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MAX FACTS

THE OFFICIAL NEWS LETTER OF AOMSI

47th Annual National Conference Issue of AOMSI Delhi

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Message from the President



On behalf of the Association of Oral and Maxillofacial Surgeons of India (AOMSI), I would like to extend my sincere appreciation to you and the editorial team for the outstanding work on the first issue of "MAXFACTS" for the year 2024.

The content, layout, and quality of articles presented in the newsletter are commendable. Your dedication to disseminating relevant information, updates, and insights within the field of oral and maxillofacial surgery is truly valuable to our members and the broader medical community.

"MAXFACTS" serves as a vital communication tool for our association, keeping members informed about recent developments, upcoming events, and noteworthy achievements. The collaborative efforts of the editorial team in curating content that is both informative and engaging have contributed significantly to the success of the newsletter.

We appreciate the time and effort invested in ensuring that "MAXFACTS" continues to be a reliable source of information for our members. Your commitment to upholding the standards of our association through effective communication is highly commendable.

Once again, thank you for your dedication to the production of "MAXFACTS." I look forward to the continued success of the newsletter throughout the year, providing our members with valuable insights and fostering a sense of community within our specialty.

Best regards,

DR. BHAGAVANDAS Rai

President

Association of Oral and Maxillofacial Surgeons of India (AOMSI)

Message from the Hon General Secretary



Wishing you all a very Happy New Year 2024.

The new dynamic team of MAXFACTS headed by Dr. Gaurav Popli, edited by Dr. Nishant Chourasia, Dr. Sri Gowri M, Dr. Rohit Punga, Dr. Shibani Das, Dr. Abhishek Bhattacharjee, Dr. Anupam Singh, Dr. Divye Malhotra, Dr. Vasisht Khajuria, Dr. Ankita Vastani, Dr. Atul Sharma, Dr. Anuj Jain, Dr. Manu Gupta and Dr. Biju Pappachan is going to bring out one of a kind newsletter this year. At the outset, I would like to congratulate the organizing committee of 47th National Conference of AOMSI 2023 themed, Teaming Experience with Evidence hosted by Delhi NCR and Haryana

State Chapter of AOMSI for their brilliant curation of the scientific and cultural extravaganza. Special thanks to Dr. Ashish Gupta -Organizing Chairman, Dr. Manjunath Rai – Conference Secretary, Dr. Atul Sharma - Organizing Secretary, Dr. Imran Khan – Joint Organizing Secretary, Dr. Rohit Chandra - Chairman, Scientific Committee, Dr. Anurag Singh – Treasurer, Dr. Aayush Malhotra – Chairman Registration Committee, Dr. Samit Jain – Chairman, Trade Committee and the most enthusiastic and hard-working Team Delhi. A galaxy of International and National Speakers was treat in the scientific deliberation. The preconference courses, Next Gen session, AOMSI Fellow session, Debates and panel discussions on pertinent topics engaged and updated all participants. National AOMSI Sports Meet was a huge success.

This year on February 13th, we are commemorating the International Oral and Maxillofacial Surgeons Day by launching Project Sanjeevani with IDA. We urge every maxillofacial surgeon and dental college across the country to join us. Let's come together to raise awareness and sensitize students and faculty members to the importance of managing medical emergencies in dental practice and training in Basic Life Support.

It has been heart-warming to see the passion among all our surgeons in working towards spreading awareness about maxillofacial surgery in their own capacities. Let us celebrate our speciality by coming together, joining hands and taking our fraternity to greater heights and making Oral & Maxillofacial Surgery a household name.

Jai Hind!

Dr Girish Rao

Hon. General Secretary AOMSI



Welcome Message from the Chairman, ACOMS



Dear OMS colleagues,

ACOMS Chennai! Mark your calendar for 2024 July 25th, 26th, 27th!

Association of Oral and Maxillofacial Surgeons of India (AOMSI) is proud to invite all delegates to India for the forthcoming Asian Conference in Chennai (ACOMS) to be held in July 2024. After a period of 22 years the Asian Conference comes back to India. The Organising Committee has planned an academic feast with Presidential oration, Keynote presentations, Panel discussions and Plenary sessions! Research, Innovation and Collaboration will be the key elements of the conference.

Trainees and delegates will have opportunities to present papers, posters and compete for the best presentations.

Chennai will also open the doorway to Indian culture, cuisine and hospitality! Come and experience a resurgent India and resilient Asia!

Please make use of the early bird offer and do plan your travel with colleagues and family! Awaiting you with open arms.

Prof. Dr. Gunaseelan Rajan
President, Asian Association of Oral & Maxillofacial Surgeons
Chairman, ACOMS Chennai



Message from Editorial Team

Dear Readers! Season's Greetings.

First and foremost heartfelt congratulations to the organizing team of 47th Annual National Conference of AOMSI 2023 held in Delhi. This edition of Maxfacts Newsletter highlights National Conference with theme “Teaming Experience with Evidence” organized by Delhi NCR and Haryana.

In spotlight interview, it was an absolute delight and privilege to get insights from Prof. Dr. Rajiv M Borle Sir. We are pretty sure his vast experience and message to budding Maxfax surgeons will be really helpful and motivating.

Dr. Kumar Sanjeev has given his inputs about ongoing fellowship programme. We request all young Maxfax surgeons to showcase their talents in Talent Corner.

Our next issue will be covering various activities done on OMFS day and lot more.

High Regards! Team Maxfacts.



Editorial Team



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Dr. Nishant Raj Chourasia

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Dr. Manu Gupta

Past Editor



Dr. Mimansa Bhoj

SPOTLIGHT *Interview*



Dr. Rajiv M Borle

It is an absolute honour to be getting insights about life and maxillofacial surgery from Dr. Rajiv M Borle



Childhood in every human's life is a precious time. How was your childhood and growing up, what were the instances which made you choose medicine as a profession?

Yes, you are right, childhood is probably the best time in the life of every individual. I was a very pampered child. My father had limited resources, however, we kept on travelling to different places throughout India because of his job. I got my education from Delhi, Pune, Akola & Nagpur. During initial growing period itself I travelled many places. Well you know, I was very mischievous & playful ! So I used to sustain injuries. Subsequently had to visit medical professionals in their clinic and I used to keenly observe them. Probably there I developed attraction towards medical profession. Another reason was my sisters they used to do the dissection on frog. All this fascinated me more than mathematics, and I wanted to pursue medical profession. So during my initial growing years itself, I developed a passion to become a doctor.

How was your journey in dentistry and what inspired you to take up maxillofacial surgery as a student?



In fact, I never wanted to be in dentistry. In qualifying years, we were taught circles. I kept on playing cricket. I also represented under 19. I had a lot of tournaments all over India, and thus there was a little bit of distraction from studies. My father was quite annoyed with me. My father had put me in an engineering college, there I was very



unhappy because I had least interest in algebra, geometry or mathematics here they started teaching the third dimension, the sphere. I was depressed & was totally disinterested.

