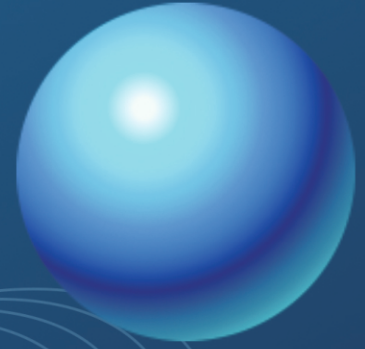




Delhi Spine Times

3rd EDITION | 29th MARCH 2026



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From the President's Desk

Dr. R.S. Chahal

- Vice Chairman, Department of Spine Surgery
- Sir Ganga Ram Hospital, New Delhi
- Past Secretary : ASSI
- Chair: program Committee & Outreach Committee ASSI
- Secretary Delhi & Chair Academics ANBAI
- India Chapter Representative : APSS
- Associate Director : AO Referral centre SGRH

The Delhi Spine Times

Dear Colleagues and Friends,

There are moments in one's professional journey that are not merely milestones, but deeply personal reflections of time, relationships, and purpose. As I write this message, I find myself at such a moment, looking back with gratitude, pride, and a quiet sense of fulfillment.

My association with the Spine Society Delhi Chapter spans over two decades, almost since its inception. What began as a young surgeon's engagement with a growing academic

body gradually evolved into a lifelong commitment. Serving this Society as Treasurer, Secretary, President-Elect, and finally as President has not just been a progression of roles, it has been a journey of learning, responsibility, and belonging.

A Collective Journey of Growth

This year was not about individual achievement, it was about collective progress. Together, we strengthened the very pillars on which our Society stands.

Our bi-monthly academic meetings continued to be the heartbeat of our activities-vibrant, inclusive, and intellectually stimulating. The sight of young residents confidently presenting, engaging in discussions, and evolving into future leaders has been one of the most satisfying aspects of this journey.

The Master Series, conducted every Wednesday, transformed into a truly global academic platform. With participation from leading national and international faculty and a consistent audience of over 1000 attendees, it demonstrated the power of consistency, quality, and intent.

Building Identity Through Communication

One of our proudest initiatives has been the launch of our official newsletter-The Delhi Spine Times.

More than just a publication, it is a reflection of our collective identity, highlighting achievements, sharing knowledge, and celebrating the people who make this Society what it is. With every edition, we have moved closer to building a connected, informed, and inspired community. I eagerly look forward to the release of our 3rd edition at Mandawa on 29th March 2026

Investing in the Future

The true strength of any academic society lies in how it nurtures its next generation.

The Prof. Jayaswal Traveling Observership was designed with this very vision, to provide structured exposure to young spine surgeons across premier centers in Delhi NCR. The feedback and impact of this initiative reaffirm our belief that mentorship and exposure are the cornerstones of growth.

In addition, our cadaveric training programs, from basic to advance, set new benchmarks. The advanced course, including anterior approaches and full endoscopic techniques, witnessed enthusiastic participation from across the country, reflecting the Society's growing academic influence.

A Step Towards Transparency and Modernization



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We took decisive steps towards digital transformation and administrative transparency. A completely revamped website, verified membership database, and seamless online processes for applications and fellowships were not just upgrades, they were essential reforms aimed at making the Society more credible, accessible, and future-ready.

Beyond Academics: Our Social Commitment

As spine surgeons, our responsibility extends beyond operation theatres and conference halls. Our efforts in organizing medical camps, distributing medicines, and reaching the underserved have been deeply meaningful. The ongoing Mandawa initiative, combining academic exchange with grassroots healthcare and awareness, is a reflection of what we truly stand for, skill with compassion, knowledge with service.

Global Camaraderie

Our Annual International Meeting in Baku (April 2025) was not just an academic gathering, it was a celebration of fraternity. It brought together learning, friendship, and family, reinforcing the spirit that binds us beyond professional boundaries.

Leadership Transition: A Moment of Trust

As I pass on the responsibility to Dr. Vikas Tandon, I do so with immense confidence. His integrity, calm demeanour, and commitment make him an ideal leader for the times ahead.

He will be strongly supported by Dr. Ankur Nanda, whose administrative clarity and academic depth are invaluable assets to the Society.

Leadership may change, but the vision continues and I am certain that under their guidance, the Society will reach even greater heights.

Gratitude: The Foundation of Everything

No journey is ever accomplished alone.

I extend my heartfelt gratitude to all my colleagues, seniors, and friends who have supported, guided, and trusted me throughout this tenure.

A special acknowledgment to Dr. Bibhendu Mohapatra, whose steadfast dedication as Secretary has been instrumental in every initiative. I would be failing in my duty if I did not thank my executive team.

Dr. Vikas Tandon, our President-Elect, was always just a phone call away, offering unwavering support. Dr. K. Das brought in excellent ideas, played a key role in every event, and served as a vital link with the industry for larger initiatives. Dr. Gururaj handled the academic activities with great efficiency and commitment. Dr. Saurav Kapoor, Dr. Neeraj Gupta, Dr. Ankur Nanda, and Dr. Kanwaljeet were always available, dependable, and supportive whenever needed. Thank you all for your constant support and dedication.

And above all, a sincere and deeply felt thanks to Satish, the silent force behind our secretariat. His tireless, selfless, and often unseen efforts have been the backbone of our functioning. Contributions like his remind us that true commitment does not seek recognition, it defines it.

Looking Ahead

As I step into an advisory role, I do so without any sense of departure, because this Society is not just an organization, it is a part of who I am. I leave with immense satisfaction, but more importantly, with complete faith in the future.

The Spine Society Delhi Chapter will continue to grow, evolve, and lead, not just in academics, but in values, vision, and service.

With warm regards and deep gratitude,

Dr. R. S. Chahal

President

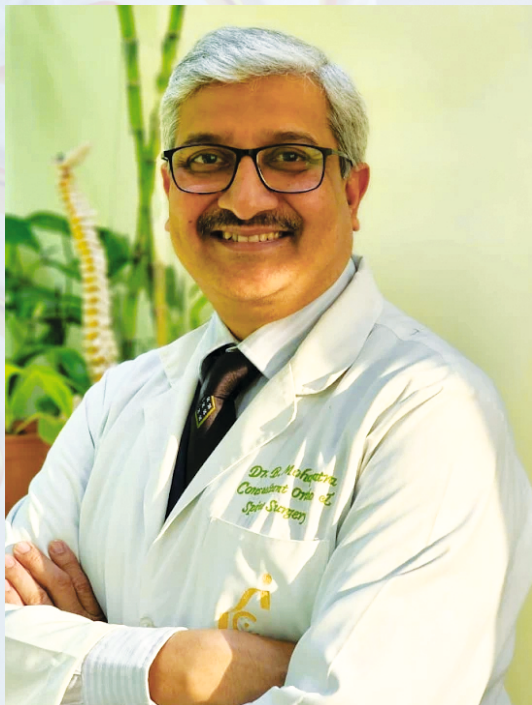
Spine Society Delhi Chapter

Jai Hind



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Dr. Bibhunendu Mohapatra Organising Secretary

MBBS, MS (Ortho)

- Associate Director Spine Services, Indian Spinal Injuries Centre
- Secretary & Treasurer, Delhi Spine Society
- IGASS Fellowship (Spinal Instrumentation) - France & Germany
- Post DOC Fellowship Spine Surgery - Australia

Secretary's Report
Spine Society Delhi Chapter
2024–2026

1. Introduction

At the outset I would like to extend my heartfelt gratitude to Spine Society Delhi Chapter for entrusting me with the important role of society secretary (SSDC). In our tenure of last 2 years we carried on the good work of senior leaders and introduced many new academic and teaching activities. It is my privilege to present the Secretary's Report for the Spine Society Delhi Chapter for the term [2025–2026]. This year has been marked by significant

academic growth, active member participation, and continued commitment to excellence in spine care, education, and Training.

