



# AMASI Newsletter



(Association of Minimal Access Surgeons of India)

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## From the Newsletter Desk



Welcome to the second edition of the AMASI Newsletter for June 2023!

We apologize for the delay in getting this issue out to you, but we wanted to make sure that it was packed with the latest and greatest content for our readers. In this issue, you'll find a mix of AMASI updates, newer technology, journal reviews, and thought-provoking articles. We'll also be giving you a sneak peek at AMASICON 2023, which is just around the corner.

### **AMASI Updates**

In this section, we'll be highlighting some of the latest news and events from AMASI.

### **Newer Technology**

We're always on the lookout for new and innovative technologies that can help our members do their jobs better. In this section, we'll be reviewing some of the latest tools and resources that you may find useful.

### **Journal Reviews**

We know that our members are busy people, so we've taken the time to review some of the latest journals in our field. In this section, we'll provide you with summaries of the latest research and give you our recommendations on which articles are worth reading.

### **Thought-provoking Articles**

We believe that it's important to challenge our thinking and explore new ideas. In this section, we'll be featuring a selection of thought-provoking articles that will make you think about the field in a new way.

### **AMASICON 2023**

We're excited to announce that AMASICON 2023 will be held in Raipur, India, from November 2-5. This year's conference will be a great opportunity for our members to network with each other, learn about the latest trends in our field, and attend a variety of informative sessions.

We hope you enjoy this issue of the AMASI Newsletter!  
See you all in Raipur!

### **Newsletter committee**

Abhimanyu Basu

Mayank Jain

## From the President's Desk



Greetings from AMASI

I am very happy to see that another Newsletter of AMASI is being released. At present we are glad that a lot of academic activities of the association are going on uninterrupted. The programs like Meet the master, Skill courses, Safe Lap Chole, Workshops, Online CME are happening at regular intervals. Training courses at Smart centre Chennai are also going on well.

Recently we had our Skill course in Sri Lanka. AMASI senior faculties along with Sri Lankan faculties could conduct the course successfully with good participation. AMASI also could be part of the induction ceremony of the Founder President Prof Bawantha Gamage of Sri Lanka Association of Minimal Access & Digital Surgeons (SLAMADS)

Congratulations to the GEM team for organising the 9th Edition of Laparosurg in Mecca of Laparoscopic surgery, Coimbatore. The carnival of Laparoscopic Surgery taking place after a break was a huge success with good participation from delegates as well as faculties.

AMASI is planning to come out with an online surgery demonstration program 'AMASI Lens' on every third Thursday of the month. The first program planned on 20th July by our Founder President Prof C Palanivelu will be over by the time the Newsletter is released. The Surgery demonstration on subsequent months will be done by International Faculties.

The Journal of AMASI is going to be released soon. The preparation is going on under the leadership of Dr Vikram Kate and Dr Tamonas Chaudhuri.

We are coming closer to the big academic event of the Association AMASICON 23 at Raipur. Organisers as well as AMASI are working hard to make it one of the best AMASICON. Live surgeries demonstration and various other scientific programs by reputed international and National faculties are planned. We request you to be part of the AMASICON23 at Raipur.

We are delighted to see our membership is growing on a faster pace. It has crossed 13000 now. Contributions from all EC members were valuable for making this happen.

We look forward to bigger support and participation from all AMASI members to make AMASI reach greater heights.

Dr Varghese C J  
President

## AMASI – Bringing MAS to MASSES



Dear esteemed members of AMASI,

Greetings from AMASI and Welcome to the second edition of AMASI newsletter (June 2023).

Laparoscopic surgery has seen a sea of change from its humble beginning to its current status as gold standard in nearly all procedures. Surgeries which were previously thought possible only by open surgery and that too at very specific centres of the country are now routinely done at very many centres of our country. AMASI had been instrumental in bringing this change by its moto of spreading education and bringing MAS to MASSES.

While India is a country of wide diversity in terms of beliefs and practices, languages and customs and terrains and inhabitants, it was a horrendous task to take responsibility of spreading awareness and knowledge of developing laparoscopic surgery in the country. Thanks to our founder president and his dream of making it available to all irrespective of region or religion and paying capacity or profession which is turning into a reality. It is with the endeavour of people like Dr C Palanivelu that we now have availability and awareness of laparoscopic surgery even and primary health centres of towns and surgeons are performing safe surgeries at these centres. We need to continue these efforts of our torch bearers since standing still at any point will not just mean a change in the gradient but also the direction of our growth curve. Regular upgrades on our knowledge by publishing and presenting what we do, learning what we intend to do, and practicing what we learnt new is the way forward in the current era of advancing technology and AI. AMASI newsletter is an effort to achieve exactly the same. We intend to provide platform for surgeons to publish their work and see what other are doing. They should learn what is happening around the globe and be motivated enough to regularly upgrade and enhance their skill with emerging techniques.

The newsletter will be published quarterly and we wish to have maximum participation of our members. Let us show the world how much and how well are we working and feel proud of our efforts. Simultaneously, we should appreciate the efforts of our colleagues and build our road on the path shown by them. Besides other sections by our members, we have also planned to have a section on Pioneers in Surgery which will highlight the life of exceptional surgeon in every alternate edition. This will not just be motivating to us but also a tribute to the exceptional work of these surgeons.

Finally, I request all members to stay connected, attend the academic programs of AMASI and take active part in its various activities. AMASICON 2023 is just around the corner. Make sure we register for it in maximum numbers and submit and present our work.

