

# REPORT 2020

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**Okti** foundation  
In service of Community







गुरुर्ब्रह्मा गुरुर्विष्णु गुरुर्देवो महेश्वरः  
गुरु साक्षात् परब्रह्मा तस्मै श्रीगुरवे नमः



# From the Editor's Desk.....



It was December 2009 when I received a call from Dr George Verghese, Dr Lagi as everybody calls him. He said to me 'Sonal, there is a very poor village called Shillai in Himachal Pradesh beyond Ponta Sahib where each & every woman is suffering from prolapse uterus & other urological ailments'. He asked me to join him for surgical camp which was being conducted under National Rural Health Mission, Government of Himachal under supervision of Dr Bazliel. I reached Ponta Sahib leaving behind three children with my husband who was ever supportive of such social causes. My youngest one was only four years at that time. Beyond Ponta Sahib for four hours there was no evidence of life. We passed through narrow, rough roads through dry forest and reached Shillai at 10:00pm in chilly cold winter. I was received by Dr Bazliel & the next day at 7:30 am the entire team dressed in OT clothes was in present in the dining room. Being an energetic team leader, Dr Bazliel addressed all doctors, nurses, helpers, cooks in the room, involved spiritual energies and said "God we all submit ourselves to you ! Please clean the dust on us and use us as instruments to create the beautiful music of love & giving ". This was followed by a rich breakfast and he ensured everyone had been served before him.

We set ourselves to the task & continuously operated from 8:00am to 8:00pm. The pre-op patients would sit outside with worksheets in their hands. A collective pre anaesthetic checkup was done by the anaesthetist. All the patients were given pre operative antibiotics just outside the operating room from a single IV stand. The surgeon & gynaecologist

would help each other, the assisting nurses & technicians were very efficient. It was an effective platform for capacity building & skill development for paramedics who were hired from the village only and the entire credit for effective coordination & implemental of that surgical camp was owed to Dr Bazliel.

Dr Lagi & Dr Sheilagh were a great source of energy & inspiration to the entire team. Dr Lagi can operate on any part of body for any surgical ailment which was a big relief to the ailing population in a remote village that had no access to surgical services. The gratitude of the poor patients could be seen in their eyes. Dr Vinod Kalla ,Dr Subroto Dam and team were ever ready to support for anesthesia. The surgical team on the other hand ever felt grateful to God who gave them an opportunity to help the needy .

For many years, we went on with NRHM camps & gradually these camps were taken over by the medical colleges. So, then in order to raise funds for surgical services, we created Okti Foundation in 2014. God has ever been kind. The team never felt short of funds, willing doctors, nurses and paramedics.

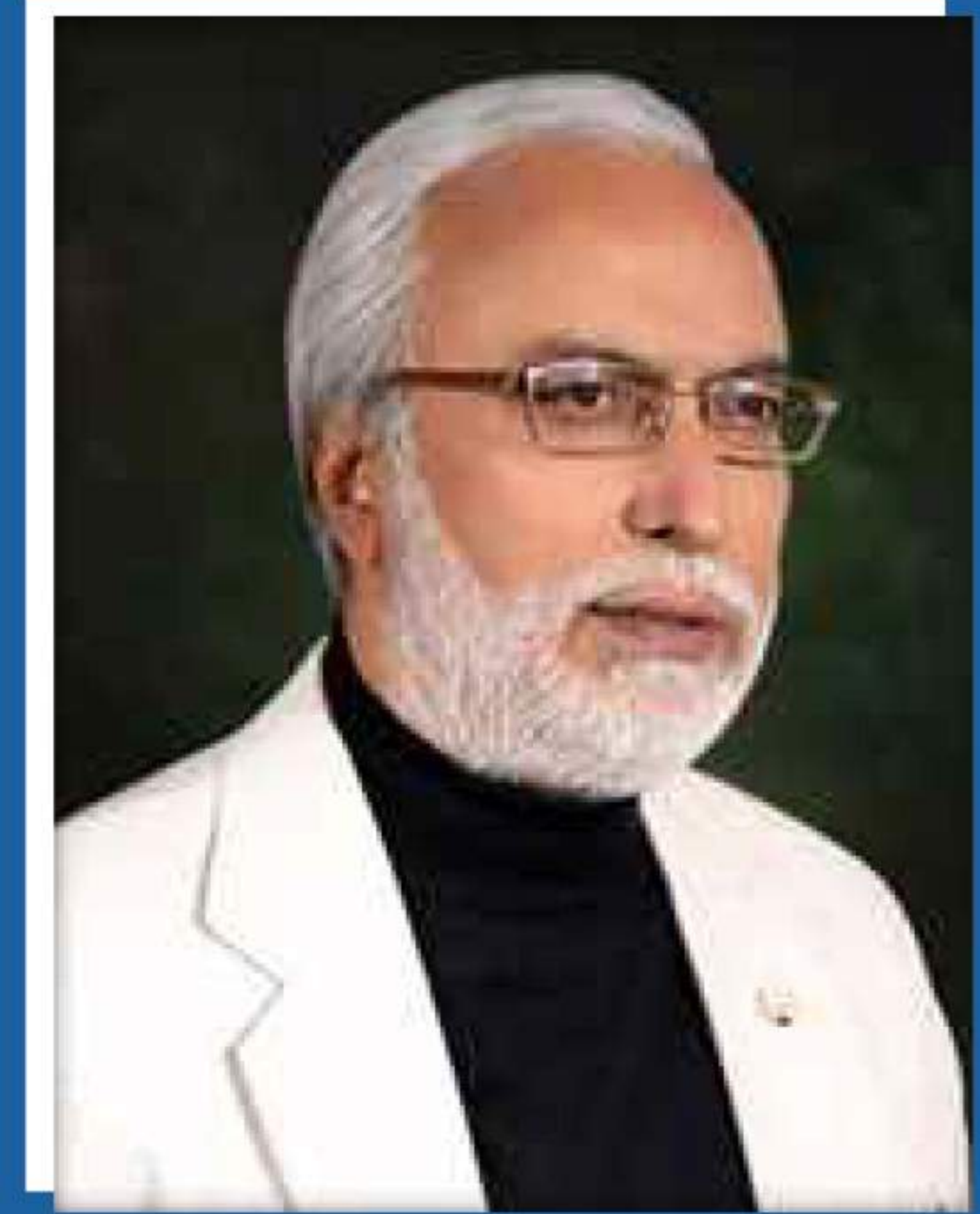
It is our conviction to continue this work and transfer this faith to the coming generations so they too may serve the community. In the year 2020, The Team conducted many surgical ventures, Cervical cancer vaccination program, and contributed to the Covid cause...

## **Dr Sonal Bathla**

MBBS,MD,FICOG,FICMCH,CIMP  
Consultant Obstetrician, Gynaecologist,  
Vaginal & Laparoscopic Surgeon  
Secretary General Okti Foundation, Delhi



## Reaching the Under - privileged with a Combination of Professionalism and Compassion



In 2002 at the behest of the Governing Body, I came back for the third time to the Simla Sanitarium & Hospital in Himachal Pradesh as its President & CEO. Shortly thereafter, I ran into the then Tribal Development Commissioner.—Dr. Bazliell he said,—I know you have been doing Eye Camps since the late 70's. I want to ask you to please add on two more specialties. These are desperately needed in rural and remote areas where no specialists are available. I like to ask that you combine General Surgery, Gynaecology and Ophthalmology. I smiled and said,—Sir, we did our Eye Camps free of costs — I can't afford to add on 2 more Specialties.—Bill us he said. I could hardly believe my ears. The next morning I presented myself at his office in the Himachal Pradesh Secretariat. Imagine my utter surprise when across the desk, he signed the proposal presented. Thus began our relationship with the NATIONAL RURAL HEALTH MISSION (NRHM) through the Himachal State Government authorities. We were initially designated Tribal Areas that bordered Chinese Occupied Tibet. But the message of our surgical interventions filtered through to other remote and very needy areas. Before long representatives of these places arrived at the Himachal Pradesh Secretariat demanding that the same facilities be provided at their localities. Some months down the line I was summoned to the Principal Secretary Health Office at the HP Secretariat. He apprised me of the situation and said that the Village of Shillai in District Sirmour had been classified as a—Difficult Area and

was henceforth to be equated with the Tribal Areas. My organisational procedure for each multi-specialty camp involved the following:-

