

## Unveiling endoscopic horizons



“O HI SOMEBODY has stolen her uterus,” said Harry Reich in a lighter vein. The internationally known gynaecological endoscopist ignited a wave of laughter among those who were around him inside the operation theatre of the Naval hospital, INHS Sanjivani. Dr. Reich and others were performing endoscopic surgery on select women on Sunday.

It wasn't a usual surgery series, but a very special live surgery workshop that demonstrated the most advanced endoscopic procedures currently available in the world. The workshop, in which eight endoscopic surgeries of various nature were performed, marked the culmination of a four-day congress organised jointly by the Indian Association of Gynaecological Endoscopists (IAGE) and INHS Sanjivani.

While the faculty and coordinators busied themselves with the surgical procedures in the two operation theatres of INHS Sanjivani, there was an equally curious audience at the nearby Sagarika Auditorium watching the surgeries live on screen and interacting with the faculty.

The surgeries varied from total laparoscopic hysterectomy (TLH) to laparoscopic tubo-tubal anastomosis. And the audience questions from the pure technical jargons to the kind of scissors, needles, suture material, the number of stitches, and so on.

There were even times when the questioners persisted to dif-

fer from the faculty. But the experienced faculty did not waver in their concentration. Answering questions, experts like Dr. Reich, Daniel Kruschinski, P.G. Paul, Prashant Mangeshkar, Anupam Kapur and Adel Shervin continued their telescopic peep into the patients. By 6 p.m., eight surgeries were performed. Some of them were complicated, but all successful.

For a layman, 3 o'clock and 9 o'clock would mean one thing. But, for the endoscopists, they also mean the positions of the ports or holes on the body. Hence, they were referring to many clocks.

While the endoscopists concentrated on the affected parts of the body, there was another team led by Surgeon Commander Rajeev Taneja, chief anaesthetist of INHS Sanjivani, taking care of the patient's body func-

tioning. Hooking up a vault prolapse in a 70-year-old woman, who had had a series of gynaecological operations earlier, never seemed a big job for Dr. Reich. So was it for Dr. Paul, whose experienced hands moved dexterously while doing laparoscopic tuboplasty on a 36-year-old woman who had had a tubal sterilisation a few years ago. She can, Dr. Paul said, now conceive once again.

Dr. Kruschinski stood unique by performing a gasless laparoscopic surgery. Using a lift tap, he showed to the audience how a surgery can be done without inflating the stomach with carbon dioxide. He looked too unconventional by using conventional surgical equipment in this most modern surgery.

There was no tension among the doctors. They all looked at their jolly best. Someone from the audience once demanded whether they could also share the jokes in the theatre. A loud “ha ha ha” was the immediate response.

When there was a two-minute break for changeover from the power generator to the main line, Dr. Paul said: “We're breaking for lunch.” The audience couldn't believe it, for Dr. Paul was midway through a complicated surgery.

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