

The Journey of the Ganga Micro Lab....

Reaching the Milestone of 1000 trainees in the Microsurgery Course.

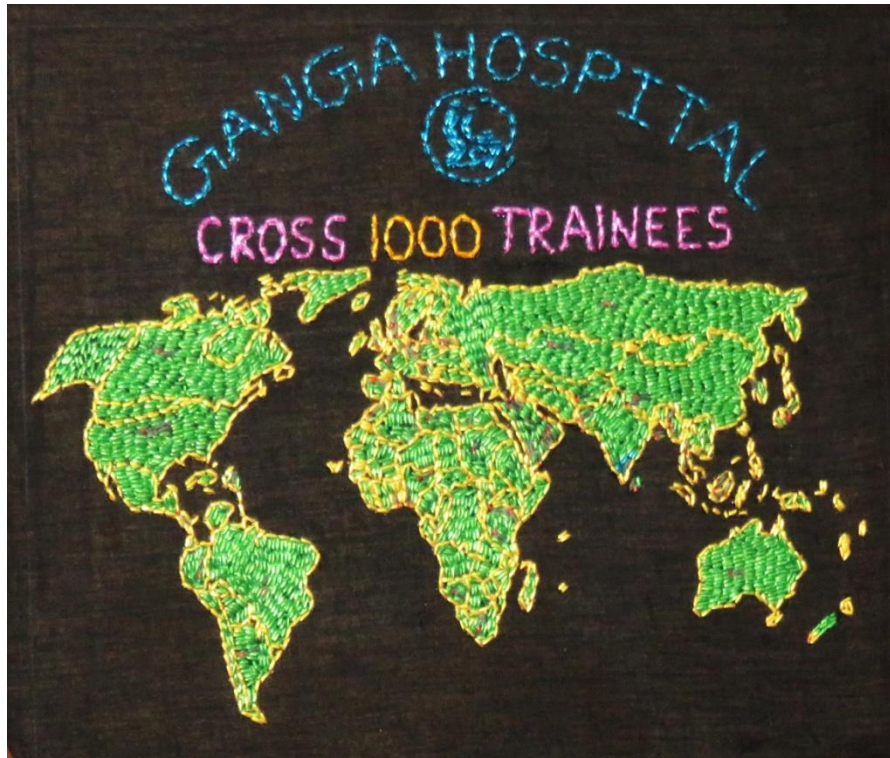
At Ganga Hospital, the microsurgery course in the week beginning Monday, the 19th Feb 2018, was special. The **1000th trainee** milestone was to be crossed. It was a proud moment for every member of the Department of Plastic Surgery, the institution and the speciality itself because the trainees have come from **61 countries**, a unique feat for any institution in any speciality in the country (**434** international trainees from **61** countries and **568** from **127** cities of India). Starting from the first trainee to the present one, we have the remarks of **every one of them** in the lab register and the visitor's notebook. Now the entries are very interesting to read. It is gratifying to note that many trainees are very accomplished and renowned microsurgeons now.

The course starting on the 19th Feb 2018 was also truly international. There were 2 trainees from Uganda, one from India and one from Togo. Before the start the number stood at 998. To decide the person who would mark the 1000th trainee, we decided to request our Chairman. Dr J G Shanmuganathan to pick the lots. 999th was from Uganda, and interestingly he picked the name of Dr Shenol from India (Trivandrum) for the honour, 1001 being from Uganda and 1002 was from Togo. All were presented with a copy of Acland's Practice Manual of Microvascular Surgery.



Picture marking the landmark course - Dr Dr Shenol Sasankan from Trivandrum holding the 1000th trainee board flanked by Mrs and Dr JG Shanmuganathan. Dr Cornelius Masambu (Uganda), Dr Naomi Leah Kekisa (Uganda), Dr Komla Sena Amoutou (Togo), the other trainees hold the Acland Practice Manual.

On knowing the news of the event, a grateful patient had made the map of the world with rice grains and had written the names of all the countries in their location on a rice grain. It was a nice to view them under the microscope – all the 61 names in their places.



The World Map made of rice. One rice grain in each countries location has its name painted on it to be seen under the microscope! Done by a grateful patient.

When we inaugurated the lab on 14th May 2000, did we think we will reach this stage? The honest answer is NO. In fact, that was not in our mind at all. We were passionate to set up the microsurgery training lab and run it just for the love of it. No one can foresee the future. But it is possible to look back. Occasions like these are good to do that. . I find it good, because it personally helps you to carry on, fuels us to take up projects that are needed but considered difficult or impossible. Following is the story of the Ganga Microsurgery lab.

In the early nineteen eighties, reconstructive microsurgery was becoming popular. It was being done in major institutions like Stanley Medical College, Chennai, Christian Medical College, Ludhiana and few centres in Mumbai. Learning was through assisting the senior surgeon. Some centres had lab microscopes, but it was not open for all or non-institutional members, and there were no structured courses. When I joined to the Stoke Mandeville Hospital, UK, I had the opportunity to be sponsored to take the week long microsurgery course at the Northwick Park Hospital. Before I took the course, Mr Bruce Bailey told me 'Raja, Bob (Dr Robert Acland) had given me a set of tapes for microsurgical training. It is lying there in my room and sparsely used. They are good. Maybe you should see them before you go for the course'. I saw them in the evenings after work and found it very stimulating. In the Northwick park course which was well run by Dr Colin Green, the trainer Ms Sandra Simpkins used to demonstrate an anastomosis, the trainees used to see it on the television screen and do it. She was superb. Myself having also seen the Acland tapes did much better than most. I also realised that however good the trainer, it is not possible to show all that is needed to do an anastomosis during the demonstration of one anastomosis.

