THE ASSOCIATION OF SURGEONS OF INDIA, TAMIL NADU STATE CHAPTER

47th Annual Conference of TNASI

TNASICON 2024

CAPE CITY KANYAKUMARI

With a Vision of the Future
from the
Legends to Novice

CONFERENCE

08th - 11th AUG 2024

SOUVENIR

Kanyakumari City Branch of ASI
Department of General Surgery, Kanyakumari Goverment Medical College

CANDIDATE for PRESIDENT of
THE ASSOCIATION OF SURGEONS OF INDIA (ASI) 2026

DR. D. MARUTHUPANDIAN
General and Laparoscopic Surgeon Madurai

My Appeal
for National President ASI - 2026

Dear Colleagues,

- I am Dr. D. Maruthu Pandian, General & Laparoscopic surgeon Madurai humbly seek your support for the National President position -2026 of the Association of Surgeons of India (ASI).
- With decades of dedication to medical education, patient care, and social welfare, I am committed to leading ASI towards a progressive and inclusive future.
- My focus on excellence in surgery and medical education will ensure that we continue to advance and uphold the highest standards in our field.
- Together, we can usher in a new era of growth and development for ASI, benefiting our members and the communities we serve.

My Vision ASI 2026

- Motivate all surgeons to join our organization:
  Member recruitment drive: Each member to bring in one surgeon.
- Specialty workshops focused on topics like colorectal, breast, HPB, and thyroid surgeries.
- Rural surgical camps for general and laparoscopic surgeries.
- The ongoing successful programs will be continued with full vigor

ASI - Director of Social Welfare Council

Free surgery Camps:

Free Surgical Camp at Dehradun - 2022

Free Surgical Camp at Dehradun - 2023

Free surgery camp at Aizwal, Mizoram - 2022

Free Surgical Camp at Dandeli, Hubli - 2022

Chikkodi, Karnataka - 2024

Head of the Department

Lecture - UG CME, Madurai Emeritus Professor

Administration

Dean Madurai Medical College

Appreciation by CM for First
Cardiac Transplant at GRH, MADURAI

Best Doctor Award - 2018, 2019 Award from Dist collector

Vice President, Medical Council

Award Ceremony at Rajbhavan, Chennai

"Together, We Heal, We Lead, We Succeed!"

THE ASSOCIATION OF SURGEONS OF INDIA
TAMIL NADU STATE CHAPTER

47th ANNUAL CONFERENCE OF TNASI

TNASICON 2024

CAPE CITY KANYAKUMARI

Kanyakumari City Branch of ASI
Department of General Surgery, Kanyakumari Govt. Medical College

CONFERENCE

08th - 11th AUG 2024

SOUVENIR

"Love your neighbour as you love yourself"

Estd 1993

ANNAMMAL
MULTISPECIALITY HOSPITAL

NABH Fully Accredited
Since 2015

(Advanced Centre for Laparoscopic Surgery and Minimally Invasive Surgery)
Infertility and Maternity Care Centre
Key Hole Surgeries Since 2000

Kuzhithurai, Kanyakumari District - 629163
Ph : 9788860024, 9788860031 Lan : 04651-260511
Email : annammalhospital@gmail.com

Prof. Dr. J.A. Jayalal, MS., FICS, FACS(USA) FRCS(Glasgow), FIAGES, FAMS, MBA, Ph.D(Surgery), DLS(Germany)
Laparoscopic & General Surgeon
Prof. & Head of the Dept. of General Surgery
Govt. Medical College, Asaripallam

Dr. Sheeba Jayalal, M.B.B.S., D.G.O.,
Director,
Gynecologist, Obstetrician &
Infertility Specialist

Dr. Jekin J. Sharon, MS, MRCS
Final Year MS PG, Madras Medical College

Our Specialities

- Laparoscopic Surgery
- Minimally Invasive Surgery
- General Surgery
- Neurosurgery
- Surgical Oncology
- ENT Surgery
- Orthopedics
- Plastic Surgery
- Pediatric Surgery
- Vascular Surgery
- Obstetrics
- Gynecology
- Infertility
- Cardiology
- General Medicine
- Nephrology
- Neurology
- Pediatrics
- Dermatology
- Dental

24 x 7 Services

Trauma & Accident Care | Medical & Surgical Casualty | Endoscopy | Pharmacy | Labour Room
MICU, SICU, NICU | Lab | ECG/ X-Ray/ Ultra Sound Scan | Ambulance

Honourable
Chief Minister of Tamilnadu

Thiru. M.K. STALIN

Honourable Minister
for Health and Family Welfare

Thiru. M. SUBRAMANIAM

Message From National President ASI

Dr. Probal Neogi
MS, FRCS (Edin. & Glasg.), FACS
Prof. of Surgery, MLNMC, Prayagraj
President ASI 2024.

Dear Dr. Jayalal,

I take this opportunity to congratulate you for hosting the TNASICON 2024 at Kanyakumari from the 8-11th of August 2024. You have left no stone unturned to make this Congress, academically rich and clinically relevant, both for the surgical trainee, their trainers and for the practising surgeons.

Your annual conference showcases the young vibrant surgical talent of Tamilnadu on one hand and surgical wisdom of the senior faculty on the other. It stimulates surgeons to come out of their comfort zones, learn new procedures, get updated on the recent protocols and guidelines, helping them to enhance better surgical care and safety to their patients. It also allows trainees and young surgeons to showcase their academic and research work on a peer reviewed platform.

My best wishes to the Organising team for a successful conduct of TNASICON 2024.

Yours,
DR. PROBAL NEOGI
President ASI 2024

Message From Honorary Secretary ASI

Dr. Pratapsinh Varute
MS, FAIS, FMAS, FIAGES
National Honorary Secretary
The Association of Surgeons of India

Greetings from ASI Head Quarters!!

Dear Esteemed Members of Tamil Nadu State chapter of ASI,

I am extremely delighted to know that the 47th Annual Conference of ASI Tamil Nadu State Chapter is being organised from 8th to 11th August at the historical city of Kanyakumari, a trinity of Tri Sea at the panoramic pinnacle of Mother India Cape Comerin, under the able leadership of Org. Chairman Dr. J. A. Jayalal, Vice- Chairman Dr. Thambithurai Dravid, Org. Secretary Dr. P. Senthil Kumar, Treasurer Dr. A. Selwyn Kumar, Joint Secretaries Dr. A. Prabhakaran and Dr. J. Ajin Manovah and the entire organising committee of TNASICON 2024.

Guidance from the seasoned campaigners of ASI, EC members of the chapter Dr. B. K. C. Mohan Prasad, Dr. Maruthu Pandian, Dr. G. Chandrasekar, Dr. S. G. Balamurugan, TNASI officer bearers Chairman Dr. M Elangovan, IPP Dr. K. Govindaraj, Chairman Elect Dr. P. Sundarraj, Secretary, Dr. S. Marimuthu, Jt. Secretary Dr. Ravindran Kumeran and Treasurer Dr. S. Karthikeyan and the state chapter Executive committee members, TNASICON 2024 will be a great annual feast of academics, fellowship and camaraderie.

Dear Colleagues, This year I am pretty sure that TNASICON 2024 will be conducted with equal vigour and enthusiasm reflecting exemplary team work as before. After all "Leadership is all about translating vision in to reality". Surgical trends are changing rapidly and I am sure, delegates will be immensely benefited through this conference. Capacity to learn is a gift, ability to learn is a skill and willingness to learn is a choice. It is this choice that gives us an impetus to sharpen and hone our skills, more over eclectic choice of CME topics coupled with distinguished faculty is sure to add more flavour to this event. Lets all join hands and support this noble, scientific endeavour.

I wish all the great success to the entire organising committee for fabulous TNASICON 2024.

"Long live Tamil Nadu State Chapter of ASI.
Long live ASI."

With best wishes,
Dr. PRATAPSINH VARUTE

Message from chairman, TNASI

Dr.M.Elangovan
Chairman –TNASI 2023-2024

Dear Friends,

Warm greetings from TNASI

Indeed it is one of the memorable moment for every ASI members of Tamilnadu state chapter to have a wondeful annual state conference 2024 at Kanyakumri from 8th to 11th August. The conference is planned meticulously to suit all including the post-graduate students.

The organizing committee under the leadership of Prof. Dr.J.A.Jayalal and ASI Team Kanyakumari branch is working hard to make it an extra ordinary academic extravaganza. I am sure, it will be very useful to every one of you.

Cape Comorin is conglomeration of three oceans with many other sight-seeing spots around. You can enjoy the occasion with your family. We, ASI TAMILNADU feel happy to invite and expect you to join the occasion and make it an unforgettable event.

Long Live ASI

with regards
Dr. M. ELANGOVAN
Chairman, TNASI

Greetings From Trichy

Dr.K. Govindaraj
Immediate Past Chairman
TNASI

My best wishes to Prof. Dr. J.A. Jayalal and his team for the conduct of 47th Annual TNASICON 2024 conference at India's Land's End -Kanyakumari. I am so happy to be a part of this prestigious congress under the leadership of Prof. Dr. Elangovan, Prof. Dr. Marimuthu, Dr. Karthikeyan which will be a trend setter for the forthcoming congresses of not only TN Chapter but also for the entire nation.

I wish our TN Chapter to win the coveted title of the "BEST CHAPTER AWARD" this year too.

Wishing the conference a grand success.

DR. K. GOVINDARAJ,
IMMEDIATE PAST CHAIRMAN,
TNASI.

TNASI Hon. Secretary's Desk

Dr.S.Marimuthu

Hon. Secretary TNASI

Dear Esteemed Members and Surgical brethren,

Greetings from ASI Tamil Nadu State chapter.

Hope all of you doing well. First of all I would like to thank all of you for your unstinted support for all ASI Activities. Last year, we conducted TNASICON2023 at Trichy hosted by ASI Trichy City branch. It happened to be a grand event of TNASI. This year we are conducting TNASICON 2024 – the Annual Conference of our State ASI in the month of August 2024 at Kanyakumari. Prof. Dr. J A Jayalal is organizing the mega program with his team of office bearers.

Organizers and Scientific Committee are planning to give you a wonderful experience of this conference with curated scientific program, master videos, live workshops, Orations, invited lectures and jaw dropping cultural events. There will be programs for PGs and young surgeons.

Kanyakumari is a world famous tourist spot with so many places of attractions like Thiruvalluvar statue and so on. So many holy places are also nearby. It is worth visiting place for all of you. Please plan your travel well in advance. We will meet at Kanyakumari in TNASICON2024.

with regards

Dr. S. MARIMUTHU

Hon. Secretary, TNASI

Organizing Chairman's Desk

Prof. Dr.J.A.Jayalal
Chairman – TNASICON 2024
EC Member- TNASI
9443160026

Dearest Surgical Fraternity in ASI,

Heartiest greetings from ASI Kanyakumari and the Department of General Surgery at Kanyakumari Government Medical College. It is a pleasure and privilege for the surgeons of our district to host the 47th Annual Conference of TNASI. We earnestly and sincerely invite you to our annual meet of TNASICON 2024 from August 8th to 11th, to the trinity of the Tri Sea at the panoramic pinnacle of Mother India, Cape Comorin. Let your mind, body, and soul be rejuvenated at the holy tip of our nation with the breezing wind amidst unique sand slides and twin rocks depicting the rich Indian heritage of Swamy Vivekananda and the saint Thiruvalluvar during this sangamam of open, lap and robotic surgical learning milieu.

Empowering evidence-based surgical updates, soothing cultural extravaganza with culinary fiesta, brainstorming purposeful governing councils and long-lasting friendship and fellowship with the trade fair with their innovative armamentarium await you. Please do handhold and guide your young novice postgraduates to experience this surgical family bonanza and learn the art and skill of surgery from the legends.

Your footloose evening entertainment is awaiting your dazzling presence on the shores of Kanyakumari in the Tamil Nadu hotel for the grand gala dinner on the 10th.

We beseech your valuable suggestions and ideas, if any, to any one of us to make the conference memorable and eventful under the Chairmanship of dynamic Dr.M.Elangovan, sincere Secretary Dr.S.Marimuthu, and trusted Treasurer Dr. Karthikeyan.

