40th Annual Conference of Maharashtra State Chapter of ASI

Hosted by: Mumbai Surgical Society

www.masicon2018.com

MUMBAI SURGICAL SOCIETY

25th - 28th January, 2018

Hotel Grand Hyatt, Santacruz, Mumbai

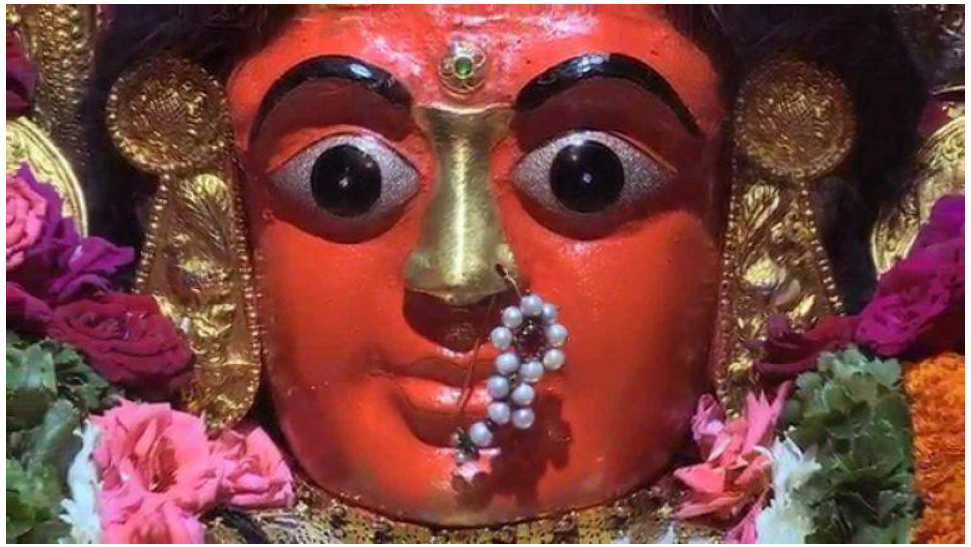
MASICON

2018, MUMBAI

e-Souviner

Theme: MAS for the Masses

MASICON 2018: Yeh hai Mumbai meri jan!



Mumba Devi Temple is a renowned ancient temple dedicated to 'Goddess Mumbadevi'. Mumbai city derives its name from the Goddess Mumbadevi and therefore, this temple is truly an important structure for the dwellers of this beautiful city. This beautiful temple situated in Mumbai was built in the 18th century. The 'Koli' fishermen or the early inhabitants of Mumbai greatly respect and honor Goddess Mumbadevi and consider her as their guardian. Goddess Mumbadevi is recognized as 'Goddess Shakti' or the Goddess of Power. The Mumba Devi Temple was first built in Bori Bunder in 1675. The temple was destroyed and reconstructed at Zaveri Bazaar, Bhuleshwar in 1737. Since ancient times, the Koli fishermen and Dravidians offered their prayers to Mumbadevi at this temple and still continue to do so.

According to a legend, Mumbadevi, an eight-armed Goddess, was sent by 'Lord Brahma' to vanquish an evil demon known as 'Mumbaraka', who terrorized the locals. After his defeat, Mumbaraka fell on his knees and begged the Goddess to take his name. He was also given the permission to build a beautiful temple dedicated to her. Thus, the magnificent shrine of Mumba Devi Temple was built by Mumbaraka in the heart of the city, at Zaveri Bazaar.

Mumbai…The Commercial Capital of India, The City that never sleeps, City with a heart, Mecca of Medicine in India, The ultimate City…Aamchi Mumbai.. welcomes you. It is city that belongs to everyone, Mumba Devi Temple, Sidhiviayak temple, Mahalaxmi Temple, to name a few, Haji Ali Darga, Gol Masjid, Mount Mary Church, Jain Temples, Chaitya Bhumi, Parsi Aagyari..you name it, we have it!

A true Cosmopolitan city, you tend to hate it, you tend to love it. The City that gets crowded in the day as millions commute into the city to make a living, giving a new meaning to the word - ‘Gardi’.

A city that gave you ‘Wada-Pav & Pav-Bhajji’ and a unique language, identifiable by its dialect, again exclusive to a city, the Mumbaiya bhasha or the Tapori language, no city in the world has its own language.

Bollywood has followed the cities growth and immortalised it on the screen with several songs dedicated to the city…’Mumbai se aya mera dost’..’ay dil hai muskil..ye hai Mumbai meri jaan’… just to name a few.

MASICON 2018..becomes an event, by virtue of its presence among the star performers in the field of Surgery. We, from Team MASICON….Mumbai Surgical Society, hope, in all sincerity, will be a memorable event, in a long way to come. We have tried to bring all the stars that this City and State can offer, under one roof. Keeping in mind, the great desire we all have in sharing our experiences and acquiring knowledge, in the field of Surgery.