1. For the trip I would take a Mahindra Scorpio vehicle with one driver and one orderly.
2. We would be equipped with brightly coloured handbills and large banners which provided all of the camp information.
3. At a pre-designated distance from the Hospital where surgical interventions were to take place, I would take over the driver's seat and put my two colleagues onto the back seat—one on the left, the other on the right.
4. For any person walking along the road, I would stop and a handbill on either side would be given with the plea,—please pass this information to everyone in your village.
5. At any School that we passed, contact was made with the Headmaster with the request that a handbill be given to each student of the two senior classes with the instruction that they take these back to their homes. Some children walked 6-8 km to attend School.
6. Passing through any Village, we would seek permission from shopkeepers to display our banners.
7. At the Hospital, meetings were held with CMO's/ BMO's and Senior Doctors. They would be asked to start with patient bookings for all specialties.
8. Facilities available for conducting surgeries for all Specialties would be checked in detail.



9. Accommodation facilities for the entire team would be indentified and room allocations made in advance. At Shillai, surgical interventions were underway. I was in the anti room of the operating theatre suite. Dr. Sonal Bathla came in. She is a Gynaecologist and also the Secretary General of the OKTI FOUNDATION—the driving force behind the Organisation. Gently removing the surgical mask from her face, she said—Sir, I want to ask you a favour. There is a woman who has a prolapsed uterus which has been in existence for 6 years. She has severe abrasions on the inner side of both thighs. I would like to operate her . I gently replied,—Sonal, your Professor and Head of Department at your alma-mater used to keep 3 units of blood as back-up anytime she did Vaginal Hysterectomy. There is no blood bank here . Flashing her well known and so familiar soft smile, she said—TRUST ME.—Please ask Dr. George Varghese to scrub with you, I said. There were two such cases during the course of this particular camp. In this poverty-stricken region, word spread like wildfire. Three weeks later, I was summoned to the Office of the Health Minister at the HP Secretariat. He had heard about the Shillai Camp and in particular about the two Gynae cases. The demand for more such surgical interventions was huge. He went on to say,—Dr. Bazliel, as per existing policy I cannot fund two camps at the same site in one year. However I am going to override this stipulation. Please fax me a proposal for another camp at Shillai. And so we returned. On this occasion a

large percentage of cases were Gynaecological. I spent all of my time in the operating theatre so as to coordinate a smooth flow of activities. It was impressive to watch the skill and dexterity of Dr. Sonal 3 Bathla. Calm and collected, this lady loved to sing softly while she worked. At no point in time did I see her lose her temper or get short with any of the assistants or circulating staff. One Anaesthesiologist covered both Gynae and General Surgery tables. And if there was an urgent need on Dr. Sonal's table, it was just a gentle call for help. I quote her demeanour as an example which I sincerely hope will motivate a new generation of Surgeons and Physicians to follow the example set by her. A little more about Shillai. I met with a Mission Director of the NRHM. This Senior IAS Officer had spent two years as SDM, Shillai. During her tenure of service, she walked from village to village in tough terrain visiting households personally so as to assess the level of poverty and need. I was aghast when she told me that when women were ready to deliver a baby—they would be sent down to the cattle shed where it was necessary to sit on two stones and bear down so as to push out the foetus. Then this singular effort further involved extracting the placenta, cutting the cord and tying this with a thin string of grass. As if this ordeal was not enough, the next day it was her responsibility to climb the steep hillside and cut grass for the cattle. No wonder the number of prolapse uterus cases were beyond imagination.



## **At one point in time, I sent the following letter to the then Minister of Health**

January 28, 2011

Hon'ble Health Minister  
H P Secretariat  
Chota Shimla  
Himachal Pradesh

### **Sub: Status of Prolapse Uterus Cases at Shillai, District Sirmaur**

Hon'ble Sir,

We have concluded another very successful surgical camp at CHC Shillai. Thank you for your support to this programme. Patient statistics are attached. Once again there were a huge number of Prolapsed Uterus cases. On this occasion our two Gynaecologists took case histories from the patients prior to conducting Vaginal Hysterectomies. Here are some of the findings with possible solutions.

#### **Problems:**

- Women are asked to sit on two bricks and bear down as soon as labour pains begin
- The majority of deliveries are done at home without the help of a Midwife or even that of an experienced Dai
- Women have to get back to work within two or three days following delivery. This includes going up steep hillsides to cut grass
- Some women are sent into the cattle shed' to deliver on their own
- Nutritional Status of the mothers ranges from bad to very bad. This relates to the custom of women being the last to eat at meal times, and accepting what is left over after feeding the men and children.

#### **Possible Solutions:**

- Training Session for the Midwives. Firstly to include instructing them to make house visits and to keep a record of all the Pregnant Women. We recognize that trained Midwives are the ideal situation. But in the most isolated rural villages, Midwives are still in short supply and even when they exist many villagers prefer to use the services of a Dai. Training sessions for the Dai's – especially the younger, literate ones – might be better than ignoring their presence.
- Midwives / Dai's to be shown (given) a format of documentation for each group of the villages under her charge.
- Midwives / Dai's to submit a comparative format report of change in statistics (hopefully for the better) every quarter of the year. These could then be checked by the CMO/ BMO in charge.
- Annual or bi-annual teaching sessions for Midwives / Dai's (separately to avoid misunderstandings) on how to conduct normal deliveries properly and how to recognize abnormal cases, which they cannot manage. Registrars or senior Midwives from the Maternity Units of the Medical Colleges would be ideal teachers. (Mobile pelvic and infant models, which can be practiced on are very satisfactory. Today's new methods using projectors and DVD pictures might be as useful, but they will be more



costly, require much more maintenance and fail when electricity is absent.) It is remarkable how rapidly these rural practitioners 'learn and accept new knowledge, when given by enthusiastic teachers. The details of post partum management are a vital part of these teaching sessions. If this plan can be rapidly established, Himachal Pradesh would soon have the lowest maternal death rate in India and Prolapsed Uterus cases would be a rarity, seen only in Teaching Hospitals.

- Immediately following these Teaching Sessions one day should be devoted to teaching the women of child bearing age, the mother-in-law's and any husbands who show an interest, the need for correct nutrition and delivery for those who are pregnant. This is easier said than done and careful planning to make this audience feel very special is most important. Carefully chosen teachers who empathize with the problems of rural living will succeed.

I have been privileged, honored and blessed to have had the opportunity to lead the best Multi-Specialty Surgical teams one could have ever asked for. The team composition may have varied at times, but on all occasion they excelled. To quote the word of a Canadian Observer at the end of a camp, "I have visited every third World Country and I'd like to categorically state that this is the best I have ever seen", what a heartwarming-encouraging statement.

For certain I can say that my personal favorites in the team are Dr. George Varghese and Dr Sonal Bathla. I could write volumes about both these professionals- but neither time nor space will permit. Suffice it to say, I hope many young doctors will follow their example of professionalism combined with compassion.

After 39 years of Hospital Administration, I decided it was time to "HANG UP MY BOOTS". An eminent Cardio-thoracic Surgeon visited me recently. At the time he asked. :Do you miss being a Hospital Administrator". My reply, "I loved every minute of my 39 years of Hospital Administration- Now am loving every minute of being a farmer again"!!

