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BHATIA GLOBAL HOSPITAL AND ENDOSURGERY INSTITUTE NEWSLETTER

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## EDITORIAL

# Compassion and Power of Empathy

**If you want others to be happy, practice compassion.**

**If you want to be happy, practice compassion.**

Dalai Lama

**Pity is feeling sorry for someone; empathy is feeling sorry with someone.** Martin Luther King Jr.

Prashant, 7 years old boy, had Retinoblastoma in both eyes. On the day of surgery of excision of both eyes at Tata Memorial Hospital, the boy and his father vanished from the ward. Cancer surgeon and his team were very much annoyed. When the father turned up in the evening, he requested that they should do the surgery the next day. The cancer surgeon rebuked him thoroughly (as all of us would do it!) and asked him, "Where the hell had you gone with the child?" He calmly replied, "My son had never seen Juhu Beach, Marine Drive, Gateway of India as we have come to Mumbai for the first time. I just wanted him to see these and have good memories before both of his eyes were taken out". These sentences moved the compassion in cancer surgeon and changed his outlook.

Dr. Shailesh Putambekar, the cancer surgeon, wrote this change in his attitude because of the patient in one of the magazines. Later, a movie named *Shwas* was made on this theme. *Shwas* won the Golden Peacock Award 2003—national award for the best film. It was later sent for Oscar nomination against *Lagaan*. It is the experience of

touching the pain of others that is the key to change.... Compassion is a sign of transformation.

How many of us have been taught by the patients? How many of us practice empathy today? How many of us can say 'sorry' to our patients even if we are wrong?

Compassion is an emotion we are all born with. Compassion literally means '**suffering with another**'. During our childhood days, we practiced this virtue in a passive natural way. During childhood we don't think twice before helping our friends, family members and even strangers. Hamid bought a pair of *chirma* for his grandmother out of his pocket money. But when we grow up, why do we get into the debate of gain and loss even for performing little acts of kindness? As grown ups, we become so materialistic that we put ourselves first before even small acts of compassion. Little do we realize that even these small acts of compassion can create a big impact. It is good to be ambitious, provided it is fueled by compassion, wisdom and integrity.

**Sympathy sees and says, "I am sorry", Compassion sees and says, "I will help"**. Once a man walking at the beach observed that with the morning tide came hundreds of star fish and when the tide receded, they were left behind to eventually die. But at that hour the tide was fresh and star fish alive. The man was thought-

ful for sometime and started picking up the starfish one by one and threw back into water. He did that repeatedly. Right behind him, there was another person who couldn't understand what this man was doing. He asked him, "How many starfish can you help? There are hundreds of starfish, what difference does it make?" In reply the other person picked up another starfish and threw it into water and said, "It makes difference to this one". It does not matter whether acts of compassion are big or small they are bound to make a difference. Ultimately this difference only matters. Mother Teresa, an apostle of extreme compassion, always used to say, "Even a destitute deserves a decent burial or cremation". One of the greatest gifts you can give to anyone is the gift of attention. "**I do not ask the wounded person how he feels; I myself become the wounded person**" Walt Whitman.

Shall we make a new rule of life from tonight or this new year; always try to be a little kinder than is necessary?

R. S. Bhatia

Dr. Manu Bhasin



**Success is not the result of spontaneous combustion. You must set yourself on fire.** — Reggie Leach

### In this issue...

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**Available Books and CDs**
- 3 Article** Case Report Contd., **News Flash**
- 4 Advertisement** Just Fibroids, IAGES-06, Asia Pacific Obesity Conclave, AMASICON-06, Workshop on Basic & Advanced Techniques of PCNL  
**Our team of experts**

### BHATIA GLOBAL HOSPITAL AND ENDOSURGERY INSTITUTE

305, 307, 308, Ambika Vihar, Opp. Central School, Paschim Vihar, New Delhi - 110087.

