



## Laparoscopy, ERCP and Robotic Surgery: The beginning in Assam and Northeast India

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In 1990, when I was attending the Annual Conference of the International College of Surgeons (Indian section) at Goa, I met Dr. Thehmtion Udwadia, who is considered the father of laparoscopic surgery in India. I was dumbstruck after meeting him and it probably was one of the first, if not the first conference, where he presented his first case of laparoscopic cholecystectomy. He was carrying an old cassette with him to show his journey. I vividly remember standing on the entry gate to the hall at the end throughout his

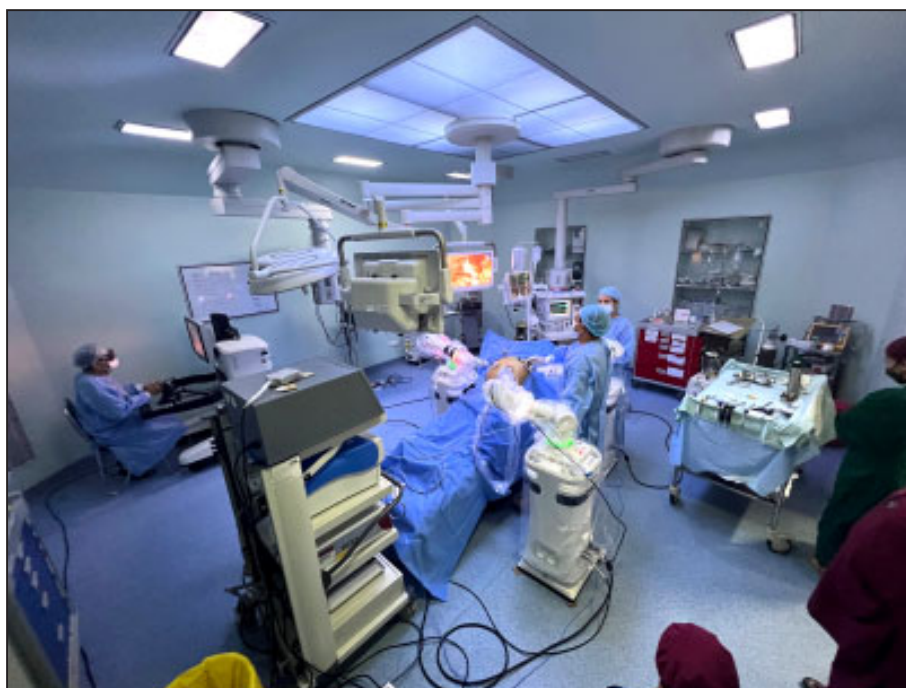
lecture. Later, I followed him to the operation theatre where he was supposed to show some diagnostic laparoscopic procedures as we were not ready to demonstrate lap cholecystectomy then. Not knowing that I have to sit in a hall, I just followed him to the theatre and watched him doing it live. Also, saw Prof. B. K. Rau demonstrating a normal upper G.I endoscopy but of course with a lot of difficulty. Incidentally my friend Dr. M. K. Choudhury also attended the conference along with me.



It was a moment when I felt the eternal urge to plant the seed for the birth of both laparoscopy and therapeutic endoscopy in the state of Assam and the Northeast. Swami Vivekananda had once said “Whatever you believe, that you will be. If you believe yourselves to be ages, ages you will be tomorrow. There is nothing to obstruct you.” I felt determined to move forward with this fire burning within me.

I kept working on starting laparoscopy in our state and met Dr. Pradeep Chowbey, Dr. Surinder Ugale

and Dr. Jyotshna Kulkarni for help. As I was in medical college then, I went to the medical store and tried to locate some old laparoscopy instruments that were supposed to be used in Gynaecology department for tubal ligation. In September 1992, I started training myself in diagnostic laparoscopy, lap adhesiolysis and got attached to the Department of O&G for a period of 3 months from the 10<sup>th</sup> of September 1992, and that was the time, I started doing all basic laparoscopy procedures. I started doing lap cholecystectomy camps



and, to avoid ligation as it was a new procedure, I took help of many surgeons across the country.