Regards,  
Dr Mayank Jain

## AMASICON 2023 – Invitation

# AMASICON 2023

## 18th INTERNATIONAL CONFERENCE

Dear members,

Greetings from Team AMASICON 2023, Raipur

It is a matter of pride for us that 18 th International conference of AMASI is being held at Raipur,

Chhattisgarh from 2 nd to 5 th November. While 2 nd November is dedicated to pre-congress single theme workshops and convocation ceremony for the diplomats and fellows of college of MAS, the conference per se will start from 3 rd November onwards.

We are delighted by the post COVID enthusiasm of delegates and have already reached approximately 1000 registrations. This enthusiasm of delegates has filled us with energy and has prompted us to strive for more with every passing day. We are updating the infrastructure to provide the best academic experience with live surgeries and didactic lectures. The pre-congress workshops have been designed with learning as the solo moto and we would provide best possible environment for these.

The cadaveric workshop will be first of its kind for AMASICON and has been kept at a highly subsidised rate so as to make it available for all. Moving beyond academics, we are working hard in arranging special entertainment programs for delegates and their families during evening dinners. Likewise, we will make sure to satisfy your taste-buds with the most exceptional local cuisine, the memories of which will last for a long time.

While good attendance, up to date academic program and excellent hospitality are hallmarks of success of any conference, we also need active participation of delegates in the form of abstracts.

The abstract submission deadline has therefore been extended in order to achieve maximum active participation of delegates. Kindly submit your abstracts by 15 th July since there will be no further extensions in this deadline.

In the end we would conclude by promising that we will leave no stone unturned to make your stay during the four days, the most memorable ones not only in terms of academic feast but also culinary extravaganza.

Regards,

Dr Devendra Naik  
Organising Secretary

Dr Subhash Agrawal  
Organising Chairman



# AMASICON WORKSHOP

## Registration Opened

- CADAVERIC WORKSHOP ON ( TAPP/E-TEP-TAR/ TME/RYGB )
- SAFE LAPAROSCOPIC CHOLECYSTECTOMY(Free for all AMASICON registered delegates but separate registration required)
- WORKSHOP ON E-TEP-TAR
- WORKSHOP ON ALL ABOUT HIATUS
- WORKSHOP ON CME & TME
- WORKSHOP ON OAGB & MGB
- WORKSHOP ON SCIENTIFIC PAPER WRITING
- WORKSHOP ON NURSING
- WORKSHOP ON UPPER GI ENDOSCOPY
- COURSE ON HOSPITAL MANAGEMENT

[www.amasicon2023.com](http://www.amasicon2023.com)

## Induction Ceremony: SLAMADS



### Induction ceremony of the founder President of SLAMADS

On 23rd of August 2020 we were able to fulfill a long-awaited need of Sri Lankan surgeons by establishing the Sri Lanka Association of Minimal Access and Digital Surgeons (SLAMADS). The main objectives of the Association are to support all practising surgeons in improving their skills in the field of Minimal Access Surgery (MAS), support health authorities to develop MAS in Sri Lanka and promote education and research in the field of MAS. SLAMADS is unique because it will have members not only from different subspecialties of surgery but also from other fields like cardiology, radiology and gynaecology.

Prof. Bawantha Gamage, professor in surgery and consultant laparoscopic surgeon was inducted as the founder president of the SLAMADS on 24th June 2023 in conjunction with AMASI Skill course conducted under the patronage of SLAMADS in Colombo.

Chief guest of the presidential induction was Dr. K. L. Fernando who performed first laparoscopic cholecystectomy in Sri Lanka in 1992. He is also a past president of College of Surgeons of Sri Lanka.



Founder president of AMASI, Prof. C. Palanivelu, Emeritus professor in surgery Prof. Mohan de Silva and President elect of the ALSGBI Prof. Tan Arulampalam were the guests of honor of the induction ceremony. Induction of the founder president was attended by most of the senior surgeons who pioneered minimal access surgery in Sri Lanka and all the office bearers of the Council of the College of Surgeons of Sri Lanka (CSSL) including its current president Prof. Nandadeva Samarasekara.

This ceremony was also witnessed by senior most past presidents of the CSSL Prof. A. H. Sheriffdeen and Prof. C. Rathnathunga. In addition, as special guests, Dr. C. J. Varghese, President of the AMASI, Dr. Dilip Gode, Dr. Tamonas Chaudhuri, Dr. Deborshi Sharma and Dr. P. Senthilnathan, Dr. J. G. Gajagowni, Dr. Roshan Alangar representing executive committee of AMASI were also present at the ceremony.

The programme was webcasted on zoom platform and was witnessed by nearly one hundred local and international invitees while more than two hundred were present physically at the Monarch Imperial in Sri Jayewardenepura, Capital City of Sri Lanka.



## Emerging Technology



## Artificial Intelligence in Surgical Sciences: Transforming Patient Care and Surgical Practices

Dr Divya Jain  
Consultant Gynaecologist  
Synergyplus Hospital, Agra

Artificial intelligence (AI) is revolutionizing the field of surgical sciences and offering newer opportunities for improved patient care. It has the potential to enhance surgical outcomes, reduce complications, and optimize surgical workflows.

While the scope of AI is enormous and still expanding, it may be worth highlighting its current use in pre-operative planning, intraoperative assistance, postoperative monitoring, and surgical education.

