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B.G.Nagara, Nagamangala, Mandya

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Department Of Surgery

Namaskara,

One more fruitful year has passed and we welcome 2018 and hope it will be as exciting as the previous year. This issue showcases the guest lecture by Dr. K.M.Madappa, Urologist from Mysore, and various other social and academic activities of the department.

Our Final year PG's attended Conferences, CME's and workshops at Hassan, Manipal, Bangalore and Jaipur. With a heavy heart we had to let go of one of our long standing staff and colleague, Dr. Abhinash Hazarika who served this institute for almost 25 years. He moved on from being an undergraduate student in this institute to a post graduate student in our Department and joined as a faculty member and rose to the post of a Professor. Though a native of Assam he became part of the local community and served the institute and the society with zeal. Due to family pressures and to be closer to home, he decided to bid adieu to us. The department wishes him a bright future in all his future endeavors. I hope our department will get an equally talented staff.

I hope with the divine blessings of our Paramapoojya Jagadguru Padmabhooshan Sri Sri Sri Dr. Balagangadharanatha Mahaswamiji and his Holiness Paramapoojya Jagadguru Sri Sri Sri Dr. Nirmalanandanatha Swamiji, we will continue to contribute to the institutions growth and betterment with the able support and guidance of our beloved Principal Dr. M.G.Shivaramu and Medical Superintendent Dr. T.M. Manohar.

Dr. M. Shivakumar,
Professor and Head

The Department organized a Guest lecture by Dr. K.M.Madappa, Urologist from SIGMA hospitals Mysore. He spoke on Iatrogenic Urological injuries and its management.



Dr. K.M.Madappa addressing the gathering



Principal Dr. M.G.Shivaramu felicitating the guest.



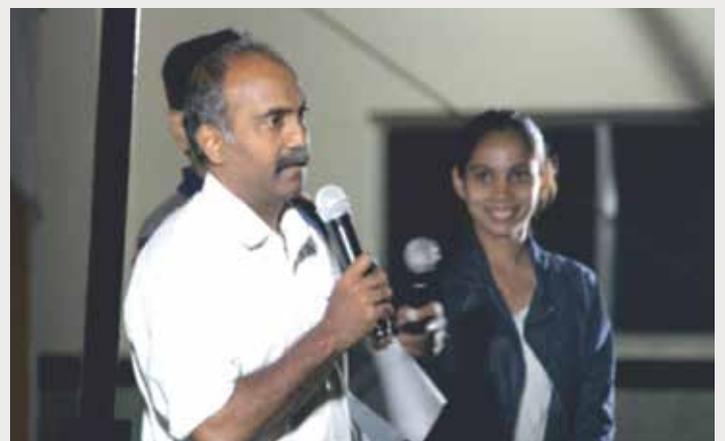
Audience interaction



The Surgical Team of AIMS with the Guest



Dr. B.G.Ponnappa delivering a lecture on the Legal aspects of Placebo use at a seminar conducted jointly by the Department of Psychiatry and MEU of AIMS.



Dr. B. G. Ponnappa, as a judge at the 'AIMS PERSONA' competition 2017, with Hostess Ms. Hajira, 6th term MBBS, AIMS.

Dr. B. G. Ponnappa was featured in a Video program prepared by EMMRC, University of Mysore was uploaded on Sep 7, 2017 - by Ch-02 Humanities-II [Arts, History, Philosophy] CEC 02: Arts (Arts, Humanities and Languages) managed by CEC, DELHI, under Education category.



This is accessible at https://www.youtube.com/watch?v=_InaqH2Dt0E

Health Camp

Dr. M. Shivakumar attended a mega health camp at Chamarajanagara district organized by Bahujana Vidyarthi Sangha and N. Mahesh, Jana Seva Kendra, Kollegala in collaboration with Adichunchanagiri Institute of Medical Sciences.





