

August-2012

Newsletter

Official News Bulletin of Urology Society Of India-West Zone



WZUSICON-2012

Lonavala, 13th - 16th September

The African Summit





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Editorial

Dear Friends,

Greetings from the USI-WZ Council. Time has been running at a very rapid pace and USI-WZ has been amidst lots of activities over the last few months.

We have been fortunate to have ample this year. CME in Female Urology at Sholapur was well designed by Dr Raghoji and appreciated by all delegates. Dr Rohini Deshpande, Consultant Gynecologist has aptly covered the proceedings during this meeting and been all praise for the Faculty chosen. Our President, Dr Suresh Patankar chose a superb team for the Endourology and Laparoscopic workshop in Pune in May . It was an eye opener for many to see our National Faculty perform brilliantly and keep the delegates eagerly involved at all times. In contrast, Stone Con at Dhule organised by Dr Ashish Patil in July showcased the talent from our Zone. Many members from distant, smaller towns came together to share their experiences and made the meeting memorable.

Right on the top was our African Summit attended by 114 members in July. An interesting, Joint Conference between KAUS and USI-WZ in Nairobi under the leadership of Dr Saeed Samnakay, gave a perfect start to our venture. Our families blended perfectly and it was sheer pleasure to see the joy and ecstasy on all faces amidst nature in the wild. Masaimara and Lake Naivasha both gave members ample opportunity to unwind and experience the beauty of Kenya.

It is time to meet again, now during WZUSICON 2012 at Hotel Fariyas in Lonavala between 13-16 September. Dr Gaurang Shah and his team are working overtime to ensure all delegates will have a great time. Please make it a point to attend this annual conference, and do arrive in time.

Two Senior Urologists from West Zone, both - Great Leaders in our field, men with great abilities and strong character, have just left us. Dr F P Soonawala and Dr A.G .Phadke were both Top Docs and have influenced the course of Urology in India in a big way over the last 4 decades. Friends, I request all of you to come and join us during the Inauguration Function of WZUSICON on Thursday 13 September at 7 pm to offer our tribute and respects to these two great personalities who have inspired so many of us.

It only seems apt to conclude the Inaugural Function with a Key Note address by Mrs Jaya Row on Inspired Living .

Wishing you all a great time reading this edition, and looking forward to see you with your families, this September.

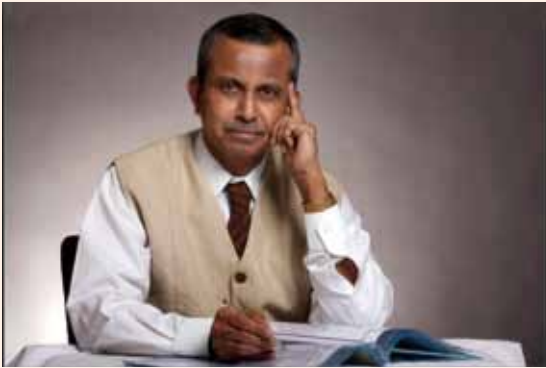
Warm regards



Dr. Anil Bradoo



From the President's Desk



Dear Friends,

Season's Greetings,

India is a country of festivals, Urology Society and its members are no exceptions to this.

Round the year some festival goes on which may be academic, social or educational.

West Zone is more vibrant on this account. Since I have taken over the presidentialship, USI calendar has been full of such festive events. I would like to brief you on all the activities which have been carried out in this year.

West Zone has always been fore front in academic activities at national level. But no way we are behind in our social responsibility. The surgical camp is the product of this concept. It was conducted last year in Shirdi. This year it was held at Muniashram near Vadodora. The Muniashram hospital was nothing less than a five star hospital campus. All of us felt it was a dream place for a Urologist's to work. Excellent infrastructure will all possible urological equipments.-Laser, flexible uretroscope, miniperk and microperk. You name the surgery and it was performed. West Zone team members did an excellent job there. All surgeries went on flawlessly. The credit goes to dynamic Dr. Ajay Bhandarkar and his team.

This was followed by a joint meeting with Gynecologist on female urology at Solapur. All the faculties did an excellent presentation. The hall was full of enthusiastic gynecologist from cities to small towns and talukas. Female urology is a upcoming speciality in urology. For its rapid progress such joint meetings are a must. My congratulations to Dr. Raghaji and his colleagues.