Fortune led me to Louisville, essentially sponsored by Bruce Bailey. There I had the opportunity to do the week long micro course in Acland's lab. It was thrilling. I was convinced that it was the way

India had to be trained. But there were problems. The tapes were expensive. With the meagre savings of the fellowship, two months before completion I bought the set of 7 tapes. I was so thrilled to carry them home. Those were the days of big video tapes.



The tapes. Many of the present generation might not have seen such big tapes!

Frank Allen who ran the lab told me that I was the first fellow ever to buy the tapes. My excitement on owning the tapes did not last long. A co-fellow told me that I would have problems in using it in India since they were in the NTSC system and Indian tape players ran on the PAL system. They would then be incompatible. I became dumb when he also told me that these tapes were made in such a way that they could neither be converted nor copied. The tapes not being useful and having spent quite a large sum from the savings on a useless adventure were adding guilt. So the only way out was to buy a tape player to play the NTSC tapes in India. Then again we hit a roadblock. We could not get a NTSC video tape player which would work on 220 volts. NTSC system was used in USA and Canada and all worked on 110 volts. We also found that voltage converters would not reliably work for big appliances like the video tape player. Video tape players on the PAL system which would run on 220 volts were available in the US but not an NTSC player working on 220 volts. My wife Nirmala and I went to various shops and saw so many catalogues. None provided the answer. Everyone seemed amused and surprised at the request. First, an Indian wanting to buy a video player which plays NTSC tapes and secondly an adapter to convert the voltage! This used to be my conversation topic with everyone. One night at a dinner party of Indians in Louisville, a friend told me that I go to some big cities like Chicago or New York and search in places like Jackson Heights and suburbs in Queens, where there were some Indian shops frequented by home going Indians.

So we went to New York, prayed God that we should get a video player which would work on 220 volts. At Jackson Heights there was none. We then went to neighbouring suburbs in Queens. To our surprise, we found a JVC company player in a shop which would work on 220 volts. He had just one piece. The shopkeeper was also happy to see us since he said that he specifically imported it for a person who did not turn up afterwards. He also said that it is impossible to find it anywhere. It was also lying with him for a long time. Seeing my need, he quoted a price of US \$ 800 a very big amount for a fellow. (You could get a return air ticket to the US from India for 150 – 200 \$ at that time) It was all for just playing the tapes. My wife Nirmala and I stood in front of the shop for more than half an hour, walking back and forth, and then she nudged that I get it since I wanted it so much. We decided to buy it and asked it to be tested. I had taken a tape with me. The shopkeeper said that it was not possible since it would work only on 220 volts! So again we dithered for another half an

hour to decide if we should take a chance. So much to bet on luck. We had no other option. Again a fresh set of prayers to God and we decided to go ahead. So we had the tapes and a player.

We returned to India in April 1991 and started practice. I was so tense when we opened the Video player box to run the tape. It worked. The first time I saw the Tape 1, I was really moved. It took a couple of years for me to settle in practice and then I became very busy. I did not at that time think of setting up a lab. I knew we needed microscopes and good micro instruments. My aim was to run periodical courses with the help of microscope, microinstruments and microsuture companies. When in the US, I thought many companies would jump at the opportunity of me offering to run courses and sponsor the microscopes and the instruments for running the course once in six months. It proved that I was a terrible optimist. At that time there were no paid, organised courses run on a regular basis in the country. My idea was also not appealing to the big companies. Everyone would say that it was a good idea and would then say that it was difficult. A small hospital, tier 2 city, a private centre run by a single person were all mentioned as the factors. No one believed that Coimbatore could attract plastic surgeons to come for lab training. No company believed it was a good business plan for them. Every few months I would discuss this with every senior official of the suture and microscope companies who visit Coimbatore. Always the conversation will end in a predictive way. 'We appreciate your passion, but' The same points again and again. I was fed up. So it was nearly going to be ten years since coming. The tapes and the video player were still in the attic. It was enough to make you angry at yourself for the decisions. But I always think anger is a very powerful emotion if it does not destroy you. I had by then come to the firm conclusion that no company would transport microscopes to Coimbatore for the courses, and no suture company will give me free sutures to run the course. By that time Johnson & Johnson had started the lab in Mumbai. Having seen the process at the Acland lab, I was convinced that we need to get the best microscopes and the best instruments for the course and that the same trainer has to be there throughout the five days. That was the only way I could attract a trainee to come to Coimbatore. Acland's words "Beginner needs the best", was always ringing in my mind.