As I face life's sunset, I want during my last breath to be able to either think or say " IT WAS WORTH IT ALL- WHEN THE GOING GETS TOUGH, THE TOUGH GET GOING"

I would like to suggest that a Research Team from IGMC/KNH be asked to do a more detailed study on this matter. Following this, I am certain that they will be able to finalize a concrete course of action.

With Kindest Greetings

Very Cordially Yours

**Dr G R Bazliel**  
**Ex President & CEO**  
**Shimla Sanitarium Hospital**  
**Shimla, Himachal Pradesh**



## **Visit to Earth Saviours Foundation**

### **1st January 2020**

I, Anoushka Bhardwaj from Pathways School Gurgaon, would like to express my special thanks of gratitude to Dr. Sonal who gave me the golden opportunity to visit and interact with the people at the Earth Saviours Organization on the First day of 2020.

#### **Introduction:**

Earth Saviours foundation is an internationally recognized NGO, situated in Gurugram, India. The Foundation is dedicated to serve the less privileged people and as a rescue center to look after mentally disabled people.

#### **Aim:**

The objective of the visit to the organization was to get to know the women and girls residing there so as to that Dr. Sonal could get an insight on whether some women needed a hysterectomy. A hysterectomy is the surgical removal of the uterus. A hysterectomy may be useful to a mentally disabled or a neurologically disable woman as after the procedure, they are likely to have lesser menstrual complications and it is easier for them to maintain their hygiene.

#### **Course of action:**

My mother and I accompanied Dr. Shalu Jain from Sant Parmanand Hospital, Delhi to the rescue center and met Ms Rakhi of the Earth Saviours foundation, who gave us the first insight of the foundation and organized our meeting with the ladies residing in the center. In the entrance itself some of the residents shook hand and wanted to hug. In the beginning it was a little awkward but after sometime I gelled

with them really well. The three of us were then escorted to a small clinic where we talked to a number of women of all age group from 18 to 80. We asked a set number of questions which included but were not limited to; "Do you get your period?", "How old are you?" and "Do you have any kids?". We were off to a rocky start as we hadn't thought about the fact that some of the women were seriously mentally challenged and communicating with them could get difficult. For the first time I met with the people who had multiple personality disorder and some were hallucinating about the things. However, despite this we tried to indulge in normal conversations with them and promised them to visit soon. I took brief notes and pictures with them. Some of the conversations I had, were really emotional and surprisingly I got really sentimental but that was something I was prepared for. Overall the atmosphere was really cheerful as it was the first day of the New Year so they had a very delicious buffet set out for them. I think if I was given the opportunity to go for a second time I would go with a little bit more preparation, but nevertheless I would for sure like to keep working with the Earth Savivors Foundation.

A revisit to Earth Saviours Foundation was done by Dr Sonal Bathla and a similar visit was made to the Home for mentally challenged in Manali, Himachal Pradesh.

The plan for Surgical Camp in these two places was dropped because of implications for consent in these women as per state protocols.



EARTH SAVIORS FOUNDATION IS HOME TO 500 ELDERLY AND HOMELESS PEOPLE





# January-December 2020

## A. Surgical Ventures



Okti Foundation, Sant Parmanand Hospital, Delhi in collaboration with the Rural Committee of Indian Menopause Society, NARCHI, Delhi Chapter & Association of Obstetrician and Gynaecologist of Delhi (AOGD) organized six Surgical Ventures in Five Indian states in the year 2020. A total of 175 patients in remote locations, got benefited last year. The dedicated team of professionals involved in voluntary services included Dr George Verghese, Dr Sheilagh Verghese, Dr T C Sharma, Dr Sonal Bathla, Dr Tova, Dr Temsula, Dr Arpit Mathew, Dr Anju Bala, Dr Shalu Jain, & Mr Harish. These ventures were financially supported by Oil & Natural Gas Corporation, Shree Cement Ltd and many friends of Okti Foundation. Reaching the needy in Covid times was a real challenge to the team, but the bravehearts never gave up and contributed to the cause in their best capacity. Many obstetric emergencies of poor patients in remote locations were handled by the team.

### ECS Hospital, Longpang, Tuensang, Nagaland March 2020

A Surgical Venture was organized at ECS Hospital Longpang, Nagaland by ECS Society in collaboration with Okti Foundation in March 2020. Total of 46 patients were operated free of cost. The surgical team included Dr George Verghese, Dr Sheilagh Verghese and Dr Tova.

| S.No | Name         | Address    | Diagnosis              |
|------|--------------|------------|------------------------|
| 1    | Tango        | Hakchang   | Tubectomy              |
| 2    | Pukhui       | Tuensang   | Cholecystectomy        |
| 3    | Cheelum      | Tsuwao     | Femoral hernia Repair  |
| 4    | Changtonen   | Chenyangsi | Hydrocelectomy         |
| 5    | L Namang     | Tuensang   | Urethral Dilatation    |
| 6    | Apong        | Tobu       | Cholecystectomy        |
| 7    | Tsute        | Noklak     | Cholecystectomy        |
| 8    | Lusang       | Tuensang   | Thyroid cystectomy     |
| 9    | Thungti      | Tuensang   | Cholecystectomy        |
| 10   | Chobasekum   | Tuensang   | Inguinal herniorrhaphy |
| 11   | Mongsen      | Tuensang   | Hysterectomy           |
| 12   | Imlong Chaba | Tuensang   | Post burn contracture  |
| 13   | Kundang      | Tuensang   | Cholecystectomy        |



|    |                 |                |                         |
|----|-----------------|----------------|-------------------------|
| 14 | Nyimang         | Tuensang       | Rectal Prolapse Surgery |
| 15 | T. Aochila      | Tuensang       | Appendectomy            |
| 16 | Sitsiba         | New Sangsamong | Appendectomy            |
| 17 | Haulim          | Chigmei        | Cleft Lip repair        |
| 18 | Bemang          | Tobu           | Thyroid cystectomy      |
| 19 | Akhum           | Tuensang       | Thyroidectomy           |
| 20 | Somet Lepla     | Hakchang       | Tubectomy               |
| 21 | Mongo           | Hakchang       | Circumcision            |
| 22 | Wanting Langmei | Nyinyem        | Tubectomy               |
| 23 | Monyu           | Tobu           | Cholecystectomy         |
| 24 | Malem           | Monyakshu      | Cleft Lip repair        |
| 25 | Tosangla        | Tuensang       | Thyroidectomy           |
| 26 | Y Anong         | Hakchang       | Ileocolic anastomosis   |
| 27 | Changlemba      | Tuensang       | Anal pull through       |
| 28 | Changlemba      | Tuensang       | Cleft Lip repair        |
| 29 | Apenla          | Tuensang       | Thyroid Nodule excision |
| 30 | I Neshe         | Tobu           | Tubectomy               |
| 31 | Naong           | Kejok          | Hysterectomy            |
| 32 | Angki           | Wangshu        | Appendectomy            |
| 33 | Lushang         | Tuensang       | Circumcision            |
| 34 | H Phulei        | Sakshi         | Hysterectomy            |
| 35 | Monyu           | Changianshu    | Mastectomy              |



|    |                 |          |                          |
|----|-----------------|----------|--------------------------|
| 36 | Atoli           | Tobu     | Uterine mass exploration |
| 37 | O Kundang       | Hakchang | Tubectomy                |
| 38 | Yaolai          | Noklak   | Intestinal obstruction   |
| 39 | Chobasekum      | Longdang | Gastrojejunostomy        |
| 40 | Larimong        | Tuensang | Post burn contracture    |
| 41 | K Sentila Chand | Tuensang | Cholecystectomy          |
| 42 | Murila          | Tuensang | Thyroid cystectomy       |
| 43 | Bupen Osa       | Tuensang | Circumcision             |
| 44 | Leiupongchei    | Tobu     | Inguinal hernia          |
| 45 | Bemang          | Tobu     | Tubectomy                |
| 46 | Hotoni          | Sukiur   | Renal calculi            |



