January - March 2026

# Sushrutha

## Surgical Society of Bangalore ASICC Newsletter

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# Sushrutha

## Surgical Society of Bangalore ASICC Newsletter

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Surgical Society of Bangalore ASICC Newsletter

## SSBASICC 2025: Office Bearers

**President SSBASI:**
**Dr. Sunil Kumar V**

**President Elect:**
**Dr Harish Gowda**

**Hon Secretary:**
**Dr. Vikram S Biligiri**

**Hon Jt Secretary:**
**Dr Satish O**

**Hon Treasurer:**
**Dr. Kapil Kishore S V**

**ASI EC Member:**
**Dr H V Shivram**

**Dr. Prem Kumar A**
**Past President**

**Dr. Sreekar Pai A**
**Past Secretary**

**Dr. Rajashekhar C Jaka**
**Chairman Elect KSCASI**

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# SSBASICC 2026: Executive Committee Members

DR MANJUNATH B D

DR SHASHIDHAR C NAIK

DR SHARATH A

DR OM PRAMOD RAJA

DR BHARATH B

DR SUDARSHAN S MURTHY

DR DEVAPRASHANTH M

DR ARUN DAVID

DR MAHESH PRABHU

DR SANTOSH KUMAR R

DR SAI HARISH M

DR SAHANA M

DR SANJANA GOPAL

DR NIRANJAN P

DR SAJEET NAYAR G

DR NISHANTH L

DR MANJUNATH K V

DR NATARAJ NAIDU R

DR BRIJESH BISWAS

DR RAGHAVENDRA BABU J

DR ANIL RAJ

DR RAVINDRA G

DR VISHNU KURPAD

DR HIMAGIRISH K RAO

DR SUNIL KUMAR ALUR

DR BALAKRISHNA SN

DR HEMANTH S GHALIGE

**SPECIAL INVITEES**

DR K L VENKATESH

DR SUNIL SUBHASH JOSHI

**Manager**
**Mr. Glen**

**Assistant**
**Mr. Kumar**

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## Editorial Board Members



## Advisory Panel

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SSBASICC Newsletter

## Editorial Desk

**Respected Surgeons,**

Welcome to the new edition of Sushruta in 2026. I heartily welcome the President and the office bearers. The team has set out in the right spirit by a string of activities and also having a focused mind

The surgeon has to have a strong sense of learning and sharpening the skills all the time. I feel that of the fields in medicine, surgical field is the most demanding and challenging because we have to reinvent every time the technology advances. Prime among them is the artificial intelligence which has made it mandatory to understand the new gadgets and upheaving technology

This edition is special with good scientific content and also paves the way to showcase the free spirit and thoughts of the surgeon.

This edition is also dedicated to the brave Indian soldiers, who like the surgeons are always alert and are safeguarding the nation even when their lives are at stake. I wish that everyone reads and enjoy the articles.

***Dr. Sreekar Pai A.***
***Editor-in-Chief***

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SSBASICC Newsletter

## The President's Message

**To the Distinguished Members of the Surgical Society of Bangalore, ASI City Chapter,**

It is a profound honor to address this esteemed fraternity through "Sushruta," our longstanding chronicle of surgical discourse and institutional progress. As we navigate the 2025–2026 term, our administration remains anchored in the scientific rigor and methodical excellence that has defined the SSB since 1973.

The surgical landscape is evolving at an exponential rate, requiring a transition from traditional paradigms to a more integrated, literature-based approach to clinical practice. Our mission this year is to harmonize our historic legacy with contemporary academic and social responsibilities.

**Strategic Academic Advancements**

A primary objective of this tenure is the elevation of our scholarly exchange. I am pleased to announce that our Monthly Clinical Meetings have been formally recognized with Karnataka Medical Council (KMC) Credit Points.

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## SSBASICC Newsletter

This accreditation is not merely a regulatory achievement; it is a testament to the high-quality, peer-reviewed nature of our academic programs.

By ensuring our sessions meet these stringent criteria, we provide our members with a verified platform for continuous professional development rooted in evidence-based medicine.

**Clinical Outreach and Public Health Mandate**

Beyond the operating theater, the surgeon's role as a public health advocate is critical. This year, the SSB is launching a series of Structured Public Awareness and Outreach Programs.

**These initiatives are designed to:**

• Bridge the Information Gap: Translate complex surgical data into actionable public health literacy.

• Early Intervention: Focus on community screenings and awareness modules for surgical pathologies.

**Scientific Advocacy**: Demonstrate the efficacy and safety of modern surgical interventions to the broader population of Bengaluru.

The **"Sushruta"** Vision

This newsletter serves as the definitive record of our activities—a repository of our collective intellectual capital. I encourage all members to contribute to "Sushruta" not only by documenting clinical triumphs but also by sharing original research, case reviews, and critical analyses of surgical literature.

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## SSBASICC Newsletter

As we move forward, the core team—comprising the Secretary, Joint Secretary, Treasurer, and President-Elect—remains committed to a transparent and progressive administration

We are dedicated to ensuring that every academic program and outreach mission adds measurable value to our members and the patients we serve.

I invite you to engage deeply with the Society's initiatives this year. Let us collectively ensure that the Surgical Society of Bangalore continues to be a beacon of surgical excellence, ethics, and innovation.,

***In the Spirit of Scientific Inquiry***
***Dr. Sunil Kumar V***
***President, SSBASICC***

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SSBASICC Newsletter

## The Honorary Secretary's Message

Respected Seniors, Dear Friends & My Esteemed Colleagues of SSBASICC

Warm greetings to each one of you from Team SSB 2026

Surgery is not merely a profession, it is a calling. It demands courage in critical moments, clarity in complex situations, & compassion in every patient interaction.

As Surgeons , we are privileged to hold lives in our hands and restore hope where there is fear.

Every day in the operating theatre reminds us that beyond techniques & instruments, it is our judgment, dedication, and humanity that truly heal.

The evolving landscape of surgical science from minimally invasive innovations to advanced critical care, challenges us to continuously learn, adapt, and excel.
Growth is not optional in our field; it is our Commitment & responsibility.

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## SSBASICC Newsletter

E-Shushrutha Bulletin stands as a testament to our collective commitment to academic excellence.
It is more than a newsletter, it is a platform where experience meets enthusiasm, where senior wisdom guides youthful energy, & where ideas transform into progress.

I encourage all members, especially our young surgeons & postgraduates, to actively contribute, question, research, and innovate. The future of surgery belongs to those who dare to think beyond the ordinary.

Let us remember that our greatest strength lies in unity.

When we stand together as a fraternity, we elevate not only our association but the standards of surgical care in society.

Leadership is not about position; it is about purpose. Service is not about recognition; it is about impact.

As we move forward, let us reaffirm our commitment to excellence, ethics, & empathy.
May our hands remain skilled, our minds ever curious, & our hearts deeply compassionate.

Let us continue to inspire one another and set benchmarks that future generations of surgeons will proudly uphold the legacy

As the great physician Hippocrates said, “Wherever the art of Medicine is loved, there is also a love of Humanity.”
Every incision we make carries responsibility. Every life we touch carries trust. Let us honor that trust with excellence, empathy, and relentless dedication.

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SSBASICC Newsletter

## The Honorary Secretary's Message:

May our fraternity stand as a beacon of knowledge, integrity, and service. If we remain united in purpose and steadfast in values, the future of surgery will not just be bright,it will be extraordinary.

May this spirit guide every decision we make and every life we touch.

*With warm regards,*
*Thanking you.*
*Dr. Vikram S Biligiri*
*Hon Secretary*
*SSBASICC 2026*

January - March 2026

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SSBASICC Newsletter

## SSBASICC 2026: Monthly Clinical Meet
## January - St. Martha's Hospital at API Bhavana


Monthly Clinical Meeting hosted by St. Martha's Hospital was held on 21st January at API Bhavana. There was a talk on "Thyroid Surgeries simplified, a roadmap for residents" by Dr. P S Venkatesh Rao.
This was followed by the poster and paper presentations.

This was the first monthly clinical meeting of the year and was well received with more than 145 members in attendance.

This was also the first MCM which was accredited with KMC credit hours

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SSBASICC Newsletter

## SSBASICC 2026: January MCM - WINNER POSTER

**Dr. Nandan Hegde, St Marthas Hospital**

### The Throttled Cuff- Tale Of The Median Arcuate Ligament Syndrome

**INTRODUCTION & CASE REPORT**

Median Arcuate Ligament Syndrome (MALS) is a rare condition caused by compression of the celiac artery by the median arcuate ligament of the diaphragm. It is often considered a diagnosis of exclusion after ruling out other causes of abdominal pain.

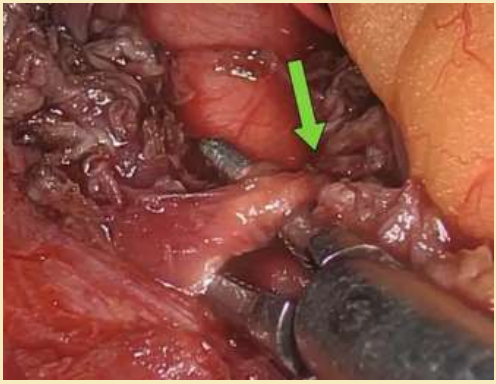
A 24-year-old male presented with post-prandial upper abdominal pain for one month, with a history of similar episodes in the past. Examination was normal

**INVESTIGATIONS**

CECT abdomen revealed compression of the celiac trunk at its origin, suggestive of MALS.

**MANAGEMENT**

The patient underwent laparoscopic release of a musculofibrous median arcuate ligament compressing the celiac trunk



**CONCLUSION**

MALS remains a rare and often challenging diagnosis. Surgical release of the median arcuate ligament, remains the most reliable treatment.

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SSBASICC Newsletter

## SSBASICC 2026: January MCM - WINNER PAPER

**Dr. Mallala Subbareddy, St Marthas Hospital**

### Sealing the Gaps in Surgical Documentation – A Clinical Audit and Quality Improvement Initiative

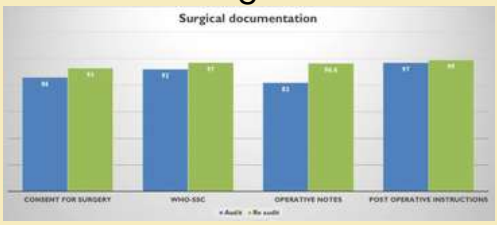
**INTRODUCTION:**
Documentation is crucial for patient safety, continuity of care, effective communication, and medico-legal protection. Incomplete records can impact outcomes and accreditation compliance

**AIMS:** To evaluate and improve peri-operative documentation using RCS-GSP, WHO Surgical Safety Checklist, and NABH standards.

**METHODOLOGY:** A 2-month prospective audit of 160 surgical cases was conducted. Root cause analysis and a questionnaire survey identified deficiencies, followed by interventions including standardized templates, checklist and training. A re-audit was performed.

**RESULTS:** The initial audit revealed significant documentation gaps. Post-intervention, there was marked improvement in completeness and compliance.

**DISCUSSION:** Deficiencies were largely system-related and improved with structured templates, checklists, and focused training.




**CONCLUSION:** Clinical audit enhances documentation and are essential for sustained improvement and patient safety.

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SSBASICC Newsletter

## SSBASICC 2026: Monthly Clinical Meet

## February - SIMS and MVJMC at API Bhavana

Monthly Clinical Meeting hosted by Sapthagiri Institute of Medical Sciences & Research Center and M V J Medical College & Research Hospital API Bhavana was held on 25th February.

This session was kickstarted by a talk on "Thinking beyond the obvious, Uncommon presentation in surgical practice" by Dr. Sadashiv V Patil and was followed by the poster and paper presentations.