Around that time, the Kothari Centre of Kolkata announced a lap cholecystectomy workshop to be conducted by Dr James Welwood and unknowingly I went to attend it. But later I realized that the advertisement was for patients and not for any surgeon delegates and I was the only delegate who was attending it. I was involved in 12 gall bladder surgeries conducted by a faculty from abroad Prof James Welwood. At that moment, I realized why they say “Ignorance is a blessing” many a times.

While I was trying to make a beginning of laparoscopy in our state, there were few colleagues who were trying to adopt it. Prominent among these were Dr. Nand Beswal, Dr. Dilip Deka in Guwahati and Prof. Pranab Baruah in Dibrugarh.

The first video on “Lap Cholecystectomy- How

I do it” was presented by me in 1994 at the ASACON in Bongaigaon. This was the first video presentation in the history of ASACON and as Laparoscopy was a term hated by many then, it was kept as the last presentation in the last session on the last day of the conference. I vividly remember Late Prof. S. C. Jain seating in the first row. I was very honoured when he hugged me after the presentation although the presentation was not up to my satisfaction. It appeared then that I had made many enemies by doing something sinful but made many admirers too.

The story of the beginning of ERCP and therapeutic endoscopy was also similar. This four-letter term had become a nightmare for me and the only aim for me now was to take up the challenge of beginning this technology in our state.

During the summer vacation of 1996, I spent one month in AIIMS with Prof. Rakesh Tandon in the

OFFICE OF THE PRINCIPAL-CUM-CHIEF SUPERINTENDENT  
GAUHATI MEDICAL COLLEGE & HOSPITAL:::GUWAHATI

OFFICE ORDER

Dr.Subhash Khanna Assistant Professor of Surgery  
Gauhati Medical College & Hospital, Guwahati is  
allowed to go a short course of Laparoscopy  
training in the Department of Obst. & Gynae.  
Gauhati Medical College & Hospital, Guwahati  
without dislocation of his routine duties in the  
Department of Surgery.

Sd/-DR.MRS.D.DUTTA  
Principal-Cum-Chief Superintendent  
Gauhati Medical College Hospital,  
Guwahati

Memo.NO.MC/8/84/377 Dated Guwahati the 10th September,1992

Copy to :-  
Dr.Subhash Khanna, Asstt. Professor of Surgery for  
information and necessary action.

The Professor and Head of the Deptt. of Surgery for  
information with reference his letter NO.MC/SUR/PL/88/  
dt.26.8.92

The Professor & Head of the Deptt. of Obst. & Gynae.  
for information and necessary action with reference to  
his ~~letter~~ recommendation.

X-  
Principal-Cum-Chief Superintendent  
Gauhati Medical College Hospital,  
Guwahati

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4 p.m. to 5 p.m.

30th. Oct., '94

Chairman:- Dr. J.DUTTA, F.R.C.S. Gau.

Co-Chairman:- Dr. NITYEN DAS, M.S. Dib.

S.No.	Topic & Speaker (authors)	Time
22.	Endoscopic Cystogastrostomy. - ROY, DEBASHISH.	10 min.
23.	Tetanus - a clinical study. - SARMA, J.P.,	10 min.
24.	Experiences with Endoscopic Polypectomy - ROY, DEBASHISH.	10 min.
25. and 26.	<u>VIDEO SESSION</u> <u>LAPAROSCOPIC CHOLECYSTECTOMY</u> - KHANNA, S.,	20 min.
	Discussions and comments	10 min.

12

Department of Gastroenterology and got myself acquainted with the tips and tricks of ERCP. Incidentally I had to introduce myself as a Senior Resident and not an Associate Professor of Surgery as no faculty in Gastroenterology would come forward to train therapeutic endoscopy to a surgeon. My friend Dr. Arvind Kelkar had bought a therapeutic endoscopy system (refurbished one) in that year (1996) while attending DDW (Digestive Disease Week) and as he was too not desirous of starting ERCP, he sold the system to me and that was the beginning of my Journey of ERCP. Later I acquired one C-Arm (Philips BV 25) from Dibrugarh where in one hospital it was on sale as they had this new C- Arm. I started doing duodenoscopy and cannulating the papilla in my diagnostic endoscopy cases in my residential chamber itself and later started doing ERCP in a private hospital near my residence (The Institute of Human Reproduction).