These few days that we are together, will be a constant reminder, that, science and its varied aspects, is what keeps us all going. We strive to provide that special care to our patients, with selfless sacrifice, which is much to be appreciated.

We welcome you to sit back, put your feet up, and enjoy the academic spectacle, that unfolds in front of you.

Jai Maharashtra.

Dr. T. Naresh Row
Editor, e-Souviner
Hon. Secretary,
Mumbai Surgical Society

MASICON
2018, MUMBAI

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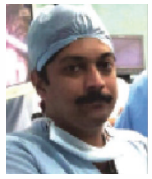

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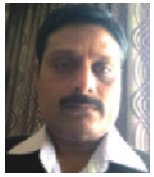
Dr. Siddharth Dubhashi
Pune

Dr. Anand Kamat
Kolhapur

Dr. Snehal Malgave
Sangli

Dr. Maruti Takale
Solapur

Dr. Prashant Rahate
Nagpur



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Dr. Mahesh Malu
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Dr. Bhaskar Musande
Aurangabad

Dr. Anjali Dawle
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Dr. Naryan Umale
Amravati

Dr. Ramdas Bhonde
Buldhana

MASICON
2018, MUMBAI

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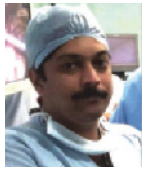
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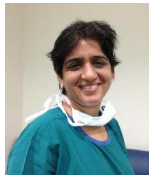
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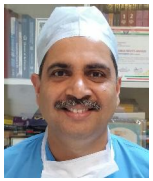
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MASICON
2018, MUMBAI

PRESIDENT ASI

It is heartening to know that the Maharashtra State Chapter of Association of Surgeons of India is having its Annual Conference in Mumbai, from 25th to 28th January 2018. MASICON has been pilgrimage for all the surgeons in Maharashtra and like Warkari movement, everyone looks forward to attending it since way back from 1993 when it was started. Success of MASICON is in its activities. New things are spoken about, the relevant old themes re discussed & certain things are unlearned.

Its really an honor for me to attend this conference as the President of the Association of Surgeons of India & it is all because of the good wishes of the surgeons of Maharashtra. They all stood with me during the electioneering days which ultimately led to an unopposed election. I would like to thank all of them.

I am sure this MASICON 2018 would be a grand event as usual. The workshops & other academic sessions shall be of highest standards. It will set benchmark for other state chapters.

The organizing team has left no stone unturned to make this conference successful. I wish them & the MASICON 2018 a grand success.

Best wishes

Prof. Dilip Gode
President ASI

MASICON
2018, MUMBAI

PRESIDENT MAHARASHTRA STATE ASI

Dear Esteemed Colleagues,

Greetings .!!

I, welcome you all to this 40th Annual conference of Maharashtra State Chapter of ASI organised by Mumbai Surgical Society. The Maharashtra state chapter was formed in the year 1979 under the leadership of visionary Dr. M. J. Joshi from Pune. From mere one and half days event MASICON movement through the years has transformed in to a four days mega event inclusive of CME, State of art Live Operative workshop and Conference scientific sessions. Dr. G. M. Phadke Oration and Dr. K. C. Gharpure Oration are the flag bearers of our conference and I appeal all delegates to attend them in huge number as they are the real honours bestowed upon those who have shown commitment and dedication to spread the knowledge of surgery to state of Maharashtra and has as well worked hard for the growth of MASICON.

As a President of the chapter I have strived to ensure that each area of the state be properly represented and I am happy to know that almost all city branches are functioning very well with excellent academic activities and also reporting of these activities to the secretary's office has improved remarkably. I am filling very proud and humbled as because of these major activities organised by our various city branches we could bag THE BEST STATE AWARD in India from ASI this year.

This is the combined efforts of all the members of Maharashtra State chapter of ASI and I owe it to each and everyone of them. Thank you once again for the same.

This MASICON under the leadership of Dr. Roy Patankar as Organising Secretary and Dr. Kishor Adyanthaya and all the team of Mumbai Surgical Society has put their whole weight behind the success of this event and I am sure it will break all previous MASICON records in terms of delegate strength, academics and camaraderie. Surely it will set bar very high for all the future MASICONs.

Lastly a big thanks to State Executive Committee Members and Governing Council Members of ASI for working very hard for last three years for the growth and stabilization of MASI. We will be having a new team from 2018 for next three years and I am sure they will also function in a same way to keep the honour and integrity of Maharashtra state chapter intact.
Long live ASI, Long live Maharashtra State Chapter.

DR. PRATAP VARUTE
President,
Maharashtra State Chapter of ASI.

