



# Indian Association of Pediatric Surgeons

(Registered under Societies Registrations Act - Regn. No. S.34748 /99)



www.iapsonline.org

AUGUST 2022

iapsadmin@iapsonline.org

## NEWSLETTER

### EXECUTIVE COMMITTEE - 2021-22

#### President

Dr. Yogesh Kumar Sarin  
yksarin@gmail.com  
M : +91 99686 04290

#### President Elect

Dr. Dasmit Singh Khokar  
dasmitksingh@gmail.com  
M : +91 98223 93660

#### Past President

Dr. Ravi Ramadwar  
ramadwar@yahoo.com  
M : +91 98205 07928

#### Honorary Secretary

Dr. Sanjay Rao  
sanjayraodoc@gmail.com  
M : +91 98452 20481

#### Joint Secretary

Dr. Deepak Goel  
drdeepakgoel66@gmail.com  
M : +91 98226 94604

#### Treasurer

Dr. Zameer M. M.  
thinkzameer@gmail.com  
M : +91 97416 04009

#### Editor - IAPS

Dr. Ashoke Kumar Basu  
ashokekbasu@gmail.com  
M : +91 98300 44044

### EXECUTIVE COMMITTEE MEMBERS:

#### North Zone

Dr. Kirtikumar J. Rathod  
Dr. Nitin James Peters

#### South Zone

Dr. Antony Robert Charles  
Dr. Dharmendra R. P.  
Dr. Kumaravel S.

#### East Zone

Dr. Santosh Kumar Mahalik  
Dr. Valshali Ray Srivastava

#### West Zone

Dr. Jui Mandke  
Dr. Sushmita Bhatnagar

#### Central Zone

Dr. Pradyumna Pan

#### Co-opted Members

Dr. Dhruv Ghosh  
Dr. Gursev Sandlas

Sl. No.	TABLE OF CONTENTS	Pg No.
1	From the Editor's Desk	2
2	IAPS - Elections 2022	3
2	IAPSCON 2022 - Academic Scientific Program	4
4	Children's Hospitals of India - 8 - SJKC Trust's Pediatric Surgery Centre, Sangli, Maharashtra	5
5	List of IAPS Orations & Awards for the year 2022	8
6	5 articles to read this month	9
7	IAPS - Events & Upcoming Meetings	11
8	Members Achievements	17
9	Bonded	19
10	IAPS - Membership Application Updates	23
11	The World without "WHATSAPP"	24

Articles are invited from Members for inclusion in future Newsletters. These may be related to personal or departmental achievements, anecdotes, essays, artwork, or anything else that you feel would be of interest to fellow members. Please send the material to the Honorary Secretary Dr. Sanjay Rao, at [sanjayraodoc@gmail.com](mailto:sanjayraodoc@gmail.com)

### ADDRESS FOR CORRESPONDENCE

Dr. SANJAY RAO, Department of Pediatric Surgery, 5th Floor, Mazumdar Shaw Medical Centre, Narayana Health Hospitals, Bangalore.560099

Tel: 080-71222530, 9845220481

Email: iapsadmin@iapsonline.org

**BONDED**

- **Dr. Shalini Hegde** (I-1385),

Asst. Prof, Dept of Pediatric Surgery  
St. John's Medical College Hospital, Bengaluru

I had only heard about Gudalur (an outreach St John's bond center in Tamil Nadu with a MOU for Pediatric Surgery services since 2006) from my colleagues in the hospital who would describe it as this wonderful place and add "If you get the chance to go, you should go". After the limbo of 2 years of COVID, the opportunity presented itself and I can't believe I almost waved it away amidst the frenzied pace of work at that time.

I buckled up into a car post duty at noon with KM (our Associate Professor) looking forward to the 260 kms journey from Bangalore to Ashwini Hospital. After a pitstop for masala dosa, I fell asleep and embarrassingly opened my eyes only at Gundlupete (I was looking inward not forward it appears 😊) My kind colleague of course said nothing of how easy it was to focus on the road with a snoring passenger by the side! But when I woke up (rather refreshed, might I add) evening was setting in and life as I saw it was bathed in a soft golden hue. We chose this magical time to enter the Bandipur forest. The jungle birds had begun their chorus announcing the sun's departure, and it seemed like all the peacocks decided to walk towards the road to catch the wonderful display of soft light. The peacock population appears to be rising commented KM, quite surprised by the 25 plus birds which crossed our path. Peacocks strutted along the side of the road - carefree and fearless, unperturbed by fast moving vehicles or the flashing lights from cameras. Others casually sauntered across the road (No frantic or skittish crossings - mind you!), completely oblivious to the number of cars that had stopped both ways to watch the bird walk - long beautiful tail in tow. It must be mating season I mused, marveling at the more than 50 peahens who we also spotted in our less than 1 hour drive across Bandipur.



