

ASSOCIATION OF SPINE SURGEONS OF INDIA

ASSI Bi-Annual Newsletter | August 2014

FROM THE PRESIDENT'S DESK



Dear Colleagues,

ICS 2014 is fast approaching and promises to be a very exciting scientific and social event. The organizers have worked very hard to ensure that the minutest details are taken care of. Udaipur as such is one of the most exotic venues in India and I am sure we will come back richer scientifically and socially.

As we prepare for the great event, it may be worthwhile to introspect on the activities of the society since the last event i.e. ASSICON 2014. ASSI has come out with two position statements, one on "Stem Cell and other cellular interventions after SCI" and the other on "Safe Spine Surgery". A media consultant company was recruited in order to help create awareness amongst the general public. The two press releases were very widely covered by the media. This activity has established ASSI's name as a leader in advocacy for spinal ailments. Inspection of two centres was carried out by two ASSI experts in order to assess their suitability as a hosting centre for ASSI Spine fellowships. ASSI has interacted with two Societies, American Association of Neurological Surgeons (AANS) and North American Spine Society (NASS) for holding pre-conference sessions during ASSICONs. NASS will be participating in ASSICON 2015, whereas AANS hopes to participate in ASSICON 2016. ASSI is partnering with European Spine for Spine Week being held at Singapore in 2016. The society has thus grown leaps and bounds and has made a mark for itself in the scientific arena. We look forward to continued whole-hearted participation by all of you in the activities of the society so that we can demonstrate our strength globally.

We look forward to having you with us for ICS 2014 at Udaipur.

Dr. Sajan Hegde
President – ASSI



FROM THE SECRETARY'S DESK



Dear Colleagues,

This has been a good year so far for ASSI. The first ever proper exit examination of ASSI fellows was conducted very successfully at Mumbai. ASSI position statements on "Stem Cell and other cellular interventions after SCI" and "Safe Spine Surgery" were widely covered by the media. A very successful camp was organized by the Social Committee at Rishikesh, NASS and AANS have been added to the list of societies eager to collaborate with ASSI for its scientific activities.

Research activities are being streamlined. A detailed report of activities is being circulated to you separately. ASSI continues to growing in strength (with 1195 members as of date) and stature. All this would and have been possible without the whole hearted support, cooperation and participation of an increasing number of office bearers and members.

However this is also the time of introspection. ASSI has the moral responsibility to address the issues pertaining to spinal ailments within the Indian Society. Are 1195 members contributing enough in this regard? Have we copped our potential optionally in this regard? As a responsibility body, it should be our endeavour to put in our best for the benefit of the Indian Society. We would welcome comments and suggestions from all of you on how we could deliver better in this regard.

You will be glad to know that we have received a record of 24 applications for fellowship this year.

With the office of ASSI fully established, it will be our endeavour to strive to deliver better. Look forward to meeting you in Udaipur.

Regards

Dr. H.S. Chhabra
Secretary – ASSI



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Minutes of the Annual General Body Meeting of "Association of Spine Surgeons of India"

Venue: Hyatt Regency, Kolkata

Date: Saturday, January 25, 2014

Time: 18.30 hrs. onwards

1. Ratification of the Minutes of the last GBM held at Kochi and Kodaikanal

The Minutes of General Body Meetings at Kochi and Kodaikanal were resolved unanimously.

2. Secretarial & Action Taken Report

Dr HS Chhabra briefed the members about the activities of ASSI since 20th January 2013. The details are as under:

a) Secretariat of ASSI and performance of Part Time Secretary

The office of ASSI was commissioned at ISIC with the appointment of Ms. Neema Bisht as part time Secretary w.e.f. 4th March 2013. Ms. Neema Bisht's performance as part time secretary was reviewed. In this regard the President, President Elect and Jt. Secretary had been asked as to whether they would rate her performance as poor, below average, average, good, very good or excellent. Dr. Ram Chaddha and Dr. Saumyajit Basu had rated her performance as "Excellent till date" and "Very Good" respectively.

b) MCI decision on eligibility of orthopaedic surgeons to perform spine surgery

The members were informed that on ASSI's representation to Medical Council of India (MCI) with regard to the issue of eligibility of Orthopedic Surgeons to perform spine surgeries, MCI had given a favourable decision. The relevant excerpts of the Minutes of the Meeting of the Board of Governors of MCI dated 6th & 7th August 2013 were as under:

"2.19 – Dr. H.S. Chhabra, Secretary, Association of Spine Surgeons of India's letter dated 2.8.2013 regarding Orthopaedicians providing spinal care including surgery to patient: After discussion in details, the Board of Governors decided that the Orthopaedicians may also provide for spinal care including surgery to the patients."

The members unanimously resolved to acknowledge the help and support of Dr. Rastogi, Dr. Jayaswal and Dr. Sudhir Kapoor in unofficially getting a copy of the Minutes.

All members also appreciated the work done by the Secretariat in this regard.

There were some discussion on whether MCI should be approached in order to get the wording reframed to a more favorable statement such as "Orthopadicians are fully qualified to provide spine care services". It was however decided that this could be taken up subsequently, especially if any of the members faced difficulty which could not be resolved with the present statement of MCI.

c) Updating data-base of ASSI members

Dr HS Chhabra briefed the members about the work of the secretariat/ Ms. Neema Bisht to update the contact details of the members. As per the updated membership list, ASSI now has 1139 members as against 806 when the endeavour was started. This also included 121 new members who had joined since August 2013. Email address of 891 members were now available as against the 318 which were available before the exercise was started. However only 543 members had updated their contact details (including postal address etc.) with the Secretariat.

It was discussed that the secretariat could approach the concerned officials of prominent regional orthopaedic societies like Bombay Orthopaedic Society, North Zone Indian Orthopaedic Association, Maharashtra Orthopedic Association, Karnataka Orthopaedic Association etc. in order to get the contact details of their members. This could be used further update the ASSI membership list.

It was also discussed that a number of members were not actively involved in the activities of the association. It was decided that some guidelines needed to be framed to review active participation of those on the membership list of ASSI. Those members who had not attended the last 5 ASSICONS, for example, could be considered for removal from the membership list. It was suggested that the Constitution Committee could look into these guidelines.

d) Fellowships of ASSI

Guidelines and its enforcement

The guidelines for Fellowship and Reference/Hosting Centers had been approved by General Body and the Executive at Kodaikanal. The members were briefed about the inspection performa to be used by experts when inspecting any institute/hospital for empanelment as hosting centre for fellowships of ASSI (**Annexure A**). The members approved the inspection performa, copy of which had been circulated with the agenda notes.

The members were briefed about the report of Dr. Samir Dalive for his inspection of Ahmedabad Civil Hospital and Gujarat Spine Institute which had applied for empanelment as hosting centre for fellowships of ASSI. The members approved the empanelment of the hospital for fellowships of ASSI but suggested that the concerned officials should be requested to ensure that the fellows should be exposed to only spine and not to routine orthopaedic ailments.

The members were also informed that the inspection of Oyster & Pearl Hospital was due since Dr. Rajesh Parasnis had not been available at his centre for quite a while. The needful would be done soon.

The members also discussed the request of Dr. Raj Bahadur that ASSI sponsor the salary of the fellow at his centre. It was decided that this could not be done in the interest of having uniform guidelines for all hosting centres.

Curriculum

There was discussion amongst the members on whether a curriculum was required for the fellowship program. Some members felt that it was not possible to define the curriculum for such a program. However it was decided by the members that a curriculum was required and infact should be better than that of other such existing programs like the spine fellowship of National Board of Examinations (NBE).

There was some discussion on having periodic joint seminars and journal club for all spine fellows. It was however decided that this possibility would be explored only once the fellowship program was well established.

Exit Examination

After detailed discussions, it was decided that the ASSI Spine Fellowship Exit Examination of 2014 would be conducted in end March in a suitable centre in Mumbai under the guidance of Dr Shekhar Bhojraj and Dr. S.K. Srivasatava with Dr. Samir Dalvie and Dr Vishal Kundnani as Coordinators. The local experts of ASSI would be the examiners.

e) Committees of ASSI

The various Committees of ASSI had been activated since the last ASSICON and they have been involved in the activities of ASSI pertaining to a committee. The reports of the activities of the various committees are as under:

1. Education Committee

The report of the committee was basically that of consolidation of the ASSI Spine Fellowship guidelines which have been enumerated before.

2. Scientific Committee

The guidelines for conducting ICS and ASSICONs as passed in the last GBM had been put on the website of ASSI. All future conferences would be held as per these guidelines.

3. Social Work Committee

Social work committee was planning to start centres for delivering subsidized and free spine care to cases in different zones in the country (west, east, north and south). The correspondence received from Dr. Shekhar Bhojraj in this regard is enclosed at **Annexure B**. One of the centres in the "north" likely to be in Rishikesh (Uttaranchal) and was in the planning stage.

Camps have been planned across the Country. The first surgical camp would be organized in March end / early April at the Rishikesh centre.

The committee had circulated a questionnaire to all ASSI members. An analysis of the response received

from 40 members on the questionnaire is enclosed at **Annexure C**.

Dr. Siva Kumar volunteered to contribute to the social activities of ASSI.

4. Advocacy Committee report

The advocacy committee had liaised with the Medical Council of India (MCI) on the issue of eligibility of orthopaedic surgeons to perform spine surgery. As mentioned earlier, there has been a favorable decision in this regard.

It was discussed that the curriculum of postgraduation in orthopaedics should give due emphasis to management of spinal ailments and that ASSI should take steps to ensure enforcement in this regard.

5. Spine Registry Committee report

The members were informed that data for around 7600 patients had been uploaded so far. However Dr. Rajasekaran was not happy since only a few centres were uploading the data appropriately. It was decided that a last attempt be given. All ASSI fellows would be required to upload data from their centre, failing which a warning would be given and appropriate action would be taken, except if there were some valid reasons like permission not being granted from the administrative authorities of the centre. The possibility of recruiting data managers in a few cities would be explored. The status of spine registry would be evaluated at 6 months, when the decision of continuation of the project would be reconsidered.

6. Website Committee report

The members were briefed about the report of the committee (details enclosed at **Annexure D**).

f) Financial Report

1. Accounts & Income Tax Status

The members were briefed that the Income tax returns had been filed upto the financial year 2011-12. It was decided that Statutory Auditor's of ASSI based in Delhi would do the audit and prepare the balance sheet for the financial year 2012-2013. However the books of accounts of ASSI being maintained in Mumbai would be required in this regard.

2. Audited Financial Statements of ASSI Events

The members were also informed that no audited financial statement has been received since the last GBM where the organizers of various ASSI events like conferences etc had been requested to submit the audited financial statement by the subsequent GBM. The accounts could not be closed till this is done.

A request was again made to all concerned in this regard. It was suggested that an undertaking should be signed by each local organizing committee in this regard at the time of allotment of the conference.

g) ASSI Awards and Fellowships

The members were briefed that the various awards of ASSI for 2014 were publicized through email and advertisement in Indian Journal of Orthopedics (IJO). The response was quite enthusiastic as was evident from the number of applicants for each category as mentioned below:

• ASSI Clinical Research Award	– 06
• ASSI Basic Sciences Award	– 09
• ASSI Young Investigators Award	– 07
• ASSI Publication Award	– 04
• ASSI Travelling Fellowship	– 10
• ASSI Dartmouth Spine Fellowship	– 12
• IASA Clinical Research Award	– 03
• BASS / BSS Presidential Travelling Fellowship	– 18

In order to ensure transparency, guidelines for reviewing the applications were framed where not available (Copies enclosed at **Annexure E**).

A committee comprising of President, Secretary, Education Committee members and Jt Secretary (Dr. Saumyajit Basu had asked to be excused for this time) was set up in consultation with the Executive to evaluate the applications. Since there were a large number of applicants, the under-mentioned from the

Executive and co-opted members were also involved for evaluation of the applications:

- ASSI Clinical Research Award – Dr. Siva Kumar, Dr. Amol Rege, Dr. Subir Jhaveri
- ASSI Basic Sciences Award – Dr. Arvind Kulkarni, Dr. Surya Prakash Rao, Dr. K. Venkatesh
- ASSI Young Investigators Award – Dr. Abhay Nene, Dr. Gautam Zaveri, Dr. Rajesh Parashis
- ASSI Publication Award – Dr. Arvind Jayaswal, Dr. Ram Chaddha, Dr. Amol Rege
- ASSI Travelling Fellowship – Dr. K. Venkatesh, Dr. Siva Kumar, Dr. Subir Jhaveri
- ASSI Dartmouth Spine Fellowship – Dr. Ram Chaddha, Dr. Gautam Zaveri, Dr. Abhay Nene

The compiled scores received from all judges were put up to the President for a final decision.