SECRETARY MASI & ORGANISING SECRETARY MASICON 2018

Dear Fellow Surgeons,

It is my proud privilege to welcome you to MASICON 2018 both as secretary Maharashtra ASI and as Organising Secretary. The MASICON movement has made great progress with successive conferences setting the bar high.

The Mumbai Surgical Society and team MASICON, have worked hard to put together an academic feast for you and we welcome you to Mumbai for this event.

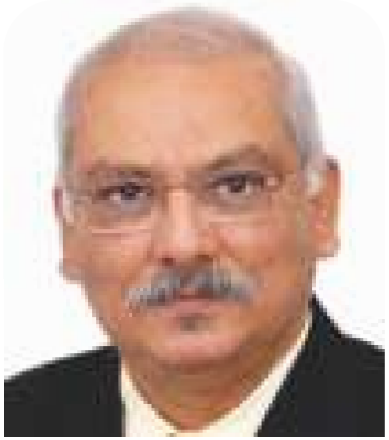
I also take this oppertunity to thank each one of you for giving us your support and participating in large numbers. For the first time, in the histroy of MASICON, we have had such a massive gathering. Also, to comemorate the 40th MASICON, and Mumbai Surgical Societies first Conference, we have designed and released a Special Postal Cover, which will immortalise this event in history.

Once again, on behalf of Mumbai Surgical Society & Team MASICON, we welcome you to 'amchi Mumbai'.

Dr. Roy Patankar,
Hon. Seretary, Mahatashtra State Chapter of ASI,
Organising Secretary, MASICON 2018

MASICON
2018, MUMBAI

ORGANISING PRESIDENT MASICON 2018



Dear Friends,

Mumbai Surgical Society is the youngest City Chapter of ASI, in this short time, we have taken up the privileged task of hosting MASICON 2018. Though the city of Mumbai is considered as the citadel for top-of-the-line medical care, with most Surgeons listed in the who-is-who of surgical teaching and academic innovations, somehow, did not have a Society to promote and share experiances for beter and safe surgical training for our young surgeons. Now we have.

MASICON 2018 has been a joint effort of all our active members, who have worked very hard to make it a success. I am sure, each one of you have taken home a pleasent memory and a take-home message which you will remember for a long long time.

Thank you for your participation.

Dr. Kishore Adyanthaya
Organising President, MASICON 2018

DR. K. C. GHARPURE ORATION

Dr. K. C. Gharpure was born on 14th November, 1903. He graduated with MBBS from Grant Medical College and was trained in surgery by the stalwarts of those days Dr. Parmar and Dr. G. V. Deshmukh. He was awarded M.S. in 1928 and was appointed Honorary Surgeon at Sassoon General Hospital, Pune. He was awarded Fellowship of the Royal College of Surgeons in 1934. He started private practice in Pune in 1933 at Gharpure Hospital. He was a skilled and astute surgeon with a large fan following. Departed for heavenly abode on 21st July, 1989. Dr. S. P. Sane initiated this oration in Dr. Gharpure's memory. The first oration was delivered by Dr. S.P. Sane in 1991 at Amravati. Dr. S. P. Sane was professor of surgery at Sassoon General Hospital Pune. He invented Saphena Peritoneal Shunt for intractable ascitis.

Dr. K. C. Gharpure
(M.S., F.R.C.S.)

14th November 1903 - 21st July, 1989

Oration Delivered by

Year	Place	K. C. Gharpure Oration
1991	Amravati	S. P. Sane -Pune
1992	Pune	Nadkarni - Mumbai
1993	Mumbai	V. R. Chitale - Solapor
1994	Nashik	A. H. Kukde - Latur
1995	Thane	Tongaokar - Gondachi
1996	Ahmadnagar	-
1997	Aurangabad	P. G. Purohit - Sangli
1998	Solapur	V. S. Patil - Pune
1999	Akola	Marwa - Nagpur
2000	Karad	Brig. Nagpal - AFMC, Pune
2001	Pune	P. V. Joshi -Pune
2002	Nashik	Masurkar - Ahmadnagar
2003	Nagpur	S. G. Deshpande - Pune
2004	Thane	H. R. Tata - Karad
2005	Nanded	M. Y. Bapaye - Pune
2006	Amravati	Wasudeo Ninave - Chandrapur
2007	Latur	Col. Chaudhari - AFMC, Pune
2008	Kolhapur	N. K. Jirge - Kolhapur
2009	Aurangabad	Vasantrao Pawar - Nashik
2010	Solapur	Susheela Patil-Solapur
2011	Mumbai	Ramesh Dumbre - Pune
2012	Pune	Vijay Borgaonkar - Aurangabad
2013	Nashik	C. H. Kale - Thane
2014	Thane	Dilip Gode - Nagpur
2015	Nagpur	Subhrajit Dasgupta - Nagpur
2016	Kolhapur	Suresh Deshpande - Kolhapur
2017	Nanded	P.T. Jamdade - Nanded
2018	Mumbai	Kishore Adyanthaya-Mumbai (Proposed)

