

## DIGESTIVE WELLNESS FOUNDATION

Section 8 charitable company | CIN U86900MR2026NPL475001

# PIMPALGAON SURGICAL CAMP 2025

*Brief Report*

### AT A GLANCE

<b>Date</b>	<b>13 December 2025</b>
<b>Location</b>	Dhanwantari Hospital, Pimpalgaon, Taluka Niphad, Nashik District, Maharashtra
<b>Lead organiser</b>	Association of Minimal Access Surgeons of India (AMASI)
<b>Partners</b>	Nashik Surgical Society (NSS); Digestive Wellness Foundation (DWF); Dhanwantari Hospital, Pimpalgaon
<b>Procedures performed</b>	17 procedures (12 surgical + 5 diagnostic upper GI endoscopies)
<b>Cost to patients</b>	Free of charge for all surgeries; consumables, equipment, and faculty time donated

### BACKGROUND

Pimpalgaon is a market town in the Niphad taluka of Nashik district, surrounded by agricultural communities. While the town has functioning local healthcare, complex or laparoscopic surgical care typically requires patients to travel to Nashik city or Mumbai, with associated costs of transport, lost wages, and accommodation. For many patients with treatable surgical conditions — hernias, gallstones, uncomplicated appendicitis, simple gynaecological conditions — these costs become a barrier to definitive treatment. Conditions are tolerated, sometimes for years, rather than addressed.

The Pimpalgaon Surgical Camp was conceived as a one-day intensive intervention: bring a trained surgical and anaesthesia team to the local hospital, perform laparoscopic and open procedures using donated consumables and demonstration equipment, and return patients to their communities the next day with definitive treatment completed.

### CAMP ORGANISATION

The camp was led by the Association of Minimal Access Surgeons of India (AMASI), with partnership and on-ground support from the Nashik Surgical Society (NSS), the Digestive Wellness Foundation (DWF), and the host institution, Dhanwantari Hospital, Pimpalgaon.

Patient screening and selection was managed by Dr. Mahesh Boob, owner of Dhanwantari Hospital, and his clinical team, through screening camps held in advance of the operative day. Three days prior to the camp, a DWF clinical team — Dr. Prakhar Gupta, Dr. Urvik Patil, and Dr. Hemant Bagul — visited the hospital for the final pre-operative review of selected patients, confirmation of fitness for surgery, and consent.

## **SURGICAL AND ANAESTHESIA TEAM**

### **AMASI representation:**

Dr. Kalpesh Jani, President, AMASI

Dr. Rajesh Shrivastava, Chairperson, AMASI West Zone

### **Nashik Surgical Society leadership and senior faculty:**

Dr. Nagesh Madnoorkar, President, NSS

Dr. Amit Kele, Secretary, NSS

Dr. Parag Dhamne, Treasurer, NSS

Dr. Dilesh Bharambe, Joint Secretary, NSS

Dr. Pramod Shinde, Senior Surgeon, NSS

Dr. Mahesh Malu, Senior Surgeon, NSS

Dr. Nandkishore Katore, Senior Surgeon, NSS

### **DWF clinical team:**

Dr. Sandeep Sabnis, Managing Trustee, DWF — overall coordination and operative supervision

Dr. Prakhar Gupta — operating surgeon

Dr. Urvik Patil — operating surgeon

Dr. Shraddha Sabnis, Trustee, DWF — operating surgeon (performed both gynaecological cases — TLH and ovarian cystectomy on separate patients)

Dr. Hemant Bagul — pre-operative assessment and patient coordination

### **Anaesthesia support:**

Dr. Sandeep Bhangale, HOD Anaesthesia — lead anaesthesiologist

Dr. Bhushan Lohkare — anaesthesiologist

## PROCEDURES PERFORMED

Procedure type	Count
Laparoscopic and open hernia repairs	7
Laparoscopic cholecystectomies	2
Appendectomy	1
Total laparoscopic hysterectomy	1
Laparoscopic ovarian cystectomy	1
Diagnostic upper GI endoscopies	5
Total procedures performed	17 (12 surgical + 5 endoscopic)

## EQUIPMENT, CONSUMABLES, AND LOGISTICS

The camp was made possible by donated consumables, equipment, and faculty time. Surgical meshes, fixation tackers, and surgical drapes were donated by the Digestive Wellness Foundation. Two laparoscopic operating systems were arranged on a demonstration basis through industry support. Two anaesthesia machines were arranged by Dr. Sandeep Bhangale on a demonstration basis. Faculty travel and logistics for the visiting surgical team were managed by DWF.

All surgeries were performed free of charge to the patient. Patients incurred no billed cost for the procedure, consumables, anaesthesia, or operative care.

## POST-OPERATIVE COURSE AND OUTCOMES

Post-operative care was managed by the Dhanwantari Hospital local team under the supervision of Dr. Mahesh Boob. The use of laparoscopic technique in the majority of abdominal surgical cases enabled shorter hospital stay and earlier recovery. Almost all patients were discharged the day following surgery, returning to their homes and communities within 24 hours of operation.

No major intra-operative or immediate post-operative complications were recorded among the 17 procedures. Detailed individual case outcomes and any longer-term follow-up findings are maintained on the patient records of Dhanwantari Hospital, Pimpalgaon.

## REFLECTIONS AND LEARNINGS

Three reflections from the Pimpalgaon Camp inform DWF's future surgical-camp work:

### **Pre-screening matters more than camp-day organisation.**

The success of a single-day camp depends almost entirely on the rigour of pre-operative screening done in the days and weeks leading up to it. The DWF clinical team's three-day-prior visit to confirm patient selection, surgical fitness, and consent was a critical step that cannot be skipped or shortened.

### **Local-host partnership is the model.**

A camp at a host hospital with a committed local team — in this instance, Dr. Mahesh Boob and the Dhanwantari Hospital staff — is more sustainable than a camp delivered by an external team alone. Local hosts handle pre-screening, post-operative care, and longer-term follow-up that the visiting team cannot.

### **Laparoscopic capability genuinely transforms rural surgical access.**

The single largest factor enabling next-day discharge in this camp was the use of laparoscopic technique. Same-day or next-day discharge means patients return to wage work and family life far faster, which materially changes the cost-benefit calculation of accessing surgical care for an agricultural-economy population.

## ACKNOWLEDGEMENTS

The Digestive Wellness Foundation gratefully acknowledges the leadership of the Association of Minimal Access Surgeons of India (AMASI), the Nashik Surgical Society (NSS), the host hospital Dhanwantari Hospital, Pimpalgaon, and every visiting and host clinician who volunteered their time. We particularly thank the patients of Pimpalgaon and surrounding villages who placed their trust in the camp team.

---

### **Digestive Wellness Foundation**

Twin Banglow 24, Line 2 Dream Villas, Gandhi Nagar, Nashik 422006, Maharashtra

team@digestivewellnessfoundation.org | [digestivewellnessfoundation.org](https://digestivewellnessfoundation.org)

CIN: U86900MR2026NPL475001 | PAN: AAMCD5813D | TAN: PNED25841E