at VMMC & Safdarjung Hospital, New Delhi

It gives us great pleasure to announce that VMMC & Safdarjung Hospital has organized the SCOPE COURSE Sep 2025 under the aegis of Delhi State Chapter, ASI. We had decided to have the four-day compact course from 4th to 7th September 2025. Venue was Old LT, VMMC & Safdarjung Hospital, New Delhi. The course was organized by Dr. Raj Kumar Chejara, Professor and HOD surgery, VMMC & Safdarjung Hospital

Dr. Megha Tandon, Professor Surgery, Dept of Surgery, VMMC & Safdarjung Hospital, ably supported by Dr. Sanjeev Singhal President-DSC, Dr. P S Sarangi, Past President, Dr. Ashish Dey, Secretary DSC, Dr. Sameer Nain Treasurer DSC, All executive members and all GC members-DSCASI

Dr. Charu Bamba, Medical Superintendent, VMMC & Safdarjung Hospital & Dr. Sandeep Bansal, Director, VMMC & Safdarjung Hospital were the Guest of Honor & Chief Guest during the Inauguration on 5th Sep 2025 at 51 pm and gave their words of encouragement.

Dr. Pravin Suryavanshi Sir President-ASI, had graced the occasion through online meeting and gave us words of encouragement and good wishes.

The four-day compact course was focused on Case presentations by the Residents, mock examination using clinical Case scenarios, Ward rounds, instructional video sessions and sessions on Radiology, Instruments and specimens, Ward rounds and OSCE based discussions with PG QUIZ. There were cash prizes for the Winners. It was attended by close to 125 delegates



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SCISSORS

Training Programme, Instructional Courses & Workshops

SEPA Courses

SGRH Delhi - 6 May 2025

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.



SGRH Delhi -5 June 2025

Department of Laparoscopic, Laser & General Surgery, Unit 3, organized a Physical 1-day operative workshop and surgical training programme at SGRH on 5th June 2025 on " Anorectal diseases ". Surgeries demonstrated were Laser Hemorrhoids and Laser LIS, Stapled Anopexy, LIS, VAAFT, FILAC, EPSIT. 06 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



SGRH Delhi -10 July 2025

A one-day operative workshop and surgical training session on "Lap upper GI surgery" was successfully conducted on 10 July 2025 at Sir Ganga Ram Hospital (SGRH), New Delhi. The event saw the participation of 6 delegates. Procedures Demonstrated: Sleeve gastrectomy, Lap fundoplication, Lap Toupet. Other than these upper gi procedures they saw scola , epsit etep and other laparoscopic procedures. Faculties were Dr. Tarun Mittal, Dr. Ashish Dey, Dr. Anmol Ahuja, Sir Ganga Ram Hospital, New Delhi. The faculty members conducted live surgical demonstrations, which were followed by an interactive discussion session. Certificates of participation were also distributed to the attendees.





SCISSORS

Training Programme, Instructional Courses & Workshops

SEPA Program organized by Delhi State Chapter for the second time outside the boundaries of the state in the Pristine Blue Shores of Andaman & Nicobar Islands, 10 May 2025

Even in the midst of trying circumstances facing the country, we continue to pursue the academic activities that ASI-Delhi stands for. It was our privilege and honour to be part of the SEPA programme in G B Pant hospital, Port Blair on 10 May 2025. This was the 2nd such programme that we had done in successive years. The Theme was on 'Endoscopic Abdominal wall Hernias'. We are Deeply indebted to the Department of General and Minimal access Surgery team G B Pant hospital, Port Blair led by Dr Gajendra Raj Sir, ably supported by Dr Shaji Varghese and Dr Mohammad Mustafa. We had a Morning Operative workshop in the OT complex of GB Pant Hospital, where we demonstrated TEP, eTEP, IPOM plus, TAPE and Lichtenstein procedures for Groin and Ventral hernias. We performed the procedures for around 12 surgeons from across the Islands physically present in the OR complex. This was followed by the post lunch CME that was attended by close to 100 Delegates from the GB Pant hospital, INHS Dhanwantari and Surgeons from many Private hospitals from the Island including Apollo hospitals and VDS hospital. We were honoured to have Dr Pravin Suryavanshi, President Sir, ASI (as Guest of honour) and Dr Probal Neogi Sir, Immediate Past President, ASI and the brainchild behind SEPA to join us virtually in the Inauguration Ceremony of the programme. The Chief Secretary of the Andamans, Dr Chandra Bhushan, IAS was the Chief Guest and we are indebted to have him with us in spite of our busy schedule. We are thankful to our President ASI Delhi Chapter, Dr Sanjeev Singhal Sir and Dr Tarun Mittal, SEPA lead for all the encouragement. Dr Sri Krishna Das from Sir Ganga Ram Hospital has been a key member in coordinating between the Delhi State Chapter, the Department of Surgery of GB Pant Hospital and the Local Administration of the Andamans and his help has been exemplary. We Look forward to more such Collaborative programmes in the future..