DR. G. M. PHADKE ORATION

Dr. G. M. Phadke
F.R.C.S (Eng)

Dr. G.M. Phadke was born at Vadoda in East Khandesh. He abandoned St. Xaviers College to join the non-co-operation movement in 1920. In 1921, he sailed to England for acquiring medical education. He graduated from University College London in 1928. He was enrolled a Fellow of the Royal Surgeons of England in 1932. He returned to India to serve as Hon. Professor of Surgery at the Seth G. S. Medical College and the King Edward Memorial Hospital, Bombay. He was the first surgeon in India to perform 100 Millin's prostatectomies. His field of interest was family planning. The Film Division of the Government of India filmed Dr. Phadke's technique of vasectomy. It was shown all over India with a view to popularise the procedure. He was a popular teacher and the founder president of the Urology Society of India.

In memory of this stalwart, his son, Ajit Phadke initiated this oration in 1984. The first oration was delivered at MASICON in Mumbai by Dr. P. B. Desai.

6th October 1901 - 14th November 1964

Oration Delivered by

Year	Place	G. M. Phadke Oration
1984	Thane	P. B. Desai - Mumbai
1985	Aurangabad	B. D. Pujari - Miraj
1986	Akola	G.B.Parulkar-Mumbai
1987	Kolhapur	K.R.Venkataswami - Chennai
1988	Mumbai	R.A.Bhalerao-Mumbai
1989	Dhule	Mrs. M. J. Mehta -Pune
1990	Panvel	F. P. Soonawala - Mumbai
1991	Amravati	M. R. Chaudhari-Akola
1992	Pune	R.L. Thatte - Mumbai
1993	Mumbai	S.S. Bapat - Pune
1994	Nashik	V. N. Shrikhande - Mumbai
1995	Thane	S.K. Bhansali - Mumbai
1996	Ahmadnagar	A. P. Chaukar - Mumbai
1997	Aurangabad	A. B. Bhajekar - Mumbai
1998	Solapur	H. S. Bhanushali - Thane
1999	Akola	T. E. Udwadia - Mumbai
2000	Karad	A. B. Samsi - Mumbai

Year	Place	G. M. Phadke Oration
2001	Pune	R. D. Bapat - Mumbai
2002	Nashik	S. S. Deshmukh - Mumbai
2003	Nagpur	N. K. Deshmukh - Nagpur
2004	Thane	R. S. Rao - Mumbai
2005	Nanded	M. V. Bhatt - Mumbai
2006	Amravati	A. N. Supe - Mumbai
2007	Latur	J. S. Deshmukh - Aurangabad
2008	Kolhapur	P. N. Joshi - Mumbai
2009	Aurangabad	H G. Doctor - Mumbai
2010	Solapur	R. A. Badwe - Mumbai
2011	Mumbai	Sanjay Oak - Mumbai
2012	Pune	Mrs. Madhuri Gore - Mumbai
2013	Nashik	S. K. Mathur - Mumbai
2014	Thane	Arun Jamkar - Pune
2015	Nagpur	Jugal Agarwal - Mumbai
2016	Kolhapur	Abhay Dalvi - Mumbai
2017	Nanded	Jaysing Shinde - Pune
2018	Mumbai	Jyotsana Kulkarni - Mumbai (Proposed)

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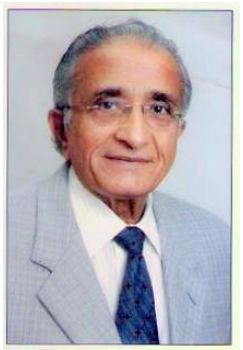

DR. P. B. DESAI

PRESIDENT

DR. KISHORE ADYANTHAYA

HON. SECRETARY

DR. T. NARESH ROW

TREASURER

DR. NIRANJAN AGARWAL

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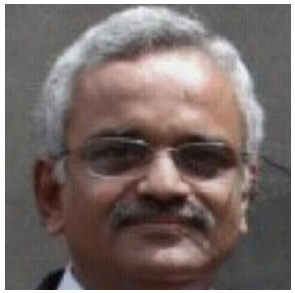
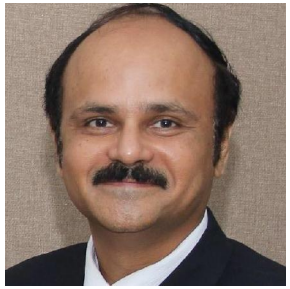


DR. ABHAY DALVI

DR. DEBASHISH DAS



DR. MANMOHAN KAMAT

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MASICON 2018, MUMBAI

History of Medical Colleges in Mumbai

In ancient times, the medical practice in the Indian subcontinent was based on teachings of the Veda, which dealt with the art of healing –AYURVEDA. Around 500 BC SUSHRUSHA and CHARAKA had contributed a lot in the field of medicine and surgery. Reconstruction of the nose, Rhinoplasty was described by Sushrut, since 'chopping off' of the nose was a form of punishment in those days.