Dr. Shivakumar, Co-chaired a session of CME on “Nutrition and Health in Epigenetics and Omics Era, held by the Department of Biochemistry, AIMS in association with Association of Medical Biochemists, Karnataka Chapter on 9th November 2017.

HYPERTENSIVE ULCER (MARTORELL'S ULCER)

HYPERTENSIVE ULCER (MARTORELL'S ULCER)

- It is a painful ulceration of the lower leg associated with hypertension (high blood pressure).
- It was first identified by Fernando Martorell, he referred it as ‘Hypertensive ischaemic ulcer’.
- It is usually seen in the calf area. Often bilateral and painful and more common in women.
- It occurs in patients with high blood pressure that is longstanding and often poorly controlled. It is further also associated with DM.



Keerthana.R,
3rd Semester
Medical student, AIMS.

CAUSES

Increase in blood pressure results in narrowing of blood vessels located in skin, leading to increased resistance to blood flow and a lack of blood supply to skin leading to skin death. This leads to loosening and rupture of epithelium leading to an ulcer. Atherosclerosis is also a reason for this ulcer.

CLINICAL FEATURES

It is characterized by single or multiple small homogenous, symmetrical lesions, most commonly located on the antero-lateral aspect of the leg. Initially it appears as a small painful blister which may or may not be associated with trauma. There is extreme pain out of proportion to the size and appearance of the ulcer. Patients do not suffer from claudication. There may be Ischemia and necrosis of skin over the calf due to sudden obliteration of the arterioles. It may run deep, exposing underlying tendons (Achilles tendon). Satellite ulcers or red-purple inflamed ulcer edge with atrophic skin may also be seen. Ulcer will have irregular margin and punched out edge. Arterial pulses may be diminished or absent. Edema is not common.



References:

SRB's Manual of Surgery, 5th Ed 2016,
Jaypee Brothers Medical Publishers (P) Ltd. New Delhi
SRB's Clinical Methods in Surgery, 2nd Ed, 2015,
Jaypee Brothers Medical Publishers (P) Ltd. New Delhi
<https://www.dermnetz.org>

DIAGNOSIS

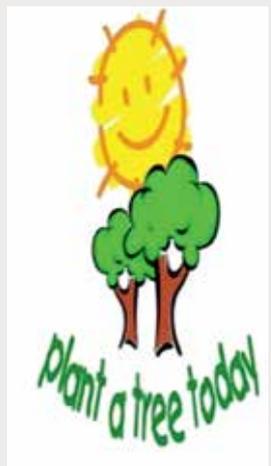
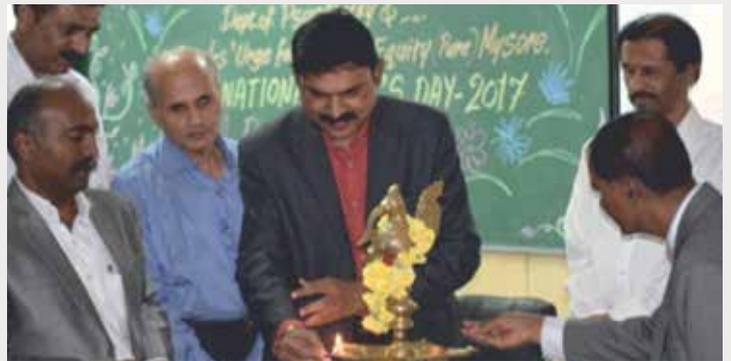
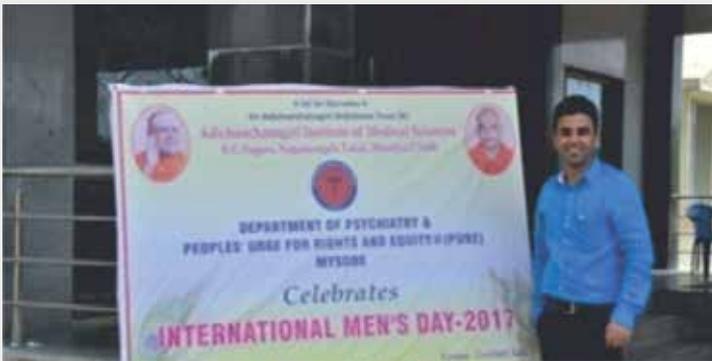
A deep narrow elliptical incisional skin biopsy across the edge of the ulcer to include both normal skin and the ulcer, extending down into subcutaneous fat shows thickening of the arteriolar wall, often with calcium deposits which may resemble calciphylaxis. Punch biopsy from the ulcer does not extend deep enough to find these characteristic changes and the diagnosis may be missed. Blood test such as C-reactive protein and white cell count, may be elevated.