We, the conference team - me, Dr.P. Senthil Kumar, Dr.A. Selwyn J. Kumar and the entire Kanyakumari surgical fraternity are all expecting your valuable presence and contributions to our annual ASI Gala meeting.

The climate in Cape Comorin will suit your temperament and our hospitality will enrich you in all spheres. **"Ask what you want, and it will be done to you and yours."**.

Prof. Dr.J.A. Jayalal

Organizing Secretary's Message

Dr. P. Senthil Kumar

Organizing Secretary - TNASICON 2024

Dear Colleagues,

I am delighted to invite you to the 47th Annual Conference of the Tamil Nadu State Chapter of the Association of Surgeons of India - TNASICON 2024. This prestigious event will be held from August 8th to 11th, 2024 in the picturesque location of Kanyakumari.

We have meticulously planned a comprehensive scientific program featuring eminent national and international experts who will share their insights on the latest advancements in the field of surgery. In addition to the academic sessions, we have organized various interactive live surgical workshops, panel discussions, and paper/poster presentations to foster knowledge sharing and collaboration among the participants.

Kanyakumari, with its breathtaking natural beauty, offers a serene environment conducive to learning and networking. We have carefully selected accommodations and venues to ensure a comfortable and productive conference experience for all attendees.

We cordially invite you to join us at TNASICON 2024. Your participation will enrich the conference and contribute to the advancement of surgical care.

We look forward to welcoming you to Kanyakumari!

Sincerely,

Dr. P. SENTHIL KUMAR, M.S. (Gen. Surg.)
Organizing Secretary - TNASICON 2024

Organizing Treasurer's Message

Dr .Selwyn J. Kumar

Organizing Treasurer - TNASICON 2024

Dear Colleagues,

It is with great pleasure and anticipation that I extend a warm welcome to all of you to TNASICON 2024, the 47th Annual Conference of Tamil Nadu ASI. This year, we are thrilled to host the event in the enchanting city of Kanyakumari. TNASICON 2024 promises to be a confluence of brilliant minds, innovative ideas, and groundbreaking research.

Under the esteemed guidance of our Organizing Chairman, Dr. J.A. Jayalal, Secretary, Dr. P. Senthil Kumar, and the able support of our Vice-Chairman, Dr. Thambithurai David, and Joint Secretaries, Dr. A. Prabhakaran & Dr. J. Ajin Manovah, we have curated a comprehensive program featuring CME programs, interactive live operative workshops, and a platform for presenting original research through paper presentations. Our rich Orations are there for your academic feast - Dr. T.V. Sivanandam Oration, Dr. Mathias Oration, Dr. V. Jeganathan Oration, Prof. S. Vittal Oration, Prof. N. Rangabashyam Oration, and Chairman Oration Prof. T. Subramanian Symposium and Prof. J.R. Sankaran Symposium will feed your academic thirst. Dr. R. Sarath Chandra CME is the highlight of all these academic events. These events are designed to foster knowledge sharing, collaboration, and the advancement of our field.

Thanks to the generous support of our sponsors, donors, and the enthusiastic participation of our delegates, we have been able to assemble a comprehensive and enriching program. Your contributions have been instrumental in making TNASICON 2024 a reality.

Kanyakumari's serene ambiance provides the perfect backdrop for intellectual stimulation and networking. I wholeheartedly invite you to be a part of this extraordinary gathering. Your presence will enrich the conference immensely.

Sincerely Yours,

Dr. SELWYN J. KUMAR, M.S. (Gen. Surg.), D.Ortho.
Organizing Treasurer - TNASICON 2024

National ASI Office Bearers

Dr. Probal Neogi
President

Dr.Pravin R Suryawanshi
Vice President

Dr.Sanjay Kumar Jain
Imm. Past President

Dr. Siddesh G
Director
Academic Council

Dr. Shiva K. Misra
Advisor

Dr. Santhosh John Abraham
Advisor, ASI EC

Dr. Pratapsinh A. Varute
Hon.Secretary

Dr. Bhanwar Lal Yadav
Hon. Treasurer

Dr. P Raghu Ram
Convener
International Affairs

Dr. D. Maruthu Pandian
Director
Social Welfare Council

National ASI GC Members Tamil Nadu

Dr.B. K. C. Mohan Prasad

Dr. D. Maruthu Pandian
Director
Social Welfare Council

Dr.G. Chandrasekar

Dr.S.G. Balamurugan

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Dr.M.Elangovan
Chairman

Dr.K.Govindaraj
Imm. Past Chairman

Dr.S.Marimuthu
Secretary

Dr.Ravindran Kumeran
Joint Secretary

Dr.P.Sundarraj
Chairman Elect

Dr.S.Karthikeyan
Treasurer

Tamil Nadu ASI EC Members

Dr.A.Zameer Pasha

Prof. Dr.J.A.Jayalal

Dr.A.Alagesan

Dr.P.Ganesh

Dr.V.Thiruloga Chandran

Dr.R.Kannan

Co Opted Members

Dr.K.Rajavel (IT Wing)

Dr.S.Selvarajan

Dr.N.Senthil Kumar

Dr.J.Ajin Manovah

Acadamic Council

Prof.D.Maruthupandian
Chairman

Dr.M.Kanagavel
Member

Prof.S.Saradha
Member

Social Welfare Council

Dr.S.G.Balamurugan
Chairman

Dr.G.Karthikeyan
Member

Dr.K.Vivekananda
Subramanianathan
Member

Kanyakumari Branch Office Bearers

Dr.A. Selwyn J Kumar
Chairman

Dr.Sandeep Kumar David
Secretary

Dr.S. Edwin Kins Raj
Treasurer

Patrons

Dr.A.Nagarajan
Past Chairman
TN ASI

Dr.Devaprasath Jeyasekharan
Chairman
Dr.Jeyasekharan Hospital

Dr.C.K.Velayuthan Nair
Chairman
Sri Mookambika Medical College

Prof Dr.Maruthupandian
Director
ASI HQ Social
Welfare Council

TNASICON Organizing Team

Prof. Dr.J.A.Jayalal
Chairman

Dr.P.Senthil Kumar
Secretary

Dr.A. Selwyn J Kumar
Treasurer

Dr.Thambithurai David
Vice Chairman

Dr.A.Prabhakaran
Joint Secretary

Dr.J. Ajin Manovah
Joint Secretary

City Branch Office Bearers

Chennai

Chairman	Secretary	Treasurer
Dr.G.Chandrasekaran	Dr.G.Uthirakumar	Dr.Winston Noronha

Chettinad

Chairman	Secretary	Treasurer
Dr.A.Alagesan	Dr.Kamatchi Chandran	Dr.M.Natesan

Coimbatore

Chairman	Secretary	Treasurer
Dr.S. Saradha	Dr.S.R.Krishnamoorthy	Dr.T.S.Radhika

Dindigul

Chairman	Secretary	Treasurer
Dr.V.Thiruloga Chandran	Dr.D.Siva Balaji	Dr.R.Chandra Murali

Erode

Chairman	Secretary	Treasurer
Dr.Eswaramoorthy	Dr.Arunandhichelvan	Dr. C. Sakthivel

Hosur - Krishnagiri

Chairman	Secretary	Treasurer
Dr.K.B Rajagopal	Dr.N. Kalai Selvan	Dr. M. Saishyam

Kanyakumari

Chairman	Secretary	Treasurer
Dr.A. Selywn J Kumar	Dr.Sandeep Kumar David	Dr.S. Edwin Kins Raj

Kumbakonam

Chairman	Secretary	Treasurer
Dr.U.Prabhakar	Dr.V.Bharathidhasan	Dr.Nataraja Sethupathy

Madurai

Chairman	Secretary	Treasurer
Dr.S. Meenatchi Sundaram	Dr.C. Saravanan	Dr.M.Sathish Kumar

Nagercoil

Chairman	Secretary	Treasurer
Dr.J. John Grifson	Dr.J. Ajin Manovah	Dr.Maria Antony Johnson

Salem

Chairman	Secretary	Treasurer
Dr.Elango	Dr.Arulkumaran	Dr.V.Selvaraja

Thanjavur

Chairman	Secretary	Treasurer
Dr.J.Balamurugan	Dr.K.Barathiraja	Dr.A.Muthuvinayagam

Theni

Chairman	Secretary	Treasurer
Dr.K.Subramanian	Dr. S.Muthu	Dr.B.Anbuchezhiyan

Thirunelveli

Chairman	Secretary	Treasurer
Dr.D.Alex Arthur Edwards	Dr.B.M.Pabithadevi	Dr.Mohammed Ibrahim

Thoothukudi

Chairman	Secretary	Treasurer
Dr.Pitchumani	Dr.Rakesh Fernando	Dr.Dalton Jebaraj

Tirupur

Chairman	Secretary	Treasurer
Dr.T.Vishnu Ponsingh	Dr.V.Umamaheshwari	Dr.S.P Balaji

Trichy

Chairman	Secretary	Treasurer
Dr. Velmurugan	Dr. Vishnu	Dr.A. Vasantha sRagavan

TNASICON 2024 DISTRICT FACULTY

Dr.P.Ajin Daniel
Dr.Ajit Raghuvaran
Dr.Alex Edward
Dr.D.L. Amutha
Dr.Angeline Vincent
Dr.Anish Immanuel
Dr.A.Antoine Berty
Dr.Anubhav
Dr.U. Arunachalam
Dr. S. Aseer
Dr.Bala Vidyasagar
Dr.G. Berylson Edward
Dr.P.R.Baghavath
Dr.R.S. Bright Singh
Dr.Carbin Joseph
Dr.Charu Chandran
Dr.S. Chellasivalingam
Dr.R. Dhinesh Kumar
Dr.C. Edwin Emperor
Dr.S. Frank Davis Daniel
Dr.S. Ganesamani
Dr.J.A. Jayan
Dr.R.P. Jeyaraj
Dr.J. John Grifson

Dr.G. John Nickson
Dr.M. Johnson
Dr.D. Joseph
Dr.Justin Pon Thompson
Dr.S.R. Kannan
Dr.S.M. Kumar
Dr.I. Mahilan
Dr.S. Manakavala Perumal
Dr.M. Mohammed Jaffer
Dr. Muthukaruppan
Dr.C. Murugadas
Dr.S. Naraintran
Dr.Navakumari Vijayakumar
Dr.G.M. Niban
Dr.Nithila
Dr.A.Pazhaniyandi
Dr.C. Ponmudi
Dr.R.P. Pratheep Samraj
Dr.S. Prinith Siga Fells
Dr.Punithan Thetaravu Oli
Dr.M. Radhakrishnan
Dr.Rajakumar
Dr.A.N. Rajan
Dr.K. Rajesh

Dr.K. Rakesh Chandru
Dr.V. Ramasamy
Dr.Ramkumar
Dr.S.K. Ranjith Kumar
Dr.Rinzie Miranda
Dr. Rodrigues
Dr.Rubakaran Robinson
Dr.Sabu Jeyasekeran
Dr.Shahul Hameed
Dr.Sam Sahayadhas
Dr.Sankaranarayanan
Dr.T. Sathish Premanand
Dr.M. Scott Arockia Singh
Dr.S. Selvakumar
Dr.R. Selvan
Dr.T. Sivakumar
Dr.R. Sivarajan
Dr.A. Usha
Dr.K. Velmurugan
Dr.Vijaya Kannan
Dr.M.R. Vivek
Dr.William J Bensam
Dr.William Charles
Dr.S. Yuvaraj

Department of General Surgery
Kanyakumari Government Medical College

Prof.Dr.J.A.Jayalal
MBBS., MS., FRCS., FACS., PhD.,
Professor & HOD

Dr.Angeline Vincent
MBBS., MS., DGO
Associate Professor

Dr.A.Selwyn J Kumar
MBBS., MS., D. Ortho.
Associate Professor

Dr.S.Edwin Kins Raj
MBBS., MS.,
Assistant Professor

Dr.P.R.Baghavath
MBBS., MS.,
Assistant Professor

Dr.J.Ajin Manovah
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Assistant Professor

Dr.S.Yuvaraj
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Assistant Professor

