





# EXCELLENCE IN LAPAROSCOPY







### SINGLE SITTING LAPAROSCOPIC SLEEVE GASTRECTOMY + LAPAROSCOPIC CHOLECYSTECTOMY

A 28 year old male presented to RG Stone Hopsital, East Of Kailash with complaints of pain in the right upper abdomen associated with nausea and dyspepsia. He was also found to be \*morbidly obese with a BMI of 43.1kg/m<sup>2</sup>.

On further investigations USG revealed a solitary large Gallstone- Cholelithiasis and Grade II fatty liver and hepato-spleenomegaly.

Our team of doctors comprising of Dr Rajat Goel and Dr. Sandeep Yadu planned for Laparoscopic Sleeve Gastrectomy + Laparoscopic Cholecystectomy under G.A.

Intra operatively bulky liver was seen with moderate adhesions and a large stomach fundus. A single large gall stone measuring 1.9cm\* in a distended gall bladder with adhesions at calots.

During the procedure GB lifted off the liver bed and extracted from epigastric port after emptying it. Hemostasis achieved. Gastrolysis done 4mm from pylorus to angle of his. Resected stomach removed from the umbilical port

Total Duration of Surgery was-1 Hour 20 Minutes.

Post operatively the patient was observed closely, input and output charting was done 2 hourly and abdominal girth charting was done 4 hourly.

The Patient responded well to the treatment and was thereafter discharged within 48 hours in a stable and satisfactory condition.



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### 3 YEAR OLD UNDERWENT CYSTOSCOPY & RIGHT SIDED MINIPERC FOR A 15MM RENAL PELVIC CALCULUS

An international 3 year old male child presented to RG Stone Gagan Vihar with complaints of right abdominal pain for the past 3 months.

On further investigations USG KUB relvealed a Renal Pelvic calculus of 15mm size Our team of doctors comprising of Dr. Manoj Jain and Dr. Nitin Sharma planned for Cystoscopy with Right miniperc and DJ stenting under GA.

Intraoperatively Cystoscopy was done using a 4.5/6.5 Fr ureteroscope. RGP showed stone in renal pelvis. 30 degree right infracostal, posterior/inferior calyceal puncture done, tract serially dilated with AlKen's dilator upto 15Fr with miniperc (15Fr) sheath deployed. 100% clearance obtained under C arm guidance.

Patient withstood the procedure well and PCN was removed on the first post operative day and he was thereafter discharged on the 2nd post operative day in a stable and satisfactory condition.

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# EXCELLENCE IN GYNECOLOGY







## LEFT OOPHORECTOMY WITH SALPINGECTOMY FOR TORSION OF OVARIAN CYST / HEMATOSALPINX



A 30 year old female presented to RG Stone Hospital, Gagan Vihar with complaints of left flank pain radiating to the left groin for one week.

On further investigation CT scan revealed a Large ovarian cyst abutting a bulky left ovary with fluid in the pouch of douglas.

Our team of doctors comprising of Dr. Kumkum Jain and Dr. Nitin Sharma planned for Left Oophorectomy with Salpingectomy under G.A. Intraoperative findings showed a left sided adnexal mass ( torsion of ovarian cyst/heamtosalpinx). The left sided adnexal mass separated from surrounding structure. Mass removed after pulling from peritoneal wall.

Peritorieal wash done and drain placed in situ. The patient responded well to the treatment, she was dischdrged on the 2nd post operative day after drain removal in a stable and satisfactory condition

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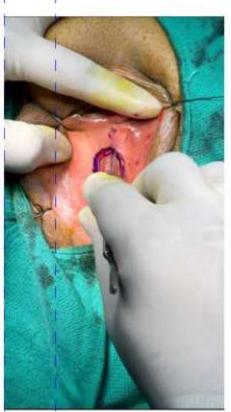
## **EXCELLENCE IN MINIMALLY INVASIVE** SURGERY







## 65 Y/O FEMALE UNDERWENT CPE+ BUCCAL MUCOSAL GRAFT URETHEROPLASTY FOR RECURRING URETHRAL STRICTURE



A 65 Year old female presented to RG Hospital Ludhiana with complaints of difficulty passing urine. She had been having complaints of recurring urethral stricture and urinary infections for the past 10 years for which she had been undergoing regular dilatation. She was a known case of Hypertension and Diabetes.

On further investigations a distal urethral stricture was seen. USG was suggestive of cystitis. Urine C/S - E.Coli present.

