



*Dr Dilip D Tanna
Shares his experience of
more than 4 decades in
Orthopaedics*

Dr Dilip Tanna

*One of the most Revered
Teachers and the Best
Trauma surgeon in India,
Dr DD Tanna has
inspired an entire
generation of Orthopaedic
Surgeons across the
country. This interview is
an attempt to gain an
insight into Dr DD Tanna
as a human being and as
an Orthopaedic Surgeon*



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Dr DD Tanna - Story of a Legend

This interview was conducted at the famous Lotus Clinic at Mumbai. Interview of Dr DD Tanna (DDT) was personally conducted by our Editor Dr Ashok Shyam (AK). It was an interesting two hours talk in late evening and we are presenting here the salient features of the interview.

AK: First let me thank you for this interview. Let's begin by asking about your family and where you grew up?

DDT: I grew up in Kalbadevi area in Bombay in a typical Gujrati locality. I had four brothers so we were five of us together with my father and mother. At that time education was not something very popular in our family and when I graduated I was among the handful in 2 mile radius and when I completed post-graduation there were none in the entire area. The trend was that people used to go to college just for the stamp of collage and then join the father business. But I was a good student and so I did complete my studies

AK: Tell us something more about your childhood?

DDT: I had a very eventful childhood, we used to play many sports. I was very good at cricket and even at medical college I was captain of the cricket team. But along with cricket I played many local sports kho-kho, langadi, hoo-to-too, football, volleyball, swimming etc. Didn't get chance to play hockey but I did play everything I came across.

AK: I understand you have seen Mahatma Gandhi and heard him speak. Please share your remembrance of that?

DDT: Once Gandhiji was holding a meeting in Bombay and my father said to me "let's go see Gandhiji". I went with him and there was a huge crowd and I felt quite uncomfortable. I wanted to leave when my father said to me 'why are you afraid of the crowd, these are all your fellow human beings, not cattle herd'. That statement touched me very much and till today, I am not afraid of any crowd. Understanding that all are my fellow human beings, took away my stage fright forever. I can speak my thoughts clearly and without fear and I can dance with the crowd with equal ease.

I have seen Mahatma Gandhi at close distance and he appeared to be a very frail man. At first I wasn't impressed, but then I realised that this frail man can have the huge crowd following him just because of his thought process. That understanding has helped me a lot in my life.

AK: So why did you become a doctor, what was your inspiration?

DDT: I was good in studies and in those days there were only two choices either to be an engineer or to be a doctor. I had decided that I would be an engineer with no doubt in my mind. One day one of my uncles, who happened to be an engineer, visited us. When asked I told him my intention to become an engineer, to which he replied "In that case you have to take up a government job all your life". In those days the only scope for an engineer was to be in government job, but the idea of being a enslaved for life by an organisation was something I couldn't accept. My freedom was very dear to me and overnight I changed my decision and pledged to become a doctor.

AK: How was your MBBS term? Why did you choose orthopaedic surgery?

DDT: I was quite casual in MBBS and was more involved in sports. I got serious in last year to get good grades. Frankly speaking there were none who influenced me in the undergraduate college. After joining medicine developed a natural liking to surgery and always wanted to become a surgeon. Doing general surgery and then super specialisation for another two years seemed to be a long time. Orthopaedic surgery was a new branch at that time and offered direct super specialisation. And so I joined orthopaedic surgery.

AK: What were your early influences in medical college?

DDT: I wasn't a very serious student in medical college. Possibly I became a bit serious in my last year of MBBS to score marks to get the branch of my choice. After MBBS and before joining post-graduation I had some spare time at hand which I utilise in reading. That period was a period of change in my life. I read authors like Bertrand Russell who had a major influence in my life. I read '**Atlas shrugged**', '**We the Living**', and '**Fountainhead**' and these three books had deep impact on me. I also read The **Manusmriti**' specifically for their philosophical treatise and not the religious aspect. I still like to ponder on these philosophical aspects from time to time. By the time I joined as an orthopaedic registrar, I was a pretty serious person. In first 6 months of my orthopaedic residence I was fascinated with basics specially the histopathological aspect of orthopaedics. I read all about the histiocytes, the fibroblasts etc and even today I still think in these terms when I think about orthopaedics.

AK: You joined the BY L Nair Hospital, Mumbai in 1965. Tell us something about your life at Nair Hospital?

DDT: Well in fact I passed my MS in 1965. I joined possibly in 1954 as a medical student. I was a student, house surgeon, lecturer, honorary surgeon all at Nair hospital. I was one of the youngest consultants as I became consultant at Nair hospital at age of 28, merely 8 months after passing MS exams. Possibly God was kind to me. Nair hospital was a decent place, but it became a force once Dr Chaubal joined Nair. Earlier KEM hospital had big name because of Dr Talwalkar and Dr Dholakia. I was lecturer when Dr Chaubal joined. He changed Nair hospital with his modern and dynamic approach. He gave me an individual unit within 3 years. Our rounds would be more than 4 hours in Nair hospital and had great academic discussions.