Dr.K.Velmurugan
MBBS., MS.,
Assistant Professor

Dr.G.John Nickson
MBBS., MS.,
Assistant Professor

Dr.M.R.Vivek
MBBS., MS.,
Assistant Professor

Dr.P.Ajin Daniel
MBBS., MS.,
Assistant Professor

Dr. L. Michael
MBBS., MS.,
Assistant Professor

Dr Joshua Joy Samuel
MBBS., MS.,
Assistant Professor

Dr.E. Suresh Manikandan
MBBS., MS.,
Assistant Professor

Dr. S. Prinith Siga Fells
M.S, M.Ch. (Surg. Onco.), MRCS
Assistant Professor

Dr.R. Dhinesh Kumar
M.S., M.Ch. (Ped. Surg.)
Assistant Professor

JUNIOR RESIDENTS
Department of General Surgery, KGMC

Dr. Danie Jayanand
Dr. S.A. Ajish Jolly
Dr. Ajeet Shukla
Dr. R. Thavamurugan
Dr. M. Dev Mahiban Alexander
Dr. T. Rajarajan
Dr. M. Naresh
Dr. Abhinand Mohan
Dr. Keerthana Baskar
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Dr. P. Chitra
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Dr.Sathiyavan
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Dr. R. Amala
Dr.Soundhariyakamakshi
Dr. B. Vignesh
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Dr. Arya S. Das
Dr. S. Prabhu Thanga Marthandan
Dr. Mohamed Haaris
Dr. C. Sugeenthar
Dr. M. Hari Bhaskar
Dr. J. Vijay Anand
Dr. Parvathy Vijayakumar

TNASICON 2024
Organizing Team

TNASICON 2024
Workshop Schedule

08.08.2024 , 09.00am - 12.00pm

Hospital : Meenakshi Mission Hospital, Madurai
Cases details : Lap. Mini Gastric Bypass
Surgeon : Dr. J.C. Bose
Moderator : Dr. Johnson
Chairpersons : Dr. Selvarajan, Dr. Thiruloga Chandran

08.08.2024 , 09.00am - 12.00pm

Hospital : Kauvery Hospital, Trichy
Cases details : 1. Lap CBD Exploration
2. TAPP / IPOM
Surgeon : Dr. S. Velmurugan
Moderator : Dr. Johnson
Chairpersons : Dr. A. Prabhakaran, Dr. S. Edwin Kins Raj

08.08.2024 , 12.00pm - 05.00pm

Hospital : Sri Kumaran Hospital, Thanjavur
Cases details : 1. Robotic TAPP
2. Lap. TARM
Surgeon : Dr. J. Balamurugan
Moderator : Dr. Johnson
Chairpersons : Dr. Ganesh, Dr. Alagesan

08.08.2024 , 01.00pm - 05.00pm

Hospital : Dr. N D Jeyasekaran Hospital, Nagercoil

Cases details : 1. Total Thyroidectomy
2. EVLA
3. Laser Haemorrhoidoplasty
4. Complex Fistula in Ano

Surgeon : Dr. Rajesh, Dr. M. Scott Arockia Singh

Moderator : Dr. Ajin Daniel

Chairperson : Dr. M.R. Vivek

09.08.2024 , 08.00am - 10.30am

Hospital : Sree Mookambika Institute of Medical Sciences, Kulasekharam

Cases details : 1. Lap-assisted APR
2. BCS
3. MRM / Open Hernioplasty

Surgeon : Dr. Alex Edward

Moderator : Dr. M. Scott Arockia Singh

Chairpersons : Dr. Elangovan, Dr. Marimuthu

09.08.2024 , 08.00am - 10.30am

Hospital : Guru Hospital, Madurai

Cases details : 1. Carcinoma Penis - Total Penectomy with Node Dissection

Surgeon : Dr. S.G. Balamurugan

Moderator : Dr. M. Scott Arockia Singh

Chairpersons : Dr. Elangovan, Dr. Marimuthu

TNASICON 2024
Scientific Programme

Day 1 (09.08.2024)
PROF. R. SARATHCHANDRA CME PROGRAM

09.08.2024 (FRIDAY) LECTURES-15 + 5 MINUTES

SESSION 1 - 10.30am - 11.50 am (80 minutes)

10.30am - 10.50am

TISSUE TRACTION FOR W3 VENTRAL HERNIA- A NEW PARADIGM (20 mins)

DR M KANAGAVEL, CHENNAI

10.50am - 11.10am

ARTIFICIAL INTELLIGENCE IN SURGERY (20 mins)

DR CP GANESH BABU, MADURAI

CHAIRPERSONS

DR.ANGELINE VINCENT ,KGMCH NAGERCOIL
DR.A.SELWYN J KUMAR,KGMCH NAGERCOIL
DR.S.EDWIN KINS RAJ ,KGMCH NAGERCOIL

11.10am - 11.30am

PAROTID TUMORS (20 mins)

DR SADASIVAM, COIMBATORE

11.30am - 11.50am

SIMULATION BASED SURGICAL TRAINING (20 mins)

DR EASWARAMOORTHY, ERODE

CHAIRPERSONS

DR.SOUNDARRAJAN,SMIMS KULASEKHARAM
DR.ALEX EDWARD,SMIMS KULASEKHARAM
DR.AMUDHA,SMIMS KULASEKHARAM

11.50am - 12.30pm

INAUGURAL FUNCTION

12.30pm - 01.30pm

LUNCH BREAK

SESSION 2 - 01.30pm - 02.30pm (1 Hour)

PANEL DISCUSSION

VENTRAL HERNIA - CHANGING APPROACH AND CHALLENGES

DR PARTHASARATHI, COIMBATORE

MODERATORS

DR T SIVAKUMAR, NAGERCOIL
DR M SENTHIL,HOSUR
DR M KANAGAVEL,CHENNAI
DR S SARAVANA KUMAR,COIMBATORE
DR SABARI GIRI EASAN ,CHENNAI

SESSION 3 - 02.30pm - 03.30pm (1 Hour)

02.30pm - 02.50pm

CA PENIS- CURRENT PERSPECTIVE

DR. SS. SUNDARAM, TIRUNELVELI

02.50pm - 03.10pm

MANAGING COMPLICATIONS OF LAPAROSCOPIC HERNIA SURGERY

DR. SHAFY ALI KHAN

03.10pm - 03.30pm

KILLING 2 BIRDS WITH A SINGLE STONE

DR SARAVANAKUMAR, COIMBATORE

MODERATORS

Dr. RAKESH FERNANDO,TKMC, THOOTHUKUDI
Dr. NIRMAL KUMAR,TKMC, THOOTHUKUDI
Dr. AJIN MANOVAH,KGMC, NAGERCOIL

SESSION 4 - 03.30pm - 04.00pm (MASTER VIDEO SESSION : 12+ 3MINS EACH)

03.30pm - 03.45pm

LAP ANTERIOR RESECTION

DR MATHEWS, THANJAVUR

02.50pm - 03.10pm

ROBOTIC COLECTOMY

DR J BALAMURUGAN, THANJAVUR

MODERATORS

DR A MICHAEL, THANJAVUR
DR ALAGESAN, PONAMARAVATHY
DR N SENTHILKUMAR, PUDUKOTTAI

SESSION 5 - 04.00pm - 04.30pm

04.00pm - 04.15pm

RECENT ADVANCES IN CARCINOMA STOMACH

DR GAYATHRE,CHENNAI

04.15pm - 04.30pm

RECENT ADVANCES IN CARCINOMA BREAST

DR B. SHANTHI , CHENNAI

MODERATORS

Dr. NAGARAJAN, NAGERCOIL
Dr. SUNIL JAYAHARAN, NAGERCOIL
Dr. M.RADHAKRISHNAN, NAGERCOIL

SESSION 6 - 04.30pm - 05.30pm

04.30pm - 04.50pm

DIABETIC FOOT- WHAT SURGEON SHOULD NOT DO?

DR G SARAVANAKUMAR, MADURAI

04.50pm - 05.10pm

LAPAROSCOPIC COLORECTAL RESECTION

DR S.VELMURUGAN, TRICHY

05.10pm - 05.30pm

UROLOGICAL TIPS FOR GENERAL SURGEONS

DR. DEVAPRASATH JEYASEKARAN

MODERATORS

DR. S MARIMUTHU, THANJAVUR
DR. M ELANGOVAN, THANJAVUR

SESSION 7 - 05.30pm - 06.00pm

05.30pm - 06.00pm

PROF BKC MOHAN PRASAD'S QUIZ PROGRAM

MODERATOR : DR.THIRULOGACHANDRAN

HALL B - 02.30pm - 05.30pm

02.30pm - 04.00pm

WORKSHOP ON OVERSEAS CAREER OPPORTUNITIES FOR GENERAL SURGERY POSTGRADUATES

MRCS EXAM PATTERN- TIP AND TRICKS

DR EASWARAMOORTHY, ERODE

HOW I FACED THE MRCS EXAMINATION?

DR. JEKIN J. SHARON, MMC, CHENNAI

NATIONAL BOARD EXAMINATION

DR KANAGAVEL, CHENNAI

04.30pm - 05.30pm

WORKSHOP ON VIDEO EDITING AND POWER POINT PRESENTATION FOR SURGEONS

DR PARTHASARATHI, COIMBATORE

Day 2 (10.08.2024)

08.00am - 09.00am

FREE PAPERS : PAPER PRESENTATION IN 4 HALLS (B,C,D,E)

DELEGATES

INVITED LECTURES (20 MINUTES EACH) 09.00am - 09.40am

09.00am - 09.20am

MANAGEMENT ALGORITHM OF ADRENAL INCIDENTALOMA

DR SAI KRISHNA VITTAL, CHENNAI

09.20am - 09.40am

COLORECTAL EMERGENCIES

DR A RAJASEKAR, SALEM

CHAIRPERSONS

DR. CHANDRASEKHAR, CHENNAI
DR. P. SENTHIL KUMAR, NAGERCOIL
DR. VIVEKANANDA SUBRAMANIANATHAN, CHENNAI

09.40am - 10.15am

DR.T.V.SIVANANDAM ORATION

(ORATION 25 MINUTES + 10 MINUTES CEREMONY)

CANCER SURVEILLANCE FOR GI MALIGNANCY

DR S SARADHA, COIMBATORE

CHAIRPERSONS

DR M ELANGOVAN, THANAJVUR
DR S MARIMUTHU, THANJAVUR
DR S KARTHIKEYAN, THANJAVUR

10.15am - 10.50am

DR.MATHIAS ORATION

(ORATION 25 MINUTES + 10 MINUTES CEREMONY)

MULTIMODAL MANAGEMENT IN CHRONIC PANCREATITIS

DR JOHNSON MARIA ANTONY, NAGERCOIL

CHAIRPERSONS

DR K GOVINDARAJ, TRICHY
DR M ELANGOVAN, THANAJVUR
DR S MARIMUTHU, THANJAVUR

INVITED LECTURES (20 MINUTES EACH) 10.50am - 11.30am

10.50am - 11.10am

FUTURE - PROOF YOUR CAREER:ESSENTIAL STRATEGIES FOR ASPIRING SURGEONS

DR.SG BALAMURUGAN, MADURAI

11.10am - 11.30am

SURGEONS AS A SURGEPRENEUR

DR. S.MARIMUTHU, THANJAVUR

CHAIRPERSONS

DR D MARUDUPANDIAN, MADURAI
DR M ELANGOVAN, THANAJVUR
DR JAYALAL ,NAGERCOIL

CHAIRMAN ORATION (30 minutes+10 min ceremony) 11.30am - 12.10pm

MY JOURNEY IN DIABETIC FOOT MANAGEMENT

DR M ELANGOVAN, THANJAVUR

CHAIRPERSONS

DR P SUNDARRAJ, COIMBATORE
DR S MARIMUTHU, THANJAVUR
DR S KARTHIKEYAN, MADURAI

12.10pm - 01.10pm

INAUGURATION

01.10pm - 02.00pm

LUNCH BREAK

02.00pm - 02.35pm

DR.V.JEGANATHAN ORATION
(ORATION 25 MINUTES + 10 MINUTES CEREMONY)