The event was followed by 'Endo urology 2012' held in Pune. Advanced laparoscopic and endourological procedures were demonstrated successfully. This was

the first event where Maharashtra University of Health Sciences and W.Z. jointly conducted the activity. All the National faculties made this conference of international caliber. Question is do we need international faculties every time when our local expertise is of international class?

After these hectic activities the next event was at KENYA, the land where Safari was born, also known as the cradle of mankind. On this safari, we could get a glimpse of the great wilder beast migration in Masai Mara , the best game reserve in the world. Everybody enjoyed the Big Five 'in live action. This was a memorable event for everybody. Anil you really did an outstanding job to make this adventure a big success.

Educational activities are usually conducted in well known city places with senior members occupying most of the faculty positions. Our young council member Dr. Ashish Patil did an odd experiment. His 'Stone Con' activity at Dhulia was an excellent scientific programme with all young 'turks' speaking on total stone management. I wish such events should be organized more frequently all over the zone. WZ council will always back up such activities.

And now the most important event for which we all are looking forward. 'Come September Come Lonawala'. Our annual festival. Lonawala is a romantic gateway from hustles and bustles of the crowded metropolitan life in Mumbai and Pune. Dr. Gaurang Shah with his Bombay Urology force has promised a romantic and scientific event full of fun, frolic and business. I personally invite all the members and their families on behalf on West Zone chapter to make this a memorable event.

Last but not the least my dear fellows after this event a new team of council members will be taking over. I would like to extend my heartfelt gratitude for giving me this opportunity to serve you all and I always hope to enjoy your love and affection!

Dr. Suresh Patankar

WZUSICON 2012-Evening programme

Thursday 13th September

- 7pm - Inaugural function
- 8pm - Keynote address 'Inspired living'

Friday 14th September

- 7pm - Musical programme

Saturday 15th September

- 7.30pm - Banquet



Announcements

The Annual meeting of USI-WZ . WZUSICON 2012, will be held between 13-16 September 2012 at Hotel Fariyas, Lonavala.

The Annual General Body Meeting will be held on Saturday 15th September at 4.15pm

Applications are invited for the vacancies in the following posts in the Council.

President Elect - 1 post
Secretary - 1 post
Treasurer - 1 post
Council Member - 3 Posts.

Kindly send in your application with recommendation from two full members , to reach The Election Officer, President Elect Dr Sanjay Kulkarni by 5th September 2012.

Last Date of withdrawl 10 September 2012.

Dr Sanjay Kulkarni

Center for Reconstructive Urology - 3 Rajpath society, Paud road, opposite Vanaz Engg. Pune 411038.

Tel: 09822024050 ; 020 25380555, 25382554 (office)
email: sanjaybkulkarni@gmail.com

Election to these posts will be held on Sat 15 September 2012 at Hotel Fariyas, between 10.30 am to 4.00 pm.

Results of the elections will be announced during the Annual General Body Meeting to be held at Hotel Fariyas on Saturday 15th September after 5 pm.

Sava Perovic Memorial



Dr Sanjay Kulkarni will be participating as a Surgical faculty in the 4th Surgical Workshop of CUGRS (Complex Uro-Genital Reconstructive Urethral Surgery) to be held at Arezzo, Italy on 14th September 2012

Inspired living

"Inspiration leads to creativity, success and happiness"



Mrs Jaya Row will deliver the Keynote address on completion of the inaugural function of WZUSICON 2012 on Thursday 13th September at 8.00 pm

An eloquent and skilful orator, she challenges people to look beyond the mundane life and reach for the meaningful aspects of life.

Completely dedicated to the dissemination of Vedanta for the modern generation; the wisdom passion and clarity of her words explode your self imposed limitations to set free the giant within you. It needs to be only seen and heard to be believed.

Jaya Row has spent more than thirty years in the study and research of Vedanta. She has a first class academic record in Microbiology and has had a distinguished management career which she renounced to devote herself full time to the interpretation and representation of Vedanta for the modern generation. She is the founder of Vedanta Vision and Founder- Managing Trustee of Vedanta Trust and excels at presenting the ancient wisdom of India in a contemporary fashion and motivates her audiences to live inspired lives. Her discourses on the Bhagavad Gita draw large audiences in India and abroad.

Mrs. Row has been honoured with the Harit Rashi Award by the Maharana Mewar Foundation in recognition of her contribution to society. She was conferred the Zee Astitva Award for her stellar role in bringing the esoteric philosophy of Vedanta to the common person.



