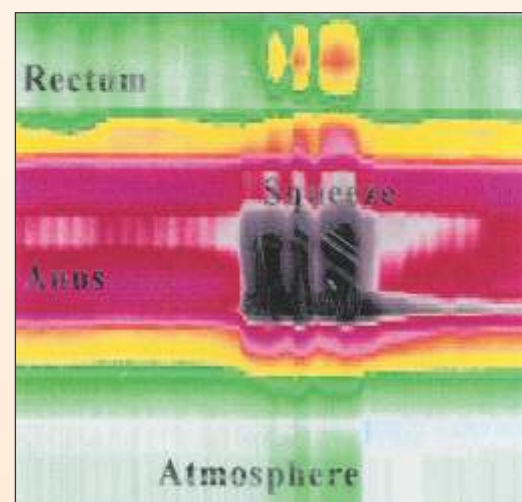


Patient Study



Normal Study

Centre for Basic and Advance GI Surgery

- Advance Laproscopic Surgery
- Bariatric, Cancer Surgery etc.
- All upper and lower GI endoscopy – diagnostic & therapeutic
- ERCP & Biliary Stenting
- Centre of excellence for basic and advanced Colorectal Surgery.
- Piles, Fistula by latest technology like Stapler, VAFT, LIFT, STARR etc.

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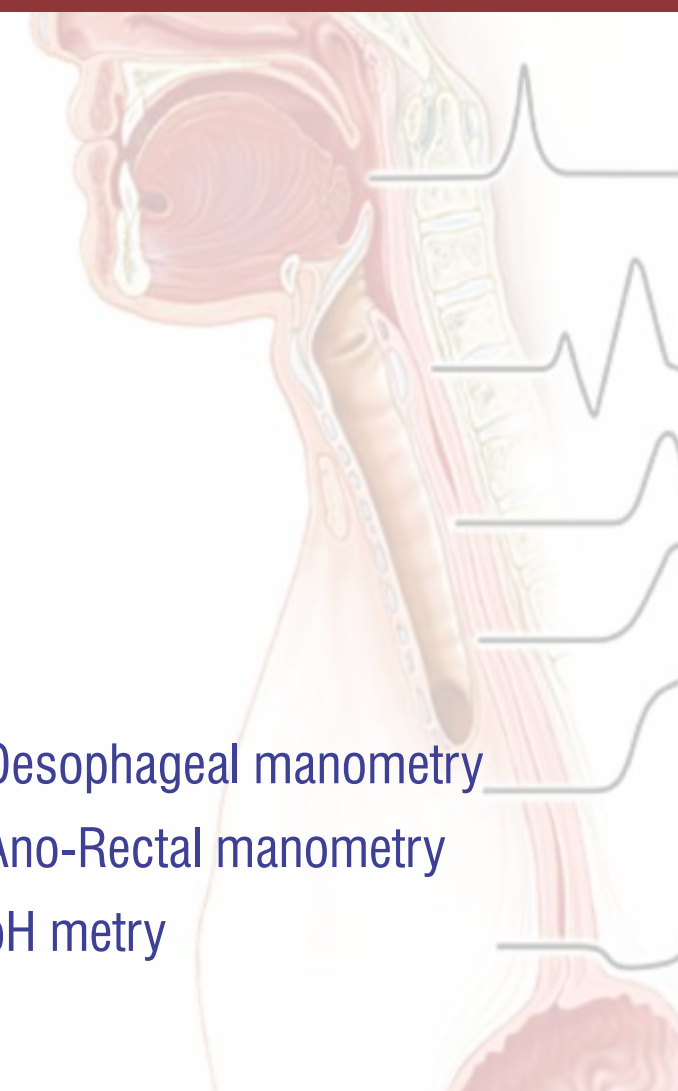


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- ◆ Oesophageal manometry
- ◆ Ano-Rectal manometry
- ◆ pH metry



What is esophageal manometry ?