I missed my Medical admissions on a tie breaker. When I got a call from dentistry, my father said, "Nothing doing, you continue with engineering." Because at that time, awareness towards dentistry was quite less. One day, my teacher, who incidentally was my father's PhD scholar, requested my father to let me pursue dentistry as I was least interested in engineering. That is how I got admission in dentistry. In fact, you know, in those days, 2% marks were added to the total marks, for representing sports, NCC, etc. at district level. I had a certificate from VCA. But the district sports officer refused to endorse it. My father's classmate was a District collector, and I thought his simple word would have helped. However, my father was very principled man to have asked anyone a favour which was not legal. So instead of

medicine, I landed in dentistry. Here also, the first two years, were quite depressing for me. However, I always took a very keen interest in medical subjects. In those days, you know, getting 55-56 marks was very difficult, and I always scored more than 70 marks in anatomy, physiology, pathology, pharmacology, medicine, surgery. I had an honours in general surgery. When I came to the clinical side in dentistry, I found oral surgery quite close to medicine. And to me it was quite exciting than other branches of dentistry. When I passed BDS and filled the form for post graduate entrance, I was getting admission in five subjects, and I had to give three choices. My only choice was oral surgery. My friend said, "You are crazy if something else happens then what will you do?" I said, "I will pursue something else, but I will not do postgraduation in any other branch of dentistry." "So, that kind of a passion I had for maxillofacial surgery, and had made my choice in my third year of my graduation itself.

We all are walked and hand held to be great surgeons and great human beings by our teachers and mentors. Who were the mentors who shaped your life?

We are a family of teachers. In my family there are many in teaching profession. My father was a legend in entomology, with a lot of publications, books, and research to his credit. So, he was my first mentor, you can say. Second, it would be unfair to name a single person because so many people, right from your schooling days, who touched me and influenced me to do better in life. They have encouraged, guided and have taught me. So, my mentors are not only from dentistry, but many of them are from the medical side as well. Dr. D.S. Gupta was my PG teacher & mentor, then I was privileged to have Dr. J.N. Khanna as my teacher, mentor and role model. I had teachers from general surgery, Dr Johrapurkar, Dr N K Deshmukh, Dr. R. Narang, plastic surgery Dr Suhas Jaju, head and neck surgery Dr Sanjeev Golhar. These people were so kind, generous and accommodative. Initially, a lot of humiliation was there. I mean, these very people were saying, "Why are you doing this surgery? Yeh dental walon ka kaam nahi." But gradually, they started teaching me. In our days, I had never seen a screw or a plate during my PG. We did not have a micromotor or handpiece. But these people taught me, encouraged me, appreciated me, and they have contributed a lot in my life. For 15 years, I worked like a resident after my postgraduation at civil hospital, private clinics. I did all kinds of general surgeries. In the emergency, I did leg amputation twice because there was no one and patient came in a shock. I did so many tracheostomies in General Hospital in emergency because the patient used to come in gasping. This provided me opportunity to learn, boost my confidence and sharpen my skills. My real learning of surgery started after I passed my MDS. I used to start 4:00 in the morning and end at around 11:30 or 12:00 in the night, and it was all selfless. I did not get a single penny for working except for my salary. There are many teachers, many mentors in one's life and I think as a learner you have to be very receptive and hard-working.



I'll just give you really a small example how can you learn from nature. You know, spider, if its web is broken, it never gets disheartened, and it never loses its courage, but it starts from scratch. So, I just remember this particular quote always that "No successes is ultimate and no failure is the end of the road." There is always a new beginning. You can start from scratch, and this is how teachers influenced me by inculcating qualities of hard work, tenacity, focus & self-criticism. Hence, every time I have to do something, I analyse my own work, and I always want to do better than what I did in the past and excel. Even today, when



I take lecture for one hour, my preparation is for three hours. I may not be a smart teacher(laughs) after teaching for 40 years, still I need to prepare! I make it a point to never go unprepared. I want to improve upon what I did on the first year, second year, third or 39th year. I want to do better. The zeal to excel has to be there, and these are the qualities which have been given to me by my teachers.

How do you see healthcare in India and the world changing over the decades and what are we heading to in the future?

I think there are many technological advances that are taking place in health professions. In our days, toppers never opted for radiology, but now, radiology, interventional radiology are hot cakes. Now, because of this technology, there is this big advantage. Gone are those days of exploratory laparotomy or exploratory bur holes; because now, you precisely know where the pathology is, you do more precise jobs. These are the many benefits of technology, and the children of today's era, are more privileged due to access to technology. But, you know, when you have certain handicaps, your third sense gets activated. As we did not have this privilege, in our time was clinical science, I mean, the art of diagnosis, art of clinical examination were laid more emphasis upon. Our Clinical skills perceptions were stronger, built upon our distinct needs of the hour. But now, the students have better access to technology, information, the world has become small, they are able to interact with the international people. The big names which we used to read in books and never met those people for about 20 years after MDS. Later on, we started meeting them at various forum. But today's learner is more resourceful and has better opportunities. But having said that, what has gone down is willingness to learn and do hard work. That is my perception. I've seen that particular transition, they want everything to happen overnight, they want everything to be served on the platter which doesn't happen because there is no shortcut to success. Another thing when I passed out of Nagpur government dental college, it was one of the few



Colleges in the country (only 16th in the country) and the number of dental surgeons passing out was less. Now the numbers have increased but there is a lot of mushrooming of the colleges and certain colleges are exceedingly doing well but not all. That's why there is a differential level of learning, teaching and exposure for students. The competition has grown now. It is "perform or perish" if you are good then only world will recognize you and if you are not good then it's probably your chances of succeeding are limited because of the stiff competition. Competition has evolved from oral surgery to maxillofacial surgery to craniofacial surgery to head and neck surgery, craniofacial surgery and so on. The competition is not amongst similar, It is an uneven competition. It is not a competition between one branch of dentistry to another. Here if you do oncology, you to compete with head and neck surgeons with M.Ch qualification and better training opportunities and exposure. If you do cleft lip and palate surgeries or reconstructive surgeries your competition with plastic surgeon, because of the differential level of competition you have to update yourself, need to work even harder to match those skills, knowledge and acumen. If today's learner is willing to accept this particular challenge and raise the bar to that desired level to withstand this competition, he will succeed. On one side there is the immense advantage and another side there is

immense challenge. It is like a pyramid. On the top of the pyramid there is very little space to accommodate a lot of people so those who are able to climb the pyramid they are the most successful people but those who remain at the bottom of the pyramid they are one amongst many. I see the future to be exemplary for those who are willing to take up this challenge, work hard, acquire & sharpen their skills, be lifelong learners and have a passion for the speciality.