2. Executive Committee

The society functioned under the leadership of the following office bearers:

- President: Dr. R. S. Chahal
- Secretary & Treasurer: Dr. B. Mohapatra
- Executive Members:
Dr. Ankur Nanda
Dr. Saurabh Kapoor
Dr. Neeraj Gupta
Dr. Kanwaljeet Garg
Dr. Kalidutta Das
Dr. Gururaj (Co-Opted member- Education)

3. Membership Update

Our website has been updated (spinesocietydelhi.org) and renovated. About 100 members have registered on website. All activities of the society are being updated on regular basis.

- Total Members: Registered- 100
- New Members Added: [2024-26]- 12
- Life Members: [Number]- 100

The society continues to grow steadily with increasing participation from young spine surgeons

4. Academic Activities

The Delhi Chapter has conducted several academic events during my tenure:

a. Monthly Clinical Meetings

- Started the “Master Class Series” in February 2025- monthly webinars on various important spine



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pathologies. I congratulate Dr. Gururaj for taking his time out and coordinating the programme and continuing it.

- Continued the Bi-monthly meeting of SSDC .

b. Workshops & Hands-on Training

We are happy and privileged to have conducted the first “Cadaveric spine workshop” held on [14-15 February 2026] under the banner of SSDC and in cooperation of AIIMS trauma centre (special thanks to Dr. Kamran Farooque for coordinating and getting the required permissions). It was a 2 day programme and two modules (20 delegates each module with 4 cadavers) –

Monoportal Endoscopic Spine surgery and UBE (Day 1)
Minimally invasive spine surgery training sessions (Day 2)
Anterior and Lateral Approaches of Spine Surgery

The course was successfully conducted with feedback taken from delegates to improve of future courses.

c. Annual Conference- 2025

- Annual Conference: [2025] was held at Baku- Our first ever International Annual meet
- High-quality scientific sessions and panel discussions

d. Prof Arvind Jayaswal Travelling Observer ship

SSDC believes and feel the best way to contribute to society is to share and impart knowledge by promoting spine education programme. Taking this endeavour forward we are happy to share that SSDC started a 4 week long Observership in Spine surgery under the name of legendary Prof Dr. Arvind Jayaswal in October 2024. Each candidate goes to 4 different centres in Delhi (one week per center).

Highly advance Spine Surgery centres like ISIC, Sir Gangaram Hospital, Artemis Hospital, BLK- Max Hospital, Action Medical Institute, Northern Railway Central Hospital are our Host centre for Fellowship.

The centre is decided as per the choice of the candidate as well the availability of mentor of the centre.

4 candidates have successfully completed their Observership. 2 more are waiting and will join in April and may 2026.

5. Special Initiatives

“Delhi Spine Times” the official newsletter was launched at first international meeting at Baku showcasing the achievements of our Society while also raising awareness among our members about key Spinal health issues and advancements in Spine Care.

Public Awareness Programs: Spine health awareness camp to be conducted in our Annual meeting 2026 at Mandawa Village, Rajasthan

6. Collaborations

Academic exchange with other state chapters- Plan to bring all India spine forums on one platform



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7. Publications & Research

SSDC members have participated and presented their academic work at various national and international forums (on their own and on behalf of SSDC).

- Members actively contributed to national and international journals
- Encouragement for research presentations and paper publications

8. Financial Overview (As Treasurer)

- The society remains relatively financially stable
- Successful execution of events with proper budget utilization
- Increased sponsorship and institutional support
- 80 G and 12 AA certifications received which enable our society to do Charitable activities and receive donations which are exempted under the Income tax section 80 G are tax Free

9. Digital & Communication Updates

- Our website is now fully revamped and functional. All the process like membership, fellowship, Host centre application are all online. Event updates and academic sharing made more accessible
- Increased engagement through social media platforms
- Improved communication via WhatsApp groups and email

10. Acknowledgements

I extend my sincere gratitude to:

- The President and Executive Committee
- All esteemed members of the society
- Faculty, sponsors, and organizing teams
- Residents and fellows for their enthusiasm and participation

11. Conclusion

My tenure as Secretary and Treasurer has been productive and progressive for the Spine Society Delhi Chapter. With continued dedication and collaboration, we aim to further enhance academic excellence and patient care in the coming years.

Dr. B Mohapatra

Secretary & Treasurer (2024-2026)
Spine Society Delhi Chapter



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Dr. Vikas Tandon

MBBS, DNB (Ortho.), FNB (Spine Surgery)

- President Elect - SSDC
- Director Spine Services ISIC, New Dehli

From the desk of President Elect

Motto: Strength in Unity, Wellness in Motion

Honored members of the Delhi Spine Society, it is with great pride and humility that I, Dr. Vikas Tandon, present my vision for the next two years as your President. Together, we will elevate the Delhi Spine Society to new heights, fostering academic excellence, holistic well-being, and a deep sense of community.

Key Pillars of My Tenure:

1. Continued Academic Excellence

We will continue our bi-monthly academic meetings, ensuring cutting-edge research, case discussions, and innovative surgical techniques are at the heart of our learning. Invited experts and thought leaders will be regularly featured to expand our horizons

2. Collaborative Growth

We will actively collaborate with other medical societies, both within and beyond the spine community. Joint academic conferences, inter-society seminars, and cross-specialty workshops will enrich our perspectives and foster innovation. Beyond academia, we will organize community outreach programs to raise public awareness about spine health.

3. Holistic Well-Being

Our motto—Strength in Unity, Wellness in Motion—will guide us in promoting not just professional growth but also physical well-being. Regular wellness sessions, yoga, and fitness workshops will be incorporated so that each member stays at their best, both mentally and physically.

4. Family-Centric Community

To strengthen our bonds, I will introduce more family-oriented events—social gatherings, picnics, and celebrations—where families can engage with us, creating a supportive, inclusive environment. We will foster a sense of belonging, ensuring that every member feels connected and valued.

5. Mentorship and Skill Development

I will launch a structured mentorship program, pairing seasoned spine surgeons with younger members. This will nurture the next generation of leaders, ensuring a steady flow of knowledge, surgical expertise, and research skills within the society.



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6. Digital Innovation

Embracing the digital era, I will work toward enhancing our online presence. A revamped website, virtual meetups, and a digital library will provide constant access to knowledge, ensuring we reach members across the globe.