The Torchbearers...



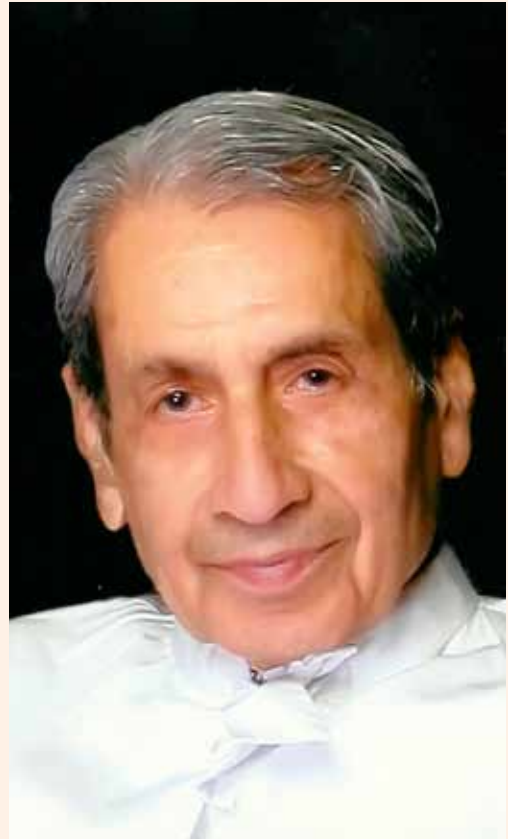
1936 - 2012

Dr. A. G. Phadke

"Tamasoma jyotirgamaya"

From Darkness to Light

*He inspired generations of Urologists
to be good doctors and
better human beings.*



1927 - 2012

Dr. F. P. Soonawala

*"It is because we stand
on the shoulders of giants
that we can see so far.."*



Female Urology update-April 2012

It was indeed a pleasure to attend the “Female urology Update-2012” which was held in Solapur on 29th April, 2012. This event was organized by Sidheshwar Urological Society Solapur, in association with USI-WZ and Solapur O & G Society. It was marked as the first academic event of this society. The meeting was well attended by fellow delegates of Urology and Obstetric and Gynecological specialty in and around Solapur. Few General practitioners also attended this meeting with keen interest.

Thoughtful topics, relevant to day to day clinical practice were presented. The approach to the diagnosis and mainstay of treatment of common urological disorders in females were the highlights of this workshop.

All the faculty members were full of experience and enriched the knowledge of the delegates. Dr Mohan from Bangalore insisted on systematic approach in history taking, proper examination and analysis of the symptoms. Of course, he introduced the technological advance, importance of video-urodynamics, flow rate studies etc.... However he commented that only few gynecologists and even only few urologists are using these technologies. This point was worth taking home as a message.

Dr Sharma, Solapur updated on rational approach to Ultrasound evaluation of antenatal hydronephrosis. His original work on this topic was well appreciated. Ultrasound examination of the newborn in prone position was noted as a key point to evaluate this finding. Dr Shah presented UTI in pregnancy in a methodical way. Dr Ajit Vaze spoke on “How to deal with calculi and pregnancy”

Dr Sanjay Sinha from Hyderabad was analytical in his approach to the management of urinary tract infections in females. Dr Mohan covered the topic of evaluation and medical management of LUTS and SUI. Dr Sanjay Sinha spoke on the management of overactive bladder and highlighted on the use of different drugs and their indications.



He spoke on different sling procedures for SUI and selection of proper sling procedure for the patient. He also highlighted on its complications and how to deal with it. His presentation spoke for his experience in treatment of SUI.



Dr Rooma Sinha, well known gynecologist spoke on “concomitant surgery for SUI and pelvic organ prolapse”. She spoke on its evidence based approach. Dr Ajit Vaze presented a beautiful animation on continence in females. He presented a case of repair of VVF through laparoscopic approach.

An interesting session was conducted by Dr Sanjay and Dr Rooma Sinha on the management of intra-operative urinary tract injuries during gynecological operations. In this session, cases were presented and solutions were offered. Importance of performing intra-operative cystoscopy, putting ureteric catheters as a precaution in difficult pelvic surgeries was highlighted. Dr Ajit Vaze showed usefulness of illuminated ureteric catheters.

