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**Department of Minimal Access,  
Bariatric & GI Surgery**

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## Introduction

The Department of Minimal Access, Bariatric & Gastrointestinal (GI) Surgery is a highly specialised unit backed by best-in-class interventions, modalities and committed to delivering the finest care to patients, with adherence to stringent quality control protocols. Every treatment plan is precisely curated in accordance with specific needs of the patients, thereby giving a personalised touch for better outcomes. The Department has dedicated surgical units and ICUs, fully equipped to handle the most complex cases. The Department is managed by a team of highly skilled and experienced Gastroenterologists, surgeons, nurses, and support staff who dedicatedly provide the best possible care for patients.

## Minimal Access Surgery

Minimal Access Surgery, also known as Laparoscopic Surgery, has revolutionised the field of modern surgical interventions by offering a minimally invasive alternative to traditional open surgeries. Since its inception, Minimal Access Surgery has significantly transformed the landscape of surgical practice, fostering faster recovery times, reduced post-operative complications, and improved patient outcomes.

Minimal Access Surgery (MAS) is also commonly referred to as Laparoscopic / Minimally Invasive Surgery (MIS) / Keyhole Surgery or Pin Hole Surgery which involves smaller incision resulting in, lesser pain, speedy recovery and better cosmetic results.

In Laparoscopic surgeries, a long thin telescope is passed in the abdominal cavity. The telescope is attached to a camera, which carries the inside vision to an external LCD / LED monitor. Surgery is performed by watching the monitor and using long thin instruments. Patients often confuse

Laparoscopic Surgery with Laser Surgery which are not the same. Laser Surgery is usually done for anal diseases like Piles and Fistulas where an energy source (Diode Laser) is used for the surgery.

## Minimal Access Surgery / Laparoscopic Surgery

With state-of-the-art facilities and cutting-edge technology, the Department of Minimal Access, Bariatric & Gastrointestinal (GI) Surgery at SHALBY Sanar International Hospitals offers a comprehensive range of services to address a variety of surgical needs.

Some of the common Laparoscopic procedures performed by the Department of Gastrointestinal Surgery are –

- Laparoscopic Cholecystectomy for gallbladder stone / polyps
- Laparoscopic Hernia Repair (Inguinal / Umbilical / Incisional / Ventral)
- Laparoscopic Fundoplication for Gastro Esophageal Reflux Disease (GERD) and Hiatus Hernia
- Laparoscopic Cardiomyotomy for Achalasia Cardia
- Laparoscopic Drainage of Pseudocyst of Pancreas
- Laparoscopic Surgery for Hydatid Cyst / Choledochal Cyst
- Laparoscopy for Gastric, GI & Colo-rectal Cancer
- Laparoscopy for Intestinal Stricture, Tuberculosis, and Inflammatory Bowel Disease.
- Laparoscopic Solid Organ Surgery – for removal of Spleen / Adrenal Gland
- Laparoscopy for unconfirmed abdominal problems - Diagnostic
- Emergency Laparoscopy for Appendix, Trauma and Peritonitis

## Bariatric Surgery

Bariatric Surgery has emerged as a pivotal medical intervention in the battle against obesity, offering a beacon of hope for individuals struggling with severe weight management issues. This surgical procedure, designed to promote weight loss by altering the digestive system's anatomy, has transformed the approach to long-term weight management and the treatment of associated health complications.

Bariatric Surgery is a procedure which facilitates weight loss by restricting the amount of food the stomach can hold, causing malabsorption of nutrients, or by a combination of both gastric restriction and malabsorption. Bariatric procedures also cause desirable hormonal changes for effective health benefits.

Bariatric surgery can be performed with Laparoscopic / Minimal Invasive / Key Hole surgery. The recovery is faster and the patient can walk a couple of hours after surgery, requiring around 2 days stay in the hospital.

The most commonly done Bariatric procedures are Laparoscopic Sleeve Gastrectomy and Laparoscopic Gastric Bypass. We have an integrated Department for Obesity and Metabolic Disorders Management where non-surgical interventions like Gastric Balloon Insertion are also being performed.



## General Surgery

General Surgery is a surgical speciality that focusses on the abdominal area including the esophagus, stomach, small and large intestines, liver, pancreas, gallbladder and bile ducts, and often the thyroid gland. These operations can be performed using the open technique or laparoscopic surgery. Additionally, these surgeries also help in management of diseases involving the skin, breast, soft tissue, Piles, Fissure and Hernias.

- Minimal Invasive Procedures for Haemorrhoids (Piles) - MIPH
- Laser Surgery for Piles, Varicose Veins and Pilonidal Sinus
- Laser Assisted Fistula Closure (FILAC)
- Closed Lateral Internal Sphincterotomy (Fissure Surgery)
- Excision of Lumps and Bumps on the skin such as Lipoma, Sebaceous Cysts, Soft Tissue Tumours etc
- Hydrocele Surgery

## Gastro Intestinal Surgery (GI Surgery)

Gastro Intestinal or GI Surgery as the name suggests specially focusses on surgeries involving the gastrointestinal tract. They are mainly abdominal surgery performed for diseases of the esophagus, stomach, small and large intestines including the anus.

Gastro-Intestinal operation usually involves specialised surgical procedures requiring a high degree of training and expertise. Besides cancers of the GI tract, the Department also deals with non-malignant disorders like Ulcerative Colitis, Diverticulitis and Pancreatitis.