TREATMENT

Better control of blood pressure using medications .This can have a major impact on ulcer pain and healing. Once the ulcer granulates well, skin grafting and lumbar sympathectomy may be done. In severe cases angioplasty and/or amputation may be required.

INTERNATIONAL MEN’S DAY- 2017

International Men’s Day was celebrated on 16th November for the first time in AIMS jointly by the Department of Psychiatry along with Peoples’ Urge for Rights and Equity (PURE), Mysore of which Dr. B.G. Ponnappa, of the Surgery Department is the founder member. The program was inaugurated by Dr. M.G.Shivaramu, Principal-AIMS. As part of the celebrations about 20 trees were planted in the college campus contributing to Green Campus initiative, and the Department of Surgery participated actively in the celebrations which saw about 200 delegates including the staff and students of AIMS and members of PURE.



The speakers on this occasion were, Dr.V.A.P.Ghorpade, Professor of Psychiatry – AIMS spoke on Psychological health of Men; Dr.B.G.Ponnappa, Assistant Professor in Surgery- AIMS spoke about Significance of IMD and Men’s Issues; Dr. Thejasvi Naviloor, Planning and Development officer of Karnataka State Open University, Mysore spoke about Portrayal of men in media; Mr. K.B.Vasudeva, Principal of Vidyavardaka Law College, Mysore spoke on Human rights of Men and Mr. J.B.Rangaswamy, Deputy Superintendent of Police(Retired), Mysore spoke on How society treats its Men folk.

PUBLICATIONS

1. A Study On Knowledge, Attitudes, And Practices For The Prevention Of Diabetic Foot In Rural Tertiary Care Teaching Hospital was published by Dr.Gopal Teli, Doctor of Pharmacy, Department of Pharmacy Practice, Sri Adichunchanagiri College of Pharmacy and Dr. B. G. Ponnappa of the Department of Surgery, AIMS in the International Journal of Pharmacy and Pharmaceutical Sciences. Vol 9, Issue 9, 2017 Page: 138-142. It can be accessed at <https://innovareacademics.in/journals/index.php/ijpps/article/view/20114>
2. Efficacy of diagnostic laparoscopy in undiagnosed chronic abdominal pain. Dr.Abinash Hazarika and Dr. Karan Sehgal, in New Indian Journal of Surgery, Vol 8, No 3, July-Sep 2017, pg 330-339.
3. Review of Intramuscular lipoma. IJSS Journal of Surgery, Feb- March 2017 by Dr(Col) M.R. Shanker.
4. Review of present management of Incisional Hernia, IJSS Journal of Surgery, Sept-Oct 2017 by Dr(Col) M.R. Shanker & Dr. Subba Rao.



A surgeon is surrounded by people who are sick, discouraged, afraid, embittered, dying - but also courageous, loving, wise, compassionate and alive.

Bernie Siegel

She got her looks from her father. He's a plastic surgeon.

Groucho Marx

Surgeons are not technicians; they're not mechanics. They're artists. I see patterns where not many other people see patterns. ...I think that's what made me a good surgeon, and now, that's what's making me a good writer.

Leonard Shlain

No one looks at your hands to see how much they shake when you are interviewed to be a surgeon. The physical skills required are no greater than for writing cursive script. If an operation requires so much skill only a few surgeons can do it, you modify the operation to make it simpler.