PATIENT SAFETY AND QUALITY IMPROVEMENT IN SURGERY

DR V MARIMUTHU, THANJAVUR

CHAIRPERSONS

DR K GOVINDARAJ,TRICHY
DR M ELANGOVAN, THANAJVUR
DR S MARIMUTHU,THANJAVUR

02.35pm - 03.10pm

PROF.S.VITTAL ORATION
(ORATION 25 MINUTES + 10 MINUTES CEREMONY)

MENTORING IN SURGERY

DR S BABU, MADURAI

CHAIRPERSONS

DR M ELANGOVAN, THANAJVUR
DR S MARIMUTHU, MADURAI
DR P SUNDARRAJ, COIMBATORE

03.10pm - 04.10pm

PROF.T.SUBRAMANIAN SYMPOSIUM

MANAGEMENT OF ACUTE ABDOMEN IN EMERGENCY CARE SETTING

DR PABITHA DEVI, TIRUNELVELI

INVESTIGATION IN ACUTE ABDOMEN

DR ALEX EDWARD, TIRUNELVELI

MANAGEMENT OF BLUNT ABDOMINAL TRUAMA

DR NIRMALKUMAR TIRUNELVELI

MANAGEMENT OF ACUTE ABDOMEN

DR KAMALIN VIJI, TIRUNELVELI

CHAIRPERSONS

DR G AMBUJAM,THANJAVUR
DR A MICHAEL,THANJAVUR
DR U PRABAHAR, KUMBAKONAM

GUEST LECTURE 04.10pm - 05.00pm

04.10pm - 04.30pm

ENDOSURGERY AND ITS FUTURE PROSPECTS

DR T SIVAKUMAR, NAGERCOIL

04.30pm - 04.50pm

CA RECTUM -NEWER PERSPECTIVE

DR RAMESH, MADURAI

CHAIRPERSONS

DR. A USHA, MARTHANDAM

DR.S R KANNAN,NAGERCOIL

DR SANDEEP KUMAR DAVID,NAGERCOIL

05.00pm - 06.00pm

SUNDARAM AWARD (HALL A)

05.00pm - 06.00pm

GEM FOUNDATION AWARD (HALL C)

05.00pm - 06.00pm

DR.V.JEGANATHAN BEST PAPER AWARD (HALL D)

05.00pm - 06.00pm

TNASI EC MEETING WITH CITY BRANCH (HALL B)

05.00pm - 06.00pm

ANNUAL GENERAL BODY MEETING (HALL B)

GUEST LECTURE HALL - B

09.00am - 09.40am

ARTIFICIAL INTELLIGENCE IN HEALTH

DR BENISHA R.B, KANYAKUMARI

CHAIRPERSONS

DR.RAJESH, KANYAKUMARI

Day 3 (11.08.2024)

08.00am - 09.00am

FREE PAPERS : PAPER PRESENTATION IN 4 HALLS (B,C,D,E)

DELEGATES

09.00am - 10.00am

TNASI EC MEETING (HALL B)

GUEST LECTURES (20 MINUTES EACH)

09.00am - 09.20am

NEXT GENERATION GI SURGERY THE POWER OF ADVANCED LAPAROSCOPY IN GASTROENTROLOGY

DR. A. PRABHAKARAN, NAGERCOIL

09.20am - 09.40am

MAKING OF A SURGEON

DR. J.C. BOSE, CHENNAI

CHAIRPERSONS

DR YEGANATHAN, TRICHY

DR.RAJAVEL , TRICHY

DR.BALA VIDYASAGAR , NAGERCOIL

INVITED LECTURES (20 MINUTES EACH)

09.40am - 10.00am

SAFE THYROID SURGERY

DR. SABARETNAM, LUCKNOW

10.00am - 10.20am

MAGIC D FOR SURGEONS

DR. P. GANESH, MADURAI

CHAIRPERSONS

DR UMA MAHESWARI,KARUR

DR.SUMATHI,TKMC THOOTHUKUDI

DR.NAGALAKSHMI,TVMC TIRUNELVELI

10.20am - 10.55am

PROF.N. RANGABASHYAM ORATION

(ORATION 25 MINUTES + 10 MINUTES CEREMONY)

PROCTOLOGY - A GENERAL SURGEON PERSPECTIVE

DR M SCOTT AROCKIA SINGH, NAGERCOIL

CHAIRPERSONS

DR.K.GOVINDARAJ, TRICHY
DR M ELANGOVAN, THANJAVUR
DR S MARIMUTHU, THANJAVUR

PROF. J. R. SANKARAN SYMPOSIUM 10.55am - 11.55am

MARGINS IN ONCOLOGY

DR.M.SATHISH JKUMAR, MADURAI

EVOLUTION AND EMERGING CONCEPTS

DR. BKC.MOHAN PRASAD, MADURAI

MARGINS IN BREAST CANCER

DR K BHARATHIRAJA, THANAJVUR

MARGINS IN COLORECTAL CANCER

DR PRINITH SIGA FELLS, NAGERCOIL

PATHOLOGIST ROLE

DR MOHAN MURUGESAN NAGERCOIL

CHAIRPERSONS

DR VIVEKANDA SUBRAMANIA NATHAN, CHENNAI
DR GANESAN, TIRUPPUR
DR SS SUNDARAM, TIRUNELVELI

GUEST LECTURES (20 MINUTES EACH)

11.55am - 12.15pm

ANOVAGINAL FISTULA: ARE THEY DIFFERENT ENTITY FROM RVF? - RENISTA CONCEPT

DR R KANNAN, CHENNAI

12.15pm - 12.35pm

Role of ICG IN LAPAROSCOPIC CHOLECYSTECTOMY

DR RAVINDRAN KUMERAN, CHENNAI

CHAIRPERSONS

DR.P.R.BAGHAVATH, KGMC, NAGERCOIL
DR.S.YUVARAJ, KGMC, NAGERCOIL
DR JOHN NICKSON, KGMC, NAGERCOIL

12.35pm - 01.00pm VELEDICTORY FUNCTION

01.00pm LUNCH

The Precancerous Conditions of Cancer Stomach

Dr Kanagavel Manickavasagam

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Introduction:

Gastric cancer is a major world problem, ranking fifth for incidence and third for cancer- related deaths worldwide (1). Most cases are diagnosed at a late stage and hence the poor survival. Early diagnosis offers a potential cure. Screening and surveillance of people at risk may decrease gastric cancer mortality. These group of patients who undergo periodic tests are noted to have better survival. This article addresses the pertinent question of **Am I a high-risk candidate for gastric cancer?**

The Definition of family and relatives:

A relationship is defined as three degrees. Third-degree relatives include cousins and great grandparents. Second degree relatives include grandparents, aunts, and uncles. First- degree relatives include parents, siblings, and offspring.

Genetic Risk for Gastric Cancer:

Most gastric cancers are sporadic, it is estimated that 5% to 10% have a familial component and 3% to 5% are associated with an inherited cancer predisposition syndrome (2).

Hereditary Cancer Predisposition Syndromes Associated with an Increased Risk for Gastric Cancer:

Hereditary Diffuse Gastric Cancer Hereditary diffuse gastric cancer (HDGC):

It is an autosomal dominant syndrome characterized by the development of gastric cancers, predominantly the diffuse type, at a young age. Germline mutations in the tumour suppressor gene CDH1are found in 30% to 50% of families with HDGC. The average age at diagnosis of gastric cancer is 37 years in these HDGC families. They have a lifetime risk for the development of gastric cancer by the age of 80 years and is estimated at 67% for men and 83% for women. Prophylactic total gastrectomy is recommended between ages 18 and 40 years for carriers of germlinetruncating CDH1 mutations. recommended between ages 18 and 40 years for carriers of germline truncating CDH1 mutations. Endoscopic screening twith multiple random biopsies every 6 to 12 months is an effective alternative to CDH1 mutation carriers who elect not to undergo prophylactic total gastrectomy.

Lynch Syndrome:

Lynch syndrome (syn. hereditary non-polyposis colorectal cancer) is an autosomal dominant syndrome. It is characterized by an early onset of colorectal, endometrial, and gastric cancers. In patients who have Lynch syndrome, after endometrial cancer, gastric cancer is the second common extracolonic cancer. These patients have a 1% to 13% risk of developing gastric cancer. Asians have a higher risk.

Juvenile Polyposis Syndrome Juvenile polyposis syndrome (JPS):

It is a rare autosomal dominant syndrome. They are characterized with the presence of multiple juvenile polyps along the GI tract. It is associated with an increased risk of developing GI cancers. The lifetime risk of developing gastric cancer in individuals with JPS is 21%.

Peutz-Jeghers Syndrome:

Peutz Jeghers syndrome (PJS) is an autosomal dominant syndrome caused by germline mutations in the STK11 tumour suppressor gene. Individuals with PJS have a 29% lifetime risk of developing gastric cancer. Propensity for developing other cancers are also more in these patients.

Familial Adenomatous Polyposis:

Familial adenomatous polyposis (FAP) is an inherited autosomal dominant colorectal cancer syndrome. It results from germline mutations in the adenomatous polyposis coli (APC) gene which is located on chromosome 5q21. Polypi predominantly the stomach, duodenum, and periampullary region are common extracolonic manifestations of FAP. Ninety percent of gastric polyps are non-cancerous. Gastric adenomatous polyps, which can lead to gastric cancer, represent 10% of the gastric polyps.

.SMAD4 mutation carriers have GI cancer predominance. Those who have polyp need yearly endoscopic screening. FAP individuals have a 1% to 2% lifetime risk of developing gastric cancer.

Less Common Hereditary Cancer Predisposition Syndromes (3):

In addition to the more common syndromes discussed above, there are a number of hereditary cancer predisposition syndromes that are less commonly associated with a risk of developing gastric cancer. Table 1 gives the list of uncommon hereditary predisposition state. Periodic screening is insufficient in these patients and hence not recommended.

Ataxia telangiectasia	Autosomal recessive ATM Gene
Bloom Syndrome	Autosomal Recessive BLM Gene
Hereditary breast and ovarian cancer syndrome	Multiple / BRCA 1 and 2
Li-Fraumeni syndrome	Autosomal dominant TP53 Gene
Xeroderma pigmentosum	DNA Repair failure, Multigene implication DDB2, ERCC1, ERCC2, ERCC3, ERCC4, ERCC5, POLH, XPA, and XPC
Cowden syndrome	Autosomal Dominant, PTEN, SDHB, SDHD and KLLN

Other Precancerous Conditions:

Autoimmune Gastritis:

Autoimmune gastritis (AIG) is a chronic progressive inflammatory condition (3). AIG results in the replacement of the parietal cell mass by atrophic and metaplastic mucosa, leading to a corpus predominant atrophic gastritis, reduced or absent acid production, and loss of intrinsic factor. This can progress to a severe form of vitamin B12-deficiency anaemia also known as pernicious anaemia. Both gastric carcinoma and neuroendocrine tumours are potential long-standing complications of pernicious anaemia.

Helicobacter pylori:

Helicobacter pylori is a bacterial infection of the stomach implied as a carcinogen (4) for gastric cancer. However, a combination of Helicobacter infection and presence of one of these conditions increases the risk multi-fold.

What needs to be done if your family member or a close relative has gastric cancer or if you are worried about getting one?

Genetic counselling / patient education is highly recommended when genetic testing is offered and their results are disclosed. A genetic counsellor, medical geneticist, oncologist, gastroenterologist, surgeon, oncology nurse, or other health professional with expertise and experience in cancer genetics should be involved early in counselling patients who potentially meet criteria for an inherited syndrome.

Who needs evaluation for High-Risk Syndromes:

Expert advice from a cancer genetics professional is recommended for an individual with one or more of the following as given in the Chart No 1 and Table No 1

In specific any individual affected with gastric cancer associated with the following parameters need to be monitored carefully and genetic testing be offered (4):

> Any age and a family history of juvenile polyps or gastrointestinal polyposis
> Any age and a family history of cancers associated with Lynch syndrome (colorectal, endometrial, small bowel, or urinary tract cancer) OR a family history of;
> Known mutation in a gastric cancer susceptibility gene in a close relative
> Occurring in one first- or second-degree relative who was diagnosed before age 40
> Occurring in 2 first- or second-degree relatives with one diagnosis before age 50
> Occurring in 3 first- or second-degree relatives independent of age or
> Gastric cancer and breast cancer in one patient with one diagnosis before age 50 juvenile polyps, or gastrointestinal polyposis in a close relative

Specific issues and the mechanisms of precancerous conditions:

What are the common precancerous tissue conditions for gastric adenocarcinoma?

