

INSTITUTE OF GASTROINTESTINAL SCIENCES
**DEPARTMENT OF MINIMAL ACCESS,
GI AND BARIATRIC SURGERY**



From the Editors Desk



Dr. Ganesh Shenoy

Sr. Consultant - Minimal Access, GI and Bariatric Surgery

Dear all

It's my pleasure, privilege and honour to bring out this 2nd edition of the newsletter from Department of Minimal Access, Gastrointestinal and Bariatric Surgery, Fortis Hospital Cunningham Road Bangalore. It gives a overall view of the Advanced Laparoscopic procedures, Scientific activities and Training programs we have conducted in the past 3 months.

We are a vibrant team with Dr BS Ramesh as Senior Consultant ,Dr Sandeep and Dr Karthik as a Registrars in the department.

As a team, we have special interest in performing Basic, Advanced and Newer Laparoscopic procedures for Hernia, Laparoscopy in GI malignancies, Laparoscopic Upper GI, Colorectal, HPB Surgeries and Bariatric surgeries. Our services cover entire gamut of Laparoscopic Hernia, GI oncology, Benign Gastrointestinal, HPB and Bariatric surgeries. Patients safety and care are our prime importance and mantra while dealing with diagnosis and management of complex cases. With Fortis Hospital, Cunningham road owning state of the art facilities with infrastructure, technology and gadgets have made our life easier and safe in managing these cases.

With the support of management, we launched a training centre for Laparoscopic surgery called FIMAST: Fortis Institute of Minimal Access Surgery Training, with the aim and motto of training surgeons in the field of Laparoscopic surgery. Under FIMAST we have already conducted three training programs in Laparoscopic hernia surgeries this year. All the training programs are endorsed by Hernia Society of India, the National Chapter of Asia Pacific Hernia Society. We are also been invited as faculty for various National conferences to give lectures,for panel discussions ,debates and demonstrate laparoscopic surgeries during the live operative workshops. We have also started fellowship program in Minimal Access Surgery with course duration of 9 months. One candidate will be selected for this fellowship course once in 6 months. Candidates will be exposed to basic and advanced laparoscopic surgeries.

We have a very good, supportive and highly experienced Anaesthesia and Critical care team which is very important in present day practice to manage complicated cases, team of well experienced Medical oncologists to take care of pre-operative assessment, neo-adjuvant and adjuvant therapy, team of Medical Gastroenterologist going hand in hand in diagnosis and management of upper GI, Colorectal and Hepatobiliary and Pancreatic disorders. This ensures multidisciplinary team approach under one roof in managing GI disorders

I welcome your thoughts, suggestions and advice in improving our department so that we can serve the community better and make Fortis Hospital Cunningham Road a better place to manage basic and advanced Laparoscopic surgeries in the days to come.

I wish you all good health and look forward for us to remain gainfully connected.

Regards

Dr Ganesh Shenoy

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CASE 1: REDO BARIATRIC SURGERY: RE-SLEEVE GASTRECTOMY

A 50-year-old woman weighing 117 kgs had earlier undergone a bariatric surgery 8 years back at some other hospital. At the time of the earlier surgery she weighed 114 kgs and had lost 23 kgs post-surgery. As a result of gastric sleeve dilation, she had regained weight over the years and was weighing 117 at present, thus requiring a redo bariatric surgery.

The patient had undergone multiple surgeries in the past including caesarean sections, open appendectomy, tubectomy, umbilical and incisional hernia repairs and surgery for intestinal obstruction. She also has a medical history of hypertension, sarcoidosis, knee joint pains and neuroendocrine tumour of the first part of the duodenum. She also underwent endoscopic submucosal resection of neuroendocrine tumour recently.

The cause for weight regain in the patient was the dilatation of the previously performed gastric sleeve which was confirmed by CT scan and endoscopy. Due to excessive weight gain, she was experiencing severe knee pain and back pain which had affected her daily chores.

