SOCIETY OF SURGEONS
नेपाल शल्य चिकित्सक समाज
Nepal 1992
मृत्योर्मा अमृतं गमय

CONFERENCE SOUVENIR

XVI INTERNATIONAL CONFERENCE OF SOCIETY OF SURGEONS OF NEPAL

Global Surgical Excellence: Advancements in Skills and Technology

The Park Village Resort

20–22
November, 2025

Website: www.ssn.com.np | Email: infossnnepal@gmail.com, ssncon25.ssn.com.np@gmail.com

MESSAGE FROM CHIEF GUEST

डा. सुधा गौतम
मन्त्री
स्वास्थ्य तथा जनसङ्ख्या मन्त्रालय
रामशाहपथ, काठमाडौं, नेपाल

Dr. Sudha Gautam
Minister
Ministry of Health & Population
Ramshapath, Kathmandu, Nepal

पत्र संख्या: / Let. No.: ०९२।८३
चलानी नम्बर: / Ref No.: ५५

Message

It gives me immense pleasure to extend my warm greetings and heartfelt congratulations to the Society of Surgeons of Nepal (SSN) for organizing the **XVIth International conference of The Society of Surgeons of Nepal** at the Park Village Resort, Kathmandu from 20th-22nd November 2025. This scientific gathering represents not only a celebration of surgical excellence but also a reaffirmation of our shared commitment to advancing healthcare in our nation.

Surgery continues to evolve at an extraordinary pace, driven by innovation, scientific inquiry and the relentless dedication of numerous individual stakeholders. It has become a necessity for the Nepalese surgeons to keep abreast with the changing paradigms of surgical care. The theme of this conference "**Global Surgical Excellence: Advancements in Skills and Technology**" does exact justice to this endeavour.

I commend the organizers for their hard work in bringing together experts from various fields and from different nations. This International collaboration will definitely elevate the position of Nepal in the International surgical fraternity and serves as a lasting record of academic excellence and shared learning. I am confident that the discussions, presentations and experience shared in this conference will inspire new ideas, strengthen surgical practice, and encourage evidence-based approach across our healthcare system.

I wish the conference a great success and hope it continues to inspire a culture of inquiry, innovation and compassion in the years to come.

With best regards,

.....
Dr. Sudha Gautam Sharma
Minister

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MESSAGE FROM THE PRESIDENT

Dear Esteemed Colleagues,

It is with great pleasure and honor that I extend my warmest greetings to all participants of the XVI International Conference. As the President of the Society of Surgeons of Nepal and the Organizing Chairman, I am thrilled to welcome distinguished surgeons, researchers, and healthcare professionals from Nepal across international faculties to this prestigious event in the beautiful city of Kathmandu.

This conference serves as a platform for collaboration, knowledge sharing, and innovation in the field of surgery. Our collective efforts and expertise are instrumental in advancing surgical practices, improving patient outcomes, and shaping the future of healthcare in our region.

I am confident that this conference will be a fruitful opportunity for all of us to engage in insightful discussions, exchange best practices, and foster meaningful partnerships that will benefit our patients and communities.
I would like to express my gratitude to the organizing committee, sponsors, and all participants for their dedication and contributions towards making this conference a success.

Together, we can make a difference in the field of surgery and healthcare. I wish you all a productive and enjoyable time at this Conference. May our shared commitment to excellence and collaboration pave the way for a brighter future in surgical care.

Warm Regards,
Dr Romeo Kansakar
Organizing Chairman
President
Society of Surgeons of Nepal

MESSAGE FROM THE SECRETARIAT

Dear Esteemed Colleagues and Guests,

It is with great pleasure and heartfelt enthusiasm that I, on behalf of the Organizing Committee, invite you to the XVI International Conference of the Society of Surgeons of Nepal, taking place in the historic and cultural city of Kathmandu from 20th to 22nd November, 2025.

This year, our conference embraces the theme: "Global Surgical Excellence: Advancements in Skills and Technology." We believe this reflects not only the rapid evolution of surgical practice worldwide, but also our shared commitment to continually improving care through surgical innovation, collaboration, and learning.

The conference will bring together a diverse and dynamic community of surgeons, residents, nurses, and healthcare professionals from Nepal and around the world. Together, we'll engage in a rich program featuring plenary sessions, orations, keynote lectures, panel discussions, pre conference workshops, and interactive scientific sessions across surgical frontiers . Our goal is to create a space where ideas are exchanged openly, experiences are shared generously, and knowledge is both challenged and celebrated for global surgical excellence in skills and technology for better patient care.

And beyond the academic sessions, we also look forward to the personal connections and robust collaborations—the conversations over coffee and drinks, the stories shared and the memorable friendships formed. Kathmandu, with its stunning landscapes, smiling people, warm hospitality, and deep cultural roots, offers the perfect setting for both professional growth and meaningful connection.

Your presence and participation will be at the heart of what makes this event a success. We truly hope you will join us for what promises to be an engaging, inspiring, and memorable few days in the vibrant city of Kathmandu.

Warmest regards,
Dr. Anip Joshi
Organizing Secretary
Society of Surgeons of Nepal

MESSAGE FROM THE CHAIRMAN SCIENTIFIC COMMITTEE

I would like to extend my heartfelt congratulations to Dr. Manish, Chief Editor, for bringing out this souvenir on the occasion of the 16th International Conference of the Society of Surgeons of Nepal, to be held from November 20th to 22nd.

This conference marks yet another milestone in the continuing academic and professional journey of the Society of Surgeons of Nepal. It is a three-day scientific feast, beginning with a pre-conference workshop on November 20th.

This year, we have eminent national speakers focusing on basic and safe laparoscopic surgery, along with a dedicated session on minimally invasive hernia surgery. We also have a special session on taxation and medicolegal aspects of surgery. Alongside the plenary sessions on Days Two and Three, the program features four orations, four panel discussions, two debates, guest lectures, a lifetime experience keynote address, as well as research and poster presentations—offering a broad and engaging scientific platform.

We are also privileged to have master video presentations from distinguished national and international delegates, reflecting their exemplary skills and surgical excellence. We hope to showcase our national talent alongside international expertise for the benefit of all practicing surgeons.

I am confident that the scientific sessions will be of immense value and interest to both young and senior surgeons alike. I wish the conference great success and commend the editorial team for their dedication in publishing the abstracts and the conference program.

Thank you.

Dr. Sunil K. Sharma Dhakal
Chairman, Scientific Committee
16th International Conference
Society of Surgeons of Nepal

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We remember
The departed souls

Late Dr. Bhawani Narshingh Rana

ORATION
A. K. SHARMA

Dr. Anjani Kumar Sharma, often hailed as the father of surgery in Nepal, stands as a distinguihed figure whose contributions have left an indelible mark on the country's medical landscape. Born on June 7, 1928, in Bhaluwahi, Siraha district, his journey enfolded as a narrative of unwavering dedication to healthcare, education, and societal well-being.

After completing his MBBS at Calcutta Medical College in 1955, Dr. Sharma returned to Nepal, marking the beginning of a transformative era in the country's medical history. He became Nepal's first surgeon and, in 1962, established and led the surgery department at Bir Hospital. In this pivotal role, he played a significant part in introducing modern surgical, shaping the future of healthcare in Nepal.

For over three decades, Dr. Sharma served as the head of surgery at key institutions, including Bir Hospital and Tribhuvan University Teaching Hospital. His leadership not only elevated the standards of surgical care but also fostered an environment of mentorship and education for young surgeons.

Beyond his professional achievements, Dr. Sharma took on the mantle of dedicated advocate agaisnt tobacco. Recognizing the grave health risks associated with tobacco consumption, he spearheaded campaigns for increased taxes on tobacco products, contributing to public health initiatives in Nepal.

Dr. Sharma's commitment to accessible healthcare materialized in the founding of Bhaktapur Cancer Hospital, where he served as the founding vice president for seven years. This institution became a beacon for compassionate and comprehensive cancer care, reflecting Dr. Sharma's vision for healthcare accessibility.

Dr. Sharma's impact extended beyond national borders. He occasionally hosted surgeons from India, facilitating the exchange of knowledge and expertise, particularly in performing complex surgeries at Bir Hospital. His multifaceted career encompasse significant contributions to medical education, where he mentored and shaped the careers of numerous young surgeons. Dr. Sharma played a central role in the development of the medical field in Nepal, leaving an enduring imprint on the nation's healthcare infrastructure.

Sadly, the medical community moruned the loss of Dr. A. K. Sharma when he passed away at the age of 86 at his residence in Mitrapark, Chabahil. His legacy serves as a testament to a life dedicated to healthcare, education, and social causes, leaving an everlasting impact on the health and well-being of the people of Nepal.

London Lucien Ooi PPA(G)

MBBS (NUS), MD (NUS), FCSHK (Hon), FRCS (Edinburgh), FRCS (Glasgow)

Group Director, International Collaboration Office, SingHealth
Director, SingHealth Duke-NUS Global Health Institute
Professor, Surgery ACP, SingHealth-Duke-NUS
Professor, Oncology ACP, SingHealth Duke-NUS
Professor & Associate Dean, Duke-NUS
Professor, Yong Loo Lin School of Medicine, NUS
Senior Consultant Surgeon, HPB & Transplant, SGH & NCCS
Senior Clinical Advisor, Office of Innovation, CGH

Prof Ooi is a senior HPB surgical oncologist and Professor of Surgery. He was previously Dy Director and Dy Chairman Medical Board at the National Cancer Centre, Singapore (2004-9) Chairman, Surgery, SGH (2006-15), inaugural Chair, Surgery ACP (2012-15) and founding Director, SingHealth Transplant (2012-15).

He has extensive engagement in research and innovation, clinical education, training and assessments, and in leadership and management. With a doctorate (MD) from NUS, he is a keen researcher with more than 250 publications and 15 books/chapters to his credit and sits on numerous national/international committees, advisory panels, research, editorial and funding agency boards. As an active educator, he is Full Professor at National University of Singapore (since 2007), and Duke-NUS (since 2008) and has been external examiner at YLL Medicine NUS, School of Dentistry NUS, LKC Medicine NTU-Imperial College London, University of Hong Kong, Chinese University of Hong Kong, and the Hong Kong Licentiate Examinations, and also PhD Examiner at NUS, Duke-NUS and University of Kwazulu-Natal. Prof Ooi was Chair, National Specialist Training Committee for Surgery (2006-2011), and member of the Surgery Residency Advisory Committee (2011-2024) and Specialist Accreditation Board, Ministry of Health (2007-2010). He is Chief Examiner for the General Surgery Joint Fellowships Examination and the American Board of Surgeons Singapore Board Examinations. He is also currently Chair, Training, Assessments and Standards Committee (TASC) at the Ministry of Health Singapore overseeing medical pre-registration training and standards. He has trained numerous fellows in HPB surgery in Singapore, Philippines, India, Nepal, and Brunei. Throughout his career,

Prof Ooi has been recognised for his achievements through various awards including Yahya Cohen Gold Medal Award of the Academy of Medicine Singapore (1998), PB Desai-UICC Silver Jubilee Oration of the Indian Association of Surgical Oncology (2007), Asian Surgical Association Lecture (2012), Visionary Leader Award at the SingHealth Excellence Awards (2012), MOH Long Service Medal (2014), Arthur Li Gold Medal Oration of the College of Surgeons of Hong Kong (2014), Asian Surgical Association Lecture (2015), National Outstanding Clinician Mentor Award of the MOH National Medical Excellence Awards (2019), MOH Distinguished Senior Clinician Award (2020), SingHealth Duke-NUS Master Academic Clinician Award (2023), Royal College of Surgeons of Edinburgh International Medal (2024), Republic of Singapore National Day Awards Public Administration Medal (Bronze) (2025). He was also past President of the Asian Surgical Association (2013-2015).

ORATION
B. N. RANA

Dr. Bhawani Narsingh Rana, son of General Bhakti Narsingh Rana, is an esteemed Neurosurgeon in Stuttgart, Germany. His professional journey includes notable tenures at Katherine Hospital and subsequently at Mark Groningen Hospital.

Dr. B.N. Rana played a pivotal role as an advisor to Dr. D.N. Gongol for the Neurosurgery Unit at Bir Hospital. During the visit of German Chancellor Helmut Kohl, he contributed significantly to the procurement of essential instruments, showcasing his commitment to advancing neurosurgical capabilities.

Furthermore, Dr. Rana has demonstrated his commitment to professional collaboration and knowledge exchange by organizing multiple conferences in conjunction with the Nepalese doctors. These conferences served as platforms that brought together neurosurgeons, orthopedics, psychologists, and other medical professionals.

In addition to his professional pursuits, Dr. B.N. Rana is actively engaged in philanthropy, supporting various causes in Nepal. Notably, he has contributed to the construction of a senior citizen home in Godavari through the Rotary Club of Patan.

While officially retired from hospital practice, Dr. Rana continues to make a meaningful impact in the medical field. He now manages a pain management clinic in Freiberg, Germany, where he applies his expertise to enhance the quality of patient care. Dr. Rana extends his sincere regards to the esteemed doctors of the Nepal Surgical Society, embodying a spirit of continued collaboration and mutual respect in the medical community.

BN RANA ORATION

Vinay K Kapoor

MS, FAMS, FRCS, FACS, FACG

Professor of Surgical Gastroenterology
Mahatma Gandhi Medical College and Hospital (MGMCH), Jaipur Rajasthan INDIA

Pro Vice Chancellor, Mahatma Gandhi University of Medical Sciences and Technology (MGUMST), Jaipur Rajasthan INDIA

Prof. Vinay K Kapoor is an eminent figure in the field of Surgical Gastroenterology in India. Prof Kapoor is currently the Professor of Surgical Gastroenterology at Mahatma Gandhi Medical College and Hospital (MGMCH), Jaipur, India. Formerly, he was the Professor and the Head of Department of Surgical Gastroenterology at Sanjay Gandhi Post-Graduate Institute of Medical Sciences (SGPGIMS), Lucknow. He has been a visiting Professor to King's College Hospital, London, UK and the International Medical University, Kuala Lampur, Malaysia, and Consultant surgeon at Zayed Military Hospital, Abu Dhabi, UAE.

Prof Kapoor has been the recipient of numerous awards, notably the Dr BC Roy National Award of the Medical Council of India for being an eminent medical teacher. He is also the recipient of numerous fellowships, including the Fulbright fellow to USA, Commonwealth fellow to UK, UICC fellow to USA, DAAD fellow to Germany, and ACU fellow to Malaysia/Singapore.

His academic achievements include the role as examiner for MRCS at the Royal Colleges of Surgeons of Edinburgh, England, and Glasgow (UK), and also as external examiner to UAE, Malaysia, Mauritius, and Nepal. Prof Kapoor's contribution to the scientific literature is attested by his numerous books and more than 200 scientific publications.

Apart from his academic excellence, he is also an eloquent speaker. He is featured regularly as an invited speaker at all major national and international conferences, and institutions across the globe.

With 233 published papers and rank 968 in the field of Surgery, Prof Kapoor is the only surgeon from India to be included in a global list of the top 100,000 and top 2% scientists of the world in all fields in a study published by a team of three scientists from the Stanford University CA USA in 2020.

ORATION
D. S. MUDVARI

Born in 1994 in the Nuwakot district, Nepal, Dr. Dhruva Sharma Mudvari's journey from humble beginnings to becoming a respected figure in the medical field is marked by resilience and dedication. He completed his MBBS and MS at Government Medical College, Aurangabad, Maharashtra, showcasing early signs of commitment to medical excellence.

Dr. Mudvari's professional path included roles as a House surgeon in General Surgery, a venture into orthopaedic surgery and anaesthesiology, and serving as a Registrar in orthopaedic surgery. His career reached new heights when he became the first surgeon at Lumbini Zonal Hospital and later at Sagarmatha Zonal Hospital, playing a crucial role in establishing surgical faculties despite challenging conditions.

Despite resource scarcity, Dr. Mudvari's commitment to providing medical services was unwavering. His passion for education was evident in his teaching experiences, shaping the next generation of medical professionals through bedside teaching and instructing diploma students at Tribhuvan University.

Dr. Mudvari's contributions were recognised with prestigious awards, including Mahendra Bidya Bhushan and the Coronation Medal. His dedication extended beyond Nepal, participating in regional council meetings and workshops, contributing to orthopedic patient care. His legacy is one of resilience, leadership, and an unwavering commitment to community health. As a pioneer in developing medical facilities and faculty, he remains an inspiration for future generations of medical professionals, embodying the spirit of service to humanity. His story is a testament to the transformative power of passion and dedication in healthcare. Unfortunately, he succumbed to covid in 2022.

Dr. Dhruva Sharma Mudvari's passing is undoubtedly a great loss to the medical community and the people he served. His legacy of resilience, leadership, and dedication to healthcare will be remembered and his contributions to the field will continue to inspire future generations.

DS MUDVARI ORATION

Rajesh Nath Gongal

FRCS(Eng), FRCS Ed, FRCP,
MSc Palliative Care

Prof. Dr. Rajesh Nath Gongal is Professor of Surgery at Patan Academy of Health Sciences (PAHS). He earned his MBBS from Darbhanga Medical College in Bihar, India, and completed surgical training in the UK, where he obtained Fellowship of the Royal College of Surgeons of England. He later completed a fellowship and an MSc in Palliative Care in Belfast, Northern Ireland, and was awarded Fellowship of the Royal College of Physicians of Edinburgh in 2020.

Upon returning to Nepal in 1998 , Prof. Gongal joined Patan Hospital, serving as Medical Director during a period of major institutional development. He played a leading role in the hospital's evolution into Patan Academy of Health Sciences and became the Founding Dean of its School of Medicine. He subsequently served as Rector and most recently completed his tenure as Vice-Chancellor of PAHS. Throughout these roles he championed curricular innovation, designing an undergraduate medical curriculum and competency-based postgraduate programs, and integrating palliative care and medical humanities into both medical and nursing education. He also initiated a post-MD fellowship in palliative care at PAHS.

He is the founding Chairperson of Hospice Nepal, established in 2000 as the country's first dedicated palliative care center. Hospice Nepal has served the people of the Kathmandu Valley and implemented a community-based rural palliative care program across Bagmati Province, extending palliative services beyond the hospital and into communities.

He is also the founding President of Nepal Ambulance Service (2009), a nonprofit that introduced Nepal's first toll-free three-digit emergency number, 102, and mobilized ambulances staffed with Emergency Medical Technicians. Over its first decade the service transferred more than 100,000 patients, conducted more than 65 deliveries on the way, played a vital role during the 2015 earthquake and the COVID-19 pandemic, and continues to provide free emergency transport to people of the Kathmandu Valley.

He is also the founding Chair of Primary Trauma Care Nepal(2003), launching the country's first standardized trauma training courses and continuing to train physicians across Nepal in essential trauma care.

ORATION
L. B. THAPA

Prof. Dr. Lok Bikram Thapa, a distinguished figure in the medical field, boasts a rich and varied career that spans continents. Born in Sindhuli, Nepal, in 1936, he embarked on a journey of academic excellence that began with the completion of his SLC examination at Durbar High School, Kathmandu, in 1953. Dr. Thapa's educational milestones include earning his MBBS from MGM Medical College, Indore, India, in 1961 and achieving the prestigious FRCS from RCS Edinburgh in 1973. His commitment to advancing medical knowledge led him to undergo specialized training in Cardiothoracic Surgery at esteemed institutions like King's College Hospital and Guy's Hospital in London in 1986.

Over the years, Dr. Thapa has contributed significantly to the medical community, holding key roles in various hospitals and institutions. He served as a dedicated General Surgeon in Koshi Hospital, Biratnagar, and later as a Consultant Surgeon at Bir Hospital, Kathmandu, where he also held the position of the Head of Department of Surgery until his retirement in 1996. Dr. Thapa's commitment to education is evident in his roles as a Professor of Surgery at Kathmandu Medical College, Vice-Chancellor at BPKIHS Dharan, and Professor at Nepal Medical College and KUSMS-Dhulikhel.

Apart from his clinical and academic achievements, Dr. Thapa has made notable contributions to the field through publications addressing surgical challenges in Nepal. He has received numerous accolades, including decorations such as Prabal Gorkha Dakshin Bahu and Trisakti Patta, highlighting his exceptional service and contributions to the medical profession. Beyond his medical endeavous, Dr. Thapa has been actively involved in various organizations, including Lions International, Rotary International, and Heart Foundation Nepal, showcasing his commitment to community service and healthcare leadership.

LB THAPA ORATION

G V Rao

Director, AIG Hospitals & Asian Institute of Gastroenterology

Chief of GI Surgery, Minimally Invasive Surgery, GI Oncology, Robotic and Transplantation Services

Dr G V Rao is one of India's leading Surgical Gastroenterologist. He is one of the few surgeons in the world with enormous experience in both minimally invasive endoscopy and laparoscopic surgeries, with over 20000 complex gastrointestinal surgeries and around 18000 endoscopic procedures to his credit.

Apart from his clinical achievements, he is also a keen inventor and a surgcial innovator. He is credited for pioneering numerous innovative surgical techniques and is one of the co-inventors of the NOTES procedure. He has played crucial roles in the development of an indigenous surgical simulator, and a Robotic Nurse system, which is poised to assist at rural centres to interact, coordinate with tertiary centres, and to decrease the morbidity and mortality in places inaccessible for healthcare. He is actively involved in the designing, and development of endoscopic accessories and stents which are economical and are in clinical usage.

Dr Rao is a recepient of numerous National and International awards, including the Government of India Parliament Gold Medal for his outstanding contribution to the field of Gastroenterology, and the prestigious Dr BC Roy Award. Dr Rao has received the Honorary Fellowship of the Venezuelan Surgical Society, Philippine Surgical Society, Egyptian Laparoscopic Surgical Society and The Fellowship of The Royal College of Surgeons of Glasgow (FRCS).

He is on the Editorial Board of four peer reviewed journals and has more than 256 publications in national and international journals and authored over 10 chapters in the text books of surgery and endoscopy. He is associated with the Asian HealthCare Foundation which is dedicated to the healthcare needs of the rural population of India. Dr Rao is one of the promoters of the Asian Institute of Basic Sciences under Asian Health Care Foundation which is actively involved in basic research and translational medicine. The research facility has several breakthroughs in the gastroenterology. He is part of the team responsible for identification of mutations in pancreatic diseases and is acknowledged worldwide. Islet Transplantation is one of the emerging modalities for treatment of diabetes. He was the principal investigator in the Government of India approved (DBT, ICMR) research experimental work which was successfully completed and is now approved for clinical implementation in India and being successfully done.

An eloquent speaker, he has delivered 21 named orations both nationally and internationally.

SENIOR SURGEONS AWARD

The senior surgeons award celebrates the life and work of senior Nepali surgeons who have dedicated their medical careers to the service of the Nepali people. As leaders in their respective fields, the highlight of their careers has been their unwavering dedication to the health needs of the nation, their service as diverse as providing access to surgical care to the remote areas or bringing advanced specialty surgical care at a time when none was available in the nation.

Society of Surgeons of Nepal proudly felicitates the senior surgeons for the life dedicated to service.

Dr. Jagdish Lal Baidya

MBBS, FRCS(Eng), FRCS(Ed),FCPS(Pak)

Dr. Jagdish Lal Baidya was born on 25 November 1945 at Pokhara, and earned his MBBS in 1971. He earned his FRCS in 1977, and FCPS in 2002. He is also a visiting professor to Royal College of Surgeons, UK.

Dr. Baidya has been instrumental in establishing urological services in Nepal, and he is the founding president of the Nepalese Association of Urological Surgeons. His contributions to the urological services have been recognized with numerous awards and felicitations.

Dr. Baidya has been a lifelong teacher and has trained numerous young surgeons in general surgery as well as urology.

Dr. Mahabir Krishna Malla

BSc, MD, MS, FICS

Dr Mahabir Krishna Malla was born on 24 December, 1944 and earned his MS and MS from Friendship University, Moscow, USSR. He is one of the founding members of the Society of Surgeons of Nepal.

Throughout a distinguished career spanning several decades, he has provided surgical services in different zonal and distric hospitals of Nepal, including the Head of department of Surgery at Bir Hospital. He has led numerous outreach programs accross Nepal, thereby improving access to surgery in remote areas.

His lifelong commitment to advancing surgical care and medical standards has earned him prestigious honours, including the Fellowship of the International College of Surgeons (FICS) in 1994 and the national decoration ‘Gorkha Dakshin Bahu’ Class III, awarded for his outstanding service to the nation.

SENIOR SURGEONS AWARD

Dr. Bishwa Raj Joshi

MD (Hons), PhD (Urology)

Dr. Bishwa Raj Joshi was born on 01 april 1947, and he earned his MD (Hons) from Kharkov Medical Institute, USSR in 1974. He earned his PhD (Urology) from Keiv Research and Scientific Institute of Urology and Nephrology, USSR in 1983.

He worked as a consultant surgeon and urologist in different zonal and regional hospitals of Nepal. Before retiring from service, he was the chief of Urology department of Bir Hospital.

His leadership roles include the Chairmanship of Human Organ Transplantation Committee (2011-2013), President of Nepalese Association of Urological Surgeons (NAUS) and the Vice Chancellor of Madan Bhandari Academy of Health Sciences.

APPRECIATIONS

Dr. Keshav Das Joshi

The Society of Surgeons of Nepal, duly recognizes the contribution of Dr. Keshav Das Joshi to the establishment and development of Plastic Surgery Services in Nepal and identifies him as the doyen of Plastic Surgery in Nepal.

His visionary leadership and his adherence to academic and surgical excellence has been the backbone behind the glorious history of Surgery in Nepal.

Mr. Keshav Ghimire

The Society of Surgeons of Nepal extends a heartfelt appreciation for the 10 years of dedicated service provided by Mr. Keshav Ghimire as the office secretary to the organization. His loyalty, hard work, and commitment have been invaluable to the success and growth of SSN over the years.

HONORARY FELLOWSHIP

Dr. Vinay K Kapoor

MS, FAMS, FRCS, FACS, FACG

Dr. Vinay K Kapoor is a prominent figure in the field of surgical gastroenterology in India. He is an astute surgeon, a keen reasearcher and and a thorough academician. His contribution to science includes more than 200 publications in scientific journals and books on various aspects of surgery. His achievements have been recognized by many national and international awards.

An eloquent speaker, he is a regular invitee in international conferences and institutions. He has been an examiner for MRCS at the Royal Colleges of Surgeons of Edinburgh, Scotland and Glasgow (UK), and has fellowships from USA, UK, Germany and Malaysia/Singapore.

Prof Kapoor is currently the Professor of Surgical Gastroenterology at Mahatma Gandhi Medical College and Hospital, Jaipur, India.

Dr. Duminda Ariyaratne

Dr. Duminda Ariyaratne is a senior Consultant General Surgeon with extensive clinical and leadership experience in Sri Lanka. A graduate of the University of Colombo and a Fellow of both the College of Surgeons of Sri Lanka and the Royal College of Surgeons of England, he has trained in the UK and served in key surgical and academic roles nationwide.

Dr. Aryiyaratne is a former President of the College of Surgeons of Sri Lanka, and has held multiple leadership positions, including at the PGIM, NMRA, and SLMA. Dr. Ariyaratne remains actively involved in surgical education, national health policy, and clinical excellence.

Dr. Ariyaratne is currently the Consultant General Surgeon at Colombo South Teaching Hospital, Sri Lanka.

HONORARY FELLOWSHIP

Dr. Kalpesh Jani

MS, DNB, FNB, MNAMS, FICS, FACS (USA)

Dr. Kalpesh Jani is a prominent figure in the field of minimal invasive surgery in India. He has several surgical innovations to his name including different novel techniques for reconstruction of abdominal wall and groin hernias. His pathbreaking surgical videos have been selected for the library of American College of Surgeons (ACS).

Dr. Jani is also a prolific contributor to scientific literature, which includes his research articles and book chapters. He is the associate editor of Journal of Minimal Access Surgery (JMAS) and sits in the editorial board of many international journals.

Dr. Jani is currently the President of the Association of Minimal Acess Surgeons of India (AMASI). He is also the director of GI, Laparoscopic and Bariatric Surgery at Sunshine Global Hospitals, Vadodara, India.

Dr. Pravin R. Suryawanshi

MBBS, DNB, FRCS (Glasgow), FMAS, FAIS, FIAGES, FICS (GI Surgery)

Dr. Pravin Rajendra Suryawanshi is a distinguished surgeon with global recognition for his pioneering contributions in advanced laparoscopic surgery, endoscopic procedures, and liver transplantation. His expertise has shaped the fields of Hepato-Pancreato-Biliary (HPB) Surgery and Liver Transplantation in India for which he has received numerous awards and accolades.

He is the President of Association of Surgeons of India (ASI), which is the second largest surgeons association in the world with a legacy of 85 years. Dr. Suryawanshi is the youngest president in the history of ASI.

Under his leadership ASI has achieved many important milestones like establishment of ASI college and digital ASI.

Beyond his surgical practice, he is committed to shaping the future of medicine, mentoring the next generation of surgeons and promoting innovative medical education.

HONORARY FELLOWSHIP

Dr. London Lucien Ooi

MBBS (NUS), MD (NUS), FCSHK (Hon), FRCS (Edinburgh), FRCS (Glasgow)

Prof London Lucien Ooi is a senior HPB surgical oncologist and Professor of Surgery. He has extensive engagement in research and innovation, clinical education, training and assessments, and in leadership and management.

With a doctorate (MD) from NUS, he is a keen researcher with more than 250 publications and 15 books/chapters to his credit and sits on numerous national/international committees, advisory panels, research, editorial and funding agency boards.

Prof Ooi has been recognised for his achievements through various National and International awards including Yahya Cohen Gold Medal Award of the Academy of Medicine Singapore.

He was also past President of the Asian Surgical Association (2013-2015).

Dr. John Camilleri-Brennan

MD (Melit.), MD (Dundee), MFSTEd, FRCSGlasg, FRCSGenSurg

Dr John Camilleri-Brennan is a Consultant in General and Colorectal Surgery with NHS Forth Valley in Scotland and an Honorary Clinical Associate Professor at the University of Glasgow. He is known for his innovative surgical operations for haemorrhoids, minimal access and transanal surgery for rectal prolapse, and pelvic floor reconstruction and anal implants for incontinence.

He leads a number of research projects, has published articles in major surgical journals, co-authored chapters in postgraduate surgical textbooks and has presented prize-winning papers at many national and international meetings.

He is currently the Vice-President (Surgical) of the RCPSG responsible for postgraduate surgical education and training. He is also involved in colorectal education and Fellowship examinations in Europe and the Far East.

He is the recipient of the William Cullen Prize from the Royal College of Physicians of Edinburgh.

HONORARY FELLOWSHIP

Dr. Tashi Tenzin
MBBS, MS

Dr. Tashi Tenzin is a prominent figure in Bhutan's medical field, known for his work as a neurosurgeon and helping modernize the neurosurgical services in Bhutan. He also serves as the consultant General surgeon and neurosurgeon at Jigme Dorji Wangchuck National Regerral Hospital. He completed his MBBS and MS from the Armed Forces Medical college, India, and fellowship in neurosurgery from Thailand.

As the Dean of the Faculty of Postgraduate Medicine at the Khesar Gyalpo University of Medical Sciences of Bhutan (KGUMS), he influences postgraduate medical education in Bhutan, training future surgeons, neurosurgeons and specialist locally.

He has contributed to the publication of numerous research articles in major scientific journals. Dr. Tenzin has received the Drakpoi Norbu Yoedsel (Light Treasure of teh Armed Forces) in the year 2013 from His Majesty the King of Bhutan.

Dr. Tim Mitchell
MA (Oxon), BM BCh (Oxon), FRCS (Orl-HNS)

Tim Mitchell is a Consultant ENT Surgeon in the University Hospital Southampton, specializing in otology and auditory implants. For his pioneering work on cochlear implantation, he was awarded the Graham Fraser Memorial Fellowship.

He has extensive experience in surgical training and assessment, including serving as Chair of the Court of Examiners at RCS England. He has examined internationally and held leadership roles in ENT UK and the British Society of Otology.

Elected to the RCS England Council in 2017, he was Vice President (2020-2023) and became President of the Royal College of Surgeons of England in 2023.

A strong advocate for equity and inclusion, he is an Honorary Member of the Medical Women's Federation and holds Honorary Fellowships from surgical colleges in India and Sri Lanka.

HONORARY FELLOWSHIP

Dr. Satish Midha

MS, FICS, FIAGES, EFIAGES, FALS, FAGIE, FAIS, FISG, FSGEI

Dr. Satish Midha is one of the pioneer surgeons to start minimal invasive surgery and therapeutic endoscopy, including ERCP in his region in India.

Dr. Midha is a regular speaker in conferences and workshops focussing on minimal access surgery. He is actively involved in clinical research, and has contributed to book chapters on laparoscopic, endoscopic, and robotic surgery

Dr. Satish Midha is currently the President of the Indian Association of Gastrointestinal Endosurgeons (IAGES).

Dr. Kushal Mital

MS, FACRSI

Dr. Kushal Mital is a distinguished surgeon and a prominent member of the medical community, holding the prestigious title of FACRSI (Fellow of the Association of Colon and Rectal Surgeons of India). With a wealth of experience and expertise in the field of surgery, Dr. Mital has established himself as a leading figure in the realm of colorectal surgery.

His commitment to advancing surgical techniques and patient care is evident through his active involvement in professional organizations and societies. As a FACRSI, Dr. Mital has demonstrated a dedication to the highest standards of surgical practice, contributing significantly to the enhancement of colorectal surgical procedures in India. He is the course director of MIS Proctology at IMMAST, Mumbai and AMASI, GEM, Chennai. He has authored books on anorectal disorders and minimally invasive and LASER surgery.

He is the President of Association of Colon and Rectal Surgeons of India (2025-27).

HONORARY FELLOWSHIP

Dr. Vijay K. Mittal

M.D M.S.,FICS,FICA, FAIS (hon) FRCS (Glasg) FACS

Dr. Vijay K Mittal is a Professor of Surgery at Michigan State University, and the chief of general surgery at Henry Ford Providence Southfield Hospital, USA.

He has been actively involved in global surgical education as part of his Fulbright project. He served as the Program Director for General Surgery at Providence (Ascension) for over 25 years and established a Simulation and Education Center there. He has been awarded the Fulbright-Nehru Distinguished Chair for Surgery and Surgical Education.

He is a prolific contributor to the scientific literature, and has published works on general surgery as well as surgical education.

He has been the president of Michigan chapter of American College of Surgeons, and the U.S section of International College of Surgeons.

Dr. Abdulla Ubaid

Dr. Abdulla Ubaid is a Senior Consultant and Head of the General Surgery Unit at Indira Gandhi Memorial Hospital (IGMH), Maldives.

A graduate of Tribhuvan University, Institute of Medicine, Kathmandu (MS General Surgery, 2006), he combines his clinical expertise with a Master's in Health Informatics from Auckland University of Technology, New Zealand, focusing on electronic health records, data analytics, and machine learning applications in healthcare.

Dr. Ubaid has led numerous national surgical outreach programs across the Maldives, expanding specialized surgical services to underserved regions, and has trained extensively in advanced laparoscopic and robotic surgery in India, Sri Lanka, and Australia. His dual expertise in surgery and health informatics underscores his commitment to advancing surgical care, research, and capacity-building across the South Asian region.

Dr. Ubaid is credited as one of the founders of Maldives Association of Surgeons.

HONORARY FELLOWSHIP

Dr. Igor E. Khatkov
MD, PhD

Professor Igor Khatkov is a leading expert in abdominal surgery and oncology. He is one of the founders of minimally invasive pancreatic surgery in Russia and has an expertise in gastric, colorectal surgery and gynecologic surgical procedures in oncological patients.

Prof. Khatkov participates as an expert in international committees and study groups for developing the recommendations in pancreatic surgery. His scientific works are published and cited in major scientific journals.

Prof Khatkov is the Director of the Moscow Clinical Scientific Center, named after A. Loginov, and the Chief oncologist of the Moscow Healthcare Department. The Medical Center that he heads is included in the list of expert training centers of the European Association for Endoscopic Surgeons (EAES).

He is an Academician of Russian Academy of Sciences, and holds Honorary Fellowship of the American Surgical Association (ASA).

Dr. Prashant Rahate
MS, FISCP, FMAS, FACRSI, FIAGES

Dr. Prashant Rahate is a senior consultant surgeon at Seven Star Hospital, Nagpur, India, and a visiting consultant at Bangkok Hospital , Bangkok. He is an American Board certified Robotic Surgeon, and also a Fellow of Russian school of coloproctology.

As a keen researcher, he has participated in more than two dozen clinical trials, and has more than 70 publications to his name. He is a regular speaker at major international conferences, including more than 50 presentations at the SAGES. He has been an operating faculty in 29 countries till date.

He has held leadership roles in major societies and associations, and is the current president of International Society of Colo Proctology (2022 till 2025).

Apart from his work as a busy surgeon, he is also deeply committed to social work, particularly in the field of education for underprivileged children.

PRE-CONFERENCE WORKSHOPS

SOCIETY OF SURGEONS Nepal 1992

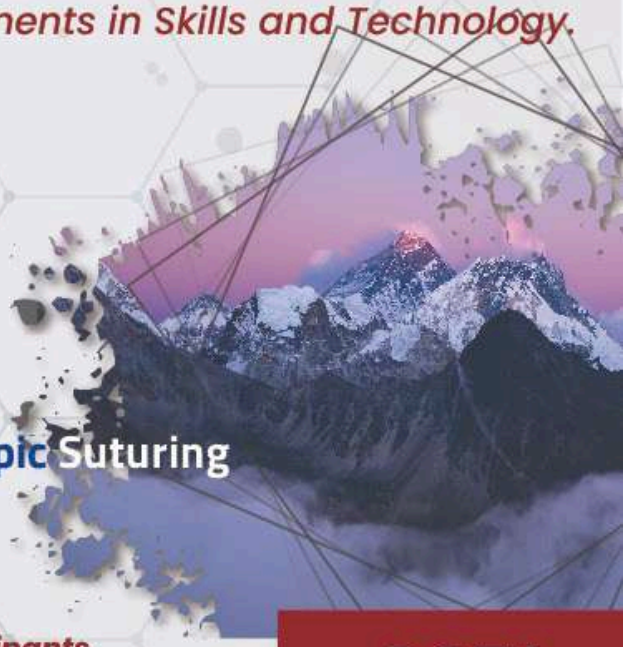
SSNCON2025

KATHMANDU, NEPAL

PRE - CONFERENCE PROGRAM

XVI INTERNATIONAL CONFERENCE OF THE SOCIETY OF SURGEONS OF NEPAL

Global Surgical Excellence: Advancements in Skills and Technology.