What is your second love after maxillofacial surgery? Passion, interests and things you love to do?

Of course, surgery was my first passion. Since I'm a patient of ALS now, my mobility is restricted, I can't do the surgeries. I am inspired by John Hunter, the pioneering British surgeon turned into an eminent Anatomist. Now I'm doing simulation based skill training at Skill lab, cadaveric skill & wet labs. Teaching is also my passion and I teach UG, PG students from Medicine, Dentistry, Nursing and Ayurveda streams to the best of my ability. Everybody has to perish one day, everybody has to leave one day, but wisdom and knowledge is something which nobody has complete till the end. At the click of the mouse, you are having all information at your disposal. But the wisdom you have to acquire through hard toiling over the years and the experience you get. So, whatever little bit I had learned now, it is time for me to give back to the next generation. I teach them the basic lifesaving skills, general surgical skills, neuro-anatomy, Head neck anatomy. I have immense interest in cricket also. I'm a keen watcher of cricket and follower of the cricket. I also like to be closer to nature. I do lot of activities like tree plantation. I must've planted around 35000 trees in my campus. Tree plantation, rainwater harvesting, these are the activities that I still indulge in. This is the need of the hour and you have to lead from the front. When I started doing the plantation everybody got involved in the campus. On Sunday I used to go and water those trees taking the pipe in my own hand. I feel that when you achieve something in life, people watch you very carefully how you speak, how you present your-

self, what you wear, how you carry yourself. So, you have to carry certain things in such a way that people would like to emulate them and that is the indirect way of influencing the people. So whatever best I can do in remaining part of my life to give back to the society, to the students, to the new generation that is my passion now.



As a recipient of National Sushruta award for Oral cancer awareness, which is the most challenging scenario you have handled as a pioneer proponent of oral cancer awareness? Do you wish to share any anecdotes about your journey both personally and professionally which were turning points in your life?

All credit for this goes to Dr. Sanjeev Golhar who taught me cancer surgery. In our days it was not taught in colleges even during post-graduation. When I started operating the cancer, he mentored me and then after few cases he told me that you will do on your own and I'll be sitting outside the OT, call me only if you need me. After a few days he said can you start doing it when I'm not there so that you are more confident. That is how he groomed me. I started doing a lot of surgeries, I used to take a lot of pride in heroic resections. But over a period of time what I realized as a cancer surgeon, the best service is education and prevention. Because you know excising a big legion, creating a huge defect, reconstructing it and you can never match the nature. You are never able to restore the quality of life. So now what I have realized as a cancer surgeon for last 35 years plus is that the best service would be onco prevention.

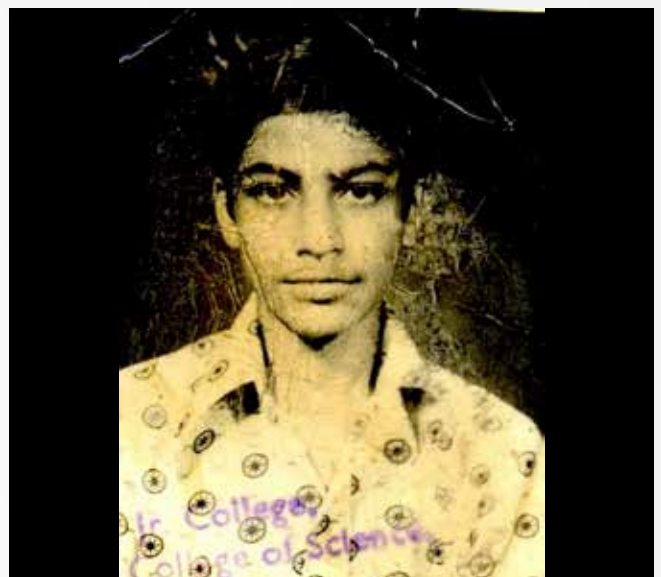
If there is no cancer, there is no morbidity, there is no need for such morbid surgeries and there is no compromising quality of life. That is what I have gathered. We have to divert more energy in creating the awareness early detection so that our results are matching with any centre in the world. My passion and focus would be now to do something where you can prevent the cancer or at least early detection of cancer can be done so that we can provide the immense quality of life to the patient. This is what I have learned in my cancer journey so far.



What are your thoughts when you enter the OT and don the glove? What should we focus on and what are some skill sets that we should all possess apart from technical knowledge to take care of our patients better?

See, my perception about the patient is that the patient is not just a subject. The patient is your teacher because we learn and sharpen our skills while operating on the patients. They are so generous and provide you an opportunity to learn even when you are nobody. They help you in growing; indirectly they're your teachers. I can understand kind of faith the patient reposes in a doctor is something which is unparalleled. A

father/ mother trusting his/ her son or son/ daughter or vice versa, it is but natural in life. But, you know when a stranger walks to you just knowing your name and reposes all the faith saying, I am submitting myself to you, only you can cure me. My life and death is in your hands and whatever is there in God's mind is acceptable to me and it puts an added responsibility and accountability on you. I have seen occasions in life when something went wrong critically wrong because these are all advanced cancers with all comorbidities something goes wrong in the post-operative period and patient dies. But the relatives of the patient after the initial burst of emotion they will come and say, Sir sorry we reacted that way, you did your best, maybe it was his/ her destiny but we're so thankful to you! I mean that kind of generosity puts such an immense onus on you it puts such a big responsibility on your head. My entire focus is on how best I can execute the surgery without having a collateral damage or complications during and after surgery. How best I can dedicate myself in this service, to be able to provide relief or cure from the ailment he's suffering. I don't want to put anything to chance so when I'm in the OT I'm a totally different kind of a person. When I'm focusing on my job, I do it with immense care. This is observed in the overseas surgeons especially the British. They're very meticulous I mean there is no chance when they're doing the neck dissection that they will damage the spinal accessory. I did



learn from them to be meticulousness. There is no point in saying that I did the surgery in half an hour or one hour, it is irrelevant. How you have done it is more important and my entire focus is that because patient is godly; patient is like my teacher; you have to bow your head in respect to them. Your identity is your patient and if you do not have patient, what kind of a clinician you are? If your identity is attached to them, do your best, think only of the betterment for the person till you complete the job. No other thoughts no other diversions in your mind. That is what I focus when I go inside the operation theatre.



