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BHATIA GLOBAL HOSPITAL AND ENDOSURGERY INSTITUTE NEWSLETTER

VOL. 05

NO. 11

NOVEMBER 2005

ANNUAL SUBSCRIPTION: RS. 25/-

EDITORIAL

Technology: Master or Slave?

“Once a new technology rolls over you, if you’re not part of the steamroller, you’re part of the road.”

– Stewart Brand

Steve Jobs, CEO, Apple Computers and Pixar Animation started the company at the age of 20 from his parents’ garage. He said at an oration at Stanford University in June 2005. “Woz and I worked hard and in ten years Apple had grown from just the two of us in a garage into a \$2 billion company with over 4,000 employees. When I was 17, I read a quote:

“If you live each day as if it was your last, someday you’ll most certainly be right.”

It made an impression on me, and since then for the past 33 years, I have looked in the mirror every morning and asked myself,

“If today were the last day of my life, would I want to do what I am about to do today?”

And whenever the answer has been no for too many days in a row, I know I need to change something. Your time is limited; so don’t waste it living someone else’s life”.

Time is limited and technology is advancing at a fast pace. Can we slow down the advance of technology? Can the technology roll back? Are we using the technology to the best even if it is at our fingertips? Are we paralyzed or crippled by the traditional thinking? Are we afraid of using the hi-tech gadgets? Are we receptive to the new ideas? Are we progressive or regressive?

Technology... is a queer thing. It brings you great gifts with one hand, and it stabs you in the back with the other. If you can amend the technology, you are the master. If you can’t, you are the slave!

Technological advances unimaginable only a few years ago are now a reality for those on the front lines. Bill Gates has rightly said, “We are changing the world with technology. The greatest danger in

modern technology isn’t that machines will begin to think like people, but that people will begin to think like machines”.

As technology advances, it reverses the characteristics of every situation again and again. The age of automation is going to be the age of **“do it yourself”**. Whenever our children are on the video games, they carry on winning but when we, the surgeons, are at computers, the screen says, “Game over or Time over” Why? Are we ready to learn from our children? Are we afraid to explore? **Are we suffering from excusitis?**

The greatest fire in the world would have started with a single spark somewhere. We should start today and become **“enabler”** rather than tech-disabled. We believe, “What I hear, I forget; what I see, I remember; what I do, I understand.” We should come out of the orbit of fear and start fingering today... We can always leap forward.

R. S. Bhatia

I. S. Sondhi

Time Management: The key is not to prioritize your schedule, but to schedule your priorities.

In this issue...

- 1 Editorial** Technology : Master or Slave?
- 2 Article** A unique Foreign Body...
Available Books and CDs
- 3 Article** Innovative instrumentation...
News Flash
- 4 Advertisement** Databank for Global e-newsletter, IAGES 2006, Amasicon 2006
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2005-2006/512
dt. 16-04-2002

Approval of hospital
u/s 17(2)(ii)(b) of I.T. Act
1961, F. No: Addl. CIT
(Coord.) Hospital/2002-
03/3563

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Design Credits
i Links 'n' Grafix Pvt. Ltd.
51424287, 9811162454
www.ilng.in

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VOL: 05 NO: 11

BOOKS



Laparoscopic Hernia Repair
(a step by STEP approach)

Forewords by

Dr. J. Barry Mckernan
Dr. Adarsh Chaudhary

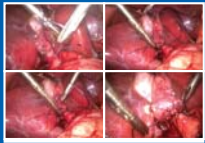
Contents

200 pages with 16 chapters,
300 coloured photographs &
diagrams

Authors

Dr. Parveen Bhatia
Dr. Suviraj J John

Step by Step
Art of
Endosuturing



Parveen Bhatia
Suviraj J John
JP Singh Deed

Foreword
C Palanivelu
Pradeep Chowbey

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

A UNIQUE FOREIGN BODY FOLLOWING LAPAROSCOPIC STERILIZATION

A CASE REPORT

Dr. Neelam B Vaid*, **Dr. P. Yadav****

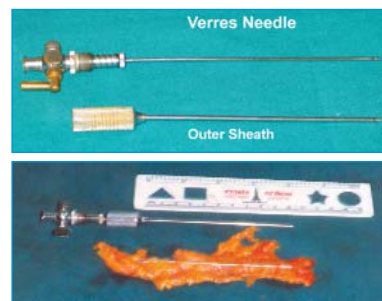
*Dept. of Obst & Gynae,
University College of Medical Sciences
G.T.B. Hospital, Delhi-95, India.*

OBJECTIVE

To highlight the possibility of leaving behind a part of the instrument as a foreign body in endoscopic surgery.