### 1. Preoperative Planning

#### a. Medical Imaging Analysis:

- **AI-assisted Radiology:** AI algorithms can analyze medical images, such as CT scans and MRI scans, to detect abnormalities, segment anatomical structures, and assist in surgical planning. This aids surgeons in visualizing complex anatomy, identifying critical structures, and optimizing surgical approaches.
- **Virtual Surgical Planning:** AI-powered software can generate 3D models and simulations based on patient-specific data, allowing surgeons to plan surgical interventions in a virtual environment. This assists in preoperative decision-making, implant selection, and evaluating potential outcomes. AI powered simulations allows surgeons to virtually rehearse complex procedures, enhancing their skills and confidence

#### b. Risk assessment and Predictive Analytics

- **Outcome Prediction:** By analyzing patient data, including demographics, medical history, and imaging results, AI algorithms can provide predictive insights into surgical outcomes. This assists surgeons in assessing the risks and benefits of different treatment options, leading to personalized surgical plans.
- **Complication Risk Assessment:** AI models can analyze large datasets to identify risk factors associated with postoperative complications. Surgeons can use this information to develop strategies to mitigate risks, optimize patient selection, and enhance postoperative care

### 2. Intraoperative Assistance

#### a. Surgical Navigation

- **Image-Guided Surgery:** AI-based navigation systems integrate real-time imaging, such as intraoperative ultrasound or fluoroscopy, with preoperative imaging to provide surgeons with precise guidance during the procedure. This improves the accuracy of instrument placement, tissue targeting, and tumor resection
- **Augmented Reality (AR):** AR overlays patient-specific information onto the surgeon's view, enhancing visualization and spatial orientation. Surgeons can access critical data, such as anatomical structures, tumor margins, and instrument tracking, without diverting their attention from the surgical field

## Emerging Technology

### b. Robotics and Automation:

- **Robotic-Assisted Surgery:** AI-powered robotic systems, such as the da Vinci Surgical System, enable surgeons to perform minimally invasive procedures with enhanced precision and dexterity. The robotic arms translate the surgeon's movements into precise actions, reducing tremors and enabling complex manoeuvres. AI algorithms also assist in automating certain steps of the surgical procedure
- **Intelligent Surgical Instruments:** AI-enabled instruments can provide real-time feedback to surgeons, such as tissue characterization, vessel identification, and localization of critical structures. This feedback enhances surgical decision-making and reduces the risk of complications

### 3. Postoperative Monitoring

- **Early Warning Systems:** AI algorithms can analyze patient data, including vital signs, laboratory results, and clinical observations, to identify early signs of postoperative complications. This enables timely interventions and reduces the risk of adverse events
- **Postoperative Recovery Prediction:** By analyzing patient data and recovery patterns, AI models can predict the expected recovery trajectory and identify patients at risk of delayed recovery or readmission. This facilitates personalized postoperative care planning and resource allocation

### Surgical Training:

AI also has the potential to revolutionize surgical education by providing realistic simulation environments, personalized feedback and remote mentoring. By integrating AI technologies into surgical training programs, we can enhance the skills and competency of surgeons, improve patient safety, and ultimately elevate the quality of surgical care.

It is however important to note that AI in surgical education should complement and not replace traditional training methods. Hands-on experience, mentorship and ethical considerations remain fundamental to surgical education. Additionally, the ethical use of patient data, privacy concerns and standardization of AI platforms are critical aspects that need to be addressed.

### Challenges and Future Directions:

While AI offers significant potential in surgical sciences, several challenges need to be addressed for successful integration into clinical practice. First and foremost is having a high-quality diverse data which is properly labelled. Acquiring such data and ensuring data secrecy and accessibility across different healthcare systems and institutions is a challenge. Secondly, addressing ethical issues, liability concerns and establishing regulatory framework while ensuring patient privacy is essential for patient trust in AI. Finally, the successful integration of AI technologies relies on surgeon acceptance and collaboration. There is need to overcome fear of change and something new coming into picture and to undergo training in AI systems.

## Journal Review

## Comparison between laparoscopic ventral and posterior mesh rectopexy for rectal prolapse

Sayed MS, Reyad HA, Korany M, Abdelaal IM

**World J Lap Surg 2022; 15(3):239-245**



Dr Jayadatta G Pawar  
Associate Consultant

Dept. of MAS, Bariatric and Robotic Surgery  
Sir Ganga Ram Hospital, New Delhi

A patient walks in to the out-patient department and you diagnose it as a case of rectal prolapse. What procedure would you choose? Would you like to do a laparoscopic ventral mesh rectopexy (LVMR) or a laparoscopic posterior mesh rectopexy (LPMR).

The choice of using the type of procedure among LVMR and LMPR remains debatable. Hence, this study was reviewed as it compared both the procedures in terms of results and functional outcomes.

### Methodology:

This is a prospective comparative study. It was conducted at Assiut University Hospitals in Egypt and included 44 patients.

Patients were divided into two groups (22 patients per group):

1. Group A had LPMR.
2. Group B had LVMR.

Primary outcomes of the study were:

- Disappearance of prolapse
- Recurrence of prolapse
- Improvement of prolapse

Secondary outcomes of the study were:

- Operative time
- Complications
- Length of hospital stay
- Functional outcome (constipation and continence)
- Quality of life

The clinical changes after surgery were evaluated by the following scores:

- Wexner constipation score (WCS)
- Browning and Parks' scale (BPS)
- Obstructed defecation syndrome score (ODSS)
- Gastrointestinal quality of life scale (GIQOL)

Preoperative preparation: All patients underwent bowel preparation for 3 days before surgery in the form of low-fiber diet, followed by clear fluid intake and 2–3 enema at the day before surgery.

Low-molecular-weight heparin (LMWH) 12 hours before surgery for prophylaxis against deep venous thrombosis (DVT) with elastic compression stockings before induction of anesthesia.