The members appreciated the efforts made to streamline the process for review of applications for various awards of ASSI. It was suggested that the existing guidelines could be reviewed. It was further suggested that the deadline for applications for various awards of ASSI should be kept earlier (probably one month before the deadline for submission of abstracts) and then the information be disseminated accordingly so that the process of review and selection could also be finished well in time. The concerned could then be informed well before the conference.

It was also discussed that papers which are selected for an ASSI award should not be considered for VT Ingalthalikar award.

h) Issues being addressed

The members were informed that the issues of Medico legal cover, creating awareness about spinal ailments and safe spine surgery, compilation of list of experts of ASSI and local chapters of ASSI as discussed in the last GBM, were being addressed. Members would be briefed subsequently on action in this regard.

3. ASSI Oration

It was discussed that during the last few ASSICONS there had been no clarity on ASSI oration, Presidential Oration and Presidential Address. Talks had been variably allocated in the scientific program. There was a need for clear-cut guidelines in this regard, including the duration, eligibility, etc.

It was proposed that each year there should be a "Presidential Address" as well as a "Presidential Guest Speaker", each of 20 min duration with 5 min for introduction. The time duration for presentation for various awards could be 10 min each with 5 min for discussion. However this allocation could be reviewed.

4. ASSICON 2014

a. Update by Dr. Saumyajit Basu

The members unanimously lauded the contribution of Dr. Saumyajit Basu and the whole organizing committee for a very well organized and successful ASSICON 2014. The members appreciated the scientific content of the meeting and the arrangements for social networking.

b. ASSI Orator – 2014

The members were informed that the experts earlier deliberated on for ASSI Oration were not available. Hence Dr. Devi Shetty has been approached and had so kindly agreed to deliver the "Presidential Oration" on "Challenges for the Indian Healthcare Industry in the forthcoming decade".

5. ICS -2014

Dr. Rushama Tandon made a brief presentation on ICS 2014 and invited the all the members. She informed that the venue, Fatehprakash Palace, Udaipur, had been booked and the website was ready. The scientific program was being finalized. Jeff Wang, President AO spine, Dan Riew and Dietrich Schlenzka had given their verbal consent to be the Guest faculty. It was suggested that the scientific committee and the new co-opted members of the scientific Committee be involved in framing the scientific program.

6. ASSICON 2015

Dr. Amol Rege made a brief presentation on ASSICON 2015. He mentioned that the dates had been fixed from 23rd to 25th January 2015 and the venue would be JW Marriott Hotel, Pune. Dr. Peter Varga and Dr. Larry Khoo had confirmed their participation as international faculty. The website

Larry Khoo had confirmed their participation as international faculty. The website <http://www.assicon2015.com> and android app would be active from 22nd February. A copy of the brochure and registration form including details of registration packages, highlights of the conference and message from organizing committee are enclosed at Annexure F. He invited the members to participate whole heartedly. The house applauded the low residential package.

7. ICS – 2015: Proposal for Dates, Venue & Theme

The members were informed that two proposals had been received to host ICS 2015. Dr. S. Krishna Kumar had given a proposal on behalf of Kanyakumari Orthopaedic Club to host it at Kanyakumari whereas Dr. J. Naresh Babu had proposed on behalf of North Andhra Association to host it at Visakhapatnam.

The majority of the members were in favour of the ICS being held at Visakhapatnam. Dr. J. Naresh Babu thanked the members on behalf of North Andhra Association. He mentioned that the dates and theme of the ICS would be communicated soon.

8. ASSICON – 2016: Proposal for Dates, Venue

The members were informed that two proposals had been received to host ASSICON 2016. Prof. James J. Gnanadoss, Professor & Head of Division of Spinal Disorders, Department Of Orthopaedic Surgery, had proposed on behalf of Pondicherry Institute of Medical Sciences to host it at Pondicherry whereas Dr. Raghav Dutta and Dr. Surya Prakash Rao, Twin Cities Spine Association, had proposed to host it at Hyderabad.

The proposals were put to vote. There was a tie with 52 members voting for each proposal. On the request of all members, Dr. VT Ingahalikar suggested that ASSICON 2016 be organized in Pondicherry.

Dr. James J. Gnanadoss thanked the members and mentioned that the dates and theme of ASSICON 2016 would be communicated soon.

9. Utilization of Surplus Funds of ASSI

The members were informed that under the regulations applicable to a society, ASSI had to spend 85% of the profit either within the same year or over the next 5 years. As decided, further professional advice was taken from the statutory auditor. They had advised that ASSI could give emphasis on promoting research and education activities of its members. Funds could be earmarked for research projects and educational activities. Services of a CRO could be availed to oversee and coordinate research projects. Data managers could be employed to help pool the data for ASSI spine registry.

Dr. Rajasekaran suggested that ASSI should support two research projects, with Rs.1,50,000/- being allocated for each project. It was decided that in order to promote research activities a research committee comprising of Dr. Abhay Nene, Dr. Surya Prakash Rao and Dr. K Venkatesh be set up.

It was further suggested that the social committee could get funding and support from the surplus funds.

10. Compensation for Medical Negligence

The members discussed the issue pertaining to compensation for medical negligence including pursuing a cap on compensation in this regard. The matter had been raised by Dr. Raghav Dutt (copy of his email enclosed at Annexure G).

It was decided that a legal opinion in this regard be taken by the Advocacy Committee.

11. ASSI Travelling Fellowship

The members were informed that as per the fellowship guidelines, the visit to the two centers is to be clubbed with ICS (immediately before or after). It had been observed that recently some of the fellows had not been following this resulting in a substantial escalation in the travelling expenses. It was decided that in future the guidelines would need to be followed, failing which there would be a deduction in the amount to be reimbursed such that ASSI does not suffer financially. The fellows should liaise with the secretariat with regard to the travel arrangements atleast 8 weeks before ICS.

12. Ratification of New Members

The members were informed that there were 121 applications for membership of ASSI since August 2013. The members unanimously approved the list of 121 applicants for ASSI membership. It was informed that with the addition of these members, the total membership of ASSI would increase to 1139.

13. Election of two Executive Committee Members

Dr HS Chhabra informed the members that Dr. Rajesh Parasnis and Dr. K. Venkatesh were finishing their tenure as Executive Committee Members. The General Body appreciated their contribution towards the activities of the ASSI.

Dr. Suresh Pillai, Dr. Ajoy Shetty, Dr. Ujjwal Debnath and Dr. Subir Jhaveri showed their interest for the post of executive committee member. Since there were only two seats, Dr. Subir Jhaveri withdrew in favour of the other members. All the three candidates mentioned that they would leave it to seniors and members to decide.

The three members were requested to move out of the hall while a suitable decision was being taken. While reviewing the candidature of the candidates, it came out that Dr. Ujjwal Debnath had not been a member of ASSI for five years, a pre-requisite for candidature for the post of Executive Committee. Hence Dr. Ajoy Shetty and Dr. Suresh Pillai were declared elected as Executive Committee members.

The members also deliberated on the mail of Dr. KV Menon to the President in which he had mentioned that due to official and family commitments he had not been able to contribute to the activities of the society and hence he be relieved of his responsibilities. Respecting his commitments to the family and work, it was decided that Dr. KV Menon be relieved of his responsibilities.

It was suggested that the criteria for selection as an Executive be reviewed by the Constitution Committee.

The updated list of Office Bearers of the Association of Spine Surgeons of India for 2014-15 would be as under:

President: Dr. Sajan Hegde (2013-15) – drsajanhegde@yahoo.co.in

President Elect: Dr. Ram Chaddha (2013-15) – spineram@yahoo.com

Secretary & Treasurer: Dr. H. S. Chhabra (2013-16) – drhschhabra@isiconline.org

Joint Secretary: Dr. Saumyajit Basu (2013-16) – saumyajitbasu@hotmail.com

Executive Members:

Dr. Ajoy Prasad Shetty (2014-17) – ajoyshetty@gmail.com

Dr Suresh Pillai (2014-17) – sureshorth@googlemail.com

Dr Gautam Zaveri (2012-15) – zaverigr@hotmail.com

Dr V. Suryaprakash Rao (2012-15) – vsprao@rediffmail.com

Dr Arvind Kulkarni (2013-16) – drarvindspines@gmail.com

Dr S. Karunakaran (2013-16) – drkarunaspine@gmail.com

Co-opted members (2013-15)

Dr R. Sivakumar – drsivakumarspine@yahoo.co.in

Dr Rushma Tandon – rushtan@rediffmail.com

Dr Amol Rege – regeamol@hotmail.com

Dr. Vishal Kundanani – kundnanivishal@yahoo.co.in

Dr Subir Jhaveri – subirjhaveri@yahoo.com

Dr Abhay Nene – abhaynene@yahoo.com

Dr Samir Dalvie – sdalvie@hotmail.com

Dr. Bhavuk Garg – drbhavukgarg@gmail.com

Dr. Amit Jhala – acjhala@gmail.com

Dr. B N Upendra – upibn75@gmail.com

Dr. Shashidhar BK – drshashidharbk@gmail.com

Dr. Anupreet Bassi – anupreetbassi@gmail.com

Dr. Premik Nagad – drpremik@yahoo.com

Dr. Abhilash N. Dhruv – drabhilashdhruv@gmail.com

14. Newsletter of ASSI

The members were informed about the newsletter of ASSI. The new look newsletter of the ASSI was appreciated by members. It was proposed to have a half yearly newsletter/e-newsletter from this year.

15. ASSI Best Poster Award

The members were informed that the Executive of ASSI had decided to have an "ASSI Best Poster award" starting from ASSICON-2014. The winner would be given a certificate and a memento. The members unanimously ratified the decision.

16. Free registration for all past presidents

The members were informed that based on proposal by a member, the Executive had recommended that non-residential registration for ASSICONS and ICSs be made complimentary for all Past-Presidents and members over 70 years of age.

The house unanimously passed a resolution accepting the recommendation of the Executive.

17. Complimentary Membership for applicants with missing records

The members were informed that over the last year, there had been 07 spine surgeons whose names were not found in the membership even though they seemed to have completed the formalities. A thorough search did not reveal any documentary proof. However, since most of them had witnesses to support their application, approval was sought to enroll them as members without any additional payment. The General Body ratified membership of the under-mentioned such spine surgeons:

Dr. Kiran Kumar Mukhopadhyay
Dr. Munish Gupta
Dr. Ashish Tandon
Dr. Mukul Gupta
Dr. OP Gupta
Dr. Nishit Patel
Dr. Md. Shah Alam

18. BASS / BSS Presidential Travelling Fellowship

The members were informed that British Association of Spine Surgeons (BASS) had offered a BASS/BSS Presidents' Travelling fellowship for the year 2014 to a suitable member of ASSI. Applications had been invited for a two week "Spine Surgery Clinical Fellowship" with details as under:

Eligibility

Junior Consultants with adequate experience in spine surgery / Senior Orthopaedic or Neurosurgical Trainee who are currently undergoing or have recently finished a formal spinal fellowship.

Selection Criteria

The following aspects were considered:

- a. Experience in spine surgery
- b. Research projects undertaken
- c. Publications
- d. Presentations in conferences / symposiums / workshops
- e. References

Fellowship amount

- £1000 (INR 1,01,354)

Application Procedure

- Written Application
- Detailed curriculum vitae (CV)

Application deadline

- 15th December 2013

Fellowship Programme – 10-21 March 2014

- Mon 10 - Wed 12: Royal National Orthopaedic Hospital, Stanmore
- Wed 12 - Fri 14: Queen's Medical Centre, Nottingham
- Mon 17 - Wed 19: University Hospital of North Staffordshire, Stoke-on-Trent
- Wed 19 - Fri 21: University Hospital of Wales, Cardiff

A panel of ASSI experts had reviewed the applications. The candidates were given a score for each of the above-mentioned heads with a maximum score of 10 for each head. Dr. Sreeramalligam had been declared the winner for BASS/BSS Presidents' Travelling fellowship for the year 2014.

19. IASA Clinical Research Award

Dr. HS Chhabra informed the members that call for applications had been issued for IASA Clinical Research Award. IASA had revised the scope of the projects to be considered from "Adult Deformity" to "Spine Deformity". He mentioned that the last date for submission had been extended upto 15th February 2014. The proposals would be scrutinized by a panel of experts from both sides in order to take a final decision.

20. Dartmouth Fellowship

The members were informed that Dr. Dilip Sen Gupta had conveyed that this may be the last year for Dartmouth fellowship as he was planning to move from Dartmouth. He had, however mentioned that once he settled down again, the fellowship could be resumed with a different name. The members were informed that the Executive had decided that the fellowship would continue only under the mentorship of Dr. Dilip Sen Gupta wherever he may be located. The members unanimously approved the decision.

