AMASI Jan 2024

AMASI Newsletter

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AMASICON 2024

19TH INTERNATIONAL CONFERENCE OF 'ASSOCIATION OF MINIMAL ACCESS SURGEONS OF INDIA'

August 15th to 18th, 2024 | VENUE: Shilparamam HITEC City,HYDERABAD

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IN THIS ISSUE

1	Capturing moments of life	Devraj Roy
2	Eponymictionary	Mayank Jain
3	Guidelines	Tamonas Chaudhuri
4	AMASICON 2024 – Invitation	Devendra Naik, Subhash Agrawal
5	Journal Review	Naveen Verma
6	English Channel	Muralidhar S Kathalagiri
13	Events of the past -AMASICON 2023	Deborshi Sharma

Capturing moments of life

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Trip to Madagaskar: Capturing moments of life

Dr Devraj Roy MBBS,MS,FMAS,FIAGES
Consultant Surgeon
ILS HOSPITAL, Kolkata West Bengal

MADAGASCAR -THE 8th CONTINENT Embarking on a photographic trip to Madagascar was always in my bucket list since I took up wildlife photography seriously. I have visited a number of places all over the world in search of capturing wildlife in my frame but MADAGASCAR is a WORLD APART. It was a unique and captivating experience that left me with a treasure trove of stunning images and unforgettable memories.

Madagascar's isolation from mainland Africa has fostered the evolution of a distinct array of flora and fauna found nowhere else on Earth. Known for its incredible biodiversity, diverse landscapes, and vibrant culture, Madagascar is indeed a dream destination for photographers. From the surreal-looking lemurs, including the iconic ring-tailed lemurs, to the vibrant chameleons, and the elusive fossas, photographers have an incredible range of subjects to capture.

On our first day in the dense forest of Andasibe-Mantadia national park we were welcomed by the lemurs- leaping, playing, howling and foraging amidst the dense foliage captivating us with their expressive faces and acrobatic movements. Whatever we photographed henceforth was endemic be it Lizards, geckos, chameleons, frogs and even birds; not to mention many were endangered. Our enchanting trip culminated with the exploration of the otherworldly Avenue of the Baobabs, in MORONDAVA, capturing the iconic trees silhouetted against the sunset.

The trip to Madagascar unveiled a world of enchantment and biodiversity. The island's unique ecosystems and rare wildlife species have left me with some awe-inspiring captures and a bagful of memories which I would definitely like to share.

Capturing moments of life

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The Avenue of the Baobabs, is a prominent group of Grandidier's baobabs (Adansonia grandidieri) lining the unpaved road between Morondava and Belon'i Tsiribihina in western Madagascar. The trees, which are endemic to Madagascar, are about 30 m (98 ft) in height, with broad trunks (even > 50 feet) and compact crowns. The baobab trees, known locally as renala "mother of the forest". Every part of this tree is useful and its trunk can even hold rain water helping the natives during the dry season. Capturing the iconic trees silhouetted against the sunset was a dream come true for me.

Oplurus is a genus of Malagasy iguanian lizards, most of which are rock-dwelling terrestrial species. They are Spiny-tailed arboreal moderately sized lizards having large segmented spiny scales, and no dorsal crest along the spine. They were probably the most friendly species on the island from photography point of view giving us enough time to get themselves snapped. Kirindy National park was where we found them along with other endemic species of lizards and Chameleons. One special characteristic it had was a third eye in its back. This Snap was with a wide angled fish eyed lens

Capturing moments of life

Coquerel's sifaka (Propithecus coquereli) is a diurnal, primarily arboreal medium-sized lemur native to northwest Madagascar. It is listed as Critically Endangered on the IUCN Red List due to habitat loss and hunting. In popular culture, it is known for being the species of the title character in the children's TV show Zoboomafoo. A matriarchal system is particularly pronounced in Coquerel's sifaka. All adult and even most subadult females are dominant over males. We had a tough time capturing them in our cameras as they were leaping, playing, howling and foraging amidst the dense foliage in Kirindy national Park.

