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# Dr. Suresh Raghunath Tambwekar: A man with a vision



Dr. Suresh Raghunath Tambwekar

**D**r. Suresh Raghunath Tambwekar, known fondly as 'SRT' in Bombay Hospital and as 'T' at KEM Hospital was a man with a vision and he proved this time and again during his 76 eventful years on Earth.

He schooled at the Pinto Villa Boys High School and matriculated in 1954. He completed his Inter-science from Ruia College in 1956. All of this was done with scholarships and odd jobs that would allow for some income to run the household. His academic excellence allowed him to take up medicine as his chosen career. Over time, this choice proved to be the correct one for him as is evident if one sees what a great humanitarian and excellent doctor he proved to be.

He completed his basic medical education at KEM hospital and Seth G. S. Medical College in December 1961.

His first residency was in surgery with the esteemed Dr. Arthur De Sa at Bombay's Bai Jerbai Wadia Children's Hospital.

This was followed-up by a residency in the department of plastic surgery at KEM Hospital under the watchful eye of Dr. Charles Pinto.

It was during this tenure that he set his sights on a career in plastic surgery.

As with any young doctor, he had the desire to train and study abroad but did not have the financial wherewithal. He was advised to apply and compete in the scholarship

exam for the Ventnor Foundation for a rotating internship in surgery (house officer or resident post in our system) at the Muhlenberg Hospital in Plainfield in New Jersey, USA. During his tenure (1962-1964) there, he won the Ingrid Nelsen award for outstanding achievement in house officer practice and also completed his ECFMG exam.

It was during this exposure that he decided to pursue training in plastic surgery in the UK. He completed his FRCS in 1966 based on his training in the US and in the UK. He worked in hospitals at Plymouth, Doncaster, Bristol, Manchester, and Newcastle upon Tyne. His training, during the latter part of his residency, was in plastic surgery units. At the time, there was no special degree or certificate that could be acquired to be labelled as a plastic surgeon. Post FRCS training in plastic surgery for 2 years or so was considered enough to practice as a plastic surgeon.

His most profound influence was his tenure under the great Dr. Fenton Braithwaite at Newcastle. This was a unit that did a lot of the cleft work in the late 60's. The concepts of the anatomical deformity of the cleft deformity and that of release and push back, and retention of length of the push back of the cleft palate deformity were burned in his brain during the time he worked with Dr. Braithwaite.

He returned from England as a plastic surgeon in 1971 and joined the KEM hospital department of plastic surgery. It is here that he joined forces with Dr. Goleria and Dr. Mehendale and made the department one of the best centres of plastic surgery in the country; in terms of the quality of work done there, the research work conducted there and the training imparted there as well.

This way he taught his students two of his basic diktats:

1. Never trust anything narrated to you unless it can be proved to be the truth.
2. Always observe and co-relate history to your clinical findings to enable you to ascertain the 'zone of trauma'

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and thus to plan the appropriate reconstructive procedure.

Concomitantly with KEM hospital he also started working with Dr. Manekshaw at Bombay Hospital. Dr. Manekshaw was quick to recognise his genius and supported him in his early days at Bombay Hospital till he was made a consultant there in 1975.

It is in these two great hospitals that he found his true calling, where he taught generations of Plastic surgeons and treated thousands of patients.

In order to teach his residents basic concepts, he would often coin phrases that would help them to apply principles to a given situation.

He would often say, 'while debriding a wound red is dead and white is alive-under tourniquet'.

Microsurgery happened to plastic surgery around the time that he returned to India. Being the voracious reader that he was he kept abreast of the development of microsurgery across the world. Soon he realised that tube-pedicles alone would just not do and that the future had to be microsurgical tissue transfer.

In 1976, he received a grant from Bombay Hospital to study and train in microsurgery at the Metropolitan Police Hospital in Tokyo, in Japan. His teachers were Prof. Kiyonari Harii and Dr. Seichi Ohmori. He had to re-do the anastomosis if the needle was bent or twisted, even if the suturing was perfect.

It is here that the perfectionist in him really found his true calling. He fell in love with microsurgery. He probably performed the first successful replant and free tissue transfer in the country. His passion for the field led him to join hands with Ethicon and start a lab course to train plastic surgeons in the skills required to be a microsurgeon. Later he was instrumental in starting the Indian Society for Reconstructive Microsurgery. This society has honoured him by naming an oration in his name to be given by a pioneer in the field at their biennial meeting.

He founded the Indian Society for Cleft Lip and Palate and Craniofacial Anomalies. He was amongst the first few to understand and accept that treating this complex problem is not the domain of one specialty alone but the symbiotic coming together of multiple specialties that would help the affected children.

During the course of his career, he has been the President of the two afore-mentioned bodies as well as the Association of Plastic Surgeons of India and the Maharashtra Association of Plastic Surgeons that he helped to found.

He was also keenly interested in nerve pathology, especially that caused by chronic inflammation. Thus, he did some clinical research on nerves affected by leprosy and diabetic neuropathy and was able to demonstrate that the primary cause of the neuropathy is the circumferential compression due to scar tissue resulting from recurrent low-grade inflammations. This led him to develop neurolysis as a treatment option for patients with inflammation-based pathology. Lymphoedema of inflammatory origin is another subject that was close to his heart, and he did a large body of work in this subject as well. He believed that in some of the cases not only were the lymphatic channels blocked but so also were the veins compressed by scar tissue formed due to recurrent infections of the limbs. Thus, he proposed that a venolysis would help to relieve the swollen limbs in cases where this could be demonstrated by magnetic resonance imaging.

The spark to do and achieve more still burned in him; however, poor health forced retirement upon him in 2008.

In his illustrious 37-year career, he achieved a lot due to certain qualities that remained constant throughout. His focus on the specialty, patient care, keen observation, attention to detail, perfection in his operative technique, imparting and sharing knowledge and most importantly the need to stay up-to-date with current technology and to always do more made him the man he was.

He passed away at his life-long residence at the age of 76 years on 2 October 2014; after a 6-year struggle with his health, but he never lost his dignity. The specialty has lost a doyen, and he will be remembered fondly for his many contributions to the development of plastic surgery in India.

### **Viraj S. Tambwekar**

Bombay Cosmetic Clinic, DNB Plastic Surgery,  
Andheri West, Mumbai, Maharashtra, India  
E-mail: drgetafix@gmail.com

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