21. Any other matter with the permission of the Chair

a. Differential treatment meted out to orthopaedic spine surgeons

The members were briefed about the mail of Dr. Sree Harsha in which he had raised the issue of differential treatment meted out to orthopaedic spine surgeons as compared to neurosurgeons by some schemes especially when it came to reimbursement of surgeons fee (copy of email of Dr. Sree Harsha to Dr. Rajasekaran enclosed at Annexure H). It was decided that the Advocacy Committee would look into the matter including taking legal advice on this.

b. ICS 2013

Dr Siva Kumar presented a brief report on ICS 2013. He handed over the Audited Statement and a cheque of Rs 1 lac to the President.

The issue of a minimum amount to be given to ASSI by the organizers of any ASSI event was re-enforced by some members. It was suggested that the Scientific committee should review the contribution of the organizers to ASSI for any ASSI event based on the practice of other Societies and put up a report to the Executive Committee. Dr. Kale mentioned that NSI had some guidelines in this regard and he could share it with the Scientific Committee.

c. ASSICON 2013

Dr. Suresh Pillai handed over a cheque of Rs 3 lac to the President on behalf of the organizing committee of ASSICON 2013.

d. Awareness about current status of Stem Cell Therapy for SCI

Dr. Mahesh Bijjawara suggested that ASSI should take a lead role in spreading awareness about current status of stem cell therapy for SCI. A Committee comprising of Dr. Mahesh and Dr. Salil Saha was constituted to put a report within 30 days suggesting ways and means to create awareness in this regard.

e. Life Membership Fee of ASSI

The members were informed that the Executive Committee had proposed to increase the life membership fee of ASSI from Rs. 3000 to Rs. 5000/-. The members unanimously approved the proposal.

The meeting concluded with a vote of thanks to the Chair.

Report on ASSICON 2014

ASSICON 2014 WAS HELD AT HOTEL HYATT REGENCY, KOLKATA FROM 23rd TO 26th JANUARY, 2014. It was a genuine pleasure to organize the conference in the 'city of joy' after 12 long years. The landmark event which raised the academic standards of the conference to its pinnacle of success was the Scoliosis Research Society (SRS) worldwide conference (WWC) which was held on the 23rd afternoon and 24th morning as a prelude to ASSICON 2014. Two topics which are of significant current interest was discussed threadbare – they were EOS (Early Onset Scoliosis) and Adult Deformity with special emphasis on sagittal parameters. We were fortunate to be enthralled by the star-studded faculty of SRS which included the current President, (Steven Glassman) and 2 ex Presidents (Lawrence Lenke and Harry Schuffelebarger, 2 members of the Board of Directors (Munish Gupta and Mark Weidenbaum), Chairman of the WWC Committee (Marinus De Kleuver) along with stalwarts like Dilip Sengupta, Rajiv Sethi, Noordin Hillaly and Azmi Hamzaoglu. The high quality academic content and audience interaction was an amazing experience.

From 24th afternoon onwards till 26th lunch time, ASSICON 2014 was an excellent academic extravaganza. We had all the doyens of the Indian spine scenario along with an excellent international representation in the form of Lawrence Rhines (USA), Mike Grevitt & Alan Crockard (UK) and Yoshiharu Kawaguchi (Japan). Each session of 2 hours was dedicated to a particular topic - one hour was devoted to didactic lectures with ample time of question/answers and half hour was dedicated to debates/panel discussions – the rest half hour was dedicated to free paper presentation. The entire program took place at a single auditorium and hence a full audience was present till the last session of the last day! This is the first time that great emphasis was placed on the free papers which actually reflects the quantum of scientific work done in our country and all abstracts were submitted online with a completely blinded reviewer based selection process. It is indeed an awesome response to get 200 abstract submissions, which was distributed to 40 reviewers with about 50 getting selected as podium presentations and 60 for e-poster presentation.

The hallmark of the conference other than the scientific content was the thought provoking ASSICON oration delivered by Dr Devi Shetty on the challenges of present health care systems in our country. The social events included a melodious tribute to the great Rabindranath Tagore after the inauguration ceremony on Friday evening which was followed by a sumptuous dinner. Saturday evening was a rocking combination of gala banquet along with live band performance of both English and Hindi pop music. Local sightseeing was arranged by our travel partners and the feedback was very encouraging.

ASSICON 2014 was a bundle of joy, a fitting tribute to the city of joy!

Dr Saumyajit Basu

Organizing Secretary, ASSICON 2014, Kolkata





ASSICON 2014 KOLKATA

ASSI Scientific Committee Report

Dr Gautam Zaveri / Dr Saumyajit Basu / Dr. Shashidhar BK / Dr. Bhavuk Garg / Dr. Amit Jhala / Dr. BN Upendra

The Scientific Committee has been busy putting up the programs of the two major annual events of ASSI, namely the ASSICON and ICS. Below is given a brief outline of the two events of this year.

1. ASSICON 2014, Kolakta

This year's annual meeting of ASSI was held at Kolkata from 23rd to 26th of January and the scientific content of the meeting was thoroughly worked out after multiple rounds of discussions in the committee. It was decided in principle to hold the meeting at one single hall throughout the course of the meeting excepting break out lunch symposiums which went on simultaneously at multiple halls.

Each 2 hour session was dedicated to a particular topic in spine and the topics covered were Early Onset Scoliosis and Adult Deformity (2 sessions each along with the SRS World Wide Course) along with sessions on Lumbar Degenerative, Infection, Tumors, Cervical Degenerative, Craniovertebral Junction, Thoracolumbar Trauma and Cervical Trauma. Each 2 hour session had one hour of didactic lecture (with about 15 minute of discussion), half hour on interactive sessions (debates/panel discussions) and half hour of free papers.

All free papers were invited through a web based independent unbiased abstract submission system and there were 200 submissions out of which about 50 got selected as podium presentations, 60 went into e-posters and the rest 90 had to be rejected. Each paper was sent to 4 reviewers and the average grading was considered. A separate panel of Ex Presidents of ASSI assessed the VTI gold medal submissions and 10 were selected. This time an e-poster award was also started and all the e-poster presenters were given a 2 minute slot to present their work to the judges and the assessment of Dr Gautam Zaveri and his team was extremely meticulous.

2. ICS 2014, Udaipur

Preparations for the same are in full swing. As always, this meeting caters to a topic specific discussion and in-depth analysis is the objective of the meeting. This time the topic selected is "Geriatric Spine" and the topics range from trauma to osteoporosis to deformity to infections and of course degenerative disorders. Focus has been on interactive nature of the deliberations and we hope that this will be a major success.

ASSI Education Committee Report

Dr. Samir Dalvie / Dr Vishal Kundnani / Dr. Anupreet Bassi / Dr. Shashidhar BK

1. The ASSI Spine Fellowship program is being further streamlined. An inspection of Oyster & Pearl Hospital, Pune was conducted on 3rd June 2014 by Dr. Vishal Kundnani. To assess their suitability as hosting centre for the fellowship program. The curriculum is being developed and will be shared with the members soon. A record no of 25 applications have been received for ASSI Spine Fellowship this year. The criteria for assessment of candidates is being reviewed. The possibility of holding a written examination before the interviews during ICS 2014 at Udaipur is being explored.

The report of the Exit Examination conducted at Mumbai is as under:

The prestigious 'ASSI Spine Fellowship' for the batch 2012-2014 was awarded to three candidates Dr Gaurav , Dr Pallav , Dr Kannappan at the centers of international repute. After arduous training spanning over two years, a exit examination was scheduled on 29th march 2014 in Mumbai under the supervision of Dr S.Y.Bhojraj at V.N.Desai Hospital, Santa Cruz.

The expert panel of scientific and academic committee of ASSI and the approved format informed to candidates well in advance designed the exam format. The examination format involved thorough evaluation of the candidate with a mix of theory, long cases, short cases and table viva on various aspects of sub specialty including implants, instruments, radiology, orthotics, surgical approaches, and bone models.

The examiners for the 1st ASSI fellowship Exit Examination were Dr V.T.ingalhalikar, Founder Member ASSI, Dr ShekharBhojraj, Past President ASSI, Dr S.K.Shrivastava, Unit Head &Prof ,K.E.M.Hospital ,Mumbai and Dr Sameer Dalvie, Fellowship Co ordinator ASSI. The tedious efforts put in to design the question paper and the exam format by all the examiners cannot be overemphasized. The Precious time devoted to take up the responsibility, in upbringing of future spine surgeons of country ,amidst of their busy schedules is worth ovation.



All the candidates were informed about the venue ,time ,schedule and format of examination. A pre examination CME was organized at Bombay Hospital ,28th march, a evening prior to Examination to entertain the queries from candidates and to calm down the apprehensions related to 1st examinations. CME included 'on-demand' lectures and interesting case discussions by eminent faculty.The CME was followed by a WELCOME Dinner for the candidates at HOTEL WESTEND on 28th march 2014.

The examination started as scheduled in the early hours of 29th march 2014 at V.N.Desai Hospital, Mumbai. Theory examination was conducted between 8.30am-10.30 am and covered topics of basic science, clinical science including the most essential aspects of spine surgery with a touch of modern aspects in spine surgery.

Practical examinations then followed with one long case and two short cases to all the candidates. Table viva was a grilling session for all the candidates across four tables. The practical examinations started at 11 am and carried on till evening .The grilling session was an overwhelming experience not only for the candidates but also for the organizing team including myself, and we all had a touch of the vast experience of examiners.

Amidst of there apprehensions and mounting stress, Candidates performed well and were able to survive the grilling sessions from examiners . The examiners left no stone unturned to bring the best out of the candidates , making them ready to take on the world as responsible human beings, more than being just spine surgeons. Examiners were impressed with the performance of the candidates, but also emphasized about the need of continuous learning in the ever-changing field of spine surgery. Necessary lessons about the modern techniques were also incorporated in the examination to keep the candidates updated about the happening in the field of spine surgery .

At the end, the candidates were overwhelmed by the experience of the examination. The questions in 'never-ending' grilling sessions of examination were taken on a positive stride, and the experience was acknowledged and appreciated by candidates.

The examiners enthusiastically took over the job of correcting the answer sheets and evaluating the individual scores of the candidates and preparing the cumulative final scores of the candidates. The grading was then assigned to candidates based on the cumulative scores. Under the gruesome viva and theory sessions ,all the candidates had performed well to come up in flying colours.

The first ASSI FELLOWSHIP EXIT EXAMINATION were held with highest zeal under supervision of Dr S.Y.Bhojraj. The smooth Functioning of the exam would not have been possible without proactive efforts of Dr Premik, Dr Priyank, Dr Sudhir and Dr Hrishikesh who supported the functioning and organized things to the level of perfection .

The team has set standards ,difficult to be taken over in coming years of the ASSI. Heartfelt gratitude to Dr Ingalhalikar , Dr Shrivastava and Dr Sameer Dalvie for incorporating there best in the candidates and designing the future of ASSI. Working under supervision of Dr S.Y.Bhojraj was an enlightening experience for myself and words would underscore the gratitude towards him .

Thanks to all those who made the examination a smooth function !!

*Regards
Dr Vishal Kundnani*

ASSI Research Committee Report

Dr Abhay Nene /Dr. K. Venkatesh / Dr. Surya Prakash Rao

1. As per the decision of the last General Body Meeting, ASSI is to support two research projects by its members with an award of Rs. 1,50,000/- per project. A call for proposals by members in this regard was advertised in Indian Journal of Orthopaedics (IJO) and Neurology India (NI) in the month of June. Repeated mailers were also sent to all members.

7 proposals have been received for consideration and are being reviewed by the research committee. The results will be declared during ICS 2014 at Udaipur.

2. Ms. Meenakshi Mohan has been appointed part-time as Research Co-ordinator for co-ordinating with its research activities of ASSI. Her job description would be as under:

- ♦ Planning and organizing research.
- ♦ To develop plans for projects and evolving guidelines to outline research procedures to be followed.
- ♦ To prepare reports, summaries, protocols, and quantitative analyses.
- ♦ To maintain familiarity with current scientific literature and contributes to the process of a project within scientific discipline, as well as investigating, creating and developing new methods and technologies for project advancement.
- ♦ To prepare reports of completed projects for publications in journals, for presentation, study status and for use in further applied or theoretical research activities.
- ♦ To organize and coordinate multi-center projects.
- ♦ Liaison with companies, organizations for collaboration (in research).
- ♦ Coordinate with doctors with regards to publication, new proposals and thesis.

