

## Interview with Dr GS Kulkarni conducted by Dr Ashok Shyam



Dr GS Kulkarni

### Lets talk about your family and your childhood

I come from a middle class family from a small village in Belgaum District. My primary education till seventh standard was at village level after which I came to Belgaum for SSC. I chose biology branch in HSC and then got a scholarship to join BJ Medical college in Pune for MBBS

### Why did you decide to become a doctor?

I was a good student in my school till SSC. After SCC I had a choice to do mathematics or biology. So good students had only two choices, I chose biology and the medical field followed. No special influences

### Share some experiences from BJ Medical College? Do you remember your teachers?

I remember most of my teachers; Anatomy teacher Dr Desai, Dr Deshmukh from medicine to name a few. They were all interested in teaching. We had a batch of 40 so teacher student relationship and ratio both was very good. Dr MK Parikh was my teacher for general surgery and Dr Dholakia was my orthopaedic teacher. I did my general

surgery first at BJ medical and passed in 1967 after which I started practise. I joined Dr Donaldson as MS registrar in Mission Hospital Miraj and got my MS Ortho degree in 1978. Dr Donaldson was a surgeon from US and was based at Mission Hospital Miraj. There we no orthopaedic surgeons around, Dr Sancheti was there in Pune and another surgeon in Belgaum, so all the trauma used to come to Mission hospital. It was tremendous experience learning and working with Dr Donaldson. I had also worked in Mumbai earlier at Dr Talwalkars Clinic. I also worked in KEM Hospital Mumabi as a PG student with Dr Bavdekar. I used to attend his surgeries and his clinics and Dr Bavdekar was the one who got me interested in Orthopaedic surgery.

### You have been instrumental in developing Trauma surgery as a speciality in India, please share some thoughts about your Journey?

I am a general orthopaedic surgeon, I had to do all branches of orthopaedics when I started. Twenty years back we were just 2 or 3 ortho surgeons in an entire district so we had to do all surgeries. Trauma was major chunk of my practise. Orthopaedic trauma scenario, when I started, was terrible due to high infection rates and complications. Only after Charnley's clean theatre treatise, the complication rates reduced. Also newer implants just arrived on the scene offering better fixation. The surgeries however were also not very refined. Your generation is very lucky that you have good infection control and very good implants to deal with trauma surgeon. The

biomechanical assessments and insights into trauma has improved. EBM has changed the scenario from older days to now. AO had played major role in improving trauma surgery across the globe.

### You were one of the pioneers of Ilizarov surgery, please share your experience regarding Ilizarov surgeries arriving to India?

I went to AAOS long back and remember Dror Paley presenting cases of deformity correction and limb lengthening. After the meeting, I went to his place at Baltimore and stayed with him for 8 days. While coming back he gave me basket full of Ilizarov rings and rods. I called various implant makers in India but only Pitkar was interested in developing the system. Soon, I again attended another basic course by Dror Paley in Singapore, from where I brought the used saw bone models. Again, I gave it to Pitkar to develop the saw bones, so we could practice the Ilizarov surgery. At that time in 1991, I could convince Bombay Orthopaedic Society to call Dror Paley and Catagni to Mumbai. In 1991 first course of Ilizarov happened in Bombay hospital. It was a news to the Indian Orthopaedics and 400 – 500 people attended it. Ilizarov came in 1992, Dr Gopalkrishnan called him, and I presented few cases as faculty. Ilizarov was impressed by use of half pins by us. Ilizarov conducted the first course in Chennai and 600 delegates came for the meeting. The Ilizarov concept spread rapidly. Everyone started doing Ilizarov and we started getting many

complications [as happens with every new surgery]. Slowly the concepts evolved, and people now understand the indications and contraindication and with refinement in implants and techniques, Ilizarov is a very good technique in armamentarium of every good trauma surgeon.

**You are involved in many Innovations in Orthopaedic surgery, please tell us about them?**

Antibiotic K nails and Miraj Nail were among my initial innovations. I presented as White paper in IOA in K nail. Slotted plate for lengthening over a nail is another innovation I have worked on. Classification of Non-union is my literary contributions. Modification of the VAC was done personally by me and the system is now commercially available. Our engineers are really bright and if we discuss ideas with them, we can develop many things

**You published the First Independent Orthopaedic Journal from India, the Clinical Orthopaedic Journal. What was your experience of running the journal in the pre-online publishing era?**

I was very interested in sharing knowledge and creating monograms. I started the Clinical Orthopaedic Journal with the same vision. I used to keep one theme for every issue and invite review articles from across the country and publish. We must have published 50 issues of the journal and these were kept in every IOACON. I was not having a publisher or distributor and it was an herculean task to read and edit all

manuscript but it is something that I enjoy. On reading these journal issues, the IOA President and exe invited me to make the textbook of orthopaedics in association with IOA. That is how the text book came into existence. However when I started working on the book, the journal took a back seat and slowly died.

**Your textbook of orthopaedics is quite popular among students and practitioners equally. I myself have read it in my postgraduate days. How was the Journey of the book?**

The textbook of orthopaedic was for me in continuity with the journal I published, however on a much larger scale. Over the years, I have realised that we have very good authors, but one quality is common all across, they are very lazy with deadlines. They need constant push, however the content they produce is absolutely amazing. The Miraj PG Course is one of the most popular PG Courses in the country. Let us know how you planned it? I was called at Manipal for a PG course. I liked it very much and decided to start at Miraj. It is more than 22 years now. We start sharp 7 am goes till evening 7 pm. In three days we could cover a lot of orthopaedic. In morning we keep lectures and symposiums and in afternoon we have case presentations. We cover most of the orthopaedic curriculum in three days and get students from all across the western India.

**You have been teaching and training for so long, what is your view on how teaching has changed?**

The teaching had changed tremendously due to technology and computers and internet has added new dimensions to it. However, I find that the zeal of learning in students in quite blunted these days. Probably they have already decided their future specialisation, so they consider exam just a formality, rather than preparation for learning basic orthopaedics.

**How do you see the growth of Indian Academics in coming years?**

It will be growing tremendously due to development of specialities. Like foot society was small society and I was part of it since inception. But now the meetings are full and packed, and the society is growing. Similarly, joint replacement and other societies are growing. Traumacon is one of the largest speciality conferences. But I believe general orthopaedics as a speciality is going to die

**Any messages to the new generation?**

Body fitness and development of mind are two most important thing to achieve in life. I go to gym everyday for 45 mins. I alternate weight training with aerobics in the gym and follow it up with 45 mins of yoga. I believe we all surgeons are Malnourished, not undernourished but have an unbalanced diet. We need to take conscious effort to be healthy and balanced.

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