



globalnewsletter

BHATIA GLOBAL HOSPITAL & ENDOSURGERY INSTITUTE NEWSLETTER

VOL: 08 NO: 7

PRICE: Rs. 4/- PER COPY

JULY, 08

The Power of Today Let's begin "Selective Procrastination"

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Concentrate all your thoughts on the task at hand. The sun's rays do not burn until brought to a focus. --Alexander Graham Bell

Time is always a problem. When faced with a task, we never have enough time for it in our schedule for today. In this situation, most of us find a convenient way of dealing with this shortage of time – Procrastinate it to tomorrow when we will probably have more time! What we fail to realize is that -- we shall never have more time! Every difficult task we face is like an ugly live "frog" on a plate that we must eat. Most of us try to avoid eating this "frog" for as long as we can. But the key to becoming more efficient and effective is to develop the habit of eating our "frog" today. We need to realize the power of today and the art of "Selective Procrastination". Fortunately, it is never too late to learn this skill. It is never too late to be what you might be!

First of all, the single most important time management skill is to know what we want to accomplish. There just isn't enough time for everything on our "to do" list—and there never will be. Winners don't try to do everything. They learn to focus on the most important tasks and make sure they get that done. This is what we call the art of "Selective Procrastination." It is not just too optimistic but also unreasonable to feel that we can do everything. We should have enough time to do things that really count. Deliberately procrastinate the tasks that are not as important. Do the more important tasks first. Before we begin work on a list of tasks, we should spend a few moments

to organize them by value and priority so we can be sure of working on our most important activities. Here is a great rule for success--Think on paper. Every minute we spend in planning can save us 5 or 10 minutes in execution. **One of the worst uses of time is to do something very well that need not be done at all.** This brings us to a very important realization—"Better" is the enemy of "Good enough".

We have always been taught to strive for the "Best". It is great to be able to do our best. But the problem arises when the intention of doing our "best" prevents us from doing anything at all. Many of us shy away from doing things a certain way because we are still looking for "better" ideas and "better" ways. Looking for a better idea should not become an excuse for not putting our current ideas into action. There is almost always a better way of performing the task at hand. But that should not prevent us from starting from something that is simply "Good Enough", gradually making it "better" and finally taking it to our very "best". The mantra is—Have an Idea, put it into action, and then make it into a better Idea!

Last but not the least, we need to realize the power of today. There are always two FIXED time points associated with a task--*time at which the task is assigned to us* and *the time when it is due*. Apart from these time points, there are two time points that are SELF-ASSIGNED—the *time at which we begin working* and the *time at which we finish*. There is no way we can change the first two FIXED time points. But the SELF-ASSIGNED time points are always under

our own control. Consider a real life situation, where we are given a month for a project. We realize that it will take us a week to finish off the project. Most of us will end up putting the project on hold till the very last week before the date it is due. Chances are that we will be able to finish off the project in that week and turn it in on time. But in doing so we ignored a very important fact. The person who assigned the project to us also must have realized that it takes just one week to finish the project. Then why did he give us a month? This is where the importance of the SELF-ASSIGNED time points comes in. An efficient person would start work on the project right away. He will place the "time we begin working" time point as close as he can to the "time when the task is assigned" time point. By doing so he will be able to finish off actual work on the project in the very first week of the month. The "time at which we finish" time point continues to be close to the "time when it is due" time point. He will take rest of the three weeks to improvise and make it better. This is indeed an effective way of dealing with the time constraints. Begin work on the task at hand as soon as we can and finish it well before it is due. Create an imaginary deadline well before the actual deadline so that we can do our best while performing the task. And then once we are done with the task we have enough time to improve upon it. The mantra here is—Do it today so as to do your best!

Think like a man of action, Act like a man of thought. —Henri Bergson

Procrastination is the natural assassin of opportunity - Anonymous

EDITORIAL BOARD

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Weight Loss Surgery

Laparoscopic Gastric Banding

INTRODUCTION

Adjustable Gastric Banding System is a minimally invasive surgery that involves applying a prosthesis around the stomach—creating a small gastric pouch—and a calibrated opening to the rest of the stomach.

HOW IT WORKS

By creating a smaller gastric pouch, the System limits the amount of food that the stomach will hold at any time. The inflatable ring controls the flow of food from this smaller pouch to the rest of the digestive tract. The patient will feel comfortably full with a small amount of food. And because of the slow emptying, the patient will continue to feel full for several hours reducing the urge to eat between meals.



PROCEDURE OVERVIEW

BEFORE SURGERY

The preoperative screening consists of complete blood tests, imaging studies, a gastroscopy and consultations with various specialists.

SELECTION CRITERIA FOR OBESITY SURGERY

- BMI (Body Mass Index) above 40 or between 30 to 40 in the presence of other associated diseases that may improve with weight loss (high blood pressure, diabetes, sleep apnea, and painful joint condition arthritis proven by x-ray)
- Age between 18 and 55 years
- Stable obesity for more than five years
- Failure of dietary or weight-loss drug therapy for more than one year
- Absence of glandular diseases such as hypothyroidism
- Comprehension of the procedure and compliance by the patient
- No dependency on alcohol or drugs
- Acceptable operative risk



Height: 174cm, Weight: 102kg BMI: 33

THE OPERATION

The idea behind the operation is to create a small pouch in the upper part of the stomach with a controlled and adjustable stoma, without stapling, thus limiting food intake.