7. Advocacy and Public Engagement

As spine health becomes increasingly crucial, I will lead advocacy efforts to ensure spine care awareness reaches policymakers and the public. Together, we will champion better healthcare infrastructure and access for spine patients.

In closing, this society is not just a professional hub; it is a family, a movement, and a source of pride. I pledge to serve you with dedication, inclusivity, and innovation. Let us walk this path together, with resilience and compassion.

Thank you.

Dr Vikas Tandon

Director Spine Services

ISIC multispeciality hospital Vasant Kunj New Delhi -110070

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+91-9868886228



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Dr. Gururaj Sangondimath

MBBS, MS Orthopedics (Bronze Medal),
FNB Spine Surgery, PGDHM

- Associate Director & Unit Head, ISIC, New Delhi
- Chair Education Committee SSDC
- Chair Education ASSI
- Chair Education GOSI
- Education Officer AO SPINE
- EC MISSAB

Delhi Spine Society-Education Committee Report *March 2026*

Empowering Spine Education : A Year of Growth and Innovation

Dear Members,

It's with great pride and enthusiasm that we share the latest updates from the Education Committee of Delhi Spine Society. Our relentless pursuit of excellence in spine education continues to inspire and connect professionals worldwide.

Master Class Series: Expanding Horizons

Our flagship “Master Class Series” remains at the forefront of our efforts to disseminate cutting-edge knowledge. This year, we hosted **six impactful webinars** on key topics:

- **Nov 12:** Congenital scoliosis
- **Dec 17:** Ankylosing Spondylitis
- **Feb 18:** Complications Of TLIF
- **March 11:** Complication Avoidance In Posterior Cervical Surgeries
- **April 8:** TL fracture management
-

These sessions attracted international delegates and received excellent feedback. Stay tuned—our upcoming webinars are set to be even larger and more interactive, reaching wider audiences across the globe.

Nurturing Future Leaders: Fellowship and Training

Our commitment to fostering the next generation of spine surgeons remains unwavering. Amid increased interest, we selected **three outstanding candidates** for our structured traveling fellowship program:



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- **Dr. Shrut Vasavada:** March 3 - March 30, 2025
- **Dr. S Vishnu:** May 19 - June 14, 2025
- **Dr Anil Kumar**
- **DR Ankit Khodifad**

Looking ahead, we have identified **another three talented doctors** for upcoming observerships:

Dr Arun S Rao
DR Namith R

Their schedules will be finalized shortly, and we look forward to welcoming them.

Our Vision

The Delhi Spine Society's Education Committee remains devoted to fostering continuous learning, skill enhancement, and leadership development in spine care—empowering surgeons today for a better tomorrow.

Thank you for your continued support and commitment to advancing spine education.

Together, we are shaping the future of spine surgery.



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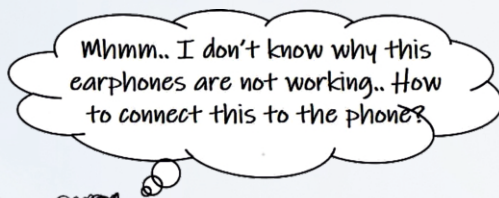


Dr. Rishi M Kanna

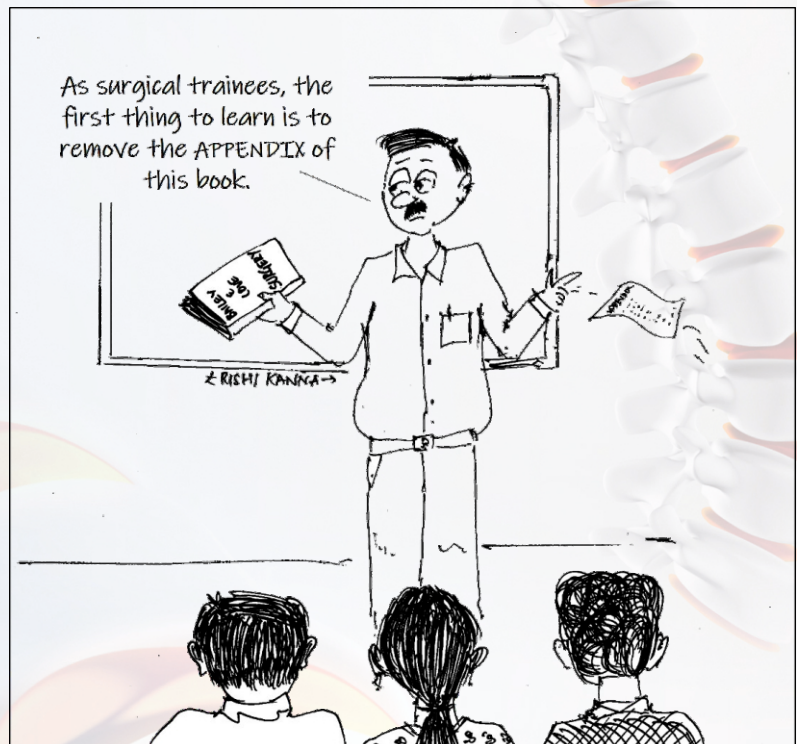
MS Ortho., MRCS, FNB Spine, FRCS ED

- Consultant Spine Surgeon, Ganga Hospital, Coimbatore, India
- AO Spine India, Research Officer
- AO Spine Knowledge Forum, Trauma Member
- ANBAI Joint Secretary and Treasurer
- Deputy Editor, Indian Spine Journal
- ASSI Executive Committee Member
- Reviewer - Editorial Board, European Spine Journal

HUMOUR IN MEDICINE



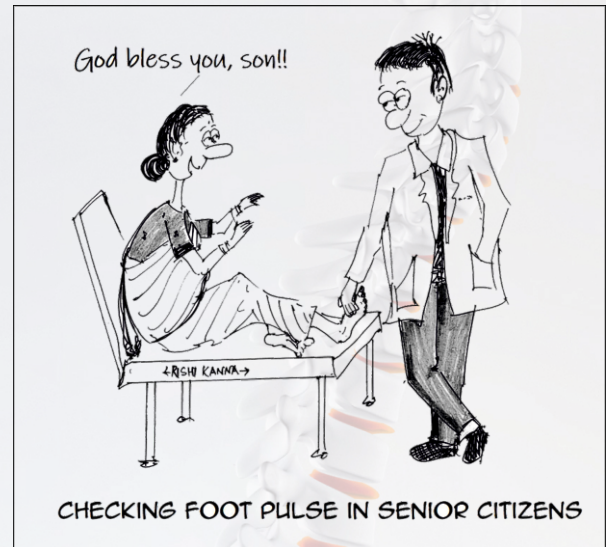
"Dr. COVID Batch"



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The first tablet is for your back pain...but will cause gastritis.. For which second tablet, which can cause sleepiness; for which 3rd tablet, but which may cause diarrhea, for which I've given 4th one but that can cause headache, which will be taken care by first one...



