

Arindam Ghosh

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CONSULTANT GASTROINTESTINAL AND GENERAL SURGEON

PRESENT POSITION: EMIRATES SPECIALITY HOSPITAL, EMIRATES HOSPITAL JUMEIRAH, ASTER HOSPITAL
FAKEEH UNIVERSITY HOSPITAL AND NMC ROYAL HOSPITAL SHARJAH

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 rectal cancer (Lap. TME)
perforation & obstructions.

(c) Laparoscopic approach to viscus

(d) Laparoscopic resection & anastomosis of small bowel.

(e) Laparoscopic Stricture plasty (f) 'Zero'

Conversion with 'Zero' biliary injury in

Laparoscopic Cholecystectomy.

(g) Total Laparoscopic excision of Choledochal cyst

with H-J.

10. UGI procedures are mainly Laparoscopic now:

- (a) Floppy Nissen's / Toupet fundoplication
- (b) Heller-Dor for Achalasia.
- (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 abscess drainage.
- (b) Cystogastrostomy.
- (c) Roux-ex-Y cystojejunostomy.
- (d) Normal size, Large & very large splenectomies.
- (e) Laparoscopic Distal pancreateosplenectomy.
- (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 Sleeve Gastrectomy & Gastric Bypass

15. ENDOSCOPY AND COLONOSCOPY

**SUCCESSFULLY COMPLETED 1500+ BARIATRIC SURGERIES
WITHOUT ANY MORTALITY
LICENCED FOR LIVER TRANSPLANT SURGERY
Did first successful living donor liver transplant in North India in
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 (Jalandhar 1999)
 - (ii) Acute pancreatitis (Jalandhar 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, Kumar A, Indian Journal of Surgery 2020) Predictors of leak after colorectal anastomoses: a Case Series Analysis.

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 gastric bypass surgery on resolution of type II Diabetes Mellitus and % excess weight loss (EWL).

4. Khan U, Ghosh A. World journal of advance healthcare research WJAHR, 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, Digestive Endoscopy 201; 22, 107-111
Healing of solitary rectal ulcers 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 plastic stent.

10. Somani SK, Ghosh A, Avasthi G, Clinical journal of Gastroenterology 2009, 2: 39-42 Severe Acute Pancreatitis 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 ileocecal valve with small bowel obstruction.

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

13. Disha Syal, Arindam Ghosh Pancreatic Body Fracture does not Necessarily Imply Loss of Ductal Integrity Following Blunt Trauma Abdomen – 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, Ahmad I, 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)

HEPATOBIILIARY:

- 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, Life Science, History & Geography.
2. Higher Secondary Exam (12th Std) 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 , Calcutta University
2. Master of Surgery (1992-1994) M.S (Gen. Surgery): Govt. Medical College Jabalpur Rani Durgavati Vishavidyalaya, Jabalpur M.P.
3. Master of Chirurgery M.Ch. (Surgical Gastroenterology). 1995-1997 Cont. : G.B Pant Hospital New Delhi 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. Medical College 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 – April 1998
- 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, Jalandhar: May 2001 to March 2005 Deepak Hospital
- Senior Consultant S.P.S Apollo Hospital, since 2005 till 28th 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. trainee M.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/pylorop lasty; cholecystectomycholedocholithotomy cystogastrostomy choledochoduodenostomy; sphincterotomy; Duodenostomy; splenectomy; Right & Left hemicolectomy Lumbar & Cervical sympathectomies; Modified radical Mastectomy; pediatric low Anorectal malformations; cut back colostomy, omphalocele; intestinal obstruction, meningocoele, cystic hygromaetc. (Under pediatric Surgeon'sSupervision)
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 cystoplasmy (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