- Prepare annual report (of research).
- Liaising with doctors/consultants or investigators on conducting the trial/ study.
- To participate in the preparation and review of study documentations, eg draft protocols, draft CRF's, monitoring guidelines and elements of final reports.
- Verifying and collecting the data entered on to the CRFs is consistent with patient clinical notes, known as source data/document verification (SDV).
- Writing visit reports.
- Presenting trial protocols with seniors to a steering committee.
- Designing data collection forms, known as case report forms (CRFs).
- Coordinating with the ethics committee, which safeguards the rights, safety and wellbeing of all trial subjects.
- Managing regulatory authority applications and approvals that oversee the research and marketing.
- Coordinate basic and translational research (reports, proposal & new technologies).
- Conduct educational workshops, forums, conferences etc.

3. A multi-centric research project would be initiated soon. The exact topics and details would be announced during ICS 2014 at Udaipur.

ASSI Social Work Committee Report

Dr Shekhar Bhojraj / Dr Subir Zaveri / Dr. Premik Nagad / Dr. Abhilash N. Dhruv

The Social Wing of ASSI under the guidance of Dr S Y Bhojraj has an agenda of "initiating" (as a catalyst) spine surgery set ups in areas where affordable and rationalised spine care is not available to the underprivileged patients with Spine ailments.

The future vision is to set up 4 geographical zonal centres (North, East, South and West) which will then coordinate such activities in their respective zones.

The typical module consists of starting with evaluation Camps, involving local surgeons (preferably members of ASSI) , assessing the needs, extent of problem, identifying local setups to operate on them subsequently and. Setting up systems and teams to take care of these cases pre, peri and post operatively.

The success of this venture lies in turning these "turn Key" projects into "permanent affordable spine service centres" on an ongoing basis.

The following are the ongoing activities of the ASSI's Social wing during the current year under the guidance of Dr S Y Bhojraj:-

1. SEARCH - Gadchiroli, Maharastra - Dec '13: 6 Surgeries, 450 OPD pts
Apr '14: 3 Surgeries, 450 OPD pts

3(three) times a year visit to SEARCH, gadchiroli for Spine Surgeries and OPD.

Next visit in october '14.

2. Parmarth Ashram - Rishikesh, Uttaranchal - Starting a new hospital for Spinal Cord Injury Rehabilitation centre and surgical hospital (in association with ISIC, New Delhi) at the banks of the Holy Ganga river - conducted the first surgery there with the NGO health first and Spine foundation sponsoring the cost of surgery - also did 2 spinal opd camps at the ashram seeing around 300 pt each in the last 2 visits in feb '14 and apr '14.

Setting up an OT in the ashram hospital for surgical cases for Spine Surg / ortho / gnaec / gen Surg / Ophthal.

3 (three) times a year visit to Parmarth Ashram Hospital, Rishikesh for Spine Surgeries and OPD.

Next visit in Sept '14.

3. V N Desai Municipal Hospital, Mumbai - Spine foundation and Spine Unit helping urban poor pt for Spine surgery and spine related ailments - Spine foundation has spent around Rs 6,00,000 (Rupees Six Lakhs) for Surgery / implants / investigations / medicines etc.

In association with NINA Foundation - running a free OPD for Spinal Cord Injury pts in Santacruz, Mumbai.

4. GMC Goa - Conducting free scoliosis surgeries twice a year

5. In association with Spine surgeons from UK (Cardiff) Conducted a free scoliosis surgery at

(1) V N Desai municipal General hospital, Mumbai

(2) BJMC, Ahmedabad.

Upcoming Spine Surgery camp at Rajgurunagar, Maharashtra.

Also planning to start from October 2014 Spine Surgery camps at Chitrakoot.

The Spine unit / Spine Foundation also regularly conduct Basic Spine Surgery Workshops for upcoming spine surgeons - recently conducted a Basic spine surgery workshop in Pune.

ASSI Advocacy Committee Report

Dr Ram Chaddha / Dr H S Chhabra

1. As per the decision of the General Body Meeting held during ASSICON 2014 in Kolkata, a committee comprising of Dr. Mahesh Bijjawara and Dr. Salil Saha were requested to give their report on "Creating awareness about current status of Stem Cell Therapy for Spinal cord injuries". The report submitted by them is as under:

Following are the steps ASSI should consider regarding misuse of stem cells in spinal ailments.

a) Take an official stand on the lines of spinal cord society and others. I have attached a ppt and also files for your reference. Also publish the same in our news letter.

b) Write to other professional bodies like IOA, IMA and other specialty organizations and urging them to create awareness among their members on this issue. Modes may be publishing in their new letters, inviting ASSI members for talks etc.

c) Encouraging members and orthopedicians to have patient education material displayed at their clinics.

d) Issuing statements in both print and electronic media at frequent intervals.

e) Any other modality which you think feasible.

Based on their recommendation position statement on "Stem Cell and Other Cellular Interventions after SCI" was adopted by ASSI and publicized through the media.

2. Creating community awareness: Based on the decision of ASSI to create community awareness about spinal ailments and their prevention, an agreement was signed with Communicators India, a Media consultant company for creating amongst the General Public through Effective Media Relations and Communications Programme. Press statements have been released through the company on "Stem Cell and Other Cellular Interventions After SCI" and "Spine Surgery is Safe". ICS 2014 at Udaipur and the theme on "Geriatric Spine" would also be publicized through a press release before the event. Subsequent press releases would be on Eligibility of orthopaedic surgeons to perform spine surgery, Prevention of spinal injuries and Back pain, the modern day epidemic or Osteoporosis.

ASSI position statements

"Stem Cell and other cellular interventions after SCI"

SPINAL CORD INJURY IS ONE OF THE MOST DEVASTATING AILMENTS WHICH CAN AFFLICT MANKIND! Complete injuries leave the person paralyzed below the level of injury. In tetraplegics all four limbs and torso are paralyzed whereas in paraplegics both lower limbs and torso below the level of injury are paralyzed. Such injuries have serious medical, psychosocial and economic consequences on not only the individual but also the whole family. Since neurons are not able to regenerate effectively for functional improvement, complete injuries do not generally recover neurologically. The treatment goal is to rehabilitate them comprehensively so that they can lead a happy and meaningful life from their wheelchair. Since the prognosis for neurological recovery in complete spinal cord injuries is poor, the spinal cord injured and their families look forward to any treatment which could help them to recover and they are often desperate in this regard.

Pre-clinical and clinical studies have revealed that stem cell and cellular transplantation hold a good promise and potential. In fact some forms of stem cell transplantations have been successfully used to treat some blood and immunological disorders. There has also been a lot of excitement about the potential of stem cell and cellular based interventions for spinal cord injuries. Many studies performed involving animal models of spinal cord injury (mostly rats and mice) have shown a good potential for such interventions. However, animal studies have a lot of limitations especially since they do not exactly mirror SCI in humans. Thus, it is important to conduct valid clinical trials to evaluate whether stem cell and cellular transplants can be offered as a valid option after SCI. Some properly conducted clinical trials are now being undertaken, but it is advisable to wait for the results from these objective studies.

There has been no established evidence to-date that stem cell and cellular transplants are successful for management of human spinal cord injuries. There is however evidence that there are significant safety risks associated with such transplants. Further more people with spinal cord injury can get back to a normal lifestyle with proper conventional medical care and rehabilitation training. In view of this, it is advisable that spinal cord injured and their families make informed decisions regarding the plethora of so called "effective" stem cell and cellular transplants being offered across the world, typically for large sums of money. They should not get influenced just by patient testimonials. These cannot be relied upon because of the possibility of biases by many confounding factors like placebo effect and natural history of the disease.

As per the latest National guidelines for stem cell research published by ICMR and DBT *"any stem cell use in patients must only be done within the purview of an approved and monitored clinical trial with the intent to advance science and medicine, and not offering it as therapy. In accordance with this stringent definition, every use of stem cells in patients outside an approved clinical trial shall be considered as malpractice."*

ASSI endorses the National Guidelines on stem cell research (<http://icmr.nic.in/guidelines/NGSCR%202013.pdf>) and Guidelines for the Clinical Translation of Stem Cells by the International Society for Stem Cell Research (<http://www.isscr.org/home/publications/ClinTransGuide>). While ASSI acknowledges the possibility that in future stem cell and other cellular based interventions may be accepted as a valid choice of therapy after SCI, the evidence base for the same must come from a valid clinical-trial program. Currently, it is unethical to offer experimental interventions that are not yet proven to be safe or effective and more so to charge patients for this. International Spinal Cord Society (ISCoS) also voices similar sentiments in their position statement (<http://www.iscos.org.uk/statement-on-stem-cell-therapy>).

More information on stem cell and cellular transplants and questions that should be asked of someone offering a treatment for SCI is available in the following sites:

- <http://www.cdscn.nic.in/writereaddata/DRAFT%20GUIDANCE%20STEM%20CELLS-FINAL.pdf>
- <http://www.closerlookatstemcells.org/>
- 'Experimental Treatments for Spinal Cord Injury: What you should know' <http://www.campaignforcure.org/>
- <http://www.isscr.org/home/publications/patient-handbook>

ASSI Position Statement

Stem Cell and other cellular interventions after SCI - Press Coverage

“Spine Surgery is Safe”

SPINAL PROBLEMS ASSUME IMPORTANCE SINCE THEY ARE QUITE COMMON. Back pain is the second most common health problem with only the common cold affecting people more often. A look at a person paralysed below the neck and confined to the wheelchair for life after a spinal injury in a road traffic accident would give an idea of how devastating the consequences of spinal problems can be. There can be very serious economic consequences too. Back pain, for example, is responsible for the largest number of man hours lost in the industry in US. It is thus very important that we have a good knowledge about how to properly manage spinal problems.

Unfortunately there are many myths prevailing in the Indian society related to management of spinal problems. One of the most common ones is *“Don’t get a surgery done for your spinal problem. It will leave you paralysed for life.”*

Association of Spine Surgeons of India (ASSI) want the community to know that not only is there no rationale behind this myth, getting misled by it can have serious consequences. Spine Surgery is safe. The incidence of complications as per evidence base proves that the myths prevalent in this regard are not justified. The incidence of increase in permanent neurological deficit (weakness in the muscles), for example, is less than 1% after routine spine surgeries. The complication rate of routine spine surgery is no more than that of other surgeries like abdominal/cardiac/orthopaedic surgeries.

In fact, it is well established that when a spine surgery is indicated, not undergoing it would have a far higher incidence of the complications which the common man dreads from a spine surgery due to the myths prevalent in the Indian Society. However the Association would also want to point out that except when red flags (progressive paralysis, difficulty in bowel/bladder control) are present, spine surgery is required only when a good conservative program fails. In fact the vast majority of spinal problems can be managed conservatively.

With advances in technology, the outcomes of spine surgery have improved remarkably with time. Improved knowledge about spine and its problems and advances in preoperative planning, technique of surgery, instrumentation, anaesthetic techniques, intra-operative imaging and antibiotic policy as well as intra-operative spinal cord monitoring, blood auto-transfusion and navigation where required, have made spine surgery a lot more safe with acceptable complication rates.

Some very severe spine problems requiring very complex spine surgeries may have higher complication rate than the routine spine surgeries. However it would not be proper to have a general conception of the safety of spine surgeries on the basis of any complications arising from such complex surgeries. Such severe spine problems are quite uncommon. Moreover the consequences of not managing them would be far more devastating.

ASSI however would want to caution that while the majority of spine surgeries are very safe to perform, the results can be compromised / disastrous in hands of untrained or unqualified surgeons.

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A growing section of the population in the Capital has started suffering from back and spinal problems but most people are still not aware about the advances in the field of spine surgery.

There are many myths in Indian society related to management of spinal problems.

One common myth is that getting a spinal surgery externally leads to paralysis for life. According to the Association of Spinal Surgeons of India (ASSI), there is no rationale behind this myth and moreover getting misled by the myth can have serious consequences. "Majority of spine surgeries are very

min. The complication rate of routine spine surgery is no more than that of other surgeries like abdominal/ cardiac/ orthopedic surgeries. The incidence of increase in permanent neurological deficit (weakness in the muscles), for example, is less than 1%.

comparisons of the impact that these conditions would be more devastating," said Dr. Sajjan Hegde, president of ASHA and consultant spine surgeon at Inland, Department of Orthopaedics, Apollo Hospitals, Chennai.

