



globalnewsletter

BHATIA GLOBAL HOSPITAL & ENDOSURGERY INSTITUTE NEWSLETTER

VOL: 08 NO: 10

PRICE: Rs. 4/- PER COPY

OCTOBER, 08

Forgiveness for Yourself

You forgive people not for their sake, but for your own sake.

Sue Norton lives in Arkansas City, Kansas. She received terrible news from her brother in January, 1990. Her much beloved, Daddy, Richard Denny and his wife Virginia were found murdered in their home.

Sue says she felt “numb”. She couldn’t understand why someone would want to hurt people who were old and poor.

Sue sat through the trial of Robert Knighton (R.K.). She was confused about how she should feel. Everyone in the courtroom was consumed with hatred. They all expected her to feel the same way. But she couldn’t hate the way they did. She said, “It didn’t feel good.”

The last night of the trial, she knew there must be another way. She couldn’t eat or sleep that night and prayed to God to help her. When morning came, she had this thought. “Sue, you don’t have to hate R.K., you could forgive him”.

The next day, while the jury was out for deliberation, Sue got permission to visit R.K. through the bars of his holding cell. Sue relates, “I was really frightened. This was my first experience in a jail. R.K. was big and tall, he was shackled and had cold steely eyes.” At first R.K. refused to look at Sue. She asked him to turn around and he answered, “Why would any one want to talk to me after what I have done?” Sue replied, “I don’t know what to say to you. But I want you to know that I don’t hate you. My grandmother always taught me not to use the word hate. She taught me that we are here to love one another. If you are guilty, I forgive you.”

R.K. thought Sue was just playing games. He couldn’t understand how she could forgive him for such a terrible crime. Sue says, “I didn’t think of him as killer, I thought of him as a human being.”

People thought that Sue had lost her mind. Friends would step to the other side of the road to avoid her. But Sue says, “There is no way to heal and get over the trauma without forgiveness. You must forgive and forget and get on with your life.”

We’re always being told “Forget what happened. Put it behind you and move on.”

It’s not that easy, is it?

Forgiving someone who has done you an injustice is difficult; it even feels illogical, because we feel that we are letting the wrongdoer off the hook. But forgiving does not equate letting someone off the hook. Forgiveness doesn’t mean that you are condoning bad behavior. Forgiveness is not about the other person. It’s about you.

You forgive because that’s the only way you can set yourself free. When you forgive, you’re letting go of anger, of hurt, helplessness or shame. Like love, when forgiveness is given

unconditionally, it’s incredibly empowering for the giver. When you set conditions on forgiveness, you give power to your tormentors. You make it easier for them to hurt you again. Forgive but do not forget.

Stress is often caused by regrets and resentments we have been holding on to for years. These grudges rob us of peace of mind and hamper our growth.

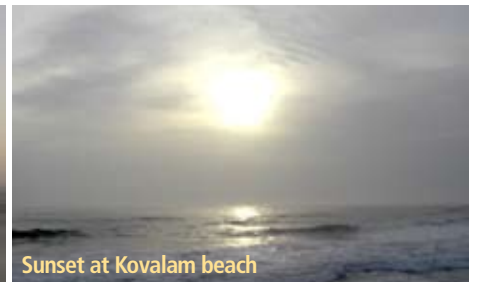
Peace of mind is required for healing to take place. Forgiveness can bring that peace of mind. That said though, nobody should demand or expect forgiveness from you. It is nobody’s birthright to be forgiven. It’s up to you when you are ready and when you want to forgive them. You have to work through your anger and sense of loss before you will be able to do that. Others can ask you for forgiveness but not expect it. To expect forgiveness builds up even more resentment.

But we all should practice forgiveness regularly to unclutter our mind. When we forgive, we remove what’s blocking our energy and happiness. We open doors to fresh air and light.

Rakesh Bhatia, Amit Mattoo



Sunset at Dubai desert



Sunset at Kovalam beach

It’s not what you see, It’s how you see!

