



## Dr. B. C. Shah

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- It is a known fact that you have a vast experience in the field of General & Laparoscopic Surgery; it would be highly motivating for our readers to read about your experiences in this field, kindly do share the same with us.

General and Laparoscopic surgery is one of the commonest surgeries performed all over the world. The word "general" is a misnomer. It is a specialization in itself and includes most common & diverse surgeries from head to toe. General Surgeon can be the busiest surgeon amongst all the surgical faculties. He attends to patients with common surgical disorders like piles, fissures, fistula, hernia, hydrocele, breast diseases, and lumps in various parts of the body; appendicitis; gall stones; intestinal, liver and pancreatic disorders; thyroid and varicose veins.

I joined training in General Surgery at KEM Hospital, Mumbai in the year 1990. The Hospital being a regional reference center, patients would pour in from various corners of the country. During the training period I used to get a maximum of about 40 hours of sleep per week. Rest of the time I would be working in the Hospital. Once every week, I would work non-stop for almost 36 hours at a stretch. Although the training was very tough in terms of physical and mental stress, it was a great learning experience and I enjoyed every moment of it. I was fortunate to learn from masters in the field of surgery like Dr. Samsi, Dr. Ravi Bapat, Dr. S. K. Mathur, Dr. Avinash Supe, Dr. Sudhir Shenoy, Dr.

D. K. Dastur, Dr. Sudhir Padhye, etc. After achieving my Masters from Mumbai University, I continued my work at KEM Hospital as a faculty member giving lectures and training to resident surgeons, medical students & nursing students. During the teaching period, I got an opportunity to further polish my skills and deepen my understanding of the human body and diseases. God has made the human body so complex and there are so many factors which determine the outcome of the treatment. With time, as I learned more and more I realized that I know so little in this vast field of medicine.

In 1998, I shifted from KEM Hospital to join Bhaktivedanta Hospital & Research Institute, Mira Road just on the outskirts of Mumbai. It was an emotional farewell to this great institute that has produced many of the best doctors of India and many great doctors practicing worldwide. As soon as I joined Bhaktivedanta Hospital & Research Institute, I had a very successful start and since then there has been no looking back. I am very happy working at Bhaktivedanta Hospital & Research Institute. This Hospital is a hospital with a difference. The Management and Trustees are very positive and their only objective is patient welfare at affordable rates. There is no pressure in this Hospital in terms of patient turnover or financial aspects. The only pressure that is there from the Management's side is patient satisfaction. The ethics and

non-commercial goals of the Hospital blended very much with my core ethos taught by my father and my teachers at KEM Hospital. Hence I am working in a very natural environment and concentrating on patient care rather than getting distracted or frustrated by other aspects of medical practice. To me, every patient stepping into my OPD is a new relationship. He is my guest. He is a person who is seeking my help. He has come with some problem that is bothering him and my natural duty is to give him the best possible guidance and treatment. If I feel I cannot offer the best treatment to the patient for his problem then I have no ego or financial issues in directing him to some other doctor who is specialized in that particular field and can treat the patient better than me.

Today, with more than 24 years of surgical practice since my post-graduation from KEM Hospital, I am a very satisfied practitioner. By the grace of God, my results of surgery have been very satisfactory and I am happy about the same. Over the years, I have developed deep relationships with the patients. My practice is totally based on references from happy patients and my colleagues at the Hospital. My charges are determined by the Hospital and I don't make the bills of the Hospital. The charges are determined on the type of class the patient chooses. The Hospital gives an approximate budget to the patient beforehand and there is full transparency in billing. Every day I also give my time to Karuna Hospital - A Catholic missionary hospital located at Borivali, Mumbai which works in a very similar manner. In the past, I have also given my services to a Jain trust hospital at Dahisar, Mumbai. I ascribe the success and satisfaction that I have achieved in my practice to my parents, my teachers & the Management of the hospital where I work.

**Do enlighten our readers regarding your chief areas of interest and what made you specialize in this promising field of General & Laparoscopic Surgery?**

Being from one of the premier teaching medical institutes, my psyche was cultivated in such a way that I am always looking for innovation. Innovation is in terms of minimum pain being caused to the patient and offering the best treatment, also called minimally invasive surgery (MIS). My patients go home earlier, with a pleasant surgical experience and minimum post-operative discomfort. Before I introduce innovations in my treatment, I make sure that the treatment plan is as per the latest medical research and fits well with international and national peer reviews.