Chronic atrophic gastritis (5) or intestinal metaplasia (6) are at risk for gastric adenocarcinoma.

What is the most reliable test for gastric mucosal (lining) atrophy? The most reliable marker is a histologically confirmed intestinal metaplasia.

Which location of gastritis in stomach are more prone for cancer?

Advanced gastritis with atrophy and/or intestinal metaplasia affecting both antral and corpus mucosa are considered to be at higher risk for gastric adenocarcinoma.

What is the goal of early diagnosis?

High grade dysplasia and invasive carcinoma are prevented when chronic atrophic gastritis or intestinal metaplasia are effectively managed (7).

What is correa cascade?

Intestinal-type gastric adenocarcinoma (subtype of gastric cancer) represents the final outcome of the inflammation–atrophy–metaplasia–dysplasia–carcinoma sequence, known as the Correa cascade (4).

Chronic atrophic gastritis and intestinal metaplasia (IM) are the potential precancerous conditions. It can be an independent risk factor for development of gastric cancer and constitute the background in which dysplasia and adenocarcinoma ensue.

The OLGA and OLGIM:

Advanced stages of atrophic gastritis should be defined as significant (moderate to marked) atrophy or as Intestinal metaplasia (as the best and more reliable marker of atrophy) affecting both antral and corpus mucosa (8). The application of the following staging tool helps to stratify the inflammatory progression.

-The staging tool for Gastritis - The Operative Link on Gastritis Assessment (OLGA)

> OLGIM strata is carries a higher risk than OLGA. The progression to gastric cancer of high versus low OLGIM stages is two times that of high versus low OLGA stages.

> The Staging tool for Intestinal Metaplasia - Operative Link on Gastritis Assessment based on Intestinal Metaplasia (OLGIM)

OLGIM can be widely applied with higher accuracy and cost-effectiveness, and also has lower technical requirements regarding orientation of biopsy samples OLGIM III and IV stages may thus identify patients at a higher risk for gastric cancer.

Who needs to be tested in the family?

The most efficient strategy to identify a causative gene mutation in a family is to test a close relative with cancer. If the relative is either unwilling or unavailable for testing, then consider testing of an unaffected relative (4).

What are the methods of diagnosis?

Endoscopy:

It is one of the most useful, painless and commonly available tests for the early diagnosis. High definition white light endoscopy (8) and chromoendoscopy (9) is the method of choice. This test helps one to have a bird's eye view of the food pipe, stomach and duodenum. One can take biopsy from suspicious areas and tissue diagnosis confirms the diagnosis. More advanced modalities like narrow band imaging (10) and endo microscopy are available at specialised centres.

Biopsy sampling

For adequate staging of gastric precancerous conditions, a first-time diagnostic upper gastrointestinal endoscopy should include gastric biopsies both for Helicobacter pylori infection diagnosis and for identification of advanced stages of atrophic gastritis. Biopsies of at least two topographic sites (from both the antrum and the corpus, at the lesser and greater curvature of each) should be taken and clearly labelled in two separate vials.

Additional biopsies of visible/enhanced suspicious lesions should be taken.

Non-invasive assessment:

Low pepsinogen I serum levels or/and a low pepsinogen I/II ratio (11) identify patients with advanced stages of atrophic gastritis, and endoscopy is recommended for these patients, particularly if H. pylori serology is negative.

Surveillance Policy:

Dysplasia:

Assuming the gene-environment interaction for gastric cancer, multiple risk factors have been linked to the multistep progression from chronic non atrophic gastritis to atrophic gastritis, IM, dysplasia, and finally cancer. H. pylori is an important progression factor (4, 12). It is categorised as a type 1 carcinogen in 1994 by the WHO. A combination of a virulent organism in a genetically susceptible host is associated with more severe chronic inflammation and can hasten the progress to gastric cancer.

In patients with dysplasia in the absence of an endoscopically defined lesion immediate high-quality endoscopic reassessment with Chromoendoscopy (virtual or dye-based) is recommended.

Atrophic gastritis/intestinal metaplasia

For patients with mild to moderate atrophy restricted to the antrum there is no evidence to recommend surveillance.

In patients with IM at a single location but with a family history of gastric cancer, or with incomplete IM, or with persistent H. pylori gastritis, endoscopic surveillance is needed.

Patients with advanced stages of atrophic gastritis (severe atrophic changes or IM in both antrum and corpus, OLGA/OLGIM III/IV) should be followed up with a high- quality endoscopy every 3 years.

Patients with advanced stages of atrophic gastritis and with a family history of gastric cancer may benefit from a more intensive follow-up (e. g. every 1–2years after diagnosis).

Patients with IM at a single location have a higher risk of gastric cancer.

Will I get stomach cancer if someone in the family has one without genetic syndrome?

Having a first-degree relative with gastric cancer is a consistent risk factor for gastric cancer (4), with an odds ratio varying from 2 to 10 in relation to geographic region and ethnicity. Importantly, adjustment for environmental factors does not alter this risk.

Having a second-degree relative with gastric cancer also confers a higher risk of development of the disease, but to a lesser extent. It is evident, that familial clustering of gastric cancer is due to an inherited genetic susceptibility, shared environmental and/or lifestyle factors, shared susceptibility to H. pylori infection, same cytotoxic strain, or a combination of these factors.

The first-degree relatives of gastric cancer patients have an increased prevalence of
H. pyloriinfection and precancerous conditions/ lesions, as well as an increased risk for gastric cancer. It is reasonable to recommend a more intensive follow-up in patients with extensive atrophy/IM and a first-degree family history of gastric cancer.
In a nutshell, there is a significantly higher risk of progression to cancer in patients with dysplasia, extensive atrophy/IM, and/or OLGA/OLGIM stage III/IV (13), and we recommend endoscopic surveillance of these patients, ideally by a high-quality endoscopy. However, the risk of gastric cancer is also increased, even though with a lower magnitude, in patients with less advanced stages of preneoplastic change, such as those with focal IM (OLGIM I/II), particularly if there is also incomplete IM and/or a family history of gastric cancer.

Preventive Therapy:

Helicobacter pylori eradication

H. pylori eradication heals non-atrophic chronic gastritis, may lead to regression of atrophic gastritis, and reduces the risk of gastric cancer in patients with nonatrophic and atrophic gastritis, and, therefore, it is recommended in patients with these conditions (4).
In patients with established IM, H. pylori eradication does not appear to significantly reduce the risk of gastric cancer, at least in the short term, but reduces inflammation and atrophy and, therefore, it should be considered.
It is also important to note that H. pylori infection is now considered an infectious disease and eradication is recommended in most cases, regardless of the presence of precancerous conditions. H. pylori eradication has the largest impact on gastric cancer risk in patients with nonatrophic gastritis and early stages of atrophy.

Other therapies:

Even though cyclo-oxygenase COX-1 or COX-2 inhibitors (type of pain killer medicine) may slow progression of gastric precancerous conditions (4), they cannot be recommended specifically for this purpose. Low dose daily aspirin may be considered for prevention of various cancers, including gastric cancer, in selected patients.
Effectiveness of surveillance and screening:
Surveillance (9,14) is a close observation and periodic application of necessary investigations in a select group of high-risk population. The high-risk individuals, familial disorder individuals, family background of gastric cancer come under this category.

Conclusion:

Genetic predisposition though uncommon, with the advent of multiple tools for genetic assessment can help us to segregate and risk stratify these high-risk population. Polyp and inflammatory status in foregut need to be monitored with abundant caution. Early diagnosis and intervention remain the cornerstone towards cure in the management of gastric malignancy. particularly if H. pylori serology is negative.

REFERENCES:

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Anal Fistulas Secondary to Tuberculosis: Insights from a Anorectal Center in South India

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Abstract: Anal fistulae attributed to tuberculosis (TB) pose a diagnostic challenge due to their varied presentation and subtle clinical clues. In this study from a specialized anorectal center in South India, we examined 193 cases of anal fistulae over 5.5 years, identifying 17 cases (8.8%) linked to tuberculosis. Our findings highlight the significance of considering TB as a differential diagnosis in patients presenting with complex anal fistulae, particularly in endemic regions. Diagnostic modalities such as digital rectal examination, MRI fistulogram, and molecular techniques like PCR for mycobacterial DNA and CBNAAT were crucial for accurate diagnosis and prompt initiation of anti-tubercular therapy (ATT). Management strategies included fistulotomy with primary closure and fistulectomy with primary sphincter repair, tailored to preserve anal sphincter function amidst aggressive fibrotic changes observed in TB-related fistulae.

Keywords: anal fistula, tuberculosis, diagnosis, management,complex fistula , South India

Introduction: Anal fistulae represent a common surgical problem, often resulting from cryptoglandular infection or inflammatory bowel disease. Tuberculosis, although primarily recognized as a pulmonary disease, can manifest as extrapulmonary forms including perianal tuberculosis. Perianal TB presenting as anal fistula is rare but increasingly recognized, particularly in regions with high TB prevalence. Diagnosis requires a high index of suspicion due to nonspecific clinical features and overlapping symptoms with other perianal conditions. Early diagnosis is crucial to prevent complications and ensure effective treatment outcomes.

Methods: This retrospective study was conducted at Dr. Jeyasekharan Hospital a tertiary care center in South India and Dr Scott's Laser Piles Fistula centre, specializing in anorectal disorders. A total of 193 patients who underwent surgery for anal fistula between May 2019 to May 2024.were reviewed. Detailed clinical histories were obtained, focusing on symptoms such as anal discharge, associated abscess formation, diabetes mellitus, and prior TB exposure. All patients underwent digital rectal examination to assess fistula characteristics including number of external openings, presence of surgical scars, and extent of fistula tracts, associated abscesses, and anal sphincter tone. MRI fistulogram was performed for precise anatomical mapping of fistula tracts. Samples from fistulous discharge were subjected to PCR for mycobacterial DNA to confirm tuberculosis.

Results: Of the 193 patients reviewed, 17 (8.8%) were diagnosed with anal fistulae secondary to tuberculosis. The cohort predominantly comprised males (76.5%) with a mean age of 34 years. Clinical features suggestive of perianal TB included multiple external openings (88.2%), complex fistula tracts (64.7%), and a high prevalence of diabetes mellitus (52.9%). MRI findings revealed a shortened anal canal (2-3 cm) in TB-associated fistulae, attributed to fibrotic changes leading to a low-lying Puborectalis sling and higher internal opening positions. PCR for mycobacterial DNA demonstrated high sensitivityin detecting tuberculosis, facilitating prompt initiation of ATT. Surgical management strategies included fistulotomy with primary closure or fistulectomy with primary sphincter repair, tailored to individual patient anatomy and functional outcomes.

Discussion: The incidence of anal fistulae secondary to tuberculosis in our study (8.8%).But four patients had history of Pulmonary tuberculosis in the past, It has been highlighted that TB may not always be detected in the first sample3. Therefore, repeated samples may be required to detect TB especially in patients with high levels of suspicion. The detection of mycobacterial DNA in clinical samples by polymerase chain reaction (PCR) is a promising approach for the rapid diagnosis of tuberculous infection, which can detect the presence of bacterial DNA in 48 h with high sensitivity and specificity when testing several samples4 5. The detection of anal tuberculosis is by culture method is cumbersome, results are delayed and quite nonspecific6.ATT is given for 6 – 9 months accordingly.

