

The Association of Plastic Surgeons of India



Newsletter



May 2015

E- Newsletter No. 70

Vadodara

Dear All,

My sincere greetings and best wishes.

Let me profusely thank one and all for electing me to the highest position in the association. A humble beginning is what our association came into being, when Sir Harold Gilles voyaged to erstwhile Bombay, The seeds of Plastic Surgery have grown to achieve colossal proportions in terms of quality, skill development, innovations and training. Numerous plastic surgeons, both past and present, have contributed to making APSI the association it is today. Our organization has scripted a remarkable journey of excellence and today stands as one of the leading professional organizations in the medical field. 2000 plastic surgeons catering to the needs of this great nation are grossly insufficient. Still our members have proved themselves; be it institutional or private practice. I am sure that with your continued support and encouragements, the association will see new heights.



An increasing demand for the services we provide has resulted in a number of other specialties being attracted to and participating in our work. In such a scenario it becomes our responsibility to help every individual better understand our capability, ability and skill.

We at Mumbai are honored to invite you to be a part of the Golden Jubilee meeting of the Association of Plastic Surgeons of India to be held from 28th to 31st December 2015, at Renaissance Convention Hotel, Mumbai. The preconference activities will be held from 25th to 27th Dec. 2015. The theme for the conference is "ADVOCACY and MASS EDUCATION".

Golden moments of pride and glory await us. Mumbai, the city of dreams, a sultry temptress with its glamour and sheen beckons you to be a part of the glorious Golden Jubilee APSICON 2015. The organizing committee is working very hard to make it a very special event and has arranged for very attractive packages for in-house registration. We hope you join us with your family and revel in the wonder of Magical Mumbai.

Do register early to take advantage of the Early Bird rates and ensure your place in posterity by being a part of the Golden Jubilee conference!

I assure you of all my attention in forthcoming association activities.

With warm regards,

Prof. Prabha Yadav

President, Association of Plastic Surgeons of India, 2015

Let us all be part of this unique exhibition 'Down Memory Lane'

Dear Colleagues and members of APSI,



I hope you are all registering in good numbers for APSICON 2015. This is going to be our 50th Annual Conference and in keeping with that spirit Madam President has given me the task of creating an exhibition called 'Down Memory Lane'. Essentially this exhibition is open to all units and individuals in the country to put up lovely posters of 2 x 3 metres in the large pre conference area of the venue. The poster should trace the history of the unit starting with its founders. Typically I expect them to include old and rare photos of founders and the Consultants that followed, Old case photos, memorable events in the unit's history, evolution of its premises, interesting statistics of 'then and now' and so on. Senior members in individual practices can also make something on similar lines if they wish to.

Through our news letter I am taking this opportunity to reach out to every member and unit head, past and present, so that maximum posters are displayed.

Please communicate with me with your queries, suggestion and more importantly your confirmation of making such a poster. I visualise it as a great exhibition which we will constantly see during the entire APSICON 2015. My email id is: mthatte@gmail.com

Welcome to Mumbai and look forward to hearing from you all.

Sincerely,

Mukund R. Thatte, Hon. Trustee, APSI

Dr. Ashok Gupta, have been nominated to receive the Lifetime Achievement Award on Health and Philanthropy and Global Officials of Dignity G.O.D.) Awards for Volunteers in Humanitarian Medical



Services for the year 2015. It is honoring the "Greatest Humanitarians of the World" who

have significantly improved the quality of life in their communities through their expertise, talents and skills. This is in recognition of Dr. Gupta's humanitarian & medical services through the years to the poor & ailing people. This is also in recognition to the voluntary services being extended to several of the Acid Survivors and help them with the reconstructive surgery over last four decades, which have significantly contributed to alleviate human suffering.

***APSICON 2015 -APSI- Ethicon Instructional Course on
Cleft Lip & Palate 18th & 19th July, 2015.***

For APSI members & bonafide M.Ch/DNB students

Duration: 1.5 days

Organised by: Deptt. of Plastic Surgery Amandeep Hospital, Amritsar.

Location: Bhavan's SL School Auditorium, Opp. Shivala Mandir, Amritsar.

Dates: 18th – 19th July, 2015

APSI has initiated professional development courses to complement curriculum-based post doctoral surgical training and education. To this end the Cleft Lip & Palate course is being organised by the deptt. of Plastic Surgery (recognized by the National Board of Examination for DNBE) Amandeep Hospital, Amritsar.

Course fee is Rs 2500/-, to be paid in advance (DD/Cheque in of favour of "AMANDEEP EDUCATIONAL SOCIETY" payable at Amritsar). The fee for first 40 delegates (APSI members or Plastic Surgery students) will be refunded at the end of the programme.