TOPIC

- Safe Laparoscopic Surgery
- Laparoscopic Hernia Surgery
- Hands-on Workshop & Laparoscopic Suturing
- Legal Aspects in Medicine
- Taxation for Surgeons

**Pre-conference: Free for all registered participants.*

20TH November, 2025

National Academy of Medical Science, Kathmandu, Nepal
8:30 A.M Onwards

PRE-CONFERENCE WORKSHOPS

8:30 AM - 9:00 AM	**REGISTRATION**	
HALL A (Simulation Lab, 6th Floor, Surgical Block)		
Topic: Safe Laparoscopic Surgery, Chairpersons: Mahesh Khakurel, Subodh Kumar Adhikari, Baburam Pokhrel, Moderator: Bikal Ghimire		
	Topic	**Presenter**
9:00–9:20 am	**Basics of laparoscopic surgery**	**Bishnu Kandel**
9:20–9:40 am	**Safe laparoscopic cholecystostomy**	**Rupesh Mukhia**
9:40–10:00 am	**Safe laparoscopic appendectomy**	**Romeo Kansakar**
10:00–10:20 am	**Safe laparoscopic Splenectomy**	**Bikal Ghimire**
10:20–10:40 am	**Safe laparoscopic lower GI surgery**	**Satyadeep Bhattacharya**
10:40–11:00 am	**Safe laparoscopy in Sleeve Gastrectomy (LSG)**	**Tanka Bohara**
11:00–11:20 am	**Safe laparoscopic Hepatectomy**	**Dhiresh Maharjan**
Topic: Legal Aspects in Medicine		
11:20 am – 12:20 pm	**Medico-legal issues in surgical practice**	**Lochan Karki**
12:20 PM - 01:00 PM	**LUNCH**	
Topic: Laparoscopic Hernia Surgery, Chairpersons: Manohar Lal Shrestha, Rohit Yadav, Pradeep Ghimire, Moderator: Ghanashyam Thapa		
1:00–1:20 pm	**Classification and presentation of inguinal hernia with relevant anatomy**	**Sujan Shrestha**
1:20–1:40 pm	**Laparoscopic approach to inguinal hernia**	**Suresh Sah**
1:40–2:00 pm	**TEP/TAPP techniques**	**Rakesh Gupta**
2:00–2:20 pm	**IPOM and eTEP techniques**	**Nirvan Rai**
2:20–2:40 pm	**Ventral hernia: alternative surgical approaches**	**Ghanashyam Thapa**
2:40–3:00 pm	**Component separation and TAR**	**Rakesh Gupta**
3:00–3:20 pm	**Troubleshooting in hernia surgery**	**Pranil Rai**
Topic: Taxation for Surgeons		
3:20–4:20 pm	**Taxation in surgical practice**	**Sarad Niraula**

HALL B (7th Floor, Surgical Block)	
Topic: Hands-on Workshop & Laparoscopic Suturing, Course Faculty: Rupesh Mukhia, Kishore Manandhar, Kumar Shrestha, Tanka Bohara, Arbin Joshi Course Director: Vikash Singh, Deepak Raj Singh	
10:30 - 10:50 am	Welcome and Introduction
10:50 - 11:30 am	Abdominal Wall Closure Technique: Basics
11:30 – 12:20 am	Laparoscopic Suturing: Basics
12:20 PM - 01:00 PM	**LUNCH**
1:00 pm onwards	Suture Practicum (Hands On)
(All the participants are requested to bring their laptops at the workshop)	

SCIENTIFIC PROGRAM

7:00 AM onwards	**Registration**	
21st Nov. Fri.	**DAY 1 - Durbar Hall**	
07:45- 08:00 AM	Inauguration of Scientific Session by President of SSN and Scientific Chairman of XVI ICSSN	
SESSION - I (General Session) Chairpersons: Mahesh Khakurel, Achyut Sharma, Narendra Pinto, Naresh Giri, Rupesh Mukhia		
8:00 - 8:15 AM	Surgical Mentorship	Sunil Kumar Sharma Dhakal
8:15 - 8:30 AM	Icons of surgery of South Asia	Abdul Majeed Chaudhary
8:30–8:45 AM	Contribution of Bharat in Surgery	Satish Midha
8:45–9:00 AM	Vascular emergencies: What surgeons should know	Dean Edward Klinger
9:00–9:15 AM	Medicolegal Issues In Contemporary Medical Practice: A Nepalese Perspective	Peeyush Dahal
9:15–9:30 AM	Team Building in Surgery	Romeo Kansakar
9:30–9:45 AM	Quo-Vadis health care	Deep Goel
9:45–10:00 AM	Training the surgeons of the future	Tim Mitchell
10:00–10:30 AM	Establishing Plastic Surgery in Nepal- My Journey	K.D. Joshi
10:30 - 11:30 AM	**B N RANA ORATION (Durbar Hall) Topic: Implementation of AI in GI surgery**	**GV Rao**
SESSION - II (Hernia session) Chairpersons: Manohar Lal Shrestha, Satish Midha, Duminda Ariyaratne, Bhoj Raj Neupane, Rakesh Kumar Gupta		
11:30–11:45 AM	Newer techniques of ventral hernia repair	Deborshi Sharma
11:45 AM–12:00 PM	Current consensus of open groin hernia repair	Ishant Kumar Chaurasia
12:00–12:15 PM	Peritoneal flap hernioplasty (open) for loss of domain in ventral abdominal wall hernias.	Kalpesh Jani
12:15–12:30 PM	Ventral Laparoscopic Transabdominal PrePeritoneal (TAPP)	Naveen Sharma
12:30–12:45 PM	Abdominal wall reconstruction	Siddhant Khare
12:45–1:00 PM	Laparoscopic TAR	T. Siva Kumar
1:00–1:15 PM	Feasibility Of Transabdominal Preperitoneal (TAPP) Hernia Repair In A Tertiary Care Hospital: Challenges And Opportunities	Abhishek Mallik
1:15–1:30 PM	A Prospective Study To Compare Peri-operative And Quality Of Life Outcomes Of Hernioplasty Versus Herniorrhaphy For Complicated Primary Ventral Hernia In Emergency Settings	Ajay Kumar Pal
SESSION - III (Pancreas session) Chairpersons: CL Bhattachan, London Lucien Ooi, Rabin Koirala, Prasan Bir Singh Kansakar, Kalpesh Jani		
1:30–1:45 PM	Quest For The Best Pancreaticoenteric Anastomosis Following Pancreaticodudenectomy.	Ramesh Singh Bhandari
1:45–2:00 PM	Ampullectomy for peri periampullary tumor	Krishna Kant Singh
2:00–2:15 PM	Strategies To Vascular Involvement During Pancreaticoduodenectomy	Prabin Bikram Thapa
2:15–2:30 PM	AI in HPB Surgery	Derek O' Reilly
2:30–2:45 PM	New Frontiers in HPB Surgery	Mukunda Raj Joshi
2:45–3:00 PM	Minimally invasive techniques in Pancreatic surgery	Igor Khatkov
3:00–3:15 PM	Update on pancreatic and islet cell transplant	Vijay K. Mittal
3:15–3:30 PM	Management of pancreatic necrosis	Pravin R. Suryawanshi
3:30–3:45 PM	Venous Resection In Pancreaticoduodenectomy: Principles And Outcome	Paleswan Joshi Lakhey
3:45–4:45 PM	**AK SHARMA ORATION (Durbar Hall) Topic: Surgery and Surgical Training in Singapore: Collaboration in Skills Training, Technology Transfer and Research"**	**London Lucien Ooi**
5:00–7:00 PM	INAUGURATION (Durbar Hall)	
7:00 PM onwards	GALA DINNER	

21st Nov. Fri.	DAY 1 - Banyan Hall	
SESSION - IV (Transplant session) Chairpersons: Subodh Adhikari, Pravin Joshi, Prabin Bikram Thapa, Tseten Yonjan, Roshan Ghimire		
8:00 - 8:15 AM	Living Donor Hepatectomy	Ramesh Singh Bhandari
8:15 - 8:30 AM	Milestones And Strategies To Improve Organ Transplantation In Nepal	Rojan Adhikari
8:30–8:45 AM	Ensuring Donor safety and readiness: Lessons learnt from 23 Living donors in developing transplant program in Nepal	Ram Babu Sah
8:45–9:00 AM	Challenges Of Liver Transplant Program In Nepal: An Institutional Experience	Tanka Prasad Bohara
9:00–9:15 AM	Early Experience Of Living Donor Liver Transplantation At KIST Medical College	Akanand Singh
9:15–9:30 AM	Experience Of 250 Laparoscopic Donor Nephrectomies And Comparison With Open Donor Nephrectomy	Dipesh Shrestha
9:30–9:45 AM	Heart And Lung Transplantation In Nepal	Ranjan Sapkota
9:45–10:00 AM	Postoperative Platelet Count Dynamics in Living Donor Liver Transplantation Recipients: A Retrospective Observational Study from a Tertiary Center in Nepal	Narendra Maharjan
10:00–10:30 AM	Panel Discussion: Clinical Approach to Constipation Panelists: Satyadeep Bhattacharya, Rakesh Shah, Bishnu Prasad Kandel, Anuj Parajuli, Ghanashyam Thapa	Moderator: Arbin Joshi
10:30 - 11:30 AM	**B N RANA ORATION (Durbar Hall)** **Topic: Implementation of AI in GI surgery**	**GV Rao**
SESSION - V (Robotics Mantra session) Chairpersons: Jagdish Lal Baidya, Derek O' Reilly, Deep Goel, Harish Neupane, Nirmal Lamichhane		
11:30–11:45 AM	Experience with SSI Mantra	Magan Mehrotra
11:45 AM–12:00 PM	Initiation of Robotic Surgery Program at an Academic Institution in Nepal (CMC)	Pratik Man Singh Gurung
12:00–12:15 PM	Robotic Choledochal cyst resection	Lokesh Agrawal
12:15–12:30 PM	Robotic Adrenalectomy	Aakriti Yadav
12:30–12:45 PM	Functional Outcomes Following Nerve-Preserving Robotic Radical Cystoprostatectomy Using SSI Mantra 3 System – An Index Video Case Presentation	Jemesh Singh Maharjan
12:45–1:00 PM	Robotic Assisted TAPP Inguinal Hernia Surgery	Arbin Joshi
1:00–1:15 PM	Robotic vs Laparoscopic TAPP in Inguinal Hernia: A Comparative Analysis of Early Post-Operative Outcomes	Ashish Gautam
1:15–1:30 PM	Initial steps in starting a GI Surgery Robotics Program at CMC	Bishal Acharya
1:30–1:45 PM	VR In The OR: Head-Mounted Virtual Reality Display: A Feasible Visualization Tool For Minimally Invasive Surgery	Sujan Shrestha
SESSION - VI (Colorectal session) Chairpersons: Sunil Kumar, Deborshi Sharma, Indra Kumar Jha, Satyadeep Bhattacharya, Arbin Joshi		
1:45–2:00 PM	Pseudomyxoma Peritonei (The Jelly Belly)	Punyaram Kharbuja
2:00–2:15 PM	Urogenital Complications After Surgery For Rectal Cancer	Bishnu Prasad Kandel
2:15–2:30 PM	Effect of botulinum toxin on low pressure anal fissures: Pathophysiology diagnosis and management	Karan Rawat
2:30–2:45 PM	Laparoscopic retroperitoneoscopy: General Surgeon prerspective	Vikas Singh
2:45–3:00 PM	Mohans's flap pilonidal sinus	Madhukar Pai
3:00–3:15 PM	Fistula in ano: The Art of Balancing Recurrence and Incontinence	Kushal Mittal
3:15–3:30 PM	Low anterior resection syndrome	John Camilleri-Bernnan
3:30–3:45 PM	Pudendal neuralgia of Laparoscopic management	Prashant Rahate
3:45–4:45 PM	**AK SHARMA ORATION (Durbar Hall)** **Topic: Surgery and Surgical Training in Singapore: Collaboration in Skills Training, Technology Transfer and Research"**	**London Lucien Ooi**

21st Nov. Fri. DAY 1 - Kailash Hall

SESSION - VII (Liver & Pancreas session) Chairpersons: John Camilleri-Bernnan, Paleswan Joshi Lakhey, Kalpesh Jani, Nabin Pokhrel, Sanjay Poudyal		
8:00 - 8:15 AM	Surgical management of hepatic hemangioma	Sumita Pradhan
8:15 - 8:30 AM	Fluorescence guided Pancreatic Surgery	Dhiresh Maharjan
8:30–8:45 AM	Freys procedure for Chronic Pancreatitis: a retrospective review of short-term outcomes of the surgery ina tertiary care center- Dhulikhel hospital	Deepanksha Datta
8:45–9:00 AM	Refining Pancreaticojejunostomy Techniques In Pancreaticoduodenectomy : Our Institutional Data And Lessons For Practice	Rohit Kumar Mishra
9:00–9:15 AM	Prediction of postoperative pancreatic fistula using Alternative fistula risk score	Deepak Sharma
9:15–9:30 AM	Clinico-Sociodemographic Profile And Barriers To Undergoing Liver Transplantation Among Patients Screened For Transplant : A Single Center Study From Nepal	Nabin Acharya
9:30–9:45 AM	Hepatic vein guided approach for laparoscopic anatomical liver resection	Sagar Khatiwada
9:45–10:00 AM	Management Of Complex Bile Duct Injuries	Prasan Bir Singh Kansakar
10:00–10:30 AM	Panel Discussion: Carcinoma Gallbladder Panelists: Anshika Arora, Sunil Kumar, Prasan Bir Singh Kansakar, Sushil Rawal, Roshan Ghimire	Moderator: Tseten Yonjan
10:30 - 11:30 AM	**B N RANA ORATION (Durbar Hall)** **Topic: Implementation of AI in GI surgery**	**GV Rao**
SESSION - VIII (CTVS session) Chairpersons: Prakash Sayami, Uttam Krishna Shrestha, Ranjan Sapkota, Deepak Thapa, Dinesh Chapagain, Sandeep Raj Pandey		
11:30–11:45 AM	Chest Trauma Scenario In Nepal	Sampurna Man Tuladhar
11:45 –12:00 PM	Comparison Of Tube Thoracostomy Alone Versus Combined With Mini-thoracotomy In Traumatic Hemothorax: A Prospective Pilot Study	Suresh Kumar
12:00–12:15 PM	Damage Control Resuscitation	Vaibhav Jaiswal
12:15–12:30 PM	Updates in cardiac Revascularization at MCVTC	Anil Bhattarai
12:30–12:45 PM	Study on sprectum and response to treatment for vascular anomalies	Arati Chaudhary
12:45–1:00 PM	Outcome in elective and emergency abdominal aortic aneurysm repair	Rajat Pradhan
1:00–1:15 PM	Surgical Intervention For Failed Arteriovenous Fistula, Early Experience From A University Hospital Of Nepal	Robin Man Karmacharya
1:15–1:30 PM	Comparative Analysis Of Postoperative Bronchopleural Fistula And Recovery Outcomes Following Thoracotomy Versus VATS In Pulmonary Hydatid Cyst Surgery	Suresh Kumar
SESSION - IX (Miscellaneous Session) Chairpersons: Y.P. Singh, R.P. Chaudhary, Anshika Arora, Rakesh Pandit, Santosh Shrestha		
1:30–1:45 PM	Prediction Of Peri-operative Outcomes Using The Modified Kingsnorth Score In Endoscopic Repair Of Inguinal Hernia	Harvinder Singh
1:45–2:00 PM	Catching the Tiger by the tail: Innovations to reduce SSI	Ashok Kumar Sahoo
2:00–2:15 PM	Lethal Triad of SSI	Senthil Kumaran
2:15–2:30 PM	Diagnostic accuracy of imprint cytology in sentinel lymph node evaluation of breast cancer patients in a resource limited setting	Akash Giri
2:30–2:45 PM	Head and neck cancer	Rohit Mahajan
2:45–3:00 PM	Hyperthyroidism and Hypothyroidism for Surgeons	Sabaretnam Mayilvaganan
3:00–3:15 PM	A quality improvement study to assess Patient satisfaction in surgical outpatient department at a tertiary care hospital in north India a cross sectional study	Saumya Singh
3:15- 3:45 PM	Debate: Open vs Laparoscopic Hernia Repair Speakers: Rabin Koirala and Sunil Kumar Sharma Dhakal Chairperson: Prashant Rahate, Ishant Kumar Chaurasia	Moderator: Pranil Rai
3:45–4:45 PM	**"A K Sharma Oration (Durbar Hall)** **Topic: Surgery and Surgical Training in Singapore: Collaboration in Skills Training, Technology Transfer and Research"**	**London Lucien Ooi**

21st Nov. Fri	DAY 1 - Kasthamandap Hall	
SESSION - Xa	**(Award Young Surgeon Session I) Chairpersons: Santosh Shah, Nirmal Thapa, Surendra Basnet**	
8:00 - 8:15 AM	Small Chests, Big Challenges: A Decade Of Pediatric Thoracic Surgery Within A General Thoracic Practice	Pratikshya Thapaliya
8:15 - 8:30 AM	Retrospective Outcome Analysis Of Thoracoscopic Biopsy In Undiagnosed Pleural Effusion At A Tertiary Cancer Centre	Sandeep Sapkota
8:30–8:45 AM	Surgical Management Of Pulmonary Hydatid Disease: A Single-Center Retrospective Study	Manoj Tiwari
8:45–9:00 AM	Long-Term Outcomes Of Transhiatal Esophagectomy In Esophageal And Gastroesophageal Junction Cancers: Experience From A Tertiary Care Centre	Shachee Bhattarai
9:00–9:15 AM	Early Closure Of Defunctioning Ileostomy After Low-pelvic Surgery For Rectal Cancer: Systematic Review And Meta-analysis Of Safety And Functional Outcomes	Parbatraj Regmi
9:15–9:30 AM	Patterns Of Lower Limb Reconstruction And Risk Factors For Complications: Experience From A Tertiary Trauma Center In Nepal	Sudarsan Shrestha
9:30–9:45 AM	Bringing modern surgery to rural Nepal-Experience of a new surgeon: Strengthening OT, SICU and laparoscopic services in Lamjung Hospital	Shishir Devkota
9:45–10:00 AM	Revolutionizing Healthcare: Innovations Defining the Future	Raju Sah
10:30 - 11:30 AM	**B N RANA ORATION (Durbar Hall)** **Topic: Implementation of AI in GI surgery**	**GV Rao**
SESSION - Xb	**(Award Young Surgeon session II) Chairpersons: Kishor Manandhar, Dhiresh Maharjan, Prakash Sapkota**	
12:00–12:15 PM	Postoperative Day One Lactate Level in Predicting Post-Hepatectomy Liver Failure	Digbijay Bikram Khadka
12:15–12:30 PM	Liver stiffness measurement by transient elastography as a predictor of postoperative complications after hepatectomy	Suyog Bhandari
12:30–12:45 PM	Prognostic Significance Of Tumor Location In Duodenal Adenocarcinoma	Parbatraj Regmi
12:45–1:00 PM	Efficiency Of Near Infrared Fluorescence Imaging During Staging Laparoscopy To Detect Peritoneal Metastasis From Gastrointestinal Malignancy	Sanjay Kumar Yadav
1:00–1:15 PM	Preoperative Assessment Of Splanchnic Vascular Anatomy And Its Surgical Implications In Major Hepatopancreatobiliary (HPB) Procedures	Suman Khanal
1:15–1:30 PM	Trends Of Ascites Following Living Donor Liver Transplantation: A Single Centre Experience	Sampanna Pandey
1:30 – 1:45 PM	Clinical Insights And Outcomes In Gastric Carcinoma: A Retrospective Analysis From A Tertiary Center	Nishef Adhikari
SESSION - Xc	**(Award Young Surgeon session III) Chairpersons: Binod Bade Shrestha, Bala Ram Malla, Bikal Ghimire**	
2:00–2:15 PM	Correlation Of Prognostic Nutritional Index With Early Complications After Surgery For Gastrointestinal Cancer	Nimesh Bista
2:15–2:30 PM	Serum Lipase on First Postoperative Day as a Predictor of Clinically Relevant POPF	Bikash Chandra Sah
2:30–2:45 PM	Intraoperative Bile Culture as a Predictor of Clinically Relevant Postoperative Pancreatic Fistula After Pancreaticoduodenectomy	Saurav Karki
2:45–3:00 PM	Bile Culture In Predicting Postoperative Complications Following Pancreaticoduodenectomy	Shree Krishna Shrestha
3:00–3:15 PM	Outcomes Of Laparoscopic Cholecystectomy In Acute Cholecystitis In KISTMCTH	Krisha Maharjan
3:15–3:30 PM	Postoperative C-reactive Protein To Albumin Ratio In Predicting Post-operative Pancreatic Fistula Following Pancreaticoduodenectomy	Shreya Shrestha
3:30–3:45 PM	Modified Frey's Procedure For Chronic Calcific Pancreatitis: A Retrospective Study Of Short-term Outcomes At Dhulikhel Hospital	Bimas Payangu Limbu
3:45–4:45 PM	**"A K Sharma Oration (Durbar Hall)** **Topic: Surgery and Surgical Training in Singapore: Collaboration in Skills Training, Technology Transfer and Research"**	**London Lucien Ooi**

21st Nov. Fri.	DAY 1 - Shivapuri Hall	
8:00 AM–9:00 AM	**SESSION XI: SSN-TALKS** **Surgeon Burnout: How to Achieve Surgeon Well-Being?**	
	Surgeon Burnout and Well-Being: An American Perspective	Anusha Jayaram
	Thriving in the OR and in Life: A Surgeon's Guide to Balance and Well-Being	Ang J. Lama
	What We See but Don't Say: Burnout in Surgical Residency	Purnima Gyawali
	Executive Yoga and Healthy Meal Preparation	Anip Joshi
SESSION - XIIa (Nursing and Education session) Chairpersons: Yagya Ratna Shakya, Santosh Mishra, Sita Chaudhary.		
9:15 – 9:30 AM	Role of nurse during HIPEC (Hyperthermic intraperitoneal chemotherapy)	Jeny Kushma
9:30 – 9:45 AM	Implementation of Surgical safety checklist at Nepal Mediciti Hospital: Enhanching patient safety and surgical outcomes	Dipika Shakya
9:45 – 10:00 AM	The safe handling and sterilisation process of laparoscopic instruments at Nepal Mediciti Hospital help maintain surgical efficiency and reduce the risk of contamination	Alka Maharjan
10:00 – 10:15 AM	The role of OT nurses during laparotomy procedures at Mediciti Hospital focuses on maintaining sterility, assisting the surgical team, and ensuring patient safety throughout the operation	Sabina Rawat
10:15 – 10:30 AM	Different patient positionings in gastrointestinal surgery	Baburam Pokhrel
10:30 - 11:30 AM	**B N RANA ORATION (Durbar Hall)** **Topic: Implementation of AI in GI surgery**	**GV Rao**
SESSION - XIIb (Nursing and Education session) Chairpersons: Rupesh Mukhiya, Utsab Man Shrestha, Stuti Thapa		
11:30–11:45 AM	Early postoperative complication following surgery	Neha Khadka
11:45–12:00 PM	Bowel preparation: Our protocal at Nepal Mediciti Hospital	Niroj Maharjan
12:00–12:15 PM	Roles of Nurses in minimizing Surgical Mishaps	Kabita Pun
12:15–12:30 PM	Hazards in operation theatre	Dharmendra K Chaudhary
12:30–12:45 PM	Role of the Anesthetic Nurse in the Operating Theatre	Nabina Maharjan
SESSION - XIIc (Nursing and Education session) Chairpersons: Santabir Maharjan, Manisha Chitrakar, Anju Mahat		
1:30 – 1:45 PM	Energy Sources in the Operating Theatre	Laxman Shrestha
1:45 – 2:00 PM	OT hazards	Srijana Maharjan
2:00 – 2:15 PM	Retained Surgical Items	Sweta Mishra
2:15 – 2:30 PM	AI in general surgery	Apsara Pangeni
2:30 –2:45 PM	Communication saves lives:The power of teamwork in operating room	Rakshya Sainju
2:45 - 3:00 PM	Near-miss Reporting In OT : How It Prevents Major Incidents	Stuti Thapa
3:45–4:45 PM	**A K Sharma Oration (Durbar Hall)** **Topic: Surgery and Surgical Training in Singapore: Collaboration in Skills Training, Technology Transfer and Research**	**London Lucien Ooi**
5:00–7:00 PM	INAUGURATION (Durbar Hall)	
7:00 PM onwards	GALA DINNER	

22nd Nov. Sat.	DAY 2 - Durbar Hall	
SESSION – XIII (SAARC/SSN Session) Chairpersons: Rakesh Verma, Babu Ram Poudel, Tim Mitchell, Nikhil Singh, Madhukar Pai		
8:00 - 8:15 AM	Bridging skill, technology & context : Advancing safe, equitable surgery in Nepal	Pradeep Ghimire
8:15 - 8:30 AM	Introduction of minimally invasive surgery in Regional Hospitals in the Maldives	Abdulla Ubaid
8:30–8:45 AM	Reaching the unreached: Strengthening disability care in Communities-Challenges in an Emerging Country	Narendra Pinto
8:45–9:00 AM	Bhutan Surgical Services: Opportunities & Challenges	Tashi Tenzin
9:00–9:15 AM	Outcomes Of Complicated Transplantation In Nepal: Experience From Three Challenging Cases	Pukar Chandra Shrestha
9:15–9:30 AM	Endovascular Aneurysm Repair in Nepal: Opportunities and Challenges	Uttam Krishna Shrestha
9:30–9:45 AM	Challenges in management of Diabetic foot disease	Duminda Ariyaratne
9:45–10:00 AM	The Future is Minimally Invasive: RAMIE & MIE in Esophageal Cancer Care	Sajida Qureshi
10:00–10:15 AM	Trauma training: A Sri Lankan prespective	Dulantha de Silva
10:15–10:30 AM	Dilemma in Breast Cancer	Abdul Majeed Chaudhary
10:30 - 11:30	**L B THAPA ORATION (Durbar Hall) Topic: My life time journey with Gall Bladder cancer**	**VK Kapoor**
SESSION - XIV (Neurosurgery session) Chairpersons: Yam Roka, Gopal Sedain, Maya Bhattachan, Raj Kumar KC		
11:30–11:45 AM	Microvascular Decompression(MVD): use of muscle graft for interposition	Gopal Raman Sharma
11:45–12:00 PM	Neurosurgical Care With Limited Resources - “Challenges And Opportunities”-Early Experiences From An Evolving Center	Rajeev Shah
12:00–12:15 PM	Anatomical planning and electrophysiologic guidance in function preservation in glioma surgery	Pratyush Shrestha
12:15–12:30 PM	Advances in oral cancer surgery	Rohit Nayyar
12:30–12:45 PM	Is there life after death?	Rajiv Jha
12:45 - 1:45 PM	**D S MUDVARI ORATION (Durbar Hall) Topic: Humanities in Medical Education**	**Rajesh Nath Gongal**
SESSION - XVa Uro-oncology Session Chairpersons: Uttam Sharma, Paras Shrestha, Pratik Man Singh Gurung, Robin Joshi, Pawan Raj Chalise, Umesh Nepal, Narayan Thapa		
1:45–1:55 PM	Prevalence of Lichen Sclerosus Among Nepalese Boys Presenting With Phimosis at KMCTH	Manoj Adhikari
1:55–2:05 PM	Role Of Immediate Post-Operative Uroflowmetry In Predicting The Outcome Of Transurethral Resection Of Prostate	Sachin Kumar Yadav
2:05–2:17 PM	Laparoscopic Partial Nephrectomy: Key Steps and Technical Pearls	Pukar Maskey
2:17–2:27 PM	Transrectal Ultrasound Guided Prostatic Biopsy in suspected Ca Prostate and its Complications: A Descriptive Cross-sectional Study	Subin Prajapati
2:27–2:39 PM	Bilateral Video-Endoscopic Inguinal Lymph Node Dissection For Carcinoma Penis	Prajwal Paudyal
2:39–2:51 PM	Postoperative Complications Following Radical Cystatectomy With Urinary Diversion: A Retrospective Study	Bharat Mani Pokharel
SESSION - XVb Endo-urology Session Chaipersons: Uday Dangol, Sanjay Khadgi, Anil Shrestha, Pukar Maskey, Rikesh Jung Karki, Birendra Yadav		
2:51–3:01 PM	Our Experience Of Kidney Transplantation At KMCTH	Yugal Jyoty Nepal
3:01–3:13 PM	PCNL in Horse-Shoe Kidney	Robin Basnet
3:13–3:23 PM	Association Between Intravesical Prostatic Protrusion And The Severity Of Lower Urinary Tract Symptoms In Patients With Benign Prostatic Hyperplasia	Sanjay Shrestha
3:23–3:33 PM	Comparison Between R.I.R.S. And RUSS Scoring Systems In Predicting Stone-Free Rate (SFR) After Retrograde Intrarenal Surgery (RIRS)	Devendra Karki

3:33–3:43 PM	Evaluation Of Factors Predicting Successful Insertion If Ureteral Access Sheath In RIRS	Shraddha Satyal
3:43–3:53 PM	Perioperative Outcomes in Supine Versus Prone Percutaneous Nephrolithotomy: A Comparative Study	Devendra Bist
3:53–4:03 PM	Risk Factors For Sepsis After Retrograde Intrarenal Surgery At Tertiary Care Center Of Nepal	Gunjan Kumar Shah
4:03–4:13 PM	Comparative Study Of Topical Hydrocortisone Versus Topical Betamethasone For Treating Phimosis In Paediatric Population	Niraj Acharya
4:13–4:23 PM	Mini PCNL in the era of RIRS	Saroj Giri
4:23–4:33 PM	Laparoscopic Buccal Mucosal Graft Ureteroplasty For Management Of Complex Ureteric Stricture	Prajwal Paudyal
4:33 - 4:53 PM		Mark Buchale
5:00–5:30 PM	**SSN General Assembly**	

22nd Nov. Sat. DAY 2 - Banyan Hall

SESSION - XVI (Upper GI session) Chairpersons: Sunil Shrestha, Pranil Rai, Chandra P. Pandey, Narendra Pandit, Bala Ram Malla		
8:00 - 8:15 AM	Endoscopy Guided Laparoscopic Heller's Myotomy With Dor Fundoplication For Achalsia Cardia- A Novel Technique	Anisha Tiwari
8:15 - 8:30 AM	Laparoscopic Hellers Cardiomyotomy And Dor Fundoplication For Achalasia Cardia	Bikal Ghimire
8:30–8:45 AM	Gastric Pull-up (esophageal replacement)	Basant Kumar
8:45–9:00 AM	Surgical Management of Post-corrosive Esophageal Stricture.	Vishal Gupta
9:00–9:15 AM	Trepidation and complication in Thoracoscopoic esophagectomy	Sunil Kumar
9:15–9:30 AM	Achalasia Cardia:Surgical Pearls -Diagnosis to Relie & Laparoscopic Management	Roshan Shetty
9:30–9:45 AM	Recent update in surgery and multimodal treatment of esophageal cancer	Binay Thakur
9:45–10:00 AM	Future of Endoscopy	Satyapriya De Sarkar
10:00–10:30 AM	Debate: ERCP vs LCBDE Speakers: Bala Ram Malla and Mukunda Raj Joshi Chairpersons: Pradip Vaidya, Satyapriya Desarkar, Rohit Yadav, Ashis Pun	Moderator: Tanka Prasad Bohora
10:30 - 11:30	**L B THAPA ORATION (Durbar Hall)** **Topic: My life time journey with Gall Bladder cancer**	**VK Kapoor**
SESSION - XVII (Plastic & Reconstructive Surgery session) Chairpersons: K.D. Joshi, Shankar Man Rai, Ishwor Lohani, Jayan Man Shrestha		
11:30–11:45 AM	Comparative Efficacy Of Four-Layer Compression Bandage Therapy With And Without Hyperbaric Oxygen Therapy In Venous Leg Ulcer Patients: A Randomized Controlled Trial	Jitendra Kumar Kushwaha
11:45–12:00 PM	Building A Sustainable Burn Registry In Nepal: Leadership, Training, And Systemic Reforms At SKMH Amid Ethical And Operational Challenges	Raju Bhandari
12:00–12:15 PM	Recent Advances Free Flap Monitoring	Prakash Kala
12:15–12:30 PM	Various Reconstructive Options For Mandibular Defects After Oncological Resection	Sangam Rayamajhi
12:30–12:45 PM	Toe-to-finger transfer in trauma – A single center experience in a developing Asian Country	Uditha Wickradewa
12:45 - 1:45 PM	**D S MUDVARI ORATION (Durbar Hall)** **Topic: Humanities in Medical Education**	**Rajesh Nath Gongal**

SESSION - XVIII (Gallbladder session) Chaipersons: Y.B. Oli, Prem Bahadur Pun, Prabin Bikram Thapa, Pravin Joshi, Bikal Ghimire		
1:30–1:45 PM	Critical view of safety: Is it a myth or reality?	Ranbir Singh
1:45–2:00 PM	Serial Observation of T-Cell Th17 Levels in Post-Operated Patients of Laparoscopic Cholecystectomy: A Surrogate Marker for Gut Immunity	Krishna Kant Singh
2:00–2:15 PM	Safety Outcome Of Laparoscopic Cholecystectomy In Cirrhotic Patients: A Retrospective Study At A Tertiary Hospital	Yagya Ratna Shakya
2:15–2:30 PM	TARE, TACE, TAE	Kailash C. Kurdia
2:30–2:45 PM	Gall Bladder Carcinoma: A 5-Year Surgical Experience At Dhulikhel Hospital	Rahul Singh
2:45–3:00 PM	Streamlined Laparoscopic CBD Exploration: Drain-Free, Tube-Free, and Fluoroscopy-Free	Vishal G Shelat
3:00–3:15 PM	Hepatic vein guided approach for laparoscopic anatomical liver resection	Tan Yen Pin
3:15–3:30 PM	Bile Duct Injuries: Lessons Learned From the Operating Room	Roshan Ghimire
3:30–3:45 PM	A retrospective study of outcomes of surgical management of choledochal cyst	Bimas Limbu

22nd Nov. Sat.	DAY 2 - Kailash Hall	
8:00 - 8:30 AM	Panel Discussion: Breast Surgery in Nepal – Are We Conserving Enough? Panelists: Anip Joshi, Utsab Man Shrestha, Suzita Hirachan, Sharada Khadka	Moderator: Anusha Jayaram
SESSION - XIX (Breast Session) Chairpersons: Prakash Sayami, Kapendra Shekhar Amatya, Utsab Man Shrestha, Suzita Hirachan, Banira Karki		
8:30–8:45 AM	Breast Cancer Landscape – From Genetics To Vaccine And From Surgery To Survivorship	Anip Joshi
8:45–9:00 AM	Recent Advances in Sentinel Lymph Node Biopsy for Breast Cancer	Dharma Ram Poonia
9:00–9:15 AM	Single stage augmentation mastopexy: a challenging operation to meet opposing goals	Jayan Man Shreshta
9:15–9:30 AM	Breast conserving surgery and role of TAD	Nivedita Sharma
9:30–9:45 AM	Role of ICG in Breast Cancer	Pradeep Kumar Singh
9:45–10:00 AM	Complexities And Challenges In Surgical Management Of Breast Carcinoma In BPKMCH	Anup Bhattachan
10:00–10:30 AM	Panel Discussion: Gastric Carcinoma Panelists: Deep Lamichhane, Srijan Malla, Mukti Devkota, Santosh Shah, Punya Kharbuja	Moderator: Rajiv Mishra
10:30 - 11:30	**L B THAPA ORATION (Durbar Hall) Topic: My life time journey with Gall Bladder cancer**	**VK Kapoor**
SESSION - XXa (Video session) Chaipersons: Anip Joshi, Bikal Ghimire, Tseten Yonjan		
11:30–11:45 AM	Artery First Left Pancreatectomy For Solid Pseudopapillary Tumor Involving Neck Of Pancreas	Paleswan Joshi Lakhey
11:45–12:00 PM	Laparoscopic Extended Cholecystectomy: A Safe Oncologic Approach For Gallbladder Carcinoma	Surendra Shah
12:00–12:15 PM	MIS for Chronic Pancreatitis	Mukunda Raj Joshi
12:15–12:30 PM	Vascular management in HPB surgery	Sagar Khatiwada
12:30–12:45 PM	Laparoscopic Spleen-Preserving Distal Pancreatectomy Using The Kimura Technique: A Video Presentation	Romi Dahal
12:45 - 1:45 PM	**D S MUDVARI ORATION (Durbar Hall) Topic: Humanities in Medical Education**	**Rajesh Nath Gongal**

SESSION - XXI (Pediatric session) Chairpersons: Ritesh Shrestha, Sushil Dhungel, Hira Mani Pathak		
1:45 PM – 2:00 PM	Balancing Between Minimal Access Surgery And Maximum Access To Surgery In Paediatrics	Manish Pokhrel
2:00 PM – 2:15 PM	EHPVO in pediatric patients or Meso Rex bypass in children	Vijai Datta Upadhyaya
2:15 PM – 2:30 PM	Challenges and Advancements in neonatal & Pediatric surgery in Nepal	Ramnandan P. Chaudhary
2:30 PM – 2:45 PM	Posterior urethral vavle: Beyond mechanical obstruction	Geha Raj Dahal
2:45–3:00 PM	Management strategies for adult and adolescent undescended testes	Harvinder Singh Pawha
SESSION - XXb (Video session) Chaipersons: Deepak Raj Singh, Sunil Shrestha, Binay Thakur, Deep Lamichhane		
3:00 PM – 3:15 PM	Robotic Prostatectomy: From Simple to Radical - comparison of Transvesical Freyer's Simple approach in Benign versus Radical approach in Cancer	Pratik Man Singh Gurung
3:15 PM – 3:30 PM	The Curious 16 Years Journey Of A Dental File To Appendix Presenting As Appendicular Mass Managed By Laparoscopic Right Hemicolectomy.	Sujan Shrestha
3:30 PM – 3:45 PM	Laparoscopic Heller's Cardiomyotomy : Our Experience	Bala Ram Malla
3:45 PM – 4:00 PM	VATS Esophagectomy For Esophageal GIST	Shashank Shrestha
4:00 PM- 4:15 PM	Management Of Malignant Tracheoesophageal Fistula With Fully Covered Tracheal Stent: A Case-Based Video Presentation	Shachee Bhattarai
4:15 PM - 4:30 PM	Left Upper Sleeve Lobectomy: Volume sparing Alternative to Pneumonectomy	Sandeep Sapkota

22nd Nov. Sat. DAY 2 - Kasthamandap Hall

SESSION - XXII (Award resident session) Perioperative Care Session Chaipersons: Ashok Koirala, Yagya Ratna Shakya		
8:00–8:10 AM	Comparison Between Intravenous Paracetamol And Tramadol For Postoperative Analgesia In Patients Undergoing Laparoscopic Cholecystectomy	Suraj Kumar Gupta
8:10–8:20 AM	Comparison of Analgesic Efficacy of Ketorolac Versus Tramadol in Laparoscopic Cholecystectomy	Abid Ali
8:20–8:30 AM	A Study On Outcomes Of Laparoscopic Transabdominal Pre-Peritoneal Repair For Treatment Of Inguinal Hernia In Dhulikhel Hospital	Ajay Kumar Mandal
8:30–8:40 AM	Comparative Study of Paracetamol Versus Ketorolac as an Analgesic in Post-Operative Pain Management for Patients Undergoing Endourological Procedures	Nikhil Agarwal
8:40–8:50 AM	Comparison Between The Apfel Score And The Pallazo/Evans Score In Predicting Postoperative Nausea And Vomiting (PONV) After Laparoscopic Cholecystectomy	Arthur Gyawali
8:50–9:00 AM	Outcome of Avoidance of Nasogastric Decompression Following Elective Major Gastrointestinal Abdominal Surgery at Birat Medical College Teaching Hospital	Ranjish Parshaila
9:00–9:10 AM	A Study On Predictors Of Surgical Site Infections On Post-operative Patients	Nil Kantha Lamichhane
General Surgery Session Chaipersons: Chandra P. Pandey, Rajeev Nakarmi		
9:10–9:20 AM	Surgeon Wellness: Discussing Factors That Lead To Burnout Amongst Surgeons	Anusha Jayaram
9:20–9:30 AM	Evaluation Of Role Of FAST Scan And CECT Abdomen And Pelvis In Detecting Organ Injury In Blunt Abdomen Trauma Patients.	Dejina Karki
9:30–9:40 AM	Outcome of Topical Insulin Application in Diabetic Foot Ulcer: A Comparative Study With Normal Saline	Homendra Kumar Sah
9:40–9:50 AM	Modality of Treatment and Prognosis Among Blunt Trauma Abdomen Patients in a Tertiary Care Hospital	Hari Rai
9:50–10:00 AM	Trends And Outcomes Of Re-exploration In Gastrointestinal Surgery: A Retrospective Observational Study	Milan Adhikari
10:00–10:10 AM	Chlorhexidine Gluconate With Propyl Alcohol Versus Povidone–Iodine For Surgical Site Antisepsis Following Emergency Open Appendectomy	Dipendra Bhusal

10:10–10:20 AM	Comparative Study Of Outcomes Of Gauze Suction Versus Bolster Dressing In Split Thickness Skin Graft	Rashmi Pudasaini
10:20–10:30 AM	Trends in Volume, Specialty Mix, Presentation Format, and Presenter Profile at Society of Surgeons of Nepal Annual Conferences over last decade	Prajjwol Luitel
10:30 - 11:30	**L B THAPA ORATION (Durbar Hall)** **Topic: My life time journey with Gall Bladder cancer**	**VK Kapoor**
CTVS & Others Session, Chaiperson: Santosh Shah, Kumar Shrestha, Anil Acharya		
11:30 – 11:40 AM	Evaluation Of QoL After Minimally Invasive Varicose Surgery At A Tertiary Center In Nepal	Urusha Naaz
11:40 – 11:50 AM	Application of Clavien–Dindo Classification in Thoracic Surgery and Identifying Risk Factors for Complications	Uttam Chaulagain
11:50 – 12:00 PM	Predictors Of Packed Red Cell Transfusion After Isolated Primary Coronary Artery Bypass Grafting: A Prospective Observational Study In A Single Cardiac Center	Soniya K.C.
12:00 – 12:10 PM	Significance Of Routine Amylase In Post Endoscopic Retrograde Cholangiopancreatography	Harihar Devkota
12:10 – 12:20 PM	Efficacy Of Percutaneous Aspiration In Breast Abscess.	Jun Bajracharya
12:45 - 1:45 PM	**D S MUDVARI ORATION (Durbar Hall)** **Topic: Humanities in Medical Education**	**Rajesh Nath Gongal**
HPB session Chaipersons: Sujan Regmee, Rajan Koju, Sujan Shrestha		
2:00–2:10 PM	A Retrospective Study On Referral Bile Duct Injuries In The Surgery Department Of DH	Birat Basnet
2:10–2:20 PM	Analysis Of Preoperative CRP Levels And Their Association With Histopathological Reports In Patients With Symptomatic Cholelithiasis	Saranam Thapa
2:20–2:30 PM	Anatomical Variation of Rouviere's Sulcus in Patients Undergoing Laparoscopic Cholecystectomy	Shishir Shrestha
2:30–2:40 PM	Association Between Body Mass Index and Cholelithiasis	Dipendra Yadav
2:40–2:50 PM	Assessment Of Risk Factors For Metabolic Syndrome In Patients With Gallstone	Vivek Adhikari
2:50–3:00 PM	Outcomes Following Surgery Versus Non-surgical Management For Gallbladder Cancer Patients Presenting With Jaundice: A Systematic Review And Meta-analysis	Amit Kumar Mishra
3:00–3:10 PM	Exploring Choledochal Cyst: A Retrospective Analysis	Bhavesh Kumar Yadav
3:10–3:20 PM	Laparoscopic Cholecystectomy In Patients With Wall- Echo-Shadow (WES) Complex In Ultrasonography: A Prospective Cross-sectional Study	Ranjish Parshaila
3:20–3:30 PM	Port Site Infection After Laparoscopic Cholecystectomy In A Tertiary Care Center: A Retrospective Descriptive Study	Hari Prasad Sapkota
3:30–3:40 PM	Modified Computed Tomography Severity Index for Evaluation of Acute Pancreatitis and Its Clinical Outcome	Saurav Singh
3:40–3:50 PM	Red Cell Distribution Width to Platelet Count Ratio (RPR) as a Predictor of Severity of Acute Pancreatitis	Bishal Gaurav
3:50–4:00 PM	Laparoscopic Management Of Hydatid Cyst: Experience From Dhulikhel Hospital, Nepal.	Pranita Joshi
4:00 - 4:10 PM	Role Of Serum Lipase To Amylase Ratio As A Predictor To Differentiate Alcoholic From Non-alcoholic Acute Pancreatitis At A Tertiary Care Center	Harikant Yadav

22nd Nov. Sat.	DAY 2 - Shivapuri Hall	
SESSION - XXIII (Award resident session continued) Pediatric Surgery session Chaipersons: Manish Pokhrel, Ritesh Shrestha, Sushil Dhungel		
8:00–8:10 AM	Comparison of Hydrostatic and Pneumatic Reduction of Pediatric Intussusception	Ashish Pokharel
8:10–8:20 AM	Comparison of Postoperative Pain in Electrocautery Incision With Scalpel Incision in Open Appendectomy	Sujan Khadka
8:20–8:30 AM	A Prospective Comparative Study on Short-Term Versus Long-Term DJ Stenting in Anderson–Hynes Pyeloplasty for Pelviureteral Junction Obstruction in Children	Bal Krishna Gyawali
8:30–8:40 AM	Impact Of Delayed Presentation On The Severity Of Acute Appendicitis	Sanjay Kumar Kushwaha
8:40–8:50 AM	Role of Serum Sodium Level for Pre-Operative Prediction of Complicated Appendicitis	Manish Kumar Yadav
	Colorectal surgery session Chairpersons: Aniram Shrestha, Ghanshyam Thapa	
9:00–9:10 AM	Experience And Outcomes Of Colorectal Cancer Surgeries: A Retrospective Study At TUTH	Saurav Neupane
9:10–9:20 AM	Prevalence and Risk Factors of Hemorrhoids Among Patients Attending Surgery OPD at a Tertiary Care Center	Himalay Prasad Yadav
9:20–9:30 AM	Study Of Outcomes Of Laser Hemorrhoidoplasty In Manipal Teaching Hospital	Prakash Thapa Chhetri
9:30–9:40 AM	Spectrum Of Colorectal Surgery Cases: Experience From A Tertiary Care Center At CMCTH	Bipul Thakur
9:40–9:50 AM	Post-Operative Pain Score in Laparoscopic Inguinal Hernia Repair Using Contoured 3D vs. Flat Polypropylene Mesh	Bibek Adhikari
Neurosurgery session Chairperson: Raj Kumar KC, Pratyush Shrestha		
9:50 - 10:00 AM	Study of Thickness of Calvaria on CT Images Among the Patient With Indication of CT Head in Tertiary Care Hospital: A Descriptive Cross-Sectional Study	Lokesh Acharya
10:00–10:10 AM	Comparative Study of Effect of Invasive vs. Non-Invasive Intervention of Intracranial Pressure (ICP)–Based Management on the Outcome of Neurosurgical Patients	Binod Joshi
10:10–10:20 AM	Prediction of Hematoma Expansion in Spontaneous Intracerebral Hemorrhage by Neutrophil-to-Platelet Ratio at Admission: A Prospective Observational Study	Kaushal Kumar Mandal
10:20–10:30 AM	Role Of C-Reactive Protein/albumin Ratio In Predicting Severity Of Acute Pancreatitis	Bishal Karki
10:30 - 11:30	**L B THAPA ORATION (Durbar Hall)** **Topic: My life time journey with Gall Bladder cancer**	**VK Kapoor**
12:45 - 1:45 PM	**D S MUDVARI ORATION (Durbar Hall)** **Topic: Humanities in Medical Education**	**Rajesh Nath Gongal**

POSTER PRESENTATIONS

Name	Title
Bishal Gaurav	The Milky Leak: Navigating A Postoperative Chyle Leak
Ashbin Lamsal	From Dysphoria to Dignity: A Case Report on Bilateral Double Incision Mastectomy with Free Nipple-Areola Graft in Transgender Care
Rakesh Kumar Shah	A Life-Saving Staged Whipple's For Gastro-Duodenal Infarction In A Young Male: Case Report
Sudesh Lamsal	Diagnostic And Management Dilemma Of Adult Megacystis-Megaureter: A Case Report
Aadesh Paudel	Benign But Deceptive: Obstructing Rectosigmoid Pulse Granuloma Mimicking Carcinoma
Urusha Naaz	Spontaneous Chylous Ascites In Gastric Adenocarcinoma
Abhiraj Mishra	Superior Mesenteric Artery
Abhishek Sharma	Amyand's Hernia Presenting As An Irreducible Right Inguinal Swelling In An Elderly Male
Ajay Pariyar	Gallbladder Carcinoma in the Third Decade: Challenging the Age Paradigm.
Akalesh Patel	TEVAR To Rescue Aortic Pseudoaneurysm: An Unforgiving Cause Of Dysphagia
Bishal Karki	Adult Intussusception: Rare But Real — Our Experience
Bivek Bhagat	A Fish Bone's Unusual Journey Masquerading As An Abdominal Wall Abscess: A Rare Case
Gehendra Bhandari	From Appendicitis to Ladd's: A Diagnostic Detour of Intestinal Malrotation
Homendra Kumar Shah	Unmasking the Hidden Entity Behind a Recurrent Ilio-Psoas Abscess
Jay Kant Shah	Colonic Gastrointestinal Stromal Tumor: A Rare Entity Mimicking Colonic Carcinoma — A Case Report
Manoj Adhikari	Plug The Bleed, Save The Stream: Bilateral Internal Pudendal Artery Embolization For Traumatic Urethro-Cavernous Fistula
Milan Adhikari	Appendiceal Herniation Mimicking Acute Appendicitis: A Rare Case
Nasla Shrestha	Dual Organ Trauma, Single Conservative Win
Nishant Kumar Raut	A Rare Case Of Median Arcuate Ligament Syndrome; Case Report
Nitish Man Maharjan	Why Is There Dilemma To Find A Pancreatic Simple Mucinous Cyst?
Prajeet Ray	The Biliary Masquerade: When Lymphoma Played The Role Of Cholangiocarcinoma
Pranat Sapkota	Strategies to Achieve a Complete Oncological Resection of Gallbladder Neck Cancer With Aberrant Right Hepatic Artery Involvement
Pushpa Lal Bhadel	Introducing Pressurized Intraperitoneal Aerosol Chemotherapy (PIPAC) In Gastric Cancer Peritoneal Disease: First Experience From Nepal
Raiesh Shrestha	Air: Out Of Nowhere
Ramesh	Correlation Of Metabolic Syndrome And Urolithiasis: A Hospital Based Cross-Sectional Study
Sandesh Neupane	Laparoscopic Nissen's Fundoplication For Type I Hiatal Hernia With Severe GERD: A Case Report
Saujanya Jung Pandey	Complete Ileal Resection In Blunt Abdominal Trauma- A Rare Case Report
Sushant Bogati	When Umbilical Pain Hides A Cancer: A Rare Case Of Mucinous Urachal Adenocarcinoma
Uttam Chaulagain	Impaling Injury In Perineum With Wooden Foreign Body Leading To Extensive Necrotizing Soft Tissue Inefection
Vivek Kumar Roshan	Laparoscopic Transposition For Retrocaval Ureter: A Single-Center Experience
Arpan Devkota	Renal Hydatid Cyst: A rare entity in Urological Practice
Deepak K Mandal	Early Outcomes of Endoscopic Endonasal Transsphenoidal Surgery for Pitutary Lesions: A three-year single-centre experience from Nepal
Senthil Kumaran	RCT on seroma post MRM

ABSTRACTS
ORAL PRESENTATIONS

21st Nov (Fri) DAY 1 Durbar Hall

SESSION - I General Session

Chairpersons: Mahesh Khakurel, Achyut Sharma, Narendra Pinto, Naresh Giri, Rupesh Mukhiya

GUEST LECTURE

Surgical Mentorship
Sunil Kumar Sharma Dhakal

GUEST LECTURE

Icons of surgery of South Asia
Abdul Majeed Chaudhary

GUEST LECTURE

Contribution of Bharat in Surgery
Satish Midha

GUEST LECTURE

Vascular emergencies: What surgeons should know
Dean Edward Klinger

GUEST LECTURE

Medicolegal Issues In Contemporary Medical Practice: A Nepalese Perspective
Peeyush Dahal

GUEST LECTURE

Team Building in Surgery
Romeo Kansakar

GUEST LECTURE

Quo-Vadis health care
Deep Goel

GUEST LECTURE

Training the surgeons of the future
Tim Mitchell

GUEST LECTURE

Establishing Plastic Surgery in Nepal- My Journey
K.D. Joshi

SESSION - II Hernia Session

Chairpersons: Manohar Lal Shrestha, Satish Midha, Duminda Ariyaratne, Bhoj Raj Neupane, Rakesh Kumar Gupta

GUEST LECTURE

Newer techniques of ventral hernia repair

Deborshi Sharma

GUEST LECTURE

Current consensus of open groin hernia repair

Ishant Kumar Chaurasia

GUEST LECTURE

Peritoneal flap hernioplasty (open) for loss of domain in ventral abdominal wall hernias.

