# Arindam Ghosh

## M.B.B.S, M.S, M.Ch, FACS

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## CONSULTANT GASTROINTESTINAL AND GENERAL SURGEON

## PRESENT POSITION: FAKEEH UNIVERSITY AND HOSPITAL

IMMEDIATE PAST DESIGNATION: MEDEOR HOSPITAL DUBAI, BURJEEL SPECIALITY HOSPITAL. DUBAI, BURJEEL HOSPITAL. SHARJAH
CONSULTANT GASTROINTESTINAL SURGEON SAUDI GERMAN HOSPITAL 30TH OCT 2018 TILL 28th
JANUARY 2022.

# SPECIFIC ACHIEVEMENTS IN SURGICAL GASTROENTEROLOGY AS PRACTISING SURGEON & CONSULTANT

- 1.Established First G.I Surgery unit in Northern India in Dayanand Medical College & Hospital, Ludhiana in 1998 recognised to Punjab University.
- 2. Three hundred plus Whipple's operation with 2 operative mortalities in consecutive 110 cases.
- 3. Fifteen hundred plus Colorectal resections with 2% mortality; one mortality in the last 5 years.
- 4. Very low(5 only) re-stricture in more than 150 Cases of biliary injury repair (Roux-en-Y Hepaticojejunostomy)
- 5. Twenty four primary Roux-en-Y hepaticojejunostomy as the Surgeon called on site.
- 6. Amongst the first to do laparoscopic IPAA.
- 8.Less than 10% mortality in 2 field lymphadenectomy in Lewis-Tanner Esophagectomies. *More than 150 ESOPHAGECTOMIES*.
- 9. Evolved Laparoscopic Operations for all routine& complicated G.I Surgical procedures:
- (a) Routine Laparoscopic Colectomy.
- (b) Selected Laparoscopic removal of rectalcancer (Lap. TME) perforation & obstructions.
- (c) Laparoscopic approach to viscus
- (e) Laparoscopic Stricture plasty (f) 'Zero'

Conversion with 'Zero' biliary injury in

Laparoscopic Cholecystectomy. with H-J.

(g) Total Laparoscopic excisionof Choledochal cyst

10.UGI procedures are mainly Laparoscopic now:

- (a)Floppy Nissen's / Toupet fundoplication
- (b) Heller-DorforAchalasia.
- (c) Large para esophageal hernia
- (d) Selected cases of laparoscopic/ thoracoscopic esophagectomy.
- 11.Laparoscopic TV & Gastrojejunostomy. Laparoscopic removal of GIST Stomach+- HALS. Laparoscopic redo GJ Laparoscopic Simple gastrectomy/wedge resections Laparoscopic thoracoscopic esophagectomy
- 12. Laparoscopic procedures on pancreas/ spleen
- (a) Pancreatic abscessdrainage.
- (b) Cystogastrostomy.
- (c) Roux-ex-Y cystojejunostomy.
- (d) Normal size, Large & very large splenectomies.
- (e) Laparoscopic Distalpancreatosplenectomy.
- (f) MIRP, Laparoscopic transabdominal pancreatic necrosectomy with drainage.
- 13. Laparoscopic excision& enucleation of liver cyst/ hydatid cyst & liver abscess drainage. Laparoscopic left lobectomy. Laparoscopic Excision of CHOLEDOCHAL CYST WITH HEP-J...
- 14. PIONEERED & ESTABLISHED BARIATRIC SURGERY PROGRAMME IN SPS APOLLO HOSPITAL SINCE 2005 Regularly doing Laparoscopic SleeveGastrectomy & GastricBypass
  15.ENDOSCOPY AND COLONOSCOPY

# SUCCESSFULLY COMPLETED 1500+ BARIATRIC SURGERIES WITHOUT ANY MORTALITY LICENCED FOR LIVER TRANSPLANT SURGERY Did first successful living donar liver transplant in North Indiain July 2016. CERTIFIED ROBOTIC SURGEON PIONEER IN MENA.