## Referral Hospital, Dimapur, Nagaland

### March 2020

A Surgical Venture cum Teaching Program was organized at Referral Hospital, Dimapur, Nagaland. Capacity building of young surgeons was done. The surgical team included Dr George Verghese, Dr Sheilagh Verghese and Dr Temsula who performed surgeries on 41 poor patients.

| S.No | Name          | Address  | Surgery                 |
|------|---------------|----------|-------------------------|
| 1    | Shellem       | Tobu     | Polydactyl repair       |
| 2    | Yano          | Tuensang | Lipoma Excision         |
| 3    | Chila Chang   | Tuensang | Fibroadenoma removal    |
| 4    | Yemcuyanger   | Tuensang | Bakers cystectomy       |
| 5    | Chingmak      | Konya    | Lipoma Excision         |
| 6    | Seyang        | Longpang | Corn Excision           |
| 7    | B Hangji      | Tuensang | Lipoma Excision         |
| 8    | Neshe         | Tobu     | Anal injury exploration |
| 9    | S Sabou       | Tuensang | Meibomian cyst          |
| 10   | Mongo Chollen | Tuensang | Sebaceous cyst Excision |
| 11   | Tosha         | Konya    | Sebaceous cyst Excision |
| 12   | Sungmo        | Tuensang | Tongue Tie              |
| 13   | Mongba        | Tuensang | Lipoma Excision         |
| 14   | Hangthin      | Noklak   | Lipoma Excision         |
| 15   | Monyu         | Yonghong | Lipoma Excision         |
| 16   | Mosa Chingmak | Tuensang | Ganglion                |
| 17   | Mary          | Tobu     | Neuroma Excision        |
| 18   | Y Nati        | Tuensang | Lipoma Excision         |
| 19   | Enagyu        | Tobu     | Lacerated ear repair    |
| 20   | Nangya        | Tobu     | Lipoma Excision         |
| 21   | Sipong        | Tuensang | Lipoma Excision         |
| 22   | Nyimang       | Tuensang | Sebaceous cyst Excision |
| 23   | Bumatyanchu   | Chendand | Foreign Body Removal    |
| 24   | Nesha         | Tobu     | Polydactly              |



|    |            |           |                        |
|----|------------|-----------|------------------------|
| 25 | Youba      | Tuensang  | Chalazion              |
| 26 | Yentin     | Nyinyem   | Ganglion               |
| 27 | Jeso       | Tobu      | Copper T Removal       |
| 28 | L Longkang | Tobu      | Lipoma Excision        |
| 29 | Monyu      | monyakshu | Piles                  |
| 30 | Amuong     | Noksen    | Piles                  |
| 31 | Ayen       | Tobu      | Copper T Removal       |
| 32 | Hanstula   | Tuensang  | Skin Biopsy            |
| 33 | Changtola  | Tuensang  | Lipoma Excision        |
| 34 | John       | Tobu      | Lipoma Excision        |
| 35 | Shangmao   | Tuensang  | Lipoma Excision        |
| 36 | Manyu      | Tuensang  | Excision Biopsy        |
| 37 | N Hoamniu  | Tuensang  | Ganglion               |
| 38 | Langpong   | Tobu      | Inclusion body removal |
| 39 | Y Asang    | Sansanyu  | Piles                  |
| 40 | Nasen      | Tuensang  | Lymph node excision    |
| 41 | Kitijungla | Tuensang  | Ganglion               |









**Christian Hospital Madhepura, Bihar**  
**March 3-5, 2020**

A total of 25 patients were operated free of cost with financial support from Oil and Natural Gas Corporation (ONGC). The Surgical team included Dr George Verghese, Dr Shiela Verghese, Dr Arpit Mathew.

| S.No . | Name       | Age | Sex | Diagnosis  | Surgery                                   |
|--------|------------|-----|-----|--|---|
| 1      | Shyama     | 60  | F   | Cholelithiasis with Pseudocyst of Pancreas                               | Cystogastrostomy and cholecystectomy      |
| 2      | Subhanshu  | 4   | M   | Penile hypospadias   | Hypospadias repair                        |
| 3      | Raghu      | 52  | M   | Hollow viscus perforation  | Explorative Laparotomy                    |
| 4      | Devkrish   | 37  | M   | Left ureteric calculus   | Left ureterolithotomy                     |
| 5      | Ayaush     | 1.5 | M   | Right recurrent inguinal hernia  | Right herniotomy                          |
| 6      | Jitlal     | 5   | M   | Right inguinal hernia  | Right Herniotomy                          |
| 7      | Bhogendar  | 48  | M   | Left ureteric calculus   | Left ureterolithotomy                     |
| 8      | Dileep     | 28  | M   | Left staghorn calculus   | Left Pyelolithotomy                       |
| 9      | Marangmay  | 30  | F   | Neurofibroma(Lumbar mass)  | Soft tissue excision                      |
| 10     | Reshmi     | 5   | F   | Duodenal atresia/obstruction   | Gastrojejunostomy                         |
| 11     | Sudhama    | 55  | F   | P3L3 perimenopausal woman with sub-adenomyosis with Lipoma(nape of neck) | Vaginal Hysterectomy and Lipoma excision  |
| 12     | Punam Devi | 28  | F   | Chronic cholecystitis with renal calculi                                 | Cholecystectomy and Right Nephrolithotomy |



|    |              |    |   |  |  |
|----|--------------|----|---|--|--|
| 13 | Savitri Devi | 60 | F | 2nd degree uterovesical prolapsed  | Vaginal Hysterectomy                                       |
| 14 | Bhiva        | 26 | F | G3P1L1A1 previous LSCS 41 + 4 Days IUD with uterine rupture                    | LSCS   |
| 15 | Rinkee       | 33 | F | HIV positive with cholelithiasis   | Open Cholecystectomy                                       |
| 16 | Nand Prakash | 25 | M | Post burns contracture   | Release of Post burns contracture Lt. Shoulder             |
| 17 | Ashathala    | 30 | F | Recurrent appendicitis   | Open Appendicectomy  |
| 18 | Koshially    | 40 | F | Solitary right renal calculus  | Right nephrolithotomy                                      |
| 19 | Pramod       | 46 | M | Retrorectal cyst/dermoid cyst  | Excision of cyst   |
| 20 | Manisha      | 25 | F | G3P2L2 35+ 6 weeks with abruptio placentae                                     | LSCS   |
| 21 | Rani         | 20 | F | Booked primi at 40+2 weeks in latent labour with grade 2 NRFS and grade 3 MSAF | LSCS   |
| 22 | Arti Devi    | 27 | F | G3P1A1L1 Previous LSCS 37+2 weeks with incisional hernia                       | LSCS and tubal ligation with incisional hernia mass repair |



|    |                 |    |   |  |   |
|----|-----------------|----|---|--|---|
| 23 | Jalisha Khatoon | 38 | F | Unbooked<br>G10P9L7IUD1EN<br>D1 at 39+5<br>weeks in latent<br>labour with<br>severe<br>oligohydramnios | LSCS and Bilateral<br>tubal ligation            |
| 24 | Jeetni Devi     | 45 | F | P7L7 with 3rd<br>degree<br>uterovesical  | Vag<br>hysterectomy, Sac<br>ro-spinous fixation |





## Sant Parmanand Hospital, Delhi

Low risk patients were selected for surgeries at remote locations while the high risk patients were brought to Sant Parmanand Hospital, Delhi for effective surgical management in collaboration with the ONGC. During 2020, 16 such patients were operated at Sant Parmanand Hospital by Dr Sonal Bathla, Dr T.C Sharma, Dr Iqbal, Dr Shalu Jain, Dr Anju Bala, Dr B.N. Seth & team. The administration of the hospital including Sh B.G.Bangur, Dr Shekhar Agarwal and Dr Nirmala Agarwal were ever encouraging.