SCISSORS

Training Programme, Instructional Courses & Workshops

Cadaveric Hands on workshop - DDU Hospital - 24th May 2025

The Department of Surgery, Deen Dayal Upadhyaya hospital conducted the Cadaveric workshop on 24th May 2025 from 9 am to 3 pm on the Theme, "Exposure and repair of Peripheral vessels". 20 candidates were registered for the Cadaveric workshop under the headship of Dr Puneet Chibber, HoD, DDU Hospital.



Cadaveric Hands on workshop - DDU Hospital - 14th June 2025

The Department of Surgery, Deen Dayal Upadhyaya hospital conducted the Cadaveric workshop on 14th June 2025 from 9 am to 3 pm on the Theme, "Liver resections ". 20 candidates were registered for the Cadaveric workshop under the headship of Dr Puneet Chibber, HoD, Dr Maninder Chabbra and Dr P S Sarangi.





SCISSORS

Training Programme, Instructional Courses & Workshops

Stoma Bag Application Skill Workshop on 28 June 2025 organized by HRH, New Delhi.

A Stoma Bag Application Skill Workshop was organized by Hindu Rao Hospital & Northern Railway Central Hospital on June 28, 2025 (Saturday), 4.30 PM - 6.30 PM. Venue was Passi Auditorium Complex, Hindu Rao Hospital, New Delhi. This was organized by Dr. Ratna Chopra, HOD, Hindu Rao Hospital.

It was attended by around 50 residents from hospital all across Delhi. It was followed by tea and snacks for delegates and faculty.



Live Surgery workshop cum CME on MIST - 20th July 2025

MIST 2025 – Live Surgery workshop cum CME on Minimally Invasive Surgical Techniques was organised in Yupiter Hospital – streamed live at Hotel Southgate, Green Park. This was on 20 July 2025 from 8 am onwards. This was in association with the Delhi State Chapter of ASI. It was attended by Dr Sanjeev Singhal- President, Dr Ashish Dey - Secretary, Dr Anmol Ahuja- Editorial secretary, Dr Ratna Chopra, Dr Tarun Mittal and Dr Deborshi Sharma- GC members. It was organised by Dr Saurabh Bansal and Dr Niti Vijay from Yupiter Hospital and 'The Clinics', Green Park, New Delhi

Surgeries demonstrated in the pre lunch workshop were Lap Fundoplication, Lap Right Hemicolectomy, Lap Cholecystectomy for Symptomatic Gallstones among many others. It was followed by an interesting post lunch CME attended by more than 60 delegates.





SCISSORS

Training Programme, Instructional Courses & Workshops

Live Operative Training Program on eTEP Hernia Repairs - 21st August 2025 at SGRH

Sir Ganga Ram Hospital, New Delhi, in association with the Delhi State Chapter - ASI and AWRSC organized a Live Operative Training Program on: eTEP Hernia Repairs
HIGHLIGHTS Live in-OT surgical experience Detailed understanding of AWR anatomy and key surgical steps Observation of multiple hernia repair techniques, including: - TEP & eTEP (Inguinal Hernia) - eTEP RS, P-eTEP (Ventral hernia)



BLS training course organised by our Past President Dr P S Sarangi on 22 August 2025

A wonderful BLS training course organised by our Past President Dr P S Sarangi at the Delhi Police Academy, Sector 9, Dwarka on 22 August 2025, on behalf of the Delhi State Chapter of ASI. Aply assisted by the team of 10 young surgeons from DDU Hospital.

Around 230 trainee Lady officers from Delhi Police Academy enthusiastically participated.