## **CONFERENCE ACTIVITY**

- 1. Presented 5 Papers in American College Of Surgeons UAE Chapter Sep 2019
- Video of Conservative Radical Left Colectomy After Stenting (SLAP) 12 Sep.2019 14.50-15.00hr Pancreatic Necroses With Duodenal Erosion – An Innovative Approach.13 Sep,2019.08.40-08.55hr
- Laparoscopic Papillasparing Excision of periampullary Gist.13Sep 2019.11.15-11.30hr
- Radical Transverse Colectomy For Cancer Transverse Colon 13 Sep,2019.14.30.14.45hr
- Video of Right Hepatectomy For The Bile Duct Cancer.13 Sep,2019 15.20-15.35hr
- 2. Video presentation of Laparoscopic RPC with ileal pouch anal anastomosis in Indian Association of Gastrointestinal and Endoscopic Surgeons (IAGES) Annual conference 2004 in LUDHIANA, Punjab, India.
- 3. Video presentation in IASG (IndianAssociation of Surgical Gastroenterologists) 2009 in MUMBAI,
- (a) Laparoscopic cardiomyotomy for Achalasia
- (b) Laparoscopic Right Hemicolectomy for Benignileocecal disease.
- 4.Video presentation in Surgical Technique & update 2009 in PGI Chandigarh on (a)Laparoscopic Anterior Resection (b)

Laparoscopic Left Hemicolectomy.

- 5. Chaired a session of "Antireflex Surgery" in IASG'03 Bhopal (Speaker / Surgeon: Dr. Pradip Chowbey)
- 6.. Chaired a session of "Corrosive Stricture of pharyngoesophagus" (SpeakerDr. Chandramohan) in IASG'03 Bhopal.
- 7. Chaired a session of Whipple's operation by Dr.H. Ramesh.In Kochi IASG2004.
- 8. Presented free papers in single Theme conference in PGI Chandigarh on 'Pancreas' in 2000 as:
- Surgery for Acute Severe necrotizing pancreatitis.
- · Managing Bleeding in acute pancreatitis.
- · Management options for acute pancreatitis.
- 9.Guest speaker in Annual Conference of Northern Chapter ASI (NC ASI Con) in 1999 at SHIMLAOn Surgery for acute necrotizing pancreatitis.
- 10 Guest speaker in Annual Conference of (NC-ASI) Ludhiana in 1998.on acute pancreatitis
- 11 Guest speaker in NC- ASI 1999 Bhatinda CME Surgery for acute necrotizing pancreatitis.
- 12 Presented Numerous Lectures and panel discussions in different IMA meetings & other throughout Punjab.
- (i)Horizons of G.I Surgery (Jallandhar 1999)
- (ii) Acute pancreatitis (Jallandhar 2000, Sangrur)
- (iii) Surgical obstructive jaundice (Amritsar)
- (iv) Surgery for colorectal cancer(D.M.C Hospital, Ludhiana2001) (v) Bariatric & Metabolic Surgery (Moga, Patiala,Amritsar, Ludhiana) (vi) Benign biliary stricture (Ludhiana).
- (vii) Biliary injury Q & A (Ludhiana)
- (viii) Nutrition in surgical care (Ludhiana)
- (ix) Video sessionsof advanced Laparoscopic digestive surgery (Ludhiana, Malerkotla, Hoshiarpur)
- 13. Guest lecture(nov.2011):Faridkot Medical College:::Management of Pancreatoduodenal Trauma.

- 14. Invited Lecture on 1)Amazing Appendix, 2) Ileal Pouch.....Video presentations in Amescon 2012 Dubai.
- 15. Only Surgical panelist in fourth CCF Conference (Chrons and Colites Foundation) on Ulcerative Colites and Chrons Disease Clinical cases in Delhi on oct 2012.
- 16. Chairperson in Cadaveric Liver Transplantation in Apollo Delhi on Oct 2012.