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DR RISHI KANNA



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Dr. R. S. Chahal
Spine Surgeon



Dr. J. Madaan
Spiritual Mentor

Healing the Healers: Managing Stress and Communication in Surgery *Interview with Dr Jai Madaan*

Medicine is a profession built on responsibility, precision, and compassion. Surgeons, in particular, operate in environments where every decision carries significant consequences. Long working hours, critical situations, emotionally distressed patients and families, and the challenge of communicating difficult outcomes can place enormous psychological pressure on healthcare professionals.

To explore ways of managing stress and improving emotional balance in such demanding circumstances, we spoke with **Dr. Jai Madaan**, a renowned astrologer, motivational speaker, and life coach. Known for her insights into personal growth and behavioural balance, she shares perspectives that may help doctors navigate the emotional and psychological challenges of modern medical practice.

1. Modern surgeons often work under immense pressure, where every decision can impact a patient's life. From your perspective, what are some ways doctors can manage stress and maintain emotional balance in such demanding situations?

The first step is to recognize that stress is a natural by-product of responsibility. Surgeons work in an environment where precision and time are critical, hence pressure is unavoidable. However, managing that pressure requires developing small but consistent habits. Short breathing exercises between procedures, taking brief mental pauses, and maintaining physical fitness are the ones.

Equally important is emotional detachment without losing compassion. Doctors must care deeply for their patients but should not allow every outcome to affect their personal stability. Creating mental boundaries helps maintain clarity of thought and prevents emotional exhaustion.

2. In specialties like spine surgery, surgeons sometimes face complications or outcomes that are beyond their control despite their best efforts. How can doctors develop mental resilience and avoid internalizing guilt in such situations?



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Doctors often carry a strong sense of responsibility, which can sometimes turn into self-blame when outcomes are not ideal. It is important to remember that medicine is a science guided by probabilities, not guarantees.

Mental flexibility grows when doctors accept that they can control effort, skill, and ethics, but not every outcome. Reflecting on each case for learning is healthy, but holding on to guilt is not. A surgeon should review the situation professionally, learn from it if needed, and then consciously release the emotional burden.

3. Aggression from patients' relatives is becoming increasingly common in hospitals, often driven by anxiety and fear. What mind set or behavioral strategies can help doctors handle such situations calmly and prevent escalation?

Most aggression stems from fear and uncertainty rather than anger. When doctors acknowledge this emotional state, they can respond with calmness instead of defensiveness.

Maintaining a composed tone, listening patiently, and clearly explaining the medical situation can often defuse tension. When families feel heard and informed, their anxiety reduces. At the same time, hospitals should ensure proper communication protocols, hence doctors are not left to handle emotionally charged situations alone.

4. Breaking bad news—such as complications, poor prognosis, or unexpected outcomes—is one of the most difficult conversations a surgeon must have. What advice would you give doctors on communicating such news with compassion while maintaining professionalism?

When delivering difficult news, honesty and sympathy must go together. Doctors should speak clearly and avoid overly technical language so families can truly understand the situation.

It also helps to deliver such information in a calm environment and allow time for questions. Compassion does not mean giving false hope. It means being transparent while showing genuine concern. A patient's family should feel that the doctor is standing with them, not simply delivering a clinical statement.

5. Doctors often suppress their own emotions while focusing entirely on patient care. Over time, this can lead to burnout. What are some healthy ways for medical professionals to process their emotional stress?

Suppressing emotions may work temporarily, but over time it can lead to exhaustion. Doctors should create safe outlets to process their experiences, conversing with trusted colleagues or family members.

Engaging in hobbies, physical exercise, journaling, or even creative pursuits can also help release emotional tension. The key is to acknowledge that doctors are human beings first. Caring for their own mental health is essential for sustaining a long and meaningful career.

6. Work-life balance is a challenge for many surgeons due to long hours, emergency duties, and academic commitments. From a holistic perspective, how can doctors create better harmony between their professional responsibilities and personal well-being?

Balance does not always mean equal time. It means significant presence. Even if doctors cannot



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spend long hours with family, the time they do spend should be fully attentive and free from distractions.

Setting boundaries like dedicated personal time, short breaks during the week, or regular wellness routines, can create a sense of coordination. When doctors nurture their personal lives, they return to their professional duties with renewed energy and focus.

7. Communication gaps between doctors and patients sometimes lead to misunderstandings and mistrust. What simple communication principles can surgeons adopt to strengthen trust with their patients and families?

Trust begins with clarity and consistency. Doctors should ensure that patients and families understand the diagnosis, treatment options, and possible risks in simple language.

Another powerful principle is active listening. When patients feel their concerns are heard, they develop more confidence. Transparency, understanding, and patience in communication can make the doctor-patient relationship better.

8. Many doctors are now exploring mindfulness, meditation, and other techniques to maintain focus and clarity. Are there any daily practices you would recommend for surgeons to remain calm and centered despite a hectic schedule?

Even five minutes of mindful breathing at the beginning of the day can create mental stability. Meditation, prayer, or quiet reflection can help doctors centre themselves before entering demanding clinical environments.

Simple practices like gratitude journaling, short stretches, or mindful walking between duties can also reset the mind. These small rituals act like emotional anchors, helping surgeons remain calm even during intense situations.

9. Young surgeons entering the profession often face intense pressure to perform and succeed. What advice would you give them on building emotional maturity and maintaining confidence during challenging phases of their career?

Young doctors should remember that mastery in medicine develops gradually. Every experienced surgeon today once faced uncertainty and learning curves.

Instead of comparing themselves constantly with others, young professionals should focus on steady improvement and mentorship. Confidence grows through experience, humility, and persistence. Patience with oneself is just as important as dedication to the profession.

10. Finally, what message would you like to share with surgeons and healthcare professionals about maintaining inner balance while carrying the enormous responsibility of caring for human lives?

Doctors are among the few professionals who stand at the intersection of science and humanity. While their work demands precision and discipline, it also requires emotional strength.

To all healthcare professionals, my message is simple: continue serving with dedication, but remember to care for your own inner well-being as well. A balanced mind not only benefits the doctor but also enhances the quality of care given to every patient.



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Dr. H.N. Bajaj

MS-Orthopaedics, Diploma in Orthopaedics,
MBBS Orthopaedic Surgeon, Spine Surgeon (Orhto.)

- AO Spine India, Research Officer
- AO Spine Knowledge Forum, Trauma Member
- ANBAI Joint Secretary and Treasurer
- Deputy Editor, Indian Spine Journal
- ASSI Executive Committee Member
- Reviewer - Editorial Board, European Spine Journal

SHOULD SPINE SURGEONS BE MUSTACHIOED?

**DR. H. N. BAJAJ, DR. SUNIL KATOCH AND DR. SAMEER ANAND
MAX HEALTHCARE, NEW DELHI**

ABSTRACT

Moustachioed spine surgeons are energetic, vibrant, and proactive personalities who dominate the Operating Theatre and operate on formidable and challenging cases. We tested the hypothesis that Mustache length correlates with the degree of correction of the Cobb angle. Secondly, we looked at the Mustache twirl angle to ascertain whether it improved the accuracy of pedicle screw insertion. Our findings suggest that a Mustache adds a blend of masculinity, authority, and creative flair. However, our research does not bear out any significant improvement in the Cobb angle or pedicle screw insertion. Modern spine surgery relies on neuromonitoring, navigation, robotics, and MIS; there is simply no replacement for technology.