AK: We have heard about a very famous incident when you operated Dr Chaubal? Do tell us something about that

DDT: Well Dr Chaubal was suffering from a prolapsed disc and he had taken conservative management for some time with recurrent episodes. At one point we went ahead and got a myelogram done (no MRI in those days), and a huge disc was diagnosed. He called me the next day and asked to operate on him. I was 10 years his junior and moreover he was my boss and there were many more senior surgeons who were available. It came as a shock to me that he would choose me to operate on him [and of course it was an honor to be chosen]. Dr Laud and Dr Pradhan assisted me in operating him and it was big news at that time

AK: You were pioneer in bringing C-arm to India? Tell us something about the C-arm Story?

DDT: We used to do all surgeries under X ray guidance in those days, at the most we had 2 x-rays set together by Dr Talwalkar to get orthogonal views. I used to go to USA and they would do all surgeries under C-arm. I came back and contacted Mr Kantilal Gada who used to manufacture X ray machines. He agreed to try to make a C arm if I pay him one lakh rupees [in those days]. The condition was if he succeeded, he would give the c arm to me at no profit rate and if he failed my money would be lost. He did succeed and we had India's first C-arm at my place. It helped me at many times in clinical practice. One specific incidence about an Arab patient who had a failed implant removal surgery previously and I could remove the implant within 30 mins because I could clearly see the distal end of the nail entrapped. This patient was a friend of The Consulate General of UAE and since then I started getting lot of patients from there. So that was a wise investment I think.

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

DDT: Dr Chaubal the first person to start trends in everything. At first we were spine surgeons as Dr Chaubal was very interested in spine surgery. Dr Bhojraj and Dr VT Ingalkhalikar were our students. I was one of the first people to do total hip and total knee surgeries very soon after Dr Dholakia did it for the first time in India. But somehow I felt these surgeries did not hold much challenge. Trauma surgeries were challenging and each case was unique and different. So I decided to stick to trauma surgery for the sake of sheer joy of intellectual and technical challenges it offers.

AK: 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?

DDT: Interlocking is the major change. I used to go to AAOS meeting every year where people were talking about interlocking when we were doing only plates. I decided to make an interlock nail by drilling holes in standard K nail. There was no C-arm in those days and surgeries were done on X rays. We got a compound fracture tibia and I made a set of drilled K nails for this patient as per his measurements. We successfully did the static locking using K nail in this patient. We slowly developed the instrumentation and jigs for it and developed commercially available instrument nail. Interlocking spread like wild fire and I was called as the Father of Interlocking Nail in India.

AK: Your specific focus was on Intramedullary nailing and you have also designed the 'Tanna Nail' How did you think of designing the nail? Tell us about the process of designing the nail, the story behind it?

DDT: Like said above, I developed the nail and instrument set with one Mr Daftari in Bombay. This was sold as 'Tanna nail' in Bombay. Slowly implant companies from other states also copied the design and started selling it as 'Tanna NAIL'. I had no objections to it and I didn't have a copyright anyway. Slowly I phased away the name as the design progressed and asked them to call it simply interlocking nails.

AK: You are known for Innovation. Tell us something more about it?

DDT: I specifically remember C-arm guided biopsy which I used successfully for tumor lesions. The same principle I used for drilling osteoid osteoma under CT guidance, which avoided an open surgery. There are many more technical tips and surgical techniques that I have been doing and some of them are listed in my book named 'Orthopaedic Tit Bits'

AK: The last two decades have seen a tremendous increase in the choices of implants available in the market. Many of these implants were sold as the next "new thing". Do you feel these new implants offer justifiable and definite advantage over the older ones? How should a trauma surgeon go about this maze of implants and choose the best for his patients?

DDT: There is no easy way to do that, because most implants comes with a huge propaganda and body of relevant research. Many senior faculties will start talking about it and using it. For example, distal femur plates have now reported to have 30% non-union rate. Earlier I had myself been a strong supporter of distal femur plate but through my own experience I saw the complications. Now I feel the intramedullary nail is better than the distal femur plat in indicated fractures. Same with trochanteric plates or helical screws in proximal femur fracture. So we learn the hard facts over a period of time and by burning our own hands. But then you have to be progressive and balance your scepticism and enthusiasm. In my case the enthusiasm wins most of the time.

AK: Share your views on role of Industry in dictating terms to trauma surgeons?