“A man wrapped up in himself makes a very small bundle.” - Benjamin Franklin

EDITORIAL BOARD

Mr. R. S. Bhatia, Dr. Parveen Bhatia, Dr. Indu Bhatia, Dr. Sandeep Chopra, Sanchit Bhatia

STAPLER HAEMORRHOIDECTOMY

INNOVATIVE STEPS

Dr. Rajinder K Saggi, *Surgical Associate*

Dr. Parveen Bhatia, *Consultant Laparoscopic Surgeon & Medical Director*

INTRODUCTION

Stapler Hemorrhoidectomy is a new technique involving circular stapler, introduced by Italian surgeon Dr. Antonio Longo in 1998. This surgical procedure “lifts up” or repositions the anal canal tissue and restores the hemorrhoidal tissue back to its original anatomical position. This reduces the blood flow to internal haemorrhoids, without cutting sensitive nerve endings. The internal hemorrhoids, then, shrink within four to six weeks after the procedure.



Dr. Antonio Longo



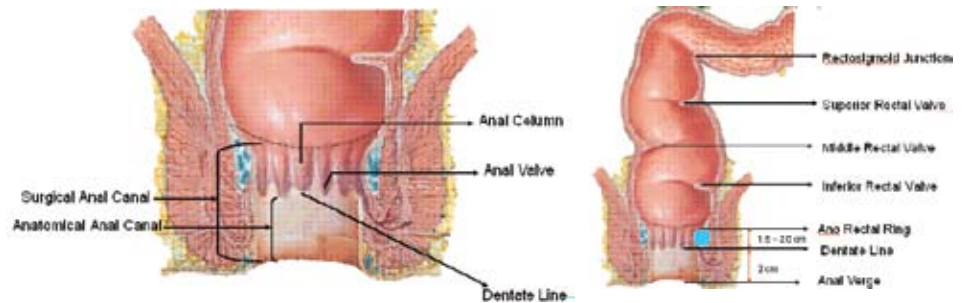
The circular stapler



Components of Stapler



Innovative Proctoscope



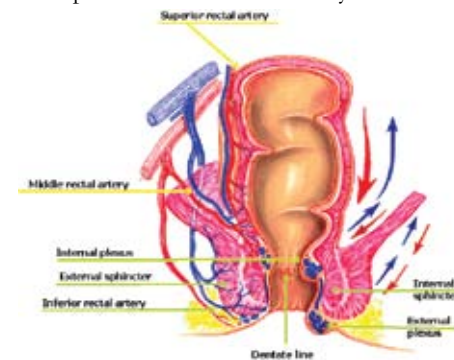
Surgical anatomy of anal canal

ALTERNATIVE NAMES

1. Stapled Haemorrhoidopexy
2. Stapled Anopexis
3. Longo Operation
4. Circumferential mucosectomy
5. PPH - Procedure for Prolapse and Hemorrhoids.
6. MIPH – Minimal Invasive Procedure for Hemorrhoids
7. Anal facelift

AIM OF THE PROCEDURE

- Reduction and excision of transverse band of prolapsed mucosa.
- Interruption of terminal branches of superior hemorrhoidal artery



Vascular supply of rectum and anal canal

ADVANTAGES

- Minimally Invasive surgical procedure.
- Reduced pain with reduced blood loss
- Faster postop recovery with significantly reduced postoperative discomfort
- Short hospital stay with faster return to normal activity

- First bowel movements appear early
- Functional outcome is good
- Patients are satisfied with this procedure
- Less morbidity with fewer complications
- Short, safe and effective procedure

DISADVANTAGES

- Expensive disposable device
- Technique associated risks
 1. Persistent Post-op pain (if staples applied below dentate line)
 2. Post-op bleeding (if intermittent purse string effect)
 3. Rectal perforation (if full thickness of rectum included in stitch)
 4. Recto vaginal fistula (PV must be done before and after firing stapler)
 5. Rarely, fecal urgency.
 6. Rarely, rectal stenosis

STEPS OF PROCEDURE

Position: Lithotomy with Trendelenburg position with hyperflexion of hip joint
Anaesthesia: Regional/General anaesthesia.



