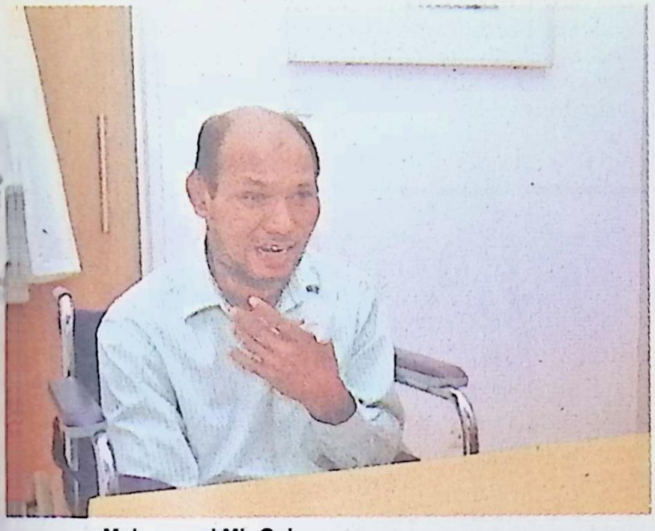
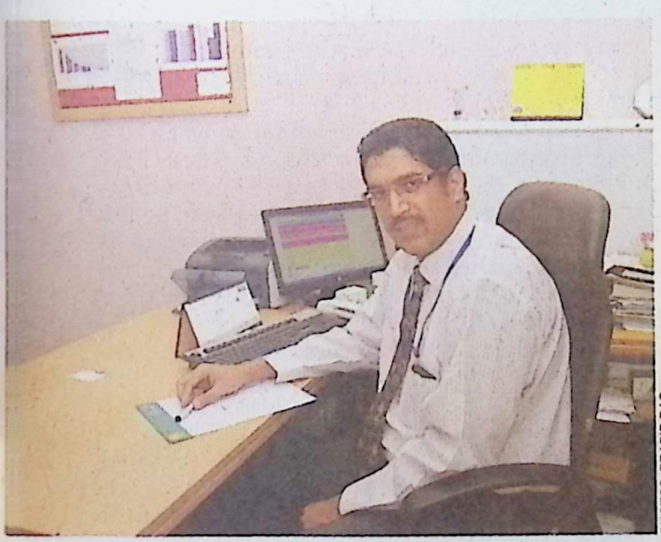
nosis, a complex condition where the rings of his windpipe get hardened. As a result of blockage in the windpipe, Gulzar could not talk.

Gulzar realised that he not only had difficulty in walking because of stroke, he could not talk any more and could not even breathe without artificial



Mohammed Mir Gulzar.



PHOTOS: PRABIR DAS

Dr Saket Aggarwal.

support; he felt the inevitable depression creeping onto him. Gulzar passed each day in Qatar in depression. He was unable to utter a word for one long year. Finally, he decided that enough was enough, and resolved to return to Bangladesh. As soon as he reached the airport, Gulzar's wife decided to take him to the hospital without any further delay. "As I was going from door to door asking people for the best treatment possible in Bangladesh, I came to know about the ENT specialist Dr Saket Aggarwal, who apparently was an expert in this field," says his wife Lipi Akhtar.

The rest of the story is no less than a miracle for Gulzar and his family. The odds of his talking again and breathing on his own were very slim, that's what the doctors in Qatar told him. But now here he is, able to breathe without any extra help from a pipe and taking the first steps to regaining his speech.

"When he was brought to the Apollo Hospitals in Dhaka, we discovered the blockage above the tracheostomy tube," says Dr Aggarwal, "Even though he was breathing through the tube artificially, he was not able to speak as the trachea had abnormally constricted due to the prior surgeries." He first did laser dilation of Gulzar's stenosis, but that had granular deposit at the site because of which the patient wasn't being able to talk and breathe properly. "So I decided to go for another surgery where I resected his second to fifth tracheal rings and made anastomosis between the first and sixth tracheal rings," the doctor says.

Conducting this surgery in the patient's airway was not an easy feat. A number of risks are associated with surgeries of such delicate nature, and they require careful coordination between the surgeon, anesthesiologist, and the operating team. "One of the main risks of this surgery is the leak in the suture that we have given him. Once you make the anastomosis within the rings in the trachea, if it does not stay in the right place or if it breaks, the patient might go back to the earlier stage."

It took almost five hours for the operation to be completed. "Thankfully there was no major blood loss during the surgery. However, we kept him under intense observation for two days, so that we could take immediate measures if something went wrong with him."

Gulzar has not recovered fully, as he is still finding it difficult to walk due to the stroke he had earlier suffered. He will undergo speech therapy after a month or so when his trachea is fully strengthened. "We are glad that the patient is back to his normal breathing and talking condition," says the doctor with satisfaction.

"As far as I know, this is the first time that such a surgery was conducted in Bangladesh. In fact, there are only 15-20 surgeons all over the world who have the expertise to do this intricate surgery, so we consider this a great success," he says.

There is a general belief that our local hospitals are inept at dealing with complicated ailments, and so we find more and more people going abroad for better medical attention. "It feels good to inform people that at present our medical facilities have advanced remarkably. This can be evidenced by the successful execution of such a complicated surgery in a developing country like Bangladesh," says Dr. Shagufa Anwar, General Manager, Apollo Hospitals Dhaka, giving us hope that in the near future we won't have to travel a thousand miles for medical treatment.

(Patient's real name and information are mentioned with his prior permission)