SCISSORS

Training Programme, Instructional Courses & Workshops

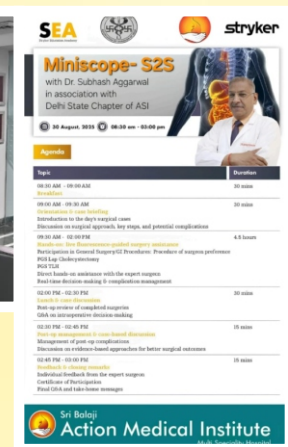
Miniscope-S2S organized by Sri Balaji Action Medical Institute on 30 August 2025

Our President Elect - Dr. Subhash Aggarwal organized Miniscope-S2S under the aegis of Delhi State Chapter, ASI.

Theme: Live fluorescence guided surgery

Highlights of the program were

1. Introduction to the day's surgical cases
2. FGS Lap cholecystectomy
3. FGS TLH
4. Postoperative review of completed surgeries
5. Management of postoperative complications
6. Individual feedback from the expert surgeon



Cadaveric Workshop at DDU Hospital - 13 Sep 2025

This is to inform you that Delhi State Chapter in collaboration with ASICON CME Foundation (Delhi) organized Cadaveric workshop on UPPER GI-Esophagus and stomach on 13 Sep 2025 at Deen Dayal Upadhyaya Hospital, New Delhi. There were 25 participants and 10 faculty members. Dr PS Sarangi, Past president - DSC was the course convener.

Highlights

- Upper GI tract & Esophagus and stomach under guided mentorship Both laparoscopic and open procedures including esophagectomies and gastric conduit, sleeve gastrectomies and funduplications were performed by the attending delegates themselves under the close mentorship of the faculty. The enthusiasm and excitement of attending the course was evident by the feedback we received.
- There was also Wet laparoscopic training and suturing on endotainers.





SCISSORS

Training Programme, Instructional Courses & Workshops

BLS training course organised by our Past President Dr P S Sarangi on 1 Oct 2025

Durga puja is not only a festival of light, devotion and celebration but also a time when our community comes together with joy, strength and compassion.

It is therefore we thought that introducing a CPR training programme in the pandal premises would be an unique initiative. This is because this festival celebrates Shakti- the power to protect and we wanted to prepare common people by learning CPR to protect people in need of the life saving technique. The initiative was well accepted by visitors at our pujo pandal in Maya Enclave.

We successfully completed Hands on CPR training program organised by Delhi State Chapter of ASI in association with the voluntary organisation "One Act One Life", organized by our Past President, Dr. P S Sarangi.

Approximately 150 participants participated and undertook hands-on training. The program was well accepted and well appreciated by all on 1st Oct, this auspicious day of 'MahaNabami'

BLS Training Campaign
This Durga Puja, Learn to Save a Life
Guided by Certified Medical Professionals:
Dr. Sushmita Sarangi
Dr. Dipali Taneja
& Team
in association with
DELHI STATE CHAPTER OF ASI
Date - 01.10.25
Time - 12.30 pm - 1.30 pm
Venue - Maya Enclave
Durga Puja Pandal
Your one Step Forward can mean a Second Chance for someone else



SCISSORS

Training Programme, Instructional Courses & Workshops

Operative workshop for young surgeons on advanced Laparoscopic and Robotic surgery on 3 & 4 Oct 2025.

Under the aegis of Delhi Chapter ASI, Dr Deep Goel in Max BLK conducted an operative workshop for young surgeons on "Advanced Laparoscopic and Robotic surgery".

He demonstrated cases of Robotic rectal cancer surgery, Fundoplication, Laparoscopic abdominal wall reconstruction and TAPP for inguinal hernia.

They had an intense interactive session with discussions on interpretation of CT scans in pancreatic cancer and in complications of Whipples procedure

This was attended by 16 candidates including members of ASI who gave the test for ATLS Course certificate.

The next ATLS course is planned in the month of November which will also be supported by Delhi Chapter ASI and ASICON CME foundation.

Delhi State Chapter, ASI had organised the ATLS course by the American College of Surgeons led by Dr. M C Misra Sir ably supported by Dr. Ajay Behl from the Dept of Emergency Medicine in Sir Ganga Ram Hospital from 8th to 10th October 2025. This was also supported by the ASICON CME Foundation who promised to reimburse 50% of the registration amount of the course to those candidates who are members of ASI for this and the subsequent courses.