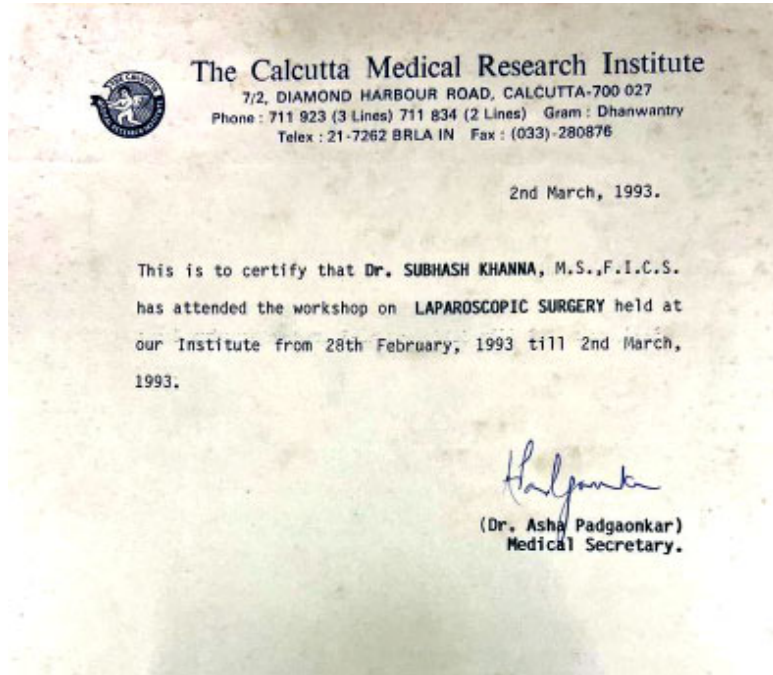
I always believe that maybe sometimes it is riskier not to take a risk at all. This will do nothing but guarantee that things will stay the same. This was the

golden moment where I was not afraid to take extra risks to achieve what I dreamt about for the state and my people.

The beginning of Robotic Surgery in the region also has a similar story. It was my desire to bring this technology to the benefit for the people of the region. I was working on acquiring one since 2012 when I had attended one of the first training courses conducted in Hyderabad. But the exorbitant cost of the equipment made me wait till 2020 to fulfill my dream. In 2019, sometime in November, I learned about the introduction of the new robot “Versius” by a company known as CMR, located in Cambridge. I immediately flew to Pune’s Mangeshkar Hospital where it was kept for demonstration. I was amazed with the support I received from Mr. Laxmikant Khanolkar, the MD of CMR India. To my delight, it needed just another meeting to acquire the equipment. Later I came to know that ours was one of the first three installations of this new robot in the country. Even today ours is the only surgical robot in the whole of Northeast India. But the introduction of this surgical robot was

successful in creating a new wave among the small-town surgeons of Asia. A new dawn was there, the dawn of the use of high-cost technology by a surgeon from a city away from large, metropolitan cities and there was no looking back.

I was astonished at the love and appreciation I received from my peers for taking this bold step and soon



a global body “Association of Robotic and Innovative Surgeons” was formed and to my utter disbelief, I was unanimously chosen to lead the association as its founding President.

I believe technology is like a comet. You need to keep holding it to keep pace with it and if you let it go you may



be left millions of miles behind. Now with this technology in hand, when I stand at the footstep of this new dawn, I realise that there is so much more to achieve for the welfare of my state and its people. As Robert Frost once famously wrote “...I have promises to keep, And miles to go before I sleep, And miles to

go before I sleep.”

I always believe that once you reach a peak of a mountain, there is always another peak beyond it and that would only be seen after you have reached top of the first peak.