During the rule of the Delhi Sultanate and the Mughals the Ayur Vaids were replaced by the Unani Hakims, due to the patronization of the rulers of the land. There was no structured medical education and the teaching was done from the teachers to a very select band of students.

In the 15th to the 18th century while the western world progressed with inventions in the field of medicine the region, which is India at present, lost out due to foreign domination and loss of continuity. Lucky charms and mantras prevailed over the science of medicine. The year was 1819 ….. In Europe the founder of the concept of asepsis IGNAZ SEMMELWEIS had just died, two years
earlier RENE LAENNEC had devised the clinical stethoscope, 22 years after Edward Jenner had discovered the pox vaccine, the Bombay Presidency was annexed by the British. The British after the annexation of the Bombay decided to develop medical education in this region. SIR ROBERT GRANT the then Governor of Bombay, addressed the problem by planning a medical college. The medical and administrative personal of the Bombay Presidency advised that the European form of medicine would not survive in India and many of them questioned the aptitude and intelligence of the youth of India. This debate continued for two years. In the meantime the medical colleges of Calcutta and Madras started and did well to dispel the fears and misconceptions held in Bombay. In May 1838 a proposal was sent to the Governor General of India Sir Auckland at Calcutta by Sir Robert Grant. A positive response was received on the 18th of July but alas only 9 days after Sir Robert Grant died on 9th July 1838 at Dapoli.

At a public meeting of the citizens of Bombay in July 1838 to mourn the death of Sir Robert Grant a fund was started to aid in the formation of a medical college in Bombay. The government sanctioned this plan and the foundation stone was laid on 30th March 1843…the Grant Medical College This building is now the Old building of GMC where the administrative office of the college is housed. The college started in October 1845.Simultaneously a hospital for teaching purpose was started next to it on 15th May 1845 with a huge sum of One Lakh donated by SIR JAMSHEDJI

JEEJEBHOY. The Grant Medical College and Sir J.J.Hospital started in 1845.The first superintendent and principal was Dr. Charles Morehead with 3 Professors and 12 students. Bhau

Later on St. Georges Hospital, the G.T. Hospital and the Cama and Albless Hospital for women were added to this hospital and they were together called the J.J. Group of Hospitals. The St. Georges Hospital was built on the site where the St. Georges fort stood guarding Bombay Harbor….The remains of this fort wall now stands on the D'mello Road guarded by a BMC Sauchalya !!!!

Initially a separate examination was conducted for admission. Attendance was taken 4 times a day. In 1860 the college was affiliated to the Bombay University and the matriculation examination was necessary for admission. In 1951 a rule of expulsion was introduced for unfit students. The rule was dropped in 1860 and reintroduced in 1938. Till recently…If You failed 4 times in the 1st MBBS then you are wished goodbye officially. But now you can appear as many as you wish. !!!!

So in 1845 a dream of Sir Robert Grant, was started by Dr. Charles Morehead funded by Sir Jamshedjee Jeejebhoy. But towards the end of the 19th century the magnanimity of these people were taken over by the bureaucratic class of the Indian Medical Service. Indian origin people were kept away from the teaching profession. The first non European to hold a post in teaching (that too a non clinical post) was Dr. Y. G. Yadgir in anatomy. Dr.K.N.Bahadurji was the first MD

from London from the Indian community. His application for the post of a teacher in medicine at GMC was turned down and the IMS instead appointed a Licentiate in medicine 'Gora' in that position. Dr. Bahadurji placed before the Bombay Municipal Commission the idea of having a medical college run by Indian professionals, his idea was supported by the lion hearted Phirozshah Mehta. The medical college was instituted in 1925.At the behest of Dr.Rustom Cooper and others , the designer Mr. W. A. Pite and architect Mr. G. Wittet had to use indigenous material for its construction. Phirozshah Mehta insisted that the donors added the 'Indian professional' in their agreement. The Seth Govardhandas Sunderdas Medical College was inaugurated on 22nd January 1926.This was the 12th medical college in India but the 1st teaching institute of Indian professionals. To bring in further equality all faculty members were called Lecturers and the senior most was HOD. There were no Professors. Dr. Jivraj Mehta, a GMCite with amazing qualities, as the first Dean (1925 to 1943) of GS Medical College lead people like Dr. G. V. Deshmukh, Dr. R. N. Cooper, Dr. P. C. Barucha, Dr. A. S. Erulkar, Dr. V. L. Parmar, Dr. N. A. Purandare and Dr. A. P. Barucha. Dr. Jivraj Mehta a son of a shopkeeper from Amreli in Saurashtra in Gujarat with an excellent academic career (7 and a half out of 8 awards in Final MBBS), a gold medal in London in1914, a freedom fighter, an able administrator was the dean of GS Medical College for 18 years giving it the strong foundation. He later on was the first chief minister of Gujarat(1960-63) and Indian High Commissioner to the UK (1963-66). Today, GS Medical College is a premier medical college in India.