“In view of the need for upper GI endoscopy during follow up at regular intervals to monitor the neuroendocrine tumour the patient was planned for laparoscopic re-sleeve surgery and not bypass surgery. This decision was taken after a detailed discussion with the medical gastroenterologist, the patient and her husband.

Conclusions: Obesity and related disorders remain silent killers as it affects a larger number of people, than any other non-communicable disease leading to untimely deaths. Laparoscopic Sleeve gastrectomy, Roux-en-Y Gastric Bypass (RYGB) & Mini Gastric Bypass (MGB) are the three most common bariatric surgeries performed in our country. Long term 10-15% of the patients may need redo bariatric surgery for weight regain. Laparoscopic redo bariatric surgeries are quite challenging and are rarely performed as very few patients may need this surgery in the long run.



Laparoscopic Re-Sleeve Gastrectomy

Resected Re-Sleeve Specimen

117 ಕೆ.ಜಿ. ತೂಕ ಹೊಂದಿದ್ದ ಮಹಿಳೆಗೆ ಎರಡನೇ ಬಾರಿ ಯಶಸ್ವಿ “ಬೇರಿಯಾಟ್ರಿಕ್” ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ

ಉಪಯೋಗಿಸಿ, ಬೆಂಗಳೂರು: 117 ಕೆಜಿ ತೂಕ ಹೊಂದಿದ್ದ 50 ವರ್ಷದ ಮಹಿಳೆಗೆ ಫೋರ್ಟಿಸ್ ಆಸ್ಪತ್ರೆ ದೃಢವಾಗಿ ಯಶಸ್ವಿ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ “ಮರು ಬೇರಿಯಾಟ್ರಿಕ್” ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ನೀಡಿದ್ದಾರೆ. ಲ್ಯಾಪ್ರಾಸ್ಕೋಪಿ ವಿಧಾನ ಸುರಕ್ಷಿತವಾಗಿ, ಮೃದುವಾಗಿ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ನೀಡಿದಾಗ, ಗಣಕ ಶಕ್ತಿ ಅದರ ಪರಿಣಾಮ 117 ತೂಕ ಹೊಂದಿದ್ದ ಮಹಿಳೆಗೆ ಮರು ಬೇರಿಯಾಟ್ರಿಕ್ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ನೀಡಿದ್ದಾರೆ. 50 ವರ್ಷದ ಮಹಿಳೆಯು 8 ವರ್ಷಗಳ ಹಿಂದೆಯೇ ಮೂರು ಬೇರಿಯಾಟ್ರಿಕ್ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಗಳನ್ನು ಪಡೆದಿದ್ದಾಳೆ. ಈ ಮಹಿಳೆಯು 114 ಕೆಜಿ ತೂಕ ಹೊಂದಿದ್ದಾಳೆ. ಆ ಸಂದರ್ಭದಲ್ಲಿ ಅವಳು 25 ಕೆಜಿ ತೂಕ ಹೊಂದಿದ್ದಾಳೆ. ಆದರೆ, ಒಂದು ವರ್ಷದೊಳಗಾಗಿ ಗ್ಯಾಸ್ಟ್ರಿಕ್ ಸ್ಲವ್ ವಿನ್ಯಾಸವನ್ನು 117 ಕೆಜಿ ತೂಕಕ್ಕೆ ಒಂದು ನಿಮಿಷ, ಇದು ಅತ್ಯಂತ ಅಪಾಯಕಾರಿ ಎಂದು ಡಾ. ಗಣೇಶ್ ಶೆಟ್ಟಿ ಹೇಳಿದ್ದಾರೆ. ಈ ಮಹಿಳೆಯು ಮೊದಲು ಮಾಡಿಸಿಕೊಂಡಿದ್ದ ಬೇರಿಯಾಟ್ರಿಕ್ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ಸಂದರ್ಭದಲ್ಲಿ ತೆರೆದ ಅರೆದೊಳಗಿನ ಸಂದರ್ಭದ ಪರಿಣಾಮವಾಗಿ ಒಳಗಾಗಿದ್ದರು. ಮೊತ್ತೆಗೆ ಸ್ವಲ್ಪದೇ ಎಂಡೋಸ್ಕೋಪಿಕ್ ಟ್ಯೂಬ್ ಸಹ ಹೊಂದಿದ್ದರು, ಈ ಎಲ್ಲವೂ ಸರಿಗಾಣದೆ ಅವರ ಗ್ಯಾಸ್ಟ್ರಿಕ್ ಸ್ಲವ್ ವಿನ್ಯಾಸ ಹೊಂದಿತು. ಆದರೆ ಎಲ್ಲಾ ಇಂಟೆನ್ಸಿವ್ ಕಾರ್ಯಾಚರಣೆಗಳ ಮೂಲಕವೂ ಅವರ ಬೊಟ್ಟು ಬೆಳೆಯುತ್ತಾ ಒಂದು ವರ್ಷದೊಳಗೆ 117 ಕೆಜಿಗೆ ಒಂದು ನಿಮಿಷ, ಇದ್ದು ತಂದೆ ಅವರ ಆಸ್ಪತ್ರೆ ಸಮೀಪದಲ್ಲಿ ಸೂಕ್ಷ್ಮವಾಗಿ ಗ್ಯಾಸ್ಟ್ರಿಕ್ ಸ್ಲವ್ ವಿನ್ಯಾಸವನ್ನು ಮಾಡಿ ಪರಿಣಾಮವನ್ನು ಕಂಡಿದ್ದಾರೆ. ಈ ಎಲ್ಲವೂ ಸರಿಗಾಣದೆ ಅವರ ಬೊಟ್ಟು ಬೆಳೆಯುತ್ತಾ ಮಹಿಳೆಗೆ ಬೇರಿಯಾಟ್ರಿಕ್ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ನೀಡಲಾಗಿದೆ. ಈ ಬಾರಿ ಸೂಕ್ತ ರೀತಿಯಲ್ಲಿ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಯಾಗಿದ್ದು, ಅವರ ತೂಕ ಕ್ರಮೇಣ ಕಡಿಮೆಯಾಗಲಿದೆ ಎಂದು ಹೇಳಿದರು.