### List of Patients

| S.No | Name           | Age | Sex    | Diagnosis   | Surgery   |
|------|----------------|-----|--------|---|---|
| 1    | Sulekha        | 39  | Female | Secondary infertility with B/L blocks tubes         | Laparotomy with adhesiolysis with hysteroscopy with chromopertubation |
| 2    | Afroja Khatoon | 25  | Female | Primary infertility                                 | Hysteroscopy with Laparoscopy with Left ovarian drilling              |
| 3    | Asha           | 52  | Female | Post hysterectomy (TAH) with vesico vaginal fistula | Cystoscopy + Left DJ stenting with VVF repair                         |
| 4    | Babli Sharma   | 54  | Female | Gall Stone disease                                  | Lap. Cholecystectomy  |
| 5    | Julita Tirki   | 34  | Female | 38wks pregnancy with breech presentation            | Elective LSCS   |
| 6    | Rani Devi      | 51  | Female | AUB-L with bleeding PV.                             | Hemostatic D&C  |
| 7    | Jalil Khan     | 44  | Male   | Rt uretric stone with Right HDUN                    | Right DJ stenting   |



|    |                            |    |        |  |                                       |
|----|----------------------------|----|--------|--|---------------------------------------|
| 8  | Pooja                      | 31 | Female | G2 P1 L1<br>with POG:<br>40weeks 3<br>days<br>pregnancy                              | Normal Vaginal<br>delivery            |
| 9  | Shashi<br>Bhushan          | 24 | Male   | Right<br>Residual DJ<br>stent  | Residual DJ<br>stent removal          |
| 10 | Sunita<br>Lazer            | 56 | Female | fibroid uterus<br>with<br>Amenorrhoea  | LBC+ D&C                              |
| 11 | Mosharrat<br>Khatoon       | 34 | Female | Continuous<br>BPV ? RPOC.  | D&C                                   |
| 12 | Sheetal                    | 34 | Female | Gall stones  | Lap.<br>Cholecystectomy               |
| 13 | Sweety                     | 46 | Female | UTI  | Conservative<br>Management.           |
| 14 | Arti                       | 28 | Female | 41+4wks<br>pregnancy<br>with Infertility<br>conception.                              | Elective LSCS                         |
| 15 | Nisha<br>Dhungana<br>Gouli | 28 | Female | Primigravida<br>with<br>37+6wks<br>pregnancy<br>with IUGR<br>with fetal<br>distress. | Emergency<br>LSCS                     |
| 16 | Rama<br>Khanna             | 58 | Female | Carcinoma<br>Bladder   | CPE+ clot<br>evacuation with<br>TURBT |



## Sahayak Surgical Centre Manali, Himachal Pradesh September 3-5, 2020

A total of 25 patients were operated free of cost with financial support from Shree Cement Pvt Ltd and friend from Germany Ms.Regine Haase. The Surgical team included Dr George Verghese, Dr Shiela Verghese, Mr Harish

### List of Patients

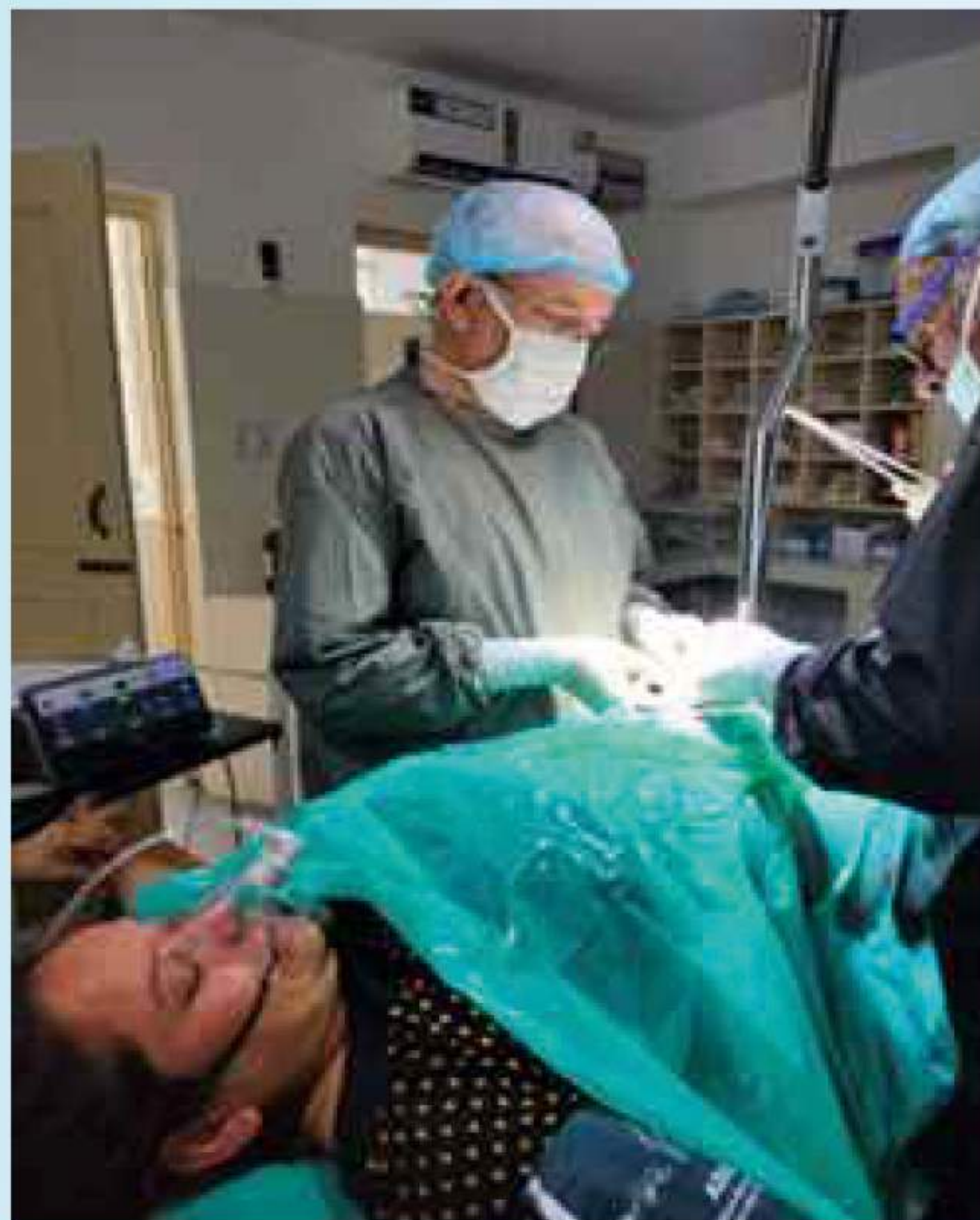
| S.No | Name           | Age              | Sex | Diagnosis                 | Surgery         |
|------|----------------|------------------|-----|---------------------------|-----------------|
| 1    | Jeevika        | 1 n<br>half<br>y | F   | Ammiotic Band<br>(Rt leg) | Reconstruction  |
| 2    | Gulavi<br>Devi | 50y              | F   | Gall Bladder<br>Stone     | Cholecystectomy |
| 3    | Dolma          | 44y              | F   | Gall Bladder<br>Stone     | Cholecystectomy |
| 4    | Gumti<br>Devi  | 31y              | F   | Gall Bladder<br>Stone     | Cholecystectomy |
| 5    | Nirmla<br>Devi | 38y              | F   | Fibroid Uterus            | Hysterectomy    |
| 6    | Aaryan         | 1.5y             | M   | hypospadias               | Repair          |
| 7    | Anjana         | 40y              | F   | Gall Bladder<br>Stone     | Cholecystectomy |
| 8    | Reeta          | 25y              | F   | Gall Bladder<br>Stone     | Cholecystectomy |
| 9    | Veena          | 55y              | F   | Gall Bladder<br>Stone     | Cholecystectomy |
| 10   | Kekati         | 48y              | F   | Fibroid uterus            | Hysterectomy    |
| 11   | Rashma         | 46               | F   | Gall Bladder<br>Stone     | Cholecystectomy |
| 12   | Amita          | 26               | F   | Gall Bladder<br>Stone     | Cholecystectomy |
| 13   | Khampi<br>Devi | 48               | F   | Gall Bladder<br>Stone     | Cholecystectomy |



