



THE AGA KHAN UNIVERSITY

eCommons@AKU

Surgery Newsletter

Publications

9-2009

Cutting Edge : Issue 2, 2009

Department of Surgery
Aga Khan University

Follow this and additional works at: https://ecommons.aku.edu/surgery_newsletter

Recommended Citation

Department of Surgery, "Cutting Edge : Issue 2, 2009" (2009). *Surgery Newsletter*. Book 4.
https://ecommons.aku.edu/surgery_newsletter/4

Cutting Edge



**Official Newsletter, Department of Surgery,
Aga Khan University; Vol 2. No 4, 2009**

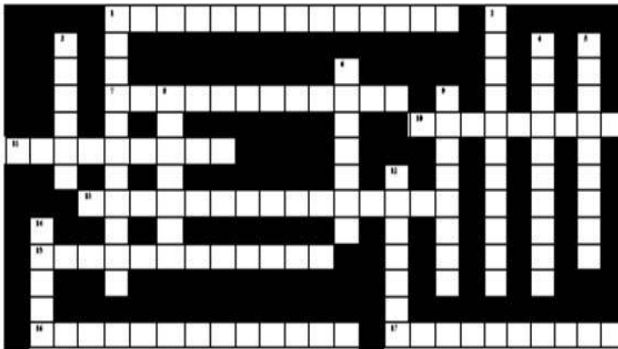
THIS ISSUE INCLUDES:

- Out of Africa – Page 4
- Workshop/Courses/Symposium– Page 5
- Proud to Announce – Page 7
- Promotion – Page 7
- Fellowship Obtained – Page 7
- Alumni Affairs – Page 7-9
- Residents Section - Page 9 - 11
- Research/ Publication – Page 12-14

Crossword

Medical Crosswords - Surgery 1

Complete the crossword using the clues below.



Clues

Across →

- 1 The surgical removal of the vermiform appendix (14)
- 7 The surgical removal of the uterus (12)
- 10 Surgically connecting a part of the colon onto the anterior abdominal wall creating a stoma (9)
- 11 A surgical tool resembling a set of scissors with a locking clamp instead of a blade (8)
- 13 An operation to replace the heart (5-10)
- 15 Non-invasive brain surgery using directed beams of ionizing radiation (12)
- 16 The surgical removal of the tonsils (13)
- 17 The removal of a body extremity; arm, leg, hand etc. (10)

Down ↓

- 1 The artificial induction of joint ossification between two bones via surgery (11)
- 2 Cosmetic surgery to improve the appearance of the chin (11)
- 3 A sharp-pointed, double-edged blade (6)
- 4 The surgical removal of one or both of the breasts (10)
- 5 An instrument for slicing skin in order to perform skin grafts (9)
- 6 An instrument for holding and grasping objects, particularly when fingers are too large (7)
- 8 Stitches (7)
- 9 Psychosurgery that cuts the connection between or destroys the prefrontal cortex (8)
- 12 A flexible tube inserted into the body to either withdraw fluid or insert medication (7)
- 14 A procedure to transplant tissue without a blood supply (5)



Um, you're probably right, I'll just turn this anesthesia up a bit ...



EDITORIAL

The editorial board is proud to present the fourth issue of the *Cutting Edge*. This issue carries an update of departmental activities of the last six months as well as details of 2009 Convocation and Postgraduate Medical Education (PGME) graduation. This time we have made special efforts to encourage our residents and alumni to share their accomplishments and experiences with us.

We are pleased with the positive response from our readers, especially the residents and alumni. This has encouraged us to expand our editorial board and include two junior faculty members. We expect that their inclusion will bring extra help and new ideas to maintain the standard of this publication.

This newsletter is a modest effort to record and document all the activities of our department. Hopefully *Cutting Edge* will provide a collective forum to all our faculty members, residents, alumni and former faculty members to share their news.

We welcome new ideas, suggestions or criticism to improve the quality of this newsletter.