Technical comparison between two methods:

Feature	LVMR	LPMR
Mesh Placement	Anterior to rectum	Posterior to rectum
Dissection	Limited to rectovaginal or rectovesical septum	Extended posteriorly to the pelvic floor
Mesh Fixation	Sacral promontory and posterior wall of vagina	Sacral promontory and lateral sides of rectum
Invasiveness	Less invasive	More invasive
Recovery Time	Shorter	Longer
Risk of Complications	Lower	Higher

Results:

- The study found that LVMR was associated with a lower rate of postoperative complications than LPMR. This is likely due to the fact that LVMR does not involve the mobilization of the mesorectum, which can be a source of bleeding and other complications.
- The study also found that LVMR was associated with a shorter length of hospital stay than LPMR. This is likely due to the fact that LVMR is a less invasive procedure, which means that patients recover more quickly.

Constipation

- Constipation improved more in the LVMR group ( $6.71 \pm 3.29$ ) than the LPMR group ( $10.78 \pm 2.80$ ).
- The improvement in constipation was statistically significant in the LVMR group (p-value = 0.003).

Incontinence

- Incontinence improved in both groups, but the improvement was more pronounced in the LVMR group.
- The improvement in incontinence was statistically significant in both groups (p-value = 0.003 and 0.004).

Obstructed defecation syndrome

- There was no difference in the improvement of obstructed defecation syndrome between the two groups.
- Both groups showed an improvement in the symptoms of obstructed defecation syndrome (p-value = 0.0001).

Gastrointestinal quality of life (GIQOL)

- The GIQOL score improved more in the LVMR group ( $114.23 \pm 8.64$ ) than the LPMR group ( $105.45 \pm 7.54$ ).
- The improvement in GIQOL was statistically significant in the LVMR group (p-value = 0.0001).

Comparison of results among both groups:

- LVMR was associated with a lower rate of recurrence than LPMR.
- LVMR was associated with better improvement in constipation than LPMR.
- LVMR was associated with better improvement in GIQOL than LPMR.
- There were no significant differences in the incidence of complications between the two groups.

## TAKE HOME MESSAGE:

- Laparoscopic rectopexy is a minimally invasive surgery that is preferable to open abdominal rectopexy in terms of postoperative pain, hospital length of stay, recovery time, and postoperative complications.
- In this study, LVMR (laparoscopic ventral mesh rectopexy) is superior to LPMR (laparoscopic posterior mesh rectopexy) in prevention of impotence, improvement of constipation, and enhancement of the quality of life.
- Laparoscopic rectopexy, especially LVMR, offers an effective and safe approach for patients of all ages.

## 'J' IS FOR JASWANT



Dr Sumedha Rege  
MBBS, DORL(Mumbai), ADCW(Symbiosis, Pune)

*“Some goals are so worthy, it’s glorious even to fail”*

---Capt Manoj Kumar Pandey, PVC.

Think '300' and the image of hulking Spartan soldiers taking down the Persians against horrendous odds comes to mind, thanks to the popular Bollywood movie of the same name. But, a drive through the picturesque Eastern Himalayas in Arunachal Pradesh brings one face to face with a soldier of such stature that he managed the same feat almost single handedly and was the first martyr who continued to serve in the army post martyrdom, until he retired posthumously in 2002. That fact can outdo fiction any day is proved by a trip to the Jaswantgarh War Memorial'.

On the way from Dirang to Tawang, past the spectacular Sela Lake, with its haunting beauty, lies an unassuming 'holy- of -holies'. A tranquil war memorial, just off the NH 13, with a small courtyard leading to a cottage-like building, which can easily be mistaken for one of the pretty hill temples or gompas which dot the mountainsides. When you make your way inside, you are greeted by a young sentry on duty who encourages you to not just offer a handful of flower petals to the bust of the deity, but also to help yourself to some 'prashad' from the bowl kept nearby. You gaze in hushed awe at the bust on the pedestal, at the meticulously maintained bed and personal paraphernalia kept neatly to the side and take a couple of moments to absorb the now tranquil scene of one of the fiercest battles fought on Indian soil. For this is a temple to super human courage. This is the memorial of Rifleman Jaswant Singh Rawat, MVC, of 4 Garhwal Rifles, whose supreme sacrifice for his country at the age of twenty- one drives home the meaning of life being too short to limit oneself.

You are guided uphill to another memorial built at the place of his 'last stand' during the battle of Nuranang which was a seminal episode in the 1962 Indo- China war. As you slowly puff your way up the steep hill, the starkness of the landscape strikes you and you suddenly realize that you are surrounded by abandoned stone bunkers which glare like malevolent eyes. A peep into one of them gives you the idea of the harsh, almost inhuman conditions in which the Indian Army fought its uphill war. The second memorial feels surreal. It is almost as if you have channeled yourself through a worm hole into a different time, place and era. The walls here are covered in detailed maps demarcating the Indian and Chinese positions and you don't have to be a tactical expert to see how the Chinese cut a wide swathe through Indian territory, trying to best an army, though unfortunately ill equipped, possessed a love for the motherland which can only be described as 'fanatic'.