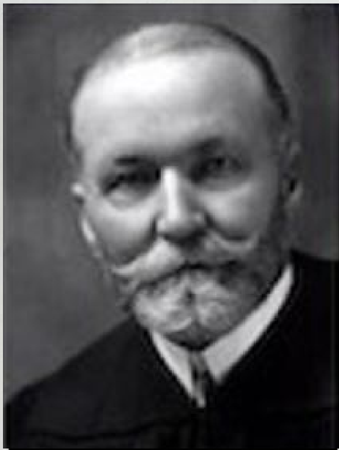
The Diademed Sifaka (Propithecus diadema), or diademed simpona, is a critically endangered species of sifaka, one of the lemurs endemic to certain rainforests in eastern Madagascar. Along with the Iindri, this species is one of the two largest living lemurs, with an average weight of 6.5 kg and a total adult length of approximately 105 centimetres (41 inches), half of which is its tail. It is "one of the most colorful and attractive of all the lemurs", having a long and silky coat. This snap is from Andasibe-Mantadia national park.. captivating us by their expressive faces and acrobatic movements.

Eponymictionary

Dr Mayank Jain
MS,DNB,FNB,FRCS,FACS
Synergyplus Hospital, Agra

- Osler Node
- Osler Sign
- Osler triad
- Oslerus osleri
- Vaquez Osler Disease

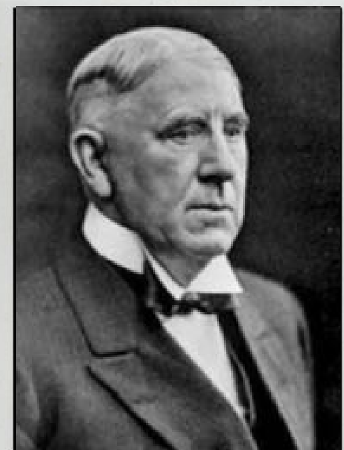
Sir William Osler (1849–1919)



John B Murphy (1857–1916)

- Murphy's Sign
- Murphy's percussion test
- Murphy's punch test
- Murphy's button
- Murphy's triad
- Murphy's sequence

- Moynihan Sign
- Moynihan hump
- Moynihan gutter
- Moynihan forceps



Lord Moynihan (1865–1936)

Guidelines

Inguinal Hernia In Adults -A brief outline of guidelines

Hernia is defined as “an abnormal protrusion of a viscus or a part of viscous through an opening artificial or natural with a sac covering it”.

It’s a complex issue to discuss Guidelines for treatment of Inguinal Hernia in Adults.

In our country there is a standard treatment guideline for Hernia which is recommended by Department of Health and Family Welfare, Government of India.

The Guidelines must contain recommendations for the treatment of inguinal hernia from diagnosis till aftercare. They should be evidence-based though certain issues may be added from the expert opinions (Level 4 Evidence). The most important challenge is the implementation of the Guidelines in daily surgical practice. This remains an important task for health care management authority. And most important step should be the establishment of teaching and training for surgical techniques of inguinal hernia repair, including tips and tricks from experts to overcome the learning curve, especially in endoscopic repair.

How to Diagnose?

Presentation: Groin swelling can be either right or left or both. Dull aching Pain is common except in complicated situation, and we must record the duration of complaints. Reducibility, signs and symptoms of incarceration, previous hernia or any other operations to be recorded.

We must note the Predisposing factors like smoking, chronic obstructive pulmonary disease (COPD), long-term heavy lifting work, Obesity, appendicectomy, Symptoms of LUTS (Lower Urinary Tract Syndrome) and prostatectomy, peritoneal dialysis, Constipation. Smoking cessation is a sensible advice.

Physical Examination:
Reducible groin swelling (above the inguinal ligament). Differentiation of lateral or medial hernia is unreliable. Post surgical scar particularly over inguinal region or over contralateral groin and Lower Abdomen must be noted. Symptoms of incarceration and reducibility along with , testes, ascites and digital rectal examination must be done.

Investigations:
Investigations are not required to confirm the diagnosis of hernia in most of the cases. Diagnosis can be done Clinically. To rule out any other abdominal pathology we can suggest for Ultrasound (USG) of whole abdomen. But in cases of obscure pain and or doubtful swelling in the groin require further diagnostic investigation. The sensitivity and specificity of USG Abdomen for diagnosing inguinal hernia is low. To diagnose Inguinal Hernia computed tomography (CT) scan also has a limited role. MRI is highly sensitivite and specific and useful to diagnose other musculo-tendineal abnormalities. Herniography can be another option.