However, only a small percentage of spinal problems require surgery. "One out of 100 patients with any of the conditions would require surgery," said Dr. Hegde.

problems and advances in preoperative planning, technique of surgery, instrumentation, anesthetic techniques, intra-operative imaging and antibiotic policy as well as intra-operative spinal cord monitoring, blood auto-transfusion and navigation where required, have made spine surgery a lot more safe with acceptable

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1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

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"Some very severe spine problems requiring very complex surgery may be managed by this technique quite properly. However, it would not be proper to have a general impression of spine surgery on the basis of any comparison among these such complex aspects. Such patients are quite uncommon. Moreover, the consequences of not managing them would be quite disastrous."

However, only a small percentage of spinal problems require surgery. In fact, the vast majority of spine surgery is required only when a good conservative program fails. In fact, the vast majority of spine problems can be managed conservatively," said Dr. Bruce Chadden, President Elect - AASS and Department of Orthopedics - U.S. Stony Brook Medical College, Stony Brook.

*One interventionist ally of the sector is the U.S. Environmental Protection Agency. In a recent report, the agency has estimated that the use of leaded gasoline in the United States will cost the economy \$1.5 billion in lost productivity annually. With advances in technology, the agency estimates that the use of unleaded gasoline will save the economy \$1.5 billion in lost productivity annually. Improved knowledge about the impact of leaded gasoline on productivity and the environment could lead to more informed policy decisions. The agency is currently conducting a study on the impact of leaded gasoline on productivity and the environment. The study is expected to be completed by the end of the year. The agency is also conducting a study on the impact of leaded gasoline on the environment. The study is expected to be completed by the end of the year. The agency is also conducting a study on the impact of leaded gasoline on the environment. The study is expected to be completed by the end of the year.

photomicrograph 200x. Densities of neurons were estimated. Spine undergoing a spine surgery, and a normal spine.

spasms, vomiting, diarrhoea, a severe headache and a feeling of being sick. The patient was taken to the hospital and the doctor found that the patient was suffering from a severe case of food poisoning. The patient was given antibiotics and the symptoms disappeared. The patient was discharged from hospital and was advised to eat only bland food for a few days. The patient was also advised to drink plenty of fluids. The patient was very grateful for the treatment and was very happy to be discharged from hospital.

some spine surgeries. Some may have spine problems requiring very complex surgery may have higher complication rates than rather spine surgeries. However, it would not be proper to have a blanket conclusion of the risks of spine surgery on the basis of any complications arising from a complex surgery. But review some problem on maintenance of the spine. The consequences of not keeping them would be very serious, "with Dr. Saeed Magid, THE DR. SAEED MAGID, Consultant Spine Surgeon & Head, Department of Orthopaedics, Ajlun Hospital, Jordan. However, only a small percentage of spinal problems require surgery. "Range and end stages are present, spine surgery is required only when a good conservative program fails. In fact the last measure of spine

NEW DELHI, June growing population and urban problems.

21: Despite a string of track, large number of

Most spine su

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...square meters. Except when we digge...
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...growth under going such a regime...
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'Most spine surgeries are safe'

prevailing in the Indian society related to management of spinal problems. The such common myth is that getting a spinal surgery generally leads to paralysis for life. According to the Association of Spinal Surgeons of India (ASSI), there is no rationale behind this myth and moreover getting treated by the spine can have serious consequences.

"Majority of spine surgeries are very safe. The complication rate of the first spine surgery is no more than that of other surgeries like abdominal aortic aneurysm repairs. The incidence of increase in permanent neurological deficit (weakness in the limbs), for example, is less than 1% after routine spine surgeries. Some very severe spine

problems requiring very complex surgeries may have higher complication rates than routine spine surgeries. However, it would not be proper to have a general conception of the safety of spine surgery on the basis of any comparison arising from such complex series," says Dr. Susan Hoppe, President ASH. Consultant spine Surgeon & Head, Department of Orthopaedics, Apollo Hospital, Chennai. This was stated in a press release.

NEW DELHI, June 21: Despite a growing population suffering from back and spinal problems, a large number of people are still not aware about the advances in the field of Spine Surgery. One look at a person paralysed below the neck and confined to the wheelchair for life after a spinal injury in a road traffic accident would give an idea of how devastating the consequences of spinal problems can be.

ASSI Position Statement

Spine Surgery is Safe - Press Coverage



3. In the last General Body Meeting, it was decided that the Advocacy Committee would seek legal opinion on the issue pertaining to "compensation for medical negligence including pursuing a cap on compensation" and "differential treatment meted out to orthopedic spine surgeons". The opinion of Dr. PK Kohli, medico-legal advisor in this regard are as under:

Opinions of Dr. P K Kohli, Medico Legal Advisor

1. "Differential treatment meted out to orthopedic spine surgeons"

Dear Dr. Chhabra,

This is regarding the issue of Spine Surgery jurisdiction.

The relevant facts, as I understand, are :

It is clear that in Medical practice there is a lot of overlap in the jurisdiction of different specialities. The Spine surgery comes under the domain of the Ortho surgeons as well as Neurosurgeons.

For safe surgical practice, the practitioner must have

- a. Requisite qualification*
- b. Requisite Experience*
- c. Competence & skills*

MS in Orthopedics, without doubt, qualifies a person to perform spine surgery as the curriculum includes theoretical & practical training in spine surgery.

Experience in spine surgery would mean the number of spine surgeries performed independently. This would apply both to the Ortho surgeon as well as Neurosurgeon.

Competence & skill is difficult to quantify objectively but will generally be reflected in the outcome statistics. This would apply both to the Ortho surgeon as well as Neurosurgeon. Whether A is better than B will depend on the competence and skills as well as decision making experience and not on the qualifications, if both A & B qualify for it.

Therefore, a mere label of Ortho surgeon or Neurosurgeon, by itself does not (and cannot) show which one is better. Essentially, spine surgery is Orthopedics. The role of the Neurosurgeons is limited to the procedures on the neural tissues in the spinal canal. In the majority of spine surgeries, the neural tissue handling does not occur. Whereas, Neurosurgeon is often involved when an Ortho surgeon, during the course of spine surgery, comes across significant neural involvement. However, the Neurosurgeons do not involve the Ortho surgeons, although the bony involvement as well as access through bone and measures to stabilize the spine are an issue in ALL cases of spine surgery.

Another important facet of medical practice is that the patient, on an individual basis, has the right to choose the surgeon for his treatment. However, the Governments or the Regulatory bodies or the Third party payers should not do anything to cause prejudice or bias in the minds of the care seekers.

The Medical Council of India, on an earlier representation had discussed the issue in their Board of Governors' meeting dated 6th & 7th August 2013 and had concluded that the Orthopedic Surgeons were duly authorized to perform spinal surgeries.

Different Departments of the Central & State Governments, however, are still unaware of the decision of the MCI. Some of them still continue to (illegally & unreasonably) discriminate between the Orthopedic Spine Surgeons and Neuro spine Surgeons. Whether it is out of ignorance or prejudice or the effect of lobbying, one is not sure but this is surely causing avoidable heart burning and unfair disadvantage to the Ortho surgeons and in some cases disadvantage to the patients.

Let us examine the CGHS list of surgeries. Code no 897 is Discectomy with pricing of 20000, 23000K & 63000 for Non NABH hospital, NABH hospital & Super speciality hospital respectively. This is primarily an Orthopedic surgery with no significant role of the Neurosurgeon. Under Orthopedic surgery list this operation is listed at Code 1108. The pricing for this code is 4200 & 4830 and there is no listing of this code under Super speciality hospital. Moreover this code includes excision of disc & tumors, which amounts to more than discectomy.

Code 891 is anterolateral decompression of spine under Neurosurgery head. Its pricing is 25000, 28750 & 79860. The same surgery under Orthopedic head is at Code no 1110. Its pricing is 3000 & 3450, again not listing under super speciality hospital column.

My considered opinion is as under:

1. MCI has done its job by stating that Ortho surgeons are qualified to perform Spine surgery. They will not be able to do anything on the discrimination front unless somebody clearly says that Ortho surgeons are not allowed to perform spine surgery or are inferior to Neurosurgeons in this job.
2. However, we should apprise the MCI about such discrimination and request them to give a clearer opinion on the issue.
3. We should approach the individual organizations like the CGHS, or the Govt of Karnataka or any other body to apprise them of the unfair discrimination without any basis.
4. If persuasion doesn't help, legal action can also be considered against those organizations since it violates the Fundamental right to equality.

Please give your inputs on the above before further action.

2. "Compensation for medical negligence including pursuing a cap on compensation"

Dear Dr. Chhabra,

I have studied this Supreme Court order and I have participated in a number of meetings related to the issues that have cropped up. My considered opinion on these issues is as under :

1. We have to realize that the dynamics of the society today are quite different from the good old days when the 'doctor' enjoyed a fiduciary relationship with his patients, based on trust. All complications were the liability of God and all successes were the efforts of the good doctor. Today our relationship with our patients is contractual and sometimes exploitative. Although exploitation often occurs from both sides, the general perception in all segments of the society is that mostly it is the doctors & hospitals that take advantage of the ignorance of the patients and perform unnecessary investigations / surgeries etc and keep the patients unnecessarily in the ICU to extract money. These are the general perceptions – may be right or wrong.
2. We as a fraternity, have not done anything significant to remove this perception. Our Professional bodies including the IMA or the speciality associations have not paid more than a lip service to this important issue. As a matter of fact, the general trend is for us to expect 'others' to make efforts to remove this negative perception about 'us'. In general we prefer to work in an autonomous manner – individually as well as institutions / associations. We need to remove the perception that we do not want accountability or transparency etc. But that will happen only if we are able to self regulate ourselves well and actually walk the talk on such matters, in our medical practice or in the running of our associations.
3. It is also important to understand that the Consumer Protection Act, as the name suggests, has been enacted for the 'protection of the interests of the consumers' and therefore, there is an in-built prejudice in favour of the consumers.
4. It is also important to realize that most of our hospitals do not have a genuine & active internal grievance redressal mechanism for their 'consumers'. Many a times we step in when the things have already gone beyond repair. Our people lack a tactful handling of adverse situations. They lack the communication skills. They also lack the guts to admit mistakes at the initial stage. Many times, we handle situations mechanically & technically and not with sympathy or empathy. Sometimes we try to cover up the errors and that too carelessly. Therefore, although, most of the times, we are correct on merits but still we face the flak and sometimes mess it up due to our mis-handling.
5. Another point to remember is that the compensation awarded to the complainant is based on certain legal principles. The main yardstick is that if there has been a breach of duty and a legal injury caused by it, the person must be compensated by a sum that would bring him back to a position he enjoyed before that legal injury occurred.. So, if a person aged 20 years dies of a negligently performed minor surgery worth say Rs.10,000/-. The compensation principles will require computation of his earning ability for the rest of his expected life span as well as the perceived loss to his dependants. This will amount to several lacs. So the compensation claimed & granted is legally not proportionate to the professional charges for the services or the paying capacity of the respondent. That is the law and we have to accept that. The courts can interpret the same thing differently, if desired but they cannot change the legal principle.
6. It will be naïve to expect any court to fix a cap on the amount of compensation in the case of medical negligence. They cannot, even if they want to. Therefore, fighting for such a cap is likely to be counter productive because it will only reinforce the negative perception about us.
7. We need to act on multiple fronts if we wish to have a healthy & comfortable environment for medical practice. My suggestions are as follows :
 - a. Individually, we should resort to
 - i. ethical medical practices
 - ii. Handle LESS number of patients & focus on quality rather than quantity. We may have better charges but the total number of patients that we treat must be limited to a number that we can handle comfortably ensuring quality & patient safety

iii. Be selective, learning the art to reject patients (of course this cannot & should not be done in emergency cases, atleast till they are stabilized). We are legally well within our rights to refuse to treat elective patients beyond a point.

iv. Be updated clinically

v. Be liberal with second opinions

vi. Be thorough & careful with medical records

vii. Inculcate good communication skills

viii. In adverse situations, the consultant must himself come forward to talk to the patient / relatives rather than delegating this task to the resident or the nurse

ix. Take a high volume indemnity insurance cover

b. For the hospitals, we should

i. Have transparency about diagnosis (including situations of diagnostic dilemmas), plan of treatment, options available with their pros & cons, expected benefits & possible risks, estimate of hospital stay & estimate of expenses.

ii. Be transparent about billing

iii. Be liberal with discounts. It makes sense to have high charges overall but give discounts liberally to the needy patients ie. have a low threshold for discounts

iv. Focus on Quality and Patient safety – both in letter and in spirit.

v. Have proper SOPs & processes in place with periodic training of the staff so that the compliance is good

vi. Keep the employees well motivated & engaged. Much of the negativities get triggered or aggravated by demotivated staff

vii. Genuine CSR (Corporate Social Responsibility) projects where the hospital tends to build a good rapport with the society through innovative projects. Mere offers of festive discounts or free camps mean very little. Public views them as publicity stunts or as an opportunity only to get second opinions. Health education programs, Health festivals, Sports activities, Adopting some category of patients etc may generate more good will.

