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BHATIA GLOBAL HOSPITAL AND ENDOSURGERY INSTITUTE NEWSLETTER

VOL. 05

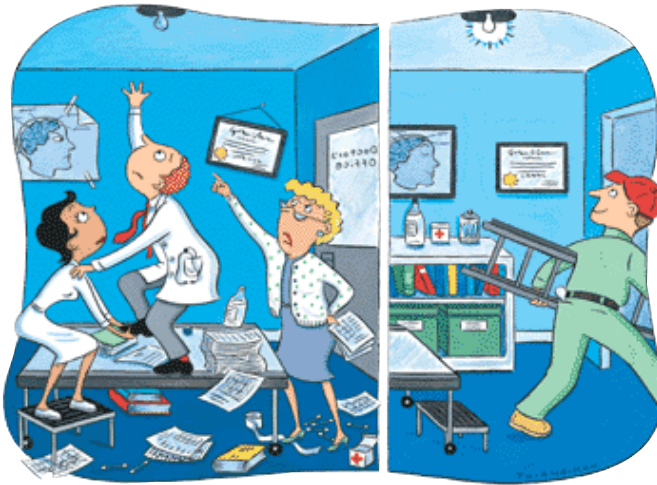
NO. 9

SEPTEMBER 2005

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## EDITORIAL

# Hard work or smart work?



**Every man dies. Not every man truly lives.**

- Braveheart

**"Don't work harder, work smarter."**

Being more productive doesn't mean working yourself to death. More often, it means substituting brains for brawn, organizing your efforts and practicing some old-fashioned discipline.

**It's not what you've got that determines the outcome, it's what you do with what you've got!**

One day, a donkey fell into the pit. His mas-

ter thought it will require lot of money to take him out of the pit. Meanwhile, donkey started yelling. Fearing that people will collect and will hear its yelling, he started saying why not dig mud from all over and fill the pit.

The donkey stopped crying. When the mud fell on it's back, he would just shudder and the mud would fall at

the base of the pit and the level rose. By smart working and thinking, the donkey could come out of the pit much to the surprise of all.

We should tackle even the adversity with hard as well as smart work.

Energy, Creativity and passion are at the heart of everything we do. It's the little things that make the difference.

Instead of thinking where you are, think about where you want to be. It takes 20 years of smart work to become an overnight success.

**R. S. Bhatia**

You are the wind beneath our wings! Your invaluable support has made Global Hospital truly global. We thank you for your faith. Our commitment to quality, innovation and adherence to ethical practices over the years has resulted in an enduring relationship of trust and mutual understanding with you.

Your trust and confidence in Global Hospital has got us this far. We look forward to your enhanced support. We request you to send us your innovative thoughts, concepts, instruments etc so that they can be published in the future newsletters.



**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.

**Great thoughts reduced to practice become great acts – William Hazlitt**

### In this issue...

- 1 Editorial** Hard work or smart work?
- 2 Article** Bhatyal's CTU Guide  
**Available Books and CDs**
- 3 Article** Innovation in Intracorporeal Suturing  
**News Flash**
- 4 Advertisement** Global Fertility Center, Zydus Cadila  
**Our team of experts**

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SEPT - 05  
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## BOOKS

Laparoscopic Hernia Repair  
(a step by STEP approach)

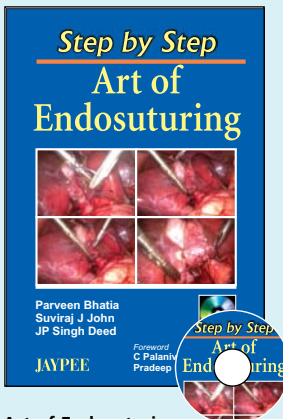
## Forewords by

Dr. J. Barry Mckernan  
Dr. Adarsh Chaudhary

## Contents

200 pages with 16 chapters,  
300 coloured photographs &  
diagrams

## Authors

Dr. Parveen Bhatia  
Dr. Suviraj J JohnArt 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

## BHATYAL'S CTU GUIDE

### A PATH FINDER IN CORE THROUGH URETHROTOMY

Dr (Col) H S Bhatyal

Urologist,  
Lions Kidney Hospital

## INTRODUCTION

Management of traumatic obliterative posterior urethral strictures remains a surgical challenge. Core through optical urethrotomy has established its credibility in selected cases (1,2,3). The most pertinent technical issue in Core through Urethrotomy is suprapubic guidance, because unlike non-obiterated strictures there is no lumen to guide the incision. Various methods have been described in literature varying in complexity from simple suprapubic metal sound, lighted cystoscope, needle-guidewire perforation to fluoroscopic guidance. But the potential hazards of false passage, extravasation and rectal injuries are always there. We have used Core Through Urethrotomy guide (CTU- Guide) as a pathfinder to negate the hazards and make Core Through Urethrotomy easy and precise.