Course Chairman: Dr.Rajeev B.Ahuja

Course Director: Dr.Ramesh K. Sharma

Course Coordinator: Dr.Ravi K. Mahajan

For details contact Dr.Ravi K.Mahajan, Course Coordinator APSI Cleft Lip & Palate course, Deptt. of Plastic Surgery, Amandeep Hospital, Model Town, G.T Road, Amritsar-143001,. Ph:094173-94400, E-mail:-drravimahajan@rediffmail.com

CME on Vascular Access For Hemodialysis

To be held on the 28th June 2015 in Pune, Maharashtra. For Details Contact Dr. Parag Sahasrabudhe, Professor & Head Dept. of Plastic Surgery B.J. Govt. Medical College & Sassoon Hospitals Pune Mo. 9822060287, email- drparags@gmail.com

DR.SAM C BOSE & SAROJA BOSE BEST PAPER ON AUDIT AND RESEARCH IN PLASTIC SURGERY



Anyone of the members of APSI from the junior most to the senior most either individually or in combination can submit their paper for this category with the name of the principal presenter first.

While submitting the abstract of the paper, select the category as "Best paper award on audit and Research in Plastic Surgery". Depending on planning of Scientific Sessions at APSICON 2015, such papers may or may not be grouped for presentation simultaneously. Panel of Judges will choose winner from presentations. More details at end of the instructions on the page <http://www.apsicon2015.com/abstract.php>



15th IPRAS 2009 Humanitarian Activities Fund

1. The fund will be governed by general rules applicable to all corpuses managed by APSI Trust, i.e. the usual rules of APSI Trust will apply in disbursing the interest and in augmenting the corpus on an annual basis.
2. If there is no proposal in a financial year the entire interest generated will be used to augment the corpus.
3. It will be specifically used for organizing humanitarian activities on behalf of APSI, like organizing 'Surgical Camps' at remote places with the help of local charitable groups or medical colleges, where Plastic Surgery facilities don't exist.
4. The first such disbursement was in the year 2013.
5. The proposals will be submitted to Secretary, APSI at least 8 months before the camp activity.
6. All proposals should include the complete plan, the co-hosts (and their role), financial details, list of surgeons and other staff, food and stay arrangements, venue of surgery etc. Proposals should be comprehensive in all aspects.
7. The Committee to consider such proposals will consist of the President and Secretary of APSI; President, Chairman and Secretary General of IPRAS-2009, and Dr. Chanjiv Singh (Chairman-Humanitarian Committee-IPRAS). This group (Secretary APSI) will present the proposal to the APSI Executive and an electronic approval of the APSI Executive will be taken by him/her to expedite the decision.
8. Surgeons from overseas will need MCI and / or State Medical Council Registration as per rule applicable at the time. This will be ensured by the organizers.
9. A separate bank account will be opened for this purpose by the Chief Organizer and it will have a minimum of two signatories, who will be authorized by APSI Executive to operate this account jointly,
10. This is a financial support of the nature of one time lump sum grant
11. APSI or IPRAS or IPRAS 2009 Organizing committee will take no responsibility in the conduct of the camp. APSI is only a disbursing agency in this regard. The Chief Organizer will furnish a signed statement absolving the above agencies from all risks and liabilities - clinical social and legal - in the conduct of the camp.
12. APSI or IPRAS or IPRAS 2009 Organizing committee will not accept or entertain any demands if there are shortfalls of any manner in the conduct of the camp.
13. The surgical camp will not be conducted in a personal nursing home of a member of APSI. However, it may be carried out in a nursing home where Plastic Surgery facilities don't exist in the Region.
14. Chief Organizer of the camp is to furnish a full audited statement of accounts within 2 months of the conclusion of the activity. If there are any savings from the amount disbursed they will be returned along with the audited statement.
15. The Chief Organizer will also be responsible to furnish a report of the camp which includes the proceedings, number of cases operated (their detailed list) and some pictures of activity as well as clinical results.

16. All branding for the Camp will bear IPRAS, IPRAS 2009 and APSI Logo. Branding will also have the words inscribed, 'Supported by Association of Plastic Surgeons of India'.
17. No personal promotion by way of pictures or names etc will be permissible.
18. Any misconduct during the 'Camp' which brought to the notice of APSI Executive will invite disciplinary proceedings according to 'Rules & Regulations' governing APSI.
19. The Chief Organizer requesting APSI funds will sign the 'Rules' mentioned above from serial 3-18 on a Rs. 100 non judicial stamp paper, as a token of acceptance, and get it notarized.