Our team of doctors comprising of Dr. Punit Bansal and Dr. Sandeep Singh planned for Cystoscopy + Buccal Mucosal Urethroplasty under GA and SA.

Intraoperatively, uretheroscopy was done and the urethra was raised, Mid uretheral stricture was seen, peri urethral incison given and urethra was mobilized. Dorsal uretherotomy was done, buccal harvested from left cheek and buccal mucosa fixed. Silicon Foleys was

placed and the wound was closed. Patient responded well to the treatment and was discharged on the 4th post operative day. Foleys catheter was removed after 21 days. Patient will not require any regular calibration until 1 year post surgery.

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## **EXCELLENCE IN** UROLOGY







### CPE + HOLEP FOR A PROSTATE MEASURING 75X77X76 MM VOL 234CC

A 63 year old male presented to RG Stone Hospital, Pitampura with complaints of LUTS for the past 2 years. He also had history of hypertension.

On further examination USG revealed a prostate measuring 75x77x76 mm with vol 234cc.

Our team of doctors comprising of Dr. S.N Goel and Dr. Prerit Mathur planned for CPE + HOLEP under Epidural Anesthesia.

Intra Operative findings showed trilobar enlargement of the prostate. Grade II trabeculation/sacculation of the bladder, and bulbar urtheral stricture.\* CPE was done, guide wire placed in the bladder, OIU done (12 o clock incision taken) Urethral dilatation done upto 26 Fr. HOLEP done with two lobe technique by lumenis laser at 100 watts with 550 micron fiber. Tissue morcellatedand retrieved.Complete Hemostasis ensured.20 Fr three way foley's catheter placed and N\$ irrigation placed. Outflow clear. Tissue sent for biopsy.

Surgery was accomplished in a single sitting with no blood transfusion and negligible blood loss. Preoperative Hb- 13.4gm/dl. Post operative Hb-12.9gm/dl. Preoperative uroflow- 5.2/2.9/104 and post operative uroflow -34.3/15.6/214.

Patient was discharged on the 5th post op day in a stable and satisfactory condition.



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# EXCELLENCE IN GYNECOLOGY







### TENSION FREE VAGINAL SLING PROCEDURE IN A 75 YEAR OLD FEMALE WITH SEVERE STRESS INCONTINENCE

A 75 yr old female presented to RG Stone Hospital, East of Kailash with complaints of severe urinary stress incontinence.

Our team of Doctors comprising of Dr. Manish Singla and Dr. Sandeep Yadu planned for CPE+ Trans Waginal Tape Procedure under Spinal Anesthesia.

Intraoperatively a Mid Urethral incision was given 1.5cm proximal to the external meatus on anterior vaginal wall. B/L space was created with the help of scissors. Tension Free Vaginal Tape abrevio mesh placed. Wound was closed in layers and vaginal pack was placed.

The patient responded well to the treatment and was fully continent after the procedure and discharged the next day of surgery.

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# BARIATRIC SUPPORT GROUP MEETING





















#### HIGHLIGHTS OF THE EVENT







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# LIVE SESSION







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G Hospitals	RG Urology & Laparo	copy Hospital	WWW.rghospitals.co











## OUR CENTERS-

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F-12, East of Kailash, New Delhi-110065 Ph.: 011-71056000

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#### KHAR, MUMBAI

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### **OUR SPECIALITIES**

#### UROLOGY

- Urinary / Kidney Stone
- Enlarged Prostate (BPH)
- Ureteric Stricture
- Urethral Stricture
- Erectile Dysfunction
- Male Infertility

#### GYNAECOLOGY

- Uterine Fibroids
- Uterus Prolapse
- Ovarian Cysts
- Endometriosis
- Ectopic Pregnancy
- Female Infertility
- Sterilization
- Cosmetic Gynaecology

#### FEMALE UROLOGY

- Female Urinary Incontinence
- Vesico Vaginal Fistula
- Overactive Bladder
- Post Delivery Urinary Problems
- Interstitial Cystitis
- Voiding Difficulty
- Urinary Tract Infections
- Painful Bladder Syndrome
- Neurogenic Bladder
- Female Sexual Dysfunction

#### UROLOGICAL MALIGNANCIES

- Kidney Cancer
- Prostate Cancer
- **Urinary Bladder Cancer**

### BARIATRIC SURGERY

- Obesity/Metabolic Syndrome
- Uncontrolled Diabetes

#### MINIMALLY **INVASIVE SURGERY**

- Gall Bladder Stone
- Hernia Repair
- Appendicitis
- Piles

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