**PHONE**  
25270500, 25270701,  
25270702, 25256408

**FAX**  
91-11-2-5273200

**MOBILE**  
9810008507, 9810138656

**EMAIL**  
pbhatia@bol.net.in  
bhatiaglobal@yahoo.co.in

**WEBSITES**  
BhatiaGlobalHospital.com  
BhatiaEndoSurgery.com

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## BOOKS



Laparoscopic Hernia Repair  
(a step by STEP approach)

## Forewords by

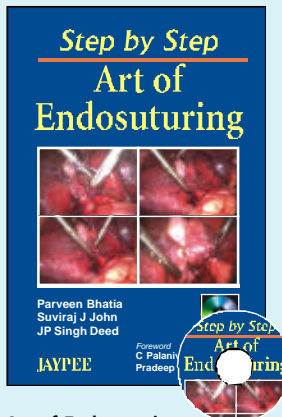
Dr. J. Barry Mckernan  
Dr. Adarsh Chaudhary

## Contents

200 pages with 16 chapters,  
300 coloured photographs &  
diagrams

## Authors

Dr. Parveen Bhatia  
Dr. Suviraj J John



Art of Endosuturing  
(a step by STEP approach)

with Mini Interactive CD

## Authors

Dr. Parveen Bhatia  
Dr. Suviraj J John  
Dr. J. P. Singh Deed

## Forewords by

Dr. C. Palanivelu  
Dr. Pradeep Chowbey

## Contents

183 pages, 121 coloured photo-  
graphs, 70 illustrations

## MAYER ROKITANSKY KUSTER HAUSER SYNDROME

### A CASE REPORT

**Dr. Indu Bhatia**

Director, Gynecologist &  
Laparoscopic Surgeon

**Dr. Archana Bajaj Dhawan**

Gynecologist & Infertility Expert

**Dr. Poonam Sharma**

Gynecologic Associate

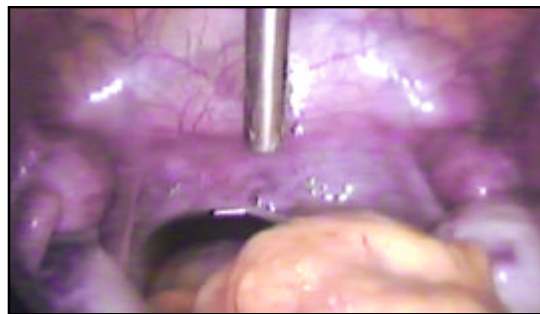
Global Fertility Centre, Global Hospital and Endosurgery Institute

**A** 24 Years old unmarried girl was referred to us from Dhaka, Bangladesh as a case of Primary Amenorrhea. Physical examination revealed well developed secondary sexual characteristics including normal breast development, axillary and pubic hair. Serum FSH, LH, Testosterone and DHEAS levels were all suggestive of female reproductive pattern. Ultrasound revealed absent uterus, normal ovaries, normal kidneys. Karyotype revealed normal female pattern.

Diagnostic Laparoscopy revealed:

- Presence of bilateral rudimentary uterine cornua joined together by a band. Normal looking fallopian tubes. Normal ovaries.
- Bilateral round ligaments seen connecting to uterine cornua & deep inguinal ring.
- Bilateral ureters were normal.
- Ovarian tissue sent for biopsy.

Colposcopy & Hysteroscopy not done.



Uterus not seen

## DISCUSSION

Congenital anomalies of mullerian system are common defects. Incidence statistics differ from 1:4000 (at birth) to 1:20,000 (at hospital admission). Many are asymptomatic and therefore, unrecognized.

**Mayer** (1829) described congenital absence of vagina found in many stillbirths with multiple birth defects, **Rokitansky** (1838) and **Kuster** (1910) described the same entity with absent vagina, small bipartite uterus, normal ovarian and multi organ anomalies. **Hauser** emphasized the spectrum of associated anomalies.

Over the years, the disorder has come to be known as **MAYER ROKITANSKY KUSTER HAUSER** (MRKH) syndrome. It is characterised by congenital absence of vagina, primary amenorrhea, rudimentary cornua uteri, morphologically normal ovaries and fallopian tubes. Such patients have normal ovulation, normal breast development and hair distribution with a 46 **XX** chromosomal pattern. Polycystic ovaries & gonadal dysgenesis can occur, hence positive need for ovarian biopsy.



Right uterine cornua, normal tube and ovary seen

**MRKH** syndrome occurs due to failure of development and fusion of mullerian duct system which occurs around the fifth gestational week. This is possibly due to inappropriate production of mullerian regressive factor (**MIF**) in female embryonic gonad, regional absence or deficiency of estrogen receptors limited to lower mullerian duct, effect of teratogenic agents or sporadic gene mutation. It represents 15% cases of primary amenorrhea.