Then, Dr Mohan, a plastic surgeon joined me. He had qualified in Chennai, later trained in the UK and later did a one year fellowship at Louisville. He was always nudging me to start the lab. Investment needed was an issue. We discussed about less expensive native microscopes, local instruments but I was not willing to compromise. I wanted our lab to be exactly like the Louisville lab with Zeiss microscopes and S&T instruments. At that time Mr Rajamani was the person representing Zeiss in the region. I liked him very much. Every time he came, I used to talk about the lab, and he was the first and only person who listened patiently to my long talks. He neither said "yes", nor said "but" and the usual reasons for telling NO as the answer. He said that higher level German officials might be able to decide but getting them to Coimbatore was almost impossible. He said that the best he can manage was to get Ven Raman to Coimbatore. Ven at that time was the Asia Pacific head of Zeiss based in Singapore.

One day, Ven came to meet me. Ven was very pleasant, spoke Tamil and appeared to be genuine. I spoke about the lab again. He listened. I told him that he could sell microscopes if only we train more microsurgons! He was laughing at the salesperson in me. I told him that many young surgeons were coming to see our work and that it would be good to train them. He replied that even I was not operating with a Zeiss microscope. He caught me off guard. At that time I was using a refurbished Weck Microscope bought when I was in Louisville (which by itself could be an interesting

story). It was a very good microscope, used in many Louisville theatres called as the Kleinert model – simple with good optics and convenient. Ven continued ‘As a businessman, if someone has to sponsor Tendulkar, he would want Tendulkar to bat on their bat. As many are coming to see you, I would like you to be seen operating on our new Zeiss Pro Magis microscope’. I thought he was speaking good business sense. . To be honest, I also liked his example! I was also keen on microscopes for the lab. As I was silent for a few moments, he asked me as to how keen I was for the lab. I thought he was testing me and I replied that I was very keen. Then he offered a package wherein if I bought a new ProMagis for the operation theatre, he would then try to source 2 OPMI microscopes with full foot controls and all accessories for the lab. I immediately said “Yes”. Both of us were surprised at the way the conversation was going. He suggested an amount, definitely a good offer, but I was to buy three microscopes all in one go. It was really a huge amount. It was not even a remote thought when I came to the hospital, but then I had completed a deal around lunch time.



Mr Ven Raman during one of his subsequent visits to Ganga Hospital

I sat silently in my room for some time after they left, then rang up my mother, who has always been the source of inspiration and never said no to anything progressive. I asked her if it is possible to get a loan for that amount with the income that I was making. She suggested ways of getting the loan, and the monthly repayment that I had to make. Staggering but possible. Our team was happy. Dr Mohan said that he would take charge of training. Dr Hari and Dr Bharathi had just joined after their M Ch, and Hari said that he would get all his friends in Bombay and Gujarat to take the course. When I went home that night, I told my wife, Nirmala. She was surprised that the deal was really made. She said, "OK, at last the tapes and the video player will be used". She was happy. Then after a few moments, she asked if I remembered that my son Raja Shanmugakrishnan was studying in the 12th Standard, that he had to join Medical college the coming year and what would we do in case we needed money if he didn't join by merit? Honestly, I had not thought that and slowly said No. The conversation ended that night with that answer. Fortunately, my son got good marks, entered medical college by merit, and we did not have any stress on that side.

Then the microinstruments. I wanted new S & T instruments for the lab and "not the discarded ones from the OR" as Acland used to remark. The same story. One set to the main OR and two sets to the lab. A package, no doubt good, but as a whole taxing. I also thank Marcus Springler for helping and Mathur at Myovatec for coordinating. All were excited to help, but still, the distance we had to run was long.

With the microscopes coming, we needed to build the lab. A small 10 x 13 feet room which was used as a resting room for the night duty medical officer was chosen. I brought Mr Ramani Shankar the best architect in town to modify that room. He understood the whole idea and did a great job. A very elegant and functionally very good in the space available. Marble top tables, sleek lighting all made it really grand. On completion, he wished me luck and also appreciated that I was not worried about creating competition.

The microscopes arrived in March 2000, and we were all set. We tried our hands on mock courses, and it was fine. I wanted to do a full course with real outside trainees before the formal inauguration. I thought that once inaugurated we would have a great demand and at that time we have to be really ready. How wrong I was! **Then I had the most frustrating time of all.** We 'proudly' informed all the Plastic Surgery centres and spoke to the heads of the departments about our lab, how good it was and how useful it would be for training. We were to charge only Rs 7500 when it was more than five times the value in the west. Same quality – so much value for money. There was stunning NO Response from all the units. Meanwhile, we could not keep postponing the official inauguration. We thought that we should do it in a big way so that it will increase the awareness. We invited Dr G Balakrishnan, who was then the head of the Department of Hand and Microsurgery at Stanley Medical College and one of my teachers during my M Ch to inaugurate. To add value, I also invited my good friend Beng Hai Lim, from Singapore. Prof Rajasekaran, President, National Board of examinations and Prof Abraham Thomas were the other Guest of Honours. The inauguration was on Sunday the 14th May 2000. Wanted to make the function good to obtain visibility to people and encourage them to take the course.