Kalpesh Jani

GUEST LECTURE

Ventral Laparoscopic Transabdominal PrePeritoneal (TAPP)

Naveen Sharma

GUEST LECTURE

Abdominal wall reconstruction

Siddhant Khare

GUEST LECTURE

Laparoscopic TAR

T. Siva Kumar

GUEST LECTURE

Feasibility Of Transabdominal Preperitoneal (TAPP) Hernia Repair In A Tertiary Care Hospital: Challenges And Opportunities

Abhishek Mallik

Introduction: Transabdominal Preperitoneal (TAPP) repair offers faster recovery and fewer complications in comparison to open repair. However, challenges in its implementation in Nepal persists due to costs, acceptance, and suboptimal complication assessment. This retrospective consecutive cohort study provides insights into feasibility of TAPP for inguinal hernia at a tertiary care center in Nepal.

Methods: This study was conducted at a tertiary care hospital in Nepal. All consecutive cases who underwent TAPP repair from May 2019 to April 2025 performed by a single surgeon, with a minimum follow-up of 6 months, were enrolled after obtaining Institutional review committee approval. All cases who lost follow-up or incomplete data were excluded. The data that were entered in Microsoft Excel were analyzed using SPSS v31.

Results: A total of sixty-six cases (74 hernias: Indirect, n= 49; Direct, n= 18; Pantaloon, n= 6; Incisional, n= 1) were studied. The Median operative time was 80 minutes (Range, 54 - 210 mins) and mean hospital stay

was two days (Range, 1-3 days). Intraoperative bleeding occurred during six hernia repairs while six cases had post-operative complications (Clavien-Dindo I, n= 6). One clinical recurrence (1.3%) and two cases of chronic groin pain (3.03%) were recorded.

Conclusion: Although the recurrence rate of 1.3% is less than 8% (Hadi et al., 2023), a small sample size hinders the comparison. Despite the post-operative complication rate of 9% being comparable to 11% as reported by Khanal et al., 2022, the complications varied. All but one patient was satisfied and would have recommended to others, suggesting TAPP repair is feasible despite accepted challenges. No complication was observed in four patients who underwent Robotic TAPP; thus, further evaluation of its feasibility is recommended.

Keywords: Complication, Inguinal Hernia, Recurrence, Transabdominal Preperitoneal repair

GUEST LECTURE

A Prospective Study To Compare Peri-operative And Quality Of Life Outcomes Of Hernioplasty Versus Herniorrhaphy For Complicated Primary Ventral Hernia In Emergency Settings

Ajay Kumar Pal

Background: Traditional surgical paradigms favor herniorrhaphy over hernioplasty in emergency complicated ventral hernia repair due to infection concerns. This study compares perioperative outcomes and quality of life between both techniques in emergency settings.

Methods: A prospective comparative study was conducted at King George's Medical University (2024-2025) enrolling 58 patients with complicated primary ventral hernias (>4cm). Patients were allocated to herniorrhaphy (n=31) or hernioplasty (n=27) groups. Primary outcomes included perioperative complications per Clavien-Dindo classification, operative duration, hospital stay, and recurrence. Quality of life was assessed using SF-36, HerQLes, and Carolina Comfort Scale.

Results: Groups were demographically comparable. Umbilical hernias predominated (34.5%) with 70.6% presenting as irreducible/incarcerated. Operative duration showed no significant difference (122.3±21.63 vs 133.3±40.93 minutes, p=0.2150). Hospital stay was significantly shorter for hernioplasty (5.370±3.432 vs 8.355±5.193 days, p=0.0118). Herniorrhaphy demonstrated lower pain scores at multiple time points. Clavien-Dindo grades were significantly lower in hernioplasty (1.407±0.7971 vs 2.129±0.9914, p=0.0033). No recurrence occurred in either group.

Conclusions: Hernioplasty demonstrates superior perioperative outcomes including shorter hospital stays and lower complication grades, challenging traditional reluctance toward emergency mesh repair. These findings support careful consideration of hernioplasty in selected emergency complicated ventral hernia cases.

SESSION - III Pancreas Session

Chairpersons: : CL Bhattachan, London Lucien Ooi, Rabin Koirala, Prasan Bir Singh Kansakar, Kalpesh Jani

GUEST LECTURE

Quest For The Best Pancreaticoenteric Anastomosis Following Pancreaticodudenectomy

Ramesh Singh Bhandari

Various types of reconstruction techniques have been described in literature following pancreaticodudenectomy. POPF is very important complication following pancreaticodudenectomy leading to high morbidity and even

mortality. Many mitigation strategies and technique of reconstruction have been described to decrease the POPF rate following pancreaticodudenectomy. However, none of these techniques have been yet defined as standard technique. In this lecture, I will try to discuss on various reconstruction strategies and will share some thoughts based on my own experience of more than 150 pancreaticodudenectomies.

GUEST LECTURE

Ampullectomy for periampullary tumor

Krishna Kant Singh

GUEST LECTURE

Strategies To Vascular Involvement During Pancreaticoduodenectomy

Prabin Bikram Thapa

Introduction: The prevailing guidelines for borderline resectable pancreatic ductal adenocarcinoma (BR PDAC) do not account for the involvement of an aberrant right hepatic artery (aRHA) arising from the superior mesenteric artery (SMA), nor do they adequately address the implications of combined arterial and venous resection and reconstruction. Our novel classification aims to delineate distinct patterns of aRHA involvement based on the location and degree of tumor encasement and to evaluate outcomes of surgical management, including concomitant venous and arterial resection and reconstruction, in achieving optimal oncological clearance.

Methods: All patients who underwent pancreaticoduodenectomy (PD) between September 1, 2019, and August 31, 2024, were retrospectively analyzed, and those with an aRHA arising from the SMA were included. Based on preoperative imaging, arterial involvement of the aRHA was categorized into two groups: Group I, proximal involvement (within 2 cm from the SMA origin), and Group II, distal involvement (beyond 2 cm). The extent and technique of vascular resection—arterial and/or venous—were recorded. Resection margin status, postoperative morbidity, and mortality were correlated with the surgical strategy and neoadjuvant therapy.

Results: Of 122 patients who underwent PD, 8 were identified with tumor involvement of the aRHA. Among the 5 patients in Group I, 3 who underwent upfront surgery required arterial and/or venous resection with reconstruction but achieved only R1 resection, whereas 2 patients who received neoadjuvant therapy attained R0 resection despite vascular involvement. All 3 patients in Group II underwent successful R0 resections without significant morbidity, even in cases requiring segmental portal vein resection with primary anastomosis. There was no procedure-related mortality in the series.

Conclusion: The involvement of an aRHA, often accompanied by venous encasement, should be considered in the classification of BR PDAC. A combined arterial and venous resection and reconstruction approach is feasible and safe in experienced centers. We recommend neoadjuvant therapy followed by resection for proximal aRHA involvement and upfront surgery for distal involvement to optimize oncological outcomes and vascular reconstruction success.

GUEST LECTURE

AI in HPB Surgery

Derek O' Reilly

GUEST LECTURE

New Frontiers in HPB Surgery

Mukunda Raj Joshi

Advances in imaging, robotics, 3D modeling, and artificial intelligence are transforming Hepato-Pancreato-Biliary and Liver Transplantation surgery worldwide. This lecture highlights how the fusion of surgical expertise with emerging technologies enhances precision, safety, and outcomes. Emphasis will be placed on innovation, skill development, and global collaboration—key pillars in achieving surgical excellence even within resource-limited environments. Drawing on global trends and regional experience, the talk reflects the conference theme: "Global Surgical Excellence: Advancement in Skill and Technology."

GUEST LECTURE

Minimally invasive techniques in Pancreatic surgery

Igor Khatkov

GUEST LECTURE

Update on pancreatic and islet cell transplant

Vijay K. Mittal

GUEST LECTURE

Management of pancreatic necrosis

Pravin R. Suryawanshi

GUEST LECTURE

Venous Resection In Pancreaticoduodenectomy: Principles And Outcome

Paleswan Joshi Lakhey

Introduction: Venous involvement in pancreatic and la carcinoma, that is reconstructable is considered resectable as well as borderline resectable. With the promising results of neoadjuvant therapy, venous resection in locally advanced pancreatic and periampullary carcinoma are also frequently performed. The principles of venous resection and outcomes are important areas to be discussed in pancreaticoduodenectomy.

Methods: This guest lecture discusses the principles of venous resection in pancreaticoduodenectomy. The importance of planning of surgery based on preoperative imaging will be discussed. Also the perioperative outcome of patients with venous resection will be discussed based on the literature review comparing the outcomes with our series of 102 consecutive patients of pancreaticoduodenectomy performed over last five years by a single team led by myself at Department of Surgical Gastroenterology, Tribhuvan University Teaching Hospital, Maharajgunj Medical College, Institute of Medicine.

Results: This talk elaborates the relevant anatomy, image findings, classification of venous involvement as well as the International Study Group of Pancreatic Surgery Classification of Venous resection in pancreaticoduodenectomy. This talk also discusses the principles and perioperative as well as long term outcomes of patients who undergo pancreaticoduodenectomy with venous resection in the literature. Amongst 102 patients who underwent pancreaticoduodenectomy, ten patients (9.8%) had venous resection (ISGPS Type 1: seven patients, and ISGPS Type 3: three patients). There was not significant difference in procedure-specific complications in terms of clinically relevant postoperative pancreatic fistula, postpancreatectomy hemorrhage, delayed gastric emptying and chyle leak. However, reoperation and perioperative mortality were significantly high in patients who had venous resection in comparison to those patients who did not have venous resection. However, CR-POPF and in-hospital mortality of patients who had venous resection in our series were beyond the benchmark values.

Conclusion: With better understanding of the anatomy and preoperative imaging, venous resection in pancreaticoduodenectomy is safe with acceptable perioperative outcomes.

SESSION - IV Transplant Session

Chairpersons: Subodh Adhikari, Pravin Joshi, Prabin Bikram Thapa, Tseten Yonjan, Roshan Ghimire

GUEST LECTURE

Living Donor Hepatectomy

Ramesh Singh Bhandari

In this video, I will demonstrate the steps of living donor open right hepatectomy.

GUEST LECTURE

Milestones And Strategies To Improve Organ Transplantation In Nepal

Rojan Adhikari

Introduction: Organ transplantation in Nepal has progressed markedly over the last two decades, transitioning from limited access to a growing national program. Key milestones include legalization of brain-death donation, establishment of transplant centers, expansion of kidney transplantation, and the introduction of liver transplant services. Despite these achievements, major system-level challenges continue to restrict equitable and sustainable transplant growth.

Methods: A comprehensive review of national transplant records, institutional experiences, published guidelines, and policy developments was conducted. Milestones were identified based on legislative, clinical, and infrastructural advancements. Barriers were categorized across clinical capacity, donor availability, financial constraints, and public engagement. Evidence-based strategies were formulated using regional comparisons and expert consensus.

Results: The analysis highlights significant progress over thousands of renal transplants, improved living donor safety through laparoscopic techniques, and development of experienced multidisciplinary teams. However, persistent gaps remain, including inadequate ICU capacity for brain-death identification, minimal deceased-donor utilization, inconsistent organ allocation systems, high financial burden for immunosuppression, and low public awareness about donation.

Conclusion: Nepal's transplant system has achieved important milestones but requires coordinated national strategies to advance. Strengthening ICU training, expanding transplant centers beyond Kathmandu, establishing a unified organ-sharing network, and promoting sustained donor-awareness campaigns are essential for a fair, efficient, and self-reliant transplant program.

GUEST LECTURE

Ensuring Donor safety and readiness: Lessons learnt from 23 Living donors in a developing transplant program in Nepal.

Ram Babu Sah

Background: Living donor liver transplantation (LDLT) has become the cornerstone for managing end-stage liver disease in countries where deceased donor programs are still developing. Donor safety and systematic preparation are essential to ensure successful outcomes, particularly in new transplant centers.

Methods: This study presents the experience of 23 consecutive living liver donors operated between 2023 and 2025 at Shahid Dharmabhakta National Transplant Center, Bhaktapur, Kathmandu, and Nepal Mediciti Hospital, Kathmandu.. All donors underwent comprehensive evaluation including laboratory, radiological, cardiopulmonary, and psychological assessments. Preoperative optimization focused on nutritional support, counseling, and donor education. Data were analyzed for donor demographics, graft type, intraoperative variables, and postoperative outcomes.
Results: The mean donor age was 31.8 years (range 18+ –55), with 65% female donors. There was no donor mortality. Minor complications (Clavien–Dindo grade I–II) occurred in 2 donors (9.7%), all of whom recovered completely. The mean hospital stay was 6.5 days. Continuous refinement of donor evaluation and perioperative protocols improved overall workflow and donor outcomes.
Conclusion: Our early experience demonstrates that with careful donor selection, structured evaluation, and a dedicated multidisciplinary approach, LDLT can be safely implemented in a developing country. The lessons learned from 23 living donors form the foundation for expanding liver transplantation in Nepal and improving donor safety in emerging programs worldwide.

GUEST LECTURE

Challenges Of Liver Transplant Program In Nepal: An Institutional Experience

Tanka Prasad Bohara

Liver transplantation (LT) is one of the most advanced and collaborative surgical achievements in modern medicine. In Nepal, it also symbolizes hope for patients with end-stage liver disease and for the healthcare system striving toward self-reliance in complex surgical care. Drawing from our institutional experience in building and sustaining a liver transplant program, this lecture highlights the major challenges encountered and the progress achieved along the way. These challenges span multiple dimensions. Regulatory and policy-related hurdles, including evolving transplant regulations and complex licensing procedures for local and visiting experts, often delay the growth of these programs. Institutional barriers, such as high setup costs, workforce shortages, and the retention of trained personnel, pose ongoing difficulties. Patient-level challenges remain significant; late referral, financial constraints, donor unavailability, and unrealistic expectations often limit timely transplantation. Moreover, professional rivalry and fragmented collaboration sometimes hinder the collective progress that such a multidisciplinary endeavor demands. Despite these difficulties, Nepal's progress has been inspiring. Multiple centers are now performing successful liver transplants, public trust is increasing, and more patients are returning to Nepal for treatments. These experiences highlight that the future of transplantation in Nepal depends not only on resources and regulations but also on teamwork, perseverance, and a shared purpose. Disclosure: This guest lecture is based on institutional experiences; related reflections have been submitted as a viewpoint manuscript to a peer-reviewed journal for publication. Keywords: Liver transplantation; Nepal; Institutional challenges

GUEST LECTURE

Early Experience Of Living Donor Liver Transplantation At KIST Medical College

Akanand Singh

Introduction: Liver transplantation (LT) is the definitive treatment for end-stage liver disease, acute liver failure, and selected hepatic malignancies. Despite the rising burden of liver disease in Nepal, LT services are still in early development. We present our initial experience with living donor liver transplantation (LDLT), focusing on surgical outcomes and early results.
Methods: From April 2023 to September 2025, thirteen LDLTs were performed at our institution. All donors were living relatives who underwent comprehensive medical, radiological, and psychosocial evaluation.

Recipient and donor perioperative data, complications, and outcomes were analyzed to assess safety and early results.

Results: Among thirteen recipients, there was one mortality on postoperative day nine due to hepatic artery thrombosis and graft failure. One recipient underwent a combined liver-kidney transplant and is doing well at two years postoperatively. All other recipients were discharged. Of these, two required ERCP for biliary strictures, one developed acute cellular rejection managed medically, and two HCC patients remain recurrence-free on follow-up. Two recipients developed incisional hernias, repaired successfully. Among donors, one developed pulmonary embolism on postoperative day-five, managed conservatively with full recovery; all others had uneventful courses.

Conclusion: Our early experience shows that LDLT can be safely and effectively performed in Nepal with outcomes comparable to established international centers. With careful donor selection, standardized surgical techniques, and a dedicated multidisciplinary team, LDLT can become a sustainable, life-saving treatment for patients with end-stage liver disease in Nepal.

Keywords: Combined Liver Kidney Transplantation; Liver Transplantation; Living Donor

GUEST LECTURE

Experience Of 250 Laparoscopic Donor Nephrectomies And Comparison With Open Donor Nephrectomy

Dipesh Shrestha

Introduction: Laparoscopic donor nephrectomy (LDN) has become the preferred technique for living kidney donation worldwide due to reduced morbidity and faster recovery compared with open donor nephrectomy (ODN). However, comprehensive data from Nepal remain limited. This study presents the experience of 250 LDNs and compares their outcomes with ODN performed at the same institution.

Methods: A retrospective review of 250 consecutive LDNs was conducted. Demographics, operative time, warm ischemia time, blood loss, analgesic requirement, complications, and hospital stay were analyzed. These outcomes were compared with a matched historical cohort of ODN donors. Statistical comparison was performed to identify significant differences in perioperative and postoperative parameters.

Results: LDN demonstrated markedly reduced postoperative pain, lower analgesic use, and significantly shorter hospital stay compared to ODN. Intraoperative blood loss was lower in the laparoscopic group, while warm ischemia time remained within safe limits. Although LDN required slightly longer operative time, overall complication rates were fewer and less severe than in ODN. Donor cosmetic satisfaction and return-to-activity time were notably better after LDN.

Conclusion: Our experience confirms that LDN is a safe, effective, and donor-friendly technique with clear advantages over ODN. With appropriate training and standardized protocols, LDN should be established as the preferred approach for living donor nephrectomy in Nepal.

GUEST LECTURE

Heart And Lung Transplantation In Nepal

Ranjan Sapkota

More than a decade has passed since Nepal first saw a solid organ transplant in the nation. Despite a mounting number of end-stage heart and lung diseases, we have not been able to realize the possibility of heart and lung transplant in the country. The prospects and perspectives of establishment of a robust heart-lung transplant program in the country are discussed here. Also discussed are the historical developments in the world and the experiences in our neighboring countries. The purpose is to collectively inspire ourselves to take the first steps towards initiating this noble service for our countrymen.

GUEST LECTURE

Postoperative Platelet Count Dynamics in Living Donor Liver Transplantation Recipients: A Retrospective Observational Study from a Tertiary Center in Nepal

Narendra Maharjan

SESSION - V Robotics Mantra Session

Chairpersons: Jagdish Lal Baidya, Derek O' Reilly, Harish Neupane, Deborshi Sharma, Nirmal Lamichhane

GUEST LECTURE

Experience with SSI Mantra

Magan Mehrotra

GUEST LECTURE

Initiation of Robotic Surgery Program at an Academic Institution in Nepal (CMC)

Pratik Man Singh Gurung

GUEST LECTURE

Robotic Choledochal cyst resection

Lokesh Agrawal

GUEST LECTURE

Robotic Adrenalectomy

Aakriti Yadav

GUEST LECTURE

Functional Outcomes Following Nerve-Preserving Robotic Radical Cystoprostatectomy Using SSI Mantra 3 System – An Index Video Case Presentation

Jemesh Singh Maharjan

Background: Robotic surgery has revolutionized minimally invasive cancer care, providing greater precision and reduced morbidity without compromising oncological outcomes. At Rajiv Gandhi Cancer Institute and Research Centre, New Delhi, we routinely perform uro-oncological surgeries using both Da Vinci Xi and SSI Mantra 3 systems. This presentation highlights our early experience with the SSI Mantra 3, showcasing an index case of robotic radical cystoprostatectomy performed with an intrafascial nerve-preserving technique, and evaluating postoperative functional outcomes.

Methods: A total of 71 male patients (mean age 62 years; range 53–71) who had undergone robotic radical cystoprostatectomy for Muscle Invasive Urothelial Carcinoma from July 2022 till September 2024 using the SSI Mantra 3 platform were included in the study. The average docking time was 10 minutes, console time around 222 minutes, and mean blood loss was 300 ml. All patients received neoadjuvant chemotherapy and

were prophylactically started on Tadalafil 10 mg daily from two weeks after surgery. They were followed up for 6 months, and erectile function was assessed using the SHIM score.

Results: At 6 months, 86% of patients maintained erections sufficient for vaginal penetration. 6% had mild, 5% moderate, and 3% severe erectile dysfunction. The mean SHIM score was 23.5. There were no major intraoperative or postoperative complications, and all patients recovered well with satisfactory oncological outcomes.

Conclusion: Robotic radical cystoprostatectomy using the SSI Mantra 3 system is safe, efficient, and provides excellent early functional and oncological results. Nerve-preserving techniques significantly aid in postoperative recovery of erectile function.

GUEST LECTURE

Robotic Assisted TAPP Inguinal Hernia Surgery

Arbin Joshi

Traditionally, hernia repair has been performed through open surgery or laparoscopic techniques. However, recent advancements in robotic-assisted surgery have revolutionized the field, offering enhanced precision, faster recovery, and improved patient outcomes. One such innovation is Robotic Transabdominal Preperitoneal (TAPP) Inguinal Hernia Repair, a state-of-the-art technique that combines the benefits of minimally invasive surgery with the superior dexterity and visualization provided by robotic platforms. This video explores procedure of robotic assisted TAPP shedding light on how cutting-edge technology is advancing hernia surgery. In addition, an attempt will be made to discuss the surgical aspect, advantages over laparoscopic TAPP and future prospects of Robotic TAPP inguinal hernia repair in Nepal.

GUEST LECTURE

Robotic vs Laparoscopic TAPP in Inguinal Hernia: A Comparative Analysis of Early Post-Operative Outcomes

Ashish Gautam

GUEST LECTURE

Initial steps in starting a GI Surgery Robotics Program at CMC

Bishal Acharya

GUEST LECTURE

VR In The OR: Head-Mounted Virtual Reality Display: A Feasible Visualization Tool For Minimally Invasive Surgery

Sujan Shrestha

Head Mount devices (Virtual Reality platform) can be used as an alternative display device during minimal invasive surgery. Augmentation reality will be the future of navigation guided surgery and virtual reality is the first step towards the future. We report our experience with the use of virtual reality platform in minimal invasive surgery. Head mount device is feasible and replicable approach for better display during minimal invasive surgery and additional augmentation reality will be the next step for navigation-based surgery in future.

SESSION - VI Colorectal Session

Chairpersons: Sunil Kumar, Deborshi Sharma, Indra Kumar Jha, Satyadeep Bhattacharya, Arbin Joshi

GUEST LECTURE

Pseudomyxoma Peritonei (The Jelly Belly)

Punyaram Kharbuja

Pseudomyxoma peritonei (PMP) is a rare clinical syndrome characterized by the progressive accumulation of mucinous ascites within the peritoneal cavity, most commonly originating from a perforated appendiceal mucinous neoplasm. Less frequently, it may arise from ovarian, colorectal, or other gastrointestinal mucinous tumors. The disease is typified by dissemination of mucin-producing epithelial cells that implant on peritoneal surfaces, leading to abdominal distension, bowel obstruction, and organ dysfunction. Diagnosis relies on imaging modalities such as contrast-enhanced CT, which reveal low-attenuation mucinous deposits and scalloping of visceral surfaces, and is confirmed by histopathologic evaluation. The current standard of care involves cytoreductive surgery (CRS) combined with hyperthermic intraperitoneal chemotherapy (HIPEC), which has significantly improved survival outcomes compared to palliative approaches. Despite advances in management, recurrence remains common, and prognosis depends on tumor biology, completeness of cytoreduction, and histologic grade.

GUEST LECTURE

Urogenital Complications After Surgery For Rectal Cancer

Bishnu Prasad Kandel

Urogenital complications remain a significant concern following rectal cancer surgery, particularly due to the close anatomical relationship between the pelvic autonomic nerves and the rectum. Despite advances in surgical techniques and nerve-sparing approaches, urinary and sexual dysfunctions continue to affect postoperative quality of life. The incidence of bladder dysfunction ranges from 5–25%, while sexual dysfunction occurs in up to 60% of men and 40% of women, depending on the extent of resection and nerve preservation. Total mesorectal excision (TME), though oncologically superior, poses the greatest risk when dissection is performed deep in the pelvis. Nerve-sparing TME and laparoscopic or robotic approaches have been shown in meta-analyses to reduce these complications compared with conventional open surgery, without compromising oncologic outcomes. In men, injury to the hypogastric or pelvic splanchnic nerves may lead to retrograde ejaculation or erectile dysfunction; in women, it may cause dyspareunia or decreased vaginal lubrication. Early recognition, multidisciplinary management, and counseling are crucial components of postoperative care. Continued emphasis on anatomical knowledge, meticulous technique, and functional outcomes is essential to optimize recovery and quality of life after rectal cancer surgery.

GUEST LECTURE

Effect of botulinum toxin on low pressure anal fissures: Pathophysiology, diagnosis and management

Karan Rawat

GUEST LECTURE

Laparoscopic retroperitoneoscopy: General Surgeon prerspective

Vikas Singh

GUEST LECTURE

Mohans's flap pilonidal sinus

Madhukar Pai

GUEST LECTURE

Fistula in ano: The Art of Balancing Recurrence and Incontinence

Kushal Mittal

GUEST LECTURE

Low anterior resection syndrome

John Camilleri-Bernnan

GUEST LECTURE

Pudendal neuralgia of Laparoscopic management

Prashant Rahate

SESSION - VII Liver and Pancreas session

Chairpersons: John Camilleri-Bernnan, Paleswan Joshi Lakhey, Kalpesh Jani, Nabin Pokhrel, Sanjay Poudyal

GUEST LECTURE

Surgical Management Of Hepatic Hemangioma

Sumita Pradhan

GUEST LECTURE

Fluorescence guided Pancreatic Surgery

Dhiresh Maharjan

GUEST LECTURE

Freys procedure for Chronic Pancreatitis: a retrospective review of short-term outcomes of the surgery in a tertiary care center- Dhulikhel hospital

Deepanksha Datta

GUEST LECTURE

Refining Pancreaticojejunostomy Techniques In Pancreaticoduodenectomy: Our Institutional Data And Lessons For Practice

Rohit Kumar Mishra

Introduction: Pancreaticojejunostomy (PJ) is an anastomosis between the pancreatic remnant and the jejunum, most commonly performed after pancreaticoduodenectomy (Whipple procedure) to restore pancreatic drainage and minimize postoperative pancreatic fistula (POPF), a major cause of morbidity. Two main techniques are used: duct-to-mucosa and invagination. In the duct-to-mucosa method, the main pancreatic duct is precisely sutured to the jejunal mucosa using fine interrupted or continuous sutures (e.g., polypropylene 5/0–6/0), providing accurate alignment and secure closure. This technique is preferred for its anatomical precision and adaptability to open, laparoscopic, and robotic approaches. The invagination technique involves telescoping the pancreatic stump into the jejunal lumen and securing it with seromuscular sutures, which may be advantageous in patients with a soft gland or small duct. Modifications such as external stenting and simplified suturing patterns aim to reduce tension and facilitate healing. Successful PJ depends on gentle handling, adequate blood supply, and tension-free anastomosis. Although studies show no definitive superiority of one technique over the other, the choice depends on duct size, gland texture, and surgeon expertise. Ongoing refinements, particularly in minimally invasive surgery, continue to improve outcomes and reduce the risk of clinically significant POPF. What are the potential complications associated with pancreaticojejunostomy procedures? Pancreaticojejunostomy complications include postoperative pancreatic fistula (most common), postpancreatectomy hemorrhage, intra-abdominal abscess, and delayed gastric emptying. Other issues are biliary or chyle leak, wound infection, and systemic complications like sepsis, organ failure, and pulmonary embolism. Major mortality causes are severe POPF, hemorrhage, and sepsis, influenced by gland texture, duct size, and comorbidities. Monitor for signs of pancreatic fistula formation post-operatively? Monitoring for postoperative pancreatic fistula after pancreaticojejunostomy requires a combination of clinical, biochemical, and imaging assessments. The key method is serial drain fluid amylase measurement, with levels exceeding three times the serum upper limit after POD 3 confirming fistula. Serum amylase, lipase, CRP, and IL-6 help predict risk early. Clinical signs such as fever, abdominal pain, leukocytosis, and turbid or bilious drain output warrant investigation. CT imaging identifies collections or abscesses when deterioration occurs, while fistulography delineates tracts. Positive drain cultures correlate with clinically relevant leaks. Regular, multidisciplinary monitoring enables early detection, guiding prompt management and reducing morbidity.

GUEST LECTURE

Prediction of postoperative pancreatic fistula using Alternative fistula risk score

Deepak Sharma

GUEST LECTURE

Clinico-Sociodemographic Profile And Barriers To Undergoing Liver Transplantation Among Patients Screened For Transplant : A Single Center Study From Nepal

Nabin Acharya

Introduction: Liver transplantation (LT) is the definitive treatment for End-Stage Liver Disease (ESLD), yet significant barriers prevent eligible patients from undergoing the procedure in low- and middle-income countries like Nepal. This study aimed to analyze the demographic and clinical characteristics of patients evaluated for liver transplantation, identify reasons for non-transplantation, and assess factors associated with these outcomes.

Methods: A descriptive cross-sectional study, included 70 patients evaluated for living donor LT at KIST Medical College Teaching Hospital, Lalitpur, a tertiary care center with an established liver transplant program from 1 July to 15 October 2025. Data collected covered demographics, clinical details, and transplant eligibility, including MELD scores, reasons for non-transplantation and outcomes.

Results: The mean patient age was 52.2 ± 10.4 years, with a total of 55 (78.6%) being male. The mean MELD score at evaluation was 20.8 ± 6.3. The primary reasons for not proceeding with transplantation were the unavailability of a suitable donor (39 patients, 55.7%) followed by financial constraints (23 patients, 32.9%).

Conclusion: The majority of LT candidates were middle-aged males presenting with moderate MELD scores and decompensated chronic liver disease. The high rates of loss to follow-up and mortality underscore the critical impact of donor shortages and cost constraints. These findings are essential for guiding national policy and institutional reforms focused on enhancing donor programs, increasing financial accessibility, and improving follow-up systems to broaden access to Liver Transplantation in Nepal.

Keywords: Liver Transplantation (LT), End-Stage Liver Disease (ESLD), MELD score, Financial constraints, Living Donor Transplantation

GUEST LECTURE

Hepatic vein guided approach for laparoscopic anatomical liver resection

Sagar Khatiwada

GUEST LECTURE

Management of complex bile duct injuries

Prasan Bir Singh Kansakar

Complex bile duct injuries are Injuries where injuries are in the proximal biliary tree, repair attempts have failed, associated vascular injuries and associated hepatobiliary condition like portal hypertension, secondary biliary cirrhosis. Injuries associated with laparoscopic cholecystectomy seem to be more complex than those occurring during the open era. There number of litigations occurring around the globe because of bile duct injuries is increasing. The injuries associated with laparoscopic cholecystectomy are more proximal location of the injury in the biliary tree, frequently associated with a vascular injury and thermal mechanism is usually involved. The injuries may occur during index surgery or may be dectected in the postoperative period. Repair of these injuries may be early or late both having their pros and cons. There are important principles of management of bile duct injuries like avoiding too much dissection of the bile ducts for exposure, intraoperative cholangiography in every bile leakage, confirmation of vascular integrity, hepaticojejunostomy with an isolated Roux-en-Y, opposition of both mucosa with reabsorbable suture and use of magnification.

SESSION - VIII CTVS session

Chairpersons: Prakash Sayami, Uttam Krishna Shrestha, Ranjan Sapkota, Dinesh Chapagain, Sandeep Raj Pandey

GUEST LECTURE

Chest Trauma Scenario In Nepal

Sampurna Man Tuladhar

Chest trauma is common with very few centers having round the clock chest trauma management teams. Cardiorespiratory hemodynamics is also very closely linked to chest trauma and needs in depth understanding. Multiple rib fractures can be from simple to complex. Sternal injury, Hemothorax and pneumothorax can be difficult to manage. Furthermore pain and flail chest can lead to patient deteriorating quickly. A combined organized critical care and pain management, chest surgeon and cardiothoracic anesthetist set up is essential. Appropriate decision making in when to surgical intervene and when to manage conservatively also plays an important role in good outcome. We present multiple case series and scenarios where critical chest trauma has been timely and appropriately managed.

GUEST LECTURE

Comparison Of Tube Thoracostomy Alone Versus Combined With Mini-thoracotomy In Traumatic Hemothorax: A Prospective Pilot Study

Suresh Kumar

Background: Traumatic hemothorax represents a significant clinical challenge with retained blood clots frequently leading to empyema and fibrothorax formation despite standard tube thoracostomy. This study evaluated the effectiveness of early mini-thoracotomy combined with tube thoracostomy versus conventional tube thoracostomy alone.
Methods: A prospective pilot study was conducted at King George's Medical University from August 2020 to July 2021, enrolling 55 patients with traumatic hemothorax. Patients were randomized 48-72 hours post-initial tube thoracostomy into Group 1 (tube thoracostomy alone, n=30) and Group 2 (additional mini-thoracotomy with clot evacuation, n=25). Primary outcomes included intercostal drainage duration, hospital stay length, and empyema formation at 1, 3, and 6-month follow-ups.
Results: Both groups demonstrated comparable demographics and injury patterns. No significant difference existed in intercostal drainage duration (5.90±3.24 vs 6.32±2.47 days, p=0.566). Hospital stay was significantly longer in Group 2 (10.84±4.61 vs 7.80±3.61 days, p=0.008), with higher pain scores throughout follow-up. However, empyema formation was significantly reduced at 6 months: 0% in Group 2 versus 23.33% in Group 1 (p=0.029).
Conclusions: Early mini-thoracotomy with clot evacuation completely prevented empyema formation in traumatic hemothorax patients compared to tube thoracostomy alone. Despite increased initial morbidity including longer hospital stays and higher pain scores, the significant reduction in serious long-term complications supports early surgical intervention as a superior management strategy for traumatic hemothorax.

GUEST LECTURE

The impact of low pressure negative pleural suction versus underwater seal drainage in patient of thoracic trauma a randomized controlled trial

Vaibhav Jaiswal

GUEST LECTURE

Updates in cardiac Revascularization at MCVTC

Anil Bhattarai

GUEST LECTURE

Study on sprectum and response to treatment for vascular anomalies

Arati Chaudhary

GUEST LECTURE

Outcome in elective and emergency abdominal aortic aneurysm repair

Rajat Pradhan

GUEST LECTURE

Surgical Intervention For Failed Arteriovenous Fistula, Early Experience From A University Hospital Of Nepal

Robin Man Karmacharya

Background: Arteriovenous (AV) fistulas are the preferred vascular access for hemodialysis due to their longevity and lower infection risk. However, they are prone to failure from complications like stenosis, thrombosis, and aneurysm formation. Surgical revision can be a cost-effective solution to salvage failed AV fistulas, particularly in resource-limited settings like Nepal. Objective To evaluate early experience and outcomes of surgical interventions performed for failed AV fistulas at a tertiary care university hospital in Nepal.

Methods: This retrospective study included all patients who underwent surgical revision of AV fistulas at Dhulikhel Hospital between January 1, 2018, and December 31, 2024. Patients were referred for issues including low flow, difficult cannulation, or bleeding. Details were noted and surgical procedures were tailored to the underlying pathology.

Results: A total of 47 patients underwent surgical revision of dysfunctional arteriovenous (AV) fistulas between 2018 and 2024. The majority of fistulas were brachiocephalic (79%), with radiocephalic and brachiobasilic fistulas comprising 19% and 2%, respectively. The three leading causes of dysfunction were anastomotic stenosis (38.3%) and thrombosis (27.7%). Salvage procedures included aneurysm repair, thrombectomy, proximalization, segmental excision with primary anastomosis or interposition grafting, and patch plasty. Functional maturation sufficient for dialysis was achieved in 82.9% of patients following surgical revision.

Conclusion: Surgical salvage of failed AV fistulas in a resource-constrained setting can yield outcomes comparable to international standards. Early identification and intervention can significantly enhance the longevity of AV access, even in absence of advanced imaging or interventional radiology support.

Keywords: arteriovenous fistula; hemodialysis; reoperation; thrombosis.

GUEST LECTURE

Comparative Analysis Of Postoperative Bronchopleural Fistula And Recovery Outcomes Following Thoracotomy Versus VATS In Pulmonary Hydatid Cyst Surgery

Suresh Kumar

SESSION - IX Miscellaneous session

Chairpersons: YP Singh, RP Chaudhary, Anshika Arora, Rakesh Pandit, Santosh Shrestha

GUEST LECTURE

Prediction Of Peri-operative Outcomes Using The Modified Kingsnorth Score In Endoscopic Repair Of Inguinal Hernia

Harvinder Singh

GUEST LECTURE

Catching the Tiger by the tail: Innovations to reduce SSI

Ashok Kumar Sahoo

GUEST LECTURE

Lethal triad of SSI

Senthil Kumaran

GUEST LECTURE

Diagnostic accuracy of imprint cytology in sentinel lymph node evaluation of breast cancer patients in a resource limited setting

Akash Giri

GUEST LECTURE

Head and neck cancer

Rohit Mahajan

GUEST LECTURE

Hyperthyroidism and Hypothyroidism for Surgeons

Sabaretnam Mayilvaganan

GUEST LECTURE

A quality improvement study to assess Patient satisfaction in surgical outpatient department at a tertiary care hospital in north India a cross sectional study

Saumya Singh

SESSION - Xa Award Young Surgeons Session I

Chairpersons: Santosh Shah, Nirmal Thapa, Surendra Basnet

AWARD PAPER

Small Chests, Big Challenges: A Decade Of Pediatric Thoracic Surgery Within A General Thoracic Practice

Pratikshya Thapaliya

Introduction: Pediatric thoracic surgery (PTS) remains a unique yet often under-recognized subspecialty, distinct from adult thoracic surgery in physiology, pathology, and perioperative challenges. In many developing countries, including Nepal, pediatric thoracic cases are managed within general thoracic units due to limited specialized manpower. This study reviews a decade of pediatric thoracic surgical experience from a single institution to highlight the diversity of disease, outcomes achieved, and the pressing need to strengthen this subspecialty.

Methods: We retrospectively analyzed all pediatric (<18 years) thoracic surgical procedures performed between 2012 and 2024 at Manmohan cardio-thoracic vascular and transplant enter. Demographics, indications, surgical techniques, outcomes, and temporal trends were reviewed to assess evolution of practice and identify gaps in specialized care.

Results: Over twelve years, five hundred and thirty-eight pediatric thoracic procedures were performed. Common indications included empyema, hydatid disease, mediastinal masses, and foreign body removal from aerodigestive tract. The adoption of minimally invasive surgery increased markedly in the latter half of the decade. Despite limited dedicated pediatric resources, outcomes were comparable to international standards. However, case complexity and perioperative challenges underscored the need for specialized pediatric anesthesia, critical care, and surgical training.