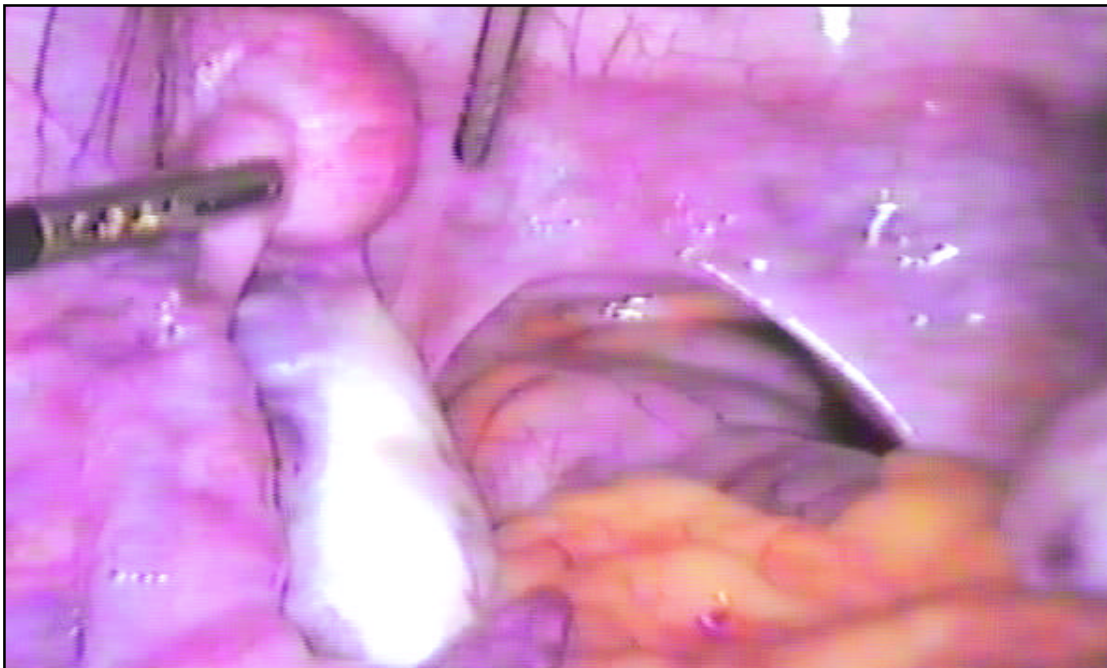
**MRKH** Syndrome is frequently associated with urinary tract (47%), skeletal (12%) & cardiac anomalies and inguinal hernia. Significant urinary anomalies include unilateral renal agenesis, unilateral or bilateral pelvic kidney, hydronephrosis, hydroureter and a variety of patterns of ureteral duplication. An evaluation of the urinary system is hence essential. Skeletal deformities mostly involve the spine, but can involve digits and ribs also.

**TREATMENT**

**PRE OPERATIVE PREPARATION** includes psychological support of the patient to ensure her full co-operation. IVP to assess the urinary system is mandatory. After laparoscopy for confirming the diagnosis and ovarian biopsy, the aim is to prepare a functional vagina. In cases associated with cyclical pain, removal of the partly functional rudimentary horns may be considered for pain relief.

There are several methods of surgical correction including grafting of vaginal canal. Abbe-Wharton-McIndoe operation techniques are the most common which involve split thickness skin grafting. Timing of surgery is when the lady is about to become sexually active. By doing the surgery at an appropriate time, the lady does not use vaginal moulds for very long time & risk of occlusion of neo vagina does not exist.

Laparoscopic creation of Neo vagina is achieved by applying pressure at the hymenal fossa with the help of an olive. This olive is attached on the anterior abdominal wall by traction sutures. So the traction applied from above progressively pulls the olive up, and creates a neo-vagina in the rectovesical space. The dilating olive and traction device are removed after the neo-vagina progresses to 6–7 cm depth. Thereafter, plastic moulds are required for passive dilatation for 2 weeks. Neo-vagina gets covered with stratified squamous epithelium in almost 80% after about 3 months of surgery. **Laparoscopic creation**



Left uterine cornua with normal ovary and tube seen

**of neo-vagina appears to be a safe, simple and effective method.** The simplicity comes from the fact that there is no dissection involved in rectovesical space and secondly there is no need for skin grafting. Efficacy has been proved by thorough follow up which shows that laparoscopic creation of neo vagina gives anatomically and functionally gratifying results. The patient will have a normal sexual functioning after surgical reconstruction, although conception cannot occur without the aid of a surrogate mother.