Alively panel discussion was conducted by Dr Anil Bradoo at the end of the day. Through out the workshop, good floor participation was noted. With the summary by Dr Shailesh Amarkhed and Vote of thanks by Dr Vithalkrishna, this meeting was concluded with a sense of fulfillment. The delegates appreciated the efforts taken by Sidheshwar society, Solapur and excellent academics contribution by faculties. MMC awarded two points for this event.



Dr Rohini S Deshpande, Solapur



STONECON - Dhule, July 2012



A live symposium was held by the "Institute of Urology Dhule" with ACPM Medical College Auditorium as the venue. The conference was organized in association with USI-WZ and MUHS – Nashik. Dr Ashish Patil was the Organising Chairman. The west zone faculty comprised of Dr. Ashish Patil, Dr. Subodh Shivde, Dr. Suresh Patankar, Dr. Gyanendra Sharma, Dr. Hemendra Shah, Dr. Prashant Mulawkar, Dr. Ulhas Sathaye, Dr. Jayesh Dhabalia, Dr. Rajesh Kukreja, Dr. Pankaj Maheshwari, Dr. Sanjay Deshpande, Dr. K. Nanjappa, Dr. Sushil Rathi, Dr. Rahul Gune, Dr Vishwas Kulkarni, Dr Satyajeet Purnapatre & Dr. Sanjeev Mehta.

On July 14th, the Honourable Vice Chancellor of Maharashtra University of Health Sciences Nasik, Maharashtra inaugurated the conference. It was a treat to hear his inaugural speech and also his comments on the session he chaired. He appreciated the initiative of a Urolithiasis conference being conducted in an area endemic for the disease. He specially appreciated the first ever live web telecast of an event in Dhule and wished the organisers good luck for future similar ventures.

The inaugural also witnessed release of "Tejarogya" (Vol. 3, No. 3), a quarterly health magazine in Marathi, at the hands of Hon. Vice Chancellor and "MAZI KIDNEY" a Marathi book on common kidney problems written by Dr. Ashish Patil at the hands of Dr. Suresh Patankar.

In his speech Dr Patankar the president, lauded the efforts of the Institute of Urology to host a conference on a single topic of Urology.

A total of 16 lectures, 2 debates, 2 symposia and a session on case discussion were organized.

Quiz for all the delegates was organized and prizes were given to the winners.



The two day deliberations were web transmitted, live, globally on www.STONECON2012.com

A total of 170 delegates attended at the venue and another 50 participated online from around India, London, Singapore, US etc.

The program was very well organised by the Research Society team headed by Dr S.K. Singhal under the able guidance of Dr Ashish Patil.



Dr Ashish Patil

Dr. Prashant Mulawkar



Removed the largest Bladder Stone endoscopically.

Urethro vesical anastomosis in open radical prostatectomy

To achieve a good functional and oncological result, 'a step wise program' in radical prostatectomy is of paramount importance.

The major steps are (in retrograde dissection technique)

1. Ligating dorsal vein complex
2. Isolating the urethra
3. Stay sutures on urethra
4. Radical prostatectomy with preservation of neurovascular bundles
5. Urethrovesical anastomosis

I have been asked to emphasize on how I perform the vesico-urethral anastomosis.



I usually perform ORP with retrograde technique. After ligating the dorsal vein complex and dividing the puboprostatic ligaments, the urethra is isolated. Care is taken to preserve the spongiosum and to achieve as much urethral length in the pelvis as possible.



Then I divide the urethra only anteriorly from 9 o'clock to 3 o'clock position with Foley catheter still in place. Foley catheter is transected at this level; the divided ends are ligated with a strong and long silk or barbose thread. These cut ends of the catheter with the long silk

suture on can be pulled upwards and downwards in the pelvis. This maneuver helps in taking stay sutures on the urethra.

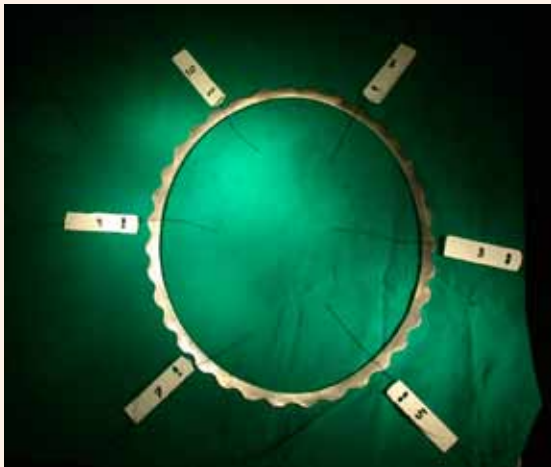
With urethra divided only anteriorly, I take stay sutures at 10 o'clock, 2 o'clock position with 4/0 PDS. Each stay suture is labeled with a marker pen (use the folded white paper that comes along with the suture material pack to mark the numbers).



