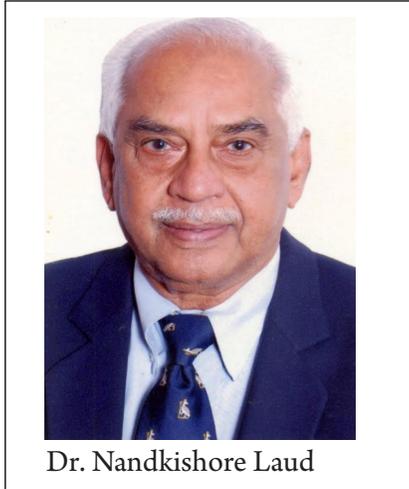


Interview with Dr. Nandkishore Laud conducted by Dr Ashok Shyam and Dr Nicholas Antao



Dr. Nandkishore Laud

Let me begin by asking you about your family background. Tell us something about your family and where you grew up?

My Ancestors trace back to Goa. Our great grandfathers shifted to Indore which was the Holkar state. My mother hails from a Konkani family in Maharashtra. I grew up in the city of Indore. Father was an engineer by profession.

So why did you decide to become a doctor, how did you get the inspiration?

I wanted to be an Airforce pilot but my mother wanted me to be a doctor to serve the community. Dr Raman Nadkarni my maternal uncle was an internationally reputed gynecologist who lived and practised in Ahmedabad. He was the inspiring force for me to choose this profession.

And then, during medical school were there any influences that helped or formed your career? Why did you choose orthopaedic surgery?

I was influenced by an eminent Physician Prof. Dr S.K. Mukherjee, who was an expert in clinical diagnosis. He was a nationalist and a decorated physician. I became an Orthopedic Surgeon by chance, during my residency training when I got an opportunity to work as an extern in the department of Orthopedics under Dr A. K. Talwalkar. The art of reconstructing broken limbs and restoring function using drill, plates, screws, hammer and nail to ensure restoration to their original structure was in tune with my liking for engineering, orthopedics thus became an apt choice.

So who would you say, once you started orthopaedics as a registrar, were your early influences?

Dr R.J. Katrak, for his human approach, Dr A.K. Talwalkar for his diagnostics and craftsmanship and K. V. Chaulal for his clinical acumen and surgical techniques. I must also mention two International authorities. Dr C. S. Ranawat for his knowledge update and art of surgery and Prof. Siegfried Weller (of Germany) for his teaching ability and progressive approach.

You joined the Sion Hospital in 1964, Tell us something about your life at Sion Hospital?

I joined the Sion Hospital in 1964 as an Orthopaedic Registrar, which then, was a Municipal Hospital and later became the 4th Medical College in Mumbai. The opportunity of joining a teaching Medical College, I left the idea of going back to Indore and continued working at the Sion Hospital for 31 years. I grew up step by step as a Registrar, Tutor, Hon. Assistant, Hon. Professor and later a Hon. Prof & Head of the Department and also a Chief Trauma Coordinator of the Intensive Trauma Care Ward. I was fortunate enough to be able to start a Dedicated trauma care ward with intensive care facility and continued to upgrade it till my retirement.

You were pioneer in Trauma Centre to India? Tell us something about the Trauma Story?

I am not sure that I can claim myself to be the pioneer in trauma care in India, however I do feel that I could be one of the Surgeons who in the late 60's thought about integrated protocol-based trauma care. The concept was a based trauma team consisting of residents from Anaesthesia, General Surgery and Orthopaedics. The basic challenges for primary care of the

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injured. Further, involving skilled & highly trained specialists, from other specialists to ensure total care in quality and time and restoration as good a functional status as pre-injury. It's a sheer co-incidence that the Sion Hospital was located between two National Railways, Two National highways and two National Airports and with a lot of industries in and around, hence a variety of complex trauma cases were treated at Sion Hospital. Unfortunately, civil unrest like riots, social conflicts, urban violence and later bomb blast added to the overburdened department of trauma care. Being a referral Hospital and established trauma care center, the institution also received cases with late presentations, neglected and failed trauma. Each patient was like a new challenge where one confronted new problem and had to think about logical solutions with available treatment diagnostics and instrumentation systems.

You were specifically instrumental in developing trauma surgery in India. Why focus of Trauma Surgery?

It was then the need to be a good Trauma Surgeon and also a need of the hour, then except for hand and Plastic surgery, no other specialty were developed. It's my firm belief that a good trauma surgeon who, deals with disturbed anatomic structure leading to altered functions was a challenge. While It is important to understand, as much as, the anatomical reconstruction is important, the restoration of physiological function is vital. A good trauma surgeon is sure to excel in any super specialty practice.

A lot has happened in the field of Orthopaedic Trauma in and you are witness to these growth and development. What according to you are the important landmarks in History of trauma Surgery in India?