OUT OF AFRICA

It is difficult to describe in words the gratifying experience of Africa for the head and neck medical mission. The group that I accompany is organised by my mentor, Dr James Netterville, Professor and Director of Head and Neck Surgery at Vanderbilt University, USA. There are usually 18 to 20 people: scrub nurses, OR circulator, clinic nurse, certified nurse anaesthetists, pathologist, anaesthesiologist, head and neck surgeons along with residents and fellows and occasional medical students. We are typically there for about 10 days and see about 200 patients and perform 120 to 140 procedures.

Although I have been doing this for three years, the mission has been going there annually for the last 10. The base is a small 60-bed hospital primarily for obstetrics and paediatrics, run by a British doctor settled in Nigeria for the last 25 years. His wife runs a high school that they built about 15 years ago and enrolls about 300 children from the surrounding villages. The first time that the mission went, there were no facilities available to do anything meaningful. Over the years, they have established a fully functional surgical unit with sufficient instrumentation, suction equipment, electrocautery units, over-head lights, endoscopes, drills, anaesthesia machines and even an autoclave.

Every year we identify new requirements and furnish them the following year by the generosity of those who have a warm heart. We try to improvise and fix things with little resources available at site. What we still encounter however, are numerous varieties of bugs that crawl under our clothes and are all over the open wounds when the sun goes down and the head lights are turned on. We essentially have three rooms approximately, 600 square feet altogether, that serve as operating rooms and clinic area. The big room has two operating tables side by side for simultaneous use and another adjacent smaller room functioning

as a third OR. The case load is probably 50 per cent multinodular goiter and thyroid neoplasms. The remainder includes salivary gland tumors, mandibular and maxillary tumors, mucosal carcinomas, as well as cleft lips and congenital vascular malformations. The pathologist plays a crucial role in giving spot diagnosis based on touch preps on simple H&E stain and fine needle aspiration cytology. The local wild life serves the role of biologic specimen disposal.

The entire trip is self financed by the individuals and the patients are treated free of charge. This ensures that no one is denied care. The only people who are sent away are those who are HIV positive. There



is a patient registry maintained by us as well as the hospital to look for outcomes. Follow ups are arranged during the year with local physicians and with us the following year. We have had two mortalities in the last 10 years, and a few morbidities including facial paresis, dysphonia and post-operative haematomas. The same structure is used every year by the vascular surgeons, general surgeons and cardiac surgeons at the Nlagu Christian Hospital. Unfortunately, as happens to all good things in life, the entire operation is currently in jeopardy, because of the selfishness of some local residents, who decided to abduct the good English doctor for ransom, injure him seriously in his operating arm, and making the Americans sceptical of returning ever. But the work must go on; and now we are looking at other relatively safe places in Africa and experimented with Kenya this year.

The lessons learned on these expeditions are enormous. We as surgeons make a tremendous difference in the lives of our patients by doing what we do best. If only we could do the same for everyone who walks through our doors, without having to send them to Patient Business Service Department first, or without having to refuse them because of lack of funds. If only we had the luxury of not having to worry about our Gross Physician Fee Revenue. There are enough philanthropists in Pakistan to help us set up shop somewhere within our borders. What we need is the cooperation of the local government, awareness in our people and most importantly commitment of our health professionals.

*Mumtaz J Khan
Associate Dean, PGME*

WORKSHOPS/ COURSES/ SYMPOSIUM

Endo-Urology Conference 13 - 15 November 2009

Nearly four years after the last AKU update on uro-oncology, we held the 2nd AKU update-endourology seminar and workshop from the 13 to 15 November, 2009.

Aga Khan University has hosted many important National and International Meetings offering the advantage for delegates to stay almost in the centre of the city 15 to 30 minute drive from most major hotels and airport.

We invited national and international experts in the field of Minimally Invasive Surgery, Endourology, Extracorporeal Shock Wave Lithotripsy and Uro-oncology. We demonstrated endourological techniques, laparoscopic surgery, female incontinence surgery as well as transurethral procedure and ESWL. Workshops focused on ureteroscopy, laparoscopy, and percutaneous and female incontinence techniques, which allowed beginners to be

trained by experts, and helped experienced urologist improve their surgical skills.