Prof G Balakrishnan inaugurating the lab. Other dignitaries were Prof A Rajasekaran, President, National Board of Examinations, Prof Abraham Thomas and Prof Beng Hai Lim

I was keen to run a course from the Monday, 15th May. We tried really hard to get somebody to take, but could not succeed. From the tapes and the TV player on the attic to the whole lab unused could be at times depressing. You get so many thoughts then. Were the views of all the company executives correct after all? Tier 2 city, private set up, small hospital, non-teaching centre, were we too early for the concept ? – too many things to think. The monthly repayments to the bank were also bang on since March. But at the back of my mind, the negative thoughts would be only for a few moments, but I was very optimistic. The mere going to the lab itself, switching on the lights, running the tapes was like having a shot of adrenaline.

Now how to get a trainee to the lab? Shortly after the lab inauguration, I was on a private visit to Bangalore. Dr Sunil Thirkanand, a young Orthopaedic Surgeon from Ramaiah Medical College had visited us a few months ago. I was trying to sell the concept of the course to all our visitors, in fact to any one whom I saw! He came to meet me, and I said that we should go for a walk. I started talking about the value of a weeklong micro course and that it would be useful for him. He accepted that idea, and I was thrilled. When he heard that it would cost him around Rs 7500, he exclaimed that it was so much of his one month salary. I was not willing to let go after having come so far. I said that he could do the course at whatever cost that he could afford. He accepted, and thus Sunil became the first trainee of the lab. We said that we would do it whenever he could avail leave from his hospital! There were two slots, and I thought it would be good to have one more trainee. At that time, Dr Jayadev, a plastic surgeon from Salem used to refer major upper limb crush injuries with vascular compromise. I spoke to him and said that this would be a useful course so that he could repair radial and ulnar arteries around the wrist with more confidence. The amount was not much now for the first course. He agreed. That was the beginning of our lab on 3rd July, 2000, four months after we got the microscopes. . I am very grateful to Sunil and Jayadev for getting the lab off the ground.

More challenges were to come. In October 2000, a few months after we started, Dr Mohan left us for personal reasons and ultimately went back to the UK. At that time I was on a non-stop work schedule of 7 am to 10 pm, and when a micro course came, it was a terrific strain. My anaesthetist Dr. Bhat was just getting a hold on the anaesthesia for the rats, and we were learning the ropes to keep the animals alive the whole day. It was not possible to be in and out of the lab training the candidates and as well look after the busy clinical load. At that time to fill the vacuum, we inducted Ravi, our theatre assistant to the course. I exactly followed what was being done at Louisville. The Louisville lab was well managed by Frank Allen, who was not a doctor and I thought we should do the same. So often when we encountered any problem, I always used to think that it is impossible for us to be the first to face that situation. So many would have encountered it, and many would have managed it well. It is just important to look around. We did just the same.

OVERSEAS TRAINING



Microsurgery in India

Philip Yoong travelled to India to learn microsurgery

Coimbatore is the second largest city in the state of Tamil Nadu, with a population of two million. It is not a major tourist destination. Ganga Hospital, Coimbatore, is a specialist trauma, orthopaedics, and plastic surgery centre in south India with 400 beds. A five day course in microsurgery is offered by the plastic surgery department.

Life's a beach

Attending a microsurgery course is a requirement for plastic surgery trainees. However, the skills and techniques, especially knot tying and tissue handling, are useful in all surgical specialties. No previous experience is required, and the course is recognised in the United Kingdom. It could be combined with a holiday on the beaches of Kerala in the south west (120 miles) or in the nearby hill station of Ootacamund (50 miles).

I spent five days in an air conditioned microsurgical training institute. Each day comprised eight hours of teaching. The course is a clone of Robert Acland's course taught at the Kleinert Institute in Louisville, with only two students at any time. His microsurgery training manual was available for £3.50, complementing the week's activities. We were supervised by an experienced nurse specialist, who helped as and when needed, and we had regular

input from consultants. Zeiss floor mounted microscopes were used, as in theatre, adding a touch of realism.

Rats, veins, and videotape

The complexity of the course increased gradually, with regular breaks every few hours. Each day started with a video of Acland talking and demonstrating, followed by practice on anaesthetised laboratory rats. On the first day, we watched an introductory video about microscope use and basic operative technique; we then practised by suturing a rubber glove with 10-0 nylon and attempted to anastomose a chicken leg artery. In the next few days, we tried to clamp, sever, and anastomose numerous rat

Starting with little knowledge in this field, I finished confident in various microsurgical principles and practices, having acquired useful skills which I could use at home

femoral arteries and veins. It was satisfying to release the clamps and have a flowing vessel. On the last day, vein grafts and end to side anastomoses were attempted. The rat vessels used are around 1 mm in diameter, smaller than most vessels likely to be encountered clinically. I practised on seven live arteries and three veins in total, with mixed results

FURTHER INFORMATION

• Contact Raja S Sabapathy, lead plastic and reconstructive surgeon, Ganga Hospital, Coimbatore, India rajahand@vsnl.com

but noticeable improvement over the course. Starting with little knowledge in this field, I finished confident in various microsurgical principles and practices, having acquired useful skills which I could use at home.