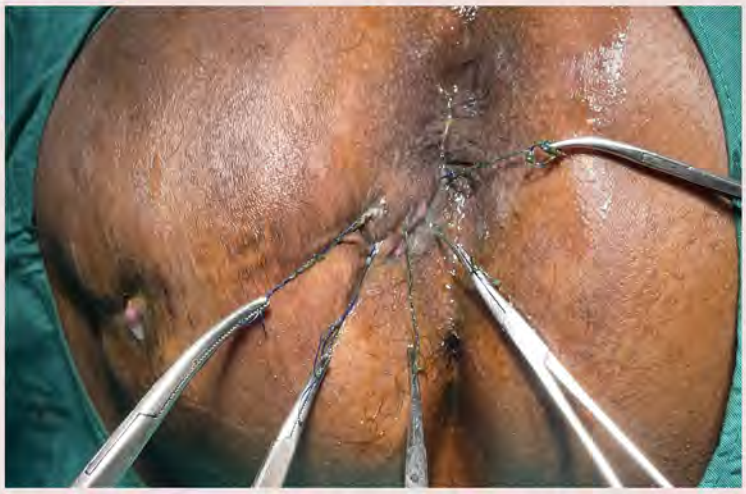
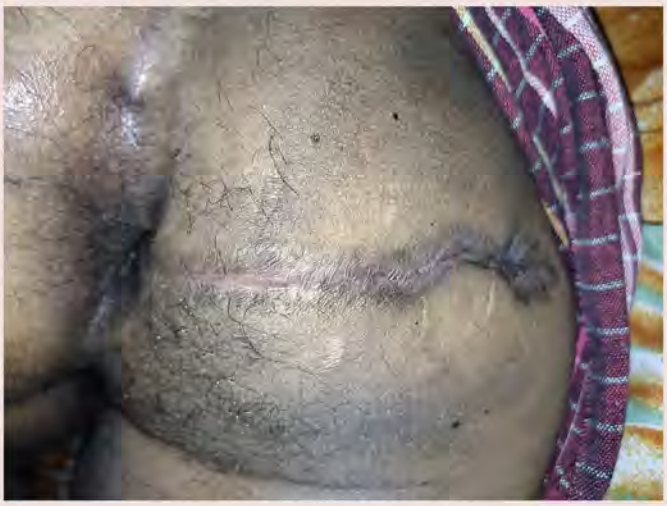


Figure 1 : Preop picture with 5 setons and six multiple openings in a 55 male patient with recurrent suprasphincteric fistula



Post op- 3 months fistulectomy with primary sphincter repair ,completely healed tracts and openings

The Ten Commandments in TB anal fistula are

- ► History of Pulmonary tuberculosis in past may or may not be present
- ► Associated perianal abscess formation
- ► Associated diabetes
- ► History of previous anal fistula surgery
- ► More than one external openings
- ► Suspect TB if there is long tract and complex fistulas
- ► Per-operatively , the anal canal length is shortened, low placed puborectalis sling due to aggressive fibrosis due to TB
- ► Do send pus or discharge per fistulous opening for TB-PCR and TB CBNAAT.
- ► If first sample is negative, repeat the samples for detection
- ► Do send excised fistulous tract for biopsy, TB-PCR and TB CBNAAT.

Conclusion

Anal fistula due to tuberculosis is not an uncommon and the general surgeonshould be aware of the method of diagnosis and there should be high level of suspicion.

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Next-Generation Minimally Invasive Gastrointestinal Surgery: Advancements and Future Directions

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Introduction :

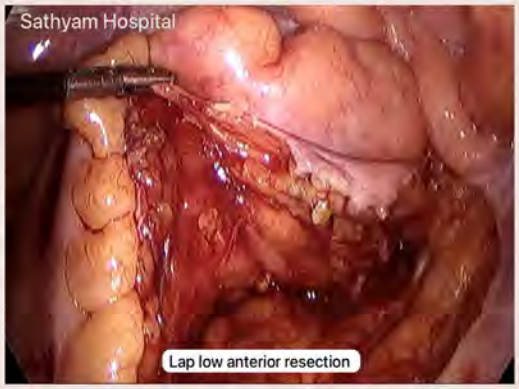
Minimally invasive surgery(MIS), including laparoscopy and robotic-assisted techniques, has transformed the field of gastrointestinal (GI) surgery. These advancements offer patients reduced recovery times, fewer complications, and improved outcomes compared to traditional open surgery. In recent years, ongoing technological innovations and procedural refinements have continued to push the boundaries of what is possible in GI surgery. This article explores the next generation of minimally invasive techniques in GI surgery, highlighting key advancements, benefits, and future directions.

Advancements in Minimally Invasive Techniques :

Minimally invasive techniques such as laparoscopy and robotic surgery have become the standard of care for many GI procedures. These techniques involve smaller incisions, specialized instruments, and advanced imaging systems, allowing surgeons to perform complex surgeries with enhanced precision and minimal tissue trauma. The introduction of robotic platforms, such as the da Vinci Surgical System, has further expanded the capabilities of MIS by offering surgeons three-dimensional visualization, wristed instrumentation, and improved ergonomics.

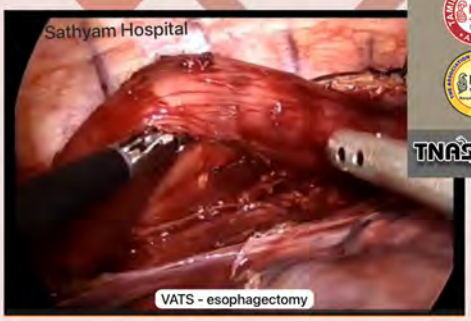
Applications in Gastrointestinal Surgery :

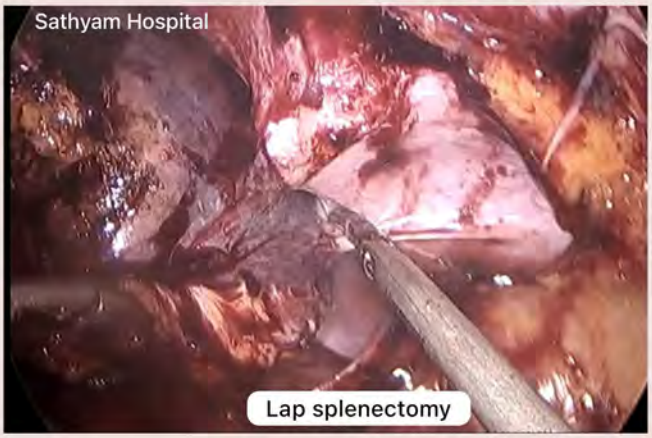
1. Colorectal Surgery: Laparoscopic and robotic approaches are widely used for procedures such as colectomy, rectal resection, and sphincter-preserving surgery.These techniques minimize postoperative pain, reduce the risk of wound complicat i o n s , a n d accelerate recovery, allowing patients to return to normal activities sooner.we do low Anterior resection for mid & lower rectal tumours which help us in tumour clearance and in preventing permanent colostomy by making sphincter saving operations possible even for low rectal cancers



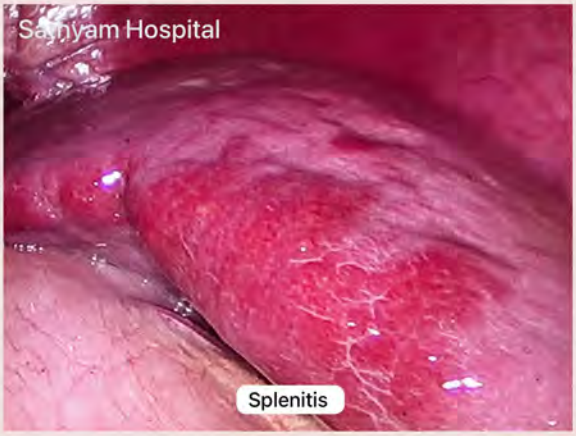
2. Bariatric Surgery: Minimally invasive techniques are increasingly utilized in bariatric surgery, including gastric bypass and sleeve gastrectomy. These procedures offer obese patients effective weight loss solutions with fewer complications and shorter hospital stays compared to open surgery.

3.Upper GI Surgery: Laparoscopic techniques are employed in procedures such as video assisted Heller myotomy for achalasia, and fundoplication for gastro-esophageal reflux disease (GERD), gastrectomies . These approaches reduce the risk of postoperative morbidity, including wound infections and hernias. We do VATS for mild thoracic esophageal cancer in which tumour mobilisation & nodal clearance were possible without added morbidity.



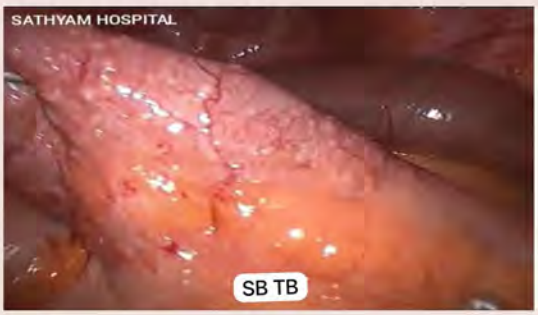


4.Splenectomy: Isolated splenic metastasis in a case of of GE junction tumour for which total gastrectomy done earlier was operated laparoscopically by us and the result was good.

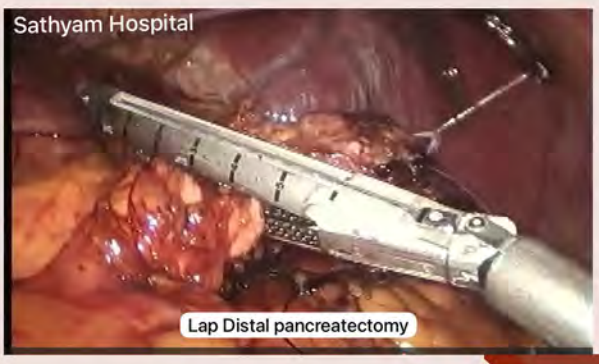


Splenitis: A patient with longstanding abdominal pain was diagnosed as splenitis in diagnostic laparoscopy and treated accordingly

5.Small bowel diseases: Many of small bowel diseases in which diagnosis was little difficult by imaging, was tackled laparoscopically. For example , Jejunal GIST , SB Lymphoma, Crohn's disease , unusual tuberculous Jejunal stricture etc.

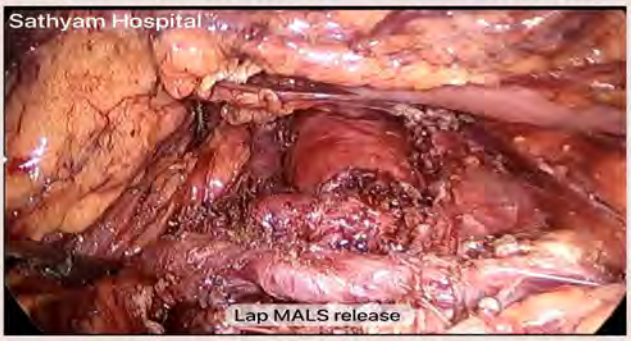


6.Pancreatic surgery: Even whipples pancreaticoduodenectomy is routine by laparoscopic approach nowadays with comparable morbidity & mortality.we routinely perform LPJ , distal pancreatectomy by laparoscopic route and the Postop recovery was very good.



7.Abdominal angina due to MALS ::

Median arcuate ligament syndrome (MALS), also known as abdominal angina, is caused by the compression of the celiac artery by the median arcuate ligament, leading to postprandial abdominal pain, weight loss, and sometimes a bruit. Minimally invasive surgery (MIS), particularly laparoscopic release of the median arcuate ligament, offers significant advantages over open surgery. MIS allows for precise dissection and decompression of the celiac artery with less trauma to surrounding tissues, resulting in better patient outcomes and higher satisfaction rates.



Technological Innovations Driving Progress

1. Robotic-Assisted Surgery: The integration of robotics into GI surgery has revolutionized the field by providing surgeons with enhanced dexterity, precision, and control. Robotic platforms allow for intricate maneuvers in confined spaces, facilitating complex reconstructions and anastomoses.

2.Advanced Imaging and Navigation: Innovations in imaging technologies, such as intraoperative ultrasound and fluorescence imaging, aid in real-time visualization of anatomical structures and vasculature. These tools help surgeons navigate complex anatomy more safely and effectively during minimally invasive procedures.