Guidelines

International Visiting Scholar Program

Association of Plastic Surgeons of India – APSICON2012

Introduction

- The Association of Plastic Surgeons of India (APSI) awards one International Scholarship per Calendar year to a suitable overseas candidate for visiting Plastic Surgery centers in India to enhance his/her professional and academic career.
- The Fellowship was established in the year 2014 through a generous grant from the proceeds of APSICON2012, the 46th Annual meeting of the Association of Plastic Surgeons of India held at Lucknow, Uttar Pradesh, India in the year 2012.
- The Fellowship provides financial support to the tune of Indian Rs. 1,50,000 (One Hundred and Fifty Thousand Only) which is inclusive of the Early Bird Registration for the Annual Meeting of the APSI (APSICON) usually held towards last quarter of calendar year. It will be paid in Indian Rupees to the candidate or to any one of the host institute to be passed on to the scholar.
- The award amount is fixed and is intended to cover the travel costs and stay in the host institute. It can be used to cover costs for visa, passports, airport taxes etc. The award does not cover medical care, insurances or taxes in the country of the scholar; none of which the APSI will be liable for. They also should not be used to provide support for accompanying dependents.
- The Fellowship is not granted for basic training, courses, lectures, meetings, conferences, congresses, etc. It cannot be granted to candidates who are already physically present at the proposed host institute whilst their applications are under consideration.
- The period of fellowship in general will be for 3 months, which can be extended by the Fellow with mutual consent of the host institute for a period not more than another three months. The fellowship amount granted by the APSI will remain the same.
- The original Fellowship cannot be prolonged, or run concurrently with other awards, even those funded by other agencies. These Fellowships may not be financially supplemented by agencies other than the home or host institutes, or the Fellows personally.
- The candidate may choose to visit any center of his/her choice subject to approval from the Executive Committee of the APSI. In case the candidate is unable to find a placement, the association may assist him in the matter.
- The candidate shall be responsible for communicating directly with the centers that he or she wishes to visit and obtaining their approval, which then has to be communicated to the APSI before the application can be considered for approval.

- The candidate shall be responsible for making his or her own travel and lodging arrangements and visa formalities.
- If an individual is selected as an International Scholar and is unable to obtain a visa, APSI is not responsible for continuation of the offer beyond a reasonable date, in which case the offer shall be extended to next candidate in waiting.
- The APSI shall ask the host institute to furnish a letter of acceptance to the fellowship program should the candidate require such a documentation for visa purposes.
- The candidate has to plan his or her itinerary such that he or she should be able to attend the Annual Conference of the Association of Plastic Surgeons of India (APSICON), which is usually held in the last quarter of the calendar year.
- The fellowship certificate shall be awarded to the candidate at this Annual Conference of the APSI.
- The fellowship award is inclusive of the Early Bird Registration fee of the candidate for attending the Annual Conference of the APSI following which the candidate shall be eligible to apply for the Overseas Membership of the APSI at prevailing rates.
- Majority funds shall be sent to the candidate or the host institute by APSI on receiving intimation of arrival of the scholar. The remaining remuneration if any shall be awarded to the candidate upon completion of the fellowship.
- The completion report along with a daily log of activity at the centers visited shall be submitted compulsorily to Secretary - APSI, before the award can be completed. The completion report should include details regarding the candidates' experience in India, what objectives were achieved and how the experience will affect their career goals.
- The candidates should, in their report, evaluate the program and the centers they visited and offer suggestions for modification and improvement.
- The report should be submitted preferably at the completion of the Fellowship related to visit of each of the centers.

Eligibility

- The candidate has to be a Plastic Surgeon/Surgeon practicing plastic surgery in his/her native country in the early stages of his/her plastic surgical career.
- Candidates who have passed the eligibility exam of their respective country within ten years of the date of application shall be preferred.
- Candidate should be residing outside India.
- Candidate has to be a surgeon of good standing among his peers as attested by the recommendations required by the application process.
- Each applicant should submit a short project summary of the objective of the visit, the reasons for selecting the host supervisor and the way the experience will be utilized after return from India. Hence, preference will be given to candidates who have shown adequate inclination to the sub-specialty they have chosen as well as their future prospects of utilization of the training obtained.
- The candidate has to be in good health and not suffering from any communicable diseases and has to furnish sufficient documentation to the effect.
- Candidate should be able to communicate in English language.

- The APSI or the host centers shall in no way be responsible for any health or safety issues that may arise during the course of the fellowship. The candidate should be suitably insured for the same.

Application process

- The application process has to be completed and submitted to the APSI Secretary usually before 30th July of each year (30th October, 2015 for the fellowship commencing in the year 2016) for the fellowship program that begins the next year.
- The application has to be on the prescribed format downloadable from the Association's (APSI) website (www.apsi.org.in)
- The application has to be bolstered by the necessary documents as mentioned in the concerned section.
- The application has to be submitted electronically to the Secretary of the Association of Plastic Surgeons of India (APSI) at email address specified in the form, and the same to be copied to singhkarun@hotmail.com
- The candidate may re-apply for a maximum of three years in continuity.

Documentation

- Application completed in all respects along with one recent frontal photograph and documents as demanded in application.
- Two recommendation – one from the Head/Director/Dean of the Department from where the candidate has passed the eligibility exam and another from the Secretary, President or any office bearer of the National Organization of the candidates specialty. In case there is no association then he may send the recommendation letter or from the association of his basic specialty.

Various APSI Sponsorship and Grants for use in 2016

Financial Assistance is provided based on the available interest from respective corpus. Interested candidates may confirm about the amount available. Applications in prescribed format along with short CVs as attachment in email should reach the Secretary, APSI by 31st August 2015. The Training fellowships are for a period of 4 weeks. Applicants must be associate or full member of the Association and should submit their applications with the scanned approval of the consultants under whom they wish to train. Applications received after the due date and without accompanying approval letters will not be entertained. Successful applicants are required to maintain a daily diary as per proforma during the period and obtain a certificate of attendance from the consultant. Application from PG trainees to attend APSICON should include acceptance letter for their presentation, proof of registration, a short CV and a scanned forwarding letter from Head of the department. PGs who are not members of Association can also apply in this category.