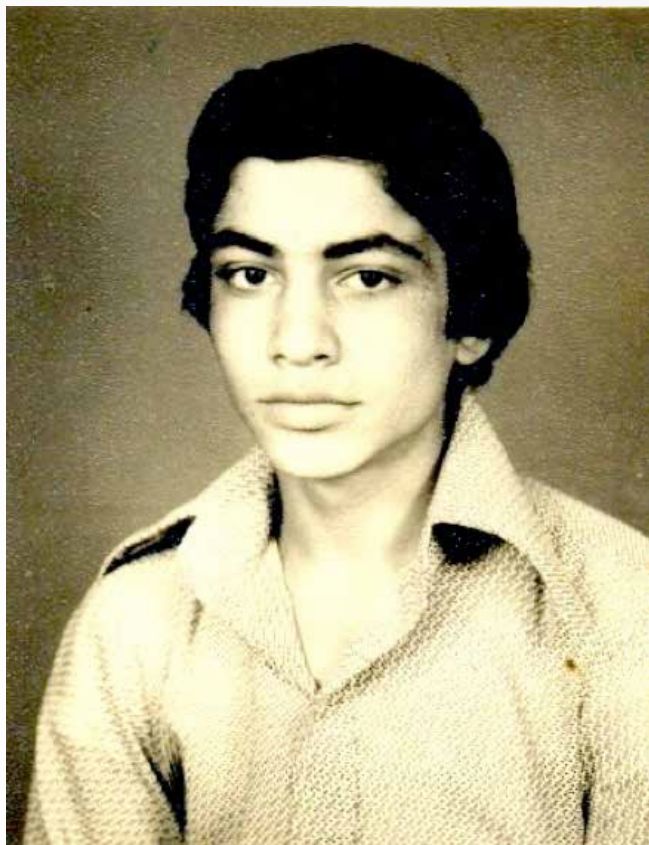
Is it important for all of us, the trainees and youngsters to get international exposure?

Unless you see the world, you will not know. It's like a frog in a pond. If I say I am the best, that is the end and no improvement can happen. It is such a dynamic process, acquiring knowledge and skill that you can learn from anybody. There are so many good things which you can learn from the people abroad. Not that we Indians are not good. There are so many immensely competent people in India you can learn from. Working in a different scenario, having access to a better technology, and their overall approach is what you can learn. When I sit in the OPD, 50-60 patients were waiting for me. My clinical workload was so much that I could not do documentation, I could not spend time with patients. But in the Western countries you know there is a limit; you cannot see more than Six patients in a day because you have to talk to the patient, analyse the patient properly. So what I have seen, skill wise we may be better off than them because we have more practise. But their approaches are very methodical and more scientific and they're research driven people. So working with them, you are not going to learn everything from the scratch; you will learn one or two tricks which will add up, and which will further enhance your quality of treatment. That is why you have to see the world to become wise, to become mature and to become a reasonable man/women. We see different kinds of people; there are two things to be learnt; from a competent person you decide I will learn this from him and from an incompetent person you will learn that I will never do this. That's why you have to be very open and receptive.



Your contribution to our association, AOMSI, to the university as a vice chancellor and maxillofacial specialty worldwide as a leader has been immense. What were some challenges you faced establishing the legacy of Dr RM Borle? And what keeps you going?

People used to ridicule us. Saying - what are you going to do in the operation theatre? There was a lot of struggle, lot of learning and lot of hard work. The very people who used to criticize me now they send their own patients to me for surgeries. That particular struggle was there to establish myself as a maxillofacial surgeon. I put a lot of efforts learned so many new things, practise them day in and day out. "For men of spirit opportunities are duty." So whenever you have opportunity, you have to grab it with both hands so that is what I followed. I did not do anything special I just kept on working sincerely with a lot of devotion and everything fell in place automatically. As far as the journey to the vice chancellor is concerned, my technical eligibility was very much there. I had a lot of publications, I had a lot of patents, copyrights, my research profile was reasonable. I



contributed in establishing maxillofacial surgery at least in central India because prior to me there was no one doing the cancer surgeries here. When I started doing distractions, when I started doing orthognathic surgery, nobody was doing this in central India. All these things taken together, you're standing in the subject, your recognition in the society, in the professional circles, your academic contributions, your experience, your scientific contributions, research profile all these paved way for me to become vice chancellor. Now people say, to become a Vice chancellor of deemed to be university is like pick and choose. It's not like that. There is a duly constituted committee by the UGC and when I was chosen, a very eminent person from AIIMS was heading it. They scrutinize very critically. I was elected ahead of many medical professionals who were also very good. It's all very objective process. Whatever hard work you do one has to have a belief that no effort is invalid, nothing goes waste. Invest all your good work, contribute and it is going to pay you sooner or later. I just kept on working sincerely and things fell in their place automatically. It was a privilege to lead a Medical University. When I was

a Vice chancellor, I did not only handle the Health Sciences portfolios but also the allied health, engineering and commerce portfolios. I mean it was a great learning curve and it consolidated my skills of communication, my comprehension, understanding about other branches and I have evolved as a better person so to become vice chancellor is also part of learning in my life.

I served the association in the capacity of treasurer for 2 terms and Jt Secretary for 2 terms. I was a part of Constitution committee of the association. Rather than me helping the association, the association has helped me to grow and I shall be always grateful to it. The highest honour “ Life time achievement award”, opportunity to deliver “Prof Ginwala Oration” were bestowed upon me by this esteemed association and I shall be indebted to it always.

The younger generation aspires to be as accomplished as you in every way. And what do you wish to advice youngsters taking up leadership roles today? What is your vision for the future of maxillofacial surgery?

The young people have to understand what Dr APJ Abdul Kalam has said "Dreams are not those which you see in sleep, but the dreams are those which do not let you sleep." you have to have passion, dedication, zeal to excel and willingness to work hard for ever. There is a need to understand that there is no shortcut to success. The youngsters have to remember that they have to inculcate these values . What you do today may be taxing for you, but it is like investing something for a better future. So, don't shy away from all these things. They should believe only in merit is honoured, nothing else works. You know, your contacts may help you once or twice for small achievements in life, but long-lasting achievements will come through merit and merit only. So you have to work very hard to be a distinguished person. You must have role models in life. They will inspire you, but ultimately the effort has to be done by yourself. There must be a person in your life who candidly points out your mistakes, constructively criticizes you and shows you path

of improvement. It is a privilege to be criticized by some learned person because that gives you opportunity to learn and improve.

Everybody has to undergo a particular learning and development curve. The only thing is that if you have a proper mentor, proper environment, it becomes more facilitative, but still, you have to work hard. So, my advice to the youngsters will be never shy away from working, never think, "Why I should do what I'm getting out of it?" This is a very wrong. We're not doing it for salary; we're not doing it for money. We are doctors; a patient comes to you; we are duty-bound to treat. The student comes with a lot of expectation, hope, and I'm a teacher. No matter what my dispute is with the employer or what salary I'm getting, it has nothing to do with my duty as a teacher. So, never mix up that issues; be very rational and clear. All good work will pay, sooner or later; nothing goes in vain. You will get your due when appropriate time comes. The almighty will give you everything at the right time, provided you have done the right kind of effort for that. So that would be my advice! keep on working hard. Initially, it is an investment; later on, you will reap the fruits of that. And never shy away from hard work; never shy away from learning; never give up, and keep back tenacity of working hard for years and years; nothing will fall in place for three years; it will take a minimum 10-15 years and then, it will get consolidated further.