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SSBASICC Newsletter

## SSBASICC 2026: February MCM - WINNER POSTER

**Dr. Sheetal Shetty, SIMSRC**

## Inguinal Hernia A window to Androgen Insensitivity Syndrome

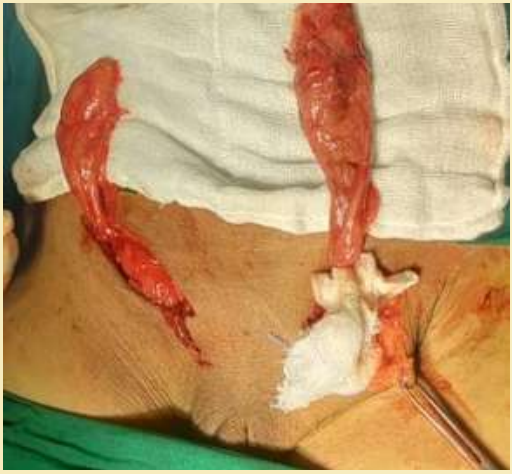
**INTRODUCTION & CASE REPORT**

Androgen Insensitivity Syndrome(AIS) is a rare disorder caused by resistance of target tissues to androgens. Individuals typically present as phenotypic females with absent Müllerian structures

A 75-year-old phenotypic female presented with bilateral inguinal swellings. She had never attained menarche. Examination revealed bilateral inguinal hernia with ambiguous genitalia, labioscrotal folds, microphallus, and a single urogenital opening

**INVESTIGATIONS:** USG revealed bilateral inguinal hernia with absence of uterus and ovaries. Karyotyping confirmed 46XY disorder of sex development

**MANAGEMENT:** The patient underwent bilateral inguinal hernioplasty with bilateral gonadectomy.



**CONCLUSION:** This case highlights the importance of considering AIS and other DSDs even in elderly patients

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SSBASICC Newsletter

## SSBASICC 2026: February MCM - WINNER POSTER

**Dr. Swami Shradha Jagadish , MVJMC**

### A Complex surgical rescue with staged upper GI reconstruction after formalin ingestion

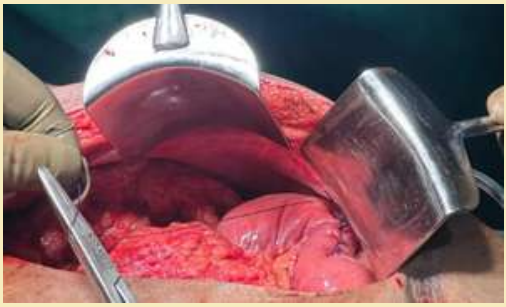
**INTRODUCTION & CASE REPORT**

Formalin ingestion is a rare but highly lethal corrosive injury causing rapid coagulative necrosis, often necessitating urgent surgical intervention.

A 55-year-old male presented after intentional formalin ingestion with vomiting and diffuse abdominal pain. He was drowsy, tachycardic, hypotensive, and had signs of generalized peritonitis.

**INVESTIGATIONS:** Arterial blood gas showed metabolic acidosis. Laboratory findings indicated systemic inflammation. Contrast-enhanced CT abdomen revealed gastric necrosis with perforation and pneumoperitoneum.

**MANAGEMENT:** Emergency damage-control laparotomy revealed extensive gangrene of the fundus and proximal stomach. Proximal gastrectomy with cervical esophagostomy was done followed by a staged Roux-en-Y esophagojejunostomy



**CONCLUSION:** Early imaging, timely DCS and staged reconstruction improves survival in such cases.

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## SSBASICC 2026: February MCM - WINNER PAPER

**Dr. Ayush, SIMRC**

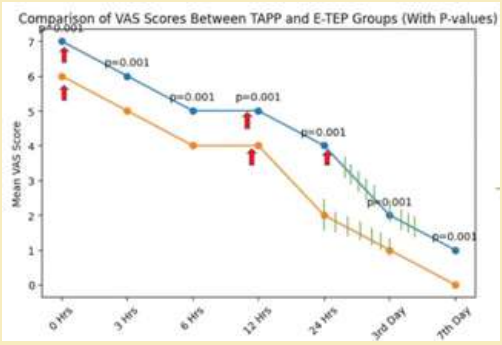
**To compare the early outcomes of TAPP and E-TEP Mesh repair for uncomplicated inguinal hernias**

**INTRODUCTION:** Minimally invasive techniques like TAPP and E-TEP are widely used for inguinal hernia repair, offering reduced pain, shorter hospital stay, and early recovery

**AIMS:** To compare early postoperative outcomes of TAPP and E-TEP mesh repair in uncomplicated inguinal hernia.

**METHODOLOGY:** An ambispective study (Jan 2025–Feb 2026) included 50 patients at a tertiary center. Group A (n=30) underwent TAPP and Group B (n=20) underwent E-TEP. Outcomes assessed included VAS pain scores, complications, operative time, and hospital stay

**RESULTS:** E-TEP showed consistently lower pain scores, with no pain by day 7. Analgesic requirement was 23% less. Complication rates were comparable. Operative time and hospital stay were shorter in E-TEP.




**CONCLUSION:** E-TEP offers better early outcomes than TAPP, with less pain, shorter surgery duration, and comparable safety.

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SSBASICC Newsletter

## SSBASICC 2026: February MCM – WINNER PAPER

**Dr. Vivethashree, MVJMCRH**

### Clinical study, management and outcomes of women with duct ectasia

**INTRODUCTION:** Duct ectasia is a benign breast condition characterized by dilatation and inflammation of subareolar ducts, commonly presenting with pathological nipple discharge.

**AIMS:** To study the clinical presentation, risk factors, and management outcomes of patients with duct ectasia in a tertiary care setting.

**METHODOLOGY:** A prospective observational study of 50 patients was conducted. Clinical features, risk factors, imaging findings, and treatment outcomes were recorded. Patients received either conservative or surgical management. Statistical analysis was performed using Fisher's exact test.

**RESULTS:** Most patients were 40–59 years and had nipple discharge. Conservative management led to symptom resolution in the majority, while surgery resulted in complete resolution in persistent cases with statistical significance

| Mode of Management | Complete Resolution | Partial Improvement | Recurrence |
|---|---|---|---|
| Conservative | 17 | 6 | 2 |
| Surgical | 25 | 0 | 0 |

**CONCLUSION:** Duct ectasia can be managed conservatively, while surgery helps in refractory cases.

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## SSBASICC 2026: Monthly Clinical Meet
## March - Manipal Hospital at Capitol Hotel


Monthly Clinical Meeting hosted by Manipal Hospital was held at the Capitol Hotel on 18th March.

The meeting started off with a Video presentation on breast surgeries by Dr Hemanth.

This was followed by the poster and Paper presentations. The meeting was well recieved and attended by more than 180 members.

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SSBASICC Newsletter

## SSBASICC 2026: March MCM – WINNER POSTER

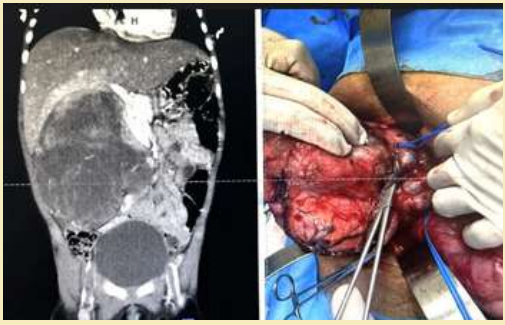
**Dr. Govind G S , Manipal Hospital**

### When Size Matters: Surgical Challenges in Abnormally Large Paediatric Lesions

**INTRODUCTION:** Paediatric surgical lesions are treatable; but, abnormally large lesions pose unique technical challenges, demanding surgical expertise. We present three cases: a 6-year-old female with obstructive megaureter, a 7-month-old male with a large choledochal cyst, and a 3-year-old with Wilms tumour unresponsive to chemotherapy. All cases presented with unusually large lesions complicating standard management.

**INVESTIGATIONS:** Imaging included CT urogram, MCUG, renal scan, and CECT, confirming VUJ obstruction, a large choledochal cyst, and a massive renal tumour respectively.

**MANAGEMENT:** Procedures included ureteric reimplantation with tapering, cyst excision with Roux-en-Y hepaticojejunostomy, and radical nephroureterectomy with tumour excision



**CONCLUSION:** Though not rare, large size of lesions increases surgical complexity, requiring individualized strategies and for optimal outcomes.

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SSBASICC Newsletter

## SSBASICC 2026: March MCM - WINNER PAPER

**Dr. Govind G S , Manipal Hospital**

**Anatomical restoration of ANterior abdominal wall and Improvement in QOL post e-TEP for Ventral hernias**

**INTRODUCTION:** Ventral hernia repair traditionally involved intraperitoneal mesh placement, which carries risks. The eTEP ± TAR approach offers retro-rectus mesh placement, enabling better anatomical reconstruction while avoiding intraperitoneal complications.

**AIMS:** To assess anatomical restoration, operative parameters, complications, quality of life (HerQLes), and recurrence following eTEP ± TAR.

**METHODOLOGY:** retrospective analysis of prospectively collected data (June 2020–June 2025) of 120 patients undergoing laparoscopic or robotic eTEP ± TAR was performed.

**RESULTS:** Mean defect size was 24.5 sq.cm, operative time 191.6 minutes, and hospital stay 2.94 days. Complications were minimal. Anatomical restoration was achieved in 98% cases. Recurrence was 0.84% at 1 year Quality of life improved significantly (52.2%, $p<0.00001$).

**DISCUSSION:** eTEP ± TAR demonstrates excellent anatomical and functional outcomes with low complication and recurrence rates.

**CONCLUSION:** eTEP ± TAR is an effective technique for ventral hernia repair, improving patient outcomes and quality of life.

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## Ai UGMENTED CLINICIAN : A Hands-on Workshop on 17th January at Victoria Hospital

Ai UGMENTED CLINICIAN A Hands-on Workshop for Clinicians was held on 17 January 2026 at the Trauma Care Center, Victoria Hospital campus. This programme was moderated by Dr Sunil Kumar V, President of Surgical Society of Bangalore

This programme was well attended and appreciated.

This programme contained various sessions starting off with Basics of AI where its application was explained for clinicians. This was an interactive session.

This was followed by a session on AI in Day-to-Day Clinical Practice where its application in OPD to OT and its use in preparing discharge summaries was explained using a live demonstration

There was also a session on AI for Research & Academic writing followed by AI for Teaching & Medical Education

The session was concluded with a talk on Ethics, Safe & Responsible use of AI

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SSBASICC Newsletter

## REPUBLIC DAY FREE HEALTH CAMP
## 26th January at National Games Village

*The Surgical Society Bangalore ASI City Branch (SSBASICC), in association with Trustwell Hospital and Vasan Eye Care Hospital successfully organized a free medical and surgical screening camp for the residents and public at Yamuna Block, National Games Village campus in Koramangala.

The event was inaugurated by Dr Sunil Kumar V, President of SSB and Dr. Vikarm S Biligiri, Hon Secretary by lighting the lamp.
Lt. Col. Rakesh Dubey, Vir Chakra. Ex Army & Yamuna RWA Association members were present.

Free consultations were provided by experts in General Surgery, Internal Medicine, Gastroenterology, and Cardiology.

Our members of the SSBASICC emphasized that Early detection of disease, preventive health check-ups through such camps is vital for public health.

Vasan Eye Care conducted free eye screenings, focusing on cataract detection and vision issues.

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SSBASICC Newsletter

## ROBOTIC HANDS ON DA VINCI SIMULATOR WORKSHOP
### 1st February at Intutive Surgical Dry Lab

A Robotic Hands on Da Vinci Simulator workshop was conducted on 1st February 2026 at the Intutive Surgical Dry lab in Bangalore. This programme was conducted by the SSB in association with Fortis Hospital and Intutive Surgicals.

There was an orientation talk by Mr Robin and Dr Shashikiran followed by hands on experience on the Da Vinci Simulator.

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SSBASICC Newsletter

## FREE EYE SCREENING AND HEALTH CAMP
## 21st February at Shri R V Gundu Rao Auditorium

A Voluntary Free Health Check up & Eye Screening Camp was organised by the Surgical Society of Bangalore in association with the Lions Club of Bangalore West and The Private School Van drivers Association on 21st February at Shri R V Gundu Rao Auditorium, Seshadri Puram, Bengaluru.


The Camp was inaugurated by the SSB President Dr Sunil Kumar, Hon Secretary Dr Vikram S Biligiri along with Dr Aswath Narayan, MLA of Malleswaram Constituency & former deputy Chief Minister of Karnataka

Private School Van drivers attended the camp

There was also a safety awareness program and an exclusive AI safety App was released by Dr Ashwath Narayan. Members who were present appreciated the sincere efforts of our Surgeons & SSBASICC Activities.