APSI sponsorship for PG trainee to attend APSICON 2015

Apply in prescribed form so as to reach Secretary-APSI by 31st August, 2015.
Applicant may not be a member of APSI. Must have registered for APSICON 2015.

APSI Sponsorship Grants for use in 2016 till September 2016

- Dr. C. R. Sunderrajan National CME One
 - 15th IPRAS 2009 Humanitarian Activities Fund One – See separate rules
 - Plastic Surgery Venture Fund One
 - Promotion of Scientific Activity in Gujarat Fund One
 - UP APSICON award for Promotion of Scientific Activity in UP One
 - APSI sponsorship for PG trainee to attend APSICON 2015 Two
- Prescribed form available with Secretary-APSI **Last date 31st August, 2015.**

Training Fellowships

- Ethicon Training Fellowship in Plastic Surgery One
- Ethicon Training Fellowship in Cosmetic Surgery One
- Ethicon Training Fellowship in Microsurgery One
- Prof. S. R. Tambawekar KEM Microsurgery fellowship One
- APSICON 2010 International Training Fellowship- One
- R.G. Saraiya International Training Fellowship One
- IX IPRAS Fund International Traveling Fellowship One
- Myovatec Training Fellowship in Plastic Surgery One
- Vasudhan Arjin Fellowship in Laser Surgery One
- Brig Kathpalia fellowship in Hand Surgery One
- IX IPRAS Fund National Traveling Fellowship One
- Chennai Fellowship in Tamil Nadu (junior plastic surgeon) One
(Within 5 years of M.Ch./DNB) or plastic surgery trainee from anywhere in the country -
To visit one center for training in Tamil Nadu.
- Chennai Fellowship outside Tamil Nadu (junior plastic surgeon). One
(Within 5 years of M.Ch./DNB) or plastic surgery trainee from Tamil Nadu
To visit a center outside Tamil Nadu for training.
- APSICON 2010 Research Award- For a recently concluded research.One
- Assistance to attend APSICON2015 (junior plastic surgery resident) Two

APSI Junior BEST PAPER AWARD

Eligibility:-Junior Plastic Surgeon undergoing post doctoral training, or not more than one year after training.

Submission:-While submitting the abstract of the paper, select the category as “ APSI best paper ”. The paper should not have any co-author. The title should not indicate the name of the institution. After submitting the abstract, please also send a covering letter with scanned copy of certificate from the Head of the Dept. (where the participant is undergoing training) to apsicon2015@gmail.com

Presentation: -Seven minutes will be allowed for presentation, to be followed by 2 minutes discussion. Anybody from the audience is free to ask questions on the presentation.

Submission is to be done to APSICON2015 through their web site

For more details go to the end of page at <http://www.apsicon2015.com/abstract.php>

Peet Prize – APSICON 2015

Entries are invited from APSI members. The award is given for presentation of the paper after preliminary selection.

Eligibility: All full / life members of APSI

Submission of papers: The paper should be of high standard and should have originality. It should be relevant to the Indian context. If experience of a long series of cases is being presented, it is preferable to include a statistical analysis also. New ideas and innovation / new achievements and feats can be presented. Modification of techniques, highlighting cost effectiveness and superiority of results, development of newer instruments, etc. Necessary Application Form should be obtained from Secretary by sending email to secretary.apsi@gmail.com. Send the same after signing as PDF

Later entry is to be sent as One PDF attachment to email along with all photographs as well as illustrations, in the same PDF so as to reach him before 31st August, 2013. Author also needs to submit an undertaking in another PDF that work has not been published. Nowhere in the submission, should name of author or organization be revealed.

Acceptance: The final acceptance of the paper for podium presentation will be communicated to the participants by the Secretary, APSI. Authors who are not selected under Peet Category and still wish to present their papers in APSICON for the year if their paper is not accepted for the Peet Prize Session will have to themselves submit the same to the organizing secretary of the conference.

Time for Presentation: Ten minutes will be allowed for presentation, to be followed by 3 minutes of discussion. Anybody from the audience is free to ask questions on the presentation. The title slide should NOT indicate the name of the institution

Kilner Essay Award – APSICON 2015

1. Essay on any topic has to be submitted in the same way as IJPS submission, in single PDF by email attachment so as to reach the Secretary, APSI by 31st August, 2015. Entry will have to be accompanied by application form available by email from the secretary. Author also needs to submit an undertaking that work has not been published. Nowhere in the submission, should name of author or organization be revealed.

2. Open to all full or associate members of the association of less than 10 years standing after post-graduation. Please attach scanned copy of MCh/DNB degree certificate

3. It should not be more than 5000 words, excluding references, charts, tables, photographs, etc.

4. This is an essay. It may also include author's original work in this suggested sequence, introduction, material and methods, review of literature, observations, discussion, summary and conclusions.

5. The winner will be chosen based on the subject matter, content and outline of the essay. Judges may also refuse selection for the award if entries are not up to the mark. All participants will be informed about result three weeks before the APSICON. Winner shall have to register for APSICON and present the topic from podium.