3. Single-Incision Laparoscopic Surgery (SILS): SILS techniques, where multiple instruments are inserted through a single small incision, represent a further refinement in minimally invasive surgery. SILS offers potential benefits such as improved cosmetic outcomes and reduced postoperative pain.

Future Directions and Challenges

1. Expanding Indications: Continued research aims to expand the indications for minimally invasive techniques to include more complex surgeries and patient populations, such as elderly and high-risk patients.

2. Enhanced Training and Education: Surgeon training in MIS techniques is crucial for optimizing outcomes and minimizing complications. Educational programs and simulationbased training are evolving to prepare surgeons for the technical challenges of advanced minimally invasive procedures.

3. Cost-Effectiveness and Access: While MIS can reduce healthcare costs by decreasing hospital stays and postoperative care, the initial costs associated with robotic systems and specialized equipment remain a consideration for healthcare providers.

Conclusion:

The future of minimally invasive gastrointestinal surgery continues to evolve with ongoing advancements in technology, surgical techniques, and patient care. As technology progresses and surgical expertise expands, minimally invasive approaches are expected to play an increasingly prominent role in enhancing patient outcomes, improving quality of life, and shaping the future landscape of GI surgery.

In summary, the next generation of minimally invasive gastrointestinal surgery promises to build upon current achievements, offering patients safer, more effective treatment options and paving the way for continued innovation in surgical practice.

Pushing The Boundaries of Hepatectomy in Non-Cirrhotic liver for Icteric Hepatomas with Bile-Duct Tumor Thrombi with Improved Patient Survival

CASE REPORT

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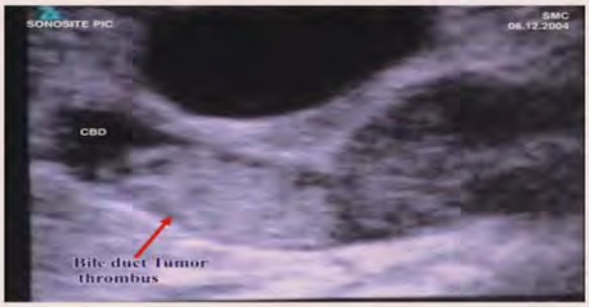
INTRODUCTION

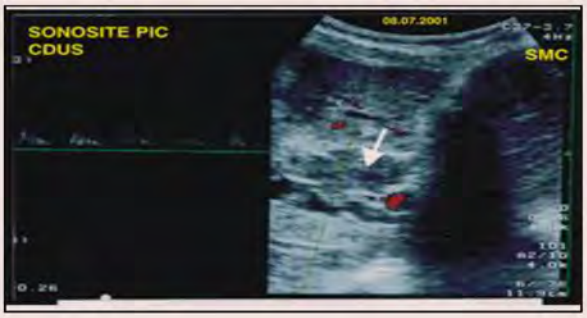
- **Hepatocellular carcinoma (HCC)** presenting as obstructive jaundice - bile duct tumor thrombi (BDT) is uncommon

- 2-3% - ***Lau et al China***
  2-9% - Okuda and Nakashima Japan series
  12% - **Hong kong** study group



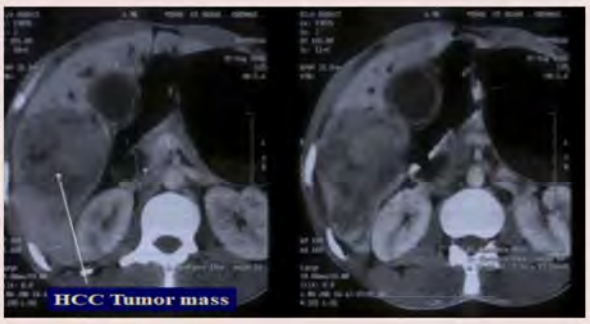
Satoh's Classification-Bile Duct Tumor Thrombus(BDTT)

- **Type-1** BDTT located in the first branch of the hepatic duct but not reaching the confluence of the RHD and left hepatic duct (LHD)
- **Type-2** BDTT extending across the confluence of the RHD and LHD)
- **Type-3** BDTT separate from the primary HCC lesion and located on the CBD

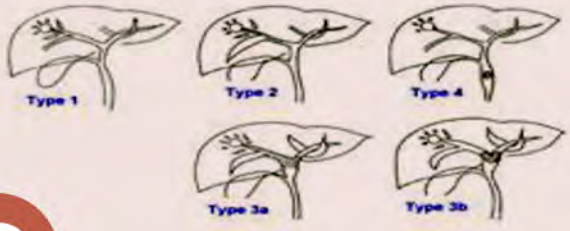


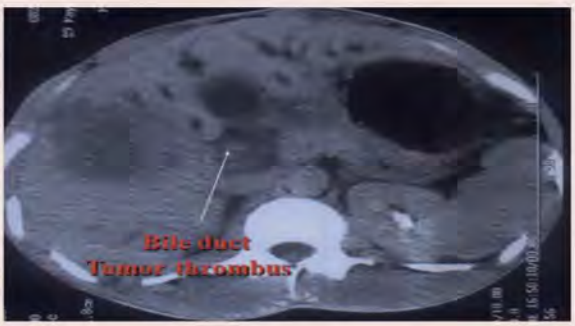
Ueda et al Classification-BDTT

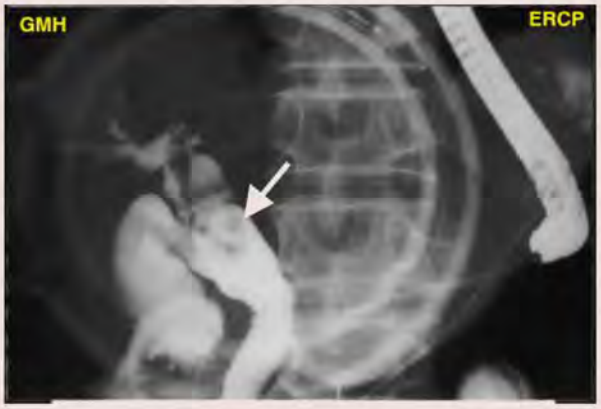
- **Type 1**: involving the second order intrahepatic duct
- **Type 2**: involving the first order IHBR
- **Type 3a**: extending to the hepatic confluence, **Type 3b**: implanted tumour growing in the common hepatic duct (CHD)
- **Type 4**: dislodged BDTT within the CHD



UEDA classification of bile duct tumor thrombi

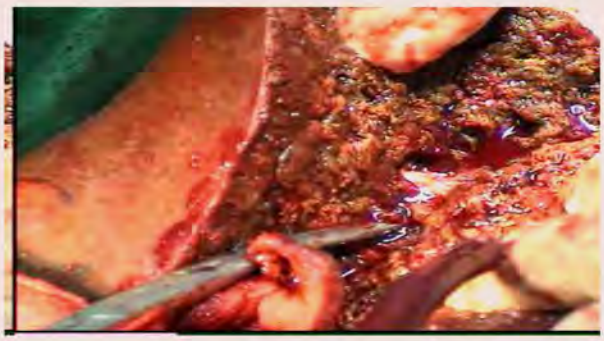






Operative Procedure

Right Hepatectomy with Tumor thrombectomy via.choledochotomy + T-Tube Drainage as the patient had Free Floating BDT (Bile Duct Tumor Thrombus) with no BDI (Bile Duct wall Invasion)



RESULTS

Average blood loss : *800 ml*

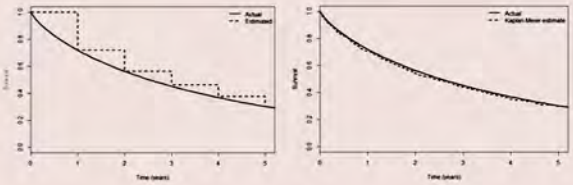
Average operating time : *3.8 hours*

Length of BDT :*5 cm*

Satoh's type of BDT :

Type III Extrahepatic CHD/CBD-Free Floating BDTT

- **KAPLAN MEIER CURVE- PATIENT SURVIVAL ANALYSIS**



Follow – up Study

In HCC with BDT- Median Survival time **34.5 Months**

Prognosis improved

Patients with obstructive jaundice due to bile duct tumor thrombi present early- Earlier diagnosis

(ii) Free tumor thrombus does not alter the prognosis

[Shiomi et al 2004, Shu et al 2004, Satoh et al 2000]

Conclusion

- Presence of ***BDT*** should not be considered as advanced disease or inoperable lesion in a subset of ***non-cirrhotic HCC*** patients with obstructive jaundice
- When technically **feasible**/Physically fit, a formal liver resection is the preferred first line treatment option in ***non-cirrhotic HCC*** with ***BDT***

Conclusion

- Liver resection can achieve better quality of life with significant improvement in the ***overall survival in HCC Patients with BDTT*** /BDI alone without Portal/Hepatic venous invasion
- HCC Patients with ***BDT*** /BDI in the presence of concomitant **vascular invasion (HV/PV)** had worse overall survival with extremely dismal prognosis

நவகோள் காட்டும் உடல்நலம் பேணாது
கத்தியும் கத்திரிகோலும் கொண்டு
கண்டு சொல்லும் நிலவரமே
நிச்சயம் என நித்தமும்
மக்கள் நலன் பேணும்
விற்பன்னர்கள் ஒன்று கூடி
பிழைப்பெல்லாம் பின் தள்ளி
புதுமையை புத்தியில் ஏற்ற
பழைமையை பாதியில் விட்டு
கற்றறிந்தோரெல்லாம்
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தேடி தேடி வந்து நின்றார்
தென்கோடி கடலிடமே ... இதோ
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மரு. திவ்யா கருப்பையா MS
உதவி பேராசிரியர்
அரசு மருத்துவ கல்லூரி
திண்டுக்கல்

KANYAKUMARI

Poised at the confluence of the Indian Ocean, the Bay of Bengal and the Arabian Sea, Kanyakumari, the tip of Indian peninsula's 'V' is a surreal tourist destination. Ensconced in the southern fringes of Tamil Nadu, Kanyakumari is unique in that the celestial happenstance of sunset and moonrise can be seen simultaneously.

THIRPARAPPU FALLS
Thirparappu, Kulasekharam

Thirparappu Falls, an artificial waterfall, is one of the best places to visit in Kanyakumari. Descending from a height of almost 50 feet, the spectacular falls mystifies the environment with its gushing waters. It is essentially a mix of multiple streams of water flowing from the top to form a majestic water pool at the bottom. A small temple of Lord Shiva marks the entrance towards the Falls.

Vivekananda Rock Memorial was built as a mark of respect to the legendary Swami Vivekananda in 1970. It is one of the major places to visit in Kanyakumari. Swamiji attained enlightenment at this place while sitting on a rock and meditating. The Memorial is a major tourist destination with its majestic statue of Swami Vivekananda at the backdrop of the mighty Indian Ocean.

VIVEKANANDA ROCK MEMORIAL
Kanyakumari

PADMANABHAPURAM PALACE
Padmanabhapuram, Thuckalay

Built of wood in the 16th century, Padmanabhapuram Palace is an architectural masterpiece. The palace was constructed by Ravipillai Perumal of the Travancore dynasty and served as the official seat of the Travancore Kings. The name of the palace is derived from the lotus “Padma” which emerged out of Lord Vishnu’s navel.

Mathur Aqueduct or the Mathur Hanging Bridge is one of the fascinating places to see in Kanyakumari. Situated at a height of 115 feet and covering a length of about 1 km, the bridge is the longest and highest hanging bridge in Asia. It was constructed in 1966 under the instructions of the Late Chief Minister of Tamil Nadu, Mr. Thiru. K. Kamaraj.

MATHUR AQUEDUCT
Mathur, Thiruvattar

KANYAKUMARI

SANGUTHURAI BEACH
Sanguthurai, Nagercoil

Sanguthurai Beach is one of the calmest and cleanest places to see in Kanyakumari. The gorgeous beach with its white sand shorelines and the sparkling sea waters is breathtaking and fascinating. The cool breeze of the huge coconut trees lined up at the beach shores, soothes the human mind and soul.

Constructed in the 18th century during the rule of the Travancore dynasty, Vattakottai Fort is a monument with significant historical value. The Fort is currently protected and preserved by the Archaeological Department of India. Located amid the sea shores at one side and the astonishing views of the Western Ghats on the other side, the Fort is a must visit for tourists vacationing in Tamil Nadu.