Although the nationalistic GS Medical college was started in 1925 a hospital started by nationalists was inaugurated by Mahatma Gandhi and Sarojini Naidu at Bombay Central in 1921 .This was the National General Hospital .In 1946 a donation by M.N. Desai Topiwala helped in the formation of a

History of Medical Colleges in Mumbai *Continued...*

renovated BYL Nair Hospital and the Topiwala National Medical College affiliated to the Bombay University.

Towards the end of the World War II the Indian Military under the British occupied a large plot of land admeasuring 53,169 square yards on the east side of the Central Railway then known as the Great Indian Peninsular Railway at Sion just north of the Hindu cemetery. They built a hospital comprising of 44 barracks with a capacity of 1500 beds. In 1944 the war hostilities came to an end and BMC acquired back there plot of land from the Indian Military for 2 lakhs and sold the equipments and started a 300 bedded hospital. Sion was called SHIV since it was a boundary of the Island city with the Salsette Islands .The Genaral Hospital at SHIV was often confused for the SHIVADI General Hospital(TB Hospital) …even by the Municipal Staff !! Hence in 1950 it was known as the Lokmanya Tilak Medical Hospital after our beloved leader Bal Gangadhar Tilak. In 1954 Topiwala National Medical College started sending its students to LTMGH for ward work.

This marked the beginning of the Sion Hospital as a teaching institute. Dr. S.V.Joglekar and Dr. S.H.Chitnis in surgery, Dr. Sulakhe,Dr. C.V. Talwalkar and Dr.D.D.Vora in medicine, Dr.M.V.Sant and Dr.R.G.Modak in pathology and Dr.G.S.Ambardekar in anesthesia started the LTMGH. Dr. G.V.Deshmukh an eminent surgeon donated the gynaec female ward in memory of his wife Annapurna devi. Thus a military barrack in 1944 transformed into medical college in 1964… The Lokmanya Medical College was born. Today it admits 100 students and is in competition with GSMC for the status of the best medical college in Mumbai.

In 2014 a new medical college with 50 students was started at Cooper Hospital..The Hindu Hruday Samrat Balasaheb Thakare Medical College under the Mumbai Municipality.It would be unfair not to mention the Masina Hospital as a teaching institute for burns; a property initially belonging to Sir David Sassoon …it was his residence before he migrated to America. Dr. Manohar H. Keswani an eminent plastic surgeon did excellent pioneering work in the treatment of burns for which he received acknowledgement even from as far as the US. Other Tertiary hospitals like Bombay Hospital, Jaslok Hospital have also contributed towards medical education in our city.All the medical teaching Institutes have made our city a premier metropolis in the field of Medical Education and Health Services. We should be proud today to belong to the Mumbai medical fraternity.

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Primary Hyperparathyroidism- A Fascinating Disease

Hyperparathyroidism (HPT) is the disease in which one or more parathyroid glands in our neck secrete excess parathyroid hormone (PTH). This in turn is affected by serum calcium levels. When serum calcium is high along with high PTH, it is termed primary hyperparathyroidism (PHPT) (examples- parathyroid adenoma or hyperplasia), when serum calcium is low and PTH high, then it is secondary hyperparathyroidism (SHPT) (examples- vitamin D deficiency or chronic renal failure) and when parathyroid secretion becomes autonomous after correction of SHPT, it becomes tertiary hyperparathyroidism (THPT) (example- after renal transplant).

PHPT and THPT are managed by surgery while SHPT is managed mostly conservatively and sometimes surgery when indicated.

PHPT is a disease which needs high expertise for a successful outcome but always a fascinating one to manage. The classic presentation is painful bones, psychic moans, abdominal groans, kidney stones and fatigue overtones.