One APSICON-2010 International Training Fellowship

Made available from the savings of APSICON 2010 held in Goa. The award amount is likely to be around Rs. One Lakh subject to realization of interest on the corpus and subject to TDS. The selection shall be done along with other fellowship applications.

APSI members may send application with approval from proposed centre of visit to Secretary - APSI by August, 31, 2015

One APSICON-2010 Research Award

Made available from the savings of APSICON 2010 held in Goa. The award amount is likely to be around Rs. One Lakh subject to realization of interest on the corpus and subject to TDS. Recently concluded prospective and clinical research will get priority. The applicant will have to declare about all financial, departmental and other help received for the research. The application has to be done by the candidate with research results in the pattern of IJPS. The three judges for selection are Dr. Mukund Thatte, Dr. Rajeev Ahuja and Dr. K. Sridhar.

IJPS will have first right to publish the research. Winner will be free to submit it elsewhere if IJPS does not communicate within six months of declaration of selection.

Send entry in PDF format to Secretary APSI along with application form and letter from Head of the unit by 31st August, 2015

Publication Awards

Kindly use email mode, send hot link of article or send pdf reprint of the article along with the application form

- N.H. Antia Best Article Published in any Journal including IJPS during 2014.
- Armed Forces endowment best case report / ideas and innovation award published in IJPS in 2014.

Double hand transplant

A double hand transplant was recently conducted on 12th and 13th of January 2015 at the Amrita Institute of Medical Sciences Kochi. The recipient of the transplant was a 30 year old male patient. He had lost his hands a train accident in 2013. He lost his hands at the distal forearm level and was continuing his daily activities with great difficulty and help from his immediate family members. He as well as the family had extensive counseling in multiple sessions regarding Hand transplantation and its technical details. The need for life long immunosuppression, its sequelae and the financial implications was also discussed and reinforced during these sessions. The government of Kerala had already approved the center for hand transplant after obtaining favorable reports from the teams that had been sent by it. The difficulty in getting suitable donors was anticipated and for this an awareness drive was initiated through newspaper and TV reports as well as personal communications with other transplant teams across the state. Counseling was done for few more patients who came requesting transplantation. Another bilateral amputee also was found eligible and both these patients were put on the waiting list. These names were registered with the Kerala organ transplant recipient registry maintained by KNOS (

Kerala network of organ sharing) The transplant social worker team led by Mr Prasad were involved in these activities. The counseling and consenting sessions were done as per norms set by the KNOS.

The planning for the transplant when it eventually occurs was done meticulously. The transplant programme was led by Dr Subramania Iyer and teams were formed for planning the surgery, immunology, rehabilitation, nursing care and social coordination. The surgical team comprised of all the consultant plastic surgeons Dr Subramania Iyer, Dr Mohit Sharma, Dr Sundeep Vijayaraghavan , Dr Jimmy Mathew and Dr Kishore. This team met several times to chalk out the exact details for the harvest and transplantation steps. Four teams were formed led by the consultant and assisted buy two trainee surgeons. Inputs from the GI transplant and vascular surgery team led by Dr Sudheendran Dr Unni was helpful in formulating the plans for the procedure and after care. The anesthesia planning was done with Dr Jerry Paul and Dr Sunil Rajan leading team. The immunosuppression regime was prepared by the transplant physicians led by Dr George Kurian and comprising of Dr Zachariah ,Dr Anil Mathew and Dr Ramkumar. The rehabilitation protocol was made in association with Dr Ravi and Dr Surendran in Physical medicine and rehabilitation.

The donor was a 24 year old man who sustained severe head injury in a motor bike accident. The family was counseled for organ donation during which time they were told



about the need for hands for the recipient and its suitability due to the color, age, sex and group match. The family agreed for the same along with the donation of liver, kidneys and eye. The donor was a gifted glass painter as well as caregiver for his invalid father. As soon as the second apnea test was done on the donor ,the recipient was rushed to the hospital from his house CDC matching (Lymphocyte cross match) carried out showed less than 10% mismatch. Hence decision to go ahead with the transplant was made.

The immunosuppression induction was started in the recipient with ATG at the dose of 2 mg /kg at 2AM. The triple regime for immunosuppression was also started. In the donor The surgery for retrieval and donor preparation started at 4 am . The hand harvest preceded the other organs under tourniquet control . The brachial artery and the veins were isolated first and the limbs were perfused with UW(university of Wisconsin) solution 1liters for each limb. The harvesting was done at elbow level by disarticulation. The stump was closed and the limb was provided with a previously fabricated prosthetic limb. Simultaneously the recipient hand preparation started under GA . The left hand was more scarred with areas of skin in distal volar aspect being covered with skin graft previously. The deeper structures including the tendons and neurovascular structures were also more scarred than the right hand. In the recipient hands the structures were identified and tagged separately. In the donor hands all the procedures on bench were done on a cooled background (tray filled with ice cubes with no direct contact with the tissues). The right middle finger had sustained open dislocation at the PIP level, which had been reduced already in the ICU. Passive mobility of this finger was of full range and there was no damage to the tendons and neurovascular structures on operative examination, hence the skin laceration was sutured but as the finger maintained full range of passive motion and as there was no lateral

instability ,further stabilization was not done at that time. On the left side radial artery was bruised due to the arterial line placement previously.