Around 125 people attended for the free Check Up and Eye screening. Free glasses were provided to poor & elderly patients.

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## SAFE LAPAROSCOPIC CHOLECYSTECTOMY
## 22nd February at Command Hospital

Safe Laparoscopic Cholecystectomy is a flagship programme of the AMASI and was conducted by the Surgery Department of Command Hospital in association with the Surgical Sociey of Bangalore on 22nd February at the T G Jones Auditorium at Command Hospital.

This conference was a hugely successful event in the highly popular AMASI academic series focusing on basics to advanced laparoscopic techniques, along with intense discussions on difficult situations, complications and management of complications.

The program saw participation by over 300 delegates. It was coordinated by Gp Capt (Dr) Ameet Kumar, Gp Capt (Dr) K P Mishra & Lt Col ( Dr) Mahesh Behera

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SSBASICC Newsletter

## SAFE LAPAROSCOPIC CHOLECYSTECTOMY
## 22nd February at Command Hospital


The highlight of the event was the session “Decoding the Difficult Gallbladder” by Prof. Palanivelu, complemented by insights from senior faculty members including Dr. Jugindra, Dr. Ishwar Hosamani and Dr. Sadashivayya Soppimath

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## Clinical AI Analyst Certificate Program (Online) on 21st & 22nd February and 21st & 22nd March

In collaboration with Cellstrat, SSBASICC launched a 6-month structured certification designed exclusively for healthcare professionals. It was an Online workshop which was held in batches. The first batch was held on 21st and 22nd February & the second batch was held on 21st and 22nd March

**Program Structure**

* 4 months of live, interactive classes (no recorded sessions)
* 2 months of guaranteed, hands-on internship
* Cohort limited to 10 participants


**Faculty Panel**

Data Scientists, AI Architects, Surgeons, Dentists, and Clinical Experts, bringing both technical depth and clinical relevance.

This was not a generic AI program. It focused on clinical data analysis, responsible AI use, evaluation of frameworks, and real-world healthcare application.

The President of SSB, Dr. Sunil Kumar V, who also serves as the National Program Lead for AI for Surgeons under the Association of Surgeons of India initiative, has been instrumental in driving these initiatives. He actively contributed as faculty across all programs, ensuring high academic standards and relevance

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## WALKATHON FOR CANCER AWARENESS AND INTERNATIONAL WOMEN'S DAY

### 8TH March - Manipal Hospital, Whitefield

A walkathon for Cancer awareness and International womens day was organised by Manipal hospital, Whitefield in association with SSB on 8th March. Around 500 participants took part enthusiastically in the 5-kilometer walk, making it a meaningful initiative to promote awareness about a cancer-free life.

This event was well organized and conducted in a very positive and healthy spirit. The first five runners were awarded medals.

This was followed up with a good breakfast which was arranged for all participants.

It was a successful, healthy, and impactful event promoting cancer awareness among the public as well as medical fraternity.

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## ABWALL TRIBE SUMMIT 2026

## 13th – 15th March - Chancery Pavilion

AWRSC Abwall Tribe Summit 2026 recently conducted on March 13,14,15 2026 at Chancery Pavillion Bangalore. This is a biennial Young surgeons wing AB wall tribe conference, that is also a midterm AWRSC conference which Bangalore got an opportunity to host. The Conference was a joint effort of The Young Surgeons of AB wall tribe, AWRSC, Surgical Society Bangalore and Sparsh Hospital Yeshwanthpur and KIMS hospital Mahadevpura.


Dr Somyaa Khullar as the organizing chairman and Dr Muralidhar S Kathalagiri was the organizing secretary. Preconference workshops were organized at Sparsh hospital Yeshwanthpur on Lap and Robotic management of Ventral hernia and KIMS hospital Mahadevpura on Lap and Robotic management of Inguinal hernias which were very well appreciated.

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## ABWALL TRIBE SUMMIT 2026

## 13th – 15th March – Chancery Pavillion

The program had more than 250 registrations, full halls on all sessions. Delegates and faculty from across the nation attended the conference. The range of there were some very unique sessions including Radiology and CT reading for Surgeons, AI for surgeons to name a few. This platform provided young Surgeons doing great work opportunity to showcase the work on the podium. Faculty had a unique mix of young blood and experienced seniors that have this conference a unique approach.


It was a successful conference with full houses during presentations, Excellent presentations by Young genius and the wise seniors and the enthusiastic crowd interactions and questions

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SSBASICC Newsletter

## Voices of Excellence: Orations by SSB Members

**Dr C S Rajan** delivered the prestigious Col. Pandalai Oration at ASICON held at Kolkata in December 2025.
He spoke about “Surgery 360”

https://youtu.be/u1YSPnSogCI?si=YlKataXpXrR7OaHj


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SSBASICC Newsletter

## Voices of Excellence: Orations by SSB Members

**Dr K Lakshman** delivered the prestigious Dr. Jai Pal Singh Oration at ASICON held at Kolkata in December 2025.
He spoke about “Mentoring in Surgery”


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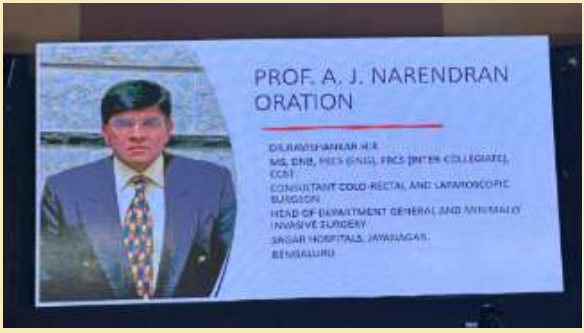
## SSBASICC Newsletter

## Voices of Excellence: Orations by SSB Members

**Dr Ravishankar H R** delivered the Prof. A J Narendran Oration at KSCASICON held at Raichur in February 2026.
He spoke about “Rectal Cancer Surgery - The journey so far”

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## SSBASICC Newsletter

## Voices of Excellence: Symposium by SSB Members

**Dr Kapil Kishore** moderated the Prof. Balakrishna Rao Symposium at KSCASICON held at Raichur in February 2026.
The session was on Recent advances in the management of Choledocholithiasis



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## Prof. Pampanagouda video session presentations by SSB Members at KSCASICON 2026 at Raichur

Dr Himagirish Rao presented a video presentation on “Central compartment neck dissection”


Dr Sreekar Pai presented a video presentation on “Hemorrhoidectomy”

Dr Sunil Subash Joshi presented a video presentation on “Lower limb revascularisation”

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## Exclusive Interview

### Dr. Bammappa Marthandappa Agadi

### Breaking New Ground: A Surgeon's Bold Leap from Government Job to Hospital Founder

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### Awards

- ·"Distinguished Alumni Award" by KMC, Manipal/Mangalore 1988
- ·"Lifetime Achievement Award" by Surgical Society of Bangalore
- ·"B. C. Roy Doctor's Day Award" by IMA Bangalore 1999
- ·Felicitation by Surgical Society of Bangalore and ASI CC 2001
- Many Honours and Felicitations by Local Societies

### Posts and positions held

- Health Officer and Asst. Surgeon in a Primary Health Centre in Hole-Alur village, Dharwar district
- Asst. Surgeon at Govt. Wenlock Hospital, Mangalore
- Honorary Asst. Prof. of Surgery at Kasturba Medical College, Mangalore
- Chief Medical Officer at Govt. Hospital Kundapur
- Port Health Officer at Kundapur Port, Gangolli (South Kanara)
- Founder, Chief, and General Surgeon of Agadi Hospital & Research Centre
- Elected as Fellow of International College of Surgeons in 1979
- Treasurer of Association of Surgeons of India, Bangalore City Chapter 1987-1988
- Elected as Fellow of IMA Academy of Medical Specialties 1987
- Vice President, KMC Alumni Association, Bangalore 1987-1989
- Vice Chairman, Association of Surgeons of India, Bangalore City Chapter 1989-1990
- ·President, KMC Alumni Association, Bangalore 1990-1991 , 1991-1992,

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- Zonal Convener, Central Zone, International College of Surgeons (Indian Section) 1991-1992
- Founder President, Indian Medical Association, Bangalore Central Branch since 1992
- Founder Fellow of the Association of Surgeons of India (FAIS) in General Surgery in 1993
- Organising Secretary, 10th Asian Pacific Federation Congress of International College of Surgeons & 39th Annual Conference of International College of Surgeons (Indian Section) Bangalore, November 1993
- Vice President, Central Zone, International College of Surgeons (Indian Section), 1995-1996
- Honorary Secretary, Bangalore Surgical Trust – establishing and maintaining the Medical Library & Information Centre (MED LINC)
- Life trustee of Bangalore Surgical Trust (charitable trust)
- Chairman, Nursing Home & Private Hospital Committee of Indian Medical Association, Karnataka State Branch 1996
- Founder and Managing Trustee of Agadi Foundation – charitable trust set up a haemodialysis department, providing haemodialysis at a subsidised cost
- Treasurer and Convenor of Association of Nursing Homes and Private Hospitals, Karnataka

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**Memberships - Medical and non-medical**

- Surgical Society of Bangalore
- Indian Medical Association
- Association of Surgeons of India
- Life member of Indian Society of Health Administrators
- Life member IMA, Academy of Medical Specialties
- Life member "International Association of Gastroenterology" (Indian Section)
- Life member of Indian Medical Association
- Member of International Gastro-Surgical Club
- Member of Bangalore Club


**Sir could you please tell us about your parents and childhood**.

I was born on 08/02/1936 in Laxmeshwar, district of Dharwad, Karnataka. My parents are Marthandappa Agadi and Rathnamma Agadi. I was the 4th born in a family of 14 children. I completed my primary and high school education in Laxmeshwar in 1953. I then did my 2 year pre-university course in science at Karnataka College, Dharwad

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**Sir could you tell us about your journey in the field of medicine.**

I joined M.B.B.S at Medical College, Baroda in 1955 on a merit scholarship and completed under graduation in 1960 from the M.S. University of Baroda. I completed 1 year of Internship in Baroda and then came back to hometown of Dharwad where I joined the State Government Medical Service as a Health Officer and Asst. Surgeon in a PHC in Hole-Alur village. I built up an out-patient facility and saw more than 200 patients per day. That PHC catered to an area with nearly 30,000 people. Here I set up the first major vasectomy camp where 68 people underwent vasectomies in a single day. I also carried out obstetric work, in the patient's huts and houses as well.

I saw and managed 2 major cholera epidemics, one in 1963 and another in 1964, where we helped organise camps to treat patients and made arrangements for inoculation

**Why did you choose surgery as a specialty and could you elaborate a bit on your entry and journey in the Surgical field?**

Surgery is the most active speciality of medicine and has an exciting approach.

I Joined M.S. in General Surgery course at Kasturba Medical College, Mangalore in 1965. I also concurrently worked as an assistant surgeon at Govt. Wenlock Hospital, Mangalore.

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I was always passionate about teaching and would regularly undertake clinics to the undergraduate students.

My dissertation on Surgical Amoebiasis was highly appreciated by the assessors. I finished my course in 1968 and was awarded the M.S. General Surgery degree from the Mysore University. Following this I continued to work in Govt. Wenlock Hospital and was appointed as Honorary Asst. Prof. of Surgery at Kasturba Medical College

I was then posted to a peripheral hospital in South Kanara district as Chief Medical Officer of Govt. Hospital Kundapur.

This place was managed by 4 doctors, where I was the chief and the only postgraduate qualified doctor.

We covered a population of nearly 2,00,000 people. As I was the only surgically qualified doctor I was performing surgeries all day including caesarean sections and hysterectomies. I was also in charge of the medicolegal department, and hence had to perform autopsies as well. Based on my experiences here I published 2 articles – "A Chronic Abscess in a Skeletal Muscle by Salmonella Typhi : A very unusual Manifestation" and "Investigation into the Source of Epidemics of Infantile Gastroenteritis in Coondapur".