Moderator of Panel Discussion on Live Donar Liver Transplantation in Ludhiana 27 april 2013

# **PUBLICATIONS**

- 1.Kishor S, Singh H,Ghosh A,KumarA,Indian Journal of Surgery 2020) Predictors of leak after colorectal anastamoses:a Case SeriesAnalysis.
- 2.Khan U,Ghosh A.European Journal Of Pharmaceutical And Medical Research. EJPMR,2019;6(7):281-283.Analysis of obesity among middle aged women as a risk factor for type-2 diabetes mellitus.
- 3. Khan U, Ghosh A. World Journal Of Pharmacy And Pharmaceutical Sciences WJPPS,2019;8(8): Influence of mini gastricbypass surgery on resolution of type II Diabetes Mellitusand % excess weight loss(EWL).
- 4. Khan U, Ghosh A. World journal of advace healthcare researchWJAHR, 2019; 3(4):155-157 Computer automated analysis of Esophageal 24-hr Impedance PH studies.
- 5. Khan U, Ghosh A,Promod J IJRR,2019;6(12):80-84 Change in lipid profile in pre and post bariatric patient.
- 6.Khan U, Ghosh A. IJMHR,2020;6(2):61-64

Nutritional deficiency 1 year post OAGB among the patients:a comparative study. International journal of medical and health research

- 7.Khan U, Ghosh A, IJSR, 2020;9(7):1-2
- Analysis of serum cholesterol levels and its association with bmi and with wc in young adults
- 8.Somani SK, Ghosh A, Goyal R, Avasthi G,Gupta P, DigestiveEndoscopy 201;22, 107-111 Healing of solitary rectalulcers with multiple sessions of argon plasma coagulation.
- 9. Somani SK, Verma N, Ghosh A, Goyal R- Accepted for publication in G,I Endoscopy High pharyngoesophageal stricture after Laryngo pharyngectomy can also be treated by self expandable plasticstent.
- 10.Somani SK, Ghosh A, Avasthi G, Clinical journal of Gastroenterology 2009, 2:39-42 Severe AcutePancreatitis with Pseudocyst bleeds due to hepatitis & virus infection.
- 11. Somani SK, Ghosh A, Avasthi G. Tropical Gastroenterology 2009, 30(3): 149-150. Endoscopic removal of a coin impacted at the ileocecalvalve with small bowel obstruction.
- 12.Ghosh A & Chaudhary A.

Management of corrosive injuries of the upper Gastrointestinal Tract. Indian Journal of Burns, Vol.4No.1, P5:1996.

- 13.Disha Syal1, Arindam Ghosh Pancreatic Body Fracturedoes not Necessarily Imply Loss of Ductal IntegrityFollowing Blunt TraumaAbdomen —A Rare Image
- Surgical Science, 2011,2, 246-247 doi:10.4236/ss.2011.25054 Published Online July 2011 (http://www.scirp.org/journal/ss) Copyright © 2011 scires.
- 14. Hussain D, Aneez A, Ahmadl, Haider G, Kumar A and Ghosh A More than a Clinical Diagnosis: Meckel's Diverticulum with Inflammatory Polyp and Adenomyomatosis of Gallbladder

## ALL SURGERIES FOR THE LAST 25 YEARS ARE INDEPENDENT IN THE CAPACITY OF A CONSULTANT (1st May 1998 till date)

#### **HEPATOBILIARY:**

 Laparoscopic Cholecystectomy : Above 4000 cases.

 Liver Resections Right / Left / Wedge : 50 cases. Liver Hydatid : 56 cases

Biliary Stricture(roux en Y left duct)

Hepatico jejunostomy: 174 cases

Radical Resection of Hilar Cholangio: 12 cases

• Liver Abscess(Lap. / Open): 84 cases

• Primary BiliaryInjury Repair On Site: 21 cases

Bilioenteric Bypasses (Choledochoduodenostomy, Choledochojejunostomy with or without Access Loop): 150 cases

• Laparoscopic CBD Exploration : 52 cases

 Excision of Choledochal Cyst : 55 cases Laparoscopic Excision : 12 cases

### PANCREATIC:

 Whipple's Resection : 351 + cases

• Left Pancreatectomy; Including Spleen : 58 cases Preserving; and ModularPancreatectomy

 Frey's Operation : 54 cases

 Partington – Rochelle LPJ : 51 cases

 Necrosectomy (Lap. / Open) : 251 cases • Pancreatic AbscessDrainage (Lap. / Open): 121 cases

 Laparoscopic Cystogastrostomy : 54 cases · Laparoscopic Roux-en-y Cystojejunostomy: 12 cases

#### COLORECTAL:

Laparoscopic Colectomy : 102 cases (Right / Left / Total subtotal)

Total Colorectal Resections: 1200 + cases

TME (Open / Lap.): 152 cases

Ileo – Anal Pouch Procedure: 127 cases

Pull Through (Duhamel's) Open / Lap.: 14 cases

Multiorgan Resection In Cancer Colon: 52 cases (Gastrectomy, Pancreatectomy Small Bowel, Whipple'setc.)