Imagine a situation when a patient has high serum calcium values and presents with generalized weakness and multiple bone pains or has tendency to fracture with little trauma (as the bones are osteoporotic) and gets treated by calcium tablets which is a common scenario in our country. However when some vigilant physician gets serum calcium and finds it in high range, search for PHPT starts. The patients may also present in emergency with severe abdominal pain due to pancreatitis, ureteric colic or hyperacidity, severe psychosis or other neuropsychiatric symptoms. High serum calcium levels can also cause severe constipation and intractable vomiting. PHPT can run in families like in MEN 1 syndrome. Any patient whose bone pains are not responding to analgesics or other measures, any patient with renal stone or recurrent renal stone or family history of multiple members with renal stones must be screened for PHPT. Rough estimates suggest that PHPT is not a rare disease and incidence is approximately 1 in 1,000 (0.1%). If we extrapolate this incidence in a

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The diagnosis is not very difficult and needs high serum calcium, low or normal serum phosphorus, and high serum intact PTH. Also needed are 25-hydroxy vitamin D, serum creatinine and 24 hour urine for calcium and creatinine as well as spot urine calcium creatinine ratio. A special subset of patients have high serum calcium and normal or high normal PTH. Actually, in setting of high serum calcium, PTH should approach to zero or low normal.

Hence these patients also are diagnosed as PHPT. Two imaging studies, one functional (Sestamibi nuclear scan) and one anatomical (USG, CT or MRI) are needed to localize the hyperactive parathyroid gland. One of the best lines in Medical Literature was coined by Doppman in 1968- “The best thing to localize in primary hyperparathyroidism is an experienced parathyroid surgeon.”If same gland is localized on both, then minimally invasive parathyroidectomy can be done.

However, if more than one gland is found hyperactive, then bilateral neck exploration to look for all parathyroid glands and removal of abnormal ones is the rule. Patients may require subtotal parathyroidectomy (3 and half gland removal) or total parathyroidectomy with autotransplantation in forearm. The parathyroid tumors are very small, usually few mm to a couple cm only but affect the whole body system. Intraoperative PTH estimation is a relative new addition in the armamentarium of the surgeon where more than 50% drop after 10 min of tumor removal (when compared to preincision values) denotes a curative surgery. However, it has certain limitations which must be kept in mind. The results of a successful surgery are amazing as patients are relieved of their bone pains same or next day of surgery and are too much relieved. Chances of further fragility fractures, renal stones, and pancreatitis are minimized after a successful surgery.Hence PHPT is a fascinating disease where the tumor is very small but affects the whole body and cure can be achieved by a team approach.

Day Care Surgery: a concept

Introduction:

Ambulatory surgery in India is still a new concept of a modern surgical care. Organized delivery of standardized surgical care, in the form of Day-case, is now an accepted norm in the specialties of Ophthalmology and ENT, but in others, still confined to minor / OPD procedures.

In India, the current trend is to establish Super-Specialty Tertiary health care facilities, which provide Coronary by-pass and Hip replacement. These, of course, are definitely required for advancement of medical care. The Health Ministry is working towards encouraging medical tourism, facilitating visas for a smooth flow of patients. Last year, approximately 1.5 million patients were seen for treatment in these tertiary hospitals. But, Day Surgery is not really a priority for them, as yet.

Organization of health care:

A population of 1,310,000,000 (over a billion and growing), out of which 73.87% live in villages and smaller towns, only 26.13% reside in larger towns and metro cities. Therefore, delivering health care in India is a formidable task.

Yet, we have one of the most unique health care systems. There are two basic systems, like anywhere in the world: public and private health care. Public hospitals are funded by the state and central government. These are utilized by almost 60% of population. Apart from certain larger hospitals, (where, the funding is reasonably good), most lack in facilities due to shortage of funds. This amounts to only 17% of the total expenditure on healthcare in the country. On the other hand, private sector health care, where facilities are comparable to most developed countries, cater to just 40% of the country's population, yet take the burden of 83% of healthcare expenditure. Therefore, the per capita expenditure on private health care is 4.2% of the GDP and public health is about 0.9% GDP (totaling to 5.1% of the GDP). This makes it one of most privatized health care systems in the world.

Due to lack of facilities and infrastructure as well as shortage of doctors and nursing staff in the public sector, there has always been a growing trend to seek treatment in private hospitals and clinics. Here, the patient pays for his treatment, sometimes needing to borrow or sell assets to fund the treatment. Apparently, every year, about 16% of the population is pushed below the poverty line due to health expenses. The private sector has facilities and trained staff comparable to any developed country, but available at a premium.

Problems faced:

There is a tremendous lack of awareness among the patients as well as doctors.

Faced with the inevitable 'surgery', creates a fear psychosis in most patients. On one hand, they do not want to go home for the fear that they might face some complications which may not be managed once they are out of the hospital, so they wish to continue to stay in the hospital 'till the stitches are out'. On the other hand, 'discharge on the same day', reduces the magnitude of surgery in patient's minds, convincing the patient to undergo the procedure.

As yet, there is no definite government policy or support for One Day Surgeries.