KEYWORDS

Spine, surgery, moustache, Cobb's angle, pedicle-screws

INTRODUCTION

Formidable upper lip hair is seen in the photographs of towering figures in spine surgery - Jean- Francois Calot, a scoliosis surgeon, Harvey Cushing, the father of neurosurgery, Sir Robert Jones who was influential in spinal deformity care, Russel Hibbs who pioneered spine fusion for TB, Fred Albee another towering leader in spine fusion, and even Roentgen, though not a surgeon but without him orthopaedics would be largely guesswork and optimism. The principal members of the Delhi Spine Society, and many leading spine surgeons abroad, have well-groomed Mustaches. They look distinguished, and the upper lip ornamentation adds to narrative depth.(1). Moustachioed spine surgeons trigger associations with experience, perceived authority, and the impression that they possess the ability to operate nonstop for eight hours at a stretch. Notable upper lip ornamentation influences



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operating theatre domination and an overall senior-consultant image. It even implies that they can reduce a dislocated cervical spine easily in complete darkness!

We decided to test the hypothesis that indeed *mustachio proliferans* is an asset. But what kind of moustache? If so, how? It would certainly help our non-moustached colleagues, should they so choose upper lip ornamentation, as to what subcategory of moustache would be preferable, as a large variety is seen. An example is the Hitler type that would never win any popularity poll, and have patients bolting through the premises. Or perhaps one could choose the 5 micron line that stretches from one angle of the mouth to the other. Undoubtedly, maintaining its perfect precision and alignment would mean spending more time in front of the mirror than in the OPD, using microsurgery instruments and perhaps magnifying loupes. We felt that these decisions were best left to our colleagues.

MOUSTACHES AND METHODS

It must be pointed out that Spine Surgeons belonging to the fairer sex have been completely excluded from this study. The authors hold them in high esteem and do not undervalue, in any way, their clinical acumen and operating skills. This study definitely does not hold any bias towards our female colleagues.

We explored the hypothesis that the length of the moustache correlated with Cobb angle correction. The second hypothesis was that the twirl angle of the moustache improved accuracy in inserting pedicle screws without the need for any kind of imaging. The twirl angle is the angle made when the horizontal part of the Mustache changes its direction and takes off vertically like an ascending rocket. We have not looked into the curvaceous component of the latter as it requires mastery over obscure aspects of algebraic topography.

Data was collected by the authors of this paper by identifying moustachioed surgeons attending Spine Surgery Society gatherings locally, and from similar meetings held in other Indian cities and abroad. Our data was supplemented by information gleaned from residents and from discussions held with various surgeons over a large series of alcoholic intoxicants at dinner meetings. Valuable comments were stated by patients who were referred to us, as well as by those who seemed to flit from hospital to hospital with their complaints, radiographs, and MRI scans. A survey of photographs of members of Spine Societies in India and abroad was extremely helpful in identifying members with decorative upper lips.

RESULTS

We found discussion with residents to be the single most valuable source of information. Most had tales of legendary training experiences, and all felt that the 'good old days' were the best. The second source of information was the radiographs and MRI scans carried by patients desiring second, third, and even fourth opinions.

It became quite clear that many colleagues did not surgically treat scoliosis and had to be excluded; however, all were enthusiastic about fixation with pedicle screws, in a variety of situations, and their reliance on imaging was almost universal.

We were unable to establish that moustachioed surgeons were better at correcting scoliosis than others doing similar surgeries. The data accumulated is fairly extensive and, in the interests of brevity, is not added here. However, we are always ready for a detailed discussion.

Similarly, pedicle screw insertion necessitated the need for imaging, and the prevailing litigious atmosphere may have a deciding role. It was universally agreed that screws inserted correctly during the



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first surgery were far better than recalling the patient for a revision operation for reinsertion.

There was no evidence that the swirl angle has a role in placing pedicle screws accurately. Errors in placing these were seen in equal numbers by moustachioed as well as non-moustachioed colleagues.

DISCUSSION

Historically, upper lip hirsutism has been synonymous with medical sobriety, clinical solemnity, and authority. (2), It is worthwhile considering that the leading members of the Delhi Spine Society display notable upper lip ornamentation. It is almost certain that upper-lip facial hair is unrelated to its density, but it does contribute to a remarkable phenomenon we have called moustache hair synergy. This is different from facial hair energy. Growing facial hair requires this energy, which is estimated at 4 calories per gram of hair. (3). Moustache hair synergy is a combination of physiological and psychological factors and is used to boost self-esteem. An imperial-sized growth on the upper lip means that the surgeon will attempt a 150-degree kyphosis correction with heroic optimism. This may be because they resemble philosophers or military commanders leading troops to battle.

The study of upper lip hair in surgeons is a neglected branch. We have not ventured into making any comparison with our colleagues in other medical branches, and perhaps one day a resident may be asked to write his thesis on this forsaken branch of medical historiography.

We state that spine surgery today is all about navigation, neuromonitoring, robotics, MIS, and AI planning. Moustachioed surgeons may well display masculinity, but nothing replaces technology as the primary medical assistant.

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3. AI Overview. 2026. How many calories does growing facial hair consume per gram of hair?

DISCLAIMER

This facetious study is written without any malice or any hostile intent towards anyone. We have great respect for spine surgeons, and we maintain that we desire friendly relations with all. We are quite happy to discuss, resolve, reiterate, and clarify any point of dispute over the choicest malt and tandoori chicken.

CONFLICT OF INTEREST

This study is entirely self-funded and without any bias towards anyone.

DEDICATION

This study is dedicated to the members of Delhi Spine Society, and particularly to its leading office bearers who provided the necessary inspiration.



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Travelogue

Dr. Kali Dutta Das

Director and Chief
Sr. Consultant Spine Surgeon
Unit Head, Indian Spinal Injuries Center

Travel, for me, has always been a way to recalibrate. In medicine, and particularly in spine surgery, one spends long hours in operating theatres dealing with delicate structures, fine margins, and intense concentration. Life becomes structured around precision, discipline, and responsibility. Every so often, stepping away from that world and entering a completely different environment allows the mind to reset.

My journey to **Raja Ampat**, in the far eastern reaches of Indonesia, was one such experience.

Reaching Raja Ampat is not straightforward. It lies far beyond the conventional tourist circuits, tucked away in the province of West Papua. Even after flying into Indonesia, the final leg involves long boat journeys across open sea.. Sometimes the difficulty of reaching a place becomes part of its meaning.

The most well-known vantage point in the region is **Piaynemo**, a viewpoint reached after climbing a series of wooden steps through dense tropical vegetation.

At the top, the view opens dramatically.

Scattered across a turquoise lagoon are dozens of small limestone islands, each covered with thick green foliage. The water between them shifts between deep blue and pale emerald depending on depth and sunlight..

I also had the quiet satisfaction of knowing that very few Indians had made the journey this far into this part of the world. Another memorable stop during the journey was the Kali Biru River, whose name literally translates to “Blue River.” The water here is astonishingly clear —reflecting the surrounding greenery in shades of deep blue and turquoise.

Moments like these are rare in everyday life.