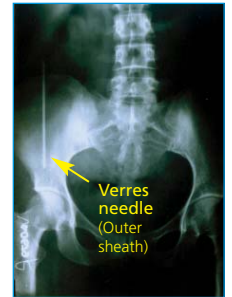
CASE REPORT

A young lady underwent Laparoscopic Sterilization in Jan. 1985 in a camp in a village of Uttar Pradesh, India. Diagnosis of pregnancy was missed at the time of sterilization and she delivered a full healthy baby after 6½ months of



surgery. Since her delivery she started having pain in abdomen off and on, more so on bending down or

raising the legs. She consulted many local doctors in U.P. for 8 yrs. But was not relieved of pain and then referred to Delhi in Oct. 1993 where an immediate X-ray abdomen in pelvis. On laparotomy it was found to be embedded in the amontum. After its removal, the lady became symptom free.



Due to repeated use of verres needle, the outer sleeve must have got loosened and got detached and remained in the peritoneal cavity. Since the needle was intact, it was not noticed by the staff or surgeon. ■

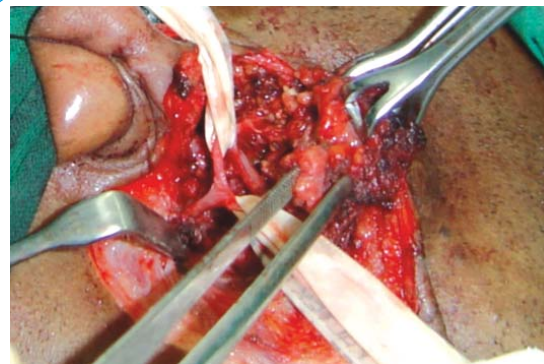
* **Dr. Neelam B Vaid**

*Additional Medical Superintendent,
Director Professor & Head
Obstetrics & Gynaecology Unit*

** **Dr. P Yadav**

Senior Specialist,

*Published in International Journal of Gynecology & Obstetrics,
Supplement 1 to Volume 46, Sept. 1994, PO 02.12.*



Facial nerve being lifted and retracted using the slings made out of disposable rubber gloves to dissect out the deep lobe of parotid (already dissected)

Courtesy:

Dr. Chintamani

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Vardhman Mahavir Medical College,
Safdarjang Hospital, New Delhi.

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UNUSUAL FOREIGN BODY IN URETHRA AND BLADDER

Dr. Rajat Saxena,
*M.S., DNB, MNAMS,
Consultant Laparoscopic Surgeon,
Metro group of Hospitals, Noida.*

Email

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The vision of a champion is someone who is bent over, drenched in sweat,
at the point of exhaustion when no one else is watching. – Anson Dorrance

INNOVATIVE INSTRUMENTATION IN VAGINAL HYSTERECTOMY

Dr. Indu Bhatia

Director,
Gynecologist &
Laparoscopic Surgeon

Dr. Archana Bajaj Dhawan

Gynecologist &
Infertility Expert

Dr. Poonam Sharma

Gynaecologic Associate

Vaginal part of open or laparoscopic hysterectomy poses a challenging job to the Gynaecologist / Surgeon and assistants. It's even more difficult when there is no associated utero-cervical descent. All of us struggle in pulling the cervix, while ligating & dividing utero-sacral ligaments and uterine vessels. To overcome the problem, we have modified some of the existing instruments and innovated a few techniques for performing vaginal hysterectomy in an easy and better way.

LATERAL VAGINAL S-SHAPED RETRACTORS

These retractors have been modified from Daever's abdominal retractors and S-shaped retractors used for Total Extraperitoneal Hernia repair. Changes are made in the length and angulation of the instrument according to the curves of the body in lithotomy position. These instruments are available in 3 different sizes smaller, medium and larger one. The larger S-shaped retractor is being used to retract lateral vaginal walls for a much better field of view while ligating and dividing utero-sacral ligaments and uterine vessels.