Delhi State Chapter, ASI & ASICON CME Foundation organizes the

ATLS[®]

ADVANCED TRAUMA LIFE SUPPORT

Provider Course

Affiliated with:

Duration: 3 Days
Date: 08th to 10th October, 2025

Course Director: **Dr (Prof.) Ajay Bahi**
HOD & Chairman, Emergency Dept.
SIR GANGA RAM HOSPITAL

Course Fees:
 INDIA/NEAR PARTICIPANTS: ₹.22,000
 OVER SEAS/ABROAD FOREIGN RESIDENTS: ₹.25,000
 RESIDENTS/RESIDENTS: ₹.15,000
 OTHER FOREIGN NATIONALS: USD 500

Dr Manish Gupta (Course Coordinator)
+91 98712 31451 <https://forms.asi.org/india/2025/ATLS/ATLS25>

Registration:

Dr. Sanjeev Singhal (Secretary) | Dr. Ashish Dey (Secretary) | Dr. Harsha Jauhari (Chairman) | Dr. Vinod K Malik (Jt. Convener)

Delhi State Chapter-ASI | ASICON CME Foundation





SCISSORS

Public Education Programs & Social Service Activities


CME Program on Cancer Awareness was organized by the Department of Surgery, ABVIMS & Dr. RML Hospital in association with ASI-Delhi State Chapter.


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The next ATLS course is planned in the month of November which will also be supported by Delhi Chapter ASI and ASICON CME foundation.



 **Date: 20 May, 2025 Tuesday**

 **Time: 10:00 AM – 1:00 PM**

 **Venue: Room 104, PGI, ABVIMS and Dr RML Hospital**

Topics Covered:

- Cancer burden in India
- Screening & early detection
- Advances in treatment
- Palliative care & counseling

The meeting brought us together to combat cancer through awareness and education. And to make all clinicians aware that our participation can make a difference!



SCISSORS

Public Education Programs & Social Service Activities

Social service activity - Yoga day celebrated by DDU Hospital on 21 June 2025.

A refreshing and energizing morning Yoga session was organised at DDU Hospital as we came together for International Yoga Day — embracing mindfulness, movement, and community.

More than just a form of exercise, yoga is a holistic practice that nurtures both body and mind — fostering strength, balance, and inner peace.

The session, thoughtfully led by Dr. Maninder Kaur and Head of the Department, DDU Hospital Dr. Puneet Chibber, offered valuable takeaways that encouraged everyone to prioritize their well-being for a healthier, more balanced tomorrow.

Almost 80 patients and their attendants, Nurses and Resident doctors took part in the celebrations on this day





SCISSORS

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
PGI ASI member	6600	7500	9000	10000	11000	13500
PGI 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)



SCISSORS

UPCOMING EVENTS



Sri Balaji
Action Medical Institute
Multi Speciality Hospital



SURGICON
DELHI STATE CHAPTER ASI 2025
21-22-23 NOVEMBER

ANNUAL CONFERENCE OF DELHI STATE CHAPTER OF ASI

21st, 22nd & 23rd November 2025

Sri Balaji Action Medical Institute, Paschim Vihar, New Delhi

EARLY BIRD REGISTRATION

Last Date is 31st October 2025

Hurry Up!! Register Now and Submit Your Abstract



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FOR ABSTRACT
SUBMISSION



www.surgicon2025.com



SCISSORS

UPCOMING EVENTS



SIR GANGA RAM HOSPITAL
Trust of Generations



BLK-MAX
Super Specialty Hospital

**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

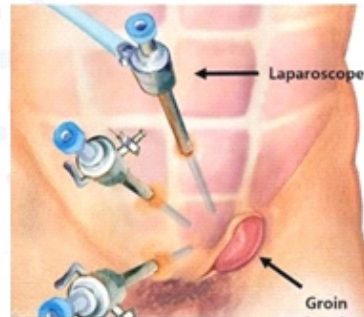
**Venue : Jaypee Siddharth
Delhi-08**

Registration Form Link:
<https://forms.gle/62DEEKeYRemYMUvk8>

QR code for Registration



QR code for payment



Dr Deep Goel
Org Chairman

Dr. Tarun Mittal
Org Secretary

Dr. Ashish Dey
Org Treasurer

Dr Anmol Ahuja
Org. Jt Secretary

Dr Shresth Manglik
Workshop Coordinator

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