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**What made you start private practice?**

After my successful stint as a Surgeon in Kundapur for 7 years, for certain reasons which cannot be explained I was transferred to Bangalore as a CMO in-spite of there being no vacancies. As there was no surgical opportunities i requested the officials for a Surgical post. I was then given a post as an anesthesia assistant. This was a pivotal point because this job kept me away from the thing i loved the most, performing surgeries.

After a brief discussion with my Father in law and with the support of my family i decided to start my own practice and hospital to follow my passion of performing surgeries.

In 1976, I resigned from his Govt. job, and set up my own 60 bedded hospital in Bangalore City.

I named it Agadi Hospital & Research Centre, where various specialities were available. The hospital is still functioning successfully During my time at Agadi Hospital, I performed nearly 40,000 surgeries.

**Could you please tell us about your mentors and the influence they had on you.**

My mentors were Dr. M. P. Pai who was the HOD of Surgery, Dr. C. R. Balal and Dr. S. V. Nadakesri who were both Professors of Surgery at KMC Mangalore.

These 3 Professors were excellent teachers and made an effort to pay individual attention towards the students

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**Are there any Interesting incidents you would like to share?**

Have you heard of the "**Epidemic of Appendicitis"?** There was 2 cases (a) A 16-year-old boy was brought to me for appendicectomy, since his family was known to me. He was studying in Ramakrishna's Math Hostel. The boy had only very mild tenderness in the right iliac fossa, all other parameters were totally normal. I advised to wait for a week and come back if symptoms increase.

(b)Another boy of the same age was brought to me for appendicitis surgery on the next day, all findings were as in (a). He too came from the same hostel. This boy's family was known to me closely. This boy narrated to me that nearly 8-10 boys had attacks of appendicitis in the hostel. 3 of them underwent appendicectomies in Mysore

I asked him to wait for a week. In the meanwhile, I had a discussion with my psychiatrist. She referred to the literature and found out that there is an entity called "Epidemic of Appendicitis" in hostels etc., not real appendicitis.

This meant the "appendicitis" the boys were experiencing were psychological symptoms, and did not actually need surgery. I called boy (a)'s family and discussed this with them.

They said they can rush to a surgeon if necessary. Boy (b)'s family had consulted another senior surgeon and he advised not to take a chance, and to get the operation. Since the family had a lot of faith in me, they insisted on surgery, and I had to do it.

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**Which are your favourite surgeries ?**

My favourite surgeries were surgery for amoebiasis, Appendicectomy and Repair of abdominal hernias


**What would you want to be if not a surgeon?**

I would probably have chosen to pursue Obstetrics and gynaecology. Outside of medical field I would have pursued Indian Administrative Service (IAS)

**What would you do differently if you had to relive your PG life?**

I have thoroughly enjoyed my journey and would repeat the exact same thing again and would not change anything

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**Which is your Favourite food, place to visit, books?**

I have always enjoyed vegetarian food. My favourite places to visit would be Bombay & Kanyakumari in India, Amongst international destinations my favourite would have to be New Zealand & Scotland .My favourite book is the Bhagavad Gita as it is a book on meditation.

**Sir what do u think is the key to your success?**

I have always been honest and ethical in my surgical practice.

**What is your advice to young surgeons?**

Be sincere and hard working. Follow honest and ethical practices. Be good to your juniors and peers

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## My Tryst with Spirituality

This was in December of 2024, Christmas time when I suddenly thought of taking off and getting into solitude. I have been working very hard for a few decades now and for the first time, I thought I should be taking a holiday by just myself and thinking of what it should be like, I thought, let me have a spiritual holiday

**Dr. Makam Ramesh**
(M.B.B.S, D.N.B, D.A.C.P., F.A.I.S., F.I.A.M.S., F.I.C.S., F.M.A.S., F.I.A.G.E.S.)
(Consultant Minimal Access & Bariatric Surgeon,
Director- BEST Institute & Research Centre , A V Hospital, Arka Anugraha Hospital )

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I wanted to go to an ashram in Haridwar, close to Himalayas, where we all know that there are several great saints and there are so many ashrams. Himalayas is also known as a Thyaga Bhoomi or a place of renunciation and the abode of Shiva. This place has always fascinated me and I have always been dreaming of meeting a great saint there one day. I had recently come to know a very senior Swamiji who had come to Bangalore for some treatment, and he happens to be a well known monk at a Ramakrishna Ashram at Haridwar. To get more details, I contacted another Swamiji at Bangalore. In fact, when he heard about what I wanted to do, he felt that he should help me out to get the best out of my holiday and he volunteered to organise the trip for me. He suggested to me to go to Mayawati which would be quite exciting and something that I would like very much..

I also came to know about Prashant Maharaj who has served at the Bangalore Ashram and is now close to Mayawati. When Prashant Maharaj came to know I was planning to go to Mayavati, he invited me to the ashram where he is currently serving. I am blessed since Swamijis themselves made all arrangements for me to go to some places at Uttarakhand and I started off on 23 December. I took a flight to Bareilly and a taxi was arrangned to take me into the Himalayas. On the way, as we were climbing a hill, the driver stopped and showed me a river flowing and told me that the town we see across the river belongs to Nepal. In fact we were at the border with the river separating the two countries.

The first place that I went was a place called Shyamla Tal. This is on the top of a hill and an ashram which is named

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after Swami Vivekananda, established by a great monk called Virajananda. Swami Virajananda had personally looked after Swami Vivekananda for more than 4-5 years and he was one of the most favourite Shishyas or disciples of Swami Vivekananda. He had been to this place and had done intense meditation for about 11 to 12 years in a small building here. He then started an ashram there, which is called Swami Vivekananda Ashram. Perhaps in the whole congregation of Ramakrishna Mission, this must be the only one which is named after Swami Vivekananda.. The place where Swami Virajananda had meditated is called Virajananda Dham and I was very excited to be there and to see this place. As fortune would have it, Prashanth Maharaj, serving there really helped me to make my stay more comfortable. In the biting cold weather which was less than 0 degree Celsius most of the time, Prashanth Maharaj made me feel at home. He is the "Bhandari" there, which means being in charge of the kitchen. Prashanth Maharaj offering me hot tea was welcoming all the time. He took me for a long walk around the hills. It was very picturesque with a few houses on the way. Talking to him would always lead to practical solutions in life and we made conversations generally but I could understand a lot of subtle messages about leading a spiritual journey.

The best part for me was Prashanth Maharaj helping me to have an entry into Virajananda Dham. This is in the first floor of a small building, and I spent three days here sitting in front of Virajadananda Dham, the room where Swami Virajananda had meditated. It was an exciting experience. There was absolute silence.

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There was no one around. I could hear the breeze now and then. At times there was a small drizzle. I could experience profound peace. What surprised me was that I could sit for a few hours there in meditation and contemplation. The best part was my phone signals would not reach that place. I had very little thoughts bothering me. At times I would play some devotional songs and bhajans in my laptop - I had recorded all of them before I left Bangalore.It was a very silent atmosphere.There is no inhabitation there for a long distance from this place, except a few people who lived in the Ashram and were involved in maintenance of the Ashram. So I could spend a lot of time here all by myself. The greatest challenge for me was being from Bangalore and pampered a lot by a very good moderate temperature in Bangalore.This was a time when it was the coldest period in Uttarakand, which is at the foothills of Himalayas and the temperature would go down to -1 or -2° in the night and would be between 8 and 10 degrees Celsius at the hottest times of the day. I was prepared for this type of temperature and had taken warm clothes and my meditation did not get deterred because of this unfriendly weather. Even the drizzles seemed to help me concentrate better and control my monkey-brain. I definitely felt the positive vibes of this place.

It was a very nice experience and a very memorable one and I definitely felt I should get back there sometime later. When I left Shyamla Tal, I knew that there was equal or even better places that I would be looking into in the next few days. The journey was through the hills with many lakes and small towns, including Nainital and other well known holiday spots. We stopped briefly at a

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place called Neem Karoli Baba Ashram. There was a huge crowd of people visiting this Ashram. Neem Karoli Baba was a great saint of recent times, who is similar to Shirdi Sai Baba and Guru Raghavendra Swami whom we all worship in the south.

There was a long queue but it was possible to have a good Darshan of the relics there as well as the pictures of the great Neem Karoli Baba. From there I moved on to Kakri Ghat.

From there I went to a place called Kakri Ghat, situated amongst a number of hills in a valley where there's a river flowing and next to the river, there is a Peepal tree. This is the place where Swami Vivekananda had meditated for more than a day and then when he woke up, he told his disciple that he had an experience that he had never had before.

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Now I was going to my dream land, a place I dreamt about as my final destination. This is called Mayavati. To say a little bit about this place, Swami Vivekananda after having stayed in the US for four long years after his address at the World Congress of Religions Meet, at Chicago. He toured Europe before he came back to our country. Some of his disciples including Captain Sevier and Mrs. Sevier asked him to rest a while in Switzerland after his hectic US tour. While at Switzerland for almost two weeks at the foothills of the Alp Mountains Swamiji proposed that a centre should be established at the foothills of the Himalayas where people can visit, meditate and contemplate on the Advaita philosophy, free of ritualistic practice.

Captain Sevier, Mrs. Sevier and Swamiji's disciple Swami Swarupananda were given this task to find a place and establish the centre. After a long search they found an excellent place. This was tea estate, spread over a hill spanning over 3000 acres, about 6400 feet above sea level, covered by mountains on three sides and a breathtaking view of snow capped Himalayan mountains on one side. This is where they established the Advaita Ashram, Manavati. It was a very picturesque journey, passing through the mountains. I could see a few lakes and rivers on the way and also some small villages. As I sat in stillness, the mind began to quiet, and I fest a deep connection to the universe. The experience was truly transformative, and I left Mayavati feeling refreshed, renewed, and more connected to my inner self.

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There are two buildings opposite each other. One is called Advaita Ashram and the other is the Prabudha Bharata Bhavan. The Ashram has gone on to build a Guest House where retreats are being conducted. Between the guest house and the Ashram building is a hospital which serves tribals living amongst the hills and mountains with very little facilities and amidst great poverty. The hospital has been very active in providing Dental and Ophthalmology services along with other specialities. In fact, the doctors who come here go to villages see the sick there and then bring them to the hospital for treatment. I could sit in meditation for a few hours every day, as well as read some interesting books and articles in the library

I had read "The Complete Works of Swami Vivekananda" while at high school and in PUC. Through his writings and teachings, I have gained a deeper understanding of the importance of spiritual growth, selfless service, and the inherent divinity within every individual. My devotion to Swami Vivekananda's ideals has been a source of strength, inspiration, and guidance, and I am forever grateful for the wisdom and insight his teachings have brought into my life. I never had dreamt that I would have this opportunity to visit the places where he had not just lived but meditated and would get a feel of the vibes he has left for us to experience and elevate ourselves.

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## A ‘C S’ on Indian Cricket’s “Finest Hour”..! – 8 March 2026

**Author**

**Dr C S Rajan**

The Indian **C**ricket **S**upporter’s wait for the **C**oming of **S**pring of 2026, was over on 7 th Feb 2026, with the **C**olourful **S**tart of the ICC T20 World Cup in India & Sri Lanka.

A **C**ollected **S**core (20) of Nations were bundled into 4 groups of 5, each playing the **C**hosen **S**et of that group. Top 2 teams of each group were then **C**ombined **S**pecific into 2 groups of 4, for another **C**lassy **S**et of games, to get the top 2 from each group, as semifinalists. This gave way to the top 2 for the **C**andescent **S**cintillating finals.

Some of the **C**harged **S**pellbinding games were South Africa’s second Super over victory over Afghanistan, Nepal pushing England to the brink, Zimbabwe beating Australia, and Sri Lanka inflicting a second loss for Australia. The Indian **C**asual **S**loppy loss to South Africa made the **C**lash **S**pecial against West Indies, to qualify

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## A ‘C S’ on Indian Cricket’s “Finest Hour”..! – 8 March 2026

But rising to the occasion, **C**linical **S**anju Samson’s 97 saw India **C**avort and **S**tride past the WI.

In the semifinals, again **C**alm **S**anju Samson’s 89 helped post a good total, that **C**onfounded and **S**tumped the English team. New Zealand did the same with the South Africans in the other semi-finals.