## 'J' IS FOR JASWANT

Walking around the hall, you are overwhelmed by the memorabilia at every step: spent cartridges, helmets, rifles and a glass case filled with letters addressed to Rifleman Jaswant Singh Rawat, MVC, Jaswantgarh. These are sent by several supplicants whose wishes he has apparently granted after attaining demi-God status, according to local legend. By the time you come to the meticulously preserved stump of the tree where he breathed his last, you can almost hear the tramp of Chinese boots, the rattle of gunfire and loud cries of 'Badri Vishal ki Jai', the war cry of the regiment. No longer a mere spectator, you are sucked into the thick of a battle of memories and you exit with a head bowed in utter reverence. If you are lucky and happen to reach Jaswantgarh around noon, you will witness the daily parade. You sing the national anthem that much more loudly and lustily, for even the most cynical of us is moved by the unfolding spectacle.

Rifleman Jaswant Singh Rawat, along with his colleagues Lance Naik Negi and Rifleman Gusain seized a Chinese Medium Machine gun on 17th November 1962 when the 4th Garhwal Rifles were about to be overwhelmed after fighting back two assaults on their positions. While returning, both his colleagues fell to the Chinese bullets, and he was severely injured himself. Nonetheless, ensuring that the task was accomplished he saw to it that three hundred Chinese fell to their own weapon. Although his company withdrew later, he staunchly held his position with the help of two brave local girls, Sela (for whom the pass is named) and Nura (after whom the battle of Nuranang is named). When his accomplices also made the supreme sacrifice, he rushed from position to position, battling alone for 72 hours until a captured local supplier finally told the Chinese that they were facing a single soldier. When the Chinese stormed his position, it is unclear how he was killed: whether he shot himself with the last round of ammunition or whether he was taken prisoner and executed by the Chinese.

The finer details of this tale of bravery and sacrifice no longer matter as you perhaps stop for a pensive snack or cup of tea in the charming canteen opposite, or perhaps drive away realizing that the road has been watered with the blood of the bravest. Perhaps the following lines of the famous Marathi Poet V.V. Shirwadkar's poem 'Anam Vira': 'Kalokhatun Vijaya cha ye pahatcha tara, pranam mazha pahila tujhla Mrityunjay Veera' (when the star of the dawn of victory shines through the dark, I bow in reverence to you, O brave soldier, the conqueror of death) reverberate in your head.



Whatever maybe the case, whenever you hear the English Alphabet being recited, henceforth you always hear 'J for Jaswant'.

*Pictures: Kind courtesy of Dr. S.Soppimath*

## That first evening



Dr Nimisha Kantharia  
MBBS, MS, FNB(MAS)  
General & Laparoscopic Surgeon, Nagpur

### That first evening

Do you remember your very first day as a surgery resident? I walked into the surgical ward that first evening with great trepidation. I was looking for the residents of the surgical unit I had been allotted to, and found them on their evening rounds. I joined them, half awe-struck, half petrified as they examined patients, making them sit up to do chest physiotherapy, chivvying them jovially out of their beds to be ambulated, emptying drain bags, and peering at the fluid while suspiciously sniffing it, changing a soaked dressing while cajoling the patient to eat more protein, making notes, changing orders for medications.

The side-room we entered was tiny. There were two cots which we sat on; this was where the residents crashed, on days when we were too tired to go to our hostel room, or when we had to monitor a sick patient. There were also a couple of cupboards and an enormous red suitcase. The keys I had just received opened these. Inside, Dr S explained, were surgical treasures. He opened the suitcase to show me what he meant.

It was crammed, past bursting point, with suture materials, and meshes, drain pipes and drain bags, micro-pore tapes on cutters and crepe bandages. One could easily have performed a dozen surgeries, 'skin to skin,' using the contents of that suitcase which were threatening to imminently spill out onto the side-room floor. In the cupboards were even more precious jewels, surgical staplers and expensive, single use cartridges, bags of parenteral nutrition, tins of specialised protein powder, some for 'renal' patients, others for diabetics, and larger sized, specialised meshes that were used only for complicated hernia repairs.

All this belonged to our surgical unit and was to be used for patients admitted under our care. Dr S and other house-surgeons before him had carefully stockpiled these. It was now my responsibility to safe-guard these, to make judicious decisions about when to dip into these precious resources and, most importantly, to add to the stock.

"How?" I asked, confused.

"I'll teach you," he answered mysteriously, moving onto other practical matters.

As the days passed, I realised the truth of all I had been told that first evening. A good night's sleep was four hours; endless cups of tea fuelled my days, and Dr S did indeed initiate me in the ways of stockpiling surgical materials, as did the seniors in every surgical unit, their own house-surgeons.

In many ways that first evening set the tone for the rest of my surgical residency as well as my surgical career.

*This is an edited excerpt from a longer essay published by addastories, the online literary magazine of the Commonwealth Foundation. The full essay can be found at <https://www.addastories.org/story-wounded-healer/>*



# Can photographic skills make you a better surgeon?

## FOCUS, ZOOM & FLASH....

**Dr PRASHANT SHUKLA**  
 MBBS, MS, DNB, FIAGES  
 Fellowship in trauma surgery - IMS BHU  
 FNB (MAS) – MAX, Saket, New Delhi