DDT: I feel it's very difficult to bypass the industry. Also because the industry is supported by orthopods. But again like I said we learn from our own errors and something that does not have substance will not last for long. For example clavicle plating, I supported clavicle plating for some time [and it felt correct at that time], but now I do not find wisdom in plating clavicle and so I have stopped. So I believe it's a process of constant learning and also realising and accepting mistakes. Once I was a great proponent of posterolateral interbody fusion (PLIF) in spine but after few years of using it I realised the fallacy and I presented a paper in WIROC (Western India regional orthopaedic conference) titled 'I am retracting PLIF' and it was highly appreciated by the audience.

AK: Tell us about your move toward joint replacement surgeries?

DDT: I was one of the first one after Dr Dholakia to start joint replacement surgeries in India and I continue to do many joint surgeries. And of course 'cream' comes from joint replacement surgeries (laughs heartily)

AK: 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?

DDT: Teaching is now become more and more spoon feeding and I think it is not real teaching. Even in meetings I enjoy the format where there is small number of faculty and case based discussion on practical tips and surgical technique. The 8 minute talk pattern is

something I think is not very effective. Real teaching of orthopaedics cannot be done in classroom or in clinics. In clinics we can teach students to pass exams but not orthopaedics. Dr Chaubal always used to say that real orthopaedics is taught in practical patient management and in operation theatres. I tell my fellows that I won't teach much, but they have to observe and learn. In medical colleges there is no teaching at all, it's almost died off.

AK: What you feel is the 'Way of Working' of Dr Tanna that makes him a successful Orthopaedic Surgeon? Your Mantra?

DDT: Always do academically correct things. Like I have been practicing 3 doses of antibiotics since last 20 years. I read a lot and then distil the academic points and follow them in practice. I get up at 4 am and read everyday.

AK: What technical tips would you give for someone who has just embarked on his career as an Orthopaedic surgeon?

DDT: I have given one oration which is also on YouTube, you should listen to that. Anybody who becomes an orthopaedic surgeon is actually cream of humanity and are capable of doing anything. The only thing required is a strong will to excel and passion to succeed

AK: I understand that you are a very positive person, but do you have any regrets, specifically related to orthopaedics. Something that you wished to do but couldn't?

DDT: Honestly nothing. Today when people ask me 'How are you?' I say 'can't be better'. I couldn't have asked for a better life

AK: Any message you will like to share?

DDT: I think passion to be best is essential. Even if one patient does not do well or if we do a mistake in a surgery, it causes huge distress and misery to us. We as doctor should be truthful to your patients. Between you and your patient there can't be any malpractice. You should treat every patient as if you are doing it on your son or daughter. Always keep patient first

AK: What degree or accolades would you like me to mention in your introduction?

DDT: Nothing just plain MS Orth, I have no other degrees. In fact after my MS I attempted to give D Orth exam. My boss at that time Dr Sant, said 'are you crazy, after passing MS you want to give KG exam?' He actually did not allow me to appear (laughs). Never felt like having any more degrees, degrees won't take me ahead, it's only my orthopaedic skill that will take me ahead in life.

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What His Students Think of Dr DD Tanna.

Dr Sagar Karvir: For me to write about Dr. D.D. Tanna would be like pointing a torch towards the sun. Sir is an institution himself. I had a good fortune of working with him during 2006-2007, where I could observe him both as a surgeon and as a person.

Sir has a very simple philosophy, he first observes what his new fellow would do (Later he confided with me "Always ask people what to do but never tell them How to do. In this way you can learn new ways"). After a month or so he would casually tell during his coffee breaks "Sagar you are doing excellent Gadhadhari (Donkey work of Pt fitness, OT Bookings and Implants)" but are you getting benefitted. Aaj kuch Sikha kya". This would start a round of discussion which would trigger the sharper minds to think and think. Soon he would call me in his chamber if there would be an interesting case or Xray. Sir is amazing in OPD as here people learn from him how to plan and why to plan (Execution any average Orthopaedic Surgeon can do). Sir is always cool while operating but meticulous with the preparation and OT manners. He would always listen to the utmost junior assistant and would be humble to appreciate a valuable suggestion. He openly admits "Many times I have been saved by my assistants"

As a human being we all know he is an out and out party person. He would be the first to hit the dance floor to shake a leg or pull the grand junior to offer a drink. He exudes energy that would embarrass the junior most person. Being a teacher at heart he would also explain any Orthopaedic queries on the dance floor. Most of his students have also received many practical lessons as to how to run a nursing home, how to explain a complication to a patient etc etc etc. Many of his lucky students even have access to his vast armamentarium of instruments.

Words and pages would never be enough to explain how indebted I am to him. He is a typical Bombay Orthopaedic Surgeon a talented clinician and a very kind hearted teacher.

Dr Ranjith Unnikrishnan: Two most important qualities of Sir are Leadership and Absolute No Compromise Attitude. He is an ideal teacher of Orthopaedic and I was very fortunate to work with him. He help in developing thinking orthopaedic surgeons and will never spoon feed you.