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**NEWS FLASH****Congratulations**

**Dr. (Col.) R. M. Dhamija**  
MD, (MED), DM. (Neurology)  
AIIMS, FICA (USA), FICP,  
FIAN, FIAMS, FGSI, FIACM  
**Consultant Physician & Neurologist** was awarded Prof (Dr.) Hari Vaishnav Orator at Annual meeting of Association of Physicians of India. (Delhi State Chapter) at Hotel Ashoka, New Delhi on Oct22,2005  
**Topic:** Intracerebral Haemorrhage: Past, Present & Future.



**Asia Pacific Conference**  
International College of Surgeons,  
Nov 25–27, 2005, Mumbai



Dr. Parveen Bhatia being conferred FICS (Fellow International College of Surgeons) on November 26, 2005.



**Global Guest:** Dr. Dominic Lopez, Consultant Laparoscopic Surgeon, Malaysia visiting Global Hospital & Endosurgery Institute.

**“Man cannot discover new oceans unless he has the courage to lose sight of the shore.”**

-Andre Gide, well known French writer, humanist, moralist and 1947 Nobel prize winner for Literature.

**DEC - 05**  
VOL: 05 NO: 12

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Dr. Neeraj Jain, M.D.

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**Physiotherapist** Dr. Prerna

**JUST FIBROIDS**  
January 27–28, 2006

Live Surgery relay from BEAMS, Mumbai,  
**Venue:** J.W. Marriott Hotel, Juhu, Mumbai.  
**Contact:** Dr. Rakesh Sinha, Director, BEAMS,  
Plot No. 674, 16th Cross Road, Khar Pali,  
Mumbai – 400 052; **Mob:** 09321029205  
**Ph:** 022-26464067, 4056, 4170;  
**Email:** beams@bom5.vsnl.net.in  
**Web:** www.beamsindia.com

**IAGES 2006**  
Feb. 9–12, 2006

**Venue:** NIMHANS, Convention Centre, Bangalore.  
**Contact:** Dr. M. G. Bhat, Unit 102, First Floor,  
Prestige Towers, 99/100, Residency Road,  
Bangalore – 560 025; **Mob:** 09844062428  
**Ph:** 91-80-22235336, 22226888  
**Email:** iages2006@gmail.com  
**Web:** www.iages2006.org

**ASIA PACIFIC**  
**OBESITY CONCLAVE**  
March 1–5, 2006

**Venue:** Taj Palace, New Delhi  
**Contact:** Dr. Pradeep K. Chowbey, Ayushman  
Medical Care, 13, Double Storey Market, Near Bus  
Stand, R-Block, New Rajinder Nagar, Delhi-  
110060; **Mob:** 9811047274;  
**Ph:** 011-25868768, 25748085, 28741188  
**Fax:** 25748085, 26519935  
**Email:** chowbey1@vsnl.com, info@apoc06.com  
**Web:** www.chowbey.com, www.apoc06.com,  
www.sgrh.com

**AMASICON 2006**  
April 1–2, 2006

Live surgery relay from ILS Multispeciality Clinic,  
**Venue:** Hotel Hyatt Regency, Kolkata  
**Contact:** Dr. Om Tantia,  
ILS Multispeciality Clinic,  
Jeewansatya, DD-6, Sector-1, Salt Lake City,  
Kolkata-700 064;  
**Mob:** 09830400444;  
**Ph:** 033-22393239, 2375061 23593700  
**Email:** tantiaails@vsnl.net  
**Web:** www.amasicon2006.com, www.ils-clinic.com

**Workshop on Basic &**  
**Advanced Techniques of PCNL**  
April 15–16, 2006

**Contact:** Dr. S. K. Pal, Lions Kidney Hospital & Urology Research  
Institute, New Friends Colony, New Delhi – 65; **Mob:** 9810785376;  
**Ph:** 55807700, 01, 02, 26324739; **Email:** drskpal2004@yahoo.co.in;  
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