|    |               |    |   |                          |                 |
|----|---------------|----|---|--------------------------|-----------------|
| 14 | Sapna         | 49 | F | Gall Bladder Stone       | Cholecystectomy |
| 15 | Suchitra      | 44 | F | Fibroid uterus           | Hysterectomy    |
| 16 | Pune ram      | 55 | M | Appendicitis             | Appendectomy    |
| 17 | Raveena       | 21 | F | Gall Bladder Stone       | Cholecystectomy |
| 18 | Kamla         | 50 | F | Fibroid uterus           | Hysterectomy    |
| 19 | Pooja         | 33 | F | Gall Bladder Stone       | Cholecystectomy |
| 20 | Bhadari Devi  | 60 | F | Gall Bladder Stone       | Cholecystectomy |
| 21 | Kavita Thakur | 17 | F | Gall Bladder Stone       | Cholecystectomy |
| 22 | Bhuma Devi    | 60 | F | Gall Bladder Stone       | Cholecystectomy |
| 23 | Leela         | 54 | F | Post-Menopausal Bleeding | Hysterectomy    |
| 24 | Kala Wati     | 49 | F | Gall Bladder Stone       | Cholecystectomy |
| 25 | Guddi Devi    | 30 | F | Gall Bladder Stone       | Cholecystectomy |













**Madhepura Christian Hospital, Madhepura, Bihar**  
**December, 2020**

A total of 20 patients were operated free of cost at Madhepura Christian Hospital with financial support from Shree Cement Pvt Ltd. The Surgical team was lead by Dr Arpit Mathew.

**List of Patients**

| S.No. | Name            | Age | Sex    | Diagnosis                                      | Surgery  | Anaesthesia |
|-------|-----------------|-----|--------|--|--|-------------|
| 1     | Rohan Kumar     | 12  | Male   | Acute appendicitis                             | Open appendectomy                                | GA          |
| 2     | Shyamlal Hansda | 29  | Male   | Post-end ileostomy and Urinary bladder calculi | Laparotomy and ileostomy reversal and cystoscopy | GA          |
| 3     | Shabana Khatoon | 26  | Female | Right tubo-ovarian mass(Ectopic pregnancy)     | Total Abdominal Hysterectomy                     | GA          |
| 4     | Manula Devi     | 50  | Female | Abnormal uterine bleeding                      | Total Abdominal Hysterectomy                     | SA          |
| 5     | Shyamlal Kisku  | 29  | Male   | Right Pseudoaneurysm of brachial artery        | Pseudocyst excision and brachial artery repair   | Axillary    |
| 6     | Guditya kumari  | 26  | Female | G2P1L1 at 37+6 weeks Previous LSCS             | Elective LSCS with Tubal ligation                | SA          |



|    |                 |    |        |  |  |    |
|----|-----------------|----|--------|--|--|----|
| 7  | Pinki Kumari    | 29 | Female | G3P2L1IUD<br>1 at 38+2<br>weeks  | LSCS(Indic:<br>Previous<br>LSCS in<br>Labour)        | SA |
| 8  | Juhi Pandit     | 24 | Female | Primi at<br>40+3<br>weeks  | LSCS( Indic:<br>Fetal<br>distress)                   | SA |
| 9  | Sanjana Kumari  | 22 | Female | G2P1NND<br>1 Previous<br>LSCS at<br>39+2<br>weeks                            | LSCS(Indic:<br>Previous<br>LSCS in<br>Labour)        | SA |
| 10 | Priyanka Kumari | 23 | Female | G2P1L1<br>Previous<br>LSCS at<br>38+1<br>weeks                               | LSCS(Indic:<br>Previous<br>LSCS in<br>Labour)        | SA |
| 11 | Arti Devi       | 19 | Female | G2P1L1 at<br>37+6<br>weeks<br>Previous<br>LSCS                               | Elective<br>LSCS with<br>Tubal<br>ligation           | SA |
| 12 | Sonam Kumari    | 22 | Female | Primi at<br>41+4<br>weeks in<br>labour                                       | LSCS(Indic:<br>Fetal<br>distress<br>NRFS<br>grade 2) | SA |
| 13 | Punam Kumari    | 26 | Female | G3P2L1D1<br>at 41+1<br>weeks<br>Previous<br>LSCS                             | LSCS(Indic:<br>Previous<br>LSCS in<br>Labour)        | SA |
| 14 | Premlata Kumari | 34 | Female | G4P3L2NN<br>D1<br>Previous<br>LSCS with<br>Placenta<br>previa and<br>accreta | LSCS and<br>Ceaserean<br>hysterecto<br>my            | SA |



|    |                |    |        |  |   |    |
|----|----------------|----|--------|--|---|----|
| 15 | Preeti Kumari  | 29 | Female | G3P2L2 at 5 weeks with Ruptured Left tubal ectopic pregnancy | Laprascopic Left salpingectomy                    | GA |
| 16 | Munni Kumari   | 21 | Female | Primi at 38+6 weeks in labour                                | LSCS(Indic: Fetal distress with grade 3 meconium) | SA |
| 17 | Sufeda         | 17 | Female | Primi at 40+6 weeks with preeclampsia                        | LSCS(Indic: Failed induction)                     | SA |
| 18 | Saraswati Devi | 18 | Female | Primi at 40+4 weeks  | LSCS(Indic: Fetal distress with grade 3 meconium) | SA |
| 19 | Simmi Parween  | 25 | Female | Primi at 40+4 weeks  | LSCS(Indic: Fetal distress with grade 3 meconium) | SA |
| 20 | Kumari Shadhna | 29 | Female | G2P1L Previous LSCS at 38 weeks                              | Elective LSCS with Tubal ligation                 | SA |