Thus, was set up, the finals, between the **C**ompetent **S**trong Indians and the **C**rafty **S**inewy Kiwis.

India’s Team for this **C**hampionship **S**upreme final to **C**ontest **S**trongly for the world **C**up of **S**ilverware was:

- **Playing 11**
- Abhishek **C**lobbering **S**harma
- **C**lassy **S**anju, the **C**ool **S**amson
- **C**utting **S**washbuckling Ishanth Kishen
- **C**harismatic **S**kipper, **C**lever **S**urya Kumar Yadhav [SKY]
- **C**arefree **S**trong Tilak Verma
- **C**asual **S**tylish Hardik Pandya
- **C**olossal **S**winging batter, Shivam Dube
- **C**atlike **S**tealthy Axar Patel
- **C**ommanding Shrewd Jasprit Bumrah
- **C**alculative **S**wing bowler Aarshdeep Singh
- **C**rooked **S**pinner Varun Charkravathy
- **C**heetah **S**wift Rinku Singh as 12 th man

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## A ‘C S’ on Indian Cricket’s “Finest Hour”..! – 8 March 2026

Reserves

- **C**harging **S**eamer Mohammed Siraj
- **C**unning **S**pinning Washington Sunder
- **C**hinaman **S**pecialist Kuldeep Yadhav.
- All **C**oached and **S**upervised by
- The **C**alculative **S**traight faced Gautam Gambhir.

Batting first, once again it was that man, **C**linical **S**anju Samson’s 89,
along with **C**ameos and **S**trokes of others, that brought up a **C**olossal **S**um to defend.

With Controlling Sharp Jasprit Bumrah, at his bowling best. The defense of this score was **C**lear and **S**imple, leaving India the **C**hampions **S**tellar of the T20 WC 2026!.....**C**heers and **S**miles, **C**laps and **S**alutations to the whole India Cricket team, players and the vital **C**aring **S**upport staff. A word of **C**alm and **S**incere praise for the grace the defeated Kiwis **C**arried and **S**howed, as they accepted the **C**lear **S**uperiority of India’s **C**ricketing **S**oldiers on the night.

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## A Historic Milestone –Birth of National Surgical Week & National Surgeons Day

In today's competitive world, every surgeon aspires to excel, often leading to unintentional rivalry or disconnection among colleagues. It is vital to create opportunities that foster unity, camaraderie, and mutual respect within our fraternity. Surgeons, by nature and training, are deeply committed to social service—be it offering free surgeries, consultations, donating blood, or going to extraordinary lengths to save lives. Yet, society often perceives us as money-minded or indifferent to public needs. This unfortunate perception is one of the key reasons behind increasing litigations and medicolegal cases. Indian surgeons have been at the forefront of excellence worldwide, continuing the legacy of Sushruta.

**Author**

**Dr H V Shivaram**
**National EC member**

However, there has long been a need for a unifying platform—a moment for us to come together for a common cause. .

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This vision took shape when I proposed the idea of a National Surgeons Day during the Executive Board Meeting of the Association of Surgeons of India (ASI) held in Chennai on 25th January 2025

The national body embraced this proposal wholeheartedly. Our dynamic President, Dr. Pravin R. Suryawanshi, expanded the concept to include a National Surgical Week, making this initiative truly historic and unique among professional organizations. As a result, National Surgical Week (2nd week of June) and National Surgeons Day (15th June) were officially born. Objectives of National Surgical Week & Surgeons Day The initiative is driven by three key objectives:

**1.** Unity, Skill Enhancement & Camaraderie: Bringing together surgeons from all specialties across India through guest lectures, orations, skill enhancement sessions, honoring eminent senior surgeons, and social gatherings like family meetups and banquet dinners.

**2.** Celebrating the Role of Surgeons in Healthcare: Recognizing the dedication, hard work, and contributions of surgeons, while improving public perception through active community engagement—press briefings, media articles, walkathons, free consultations, free surgeries, blood donation camps, and rural/tribal health initiatives.

**3.** Promoting Surgeon Well-being: Encouraging surgeons to undergo a Master Health Check and prioritize their own health, with reminders sent via SMS, WhatsApp, and email to all ASI members.

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A National Movement This monumental task was meticulously planned under the leadership of President Dr. Pravin R. Suryawanshi and Hon. Secretary Dr. Gaddi Diwakar, with a dedicated national task force led by me.

Our vision was to ensure participation from every corner of India—from Kashmir to Kanyakumari and Gujarat to Arunachal Pradesh—including state chapters, city branches, specialty sections, and medical college surgical departments. The outreach efforts were massive, involving emails, WhatsApp communications, and multiple Zoom meetings with state and city office bearers.

It was heartening to witness the entire ASI family unite with unprecedented enthusiasm. Under the leadership of Dr. Rajendra Shindhe, the country also prepared for a nationwide blood donation drive on 14th June, during Surgical Week. The Grand Celebration The outcome was nothing short of electrifying! Across India, public engagement activities such as press briefings, media coverage, radio talks, rallies, walkathons, rural and tribal health camps, free consultations, and blood donation drives were held with overwhelming participation. Within the surgical community, events like guest lectures, symposia, orations, skill-building programs, and social gatherings brought colleagues together in a spirit of unity. The grand finale on 15th June 2025 was celebrated in Chhatrapati Sambhaji Nagar, led by President Dr. Pravin R. Suryawanshi.

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The event gathered surgical leaders, mentors, teachers, and young surgeons on a common platform, with cultural programs, a music competition, and a banquet dinner. It was an occasion of reflection, pride, and renewed commitment to excellence in surgical care, education, and service.

Dream Realized The ASI has set a world benchmark by uniting surgeons and surgical organizations nationwide to make National Surgical Week and National Surgeons Day an unprecedented success.

A special ASI newsletter is being prepared to document this historic milestone. For me, this is a dream come true. Our Bengaluru city branch (SSBASICC) has celebrated Surgeons Day locally, since 2000. From 2023 onwards, we expanded celebrations across Karnataka, thanks to the proposal of Dr. Shivaprakash D.S, KSCASI- EC member. Today, this celebration has evolved into a national movement—and the next step is to take it global !

Long Live ASI !!

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## Idiopathic Granulomatous Mastitis: A Contemporary Surgical Perspective

Idiopathic Granulomatous Mastitis (IGM), a rare but increasingly recognized benign inflammatory condition of the breast, poses diagnostic and therapeutic challenges due to its mimicking of carcinoma, unpredictable clinical course, and complex etiopathogenesis. Once considered a surgical disease, IGM is now regarded as a multi-systemic disorder requiring immunologic, microbiological, and individualized therapeutic approaches. In this article I have tried to provide a synthesis of current literature focusing on up-to-date etiopathogenic theories, diagnostic challenges, and multidisciplinary management strategies.

Author
**Dr. Bharati V Hiremath**
**Professor of Surgery,**
**[Ramaiah Medical College & Hospitals]**

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## Introduction

Idiopathic Granulomatous Mastitis (IGM) was first systematically described by Kessler and Wolloch in 1972. It primarily affects women of reproductive age, particularly within 5 years postpartum .Rare cases have been documented in men and postmenopausal women, highlighting the non-exclusive hormonal involvement.This condition has a predilection for certain ethnic groups including South Asian, Middle Eastern, and Mediterranean populations IGM .It is rare in Western populations. Though benign, IGM often leads to significant morbidity, recurrence, and cosmetic disfigurement if mismanaged. With advances in breast imaging, histopathology, immunology, and microbiology, the disease is better understood today, although its management remains nuanced.

## Etiopathogenesis: Current Concepts

IGM is now considered a multifactorial condition involving an interplay of immunologic, hormonal, microbial, and genetic factors.

### 1. Autoimmune Inflammation

The autoimmune hypothesis is central to current understanding. Histological and immunophenotypic studies demonstrate T-cell-dominant, lobulocentric, non-caseating granulomatous inflammation. Elevated pro-inflammatory cytokines (IL-8, IL-10, IL-17, TNF-α) and reports of coexisting autoimmune diseases (e.g., erythema nodosum, arthritis) support this view. Koksal and Kadoglou emphasizes this immune dysregulation as a core pathophysiologic mechanism and suggests the terminology “Idiopathic Granulomatous Lobular Mastitis (IGLM)” for this subset.

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**2. Infectious Hypothesis:** Corynebacterium kroppenstedtii

Recent microbiological advances—particularly using MALDI-TOF mass spectrometry and lipid-enriched cultures—have implicated Corynebacterium kroppenstedtii, a lipophilic, slow-growing Gram-positive bacillus. This bacterium is often associated with suppurative, abscess-forming variants of IGM and may be underdiagnosed due to conventional culture limitations.

Corynebacterial mastitis is identified as a distinct clinicopathologic subtype, potentially requiring antibiotic treatment in addition to or instead of immunosuppression.

**3. Hormonal Factors**

The hormonal milieu , particularly postpartum hormonal shifts and hyperprolactinemia ,may predispose lobular epithelium to injury, allowing leakage of milk proteins that trigger granulomatous inflammation. Some patients improve with dopamine agonists like cabergoline, particularly when hyperprolactinemia is documented.

**4. Genetic and Ethnic Predisposition**

A disproportionately high incidence in certain ethnic groups suggests underlying genetic susceptibility. Although HLA typing and genetic studies are still limited, ongoing research may eventually clarify the hereditary basis for immune dysregulation in IGM.

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## Clinical Presentation

- Unilateral, firm breast lump, often painful
- Overlying erythema, peau d'orange appearance
- Draining sinuses or sterile abscesses in advanced cases
- Axillary lymphadenopathy in 25–30% of cases
- Occasionally bilateral involvement (5–7%)

These signs can closely mimic breast carcinoma, necessitating thorough workup.

## Imaging

- Ultrasound: Heterogeneous hypoechoic masses, often with ductal extensions or sinus tracts.
- Mammography: Asymmetric densities; often non-specific.

MRI: Enhances lesion characterization; helpful in multifocal disease.

## Histopathology

Non-caseating granulomas centered on breast lobules.

Presence of epithelioid histiocytes, multinucleated giant cells.

Absence of caseous necrosis (distinguishing from tuberculosis).

## Microbiologic Evaluation

Lipid-enriched cultures and prolonged incubation for Corynebacterium kroppenstedtii.

Molecular diagnostics (e.g., PCR) or MALDI-TOF MS in specialized labs.

Ziehl-Neelsen and PAS stains to rule out TB and fungal infections, respectively.

## Management

Management has evolved from surgery-centric to a medical-first, tailored multidisciplinary approach.

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## 1. Medical Therapy

Corticosteroids

First-line treatment (Prednisolone 0.5–1 mg/kg/day) Gradual taper over 2–6 months. Clinical improvement in most patients will occur, however recurrence is seen in 20–50% upon withdrawal.

Immunosuppressants

Methotrexate (7.5–25 mg/week) is an effective steroid-sparing agent

Azathioprine as an alternative

Long-term maintenance in relapsing or steroid-intolerant cases

**Antibiotics**

Reserved for confirmed C. kroppenstedtii or polymicrobial infection

Lipophilic antibiotics: doxycycline,clarithromycin, rifampin

- 6–12 weeks of therapy for suppurative subtype

**Hormonal Therapy**

- Dopamine agonists (e.g., cabergoline) in prolactin-associated cases
- Requires biochemical confirmation

## 2. Surgical Intervention

Now reserved for:

- Refractory or relapsing cases
- Persistent abscesses or sinuses
- Diagnostic uncertainty
- Severe cosmetic deformity
- Wide local excision is the preferred method when surgery is required. Mastectomy is a last resort and rarely indicated in modern management.

Minimally Invasive Approaches

- Ultrasound-guided aspiration and drainage
- Vacuum-assisted excision
- Intralesional steroid injections (triamcinolone). for localized lesions

Steroid irrigation catheters is an emerging technique for sinus tract resolution.

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### 3 Prognosis and Follow-Up

- IGM is a chronic relapsing disease with a generally favourable long-term prognosis when appropriately managed. Follow-up is essential for 12–24 months to monitor for recurrence. Patients should be counselled on the benign nature, treatment duration, and recurrence risk.