The local inhabitants of the islands live in small coastal villages scattered across the archipelago. Their lives are closely tied to the ocean.

What struck me most was the quiet hospitality of the people. There was no elaborate performance of tourism — just genuine interaction, simple conversation, and an easy familiarity with the sea that surrounds them.



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Evenings often ended with meals that were surprisingly memorable

Good food tastes different when eaten by the sea.

At one point during the trip we stopped at the colourful “Selamat Datang Raja Ampat” monument — the welcome sign marking arrival into the region.

Raja Ampat is not the kind of destination one visits casually. It requires effort, patience, and a willingness to travel far beyond familiar surroundings. But perhaps that is precisely why it remains so special.

As someone accustomed to structured schedules, operating rooms, and hospital corridors, spending time in such an environment was refreshing in a way that is difficult to explain fully. The islands, the water, the forests, and the people together create an atmosphere that feels both remote and welcoming.

Travel does not always have to be dramatic or transformative. Sometimes it simply reminds us that the world is much larger, quieter, and more beautiful than the small circles within which we usually live.

Raja Ampat was one of those reminders.

And for that reason alone, the long journey across those rough waters was entirely worth it.



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Member Spotlight



Dr. Nishank Mehta

Completed prestigious international fellowships:

- APSS Medtronic Fellowship at Queen Mary Hospital and Duchess of Kent Hospital, Hong Kong University, Hong Kong (Mentor: Dr Jason Cheung/Dr Kenny Kwan)
 - SRS-GOP Visiting Fellowship at Duke University Hospital, Durham, USA (Mentor: Dr Christopher Shaffrey/Dr Brett Rocos)
 - EUROSPINE Short-Term Observership at Schon Klinik, Munich, Germany (Mentor: Dr Christoph Siepe)
- NASS Clinical Travelling Fellowship at three centres in USA:
Scripps Green Hospital (San Diego, Mentor: Dr Greg Mundis Jr),
Washington University School of Medicine (St Louis, Mentor: Dr Munish Gupta) and
Leatherman Spine Center (Louisville, Mentor: Dr Steven Glassman)



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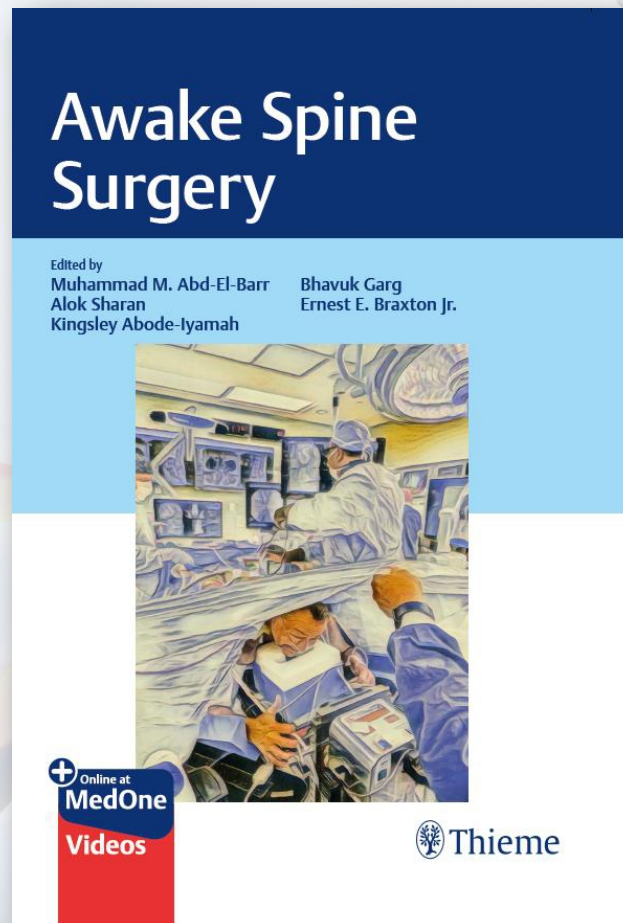
DSS In News



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All India Institute of Medical Sciences, New Delhi, India
AOSIN Research Officer 2025-2028
Past Chair, SICOT spine committee
Past chair, ASSI research committee

Release of our International Book on Awake Spine Surgery



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First SSDC Cadaver Course 14th and 15th February 2026

It gives me immense pleasure that during my tenure as secretary and treasurer of SSDC along with Dr. Rupinder Singh Chahal (president) we conducted the first ever cadaver course on behalf of Spine Society Delhi Chapter 14th and 15th of February 2026 at AIIMS Trauma Centre, cadaver Lab, New Delhi.

As a society it is our constant endeavor and effort towards imparting knowledge and skills to our upcoming spine surgeons. With this idea we conducted this 2-day cadaver course involving faculties from SSDC only. We had only 20 delegates for each day with 4 cadaver station to maximize the exposure of delegates with cadaver and mentor. Also we conducted webinar on all the techniques one week before the actual course so the doubts of the candidates are cleared well before the course and they spend maximum time with the cadaver.

First day was on Monoportal Endoscopic spine surgery and UBE (Unilateral Bilateral Endoscopic) spine surgery under the guidance Dr. Arun Bhanot, Dr. Manoj Sharma, DR. Abhisekh Kashyap and Dr. Rahul Kaul along other young surgeons from Delhi and NCR.

Second day was on Anterior Approaches on thoracic and Lumbar spine (thoracotomy and thoracolumbar retroperitoneal approaches) including approaches for ALIF and ADR and OLIF (MIS technique). The idea behind this was to revisit these approaches which is being not done in most of the centers at present and which one should be aware of as a spine surgeon. My sincere thanks to our esteemed faculties Dr. K Das, Dr. Sunil Katoch, Dr. Ashish Tomar, Dr. Vikas Tandon, Dr. V Anand Naik, Dr. Bhavuk Garg, Dr. Nishank Mehta, Dr Rajat Mahajan, Dr. Tarus Rustagi and others who made this course a successful one.

At the end of each day we distributed certificates to the delegates and took their reviews regarding the course. My sincere thanks to Mr. Satish and Dr. Nishank Mehta who were there always without question to make this course a success. This will be ongoing teaching programme under the flagship of SSDC.



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SSDC Participation in Various Events



Basic spine course GMC Faridkot - 6 Feb 2024



SICOT Belgrade sep 2024



Global spine congress Bangkok May 2024



Assicon Mumbai



ICS 2024 mahaballipuram



Spinal cord society meeting Oct 2024



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SSDC Participation in Various Events



Nov 2024 Kathmandu, annual conference of association of spine surgeons of Nepal



APSS Kuala Lumpur June 2025



Assicon Bangalore Jan 2025



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Rakesh Malhotra, Advocate

AVOIDING LEGAL PITFALLS IN SURGICAL PRACTICE : PRACTICAL GUIDANCE FOR YOUNG SURGEONS

Modern healthcare depends heavily on surgical procedures, which can treat a wide range of diseases from minor conditions to life-threatening ones. However, surgery involves inherent risks and challenges, making the intersection of law and medicine essential in this domain. Surgeons and patients navigate complex legal, ethical, and professional issues, requiring proficiency in both medical and legal knowledge. Grasping the connection between Medical practice and the law is vital for protecting patients, minimizing exploitation risks, and fostering a safe environment for both patients and Healthcare Providers. At its core, the principle of "informed consent" underpins ethical Medical practice. This requires fully informing patients about the surgery beforehand, including the procedure details, potential risks, and available alternatives. It serves as both a legal and ethical duty, ensuring patients are not subjected to treatments they do not fully understand or agree to. Moreover, it protects physicians from liability claims arising from negligence, as inadequate documentation of consent could leave doctors vulnerable to lawsuits if complications arise.