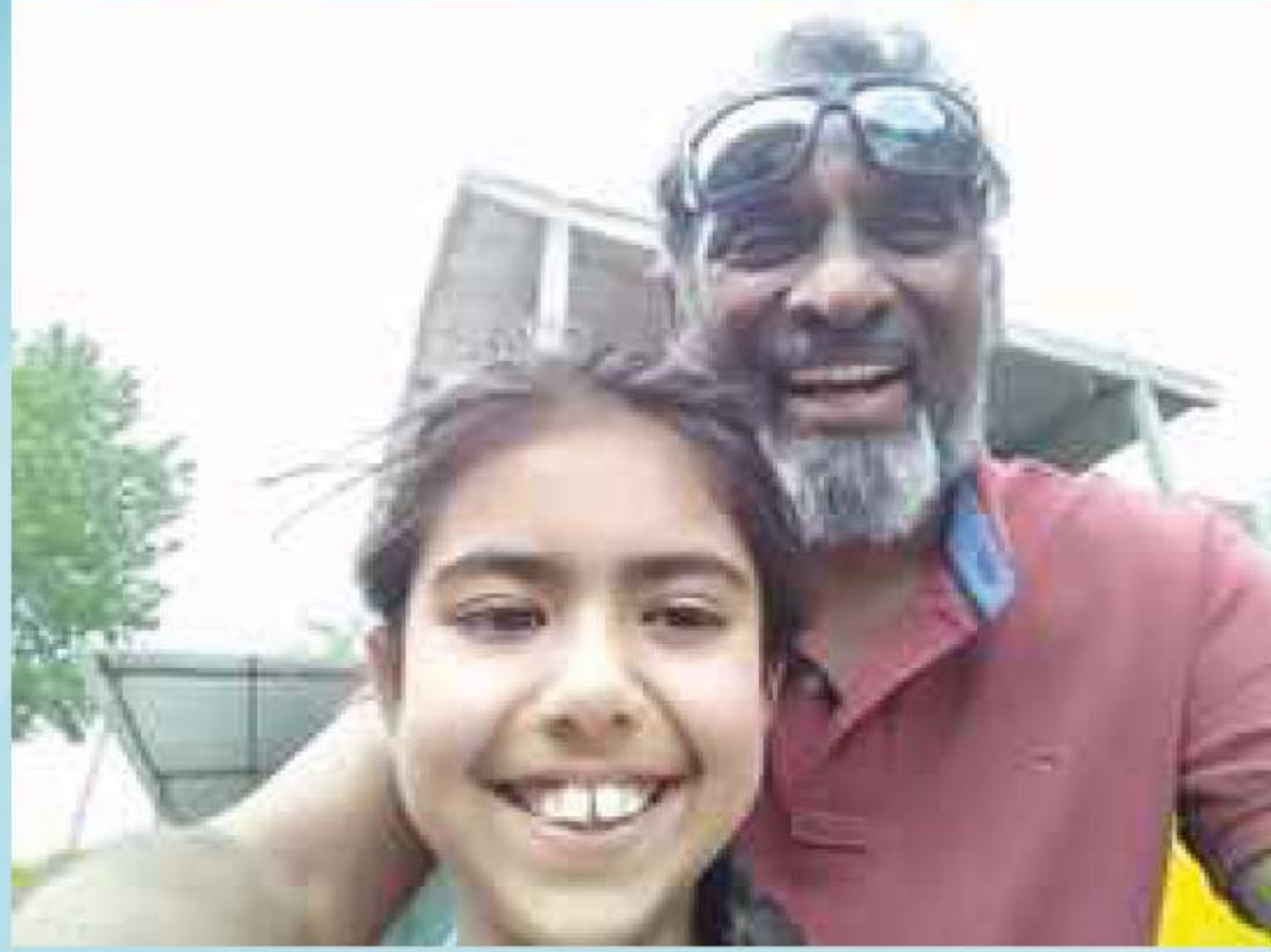
## B. OKTI's Other Ventures toward Rural Wellbeing

### Cervical Cancer Vaccination Drive Manali – Phase III March 22, 2020

With the support of dedicated team and after due permissions from local administration, Phase III of Cervical Cancer Vaccination was accomplished on 22nd March 2020 at The Sahayak Surgical Centre in Manali, Himachal Pradesh. A team of 2 doctors, 2 staff nurses conducted the event, where a total of 160 young girls were given the second dose vaccination against Cervical Cancer. No untoward incidence was reported.







**The Cervical Cancer Awareness, Screening & Vaccination Project** was a huge success. The benefits are enumerated as below.

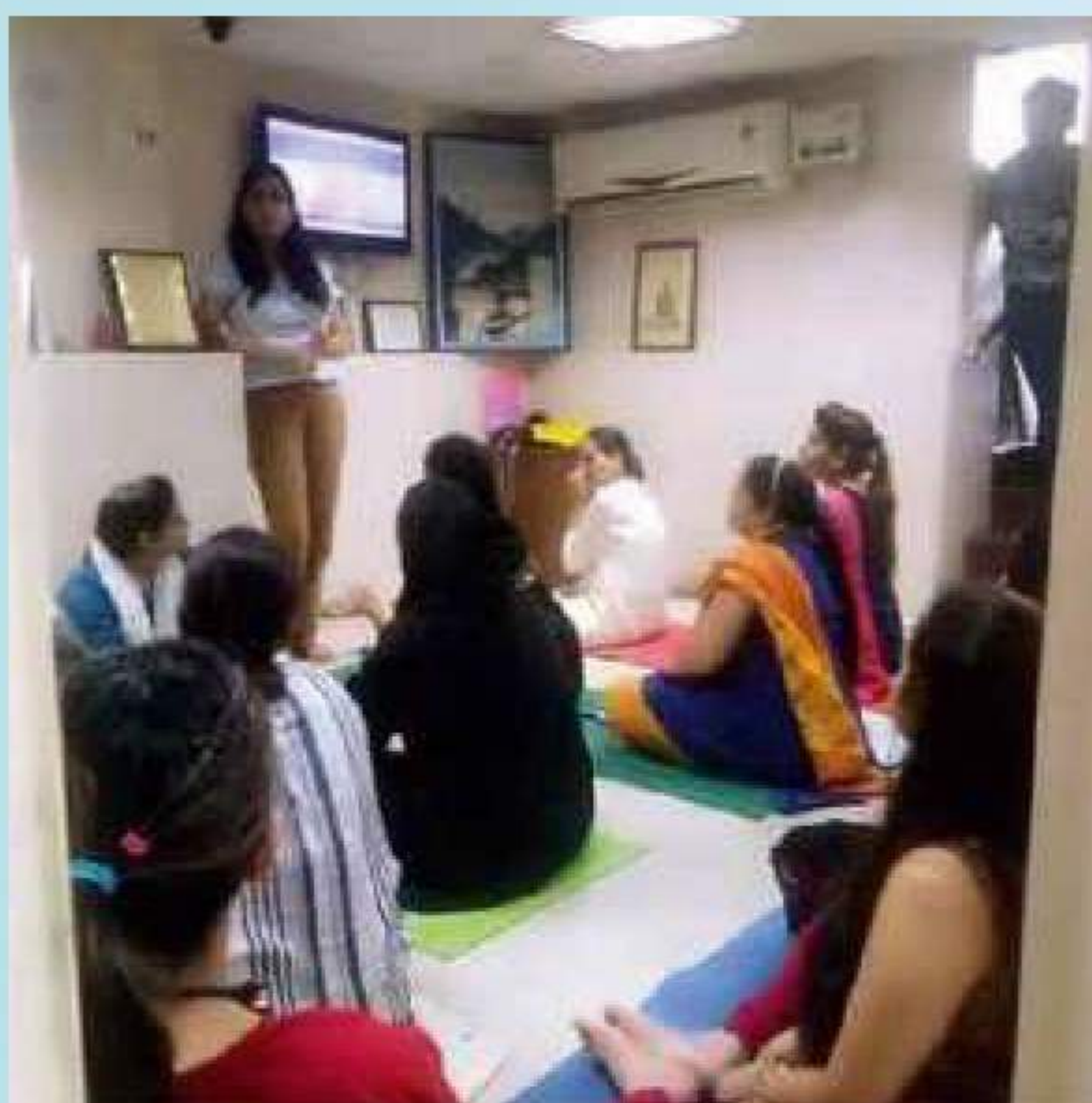
1. Mass Awareness of masses in remote location against Cervical Cancer conducted in 2019 declaring that it is preventable and treatable if detected in early stage on regular screening. The banners of sponsorship by ONGC were displayed with messages
2. Screening of 226 beneficiaries with latest investigations was done in 2019. Adequate treatment was provided to each and every woman by Specialist Gynaecologists from Delhi. One patient with Carcinoma in situ aged 26 was managed successfully.
3. One hundred and sixty young girls received Vaccination against Cervical Cancer, two doses at 6 months apart.

### **Covid related Help**

The year 2020 witnessed an outbreak of covid pandemic. The Okti Foundation in its capacity donated PPE Kits, sanitizers and masks at Government Hospitals and to many known needy persons.