### Future Directions

- Identification of biomarkers for recurrence prediction
- Elucidation of genetic susceptibility
- Role of the breast microbiome and immune profiling
- Development of targeted biologic therapies (e.g., TNF-α inhibitors)

### Conclusion

Idiopathic Granulomatous Mastitis is an enigmatic yet increasingly recognizable condition at the intersection of immune pathology and breast surgery.

With mounting evidence implicating autoimmune mechanisms and specific bacterial pathogens, the traditional reliance on surgery has given way to immunomodulation and tailored, less invasive interventions.Advances highlighted in knowledge of this condition have further solidified the paradigm shift toward a patient-centered, multidisciplinary treatment framework. For the modern breast surgeon, early recognition, appropriate diagnosis, and judicious use of medical therapy are key to preventing overtreatment and optimizing outcomes.

**References**

1.Kessler E, Wolloch Y. Granulomatous mastitis: a lesion clinically simulating carcinoma. Am J Clin Pathol. 1972.

2.Koksal H, Kadoglou N. Idiopathic Granulomatous Mastitis. Springer, 2023.

3.Yu J et al. Methotrexate as a corticosteroid-sparing agent in the treatment of IGM. World J Surg. 2020.

4.Paviour S et al. Corynebacterium species isolated from breast tissue: clinical and microbiological significance. J Clin Microbiol. 2002.

5.Martinez-Ramos D et al. Idiopathic granulomatous mastitis: A benign inflammatory disease of the breast. Breast J. 2019.

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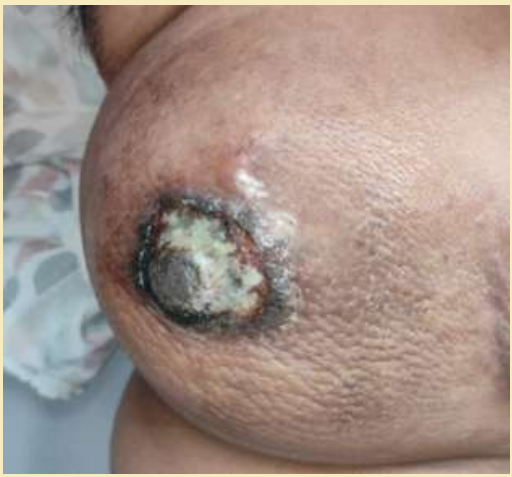
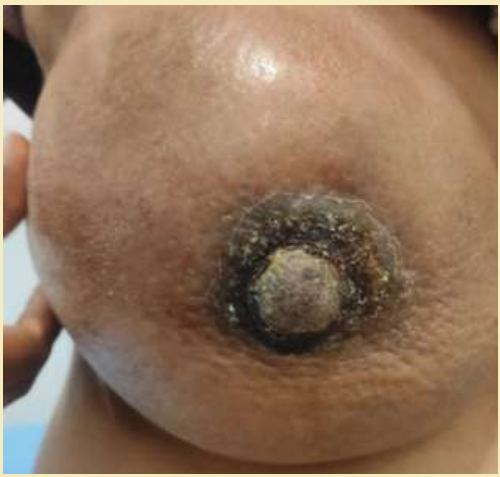


Large mass with NAC involvement and Peau d'orange



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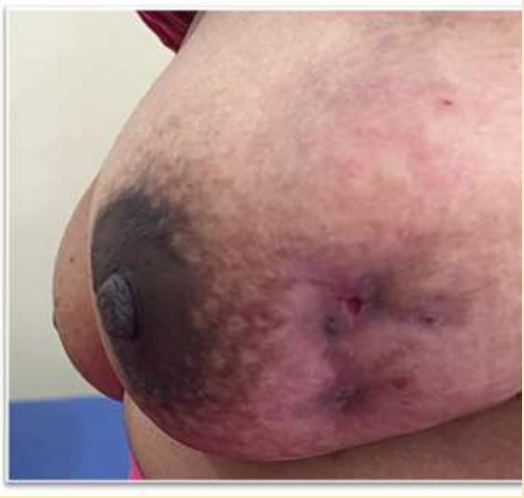
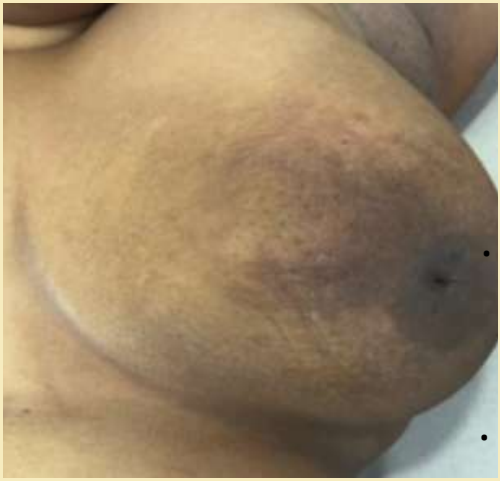


Multiple draining abscess and sinuses



Nipple Retraction with Peau d'orange

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## Remembering Operation Sindoor
## Valor Written in Blood



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## 25 decisive minutes – Operation Sindoor

### Tribute to the Indian Soldiers

Operation Sindoor marks the bravery of the soldiers in the front who showed valour at times of despair. We would like to express solidarity with the veterans as we are the SURGEON GENERALS. Just like the unsung contributions of medical professionals so it is for the Soldiers.

The Pahalgam attack brought in the despair of young innocent lives lost for no reason, leading to chaos and cries echoed through the sheer barbarianism of the method on 22nd April 2025.

True to the stance of the response of the army an integrated technological warfare was brought out like the multidisciplinary approach and the attack convened.

AUTHOR
DR. SREEKAR PAI A
PROFESSOR OF SURGERY
M.S. RAMAIAH MEDICAL COLLEGE,

The long Suppressed anger against the terrorist nourished and sponsored with a long record of targeting innocent Indian civilians and security forces. They departed from the usual stance of security practices representing and evolution of the India's Strategic posture.

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India limited its strikes to terrorist hubs so as to control the global narrative in nations favour and steal Pakistan of its chance of claiming victimhood.

May 7th 2025 – It took 25 minutes for India to unleash 24 strikes on 9 terrorist sites in Pakistan and POK, neutralising over 70 terrorists in the command centres known as hubs for training, arms depots and staging facility.

Laser designated missiles and satellite guided bombs were used to strike terror deep in the country with minimal collateral damage. Colonel Qureshi in the media briefing said that the targets were neutralised with clinical efficiency.The attacks were measured and non- escalatory as per Mr. Vikram Misri Indian Foreign secretary alongside IAF wing commander Vyomika Singh and Army's Colonel Sophia Quereshi.

Countering the attack, in the early hours of 8 May, Pakistan, in an escalated response launched coordinated drone and missile strikes targeting over a dozen Indian military installations across the Northern and Western theatres, including Srinagar, Jammu, Pathankot, Amritsar, Ludhiana, Bathinda and Bhuj. India's robust Integrated Counter-drone Grid and layered Air Defence systems intercepted these attacks, recovering debris conclusively traced to Pakistani origin.

Following these provocations, India conducted precision strikes against Pakistani Air Defence systems at a number of locations in Pakistan.

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These strikes were deliberately confined to the neutralization of systems that had facilitated the earlier Pakistani assault and were executed under the guiding principle of “equal intensity in the same domain.” By targeting only those installations directly involved in the aggression, India balanced the imperative of deterrence with its overarching commitment to de-escalation. Concurrently, along the Line of Control in Jammu & Kashmir, Pakistan escalated to unprovoked mortar and heavy-calibre artillery fire into civilian areas in which sixteen innocent lives were lost, including three women and five children. Here too, India was compelled to respond in equal proportion with mortar and artillery fire. Indian Armed forces reiterate their commitment to non-escalation, however, any attempts by Pakistan to escalate will be responded firmly.

Inflicted by this heavy damage, Pakistan's Director General of Military Operations (DGMO) called the Indian DGMO and It was agreed between them that both sides would stop all firing and military action on land and in the air and sea with effect from 1700 hours Indian Standard Time on 10th May 2025.

We from the Surgical Society of Bangalore pay respects to the brave soldiers who guard the borders and lay down their lives for the safety of the nation.

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# Kumkum

Blood flowed like river, Valley of Death at Pahalgam,
Innocent lives lost, Widows for no reason;

Pondering the thought, unprovoked unwarranted,
Spineless attack to be retorted with stealth and bravery;

May nightfall lit the skies, Strikes by Indian Missiles,
Blow after blow, bowed the Faint hearted;

Deep in the enemies' frontiers, evaporated the Perpetrators,
Opened the eyes to almighty, the carpet underneath pulled apart;

Retorted with nuclear threats, shaped their attacks with drones,
Game of thrones closing in on nuclear stores, drones went tombs;

Worried and sweating, begging for mercy,
Extended their white flag, showing sensibility;

Brave soldiers restored the Kumkum, Red vermillion on the forehead
Valour, dignity pride revived, chanting, ***Bharath Mata ki Jai.***

**Dr. Sreekar Pai A**
**Professor of Surgery.**
**MSRUAS**

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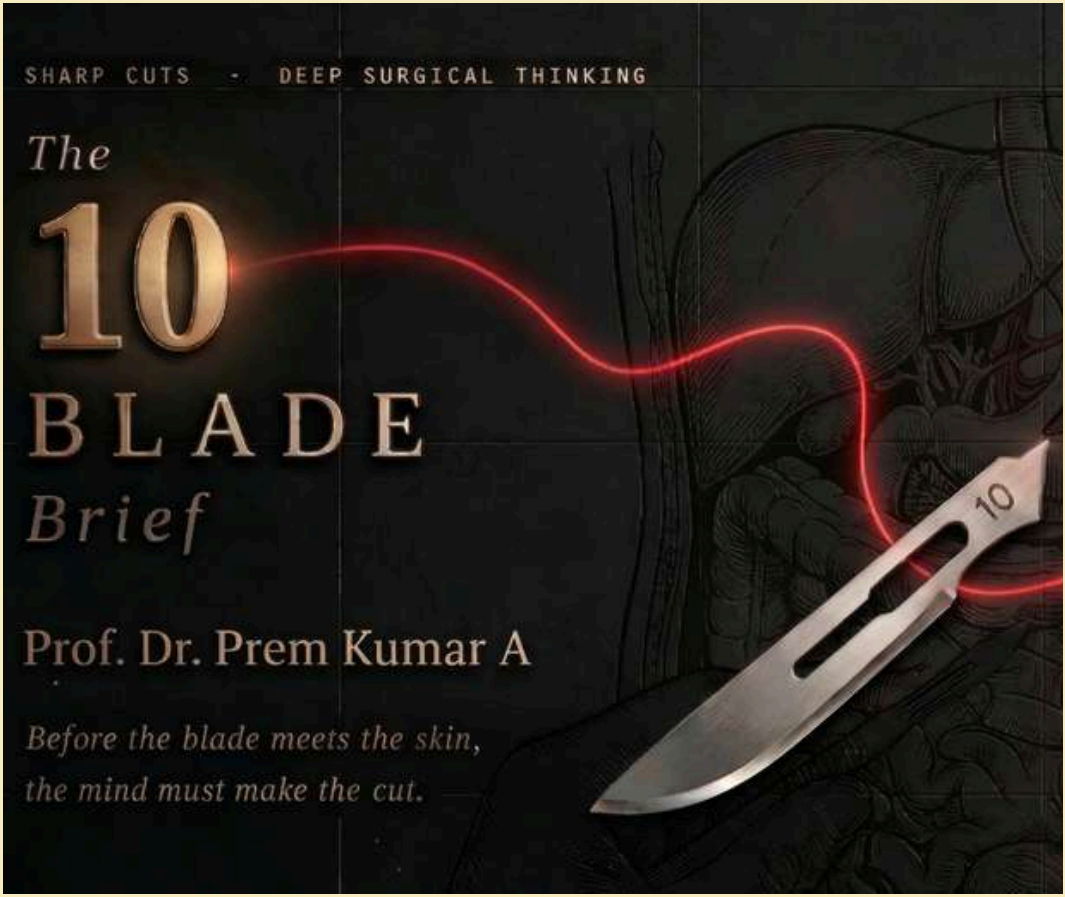
# The 10-Blade Brief
# Sharp Cuts. Deep Surgical Thinking



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# The 10-Blade Brief

# Sharp Cuts. Deep Surgical Thinking

## The Preamble: Beyond the Incision

The world is not a routine.
It is a complex anatomy waiting to be understood.
Most see the surface—the skin of things.They move on autopilot, following the sterile protocols of everyday life.
But a surgical mind is different
It is trained for inquisitiveness.
It looks beyond the obvious.
It anticipates the hidden vessel. It searches for logic within chaos.