It's a vision our predecessors and open minded approach of my generation of orthopaedic surgeons to learn and apply the ongoing techniques for benefit of our patients. Unfortunately, the approach of the Government teaching Hospitals and few of the administrators did not support and provide finances to procure modern systems of diagnostics, therapeutics and instrumentations. Often aided by opinion of some of our senior colleagues, who believed only in conventional methods that compromised the quality care in General Hospitals. Hence the modern technology in diagnostics and therapeutic were developed and brought in private charity and Trust Hospitals and they progressed both financially and technologically ahead of General Hospitals. However, I have the satisfaction of being with the first generation of orthopedic Surgeon who was fortunate enough to get the AO teachers like Prof. HANS Willinger, prof. S. Weller Prof. U Holtz and Dr Hermine Chien to Sion Hospital for a visit. They were impressed by the work and keeping in mind the need of technological advances in future. I made efforts to procure early technology. IN recognition of my work, the first AO state of art Instrumentation system was procured by Sion General Hospital in Mumbai. Sion was also the First to host basic AO Course in Mumbai. Impressed by the work at Sion Hospital I was fortunate to be appointed as a trustee of AO International Foundation of Switzerland.

Tell us about your move toward joint replacement surgeries?

Till 1974 the Joint Replacement in India was rare and people believed that it was a surgery for the rich and very few people had the capacity and capability to do it. Dr K.T Dholakia was the first pioneering Joint Replacement Surgeon who established the state of Art Joint Replacement Centre at Bombay Hospital. The challenges at times were:

- a. To create environment for prevention of infection
- b. Availability of specific instrumentation and Implants
- c. Availability of various sizes of implant
- d. Training of personnel apart from Surgeons to execute the operation optimally
- e. The cost involved was prohibitive, thus, was not possible for the Orthopedic Surgeons to practice Joint replacement surgery in Hospitals without the proper facilities and availability of implants. The other challenge was restriction on import of instrumentation and implants.

In 1974 I went to New York and visited my college friend Dr C.S. Ranawat, who was then working in a Hospital for Special Surgery as an Arthroplasty and Hand Surgeon. This Hospital was mainly for crippled arthritics to restore stability, function and pain relief. I had the opportunity to observe his techniques of cemented Charnley Total Hip Arthroplasty and Total condylar 1 knee Arthroplasty, I also meet Dr Burnstein and Dr Insall. Later, during the Silver Jubilee IOA Conference in 1980 in Mumbai, A workshop with live demonstration of cemented total hip replacements was organized by me and Dr Ranawat, it was the first live operative demonstration with post-operative discussion on the operated cases.

This initiative resulted in further progress of Joint Replacement, Dr Ranawat, used to visit India to operate on the patients. He then established Ranawat Orthopedic Foundation in India with me and Dr K.H. Sancheti of Pune as members. He donated

10,000 Hips and instrumentations to three Hospitals - Bombay Hospital, Sancheti Hospital, Pune and Choitram Hospital in Indore. The Aim was to promote the concept of Joint replacement surgery in India.

An Indian Arthroplasty Association (IAA) was established in 1995 with Dr K.T. Dholakia as a President and few interested members from India. To further promote Arthroplasty, Dr Ranawat's Orthopaedic Foundation organized winter-meeting for Arthroplasty Surgeons with a faculty of six to seven International experts and in collaboration with the Indian faculty members. At the second meeting of IAA which was organized by me was attended by a prominent foreign faculty and surgeons from SAARC countries. A special Fellowship of Indian doctors was initiated in the name of Dr K. T Dholakia for three young surgeons to train in technique of Arthroplasty with a reward of Rs. 25,000/-. The ROC, New York Foundation in India also offered three Fellowships to young Surgeons for training in New York under Dr C.S. Ranawat. This benefited large number of Indian Orthopedic Surgeons. The ex-potential rise to promote art and science of Arthroplasty in India can be attributed to the then, Dr Manmohan Singh's opening up the Indian economy. Later, Late. Prime Minister Atal Bihari Vajpayee's Knee Replacement Surgery in Mumbai. Today it has become one of the most sought for orthopedic super-specialty. My friend Dr K.S. Sancheti made efforts to develop an indigenous implant to reduce the cost to ensure large number of arthritis would benefit. My association with him and later with all my colleagues from Mumbai and all over India made efforts to promote this specialty. I must also say at ODTs, (U.K) scheme. Indian Orthopedic Surgeons got an opportunity to train in England and return to India further added for promotion of Arthroplasty in India.

Can you tell us about few of the most challenging cases in your career?

It is very difficult to choose but few which I feel are cases of pelvic acetabular trauma, spinal injuries, neglected trauma, arthroplasty hip in failed fixations but the most challenging cases were multiple trauma and bomb blast cases for which I had the pleasure of developing the cost effective small external fixator device with Late Dr B.B. Joshi and Dr Sudhir Warriar. The initial training charts were prepared by Dr Harish Bhende.

You have been active in teaching and training for over 4 decades, how has the scene changes in terms of teaching methods and quality of surgeons undergoing training?

It has been an interesting journey; I believe it is not only the teaching but the process of learning where both teacher and the tot learn. Initially we use to do paper presentation orally, later followed by slide projection, later the technology helped where the slide presentation was automatic with a remote control, this helped us to specifically teach the finer aspect of techniques and result. Today the technology the Surgeons; not only teach but create a virtual learning laboratory. The pandemic has made the world short through online presentation so that not only one teacher's views but multi faculty teaching and learning with a proper interaction. I feel technology should be an important part in orthopedic training.

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