After so many years of stint donning multiple hats in professional and personal life, what do you think life is, we see people day in and day out and with covid we have all seen life being so fragile. How do you contemplate on this?

It is humbling, you know. Especially COVID has taught us many things. Our sweet belief is that when we are traveling on the road, anybody else may meet with an accident, but I will never meet with an accident because I am a safe driver, which is perhaps not true. Life is very uncertain; life is limited, and there's no second birth. I don't believe in that. This is the only God-sent opportunity for you to do something better in this life for

yourself, for your family, for your society, for your children, for your students, for your patients and for everyone, whatever you can do. So, this opportunity should not be wasted. Mahtma Gandhi said “ live as if you were to die tomorrow and learn as if you were to live forever”. But life is very uncertain, whatever you are planning for tomorrow, try to do it today, because you never know what will happen tomorrow. I was a very healthy person about 10-12 years back, I was a body builder, but suddenly, I had a health setback. So, as long as your faculties are intact, as long as you are capable of helping others, as long as you are capable of learning for yourself, don't leave anything to tomorrow or to a chance. Ultimately, God has sent you with some purpose her and not sent you for a picnic here; he has sent you on this planet to do something, and that you have to do, no matter what happens in life. You have to keep on doing your good work!

Final edits by: - Dr. Biju Pappachan (MDS, FIBCSOMS, FIBOMS, FISOI.)
Dr. Ananaya Agrawal (BDS)



News



from the world of OMFS



FELLOWSHIP

Interview

Dr. Kumar Sanjeev



In brief, introduce our readers about the AOMSI fellowship program.

The Fellowship programs were envisaged by some eminent members of AOMSI exactly 10 years ago in 2014 for our young colleagues, who were looking at avenues to hone their surgical skills in their chosen sub-specialty of oral and maxillofacial surgery. Over the years, these programs have brought about the most essential qualitative difference in educational initiative in OMFS. The freshly passed surgeons can get hands-on paid experience of minimum 1 year in the subspecialties of Trauma, Orthognathic surgery, Cleft Lip & Palate surgery, and Oral Oncology in high volume quality centers of excellence under the mentorship of renowned professionals.

Who all are eligible to sit for the AOMSI fellowship entrance exam?

The applicant must be an AOMSI member. The eligible candidate should have a registrable degree of Masters in Oral and Maxillofacial Surgery or equivalent before joining the fellowship program. Also, the candidate must refer to

guidelines for different fellowship programs for specific requirements of each sub-specialty which will be soon available on AOMSI website in an updated format.

Tell us in brief about the selection and interview process.

The selection and interview process are quite streamlined. The applicants are required to sit the entrance examination conducted by Fellowship Committee, the dates of which are announced every year on the AOMSI website in July-August. From this year onward, there will be an examination fee of Rs. 500/ candidate to cover the basic expenses of conducting the examination. The results of the written examination are declared within a week of the examination. All successful candidates are ranked as per the marks obtained for each subspecialty exam. Three times the number of seats available in each sub-specialty are called for an interview with the Selection Board and Centre Directors. The interview is usually conducted a day prior to the



AOMSI National conference at the same venue. To the written marks, the interview marks are added to arrive at the final merit list. The selected candidates are then asked their preference of centres according to the merit list and subject to the approval of the Centre Director, the allotment is done. It is strongly recommended that the selected candidates visit the centres of their choice to understand the working environment and meet the Centre Director prior to attending the allotment process. The Director may ask for a letter of recommendation from MDS guide, Curriculum Vitae and the MDS logbook for the candidate for their satisfaction. Remember, that the Centre Director has a right to bypass a candidate if he feels that the candidate may not be suitable for his hospital.

Also, any candidate already in-service/ been selected for government service/ or serving a bond has to submit NOC from their current employee before joining the fellowship program.

Additionally, the skills which you acquire will not only help you in your personal growth but will broaden the existing scope of Oral and Maxillofacial Surgery in the institution to which you may be attached, adding an additional feather to its cap.

We encourage participation of fellows in different centers of the same sub-specialty in case discussions, so that you get a more comprehensive view of how different surgeons may treat the same problem. Also, your center director becomes your guide and mentor for life (provided you develop a good working relation with him) who can hand-hold you through procedures even after completion of your fellowship.

Many young oral and maxillofacial surgeons who have completed their fellowship training are doing exemplary work in their sub-specialty of choice. You become part of an exclusive community of young surgeons who are passionate about

How will this fellowship program help young OMF surgeons?

In my view, AOMSI post-MDS fellowship courses primarily facilitate candidates to learn skills and competencies in their special area of interest from the masters of the field e.g., if during MDS, Orthognathic surgery has fascinated you enough to want to make it the cornerstone of your practice, then a fellowship will give you far more exposure in this field than what you may have received during your post-graduation.



their work and are keen to take our specialty forward. This growing tribe is the future of Oral & Maxillofacial Surgery and will take the specialty to the next level!

What are the future plans of the AOMSI fellowship program?

We intend to further strengthen the fellowship

program by increasing the number of fellowship centers in existing sub-specialties to cater to the growing demand every year.

There is also a proposal to start two new fellowship programs this year in Implantology and Facial Aesthetic surgery, guidelines for which have been formulated and some centers have already shown interest in starting these new fellowships. In future we plan to start other fellowships e.g. TMJ disorders.

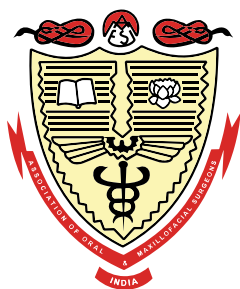
From this year, we will introduce exit examination in Trauma, Orthognathic and Cleft Lip & palate Fellowships akin to the one we already have for Oral Oncology. Successful candidates only will be given a completion certificate.

In case of queries regarding the fellowship program, whom should we contact?

I would urge all to go through the AOMSI website and read the Fellowship Rules and Regulations section (which is in the process of upgradation at present). This along with the specific guidelines for the fellowships in different subspecialties will give most information commonly sought by candidates regarding the program. However, if there are further queries or clarifications, these can be sought by writing to The AOMSI Fellowship Committee at: Fellowship@aomsi.com. Since we receive a large number of e-mails, kindly clearly mention in the subject whether it is related to Examination and Selection process, Ongoing fellowship program, Grant-related issues or Other.

There is also a Grievance Committee as well as the AOMSI POSH Committee to look at complaints of existing fellows. The names of the committee members will also be mentioned in the Rules and Regulations.