Esophageal manometry is a procedure done for measuring esophageal body pressures to study the peristaltic wave progression in the body of the esophagus and to study the upper and lower esophageal sphincter mechanisms.

What is the high resolution manometry ?

In high resolution manometry, pressures are recorded at multiple sites in the lower esophageal sphincter (LES) and the esophageal body (16 sites as standard, 8 across the LES with 1 cm spacing, 8 in the body of the esophagus with 3 cm spacing). So that 'complete' data is obtained for each swallow. The pressure wave is represented as an image of the swallow.

Indications of esophageal manometry

- Any patient with chest pain with no cardiac or other thoracic cause.
- Any patient of dysphagia with normal endoscopy.
- Esophageal diverticuli.
- Before any definitive treatment in the form of either endotherapy or surgery on the esophagus. (60% cases of GERD are associated with some or the other form of esophageal motility disorder.)

Indications of pharyngeal manometry

This is used to assess problems in transferring food from the oral cavity into the esophagus (transfer dysphagia).

- Incoordinated upper esophageal sphincter
- Hypopharyngeal diverticulum (Zenker's diverticulum)
- Cricopharyngeal (upper esophageal sphincter) achalasia

What equipment is being used to perform high resolution esophageal manometry ?

High resolution manometry with spatiotemporal analysis is carried out with the unique Trace software (which records in the "easier to interpret" coloured format) in a 16

channel water perfusion based system (manufactured by RMH, Australia) with Dentsleeve 16 channel catheters.

Procedure of esophageal manometry

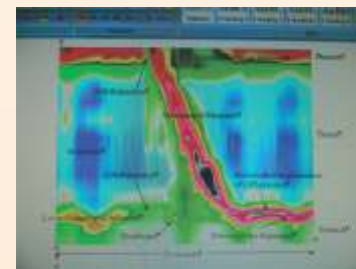
The procedure is painless and is done without sedation. A thin flexible catheter is passed through the anesthetized nostril, into the esophagus as the patient swallows. Pressure measurements are recorded during swallows. The procedure takes approximately 30 minutes.

Classification of motility disorders

- A. Inadequate LES Relaxation
 - i. Achalasia Cardia
 - ii. Atypical disorders of LES Relaxation
- B. Unco-ordinated Contractions
 - Diffuse esophageal spasm
- C. Hypercontractions
 - i. Nutcracker esophagus
 - ii. Isolated Hypertensive LES
- D. Hypocontraction
 - Ineffective esophageal motility
- E. Non-specific motility disorder

What is pH metry ?

It is a procedure which is done for quantification of exposure of esophageal mucosa to the acids in stomach. 24 hrs pH metry is the gold standard.



Indications of pH metry

Esophageal pH monitoring is the gold standard for diagnosis of gastro-esophageal reflux disease (GERD). It also helps to determine if the symptoms that the patient suffers from, correlate with acid reflux.

- In ENRD patients when there is failure of aggressive medical management
- In ENRD patients with "ATYPICAL" Symptoms. (Respiratory, ENT, Dental)
- Post-Operatively is non responders after endotherapy / surgery.

Procedure of pH metry

Esophageal pH monitoring is performed by passing a thin catheter through one nostril, into the esophagus. The tip of the catheter contains a sensor that senses acid. This is positioned in the esophagus 5cm above the LES. The catheter is removed after 24 hrs. the recorder is attached to a computer and the data is downloaded, analyzed and put into graphic form.

Preparation required before pH metry

- starvation for 6 hours.
- proton pump inhibitors should be stopped 7 days before the study.
- motility agents and H2 blockers should be stopped 24 hrs before the study.

Anorectal Manometry

What are the indications for anorectal manometry ?