Hindustan Times

World Cities Entertainment Cricket Lifestyle Astrology

The patient, who underwent the ‘redo operation’ at the Fortis Hospital in Bengaluru’s Cunningham Road, had earlier undergone a bariatric surgery eight years ago.

The team which led the revisional procedure was led by Dr Ganesh Shenoy, senior consultant (minimal access, gastrointestinal and bariatric surgery) (Photo via Fortis)

APN NEWS

Tuesday, April, 2022 | Today's Market | Current Time: 09:27:23

NEWS BUSINESS TECH & INDUSTRY ENTERTAINMENT NEW PRODUCTS EDUCATION HEALTH TOURISM

HEALTH : MEDICAL NEWS

Previous story: Passive smoking is an active and acute problem

Next story: Sharp introduces new Multifunctional Printer series for simply better experience

117 kgs woman successfully underwent a rare redo bariatric surgery at Fortis Hospital Cunningham Road

Published on January 13, 2022

The patient had regained weight after her first surgery and was unable to lose weight through diet and exercise due to Gastric Sleeve dilation

CASE 2: SILS CHOLECYSTECTOMY

Laparoscopic Cholecystectomy is the standard of care for symptomatic gall stone disease. Standard Laparoscopic Cholecystectomy involves 4 ports with two 10mm and two 5mm.

In selected patients, this can be accomplished using a Single 2 cm incision at the naval or umbilicus.

We use conventional Laparoscopic instruments and ports while performing Single Incision Laparoscopic Cholecystectomy.

This is associated with less pain, better cosmesis compared to standard Laparoscopic Cholecystectomy.

This is done under General Anaesthesia with patient staying one day in the hospital.

We can also call it “No Scar Single Incision Laparoscopic Cholecystectomy.”