*A Fearless Peacock*



*A herd of Elephants disappearing into the thicket*

I was also overjoyed to see wild elephants. One young bull – as if posing for the perfect photograph – was munching fresh grass right there on the roadside. We spotted a group of 3 elephants a while later partly hidden by foliage. But it turned out that Bandipur was just a prelude for what awaited us at Madhumalai forest. 3 different *herds* of elephants crossed our paths! (Or is it that we crossed *their* paths?).



*The Young Bull Elephant*

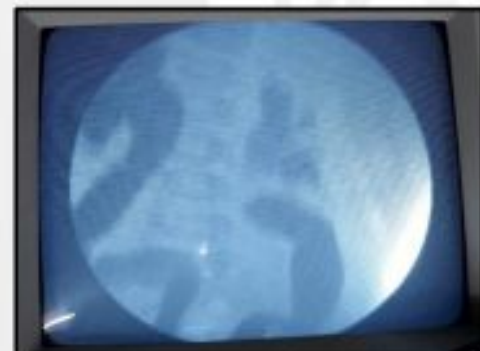


*The Babbling Brook*

My initial excitement evidenced through gawking and exclaiming gave way to silent awe to see so many of them – Tuskers, cows and the playful calves who were kept protected in the middle. It was night when we drove up the small meandering road that led up to Ashwini Hospital. We called it a day after a quick dinner at the guest house followed by a round of the preoperative patients for tomorrow.



*Keen, intelligent student sisters at Ashwini*



*MCU at Gudulur*

After a restful night, I was woken by birds breaking into song to announce the sun's arrival. I walked out of the guesthouse into the mist to find a babbling brook just a mere 50 m away. The scene of the clouds enveloping the water, the rocks, the verdant green looked like straight out of a postcard...The guesthouse dining area and lobby was the melting pot for everyone on campus to meet and discuss. Over the sumptuous breakfast, I would interact with an impressionable boy who was just out of school, who nursed dreams of being a doctor and rightly thought Gudulur was just the place to soak up the scene, the "bonder" (the St John's doctor who was serving his/her bond of 2 years post internship), visiting students for a few

months of internship from different universities across India (varied backgrounds of nutrition/humanities/social sciences etc.), foreign exchange students from Harvard, and of course the doctors of the hospital who had been around for many years. Amid discussion, walked in Dr. Jitin, our experienced and affable anesthetist for the day, who drove in from Sulthan Bathery. Dr. Jitin regaled us with many stories of his post graduate learning at Johns and on how being a rural anesthetist was all about being resourceful and empathetic to the needs of the moment. He would demonstrate to us till late afternoon exactly what he was talking about. The first patient was a plump, dark one year old tribal boy with a *large* inguinal hernia. After 5-10 mins of futile attempts to secure an i.v line, he declared that we could go ahead with the surgery and that he will manage with inhalational anesthesia. The operation took a while longer than expected, it was a large thick sac and there was some inadvertent yanking of the voluminous sac. But the child was deep during the surgery and immediately came back to his senses just as we were applying the dressing. Another child had Thalassemia, a mild upper respiratory tract infection with an inguinal hernia but given how far the tribal parents had come from, how long they had waited for this surgery, how mild the symptoms and signs were, the willingness of the pediatrician to take care and nebulize if required post op... it was decided it was risk worth taking. The child was reversed out of anesthesia without incident and quickly found solace in his mother's arms post-surgery. That was another thing I found very different. How everything was stripped to the bare basics. There were no middlemen (middle women?) nurses. The patients were in the anteroom of the operation theatre with the mother a good half hour prior. And would land into her lap post-surgery for another half hour. There was no fuss about handing over or other people involved. The competence of the anesthetist shone in the effortless management of preoperative care, anesthesia during the operation and post operative care – all performed with smiles and utmost calm.