As soon as all the four hands were prepared the transplantation started. The structures in the donor hand was shortened to the required level. In order to facilitate the bone fixation as well as getting healthier ends of all the soft tissue structures, decision was made to get 7 cms of bone length in the right donor hand and 8 cms on left hand. The bones were fixed by 3.5 mm LCP (locking compression plates) by the orthopedic team led by Dr Ayyappan. The operative sequence was Radial artery, venae comitantes and cephalic vein anastomosis . Just before opening the tourniquet IV injection of medroxy progesterone 500 mg was given . Subsequently the dorsal tendons were repaired ,followed by that ulnar artery and one venae comitante and basilic vein were repaired ,then all flexor tendons were repaired . Pulvertaft weaving with 3/0 prolene was used to anchor the tendons. Lastly median ,ulnar and superficial sensory radial nerve was repaired by 10/0 sutures and fibrin sealant.

The palmar cutaneous branch of median nerve and dorsal branch of ulnar nerve could not be found due to dense scar in the recipient in that region In total 4 veins were anastomosed in each the hand. On left side primary tendon transfers were done because of non availability of FDP , FPL EPL ECRB and ECRL in the recipient left hand

Left side - APL of recipient to ECRB of donor , Brachioradialis of recipient to EPL of donor

FDS index of recipient to FPL of donor, FDS 3 4 5 to FDP of the donor

Finally skin flaps were adjusted and sutured and one suction drain for dorsal side and two tube drains for the volar side were used

After the completion of the surgical procedure the patient was shifted to the transplant isolation ward . Hand monitoring was carried out with measuring the O2 saturation as well as visual examination. The nursing was delegated to two nurses round the clock. They included one from the transplant nursing side proficient in maintaining asepsis and care of transplants and the other nurse was from the plastic surgery ICU , who was proficient in monitoring the vascularity and managing complex hand injuries. The immunosuppression was continued with the triple regime and ATG at 1mg / kg dose.. ATG was planned to be given for 5 days with close monitoring of the counts. On the first post operative day part of the donor skin flap on the left hand was found to be showing ischemic changes. This skin was the area where inadvertent damage occurred to the ulnar artery perforators while dissection of the underlying structures from the skin . Adjacent to this a small area of the recipient skin (the previously grafted area) was also showing vascular compromise. These were left for observation for a day Since on the day 2 the ischemia to these parts had increased , a decision to debride this was made. The reason was to avoid delayed necrosis and secondary infection, which would have been highly undesirable in an immuno compromised patient. The resultant defect was not suitable for a skin graft since it was over the repaired tendons and vessels nor a pedicle flap was suitable . Hence decision was made to cover it with a perforator based ALT flap. Since a repeat prolonged general anesthesia was thought to be possibly detrimental to the lung health, the procedures were carried out under supraclavicular block for hand and combined femoral and lateral cutaneous nerve blocks for donor site. No anticoagulation was given postoperatively. The subsequent days were uneventful except for drop of the total count to 1200 on day 3 , platelet count drop on day 1 and 2, and polyuria due to tacrolimus from day 4. The immunosuppressents were withheld for a day after the severe drop in the count , which made its recovery subsequently. The patient was given antibiotic cover (Piperaciline /tazobactam for days) as well as put on anti CMV infection agents. Since he was found to have tinea versicolor infection in the groins and axillae, local antifungal agent Miconazole were started for this.

The fingers were started to be mobilized by passive exercises from day 2 onwards. Patient had regained active movements of the wrist and fingers from this day , but was allowed to do so only as per the

protocol. A hand mobilization protocol was written up in consultation with the physical medicine department and was done by one of the senior consultants in the team. The patient resumed normal diet from day 1 and The patient was ambulated with assistance from the 3rd post operative day. Even though he could hold his hands up on his own, support was always given as he felt the hands to be heavy.

Biopsy has been performed from the donor skin muscles and nerves before the transplant. A skin biopsy was done on day 2 while doing the flap transfer. Subsequent mm punch biopsies are planned every two weeks from the skin and pathological evaluation to be performed for detecting early rejections This will be done as per Banf criteria by pathology team lead by Dr Malini Eapen

From day 6 the immunosuppression protocol has been only triple regime . Tacrolimus level (1.3ng/ml was found to be lower than needed (5ng-20ng/ml) on the 4th day and hence its dosage was increased 3mg BD along with the addition of Diltiazem 30 mg tid(to reduce the clearance of tacrolimus and increase the levels even with reduced oral dosage). The CMV prophylaxis Valgancyclovir 900 mg OD is planned to be continued for 3 months.Clotrimazole mouth paint is being used every six hours. The steroid Prednisolone is being given at 30 mg /day and after one month tapering has to be done by 2.5 mg every week to reduce the total dose to 7.5 mg at three months postoperative .