Conclusion: Pediatric thoracic surgery is not merely a scaled-down version of adult thoracic surgery. It demands tailored expertise, equipment, and teamwork. Our experience shows that while it can survive within a general thoracic framework, it deserves recognition, investment, and training pathways to truly flourish as a distinct subspecialty in Nepal.

Keywords: Pediatric thoracic surgery, General thoracic surgery, Nepal, Subspecialty development

AWARD PAPER

Retrospective Outcome Analysis Of Thoracoscopic Biopsy In Undiagnosed Pleural Effusion At A Tertiary Cancer Centre

Sandeep Sapkota

Introduction: Pleural biopsy remains an essential step in evaluating pleural effusion when the underlying cause is unclear. It can be performed using a needle, thoracoscopy, or open surgery. Among these, video-assisted thoracoscopic surgery (VATS) has become a preferred approach as it allows direct visualization of the pleura and precise tissue sampling, achieving diagnostic accuracy comparable to open biopsy while being minimally invasive. Despite extensive diagnostic efforts, the etiology of pleural effusion remains uncertain in about 20–25% of patients, emphasizing the need for reliable diagnostic modalities.

Methods: We retrospectively analyzed data from 160 patients who underwent VATS biopsy for undiagnosed pleural effusion at our tertiary cancer center between 2015 and 2024. Clinical and histopathological data were collected from hospital records and analyzed using SPSS version 27. Follow-up data were not included.

Results: Among the 160 patients, thoracoscopic biopsy established a diagnosis in 98% of cases. Malignancy was the most common etiology, found in 75.3% of patients. The procedure was well tolerated, with complications occurring in only 5 patients (3.12%) and no in-hospital mortality.
Conclusion: Thoracoscopic biopsy is a safe, minimally invasive, and highly effective diagnostic technique for undiagnosed pleural effusion. Its high diagnostic yield and low complication rate make it an important tool in guiding further management and treatment strategies.

AWARD PAPER

Surgical Management Of Pulmonary Hydatid Disease: A Single-Center Retrospective Study

Manoj Tiwari

Background: Pulmonary Cystic Echinococcosis (PCE), or hydatid disease, is a significant zoonotic parasitic disease for which surgery remains the primary curative treatment modality. Objective: To analyze the demographic profile, clinical presentation, surgical management strategies, and postoperative outcomes of patients treated for PCE at tertiary hospital.
Methods: A retrospective analysis was conducted on the records of 69 consecutive patients who underwent surgical management for PCE at B.P. Koirala Memorial Cancer Hospital. Data on patient demographics, clinical and diagnostic findings, surgical procedures, and postoperative outcomes were collected. Surgical procedures (cystectomy and lobectomy/ segmentectomy) were decided by the degree of lung parenchymal destruction, mainly the presence or absence of multiple larger sized broncho-cystic fistulae. All patients were treated with albendazole 10-15 mg/ kg/ day for three months postoperatively.
Results: The cohort of 69 patients had a mean age of 38.8 years, with a notable female predominance (68.1%). Isolated Pulmonary involvement was noted in 68.1%. Parenchyma-sparing cystectomy with capitonnage was performed in 46.5% and lobectomy in 26.1% cases. VATS was utilized in 27.5% cases. The overall postoperative complication rate was 9.4%, with a disease recurrence rate of 6.6%.
Conclusion: Isolated pulmonary PCE is not uncommon in Nepal. Surgical treatment has to be balanced between cystectomy vs lobectomy in order to minimize postoperative complications and recurrence

AWARD PAPER

Long-Term Outcomes Of Transhiatal Esophagectomy In Esophageal And Gastroesophageal Junction Cancers: Experience From A Tertiary Care Centre

Shachee Bhattarai

Introduction: Transhiatal esophagectomy (THE) is a non-thoracotomy approach for esophageal and gastroesophageal junction (GEJ) cancers, aiming to minimize pulmonary complications while maintaining oncologic adequacy. However, its long-term outcomes remain debated, particularly compared to transthoracic approaches. This study evaluates perioperative and survival outcomes following THE in a high-volume center.
Methods: A retrospective analysis was performed on 700 patients undergoing esophagectomy between 2002 to 2025. Among them, 156 patients underwent transhiatal esophagectomy (118 open, 38 laparoscopic). Demographic, clinicopathologic, and perioperative variables were analyzed. Survival was estimated using the Kaplan–Meier method and compared across pathologic stages using the log-rank test.
Results: The mean age was 60.5 years (range 35–81), with 76.3% males. Adenocarcinoma was the predominant histology (83.3%), most commonly located at the GEJ (73.7%). Radical lymphadenectomy was achieved in 87.8% of patients, with a mean of 21 nodes retrieved. R0 resection was accomplished in 95.5% of cases. The median operative time was 194 minutes with mean blood loss of 332 mL. Major postoperative complications

included anastomotic leak (13.5%), pneumonia (23.7%), and recurrent laryngeal nerve palsy (11.5%). The 30-day mortality rate was 3.2%. Median hospital stay was 17 days. Median overall survival was 30 months, with significant survival differences among pathologic stages ($p < 0.001$).
Conclusion: Transhiatal esophagectomy provides acceptable oncologic outcomes and low perioperative mortality, while patient selection remains vital. It offers good curative outcomes and survival with acceptable morbidity, making it a reliable option for lower esophageal and GEJ cancers, especially in patients unfit for thoracotomy.

AWARD PAPER

Early Closure Of Defunctioning Ileostomy After Low-pelvic Surgery For Rectal Cancer: Systematic Review And Meta-analysis Of Safety And Functional Outcomes

Parbatraj Regmi

Background: Preventive defunctioning ileostomy is widely used to prevent leaks in high-risk colorectal anastomosis, but here is no international consensus on the timing of stoma reversal. In this study we aim to evaluate the safety and functiona outcomes of early versus late defunctioning ileostomy after low-pelvic surgery for rectal cancer.
Methods: Systematic literature search in PubMed and Web of Science until 30 September 2024. Meta-analysis and trial-sequantial analysis (TSA) were performed using the RevMan 5.4 and Copenhagen Trial Unit TSA software.
Results: There was no significant difference in overall postoperative morbidity, major morbidity, operation time, blood loss, incidence of postoperative ileus/ bowel obstruction, length of stay (LOS), and reoperation rate between two groups. Functional outcomes like the incidence of major low anterior resection syndrome (LARS) and the minor LARS were also similar in two groups.
Conclusion: There is no increased risk of morbidity with early closure of defunctioning ileostomy after colorectal cancer surgery and the functional outcomes were also similar. Therefore, early reversal may be a safe and feasible approach in precisely selected cases when the clinician feels supported in doing so.

AWARD PAPER

Patterns Of Lower Limb Reconstruction And Risk Factors For Complications: Experience From A Tertiary Trauma Center In Nepal

Sudarsan Shrestha

Introduction: Lower limb trauma remains a major reconstructive challenge, especially in low- and middle-income countries where high-energy injuries, delayed presentation, and limited resources compromise limb salvage. This prospective observational study aimed to analyze the clinical spectrum, reconstructive patterns, and predictors of postoperative complications in lower limb reconstruction at a tertiary trauma center in Nepal.
Methods: All patients undergoing reconstructive plastic surgery for lower limb trauma under the Department of Burns, Plastic and Reconstructive Surgery at the National Trauma Center, Kathmandu, were included. Data on demographics, comorbidity, mechanism and type of injury, anatomical site, reconstructive method, and postoperative outcomes were prospectively recorded and statistically analyzed to identify factors associated with complications.
Results: Eighty-five patients were included, comprising 67 males (78.8%) and 18 females (21.2%), with a mean age of 27.9 years. Road traffic accidents were the predominant cause. Complications occurred in

24 patients (28.2%), including infection (41.6%), partial flap loss (29.1%), and graft failure (20.8%). High-velocity injuries accounted for 83.3% of complications, and 60% had open fractures. Comorbidity were present in 62.5% of those with complications, with diabetes mellitus emerging as the strongest predictor of adverse outcomes ($p < 0.05$).

Conclusion: Lower limb reconstruction in Nepal predominantly involves young male victims of high-energy trauma. Diabetes mellitus, open fractures, and delayed presentation significantly increase complication risks. Early referral and timely multidisciplinary management are vital for optimal limb salvage.

Keywords: Diabetes Mellitus; Lower Extremity; Reconstructive Surgical Procedures; Surgical Flaps; Trauma Centers; Wound Healing.

AWARD PAPER

Bringing modern surgery to rural Nepal-Experience of a new surgeon: Strengthening OT, SICU and laparoscopic services in Lamjung Hospital

Shishir Devkota

AWARD PAPER

Revolutionizing Healthcare: Innovations Defining the Future

Raju Sah

SESSION - Xb Award Young Surgeons Session II

Chairpersons: Kishor Manandhar, Dhiresh Maharjan, Prakash Sapkota

AWARD PAPER

Postoperative Day One Lactate Level in Predicting Post-Hepatectomy Liver Failure

Digbijay Bikram Khadka

Introduction: Post-hepatectomy liver failure (PHLF) remains one of the most serious complications following major liver resections, significantly contributing to postoperative morbidity and mortality. Early prediction of PHLF is essential for targeted intervention and resource optimization. Serum lactate, a surrogate marker of tissue hypoperfusion and hepatic metabolic dysfunction, has emerged as a promising biomarker for the early identification of high-risk patients. So, we aimed to evaluate the predictive value of arterial lactate levels measured on postoperative day one (POD 1) in identifying patients at risk for PHLF following major liver resection. Secondary objectives included assessing demographic, clinical, and perioperative factors associated with PHLF and overall postoperative outcomes.

Methods: This was a prospective observational study conducted at the Department of Surgical Gastroenterology, Tribhuvan University Teaching Hospital, Kathmandu, Nepal, between November 2023 and December 2024. A total of 38 patients undergoing elective major liver resection were enrolled. POD 1 arterial lactate levels were recorded, and patients were monitored for the development of PHLF, which was defined by 50-50 criteria and graded according to ISGLS criteria. Receiver operating characteristic (ROC) analysis was performed to

determine the optimal lactate cutoff. Univariate and multivariate logistic regression analyses were used to identify independent predictors of PHLF.

Results: Thirty-eight patients were included in this study. The mean age of the patients was 49.6±15.5 years and most of them were females (55.3%). The mean body mass index of the included patients was 23.6±2.8 kg/m2. PHLF occurred in 36.8% of patients, predominantly Grade A (71.42%). A POD 1 lactate level ≥2.7 mmol/L was significantly associated with PHLF, with a sensitivity of 78.6%, specificity of 79.2%, PPV of 68.8%, and NPV of 86.4%. ROC analysis confirmed moderate predictive accuracy. Multivariate analysis identified elevated lactate ($p = 0.04$), intraoperative blood loss ($p = 0.042$), surgical site infection (SSI) ($p < 0.001$), bile leak ($p = 0.045$), and perioperative transfusion ($p = 0.028$) as independent predictors of PHLF. Preoperative biliary drainage and ASA score showed trends but were not statistically significant.

Conclusion: POD 1 arterial lactate level is a significant and independent early predictor of PHLF following major liver resection. Given its simplicity, cost-effectiveness, and diagnostic performance, lactate should be integrated into routine postoperative monitoring. When combined with clinical and intraoperative risk factors, it can enhance early risk stratification and guide timely intervention to improve surgical outcomes.

Keywords: Lactate, Liver Resection, Post-hepatectomy Liver Failure, Biomarker, Predictive Model, Surgical Outcome

AWARD PAPER

Liver stiffness measurement by transient elastography as a predictor of postoperative complications after hepatectomy

Suyog Bhandari

AWARD PAPER

Prognostic Significance Of Tumor Location In Duodenal Adenocarcinoma

Parbatraj Regmi

AWARD PAPER

Efficiency Of Near Infrared Fluorescence Imaging During Staging Laparoscopy To Detect Peritoneal Metastasis From Gastrointestinal Malignancy

Sanjay Kumar Yadav

Introduction: Despite advances in imaging, small peritoneal nodules often evade detection by computed tomography, magnetic resonance imaging, and positron emission tomography. This prospective study evaluated the efficacy of near-infrared fluorescence imaging with indocyanine green in detecting peritoneal metastases during staging laparoscopy for gastrointestinal malignancies.

Methods: All patients with radiologically non-metastatic gastrointestinal malignancies were subjected to preoperative indocyanine green administration (0.5 mg/kg), 24 hours prior to staging laparoscopy. Intraoperative white-light laparoscopy was compared with near-infrared fluorescence imaging, with suspicious lesions sent for imprint cytology/ frozen section and histopathology

Results: Seventy-nine patients with radiologically non-metastatic gastrointestinal cancers underwent staging laparoscopy in one year. Among the 79 patients (mean age 58+14), 11 (13.9%) exhibited peritoneal lesions: 10 detected by near-infrared indocyanine green fluorescence and visual inspection and one solely by indocyanine green fluorescence. Histopathological analysis confirmed metastases in 81.8% (9/11) of indocyanine green identified lesions. Indocyanine green findings directly altered surgical management in 11.4% (9/79) of cases, preventing unwarranted laparotomies in eight patients. The most common primary sites were colorectal

(26.5%), pancreatic (24.8%), and gastric (12.6%) cancers. Conventional imaging missed peritoneal metastases were identified through indocyanine green-enhanced laparoscopy. While the dye demonstrated high diagnostic yield, false positives (18.2%) highlighted challenges in distinguishing benign from malignant fluorescence
Conclusions: Near-infrared indocyanine green fluorescence imaging during staging laparoscopy augments the detection of occult peritoneal metastases in GI malignancies, potentially reducing unwarranted laparotomies.
Keywords: Gastrointestinal cancer; Indocyanine Green; Laparoscopy; Near-infrared; Staging. Running title: ICG Fluorescence for Occult Peritoneal Metastases.

AWARD PAPER

Preoperative Assessment Of Splanchnic Vascular Anatomy And Its Surgical Implications In Major Hepatopancreatobiliary (HPB) Procedures

Suman Khanal

Introduction: Understanding splanchnic vascular anatomy is crucial for safe and effective major hepatobiliary and pancreatic surgeries. Variations in arterial and portal venous anatomy can influence operative strategies, vascular reconstruction, and postoperative outcomes. This study aimed to evaluate the prevalence of vascular variants and their relationship with intraoperative and postoperative parameters in patients undergoing major liver and pancreatic resections.
Methods: A retrospective analysis was conducted on 105 major pancreatic and 51 major liver cases after excluding patients without preoperative CT imaging from the TUTH AMBRA Radiology archive. Anatomical variations were classified according to Michels' arterial anatomy and Nakamura's portal vein types. Associations between vascular variants and surgical outcomes—including mortality, inotrope use, blood transfusion, operative duration, and margin status—were analyzed using Fisher's Exact Test and Wilcoxon tests as appropriate. Data analysis and visualization were performed using R (tidyverse, janitor, ggplot2).
Results • Arterial anatomy: Normal configuration (Type 1) was seen in 66.7%, while the most common variant was Type 2 (10.9%), followed by Type 3 (8.3%) and unique patterns (6.4%). • Portal venous anatomy: The majority were Nakamura Type A, with trifurcation being the second common type. • No statistically significant association was observed between arterial anatomy and margin status in malignant cases ($p = 0.3868$). • Among portal vein types, there was no significant correlation with mortality ($p = 0.198$), inotrope requirement ($p = 0.144$), or blood transfusion ($p = 0.146$). • Continuous variables (age, blood loss, operative time, CCI, etc.) showed no significant differences across arterial variants except for operative time, which was marginally significant ($p = 0.0168$). • Subgroup analyses for major liver and major pancreatic cases yielded similar findings, confirming no outcome differences based on vascular anatomy.
Conclusion: Visceral vascular variations are common, with nearly one-third of patients demonstrating deviations from standard anatomy. However, these variants did not significantly affect postoperative outcomes in major hepatic or pancreatic resections, likely reflecting improved preoperative imaging and surgical planning. Routine preoperative vascular mapping should continue to guide operative strategy and ensure safety in complex HPB surgery.
Keywords: Arteries, Hepatectomy, Pancreaticoduodenectomy, Portal Vein

Department of Surgical Gastroenterology, Tribhuvan University Teaching Hospital, Kathmandu, Nepal

AWARD PAPER

Trends Of Ascites Following Living Donor Liver Transplantation: A Single Centre Experience

Sampanna Pandey, Narendra Maharjan, Sumita Pradhan, Paleswan Joshi Lakhey, Ramesh Singh Bhandari

Background: Post-operative ascites is a common sequela of living donor liver transplantation (LDLT), but its long-term trajectory and clinical significance are not well-defined. This study analyzes the trends of ascitic drain output and identifies factors associated with massive, persistent ascites.
Methods: A retrospective analysis of 20 consecutive LDLT patients was conducted. Ascitic drain output was recorded daily for 30 days. "Massive ascites" was defined as drain output >1000 ml on or after post-operative day (POD) 14. Pre-operative (CTP, MELD-Na), intra-operative (GRWR, blood loss), and post-operative (Clavien-Dindo Grade, Comprehensive Complication Index - CCI) factors were compared between groups using t-tests and Fisher's exact test.
Results: The mean peak of ascitic output occurred at 6.2 (±4.6) days. Four patients (21%) developed massive ascites. This group had significantly higher pre-operative CTP scores (11.5 vs. 9.9, p=0.048), greater intra-operative blood loss (7875ml vs. 2767ml, p=0.005), and a strong trend towards lower graft-to-recipient weight ratio (GRWR) (0.87 vs. 1.21, p=0.08). The massive ascites group suffered significantly higher morbidity, with 100% experiencing severe complications (Clavien-Dindo ≥ IIIb) versus 40% in the non-massive group (p=0.049), and a markedly higher mean CCI (55.5 vs. 18.1, p=0.005).
Conclusion: While most LDLT recipients experience self-limiting ascites peaking in the first week, a distinct subgroup develops massive ascites associated with pre-operative severity, small graft size, and high surgical complexity. This complication is a critical marker for a profoundly more morbid post-operative course, necessitating early identification and aggressive management.
Keywords: Liver Transplantation, Ascites, Post-operative Complications, Outcomes.

AWARD PAPER

Clinical Insights And Outcomes In Gastric Carcinoma: A Retrospective Analysis From A Tertiary Center

Nishef Adhikari

Introduction: Gastric carcinoma remains a major oncologic burden in South Asia, with varying clinicopathological patterns and outcomes compared to Western populations. This study aims to evaluate the clinical profile, treatment patterns, and early surgical outcomes of gastric carcinoma patients managed at a tertiary center in Nepal.
Methods: This retrospective analysis utilized a prospectively maintained database of gastric carcinoma cases treated in the Department of Surgical Gastroenterology, Tribhuvan University Teaching Hospital (TUTH), Kathmandu, Nepal. Demographic, clinicopathological, and treatment data were analyzed.
Results: A total of 146 patients were included (mean age 61.4 ± 13.1 years; 66.4% male). The majority presented with tumors in the antropyloric region (66.4%). Poorly differentiated adenocarcinoma predominated (61.4%). Advanced T stage (T3–T4) was observed in 78.1% of cases, and nodal involvement (≥N1) in 83.2%. Metastatic disease (M1) was present in 16.4%, primarily peritoneal (79.2%). Neoadjuvant therapy was administered to 28.8% of patients. Curative surgery was performed in 58.2%, while 41.8% underwent palliative procedures. D2 distal gastrectomy was the most common curative operation (34.9%). Among 111 operated patients, the overall Clavien–Dindo grade ≥ III complications were 5.8%, and mortality (grade V) was 2.8%.
Conclusion: Gastric carcinoma at our center commonly presents in advanced stages with a predominance of poorly differentiated distal tumors. Despite this, curative resection was achievable in over half the patients with acceptable morbidity and mortality, underscoring the role of comprehensive multidisciplinary care in improving outcomes.
Keywords: Carcinoma, Clinicopathological Profile, D2 Gastrectomy, Outcomes, Surgery.

SESSION - Xc Award Young Surgeons Session III

Chairpersons: Binod Bade Shrestha, Bala Ram Malla, Bikal Ghimire

AWARD PAPER

Correlation Of Prognostic Nutritional Index With Early Complications After Surgery For Gastrointestinal Cancer

Nimesh Bista

Introduction: Malnutrition occurs commonly in gastrointestinal cancer along with underlying inflammation. Prognostic Nutritional index (PNI) is a nutritional and inflammatory marker that is easy and low cost and non invasive. Various studies have shown its benefit on predicting major complication while some studies failed to do so.

Methods: This was a prospective observational study conducted from November 2023 to December 2024 ncluding patients who underwent surgery for gastrointestinal cancer. All preoperative, intraoperative and postoperative data were recorded and analysed using statistical software. Predictive efficacies of PNI for detection of major complications within 30 days of surgery evaluated.

Results: One hundred and thirty-two patients who underwent curative surgery for gastrointestinal cancer were included in this study. The mean age of the patients was 58.9±12.6 years and majority of them were males (n=69,52.3%). Pancreticobiliary was the commonest surgey performed (n=41,31.1%) and post operative complications occurred in (n=89,67.59%) patients with major complications in 24.2% and minor complications in 43.39%. The Receiver's Operating Characteristics (ROC) curve was evaluated with area under the curve (AOC) of 0.547 and best cut off of PNI 44.97. Low PNI <45 was significantly associated with age, Nutritional Risk index (NRI), duration of surgery, intraoperative blood loss and post operative hospital stay. On Multivariate analysis NRI was an independent predictive factor of low PNI. No difference in complications rate between low PNI<45 and high PNI≥ 45 was found.

Conclusion: PNI is ineffective in detecting early postoperative complications in patients undergoing gastrointestinal cancer surgery.

AWARD PAPER

Serum Lipase on First Postoperative Day as a Predictor of Clinically Relevant POPF

Bikash Chandra Sah

AWARD PAPER

Intraoperative Bile Culture as a Predictor of Clinically Relevant Postoperative Pancreatic Fistula After Pancreaticoduodenectomy

Saurav Karki

Introduction: Contaminated bile in Pancreaticoduodenectomy (PD) bile may contribute to Clinically relevant post operative pancreatic fistula (CRPOPF) by disrupting anastomotic healing through microbial secretion of proteolytic enzymes. Thus, this study was conducted with the aim to evaluate the significance of a positive bile culture in predicting clinically relevant postoperative pancreatic fistula.

Methods: This was a prospective observational study conducted from Nov 2023 to Dec 2024 including patients who underwent PD. Preoperative, intraoperative and postoperative parameters were recorded and analyzed using statistical software. Intraoperative bile culture (IOBC) was sent before transection of common bile duct (CBD) and their role in predicting the development of CRPOPF were assessed.

Results: Fifty-three patients were included with the mean age of 60±12.5 years predominantly male (28, 52.8%). More than half of the patients (27, 50.9%) had ampullary adenocarcinoma . Bile culture showed bacterial growth in 27 patients (50.9%), with E. coli being the most prevalent organism. Univariate analysis revealed a significant association of CRPOPF with IOBC (P = 0.04, 95% CI: 0.923–29.734), and main pancreatic duct (MPD) diameter ≤3mm (P = 0.032, 95% CI: 1.111–23.674). However, in multivariate analysis, MPD diameter ≤3mm remained the only significant factor (P = 0.036). For surgical site infection (SSI) positive IOBC was identified as the sole predictor of (P = 0.008).
Conclusion: Positive intraoperative bile culture is significantly associated with both clinically relevant postoperative pancreatic fistula and surgical site infections in patients undergoing pancreaticoduodenectomy.
Keywords: Pancreaticoduodenectomy, clinically relevant postoperative pancreatic fistula, Surgical site infection, Intraoperative bile culture.

AWARD PAPER

Bile Culture In Predicting Postoperative Complications Following Pancreaticoduodenectomy

Shree Krishna Shrestha, KC S, Chaudhary JK, Pokhrels, Jha IK, Banepali N

Introduction: Pancreaticoduodenectomy (PD) has high morbidity, often linked to bacterobilia. Preoperative biliary drainage drastically increases the incidence of bacterobilia, and the bacteria found in bile frequently cause subsequent postoperative infections. Using intraoperative bile cultures to tailor antibiotic prophylaxis could directly target these pathogens, potentially reducing complications and resistance. However, existing evidence is limited by retrospective studies and a lack of local data. This study therefore aims to determine if intraoperative bile culture positivity can predict infectious complications following PD.
Methods: A prospective study analyzed 46 patients undergoing pancreaticoduodenectomy. Intraoperative bile cultures were collected from all patients at time of CBD transection, while wound cultures were taken only if a surgical site infection (SSI) developed. Patients were grouped by bile culture status (positive/negative), and the organism profiles and antibiotic sensitivities from bile and wound infections were compared.
Results: Intraoperative bile culture was positive in 36 (78.3%) patients. The most common post operative complication was SSI (65.21%). Bile culture positivity was significantly associated with preoperative biliary drainage (p=0.006). Bacterobilia was associated with post operative complications (p=0.042). Intraoperative bile culture positivity was also significantly associated with SSI (p=0.043) and septic complications (p=0.042). There was no association among bacterobilia and pancreatic complications as POPF, PPH and DGE.There was 55% concordance among organisms isolated from intraoperative bile and postoperative infectious sources
Conclusion: Bacterobilia is significantly associated with infectious postoperative complications but not pancreas specific complications. Although bile culture positive patients had higher rate of overall complications, it could not predict their severity.

AWARD PAPER

Outcomes Of Laparoscopic Cholecystectomy In Acute Cholecystitis In KISTMCTH

Krisha Maharjan

AWARD PAPER

Postoperative C-reactive Protein To Albumin Ratio In Predicting Post-operative Pancreatic Fistula Following Pancreaticoduodenectomy

Shreya Shrestha

Introduction: Assessment of third Post Operative Day (POD) C-reactive protein to albumin (CAR) ratio in predicting Post operative Pancreatic fistula(POPF) would help surgeons avoid shortcomings of drain amylase which is susceptible to location or condition of drainage tube. This could be novel inflammatory marker when surgeons are practicing drainless surgery following Pancreaticoduoenectomy (PD). Predicting Clinically Relevant Post Operative Pancreatic Fistula (CR-POPF) would help to manage post operative morbidities associated with PD.

Methods: A prospective observational study done in patients undergoing PD for malignant pancreatic head and periampullary pathology at National Academy of Medical Sciences(NAMS), over 1 year . CAR was calculated by dividing third Post Operative Day (POD) C-reactive protein (CRP) by serum albumin of the same day. CAR value was calculated by using ROC curve .Association between high CAR and Clinically Relevant Post Operative Pancreatic Fistula (CR-POPF) was analysed

Results: Fourty four patients with 28(63.63%) males and 16(27.27%) females were included in the study. Among these, 20 patients underwent preoperative biliary drainage, five had Percutaneous transhepatic biliary drainage (PTBD) and 15 had ERCP. Twenty six (59.09%)patients were in CAR low group and 18(40.90%) in CAR high group. Patients with high CAR were associated with CR-POPF which was statistically significant

Conclusions: Third POD CAR was reliable indicator of CR-POPF following PD.

Keywords: C-reactive protein to albumin ratio, clinically relevant post operative pancreatic fistula, pancreaticoduodenectomy

AWARD PAPER

Modified Frey's Procedure For Chronic Calcific Pancreatitis: A Retrospective Study Of Short-term Outcomes At Dhulikhel Hospital

Bimas Payangu Limbu

Introduction: Chronic Calcific pancreatitis (CCP) is an irreversible and persistently progressive inflammatory disease characterized by debilitating pain and progressive pancreatic insufficiency affecting the quality of life and even life expectancy. Surgery is often required for CCP when conservative and endoscopic measures fail. The Frey's procedure is frequently preferred for CCP in case of enlarged pancreatic head with absence of neoplasia because of its simpler technical steps. The aim of this study was to evaluate the short-term outcomes of Frey's procedure for CCP in a tertiary centre, Dhulikhel Hospital.

Methods: A retrospective review of all 21 consecutive patients who underwent Frey's procedure at Kathmandu University, Dhulikhel Hospital from June 2024 to August 2025. Demographic data, intraoperative, perioperative outcomes, and short-term outcomes were analyzed for the period of 3 months.

Results: Out of total 21 patients, mean age: 33.5 (18 – 56) year with M:F ratio 10:11 (0.9:1), mean operative time was 240 minutes. The etiology was alcoholic in (33%) and non-alcoholic 14 (66%). Thirteen (61.9%) cases had a tropical pancreatitis. Intractable pain was main indication for all with eight (38%) patients had diabetes with 3 (14.2%) had steatorrhea. The mean preoperative Izbicky score was 56.25. The mean hospital stay was 7.5 days. There was one mortality. There was 90.5% pain free over the 3 months follow-up period.

Conclusion: Frey's procedure is a safe, effective and feasible surgical procedure for the management of CCP with acceptable peri-operative morbidity.

Keywords: Frey's procedure; Chronic calcific pancreatitis (CCP); Izbicky score

SESSION - XI SSN-talks

Surgeon Burnout: How to Achieve Surgeon Well-Being?

SSN TALK

Surgeon Burnout and Well-Being: An American Perspective
Anusha Jayaram

SSN TALK

Thriving in the OR and in Life: A Surgeon's Guide to Balance and Well-Being
Ang J. Lama

SSN TALK

What We See but Don't Say: Burnout in Surgical Residency
Purnima Gyawali

SSN TALK

Executive Yoga and Healthy Meal Preparation
Anip Joshi

SESSION - XIIa Nursing and Education Session

Chairpersons: Sita Chaudhary, Yagya Ratna Shakya, Santosh Mishra

FREE PAPER

Role of nurse during HIPEC (Hyperthermic intraperitoneal chemotherapy)
Jenny Kushma

FREE PAPER

Implementation of Surgical safety checklist at Nepal Mediciti Hospital: Enhanching patient safety and surgical outcomes
Dipika Shakya

FREE PAPER

The safe handling and sterilisation process of laparoscopic instruments at Nepal Mediciti Hospital help maintain surgical efficiency and reduce the risk of contamination
Alka Maharjan

FREE PAPER

The role of OT nurses during laparotomy procedures at Mediciti Hospital focuses on maintaining sterility, assisting the surgical team, and ensuring patient safety throughout the operation
Sabina Rawat

FREE PAPER

Different positioning in gastrointestinal surgeons
Baburam Pokhrel

SESSION - XIIb Nursing and Education Session

Chairpersons: Rupesh Mukhiya, Utsab Man Shrestha, Anju Mahat

FREE PAPER

Early postoperative complication following surgery

Neha Khadka

FREE PAPER

Bowel preparation: Our protocol at Nepal Mediciti Hospital

Niroj Maharjan

FREE PAPER

Roles of Nurses in minimizing Surgical Mishaps

Kabita Pun

FREE PAPER

Hazards in operation theatre

Dharmendra K Chaudhary

FREE PAPER

Role of the Anesthetic Nurse in the Operating Theatre

Nabina Maharjan

SESSION - XIIc Nursing and Education Session

Chairpersons: Santabir Maharjan, Manisha Chitrakar, Ujeli Pacchai

FREE PAPER

Energy Sources in the Operating Theatre

Laxman Shrestha

FREE PAPER

OT hazards

Srijana Maharjan

FREE PAPER

Retained Surgical Items

Sweta Mishra

FREE PAPER

AI in general surgery

Apsara Pangeni

FREE PAPER

Communication saves lives:The power of teamwork in operating room

Rakshya Sainju

SESSION - XIII SAARC/SSN Session

Chairpersons: Rakesh Verma, Babu Ram Poudel, Tim Mitchell, Nikhil Singh, Madhukar Pai

GUEST LECTURE

Bridging skill, technology & context : Advancing safe, equitable surgery in Nepal

Pradeep Ghimire

GUEST LECTURE

Introduction of minimally invasive surgery in Regional Hospitals in the Maldives

Abdulla Ubaid

GUEST LECTURE

Reaching the unreached: Strengthening disability care in Communities- Challenges in an Emerging Country

Narendra Pinto

GUEST LECTURE

Bhutan Surgical Services: Opportunities & Challenges

Tashi Tenzin

GUEST LECTURE

Outcomes Of Complicated Transplantation In Nepal: Experience From Three Challenging Cases

Pukar Chandra Shrestha

Introduction: Liver and kidney transplantation is the definitive treatment for end-stage organ failure. Anatomical variations, previous transplant failures, comorbidities, and deceased donor use present significant surgical and perioperative challenges, especially in resource-limited settings. Reporting outcomes of complex transplants provides insight into surgical techniques, patient prognosis and procedural feasibility. Methods/ **Case Presentations**: Three complex transplant cases were managed at Shahid Dharmabhakta National Transplant Centre (SDNTC), Nepal: 1. Live donor kidney transplant with four renal arteries: A 26-year-old woman with chronic kidney disease. Preoperative imaging suggested one accessory renal artery, but four were identified intraoperatively. Two accessory arteries were reconstructed using an internal iliac artery graft, and the third was anastomosed to the inferior epigastric artery. The patient remained well at the one-year follow-up. 2. Simultaneous liver and kidney transplant (SLKT) from a deceased donor: The first deceased donor SLKT in Nepal was performed on a 50-year-old man with ethanol-induced cirrhosis and secondary renal failure. Early postoperative hemorrhage required re-exploration, and delayed renal graft function was managed with continuous renal replacement therapy. Liver function normalized within one week, and renal function recovered by day 24. The patient remains perfectly fine. 3. Third kidney transplant in a patient with multiple comorbidities: A 54-year-old man with two prior failed kidney grafts and a history of pulmonary tuberculosis, hepatitis C, and aspergillosis underwent a third kidney transplant via pair exchange. Graft nephrectomy and pantaloon vascular reconstruction were performed. Postoperative infections and delayed graft function were managed successfully. Renal function improved to two mg/dl at two months.
Results: All three patients achieved favorable transplant outcomes despite anatomical complexity, previous graft failures, and comorbidities.

Conclusion: Complicated liver and kidney transplants are also feasible in Nepal. Excellent outcomes are achievable through meticulous surgical planning, intraoperative vigilance, and careful postoperative care. These cases highlight the importance of developing donor programs.
Keywords: Deceased donor; Delayed graft function; Kidney transplant; Liver transplant; Simultaneous liver-kidney transplant; Third kidney transplant

GUEST LECTURE

Endovascular Aneurysm Repair in Nepal: Opportunities and Challenges

Uttam Krishna Shrestha

GUEST LECTURE

Challenges in management of Diabetic foot disease

Duminda Ariyaratne

GUEST LECTURE

The Future is Minimally Invasive: RAMIE & MIE in Esophageal Cancer Care

Sajida Qureshi

GUEST LECTURE

Trauma training: A Sri Lankan prespective

Dulantha de Silva

GUEST LECTURE

Dilemma in Breast Cancer

Abdul Majeed Chaudhary

SESSION - XIV Neurosurgery Session

Chairpersons: Yam Roka, Gopal Sedain, Maya Bhattachan, Raj Kumar KC

GUEST LECTURE

Microvascular Decompression(MVD): use of muscle graft for interposition

Gopal Raman Sharma

This study aims to evaluate the outcome of Microvascular Decompression (MVD) using a muscle graft for interposition in Trigeminal Neuralgia (TN), Hemifacial Spasm (HFS) and Glossopharyngeal Neuralgia (GPN). In total, 30 patients with TN, HFS and GPN underwent MVD from September 20017 to April 2024. All the patients were either medically refractory or poor symptom tolerance. The mean follow-up period was 72 months. Each MVD was performed using an autologous muscle graft with interposition of vessels. One patient (3.4%) had reoccurrence after MVD with muscle graft and two patients (6.7%) had partial relief. Various types of prosthesis are used for transposition and interposition of vessels in MVD surgeries. Although in our case series we didn't use any prosthesis for the comparative outcome, the use of muscle graft showed minimal reoccurrence rate with benefit of being cost effective. Therefore, we need randomized controlled trials to prove the superiority of muscle graft from other prosthesis material.

GUEST LECTURE

Neurosurgical Care With Limited Resources - "Challenges And Opportunities"- Early Experiences From An Evolving Center

Rajeev Shah

Introduction: Neurosurgery capacity in low and middle-income countries is far from adequate. Recognizing the needs of addressing disease burden and building sustainable, long-term neurosurgical care has remained utmost challenge, especially in a low resourced government center. Despite significant barriers including limited access to trained medical, nursing and allied health staffs, inadequate equipments, certain neurosurgical care can be provided.

Methods: Retrospective review of prospectively maintained database over the period of 2 years from January 2023-December 2024.

Results: Over the period of two years, 112 major and intermediate surgeries were performed. Among which 81 major surgeries (61 craniotomies and tumor removal, 20 spinal surgeries including laminectomy removal tumor for extra/intra medullary tumor), 31 intermediate surgeries (including 25 VP shunts and 6 peripheral nerves tumors). Mean age was 43±25 years. Morbidities included re-exploration in 1 case due to post- operative hematoma, 1 hemiparesis, 1 VP shunt infection, SSI in 3 cases, and one mortality due to re-bleeding. At mean follow up of 26± 8 months; remaining cases are doing well.

Conclusions: Although neurosurgery in developing countries remains a true challenge; however, with proper selection of cases, knowledge of neuro-imaging, meticulous perioperative management and surgical techniques, optimal outcomes can be achieved. Emphasis on cost-effective approaches, the rational use of available resources, and increased reliance on clinical judgment can help in development of neurosurgery in such centers.

GUEST LECTURE

Anatomical planning and electrophysiologic guidance in function preservation in glioma surgery

Pratyush Shrestha

GUEST LECTURE

Advances in head and neck cancer surgery

Rohit Nayyar

GUEST LECTURE

Is there life after death?

Rajiv Jha

SESSION - XVa Uro-oncology Session

Chairpersons: Uttam Sharma, Paras Shrestha, Pratik Man Singh Gurung, Pawan Raj Chalise, Umesh Nepal, Narayan Thapa

FREE PAPER

Prevalence of Lichen Sclerosus Among Nepalese Boys Presenting With Phimosis at KMCTH

Manoj Adhikari

FREE PAPER

Role Of Immediate Post-Operative Uroflowmetry In Predicting The Outcome Of Transurethral Resection Of Prostate

Sachin Kumar Yadav

GUEST LECTURE

Laparoscopic Partial Nephrectomy: Key Steps and Technical Pearls

Pukar Maskey

GUEST LECTURE

Transrectal Ultrasound Guided Prostatic Biopsy in suspected Ca Prostate and its Complications: A Descriptive Cross-sectional Study

Subin Prajapati

GUEST LECTURE

Bilateral Video-Endoscopic Inguinal Lymph Node Dissection For Carcinoma Penis

Prajwal Paudyal

Background: Inguinal lymph node dissection (ILND) is crucial in the management of carcinoma penis with regional nodal involvement. Conventional open ILND carries significant morbidity, including wound infection, flap necrosis, and lymphocele. Video-endoscopic inguinal lymph node dissection (VEIL) offers a

minimally invasive alternative, reducing complications while maintaining oncological safety. Bilateral VEIL allows simultaneous management of both groins in patients with bilateral nodal disease.
Case Description: Here, we demonstrate the technique and outcomes of bilateral VEIL in a patient with carcinoma penis and bilateral palpable inguinal lymphadenopathy. A 70-year-old male, after partial penectomy with biopsy-proven penile carcinoma and palpable bilateral inguinal nodes, underwent bilateral VEIL. A tri-port subcutaneous approach was used on each side with CO_2 insuffla-tion to create a working space. Dissection was performed with careful identification of anatomical landmarks and preservation of the saphenous vein. Both nodal packets were retrieved en bloc in specimen bags.
Results: Total operative time was 120 minutes with minimal blood loss. Postoperative recovery was smooth, with early ambulation and discharge on day 4. No wound complications, lym-phocele, or flap necrosis were observed. Histopathology confirmed metastatic nodes with clear mar-gins bilaterally.
Conclusion: Bilateral VEIL is a safe and feasible minimally invasive technique for carcinoma penis with bilateral nodal involvement. It offers reduced morbidity, shorter recovery, and excellent cosmetic outcomes without compromising oncological control

GUEST LECTURE

Postoperative Complications Following Radical Cysatectomy With Urinary Diversion: A Retrospective Study

Bharat Mani Pokharel

Introduction: Radical Cystectomy with urinary diversion remains the cornerstone of treatment for muscle-invasive and selected high-risk non-muscle invasive bladder carcinoma. Despite advances in surgical technique and perioperative care, postoperative complications remain high. This is a retrospective study of Postoperative Complications following Radical Cystectomy and Urinary Diversion using Clavien-Dindo Classification for carcinoma of urinary bladder. The study will be helpful to identify the potential postoperative complications and possibly minimize the morbidity and mortality of this surgery in the future.
Methods: This retrospective study included 72 patients who underwent radical cystectomy with urinary diversion from July 2023 to December 2024. Patient diagnosed with Muscle Invasive Bladder Cancer or Non-Muscle Bladder Cancer with very high-risk category, BCG refractory, BCG relapsing and BCG unresponsive or with variant histology who underwent Radical Cystectomy were included in the study. The method of urinary diversion and surgical modality was based upon the patient specific, oncological and surgical factors. The postoperative complications of the procedure were tabulated and categorized according to Clavien-Dindo classification system. The statistical tools used were Mean, Median, Standard deviation and Chi-Square tool.
Results: Among 72 patients, 45 (62.5%) underwent Ileal Conduit, 21 (29.2%) orthotopic neobladder and 6 (8.3%) cutaneous ureterostomies. The overall morbidity was 89% (n = 3), and mortality was 4.1% (n = 3). The common complications were paralytic Ileus (21%), urinary tract infection (18%), anastomotic leak (8%), postoperative bleeding (6%), and sepsis (4%). Patient with ileal conduit diversion experienced a higher overall rate of postoperative complications compared to those with orthotopic neobladder. The cutaneous ureterostomy group had highest proportion of major complications and mortality.
Conclusion: Postoperative morbidity following radical cystectomy remains high, with complications occurring in nearly 90% of patients. Meticulous surgical technique, careful diversion selection, and optimized perioperative care are essential to minimize morbidity and improve patient outcomes.
Keywords: Clavien-Dindo classification; Cutaneous ureterostomy; Ileal Conduit; Orthotopic neobladder; Radical cystectomy: Urinary diversion

SESSION - XVb Endo-urology Session

Chairpersons: Uday Dangol, Sanjay Khadgi, Anil Shrestha, Pukar Maskey, Rikesh Jung Karki, Birendra Yadav

FREE PAPER

Our Experience Of Kidney Transplantation At KMCTH

Yugal Jyoty Nepal

Introduction: Kidney transplantation remains the gold standard treatment for patients with end-stage renal disease (ESRD), offering superior survival and quality of life compared to dialysis. With advancements in minimally invasive donor nephrectomy techniques, transplant outcomes and donor safety have significantly improved. Kathmandu Medical College Teaching Hospital (KMCTH) established its renal transplant program with the aim of providing a comprehensive and sustainable service within Nepal. We present our institutional experience with 53 kidney transplant cases, emphasizing surgical techniques, donor profiles, graft characteristics, and perioperative outcomes.

Methods: This retrospective descriptive study includes 53 consecutive kidney transplants performed at KMCTH. Data were collected from institutional transplant registries and patient medical records. Open donor nephrectomies were performed initially followed by laparoscopic donor nephrectomies, with right-sided laparoscopic donor nephrectomy undertaken in selected situations. Recipient surgeries were performed through standard extraperitoneal approaches. Data analyzed included donor and recipient demographics, vascular anatomy, side of nephrectomy, intra- and postoperative complications, graft function, and short-term outcomes.