Lateral Vaginal S-Shaped Retractors

Smallest : 27 x 1.5 cms

Medium: 27 x 2.5 cms

Largest: 33 x 4 cms

CAT'S PAW CERVIX HOLDER

This cervix holder has 3-4 sharp jaws (projections) which are approximated snugly on closing the instrument, thereby, providing a very firm grip. It is used to hold and pull cervix without slipping unlike Allis's, Vulsellum forceps, while dividing utero-sacral ligaments.



Cat's Paw cervix holder

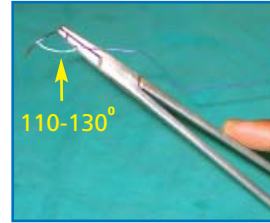
Small: 23 cms. 3 projections

Large: 28 cms 4 projections

HOLDING NEEDLE IN FORWARD OBLIQUE MANNER

If we hold the needle in forward oblique manner rather than at 90° (as shown in figure) it becomes easier to take bites from tissues at depth and less accessi-

ble areas. Moreover, the needle can be passed with movement at wrist joint only, without moving shoulder or elbow and pushing the assistants if we take the finger and thumb out of the rings of the needle holder.



Holding needle in forward oblique manner with curved needle holder



Steps which are different during LAVH

- Using the "melting away effect" of harmonic scalpel in desiccating and dividing round and infundibulo-pelvic ligaments, uterine tubes and broad ligaments.
- Making posterior colpotomy during laparoscopy rather than through vaginal route.
- Injection of vasopressin (Pitressin™ 20 units in 40 ml of saline) in paracervical tissue all around the cervix, makes the planes bloodless.
- Use of S-shaped lateral vaginal wall retractors and cat's paw cervical holder for vaginal dissection.
- Holding the needle in forward oblique manner makes ligation and division of utero-sacrals and uterine vessels easier.
- Transfixing utero-sacral with vaginal vault and with each other, thus preventing vault prolapse.
- Check laparoscopy at the end to ensure proper hemostasis.



(a) Cat's Paw holding the cervix;



(b) Cat's Paw with lateral vaginal wall retractor (Left)



(c) Cat's Paw with lateral vaginal wall retractor(Right);



(d) Use of Cat's Paw and lateral vaginal wall retractors. ■

NEWS FLASH



Dr Andrew Jamieson, Executive Director, Dr Harry Frydenberg, Chairman, Scholarship Committee, **International Federation for the Surgery of Obesity (IFSO-2005)**, bestowing scholarship to Dr Parveen Bhatia at Maastricht, Netherlands on September 1, 2005.



Dr Neeraj Jain

Pain specialist,
presenting poster and delivering a lecture on

DRILL VERTEBROPLASTY

in 11th World Congress on Pain, Sydney-2005.
August 21-26, 2005.



Dubai International Colorectal Surgery Conference on Sept. 12, 2005. Dr Karl Waag, Heidelberg University, Germany. Dr Rolf Hartung Rashid Hospital, Dubai, Dr Parveen Bhatia, after delivering a lecture on stapler haemorrhoidectomy, Dr K Suresh Baliga, Specialist Registrar — Surgery Rashid Hospital, Dubai, Dr Subash Chander Gautam, Consultant Surgeon and Gastroenterologist, Fujairah Hospital, UAE.

"If you're going through hell, keep going"

– Sir Winston Churchill, British Prime Minister (1874-1965)

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OUR EXPERTS

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Dr. Parveen Bhatia, M.S.

G.I. Surgeon

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Physiotherapist Dr. Prerna

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The National Congress
of Indian Association
of Gastro-intestinal
Endosurgeons

9-12 February, 2006
at
Bangalore, India

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"If you would not be forgotten, As soon as you are dead and rotten, Either write things worth reading, or do things worth the writing." – Dr. Benjamin Franklin

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Registered with Registrar of News Paper Vide Registration No.: RNI-DELENG/2001/6114

and Postal Deptt Vide: **DL-17014/2003-05**

Printed, published and owned by Dr. Parveen Bhatia and printed at Hindustan Offset Press: A-26, Naraina Industrial Area, Phase-II, New Delhi - 110028. Phone: 2-5705629 and published at 307 & 308, Ambika Vihar, New Delhi - 110087. Editor: R. S. Bhatia.