Mycophenolate mofetil would continue at 1 gm Bd. For the Tinea infection he was started on oral fluconazole on day 7 . Since this and Diltiazem has a synergistic action on tacrolimus clearance Diltiazem was stopped.

The patient has progressed well and at the time of report . The central line has been removed and he is ambulating well. His mobilization regime is implemented in a very regular manner. He has been encouraged to do active movements including minimal day to day activities under supervision. He is planned to be shifted out of the ICU in couple of days

Warm regards and thanks for the best wishes from lots of our members

Dr Subramania Iyer

Prof/Chairman

Plastic & reconstructive surgery

Head & Neck surgery and oncology

Amrita Institute of Medical Sciences

Kochi, Kerala ,India

The second successful double hands transplant in India was carried out in Amrita Institute of Medical Sciences, Kochi on 10th April 2015.



The recipient of this bilateral hand transplant is Abdul Rahim a 30 year old Captain in Afghanistan border security force. He lost both his hand while attempting to diffuse mines as a part of his duty three years back.

Notice for General Body Meeting

The General Body meeting shall be held on 30th December, 2015, 5:00 pm. at venue of conference, The Renaissance Convention Centre, Powai, Mumbai

The following shall be the agenda:-

- 1. Opening remarks by the president.*
- 2. Reading the notice of the meeting.*
- 3. Condolences to deceased members.*
- 4. Laurels*
- 5. Confirmation of the minutes of the last general body meeting held at Chandigarh
(Already circulated in newsletter Vol. 69 of December 2014)*
- 6. Secretary's report.*
- 7. Editor's report and accounts for 2014-15.*
- 8. Treasurer's report and accounts for 14-15.*
- 9. Accounts- Year Ending 31st March 2016*
- 10. Trustee's report for the year 2014-15.*
- 11. Matters arising out of executive council meetings held on 15.02.15 and 27.12.15.*
- 13. New memberships & distribution of certificates.*
- 14. Results of awards:
Peet Prize, APSI best paper (Junior), Dr. S. K. Bhatnagar Quiz, Dr. Sam and Mrs. Saroja Bose Research and Audit paper, Kamath poster, McNeil best audio-visual, R.N. Sinha best paper, NH Antia best publication, Armed Forces Best report, etc.*
- 15. Elections to the following posts:
a) President - One (for 2016)
b) Vice President - One (for 2016)
c) Hon. Secretary – One (for 2016-18)
d) Executive members - Three (for 2016-18)*
- 16. Remarks by the incoming President, and outline of activities and 51st APSICON-2016.*
- 17. Welcoming the new President Elect and Bank Accounts for APSICON 2017*
- 18. Any other matter with permission of the chair.*
- 19. Thanks to the chair.*

Hon. Secretary

PGI - Sawhney Outstanding Teacher of the Year

Prof C P Sawhney, has offered to donate an amount of rupees 4 lakhs to start an award to be known as "PGI - Sawhney Outstanding Teacher of the Year" award that shall be given to one of the teachers of plastic surgery. The award will be limited to all the practicing teachers and those with in two years of their retirement. He has suggested that the entries can be by nomination and the final award will be decided by a four member core team comprising of Dr. C P Sawhney, Dr. Ramesh Sharma, the current President of the APSI and one more co-opted member from the plastic surgery fraternity. Dr. Sawhney has desired that the same may be started from next year onwards. Dr. Sawhney shall donate about Rs. Four Lakh and Dr. Sharma stated that from saving of this conference he will make the final corpus of Rs. Ten Lakh. Nomination of a teacher shall be done based on scores derived from his seniority, popularity among students, research activities, publications, contribution to society, attendance and contribution to APSICONS and APSI. Members are requested to submit nominations for the teachers. Please email to drsharmark@gmail.com before 30th September.

“APSI – PLASTIC SURGEON FOR THE YEAR 2016 Award”

The Dr. K.S. Shekar endowment

Members can nominate by sending proposal in a prescribed form to The President of the year. Forms can be obtained by email to the secretary. The proposal must reach the President by 15th September, 2015. Please email to secretary.apsi@gmail.com to obtain the proposal form.

New Scheme of Election

- i). Two Election Officers shall be appointed by the President for supervision of election process.
- ii) Nominations duly proposed and seconded by members can be submitted to Secretary, on the day of Charles Pinto CME and day one of conference ie 28th and 29th December 2015 till noon 1200 hours. Application forms for the same shall be available with the Secretary.
- iii) Scrutiny of nominations shall be done between 12 -1 pm. On day one of conference
- iv) The list shall be displayed on the notice board by 1pm on 29th December, 2015
- v) Withdrawal shall be permitted till 5 pm on same day.
- vi) The final list of contestants will be put on by 6 pm on day one of conference
- vi) Ballot paper shall be distributed and submitted between 10 am - 3 p.m. on 30th December, 2015
- vii) Counting shall be done 4 p.m. onwards.

Once the counting has started no ballot papers shall be issued.