Guidelines

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Differential Diagnosis:

Presentation as Swelling: Then we should exclude Femoral hernia, incisional hernia, lymph gland enlargement, saphena varix, soft-tissue tumour, abscess, ectopic or undescended testis, Hydorcele , Lipoma of the cord.
Presentation with only Pain: adductor tendinitis, pubic osteitis, bursitis, irradiating low back pain. In Women we should consider femoral hernia, endometriosis.

How to treat?

• We can consider Watchful waiting in Men with asymptomatic or minimally symptomatic inguinal hernia, when without or only minimal complaints.
• In Case of Incarcerated hernia (no strangulation symptoms) we should try reduction and subsequent surgical management.
In all Symptomatic inguinal hernia must be treated by elective surgery by tension-free repair with synthetic non-absorbable flat meshes.

• But if strangulated inguinal hernia is suspected (with symptoms of strangulation and/or ileus) urgently surgery must be done.
• In case of Women, clinician must consider femoral hernia and feasibility of pre-peritoneal (endoscopic) approach .

Which Technique?

• Compare to techniques which do not use mesh and techniques using mesh result in higher recurrences in non - mesh technique. Best non-mesh repair technique is the Shouldice hernia repair.
• In Endoscopic inguinal hernia techniques compare to the Lichtenstein technique there is a lower incidence of haematoma formation, wound infection, and an earlier return to normal work.
• But Endoscopic inguinal hernia techniques result in a higher incidence of seroma formation and longer operation time.

Mesh repair appears to reduce the chance of chronic pain. Lower chance of chronic pain and numbness noted in Endoscopic mesh techniques than the Lichtenstein technique.

Long-term discomfort and foreign-body sensation in open hernia repair is less in Light weight meshes (pore size is more than 1000micrometre) but there are possibility of an increased risk for hernia recurrence may be due to inadequate overlap and or fixation. After an open inguinal hernia operation higher risk of recurrence (inguinal or femoral) in women than men.
Primary unilateral:
Mesh repair: Lichtenstein or endoscopic repair are recommended. Endoscopic repair only if expertise is available.
Primary bilateral:
Mesh repair: Lichtenstein or endoscopic.

Guidelines

Mesh Size:
In endoscopic repair (TAPP/TEP) a mesh of at least 10 × 15 cm should be considered. And with a small mesh (≤8 × 12 cm) result in a higher incidence of recurrence compared with the Lichtenstein technique.

TAPP vs TEP:
TAPP (Trans Abdominal Pre Peritoneal) is be associated with more chance of visceral injuries and higher rates of port-site hernias but there are more conversions with TEP (Total Extrapertoneal) in endoscopic inguinal hernia techniques.
During the learning phase there are rare but serious complications with endoscopic repair.
Adequate patient selection and training might minimise the risks for infrequent but serious complications in endoscopic techniques.

Who is Better to perform?
The outcome of Lichenstein Mesh Repair (Open Mesh Repair) is almost same either operated by a resident or a consultant but for endoscopic repairs Specialist centres seem to perform better than general surgical units.

Special Situations:
The Lichtenstein repair is the preferred surgical technique.
for Lower Abdominal Scar, large scrotal (irreducible) inguinal hernias, andparticularly when no general anaesthesia is possible.

Role of Anaesthesia:
Most of the open (anterior) inguinal hernia techniques can be done by local anaesthesia except in incarcerated hernia, in young anxious patients or morbid obesity.
For Anterior repair all forms of anaesthesia, consider local anaesthesia.
Avoid spinal anaesthesia with high doses of long-acting anaesthetics.
All patients should have long-acting local anaesthetic infiltration preoperatively for postoperative pain control.

Can We Consider Day Care surgery?
We can always consider day surgery in ASA I and II patients.
In ASA III &IV also we can consider local anaesthesia and also day surgery.

What About Prophylactic Antibiotic therapy?
Not recommended in endoscopic surgery and open surgery, in low-risk patients. But Clinical Establishment must be less than 4% Infection rate. As In our most of the Clinical Establishment s don’t have such data its better to follow Prophylactic Antibiotic therapy.

Conclusions:
Presently, its is the era of Tension free Hernia repair with synthetic Mesh. All general surgeons should have a clear knowledge and understanding of the anterior and posterior preperitoneal anatomy of the inguinal region. Kepping this in view Association of Minimal Access Surgeons of India (AMASI) is conducting different Training Courses and Skill Development programmes.
There is limited role of hernia specialist and only in Complex inguinal hernia surgery like multiple recurrences, patient is suffering from chronic pain or if there is complicated by mesh infection.