### **Antenatal Physiotherapy, Yoga and Awareness Sessions**

Awareness Sessions for Antenatal Women were organized monthly at Dr Sonal's Urogynae Clinic throughout the year where the antenatal women were counseled about ante, intra and postpartum care, supplementation of haematinics and Garbh Sanskar by Dr Sonal Bathla, Dr Shalu Jain and Dr Anju Bala. Training in yoga and antenatal exercises was given by Dr Divya and Ms Sakshi.









## C. Awards

Felicitation by Delhi Chapter IMS , FOGSI Midlife and Education Committee in Delhi towards services to women in remote locations and work for Menopausal Health in 2019.



“Compassion Extra Ordinaire” by Sh J P Nadda, honourable Health Minister of India and FOGSI President Dr Jaideep Malhotra for the surgical services and capacity building at remote villages pan India by the dedicated Team of Doctors in 2018.



The Okti Foundation Surgical Team represented by Dr George Verghese (Surgeon), Dr Vinod Kalla (Anaesthetist), Dr T.C Sharma (Urologist), Dr Sonal Bathla (Gynaecologist) was Nominated for the “Best Surgical Team” Award in South East Asia BMJ Awards in 2018 amongst nine countries and 1595 entries for contribution towards the Surgical Services and Capacity Building in Rural India.



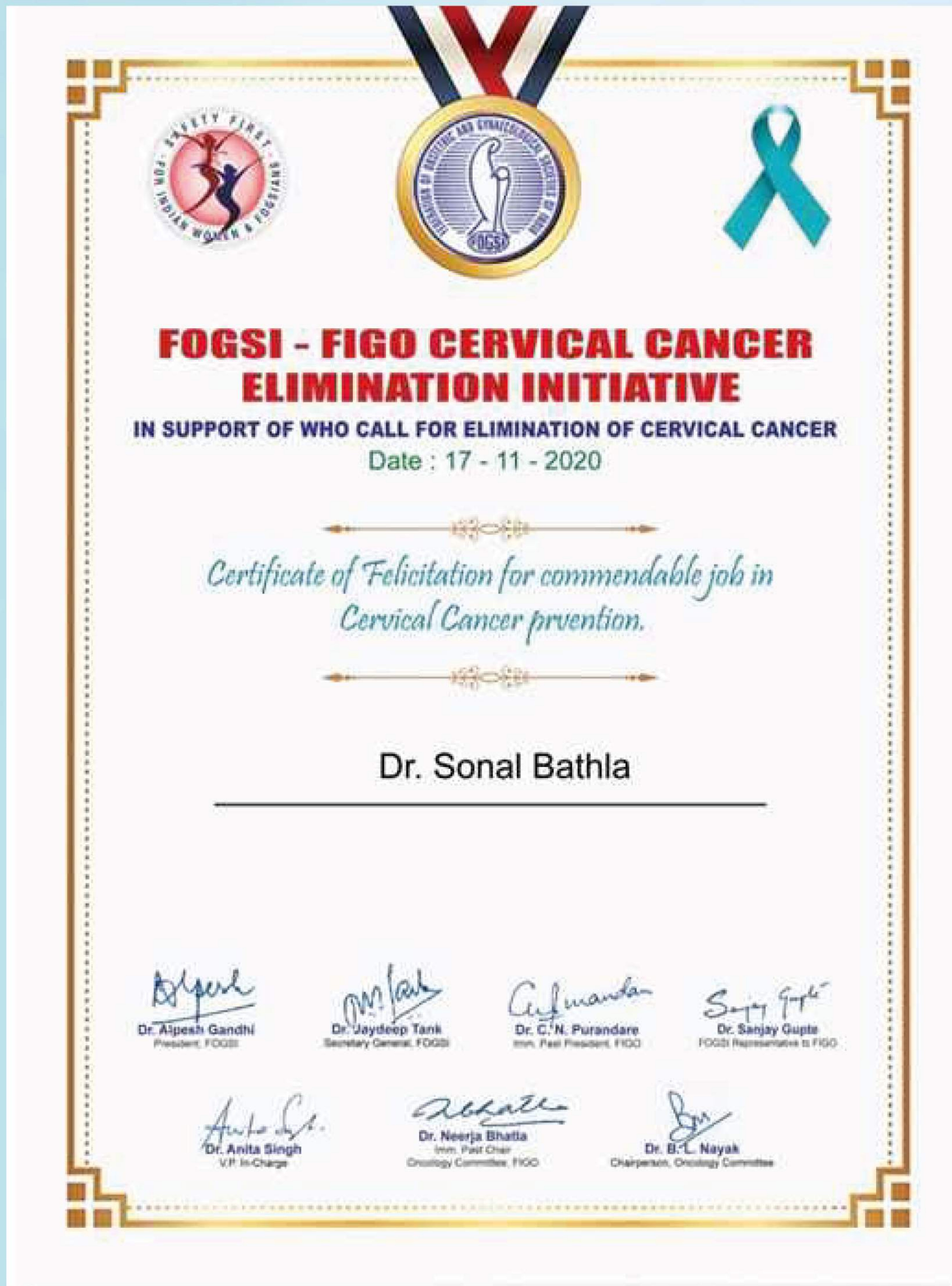
“Woman of the Year Award - 2019 ” by “Delhi Gynaecologist Forum” and 'Wow India' to Dr Sonal Bathla in 2019 in Delhi for the contributions to the health Sector in India.





FOGSI Dr Duru Shah Community Service Award 2020 which shall be conferred upon in June 21.

An appreciation from FOGSI –FIGO was also received in year 2020 for active participation of the organization in dissemination of awareness, execution of screening and vaccination against Cervical Cancer in remote locations in India.





## Acknowledgement

The Okti Foundation acknowledges the contributions of all the doctors, paramedical staff and community workers for their voluntary services for the cause of humanity. The Financial contributions made by various organizations and individuals, exempted under 12A and 80G, are highly appreciated. The Awards conferred upon the organization by various Organizations and Institutions not only boosted the morale of each and every member of the organization but also enhanced the credibility to the authentic work. It has encouraged many more people to associate themselves to this humanitarian work. The financial contributions from the following donors are highly appreciated.

- Ms Neha Arora
- Mrs Vidyavanti
- Arihant Clothing Pvt Ltd
- Macleod's Pharmaceuticals Ltd.
- Sh H. L. Bathla
- Smt Sumitra Bathla
- Ms. Regine Haase
- Oil & Natural Gas Corporation
- Corona Remedies Pvt Ltd
- Sh BR Maheshwari
- Shree Cement Pvt Ltd
- Dr Sanjeev Sehgal
- Dr Naresh Taneja
- Ms Indu Taneja
- Dr Seema Bathla

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# The surgical team that gave so willingly of themselves, that others might lead better lives

Dr Bazliel, Dr George Verghese, Dr Shiela Verghese, Dr T C Sharma, Dr Sonal Bathla, Dr Vinod Kalla, Dr Naresh Singla, Dr Preeti Yadav, Dr Raghav, Dr Shailesh, Dr Uttam Mahapartra, Dr Babitha, Mr Harish, Dr Anupam Phlip, Dr Rechal Phlip, Dr Prabhudas, Dr Mandeep, Dr Viju John, Dr Bhawna, Dr Sonal, Dr Chingmak, Dr Raminder Sehgal, Dr Subroto Dam, Dr Nirmala Agarwal, Dr Meena Naik, Dr Priti Arora Dhamija, Dr Gurpreet Popli, Dr Tanuja, Dr Murali, Dr Daniel, Dr Nirmala Pipera, Dr Sweta Balani, Dr Deepa, Dr Tina, Dr Naru, Dr Dinesh, Dr Sampat, Dr Anju Bala, Dr Shalu Jain, Dr Akanksha, Dr Serin, Dr Mittali, Dr Tova, Dr Dolkar, Dr Bhanupriya, Dr Temsula, Dr Arpit Mathew, Mr Harish, Ms Raksha, Ms Somlata, Ms Dolma.



**Okti** foundation  
In service of Community

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