Pelvic Exenteration: 9 cases

## ESOPHAGUS AND STOMACH:

• Esophagectomy For CancerEsophagus : 200 +cases

 Laparoscopic Fundoplication : 64 cases

• Gastrectomy - Radical(D2-3): 84 cases

Simple (For ulcer and others): 52 cases

 Lap. Heller – DOR for AchalasiaCardia : 24 cases

• Esophagocoloplasty (In Corrosive Stricture): 21 cases

## BARIATRIC SURGERY:1500 + procedures done

- · Laparoscopic GastricBypass
- Laparoscopic SleeveGastrectomy
- · Mini gastric bypass

# **EDUCATION**

- 1. Madhyamik Exam Jadavpur Vidyapith : English, Bengali, Mathematics, Physical, Science, LifeScience, History & Geography.
- 2. Higher Secondary Exam (12thStd) 1984 St. Xavier's College Calcutta: Physics, Chemistry, Mathematics, English, Bengali, Biology

## **Entrance into Medical Course 1984**

## MEDICAL QUALIFICATION

- 1. MBBS (1984-1989). R.G Kar Medical C & H. Calcutta, Culcutta University
- 2. Master of Surgery (1992-1994) M.S (Gen. Surgery): Govt. Medical College Jabalpur Rani Durgavati Vishavidyala, Jabalpur M.P.
- 3. Master of Chirurgery M.Ch. (Surgical Gastroenterology). 1995-1997 Cont. : G.B Pant Hospital New Dehli University of Delhi

Dissertation In MS :-Pediatric Head Injury- A clinical X-ray& CT Scan Prospective Study
Dissertation In M Ch. :- Experience of Isolated Roux Limb Pancreaticojejunostomy In whipple's
Pancreatoduodenectomy

## Post Registration

- Resident Housemanship in General Surgery in R.Gkar M C &H, Calcutta: Aug '90 Nov '91 &Feb '92 May '92 (20 Months)
- Resident Post-Graduate Trainee M.S. (General Surgery)In Govt. MedicalCollege Jabalpur: June '92 June '94, (24 Months) Jabalpur,M.P.
- In G.B Pant Hospital, New Delhi Senior Resident(M.Ch) Surgical Gastroenterology: July 1995 April1998
- As a Consultant & Practicing G.I Surgeon, D.M.C.H, Ludhiana: May 1998 May 2001
- As a Consultant & Practicing G.I Surgeon, & Kidney Lifeline Hospital, Jallandhar: May 2001 to March 2005 Deepak Hospital
- Senior Consultant S.P.S Apollo Hospital, since 2005 till28th Sep 2018 Ludhiana
- SAUDI GERMAN HOSPITAL, DUBAI, 30TH Sep 2018 till date

## TEACHING EXPERIENCE

- As senior House man in General Surgery regularly taught the under -graduates-clinical & demonstration of Operations.
- As P.G. traineeM.S. (Gen-Surgery)- Intensive teaching programme for the undergraduates and junior. P.G. trainee programme for junior P.G. trainee- Instruments, Skiagrams, operative surgery demonstrations and theoretical steps, specimens, cases, clinical:for 2 years.
- As Asst. Prof and Divisional Head G.I. Surgery-D.M.C & H Ludhiana:- Teaching& demonstration of M.B.B.S & Post graduate(M.S.) trainee.

## DETAILS OF WORK EXPERIENCE

### I. ROTATING HOUSEMAN (INTERNIST): 12 Months

Rotating through different departments with responsibilities for both inpatients & outpatients. Performed and acquired proficiency in basic patient management procedure (e.g. venepunctures, venesections, cannulations, nasogastric and endotracheal intubations, urethral catheterisation; lumbar puncture, dressing, CPR etc.)