Fecal incontinence	Constipation
Diabetes mellitus	Pelvic floor dyssynergia
Multiple sclerosis	Hirschsprung's disease

- Idiopathic megarectum
- Anal fissures
- Solitary rectal ulcer syndrome (SRUS)

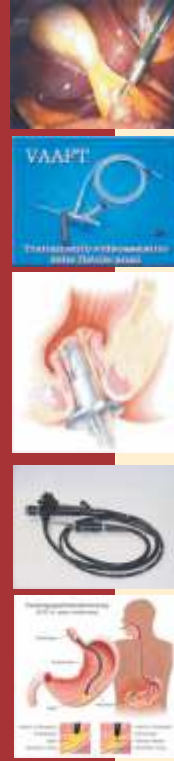


अतिरिक्त श्लेष्मल त्वचेचा एक वर्तुळाकार भाग त्यातील फुगलेल्या रक्तवाहिन्यां सकट काढून टाकला जातो व उरलेला भाग 'स्टेपल' केला जातो. यासाठी जी स्टेपलर गन वापरली जाते ती पुन्हा उपयोगात आणली जात नाही. याद्वारे गुदमार्गाची पूर्ण रचना मूळपदावर आणली जाते. या संपूर्ण शस्त्रक्रिये दरम्यान किंवा नंतरही रुग्णाला कुठल्याही तऱ्हेच्या वेदनांना सामोरे जावे लागत नाही.

या शस्त्रक्रियेचे फायदे

- वेदनांपासून त्वरित आराम
- हॉस्पिटलमधील वास्तव्य एक दिवसाचे
- आहारावर नियंत्रणाची जरूर नाही
- कामावर लवकर रुजू होता येते
- मूळव्याध पुन्हा होण्याची शक्यता नाही
- शस्त्रक्रिया जागेवर भूल देऊनही करता येते
- शस्त्रक्रिया दरम्यान रक्तस्राव नाही.

सदर शस्त्रक्रियेसाठी डॉ. जयसिंग शिंदे यांनी खास प्रशिक्षण घेतले आहे. भारतात या तऱ्हेच्या जास्तीत जास्त शस्त्रक्रिया करण्याचा विक्रम त्यांचे नावावर आहे. सूर्य हॉस्पिटल येथे गेली १२ वर्षे त्यांनी ही शस्त्रक्रिया हजारो रुग्णांवर केली आहे.

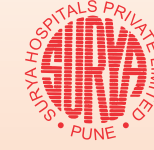


Other Surgical Procedure Done:

- 1) All abdominal Laproscopic Surgeries
- 2) Basic and Advanced Laproscopic Surgeries
- 3) Video Assisted Fistula Surgery (VAFT)
- 4) DGHAL - Doppler Guided Haemorrhoidal Artery Ligation
- 5) Starr Sugery for Constipation
- 6) Upper G.I. Endoscopy
- 7) Lower G.I. Endoscopy
- 8) E.R.C.P.

Address & Telephone Nos. for contact :

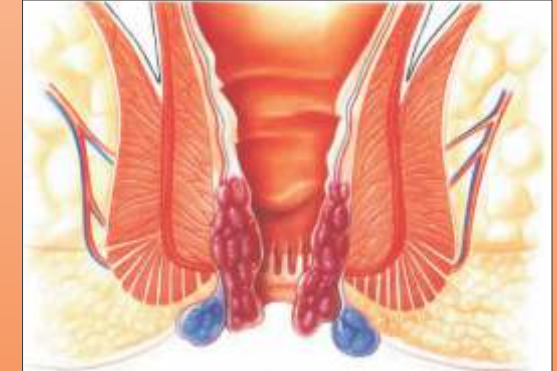
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PILES (मूळव्याध)



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Painless Treatment for Piles (PPH)

The conventional methods for the treatment of piles have their own drawbacks & problems. To overcome these shortcomings Surgeons have always been in the pursuit of newer, better & more acceptable techniques for treatment of piles.

The treatment of piles should be

- Permanent
- Painless
- Fast Post operative recovery
- Less Preoperative preparation
- Period of hospitalization minimum.