Results: A total of 53 live-related kidney transplants were performed during the study period. Donors comprised predominantly females (approximately 55%), while recipients were mainly males (approximately 70%). Laparoscopic donor nephrectomy was started after an initial 19 open cases, including right-sided nephrectomy in 3 cases. Multiple renal vessels were encountered in 8 donors, including double renal arteries in most cases, which were managed with various reconstruction techniques such anastomosis of accessory artery to inferior epigastric artery. Conversion to open surgery was required in none. Recipient surgery was uneventful in the majority of cases. Early graft function was satisfactory in 90% of recipients, with delayed graft function observed in 10% of cases. Postoperative complications included lymphocele, arterial narrowing. No donor mortality occurred, and all donors had excellent postoperative recovery with minimal complications.

Discussion: Our experience demonstrates that a structured kidney transplant program with laparoscopic donor nephrectomy is safe and feasible in a tertiary center setting in Nepal. The adoption of laparoscopic techniques has resulted in reduced donor morbidity, faster recovery, and shorter hospital stays. Right-sided donor nephrectomy and multiple vessel grafts, though technically demanding, can be safely performed with proper preoperative imaging and meticulous surgical technique

Conclusion: Kidney transplantation at KMCTH has evolved into a successful and sustainable program with satisfactory short- and medium-term outcomes. Laparoscopic donor nephrectomy, including right-sided and multiple vessel kidneys, can be safely performed with favorable donor and recipient results. Continued institutional experience, structured training, and long-term follow-up will further strengthen transplant outcomes in our setting.

GUEST LECTURE

PCNL in Horse-Shoe Kidney

Rabin Basnet

GUEST LECTURE

Association Between Intravesical Prostatic Protrusion And The Severity Of Lower Urinary Tract Symptoms In Patients With Benign Prostatic Hyperplasia

Sanjay Shrestha

Background: Benign prostatic hyperplasia (BPH) is a common urological condition among aging men and a major cause of lower urinary tract symptoms (LUTS). Intravesical prostatic protrusion (IPP), a sonographic measurement of the extent of prostatic median lobe projection into the bladder, has been proposed as a reliable non-invasive marker for bladder outlet obstruction (BOO). However, the correlation between IPP and symptom severity, as assessed by the International Prostate Symp-tom Score (IPSS), remains inadequately explored in the Nepali population. Objectives: To determine the association between the degree of IPP and the severity of LUTS in patients with BPH, and to evaluate whether IPP can serve as a non-invasive predictor of symptom burden.

Methods: This prospective cross-sectional study is being conducted at KIST Medical College and Teaching Hospital, Lalitpur. One hundred male patients aged ≥50 years with clinically diagnosed BPH and presenting with LUTS are being enrolled over a 3-month period. IPP is measured via transabdominal ultrasonography at a standardized bladder volume and graded as mild (<5 mm), moderate (5–10 mm), or severe (>10 mm). LUTS severity is assessed using the IPSS questionnaire. Data are analyzed using SPSS version 26. Correlations between IPP and IPSS, as well as with other parameters including prostate volume, post-void residual (PVR), and maximum urinary flow rate (Qmax), are being determined using Spearman's and Pearson's correlation coefficients, with a significance level of $p < 0.05$.

Results: Data collection and analysis are currently ongoing.

Conclusion: This study aims to clarify the relationship between IPP and LUTS severity in patients with BPH. If a significant correlation is established, IPP measurement may serve as a simple, reliable, and non-invasive marker to guide clinical decision-making, especially in resource-limited settings where urodynamic studies are not feasible.

Keywords: Benign prostatic hyperplasia, Intravesical prostatic protrusion, Lower urinary tract symptoms, International Prostate Symptom Score, Bladder outlet obstruction.

GUEST LECTURE

Comparison Between R.I.R.S. And RUSS Scoring Systems In Predicting Stone-Free Rate (SFR) After Retrograde Intrarenal Surgery (RIRS)

Devendra Karki

To assess the effectiveness of the RIRS and RUSS scoring systems in forecasting the stone-free rate (SFR) following retrograde intrarenal surgery (RIRS). This prospective study included patients who underwent RIRS for kidney stone treatment. The RIRS and RUSS scoring systems were utilized to evaluate the complexity of the procedure. The predictive accuracy of both systems was analyzed using receiver operating characteristic (ROC) analysis, with sensitivity and specificity calculations for each. Furthermore, a multivariate logistic regression model was employed to examine the relationship between the scoring systems and stone-free outcomes. A total of 84 patients were included in this study, with a mean age of 41 years, and 62.5% of them were male. The findings demonstrated a significant AUC of 0.848 for the RIRS score with sensitivity and

specificity of 70% and 91.5%, respec-tively. In contrast, the RUSS score showed an unsatisfactory and non-significant AUC of 0.46. The RIRS scoring system demonstrated superior predictive accuracy for SFR after RIRS compared to the RUSS. Furthermore, RIRS remained a significant predictor of SFR even after adjusting for age, gen-der, body mass index, and history of prior renal surgery.

GUEST LECTURE

Evaluation Of Factors Predicting Successful Insertion If Ureteral Access Sheath In RIRS

Shraddha Satyal

Introduction: Ureteral Access Sheath (UAS) insertion during Retrograde Intrarenal Surgery (RIRS) facilitates repeated instrument passage, improves visualization, and decreases intrarenal pressure. However, its successful placement in non-stented ureters remains technically challenging, with reported failure rates ranging from 8% to 22%. Identifying preoperative factors that predict successful insertion can optimize procedural safety and efficiency. This study aimed to evaluate demographic, clinical, and pharmacological predictors of successful UAS insertion in non-stented patients undergoing RIRS.

Methods: A hospital-based cross-sectional study was conducted at Nepal Medical College and Teaching Hospital from December 2023 to November 2024. Seventy-nine patients with renal or proximal ureteric calculi undergoing RIRS without prior stenting were enrolled. Data on age, gender, BMI, symptom duration, stone site, and preoperative α-blocker use (tamsulosin or silodosin) were analyzed using SPSS v16. Logistic regression was used to identify factors associated with successful 10/12 Fr Indovasive UAS insertion. A p-value <0.05 was considered statistically significant.

Results: Successful UAS insertion was achieved in 64 patients (81%), while 15 (19%) experienced failure. No statistically significant association was found between UAS success and age (p=0.36), gender (p=0.108), BMI (p=0.55), stone site (p=0.87), or symptom duration (p=0.43). However, preoperative α-blocker use showed a positive trend toward higher success rates (82.6% vs. 78.8%, p=0.571). Specifically, tamsulosin users had a 90% success rate compared to 69% with silodosin, yielding an odds ratio of 4.09 (p=0.099).

Conclusion: Although statistical significance was not achieved, the findings demonstrate strong clinical relevance. Tamsulosin use appeared to improve UAS insertion success and ease of passage, suggesting a beneficial pharmacologic effect on ureteral smooth muscle relaxation. The overall 81% success rate aligns with global literature, and observed trends indicate that age, sex, and medication may influence ureteral compliance. Larger, multicenter studies are warranted to confirm these clinically meaningful results.

Keywords: Retrograde Intrarenal Surgery (RIRS), Ureteral Access Sheath (UAS), Non-stented ureter, Tamsulosin, Silodosin, Predictive factors, Alpha-blocker

GUEST LECTURE

Perioperative Outcomes in Supine Versus Prone Percutaneous Nephrolithotomy: A Comparative Study

Devendra Bist

Introduction: Percutaneous nephrolithotomy (PCNL) is the standard treatment for large renal stones. Traditionally performed in the prone position, the technique has gradually shifted toward supine posi-tioning, which may improve anesthetic safety and surgical efficiency. However, the choice of position remains debated. This study compared outcomes between supine and prone PCNL.

Methods: This is a prospective comparative study held at Kathmandu Medical College Teaching Hospital over 12 months (January–December 2024). A total of 86 patients undergoing PCNL were included, with

43 patients each in the supine and prone groups. Patient demographics, stone characteristics, operative time, hemoglobin drop, hospital stay, stone-free rate (SFR), and complications (graded by the Clavien-Dindo system) were recorded. Data were analyzed using SPSS v26, with $p<0.05$ considered signifi-cant.

Results: Both groups were similar in age, gender, BMI, and stone size. Supine PCNL had a significantly shorter mean operative time (75 ± 12.5 min vs. 90 ± 13.0 min; $p<0.001$) and hospital stay (2.4 ± 0.8 vs. 3.2 ± 0.9 days; $p<0.001$). The stone-free rate was slightly higher in the supine group (86% vs. 82%), though not statistically significant ($p=0.14$). Hemoglobin drop was comparable be-tween groups ($p=0.21$). Overall complications were fewer in the supine group (16% vs. 23%), with fever being the most common, and no major visceral injuries were observed.

Conclusion: Supine PCNL is a safe and effective alternative to the prone approach, with the added benefits of shorter operative times and reduced hospital stay. Given these advantages, the supine position may be particularly valuable in patients with obesity or cardiopulmonary risk, while still ensuring similar stone clearance rates and safety profiles.

Keywords: Percutaneous nephrolithotomy, PCNL, Supine position, Prone position, Renal stones, Stone clearance, Surgical outcomes

GUEST LECTURE

Risk Factors For Sepsis After Retrograde Intrarenal Surgery At Tertiary Care Center Of Nepal

Gunjan Kumar Shah

GUEST LECTURE

Comparative Study Of Topical Hydrocortisone Versus Topical Betamethasone For Treating Phimosis In Paediatric Population

Niraj Acharya

Background: Phimosis is one of the common surgical condition among paediatric age group. Previously circumcision used to be the only treatment option. With various studies and ad-vancement, these days, the first-line medical management for symptomatic phimosis usually involves the application of topical corticosteroids combined with gentle manual foreskin retraction. This ap-proach is effective in most cases and helps avoid the need for surgical intervention. Aims and Objec-tives: To compare the application of Topical Hydrocortisone and Topical Betamethasone for treating Phimosis in Paediatric population.

Methods: The study evaluated a total of 110 paediat-ric patients between age 1-10 years, diagnosed cases of phimosis Grade 3 to 1. 55 cases were pre-scribed ointment Hydrocortisone, whereas rest 55 cases were given ointment Betamethasone. Oint-ment application technique was well explained and weekly follow up with progress of the condition was noted. The data was compiled and standard statistical tests applied to analyze the data. $p<0.05$ was considered as significant.

Results: At the pre-diagnosis stage, both groups had a similar median score of 3.0 (IQR 3.0–3.0), with no significant difference between them ($p = 0.815$). At week 1, the median score decreased to 2.0 (IQR 1.0–3.0) in the Betamethasone group and 2.0 (IQR 2.0–3.0) in the Hydro-cortisone group ($P = 0.083$), showing mild improvement in both groups. By week 2, with the Betame-thasone group showing a lower median score of 1.0 (IQR 0.0–1.0) compared to 1.0 (IQR 1.0–2.0) in the Hydrocortisone group, indicated faster improvement ($p< 0.0001$). At week 3, the Betamethasone group reached complete resolution with a median of 0.0 (IQR 0.0–0.0), while the Hydrocortisone group remained at 1.0 (IQR 1.0–1.0) ($p < 0.0001$). By week 4, both groups showed complete resolution (median 0.0), but the Betamethasone group achieved this outcome earlier. The within-group analysis also showed a statistically significant improvement over time in both groups ($p < 0.0001$).

Conclusion: Topical Betamethasone ointment is more effective compared to topical Hydrocortisone in treatment of phimosis.

Keywords: Phimosis; Ointment; Hydrocortisone; Betamethasone.

GUEST LECTURE

Mini PCNL in the era of RIRS

Saroj Giri

GUEST LECTURE

Laparoscopic Buccal Mucosal Graft Ureteroplasty For Management Of Complex Ureteric Stricture

Prajwal Paudyal

Background: Ureteric stricture is an uncommon but challenging condition, especially after en-dourological procedures. For long or complex strictures, buccal mucosal graft (BMG) ureteroplasty offers a reliable reconstructive option. The laparoscopic approach combines minimally invasive ad-vantages with durable outcomes.

Case Description: A 32 years-old male presented with a 2.5 cm mid-ureteric stricture following previous ureteroscopy lithotripsy. Laparoscopic onlay BMG ureteroplasty was performed. A buccal mucosal graft harvested from the inner cheek and was sutured as an onlay patch to augment the narrowed ureter. A double-J stent was placed, and watertight anastomosis was confirmed intraoperatively. Here we demonstrate the technique and outcome of laparoscopic BMG ureteroplasty for a complex ureteric stricture. Results: The operative time was 240 minutes with mini-mal blood loss. The postoperative course was uneventful, and the patient was discharged on day 6. Patient is asymtomatic after DJ stent removal.

Conclusion: Laparoscopic buccal mucosal graft ureter-oplasty is a safe and effective minimally invasive technique for complex ureteric strictures. This video highlights key operative steps and technical nuances essential for successful outcomes.

SESSION - XVI Upper GI Session

Chairpersons: Sunil Shrestha, Pranil Rai, Chandra P. Pandey, Narendra Pandit, Bala Ram Malla

GUEST LECTURE

Endoscopy Guided Laparoscopic Heller's Myotomy With Dor Fundoplication For Achalsia Cardia- A Novel Technique

Anisha Tiwari

Achalsia cardia is a rare esophageal motility disorder which is due to progressive ganglion cell degeneration in the oesophageal myentric plexus, which results in impaired lower esophageal sphincter (LES) relaxation. Treatment options include pneumatic dilatation, peroral endoscopic myotomy (POEM), and laparoscopic Heller's myotomy that act by mechanical disruption of LES. In this video presentation, I will be presenting a case of 23 year old patient diagnosed as Achalsia Cardia Type I, who underwent laparoscopic Heller's Myotomy with Dor fundoplication by our team at Patan Academy of Health Sciences (PAHS). We have used Introperative endocopy at the time of myotomy to ensure adequate and complete of myotomy.

GUEST LECTURE

Laparoscopic Heller's Cardiomyotomy And Dor Fundoplication For Achalasia Cardia

Bikal Ghimire

Introduction: Achalasia is an uncommon disorder with an annual incidence of approximately 1.6 cases per 100,000 individuals and prevalence of 10 cases per 100,000 individuals. Men and women are affected equally. It can occur at any age, but onset before adolescence is uncommon and is usually diagnosed in patients between the ages of 25 and 60 years. Treatment of achalasia is aimed at decreasing the resting pressure in the lower esophageal sphincter (LES) to a level at which the sphincter no longer impedes the passage of ingested material. Currently represents the gold standard in the surgical management of gastrointestinal reflux disease (GERD) with minimal morbidity and mortality.
Methods: Prospective data of all patients admitted in our department with these diseases and undergoing Laparoscopic Hellers Cardiomyotomy and DOR Fundoplication, from 2014 to 2025 were reviewed. Age, sex, presenting complains, disease duration, operative complications, duration of surgery, surgical morbidity and hospital stay were recorded. Eckhardt Score of the patients were assessed before and 6 months after surgery.
Results: Fifty patients underwent Laparoscopic Hellers Cardiomyotomy and DOR Fundoplication. Most of the patients were females. The median operating room time was 145 minutes. There were no conversions. The median hospital stay was 3.45±0.522 days (range, 3-5 days). There were three cases of esophageal perforations which were managed laparoscopically. One of them was a case of Redo – Myotomy. One patient had to undergo POEM for recurrence of the symptoms after two years. The Eckhardt score after six months was better in the patients who were operated later.
Conclusion: Laparoscopic Hellers Cardiomyotomy and DOR Fundoplication is a well-established technique and can be performed in varied presentations and with minimal resources with satisfactory outcome. However larger case series and long term follow up would be warranted.

GUEST LECTURE

Gastric Pull-up (esophageal replacement)

Basant Kumar

GUEST LECTURE

Surgical Management of Post-corrosive Esophageal Stricture.

Vishal Gupta

GUEST LECTURE

Trepidation and complication in Thoracoscopoic esophagectomy

Sunil Kumar

GUEST LECTURE

Achalasia Cardia: Surgical Pearls- Diagnosis to Relief & Laparoscopic Management

Roshan Shetty

GUEST LECTURE

Recent update in surgery and multimodal treatment of esophageal cancer

Binay Thakur

GUEST LECTURE

Future of Endoscopy

Satyapriya De Sarkar

SESSION - XVII Plastic & Reconstructive Surgery session

Chairpersons: KD Joshi, Shankar Man Rai, Ishwor Lohani, Jayan Man Shrestha

GUEST LECTURE

Comparative Efficacy Of Four-Layer Compression Bandage Therapy With And Without Hyperbaric Oxygen Therapy In Venous Leg Ulcer Patients: A Randomized Controlled Trial

Jitendra Kumar Kushwaha, Raj A, Kumar R, Kumar V, Pandey S, Singh KK, Sonkar AA

Introduction: Venous leg ulcers (VLU) are a significant global health challenge, predominantly resulting from chronic venous insufficiency, requiring effective treatment to enhance healing and quality of life. This study aimed to evaluate the efficacy of Hyperbaric Oxygen Therapy (HBOT) in conjunction with four-layer compression bandage (4LCB) therapy in VLU management.

Methods: A randomized controlled trial was conducted at a tertiary care centre in northern India including

70 patients aged >15 years with chronic venous ulcers. Patients were randomized into two groups: Group A (n=35) received 4LCB with adjunct HBOT, and Group B (n=35) received 4LCB. Both groups underwent standard medical therapy, and follow-up assessments were conducted at 2, 4, 6, and 8 weeks. The primary outcome was the reduction in ulcer size and healing time, while secondary outcomes included quality of life assessed using the EQ-5D-5L and Charing Cross questionnaires.

Results: Group A showed a significantly greater reduction in ulcer size compared to Group B (p=0.006). Quality of life scores improved significantly in both groups, with Group A demonstrating better Charing Cross scores (p=0.033). A moderate positive correlation was found between healing time and pre-therapy ulcer size in both groups.

Conclusion: The addition of HBOT to standard four-layer compression bandage therapy significantly enhances ulcer size reduction and quality of life in patients with chronic venous ulcers.

GUEST LECTURE

Building A Sustainable Burn Registry In Nepal: Leadership, Training, And Systemic Reforms At SKMH Amid Ethical And Operational Challenges

Raju Bhandari, Yadav MK, Shilpakar R, Bhandari SB, Bhandari K, Adhikari A, Baryal A, Mouriya AK, Chaulagain S, Rai SM, Lohani I

Background: Burn injuries constitute a major public health burden in Nepal, necessitating robust data systems to guide surgical interventions, prevention strategies, and policy development. The Institutional Burn Registry Project at Sushma Koirala Memorial Hospital (SKMH) aims to establish an ethical, comprehensive database, under the leadership of Dr. Raju Bhandari and with support from Interplast-Germany.

Methods: From June to October 2025, key milestones included formation of a multidisciplinary steering committee and Institutional Review Committee (IRC); validation and Nepali translation of data entry tools via expert consultations; integration of burn-specific variables into the Dolphin Electronic Medical Records (EMR) system; and training of over 10 personnel. Interim tools, including Excel templates and paper forms,enabled preliminary data collection.

Results: Data entry rates improved from 51.6% in July to approximately 75% by October. Challenges encompassed inconsistent staff engagement across medical officers, nurses, and paramedics; errors from transitional tools; and deficient medical record systems, impeding pre-submission analysis. Mitigation includes mobile application development for bedside entry, registry-specific record modifications, role-tailored refresher training, and awareness campaigns targeting 90% compliance by December 2025. NHRC ethical clearance is expected post-revised proposal submission in late November 2025.

Conclusion: This initiative highlights the intricacies of implementing a burn registry in resource-limited surgical settings, emphasizing technological integration, inclusive training, and systemic reforms to enhance data reliability, optimize patient care, and inform evidence-based burn surgery and prevention in Nepal.

Keywords: Burn registry, surgical data systems, resource-constrained settings, ethical guidelines, Nepal

GUEST LECTURE

Recent Advances Free Flap Monitoring

Prakash Kala

GUEST LECTURE

Various Reconstructive Options For Mandibular Defects After Oncological Resection

Sangam Rayamajhi

Reconstruction of complex mandibular defects following oncological resection remains one of the most challenging aspects of head and neck surgery. The goals of mandibular reconstruction extend beyond mere restoration of continuity—they encompass reestablishment of facial symmetry, masticatory function, speech, and overall quality of life. This presentation provides an overview of our reconstructive strategies, emphasizing the principles of defect classification, flap selection and surgical techniques.

Keywords: Fibula; Free flaps; Mandible; Reconstruction

GUEST LECTURE

Toe-to-finger transfer in trauma – A single center experience in a developing Asian Country

Uditha Wickradewa

SESSION - XVIII Gallbladder session

Chairpersons: YB Oli, Prabin Bikram Thapa, Pravin Joshi, Bikal Ghimire

GUEST LECTURE

Critical view of safety: Is it a myth or reality?

Ranbir Singh

GUEST LECTURE

Serial Observation of T-Cell Th17 Levels in Post-Operated Patients of Laparoscopic Cholecystectomy: A Surrogate Marker for Gut Immunity

Krishna Kant Singh, Srivastav AN, Kumar S, Kushwaha JK, Ahmad F, Agarwal M, Ali W

Background: Gallstone disease is a prevalent gastrointestinal condition in India, with a reported prevalence of 4–18.8%. Laparoscopic cholecystectomy remains the gold standard treatment for symptomatic GSD. However, the gallbladder plays a critical role in bile regulation and gut immune modulation. Th17 cells, a subset of CD4+ lymphocytes, are key mediators of mucosal immunity, and their differentiation is influenced by bile composition and gut microbiota. Objective: To evaluate the impact of cholecystectomy on serum Th17 cell levels and assess its potential as a surrogate marker of gut immune modulation.

Methods: A prospective observational study was conducted over two years at King George's Medical University, Lucknow. A total of 100 patients undergoing elective LC were enrolled. Serum Th17 levels were measured using ELISA at five timepoints: preoperatively, and on postoperative Days 15, 30, 90, and 180. Routine laboratory parameters were also recorded.

Results: A significant and progressive decline in serum Th17 levels was observed: from 10.77 ± 12.26 pg/mL preoperatively to 1.57 ± 2.37 pg/mL at 180 days ($p < 0.05$). No significant correlation with age or gender was found. The decline is hypothesized to result from altered bile acid signaling, dysbiosis, and reduced stimulation of Th17 differentiation.
Conclusion: Cholecystectomy leads to a sustained reduction in serum Th17 levels, indicating potential long-term effects on gut immunity. These findings underscore the need for further research into immune modulation post-LC and support the consideration of gut-targeted interventions in postoperative care.

GUEST LECTURE

Safety Outcome Of Laparoscopic Cholecystectomy In Cirrhotic Patients: A Retrospective Study At A Tertiary Hospital

Yagya Ratna Shakya

Introduction: Occurrence of gallstones is common in patients with liver cirrhosis mostly pertaining to the intravascular hemolysis and functional changes in the gallbladder. Laparoscopic cholecystectomy has been widely done operation as the treatment of symptomatic gallstones. However, cirrhosis of the liver has been considered as an absolute or relative contraindication to Laparoscopic cholecystectomy (LC). With increasing study and excellent skills in LC, many authors have claimed LC in cirrhotic patients is as safe as other routine Cholecystectomy. Study Objectives: The objective of our study was to assess safety of LC in cirrhotic patients.
Method: A retrospective study from 2020 Jan to 2025 September at Dhulikhel Hospital, Kathmandu University School of Medical Sciences. Demographic, laboratory parameters, intraoperative findings and surgical outcomes were studied using the whole sampling method in the Medi-flow database on 24 cirrhotic patients who underwent LC. Standard telephone questionnaires were also envisioned as a retrospective interrogation for retrieving the valid information.
Results and Discussion: Out of 2,708 patients undergoing LC in the last 5 years, 21 (0.77%) were cirrhotic patients. Of these 12 (57.14%) were of age group less than 50 years whereas 9 (42.86%) were of age group more than 50 years. Similarly 16(76.19%) were male and 5 (23.81%) were female. The most prevalent cause of cirrhosis as per this study delineated alcohol (93.33%) as the main etiology. 13 (61.90%) were categorized under ASA Grade I, 4 (23.81%) under ASA Grade II and 3 (14.29%) were beyond ASA Grade II. While assessing through Child Pugh Classification, 14 (66.67%) fall under Class A and 7 (33.33%) under Class B. The associated comorbidities were mostly hypertension 7 (33.33%) and 3 (14.28%) have ascites preoperatively. The mean hospital stay was 3±0.7 days. Despite the obviation of LC in cirrhotic patients, 16(76.19%) total cholecystectomy and 5 (23.80%) subtotal cholecystectomy were done. 4(19.04%) of the patients had their LC completed within a time duration of less than 90 minutes and 17 (80.95%) of the patients with more than 90 minutes. A total of 3 (14.28%) patients developed postoperative complications: a case of ascites, wound infection and intra-abdominal collection each. All three patients were managed under Clavien Dindo Classification Grade I interventions. In this study one patient had undergone conversion to open cholecystectomy ,but there is no complications like bile duct injury, bile leakage, postoperative hemorrhage, port site hematoma, need of reoperation and mortality. Operative Practice: The proper patient selection should be of the criterion directed by CTP Class and MELD score. For CTP class A and early B, LC can be planned after correction of Vitamin K injection and FFP transfusion whereas for CTP class late B and C, it can be limited to conservative management. To avoid further complications for cirrhotic patients undergoing LC, preoperative optimization should be done where factors like control of ascites and correction of coagulopathy should be looked after. In addition to this, extensive nutritional support and good hemostasis should be maintained.
Conclusion: LC, once studied as a contraindicated procedure in patients with cirrhosis, is an effective and safe treatment procedure for Child-Pugh A and B cirrhotic patients with gallstones which can be achieved by proper patient selection, appropriate operative modifications, meticulous surgery and proper post-operative care.
Keywords: Laparoscopic Cholecystectomy, Cirrhosis, CTP class, Complication

GUEST LECTURE

TARE, TACE, TAE

Kailash C. Kurdia

GUEST LECTURE

Gall Bladder Carcinoma: A 5-Year Surgical Experience At Dhulikhel Hospital

Rahul Singh

Gallbladder carcinoma is the most common biliary malignancy, often diagnosed late.Complete surgical resection is the only potentially curative treatment. A 5-year audit showed a 4:1 female-to-male ratio and gallstones in 82% of cases.Curative resection and tumor staging are key prognostic factors. Early detection and multidisciplinary care are crucial for improved outcomes.

GUEST LECTURE

Streamlined Laparoscopic CBD Exploration: Drain-Free, Tube-Free, and Fluoroscopy-Free

Vishal G Shelat

GUEST LECTURE

Hepatic vein guided approach for laparoscopic anatomical liver resection

Tan Yen Pin

GUEST LECTURE

Bile Duct Injuries: Lessons Learned From the Operating Room

Roshan Ghimire

Bile duct injury (BDI) remains a significant challenge in laparoscopic cholecystectomy, particularly as the procedure is increasingly performed across diverse settings, including peripheral and rural centers in Nepal. While meticulous technique, adherence to the critical view of safety, and precise dissection within Calot's triangle are central to prevention, the reality that "to err is human" highlights the importance of preparedness for timely recognition, early intervention and appropriate management. This study presents our operative experience with BDI cases referred to our center over a two-year period, all of whom underwent definitive surgical management. The spectrum included complex biliovascular injuries, managed according to the type and extent of injury. Emphasizing an "early re-look" strategy, we adopted prompt re-laparoscopy in patients with suspected bile leak or biliary peritonitis, utilizing it both as a diagnostic and therapeutic tool. Through these experiences, we aim to highlight practical lessons from the operating room that reinforce prevention, support early intervention, and guide appropriate management strategies for BDI.

GUEST LECTURE

A retrospective study of outcomes of surgical management of choledochal cyst

Bimas Limbu

SESSION - XIX Breast Session

Chairpersons: Prakash Sayami, Kapendra Shekhar Amatya, Utsab Man Shrestha, Suzita Hirachan, Banira Karki

GUEST LECTURE

Breast Cancer Landscape – From Genetics To Vaccine And From Surgery To Survivorship

Anip Joshi

Introduction: Nepal is a low middle income country in South-Asia. Bir Hospital is a Nepal government run academic hospital under National Academy of Medical Sciences in Kathmandu, Nepal. Breast cancer is ranked highest incidence cancer in Bir Hospital in 2025 . This lecture highlights the current landscape of breast cancer epidemiology, diagnosis, treatment challenges, recent advancements and areas for improving the quality of breast cancer care in Bir Hospital.

Methods: This is a synopsis of cross sectional study conducted in Bir Hospital and available literature to find out the outcome of breast cancer patients treated in Bir Hospital. The study included breast cancer data in Department of Surgery and Department of Oncology from July 2021 to June 2024. The data on demographic details, clinicoradiopathological findings, operative procedures, neo/adjuvant therapy and outcome were collected.

Results: Majority of cases undergo modified radical mastectomy (70%). There has been breast cancer symposium and training initiatives for surgeons with the aim of increasing breast conserving surgery and sentinel lymph node biopsy. There is ongoing research on pathogenic gene variant of breast cancer. The breast cancer survivorship program can have a positive impact for patients.

Conclusion: There is a need of coordinated multidisciplinary breast cancer program to improve the breast cancer treatment in Bir Hospital by initiating capacity building programs of multidisciplinary team, development of breast cancer treatment protocols, genetics testing and motivated breast cancer research team.

GUEST LECTURE

Recent Advances in Sentinel Lymph Node Biopsy for Breast Cancer

Dharma Ram Poonia

GUEST LECTURE

Single stage augmentation mastopexy: a challenging operation to meet opposing goals

Jayan Man Shreshta

GUEST LECTURE

Breast conserving surgery and role of TAD

Nivedita Sharma

GUEST LECTURE

Role of ICG in Breast Cancer

Pradeep Kumar Singh

GUEST LECTURE

Complexities And Challenges In Surgical Management Of Breast Carcinoma In BPKMCH

Anup Bhattachan

Introduction: Breast carcinoma remains one of the most prevalent malignancies among women worldwide and a significant cause of cancer-related mortality. Despite advances in oncologic care, surgical management continues to pose numerous complexities due to variations in tumour biology, anatomical considerations, and patient-specific factors. The goal of surgery has evolved from radical extirpation to individualized, multidisciplinary, and cosmetically conscious interventions that ensure oncologic safety while preserving quality of life.

Methods: A retrospective observational study was conducted among patients diagnosed with breast carcinoma who underwent surgical management over a defined period. Surgical procedures included Modified Radical Mastectomy (MRM), Breast Conserving Surgery (BCS), and Axillary Dissection or Sentinel Lymph Node Biopsy (SLNB) based on disease stage and tumour characteristics. Data regarding intraoperative findings, postoperative complications, lymphatic management, margin status, and adjuvant therapy coordination were analysed to assess surgical challenges and outcomes.

Results: A total of 80 patients were evaluated, of which 5 cases were challenging and further discussion was made. MRM was performed in 65% and BCS in 35% of cases. Common intraoperative challenges included dense adhesions in post-neoadjuvant settings, anatomical variations of axillary structures, and chyle leak following axillary clearance. Postoperative complications included seroma formation (22%), wound infection (8%), and lymphedema (10%). Achieving negative margins in locally advanced or multifocal disease required repeated assessment and multidisciplinary planning. Coordination with medical and radiation oncology was crucial for optimal sequencing of therapy and recurrence prevention.

Conclusion: Surgical management of breast carcinoma demands individualised planning, precise anatomical knowledge, and multidisciplinary collaboration. Challenges persist in achieving oncologic safety, cosmetic outcomes, and lymphatic preservation, particularly in advanced and post-neoadjuvant cases. Adherence to standardised protocols and integration of imaging, pathology, and reconstruction techniques are essential for improving surgical outcomes.

Keywords: Breast carcinoma, Surgical management, Modified Radical Mastectomy, Breast Conserving Surgery, Axillary dissection, Lymphedema, Oncoplastic surgery.

SESSION - XXa Video Session

Chairpersons: Anip Joshi, Bikal Ghimire, Tseten Yonjan

VIDEO PRESENTATION

Artery First Left Pancreatectomy For Solid Pseudopapillary Tumor Involving Neck Of Pancreas

Paleswan Joshi Lakhey

Left pancreatectomy are of various types done for both benign and malignant tumors of the body and tail of pancreas. The complexity of left pancreatectomy is determined various factors especially by the location of the tumor in the neck of the pancreas and the vascular involvement. The concept of artery first approach was described in pancreaticoduodenectomy for determination of arterial involvement before the point of no return. In left pancreatectomy, the concept of artery first approach has also been extrapolated. Here we discuss the operative planning and technique of left pancreatectomy by Tora-No-Ana approach with modification for a patient with Solid pseudopapillary tumor of pancreas involving the neck of the pancreas.

VIDEO PRESENTATION

Laparoscopic Extended Cholecystectomy: A Safe Oncologic Approach For Gallbladder Carcinoma

Surendra Shah

This video presents a stepwise demonstration of laparoscopic extended cholecystectomy for gallbladder cancer, highlighting key technical details and operative strategies. The procedure includes sampling of aorta-caval lymph node, regional lymphadenectomy, en-bloc removal of gallbladder along with wedge resection of adjacent liver parenchyma. The video emphasizes critical anatomical landmarks, oncological safety, and measures to prevent bile or tumor spillage. It also showcases instrument handling, safe dissection techniques, and port placement. The patient recovered uneventfully, and histopathology confirmed an R0 resection. This video aims to demonstrate that, in experienced hands, the laparoscopic approach can achieve oncological outcomes comparable to open approach, while offering the advantages of minimally invasive techniques.
Keywords: Laparoscopic extended cholecystectomy, gallbladder cancer

VIDEO PRESENTATION

MIS for Chronic Pancreatitis

Mukund Raj Joshi

VIDEO PRESENTATION

Vascular management in HPB surgery

Sagar Khatiwada

Introduction: Effective vascular management in Hepato-Pancreato-Biliary (HPB) surgery is fundamental to maintaining hepatic perfusion while achieving oncologic R0 resection, particularly in tumors involving major vascular encasement. Attaining this balance demands precise anatomical understanding and advanced reconstructive expertise.

Methods: A structured triangle dissection approach encompassing the hepatoduodenal ligament, hepatic artery, and portal vein enables safe vascular control and facilitates identification of variants such as the replaced right hepatic artery (rRHA) arising from the superior mesenteric artery (SMA). Preservation or selective reconstruction of the rRHA prevents hepatic ischemia and biliary complications. In cases of venous involvement, portal vein resection and reconstruction using end-to-end anastomosis, venoplasty, or interposition grafts ensures venous continuity while enabling curative resection. For tumors abutting the SMA, SMA divestment—a meticulous periadventitial dissection technique—allows tumor clearance without compromising arterial integrity. Additionally, microsurgical turbo-charging and super-charging of the hepatic artery, utilizing the gastroduodenal artery (GDA) or collateral vessels, are employed to optimize arterial inflow after complex resections or in variant anatomy.

Results: These techniques maintain hepatic perfusion, minimize ischemic sequelae, and expand resectability in borderline cases, thereby improving postoperative liver function and oncologic outcomes.

Discussion: The integration of triangle dissection, SMA divestment, portal vein reconstruction, and turbo-/super-charging exemplifies the evolution of HPB surgery toward precision vascular management—combining oncologic radicality with organ preservation to achieve safe, curative, and functionally sound outcomes.

Keywords: vascular management, triangle dissection, SMA divestment, portal vein reconstruction, turbo-charging, super-charging.

VIDEO PRESENTATION

Laparoscopic Spleen-Preserving Distal Pancreatectomy Using The Kimura Technique: A Video Presentation

Romi Dahal

Introduction: Minimally invasive distal pancreatectomy (MIDP) has emerged as a safe and effective alternative to open surgery, offering reduced morbidity and faster recovery. This video demonstrates the technical aspects of laparoscopic spleen-preserving distal pancreatectomy using the Kimura technique for a Solid Pseudopapillary Neoplasm (SPN) performed at Kathmandu Medical College, Nepal, with the aim of showcasing its feasibility and oncologic safety.

Methods: A young female patient diagnosed with SPN of the pancreatic body underwent laparoscopic distal pancreatectomy with spleen preservation. Key procedural steps included dissection along the superior pancreatic border, identification and preservation of splenic vessels, and careful division of the pancreatic parenchyma using an endoscopic stapler. The operation was performed using standard laparoscopic equipment available at our hospital.

Results: The total operative time was 210 minutes with minimal blood loss (approximately 150 mL). The spleen and splenic vessels were preserved successfully. The postoperative course was uneventful, with the patient discharged on postoperative day 5. Histopathological evaluation confirmed R0 resection of Solid Pseudopapillary Neoplasm.

Conclusion: Laparoscopic spleen-preserving distal pancreatectomy using the Kimura technique is feasible and safe, when performed with proper patient selection and meticulous technique. The procedure offers excellent oncologic and functional outcomes.

Keywords: Distal Pancreatectomy; Laparoscopy; Pancreatic Neoplasms; Resource-Limited Settings; Spleen Preservation

SESSION - XXI Pediatric session

Chairpersons: ARitesh Shrestha, Sushil Dhungel, Hira Mani Pathak

GUEST LECTURE

Balancing Between Minimal Access Surgery And Maximum Access To Surgery In Paediatrics

Manish Pokhrel

Although slow to be introduced in paediatrics, Minimal Access surgery (MAS) has developed steadily and is now considered the standard of care for several clinical conditions, and has become commonplace in many hospitals across the globe. Learning and performing MAS in paediatrics is not only fashionable, but has become a necessity. However, MAS requires additional investments in time, expertise and equipment, which places additional burden on the already over-stretched system. Therefore, there is always an ongoing debate whether to invest resources and time to maximise the access to quality surgical care for paediatric patients or to divert attention to minimal access surgery in paediatrics. This presentation highlights the challenges faced during introducing, establishing and maintaining Minimal Access Paediatric Surgery services in a public general hospital in Nepal. By sharing our experiences, we hope to motivate other paediatric surgeons in similar settings on how to balance the pressures of providing maximum volume of care, while still striving to uplift the quality of care to recent standards.

Keywords: Access to surgical care; LMIC; Minimal access surgery.

GUEST LECTURE

EHPVO in pediatric patients or Meso Rex bypass in children

Vijai Datta Upadhyaya

GUEST LECTURE

Challenges and Advancements in neonatal & Pediatric surgery in Nepal

Ramnandan P. Chaudhary

Neonatal and pediatric surgery is an evolving super specialty branch in Nepal. Neonatal surgery is the Hallmark of Paediatric surgery . Paediatric surgery in Nepal faces significant challenges, including limited service availability, lack of skilled personnel, financial barriers and lack of teamwork. Efforts are underway to address this gap with residency and fellowship training programs and overseas partnershipss aimed at improving access. We are continously improving the status of child surgery in Nepal with availability of experienced neonatal and pediatric surgeons, early prenatal diagnoses, advancement of skills and technologies, availability of minimal access surgery and integrating pediatric surgical care into national health strategies, expanding specialized pediatric surgical services and treatment for congenital anomalies.

GUEST LECTURE

Posterior urethral valve: Beyond mechanical obstruction

Geha Raj Dahal

GUEST LECTURE

Management strategies for adult and adolescent undescended testes

Harvinder Singh Pawha

SESSION - XXb Video Session

Chairpersons: Deepak Raj Singh, Sunil Shrestha, Binay Thakur, Deep Lamichhane

VIDEO PRESENTATION

Robotic Prostatectomy: From Simple to Radical - comparison of Transvesical Freyer's Simple approach in Benign versus Radical approach in Cancer

Pratik Man Singh Gurung

VIDEO PRESENTATION

The Curious 16 Years Journey Of A Dental File To Appendix Presenting As Appendicular Mass Managed By Laparoscopic Right Hemicolectomy.

Sujan Shrestha

VIDEO PRESENTATION

Laparoscopic Heller's Cardiomyotomy : Our Experience

Bala Ram Malla

Achalasia Cardia is a Primary esophageal motility disorder. It is rarecondition with the incidence of 0.6 to 1 per 100000 in south Southeast Asia region . In this condition there will be non-relaxation of circular muscle of LES during swallowing, causing dilatation and tortuosity of esophagus. In most of cases, it is unknown etiology causing degeneration of Auerbach's plexus in the oesophagus causing improper parasympathetic signaling. It is common in female in age group of 20-40 years. Patient usually presents with Progressive Dysphagia, more to liquid than solid food. Regurgitation and recurrent pneumonia may be associated symptoms in a few cases. Dysphagia, weight loss and regurgitation are the triad of Achalasia Barium swallow, upper GI endoscopy and Manometry are the investigation done for diagnosis of Achalsia. However, high-resolution manometry is the gold standard investigation. Pharmacological treatment, Heller's cardiomyotomy, Endoscopic pneumatic ballon dilatation, Botulinum injection in the LES and POEM (per-oral endoscopic myotomy) are the available treatment option. Laparoscopic myotomy plus anti-reflux treatments have been suggested as the most effective first therapy for achalasia with high percentage of patient satisfaction and low risk of morbidity and mortality. From the year 2020 to 2025 , we have done 12 case of Laparoscopic Heller's cardiomyotomy with Dor fundoplication for achalasia Cardia with M:F = 1:2 and Age of 16–66 years. We evaluated the severity of the case with the Eckardt score preoperatively and postoperatively at 3 and 6 months. Laparoscopic Heller's cardiomyotomy with Dor fundoplication showed significant improvement of symptoms at 3 and 6 months after operation

VIDEO PRESENTATION

VATS Esophagectomy For Esophageal GIST

Shashank Shrestha

Introduction: Gastrointestinal stromal tumors (GISTs) of the esophagus are exceptionally rare, accounting for less than 2% of all GISTs. Surgical resection remains the cornerstone of treatment, and minimally invasive techniques such as video-assisted thoracoscopic surgery (VATS) have gained increasing acceptance due to their reduced morbidity and enhanced postoperative recovery.

Case Presentation: A 67-year-old male presented with progressive dysphagia for solids and liquids for two months, associated with retrosternal discomfort but no regurgitation or haematemesis. Endoscopy revealed an obstructive lesion 22 cm from the incisors, and biopsy confirmed esophageal GIST. The patient underwent a three-incision VATS esophagectomy. Intraoperatively, a 5 × 3 cm mass was identified in the upper and mid-thoracic esophagus, completely occluding the lumen. Few enlarged periesophageal and subcarinal lymph nodes were noted, with no involvement of adjacent structures or distant organs. Postoperative Course: Recovery was uneventful. Enteral feeding via a jejunostomy tube was initiated on postoperative day one. The chest drain was removed on day five. Follow-up endoscopy showed satisfactory anastomotic healing.
Conclusion: This case highlights the safety and feasibility of VATS esophagectomy for esophageal GIST. The minimally invasive approach provides superior visualization, precise dissection, and favorable postoperative outcomes. VATS esophagectomy represents an effective and less morbid alternative to open surgery for selected patients with localized esophageal GIST, emphasizing its expanding role in modern thoracic oncology practice.