II.RESIDENT HOUSE SURGEON: 20 Months

Surgical OPD's Patient's screening, independent Diagnostics and Investigation advices, preparation of the patients for the operations', assisted in most major surgeries, performed both emergency and elective Operation/under supervision, cardiothoracic and neurosurgical experience of minor procedures, assistance of major closed cardiac thoracic, lung, esophagus, brain,skull, spinal cord operations, Anorectalcases, Hernia, laparotomies, appendicectomies, resection and anastomoses of gut: breast& parietal lump excision; different biopsies, trauma case with debridement and excision: perforated peptic ulcers; Sigmoidoscopy; surgery for sepsis in ward management of complications e.g. G.I Fistula etc.

III.RESIDENT POST GRADUATE TRAINEE: 24 Months

#### **Independent Operations**

Appendectomy, different hernioraphies and emergency scrotal swellings, tumors, amputations(AK, below knee, AE, BE, foot, syme's etc); colostomies, breast lumps, simple mastectomy, sarcoma excision; skin grafting, trauma, emergency thoracic injuries- ICTD, Thoracotomy, partial and total penectomies with inguinal block dissection.

Exploratory laparotomy in various situations; peptic perforations; appendix & ileal perforations; intestinal obstruction and strangulation, resection and anastomosis, adhesiolysis; liver abscesses, subphrenic abscesses, a few open choecystectomies; in emergency splenectomy, jejunostomy; treatment of abdominal TB. Extradural decompression of EDH, prostatectomy; Total Mastectomy.

## SUPERVISED OPERATIONS

Emergency and elective (TV) vagotomy gastrojejunostomy/pyloroplasty; cholecystectomycholedocholithotomy cystogastrostomy choledocho-duodenostomy; sphincterotomy; Duodenostomy; splenectomy; Right & Left hemicolectomy Lumbar & Cervical sympathectomies; Modified radical Mastectomy; pediatric low Anorectal malformations; cut back colostomy, omphalocele; intestinal obstruction, meningoccele, cystic hygromaetc. (Under pediatric Surgeon's Supervision)

Depressed fracture, brain abscess, subduralhematoma (under neurosurgeon's supervision)

#### **ASSITED IN:-**

Abdominoperineal resection; gastrectomies; pancreatectomies; highly selective vagotomies, plastic reconstruction of orofacial deformity following excision of cancers, parotidectomy; radical cystoplasy (In TB cases); different urinary diversion; Urethoplasties, Esophagectomy; Hiatal hernia; pediatric and neurosurgical major operations.

## As a Senior Resident(M Ch.) in Surgical Gastroenterology (3 years): -

Assisted & performed supervised & independent All Gastrointestinal, colorectal Hepatobiliary & pancreatic operations; A fewLaparoscopic procedures, Thoracoscopic Esophagealprocedures.

### **EXAMPLES OF PROCEDURES:-**

- ESOPHAGUS: Esophagocoloplasty, ThoracicCardiomyotomy; Nissen's/ Toupet's; Diverticulectomy, Mckewon's/ Lewis-Tanner Esophagectomy, 2 fieldlymphadenectomy etc.
- STOMACH: TV + GJ; HSV, Partial Gastrectomy Radical (D2-3) Gastrectomies with & without pouch.
- HEPATOBILARY: Laparoscopic cholecystectomy, CBD Exploration, Repair of Benign biliary stricture by Rouxeny
  Hepaticojejunostomy, Resection of cholangiocarcinomas, Liver Resection- R + & Left Hepar as well trisegmentectomies, extended
  Radicalcholecystectomy.
- PANCREAS: Necrosectomy, Distal pancreatectomy Whipple's operation, Partington Rochelle's procedure
- COLORECTAL: Colectomy & Contiguous organ resection for cancer colon. Total Mesorectal ExcisionPelvic Exenteration Ileoanal pouch procedure& other U.C. Surgery, transanalcoloanal Anastomosis. Laparoscopic Rectopexy