c. For the professional bodies

i. Main focus should be on building a positive perception in the society about the medical fraternity & hospitals

ii. Circulate proper practice guidelines for its members. They should be periodically updated on such guidelines and handling of difficult situations

iii. Have genuine Medico-legal and Medico-social cells for helping generate a healthy and positive environment. For example, interactions (and may be sports competitions or debating competitions etc) with associations of other segments of society say Rotary clubs, Bar Association, Traders association, Government Employees association, NGOs & so on.

iv. Workshops on Communication skills & other soft skills for the members

d. Specifically for the amendments in the consumer law, I think gross amendments in our favour will not happen & we should not waste our energy on trying for them, atleast for the present. Amendments which appear very reasonable & can be achieved are

i. Mandatory screening of cases of medical negligence, before the case is admitted in the consumer court. The decision of the Supreme Court in Martin D'souza case was very good for us. Unfortunately it got diluted in another subsequent case (Krishna Rao v Nikhil Superspeciality center), where the screening at the admission stage, was made discretionary rather than mandatory. We can approach the Apex court to get objective guidelines on screening by medical board before admission. In which type of allegations an opinion of medical expert should be taken to decide whether the case deserves to be adjudicated or not. We can ourselves prepare the guidelines with examples & explanations and pray for the courts directions. This will help take away lot of frivolous complaints

ii. Similar guidelines be issued for taking expert medical opinions by the court during the proceedings of the case, before deciding the technical issues

iii. The CPA provides for a penalty of upto Rs. 10,000/- for frivolous complaints. We should ask for a penalty proportionate to the amount of compensation claimed. This will automatically bring down the claim amounts. Say if the penalty is set at 50 % of the claim amount, on the complaint being found to be frivolous, the complainant will have to be very careful in seeking high claims. This amendment in the Act would require approval of the Parliament. The Apex court cannot do anything in this.

iv. We should approach the Apex Court also for issuing guidelines for labeling the complaint as frivolous. At present it is the discretion of the court and hardly ever one finds the courts deciding that the complaint is frivolous. If there are objective guidelines to follow, it will provide effective checks & balances in the administration of justice in such cases

v. We should seek issuing of guidelines on the proceedings in consumer courts. For example, if Pleadings, Reply, Arguments etc. can be restricted to not more than 5 pages each (or some other number), the documents will get read by the courts. In today's scenario, much of the voluminous documents are not read through and they

merely increase the weight of the files and the courts base their decisions on inadequate understanding of the issues.

vi. We should request for a mechanism whereby any consumer court decision which is set aside by the higher court, there should be some thing like a judicial audit of the lower court so as to assess the fairness and judicious application of mind by the lower court. In case the lower court is found wanting, there should be some action (atleast administrative action) against that court. This will serve as a deterrence against casual, negligent & sometimes prejudiced decisions.

ASSI
ASSOCIATION OF
SPINE SURGEONS
OF INDIA

Encl. 1988 / Registration No. 34432 / (Firm No. AAATA7825P

15th May 2014

EXECUTIVE COMMITTEE: 2013 - 2014

Dear Sir,

I am writing this mail to you on behalf of Association of Spine Surgeons of India (ASSI). We would first want to compliment you and all concerned for conceptualizing a very useful scheme which has brought respite to a large section of the Society.

We would want to bring to your notice an issue which may be affecting the care of beneficiaries of the scheme who have spinal ailments. Many members of our association have pointed out that orthopedic surgeons are not considered eligible to perform spine surgeries under your prestigious scheme.

As you are aware, during post-graduation in Orthopedics, there is an indepth teaching and training in all aspects including spinal injuries and spinal disorders. This includes theoretical teaching as well as practical / operative skills. As qualified Orthopedic surgeons, the medical professionals get the requisite knowledge and exposure of these skills. There is understandably some overlap of jurisdiction between Orthopedics as well as Neurosurgery. Spinal disorders and spine surgery encroaches the field of both.

ASSI had represented to MCI in order to get clarity on "eligibility of orthopaedic surgeons to perform spine surgery". In its meeting held on 6th & 7th August 2013, MCI also decided that "the Orthopaedicians may also provide for spinal care including surgery to the patients". A copy of the relevant minutes of the meeting is enclosed for your perusal.

At the moment the beneficiaries of your scheme having spinal problems can be treated only by neurosurgeons. It is known that there are a limited number of neurosurgeons in your State. The number of available orthopaedic surgeons who could provide care to people with spinal problems is far larger. Thus the beneficiaries of your scheme may be getting deprived of easier access to care for their spinal problems.

We are sure that once this issue is brought to your notice, you will certainly get the needful done. If there are any queries in this regard, kindly feel free to let me know.

With regards,

Harvinder Singh

Dr. HS Chhabra
Secretary - ASSI

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ASSI Website Committee

Dr. Ajoy Shetty

Date	Work Head
Jan 21, 2014	Executive committee update - Co Opted Member names updated
Jan 20, 2014	Result of various ASSI awards for the year 2014
Jan 28, 2014	Call for application for "IASA Clinical Research Award for the year 2014
Feb 07, 2014	Spine registry - Enrolling of Dr arvind kulkarni
Mar 07, 2014	Periodic Report on spine registry
Mar 28, 2014	Link to Annual London Spine Course
Apr 21, 2014	ASSI position statement on "Stem Cell and Other Cellular Interventions after SCI"
Apr 28, 2014	Result of "ASSI Spine Fellowship Exit Examination" for the batch 2012-2014
Apr 28, 2014	Periodic Report on spine registry
May 02, 2014	Call for Proposals for ASSI Research Award 2014"
May 09, 2014	Spine registry - Enrolling of Dr Vidyadhara
May 20, 2014	Periodic Report on spine registry
May 21, 2014	photograph of Dr. Saumyajit Basu - EC Member
June 04, 2014	ASSI position statement on "Safe Spine Surgery"

2012-2014

ASSI Long - Term Clinical Fellowship Reports

BY DR. GAURAV RAJ DHAKAL - Before I begin, there are three people I would want to thank. Foremost, my wife for granting me permission to do this fellowship. Two years away from home, away from family was always going to be difficult for both of us and she has had to sacrifice much for my career! Second, Professor Dr Rajasekaran for encouraging and supporting my interest in Spine Surgery! And the most important person, my mentor, Dr Saumyajit Basu; words fall short to thank him!

My interest in spine surgery dates back to my residency days in orthopedics. I was always interested in it and wanted to pursue it as my specialty. However, in Nepal, we lack fellowship or training opportunities in Spine, hence, I was compelled to seek centers of training elsewhere. Due to various reasons, India seemed the most appropriate place for me and when I was selected as the first foreign candidate for this prestigious fellowship program, I was ecstatic.

Park Clinic at Kolkata was my fellowship center and Dr Basu my mentor. The first day I arrived in Kolkata, it felt like being thrown in a hot oven! However, in due course of time, I adjusted to the climate and environment. The city has a different feel to it and the best part of it is the preserved heritage and its rich culture and history. Food is easily accessible everywhere and I grew a fondness for the "Calcutta Rolls" and the different varieties of fish and sweets! "Maach, mishti and more!"

It took me a few months to adjust to the work schedule at Park Clinic. A typical day would begin at 7:30am with ward rounds, reporting, operating room, outpatient clinics and inpatient admissions. In the initial few months, going to the operating room and assisting as many cases was my priority. However, I gradually realized that there was much more to learn than only operating. And this aspect has been very well inculcated by my mentor. Planning for every case, pre-operative assessment of the patient and post-operative care were prioritized most during my fellowship. Another beneficial aspect of this program is the closeness with which we worked with the anesthetist. This also gave me an insight as to the importance of a confident anesthetist. The time spent in "boss's" clinic was equally important; the art of counselling and patient selection can only be imbibed from there.

I was also given the opportunity to work with neurosurgeons. This rotation was helpful, because, I could pick up the finer aspects of neurosurgical spine work. Professor Bhattacharya and Professor Chatterjee deserve a special thank you.

Academics was never behind. Every thursday morning was dedicated to trainee's presentation and on a regular basis we used to have seminars and guest lectures on Saturdays. We were encouraged to take up research projects and I was fortunate to complete two research projects. One project was presented in the Kochi ASSICON and the other has been accepted as podium presentation at IMAST 2014 at Valencia, Spain. I also attended a couple of spine meetings e.g., AO Spine Principles Course, ICS 2013, Ganga Operative Spine Course 2013 and ASSICON 2014 at Kolkata. The highlight has been receiving the 2013 SRS GOP Educational Scholarship which put me on a flight to Lyon, France for 2013 SRS Meeting. This was a phenomenal experience!

During these two years, I was exposed to almost all aspect of Spine Surgery. From infections, open surgeries, MISS TLIF, percutaneous instrumentations, disc replacements, deformity corrections, use of Intraoperative monitoring, growth rods and VEPTR. The best part of this program is that it is very structured, good hands on, direct interaction with the mentor and a comprehensive exposure to the subject.

Because of the work, I did not realize how time elapsed and saw myself staring at the Spine Fellowship Exit Examinations. All the work, knowledge and discussions were sufficient to see me through the exams.

I am writing this report from Kathmandu and memories of the time spent at Park Clinic makes me nostalgic. My colleagues Amitava, Sreeram, Dharmesh, Kiran and juniors Chaitanya and Vignish made my stay very comfortable. Sincere gratitude goes to all the office bearers at ASSI for having given me this

opportunity to come to India and join the fellowship program. And, above all, Dr Basu, "Sir, proud to have been associated with you!"

Dr. Gaurav Raj Dhakal
MBBS, MS, ASSI Spine Fellow
Consultant Spine Surgeon
Norvic International Hospital
Kathmandu, Nepal



BY DR. PALLAV BHATIA - I am honored to write this fellowship report. It takes me two years back to recollect my good memories, a great learning time at Indian Spinal Injuries Centre (ISIC), Delhi. I feel myself lucky enough to clear the fellowship entrance exam and get into this premier institute.

The journey started on 3rd April, 2012 when I met my mentor, Dr. H.S. Chhabra, who warmly welcomed me and gave me a brief idea of the duties I had to perform. The first day was our OPD day where I observed how Sir dealt with the patients and counseled them regarding their diagnosis.

Gradually, I was involved into the routine of ISIC and my seniors and colleagues. Our day started with Chhabra sir presiding at the morning class at 8 A.M. In a week, we used to have one day of thesis presentation, one day of DNB class, three days of journal presentation and last day of clinical audit, in which all the operative as well as admitted patients of the whole week were discussed about. It was a really great learning experience from our consultants and Sir and there was a lot of brainstorming in the 30-45 minutes of this session.

Then I was supposed to take the rounds of the wards assigned to me. Gradually I learnt the pre-op morbidities and post-op protocols, as well as the complications and their management. Sir and other consultants used to take rounds of their patients which also led to healthy discussion and was a great help in the learning process. We had the honor of witnessing grand rounds through which we were able to learn various parameters of rehabilitation process.

We had OPD and OT days alternatively. On OPD day, I used to first evaluate the patient with his history and neurological examination, put up a provisional diagnosis, which was finally scrutinized by Sir. It used to be a busy day, where we used to come across 80-100 patients. It was in the OPDs where I learnt how to examine a patient, how to put differential diagnosis, how to finally arrive at a diagnosis and if it is a surgical case, which surgical options are available and pros and cons of each option.

The next day was OT day. On my very first day, I had a chance to scrub in a case of congenital kyphoscoliosis where I saw Sir performing PVCR and obtaining deformity correction. During the first six months, I got scrubbed as a first assistant in primary spine surgeries like traumatic spine fixation, discectomy, decompression and as a second assistant in major spine surgeries like TLIF, pott's spine, scoliosis correction, endoscopic discectomy and occipitocervical fixation. This was the primary learning phase where we learnt the entry points of pedicle and lateral mass screws, various spine exposure techniques, fine discectomy skills and how to do a thorough decompression. During the next six months, I was independently given traumatic spine fixation and lateral mass fixation, first in AIS-A patients and then gradually in incomplete neurology patients also. Over the period of next six months, I independently performed anterior cervical spine exposure, pedicle screw fixation in pott's spine, spondylolisthesis and other unstable lumbar spine degenerative disorders. I also performed lateral mass screw fixation for cervical myelopathy. Meanwhile I would scrub as a first assistant in TLIF, ACDF, ACCF, scoliosis and kyphosis deformity correction. During all these procedures, all the consultants and Sir would throw questions which would in turn start a good theoretical as well as practical learning session of that technique. We were free to ask any questions related to the procedure and Sir and other consultants would fulfill our quest with their immense knowledge. Finally, in the last six months, I individually performed lumbar discectomy, decompression, TLIF, ACDF, pedicle screws in scoliotic and kyphotic deformity correction. I got innumerable chances to assist tubular discectomy, correction of severe idiopathic and neuromuscular scoliosis, PVCR for severe kyphotic deformities, multi-level cervical corpectomies, atlantoaxial and occipitocervical fixation. In short, the OT days were the best time for me to learn and interact with seniors and consultants, including Sir.