The 10-Blade Brief is an invitation—to take that way of thinking beyond the operating theatre and into the world.
Why the 10-blade?
In the hands of a surgeon, the No. 10 surgical blade is the instrument of the opening.
Not for the finesse of the finish, but for the courage of the start.

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It represents the moment where thought becomes commitment. The first flash of steel that makes the hidden, visible. This series is a collection of those moments.
We are not here to discuss technique or bureaucracy.

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We are here to perform precise interventions—on assumptions, on patterns, on the way we see the world.
Here, the clinical meets the creative.
The technical meets the philosophical.

In these Briefs, we move beyond routine—into the Beyond.
Because before the world can be improved,
it must be understood.
And before it can be understood,
the mind must be prepared.

We are here to perform precise interventions—on assumptions, on patterns, on the way we see the world.
Here, the clinical meets the creative.
The technical meets the philosophical.

***Before the blade meets the skin, the mind must make the cut.***

***Welcome to the 10 blade brief***

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# The 10-Blade Brief

# Sharp Cuts. Deep Surgical Thinking

## Article 1 - Sharp Cuts. Deep Surgical Thinking

***"The most dangerous pathogens of the 21st century aren't biological. They are informational."***

In the precision-driven era of 2026, the limits of the operating theatre are thinner than they have ever been. While we stand at the console of a robotic system or navigate a complex laparoscopic procedure, the digital world constantly attempts to bleed into our peripheral vision. We have mastered the medical equipments, the haptics, and the imaging — but we are losing the silent battle for the most omnipresent instrument in the room.

That instrument is uncontaminated focus. Before a surgeon makes a single incision, an invisible architecture is constructed. It is a boundary between what is clean and what is contaminated - between what is permitted to touch the patient and what must be strictly excluded. In our field of surgery, we call it the sterile field. In the high-stakes world of professional cognition, it is the protected mind.

**01 — The Surgical Concept**
**The Discipline of the Sink**

The scrub sink is not merely a station for hand wash and hygiene. It is a decompression chamber. It is the only place in the hospital where a surgeon is sort of forced into a state of stillness while their hands are occupied. Water runs. The clock starts. The outside world — its noise, its bureaucracy, its unread messages — remains, quite literally, outside.

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This is the ritual of Internal Antisepsis: the deliberate, protocol-bound transition from the contaminated environment of ordinary professional life into the protected environment of precise, high-stakes work. It is not a courtesy. It is a clinical necessity. And it is a concept we have almost entirely abandoned outside of the theatre.

In our hyper-connected world, we move too fast. We transition directly from the chaos of administrative friction — emails, meeting agendas, corridor politics — to the complexity of a surgical case or a strategic decision, carrying what infection control specialists call resident flora: the invisible cognitive contamination of everything that preceded us into the room. Unread notifications. Lingering arguments. The background hum of a fragmented digital life.

When these contaminants follow us into the incision, the result is systemic: a failure of clarity we might term cognitive sepsis. The mind, designed to solve complex problems, begins to work against itself.

**02 — The Deep Thinking**

**The Three Mental Pathogens of 2026**

Even with sterile hands, the mind can carry "ghosts" that contaminate the quality of every decision made thereafter. To maintain a truly sterile field of thought, we must first identify and name the primary pathogens — not to dramatize them, but to debride them with the same precision we bring to devitalised tissue.

**Class I • Notifications**

The continuous ping of a connected device is the most visible contaminant. Each interruption is not merely a pause in work — it is a reset of depth

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Research in cognitive psychology demonstrates that it takes an average of twenty-three minutes to fully return to a complex task after a single interruption. A morning of ten notifications is, architecturally, a morning of no deep work at all.

We have normalised this. We have rewired our professional environments to maximise interruption, and then expressed bewilderment at the declining quality of our most complex outputs.

**Class II • Bureaucracy**

The performative machinery of institutional life is contamination in system form. Meetings that exist to schedule other meetings. Reports that are read by no one. Forms designed by people who do not use them. Bureaucracy consumes the sterile time and space required for original cognitive work, while appearing to be work itself.

The so called paperless hospital and hospital record system demand a lot from the operating surgeon. Maybe soon AI will help to record the procedure details.

This is its particular danger: it is invisible as a contaminant because it wears the uniform of productivity. The surgeon who spends three hours on administrative tasks before a complex resection is not being efficient. They are operating in a contaminated field and calling it preparation.

**Class III • The Ego-Certainty**

This is the most insidious and most dangerous resident pathogen. It is the belief that a title, a tenure, or a track record exempts one from the need to scrub in. The surgeon who enters the field without preparation because they have "done this a thousand times." The executive who makes a major decision without reflection because "my instincts are reliable."

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Ego-certainty kills vigilance. And vigilance — the quiet, active, prepared attention to what is actually happening in front of you — is the foundation of all surgical and cognitive excellence. The moment you believe the scrub-in is beneath you, the contamination has already begun.

**Class IV — The Bluetooth Earpiece**

is one contaminant I have saved for last, because it is the one that troubles me most — not because it is the most common, but because of what it reveals about how far we have drifted.

I have seen it in theatres more times than I should have. A surgeon operating with a Bluetooth earpiece in one ear. Sometimes it is a phone call. Sometimes it is music. Sometimes — and this is the part that stays with me — a scrub nurse or OT technician is holding a phone to the surgeon's ear mid-procedure, because the surgeon decided that whatever was on that call could not wait.

We have given this behaviour a generous name. We call it multitasking. We frame it as the mark of someone so capable, so in demand, that ordinary people's rules simply do not apply to them.

But let us be precise about what is actually happening in that moment.

On the table is a person who, hours before, signed a consent form. They handed their body — their trust, their vulnerability, their life — to a surgical team, under the reasonable assumption that the person making the incision would be fully present for the duration. They did not consent to sharing the surgeon's attention. They did not agree to be the background task while something more important was handled.

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They simply trusted. Completely. The way only a sedated patient can. The Bluetooth earpiece is not a symbol of efficiency. It is a symbol of a hierarchy of attention in which the patient — the open abdomen, the sterile field, the person who came to you for help — has been silently demoted. And it is, I would argue, the most visible form of ego-contamination we have normalised in modern surgical culture: the belief that one's time is too valuable to be given, undivided, to the person who needs it most. There is a question worth sitting with quietly: Can we not spare those few hours?

Not for the theatre team. Not for the institution. For the person on the table, who cannot speak, cannot move, and has placed everything — everything — in your hands.

The sterile field is not just about instruments.

It is about attention. And attention, once split, is no longer sterile.

*"A non-sterile instrument does not announce itself. It does not look different, feel different, or smell different. It simply contaminates — silently, invisibly, with consequences that emerge only later, when the damage is already done."*

**The Diagnosis**

The Anatomy of a Breach

A breach in the sterile field is rarely a dramatic event. It is subtle: a sleeve brushing a non-sterile pole, a drop of moisture crossing a boundary, a momentary lapse in spatial awareness. By the time anyone notices, the contamination has already occurred.

logic of the theatre is binary, and this binarity is not pedantry — it is precision. A field is either sterile or it is not. There is no "almost clean." Once a breach is recognised, the protocol is non-negotiable:

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you do not argue with the contamination, you do not minimise it, and you do not proceed while hoping for the best. You change the glove. You re-drape the field. You reset the standard.

In 2026, we have become extraordinarily comfortable with "partially contaminated" focus. We have accepted the breach as normal — a notification checked mid-deep-work, a meeting scheduled across a protected creative block, a decision made in the residue of a previous emotional event. We wonder why our deeper projects feel fragmented and our most important surgical cases feel somehow less sharp than they should

Cognitive sepsis follows the same logic as its biological counterpart. It begins as a local problem — a contaminated morning, a fragmented afternoon — and becomes systemic. The immune response of the mind, designed to manage complexity, overshoots. It begins to work against the very work it was designed to protect. The individual who is cognitively septic does not look sick. They look extremely busy. They are answering emails at speed. They are in back-to-back meetings. They are responsive and available on all channels at all times. What they are not doing — what they cannot do — is think. Not deeply. Not originally. Not in the sustained, focused way that generates the work that genuinely matters.

**04 — The Intervention**

The Mental Scrub-In Protocol

Deep work in a noisy world does not happen by accident. Cold starts produce cold work. A mind that moves directly from a smartphone to a scalpel or from a social media feed to a major financial decision — is a mind in a state of high-risk contamination,

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and the quality of the output will reflect that contamination whether the practitioner acknowledges it or not.

The neuroscience is clear: the prefrontal cortex, the seat of sustained attention and complex reasoning, does not transition between cognitive modes instantaneously. It requires time and, crucially, ritual to engage fully. The scrub-in is the ritual. It is the deliberate, consistent, protocol-bound passage from the contaminated world of ordinary busyness into the protected environment of high-quality thought.

**The 2026 Mental Scrub-In Protocol**

**01 Mechanical Debridement — Clear the Environment**

This is the physical clearance of your operative field. Phone in a locker or a separate room — or least face-down, and on silent, or with an assistant to respond to calls in case of emergency. All non-essential browser tabs closed. The physical desk cleared of everything unrelated to the task at hand. A clear desk is not an aesthetic preference; it is the physical manifestation of a sterile field. You are establishing the boundary of what may and may not enter. Everything outside that boundary is, by definition, non-sterile.

**02 The Sensory Anchor — Signal the Transition**

Just as the smell of surgical scrub solution triggers a measurable shift in a surgeon's physiological state, you must create a reliable sensory trigger

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or the transition

A specific type of music or silence. A sixty-second pause with eyes closed. A deliberate deep breath as you 'gown up' mentally. The content of the ritual matters far less than its consistency. The brain learns to associate the sequence with the required cognitive state. Over time, the scrub-in becomes the switch.

**STEP 03 The Sterile Pause — The Cognitive Time-Out**

Before the first cut, perform a cognitive Time-Out. State your objective clearly, aloud or in writing: "I am here to solve this specific problem. Everything else is a contaminant." Identify the single most important output of this session. Name the contaminants that are most likely to breach the field today. This is not a motivational exercise. It is a pre-operative briefing, and it serves the same function: ensuring that everyone in the room — including every competing priority in your mind — knows the objective before the incision begins.

**STEP 04 Duration and Boundary — The Protected Block**

Establish a defined block of uninterrupted time. Ninety minutes is a physiologically grounded anchor, corresponding to one complete ultradian cycle of high-frequency brain activity before a natural attentional dip. During this block, the field is inviolable. No exceptions for "quick questions." No glancing at the phone "just to check." The standard, once compromised, is no longer a standard. It becomes an aspiration, and aspirations do not protect patients.

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**STEP 05 The Close — Intentional Decontamination Recovery**

When the deep work block ends, close it deliberately. Note what was accomplished. Write the single most important question your next session must answer. Only then — after the field has been formally closed — re-enter the contaminated environment of notifications, email, and operational demands. The intentional close is as important as the entry. Without , the boundaries of the sterile field blur across sessions, and the concept of cognitive sterility collapses.

**The Bigger Picture**

The Cost of the Open Abdomen Not all environments are suitable for high-stakes work. This is a concept that surgery understood and institutionalised, and that the modern professional world has systematically dismantled in

The surgeon does not protect the sterile field out of elitism or ritual adherence. They protect it because the patient's life depends on the quality of the environment in which the work is done. The discipline is inseparable from the outcome. You cannot have excellent surgery in a contaminated field, and you cannot have excellent thinking in one either.

If your work matters — if the decisions you make, the systems you build, the diagnoses you reach, the strategies you form have real consequences for real people — then you are operating on an open abdomen every day. The exposure is total. The stakes are real. And to do that work in a chronically contaminated mental environment is not merely suboptimal. It is, by the ethical standards of any professional discipline that takes its responsibilities seriously, a failure of duty.