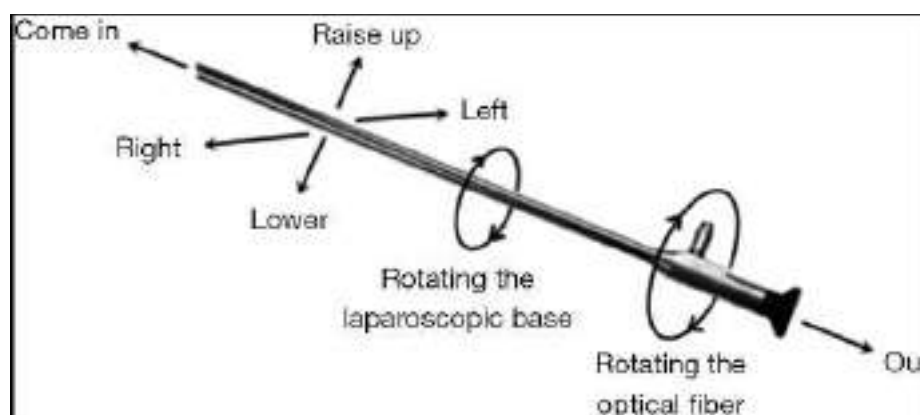
The process of creating an image that shows others what I saw (that is photography) is underrated. The analogy between photography and surgery can be on the perspective of - **FOCUS, ZOOM & FLASH**. A skilled photographer must visualize a scene and shift the camera's **FOCUS** until their desired picture is captured. Similarly, a clinician must take volumes of clinical data and focus on certain parts to form a cohesive clinical image. Thus, an expert clinician, like an expert photographer, must be able to shift their focus until they find the clinical picture that is most suitable

An experienced clinician can juggle between **ZOOMING IN** on the details versus taking a step back and assessing the big picture. And finally, **FLASH** refers to brightening the patient - provider interaction.

Now coming to minimally invasive surgeon per say where camera person holds a critical position. One cannot operate if he cannot see what is being operated. In open surgery, the surgeon controls his own visual experience. Having full knowledge of the limitations of his field of vision, the surgeon himself can make accommodations to perform surgery. In laparoscopic surgery, however, the surgeon is dependent on an assistant to direct his vision.



Alike to some seasoned photographer, a camera assistant in laparoscopic surgery must be enlightened enough not just to illuminate the region where the key steps of the procedure is going on but also project the region concerned in a horizontal horizon and orientation. Maintaining this horizontal horizon with directional view camera in an ovoid abdominal cavity is easier said than done. In a perfect sphere, the angle moved along an arc from left to right by the camera, is the same angle that the camera will need to rotate to maintain the correct orientation and horizon. Although the abdominal cavity is not a perfect sphere, the principle remains the same.



Laparoscopic camera navigation is a clinically important process that can alleviate or aggravate the procedural flow of surgery. Few of the identified aspects of laparoscopic camera navigation are:

- Centering of the Operational Field (Centering),
- Correct Angle of the Horizon (Horizon),
- Instrument Visualization (Target Out of View),
- Verbal Commands by the Operator (Verbal),
- Manual Corrections by Operator (Manual), and
- Non-Disruption in the Flow of an Operation (Non-Disruption).

Now, how we can improve our laparoscopic dexterity through development of photographic skills?

Through photography we develop ability to identify & frame the scene with best possible background converging to most creative & unique point of view. This is what we practice in laparoscopy. Continuous urge to find a better view during laparoscopy can be further progressed with imaginations of a photographer which not only compensates for loss of tactile & depth perceptions but also helps in developing compensatory psychomotor skills.

## Memories of the Srinagar Trip

Dr Prakash Sasmal



We are excited to bring you the highlights of our recent trip to the mesmerizing locations of Srinagar, Gulmarg, Sonmarg and Pahalgam after AMASI EC Meeting. It was an unforgettable experience that provided some of our EC members and their family with not only breathtaking views but also valuable insights and fruitful discussions.



We are excited to bring you the highlights of our recent trip to the mesmerizing locations of Srinagar, Gulmarg, Sonmarg and Pahalgam after AMASI EC Meeting. It was an unforgettable experience that provided some of our EC members and their family with not only breathtaking views but also valuable insights and fruitful discussions.



Srinagar, the capital of Jammu and Kashmir, welcomed us with its serene Dal Lake, where we embarked on a memorable shikara ride, visited beautiful gardens and enjoyed the mouth-watering trout fish fry. Floating peacefully on the lake, surrounded by majestic mountains and vibrant houseboats, we immersed ourselves in the enchanting beauty of the region. This picturesque setting served as an ideal backdrop for our team-building activities and brainstorming sessions to work cohesively for the academic development of AMASI.

Gulmarg, known as the "Meadow of Flowers," captivated us with its snow-capped peaks, lush green meadows, and a plethora of adventure activities. Our AMASI family members enthusiastically participated in skiing, snowboarding, and gondola rides, showcasing their adventurous spirit irrespective of the age.

## Memories of the Srinagar Trip



We reached the enchanting Sonmarg, meaning "Meadow of Gold," nestled amidst breathtaking glaciers and alpine meadows. The mesmerizing landscapes and gushing rivers inspired us to capture beautiful moments with our family. We indulged in adventurous activities such as trekking challenging ourselves both mentally and physically. These exhilarating experiences strengthened our team spirit and instilled a sense of resilience and determination. We were lucky to enjoy the snow fall in the evening and had a beautiful karaoke night.

Moving forward, we ventured into Pahalgam, a true paradise for nature lovers. Surrounded by pine forests, flowing rivers, and captivating valleys, Pahalgam provided the perfect setting for reflection and relaxation. Our family members enjoyed leisurely walks, horseback riding, and exploring the stunning Betaab Valley. This tranquil environment allowed us to recharge our energies and foster deeper connections among colleagues. All of us enjoyed the adventurous parasailing even making multiple attempts to be successful.



Throughout our journey, we were privileged to experience the rich culture and warm hospitality of the host colleagues. We savored traditional Kashmiri cuisine, renowned for its aromatic spices and flavors, which further enriched our cultural immersion. In addition to the scenic beauty, our trip was also an opportunity to give back to the community.