Flights and food

I booked flights after emailing the hospital to confirm an available week. Arriving in Coimbatore by plane on a Sunday evening, I was taken to my hotel by a driver from the hospital. The Sri Lakshmi Hotel was inexpensive (£10 a night) and a 10 minute walk from Ganga Hospital. The room was comfortable, with noisy air conditioning and reliable hot water. I had cable television with CNN, BBC World, and live Premiership football as well as local broadcasting. Food was not provided in the hotel, but an adjacent restaurant served excellent south Indian food, with a two course meal for £1.50. Otherwise I ate in the clean and cheap hospital canteen. At a medical bookshop close by, books were considerably cheaper than in the UK—the *Oxford Handbook of Clinical Medicine* cost £2.50.

Why India?

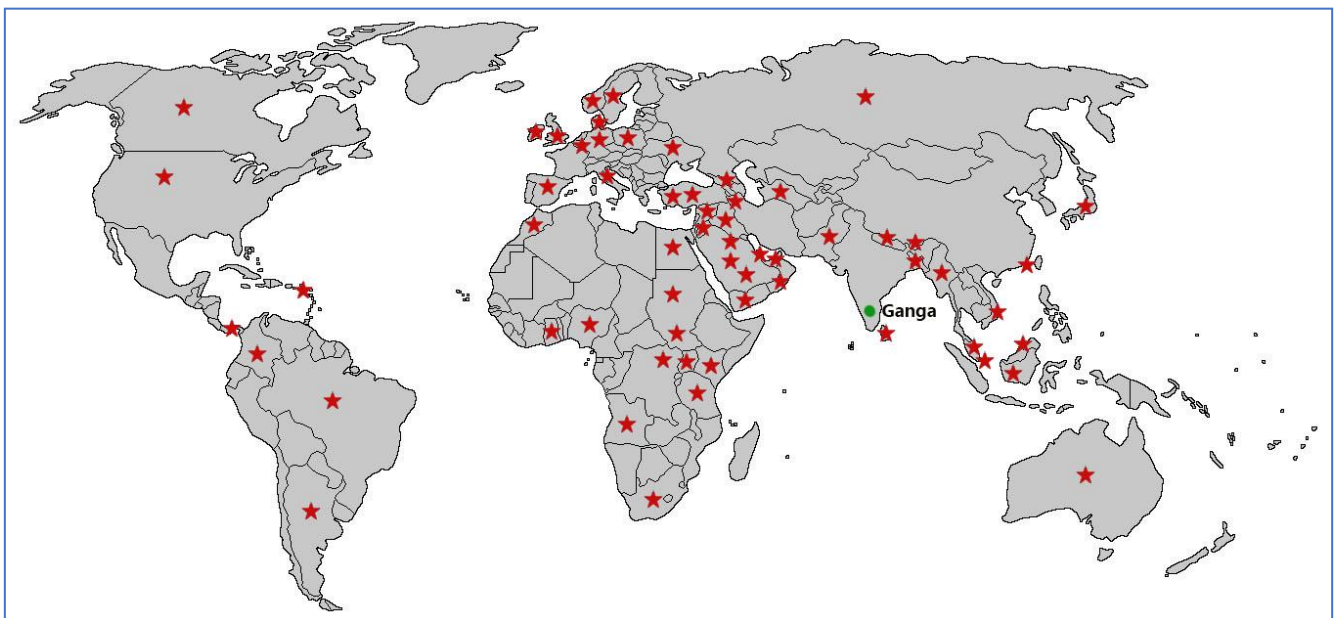
Studying in India has several advantages. The course fees were £300. Even taking into account the price of a return flight to Bangalore (£400), connecting flight to Coimbatore (£30), and cost of food and lodging, I still saved money compared with a course in the UK. Each week long course has only two trainees, so supervision is close and thorough. I organised my trip around annual leave as the course dates are flexible. Furthermore, when time allows, you can go to theatre and watch real life microsurgery to consolidate the principles learnt on the course. Coimbatore is hot and local food may not be to everyone's taste. Western food was not available in the hospital canteen, but there were no other downsides.

I also had a chance to meet local surgical trainees. I was amazed to learn that they worked seven days a week from 7 am to 10 pm, with two days off a month. This certainly put the working time directive into perspective. Philip Yoong, SHO in plastic surgery, Queen Victoria Hospital, East Grinstead bintang@doctors.org.uk

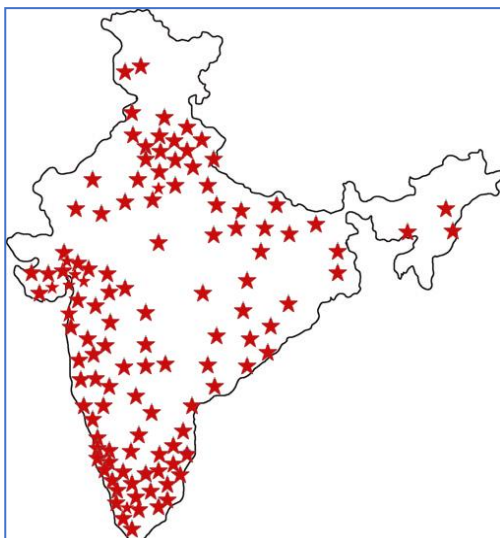
A full page write up on the course in British Medical Journal Careers section. Our lab with the two microscopes

Ravi fitted in the role in a remarkable manner. He took over the whole process. Now the course goes on autopilot with him in charge. I meet all the participants when they start, give them a talk on as to how to get the best out of the course and the value of the training. Then Ravi takes over, and I meet the participants when they finish. We had six candidates from July to December of 2000. The next year it was even worse. In the whole year of 2001, we had only nine candidates. The lab was lying closed for most of the times. Financially it was taxing. We just slogged on. So often we read that for the success of the major ventures one needs conviction of purpose and the ability to sustain till it becomes a success. Our micro lab concept was no exception.