Guidelines

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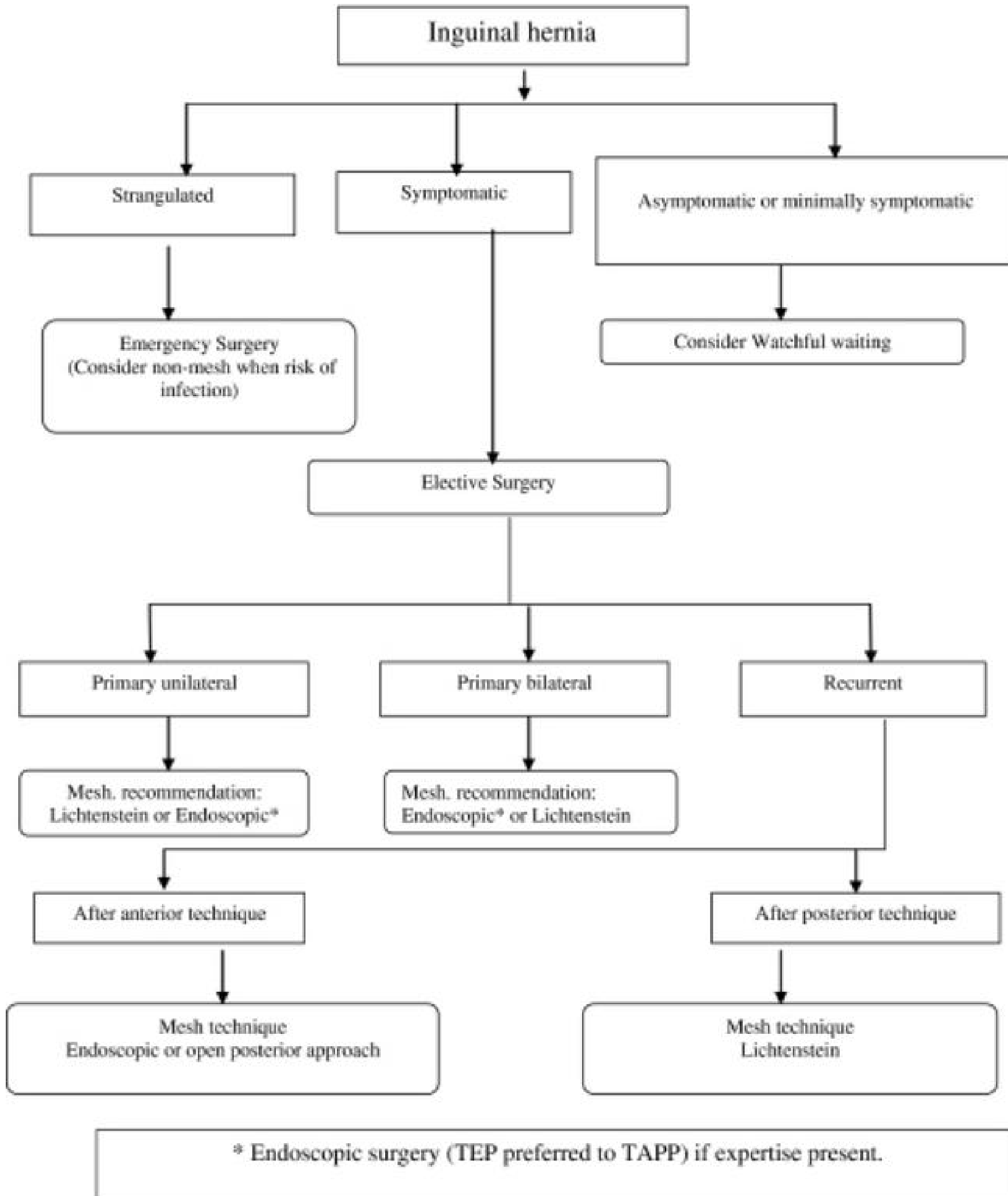
References:
1. The European Hernia Society (EHS), 2009 and updated in 2014.
2. International Endo Hernia Society (IEHS) published guidelines, 2011
3. The European Association for Endoscopic Surgery (EAES), 2013
4. STANDARD TREATMENT GUIDELINES GENERAL SURGERy, Govt.of India



Journal Review

DR. NAVEEN VERMA
Consultant
GI, MAS &BARIATRIC SURGERY
MANIPAL HOSPITAL, DWARKA
NEW DELHI

2022 American Society for Metabolic and Bariatric Surgery (ASMBS) and International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO): Indications for Metabolic and Bariatric Surgery.