SILS using conventional laparoscopic ports and instruments



Final scar

Scar after 15 days

CASE 3: TOTALLY LAPAROSCOPIC LATERAL PANCREATOJEJUNOSTOMY FOR CHRONIC CALCIFIC PANCREATITIS

63-year male patient, diabetic, non ethanolic, with history of undergoing Endoscopic Pancreatic duct stenting 11 years back presented with recurrent pain abdomen requiring frequent admissions, Steatorrhea and weight loss.

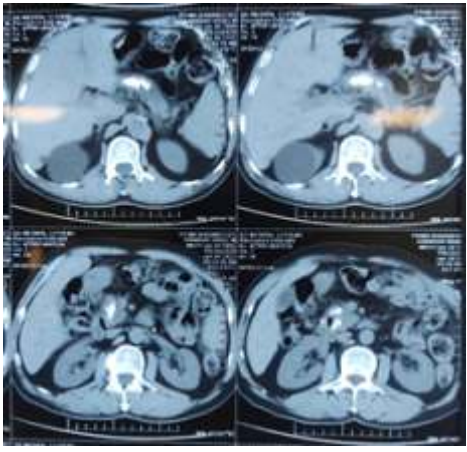
On evaluation, CT scan abdomen showed features of Chronic Calcific Pancreatitis with dilated MPD(Main Pancreatic Duct) and stent in situ. There was no head mass or features of portal hypertension.

After complete evaluation, he underwent Totally Laparoscopic Lateral Pancreatico Jejunostomy under GA.

Five ports were used. The pancreatic duct was opened from head to tail. All the stones and the previously placed stent was retrieved. Roux limb was taken 45 cms from DJ flexure. Enterotomy was performed over the Roux limb. Lateral Pancreatojejunostomy was performed with continuous sutures laparoscopically. The Jejunostomy was performed using combination of Endo-GIA stapler and sutures.

The patient was started liquids orally on 2nd post-operative day and was discharged on 5th post-operative day. Abdominal drain was removed on the 7th day after confirming that there was no pancreatic fistula.

The patient is pain free now and has gained 6 kgs of weight in 2 months.



CT scan showing stones in the pancreatic duct



Pancreatic duct opened from head to tail



Stones and previously placed stent extracted



Hand sewn Pancreatojejunostomy



Completed Pancreatojejunal anastomosis



Jejunostomy using Endo-GIA staplers



Closure of JJ by endosuturing



Final picture

CASE 4: INNOVATIVE LAPARO-ENTEROSCOPY

65-year-old male presented with recurrent pain abdomen and bleeding per rectum. He also gave history of generalised rashes following intake of potatoes.

On evaluation, the Absolute Eosinophil Count (AEC) was increased.

Colonoscopy and Upper GI endoscopy was normal

CT scan showed thickened segment of mid-small bowel

DD: Eosinophilic enteritis, Vasculitis, TB/Crohn's

Surgical Details:

Diagnostic Laparoscopy showed erythematous patches with thickened intestines. Suspected areas marked with silk sutures.

Small bowel loop was hitched to abdominal wall with sutures. Enterotomy made. Through the enterotomy, 12mm port passed into the intestine. Endoscope passed through 12mm port into the small bowel. Laparoscopy was performed simultaneously to direct the small bowel loops into the endoscope. Multiple Mucosal biopsy of erythematous patches taken through endoscope.

The enterotomy closed laparoscopically.

The histopathology came as Eosinophilic enteritis and was treated medically. The patient is fine now with no pain abdomen or blood in stools.

Conclusions: The Laparo-enteroscopy procedure involves simultaneous performance of laparoscopy and enteroscopy to aid in the diagnosis. We used the normal endoscope as enteroscope to accomplish this procedure. There are very few modalities available to diagnose the problems involving the small bowel. This innovative procedure may come handy in diagnosing and also treating small bowel disorders.