After two years things became better. The yearly intake became 20, and we reached the maximum of 129 candidates in the year 2016. Now we easily reach the 100 mark every year with many acclaming it as one the best courses available in the world. It took us five years to become self-sustaining.



The countries of our International Trainees - 61 countries



The location of our National trainees - 127 Cities

International Trainees

S.No	Country	No.of.Trainees
1	Australia	32
2	Afghanistan	2
3	Argentina	1
4	Bangladesh	35
5	Barbados	1
6	Belgium	3
7	Bhutan	1
8	Brazil	3
9	Brunei	1
10	Cambodia	1
11	Canada	2
12	Colombia	5
13	Denmark	1
14	Dubai	1
15	Ghana	1
16	Egypt	1
17	Germany	4
18	Hong Kong	1
19	Indonesia	2
20	Iraq	31
21	Ireland	5
22	Italy	5
23	Japan	4
24	Jordan	2
25	Kenya	5
26	Libya	2
27	Malaysia	5
28	Morocco	1
29	Myanmar	3
30	Namibia	1

S.No	Country	No.of.Trainees
31	Nepal	14
32	New Zealand	1
33	Nigeria	11
34	Norway	2
35	Oman	8
36	Pakistan	4
37	Palestine	2
38	Panama	1
39	Poland	11
40	Qatar	6
41	Russia	2
42	Saudi Arabia	6
43	Singapore	4
44	South Africa	1
45	Spain	2
46	Sri Lanka	6
47	Sudan	1
48	Sweden	1
49	Syria	1
50	Tanzania	1
51	Thailand	1
52	Turkey	2
53	Togo	1
54	UAE	4
55	Uganda	3
56	UK	112
57	Ukraine	1
58	USA	56
59	Uzbekistan	1
60	Vietnam	3
61	Yemen	2

National Trainees

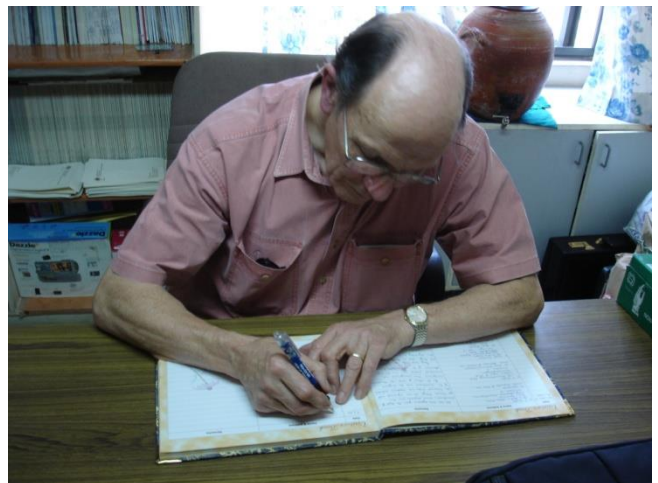
S.No	City	No.of.Trainees
1	Agra	1
2	Ahmedabad	73
3	Ahmednagar	1
4	Akola	2
5	Allapuzha	1
6	Aligarh	5
7	Amristar	3
8	Araria	1
9	Aurangabad	3
10	Bangalore	58
11	Baroda	6
12	Bathinda	1
13	Belgaum	3
14	Bellary	1
15	Begusarai	1
16	Berahampur	1
17	Bikaner	1
18	Bhadohi	1
19	Bharuch	1
20	Bhavnagar	1
21	Bhilai	1
22	Bhopal	5
23	Bhubaneswar	1
24	Chandigarh	2
25	Chennai	11
26	Chitradurga	1
27	Chickmangalore	1
28	Chidambaram	1
29	Coimbatore	22
30	Coonoor	1
31	Cuttak	2
32	Daman (U.T)	1
33	Dehradun	1
34	Dharwad	3
35	Dhule	1
36	Ernakulam	1
37	Faridabad	1
38	Gaya	1
39	Goa	2
40	Gulbarga	2
41	Guntur	3
42	Guwahati	1
43	Haryana	5
44	Hoshiarpur	1
45	Hubli	1