Dan Eisenberg, Scott A. Shikora, Edo Aarts

Surgery for Obesity and Related Diseases. 2022;18(12):1345-1356

With an increasing global Metabolic and bariatric surgery (MBS) experience, long-term studies have proven it an effective and durable treatment of severe obesity and its co-morbidities. Since there are different indication points for bariatric surgery as per different guidelines, American Society for Metabolic and Bariatric Surgery (ASMBS) and the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) have convened to produce this joint statement on the current available scientific information on metabolic and bariatric surgery and its indications. I came across this interesting article as I was searching for recent indications and criteria for bariatric surgery.

Q. Define indications of bariatric surgery.

1. MBS is recommended for individuals with a body mass index (BMI) > 35 kg/m2 regardless of the presence, absence, or severity of co-morbidities.
2. MBS should be considered for individuals with metabolic disease and a BMI of 30-34.9 kg/m2.
3. BMI > or = 27.5 kg/m2 may be offered MBS in Asian population.

Q. Criteria of bariatric surgery in the geriatric population.

1. Safety of MBS, surgery has been performed successfully in increasingly older patients over the past few decades, including individuals >70 years of age.
2. MBS is associated with slightly higher rates of postoperative complications compared with a younger population but still provides substantial benefits of weight loss and remission of comorbid disease.
3. Factors other than age, such as frailty, cognitive capacity, smoking status, and end-organ function has an important role in the geriatric population for outcomes.

Journal Review

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Q. How should the patient be evaluated for MBS?

1. Candidates for MBS should be evaluated by a "multi-disciplinary team with access to medical, surgical, psychiatric, and nutritional expertise."
2. A multidisciplinary team can help assess and manage the patient's modifiable risk factors with the goal of reducing the risk of perioperative complications and improving outcomes; the decision for surgical readiness should be primarily determined by the surgeon.

Q. How do we define the successful outcome of MBS?

1. Overall weight loss outcomes for MBS that are durable for years after surgery are consistently reported at greater than 60% percent excess weight loss (%EWL), with some variation depending on the specific operation performed.
2. There is substantial clinical improvement in metabolic syndrome following surgery.

Q. Does MBS reduce cancer risk?

1. Multiple studies have shown that MBS reduces the risk of developing cancer in the population with class II/III obesity, ranging from 11% to 50% for all cancer types.
2. MBS may significantly reduce overall cancer mortality compared with the non-surgical obese controls.

Q. How does MBS affect the mortality rate?

1. As per the literature, the mortality rate decreased by 30-40% after MBS after a 10-year duration.
2. Median life expectancy was increased by 6.1 years after MBS compared with usual care.

Q. Indication of revision surgery after MBS?

1. Indications for revisional MBS vary among individual patients but may include weight regain, insufficient weight loss, insufficient improvement of co-morbidities, and managing complications (e.g., gastroesophageal reflux).
2. The complexity of revisional surgery is higher than primary MBS and is associated with increased hospital length of stay and higher rates of complications.

Journal Review

Q. Criteria of bariatric surgery in the paediatric population & adolescents.

1. The American Academy of Paediatrics and the ASMBS recommend consideration of MBS in children/adolescents with a BMI >120% of the 95th percentile (class II obesity) and major co-morbidity, or a BMI >140% of the 95th percentile (class III obesity).
2. MBS is safe in the population younger than 18 years and produces durable weight loss and improvement in comorbid conditions.

Q. How does bariatric surgery act as a bridge for other treatments?

1. Joint arthroplasty:
MBS prior to total knee and hip arthroplasty has been shown to decrease operative time, hospital length-of-stay, and early postoperative complications.
2. Abdominal wall hernia repair:
Patients with large, chronic abdominal wall hernia may benefit from significant weight loss initially as a staged procedure for definitive hernia repair.
3. Organ transplantation:
Patients with end-stage renal disease (ESRD) and morbid obesity are able to be listed for kidney transplant within 5 years after MBS. Similarly, MBS is shown to be safe and effective as a bridge to liver transplantation in selected patients who would otherwise be ineligible. Heart transplant candidacy can also be improved by MBS.