Besides the plenary and sub-plenary talks, there were much appreciated debates to stimulate the discussion of hot topics among the delegates. Plenary talks focused on some major contemporary issues in endo-urology by our invited speakers from the UK and Egypt along with national leaders in endo-urology. Sub-plenary sessions focused in detail on the problems and perspectives of the respective field (i.e. stents, navigated surgery, training, engineering, minimally invasive uro-oncology).



Course faculty of the Endo-Urology Conference

On Friday night, the delegates and speakers relaxed and exchanged ideas for future interaction and collaboration to further the cause of urology in the region and internationally.

Orthocon 2009 13 - 15 November 2009 (Lahore)

Orthopaedic faculty and residents made a significant contribution in this conference. A total of 25 lectures and 2 free papers were presented.

Dr Pervaiz Hashmi

- Brachial plexus root avulsion injury
- Outcome of Erbs Palsy in early and late reconstruction
- Role of microsurgical techniques in orthopaedic oncology

- Soft tissue coverage of lower extremity defects

Free Papers

- Outcome of Latissimus Dorsi around the elbow and forearm for coverage and functional elbow flexion and finger flexion.



Participants at Orthocon 2009 conference in Lahore

Dr Masood Umer

- Extra-skeletal Osteosarcoma: clinic-pathological features and results of multimodal management

Dr Haroon ur Rashid

- Percutaneous Release of Trigger Finger
- Soft Tissue Onco-Reconstruction

Dr Mohsin Azam

- Van Nes Rotationoplasty, a functional alternative to amputation in locally advanced sarcoma of the lower limb
- Local Infiltration vs. LI Epidural Analgesia for Pain Management in Total Knee Arthroplasty
- Vascular reconstruction in limb sarcoma surgery

Dr Rana Dawood

Spare Part surgery in tumour reconstruction

Dr Aurangzeb Qureshi

- Outcome of internal fixation for neck of femur fractures
- Tendon transfers for radial nerve, retrospective audit of 10 years

Dr Hasnain Raza

- Outcome of Hip Reconstruction Osteotomy
- Preliminary results of 3 and 4 part proximal humerus fractures fixed with PHILOS.
- Outcome of tendon transfer for Radial nerve palsy

Dr Kashif Abbas

- Ligament reconstruction with tendon interposition in CMCJ arthritis
- Open reduction internal fixation for distal radius fracture; current trends
- Management of complex femoral fractures; out of the box approach
- Preoperative cardiac evaluation in hip fractures and effects on outcome

Dr Hamanyun Hameed

- Infection rate following IM Nailing in open Tibia and Femur fracture
- Tumour registry: First year experience from a single institution

Dr Hadi Bhurgari

Sarcoma associated with pregnancy.

PGME Graduation Ceremony 2009

Aga Khan University, Karachi celebrated the graduation of PGME interns, residents and fellows on the November 7, 2009. The event carried special importance, this being the silver jubilee year of the University. The ceremony was celebrated in the traditional graduation style at the Sports Centre Gymnasium, which was elegantly decorated for the occasion.

The ceremony started with the entrance of academic procession, lead by the Associate Dean, PGME, Dr Mumtaz Jamshed Khan and Interim Dean, Medical College, Professor Farhat Abbas, followed by the President, Chairman, Board of Trustees, Chief Guest, programme directors, faculty members and graduates. This was followed by the national anthem and recitation from the Holy Quran. President Firoz Rasul delivered his welcome address, congratulating the

graduates and their families and emphasising the University's policy of maintaining high standards and continuing research. Chairman, Board of Trustees, AKU, Ambassador Saidullah Khan Dehalvi also congratulated the graduates and encouraged them to continue in their progress. This year's chief guest was Dr Bo Lindblad, Professor Emeritus, Karolinska Institute and Professor Emeritus of Paediatrics, AKU, who, during his speech stressed upon the importance of going abroad for training but returning back to one's country for that is where the real future lies. This was followed by presentation of certificates.

The total number of graduating interns, residents and fellows was 65, 68 and 14 respectively. Sixteen residents and two fellows graduated from the Department of Surgery, which is the highest number of graduating residents and fellows in the department's history.