VIDEO PRESENTATION

Management Of Malignant Tracheoesophageal Fistula With Fully Covered Tracheal Stent: A Case-Based Video Presentation

Shachee Bhattarai

Introduction: Malignant tracheoesophageal fistula (mTEF) is a rare but fatal complication of advanced esophageal carcinoma, typically caused by tumor invasion into the airway. It leads to severe aspiration and respiratory compromise, requiring urgent palliative intervention to restore airway integrity and nutrition.
Methods: A 76-year-old male with middle esophageal squamous cell carcinoma, previously treated with chemoradiotherapy and immunotherapy, presented with recurrent dysphagia despite esophageal self-expanding metallic stent (SEMS) placement. Following tumor overgrowth and a stent-in-stent procedure, he developed an mTEF approximately 3 cm above the carina. Under rigid bronchoscopy, a 6 cm fully covered tracheal SEMS was deployed to seal the defect. Percutaneous endoscopic gastrostomy (PEG) was performed for enteral nutrition.
Results: The patient experienced immediate resolution of cough and aspiration symptoms following stent placement. Follow-up bronchoscopy at two months confirmed stable tracheal stent position with no evidence of stent migration.
Discussion/Conclusion: Rigid bronchoscopy-guided tracheal stenting using a fully covered SEMS provides rapid airway protection and effective palliation in patients with malignant TEF secondary to esophageal cancer, especially when esophageal stenting fails or is not feasible. This case highlights the role of multidisciplinary endoscopic management in improving patient comfort and quality of life.

SESSION - XXII Resident Award Session

Chairpersons: Ashok Koirala, Yagya Ratna Shakya

AWARD PAPER

Comparison Between Intravenous Paracetamol And Tramadol For Postoperative Analgesia In Patients Undergoing Laparoscopic Cholecystectomy

Suraj Kumar Gupta

Introduction: Laparoscopic cholecystectomy, despite being minimally invasive, is associated with significant postoperative pain in a large proportion of patients. Effective analgesia is crucial for recovery. While various modalities exist, there is no clear consensus on a superior agent. This study compares the efficacy of intravenous Paracetamol and Tramadol for postoperative analgesia in patient undergoing laparoscopic Cholecystectomy

Methods: A prospective analytical observational study was conducted over 12 months on 100 patients undergoing elective laparoscopic cholecystectomy on Pokhara Academy of Health Science. Patients were allocated via simple randomization into two groups: Group A (n=50) received intravenous Paracetamol (15 mg/kg, max 1g), and Group B (n=50) received intravenous Tramadol (2 mg/kg, max 50mg). Doses were administered at zero, eight, sixteen, and twenty-four hours postoperatively. Pain intensity was measured using a 10-point Visual Analogue Scale (VAS) at three, six, twelve, eighteen, and twenty-seven hours. Rescue analgesia (Inj. Pethidine) was administered for breakthrough pain (VAS >7), and such patients were excluded from analysis. Statistical analysis was performed.

Results: The demographic profile and preoperative vitals were comparable between the two groups. Comparison of VAS scores between Paracetamol and Tramadol group at all measured time interval showed no statistically significant differences. However, both regimens resulted in a statistically significant and progressive reduction in pain scores over the twenty-seven hour period ($p < 0.001$ for both groups.)

Conclusion: Intravenous Paracetamol and Tramadol both provide effective and significant pain reduction and there was no significant difference in analgesic efficacy between them, allowing the choice between them to be based on individual patient factors and clinical preference.

Keywords: Laparoscopic Cholecystectomy; Postoperative Pain; Visual Analogue Scale (VAS).

AWARD PAPER

Comparison of Analgesic Efficacy of Ketorolac Versus Tramadol in Laparoscopic Cholecystectomy

Abid Ali

Introduction: Laparoscopic cholecystectomy(LC) is a widely performed minimally invasive surgery for gallbladder diseases. Despite its advantages of shorter hospital stay and faster recovery, postoperative pain remains a major concern, especially during the initial 24 hours after surgery. Effective pain control is essential for optimising patient comfort, recovery, and hospital outcomes. Among available analgesics, tramadol—a centrally acting opioid agonist—and ketorolac—a nonsteroidal anti-inflammatory drug (NSAID)—are commonly used, but evidence comparing their postoperative efficacy and safety is limited. This study aimed to compare the analgesic efficacy, adverse effects, and overall outcomes of ketorolac and tramadol in patients undergoing LC.

Methods: This prospective comparative study was conducted in the Department of General Surgery, Tribhuvan

University Teaching Hospital, Kathmandu, Nepal. A total of 80 patients undergoing LC were enrolled and divided into two groups: Group 1 received ketorolac and Group 2 received tramadol postoperatively, with 40 patients in each group. Continuous variables were analysed using the Student's t-test, while categorical variables were compared using the Chi-square test and Fisher's exact test. Pain was assessed using the numerical rating scale (NRS) at 6, 12, 18, and 24 hours postoperatively, and side effects, including nausea, vomiting, and the need for rescue analgesia, were recorded.

Results: Both groups were comparable in baseline characteristics, including age, gender & BMI ($p > 0.05$). Pain severity grade showed no significant difference at 6,12,18,24 hrs. The incidence of nausea was significantly higher in the tramadol group (30%) compared to the ketorolac group (7.5%) ($p = 0.02$). Other outcomes, including vomiting, number of patients requiring rescue analgesia, frequency and hospital stay, were similar between the two groups.

Conclusion: Both ketorolac and tramadol were effective for postoperative pain management following LC, and show similar analgesic efficacy; however, ketorolac had a lower incidence of nausea. Given its non-opioid profile and favorable safety margin, ketorolac can be considered a preferable alternative to tramadol for managing postoperative pain in LC patients.

Keywords: laparoscopic cholecystectomy; pain; ketorolac; tramadol.

AWARD PAPER

A Study On Outcomes Of Laparoscopic Transabdominal Pre-Peritoneal Repair For Treatment Of Inguinal Hernia In Dhulikhel Hospital

Ajay Kumar Mandal

Background: Inguinal hernia is one of the most common surgical problems worldwide. The advent of minimally invasive techniques, particularly the Transabdominal Preperitoneal (TAPP) repair, has revolutionized its management. This study aims to evaluate the outcomes of TAPP repair in terms of operative time, intraoperative and postoperative complications, pain, hospital stay and return to work.

Methods: This prospective observational study was conducted at Surgery Department of Dhulikhel Hospital from January 2024 to December 2024. Seventy-three patients undergoing TAPP repair were enrolled using census sampling. Data on demographic characteristics, operative duration, complications, pain scores (Visual Analog Scale), hospital stay, and return to work were collected and analyzed using SPSS version 25.

Results: The study population comprised 94.5% males with a mean age of 45.97 ± 14.73 years. Indirect inguinal hernias (61.7%) were more common than direct hernias (38.3%). The mean operative time was 83.32 ± 16.65 minutes. Port-site bleeding occurred in 8 patients, peritoneal tears in 15. Port site infection in 10, seroma in 6, and cord hematoma in 2 patients. Mild inguinal pain lasting up to one month was reported in 19 patients. Most patients (72.6%) were discharged within 24 hours, with mean return to work was 7.25±1.6 days after unilateral TAPP repair whereas 13.07±1.94 days after bilateral TAPP repair. No cases of chronic pain or recurrence were recorded during the study period.

Conclusion: TAPP repair demonstrates favorable outcomes with acceptable operative times, low complication rates, minimal postoperative pain, short hospital stay, and early recovery. The procedure is safe and effective in our setting, can be routinely performed for inguinal hernia management.

Keywords: Inguinal hernia, Laparoscopic hernia repair, Minimally invasive, Surgical outcomes, TAPP repair, Postoperative complications.

AWARD PAPER

Comparative Study of Paracetamol Versus Ketorolac as an Analgesic in Post-Operative Pain Management for Patients Undergoing Endourological Procedures

Nikhil Agarwal

Introduction: Endourological procedures such as cystolithotripsy, ureterorenoscopic lithotripsy, and retrograde intrarenal surgery provide minimally invasive management of urinary stones with faster recovery and reduced morbidity. However, postoperative pain remains a concern, affecting mobilization and patient satisfaction. Non-opioid analgesics such as paracetamol and ketorolac are increasingly preferred for opioid-sparing pain control, yet comparative evidence in endourology is limited. This prospective comparative study aimed to evaluate the efficacy and safety of intravenous paracetamol and ketorolac for postoperative pain management following endourological procedures.

Methods: A total of seventy-two patients undergoing elective endourological surgeries were enrolled and divided into two groups. Group A (n = 36) received intravenous ketorolac 0.5 mg/kg, and Group B (n = 36) received intravenous paracetamol 15 mg/kg every eight hours for forty-eight hours. Pain intensity was assessed using the Visual Analogue Scale at zero, six, 12, 24, and 48 hours postoperatively. Rescue analgesia, hemodynamic stability, renal function, complications, and hospital stay were evaluated. Statistical analysis was performed using appropriate parametric and non-parametric tests, with $p < 0.05$ considered significant.

Results: Baseline characteristics were comparable between groups. Ketorolac showed significantly lower pain scores at six and twelve hours (one vs two; $p = 0.001$ and 0.007), while later scores were similar. Both agents maintained stable hemodynamics and renal function, with no significant difference in complications.

Conclusion: Intravenous ketorolac and paracetamol are safe and effective for postoperative analgesia following endourological procedures. Ketorolac provides superior early pain control, whereas paracetamol remains suitable for patients with contraindications to non-steroidal anti-inflammatory drugs.

AWARD PAPER

Comparison Between The Apfel Score And The Pallazo/Evans Score In Predicting Postoperative Nausea And Vomiting (PONV) After Laparoscopic Cholecystectomy

Arthur Gyawali

Background: Postoperative nausea and vomiting (PONV) affects recovery and patient satisfaction. Accurate prediction of PONV risk allows for targeted antiemetic prophylaxis and better postoperative outcomes. This study compared two established risk assessment tools in patients undergoing laparoscopic cholecystectomy, namely the Apfel score and the Pallazo/Evans score.

Methods: A prospective study conducted at KIST Medical College and Teaching Hospital involved adult patients scheduled for laparoscopic cholecystectomy. Each patient's PONV risk was calculated preoperatively using both the Apfel and P/E scores. Based on these assessments, patients were categorized into high-risk and low-risk categories. The occurrence of PONV was recorded during the first 24 hours after surgery. Both scoring systems were evaluated for predictive performance using contingency tables, sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV), and area under the curve (AUC).

Results: Twenty-eight patients were studied. For the Apfel score: 4 true positives, 4 false positives, 1 false negative, and 19 true negatives were observed; sensitivity 80%, specificity 82.6%, PPV 50%, NPV 95%, AUC 0.835. For the P&E score: 1 true positive, 2 false positives, 4 false negatives, and 21 true negatives were observed; sensitivity 20%, specificity 91.3%, PPV 33.3%, NPV 84%, AUC 0.709.

Conclusion: The Apfel score showed a higher sensitivity and overall predictive accuracy, while P/E showed higher specificity. Due to its simplicity and reliability, the Apfel score may be preferred for routine pre-anesthetic evaluation and guiding antiemetic prophylaxis in patients undergoing laparoscopic cholecystectomy.

Keywords: Apfel score, Laparoscopic Cholecystectomy, Pallazo/Evans score, Postoperative Nausea and Vomiting

AWARD PAPER

Outcome of Avoidance of Nasogastric Decompression Following Elective Major Gastrointestinal Abdominal Surgery at Birat Medical College Teaching Hospital

Ranjish Parshaila

Introduction: Routine nasogastric decompression (NGD) has been standard practice after major abdominal surgery. Traditionally, this was done to prevent complications such as gastric distension, nausea, and vomiting. However, modern Enhanced Recovery After Surgery (ERAS) protocols increasingly question this approach, suggesting it may cause patient discomfort and delay recovery.
Methods: A single center prospective observational study was conducted on 89 adult patients undergoing elective major gastrointestinal (GI) or hepatopancreatobiliary (HPB) surgery. These patients did not receive routine postoperative NGD. Outcomes were compared between those who required nasogastric tube (NGT) reinsertion and those who did not. Key components included reinsertion rates, predictors of reinsertion, length of hospital stay (LOS), morbidity, mortality, return of bowel function, and feeding tolerance.
Results: Routine NGD avoidance was successful in eighty-nine-point nine percent of patients; reinsertion was required, mainly for ileus or anastomotic leak. Nasogastric reinsertion group had significantly longer LOS (24 vs 7.5 days, $p<0.0001$), higher major morbidity (100% vs 2.5%, $p<0.0001$), reoperation rate (66.7% vs 0%, $p<0.0001$), and thirty days mortality (44.4% vs 0%, $p<0.0001$). Male sex (88.9% vs 40%, $p<0.005$), operative time (median 255 vs 210 min, $p<0.001$), shows significant outcome for predictors of NG reinsertion. Complication rates included surgical site infection (18%), anastomotic leak (4.5%), pulmonary complications (11.2%), and gastric complications (10.1%).
Conclusion: Avoidance of routine NGD is safe for the majority of GI and HPB surgery patients, aligning with ERAS principles and leading to better recovery. The need for reinsertion, though uncommon, is a strong indicator of significant complications

AWARD PAPER

A Study On Predictors Of Surgical Site Infections On Post-operative Patients

Nil Kantha Lamichhane

Surgical site infection is one of the commonest post operative complications in surgical patients. It has led to notable financial, emotional and time related loss to the patients and family. So this study aims to find out the predictive factors associated with the infection.

AWARD PAPER

A Study On Predictors Of Surgical Site Infections On Post-operative Patients

Nil Kantha Lamichhane

SESSION - XXII Resident Award Session

Chairpersons: Chandra P. Pandey, Rajeev Nakarmi

AWARD PAPER

Evaluation Of Role Of FAST Scan And CECT Abdomen And Pelvis In Detecting Organ Injury In Blunt Abdomen Trauma Patients.

Dejina Karki

Background: Blunt abdominal trauma remains a major cause of morbidity and mortality, particularly in young adults involved in road traffic accidents. Early diagnosis of intra-abdominal injury is essential for effective management. Focused Assessment with Sonography in Trauma (FAST) scan and Contrast-Enhanced Computed Tomography (CECT) abdomen and pelvis are key diagnostic tools, but their relative roles require continual evaluation in different clinical settings. This study aimed to assess the role of FAST scan and CECT abdomen and pelvis in detecting organ injuries among patients with blunt abdominal trauma presenting to Kathmandu Medical College and Teaching Hospital.

Methods: A descriptive prospective study was conducted over a one-year period among 62 patients aged 18 years and above presenting with blunt abdominal trauma. All patients underwent initial FAST scan examination followed by CECT abdomen and pelvis. Demographic information, mechanism of injury, site of fluid collection on FAST scan, and organ injury on CECT abdomen and pelvis were recorded and analyzed using SPSS version 25. Data were expressed in frequencies and percentages.

Results: Young adults formed the majority of patients, with males predominating. Road traffic accidents were the leading cause of injury, followed by falls and physical assault. FAST scan was positive in 49 patients, most commonly showing fluid in the right hypochondrium and pelvis. CECT abdomen and pelvis demonstrated organ injury in all cases, confirming liver as the most frequently injured organ, followed by spleen, intestine, and kidney. Multiple-organ involvement was also observed in several patients. Most patients presented more than six hours after injury, indicating delayed hospital arrival.

Conclusion: FAST scan serves as a rapid and valuable screening tool in the initial evaluation of blunt abdominal trauma, while CECT abdomen and pelvis remains indispensable for definitive diagnosis and injury grading. Strengthening prehospital systems and ensuring timely imaging can improve trauma outcomes.

AWARD PAPER

Outcome of Topical Insulin Application in Diabetic Foot Ulcer: A Comparative Study With Normal Saline

Homendra Kumar Sah

Introduction: Diabetic foot ulcer (DFU) is a chronic, non-healing wound caused by neuropathy, ischemia, and infection. Insulin enhances wound healing by stimulating keratinocyte migration, fibroblast proliferation, collagen synthesis, and angiogenesis. This prospective comparative analytical study evaluated the efficacy and safety of topical insulin versus conventional saline dressing in DFU management through ulcer size reduction.

Methods: Eighty-two patients with DFU admitted to Tribhuvan University Teaching Hospital were alternately assigned to two groups: Group A received daily topical insulin application (1 U/cm² of wound area) and Group B received saline dressing only. Ulcer mapping performed on days 0, 7, and 14 measured size and percentage reduction. GRBS was monitored before and after dressing to assess safety, and wound cultures determined microbiological profile.

Results: Both groups were comparable in baseline, behavioral (smoking, medication adherence), and

pathological variables (anemia, leukocytosis, ulcer site, ischemia, neuropathy), with the insulin group having better albumin and glycemic control. The median ulcer size reduced from 19.0 cm² to 10.0 cm² with insulin and from 16.0 cm² to 9.23 cm² with saline (p>0.05); percentage reduction was 36.7% vs 33.3% (p>0.05), respectively. GRBS values before and after dressing showed no difference (p = 0.184) and no hypoglycemia reported, confirming safety. Staphylococcus aureus was the predominant isolate (31.6%), followed by Pseudomonas and Enterococcus.

Conclusion: Topical insulin produced slightly greater wound contraction than saline, without statistical significance which suggest it as a simple, economical, and physiologically safe adjunct for DFU management.

Keywords: Diabetic Foot Ulcer; Topical Insulin; Wound Healing.

AWARD PAPER

Modality of Treatment and Prognosis Among Blunt Trauma Abdomen Patients in a Tertiary Care Hospital

Hari Rai

Background: Blunt abdominal trauma (BAT) is a common cause of morbidity and mortality presenting to tertiary hospitals. This study describes patient characteristics, injury patterns, management modalities and in-hospital outcomes of BAT cases at a tertiary care centre to inform local practice and system improvements.

Methods: A prospective descriptive study was conducted at Kathmandu Medical College & Teaching Hospital from January to December 2024. Consecutive adult patients (≥18 years) with blunt abdominal trauma were enrolled after informed consent. Data collected at presentation included history, clinical examination, eFAST/FAST, contrast CT when indicated. Management decisions (non-operative versus operative) followed clinical and imaging findings. Data were entered in MS Excel 2016 and analysed with SPSS v25 using descriptive statistics and appropriate inferential tests.

Results: A total of 126 patients were included; 103 (81.1%) were male and 66 (52.0%) were aged 18–30 years. Road-traffic accidents were the predominant mechanism (91, 72.2%). Time to presentation exceeded 6 hours in 88 patients (69.8%). Common clinical findings were pain in all patients (126, 100.0%) and tenderness in 119 (93.7%); eFAST was positive in 104 (81.9%). Solid-organ injuries predominated: liver 59 (46.8%) and spleen 39 (30.9%). Mean vital signs on arrival were pulse 94.19±17.71 bpm, systolic blood pressure 116.44±17.14 mmHg and respiratory rate 22.30±3.84/min. Non-operative management was used in 87 patients (69%); common procedures included chest tube insertion (9, 7.2%) and urinary bladder repair (7, 5.6%). Overall recovery occurred in 97 patients (77.6%); 16 (12.8%) developed complications - most commonly surgical site infection, 5 patients, 4.0%. There were 12 deaths (9.6%), chiefly from massive haemorrhage and septic complications. Mean hospital stay was 5.3 days for conservatively managed and 11.8 days for surgically treated patients. Age demonstrated a statistically significant association with outcomes (χ^2 = 12.806, p = 0.046), whereas sex, mechanism of injury, and time to presentation did not. Among the clinical variables examined, only the presence of solid-organ injury was significantly associated with adverse outcome (χ^2 = 7.303, p = 0.026).

Conclusion: In this cohort, BAT affected predominantly young males after road-traffic accidents, with a high rate of solid-organ injury and frequent delayed presentation. Strengthening prehospital care, timely imaging access and standardized triage/management protocols may improve outcomes.

Keywords: blunt abdominal trauma; non-operative management; solid-organ injury; road-traffic accident; trauma outcomes

AWARD PAPER

Trends And Outcomes Of Re-exploration In Gastrointestinal Surgery: A Retrospective Observational Study

Milan Adhikari

Background: Re-exploration following gastrointestinal (Gl) surgery remains a major determinant of postoperative morbidity and mortality. Timely identification and management of complications are critical to improving surgical outcomes. Objective: To analyze the trends, indications, and outcomes of re-exploration in patients undergoing surgery in a tertiary center.

Methods: This retrospective observational study included 33 patients who underwent re-exploration following Gl surgery. Data regarding demographics, indication and timing of re-exploration, underlying pathology, and outcomes were retrieved from prospectively maintained audit and analyzed. Data regarding demograpnics, inaication and timing of re-exploration, underlying pathology, and outcomes were analyzed. Statistical comparisons between benign and malignant diseases, and between survivors and non-survivors, were performed.

Results: The mean age of patients was 54.8 years, with a male predominance (63.6%). The majority (69.7%) had malignant pathology. The mean postoperative day of re-exploration was 4.5 days. The most frequent indications were anastomotic leak (30%) and hemoperitoneum (30%). The overall mortality rate was 27.3%, with a higher mortality in malignant cases (30.4%) compared to benign cases (20%). Early re-exploration (<5 days) was associated with a trend toward improved outcomes compared to delayed intervention.

Conclusion: Re-exploration in GI surgery is associated with substantial morbidity and mortality, particularly in patients with malignant disease and delayed intervention. Prompt recognition and early surgical decision-making can favorably influence outcomes.

Keywords: Gastrointestinal surgery, Re-exploration. Anastomotic leak. Surgical outcomes. Mortality

AWARD PAPER

Chlorhexidine Gluconate With Propyl Alcohol Versus Povidone–Iodine For Surgical Site Antisepsis Following Emergency Open Appendectomy

Dipendra Bhusal

Background: Surgical site infections (SSIs) are the most common complication after emergency open appendectomy. Preoperative skin antisepsis plays a key role in SSI prevention. Chlorhexidine gluconate with alcohol may offer superior efficacy compared to povidone-iodine, but evidence in emergency appendectomy is limited. Objective: To compare the effectiveness of chlorhexidine gluconate 2% with propyl alcohol versus povidone-iodine 10% in preventing SSIs following emergency open appendectomy.

Methods: This prospective, hospital-based analytical study enrolled 164 patients undergoing emergency open appendectomy at the Western Regional Hospital, Pokhara. Patients were assigned to either chlorhexidine-alcohol (n = 82) or povidone-iodine (n = 82) for preoperative skin preparation, alternating based on ward admission timing. Postoperative follow-up was conducted for 30 days, with SSI diagnosed using CDC criteria. Data were analyzed using Chi-square tests and relative risk (RR) with 95% confidence intervals (CI).

Results: SSI occurred in 7 patients (8.5%) in the chlorhexidine group and 11 patients (13.4%) in the povidone-iodine group. Although the chlorhexidine group had a lower SSI rate, the difference was not statistically significant ($p = 0.305$; RR = 0.63, 95% CI: 0.26–1.50). No antiseptic-related adverse events were observed.

Conclusion: Chlorhexidine gluconate with alcohol showed a trend toward lower SSIs compared to povidone-iodine, supporting its use as a preferred preoperative antiseptic in emergency appendectomy. Both antiseptics were safe and well-tolerated. Further multicenter trials with larger samples are recommended to confirm these findings.

AWARD PAPER

Comparative Study Of Outcomes Of Gauze Suction Versus Bolster Dressing In Split Thickness Skin Graft

Rashmi Pudasaini

Introduction Study done to evaluate the postoperative outcome of gauze suction and bolster dressing in graft take rates split thickness skin graft. Also done to evaluate pain during dressing change. Prospective, observational study.
Methods Non-probability, convenience sampling. Sample size = 44 (22 in each group)
Results Twenty five percent had seroma/hematoma present on 5th POD among which eighteen percent had underwent GSUC and 31 percent had underwent BD. The seroma had resolved by POD 14 among the patients who had undergone GSUC. Twenty five percent had graft displacement present on 5th POD among which Eighteen percent had underwent GSUC and thirty one percent had underwent BD
Conclusion GSUC dressing proves to be a superior method.
Keywords gauze suction, bolster dressing, split thickness skin graft

AWARD PAPER

Trends in Volume, Specialty Mix, Presentation Format, and Presenter Profile at Society of Surgeons of Nepal Annual Conferences over last decade

Prajjwol Luitel

SESSION - XXII Resident Award Session

Chairpersons: Santosh Shah, Kumar Shrestha, Anil Acharya

AWARD PAPER

Evaluation Of QoL After Minimally Invasive Varicose Surgery At A Tertiary Center In Nepal

Urusha Naaz

Background: Varicose veins are a prevalent vascular condition causing morbidity and impairing quality of life (QoL). Minimally invasive treatments such as Radiofrequency Ablation (RFA) and Endovenous Laser Ablation (EVLA) have emerged as alternatives to conventional surgery. This study evaluates changes in QoL after minimally invasive varicose vein treatment.
Methods: A longitudinal prospective observational study was conducted at Manmohan Cardiothoracic Vascular and Transplant Centre. Fifty-seven patients undergoing minimally invasive procedures (RFA or EVLA) were included. QoL was measured using the VEINES-QoL/Sym questionnaire, before and 4 weeks after surgery. Statistical analysis included paired t-tests/Wilcoxon tests and subgroup comparisons.
Results: Mean age was 45.4 years (SD 11.1), with 33 females and 24 males. RFA was performed in 50 patients, EVLA in 7. There were no recorded complications. VEINES-Sym improved significantly ($t=12.17$, $p<0.001$), and VEINES-QoL improved significantly (Wilcoxon, $p<0.001$). There was no significant difference in improvement between RFA and EVLA ($p=0.855$).
Conclusion: Minimally invasive varicose vein treatments significantly improve QoL and symptom scores in Nepalese patients. Both RFA and EVLA were safe and effective with no complications recorded. Further larger-scale studies are needed for long-term outcomes.

AWARD PAPER

Application of Clavien–Dindo Classification in Thoracic Surgery and Identifying Risk Factors for Complications

Uttam Chaulagain

Background: Thoracic surgery spans procedures with heterogeneous risk. Standardizing the reporting of postoperative events with a therapy-anchored scale such as Clavien–Dindo (C–D) improves interpretability, benchmarking, and quality improvement. OBJECTIVE To describe the incidence and severity of postoperative complications after thoracic surgery using the C–D classification, and to identify patient- and intraoperative-level factors associated with morbidity and mortality.

Method: Prospective single-centre cohort of consecutive thoracic operations. Complications within the index admission/30 days were graded by C–D; the highest grade per patient was analysed. Group comparisons used non-parametric and χ^2/Fisher tests as appropriate.

Results: Among 185 patients, 39.5% experienced at least one postoperative complication; 27.6% were minor (C–D I–II), 8.1% major (III–IV), and 3.8% died (V). Patients with complications were older and had higher ASA grades. Operative duration and intraoperative blood loss were significantly greater in the complication group. Treating blood loss ≥300 mL as the exposure, the association with any complication persisted after adjustment/weighting (weighted OR ≈ 3.8, p ≈ 0.035). Length of hospital stay was longer with complications; no significant difference was observed between VATS and open approaches for the composite endpoint.

Conclusion: In this C–D–based evaluation, postoperative morbidity after thoracic surgery was common and clinically consequential. Higher physiological risk (age, ASA), longer operations, and greater blood loss identified patients at elevated risk. Embedding C–D reporting and risk-stratified perioperative pathways may reduce therapy-requiring deviations and length of stay.

AWARD PAPER

Predictors Of Packed Red Cell Transfusion After Isolated Primary Coronary Artery Bypass Grafting: A Prospective Observational Study In A Single Cardiac Center

Soniya K.C.

AWARD PAPER

Significance Of Routine Amylase In Post Endoscopic Retrograde Cholangiopancreatography

Harihar Devkota

Introduction: Endoscopic Retrograde Cholangiopancreatography (ERCP) is a pivotal procedure for managing pancreatobiliary disorders, but it carries a significant risk of complications, most notably Post-ERCP Pancreatitis (PEP). PEP remains the most common major complication, with reported incidence varying from 3.5% to 10%. Early identification of at-risk patients is crucial for timely intervention. Serum amylase measurement shortly after ERCP has been proposed as a simple and cost-effective predictor for PEP, especially in resource-limited settings. This study aims to analyze the incidence and risk factors for PEP and evaluate the role of post-procedure amylase levels in its diagnosis at a major hospital in Nepal.

Methods: This was a retrospective review of a prospectively maintained database from the Department of Surgical Gastroenterology at Tribhuvan University Teaching Hospital (TUTH), Kathmandu, Nepal. Data from all patients who underwent ERCP over a two-year period were included. Patient demographics, indications for ERCP, procedural details, and post-procedural complications—particularly PEP and hyperamylasemia—were analyzed.

Results: A total of 133 ERCP procedures were performed. The most common indication was choledocholithiasis (106/133, 79.7%). The most frequently performed procedure was ERCP with sphincterotomy and stone extraction (39/133, 29.3%). The overall complication rate was 32.3% (43/133). Post-ERCP pancreatitis (PEP) occurred in 11 patients (8.3%), with the majority being mild (8/11). Hyperamylasemia was documented in 19 patients (14.3%), a rate higher than the clinical incidence of PEP. Other complications included acute cholangitis (3.0%), haemorrhage (3.8%), and ileus (0.8%). The overall stone clearance rate was 71.7% (76/106). Major complications (Clavien-Dindo > IIIb) were observed in 2 patients (1.5%).
Conclusion: The incidence of PEP in our cohort is consistent with global averages. The high rate of hyperamylasemia suggests that biochemical pancreatic injury is common, though it does not always progress to clinical pancreatitis. Post-ERCP serum amylase serves as a sensitive, though not highly specific, marker for pancreatic irritation. In a setting like ours, routine post-procedural amylase testing can be a valuable tool for the early identification of patients at risk for developing full-blown PEP, allowing for closer monitoring and early conservative management. Further prospective studies are recommended to define an optimal amylase cutoff for predicting clinical PEP in our population.
Keywords: Complications, ERCP, Hyperamylasemia, Pancreatitis, Risk factors

AWARD PAPER

Efficacy Of Percutaneous Aspiration In Breast Abscess.

Jun Bajracharya

SESSION - XXII Resident Award Session

Chairpersons: Kishor Manandhar, Sujan Regmee

AWARD PAPER

A Retrospective Study On Referral Bile Duct Injuries In The Surgery Department Of DH

Birat Basnet

Background: Bile duct injury (BDI) is a serious complication, most commonly occurring during cholecystectomy, and is associated with significant morbidity when diagnosis or management is delayed. The type of BDI is based upon different classifications, commonly being Strasberg classification, that is also used for the management. BDI depending upon the type can be managed with ERCP, sphincterotomy and/or stenting, percutaneous transhepatic biliary drainage (PTBD) and surgical intervention In Nepal, a substantial number of BDI cases are referred to tertiary centers for the definitive management.
Methods: A retrospective descriptive study was conducted by reviewing medical records of patients referred to Dhulikhel Hospital with bile duct injuries between January 2021 to August 2025. Data regarding patient demographics, etiology and classification of injury, timing and type of referral, management strategies, postoperative complications were collected and analyzed.
Results: A total of 36 patients were included in the study. The majority of injuries resulted from laparoscopic cholecystectomy (77%), followed by open cholecystectomy and laparoscopic converted to open with each 11.5%. Most referrals were made in the delayed phase (>72 hours post-injury). Patients presenting with Strasberg A/C/D underwent endoscopic management, whereas those with Strasberg E1-E5 underwent PTBD followed by surgical intervention (Roux-En-Y HJ)
Conclusion: Bile duct injuries referred to Dhulikhel Hospital are predominantly post-cholecystectomy and often present late. Early recognition and timely referral to specialized centers with multidisciplinary team approach are crucial for optimal outcomes. Strengthening surgical training and establishing standardized referral pathways could help reduce the incidence and improve management of BDI in Nepal.
Keywords: Bile duct injury, referral, cholecystectomy, hepaticojejunostomy (HJ),

AWARD PAPER

Analysis Of Preoperative CRP Levels And Their Association With Histopathological Reports In Patients With Symptomatic Cholelithiasis

Saranam Thapa

Introduction: C-Reactive protein (CRP) is generally measured in inflammation as a non- specific acute-phase protein. It is widely used blood marker reflective of the presence and extent of inflammation. Even though the exact role of CRP as a regulator of inflammation remains unknown, its inclusion as a diagnostic marker to assess aspects of gallbladder disease was recommended by the 2007 Tokyo guideline criteria and was reinforced in 2018. Thus this study is aimed to evaluate the role of preoperative CRP and its correlation with histopathological report in all cases of symptomatic cholelithiasis.
Methods: A total of 73 patients with symptomatic cholelithiasis were included in the study. Preoperative CRP levels were measured and compared with the histopathological findings of the gallbladder specimen. Statistical analyses including Chi-square and Spearman correlation were performed using SPSS.
Results: Among 73 cases, 19 (26%) had acute cholecystitis and 54 (74%) had chronic cholecystitis. Raised CRP was found in 23 (31.5%) cases. There was a statistically significant correlation ($p < 0.001$) between raised CRP and acute cholecystitis on histopathology.
Conclusion: Raised preoperative CRP levels are strongly associated with acute inflammation in gallbladder pathology. CRP can serveas a useful predictor for the severity of cholecystitis in symptomatic cholelithiasis.
Keywords: Cholecystitis; C-Reactive protein; Histopathology; Symptomatic cholelithiasis

AWARD PAPER

Anatomical Variation of Rouviere's Sulcus in Patients Undergoing Laparoscopic Cholecystectomy

Shishir Shrestha

Introduction: Laparoscopic cholecystectomy (LC) is one of the most frequently performed surgical procedures across the world. Surgeons had to face an increased risk of various complications due to the inherent limitations of laparoscopy. The most feared complication of this surgery is injury to the bile ducts or hepatic arteries. The main reason behind the catastrophic bile duct injury during LC is the misidentification of biliary anatomy. Rouviere's sulcus (RS) is being increasingly described as a common landmark or reference point for LC. The most important advantage of identifying RS lies in the fact that the cystic duct and the cystic artery lies anterosuperior to the sulcus and the common bile duct lies below the level of the RS. The purpose of this study is to identify different types of Rouviere's sulcus and its association with bile duct injury, operative time, and conversion to open cholecystectomy.
Methods: This is a descriptive observational study done in the Department of surgery, Western Regional Hospital from July 2024 to June 2025 in 139 patients of LC. During LC different types of RS, operative time and conversion to open cholecystectomy was noted and analysed.
Results: Rouviere's sulcus was present in 121 (87%) out of 139 patients. Open sulcus type was found in 63 (45%), closed in 26 (18.7%), slit in 16 (11.5%), scar in 16 (11.5%) and absent in 18 (13%) patients. Conversion to open cholecystectomy was done in only two patients in RS absent cases. The Operative time in RS present and absent patients were 58.22 ± 17.4 min and 59.72 ± 19.2 min respectively.
Conclusion: Rouviere's sulcus can be considered an important anatomical landmark during LC. This stydy also shows that presence of RS has fewer rates of conversion to open cholecystectomy but donot affect in operative time.
Keywords: Anatomical variation, Rouviere's sulcus, Laparoscopic cholecystectomy

AWARD PAPER

Association Between Body Mass Index and Cholelithiasis

Dipendra Yadav

Introduction Gallstone disease, also known as cholelithiasis is the most common biliary pathology with global incidence of 3-21.9%. In Asia, it is 4-15%. The incidence is four times higher in women than in men with high prevalence among younger age group (20-30 years). Obese person with high higher body mass index (BMI) has found to have increased prevalence of gall stones. So present study done to find an association between body mass index and cholelithiasis.

Methods A cross-sectional study was conducted for one year from February 2024 to January 2025 in the Out-patient and Ward under the Department of General Surgery at Pokhara Academy of Health Sciences. All the patients with diagnosis of Cholelithiasis on the basis of USG findings, who met the inclusion criteria during the study period and had given written consent were enrolled, (n=216) in our study. Height and weight of the patients were recorded, along with age and other parameters. Body mass index (BMI) was calculated and categorized according to the world Health Organization. All data were recorded in a predesigned proforma sheet and descriptive statistical analysis was done by using Statistical Package for Social Sciences (SPSS), version 27 and prevalence of cholelithiasis was analyzed in relation to these variables.

Result A total of 216 patients were enrolled in the study. The mean age of the patients was 45.82±13.83 years. Female were more (n=171, 79.17%) as compared to males (n=45, 20.83%). The prevalence of cholelithiasis was higher in patients with BMI (≥25kg/m2) 139 (64.35%) and those with a normal BMI (18.5- 24.9 kg / m2) which was 73 (33.80%). Only 4 (1.85%) of patients had BMI underweight (<18.5kg/m2). Higher BMI (≥25 kg/m²) was linked to more single stones, while underweight patients were least affected. BMI significantly influenced single stone occurrence ($p = 0.049$) but had no significant effect on multiple stones ($p = 0.683$) or total stone number ($p = 0.137$).

Conclusion Cholelithiasis was found to be more common in female gender and is common among population with either "overweight or obese", as compared to the normal or underweight individuals.

Keywords Age, Body Mass Index, Cholelithiasis

AWARD PAPER

Assessment Of Risk Factors For Metabolic Syndrome In Patients With Gallstone

Vivek Adhikari

Background: Gallstone disease (GSD) is increasingly recognized as a metabolic–hepatobiliary disorder rather than an isolated surgical condition. Metabolic syndrome (MetS), driven by insulin resistance, obesity, and dyslipidemia, has been linked to gallstone formation, but evidence from Nepal is limited. Objectives: To determine the prevalence of metabolic syndrome among gallstone patients and identify associated metabolic risk factors.

Methods: A cross-sectional study was conducted at Kathmandu Medical College Teaching Hospital from January 2024 to January 2025 among 173 adults diagnosed with gallstone disease. Anthropometric and biochemical parameters were recorded. MetS was defined by ≥3 of the following: BMI >30 kg/m², hypertension, fasting blood sugar >110 mg/dL, triglycerides >150 mg/dL, and HDL <40 mg/dL. Data were analyzed using SPSS version 26, with $p < 0.05$ considered significant.

Results: MetS prevalence among GSD patients was 28.3%, with female predominance (69.4%). Obesity, hypertension, hypertriglyceridemia, and low HDL were significantly associated with MetS ($p < 0.05$). ROC analysis identified triglycerides (AUC 0.947) and BMI (AUC 0.871) as strong predictors.

Conclusion: Over one-fourth of gallstone patients had metabolic syndrome, underscoring the metabolic basis of GSD. Routine metabolic screening and lifestyle interventions should be integrated into gallstone management to reduce long-term metabolic and biliary complications.

AWARD PAPER

Outcomes Following Surgery Versus Non-surgical Management For Gallbladder Cancer Patients Presenting With Jaundice: A Systematic Review And Meta-analysis

Amit Kumar Mishra

Introduction: Gallbladder cancer (GBC) presenting with obstructive jaundice typically indicates advanced disease and poor prognosis. There remains no consensus on whether surgical resection or non-surgical management offers superior outcomes. We conducted a systematic review and meta-analysis to compare survival, morbidity, mortality and quality of life in jaundiced GBC patients undergoing surgery versus non-surgical approaches.

Methods: PubMed, Embase, Scopus, Google Scholar were searched for studies reporting outcomes in jaundiced GBC patients treated surgically or conservatively. Eligible studies included prospective or retrospective cohorts comparing overall survival, disease-free survival, perioperative mortality, and complications. Data were extracted by two reviewers, and pooled analyses were conducted using random-effects meta-analysis, calculating hazard ratios (HR) or risk ratios with 95% confidence intervals.

Results: Six studies (five retrospective, one prospective) with 800 patients were included. Resectability in jaundiced GBC ranged from 27-62%. Surgical patients had significantly longer median survival (up to 32 months) versus non-surgical patients (median 5–12 months). Pooled HR for mortality was 0.35 in favor of surgery. One-year survival with surgery was 40–70%, versus <30% with non-surgical treatment. However, surgical morbidity exceeded 50% in some series, with perioperative mortality up to 7%. Notably, jaundice remained an adverse prognostic factor post-resection (HR 2.2).

Conclusion: Surgery in selected jaundiced GBC patients confers a survival benefit over conservative management, though with high risks. Conservative treatment yields dismal outcomes. Given selection bias and lack of randomized trials, individualized decision-making and further research are warranted.

Keywords: Gallbladder cancer; Jaundice; Surgical resection; Non-surgical management; Survival outcomes; Quality of life

AWARD PAPER

Exploring Choledochal Cyst: A Retrospective Analysis

Bhavesh Kumar Yadav, Malla BR, Shrestha S, Gnyawali A, Limbu B, Singh R.

Background: Choledochal cysts (CC) are rare congenital dilatations of the biliary tract, more prevalent among females and in Asian populations. The most accepted etiological theory involves Anomalous Pancreaticobiliary Duct union (APBDU). Surgical excision remains the standard treatment to prevent complications such as cholangitis, pancreatitis, and malignancy.

Methods: A retrospective hospital-based descriptive study was conducted at Dhulikhel Hospital from April 2015 to October 2025. All patients who underwent surgical management for choledochal cysts by a single gastrointestinal unit were included. Data regarding demographics, clinical presentation, cyst type (based on Todani classification), surgical procedure, and postoperative outcomes were analyzed using SPSS v25.

Results: A total of 48 patients were included (77.1% female; mean age 25.9 ± 15.8 years). Type I and Type IV cysts were the most common. The predominant presenting symptom was abdominal pain (96.9%), followed by jaundice (31.3%) and palpable mass (15.6%); 12.5% presented with the classical triad. Associated cholelithiasis and choledocholithiasis were seen in 31.3% and 18.7% respectively. All patients underwent complete extrahepatic cyst excision with Roux-en-Y hepaticojejunostomy. There were no intraoperative injuries, readmissions, or perioperative mortality. One case (2.2%) of cholangiocarcinoma was identified histopathologically.

Conclusion: Surgical excision of choledochal cysts with biliary reconstruction yields excellent outcomes with

minimal morbidity. The low malignancy rate in this series may reflect small sample size and ongoing follow-up. Multicentric studies with larger cohorts and long-term surveillance are recommended to further clarify prognostic outcomes.

Keywords: Choledochal cyst, Biliary tract, Retrospective study, Roux-en-Y hepaticojejunostomy

AWARD PAPER

Laparoscopic Cholecystectomy In Patients With Wall- Echo-Shadow (WES) Complex In Ultrasonography: A Prospective Cross-sectional Study

Ranjish Parshaila

Introduction: Cholelithiasis, a common gastrointestinal disorder, significantly impacts healthcare and quality of life. Laparoscopic cholecystectomy (LC) is the preferred treatment, but the significance of WES Complex on gallbladder ultrasound remains unclear. Objective: To study surgical outcomes, intraoperative details, and complications in LC patients with WES complex.

Methodology: A hospital based prospective cross-sectional study was conducted in the Department of Surgery at Birat Medical College Teaching Hospital between March 2023 to November 2023. All consecutive patients with WES complex on ultrasound and planned for laparoscopic cholecystectomy were included. Data was collected on patient demographics, duration of symptoms, intraoperative findings, state of gallbladder, ability of achieve critical view of safety, open conversion and postoperative complications. A non-WES complex group in the ratio of 1:2 was consecutively enrolled for the comparison of outcome using Nassar intraoperative difficulty score.

Results: Among 382 symptomatic gallstone diseases patients undergoing elective LC, 16 patients (4%) had wall echo complexes confirmed on ultrasonography. Eleven (68%) patients had contracted gallbladder intraoperatively. One patient (6%) required conversion to open cholecystectomy. One patient (6%) had major complications. Despite there being higher Nassar score grade III in non-WES group, it did not increase the conversion or complications. The histopathological reports in all patients were negative for malignancy and were consistent with chronic calculous Cholecystitis.

Conclusion: WES complex although being an uncommon entity suggestive of chronic gallbladder condition, does not possess difficulty in LC.

AWARD PAPER

Port Site Infection After Laparoscopic Cholecystectomy In A Tertiary Care Center: A Retrospective Descriptive Study

Hari Prasad Sapkota

Introduction: Laparoscopic cholecystectomy is the gold standard surgical procedure for biliary disease. Despite many benefits, laparoscopic cholecystectomy has certain complications including port site infections. The aim of this study is to determine frequency of port site infections, its management and recommendation to prevent it.