Surgeons bear ethical duties to respect patient autonomy and promote shared decision-making, which demands clear, honest, and comprehensive communication with patients. Two central legal issues in surgery are medical liability and negligence. Despite the inherent risks and uncertainties of surgery, Healthcare Professionals are held to exacting standards of care. Surgeons must exercise the requisite skill and diligence to minimize harm, as this forms a fundamental aspect of their professional responsibility. When surgical errors occur such as using incorrect techniques, misdiagnoses, or skipping essential protocols patients can suffer severe consequences. This often leads to claims of medical misconduct and negligence allegations. Courts primarily evaluate whether the surgeon's actions met the expected standard of care. Proving medical negligence is complex, relying on extensive expert testimony to establish that the surgeon's conduct caused harm that could have been prevented under typical medical circumstances. Thus, malpractice litigation not only compensates victims but also elevates standards and enhances surgical safety. Medical negligence and malpractice are related yet distinct. Medical negligence occurs when a doctor breaches the duty of care, resulting in patient injury or damage. Whereas, Medical malpractice represents a graver form, where the doctor or hospital deviates from accepted medical standards resulting in causing harm. In essence, all malpractice constitutes negligence, but not all negligence rises to the level of malpractice.

Medical malpractice, as the term implies, occurs when a physician, such as a surgeon, fails to provide a patient with the necessary treatment, resulting in injury. Malpractice in surgery occurs when a surgeon performs a procedure carelessly, which violates recognized medical standards and results in unneeded complications or injury. Medical malpractice primarily involves the surgeon's obligation to treat the patient, violating that obligation, demonstrating that the patient was harmed by the violation, and the patient's losses as a result of the error. The law supports the medical society's belief that physicians should provide a specific standard of care.

Whereas, surgical mistakes and carelessness could lead to major legal problems for medical staff. If a surgeon's work causes hurt or injury, the patient can legally ask for compensation for medical bills, pain and suffering, and other costs connected to the injury. A malpractice claim could be one of the legal repercussions. In this case, the surgeon would have to explain their actions and show they took the right amount of care. In some cases, criminal charges may be made if the mistake is significant or was done on purpose or if there was a gross negligence. The result of the case in court will rely on the location and the specifics of the case. However, one thing that is always true in malpractice claims is that the surgeon is expected to follow the standards set by their industry. If they don't, it can have serious financial and professional effects. Also, Hospitals and Healthcare systems are often named in carelessness claims along with individual doctors carrying the vicarious liability. This is especially true when the mistake was caused by flaws in the system or a lack of control.

Spinal surgery claims arise when patients experience avoidable harm due to negligent actions by Medical



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Professionals during or after procedures. Common examples include surgical errors—such as wrong-level surgery on an incorrect vertebral segment (e.g., L3-L4 instead of L4-L5), misplaced pedicle screws penetrating the spinal canal, or retained sponges compressing neural structures as well as postoperative nerve damage, lack of informed consent, and anaesthesia errors. Surgical errors manifest in diverse forms, with recurrent and severe instances frequently precipitating malpractice litigation. These include retained instruments or materials like sponges, clamps, or implements left in the body; iatrogenic nerve injury from severing nerves outside the operative field, causing chronic pain or functional deficits; anaesthesia mishaps involving excessive or inadequate dosing or poor vital sign monitoring; postoperative infections from non-sterile tools or improper aftercare; and inadvertent organ perforation during surgery. Liability for a surgical error is not always limited to the operating surgeon, other parties may also bear responsibility. The Hospital or Surgical Centre may be liable for its own negligence, such as inadequate staffing, poor supervision, deficient policies, or faulty equipment, and for the acts of its employees under the doctrine of “respondeat superior.” Similarly, nurses and surgical technicians may incur liability for mistakes made in the course of their professional duties, such as improper instrument counts, breaches of sterility, or failures in intraoperative documentation.

The surgeons can minimize any negligence or malpractice risks through rigorous adherence to evidence-based protocols and proactive risk management. Key strategies include conducting thorough preoperative assessments with detailed medical histories, imaging verification (e.g., confirming spinal levels via X-ray or fluoroscopy), and multidisciplinary consultations to identify risks. During procedures every Medical Professional should verify safety checklists to confirm the patient identity, site, and procedure; perform time-outs for team communication; maintain sterile techniques; and ensure accurate instrument/sponge counts. That postoperative care demands vigilant monitoring for complications like infections or hematomas, clear discharge instructions, and timely follow-up. To further safeguard against claims, adhere to standardized procedures like “never event” protocols (e.g., WHO checklists for site marking and counts); secure informed consent by clearly discussing risks, benefits, and alternatives; maintain detailed, contemporaneous documentation of all care phases; operate only within personal expertise while managing fatigue; foster teamwork through structured communication; adopt a patient-centered approach with empathy and shared decision-making; and ensure proper supervision of trainees to limit vicarious liability.

That the Hon’ble Supreme Court in the case of Dr. Laxman Balkrishna Joshi vs. Dr. Trimbark Babu Godbole and Anr.¹ and A.S. Mittal v. State of U.P.,² it was laid down that when a doctor is consulted by a patient, the doctor owes to his patient certain duties which are: (a) duty of care in deciding whether to undertake the case, (b) duty of care in deciding what treatment to give, and (c) duty of care in the administration of that treatment. A breach of any of the above duties may give a cause of action for negligence and the patient may on that basis recover damages from his doctor. In the aforementioned case, the apex court inter alia observed that negligence has many manifestations – it may be active negligence, collateral negligence, comparative negligence, concurrent negligence, continued negligence, criminal negligence, gross negligence, hazardous negligence, active and passive negligence, willful or reckless negligence, or negligence per se. Black’s Law Dictionary defines negligence per se as “conduct, whether of action or omission, which may be declared and treated as negligence without any

1 AIR 1969 SC 128
2 AIR 1989 SC 1570

argument or proof as to the particular surrounding circumstances, either because it is in violation of statute or valid Municipal ordinance or because it is so palpably opposed to the dictates of common prudence that it can be said without hesitation or doubt that no careful person would have been guilty of it. As a general rule, the violation of a public duty, enjoined by law for the protection of person or property, so constitutes.”

Whereas, the Hon’ble Supreme in its latest landmark judgment In Neeraj Sud & Anr. vs. Jaswinder Singh (Minor) & Anr.³, the Supreme Court clarified that mere deterioration of a patient’s condition after surgery does not automatically indicate medical negligence. To establish negligence, it must be proven that the doctor failed to exercise due care or lacked the necessary skill or qualifications for the procedure. Relying on the Jacob Mathews v. State of Punjab (2005) decision, the Court reaffirmed the Bolam Test, which protects doctors who act in accordance with accepted medical practices. It also rejected the application of Res Ipsa Loquitur in the absence of evidence showing failure to exercise due skill.