This year's valedictorians were Dr Sunniya Javaid for interns and Dr Munizeh Khan (Surgery) for residents. Their speeches were followed by the announcement of Best Resident Awards. For the Department of Surgery, this was awarded to Dr Raza Hasnain Syed, General Surgery graduate. The final announcement of the evening was for the Excellence in Research Award, chosen on the basis outstanding achievements in research during residency. This was awarded to Dr M Shahzad Shamim, Neurosurgery graduate. The procession then departed and the evening finished off with photo session and lunch by the poolside.

PROUD TO ANNOUNCE

Professor Jamsheer Talati
Awarded Professor Emeritus

Professor Farhat Abbas
Awarded *Tamgha-i-Imtiaz* by President of Pakistan on August 14, 2009

Professor Shaista Khan
Awarded Honorary Fellowship by the Pakistan Society of Clinical Oncologists in Lahore on November 20, 2009

Dr Sadaf Khan
Assistant Professor
Recipient of "Best Teacher Award" for 2009, In the discipline of Surgery

PROMOTIONS

Dr Masood Umer as Associate Professor (Orthopaedics)

FELLOWSHIPS OBTAINED

Dr Haroon ur Rashid, Attended One month (August 2009) fellowship supported by FDA



Dr Haroon ur Rashid with his Kurgan Team

at the pioneering Russian Ilizarov Scientific Centre, Kurgan, Russia. The objective was to study the current practice in Ilizarov method application to the surgery of hand. It was an opportunity to interact with the most experienced Ilizarov hand surgeons of the world. This fellowship will provide the experience needed to develop the subspecialty of Ilizarov Hand Surgery at Aga University Hospital, Karachi.

ALUMNI AFFAIRS

FCPS II

Dr Shakeel-Ur-Rehman – Operative Dentistry
Dr Nadia Aman – Operative Dentistry

MRCs 3 INTERCOLLEGIATE EXAMINATION

Dr Kulsoom Faizullah

MOrth. RCS (Edin.) EXAMINATION

Dr Attiya Shaikh
Senior Instructor - Orthodontics
Dr Gul-e-Erum – Alumni Orthodontics

Dr Salman Riaz (Orthopedic Resident Alumnus)

My name is Salman Riaz. Originating from Multan, I completed my initial education at La Salle High School and Government College Multan and did my MBBS from Nishtar Medical College Multan. I completed my Orthopaedic Residency from



Dr Salman Riaz with his two daughters

Aga Khan University in October 2002. I was appointed as a Clinical Instructor in the same department for one year in 2002-03. The same year I did my FCPS from College of Physicians and Surgeons Pakistan. In 2004 I moved to the University of Toronto, Canada to do a year of fellowship training in lower limb arthroplasty. Later on I did a two year fellowship in adult and paediatric spine at the University of Alberta in Edmonton. In December 2006 I was appointed as a Staff in Department of Orthopaedic Surgery at Palliser Health Region. Currently I have privileges as orthopaedic surgeon at Medicine Hat Regional Hospital. I am working as Chief of Orthopaedics at the

Medicine Hat Hospital from January 2010. My practice mainly involves spine surgery, total joint arthroplasty and arthroscopic procedures of the lower extremity.

I do have some publications in peer review journals as well as have co-authored a book chapter. Some projects of mine at the University of Alberta were awarded research grant by the Edmonton Orthopaedic Society. I have also been a reviewer for some of the peer reviewed Journals including CMAJ.

My main sporting interests have been cricket and table tennis. In fact cricket is my passion, like most Pakistanis. I still follow Pakistan's matches and at the end of every lost match, swear that I will never see their matches again but still cannot stay away from it. My favourite cricketers are the two W's - Waqar Younis and Wasim Akram. My favourite sports personality is Jehangir Khan for his sheer determination, simplicity, humility, honesty and strength of character.

I got married to Sadia in January 2006. Allah has blessed us with two beautiful daughters Fatema and Zainab. They are our most precious possessions. They seem to get along pretty well although Fatema likes to be the big Baji all the time. My parents have been my guiding force in life and have always given me the liberty to dream and pursue my goals.