Methods: This study was a retrospective, descriptive and cross sectional study conducted in department of surgery in Patan Academy of Health Sciences from July 2024 to June 2025. This study excluded all cases of laparoscopic converted to open cholecystectomies.

Results: This study enrolled total 175 patients of laparoscopic cholecystectomies among them female were 139(79.42%) and male 36 (20.57. The mean age was 46.56 year (±12.27) ranging from 22 year to 74 year. Port site infection recorded in 39 patients (22.28%), all ports were umbilical and all superficial infection. In this study bile spillage or bile and stone spillage or pus spillage noted in 65patients (37.14%) and among them infection noted in 15 patients (23.1%). Retrieval bag was used in 44 patients (25%) but not used in 131

patients (75%) and infection developed in nine patients (20.45%) with retrieval bag used and 30 patients (22.90%) with retrieval bag not used. In this study hypertension noted in 27 patients (15.42%),hypertension and diabetes both in 13 patients (7.42%), diabetes in five patients (2.85%) and COPD in three patients (1.7%).
Conclusion: Port site infection is a common complication after laparoscopic cholecystectomy, mainly associated with bile spillage and patient comorbidities. Careful surgical technique and preventive measures can help reduce its incidence.
Keywords: Laparoscopic cholecystectomy; port site infection; Retrieval bag

AWARD PAPER

Modified Computed Tomography Severity Index for Evaluation of Acute Pancreatitis and Its Clinical Outcome

Saurav Singh

Introduction: Acute Pancreatitis is a common condition leading to the emergency visits in both developed and developing countries. The diagnosis and subsequent management of pancreatitis rely heavily on computed tomography. The updated modified CT severity index comprises a streamlined evaluation of pancreatic necrosis and inflammation in addition to an evaluation of additional pancreatic problems. OBJECTIVE: This study was conducted to assess the prognostic value of MDCT in patients with acute pancreatitis and to correlate the Modified CT Severity Index with clinical outcome.
Methods: Of 81 patients diagnosed with acute pancreatitis who underwent contrast-enhanced MDCT within 3 days of the onset of symptoms during the study period were included in the study. The severity of the pancreatitis was scored using modified CT severity index. Patient clinical outcome was scored using parameters such as: mean duration of hospital stay, the need for surgical intervention, occurrences of infection, end organ failure and death. For modified CT severity indexes, correlation between the severity of the pancreatitis and patient outcome was estimated using the percentage, frequency charts, chi-square test and Pearson correlation test.
Results: When applying the modified CT severity index, the severity of pancreatitis and the parameters: the length of the hospital stay (2-23 days; $X2=69.01$; $p<0.01$) and the occurrence of end organ failure (36/81 patients, $X2=21.15$; $p=0.012$) correlated significantly. Highly significant correlation between the grades of severity of pancreatitis and the prediction of systemic infection (29/81 patients, $X2=8.928$; $p<0.01$) was seen using the modified CT severity index. There was also significant correlation between grading of severity of pancreatitis based on the modified CT severity index and the need for the surgical intervention ($X2=6.538$; $p = 0.038$). The sensitivity and specificity of MCTSI for detecting moderate & severe disease were 100% and 87.5%, respectively. Mortality rate in our study was 1.2%.
Conclusion: There was highly significant correlation between the MCTSI score and the prediction of end organ failure, systemic infection, need for surgical intervention and duration of hospital stay. MCTSI is a very useful tool for the screening of patients with acute pancreatitis for the classification of severity accurately and to predict the clinical outcome when used within three days of symptom onset.
Keywords: Computed Tomography, Modified CT Severity Index, Acute Pancreatitis, Pancreatic necrosis, Patient Outcome

AWARD PAPER

Red Cell Distribution Width to Platelet Count Ratio (RPR) as a Predictor of Severity of Acute Pancreatitis

Bishal Gaurav

Background: Acute pancreatitis (AP) is an increasingly common surgical emergency with variable severity, ranging from mild self-limiting disease to fulminant forms with organ failure and high mortality. Early identification of severe cases is crucial, yet existing scoring systems are often complex and impractical in resource-limited settings. The red cell distribution width-to-platelet ratio (RPR), derived from a routine

complete blood count, has been proposed as a simple prognostic marker. Objectives: To evaluate the role of RPR in predicting severity and mortality in patients with acute pancreatitis admitted to a tertiary care centre in Nepal.

Methods: This prospective observational study included 85 consecutive patients with acute pancreatitis, diagnosed clinically and radiologically, and classified according to the Revised Atlanta Classification (2012). Demographic, clinical, and laboratory data were collected. RPR was calculated at admission. Outcomes measured were disease severity, ICU stay, hospital stay, and in-hospital mortality. Diagnostic accuracy of RPR was assessed using ROC curve analysis.

Results: Of the 85 patients, 44 (51.8%) had mild, 21 (24.7%) moderate, and 18 (21.2%) severe acute pancreatitis. Thirteen severe cases required ICU admission, and there were 7 deaths. Mean hospital stays increased with severity (mild: 4.1 days; moderate: 7.8 days; severe: 11.5 days). Mean RPR values were higher in severe disease (0.000085) compared to moderate (0.000049) and mild (0.000081), though differences were not statistically significant. ROC analysis showed limited ability of RPR to predict severity (AUC 0.526 for severe vs. non-severe; AUC 0.434 for moderate/severe vs. mild). However, RPR demonstrated high specificity (98.3%) and negative predictive value (92.2%) for mortality, despite low sensitivity (28.6%).

Conclusion: RPR is not a reliable predictor of severity in acute pancreatitis but shows promise as a specific, inexpensive adjunctive marker for assessing mortality risk. While not a substitute for established scoring systems, RPR may help guide triage and resource allocation in low-resource settings. Further multicentre studies with larger cohorts are recommended.

AWARD PAPER

Laparoscopic Management Of Hydatid Cyst: Experience From Dhulikhel Hospital, Nepal.

Pranita Joshi

Background: Hydatid disease, caused by Echinococcus granulosus, remains a significant surgical concern in endemic regions like Nepal. While open surgery has been the traditional treatment, laparoscopic management offers advantages in terms of reduced morbidity, shorter hospital stay, and faster recovery. This study aims to present our experience with the laparoscopic management of hepatic hydatid cysts at Dhulikhel Hospital.

Methods: A retrospective review was conducted of patients who underwent laparoscopic management for hepatic hydatid cysts between January 2024 and January 2025 at Dhulikhel Hospital. Demographic data, cyst characteristics, surgical techniques, intraoperative findings, postoperative outcomes, and complications were analyzed. The laparoscopic approach included aspiration, instillation of scolicidal agents, and partial pericystectomy under careful precautions to prevent spillage.

Results: A total of 6 patients (mean age 43.3 years; 4 females, 2 males) underwent laparoscopic management. The mean cyst size was 7.6 cm, with the right lobe being the most common site. Mean operative time was 95 minutes, and the average hospital stay was 4.2 days. Minor complications occurred in 2 patients, with no perioperative mortality or recurrence during a mean follow-up of 18 months.

Conclusion: Laparoscopic management of hepatic hydatid cysts is a safe and effective technique in appropriately selected patients. Our experience at Dhulikhel Hospital demonstrates favorable outcomes, supporting laparoscopic intervention as a feasible alternative to open surgery in endemic regions.

AWARD PAPER

Role Of Serum Lipase To Amylase Ratio As A Predictor To Differentiate Alcoholic From Non-alcoholic Acute Pancreatitis At A Tertiary Care Center

Harikant Yadav

Background: Acute pancreatitis is a common condition, and its rate of occurrence differs from place to place but tests to find its cause are often costly or not easily available. A simple and cheap marker is still needed. This study aims to see if the serum lipase-to-amylase ratio can help identify the cause of acute pancreatitis.
Methods: This prospective observational study was conducted in the General Surgery Department of Kathmandu Medical College, Sinamangal, from January to December 2024. A total of 112 acute pancreatitis patients were included. Necessary investigations were performed, and data were analyzed using SPSS version 22. Results:
Results: Among 112 patients, 56(50%) were due to Alcoholic cause, 53(47%) were due to biliary cause, 1(1%) were due to hypertriglyceridaemia, 1(1%) were due to Ampullary mass and 1(1%) were due to Trauma causes. 74 patients had mild attack, 16 patients had moderate attack and 22 patients had severe attack of AP. This study Serum lipase amylase ratio in patients with acute alcoholic pancreatitis was 2.92±1.53 and in patients with non-alcoholic acute pancreatitis was 0.82±0.52 which is statistically significant ($p<0.001$)
Conclusion: Role of serum lipase amylase ratio in predicting the aetiology and severity of acute pancreatitis has been addressed in several recent studies. This study was another attempt to achieve this goal which predicts the aetiology of acute pancreatitis by such a cheap tool and guide further diagnostic work up and management strategy will avoid unnecessary investigations.
Keyword: Serum lipase, serum amylase, acute pancreatitis

SESSION - XXIII Resident Award Session

Chairpersons: Manish Pokhrel, Ritesh Shrestha, Sushil Dhungel

AWARD PAPER

Comparison of Hydrostatic and Pneumatic Reduction of Pediatric Intussusception

Ashish Pokharel

Intussusception is the telescoping of a part of the intestine into it's adjacent part. It is one of the common causes of bowel obstruction in infants and toddlers. Intussusception is the most common abdominal emergency in early childhood, particularly in the children younger than 2 years of age. The incidence of intussusception is approximately one to four per 2000 infants and children. Most (90%) of the intussusception are ileocolic, while the remaining 10% are of the ileoileal or colocolic type. It is an emergent condition where delay in diagnosis leads to an increased risk of bowel perforation, obstruction, and necrosis. Intussusception can be treated non-surgically or surgically. Nonsurgical modalities of treatment includes pneumatic and hydrostatic reduction. Non surgical modalities are easier to perform, have better outcomes with negligible morbidity. Non surgical reduction are cost effective. Each of these non surgical reductions are associated with their strengths and shortcomings. In Pneumatic reduction, air is used to achieve higher intraluminal pressures, which will speed up the reduction process. However, more difficult to visualise the intussusception as well as successful reduction, due to the poorer contrast between air and soft tissue. In Hydrostatic reduction, it is easier to visualize intussusception, lead points and monitor successful reduction, but can be messy.

AWARD PAPER

Comparison of Postoperative Pain in Electrocautery Incision With Scalpel Incision in Open Appendectomy

Sujan Khadka

Background: Scalpel is a conventional instrument for skin incisions whereas electrocautery can offer potential advantages such as blood loss, incision time, postoperative pain. Objective: To compare the postoperative pain in patient undergoing electrocautery with scalpel skin incision in open appendectomy.
Methodology: Two hundred sixty-four cases who underwent emergency open appendectomy. Patient was randomized into electrocautery (group A) and scalpel (group B). Postoperative pain was noted on postoperative hour 6,12,24,48 hours using visual analog scale.
Results:132 patients each of the two groups were analyzed. There was significant difference in group A and group B in terms of pain at 12 hours with (p=0.002) and there is no significant difference in term of pain in 6,24 and 48 hours.
Conclusion: With a comparable post operative incision site pain, Electrocautery can be considered safe and effective in making skin incision compared to scalpel.
Keywords: Electrocautery, scalpel, skin incision, postoperative pain.

AWARD PAPER

A Prospective Comparative Study on Short-Term Versus Long-Term DJ Stenting in Anderson–Hynes Pyeloplasty for Pelviureteral Junction Obstruction in Children

Bal Krishna Gyawali

Introduction: Ureteropelvic junction obstruction (UPJO) is the most frequent congenital cause of hydronephrosis in children, with a global incidence ranging from one in one thousand to two thousand live births. Anderson–Hynes dismembered pyeloplasty remains the gold-standard corrective surgery, and double-J (DJ) stenting is routinely used to maintain urinary drainage during anastomotic healing. However, the optimal duration of stent retention remains controversial, as prolonged indwelling may predispose to infection, irritative symptoms, and encrustation without additional functional benefit. Objective: To compare the short-term outcomes of early (two-week) versus delayed (four-week) DJ stent removal following Anderson–Hynes pyeloplasty in children with UPJO in a Nepalese tertiary-care setting.

Methods: This prospective comparative study included thirty-four pediatric patients undergoing Anderson–Hynes pyeloplasty for UPJO at a tertiary center in Nepal. Patients were divided into two groups based on stent removal timing—Group A (two weeks) and Group B (four weeks). Postoperative assessment included ultrasonography and diuretic renography at three months. Statistical analysis was performed using SPSS version 29, applying Chi-square and Mann–Whitney U tests, with $p < 0.05$ considered significant.

Results: No patient required re-exploration or developed anastomotic leak. The overall complication rate was higher in the four-week group. Urinary tract infection occurred in 5.9 percent of Group A versus 17.6 percent of Group B, while irritative bladder symptoms occurred in 5.9 percent and 41.2 percent, respectively ($p = 0.04$). Encrustation occurred only in one (5.9 percent) of the four-week stents. Most patients (85 percent) had hospital stays of ten days or less, with no significant difference between groups ($p = 0.27$). Both groups showed postoperative improvement in differential renal function and satisfactory non-obstructive drainage patterns on three-month renography, which were statistically comparable ($p > 0.05$).

Conclusion: Early (two-week) DJ stent removal following Anderson–Hynes pyeloplasty in children is safe, effective, and associated with fewer stent-related complications than conventional four-week stenting. It can therefore be recommended as a practical, low-morbidity approach for pediatric pyeloplasty, particularly in resource-limited settings.

Keywords: Double-J stent; Hydronephrosis; Nepal; Pediatric pyeloplasty; Postoperative complications; Stent duration; Ureteropelvic junction obstruction

AWARD PAPER

Impact Of Delayed Presentation On The Severity Of Acute Appendicitis

Sanjay Kumar Kushwaha

Background: Acute appendicitis is one of the most common surgical emergencies worldwide, and its prognosis largely depends on timely diagnosis and intervention. Delay in presentation often leads to complications such as perforation, gangrene, abscess, or appendicular lump. Previous studies have identified male sex and delayed presentation as independent risk factors for complicated appendicitis, yet the combined influence of these factors remains unclear in our setting.

Methods: A retrospective observational study was conducted at KIST Medical College and Teaching Hospital over one year. Based on intraoperative findings, patients were categorized into complicated and uncomplicated appendicitis. Data on gender and time of presentation after symptom onset (<24 hours, >24 hours) were analysed. Chi-square tests were used to assess associations between gender, type of appendicitis, and symptom duration. A p-value <0.05 was considered statistically significant.

Results: Among 102 patients, complicated appendicitis was observed in 38 (37.3%), and 64 (62.74%) had uncomplicated appendicitis. Among those presenting within 24 hours, most had 35 (87.5%) uncomplicated appendicitis. However, in patients presenting after 24 hours, most had 33 (53.3%) complicated appendicitis ($p<0.001$).
Conclusion: There is a significant association between delayed presentation and the severity of acute appendicitis.
Keywords: Acute appendicitis, Complicated appendicitis, Delay in presentation, Perforation.

AWARD PAPER

Role of Serum Sodium Level for Pre-Operative Prediction of Complicated Appendicitis

Manish Kumar Yadav

Introduction: It is well known that acute appendicitis is among the most common surgical emergencies at any center worldwide. Failing to predict complicated appendicitis can be disastrous. Timely diagnosis of complicated appendicitis is problematic even with the utilization of several investigations and thorough clinical assessment. Hyponatremia occurs in patients with complicated appendicitis and thus can be used as a marker for pre-operative prediction of complicated appendicitis. Objective: To assess effectiveness of hyponatremia as a predictor for complicated appendicitis at Gandaki medical college teaching hospital and research center (GMCTH).
Methods: This is a prospective cross-sectional descriptive hospital-based study conducted in GMCTH for one year. All the patients admitted with clinical diagnosis of acute appendicitis undergoing appendectomy were included in study. Intra-operative findings were noted by the operating surgeon and was co-related with histopathological findings. Proforma was used to collect data and statistical analysis was done using SPSS version 25.0.
Results: Total 100 patients were included in study. There were 44 females and 56 males among them. There were 73% of patients with uncomplicated appendicitis and 27% with complicated appendicitis. 22 patients had hyponatremia. With a cut-off value of 135.50 mmol/l, sodium has a sensitivity of 97.3% and a specificity of 74.1% when analyzed using a ROC curve for complicated appendicitis. The P-value was less than 0.0001, and the area under the curve was 0.860.
Conclusion: A serum sodium level of less than 135.5 mmol/l can be used to help in diagnosis of complicated appendicitis.
Keywords: Appendicitis, appendectomy, complicated, serum sodium level

SESSION - XXIII Resident Award Session

Chairpersons: Anir Ram Shrestha, Ghanshyam Thapa

AWARD PAPER

Experience And Outcomes Of Colorectal Cancer Surgeries: A Retrospective Study At TUTH

Saurav Neupane

Introduction: Colorectal cancer is the third most diagnosed malignancy and the second leading cause of cancer-related deaths globally. Its incidence is rising in low-middle income countries, including Nepal, where it ranks fifth for incidence and mortality. Previous Nepalese studies report younger age at diagnosis and late-stage presentation, but data on surgical techniques and perioperative outcomes remain scarce. This

retrospective cross-sectional study evaluated clinicopathological features and surgical outcomes of colorectal cancer at Tribhuvan University Teaching Hospital (TUTH).

Methods: Medical records of all patients admitted for surgical management of histologically confirmed colorectal adenocarcinoma from October 2021 to May 2025 at the Department of Surgical Gastroenterology, TUTH, were reviewed using prospectively maintained computerized records. Inclusion comprised curative or palliative resections. Exclusion included incomplete documentation. Demographics, tumor stage, neoadjuvant therapy, operative approach, and postoperative outcomes were analyzed using SPSS version 26.

Results: 163 patients were included (94 males, 69 females), mean age 57.3 ± 15.3 years. Rectal tumors comprised 34%. Advanced T stage (T3-T4) was seen in 82%; nodal metastasis in 78%; distant metastasis in 10%. Neoadjuvant therapy was used in 11.7%. Open surgery predominated (71%); laparoscopic or assisted in 29%. Complications occurred in 40% (65/163 overall; 65/126 evaluable); anastomotic leak in 4.8%. Median length of stay was 10 days. Thirty-day mortality was 3.1%.

Conclusion: Colorectal cancer at this tertiary center presents at advanced stage with limited neoadjuvant therapy utilization and predominant open surgical approach. Morbidity remains significant, highlighting the need for enhanced perioperative protocols and minimally invasive surgery training.

Keywords: Colorectal Neoplasms; Colorectal Surgery; Neoadjuvant Therapy; Nepal; Postoperative Complications; Retrospective Studies

AWARD PAPER

Prevalence and Risk Factors of Hemorrhoids Among Patients Attending Surgery OPD at a Tertiary Care Center

Himalay Prasad Yadav

Background Hemorrhoids, commonly known as piles, are swollen vascular structures in the anal canal, consisting of muscle, elastic fibers, and enlarged blood vessels. Hemorrhoid disease is said to be the fourth leading outpatient gastrointestinal diagnosis, accounting for 3.3 million ambulatory care visits in the United States. This condition can cause significant discomfort, disability, and reduced quality of life.

Methodology A descriptive cross-sectional study was conducted at the General Surgery OPD of Nepal Medical College from January to December 2024. A total of 112 patients aged 18 and above with perianal symptoms were included. Data were collected via face-to-face interviews using a pretested questionnaire and clinical evaluation (History, digital rectal exam, proctoscopy). Ethical approval and informed consent were obtained. Data were analyzed in SPSS v22 using descriptive statistics and chi-square tests.

Result Among 480 persons perianal symptoms, 112 cases were clinically diagnosed as hemorrhoids, indicating a prevalence rate of 23.3%. Of the confirmed cases, 68 were female and 44 were male. Based on type, majority of the patients were diagnosed with Grade 1 (51.8%), Grade 2 (31.3%), Grade 3 (6.3%) and Grade 4 (0.9%) whereas the external hemorrhoids were 9.8%. Most of the patients diagnosed with hemorrhoids had the mean age of 41 years old. In relation to risk factors, individuals with external hemorrhoids were more commonly associated with a family history of hemorrhoids, constipation, and a low-fiber diet, whereas internal hemorrhoids were more often linked to prolonged toilet sitting, chronic cough, insufficient water intake, and chronic diarrhea. External hemorrhoids are more linked to family history (external vs internal; 27.3% vs. 15.8%) and physical inactivity (45.5% vs. 38.6%), while internal hemorrhoids are more associated with constipation (61.4% vs. 45.5%) and insufficient water intake (54% vs. 90.9%). Overall, internal hemorrhoids are more tied to bowel habits, whereas external cases relate more to heredity and lifestyle. A higher concentration of multiple risk factors in lower grades compared to more severe cases like Grade 3. In overall, the data shows that the majority of patients with external, Grade 1, and Grade 2 hemorrhoids had at least three or more risk factors, suggesting a strong link between multiple risk factors and early to moderate stages. Out of 112 cases, 82.1% had mild and 17.9% severe symptoms. Both internal and external hemorrhoids mostly showed mild symptoms, with only 9–18.2% reporting severe ones. A significant association was found

between hemorrhoid type and symptom severity (p=0.004), indicating that symptom severity increases with advancing hemorrhoid grade. The findings suggest that symptom frequency and severity increase with the progression of hemorrhoid grade.

Conclusion In conclusion, this study highlights that hemorrhoids have a multifactorial origin, with factors such as age, sex, dietary habits, smoking, constipation, and physical inactivity all playing contributory roles. The progression from mild to severe symptoms corresponds closely with hemorrhoid grading, highlighting the importance of early diagnosis, lifestyle interventions, and awareness programs.

Keywords: Hemorrhoids, Prevalence, Risk factors

AWARD PAPER

Study Of Outcomes Of Laser Hemorrhoidoplasty In Manipal Teaching Hospital

Prakash Thapa Chhetri

Background: Hemorrhoids are one of the most common anorectal disorders (prevalence 2.9-29.7%). It is an abnormal downward displacement of the anal cushions causing venous dilatation mostly due to constipation. Usual symptoms include bleeding per rectum and mass per anum. Treatment varies from conservative to surgical, the standard being Milligan-Morgan hemorrhoidectomy, which is associated with postoperative pain and longer hospital stays. Laser hemorrhoidoplasty is a minimally invasive surgical procedure for hemorrhoids that uses a diode laser and is as effective as standard treatment with less postoperative pain and hospital stay and fewer complications. Hence, we aimed to study the outcome of laser hemorrhoidoplasty in those who presented to our center for the treatment of hemorrhoids.

Methods: A hospital-based prospective observational study was carried out in Manipal Teaching Hospital, Pokhara. After the clearance from IRC, patients who attended the surgery department for laser hemorrhoidoplasty were taken in the study group after the consent from patients. The data for the study was collected from a total of 100 patients with grade II-III internal hemorrhoids who attended the surgery department during the period of 14 months (February 2024-April 2025). Proctoscopy and DRE (digital rectal examination) were performed in all cases. Preoperative diagnosis and grading were noted. All the observations during the study of each subject were recorded in an individual case pro forma. All the preoperative investigations were done, and bowel preparation of all cases was done with Ezivac enema per rectum at the hour of sleep and morning of surgery. Every patient prior to surgery was explained about mild, moderate, and severe pain, which ranged from zero to ten. All the patients were operated on under subarachnoid block or saddle block in the lithotomy position by using diode laser fiber. Operative duration, postoperative pain, bleeding, swelling, urinary retention, duration of hospital stay, and time taken to return to daily activities were evaluated. The categorical variables were presented as frequency and percentage, and continuous variables were presented as mean±SD, and the p-value for VAS was calculated by using Statistical Package for Social Sciences (SPSS) version 20.

Results: The majority of patients (around 62%) were male, with a mean age of 43.60 ± 16.10 years. The mean operative time was 19.55 ± 5.90 minutes, and the mean hospital stay was 3.27 ± 0.6 days. Postoperative pain scores decreased significantly, with mean VAS scores of 4.88 ± 1.63 at 6 hours, 3.11 ± 1.41 at 24 hours, 2.28 ± 1.158 at 36 hours, and 1.58 ± 0.66 at 48 hours (p-value < 0.001). Minimal postoperative bleeding occurred in 39% of cases, while transient urinary retention was seen in 17%. The mean time to return to normal daily activities was 4.02 ± 1.28 days.

Conclusion Laser hemorrhoidoplasty proved to be a safe and effective technique for the management of hemorrhoids, with less postoperative pain, minimal bleeding, shorter hospital stays, and faster recovery.

Keywords: Laser hemorrhoidoplasty: faster recovery

AWARD PAPER

Spectrum Of Colorectal Surgery Cases: Experience From A Tertiary Care Center At CMCTH

Bipul Thakur

AWARD PAPER

Post-Operative Pain Score in Laparoscopic Inguinal Hernia Repair Using Contoured 3D vs. Flat Polypropylene Mesh

Bibek Adhikari

SESSION - XXIII Resident Award Session

Chairpersons: Raj Kumar KC, Pratyush Shrestha

AWARD PAPER

Study of Thickness of Calvaria on CT Images Among the Patient With Indication of CT Head in Tertiary Care Hospital: A Descriptive Cross-Sectional Study

Lokesh Acharya

Introduction The brain, being a vital organ that controls all body functions, needs strong protection provided by the skull. CT scan is precise and noninvasive imaging tool which can accurately measure calvarial thickness. As there are very few imaging-based studies among the Nepalese population, this study aims to determine average calvarial thickness.

Methods This descriptive cross-sectional study was conducted at the Department of Neurosurgery, KMCTH, from January 2024 to December 2024. Total of 100 patients above 20 years of age were included using convenient sampling. Following ethical approval, data were collected using a structured proforma, and calvarial thickness was measured at predefined frontal, parietal, and occipital regions on CT bone window images. Statistical analysis was performed with mean, standard deviation, student t test and ANOVA, considering $p<0.05$ statistically significant

Results The study analyzed calvarial bone thickness in 100 adult patients using CT images. The occipital bone was the thickest (mean 0.77 0.09cm), followed by the left parietal (0.70 0.09cm), right parietal (0.69 0.08cm), and frontal bone (0.59 0.05cm). Calvarial thickness showed a consistent pattern among Nepalese adults.

Conclusion The occipital bone was found to be the thickest and the frontal bone the thinnest, with no significant variation by sex, age, ethnicity, or nutritional status. These findings provide important baseline data for Nepalese adults and have clinical relevance in neurosurgery, especially in selecting appropriate screw and plate sizes and ensuring safe drilling depths during cranial procedures

Keywords: Calvaria, Computed Tomography, Craniectomy, Burr-hole Surgery, Neurosurgical Planning

AWARD PAPER

Comparative Study of Effect of Invasive vs. Non-Invasive Intervention of Intracranial Pressure (ICP)–Based Management on the Outcome of Neurosurgical Patients

Binod Joshi

Introduction: Raised intracranial pressure (ICP) remains one of the most critical challenges in neurosurgery, capable of turning survivable brain injuries into devastating outcomes. While invasive ICP monitoring remains the gold standard for precision and real-time decision-making, it is not always feasible in all settings. Non-invasive approaches, such as optic nerve sheath diameter (ONSD) ultrasound, are emerging as promising, accessible alternatives. This study explores both approaches, comparing how each influences neurological recovery and survival among neurosurgical patients.

Methods: This prospective comparative study was conducted over one year at Kathmandu Medical College Teaching Hospital. Forty neurosurgical patients with raised ICP were enrolled—twenty received invasive ICP monitoring using external ventricular drains, and twenty underwent non-invasive ONSD ultrasonography-based monitoring. Clinical and radiological findings, including Glasgow Coma Scale (GCS) trends, were analyzed statistically using SPSS version 26, with significance set at $p<0.05$. Ethical clearance was obtained before initiating the study.

Results: Both invasive and non-invasive groups showed neurological improvement during the study, but those managed with invasive ICP monitoring demonstrated faster and more consistent GCS recovery. Statistical analysis confirmed significant differences favoring the invasive group ($p<0.001$). Importantly, no major complications such as hemorrhage or infection were reported, suggesting that invasive monitoring, when properly executed, remains both effective and safe.

Conclusion: Invasive ICP monitoring continues to offer superior clinical outcomes, guiding timely interventions that accelerate neurological recovery. Non-invasive ONSD measurement, however, provides a valuable bedside alternative, particularly in settings with limited resources or expertise. Together, they highlight a balanced, patient-centered approach to managing intracranial hypertension—where precision meets practicality

Keywords: Intracranial pressure, ICP monitoring, Invasive, Non-invasive, Optic nerve sheath diameter, Glasgow Coma Scale, Neurosurgical outcomes

AWARD PAPER

Prediction of Hematoma Expansion in Spontaneous Intracerebral Hemorrhage by Neutrophil-to-Platelet Ratio at Admission: A Prospective Observational Study

Kaushal Kumar Mandal

Introduction: Spontaneous intracerebral hemorrhage (ICH) is one of the most fatal forms of stroke, accounting for about 10–20% of all strokes and carrying high mortality and disability rates. Hematoma expansion (HE), occurring in nearly one-third of patients, is the major determinant of early neurological deterioration and poor outcome. The neutrophil-to-platelet ratio (NPR) integrates inflammatory and coagulative pathways and may serve as an early predictor of HE.

Methods: This prospective observational study included 69 adults with spontaneous ICH admitted to the Department of Neurosurgery, Tribhuvan University Teaching Hospital, Kathmandu. Hematoma volumes were calculated by the ABC/2 method on admission and at 24-hour follow-up CT scans. HE was defined as >6 mL or >33% increase in volume. Admission neutrophil and platelet counts were used to compute NPR. Statistical analysis was performed using SPSS v26 with univariate, multivariable logistic regression, and ROC curve evaluation.

Results: Hematoma expansion occurred in 29% of patients. Those with HE had significantly higher neutrophil

counts (9.4 ± 3.9 × 10⁹/L; p < 0.001), lower platelet counts (156.1 ± 46.9 × 10⁹/L; p = 0.006), and elevated NPR (6.2 ± 2.3 vs 3.3 ± 1.2; p < 0.001). In multivariable analysis, neutrophil count (aOR = 3.84; p = 0.024) and platelet count (p = 0.030) were independent predictors of HE. ROC analysis showed excellent diagnostic performance for NPR (AUC = 0.887; cut-off = 5.25) with 70% sensitivity and 98% specificity.

Conclusion: The neutrophil-to-platelet ratio is a simple, cost-effective, and reliable biomarker for predicting hematoma expansion in spontaneous ICH, reflecting the critical interplay between inflammation and coagulation. It can aid early risk stratification, especially in resource-limited settings.

Keywords: Hematoma Expansion; Intracerebral Hemorrhage; Neutrophil-to-Platelet Ratio; Prognosis; Stroke.

AWARD PAPER

Role Of C-Reactive Protein/albumin Ratio In Predicting Severity Of Acute Pancreatitis

Bishal Karki

Background: Acute pancreatitis (AP) is a common and potentially life-threatening condition with a wide spectrum of severity. Commonly performed prognostic scoring systems such as Ranson's, Revised Atlanta classification, APACHE II are complex and time-consuming. This study evaluates the predictive value of the C-reactive protein (CRP)/albumin ratio an inflammation-based biomarker, in determining AP severity. Objectives: To evaluate the CRP/Albumin ratio in predicting severity of acute pancreatitis, compare values between biliary and non-biliary cases and assess its relation with hospital stay.

Methods: A prospective, observational study was conducted among adult patients diagnosed with AP. Serum CRP and albumin levels were measured at presentation and CRP/Alb ratio was calculated. Severity was graded according to the Revised Atlanta Classification. Receiver operating characteristic (ROC) analysis was performed to evaluate diagnostic performance, with optimal cutoffs determined by Youden's index. Sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV) were calculated at both the Youden cutoff and a lower pragmatic threshold. Pearson correlation assessed the relationship between CRP/Alb ratio and hospital stay.

Results: Among 85 patients (M: F = 1.12:1; mean age = 49 ± 19 years), 64% had mild, 15% moderately severe, and 20% severe pancreatitis. ROC analysis showed an AUC of 0.865 for CRP/Alb, higher than CRP (0.79) or albumin (0.47). A cut-off value ≥ 3.1 predicted severe pancreatitis with 90% sensitivity and 56% specificity. There was no statistically significant difference in CRP/Alb ratio between biliary and non-biliary pancreatitis (p = 0.109). The ratio correlated positively with hospital stay (R = 0.379, p < 0.05).

Conclusion: The CRP/Albumin ratio is a simple, inexpensive, and reliable marker for early prediction of acute pancreatitis severity and correlates with hospital stay. Using CRP/Alb ratio may help identify high-risk patients early and guide management decisions in resource-limited settings.

Keywords: Acute pancreatitis, CRP/Albumin ratio, Severity, Prognostic marker, Revised Atlanta Classification

ABSTRACTS
POSTER PRESENTATIONS

POSTER PRESENTATION

The Milky Leak: Navigating A Postoperative Chyle Leak

Bishal Gaurav

POSTER PRESENTATION

From Dysphoria to Dignity: A Case Report on Bilateral Double Incision Mastectomy with Free Nipple-Areola Graft in Transgender Care

Ashbin Lamsal

POSTER PRESENTATION

A Life-Saving Staged Whipple's For Gastro-Duodenal Infarction In A Young Male: Case Report

Rakesh Kumar Shah

We present a rare case of gastric and duodenal infarction with perforation in a young adult male, likely secondary to vascular obstruction involving the gastroduodenal artery and superior mesenteric vein. The patient's recent history of pulmonary tuberculosis and anti-tubercular therapy raised suspicion of an infective or inflammatory etiology such as mucormycosis. This case highlights the importance of early imaging and surgical intervention in unusual causes of mesenteric ischemia.

Introduction Gastro-duodenal infarction is an extremely rare event owing to the rich collateral blood supply of the stomach and duodenum. When it occurs, it is usually associated with severe vascular compromise due to embolism, thrombosis, or angio-invasive infections such as mucormycosis. Early diagnosis is challenging and often made intra-operatively.

Case Presentation A 22-year-old male presented with a 2-month history of insidious, intermittent, dull-aching, and progressively worsening abdominal pain, which became severe over the last 3 days. He also reported a 1-month history of melena and acute-onset shortness of breath at rest for 3 days. There was no history of fever, trauma, or significant weight loss. His medical history was significant for pulmonary tuberculosis diagnosed one month earlier, for which he was on anti-tubercular therapy (ATT). He had a 10-pack-year history of smoking (cigarettes and marijuana) and daily alcohol use, with his last intake one month prior.

POSTER PRESENTATION

Diagnostic And Management Dilemma Of Adult Megacystis-Megaureter: A Case Report

Sudesh Lamsal

POSTER PRESENTATION

Benign But Deceptive: Obstructing Rectosigmoid Pulse Granuloma Mimicking Carcinoma

Aadesh Paudel

Pulse granuloma is a rare entity characterized by benign inflammatory reaction to ingested food particles especially from legumes. The most common site of involvement is seen to be in oral cavity, whereas it is very rare in gastrointestinal tract. Histologically, hyaline rings with admixed multinucleated giant cells is its typical feature. Though the exact etiology is unknown It forms when food particles breach the intestinal wall through a trauma like a perforation or diverticulitis, leading to a granulomatous inflammatory response. We herein

discuss a case of 56 years old male patient who presented with features of acute large bowel obstruction with imaging finding mimicking of rectosigmoid mass. Patient underwent Hartmann's procedure. Histopathological examination report showed degenerated cellular material (likely food/pulse material) surrounded by histiocytes and multinucleated giant cells. We report an unusual case of obstructing sigmoid pulse granuloma, emphasize on the diagnostic challenges and management, differentials, and review literature on the same.

POSTER PRESENTATION

Spontaneous Chylous Ascites In Gastric Adenocarcinoma

Urusha Naaz

We present the case of a 70-year-old male with a preoperative diagnosis of gastric cancer who was taken for a planned gastrectomy. Upon performing the laparotomy, a significant amount of spontaneous chylous ascites was unexpectedly encountered. The milky fluid was sent for analysis, which confirmed its chylous nature with highly elevated triglyceride levels. Critically, fluid cytology returned negative for malignant cells, ruling out typical peritoneal carcinomatosis as the cause. The surgical procedure was completed, and the subsequent histopathological examination (HPE) of the resected specimen confirmed the primary diagnosis of gastric adenocarcinoma. This case highlights a rare and diagnostically challenging presentation of gastric adenocarcinoma, where chylous ascites, likely from lymphatic obstruction rather than direct malignant seeding, was the dominant intraoperative finding.

POSTER PRESENTATION

Superior Mesenteric Artery syndrome

Abhiraj Mishra

SMA Syndrome also known as chronic duodenal ileus, Wilkie syndrome, arterio-mesenteric duodenal compression syndrome and cast syndrome is a rare cause of proximal small bowel obstruction characterized by compression of the third portion of the duodenum by the superior mesenteric artery as it passes over this portion of the duodenum.

Case report: A 22 year old female presented with multiple episodes of vomiting for 1 month,containing recently eaten food particles and history of pain in epigastric region for 1 day. Clinical examination and imaging findings were suggestive of duodenal compression syndrome. Also there were two cases with similar complaints. Two cases were managed surgically with duodenojejunostomy, where as one by conservative management.

Discussion: SMA syndrome is a life threatening upper gastrointestinal disorder due to duodenal compression which is usually due to the loss of the intervening mesenteric fat pad between the aorta and SMA, which, in turn, results in a narrower angle between the vessels.Diagnosis is difficult to make clinically as the signs and symptoms are usually vague and non-specific. Patients typically present with either an acute or gradual course of symptoms. The most common symptoms reported are epigastric pain, nausea, and vomiting. Other symptoms include abdominal distension, weight loss, early satiety, and postprandial epigastric pain, which worsens in the supine position. Diagnosis is based on interpreting clinical symptoms alongside radiological testing which can confirm its presence. Various imaging modalities that can be used include plain film X-ray, barium X-ray, endoscopy, computed tomography (CT), Doppler ultrasound, and magnetic resonance angiography (MRA). Treatment for this syndrome varies. Conservative measures should be tried initially and have been increasingly successful as definitive treatment. Operative management may include duodenojejunostomy, gastrojejunostomy to bypass the obstructing segment, or duodenal derotation.

Conclusion: While it is rare, SMA syndrome is important to consider because the delay in diagnosis can result in significant morbidity and mortality from malnutrition, dehydration, electrolyte abnormalities, gastric pneumatosis and portal venous gas, gastrointestinal hemorrhage, and gastric perforation.

POSTER PRESENTATION

Amyand's Hernia Presenting As An Irreducible Right Inguinal Swelling In An Elderly Male

Abhishek Sharma

Background: Amyand's hernia, the presence of the vermiform appendix within an inguinal hernia sac, is a rare entity, accounting for less than 1% of all inguinal hernias. Its presentation often mimics that of an irreducible or obstructed inguinal hernia, making preoperative diagnosis challenging.

Case Presentation: An 80-year-old male with a long-standing right inguinal hernia presented with irreducible swelling and pain for 20 days, along with intermittent low-grade fever. He had a past history of splenectomy and benign prostatic hyperplasia under medical management. On examination, a firm, irreducible right inguino-scrotal swelling was noted without overlying erythema. Laboratory investigations showed leukocytosis (24,000/mm^3), hyponatremia (Na^+ 127 mmol/L), and hypoalbuminemia (23 g/L). Ultrasonography revealed an irreducible right inguinal hernia with a complex hydrocele. Emergency exploration through a right inguinal approach revealed a thickened hernial sac containing an appendicular lump with abscess. A lower midline incision was made, confirming an inflamed appendix adherent to the anterior abdominal wall and bladder—findings consistent with Amyand's hernia. Appendectomy with peritoneal lavage and Darn's repair was performed, followed by pelvic drain placement. Postoperative recovery was uneventful, and the patient was discharged on the seventh postoperative day. Histopathology confirmed gangrenous appendicitis within the hernial sac.

Conclusion: Amyand's hernia is a rare and often incidental intraoperative finding. Early surgical intervention and sound intraoperative judgment regarding appendectomy and hernia repair are vital for favorable outcomes, particularly in elderly patients with comorbidities.

POSTER PRESENTATION

Gallbladder Carcinoma in the Third Decade: Challenging the Age Paradigm.

Ajay Pariyar

Introduction Gallbladder carcinoma is an uncommon but highly aggressive malignancy, usually affecting elderly females in endemic regions. Its occurrence in young individuals is exceedingly rare and often diagnosed incidentally following cholecystectomy for presumed benign gallbladder disease. Early diagnosis remains challenging due to non-specific clinical presentation.Early-stage detection is crucial as curative resection offers the best chance for long-term survival.

Methods A 25-year-old male presented with a 2 days history of right upper quadrant pain associated with two episodes of non-bilious, non-blood stained vomiting. There was no history of fever, jaundice or weight loss. Examination revealed right upper quadrant tenderness with a positive Murphy's sign. Laboratory parameters were within near-normal limits. MRCP showed multiple gallbladder and common bile duct calculi with mild CBD dilatation. A diagnosis of acute calculus cholecystitis with choledocholithiasis was made and laparoscopic CBD exploration with cholecystectomy was performed. Histopathological examination of the cholecystectomy specimen unexpectedly revealed well-differentiated adenocarcinoma of biliary type (pT1aN0, AJCC 8th edition) with involvement of the cystic duct margin. Subsequently, the patient underwent completion extended cholecystectomy with hepatojejunostomy. Intraoperative findings showed densely adherent gallbladder fossa and multiple lymph nodes along the common hepatic artery and hepatoduodenal ligament but no hepatic, peritoneal or omental metastases. Postoperative recovery was uneventful and follow-up imaging showed no residual or metastatic disease.

Result Postoperative recovery was uneventful and follow-up imaging showed no residual or metastatic disease. Gallbladder adenocarcinoma in young adults is exceedingly rare with few reported cases in literature. The majority are diagnosed incidentally after cholecystectomy for benign conditions. The presence of tumor at the

cystic duct margin warrants re-exploration with radical cholecystectomy and lymphadenectomy to achieve oncological clearance. Early-stage disease (pT1a) confined to the lamina propria carries a favorable prognosis if completely resected. We present the case of relatively young male with primary gallbladder adenocarcinoma without any risk factors.

Conclusion This case emphasizes the importance of gallbladder carcinoma even in young patient presenting with acute cholecystitis. It highlights the significance of routine histopathological evaluation of all cholecystectomy specimens, irrespective of patient age or clinical suspicion.

Keywords Adenocarcinoma; Early-onset; Gallbladder carcinoma; Incidental cholecystectomy; Radical cholecystectomy.

POSTER PRESENTATION

TEVAR To Rescue Aortic Pseudoaneurysm: An Unforgiving Cause Of Dysphagia

Akalesh Patel

Introduction: Aortic pseudoaneurysm, representing a contained rupture of the aortic wall, is a life-threatening vascular emergency that can progressively expand within the mediastinum. As it enlarges, mass effect on adjacent structures—especially the esophagus—may manifest as dysphagia, a subtle but critical "red flag" symptom indicating potential imminent rupture. Given the high morbidity and mortality associated with traditional open aortic repair, minimally invasive strategies such as Thoracic Endovascular Aortic Repair (TEVAR) have become essential in high-risk patients.