Theme of
the conference:

TEAMING EXPERIENCE WITH EVIDENCE



Inaugural Ceremony

Core organizing team

Dr. Ashish Gupta

Organising Chairman

Dr. Manjunath Rai

Conference Secretary

Dr. Atul Sharma

Organising Secretary

Dr. Rohit Chandra

Scientific Chairman

Dr. Aayush Malhotra

Chairperson Registration

**Date of conference
(number of days)**

23rd to 25th November 2023;
Three Days

Preconference course dates:
23rd to 22nd November 2023

- CDE points allocated (if any): Nil
- Number of participants: 1800 plus
- Number of faculty: 250 plus
- Number of international faculty : 20+
- Number of Lectures/Seminars conducted

- Chief guest:

Dr. Rajiv Bahl

Secretary to Government of India, Department
of Health Research and Director General, Indian
Council of Medical Research

- Media coverage: Attached

- Any special details:

For the first time many in-conference
courses were conducted

For the first time leather ball cricket match
was conducted

Number of Pre conference courses conducted: 8

**Preconference course 1:
PHOTOGRAPHY BASIC AND BEYOND**

Date: 22nd November, 2023 | 9:00 am - 4:30 pm

Venue: The Leela Ambience Convention Hotel, Delhi

**Name of the faculty/organizers -
Course Director
Ravi Hebballi**

Number of participants: Total 40 nos.



Inaugural Ceremony

**Preconference course 2:
FACIAL AESTHETICS**

Date: 22nd November, 2023
9:00 am - 4:30 pm

Venue: Maulana Azad Institute of Dental Sciences, Delhi

**Name of the faculty/organizers -
Dr. Athreya Rajagopal
(Course Director)**

Dr. Gokul Krishnan, Dr. Sushmita Rajmohan, Dr. Enosh Steward, Dr. Neha Abhichandani, Dr. Monika Surana, Dr. Sapna Vadera, Dr. Seema Mathew, Dr. Shreyas Sorake, Dr. Manu Prasad

Number of participants: 40





Inaugural Ceremony

**Preconference course 3:
Advanced Maxillofacial Trauma
Management**

Date: 22nd November, 2023 | 9:00
am - 4:30 pm

Venue: Army Dental Centre (R&R),
Dhaura Kuan, Delhi

Name of the faculty/organizers:
Brig SK Roy Chowdhury, SM, Brig I
D Roy, Col Vivek Saxena, Lt. Col
Gopalakrishnan, Lt. Col
Rangarajan H, Lt. Col Vishal
Kulkarni, Lt. Col Ajay Desai, Dr. N.
Iyer

Number of participants: 40

**Preconference course 4:
Recent Advances in Regenerative
Medicine Fat Grafting and
Application in OMF**

Date: 22nd November, 2023 | 9:00
am - 4:30 pm

Venue: Myoclinix C-223, Sector - 63,
Noida

Name of the faculty/organizers
Dr. Dharendra Srivastava (Course
Director), Dr. Raymond Wong,
Dr. Aileen (Speakers)

Number of participants: 40



Lifetime Achievement Awards



Lifetime Achievement Awards

Preconference course 5: LIVE SURGICAL WORKSHOP ON RHINOPLASTY

Date: 22nd November, 2023 | 9:00
am - 4:30 pm

Venue: Dhanwantri Auditorium,
SMSR, Sharda University, Greater
Noida

Name of the faculty/organizers
Dr. Srinivas Gosla Reddy, Dr. Avni
Pandey, Dr. Gaurav M Gupta, Dr.
Rahul Gogoi Mentor Dr. Rohit Punga

Number of participants - 40



Lifetime Achievement Awards



Lifetime Achievement Awards



Ginwala Oration



All Pre conference Courses

Preconference course 6: WORKSHOP ON ORTHOGNATHIC SURGERY

Date: 22nd November, 2023 | 9:00
am - 4:30 pm

Venue: Maulana Azad Institute of
Dental Sciences, Delhi

Name of the faculty/organizers -
Prof. Sujata Mohanty (Course
Director)
Prof. Virendra Singh, Dr. Vyomesh
Bhatt, Dr. Sumit Chopra

Number of participants: 40



Preconference course 8: HAIR TRANSPLANT AND NON SURGICALS MODALITIES FOR HAIR RESTORATION

Date: 22nd November, 2023

Venue: Maulana Azad Institute of
Dental Sciences, Delhi

Name of the faculty/organizers
Dr. Arun Panda (Course Director), Dr.
Amit Porwal, Dr. Sainath Matsa, Dr.
Siddarth Chatterjee, Dr. Pradeep
Sharma

Number of participants: 40

Preconference course 7: TREATMENT OPTIONS FOR SEVERELY RESORBED MAXILLA WITH ZYGOMA IMPLANTS

Date: 22nd November, 2023 | 9:00
am - 4:30 pm

Venue: Rajan Dental Centre,
Chennai

Name of the faculty/organizers:
Dr. Rajan Gunasaleen
(Course Director)



**Details of
Non-OMFS related events**
**Name of the event: Cricket
tournament**

Venue:
Yumuna Sports complex

Organizer:
Dr. Ashish, Dr. Rohit Chandra

Number of participants – 200



Trade Fair/Exhibition



Keynote Lectures/Guest Lectures



Keynote Lectures/Guest Lectures



Organising Committee



Keynote Lectures/Guest Lectures



Keynote Lectures/Guest Lectures



Keynote Lectures/Guest Lectures



Judges of Posters





Sports



Sports



Sports



Grand Venue



Grand Venue



Gala Banquet



Gala Banquet



Gala Banquet



IBOMS/Fellowship Graduation Ceremony





Trauma Awareness Campaign

Oral and Maxillofacial Surgery though a stream from dentistry, occupy a major role in diagnosis and treatment of patient who suffer from trauma injuries. The face being most prominent and distinguished part of human body requires a great amount of precision following injury; moreover, injury to the face can cause life threatening consequences such as uncontrolled bleeding, obstruction of airway, difficult to diagnose neurological impacts.

Therefore, maxillofacial surgeons stand as guardians of face protecting life of the patient and future social existence of that individual. It would be highly beneficial to the outcome of management of facial injuries if maxillofacial surgeons can care for the patient from time of admission till discharge.

60% of injuries affect the maxillofacial complex one way or the other. Prevention being the best form of cure. We the Association of oral and maxillofacial surgeons believe that it is our moral responsibility to help the public understand the



implication of facial injury and to teach the community various preventive methods of injuries to the face. With this goal in mind the AOMSI organized nation wide traffic awareness campaign wherein our members reached out to the youth and public at institutional levels to explain how facial injuries can be prevented.