At Aga Khan University Drs Masood Umer and Haroon Rashid helped and taught me a lot of things. I still sometimes remember those grilling morning academic meetings at 7:00 am. I really feel lucky to have worked at the AKU orthopaedic department, with such accomplished and talented people. I acknowledge the efforts of all the faculty members and my senior residents in teaching me some of fundamentals of orthopaedics as well as good work ethics. I pray for peace in our country in particular and the world in general, and may God give us the capacity to contribute to this cause.

AKU Orthopaedic Alumni Association

The first meeting of the AKU orthopaedic alumni was held on November 13, 2009 at Pearl Continental Hotel, Lahore. Professor Muhammad Umar was elected as Patron, Dr Riaz Hussain as President, Dr Masood Umer as General Secretary, Dr Kamran Ahmed as Treasurer, Dr Haroon Rashid as annual meeting Co-ordinator. A sum of Rs. 150,000 was generated on the spot through members' contribution. The association plans to work on developing its bye-laws



AKU Orthopaedic Alumni Team

and getting itself registered. It also plans to hold regular annual scientific meetings.

RESIDENT'S SECTION

Thoughts of a Graduating Surgery Resident on AKU-PGME Graduation Day 2009

They say that it takes an entire village to raise a child. I believe the same analogy can be applied to the surgical residency, that it takes an entire institution to train one resident. Just as a newly born child, a resident also at first is only good for a lot of noise and a lot of mess. Slowly but gradually he or she begins to walk, talk and clean his own mess. Following appropriate guidance, mentorship and teaching, he becomes ready to leave home as an adult to face the real world.

Today is that very important day. It is a day to reflect upon how the journey first began and how it progressed. The metamorphosis

begins with the induction as an intern, later transforming into a resident. Chief Residents appear as gods who seem to know it all and can do no wrong. They would treat the first years as non-existent



Author receiving shield at a conference

or an entirely invisible entity.

The second year is just slightly better because by that time, the Chief Resident at least knows your name and somebody else is in your shoes. Before you know it, you are the Chief Resident. What happens in between is a long story filled with morning rounds, yellow forms, hostile mortality meetings; hour long documentation for five minute procedures, literature searches, article rejections, all with sleepless nights, aching peripheries, over distended bladders, frustrating acid reflux, economy meals imported from Russian cold war refugee camps, and a whole lot of other things. But it wasn't all bad as we had our moments as well, such the adrenaline surge of trauma rush calls, the grateful look of the child we saved, the grotesque facial wound that was repaired and is now healed and barely visible, perfectly aligned fracture reductions, follow up head CT scans, first publication, first award, the fellowship, and finally, today.

Today is the day to be grateful to our ex-Chief Residents who worked with us and graduated before us, and our junior residents who worked with us and will

graduate as even better surgeons than us. Both contributed almost equally in teaching and tolerating us. With time these fine men and women became a part of our lives, our family, their successes uplifted us and their failures seemed to be our own. They supported us when we were on the verge of giving up or giving in, when we failed an exam, or even worse an expectation, when we lost a family member.

Today is a day to acknowledge, those who have toiled with us, our parents, our wives and husbands, our children, who we owe for the lost time, and attention. Today is a day to pray, for those who are no longer with us. Saeed Soomro, the urology resident who we lost to advanced lymphoma, would have graduated with us today. And finally, today is a day to be thankful to those who have made it all possible, our mentors, teachers, our village elders. It was Isaac Newton who referred to his teachers by saying, "If I have seen further; it is by standing on the shoulders of giants." These honourable men and women, these giants, have etched an indelible and enduring impact upon our careers, our practice, and indeed, our lives. They have nurtured us like parents, guided us like older siblings and at times spoilt us like grandparents, always keeping a constant eye on us, from the first skin incision, slowly and gradually to tumour resections, ensuring that the training remains safe and yet at the end of the day, the product is the reflection of the institution. I must say, our village has done a good job and we are proud of them.

At the end of each journey, a new one begins and today is a day to ponder at where it is heading. Today is therefore a day to make a vow that from this day onwards, whatever we shall do, will not only be a reflection of our training but will also be in constant pursuit for further excellence. Aristotle once said that, "Excellence is an art won by habituation and training. We are what we repeatedly do. Excellence is then not an act, but a habit." We shall vow to

maintain this habit, maintain the highest standards of professional excellence, patient care, ethics, discipline, education and research, and shall uphold the confidence that our institution has shown towards us.