VATTAKOTTAI FORT
Kanyakumari

CHITHARAL JAIN ROCK CUT TEMPLE
Chitharal, Arumanai

Chitharal is located about 45 kilometers away from kanniyakumari. It is famous for the Rock-cut temple. Hillock at Chitharal has a cave containing Rock-cut sculptures of Thirthankaras and attendent deities carved inside and outside dating back to 9th Century A.D. King Mahendra Varman I was responsible for the Jainism influence in this region. It was converted into Bagavathy Temple in the 13th Century.

Udayagiri Fort is one of the most prominent tourist stopovers in the city. Also known as De Lannoy's Fort or Dillani Kottai, it is a remnant of the regime of Travancore. The fort is surrounded by an isolated hill about 260 high and was used as a training ground for the king's army

UDAYAGIRI FORT
Puliyoorkurichi, Nagercoil

GANDHI MANDAPAM
Kanyakumari

Gandhi Mandapam is built near the famous Anna University. Gandhi Mandapam is one of the greatest monuments that you can look at when you go to India. The Gandhi Mandapam was erected to honor the world famous Indian leader Mahatma Gandhi.

IMA Marthandam Branch

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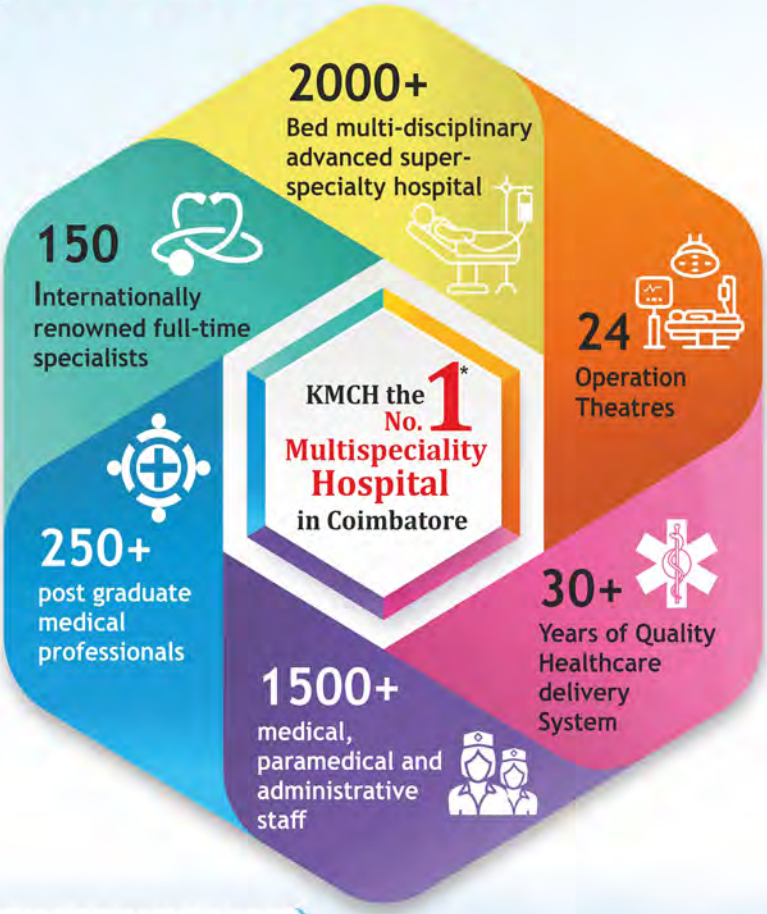

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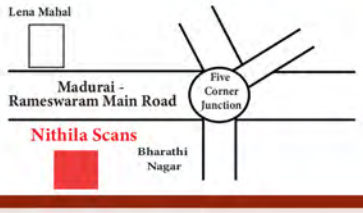

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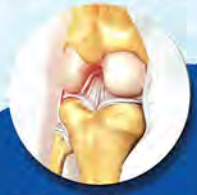

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- ORBIT & SELLA
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- CT KUB
- CT ABDOMEN AND PELVIS
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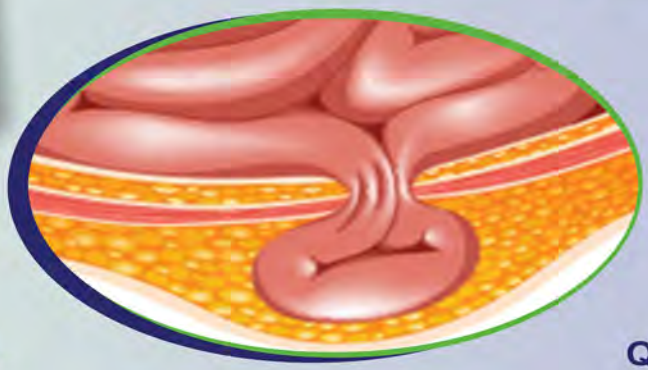

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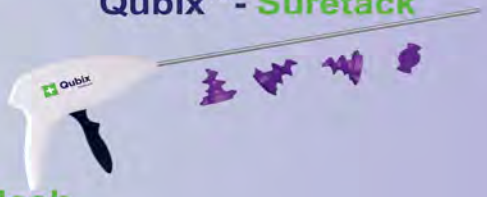

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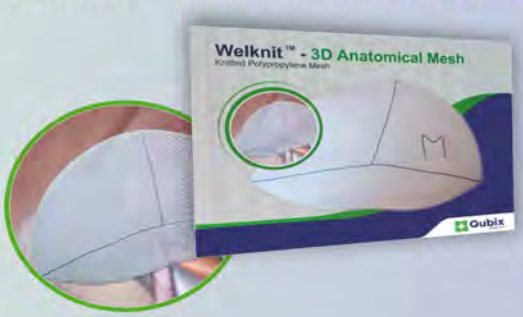

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Ph: 0424 2214000, 2217000, Fax: 0424 2221000
E-mail: erodecityhospital@gmail.com
Website: www.cityhospitalerode.com

Dr.K.M. Abul Hasan, M.S., M.Ch.,
Consultant Paediatric Surgeon,
Endoscopic & Laparoscopic Surgeon

Dr.Mrs. Sabira Abul hasan, M.B.B.S., D.M.R.D.,
Radiologist & Medical Sonologist

Dr. A. Nabeel Yusuf, M.B.B.S., M.S.,
Consultant General Surgeon &
Laparoscopic Surgeon

FACILITIES :

- Paediatric Surgery
- General Surgery
- Laparascopy Surgery
- Endoscopy
- City Paediatric Advanced Life Support Unit
- Ultra Sound Scan
- Neurosonogram
- Cystoscope
- Ventilator
- Dialysis
- Mammography
- 24 Hours Emergency Services
- Lab
- X-Ray
- Pharmacy

INSURANCE OFFERED IN :

- Tamilnadu Chief Ministers's Comprehensive Health Insurance Scheme
- Tamilnadu Government Employee's New Health Insurance
- Tamilnadu New Health Insurance for Pensioners
- Cholamandalam MS General Insurance
- Apollo Munich Health Insurance
- Aditya Birla Health Insurance
- HDFC Ergo General Insurance Company Limited
- Religare Health Insurance
- Medi Assist Insurance TPA Pvt. Ltd
- Vidal Health TPA Service (TTK Health Care)
- Star Health Insurance
- Heritage Health TPA Services
- Medsave TPA Services
- Health India TPA Services
- Good Health Plan ltd.

SRI K.R.P. ACADEMY CBSE SCHOOL

Affiliated to CBSE, New Delhi, Affiliation No.1930289

Bye-Pass Road, CHITTODE - 638 102. Erode Dt. Ph: 0424 2535669, 2534535, Cell: 98655 72172

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kinshospitalkzi.gmail.com
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+91 7540063776

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- பொது மற்றும் நுண்துளை அறுவை சிகிட்சை
- லேசர் அறுவை சிகிட்சை (PILES/ FISTULA/VARICOSE VEINS)
- என்டோஸ்கோப்பி அறுவை சிகிட்சை
- நீரழிவு நோய் பாதப்புண் பராமரிப்பு மையம்
- கண் மருத்துவம் மற்றும் அறுவை சிகிட்சை
- மகளிர் நோய் மருத்துவம் மற்றும் அறுவை சிகிட்சை
- லேசர் Cosmetic Gynaecology
- எலும்பு முறிவு அறுவை சிகிட்சை
- சிறுநீரக அறுவை சிகிட்சை
- பொது மருத்துவம்
- ஆஞ்ஜியோ பிளாஸ்டி

Diabetic Foot Clinic

Facilities Available

- Emergency services (Casuaity)
- Multi Special Lab
- 24 Hours Pharmacy
- 12 Lead ECG
- Upper GI Endoscopy and Colonoscopy
- Advance Laparoscopy
- C-arm & 24/7 Ambulance Service
- Ultra Sound Scan / Doppler
- Modular Operation Theatre
- Modular ICU Facilities
- Ventilator
- Defibrillator
- Physiotheraphy
- Digital X-Ray

Kazhuvanthittai, Court Road, Kuzhithurai, K.K.Dist - 629163

GIRISHWARI HOSPITAL

MODEL FOR MODERN MEDICINE

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Dr. Saravanan Vedhagiri
Girishwari Hospital, Chennai - 600018.

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Dharshini Hospital

PATIENT SAFETY & QUALITY OF CARE — NABH — PRE ACCREDITED

34, Narayana Nagar, Dindigul - 1

web : www.dharshinihospitals.com email : dharshinihospitals@gmail.com

Dr. V. Thiruloga Chandran M.S.,
General Surgeon & Laparoscopic Surgeon

Dr. P. Balasundari D.G.O.,
Obstetrician & Gynaecologist

ISO 9001 : 2015 — ISO 9001:2015 CERTIFIED HOSPITAL

- Laparoscopic Center
- General Surgery & Endoscopy
- All Surgical Specialities
- ENT Surgery
- Obstetrics & Gynaecology
- Hysteroscopy
- Twin Modular OT, ICU, NICU
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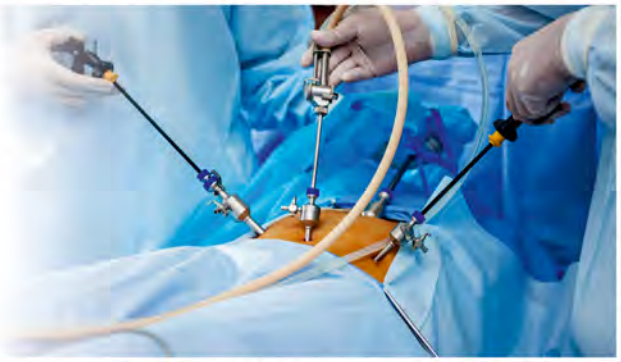

PEACE HEALTH CENTRE

NABH Certified

Ph: 0462 2552137 / 2552138

Cell: 94875 02138

Dr. R. ANBURAJAN, B.Sc., M.B.B.S., D.M.L.S., F.H.M., D.F.M., F.C.G.P.,
Family Physician

Dr. A. KEVIN DANIE RAJA, M.B.B.S., M.D.,
Physician

Dr. K. SHEKINA PRAISEY, M.B.B.S., M.D.,
Paediatrician

Dr. A. KAREN POORNIE HEPHZIBAH, M.B.B.S.,
General Medicine

- Hemophilia Treatment centre
- Physiotheraphy
- Cancer Care
- Counselling Services
- Diet Counselling
- Geriatric Care
- Antidote for poisoning
- DE addiction Centre
- HIV Care
- STI Care
- VCTC
- Home Care

- 24 Hours Services
- Out Patient Services
- In patient Services
- 24 hrs Lab & Pharmacy
- X-Ray / Scan / ECG / ECHO
- Emergency Care
- Casuality
- Accident Care
- ICU with Ventilators
- Fully Equipped Operation Theatre
- Dialysis Unit
- Canteen
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48H.5, South Bye Pass Road,
Near New Bus Stand, Tirunelveli – 627 005

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MEDICO LEGAL CASES ARE TAKEN