A gastric band device is introduced through tiny (15 mm) incision in the abdomen and is placed around the upper part of the stomach. The resulting pouch (or the “new stomach”) dramatically reduces

the functional capacity of the stomach. The band has a balloon from the inside that is adjustable and can reduce stoma size, thus prolonging the period of fullness.



OT Setup

The operation is performed under general anesthesia and can last between 30 minutes and 1 hour. The Band is fitted around the uppermost part of the stomach, forming a 15cc small pouch. It is designed so that it can be inflated or deflated at any time after the operation. This helps the patient continually lose weight until they reach their goals. The restriction takes place in the radiology suite and normally takes 15 minutes. This simple procedure is painless. We inject saline into a port placed under the skin in the wall of the stomach. The tube that comes off of the band leads to the port.

ADVANTAGES OF GASTRIC BANDING

- Reduced surgical trauma and pain
- No cutting of the stomach
- Less invasive for the abdominal wall (requires small incisions of 5 to 15 millimeters)



Port placement



Previous generation SAGB (Swedish Adjustable Gastric Band-straight) with injection port

- No stapling of the stomach
- Calibrated pouch and stoma size
- Can be adjusted to patient's needs after surgery with no operation to adjust the stoma
- Laparoscopic removal possible
- Fully reversible (by simply removing the band)
- Shorter hospital stay (does not exceed 48 hours)

HOW SAGB VC IS DIFFERENT?

- One size fits for all design
- Accommodates a wide range of patient sizes & eliminates band choices
- High volume (11ml) balloon enables manageable fill volumes

Suture-less port fixation

- Simplified positioning & repositioning with suture less port that has 66% greater attachment holding strength than four 2.0 prolene sutures
- Taking less than one minute, placement of the velocity injection port saves operating time.
- The larger septum area provides a larger needle target area during adjustments.

Unlockable & relockable buckle system

- May be unlocked & relocked up to 3 times allowing for cost efficient band repositioning in the event that a revision procedure is required.

Flexible Pre curved shape

- Flexible pre curved shape helps to maintain band coordination through the retro gastric tunnel enabling ease of placement
- Balloon offers 360 degree coverage once placed, distributing pressure around stomach anatomy.



Latest generation SAGB (Swedish Adjustable Gastric Band-precurved). First time being used in North-India



Dissection by pars flaccida technique



Pre-curved gastric band placed into the peritoneal cavity through 15mm port



Gastric band pulled into the retro gastric tunnel



Diagnostic laparoscopy and liver retraction to visualize the hiatal area



Right crus and left crus identified and dissection done close to the base of the crura rather than the apex



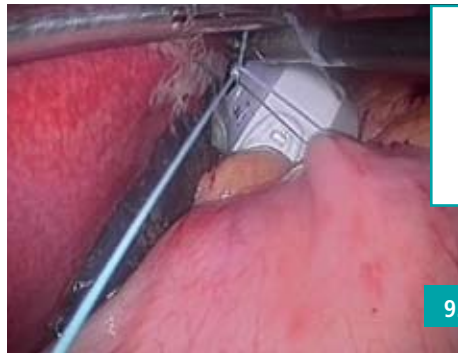
New disposable Gold finger inserted in the retro gastric tunnel and suture of the gastric band being loaded



Suture loop being inserted through the lock



Locked gastric band



Buckle placed on right or left side

RNI NO.: DELENG/2001/6114
 REGD. NO.: DL(W) 10/2076/06-08
 LICENSED TO POST WITHOUT
 PRE-PAYMENT: U(W)-38/2006-08
 Posted on 21st / 22nd of every month

Strength is the ability to break a chocolate bar into four pieces with your bare hands—and then eat just one of those pieces.
 Judith Viorst
“He who has health, has hope and he who has hope, has everything.”



Gatro-gastric sutures applied to prevent the band vslippage



Gastric band covered with stomach



New valve placed at the tip of gastric tubing pulled out through 15mm port



Velocity injection port applicator with Poly-Urethane injection port (rather than titanium)



Injection port being fixed with Velocity device at 15mm port site



Injection port fixed with Velocity device at 15mm port site (no need of suture fixation)

BHATIA GLOBAL HOSPITAL AND ENDOSURGERY INSTITUTE

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Design Credits: i Links 'n' Grafix Pvt. Ltd.; 011-45564387, 9873066683; www.ilng.in

A symbol of excellence, commitment and dedicated patient care, established in July, 2001. The vision is borne out of a single-minded focus on providing world class minimally invasive surgery to patients in many super-speciality areas. All under one roof. No matter whether it's medical equipment, care facilities, or international associations... the perspective is global.

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REGISTRATION NO
 2006-2007/512
 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

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: 25705629 and published at 307 & 308, Ambika Vihar, New Delhi-110087. Editor: R.S. Bhatia