My fellow graduates, in the end, I salute your perseverance and wish you heartiest congratulations and best of luck. May God be with us all.

*Dr Shehzad Shamim
Instructor, Neurosurgery*

Intermediate Module Exam – 2009

General Surgery

Dr Mehboob Alam

Otolaryngology

Dr Asif Ali

Dr Maliha Kazi

Paediatric Surgery

Dr Farzeen Sharaf

FCPS II Exam – 2009

Cardiothoracic Surgery

Dr Mubasher Zareen Khan

Orthodontics

Dr Munizeh Khan

Orthopaedics Surgery

Dr Aamir Rehman

Dr Kamran Hafeez

Dr Rana Dawood

Otolaryngology Surgery

Dr Maqbool Ahmed

MRCS

Dr M. Ather Siddiqui

Dr Sana Nasim

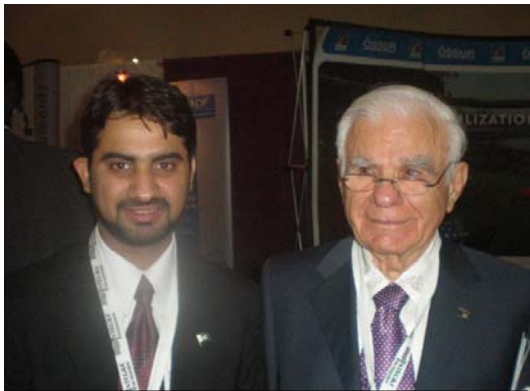
Presentations

Dr M Zubair Tahir (Resident Neurosurgery)

Scientific paper presented “Management of cerebral aneurysms in 9th international conference on cerebrovascular surgery (ICCVS), Nagoya, Japan, November 2009

AANS International Visiting Surgeons Fellowship at the Henry Ford Hospital Detroit, Michigan. Aug-Oct 2009

The American Association of Neurological Surgeons awards one Visiting Surgeons Fellowship every year to one neurosurgeon around the world. As part of this fellowship, the surgeon is sponsored three months stay in a North American neurosurgery centre of his/her choice. Obviously there are numerous applicants and the competition is intense. I have been very fortunate to have received the fellowship this year becoming the first Pakistani to have received this award. My North American centre of choice was the Henry Ford Hospital in Detroit, the auto city of North America and the training centre of my mentor Dr S. Ather Enam.



Dr Shahzad with the father of modern micro-neurosurgery, Gazi Yasargil, in Boston.

Henry Ford Hospital is a 903-bed tertiary care hospital located in Detroit’s New Center area, and is not only a multi-organ transplantation and Level 1 trauma centre, but its Neuroscience Institute “Center of Excellence”, is amongst the top neurosurgery centres in North America. On any given weekday, there are on average four to five dedicated, state of art neurosurgery operating rooms in use and the neurosurgery service performs around 2000 cases each year, the case variety being a mix of trauma, complex spine, vascular,

tumours, and an impressive volume of functional neurosurgery. My objectives for this fellowship included firsthand exposures to neurosurgical operating room, neurointensive care, an established North American neurosurgery residency program, and especially the brain tumour bank. The Hermelin Brain Tumor Bank is functional since the last 17 years and has gradually evolved from a collection facility working with monolayer cultures only, to what is now a state of art brain tumour laboratory. Today, the bank is one of the few facilities in the world which deals with fresh tissue and neurosphere cultures and is involved in several trials including TCGA, Exosome study, EMD, RTOG, IVY.

The icing on the cake had to be my trip to the lovely city of Boston, for the World Federation of Neurosurgical Societies world congress. This was the biggest neurosurgery event yet and was attended by more than 3,500 neurosurgeons from more than 90 countries around the world. The AANS arranged for the round trip as well as accommodation at the Boston Hilton situated right next to the conference venue. I was introduced by the AANS president to the attendees during his welcoming remarks in the inaugural plenary session at the historic and beautiful Hynes Convention Center’s main auditorium. The conference was attended by AKUH colleagues and alumnus as well.