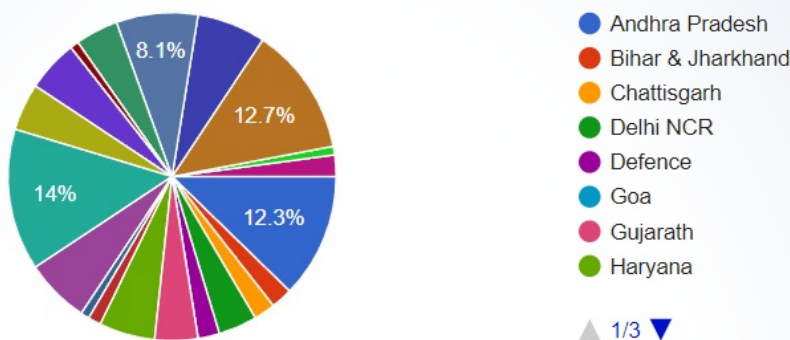
Members of public were encouraged to take a Traffic Safety Pledge from 11th January to 15th February along with the government of India's initiative. 236 programs were organized in 20 states wherein 37,100 youth took a Traffic awareness pledge.



STATE-WISE responses

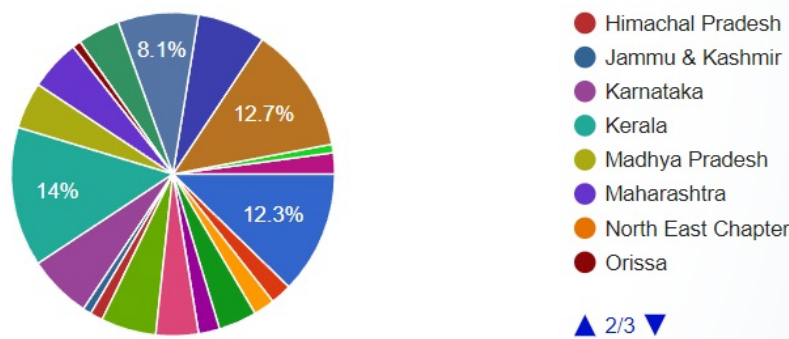
STATE:

236 responses



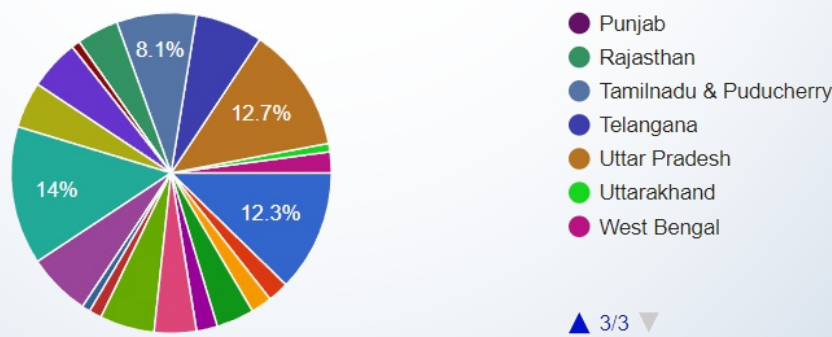
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236 responses



STATE:

236 responses

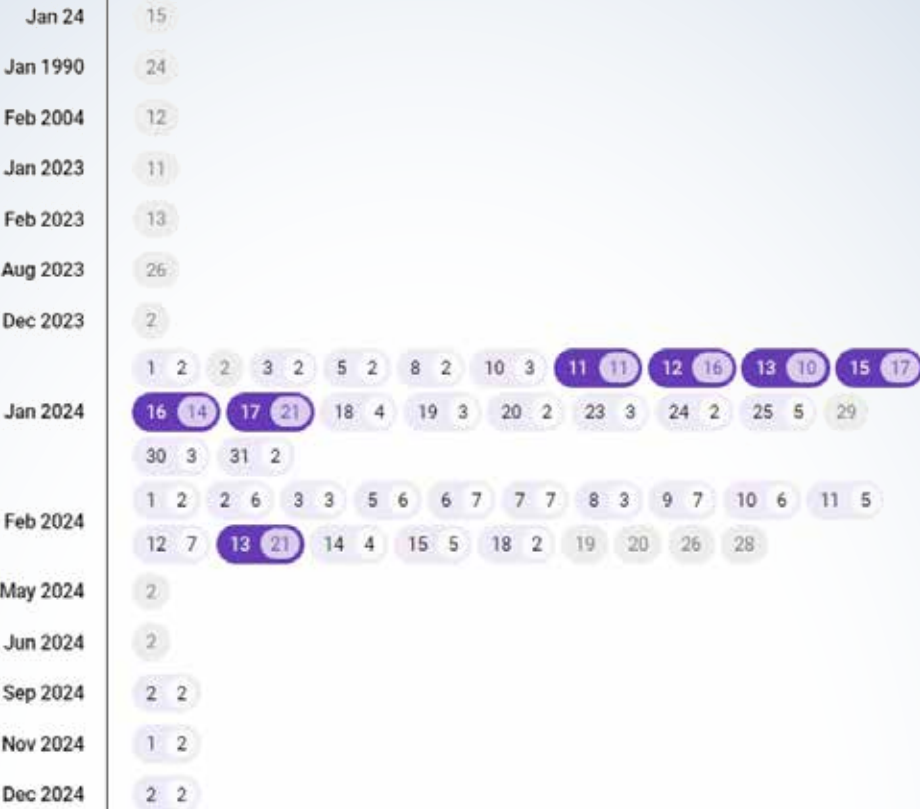


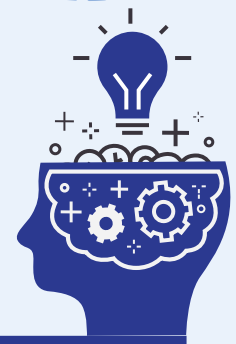
STATE-WISE responses

	State Name	No. of Submissions	No: Of Pledge
	Andhra Pradesh	29	5089
	Bihar & Jharkhand	5	364
	Chattisgarh	5	266
	Defence	5	3600
	Delhi NCR	9	791
	Gujarath	10	1346
	Haryana	13	2318
	Himachal Pradesh	3	127
	Jammu & Kashmir	2	480
	Karnataka	15	2921
	Kerala	33	2951
	Madhya Pradesh	11	1259
	Maharashtra	12	2253
	Orissa	2	1100
	Rajasthan	10	1525
	Tamilnadu & Puducherry	19	3806
	Telangana	16	1121
	Uttar Pradesh	30	4630
	Uttarakhand	2	320
	West Bengal	5	823