1. Four silk sutures placed at 1.5 cm away from the anal verge



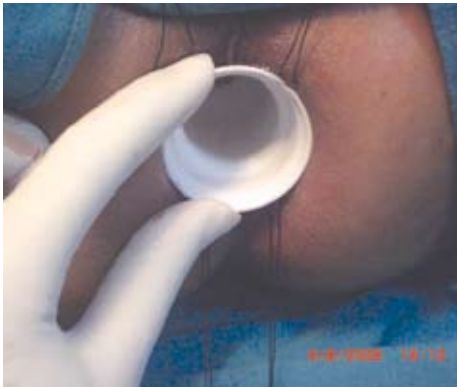
2. Haemorrhoids seen at 3, 7 & 11 O' clock position



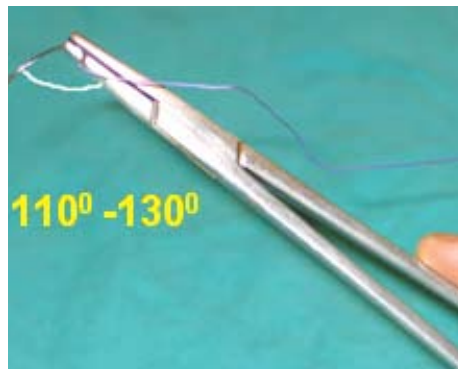
6. Purse string suture anoscope placed and suturing started at 3 O' clock position with Prolene No. 1-0 on 26mm round body needle



Method showing double 'purse string' suture effect. (To have complete uniform doughnut of 3.5 cm width)



3. Anal dilatation by obturator



7. Forward oblique position of needle holding



First 'purse string' started and finished at 3 O' clock. Second 'purse string' started and finished at 9 O' clock



4. Obturator with transparent anoscope placed



8. Curved needle holder



10. Stapler is opened to its maximum position, anvil head is lubricated and introduced and positioned proximal to purse string



5. Transparent anoscope fixed to the skin with pre-placed silk sutures



9. Use of fibre optic light cable for better illumination. Purse string suture being applied



11. Two 'purse string' sutures being tied



12. Sutures pulled out through the suture passer



13. The ends of the sutures are knotted externally on assistant's finger



14. With moderate traction on purse string, stapler is being closed and then fired

15. Keep the stapled device in close position for approx 30 sec before firing and 20 sec after firing which helps to promote hemostasis.



16. Examining the stapled line with fibre optic light cable and purse string suture anoscope



17. After completion



18. Checking for complete circumferential doughnut (width 3.5cm)

19. If bleeding from the stapled line occurs, additional absorbable sutures may be placed or packing can be done.



20. (if required) Pack made by wrapping betadine soaked gauze over malecot catheter, which simultaneously allows free passage of gas.

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

HOW ARE WE DIFFERENT?

1. Use of 'double purse string suture' technique. (3-6-9-1-2-3; 9-1-2-3-6-9)
2. Forward oblique position of needle
3. Use of fibre optic light cable for better illumination.
4. Purse string suture placed at curved portion of PSA.
5. Pack placed on malecot drain, if required.

GLOBAL SURVEY

A worldwide survey was conducted by the !UN. The only question asked was:

"Would you please give your honest opinion about solutions to the food shortage in the rest of the world?"

The survey was a huge failure.

In Africa, they didn't know what 'food' meant,

In India, they didn't know what 'honest' meant,

In Europe, they didn't know what 'shortage' meant,

In China, they didn't know what 'opinion' meant,

In the Middle East, they didn't know what 'solution' meant,

In South America, they didn't know what 'please' meant,

And in the USA, they didn't know what 'the rest of the world' meant!

BHATIA GLOBAL HOSPITAL AND ENDOSURGERY INSTITUTE

(MULTI-DISCIPLINARY MINIMALLY INVASIVE SURGI-CENTRE)
SPECIALIZED CENTRE FOR LAPAROSCOPY,
INFERTILITY AND OBESITY SURGERY

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
bhatia_global@yahoo.co.in,
bhatiaglobal@gmail.com

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.

WEBSITES
BhatiaGlobalHospital.com
BhatiaEndoSurgery.com

ISDN lines: 6
011-42334011, 13, 15, 17,
42334657, 42334673

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