Before leaving for North America, I was a bit hesitant as I was exchanging these months for part of my long awaited “chief year”. But at the end of my fellowship, I can confidently say that it was worth every day of it.

*Dr Shehzad Shamim
Instructor, Neurosurgery*

RESEARCH / PUBLICATIONS

Cardiac Surgery

1. Is urgent coronary artery bypass grafting a safe option in octogenarians? A developing country perspective Interactive Cardiovascular and Thoracic Surgery 9 (2009) 441-445.
2. Outcome and factors associated with hospital mortality in patients with impaired left ventricular function undergoing coronary artery bypass grafting: where do we stand? Mubashir Zareen Khan, Perveen S, Ansari JA, Sami SA, Furnaz S, Fatimi SH. Pak J Med Sci 2009. 25:4; 526-532.
3. Venoarterial PCO₂ Difference: A Marker of Postoperative Cardiac Output in Children with Congenital Heart Disease Muhammad Furqan, Fahad Hashmat, Munir Amanullah, Mansoor Khan, Hina K. Durani and Anwar-ul-Haque. JCPSP 2009. 19 (10): 640-643.

Dentistry

1. Compensation for vertical dysplasia and its clinical application Nabila Anwar and Mubassar Fida. European Journal of Orthodontics 31 (2009) 516-522.
2. Frequency and Distribution of Endodontically Treated Teeth Hina Ahmed, Durr-e-Sadaf and Munawar Rahman. JCPSP 2009. 19 (10): 605-608.
3. Comparison of Cephalometric Norms of Esthetically Pleasing Faces. Attiya Jawaid Shaikh, Arif R. Alvi. JCPSP 2009. 19(12): 754-758.

General Surgery

1. Appendicitis in pregnancy: Experience of thirty-eight patients diagnosed and managed at a tertiary care hospital in Karachi. Syed Faraz Kazim, K.M. Inam

Pal. International Journal of Surgery, 7 (2009) 365-367.

2. Knowledge, attitudes and practices around health research: the perspective of physicians-in-training in Pakistan Hassan Khan, Sadaf Khan and Arshad Iqbal. BMC Medical Education 2009, 9:46 doi: 10.1186/1472-6920-9-46.
3. Ileosigmoid knotting- a rare variant of bowel volvulus A Rehman Alvi, Shahida Bibi, Shahrukh Effendi, Salma Khan Tropical Doctor – October 2009 39.
4. Acute free perforation of gall bladder encountered at initial presentation in a 51 years old man: a case report Abdul Rehman Alvi, Saad Ajmal and Taimur Saleem: Cases Journal 2009, 2:166.
5. Abdominal wall hernia repair in cirrhotic patients: outcomes seen at a tertiary care hospital in a developing country, Muhammad Rizwan Khan, Mahwash Kassi, Sahar Ashraf Janjua Tropical Doctor – 2009.
6. Giant adrenal endothelial cyst associated with acute and chronic morbidity in a young female: A Case report, Muhammad Rizwan Khan, saad Ajmal and Taimur Saleem Cases Journal 2009; 2: 8841.
7. Amoebic liver abscess: experience in a south Asian country Abdul Rehman Alvi, Farrukh Rizvi, Syed Faraz Kazim, Kiran Ejaz, Hasnain Zafar, Tabish Chawla, Shahida Bibi and Zia Ur Rehman Published: Tropical Doctor – 2009.
8. Non-Traumatic Right Hepatic Artery Pseudoaneurysm: An Unusual Cause of Hemobilia and Obstructive Jaundice Abdul Rehman Alvi, Shahida Bibi, Zia-ur-Rehman and Salma Khan Published: Journal of the College of Physicians and Surgeons Pakistan 2009,

Neurosurgery

1. Craniocerebral gunshot injuries in preschoolers. Furqan B. Irfan, Rameez Ul Hassan, Rajesh Kumar, Zain Ali Bhutta, Ehsan Bari. Childs Nervous System - September 2009 issue.
2. Polyaxial screws for lumbo-iliac fixation after sacral tumor resection: experience with a new technique for an old surgical problem. Syed Faraz Kazim, Syed Ather Enam, Imtiaz Hashmi, Riaz Hussain Lakdawala. Published in International Journal of Surgery 7 (2009) 529-533.