Methods: We report the case of a 71-year-old female, Ms. Amrawati Tharuni, who presented with progressively worsening dysphagia to solid foods. Computed Tomography Angiography (CTA) revealed a large saccular pseudoaneurysm of the descending thoracic aorta causing significant extrinsic compression of the esophagus. Considering her advanced age and comorbidities, open surgical repair was deemed high-risk. She underwent urgent TEVAR with placement of a covered stent-graft to achieve complete exclusion of the pseudoaneurysm from the systemic circulation.

Results: The procedure was technically successful, with completion angiography confirming total aneurysm exclusion. The patient's dysphagia resolved within one week as esophageal compression was relieved. She experienced no peri-procedural complications and was discharged on post-operative day 3. At six-month follow-up, CTA demonstrated a stable, thrombosed pseudoaneurysm sac and a well-positioned patent stent-graft.

Conclusion: Dysphagia due to aortic pseudoaneurysm is a rare but highly dangerous condition. Prompt recognition and CTA-based diagnosis are imperative. TEVAR offers a rapid, minimally invasive, and highly effective life-saving intervention, and should be considered the preferred strategy for such high-risk presentations.

POSTER PRESENTATION

A Fish Bone's Unusual Journey Masquerading As An Abdominal Wall Abscess: A Rare Case

Bivek Bhagat

Introduction: Ingestion of fish bone as a foreign body is common, but migrating to the abdominal wall and perforating through the terminal ileum and formation of an anterior abdominal wall abscess is extremely rare. Such presentations often mimic superficial soft-tissue infections, causing diagnostic delays. Early recognition with imaging is crucial for appropriate surgical management.

Case Report: A 58-year-old male presented with pain and swelling in the umbilical region for 12 days. On physical examination, there was an 8*4 cm erythematous, tender, fluctuant swelling over the umbilical area.

Laboratory investigations revealed leukocytosis. Ultrasonography and computed tomography were consistent with an anterior abdominal wall abscess extending into the peritoneal cavity with a foreign body in situ. The patient underwent emergency exploratory laparotomy with removal of the foreign body with drainage of the abscess, with uneventful recovery.

Discussion: Fish bone-induced bowel perforation with penetration to the abdominal wall leading to abscess formation is extremely rare. Its nonspecific presentations often mimic superficial abscess, leading to diagnostic challenges. CT imaging is critical for identifying the foreign body, delineating the abscess extent, and planning surgical intervention. Prompt recognition and surgical treatment prevent complications such as generalized peritonitis or sepsis.

Conclusion: This case highlights that a high index of suspicion should be made for foreign body-induced small bowel perforation in an atypical abdominal wall abscess, especially in patients with a history of fish ingestion. Early imaging and timely surgical management are essential for optimal patient outcomes.

Keywords: Fish bone, Foreign body ingestion, Small bowel perforation, Abdominal wall abscess

POSTER PRESENTATION

Adult Intussusception: Rare But Real — Our Experience

Bishal Karki

Background: Adult intussusception is a rare clinical entity, accounting for a small fraction of intestinal obstructions. Unlike paediatric cases, most adult cases have an underlying pathological lead point. Because of its nonspecific symptoms, diagnosis is often delayed until imaging or surgery. Objective: To describe the clinical spectrum, underlying pathology, and management outcomes in five adult patients diagnosed with intussusception.

Methods: A retrospective review of five adult patients diagnosed with acute intussusception was conducted at our institution. All cases were evaluated clinically and confirmed by imaging (ultrasonography and CT scan). Operative findings and histopathology were analyzed.

Results: Among five patients (age range 22–38 years; 3 females, 2 males), the following patterns were observed: • Case 1: 38-year-old female – Ileal intussusception due to ileal polyp as the lead point. • Case 2: 22-year-old female – Ileal intussusception, self-resolved on conservative management. • Case 3: 40-year-old female – Ileocecal intussusception, no definite lead point identified. • Case 4: 72-year-old male – Ileocecal intussusception secondary to cecal lipoma. • Case 5: 38-year-old female – Ileal-ileal intussusception due to ileal mass (likely neoplastic) as lead point. All except one underwent surgical exploration with segmental resection and anastomosis. One case resolved spontaneously. Postoperative recovery was uneventful in all operated patients.

Conclusion: Adult intussusception, though rare, must be considered in adults presenting with subacute intestinal obstruction. CT scan remains the investigation of choice. An underlying lesion is frequent; hence, surgical management is often warranted. Early diagnosis and timely intervention ensure favorable outcomes.

Keywords: Adult intussusception, intestinal obstruction, lead point, ileocecal, bowel resection, case series

POSTER PRESENTATION

From Appendicitis to Ladd's: A Diagnostic Detour of Intestinal Malrotation

Gehendra Bhandari

Introduction: Intestinal malrotation is a rare congenital anomaly resulting from incomplete rotation of the midgut during embryogenesis, with an incidence of approximately 0.2–0.5% of live births, extrapolated from postmortem studies to about 1 in 6000 live births. Most of the cases are asymptomatic, while symptomatic cases appears usually in infancy. Adult presentations are uncommon and often mimic other acute abdominal conditions. Non-rotation can alter the anatomical position of the cecum and appendix, producing atypical

presentations that may mislead clinicians during diagnosis and surgery.
Case Presentation: A young female presented to another center with lower abdominal pain for two days, clinically diagnosed as appendicitis. During open appendectomy via a Gridiron incision, the appendix could not be visualized; hence, an omentectomy was performed. Postoperatively, she developed worsening pain and symptoms of small bowel obstruction. CT imaging revealed intestinal malrotation. Upon referral to our center, exploratory laparotomy demonstrated interloop ileal adhesions and a Ladd's band causing ileal obstruction, with a normal appendix. The large bowel was located entirely on the right side, and small bowel on the left, with the duodenojejunal flexure lying below and to the right of the midline, consistent with non-rotational type malrotation. Ladd's procedure was performed with complete recovery and she was discharged on the 7th postoperative day.
Conclusion: Adult intestinal malrotation can masquerade as common surgical emergencies. CT imaging is pivotal in establishing diagnosis and guiding timely surgical intervention, preventing recurrent obstruction and complications.

POSTER PRESENTATION

Unmasking the Hidden Entity Behind a Recurrent Ilio-Psoas Abscess

Homendra Kumar Shah

Introduction: Iliopsoas abscess (IPA) is a rare clinical entity, usually secondary to infection from adjacent structures. However, malignancy-related secondary IPA is uncommon and often misdiagnosed as tubercular abscess, particularly in tuberculosis-endemic regions. We report a rare case of mucinous adenocarcinoma of the sigmoid colon masquerading as recurrent psoas abscess.
Case Presentation: A 69-year-old male farmer from Myagdi presented with a progressively enlarging, firm, non-tender left lower abdominal lump for 2.5 years, associated with pain and difficulty walking. He had undergone multiple pigtail drainages elsewhere for presumed psoas abscess and received empirical anti-tubercular therapy for 1.5 years without definitive diagnosis. MRI suggested Pott's spine as the cause, but CECT abdomen revealed communication of abscess to sigmoid thickening, suggesting bowel as culprit. Colonoscopy and biopsy confirmed mucinous adenocarcinoma of the sigmoid colon with secondary extension into the psoas. The patient underwent exploratory laparotomy with drainage of the gelatinous tumor cavity and Hartmann's procedure with palliative intent. Histopathology confirmed mucinous adenocarcinoma, staged cT4b N0 M0. Palliative chemotherapy was advised, and the patient remained stable at 5-month follow-up.
Discussion and Conclusion: Recurrent or atypical iliopsoas abscess should prompt evaluation beyond tuberculosis and consider malignancy as differential. Empirical anti-tubercular therapy without confirmatory evidence may delay appropriate management. Comprehensive evaluation with contrast-enhanced imaging and colonoscopy is crucial to identify concealed malignant causes masquerading as common infections.
Keywords: Abdominal Tuberculosis; Colon Neoplasms; Iliopsoas Abscess; Mucinous Adenocarcinoma

POSTER PRESENTATION

Colonic Gastrointestinal Stromal Tumor: A Rare Entity Mimicking Colonic Carcinoma — A Case Report

Jay Kant Shah

Background: Gastrointestinal stromal tumors (GISTs) are uncommon mesenchymal neoplasms, most frequently arising in the stomach and small intestine. Colonic GISTs are exceedingly rare, comprising less than 1% of all GISTs. Due to their rarity and non-specific clinical presentation, they are often misdiagnosed as colorectal carcinoma or other colonic masses preoperatively. We present a case of colonic GIST managed surgically, highlighting diagnostic and therapeutic challenges.

Case Presentation: A 49 year-old male presented with intermittent lower abdominal pain, altered bowel habits, and a palpable mass in the right hypochondriac and epigastric mass fossa for three months. Colonoscopy revealed an extraluminal bulge with intact mucosa in the transverse colon. Contrast-enhanced CT scan showed a well circumscribed, enhancing soft-tissue mass arising from the muscular layer of the transverse colon, with no evidence of metastasis. The patient underwent Segmental resection of Transverse colon with side to side colocolic anastomosis with diverting loop ileostomy for Colonic GIST. Intraoperatively, a 40 × 25 cm exophytic mass was noted arising from the antimesenteric border of the sigmoid colon. Histopathological examination revealed spindle-shaped tumor cells arranged in fascicles. Margins were negative, and mitotic index was <5/50 HPF, consistent with an intermediate-risk tumor. The patient remains disease-free with no evidence of recurrence on surveillance imaging and underwent stoma reversal with no post operative complications till date.
Discussion: Colonic GISTs pose a diagnostic dilemma due to their rarity and non-specific imaging features. Complete surgical resection with negative margins remains the cornerstone of treatment. Adjuvant imatinib therapy is indicated for intermediate- to high-risk cases. This case underscores the importance of considering GIST in the differential diagnosis of colonic masses in establishing the diagnosis.

POSTER PRESENTATION

Plug The Bleed, Save The Stream: Bilateral Internal Pudendal Artery Embolization For Traumatic Urethro-Cavernous Fistula

Manoj Adhikari

Urethral hemorrhage, presenting as intermittent or continuous bleeding from the meatus , can result from trauma, tumors, urinary calculi, catheterization, arteriovenous malformations, or rare syndromes such as Klippel-Trenaunay syndrome. The primary goal in managing urethral injuries is to preserve urethral continuity and minimize genitourinary complications, including impotence and incontinence. Minimally invasive endovascular techniques offer effective hemostasis with reduced surgical morbidity. We report a case of a patient presenting with continuous hematuria following a fall, found to have a corporocavernous arteriovenous fistula. Initial management with medication and urethroscopic therapy failed to control the bleeding, leading to the decision to perform bilateral internal pudendal artery embolization using a super-selective microcoil technique. The procedure successfully achieved hemostasis while preserving the patient's sexual function, with no major complications. This case demonstrates that super-selective bilateral internal pudendal artery embolization is a safe and effective minimally invasive approach for controlling traumatic urethral hemorrhage associated with corporocavernous fistula, balancing hemostatic efficacy with functional preservation.
Keywords : Klippel-Trenaunay syndrome ; Embolization ; Microcoil ; Hemostasis

POSTER PRESENTATION

Appendiceal Herniation Mimicking Acute Appendicitis: A Rare Case

Milan Adhikari

Background: Appendiceal herniation through the abdominal wall is extremely rare and can clinically mimic acute appendicitis.
Case Presentation: A 34-year-old female presented with right lower abdominal pain, tenderness, and rebound tenderness. Total leukocyte count was 8,400/mm³, and MANTRELS score was 8/10 . Ultrasonography revealed acute appendicitis with an appendicolith. She had a past history of lower segment cesarean section with drain placement in RIF two years back. During open appendectomy, the appendix was found grossly inflamed, with

approximately 3 cm of its distal tip herniating through the rectus sheath into subcutaneous tissue, while the intra-abdominal portion appeared normal. Appendectomy was performed, and the postoperative course was uneventful.
Conclusion: This rare case of appendiceal herniation through the rectus sheath highlights an unusual cause of right iliac fossa pain mimicking acute appendicitis. Previous abdominal surgery and fascial weakness may predispose to such presentations. Awareness of this entity aids in appropriate surgical management.
Keywords: Appendix, Herniation, Acute appendicitis, Previous Surgery

POSTER PRESENTATION

Dual Organ Trauma, Single Conservative Win

Nasla Shrestha

Background: Blunt abdominal trauma resulting from road traffic accidents (RTA) is a leading cause of solid organ injuries, particularly involving the spleen and kidneys. While surgical intervention has been the traditional approach for high-grade injuries, conservative management in hemodynamically stable patients is increasingly being recognized as a viable and safe option.
Case Presentation: A 20-year-old male presented to the Emergency Department following a scooter–four-wheeler collision, with complaints of abdominal pain and facial abrasions. On admission, he was hemodynamically stable but exhibited diffuse abdominal tenderness. Initial investigations revealed hemoperitoneum, grade III splenic injury, and grade III left renal laceration on CT abdomen. Minimal pneumoperitoneum and minimal bilateral pleural effusion were also noted. No collecting system disruption or renal vascular injury was present. Management and Outcome: The patient was admitted for close observation and managed conservatively with intravenous fluids, analgesics, and antibiotics. Serial monitoring of vital parameters, hemoglobin, and biochemical markers was performed. Imaging follow-up showed stable injuries without progression. The patient remained hemodynamically stable throughout the hospital stay and was discharged on day 14 with significant clinical improvement.
Discussion: This case highlights successful non-operative management of concurrent grade III splenic and renal injuries in a hemodynamically stable trauma patient. Careful patient selection, vigilant monitoring, and multidisciplinary support are crucial for favorable outcomes. Such management avoids unnecessary laparotomy and preserves organ function.
Conclusion: Conservative management of selected high-grade solid organ injuries after blunt abdominal trauma can result in excellent outcomes, minimizing morbidity associated with surgical intervention.
Keywords: Blunt abdominal trauma, Splenic injury, Renal injury, Conservative management, Road traffic accident

POSTER PRESENTATION

A Rare Case Of Median Arcuate Ligament Syndrome; Case Report

Nishant Kumar Raut

Introduction: Median arcuate ligament syndrome (MALS) is a rare condition where the celiac trunk is compressed by the median arcuate ligament, causing a characteristic symptom triad: postprandial abdominal pain, weight loss, and nausea with vomiting.
Case presentation: A 43 year-old female patient came to our center with mild postprandial abdominal pain in the epigastric region and a bloating sensation. Abdomen ultrasonography revealed normal scan and a computed tomography scan showed " U shaped stenosis of the proximal celiac trunk just distal to its origin without significant dilatation of the splenic artery and hepatic artery. The patient underwent laparoscopic release of the median arcuate ligament.

Discussion: The diagnosis of Median Arcuate Ligament Syndrome is made based on typical post-prandial symptoms and abdominal imaging techniques such as Doppler ultrasonography, computed tomography angiography, or magnetic resonance angiography. Other potential intestinal disorders should be ruled out before confirming the diagnosis. The primary treatment for this condition is celiac artery decompression through various methods.
Conclusion: Median arcuate ligament syndrome should be considered in patients with unexplained post-prandial abdominal pain. The treatment involves celiac artery decompression through the release of the median arcuate ligament.

POSTER PRESENTATION

Why Is There Dilemma To Find A Pancreatic Simple Mucinous Cyst?

Nitish Man Maharjan

Introduction Simple Mucinous cyst is defined as a macroscopic cyst that are greater than one cm in size with gastric type flat mucous lining and minimal cytological atypia without ovarian type stroma. Mucinous Cystic Pancreatic lesions (CPLs) include epithelial neoplasms, as intraductal papillary mucinous neoplasms (IPMNs) and mucinous cystic neoplasms (MCNs), which are recognized precursors of pancreatic adenocarcinoma and epithelial non-neoplastic lesions, as retention cysts (RCs) and simple mucinous cysts (SMCs), which are less commonly encountered. Two distinctive features of SMCs are the lack of ovarian-type subepithelial stroma, which is typical of MCNs, and the absence of communication with the pancreatic ductal system, which enables the differentiation from IPMNs. Simple mucinous cysts occur more commonly in females with a mean age at diagnosis of sixty-four years
Method Twenty-four Year female present with pain abdomen in upper quadrant on and off with in last four years, pain relived on leaning forward, aggravated on lying down diagnosed as pancreatic pseudocyst at tail of pancreas. Pain was relieved while giving high dose of different analgesics but again re-appear and have difficult in maintaining quality of life. Blood investigation shows rise in CRP (76.1), normal serum amylase (52) with normal leukocyte. Aspirated body fluid shows increase in amylase level (1073) CT finding was done showing large thick-walled cyst in tail of pancreas. Spleen preserving vessel sacrificing distal pancreatectomy was performed. Final histopathology demonstrated simple mucinous cyst.
Conclusion: Simple Mucinous Cyst is pathologic diagnosis and is challenging diagnosis. SMC usually a solitary cystic lesion not communicating with main pancreatic duct. SMC should be considered when a pancreatic cyst is larger than one cm.

POSTER PRESENTATION

The Biliary Masquerade: When Lymphoma Played The Role Of Cholangiocarcinoma

Prajeet Ray

Malignant obstructive jaundice is typically caused by pancreatic or periampullary adenocarcinoma. Primary non-Hodgkin lymphoma of the extrahepatic bile duct is exceedingly rare. We present a diagnostically challenging case where initial findings pointed to cholangiocarcinoma, but histopathology revealed an unexpected lymphoma. A fifty-two-year-old female presented with a one-month history of progressive jaundice, pruritus, and epigastric pain. Examination revealed icterus and epigastric tenderness. Laboratory investigations confirmed obstructive jaundice with a total bilirubin of twelve point four milligrams per deciliter and a markedly elevated carbohydrate antigen 19-9 of three hundred twenty-eight point three units per milliliter. Cross-sectional imaging revealed a long-segment, asymmetrical, avidly enhancing wall thickening of the common hepatic and bile ducts, causing luminal narrowing and upstream biliary dilatation. The radiological impression

was a malignant stricture, highly suspicious for cholangiocarcinoma. The patient underwent a palliative Roux-en-Y hepaticojejunostomy for biliary decompression. Histopathological examination of the bile duct lesion revealed a high-grade B-cell non-Hodgkin lymphoma, which was positive for C-MYC rearrangement. This critical diagnosis shifted the management paradigm from a surgical to a systemic chemotherapeutic approach. This case underscores several key lessons. First, biliary non-Hodgkin lymphoma is a great mimicker, closely resembling cholangiocarcinoma both clinically and radiologically. Second, an elevated carbohydrate antigen 19-9 is not specific for adenocarcinoma and can occur with lymphomatous involvement. Third, and most importantly, tissue diagnosis remains the gold standard to guide correct management and prevent unnecessary major resections in cases of atypical biliary strictures.

POSTER PRESENTATION

Strategies to Achieve a Complete Oncological Resection of Gallbladder Neck Cancer With Aberrant Right Hepatic Artery Involvement

Pranat Sapkota

Gallbladder carcinoma (GBC) remains one of the most aggressive hepatobiliary malignancies, often diagnosed at an advanced stage with poor prognosis. Tumors located at the gallbladder neck pose particular surgical challenges due to their proximity to the hepatic hilum and major vascular structures. The presence of an aberrant right hepatic artery (aRHA), occurring in approximately 20–25% of cases, further complicates oncological resection. This poster includes five patients with GBC involving the neck and aRHA. All patients underwent preoperative assessment with contrast-enhanced CT, CT angiography, and functional liver evaluation. Depending on vascular anatomy and tumor relation, management strategies included preservation, embolization, ligation, or reconstruction of the aRHA. Complete (R0) resection was achieved in all patients. Procedures included one embolization, one ligation, two reconstructions, and one preservation of the aRHA. Histopathology revealed four adenocarcinomas and one neuroendocrine carcinoma. There were no cases of postoperative liver failure, and one patient developed a bile leak managed conservatively. Preoperative embolization and tailored intraoperative vascular management enable safe R0 resection in GBC involving the aRHA, preserving hepatic function and avoiding unnecessary major hepatectomy.

POSTER PRESENTATION

Introducing Pressurized Intraperitoneal Aerosol Chemotherapy (PIPAC) In Gastric Cancer Peritoneal Disease: First Experience From Nepal

Pushpa Lal Bhadel

Introduction: Gastric cancer with peritoneal metastases carries a poor prognosis, and treatment is often palliative. Pressurized Intraperitoneal Aerosol Chemotherapy (PIPAC) has emerged as a novel approach to deliver intraperitoneal chemotherapy effectively and safely, even in patients with advanced disease. This report presents the first experience of using PIPAC in combination with systemic chemotherapy for gastric carcinoma with peritoneal metastases in Nepal.

Methods: The treatment was undertaken at Bhaktapur Cancer Hospital, a comprehensive cancer hospital in Kathmandu. Case history A 29-year-old male diagnosed with carcinoma of the stomach was found to have peritoneal metastases with a low Peritoneal Cancer Index (PCI) of 3 on staging laparoscopy. He received neoadjuvant systemic chemotherapy with the FLOT regimen (5-fluorouracil, leucovorin, oxaliplatin, and docetaxel) along with PIPAC using cisplatin and doxorubicin. Treatment response was assessed clinically and radiologically after completion of neoadjuvant therapy. The patient demonstrated a favourable response clinically and radiologically. He subsequently underwent complete cytoreductive surgery (CRS) with

hyperthermic intraperitoneal chemotherapy (HIPEC) using cisplatin and doxorubicin. The postoperative period was uneventful, and the patient successfully completed the remaining cycles of systemic FLOT chemotherapy. However, the long-term survival benefit is yet to be determined.
Conclusion: This case highlights the feasibility and safety of incorporating PIPAC as part of a multimodal treatment approach for gastric cancer with limited peritoneal metastases. Although the overall treatment duration was long and complex, this approach represents a ray of hope for carefully selected patients, offering the potential for disease control and improved long-term outcomes even in resource-limited settings.
Keywords: Carcinoma stomach, peritoneal disease, pressurized intraperitoneal aerosol chemotherapy

POSTER PRESENTATION

Air: Out Of Nowhere

Rajesh Shrestha

Background: Spontaneous pneumoperitoneum without gastrointestinal perforation is rare and poses a diagnostic and therapeutic dilemma, especially in elderly patients with multiple comorbidities. Conservative management can be appropriate in select cases where the patient is hemodynamically stable and the source is presumed non-surgical.
Case Presentation: A 68-year-old female with known hypertension, type 2 diabetes mellitus, ischemic heart disease, CKD and COPD presented with a history of fever and multiple episodes of dysentery, abdominal pain and mild distension. She had initially been treated medically for bibasilar pneumonia. On examination, she was ill-looking but hemodynamically stable with mild diffused abdominal tenderness. Blood count showed neutrophilic leukocytosis. Chest X-Ray revealed pneumoperitoneum, which was confirmed by CT without signs of frank perforation. Management and Outcome: Though CT revealed no obvious source, consent for exploratory laparotomy could not be obtained due to poor surgical fitness. In the absence of signs of peritonitis on examination, a trial of non-operative management was started. USG guided pigtail catheter was inserted that decompressed intra-abdominal air reducing risk of abdominal compartment syndrome. Immediate change in abdominal findings were noted but pigtail only drained air. Pigtail catheter was removed on Day 5 of its insertion when she was symptomatically better over next few days.
Discussion: This case highlights importance of recognizing spontaneous pneumoperitoneum as a potential complication of gastric or other pulmonary conditions. In high-risk candidates, non-surgical management can lead to favorable outcomes.
Conclusion: Conservative management can be a safe and effective approach for selected cases of spontaneous pneumoperitoneum, particularly in elderly patients with significant comorbidities and stable clinical status. Individualized decision-making and multidisciplinary collaboration are key to successful outcomes.
Keywords: Pneumoperitoneum, Conservative management, Elderly patient, Non-operative approach, Pigtail catheter, Nepal

POSTER PRESENTATION

Correlation Of Metabolic Syndrome And Urolithiasis: A Hospital Based Cross-Sectional Study

Ramesh

Introduction Urolithiasis, or urinary stone disease, is a common metabolic and urological disorder resulting from the crystallization of urinary solutes such as calcium oxalate, phosphate, or uric acid. Once considered a localized renal problem, it is now recognized as a systemic condition influenced by genetic, dietary, and metabolic factors. Globally, 10–15% of people experience urinary stones, with higher prevalence in men. In

Asia, particularly across the "stone belt" region—spanning Nepal, India, Pakistan, Thailand, and China—prevalence ranges from 5% to 20%. Rising temperatures, low fluid intake, and westernized diets have contributed to this growing burden. Metabolic syndrome (MetS), defined by central obesity, hypertension, dyslipidemia, and hyperglycemia, has emerged as a major global health issue. Insulin resistance, the core mechanism of MetS, lowers urinary pH and alters renal excretion, promoting uric acid and calcium oxalate stone formation. Shared risk factors—such as obesity, poor diet, and sedentary lifestyle—suggest a strong pathophysiological link between MetS and urolithiasis.

Methodology This is a hospital based cross-sectional study conducted over a period of one year in the department of Urology at Nepal Medical College. All the relevant samples were collected from patient visiting our OPD and those admitted in the Urology ward. After the data was collected, descriptive analysis was carried out by frequency and percentage for categorical variables. Continuous variables were presented as mean ± SD. Independent t-test was used to compare mean ± standard deviation of continuous variables between two groups. P-value < 0.05 was considered statistically significant. IBM SPSS version 25 was used for statistical analysis. (Reference: IBM Corp. Released 2017. IBM SPSS Statistics for Windows, Version 28.0. Armonk, NY: IBM Corp.)

Results Among the total 126 patients with urolithiasis, the majority (54.8%, n=69) were male while the female population was only 45.2% (n= 57). The prevalence of metabolic syndrome in the patients with urolithiasis was 45.2% (n=57). It is noted that among the urolithiasis patients having metabolic syndrome, all the 4 components of syndrome were present in only less than 30% of this group population but the majority had only the 3 components.The vast majority of our urolithiasis patients had high blood pressure and the increased waist circumference accounting to 85.7% and 80.2% respectively, and low HDL-C was also seen in the significant number of population amounting to 45.2%. Only few patients had their Total Cholesterol, LDL-C and VLDL-C elevated. Regarding BMI, the major portion of our study group fell into 'Normal' category.

Conclusions This study found that kidney stones most frequently affect middle-aged adults, particularly those aged 31–50 years, with a slight male predominance. A substantial number of patients were overweight or obese, emphasizing the contribution of excess body weight to stone formation. Metabolic abnormalities were also highly prevalent, including increased waist circumference, elevated blood pressure, dyslipidemia, and raised blood glucose levels. Nearly one-third of participants exhibited three or more features of metabolic syndrome, underscoring the strong association between metabolic disturbances and urolithiasis. These results suggest that central obesity, insulin resistance, and lipid imbalances may create urinary conditions conducive to stone development.

Keywords Metabolic Syndrome, Urolithiasis, International Diabetes Federation

POSTER PRESENTATION

Laparoscopic Nissen's Fundoplication For Type I Hiatal Hernia With Severe GERD: A Case Report

Sandesh Neupane

Introduction: Severe or complicated gastroesophageal reflux disease (GERD) with large sliding hiatal hernia and demonstrable anatomic and physiologic defects is an established indication for antireflux surgery. This case report describes the workup and early outcome of laparoscopic Nissen's fundoplication.

Methods: A 50-year-old male with 3-year heartburn, regurgitation, intermittent dysphagia, and waterbrash underwent structured evaluation. Upper GI endoscopy and histology showed a large sliding hiatal hernia with Los Angeles grade C esophagitis. High-resolution manometry (Chicago v4.0) demonstrated EGJ morphology type IIIa with maximal LES–crural diaphragm separation of five cm, preserved LES relaxation, and reduced peristaltic reserve. CT confirmed proximal migration of the esophagogastric junction. Laparoscopic Nissen's fundoplication with posterior cruroplasty was performed, targeting ≥2.5–3 cm intra-abdominal esophagus and

a short, floppy 360° wrap.
Results: The procedure was uneventful. The patient had expected transient dysphagia with early progression from liquids to soft diet. At two week follow-up, endoscopy showed mild distal narrowing and mild antral gastritis without wrap-related complications. He reported resolution of reflux symptoms, no regurgitation, and proton pump inhibitor independence with improved functional status.
Conclusion: In objectively confirmed severe GERD with large sliding hiatal hernia and supportive manometric findings, laparoscopic Nissen's fundoplication with meticulous hiatal repair achieved safe and effective early symptom control in this case. The findings support tailored, physiology-guided fundoplication while highlighting the need for longer follow-up to assess durability.
Keywords : Esophagitis; Fundoplication; Fundoplication, Nissen; Gastroesophageal Reflux; Hernia, Hiatal; Laparoscopy

POSTER PRESENTATION

Complete Ileal Resection In Blunt Abdominal Trauma- A Rare Case Report

Saujanya Jung Pandey

Introduction: Blunt abdominal trauma (BAT) from road traffic accidents (RTA) is a major cause of morbidity and mortality in young adults. While solid organs are frequently injured, hollow viscus injury (HVI) is rare, occurring in only 1–5% of BAT cases. Among these, small bowel injuries—particularly to the ileum—are most common due to its mobility and anatomical location. Complete ileal transection, however, is exceptionally uncommon. We present a rare case of ileal transection following RTA, managed successfully with timely surgical intervention.
Case Presentation: A 27-year-old male sustained high-velocity BAT (collision at 70 km/hr). He was hemodynamically stable but had pelvic tenderness and suprapubic ecchymosis. Chest x-ray did not reveal free gas under the diaphragm and CT abdomen revealed Grade II splenic injury, intraperitoneal bladder rupture, urethral injury, and pelvic fractures, but no definitive bowel injury. During exploratory laparotomy for bladder repair, approximately 1.5 L of bilious-feculent fluid was found. Exploration revealed a complete ileal transection 40 cm proximal to the ileocecal junction. Primary end-to-end anastomosis and bladder repair were performed. The postoperative period was uneventful, and the patient was discharged on day 14.
Discussion: Small-bowel transection after BAT is rare and can be easily missed, as imaging findings are often inconclusive. In this case, the mechanism was likely direct compression of the bowel against the vertebral column. The presence of feculent peritoneal fluid was key to diagnosis. Early surgical exploration prevented mortality in this case.
Conclusion: This case underscores the need for high clinical suspicion, repeated evaluation, and early surgical intervention in BAT, even when imaging fails to reveal definitive bowel injury.
Keywords- blunt abdominal trauma, high velocity injury, ileal resection, bladder injury

POSTER PRESENTATION

When Umbilical Pain Hides A Cancer: A Rare Case Of Mucinous Urachal Adenocarcinoma

Sushant Bogati

Urachal carcinoma is an uncommon but aggressive tumor originating from the persistent urachal remnant, representing less than 1% of bladder malignancies. Its retro-umbilical location and non-specific initial symptoms often delay diagnosis, leading to advanced disease at presentation. Patients typically present with painless hematuria, mucousuria, or suprapubic discomfort. Diagnostic work-up includes contrast-enhanced CT or MRI to assess local extent, cystoscopy to identify bladder dome involvement, and histopathological

confirmation. Adenocarcinoma is the predominant subtype, frequently demonstrating mucinous features. Surgical resection remains the cornerstone of treatment. Partial cystectomy with en bloc excision of the urachus and umbilicus is considered the standard approach for localized disease, aiming for clear margins and improved oncologic control. Lymph node dissection may aid staging. Systemic chemotherapy is reserved for metastatic or recurrent cases and offers limited survival benefit. Prognostic factors include tumor stage, margin status, and nodal spread. In Nepal, due to limited awareness and late presentation, outcomes may be poorer. Increased clinical suspicion, timely imaging, and multidisciplinary collaboration are essential to enhance early diagnosis and optimize surgical outcomes. Development of national guidelines and multicenter data collection could further improve management strategies for this rare malignancy in the Nepalese context.

POSTER PRESENTATION

Impaling Injury In Perineum With Wooden Foreign Body Leading To Extensive Necrotizing Soft Tissue Inefection

Uttam Chaulagain

Introduction: Penetrating perineal trauma is rare but carries high risk due to contamination, hidden tracts, and proximity to major vessels and viscera. Retained organic foreign bodies, particularly wood, are often radiolucent and can perpetuate infection or erode into vascular structures. Necrotizing soft tissue infection (NSTI) is a devastating complication with significant mortality.
Case Presentation: A 53-year-old woman from rural Nepal presented eight days after falling onto a tree branch, sustaining a perineal impalement. Her wound had been sutured primarily at a local center. She developed severe pain, swelling, foul discharge, and rectal bleeding. On exploration, extensive necrotic tissue and foul collections were found. MRI revealed a pelvic extension of infection but missed the wooden fragments. During subsequent staged debridements, two retained wooden pieces were discovered. Their removal precipitated massive pelvic hemorrhage requiring ligation of the right internal iliac artery. A loop colostomy was fashioned to prevent fecal contamination. After multiple surgeries and 53 days of inpatient care, she was discharged in stable condition.
Discussion: This case demonstrates how premature closure of contaminated wounds and missed radiolucent foreign bodies can lead to life-threatening NSTI and vascular injury. Diagnosis is primarily clinical, as systemic signs may be late.
Conclusion: Management of penetrating perineal trauma requires early suspicion, avoidance of primary clo sure, aggressive staged debridement, and preparedness for vascular complications.
Keywords: Perineal injury, Wooden foreign body, Necrotizing soft tissue infection, Impalement, Vascular complication

POSTER PRESENTATION

Laparoscopic Transposition For Retrocaval Ureter: A Single-Center Experience

Vivek Kumar Roshan

Introduction: Retrocaval ureter is a rare congenital anomaly resulting from abnormal development of the inferior vena cava, leading to ureteric obstruction and flank pain. Surgical correction is the definitive treatment. This study aims to present our institutional experience with laparoscopic transposition of the ureter in patients diagnosed with retrocaval ureter.
Methods: This retrospective case series included five patients diagnosed with retrocaval ureter who presented with flank pain and were diagnosed with retrocaval between 2080 and 2082. All patients underwent laparoscopic transposition of the ureter . Postoperative follow-up included clinical evaluation at 3 and 6 months.

Results: Five patients (3 males and 2 females. underwent laparoscopic transposition. The mean operative time was 145 minutes, and the mean hospital stay was 3.5 days. No intraoperative or major postoperative complications were recorded. At six-month follow-up, all patients were symptomatically improved and ultrasonography demonstrated resolution of hydronephrosis with good drainage. None required re-intervention during the follow-up period.
Conclusion: Laparoscopic transposition is a safe and effective surgical approach for retrocaval ureter, offering excellent functional and symptomatic outcomes with minimal morbidity. Early diagnosis and laparoscopic management should be considered the preferred treatment modality in suitable patients.
Keywords: Flank pain; Hydronephrosis; Laparoscopy; Retrocaval ureter; Ureteral obstruction

POSTER PRESENTATION

RCT on Seroma post MRM

Senthil Kumaran

POSTER PRESENTATION

Renal Hydatid Cyst: A rare entity in urological practice

Arpan Devkota

POSTER PRESENTATION

Early outcomes of Endoscopic Endonasal Transsphenoidal Surgery for Pituitary Lesions: A three-year single-centre experience from Nepal

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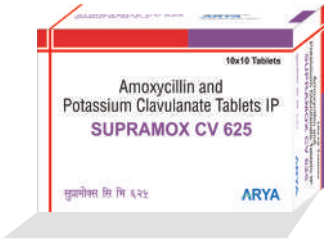

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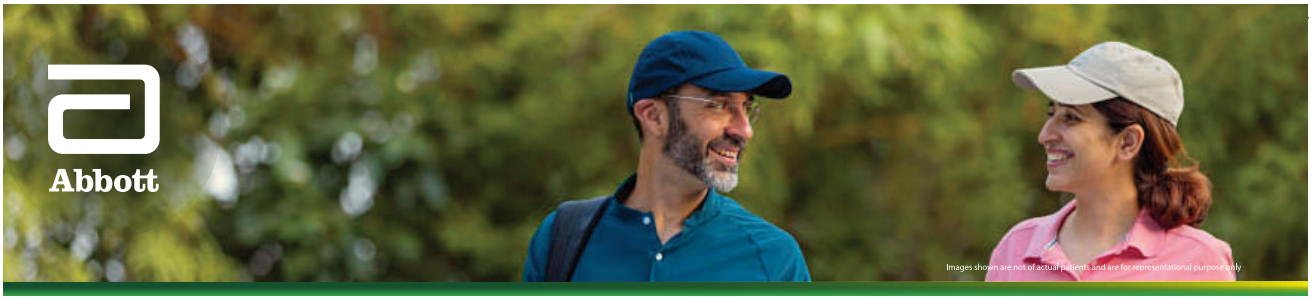

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^Data on File 1. Patankar R, et al. A prospective non-comparative study to assess the effectiveness and safety of combination laxative therapy containing milk of magnesia, liquid paraffin, and sodium picosulphate (Cremaffin - Plus) in the management of constipation in patients with anal fissure/hemorrhoids/obstructive defecation syndrome. Int Surg J. 2017;4(12):3899–3906. 2. Portalatin M, et al. Medical management of constipation. Clin Colon Rectal Surg. 2012;25(1):12–9 3. L Kosar MSc, B Schuster P. Management of constipation. RX Files Aug 2013. Available from: https://www.mindmeister.com/generic_file_get_file/6624119 filetype=attachment_file Based on individual properties of Milk of Magnesia and Liquid Paraffin 4. Balekuduru A and Sahu MK. Expert opinion on the habit forming properties of laxatives in patients with constipation [version 1; peer review: awaiting peer review]. F1000Research 2022, 11:803 5. Schiller, L.R., The therapy of constipation. Alimentary Pharmacology & Therapeutics, 2001; 15: 749-763.https://doi.org/10.1046/j.1365-2036.2001.00982.x. 6. Sharif F, Crushell E, O'Driscoll K, Bourke B. Liquid paraffin a reappraisal of its role in the treatment of constipation. Arch Dis Child. 2001 Aug;85(2):121-4. doi: 10.1136/adc.85.2.121

Abbreviated Prescribing Information GENERIC NAME: Liquid Paraffin, Milk of Magnesia & Sodium Picosulfate Oral emulsion BRAND NAME: Cremaffin® Plus QUALITATIVE AND QUANTITATIVE COMPOSITION: Each 5 ml (1 teaspoonful approx.) contains: Liquid Paraffin I.P.1.25 ml, Milk of Magnesia I.P. 3.75 ml, Sodium Picosulfate B.P.3.33 mg, Colours: Carmoisine & Ponceau 4R. THERAPEUTIC INDICATIONS: For the symptomatic relief of constipation in adults. POSOLOGY AND METHOD OF ADMINISTRATION: Adults and children over 12 years: 7.5 ml (approx. 1½ teaspoonful) if the response is unsatisfactory, the dose may b increased to 15 ml (3 teaspoonful) or as advised by the physician. Children 5 to 12 years .....1 teaspoonful or as advised by the physician. Children 3 to 5 years ..... As advised by the physician. Children under 3 years..... Not recommended Cremaffin Plus is best taken at bedtime preferably with water. Elderly: There is no need for dosage reduction in the elderly. CONTRAINDICATIONS:The usual general contraindications to purgatives apply. Patients with hypersensitivity to liquid paraffin, magnesium hydroxide or sodium picosulfate. Presence of intestinal obstruction, ileus, toxic megacolon gastric retention abdominal pain, nausea or vomiting, and in children under 3 years of age. Patients with severely reduced renal function (creatinine clearance less than 30 mL/minute) which may result in accumulation of magnesium. SPECIAL WARNINGS AND PRECAUTIONS FOR USE IN PREGNANCY AND LACTATION The safety of Cremaffin Plus for use in pregnancy and lactation is not established. Therefore, as with other medicines, Cremaffin Plus should not be administered during pregnancy and lactation. UNDESIRABLE EFFECTS: Liquid paraffin may cause anal seepage and irritation and granulomatous reactions. Cases of hypersensitivity reactions including rash, urticaria, and purpura have been reported. Prolonged use or overdosage can precipitate the onset of an atonic non-functioning colon and hypokalemia and electrolyte disturbances. Nausea, headache, and vomiting are the most common adverse reactions (> 1%) reported with sodium Picosulfate and milk of magnesia. Abdominal pain, diarrhea, fecal incontinence, and proctalgia have been reported with sodium picosulfate. There have been isolated reports of reversible aphthoid ileal ulcers and ischemic colitis, generalized tonic-clonic seizures associated with and without hyponatremia in epileptic patients. ISSUED ON:25th May 2022 SOURCE:Prepared based on full prescribing information,version4.0 dated 25th May 2022 TM/®Trademark of the Abbott Group of Companies. For full prescribing information,please contactMedical Sciences Division, Abbott India Limited, Godrej BKC, Plot No. C – 68, BKC, Near MCAClub, Bandra(E),Mumbai–400051 For AdditionalInformation please contact Abbott Medical Science

Abbreviated Prescribing Information GENERIC NAME AND BRAND NAME Liquid Paraffin & Milk of Magnesia oral emulsion CREMAFFIN® (Mixed Fruit Flavour) Liquid Paraffin & Milk of Magnesia oral emulsion CREMAFFIN® (Mint Flavour) QUALITATIVE AND QUANTITATIVE COMPOSITION: CREMAFFIN® (Mixed Fruit Flavour) Each 15 ml (1 tablespoonful approx.) contains: Liquid Paraffin I.P. ..p.....3.75 ml Milk of Magnesia I.P. .....11.25 ml Colours: Carmoisine & Ponceau 4R CREMAFFIN® (Mint Flavour) Each 15 ml (1 tablespoonful approx.) contains Liquid Paraffin I.P. ..p.....3.75 ml Milk of Magnesia I.P. .....11.25 ml THERAPEUTIC INDICATION For the symptomatic relief of constipation e.g.(not limited to) in patients with cardiovascular disease, hernia and anorectal disorders and post-operatively. POSOLOGY AND METHOD OF ADMINISTRATION: Adults and children over 12 years : 1/2 to 1 tablespoonful Children 5 to 12 years : 1- 2 teaspoonfuls Children 3 to 5 years : 1/2 to 1 teaspoonful Cremaffin is best taken at bedtime preferably with water and, if necessary, again in the morning or as advised by the physician. There is no need for dosage reduction in the elderly. CONTRAINDICATIONS: Patients with hypersensitivity to liquid paraffin, magnesium hydroxide; in the presence of intestinal obstruction, abdominal pain, nausea or vomiting, and in children under 3 years of age. SPECIAL WARNINGS AND PRECAUTIONS FOR USE: Therapy with milk of magnesia in patients with impaired renal function may cause hypermagnesaemia. Liquid paraffin should be given with caution to patients with swallowing difficulties due to possibility of lipoid pneumonitis. Prolonged use is not recommended PREGNANCY AND LACTATION: The safety of Cremaffin for use in pregnancy and lactation is not established. Therefore, as with other medicines, Cremaffin should not be administered during pregnancy and lactation UNDESIRABLE EFFECTS: May cause anal seepage and irritation and abdominal pain. Liquid paraffin is absorbed to a slight extent and may cause granulomatous reactions. Lipoid pneumonia (by accidental inhalation) may occur and therefore caution is required in patients with swallowing difficulties. In Patients with impaired renal function hypermagnesemia may occur. Issued on: 5th Sep 2024 Source: Prepared based on full prescribing information version v4.0, dated: 29th Aug 2024 ®- Regd. Trademark of Abbott GMBH For full prescribing information, please contact: Medical Sciences Division, Abbott India Limited, Floor 17, Godrej BKC, Plot No. C – 68, BKC, Near MCA Club, Bandra (E), Mumbai – 400 051. For AdditionalInformation please contact Abbott Medical Science

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