Nationally, the Bed: Patient ratio is 1:1,123, in Public hospitals, making it impossible to procure a bed in case of emergencies. There is an estimated shortage of 42,000 beds in government hospitals alone, which cater to 60% population (4). Most hospitals perform Day Surgery as part of regular surgical list. According to latest government estimates, the doctor: patient ratio is 1:1,800 and hospital bed: patient ratio is 1:1,462, including Private hospitals.

The flow of patients is from villages to nearest city, to District hospitals, to Hospitals in larger state capitals & ultimately, to hospitals in metropolitan cities. This drive starts due to a lack of basic infrastructure in villages, and a strong belief that care is better in cities. This trend or shift is seen more in favor of private facilities, which come at a premium. The Public hospitals are overwhelmed by the inflow and unable to handle the overcrowding. The government in turn is doing whatever it can, but still a tremendous amount needs to be done.

What is Day Care or Ambulatory Surgery?

Discharge of the patient on the same day of surgery, is termed as day care surgery. It also means that the patient is operated as an `out patient`, that is, he is not admitted over night, and hence, `ambulatory`. He walks in and walks out on the same day of his procedure ! Day Case, Day Care, One-Day surgery, Day Surgery, Major / Minor Ambulatory Surgery, 23-hours surgery, OPD procedures, In & Out Surgery, etc., are several names used to describe this concept in different countries.

What about anaesthesia?

Most of the surgeries and procedures are done under local anaesthetic blocks with mild Sedation or a short GA., therefore, its effect wears out within a few hours, and you are able to function normally, almost immediately.

What types of General surgeries possible as Day care?

Some procedure which can easily be performed as Day Care are:

Hernias:	Piles:
- Inguinal.	- Haemorrhoidectomy
- Umbilical.	- Stapler Haemorrhoid.
- Femoral.	- Fistula-in-ano.
- Epigastric.	- Fissure-in-ano.
- Hydrocele.	- Pilonidal sinus excision.
- Varicocele.	- Abscess drainage.
- Vasectomy.	- Appendesectomy.
- Orchidopexy.	- Orchidectomy.

What are the advantages of this type of surgery?

The patient avoids hospitalisation and its associated problems, like hassle of the admission and discharge procedures, avoids hospital acquired infection, can recover in the familiar and comfortable surroundings of your home and family, without inconveniencing anyone.

Also, it significantly cuts down the cost of the whole treatment.
As the procedure is done under local or regional anaesthesia, it does away with the complications of general or spinal anaesthesia, and it can safely be done in cases where general anaesthesia is contraindicated.

What are the disadvantages?

In some cases, there can be pain, requiring injectable painkillers or bleeding, which may require medical attention. But, these are rare, and the post-operation instructions given to you at the time of discharge, will help you to prevent and take care of the situation.

Also, a team of doctors will guide and advise you in dealing with the situation, will attend to you where ever it is possible.

Who can under go Day Care Surgery?

Most of us who are healthy, normal individuals, can undergo Day Care Surgery. However, there are certain criteria's, which have to be considered before planning surgery. These are:- Age: should be more than 6 months old.- Preferably medically fit and stable patients. - Well motivated and psychologically / mentally stable. - Should have the facility of toilet, transport, telephone and responsible relation at home.

Is it safe?

Advances in anaesthetics, both local and general, improved surgical techniques, make Day Care Surgery as safe as staying in the hospital. Thousands of operations have been carried out successfully in this way over the past twenty years.

What happens when I reach home?

You and your relative / friend will be given a detailed verbal and written instructions on do`s and don't`s, which you have to follow. Avoid driving for at least 24 hours after the procedure, as it may cause dizziness.

If there is anything that you wish to ask or know after you have reached home, you need not worry, you can call us on the given numbers or call your family physician, without hesitation.

Please follow the instructions carefully and come for regular checkups, as advised.
If you need any further information, your surgeon will be sure to help you.

What are the other specialities where Day care surgeries can be done?

E.N.T., Opthalmology, Gynacology, Plastic Surgery, Urology, Orthopaedics, Cardiovascular surgery are different specialities, where some of the surgeries are done as Day care, more details can be obtained from you family physician or the concerned specialist. When ever you visit your surgeon, do not hesitate to ask about day care options for your operation.

World statistics:

USA: 24.7 million cases were being done in 2000, has increased to 40 million cases in 2003.
UK: 50% of all cases were being done as Day Case in 2000, which is proposed to increase to 75% by the year 2005.

Summery:

In essence, this concept helps in reducing the ever increasing cost of hospitalisation and saves on time, as we realise, that time is a major factor of great importance in the developing country like ours. The cost of surgeries with the same safety margins comes down to almost half of a nursing home or hospital.

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Registration Details

The overhead costs of a bigger institute are reduced in a One-day surgery centre. With India on the move, faster recovery and early return to work will keep up shining for all time to come.

Dr. T. Naresh Row
President, The Indian Association of Day Surgery

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