The 21st century has revolutionized the health care sector globally. Advanced technologies that include Artificial Intelligence and Robotic surgery have empowered hospitals with the ability to automate and be effective. Robotic



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Surgical Systems are transforming minimally invasive to complex surgeries, offering a highly advanced and precise platform for better patient outcomes. In 2000, the All-India Institute of Medical Sciences (AIIMS) in New Delhi became the first institute in India to have its own surgical robot. Since then, the number of robotic systems has seen a gradual increase. As of 2021, there are nearly 76 fully functional surgical robots across India, and over 500 surgeons trained in robotic surgery. Common errors in robotic surgery include mechanical failures, such as improper arm calibration causing inaccurate or misaligned movements, and unexpected instrument grasping or cutting; power supply failures that trigger system shutdowns, disrupting procedures and stressing surgical teams; human errors from inadequate robot use or maintenance; and the inherent lack of haptic feedback, depriving surgeons of tactile sensation and prolonging operative times while increasing technical mistakes.

Determining responsibility for robotic surgical errors remains complex, with liability potentially falling on Surgeons, Hospitals, or manufacturers. As doctors and their teams operate these machines, patients may still hold Medical Professionals accountable for adverse outcomes even internal mechanical failures—potentially leading to litigation despite technological faults.

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In recent times, several cases have surfaced in India where patients have died following robotic surgeries, with families alleging medical negligence due to procedural errors like organ damage—for instance, a 35-year-old man died after robotic hernia surgery in Ghaziabad from an untreated 22mm intestine rupture leading to sepsis and multi-organ failure, while another patient died post-robotic ureterolysis in Delhi after doctors allegedly cut the iliac artery, causing fatal bleeding and kidney failure. Common allegations include procedures exceeding expected durations, hiding initial injuries, and delayed diagnostics resulting in peritonitis or cardiac arrest; hospitals often cite "complications," prompting probes under IPC 304A, with consumer courts applying the Bolam Test for negligence claims. As of now, there is no precedent holding doctors and hospitals liable specifically for robotic surgery negligence, but such claims often go to consumer courts as there is no dedicated robotic surgery statute which exists, though product liability under the Consumer Protection Act may apply, potentially leading to compensation if negligence is proven. Families can also seek probes via magistrates for filing criminal cases.

In conclusion, the growing reliance on surgical procedures in modern healthcare has made the relationship between law and medicine increasingly important. Although surgery is often necessary for saving or improving lives, it carries inherent risks, which makes the principles of duty of care, informed consent, and adherence to accepted medical standards essential in every case. The law does not expect absolute success from surgeons, but it requires that they exercise reasonable skill, knowledge, and caution while treating patients. The distinction between medical negligence and medical malpractice is crucial, as every unsuccessful outcome cannot be treated as negligence. Courts have repeatedly held that liability arises only when it is proved that the doctor failed to follow the standard of care expected from a competent professional, and such determination usually depends on expert evidence, accepted medical practice, and established legal principles such as the Bolam Test.

With the advancement of modern technology, including robotic and AI-assisted surgeries, the issue of liability has become more complex, as responsibility may extend not only to the surgeon but also to hospitals, medical staff, or even manufacturers in cases of mechanical or technical failure. In India, in the absence of a specific statutory framework governing robotic surgery, claims of negligence are still examined under existing laws relating to medical negligence, consumer protection, and criminal liability in cases of gross negligence. The objective of medical negligence law is not to penalize doctors for every complication, but to ensure accountability, protect patient rights, and maintain trust in the healthcare system. Therefore, a balanced approach that safeguards patients from careless conduct while also protecting medical professionals acting in good faith is essential for the proper functioning of the modern healthcare system.

- By Mr. Rakesh Malhotra, Advocate

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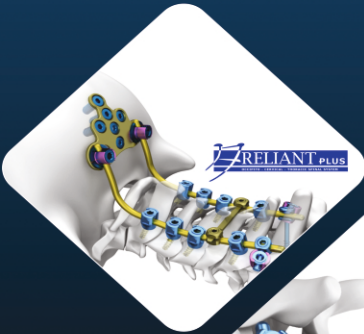
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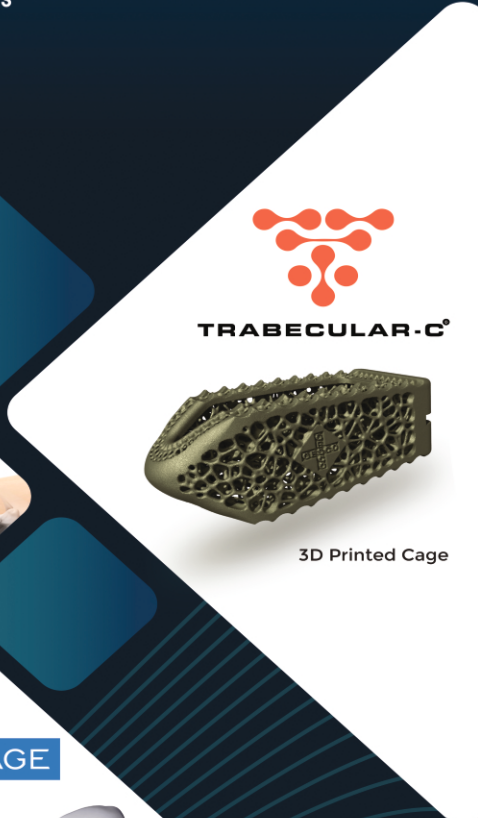
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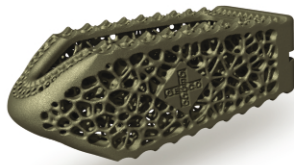
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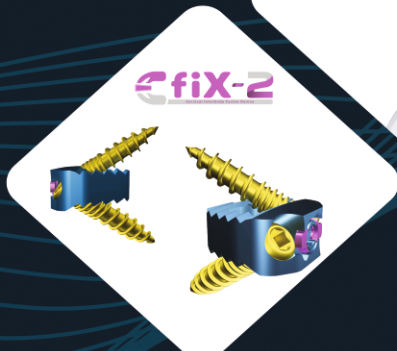
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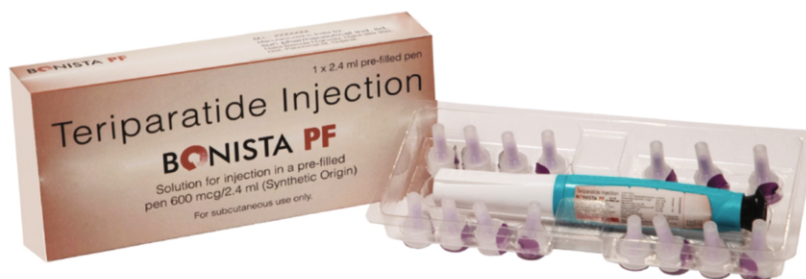
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