46	Hyderabad	14
47	Hissar	1
48	Idukki	1
49	Indore	2
50	Jammu Tawi	1
51	Jaipur	12
52	Jalandhar	1
53	Jamnagar	1
54	Jodhpur	1
55	Kakkinada	1
56	Kadapa	1
57	Kannur	4
58	Kanpur	1
59	Kasargod	1
60	Kochi	2
61	Kodagu	1
62	Kolhapur	2
63	Kolkatta	24
64	Koppal	1
65	Kottayam	4
66	Kozhikode	12
67	Latur	6
68	Lucknow	7
69	Ludhiana	3
70	Madurai	4
71	Mahabubnagar	1
72	Malkapur	1
73	Mangalore	5
74	Mandya	1
75	Manipal	2
76	Manipur	1
77	Mayiladuri	1
78	Meerut	1
79	Mumbai	39
80	Muzaffarpur	1
81	Mysuru	1
82	Nagercoil	3
83	Nasik	4
84	Nagpur	5
85	Nagaland	1
86	Navsari	1
87	New Delhi	38
88	Nodia	1
89	Ongole	1
90	Patna	4
91	Panchkula	1

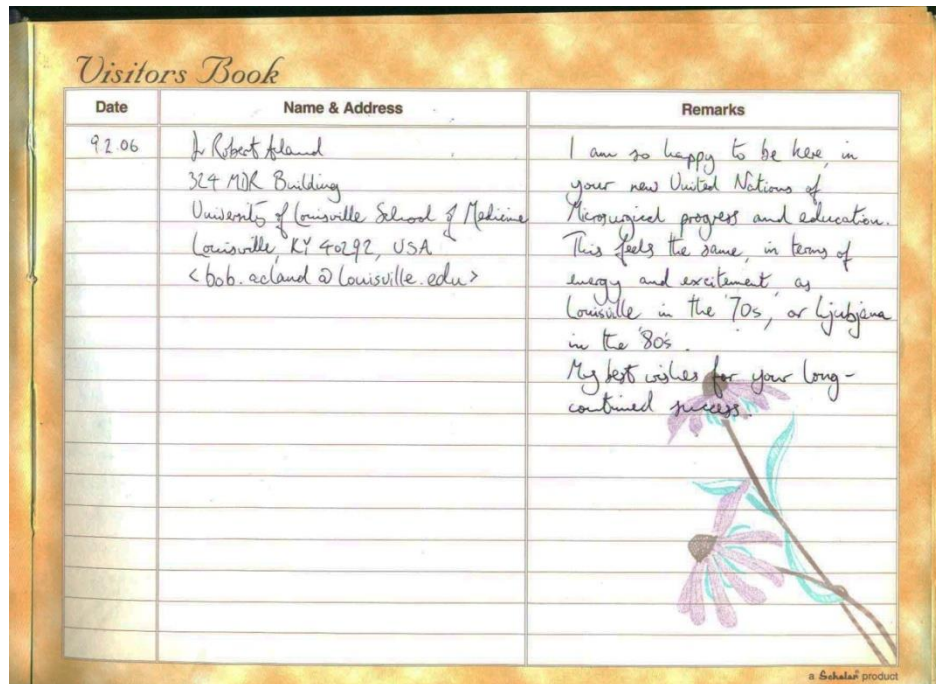
92	Panipet	1
93	Perinthalmanna	3
94	Puducherry	3
95	Pune	19
96	Ranchi	1
97	Raipur	2
98	Raichur	1
99	Rajkot	1
100	Rishikesh	1
101	Rohtak	2
102	Salem	3
103	Sattur	1
104	Shillong	1
105	Sivagangai	1
106	Solapur	1
107	Sonepat	1
108	Srinagar	1
109	Surat	4
110	Thanjavur	1
111	Thrissur	10
112	Thiruvalla	1
113	Tirunelveli	1
114	Tirupathi	2
115	Tirupur	2
116	Trichy	2
117	Trivandrum	19
118	Udaipur	2
119	Utharakhand	1
120	Vapi	1
121	Vadadora	5
122	Varanasi	4
123	Vellore	7
124	Visakhapatnam	2
125	Wardha	1
126	Warrangal	1
127	Yavatmal	1

I am also happy that our decision to set up the micro lab indirectly influenced the growth of our unit and even the speciality in the country. That makes me very proud of the whole thing.

In 2003, when Dr Sridhar became president of the Association of Plastic Surgeons of India, he conducted the national meeting at APSICON in Ooty. For logistics purposes, we played host, and I was the organising secretary of the conference which was held at Ooty. We had invited Dr Louis Scheker from Louisville as a faculty. He called me a few days before leaving for India. He wanted to know if I needed anything from the US. I told him about the micro lab that I had set up and asked him to get the first tape of Acland titled 'Preconditions for learning Microsurgery'. That tape had come close to wearing out. The reason is that whenever I used to feel sad that the micro lab was not being used, myself, Ravi and some members of our team used to go to the lab, play the tape many times and listen for a few minutes and come back. I always used to play the first tape. I particularly liked Acland's philosophy of what to do when you get into difficulty. He used to say that the distance between Difficulty to Desperation to Disaster was not much in Microsurgery. Even at that stage, he would say that you could come out if you just stop and think as to why you are in such a situation. I liked that tape and used to listen to that and finish always at that point hoping against hope that our micro lab will also turn round. So due to frequent use, the tape was worn out. When Luis Scheker approached Dr Acland for the tapes, he exclaimed, 'I am so surprised that someone is still using my tapes in a far away place. I thought the tapes had outlived their use'. He did not have any extra copies. Dr Acland, a truly amazing man worked to get the first tape into a DVD format and sent a copy to me through Scheker. So that is how the DVDs of the Acland Tapes were born. He asked me to go through it and asked if anything needed change. I was humbled by the question and had no suggestion to make. So he made the final edited version of all the tapes and sent a few copies to me. So you will still find tapes beginning with the words of Acland, 'I made these tapes a long time ago. If I were to make them again, nothing would be changed'.



