



## Congratulations

**Dr. Kalyan Kar**, MS, FRCS

and *His Team*

<b>Dr. M B Das</b>	(Consultant Cardiothoracic Surgeon)
<b>Dr. Goutam Mukhopadhyay</b>	(Consultant Onco Surgeon)
<b>Dr. Tapan Kumar Dass</b>	(Consultant Physician)
<b>Dr. K N Siddiqui</b>	(Consultant Cardiologist)

You and your team have made us proud again by performing such an outstanding and critical operation.

### Case History:

Sankar Dutta aged 45 years presented with epigastric discomfort following food intake along with regurgitation. On investigation large endoluminal mass was detected on left lateral wall of oesophagus. After proper relevant pre anaesthetic checkup and 2 units of blood transfusion patient was posted for Ivor lewis procedure(Oesophagectomy) which was done on 25/10/2010 under General Anesthesia.

Post operatively patient kept in ICU, and was being haemodynamically stable. On 27/10/2010 the patient was shifted to the Ward. I C drain was removed and the patient was discharged.

OT Note : Abdominal Part- Mobilization of stomach by dividing vessels and omentum. Separation of cardia from oesophagus, stomach upper end closed and fixed to Oesophagus. Midline incision closed with loop PDS.  
Thoracic part – Incision through right 5th Inter Costal Space. Right lung made to collapse. Oesophagus dissected out. Lower end oesophagus with fixed stomach pulled up through hiatus. Oesophagus divided in middle part and anastomosed to fundus of stomach in 2 layers with vicryl. Thoracic incision closed in layers after keeping suction drain, also feeding gastrojejunostomy tube inserted.

I thank you and your team for this exceptional performance.

**Dr. S. B. Purakayastha, CEO, Ruby General Hospital**