A sinus on the cheek in the region of the parotid tested us because we had to contend with the basic instruments that were available there and light which was not as intense or focused as we would like it to be. But as they say, things just fell into place, a prolene stitch was available if not for the lacrimal probe and phone and torch lights assisted our removal of the track in its entirety. Easily our list of 5 was done before 3pm. A child with a tongue tie whose father we heard had come twice in the last week to confirm the surgery, did not turn up – and of course could not be reached in the wilderness. Steaming bhajis and coffee were served in the lounge and there were more stories and anecdotes to keep us entertained. We saw some OPD patients too. One included a disorder of sexual differentiation who would require endocrine workup and future laparoscopy. I was heartened by how well the parents seemed to take this. They were willing to understand that the "boy" they had reared the last 3 years will need genetic and hormonal tests and I felt their acceptance was largely because of the simple-minded trust they had in the pediatrician who had taken care of their children before, and in this hospital which they looked at with hope.

That evening we drove to "Viewpoint". After a certain altitude of our drive up the hills, there was a sudden change in the vegetation. The trees with regular round or conical crowns were suddenly nowhere to be found – what surrounded us on all sides was the majestic Nilgiris. The tall, commanding trees, with their characteristic bark and even more distinctive scent made me feel tiny and powerless in comparison and I allowed the dense fog to make me feel even more blurry and insignificant. There were many people who had braved the fog to make it to the top and you could see them rubbing palms together and talking next to small bonfires. Well, the viewpoint was breathtaking! Even though there was technically no view that moment! All around were only clouds and dense fog and it was only when some wisps of white cleared suddenly because of the swift wind, someone would gasp at the sight of the valley below.



"Viewpoint"



A masterpiece



The majestic Nilgiris

As light started to fade, we began our descent. We stopped by Drs. Nandakumar and Shaila's house at *Gowri farms* and even though they seemed to be entertaining 3 different families together that evening, they welcomed us in like old friends and chatted. I was inspired by their stories and their enthusiasm and how they built up this entire establishment from scratch. The stories were punctuated with laughter and amusement of the things they had seen and done but underpinning everything must have been their fierce grit to make Ashwini Hospital a reality – I could only imagine their struggle to get patients to come, to get political or administrative back up, to arrange infrastructure and education up there in the middle of nowhere. After saying our goodbyes and giving Lisa the overweight Labrador, a final pat, we came back to the guesthouse at night.

Of all the things we did at Gudalur, the coolest thing for me was to do an MCU (micturating cystourethrogram) for one of the patients with neurogenic bladder attending



L to R : The "Bonder", Me, "The impressionable boy", KM

the OPD. The girl was an operated spina bifida, who had undergone surgery in the neonatal period at Chennai. She had a normal gait and regular bowel movements but was incontinent for urine. An ultrasound was done, and I thought KM would refer her to Johns for the MCU and further workup. But I was wrong...the hospital was equipped with a C-arm, and they had urograffin stock in the pharmacy. (The hospital, by the way, is equipped with a CSSD, lab, pharmacy, USG room, endoscopy and colonoscopy suite!) At 8:30 pm in the night, we had the C-arm, a technician, the patient, and the consumables ready...but we were searching for a bed which was not metallic! The recovery room beds were made of stainless steel... The very attentive and resourceful sisters on duty were quick to arrange a wooden table from the wards – and there we had it, the MCU at that late hour - to show a small capacity bladder and bilateral grade 5 vesico-ureteric reflux. After counseling this patient and having a round of the post operative patients, we retired for the night. Wow...I thought to myself...

The next day as we headed out, I couldn't help hoping that Gudalur would call me again...

\* \* \* \* \*

## IAPS - MEMBERSHIP APPLICATION UPDATES

Dear Colleagues,

There has been a revamp of the application process for the IAPS. Here are updated forms for the following:

1. To apply for **Membership of the IAPS** - [CLICK HERE](#)
2. To apply for **Associate to Life Member of the IAPS** - [CLICK HERE](#)
3. To apply for **Fellow of the IAPS (FIAPS)** - [CLICK HERE](#)

Those who have applied for New Membership and change from Associate to Life Member until 31<sup>st</sup> of March 2022, and not received confirmation and certificates, please contact the Secretary IAPS at [sanjayraodoc@gmail.com](mailto:sanjayraodoc@gmail.com)

Please note that the Members list is being updated and will be shared shortly. I would request all members to please check their details on the sheet and inform the Secretary IAPS at the earliest if there are errors/omissions/corrections to be done. Please watch out for updates regarding this in your registered emails and WhatsApp.

**Sanjay Rao**

*Honorary Secretary, IAPS*

\* \* \* \* \*