It didn't end here. I was lucky to be an active member of e-learn SCI module, live surgical workshop and organizing committee member of ISSICON 2012.

In my two years of fellowship tenure, I worked on the following topics:

1. Difference between upper and lower lumbar disc collapse: Study of 30 subjects- poster presentation at ASSICON 2013.
2. Tubular discectomy or micro discectomy: Better option for the management of lumbar disc collapse: Paper presentation at WENMISS 2013.
3. Is conservative treatment equally effective to surgical treatment in management of traumatic central cord syndrome- poster presentation in ASSICON 2014.

4. PVCR for the management of spine ailments: is it safe? - paper presentation in ASSICON 2014.

Out of these the third one, Traumatic Central Cord Syndrome, was the subject of my research project. On the behalf of this report, I would like to thank my seniors and consultants without whom all this could not have been possible. Moreover, our Sir used to arrange get-togethers and throw parties on special occasions and birthdays of the team mates which used to not only build team spirit but also brightened up the otherwise monotonous and perfunctory days of the fellowship. Thus with a special reference, I would like to thank our Sir without whom my fellowship would not have been such a wonderful learning journey.

Dr. Pallav Bhatia
MBBS, M.S ORTHO, ASSI Spine Fellow



BY DR. N. KANNIAPPAN - First and foremost I want to thank Dr. Rajasekaran, my mentor who has played a pivotal role in the pursuit of my career in spine surgery. Before joining this fellowship I worked for 4 years in a missionary hospital. I had got to do some basic spine work. But I always wanted to expand my knowledge and learn the nuances of spine surgery via a structured learning programme from a high volume center.

As a first step in achieving this was the Observorship in Spinesurgery in Ganga Hospital which I did in 2011 under the guidance of Prof. Rajasekaran. It was then that I realized there is so much to learn and I was immensely grateful when I was selected for this prestigious fellowship.

This fellowship has helped me gain the surgical skills and academic knowledge required for a spine surgeon. I have also learned the importance of meticulous preoperative workup and postoperative care which are most often overlooked. Apart from these I was also enlightened about patient counselling, communication skills and document maintenance which will be an invaluable asset to me in future. Everything was taught in a methodical and structured way which made it possible to assimilate the required knowledge.

Academics were also taken care of by regular lecture classes, case presentations and Journal club. We were also driven to take up research projects and I was fortunate enough to complete one which was presented at ASSICON-2014 and TNOACON-2014. The research project got the best paper award- Prof. Vyageswaradu medal in TNOACON.

I was very apprehensive when I joined regarding the work schedule. But what seemed like a mammoth task was made possible only by the approachable and friendly nature of my teachers Dr. Ajoy Shetty, Dr. Rishi Kanna and Dr. Balamurali. I am forever indebted to them for their willingness to share their knowledge and for their emotional support.

Last but not the least, I would like to thank my family for putting up with me and helped me pursue my dreams. This fellowship has definitely ingrained in me the qualities to become a responsible spine surgeon.

Awards

A.S.S.I. Awards & Fellowships for 2014

A.S.S.I. - CLINICAL RESEARCH AWARD – 2014 – Dr. HS Chhabra
A.S.S.I. – BASIC SCIENCES AWARD – 2014 – Dr. S. Rajasekaran
A.S.S.I. – YOUNG INVESTIGATORS AWARD – 2014 – Dr. Suresh Cheekatla
A.S.S.I. PUBLICATION AWARD – 2014 – Dr. S. Rajasekaran
A.S.S.I. – TRAVELLING FELLOWSHIP FOR 2014 – Dr. Abhilash N. Dhruv and Dr. Agnivesh Tikoo
A.S.S.I. – DARTMOUTH SPINE FELLOWSHIP – 2014 – Dr. Sarvdeep S. Dhatt

Achievements/Prestigious Positions of ASSI Members

Prof S Rajasekaran, Ph.D., Chairman, Dept of Orthopaedic & Spine Surgery, Ganga Hospital, Coimbatore

SICOT

- Treasurer General & Central Executive Committee Member
- Section Committee Chairman - Spine Surgery

Scoliosis Research Society

- Education Committee Member
- Research Grant Committee Member

AOSpine

- Chair - International Research Commission

Dr. Ram Chaddha, Senior Spine Consultant, Lilavati, Saifee, Fortis Raheja, Guru Nanak Hospitals, Mumbai

President Elect : Bombay Orthopaedic Society (2014-15)

Dr. HS Chhabra, Chief of Spine Service & Medical Director, ISIC , New Delhi

- ♦ Principle Investigator - ISCoS Database: ASCoN Pilot Project
- ♦ Board Member – The Indo-American Spine Alliance (IASA)
- ♦ Council Member – AO Spine India (responsible for reference centers and fellowships)

Dr. Saumyajit Basu, Senior Spine Consultant, Park Clinic, Kolkata

1. Member, World Wide Course Committee, SRS
2. Co-Chair, SRS World Wide Course, Kolkata
3. Invited Faculty, South African Spine Society Annual Meeting, Cape Town
4. Secretary, Spine Society of West Bengal

Dr. Bhavuk Garg, Assistant professor (Orthopedics), All India Institute of Medical Sciences, New Delhi, India

1. 'Innovative Young Biotechnologist Award' (IYBA) from Department of Biotechnology (DBT), Govt. of India for the project titled "To develop computer assisted patient specific osteotomy and drill guides for spinal deformities with the help of volumetric CT scan and 3D reconstruction models"
2. Delhi Orthopedic Association publication award (< 40 years) for second consecutive year
3. Expert for the project review Committee of Indian Council of Medical Research (ICMR)

A life larger than Spine: The Hidden Mantra

By: Dr. Abhay Nene

The dura ripped while taking that last bite of the adherent flavum.....and that 85 year old lady with the porotic fracture you fixed to improve quality of life, is struggling on a ventilator post op....while the relatives of your patient are unhappy about the 'residual disc' reported on a post op MRI your colleague ordered for post op back pain....! Uh!! Spine surgery can sure be stressful !!

As chief artists of the opera, captains of the ships we lead... spine surgeons must have a big heart! Guts and dare to perform the job on hand, but yet an ice cool and stable mind...

Is this an in-born talent? Can it be an 'acquired art'? How can we improve our composure-quotient? Are there stress busters available which will rewind our state of mind from pressure to pleasure?

I found some help in my hobbies !



My first sub-2 hour half marathon : The Standard Chartered Mumbai Marathon 2013

invariably start my day with a 5/7k run. This 'Energy busting', as I call it – really makes you more energetic for the rest of the day. Sounds funny? But it's true. The endorphine stocks released by a high output cardio workout, makes you immune from physical, and more importantly mental tiredness for several hours after that. Sure your muscles may ache (you'll see me stretching often between cases) and you may be forever hungry – but it's well worth it!!

A long road run at night would just spring life back into my head. The day's stresses and 'tiredness' would give way to a fresh new positive outlook to life.

Slowly it became an addiction .High out put cardio exercises fast became my quick, affordable and convenient anxiety eliminator, that would always sneak into my schedule – be it at 6am before the world would wake up, or at 10pm pre dinner!

Side by side, trekking fell into my lap, and soon, the Himalayas became the solution for all problems! Annual hikes in the 10000+ feet regions provided such a recharge for the rest of the year, that soon the garb of 'medical camps in the mountains' fell by the side and seeking adventure in nature became the primary objective!

And today – I can vouch for cardio workouts and adventure treks as a spine surgeon's best extra marital affair that even your family would love!

Now, almost as a rule, whenever I have a strenuous OT list – I

Pushing your limits in a physical sport or adventure, can help you raise your own bar in your surgical endeavors.

I remember taking up the baton of a Bombay to Nasik cycle ride that my friends were planning in December 2013. It was a 188km ride thru some stiff road conditions, vehicular traffic, and 2 major Ghats to contend with – not withstanding the hash mid-noon sun that we'd have to battle for at least 3-4 hours of the ride.

The practice time required was 3 months with regular 100k rides and calculated uphill hours. Most of the pack was working on that timetable – but with my schedules, it was extremely difficult to give that many

hours to training. When Cyrus, our fittest team member asked me how I was planning to complete the race without training adequately told him it was going to be not by the strength of the quadriceps, but the mind!

Completing that race after 8.5 hours of non stop riding gave a special sense of achievement and conviction – clearly a strong will could push the body's physical resources.

directly compared this to my days when I would prefer palliative decompressions for spinal tumors and how a strong will and perseverance helped me push my capabilities to move to en bloc resections now.....



peculiar analogy, but it took a similar mindset !!

The Everest Base Camp (EBC) has always been in the 'Top 100 things to do before you die' across all authors. I made my mind up to do this trek last year, after my colleague, onco-surgeon MuradLala, became the first Indian doctor to summit mount Everest. That was a high risk, high demand, time consuming (45 days) trek that needed lots of training and yet leave you with uncertainties. Though no effort is too much to scale the Everest, I told myself that I'll at least go to the base of the top of the world - a more reasonable task, given that it would be one of many in that year.

Having trekked the 'Lower himalayas' annually – including Kedarnath, Gaumukh, Valley of flowers and even Arunachal – the EBC trek was slated to be the entry level 'Big Trek' – and that made it an exciting proposition...

I worked harder on my running – did plenty of uphill runs, and even got my personal best timing of 1h57min at the Mumbai Half Marathon 2014. Joining a gym for the first time in my life, to help strengthen my legs, and taking whey proteins also really helped me build muscle for the EBC trek. Others in the

group, especially non-runners – took up stair climbing – to train for the uphill battle. Some climbed 60 stories a day carrying 5kgs of weight! Reducing body weight by eating and drinking (ahem!) consciously is a part of my training routine. My weight normally fluctuates between 72 and 74 kgs – I pulled it down to 70 just prior to the trek.

We discovered that the gear required was highly specialized even for this 'non-technical' (needing no climbing / gizmos) trek, and enjoyed selecting from the wide array of trekking goodies now available in our country – including light weight trekking poles with a compass, quick drying tees, multi purpose head gear, special warm night socks and some great foot wear!

Our group of 13 included 8 girls and 11 doctors... the age range being 21 to 51. The EBC trail – from the exciting landing at the Lukla airstrip (between 2 mountains and a valley- this 200 meter landing strip is inclined upwards at nearly 30 degrees to maximize deceleration on landing!), to scaling the Base Camp at 17600 feet in a blizzard, was an experience of a lifetime! Adventure enthusiasts across continents – from Japan to South America – flooded this fairly busy route. It was humbling to meet the 65 year old American lady doing her 4th EBC trek, or the 19 year old Korean who had set out all alone. Bobby, an Australian multiple sclerosis patient 'in remission' who was wheel chair bound for 5 years of his life, was making his second attempt at the base camp.



The first glimpses of Mount Everest, had me jumping with joy!

There was no competition, but an urge to exceed your own potential, every moment of the climb. Each day of the climb got tougher, with stunning mountain forests and suspension bridges across gorges giving way to the arid, snow covered, rocky, almost hostile higher Himalayas offering a spectacular view at every turn!

The first glimpses of Mount Everest, from Namche Bazaar, so up-close and real, had me jumping with joy!

The final climb to the Base camp was easily the toughest as we ran into a blizzard, and it was each man for himself! Already incredibly cold and hypoxic at 17000 feet, the diminished vision and bad terrain made things really challenging, and I was overjoyed to win our little 'race to the top' well ahead of my mates, while going past some fit trekkers en route! My selfie with dear Amita's photograph, really speaks of the family support that gets overlooked at the end of such expeditions.

Here's a practical tip for all you trekkers – your soul-mate's blessing is your visa to the mountains!

The trek teaches you several important lessons that are useful to remember in our routine life:

1. You are but incidental to the huge network of nature that pre-exists. However, you can make it better or

worse for yourself by the effort you choose to put in

2. The human body has endless resources – you just need the mindset to push beyond the final frontier

3. Living in the most basic conditions is a great lesson in humility and adaptation – much like doing spine surgery with 'desi' instrumentation!