One such latest technique has come here to stay & is called Longo technique / Stappler Haemorrhoidectomy which is procedure for prolapse & haemorrhoids.

Stappler Haemorrhoidectomy :

It is known as procedure for prolapse and hemorrhoids by stapler technique, using a long plastic gun. This operation is based the "Sliding Anal Theory" which states that piles are nothing but sliding downwards of the mucus membrane of the rectum and anal canal. This operation involves reduction of the prolapse by using circular anal dilator and



then removal of the excess mucosal tissue in a circumferential manner from lower part of rectal ampulla and upper part of anal canal. The stapling gun performs both the actions of cutting and suturing in one single shot. PPH also interrupts the terminal branches of the vessels responsible for causing piles, thus reducing the blood flow of these vessels and mucosa. In simple words, a complete ring of mucosal tissue containing engorged blood vessels is removed by using this instrument called a stapler gun, thus giving the patient his normal anatomy back. The area of the anal canal in which this is done is 5 cms. above the dentate line which makes the operation painless. This method can be used only for II, III and IVth degree piles.

Advantages of the procedure.

- Quick relief from pain
- Only one-day hospital Stay
- Less food restriction,
- Early return to work
- No risk of recurrence
- Can be done under local regional anesthesia
- No Blood loss
- Short Procedure Time.
- No postoperative complications like stenosis and relapse.
- Achieves "face lift" of the anus.

एक वेदनारहित शल्य चिकित्सा

मूळव्याधीच्या प्रचलित उपचारांचे बरेच तोटे आहेत. कुठलीच प्रचलित उपचार पद्धती मूळव्याधीच्या त्रासापासून संपूर्ण व कायमची मुक्ती देऊ शकत नाही. या प्रचलित उपचारांमध्ये ऑपरेशन पूर्वी तयारी, ऑपरेशनंतर वेदना व दीर्घकाळ हॉस्पिटलमध्ये दाखल होण्याची आवश्यकता, कामावर लवकर रुजू होता न येणे व मूळव्याध पुन्हा होण्याची शक्यता हे तोटे आढळतात.

जगभरातील शल्यतंत्रज्ञ यासाठीच मूळव्याधीवर परिणामकारक व कायमचा इलाज शोधण्याचा प्रयत्न करीत आहेत.

एक अशीच अत्याधुनिक शल्यक्रिया आता प्रचलित झाली आहे. लोंगो टेक्निक किंवा स्टेपलर हिमो-हॉडेक्टॉमी या नावाने प्रचलित हे तंत्र मूळव्याधीच्या उपचारांवरील एक अत्यंत उपयुक्त, परिणामकारक व कायमस्वरूपी इलाज आहे.

स्टेपलर हिमो-हॉडेक्टॉमी (पी.पी.एच.)

एकदाच वापरायची प्लॅस्टिक गन वापरून केलेल्या या तंत्रास प्रोसिजर फॉर प्रोलॅप्स अँड हिमॅरॉइडस बाय स्टेपलर टेक्निक (पी.पी.एच.) असेही म्हणतात. हे ऑपरेशन मूळव्याधीच्या स्लाईडिंग एनल थिअरी अवलंबून आहे. मूळव्याध ही बाकी काही नसून गुदमार्गाच्या अंतर्गत श्लेष्मल त्वचेचे (म्युकस मेंब्रेन) खाली ढळणे आहे अशी ही संकल्पना आहे. या शस्त्रक्रियेत एक वर्तुळाकार डायलेटर वापरून हे ढळणे पुन्हा जागेवर सरकवले जाते व अतिरिक्त श्लेष्मल त्वचा काढून टाकली जाते. वर्तुळाकार आकारातील ही शस्त्रक्रिया एका विशिष्ट स्टेपलिंग गनद्वारे केली जाते.

यामुळे मूळव्याधीत रक्तपुरवठा करणाऱ्या रक्तवाहिन्यांच्या शेवटच्या शाखाही बांधून टाकल्या जातात. थोडक्यात