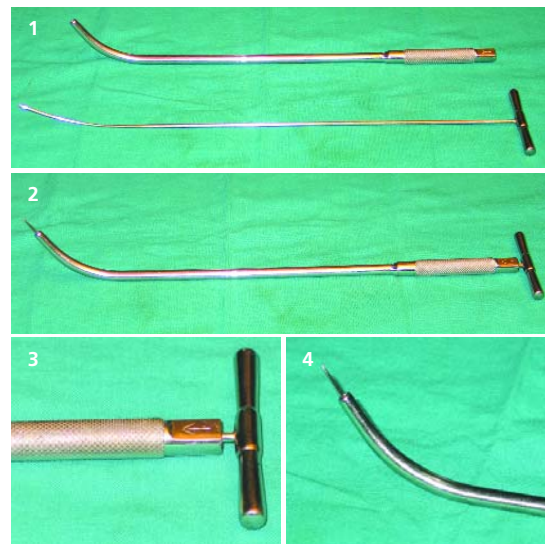
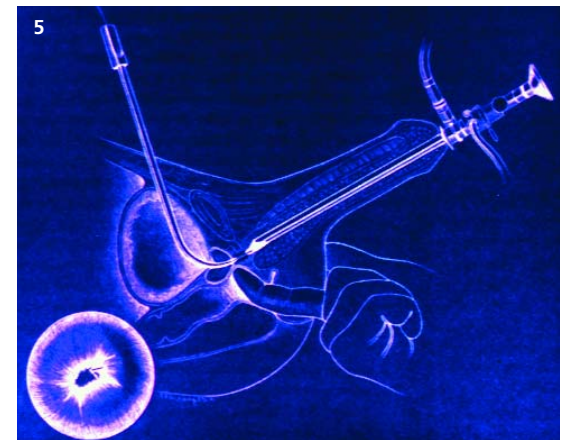
## METHOD

CTU guide is a modified hollow metal bougie with a sharp ended metallic obturator which projects out (1.5cms) off the distal end under controlled manner (Fig. 1&2). Urethrotome is passed per urethra and the CTU Guide is positioned into the posterior urethra suprapubically. Obturator is pushed by the assistant in controlled manner and the sharp end pierces through the scar tissue towards the

Urethrotome. The sharp metallic tip can be easily identified and followed into the bladder. If required, this obturator can be replaced by another hollow obturator carrying a ureteric catheter (Fig. 3 & 4) which can further guide to carry out urethrotomy. After successful core through Urethrotomy, a Foley's Catheter 18/20 F is indwelled.

## ADVANTAGES

By using CTU Guided as a pathfinder, Core through Urethrotomy is accomplished faster, chances of extravasation and false passages are eliminated and rectal injuries are avoided. There are no difficulties encountered in mastering the point of technique by using this most versatile instrument. The instrument is economical and has proved to be a valuable addition to the armamentarium of the surgeons and Urologists practicing Core Through Urethrotomy.



## REFERENCES

- Goel M C, Kumar M, Kapoor R. Endoscopic management of traumatic posterior urethral stricture; early results and follow up. *J. Urol* 1997: 157:95-7.
- EL-Abd SA. Endoscopic treatment of post-traumatic urethral obliteration; experience in 396 patients. *J. Urol* 1995: 153:67-71.
- Gupta N P, GILL I.S. Core through optical internal urethrotomy in management of impassable traumatic posterior urethral stricture. *J. Urol* 1986: 136:1018-21.

Dr. Bhatyal's name has been included in "Limca Book of Records" for his innovation in Urology. ■

## INNOVATION IN INTRACORPOREAL SUTURING

**Dr Yogesh Agarwala**

*Consultant Laparoscopic Surgeon,  
Fortis Hospital, Noida*

**T**he length of the suture material used in various surgical procedures is very important. For the ease of intracorporeal suturing it is advised to use a suture length of about 6 inches. In surgical situations such as intestinal anastomosis, gastrojejunostomy, biliary enteric bypass (choledocho duodenostomy; choledochojejunostomy) or while re-peritonealising a large area in TAPP, a 6 inches suture length is insufficient. A larger suture would be difficult to manage and would add to an already difficult / advanced laparoscopic procedure.