Atul Gawande

The Technologies that will have a huge impact on the future of Surgery.

Original Article in <http://medicalfuturist.com/the-technological-future-of-surgery/>

Edited by Dr. B. G. Ponnappa



1. Virtual reality

Everyone can follow through 360 degree cameras, how the surgeon operates. Today, only a few students can peek over the shoulder of the surgeon during an operation. This way, it is challenging to learn the tricks of the trade. By using VR, surgeons can stream operations globally and allow medical students to actually be there in the OR using their VR goggles.

2. Augmented reality

AR differs in two very important features from VR. The users of AR do not lose touch with reality, while AR puts information into eyesight as fast as possible. HoloAnatomy, which is using HoloLens to display real data-anatomical models, is a wonderful and rather intuitive use of AR having obvious advantages over traditional methods.

3. Surgical robotics

Surgical robots are the prodigies of surgery. The most commonly known surgical robot is the da Vinci Surgical System; and surgeons operate through just a few small incisions. The surgeon is 100% in control of the robotic system at all times; and he or she is able to carry out more precise operations than previously thought possible.

5. 3D Printing and simulations in pre-operative planning and education

Complicated and risky surgeries lasting hours need a lot of careful planning. Existing technologies such as 3D printing or various simulation techniques help a lot in reforming medical practice and learning methods as well as modelling and planning successfully complex surgical procedures.

6. Live diagnostics

The intelligent surgical knife (iKnife) was developed by Zoltan Takats of Imperial College London. It works by using an old technology where an electrical current heats tissue to make incisions with minimal blood loss. With the iKnife, a mass spectrometer analyzes the vaporized smoke to detect the chemicals in the biological sample. This means it can identify whether the tissue is malignant real-time.

7) Artificial Intelligence will team up with surgical robotics

It is exciting to see IBM Watson, Google Deepmind's Alpha Go or machine learning algorithms to have a role in surgical procedures. It envisioned that there will be a partnership between humans and machines, with one making up for the weaknesses of the other.

Robots and other products of the rapid technological development will not replace humans. The two will complement each other's work in such a successful way that we had never seen nor dreamed about before.

Thought for all Doctors, by Dr (Col) M R Shanker

With the changing opinion of public, media and Government supporting them against the Doctors, do we all need to seriously introspect our self?

Umbilical Pilonidal Sinus: A rare case

Excision of Umbilical sinus along with partial Umbilectomy in 18 yrs boy., Dr(Col) M R Shanker, Dr. Vikram and Dr.Nahid



This is an unusual site of pilonidal sinus characterised by foul smelling discharge from umbilicus, with or without blood and hairs protruding from a sinus within umbilicus, affecting adolescent hairy individuals. It is a clinical diagnosis with careful examination of umbilicus having a sinus with broken hairs or hair follicles protruding from it and pus discharge is characteristic. Differential diagnosis include umbilical granuloma, patent urachus or vitellointestinal duct and endometriosis in females. The first line of treatment is conservative with repeated removal of hairs and maintaining good hygiene along with treatment of local infection. Failure of this treatment is common necessitating partial or complete umbilectomy along with sinus excision. Recurrence after surgical treatment is unusual.

Surgical Jokes

(Courtesy: <https://www.aimseducation.edu/blog/ridiculously-funny-medical-jokes/>)

1. A proctologist had been in practice for 20 years and had settled into a very comfortable life with his future very secure. So he decided to fulfil his REAL dream and become an auto mechanic. Having entered mechanic school, the former physician received the results of his first test back with a score of 200%. Confused, he asked the teacher why his score was so high. "Well", said the teacher, "The first part was taking the engine apart and you did that perfectly, so you got 50%. The second was to put it back together again and you did it perfectly and got another 50%. The other 100% was for doing it through the tailpipe."
2. A sign on a cosmetic surgery clinics says:
"If life gives you lemons, a simple operation can give you melons."



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To,