My selfie with Amita's photograph

As surgeons of the spine – we know our life is an adventure – not a packaged tour! To live it confidently we need to train ourselves – so we have little fear of the situations that are dished out at us – and we can handle any situation with a composed mind!

Here's the mantra, then – always do what you are afraid to do! Do it without reason, do it with a plan, do it in optimum circumstances !Exercise your body..it'll exercise your mind! Like a workout – life never gets easier – it is you who gets stronger! Push harder than yesterday, if you want a different tomorrow!

Road running, cycling, adventure travels ... are just some of the many options that spine surgeons can make a part of their routine to live strong!!

Beware... they are addictive !!

Agenda

Notice of Extra-ordinary General Body Meeting of the A.S.S.I.

The Extra-Ordinary General Body Meeting of the Association of Spine Surgeons of India will be held on Saturday, August 16 at 12:45 p.m. at Hotel Fateh Prakash Palace, Udaipur. All members of the A.S.S.I. are requested to attend.

The following matters are on the agenda:

Points	Agenda
1	President's welcome
2	Secretarial Report
3	Accounts & Income Tax Status
4	A.S.S.I. Oration
5	ASSICON – 2015 – Pune – Update
6	ICS – 2015: Proposal for Dates, Venue & Theme
7	Spine Week 2016 - Update
8	ASSICON – 2016: New Dates, Venue and Update
9	Any other matter with the permission of the chair

Dr. HS Chhabra
Secretary, A.S.S.I.

ORGANIZING COMMITTEE

Patrons



Dr. A. Jayaswal



Dr. V. S. Madan

Organizing Chairman



Dr. Shankar Acharya

Organizing Secretary



Dr. Rushama Tandon

Organizing Co-Chairmen

Dr. H. S. Chhabra, Dr. S. S. Kale
Dr. Manoj Sharma, Dr. K. L. Kalra, Dr. Bipin Walia

Organizing Jt. Secretary

Dr. Rupinder Chahal, Dr. Chirayu Pamecha

Executive Committee

Dr. Ramesh Kumar, Dr. Harsh Hegde,
Dr. Vikas Tandon, Dr. Ankur Nanda, Dr. Vikas Gupta,
Dr. Gururaj, Dr. Harsh Priyadarshi, Dr. Kamran Farooque

Co-Host : Udaipur Orthopaedic Society

Dr. B. L. Kumar
President

Dr. Anurag Talesara
Secretary

Conference Secretariat:

Satish Pal
+91-9871576849



INSTRUCTIONAL COURSE IN SPINE, UDAIPUR, RAJASTHAN



Hosted by : SPINE SOCIETY DELHI CHAPTER

Co-Host : UDAIPUR ORTHOPAEDIC SOCIETY

Date : 15th to 17th August 2014

Fateh Prakash Palace - UDAIPUR

Conference Secretariat :

256/2A, Railway Officers Enclave, Opp. Railway Hospital,
Panchkulan Road, New Delhi-110001 • Mob. : +91-9871576849
Website : www.ics2014.in • E-mail : ics2014udaipur@gmail.com

WELCOME TO ICS 2014

Date : 15th to 17th August 2014
Fateh Prakash Palace - UDAIPUR

Invitation

Dear Friends,

On behalf of the Spine Society Delhi Chapter, we would like to welcome you all to ICS 2014 at Udaipur. We will be offering you an interactive academic programme. The venue offers a lot by itself, the ambience and surroundings speak for themselves.

We will be having a blend of workshops, dedicated lectures, debates, Question & Answer sessions and case presentations. We will also be inviting three faculties from AO Spine who along with our own eminent colleagues will take the academic programme to greater heights. The Spine Society Delhi Chapter has the experience of conducting many national & international meetings like SRS, ASSICON & WENMISS. Many of our members are experienced and internationally acclaimed faculty themselves. Of course, every academic programme is judged by its participants and we are sure we will not be disappointed and hope to see you in large numbers.

There is a lot for the family to do and see in Udaipur and its surrounding areas. We would like to welcome you all with your families.

"The Ageing Spine" is the theme for ICS-2014. It will be an excellent opportunity to understand, gauge the problem & plan solutions for it. So register at the earliest and help us make this a grand success!

With Regards,

Dr. Shankar Acharya
Organizing Chairman
ICS-2014

Dr. Rushama Tandon
Organizing Secretary
ICS 2014

ITINERARY for ICS 2014

Friday-15th August

11:00 A.M. to 1:00 P.M. Workshops
1:00 P.M. to 2:00 P.M. Lunch
2:00 P.M. to 6:00 P.M. Academic Session
6:00 P.M. to 7:00 P.M. Inauguration
7:30 P.M. to 8:30 P.M. Light & Sound Show
8:30 P.M. onwards Dinner

Saturday-16th August

8:30 A.M. to 1:30 P.M. Academic Session
1:30 P.M. to 2:30 P.M. Lunch
2:30 P.M. to 4:30 P.M. City Tour
5:00 P.M. to 7:30 P.M. Academic Session
7:30 P.M. to 8:00 P.M. GBM (General Body Meeting)
8:00 P.M. onwards Dinner

Sunday-17th August

8:30 A.M. to 1:00 P.M. Academic Session
1:00 P.M. onwards Valedictory Function
1:30 P.M. Lunch

Registration Tariffs

(Hotel Fateh Prakash Palace)

15th to 17th August 2014

NON RESIDENTIAL PACKAGE

Categories	Early Bird Registration (15th-30th April 2014)	Regular Registration (1st May-30th July 2014)	Late Registration (1st Aug onwards and Spot Registration)
• Member	INR 6000	INR 8500	INR 7500
• Non-member	INR 7000	INR 7500	INR 8500
• Spine Fellow & PG's	INR 4000	INR 4500	INR 5000
• Accompanying Person	INR 5000	INR 5500	INR 6500
• Trade Delegate	INR 7000	INR 8000	INR 9000

• No Transportation Will Be Provided For Non Residential Package

RESIDENTIAL PACKAGE*

For 2 Nights and 3 days

Categories	Early Bird Registration (15th-30th April 2014)	Regular Registration (1st May-30th July 2014)
• Delegate On Twin Sharing Per Person	INR 15000	INR 16000
• Delegate On Single Room	INR 20000	INR 21000
• Delegate with 1 Accompanying Person & Child Below 12 Years	INR 27000	INR 28000
• Delegate with 1 Accompanying Person & Child Above 12 Years	INR 30000	INR 31000

* For Non ASSI Member, INR 2000 Will Be Charged Extra.

* For Registration After 31st July Or Spot Registration INR 3000 Will Be Charged Extra.



ASSI ASSOCIATION OF
SPINE SURGEONS
OF INDIA

ASSICON 2015

Pre-conference session by NASS
(North American Spine Society)

HIGHLIGHTS

- Clinically relevant educational program.
- Workshops on latest cutting edge technology.
- On line registration and abstract review.
- Updates on mobile apps.
- Focus on MISS.
- Unbeatable early bird registration rates.

INTERNATIONAL FACULTY

Dr. Richard G Fessler

Dr. Henry Halm

Dr. Larry Khoo

Dr. Peter Paul Varga

Dr. Gun Choi

Secretariat Address

Organising Secretary Dr Amol Rege,

Department of Spine Surgery, Deenanath Mangeshkar Hospital
Erandwane, Pune 04, India

Email : regeamol@hotmail.com | Cell : +91 9850433575

Co-organising Secretary Dr Rajesh Parasnis



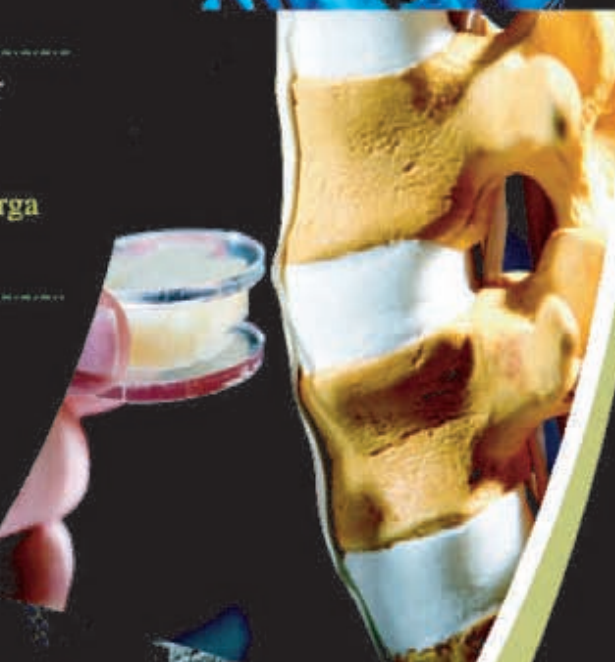
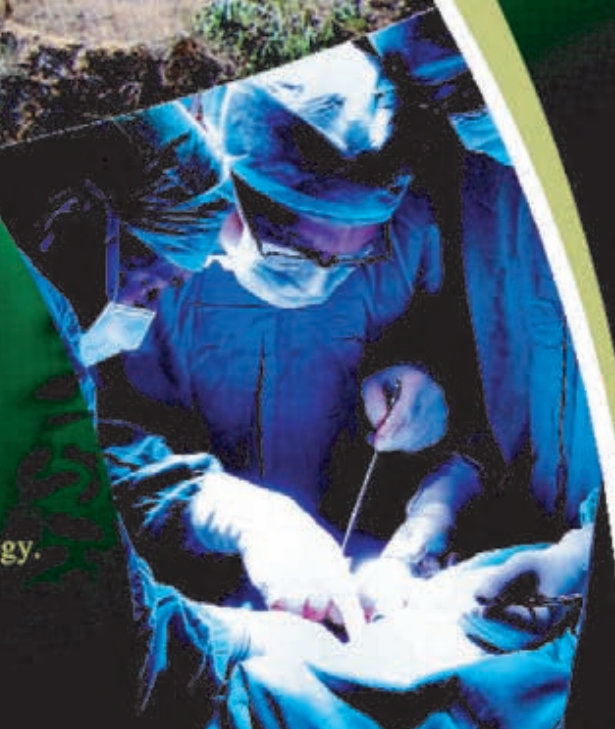
CONFERENCE EVENT MANAGER : VAMA EVENTS PVT LTD

Office No. 4, Ground Floor, Anmol Co-operative Housing Soc.,
Sakharam Koor Road, Parallel to L. J. Road, Shivaji Park, Mumbai : 16.
Tele : +91 22 2438 3498 | Tel Fax : +91 22 2438 3499

Email : vamaevents@hotmail.com

Website : www.vamaevents.com

www.assicon2015.com



Spine conferences in 2014

Save The Dates

Month	Dates	Conference	Society	City	Website
July	16th – 19th 2014	The 21st International Meeting on Advanced Spine Techniques (IMAST)	Scoliosis Research Society (SRS)	Valencia, Spain	www.srs.org/imast/2014
August	15th – 17th 2014	Instructional course in Spine (ICS)	Association of Spine Surgeons of India (ASSI)	Udaipur, Rajasthan, India	www.ics2014.in
September	2nd – 4th 2014	53rd Annual Scientific Meeting of International Spinal Cord Society (ISCoS)	International Spinal Cord Society (ISCoS)	Maastricht, The Netherlands	www.iscos.org.uk
	10th – 13th 2014	49th Annual Meeting & Course	Scoliosis Research Society (SRS)	Anchorage, Alaska	www.srs.org/professionals/meetings/am14
October	1st – 3rd 2014	Euro Spine	The Spine Society of Europe: EuroSpine	Lyon, France	www.eurospine2014.eu
November	6th – 10th 2014	The JOINT CONGRESS of 3rd Asian Congress of Minimally Invasive Spine Surgery & Techniques Fall Symposium - Endoscopic Approaches & 7th ISMISS Turkey Congress 2014	International Society for Minimal Intervention in Spinal Surgery (ISMISS)	Antalya, Turkey	www.acmisst2014.org
	12th – 15th 2014	29th Annual Meeting North American Spine Society (NASS)	North American Spine Society (NASS)	San Francisco, CA	www.nassannualmeeting.org
	13th – 15th 2014	8th Asia Pacific Cervical Spine Society Conference (APCSS)	Asia-Pacific Cervical Spine Society	Barbaros Point hotel, Istanbul, Turkey	http://apcss2014.org
December	4th – 6th 2014	Cervical Spine Research Society Annual Meet	Cervical Spine Research Society	Hyatt Regency Grand Cypress, Orlando, FL	www.csr.org/web/meetings
January	23rd – 25th 2015	28th Annual Conference of Association of Spine Surgeons of India (ASSICON)	Association of Spine Surgeons of India (ASSI)	JW Marriott Hotel, Pune	www.assicon2015.com