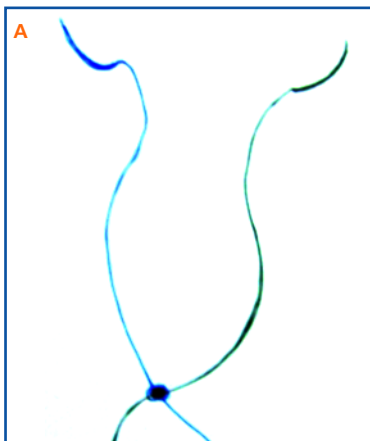
To overcome this situation we have applied an innovation in these circumstances. The original concept is of Dr A K Hemal from AIIMS which we have adapted to our surgical procedures.

Two suture lengths of 6 inches with desired needles is taken. It is an additional benefit if the suture material is of different colour e.g. dyed purple vicryl and non-dyed white vicryl. This would help in easier identification and orientation at laparoscopy. Two free ends of the suture are tied together and the knot so formed acts as a buttress.

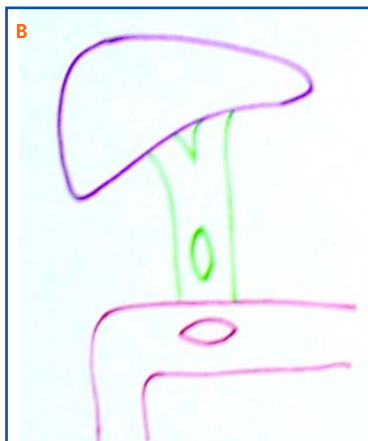
In choledochoduodenostomy the anastomosis is started at 6 o'clock position and one half of the suture anastomoses the one half of duodenum and CBD to travel to reach 12 o'clock. Similarly other half sutures the rest and the two sutures meet at 12 o'clock where they are tied together to complete the anastomosis.

The advantages accrued are

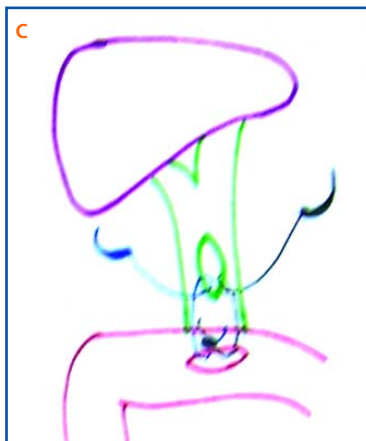
1. Suture handling is technically easier;
2. Two corners of anastomosis are well secured. ■



**Fig. A** Two sutures tied together



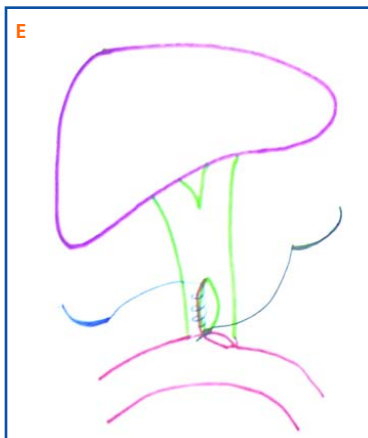
**Fig. B** CBD & Duodenum Opened



**Fig. C** Suturing started at 6 o'clock



**Fig. D** Both sutures passed outside in & Knot acts as a buttress



**Fig. E** One half of the suture anastomoses one side to reach 12 o'clock



**Fig. F** Other half of suture also reaches 12 o'clock to complete the anastomoses

### NEWS FLASH

**Dr Neeraj Jain**

*Pain specialist,*

presenting poster and delivering a lecture on

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on Pain, Sydney-2005.

**Sydney Convention  
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**Dubai International Colorectal Surgery Conference on September 12, 2005.** **Dr Karl Waag**, Director of the department of Paediatric Surgery, Mannheim faculty of Medicine, Heidelberg University, Germany. **Dr Rolf Hartung** Scientific Committee Chairman, Head of General Surgery, 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, Head of Department of Accident and Emergency and General Surgery, Fujairah Hospital, UAE.

**SEPT - 05**  
VOL: 05 NO: 09

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*humbly adds*

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"The role of a mother is probably the most important **career** a women can have."

<p><b>Dr. Parveen Bhatia</b> M.S. (Surgery) Consultant Laparoscopic Surgeon &amp; Medical Director</p>	<p><b>Dr. Indu Bhatia</b> M.D. Director Gynaecologist &amp; Laparoscopic Surgeon</p>	<p><b>Dr. Archana Dhawan Bajaj</b> MBBS, DNB, MNAMS M.Med. Science in Assisted Reproduction Technology (University of Nottingham, U.K.) Infertility Expert</p>
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