Two member nominated by the President with the help of the secretary and treasurer of APSI shall scrutinize the list of delegates for their good standing. The result shall be declared at appropriate time during the general body meeting, on 30th December, 2015

Members are requested to take note of this scheme and make it convenient to visit the election polling booth at specified time to be able to cast their vote.

The Executive Council 2015 Association of Plastic Surgeons of India

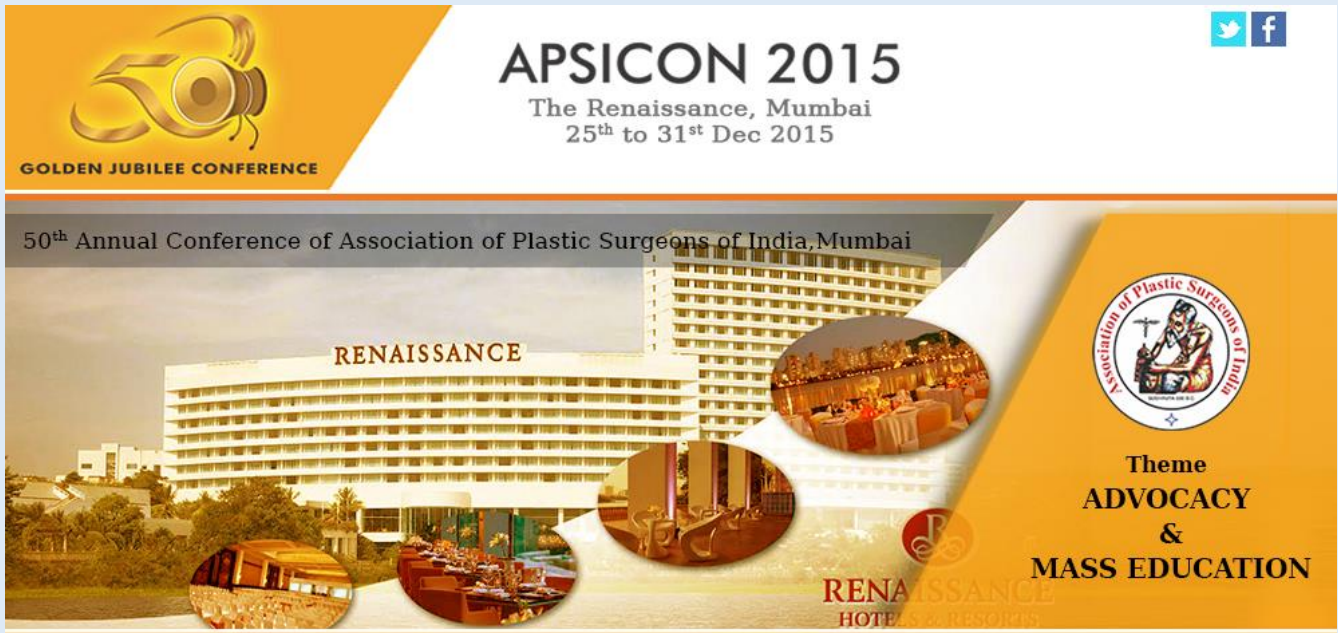
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Interesting Readings

Article in The Hindu (<http://www.thehindu.com/features/metroplus/society/drprabha-syadav-indias-first-woman-reconstructive-surgeon/article6362973.ece>)

Article in Indian Medical Times (<http://www.indiamedicaltimes.com/2015/07/17/opinion-a-tribute-to-two-of-the-finest-plastic-surgeons-i-knew/>)



The banner for APSICON 2015 features a golden ribbon logo on the left with the text "GOLDEN JUBILEE CONFERENCE". The main title "APSICON 2015" is prominently displayed, followed by "The Renaissance, Mumbai" and "25th to 31st Dec 2015". Social media icons for Twitter and Facebook are in the top right. Below the title, it states "50th Annual Conference of Association of Plastic Surgeons of India, Mumbai". The central image shows the Renaissance Hotel building with several circular insets depicting conference activities like dining and networking. On the right, the Association of Plastic Surgeons of India logo is shown above the theme: "Theme ADVOCACY & MASS EDUCATION". The Renaissance Hotel logo is also visible at the bottom right.

Pre Conference: Fri, Sat, 25th - 26th December 2015

APSI-APSICON 2005-Ethicon PG Course on Breast Surgery

VENUE: Rustom Choksi Auditorium, Tata Memorial Hospital, Parel, Mumbai -400012

Sunday, 29th December, 2015 Dr. Sunderarajan Video Workshop at Tata Memorial Hospital

Also Simultaneous Hands-on Cadaver Dissection Course at KEM Hospital Anatomy Hall

Monday, 28th December 2015 Dr. Charles Pinto CME at Renaissance

Notice of disposal of Used and Unused Ballot Papers and election related stationary

These material of all previous Executive council elections held at past general body meetings shall be disposed off by 30th September, 2015. Objections, if any may please be sent to The Secretary.

Every possible care is taken in collecting material and editing this E-Newsletter, However any omissions/errors are unintentional. The Newsletter is e-printed & e-published by Dr. Atulkumar K. Shah, Secretary, on behalf of Association of Plastic Surgeons of India.