Then the posterior urethra is divided, the apex of the prostate is pulled upwards using the proximal cut and ligated end of the Foley catheter upwards. This allows enough space in the pelvis to put stay sutures on the posterior urethra.



With the same technique as done anteriorly (moving the distal cut and ligated end of Foley catheter upwards /downwards or sideways) further stay sutures are taken. I take 7 o'clock and 5 o'clock sutures at this stage. I take a 6 o'clock stay suture using thick periurethral tissue and spongiosum separately. In order to keep the stay sutures in secure place and not to allow them to get entangled, I spread them over the retractor with labels on as described.



After completion of the radical prostatectomy, vesico urethral anastomosis is performed. I start posteriorly first (meaning start with 6 o'clock suture first, then 5 and 7 o'clock). Place the 20 F three way Foley catheter at this stage across the urethra and bladder neck in to the bladder. No sutures are tied at this stage till we pass the anterior sutures through the bladder neck.

Foley balloon is inflated with 20 cc saline; gentle traction is given by the assistant in order to bring the bladder neck closer to the urethra. Now all the sutures are tied one by one, I start posterior and then come anteriorly. The bladder is distended to check the tightness of the anastomosis and leak if any.

This interrupted 5 suture anastomosis with 40 PDS gives an excellent leak proof and wide caliber anastomosis. A slow irrigation through the irrigation channel for six hours avoids any blockage of the catheter.

Advantages and comparison with other techniques

I personally feel that once the urethra with stay sutures is secured, your major worry is over, because once your prostate is out the only part of the operation remains is to bring the bladder neck to the urethra. If you loose the urethra by any means or technique, then the anastomosis becomes very very difficult and leaks and or BN contractures are surely going to follow. Though not scientifically proven, I feel interrupted sutures reduce the chances of BN contracture as compared with the continuous technique.

Doing continuous anastomosis in open technique at the end of the procedure without stay sutures on can be a very stressful and a difficult situation. The technique of urethral dilator with the holes at the tip, or use of metal dilator that is moved forward and backward

during every stay suture or continuous anastomosis is also cumbersome. This needs one extra assistant to do this maneuver for you. Using the cut and ligated end of Foley catheter, the surgeon himself can control the entire step of visualizing and placing the stay sutures on urethra meticulously.



Dr Makarand Khochikar

Uro Radiology Summit, April 2012

The 'URO RADIOLOGY SUMMIT' was held on 1st April 2012 at the Tata Memorial Hospital, Mumbai. The summit was conceptualised by Dr. Umesh Oza, President, Mumbai Urology Society. It was jointly organised by the Mumbai Urology Society and the Pune Urology Society. Practical application oriented topics were discussed at the meet.

Faculty of the summit included eminent radiologists from Mumbai and Pune. Dr. Nitin Chaubal gave a brilliant presentation on the present and future role of ultrasonography in urology. Controversial topics were fiercely debated. Active audience participation was ensured with the help of voting pads.

The talk by Dr. Ravindra Sabnis on routine usage of Haunsfield units measured by CT scan while treating urinary stones was very informative and appreciated by all. Dr. Rajeev Kumar AIIMS, Delhi, almost mathematically derived relationship between sonographic measurement of volume and weight of prostate and post-void residue & its significance in treating BPH.

The summit was a grand success with more than 175 delegates attending the meet. Dynamic secretaries of the Mumbai Urology Society (Dr. Gaurang Shah) and Pune Urology Society (Dr. Amol Talaulikar) ensured wide participation from places as far as Solapur and Akola.



Dr. Samir Desai



The African Summit...

From the lens of *Dr. K. M. Nanjappa*



Newsletter

Official News Bulletin of Urology Society Of India-West Zone





The African Summit - Serenity in the Savannah

It was the 4th of July. In the wee hours of the morning, about 100 of us with family, set out from Mumbai airport, towards the grasslands of Africa. A short flight later, an awesome purple gold dawn greeted us to the amazing city of Nairobi and our adventure began.