Q. Outcomes of MBS in high-risk patients.

1. High BMI:
BMI>60 kg/m2 are considered to be at especially high risk for surgery since these patients have greater obesity-associated disease burden and more challenging surgical anatomy, resulting in longer operative times, higher rates of perioperative morbidity, and longer hospital lengths of stay.
2. Cirrhosis:
MBS has been associated with histologic improvement of NASH and regression of fibrosis in early cases, leading to a reduced risk of hepatocellular carcinoma. Furthermore, MBS is associated with an 88% risk reduction of progression of NASH to cirrhosis.
3. Heart failure:
MBS in individuals with heart failure was associated with a significant improvement in left ventricular ejection fraction (LVEF), improvement of functional capacity, and higher chances of receiving heart transplantation.

ENGLISH CHANNEL

From OR to ENGLISH CHANNEL: Journey of a Surgeon

Dr Muralidhar S Kathalagiri
Laparoscopic GI, Bariatric & Robotic Surgeon
Sparsh Hospital, Bangalore

The fitness bug struck me when I saw myself in a school function where I was called as a chief guest towards the end of 2015. As busy practicing surgeons, we give everything a priority except health. I decided to do something. Started cycling, and then running. My whole life changed from there. For someone who used to sleep after midnight till may be 9.30/10am, it changed to early to bed and waking up by 4/4.30 am. Training was from 5/5.30 am to 7.30 am. My weight reduced, with an obvious apparent improvement in health. By September 2017 I did my first Marathon (42.4km) in Berlin and went on to do many after that.

One day while watching some inspirational videos I bumped into an Ironman video. Ironman is a Triathlon where you swim 3.8km, cycle 180km and run 42km in the same order, continuously within 16 hours. I wanted to try my luck with that and got registered for Ironman 70.3 Goa 2019. (1.9km sea swim, 90k cycling and 21k run to be completed within 8.30hrs). Till Jan 2019 I had no clue about swimming, so enrolled in swimming class at Swimlife academy under Coach Manjunath. Started learning with him. I used to go to swimming 4 to 5 times a week for 1 to 1 and a half hours. This was essential to swim confidently in open waters. It was in addition to regular runs and cycling training. The first time I ventured into the sea was a 250m sea swimming competition in Goa in March 2019 and there was no looking back after that. I trained for 8 months and could comfortably swim the 1.9km in Ironman 70.3 Goa and also completed the Ironman 70.3 successfully. Covid did affect my training but the moment pools opened we were back. I Went on to do 2 more Ironman 70.3 in Barcelona and Utah USA.

ENGLISH CHANNEL

Mid of 2022 we had the thought to do the English Channel relay swim. It had a lot of challenges. For one it was across the ocean with all its challenges. It was unlike Ironman which starts on shore and will go max 1 Km from it. Secondly it was cold water and you had to do it in shorts only. Third, you have to get used to being on the boat while your other teammates are swimming. We were a team of 6. We started training for that. We would swim 3 to 4 times a week, with strength training and cross training. For cold water training we used to practice swimming in ice water in a smaller training pool. For training to be in a boat in the sea for long hours we did a few practice sea swims. We even had a once in a lifetime opportunity to swim the Ram Setu swim called Palk Strait swim from Sri Lanka to Dhanushkodi Tamil Nadu in March 2023. Thanks to a lot of efforts by Team at Swimlife who did all the background work. We would go to various back waters and lakes to practice open waters on Sunday mornings.

Finally, we got the slots for June 2023 for the English Channel swim. We went to Dover UK a week in advance to get used to the sea there and also the cold water. There was a Dover training area where we would practice 2 times a day. Every swim there would be a new challenge. Cold water, currents, wind, Jellyfish, Rough waters. We trained in all of them. The test day was 16th June 2023. We started at 9 am from Dover, UK. The distance was supposed to be 35 Km but the currents that change every 6 hours in the English Channel made us swim nearly 55km and the total duration taken was 17 hours 35 min. We would change every hour.

I got to swim for 3 hours (1 hour at a time) and could swim a distance of 9km. Challenges were to be in the middle of the sea with the fear of the unknown, cold waters, jellyfish, changing every hour and waiting in the boat for your next turn to swim. It was a once in a lifetime experience. We finally landed at the French coast around 3.35 am French time. The feeling of having done something like that was great. Family support, training buddies, coaches all have a huge role to play in being able to complete something like this.