So even if it is a common disease like piles, hernia, etc. I ensure that I am applying the latest and time tested methodologies of treatment.

I put myself in the shoes of the patient and try to understand the expectations from the surgeon and accordingly deliver the treatment. Although I am a surgeon, my first duty is to see how I can treat the patient without a surgery. Just cutting patients does not make a surgeon great. It is very important to understand as to when to operate and when not to operate. My most common laparoscopic surgeries are for gall bladder stones, hernia, appendicitis, etc. Basically these are keyhole surgeries in which one avoids a traditional cut to solve a particular disease whereby the patient recovers fast, with minimum pain and least possible disruption of his daily routine.

**In your gigantic experience in the field of General & Laparoscopic Surgery, which is the most common type of surgery performed by you and why do you think that condition is so common in India?**

Most common surgeries performed by me are gall bladder stones, hernia, appendicitis, piles, breast diseases, etc. A lot of diseases can be avoided or detected early and treated in a timely fashion thereby avoiding lots of problems. Most of the citizens of our country are struggling with financial problems. One major surgery can drain off the finances of the entire family and can put the family in debt. Hence, I feel that our citizens should lead a healthy lifestyle in terms of food, environment and physical activity. They should spend some money

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in regular preventive health check-ups whereby diseases can be detected in the early stage and catastrophic outcomes can be avoided. Money spent on health check-ups is an investment which gives the greatest returns. It is also important that the government spends good amount of money for the healthcare of citizens. Also the staff and doctors in the government hospitals need to do their duties as sincerely as possible. If the government servants are getting paid, they better do their duty sincerely else they will get bad karmic reactions.

**There is a great stress made regarding the accreditation of medical services for improvement of Indian medical services, what are your views regarding the necessity of the same?**

Due to the near-universal desire for safe and good quality healthcare, there is a growing interest in healthcare accreditation. Providing healthcare, especially of an adequate standard, is a complex and challenging process. Healthcare is a vital and emotive issue - its importance pervades all aspects of societies, and it has medical, social,



political, ethical, business, and financial ramifications. Fundamentally healthcare and hospital accreditation is about improving how care is delivered to patients and the quality of the care they receive. In a developing country like India it is utmost important that the medical fraternity accepts the accreditation process rather than looking at it with a frown.

**What is your view regarding the diagnostic market, do you think it is poised for a consistent steady growth upwards holding great potential in the future?**

As I said earlier, disease prevention and health promotion are the most important segments of healthcare. The diagnostic market plays the key role in this segment besides its role in curative medicine. In future, I see the diagnostic market becoming more universal, more standardized and more hi-tech. Preventive healthcare will gradually become a larger segment of its activity.

**What according to you has been the most exciting and interesting advances in the field of diagnostic systems in the last 10 years?**

A better understanding of medicine in terms of prevention, disease detection and non-invasive treatment has largely reduced the disruption in patients' lives. Before, a hospital was judged by its bed strength. Today we know that this is no more the only indicator of a quality hospital and can often be a misleading indicator. More beds do not mean the best hospital.

No one can deny that information technology (IT) is changing the way that medicine is practiced. Medicine has become a fertile ground for development for the IT industry. The convergence of information and communication

technologies has brought in a lot of innovation in healthcare especially in the diagnostic arena. There is no sign of slowing down in the rate of development and proliferation of information and communication technologies in medicine. In the next ten years we can expect more sophisticated diagnostic tools or apps, human-computer interfaces with efficient voice and handwriting recognition; the penetration of techniques such as tele-surgery into mainstream clinical practice and better structuring and portability of integrated electronic health records. The challenge for health professionals is to harness the new power at their disposal for the benefit of their patients. The diagnostic technologies will be at the forefront of this technological evolution.

**In the next decade, do you see any further advancement in the field of medical equipment related to the field of General & Laparoscopic Surgery?**

I expect a lot of innovation in the field of minimally invasive surgery and other specialties of surgery. The so called today's modern equipment that we are using will soon become obsolete. The evolution in medical equipment is going to cause a lot of disruption in the current medical equipment industry but at the same time it will reduce the disruption in patients' lives. The relentless parade of new technologies is unfolding on many fronts of medicine. Almost every advance is billed as a breakthrough, and the list of "next big things" grows ever longer. Not every emerging technology will alter the medical equipment business - but some truly do have the potential to disrupt the status quo. It is therefore critical that medical equipment business and policy leaders understand which technologies will matter to them and prepare accordingly. **+**

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