Dr Acland visiting the lab in 2006 when he came to deliver the Godina Oration at the Indian Society for Reconstructive Microsurgery Meeting at Coimbatore. Ravi and myself are with him at the entrance to the lab. Putting his notes in the visitors book



'I am so happy to be here, in your new United Nations Microsurgical Progress and education. This feels the same, in terms of energy and excitement, as Louisville in the 70s, or Ljubljana in the 80s. My best wishes for your long continued success'

We ran the course well, and it became increasingly popular. It was a great attraction to overseas people. They could do the course and also be with us for some time to see the volume of work and our philosophy of trauma care which we have now popularised it worldwide. When we moved over to the new building in Mettupalayam Road in 2007, the micro lab became bigger (30 ft x 28 ft), and we bought two more Zeiss microscopes. So we have four microscopes now in the lab.



The inauguration of the new lab in the present premises of Ganga Hospital on 26th July, 2007. Our Chairman Dr JG Shanmuganathan opening the lab.



The present lab with four Microscopes

I thank God that we did not give up when the going was tough. That has given us a lot to be happy about. Some of them are,

- A closer relationship with Dr. Acland and he made two visits to India. When I was the President of the Indian Society for Reconstructive Surgery, he came to deliver the Godina Oration. Seeing the lab was an attraction for him. He followed it with another visit in 2011, to deliver the Sushruta Oration when I was the President of the Association of Plastic Surgeons of India. He said that it would be his last lecture he would ever give, and it was.
- It also led to the publishing of Dr Acland's Practice Manual of Microvascular surgery from Coimbatore. It again rose out of a casual conversation Dr Acland had with Dr Sunil in a coffee shop in Louisville. Placed the copyright of the book with the Indian Society for Surgery of the Hand. It has yielded the ISSH close to Rs 40 lakhs, and we have set up the Robert Acland – S&T international travelling fellowship with the corpus. With this fellowship, it gives an opportunity for an Indian hand surgeon to go abroad and train every year.
- The course was highlighted in many magazines and reports of the trainees and had a full page write up in the BMJ. Ravi was featured in the article
- The lab has turned out to be a good attraction to make our unit a preferred destination for training. This has helped us put Coimbatore and India on the world map of many microsurgeons.

The 1000 trainees include about 112 trainees from the UK which means that we almost have at least one person who has visited Ganga in most plastic surgery units of the UK.

- Dr Martin Boyer, a hand surgeon from St.Louis visited us as part of the Bunnell Fellowship of the American Society for Surgery of the Hand. He saw the lab and initiated the relationship with the Washington University at St Louis of sending all their hand fellows for the course, which we have found mutually beneficial. It has been a great stimulating partnership with over 40 hand fellows from one premier centre of the United States. (total from the USA – 56)
- Major organizations like Resurge Africa, Medicine Sans Frontiers and International Medical Education Trust have chosen us as their arms to train surgeons in the places of need
- It helped to reconfirm my conviction that teaching and training others does not affect your practice. In fact it enhanced ours. *But we need to keep moving forward with the same steam.* As Jayadev, the other trainee of the first course said, ‘Sir, after the course I do a lot of things better and the stay also showed me what all is possible in your place. So I now refer many patients whom I would not have referred before. It is good for patients and both of us and I think every plastic surgeon must take the course’.
- The list can go on, but on this day we think of the humble beginnings and the struggle to set it up. I also gratefully remember Mr Ven Raman of Zeiss who asked the punch question, ‘How keen are you about the lab?’ and the subsequent Zeiss managers, Mr Marcus Springler of S & T who was generous when generosity was needed, and many officers of Johnson & Johnson who supported our ventures. We now set our goals higher. We plan to set up super microsurgery courses and in that way help push the boundaries of microsurgery.

When we were about to cross the 1000th trainee mark, I found that we did not have any photographs of the first course. I sent a mail to Sunil, who is now doing well as a full-time senior staff at Kleinert and Kutz Centre at Lousville, USA if he could send a photograph if he had any of that occasion. He gave an interesting reply.

“Congratulations on the phenomenal achievement of training 1000 candidates.

You have provided India with a much needed service and have done so without compromising on the quality of the course, the instruments or the equipment.

It is a matter of great pride for me that I was the first candidate to train in "The Indian Temple of Hand surgery"

I shall ever remain grateful that your generosity in granting me a subsidy made that possible.

Unfortunately in keeping with my financial status at the time, I do not think I owned a camera. Hence I do not have pictures of that wonderful time.

All memories I have of the course are seared in my soul and all skills learnt are infused in my hands !

I wish you all the very best in keeping the course going for a number of years to come”

My daughter Gayathri reading Sunil's letter said, 'Appa, that letter is the best photograph you could have of the first course'.



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