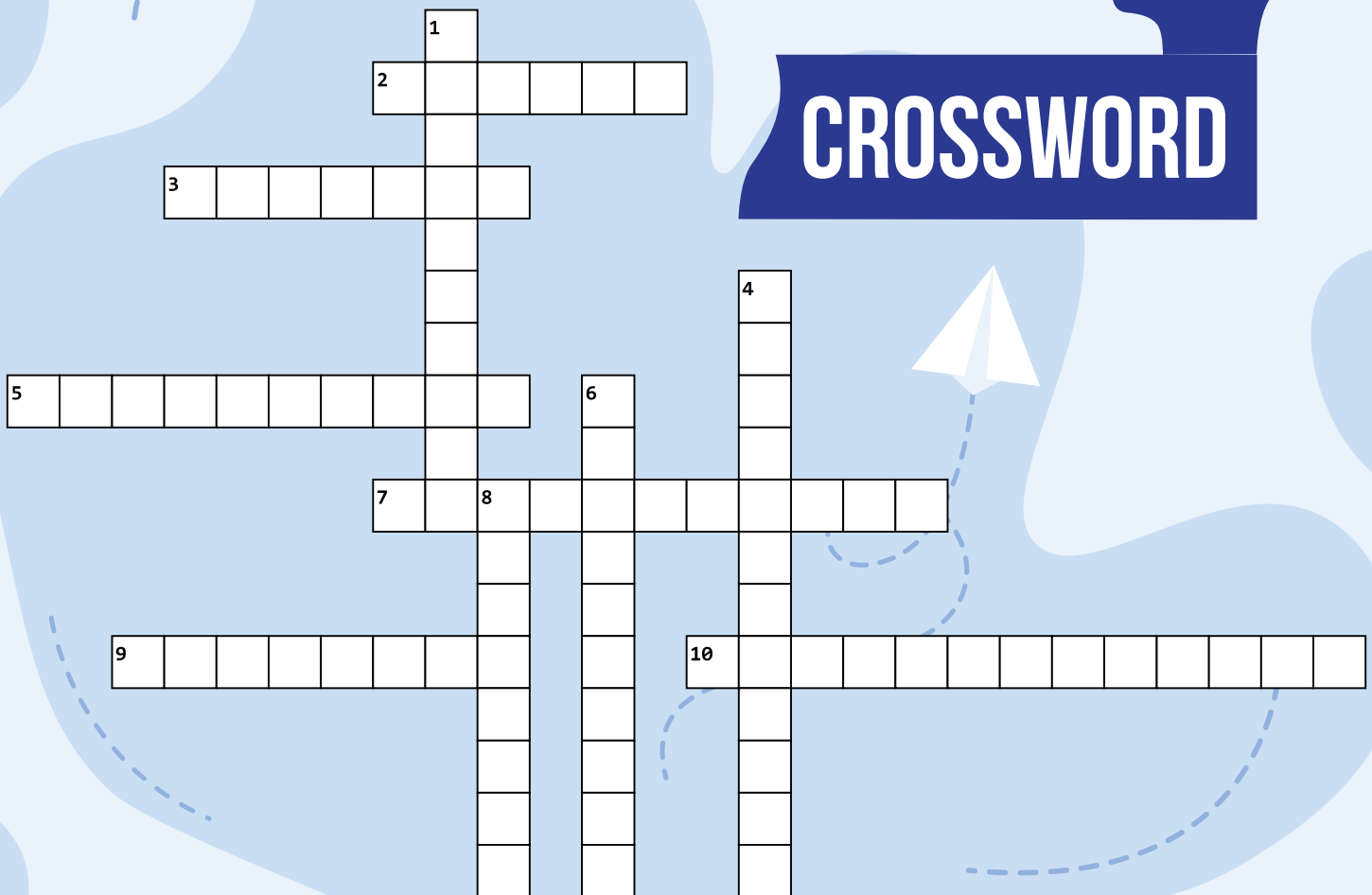
DATE :

236 responses





CROSSWORD

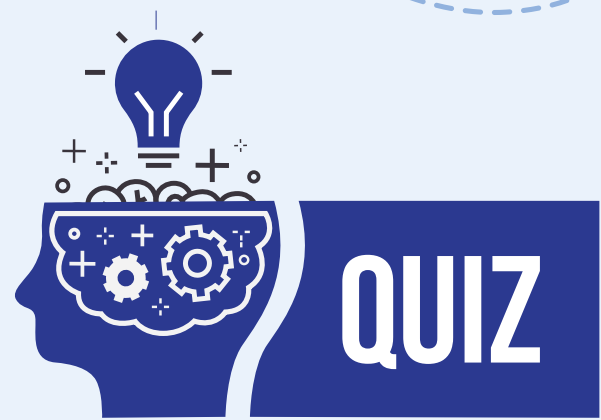


Across

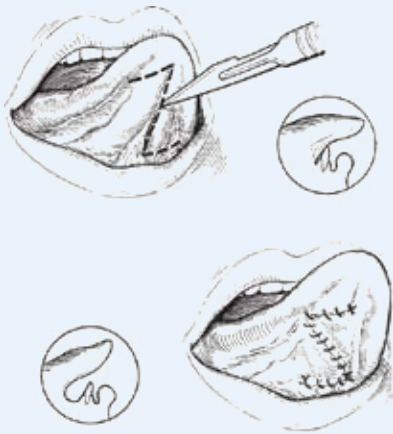
2. A balance between risk of surgical bleed and risk of thrombosis
3. A specialized tissue storage media
5. Inequality of the pupils
7. Correction of deviated nasal septum
9. A congenital defect with a notch in the lower eyelid
10. Progressive decrease in response after repetitive administration of a drug

Down

1. Used for indirect measurement of GFR
4. An exfoliating technique that uses rotating instrument to remove outer layer of skin
6. _____ skull is a trilobular shaped skull secondary to craniosynostosis.
8. Line running from 0.5cm below the tragus to 1.5cm above the lateral eyebrow



1. The muscle primarily involved in elevation of velum in speech.
2. A scoring criteria for diagnosis of Infective Endocarditis
3. Identify the surgical procedure



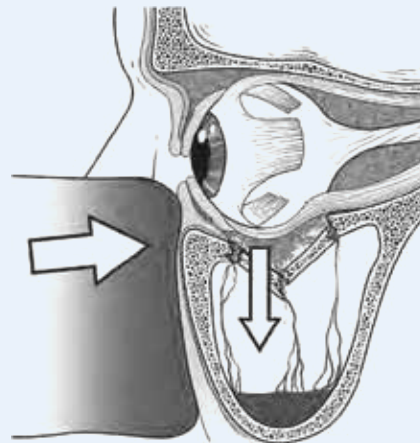
4. Identify the airway device



5. Name the surgical instrument
6. Pain in the calf elicited by forced dorsiflexion of the foot.



7. Identify the mechanism depicted to explain orbital fracture



8. Pathognomonic feature for 1st stage of Internal Derangement
9. Identify the procedure shown



10. Triad of urethritis, conjunctivitis and arthritis



16th

ASIAN CONGRESS OF ORAL & MAXILLOFACIAL SURGERY

“Research, Innovate and Collaborate”



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