Port placements for diagnostic laparoscopy and enteroscopy



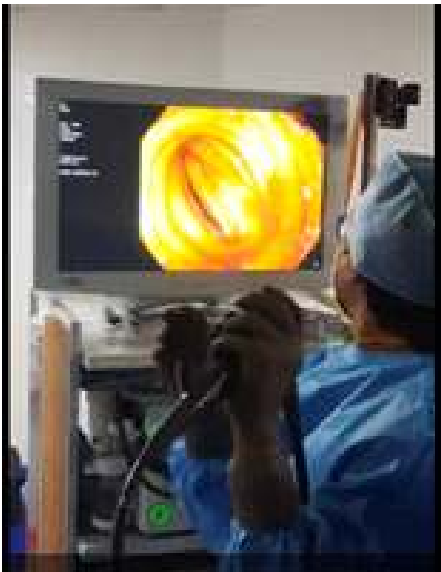
12 mm port passed through enterotomy



Endoscope passed through 12 mm port



Simultaneous endoscopy and laparoscopy



ACHIEVEMENTS

1. Dr Ganesh Shenoy was invited as Faculty during Masterclass on Ventral Hernia Repair organized by RajaRajeshwari Medical College, Bangalore .On 2nd May 2022. Delivered Video Lecture on IPOM and IPOM plus : Where does it stand?



2. Dr Ganesh Shenoy was invited as faculty during “ Sparsh Surgical Update” Live Surgical Workshop and CME on Umbilical Hernia. May 7th 2022. Organised by AWR Surgeons in association with Sparsh academy, Bangalore . Delivered Video Lecture on SCOLA during the Tips and Tricks from Experts session.



3. Webinar on Alcohol and Liver Disease on 20th May 2022 .Organised by TATA Hitachi , Bangalore .



4. Invited faculty during the “HAL MEDICON 2022 “ National Conference of HAL. Organised by Hindustan Aeronautics Limited ,Bangalore on 21st-22nd May 2022.Delivered Lecture on “Obesity : Management of this New Age Epidemic”



5. Moderator for the Lecture on Synthetic mesh in contaminated field : is it safe ? by Dr Alfredo M Carbonell, Past President of Americas Hernia Society during the 7th episode “ Insight into Innovations series” by Hernia Society of India on 21st May 2022.



6. Dr Shenoy was invited as an esteemed speaker for the 9TH TUGS India Symposium on 10th June 2022. He delivered video lecture on “Lap management of mesh infection after lap groin Hernia repair”



7. Dr Ganesh Shenoy was invited as faculty by Indonesian Cancer Society on June 11th to deliver video lecture on “ Laparoscopic Extended Left Hemicolectomy: Tips and Tricks”



ACHIEVEMENTS

8. Dr Ganesh Shenoy received the Best Video presentation award for “Lateral Pancreaticojejunostomy Totally Laparoscopic hand sewn anastomosis” during the 19th National Conference of the IAGES at Rajamundry on 9th-12th June 2022.



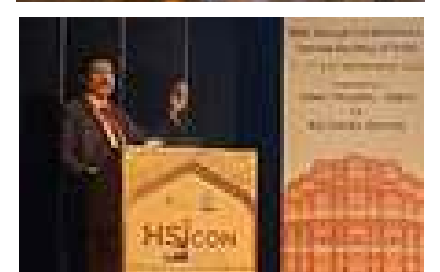
9. Dr Ganesh Shenoy demonstrated Laparoscopic E-TEP Rives Stoppa Mesh Repair for Umbilical Hernia during the first HERNIA SYMPOSIUM at Bhopal on July 8th-9th 2022. Organised by Shri Atal Bihari Vajpayee Medical Collge ,VIDISHA ,Bhopal



10. Dr Ganesh was Invited as Faculty for FIAGES Course Organised by Viswanathan Hospital, Trichy July 15th-17th 2022. Delivered Video Lecture on Laparoscopic Rectopexy..Dr Shenoy also demonstrated 3 port laparoscopic cholecystectomy during the live operative workshop.