Nature has its beauty & swimming across the sea is a way to experience it closely !!

AMASICON 2023

Overview:
AMASICON 2023, the 18th International Conference of the Association of Minimal Access Surgeons of India, was held from November 2 to 5, 2023, in Raipur. The event took place at the Shri Balaji Institute of Medical Science, Mowa, Raipur, featuring over 1400 delegates and 200 speakers from India and neighboring countries.

Conference Halls:
The conference took place in halls named after eminent figures in the field of surgery, paying homage to their contributions. These halls serve as a reminder of the rich history and legacy of the Association of Surgeons of India.(T. E. Udwadia Hall B. C. Roy Hall H. S. Bhanushali Hall S. R. Mulgaonkar Hall R N Tongaonkar Hall N. Rangabhashyam Hall K. G. Pandalai Hall Fazl Manickar Hall)

Pre-Conference Workshops:

AMASICON 2023 began with a series of pre-conference workshops covering various aspects of surgical expertise. These workshops aimed to provide a platform for skill enhancement, knowledge exchange, and professional development for surgeons, healthcare professionals, and support staff. SAFE LAP CHOLE PROGRAM,Cadaveric Workshop, One anastomosis Gastric Bypass (OAGB) ormini-gastric Bypass (MGB) Workshop, e-TEP and TAR Workshop, CME/TME in Colorectal Cancer Workshop, Nursing and Paramedical Staff Training Program, Scientific Paper Writing, All about hiatus, Endoscopy course

Live Operative Workshop:

A groundbreaking feature of AMASICON 2023 was the Live Operative Workshop held across all three conference days. The workshop showcased both basic and advanced laparoscopic and robotic surgeries, with 50 operations performed. The event was broadcast from the Shri Balaji Institute of Medical Science and Shri Balaji Hospital in Mowa, Raipur, providing a comprehensive view of surgical practices.

AMASICON 2023

Highlights:

Extensive daily sessions from 9 a.m. to 3 p.m., allowing for a six-hour window each day.Demonstrations of fundamental to highly advanced laparoscopic and robotic surgeries.Real-time interaction between the audience and surgical teams, fostering active engagement andknowledge exchange.Integration of advanced audio-visual setups for clear and detailed visibility.The workshop served as an invaluable educational resource, offering real-time exposure to surgical practices.

AMASI ORATION:

A notable feature of the conference was the AMASI Oration delivered by Sunil Sharma, President of the Surgical Society of Nepal and President of SAARC. The oration focused on the crucial issue of "Safety in Laparoscopic Surgery," providing insightful perspectives to surgeons, medical professionals, and attendees.

Inauguration Ceremony at AMASICON 2023:

The Inauguration Ceremony of AMASICON 2023 occurred on November 3rd, 2023, in T. E.Udwadia Hall. ASI President Dr. Sanjay Kumar Jain was the esteemed Guest of Honor, inaugurating the event. The ceremony likely included traditional activities, such as lamp lighting and speeches, symbolizing the formal commencement of the conference. Dr. Jain's presence underscored the support of the Association of Surgeons of India, adding prestige to the conference and setting the tone for subsequent days of discussions and presentations in the field of minimal access surgery.

Annual General Body Meeting (AGM):

The AGM of the Association of Minimal Access Surgeons of India (AMASI) took place on November 5, 2023, at the Shri Balaji Institute of Medical Science, Shri Balaji Hospital in Mowa, Raipur. The meeting brought together a diverse assembly of AMASI members, fostering a collaborative environment for the exchange of ideas and information.

Conclusion:

AMASICON 2023 was a comprehensive event that showcased the latest advancements in minimal access surgery. The combination of pre-conference workshops, a groundbreaking live surgical workshop, an insightful oration, and the AGM contributed to a dynamic and collaborative environment for the exchange of knowledge and expertise in the field of surgery.

AMASICON 2023 RAIPUR

AMASI TEAM@ ASICON 2023

99th Skill Course -Hyderabad

100th Skill Course -Coimbatore

23
CANVA STORIES
CNVFILLM FF1
23

AMASICON 2024

19TH INTERNATIONAL CONFERENCE OF 'ASSOCIATION OF MINIMAL ACCESS SURGEONS OF INDIA'

August 15th to 18th, 2024 | VENUE: Shilparamam HITEC City,HYDERABAD

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

Web : www.amasi.org