Otolaryngology

1. Two cases of primary laryngeal amyloidosis Taimur Saleem, Sanna Fatima, Shehzad Ghaffar, Kanwal Aftab, Sohail Awan. J Pak Med Assoc Vol. 59, No. 11, November 2009.

Orthopaedics

1. Suicide bombings: process of care of mass casualties in the developing world Masood Umer, Yasir Sepah, Munira M. Shahpurwala and Hasnain Zafar © 2009 The Author(s). Journal compilation © Overseas Development Institute, 2009 Published by Blackwell Publishing, USA.
2. Lymphangiosarcoma of the arm presenting with lymphedema in a woman 16 years after mastectomy: a case report. Yasir J Sepah, Masood Umer, Asim Qureshi and Shaista Khan Cases Journal 2009, 2:6887.
3. Shoulder Impingement Syndrome: Outcome of Arthroscopic Subacromial Decompression Attiq-ur-Rehman, Muhammad A. Wajid, Tashfeen Ahmad. JCPSP 2009, vol. 19(10): 636-639.

Paediatric Surgery

1. Pediatric tracheostomy: complications and role of home care in a developing country. Sadaf Zia, Mohammad Arshad, Zafar Nazir and Sohail Awan. Pediatr Surg. Int.

Urology

1. Assessment, surgeon, and society John Norcini, Jamsheer Talati. International Journal of Surgery (2009) 1-5.
2. Predictors of Lymph node involvement in bladder cancer treated with radical cystectomy Zaheer Alam, Muhammad Hammad Ather, Anila Jamshaid, Khurram Muhammad Siddiqui, Muhammad Nasir Sulaiman. J Pak Med Assoc Vol 59, No. 8, August 2009.
3. Predicting Recurrence and Progression in Non-Muscle-Invasive Bladder Cancer Using European Organization of Research and Treatment of Cancer Risk Tables M Hammad Ather, Masooma Zaidi. Urology Journal Vol 6 No 3 Summer 189- 93, 2009.
4. Impact of Charlson's comorbidity index on overall survival following tumor nephrectomy for renal cell carcinoma M. Hammad Ather & Syed M. Nazim Int Urol Nephrol DOI 10.1007/s11255-009-9636-8
5. Does Ureteral Stenting prior to Shock Wave Lithotripsy Influence the Need for Intervention in Steinstrasse and Related Complications? M.H. Ather B. Shrestha A. Mehmood. Urologia Internationalis 2009;83:222-225.
6. Impact of dose reduction on CT detection of urolithiasis M. Hammad Ather, Wasim A. Memon Nature Reviews – Urology October 2009 Volume 6.

7. Stones: Impact of dose reduction on CT detection of urolithiasis Ather MH, Memon WA. Nat Rev Urol 2009 Oct;6(10);526-7.
8. Predictors of Lymph node involvement in bladder cancer treated with radical cystectomy Alam Z, Ather MH, Jamshaid A, Siddiqui KM, Sulaiman MN J Pak Med Assoc: 2009 Aug 59(8)516-9.
9. Does ureteral prior to shock wave lithotripsy influence the need for intervention in steinstrasse and related complication, Ather MH, Shreshtha B, Mehmood A Urol Int. 2009;83(2):222-5, Epub 2009 Sep 10.
10. Inversion, hydration and diuresis during extracorporeal shock wave lithotripsy; does it improve the stone free rate for lower pole stone clearance. Urol Int 2009;83(2);211-6 Epub 2009 Sep 10.
11. The Ultimate Challenge? Higher Education for Adapting to Change and Participating in Managing Change Christobal F, Engel CE, Talati J, Fortunato Christobal, Charles Engel, 2009.



Medical Crosswords - Surgery 1 - Answers

Across	Down
1 appendicectomy	1 arthrodesis
7 hysterectomy	2 mentoplasty
10 colostomy	3 lancet
11 haemostat	4 mastectomy
13 heart transplant	5 dermatome
15 radiosurgery	6 forceps
16 tonsillectomy	8 sutures
17 amputation	9 lobotomy
	12 cannula
	14 graft