The trip to Srinagar, Gulmarg, Pahalgam, and Sonmarg was truly a transformative experience. It allowed us and our family members to reconnect with nature, explore new perspectives, and strengthen our bonds as a team. The memories we created and the insights we gained will undoubtedly shape our future endeavors.

We extend our heartfelt gratitude to all the team members who contributed to the success of this trip. Your enthusiasm, dedication, and teamwork made this experience even more remarkable.

## QUIZ

**Answer in one word.**

Q1. The Angle between the Laparoscope and the hand instrument is \_\_\_\_\_

Q2. Technique used for removal of solid organs (eg: spleen) after laparoscopic surgery through standard port \_\_\_\_\_

Q3. Credited with description of First TAPP for Inguinal hernia \_\_\_\_\_

Q4. Colo n cancer detected simultaneously in Caecum and transverse colon called as \_\_\_\_\_

Q5. First successful Laparoscopic Whipples operation was reported from which country \_\_\_\_\_

Q6. Use of vital stains or dye for visualisation of mucosa during GI endoscopy is \_\_\_\_\_

Q7. Open transhiatal esophagectomy is eponymosly called as \_\_\_\_\_

Q8. Minimally invasive pectus excavatum repair is commonly called as \_\_\_\_\_

**Hint..... MUST VISIT AMASICON!!!**



88th AMASI Skill Course-Agra



# AMASI Online CME

**AMASI ONLINE CME SERIES**

**Topic**  
ROBOTICS, ARTIFICIAL INTELLIGENCE AND AUTONOMOUS ACTIONS IN MINIMALLY INVASIVE SURGERY

**06 APRIL 2023**  
8:00PM  
Week Time

**REGISTRATION FEE**  
Nil

**CONDUCTED BY**  
South Zone AMASI

**SUPPORTED BY**  
Meril

**SPEAKER**  
**PROF. ANDREW A. GUMES**  
Head of Surgical Oncology, Great Ormond Street Hospital, Macmillan Centre, France

**MODERATOR**  
**DEBU FOTTAKAT**  
Professor, Surgical Gastroenterology, JFMH, Pondicherry

**CONVENOR**  
**JAGDISHWAR GOLE**  
President, South Zone AMASI

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**AMASI ONLINE CME SERIES**

**Topic**  
Carcinoma Rectum- Current Concepts

**02 MARCH 2023**  
8:00PM  
Week Time

**REGISTRATION FEE**  
Nil

**CONDUCTED BY**  
North Zone AMASI

**SUPPORTED BY**  
Meril

**SPEAKER**  
**RAMESH ARDHANARI**  
Senior Director, Sree Siddhanta Cancer Centre, Kanchi, Kanchi Medical College Hospital, Kanchi

**MODERATOR**  
**SUNDEEP SAINI**  
Senior Consultant, IITD & IITD-C, Gurukul Kangri Institute, Dehra

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**AMASI ONLINE CME SERIES**

**Topic**  
Bile Duct Injuries and the Surgeon

**04 MAY 2023**  
8:00PM  
Week Time

**REGISTRATION FEE**  
Nil

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East Zone AMASI

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Meril

**SPEAKER**  
**ADARSH CHAUDHURY**  
SST, Registrar, Kolkata, IMA

**MODERATOR**  
**ABHIMANYU BASU**  
MD, Fellow, IMA, IMA, Kolkata

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President, East Zone AMASI

**QUIZ FOR POST GRADUATES & WIN ATTRACTIVE PRIZES**

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**AMASI ONLINE CME SERIES**  
with Sri Lanka Association of Minimal Access and Digital Surgeons

**Topic**  
Hiatal Hernia and Anti Reflux Surgery- An update

**01 JUNE 2023**  
8:00PM  
Week Time

**REGISTRATION FEE**  
Nil

**CONDUCTED BY**  
West Zone AMASI

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**SPEAKER**  
**VINOD MENON**  
Consultant Surgeon, S & S Surgical Surgeons, Chennai, Sree Siddhanta Cancer Centre, Kanchi

**SPEAKER**  
**HARISH KUMAR**  
Consultant, Laparoscopic and Robotic, St. Xavier's Quality Group, P&S Foundation, Trichy

**SPEAKER**  
**VENKATESH SRIVANSHI**  
Senior Consultant, Sree Siddhanta Cancer Centre, Kanchi, Sree Siddhanta Cancer Centre, Kanchi

**MODERATOR**  
**CHATHURANGA KEPPEYYAGAMA**  
Consultant, Gastroenterologist, Pundarikoti Hospital, Madurai

**CONVENOR**  
**SAMEER BEGE**  
President, West Zone AMASI

**MODERATOR**  
**ROY PADMANABH**  
Secretary, West Zone AMASI

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Rural Workshop under AMASI-Imphal  
3rd to 4th March