Various GI procedures being performed at the Department include-

- Surgery for Cancer / Lesions of Esophagus (food pipe)
- Gastric Cancer Surgery – Gastrectomy (total / partial)
- Stomach and Duodenal Lesions – GIST/ Neuroendocrine Tumours
- Pancreatic Tumours - Whipple's Operation / Distal Pancreatectomy
- Surgery for Gallbladder Cancer
- Liver Surgery – for Tumours / Abscess / Cysts
- Biliary Surgery – for Biliary Fistula / Stricture, stones in the Biliary Duct, etc
- Surgery for Chronic Pancreatitis
- Surgery for Ulcerative Colitis
- Colon and Rectal Cancer Resections
- Surgery for Pancreatic Abscess / WOPN
- Splenectomy for Haematological Conditions/ Trauma

## Common Surgical Conditions

Some of the Gastrointestinal conditions that may be treated with surgery –

### Gallstone

Patients having Gallstones usually complain of pain in the upper abdomen, gaseous distension and have symptoms like acidity. Ultrasound of the abdomen is usually adequate to confirm the diagnosis.

Gallstones can cause serious complications like infection causing inflammation in the pancreatic gland (Pancreatitis), pus inside the gallbladder (Empyema) etc. besides being occult harbours of cancers.

### Laparoscopic Cholecystectomy

It is the gold standard and one of the most common operations performed. Patients are required to stay only for a day in the hospital. They are able to resume normal diet and activity one day after the surgery. No long-term harmful effects are seen after gallbladder removal. It is a myth that people with gallbladder removal have to undergo any dietary restrictions.

### Appendicitis

Infection and inflammation in appendix (Appendicitis) can affect all age groups of people. The pain usually starts in the umbilical area and then spreads to the right lower abdomen.

It should be treated promptly as it may burst and cause the spread of infection and collection of pus. Sometimes, patients come with a lump and then a conservative treatment with medicines is recommended. The patient is then called for surgery known as 'Interval Appendectomy'. Most of the time, it can be simply treated with a Keyhole Surgery – 'Laparoscopic Appendectomy'

## Hernia

Any abnormal bulge in the body which increases on coughing / straining or reduces in size on lying down clearly indicates a Hernia. It is commonly seen in the groin region (Inguinal & Femoral), abdominal wall or previous surgical sites. Hernia occurs because of a weakness or defect in the muscles. It can occur in all age groups.

Abdominal Hernia is like a bag which can contain intestine / intra-abdominal fat or abdominal organs. There is always a risk of the intestine or fat (Omentum) getting trapped there and becoming strangulated requiring emergency surgery. All Hernias should be repaired as soon as possible. The Hernia surgery can be accomplished with the placement of barriers (mesh) which give strength to the musculature and prevent recurrence. Fortunately, all Hernia surgeries can now be performed with the technology of Laparoscopy (avoiding big cuts) which also reduces the risk of infection / failure of surgery. Generally, patients are required to be in the hospital for a day, resuming normal activity in a week's time, but are advised to avoid any strenuous exercise and heavy weight lifting for a couple of months after the surgery.

## Perianal Surgery (Piles / Fissure / Fistula)

A fissure or crack in the perianal area can be acute or chronic. Temporary relief can be obtained medically but repeated episodes of pain and / or bleeding while passing stool may be treated with minimally invasive procedures like 'Lateral Sphincterotomy'. Piles or Haemorrhoids are distended blood vessels in the ano-rectal area which burst on increased pressure and lead to fresh bleeding like a splash.

'Proctoscopy'- or internal examination of the rectum with an instrument is required to correctly diagnose the problem. Over time, Piles can grow big and prolapse out of the anus causing pain and discomfort.

Traditionally, the surgery for Piles has been painful with big open cuts, which are extremely discomforting. However, surgery can now be performed using a 'Stapler' so that there are no external cuts or stitches. This procedure is called 'Minimally Invasive Procedure for Haemorrhoids (MIPH)' or 'Stapled Haemorrhoidopexy'. In selected cases, LASER surgery for piles can be done which has similar recovery to Minimally Invasive Procedure for Haemorrhoids.

A painful swelling around the anus is likely to be due to pus collection. All abscess has to be drained with a cut and then appropriate medical treatment is initiated. Spontaneous and surgically drained abscess may lead to an inside-outside communicating track which is called as 'Anal Fistula'. Most patients will have repeated episodes of swelling and pain followed by some pus discharge.

Traditional surgery means cutting large amounts of tissue to remove the entire track and healing often takes two weeks or more. In recent times, LASER and "Video Assisted Anal Fistula Treatment (VAAFT)" are also gaining popularity as it avoids big, open wounds. In VAAFT, the tract is visualised and burnt using a small telescope. Internal opening of the tract is closed by staplers / sutures. The procedure has many advantages seen as: minimum pain, less dressings and early recovery. However, these patients may have to undergo repeated endoscopic track ablation.



Patients are advised to take plenty of liquids, high fibre diet (salads / vegetables / fruits) and laxatives to avoid constipation, which often is the root cause of these conditions.

With an unwavering commitment to cutting-edge technology, personalised patient-centric approaches, and supported by a team of renowned specialists, the Department is dedicated to providing comprehensive and compassionate care to every individual. From complex gastrointestinal procedures to innovative minimally invasive surgeries and transformative bariatric interventions, we strive to ensure optimal outcomes and improved quality of life for all patients.