



# One Day Surgery Times

Issue 1

Volume 8

November 2010

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A monthly publication of One Day Surgery India Private Limited

Rs. 10/-

[www.one-daysurgeryindia.com](http://www.one-daysurgeryindia.com)



Wishing you & your family a



Very Happy & Prosperous Deepavali.

**From the Editors Desk:**

**On behalf of my family and staff of One day Surgery Center - Babulnath Hospital, I wish you all a very Healthy and Prosperous Deepavali.**

**Minor procedures in Day Care:**

A large number of minor / OPD procedures are being performed in the Minor OT or Casualty of larger hospitals, they come under the category of OPD procedures, which would mean, that, not only these cases do not require hospitalisation, they also, do not need any post-op observation.

To my mind, in practice, upto 60% of procedures performed daily, are OPD cases. A broad knowledge and probability of cases would help in guiding the patient with correct advice.

Apart from listing the surgeries, I will be touching on the methodology of the procedure itself. Starting with General Surgical cases.

'Lumps & bumps' in the form of Lipomas, Neurofibromas, Sebaceous cysts and small abscesses, are performed on a daily basis.

**Sebaceous Cysts:** they are nothing but large collection of 'dirt', the sebum, seen in oily skin. Usually affecting the thick skin of the back and neck.

Clinically, an opening, in the form of a puncta is seen, differentiating them from other forms of sub-cutaneous lumps. Also, on squeezing them, a greyish white, foul smelling secretion, is found. There is a high incidence the cyst getting infected, especially in diabetic patients, leading to abscess formation.

Once the diagnosis is established, treatment of a sebaceous cyst is surgical excision. Done under local anaesthesia, which is mixture of 2% Lignocain and 0.5% Bupivacain, given as a Ring block. Elliptical incision is used, the surgical excision includes the skin over the cyst with the puncta and a thin walled sac, which confines the sebum, removed in toto. Sometimes, due to recurrent

inflammation, the sac is stuck to the surrounding tissue, which need curetting or excision. The cavity is then closed with simple sutures or mattress sutures. Usually, due to presence of infection, sub-cutaneous sutures are avoided. But, in clean cases, two layered closure with dissolving sutures can be done.

Badly infected or abscesses are treated with simple Incision and Drainage, with secondary suturing or healing by secondary intention.

**Lipoma:** another common 'lump' seen is the Lipoma, or a 'lump of fat'. There is an unusual collection of fat, under the skin, which presents like a swelling. It is not painful, non-cancerous, never turns cancerous, does not require any histopath testing. These may vary in size, from small localised to large diffused types of tumour. Clinically, they are freely mobile with the overlying skin separate, these are also referred to as 'universal tumour'.

Surgery is usually required only for cosmetic reason or when the patient is worried of the 'tumour'. They are slow growing and may occur in multiples.

Very easily removed under local anaesthesia and squeezed out through a small incision. Diffused type of lipoma may require extra effort as the fat cells are more compact.

**Neurofibroma:** These tumours are sometimes painful, as they are associated with the nerve. However, they do not arise from the nerve, but, a superficial component (connective tissue) of the nerve sheath. They are firmer than the lipomas in consistency, they are not as freely mobile and may show some amount of pain on palpation.

Surgical excision is reserved for the painful tumours or those causing inconvenience to the patient. Again, they usually present in numbers. Procedure is same as that for a lipoma.

**Papilloma:** these are small finger like growth from the surface of the skin. They can be congenital or infective, like a wart. They may grow as a pedunculated lump or a diffuse mass over the surface of the skin.

Treatment is excision from the root and cautery or simple suturing of the raw skin surface. Application of silver nitrate or other caustic chemicals can be used for small warts or papillomas, but, most require simple excision.

**Dermoid Cyst:** these are usually congenital cysts, found at natural embryonic joints, that is, in the midline of the body or the maxillofacial joints, like behind the ear, fore head, etc. Treatment is surgical excision, along with the sac. These are slow growing, painless cysts with putty-like material on excision. X-ray of the underlying bone is a must as these tumours tend to erode the bone.

**Implantation dermoid Cyst:** are acquired in nature, secondary to injury with a needle or thorn. Clinically, unlike congenital dermoids, these can occur at any place. Usually, there is a history of trauma and can be sometimes painful.

Surgical excision is the treatment of choice.

- Dr. T. Naresh Row



Papiloma of the finger: twisted



Sebaceous cyst-back: infected



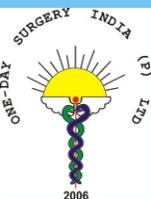
Lipoma: Diffused



Neurofibroma: hand



Dermoid: behind the ear



**Surgery & discharge on same day for:**  
 Hernia, Piles, Fistula, Fissure, Diabetic foot,  
 Pilonidal sinus, Ingrown toe nail,  
 Lipoma, Sebaceous cyst, Abscess,  
 Circumcision, Vasectomy, D & C, Tubal  
 Ligation, Diagnostic Lap; etc. (In selected cases)  
**Extended stay:** Appendix, Gall stones, Hystrectomy, etc.




ISO 9001:2008 CERTIFIED ORGANISATION

**Other Surgeries related to:** Paediatric, Urology, Plastic, ENT, Vascular. Chemotherapy & related treatment. (Please take prior appointment).

## One Day Surgery Center

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