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The pathogens are real. They are invisible, ubiquitous, and socially accepted. The infection they cause is slow, systemic, and easily mistaken for productivity. The prevention is not complex. But it requires something that the modern environment actively and continuously discourages: the discipline to say this field is protected — and to mean it.

**℞ — The Prescription**

**Sterile Field Protocol — A Practice, Not a Prescription**

Before anything else: this is not meant to be followed perfectly. Perfection is not the point. Think of it less like a checklist and more like a yoga practice — the value is in showing up, in the intention, in returning to it each time the field gets breached. And it will get breached.

**1. Begin with stillness**

Before naming your most important task, pause. Even sixty seconds. In yoga this is dharana — focused awareness before action. Let the morning settle. Then ask, from that quiet place: what is the one thing today that deserves my full attention? Not the most urgent. The most important. Write it down

**2. Create a scrub-in ritual — make it yours**

The transition into deep work needs a signal. A slow cup of tea. Five minutes of pranayama. A short walk. Even three deliberate breaths before opening the document. The ritual doesn't need to be long. It needs to be intentional — a conscious crossing of the threshold from reactive to focused.

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**3. Protect a block — but negotiate with reality**

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**05 — The Bigger Picture**

**The Cost of the Open Abdomen**

Not all environments are suitable for high-stakes work. This is a concept that surgery understood and institutionalised, and that the modern professional world has systematically dismantled in the pursuit of efficiency metrics that measure the wrong things entirely. The surgeon does not protect the sterile field out of elitism or ritual adherence. They protect it because the patient's life depends on the quality of the environment in which the work is done.

The discipline is inseparable from the outcome. You cannot have excellent surgery in a contaminated field, and you cannot have excellent thinking in one either.

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The exposure is total. The stakes are real. And to do that work in a chronically contaminated mental environment is not merely suboptimal. It is, by the ethical standards of any professional discipline that takes its responsibilities seriously, a failure of duty. The pathogens are real. They are invisible, ubiquitous, and socially accepted

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The transition into deep work needs a signal. A slow cup of tea. Five minutes of pranayama. A short walk. Even three deliberate breaths before opening the document. The ritual doesn't need to be long. It needs to be intentional — a conscious crossing of the threshold from reactive to focused.

**3. Protect a block — but negotiate with reality**

Ninety minutes is ideal. Forty-five is real. Find a window, defend it gently, and when it gets interrupted — because it will

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don't collapse. Take a breath, reset for thirty seconds, come back. The yoga parallel matters here: you don't abandon the practice because your mind wandered. You notice, and you return. That is the practice.

**4. Reset without drama**

When pulled away, resist both extremes — catastrophising and pretending it didn't happen. Simply acknowledge the breach, stand up, take five deliberate breaths, return. This is the cognitive equivalent of changing gloves. Two minutes. Worth far more than two minutes.

**5. Close — and step away without guilt**

The Gita says it simply: do the work fully, release attachment to the outcome. Step away from the desk. Move. Rest. The contaminated world will still be there when you return. So will you — and you'll be sharper for having left it.

***Before the blade meets the skin, the mind must have already finished the operation.***

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# ವೈದ್ಯೋ ನಾರಾಯಣ ಹರಿ

ಡಾ || ಬಿ. ಎಸ್. ರಮೇಶ್.
ಪ್ರಾಧ್ಯಾಪಕರು ಮತ್ತು
ಪ್ರಾಂಶುಪಾಲರು
ಡಾ. ಬಿ ಆರ್ ಅಂಬೇಡ್ಕರ್
ವೈದ್ಯಕೀಯ
ಮಹಾವಿದ್ಯಾಲಯ
ಬೆಂಗಳೂರು

ವೈದ್ಯನಾಗುವುದು ಎಂದರೆ
ಸುಲಭದ ಮಾತಲ್ಲ ,
ಧನಬಲ ಬೇಕು ಮನೆಯಲ್ಲಿ ,
ಮನದಾಳದ ಹೆಬ್ಬಯಕೆ ,
ತಂದೆ-ತಾಯಿಯರ ಹರಕೆ....
ಇದೆಲ್ಲದರ ಸಮ್ಮಿಲನ ಇಲ್ಲದಿರೆ
ಗುರಿ ತಲುಪಲು ಆಗೋಲ್ಲ .

ಹಗಲು ರಾತ್ರಿಯೆನ್ನದೆ ಓದಲೇಬೇಕು ,
ಹಲವಾರು ಪರೀಕ್ಷೆಗಳನ್ನು ಗೆಲ್ಲಲೇಬೇಕು ,
ನುರಿತ ವೈದ್ಯನಾಗಲು ದಶಕಕ್ಕೂ ಮೀರಿ ಓದಲೇಬೇಕು....
ಅರ್ಧ ಬದುಕು ಕಲಿಯಲು ಸವೆಸಲೇಬೇಕು .॥

ಹಗಲಿರುಳೆನ್ನದೆ , ಹಬ್ಬಹರಿದಿನವೆನ್ನದೆ ,
ವಾರದ ಮೊದಲು .....
ಕೊನೆಯೆನ್ನದೆ .....
ಸದಾ ರೋಗಿಗಳ ಆರೈಕೆಯಲ್ಲಿ ,
ಕಾಲ ಸರಿದಿದ್ದೇ ತಿಳಿಯಲಿಲ್ಲ.....
ಇಷ್ಟಾದರೂ ಕಾನೂನಿನ ತೊಡಕು ,
ಕಾಡದೆ ಬಿಡಲಿಲ್ಲ ,...
ವೈದ್ಯರ ಮೇಲೆ ಹಲ್ಲೆ ನಿಲ್ಲಲಿಲ್ಲ .....॥

ಹೆಂಡತಿಮಕ್ಕಳ ಜೊತೆ ,
ಹಾಗೂಹೆತ್ತವರ ಜೊತೆ,
ಕಾಲಕಳೆದಿದಕ್ಕಿಂತ. .....
ರೋಗಿಗಳಜೊತೆ ,

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ಅವರನೆಂಟರ ಜೊತೆ
ಸಮಯಸವೆಸಿದ್ದೇ ಹೆಚ್ಚು .....॥

ಎರಡೊತ್ತಿನತುತ್ತಿಗೆ ,
ನೆತ್ತಿಯಮೇಲಿನ ಸೂರಿಗೆ ,
ಇಷ್ಟೊಂದುದುಡಿಯುವುದು ಅವಶ್ಯವೇ ??....
ಎಂದೆನಿಸಿದಾಗಒಳ ಮನಸ್ಸು ಹೇಳಿತು ,
ಕಷ್ಟವೇನೋಇಹುದು ,
ಆದರೂ ....
ಸಂಕಷ್ಟದಲ್ಲಿರುವರ
ಕಣ್ಣೀರೊರೆಸಿದತೃಪ್ತಿ ,
ಅವರಮೊಗದಲಿ
ನಗುಮೂಡಿಸಿದ ಸಂತೃಪ್ತಿ .
ಬದುಕಲುನೂರಾರು ದಾರಿ ....
ಬದುಕಿಸಲು ...
ವೈದ್ಯನೊಬ್ಬನೆ ....ರಹದಾರಿ....

"ವೈದ್ಯೋ ನಾರಾಯಣ ಹರಿ "

ಡಾ|| ಬಿ.ಎಸ್. ರಮೇಶ್

I have penned my feelings to write a poem because ours is a noble profession and it's a very hard way to become a doctor I feel many of the doctors feel the same

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**Dr Manjunath Byadigere,**
**Professor, Dept of General Surgery,**
**Bangalore Medical College & Research Institute,Bangalore**

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## SSBASICC Newsletter

**Dr. Resin Renjan**
**Senior Resident, Dept of General Surgery,**
**Sapthagiri Institute of Medical Sciences & Research Center**

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**Dr. ARAVIND GUBBI MBBS., MS., FICS.,**
**Consultant Gastro-Intestinal Surgeon,**
**Specialist in Interventional GI Endoscopy / Colonoscopy & Gastro-Intestinal Diseases.**
**Senior Consultant - GI Surgery, FORTIS Hospitals.**

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SSBASICC Newsletter

## OBITUARY

**Dr U Seshadri**
**Reached heavenly abode on 13/1/25**

- Life Member – SSBASICC
- Former President-SSBASICC,93-94.
- Asst Prof Bangalore Medical College 1965-71
- Assoc. Prof JJM Medical College , Davangere 1971 -1987
- Prof & Hod Ramaiah Medical College, Bangalore 1988 - 1997
- Prof, Devaraj Medical College 1998 - 2015
- Consultant Surgeon Chinmaya Mission Hospital 1987 - 2015

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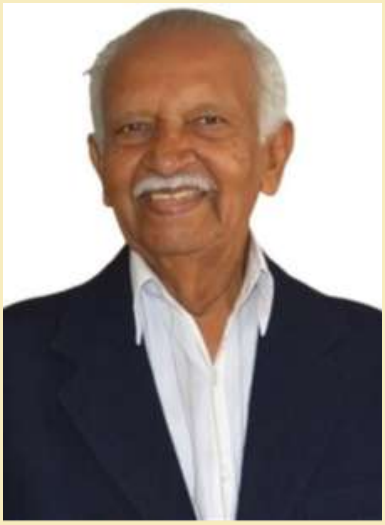
## OBITUARY



**Dr Shankar M L**
**Reached heavenly abode on 10/11/25**

- Life Member – SSBASICC
- CMO HMT Hospital
- President IAOH
- AMO KIMS Hospital

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SSBASICC Newsletter

## ANNOUNCEMENTS

**Upcoming events**

**Monthly clinical meeting**

**April** - Command Hospital

**May** - Private Surgeons and Corporate hospital

**June** - Dr B R Ambedkar Medical College and Vydehi Institute of Medical sciences

January - March 2026

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SSBASICC Newsletter

## Upcoming events - April

**Nandi hills trek - 12th April**

Dr H V Shivram - National Coordinator for Healthy Surgeon: Healthy Nation - mission ASI

Assembly point: Aster CMI Hospital

Trek Route: Sultanpet

**Tree plantation drive - April 19th**

At Bangalore Rural

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## SSBASICC Newsletter

Healthy Surgeon : Healthy Nation

## Embrace Mother Nature – Trek to Nandi Hills!

Fitness is the Hallmark of a Surgeon

Trek with SSBASICC

**Sunday, 12 April 2026**

Assembly: 5:30 – 6:00 AM

- Beautiful sunrise views
- Scenic landscapes and fresh mountain air
- Visit to Tipu Drop and hilltop parks
- Hot breakfast at the summit (~9 AM)

**Meeting Point:**
Aster CMI Hospital, Hebbal

**To Bring:**

- Backpack with drinking water
- Light snacks
- Comfortable trekking shoes & clothes
- Cap / sun protection

**Trek Etiquette**

* Respect nature - avoid littering and loud noise

**Last date to Register (Free): 01 April 2026**

**Link for free Registration:** https://forms.gle/Ecjt7r7i36VWYAbW9

Dr Sunil Kumar V: President SSBASICC: Ph:7702692660
Dr Vikram S Biligiri: Secretary: Ph: 9886232396
Dr Kapil Kishore S V: Treasurer Ph: 86397576
Dr H V Shivaram: Coordinator for ASI Mission: Healthy Surgeon-Healthy Nation

**Trek Starting Point: Sultanpet:**

https://maps.app.goo.gl/B5ETfzABjV93vvQr5?g_st=im

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## Upcoming events-May

**Public awareness talk - April 30th - May 4th**

At Gokhale Institute of Public Affairs



**Robotic simulation workship - Date to be decided**

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## Upcoming events-June

**International simulation conference, 5th - 7th June**

At BMCRI

**Blood donation drive - June 14th**

At various centers

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## Upcoming events-June

### Surgeon's day - June 13th


At Capitol hotel

### Mid IAGES conference, June 26th - 28th

At Royal orchid resort

Click on the link to register

https://www.midiages2026blr.in/RegPage.aspx

**Send your News, Articles, Case Reports, Classifieds, Awards and Acheivements etc. to**

**"sushruthassb@gmail.com"**