11. Invited faculty for HSICON 2022, the 16th Annual Conference of Hernia Society of India at Jaipur : Sep 1st-3rd 2022. Delivered Video Lecture on TEP Mesh Repair and Etep Mesh repair for Groin hernis during the MASTER CLASS sessions. He was part of Debate “ Etep for groin hernia: Is it Benificial or Hype ? Dr Shenoy also demonstrated Etep mesh repair for Inguinoscrtoal hernia during the Live Operative Workshop



FIMAST: Fortis Institute of Minimal Access Surgery Training

Patron



Dr. Vivek Jawali

Chairman - Cardiac Thoracic & Vascular Sciences,

Advisor



Mr. Anand Angadi

Facility Director, Fortis Cunningham Road

Director & Course Coordinator



Dr. Ganesh Shenoy

Sr. Consultant - Minimal Access,
GI and Bariatric Surgery

Organising Committee Chairman



Dr. BS Ramesh

Sr. Consultant - General
& Minimal Access Surgery

Laparoscopic Hernia Sugery Training Course: Basic ,Advanced and Innovative

29th and 30th April 2022

Laparoscopic Hernia Surgery Training course was conducted at Fortis Hospital Cunningham Road Bangalore on 29th and 30th April 2022 by Dr Ganesh Shenoy and Dr BS Ramesh. The course was endorsed by Hernia Society of India.

This course included Live Operative Demonstrations in OT , Video based Lectures ,Didactic sessions and Hands on training on Endotainers on specially designed modules for hernia.

Dr Deepraj Bhandarkar, Dr Manish Baijal, Dr Randeep Wadhawan, Dr Ramesh Agarwalla, Dr Sarfaraz Baig, Dr Vijay Borgoankar, Dr Sumeet Shah, Dr Ashwin Masurkar, Dr T.Sivakumar and Dr Balaji were the faculties for video based lectures in this course .

This hernia course was attended by 13 Surgeons from Haryana, Assam, MadhyaPradesh, Maharastra, Goa,Karnataka ,Andra Pradesh ,Tamilnadu and Iraq. 13 Laparoscopic hernia surgeries including TEPTAPP,ETEP for groin hernias,IPOM plus ,ETEP RS, SCOM ,SCOLA for Ventral hernias , ETEP for Lumbar and Groin hernia and Nissens Fundoplication for hiatus hernia were demonstrated in 2 days with active involvement of the participating surgeons.

The course was inaugurated by Dr Vivek Javli, eminent internationally renowned Cardiac surgeon,Chairman Cardiac Sciences,Fortis Hospitals and Patron of FIMAST.

All the participants received a Certificate and Pendrive containing whole gamut of Laparoscopic hernia surgery procedures.

The hands on sessions were conducted at Skills lab, Bangalore Medical College .

This HSI endorsed course was a well received course and was appreciated by all the participated Surgeons .

FIMAST: Fortis Institute of Minimal Access Surgery Training

22nd and 23rd July 2022

This was the 3rd Laparoscopic Hernia Surgery Training course of this year conducted at Fortis Hospital Cunningham Road Bangalore which is endorsed by Hernia Society of India.

This was attended by 21 Surgeons across the country and also from Bangladesh. Dr Vijay Borgoankar, Vice President West Zone and President Elect, Hernia Society of India was the faculty and chief guest for the inauguration ceremony. Dr G. Srikanth, Director and Chief Surgical Gastroenterologist, Sahasra Hospital Bangalore was the chief guest for Closing Ceremony.

Dr Deepraj Bhandarkar, President Hernia Society of India delivered Lecture on "Hiatus Hernia: Diagnosis and Treatment" during this training program.

We demonstrated 18 Laparoscopic Hernia Surgeries in this 2 days. The Laparoscopic surgeries included TEP, TAPP and ETEP mesh repairs for Groin hernias, IPOM Plus, ETEP RS, SCOLA and TAPE mesh repairs for Ventral hernias and Laparoscopic Nissens Fundoplication for Hiatus Hernia.

There was active involvement of the Surgeons during the Live Operative Demonstration. All the participants received a Certificate and Pendrive containing whole gamut of laparoscopic hernia surgeries.

The course was well appreciated by all the surgeons.





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