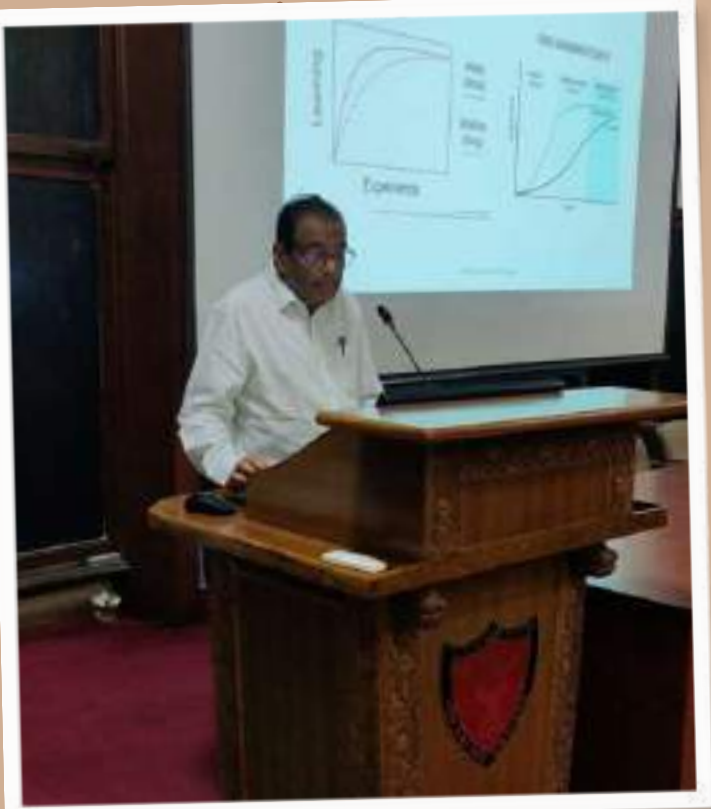
Public Education Programme-Delhi  
23rd April 2023.





## 91st AMASI Skill Course-Srinagar





## 92nd AMASI Skill Course-Mumbai





## 93rd AMASI Skill Course-Srilanka







01	July 21 <sup>st</sup> - 22 <sup>nd</sup>	Endo Gynecology
02	Aug 5 <sup>th</sup> - 7 <sup>th</sup>	Basic Endoscopy Course
03	Aug 12 <sup>th</sup> - 13 <sup>th</sup>	Lap. Hernia Surgery Course
04	Aug 18 <sup>th</sup> - 19 <sup>th</sup>	Lap Bariatric Surgery Course
05	Aug 25 <sup>th</sup> - 26 <sup>th</sup>	Basic Lap. Surgery Course
06	Sept 16 <sup>th</sup> - 17 <sup>th</sup>	Lap. Hernia Surgery Course
07	Sept 22 <sup>nd</sup> - 23 <sup>rd</sup>	Colorectal Surgery Course
08	Oct 6 <sup>th</sup> - 7 <sup>th</sup>	Pancreas
09	Oct 13 <sup>th</sup> - 14 <sup>th</sup>	Basic Lap. Surgery Course
10	November	Rectal Surgery
11	Dec 8 <sup>th</sup> - 10 <sup>th</sup>	Basic Endoscopy Course
12	Dec 22 <sup>nd</sup> - 24 <sup>th</sup>	Min. Invasive Proctology Course

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AMASI SMARTCENTRE




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with SOCIETY OF SURGEONS OF NEPAL (SSN)

13 JULY 2023  
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 INDIAN TIME

REGISTRATION: FREE  
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**CONVENOR**  
 RAJDEEP SINGH  
 President Central Zone AMASI

**SPEAKER**  
 SANDY PATANKAR  
 Chief of Colon & Proctology Surgery  
 All India Institute of Medical Sciences, New Delhi, India

**SPEAKER**  
 SURENDRA MANTO  
 Consultant Colorectal Surgeon, Shree Teerth Trust, New Delhi, India

**SPEAKER**  
 RAVI THAPAR  
 Professor, ICMR Hospital, Mumbai

**SPEAKER**  
 ARCHANA REDDI  
 Professor, All India Institute of Medical Sciences, New Delhi, India

**MODERATOR**  
 BRAL CHAKRABARTY  
 Associate Professor  
 Department of General Surgery, Institute of Medical Sciences, University of Jammu, Jammu, India


**MODERATOR**  
 C.P. ROTHARI  
 Senior Proctologist, Surgeon  
 Laxmi City Hospital, Mumbai

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**AMASI LENS**  
INTERNATIONAL ONLINE LIVE SURGERY

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 15:00 INDIAN TIME

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THE ASSOCIATION OF MINIMAL ACCESS SURGEONS OF INDIA  
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Welcome to Raipur  
 THE CAPITAL OF CHHATTISGARH

SAVE DATES  
 NOVEMBER 2023  
 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup>

VICE CHAIRMAN: SOCIETY OF SURGEONS OF NEPAL (SSN)  
 HON. GUEST: SURGEON GENERAL  
 TEL: +91 98460024  
 EMAIL: amasicon2023@rediffmail.com

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A	Q1	Azimuth Angle
M	Q2	Morcellation
A	Q3	Arregui (1992)
S	Q4	Synchronous
I	Q5	India, Dr C palanivelu
C	Q6	Chromoendoscopy
O	Q7	Orringer
N	Q8	Nuss repair



**UPCOMING**  
*Skill Courses*

*Few seats left*

*Register early*

*July*

**From 28** 94th AMASI FMAS Skill course, Bhubaneswar, Odisha

*August*

**From 11** 95th AMASI FMAS Skill course, Kochi, Kerala

*September*

**From 22** 96th AMASI FMAS Skill course, Ranchi, Jharkhand

*September*

**From 29** 97th AMASI FMAS Skill course, Kathmandu, Nepal

**CONTACT US** For More details visit [www.amasi.org](http://www.amasi.org) +91 8056536384 [amasi.india@gmail.com](mailto:amasi.india@gmail.com)



## AMASI

Association of Minimal Access Surgeons of India

45-A, Pankaja Mill Road, Ramanathapuram,  
Coimbatore - 641 045. Ph : 0422- 4223330

Email : [amasi.india@gmail.com](mailto:amasi.india@gmail.com)

Web : [www.amasi.org](http://www.amasi.org)