Welcomed by extremely courteous, soft-spoken tour managers, the exchange of academic views with the local urologists was interesting and well planned.



Lifetime experience of a chartered flight out of Nairobi to Masai Mara with a view of the grasslands... mind boggling ! Reaching the lodge had us all gushing in wonder. To say it was Awesome would be an understatement. Here we were, in the middle of nowhere (grasslands), in a place where wildlife is not only favored but revered - The 'Keekorok Lodge'. The setting was wild but arrangements and stay were nothing short of a 5 Star resort.

Every veges nightmare of a trip abroad is the food. Lip smacking Non - veg food was expected in Kenya, but the veges too had a ball in every meal, with few carnivores also enjoying the herbivore menu. There was a well-orchestrated, impromptu in-house entertainment to everyone's delight.

Kenya is all about safaris. But couldn't have imagined the planned non-tiring safaris, with a well-informed driver as your guide. All you saw on National Geographic was in front of you, from a kill at 2-3 meters by a pride of lions, to a scary herd of wild elephants, a sea of zebras, wild buffalos, antelopes, wildebeest, giraffe and more. You even didn't miss the hyena, leopard, ostrich and the birds. Spectacular Sunrises and Breathtaking Sunsets

delighted the eyes. Nature too played a wonderful host with excellent weather and almost no rains. All our senses with mesmerized.

The experience with the Masai natives, their culture, lifestyle and habits had shivers running down everyone's spine. An early morning hot air balloon ride topped with a champagne breakfast right in the midst of the reserve completed the exaltation that was -MasaiMara !!

Icing on the cake was Lake Naivasha and the Sopa Lodge on the banks of the same lake. Suffice to say that the setting was so beautiful, so divine, that no one wanted to leave it and come back home.

The attention to every detail was obvious and perfectly executed to make each of the 100 odd members feel that the trip was customized to their needs. Thanks to Anil and his team that the journey was thrilling. This nostalgia would linger on craving for an even better getaway in the near future. No doubt each one would recount a similar if not a better experience.



**BOLE TO PAISA VASOOL !!!
Kwaheri (Swahili) - Good Bye.**

Dr. K. M. Nanjappa



PSA - The Town Hall Debate', AUA, May 2012



Since its discovery, use PSA has been debated over and over again over last two and half decades. Its use in screening of early and significant prostate cancer has been the main area of debate and there have extreme views from different corners of the health professionals, patients and health providers. The US task force has given a statement against the routine screening for the early detection of prostate cancer in USA. A town hall debate was organized at the recent AUA-2012 at Atlanta. Dr Makarand Khochikar, a consultant Uro-oncologist who attended this meeting gives few glimpses of the debate pertaining to its genesis, the content, the fallout and implications of this debate.

AUA-2012 (Atlanta) program was really exciting one as usual, packed with fantastic plenary sessions, debates, posters, video sessions. Amongst all, one program that was greatly advertised and drew attention of all the delegates was ' PSA – The Town Hall Debate' on May 21, 2012.

The background

Since its discovery, PSA (Prostate Specific Antigen) has been used in the diagnosis, staging and follow up of the prostate cancer. It is the only marker that is available today for the prostate cancer and remains the main stay of the management of the prostate cancer. The sensitivity of PSA has been an area of concern, but when used judiciously with DRE, TRUSP it certainly improves the diagnostic yield. Various forms of PSA, PSA kinetics, PSA dynamics have been brought in to the clinical practice in order to improve its efficacy.

There is no doubt that 'PSA era' led to increased diagnosis of carcinoma prostate across the globe. In fact, in the USA in the last two decades, the number of advanced prostate cancers at presentation got significantly reduced and more and more of early prostate cancers were detected. With the advent of open radical prostatectomy (popularized by Dr Patrick Walsh first) and now



Robotic Radical Prostatectomy which takes place in almost every center in USA, a large of radical prostatectomies take place in the USA. Though we have achieved a great success in terms of cure of prostate cancer in these individuals, there have been concerns about the morbidities associated with it (incontinence and ED) and also about the issue of 'over treatment' in some of the low risk organ confined prostate cancers.

Since we have learnt more about the biology of the prostate cancer, its clear that active surveillance is also an attractive option in the management of low risk organ confined prostate cancer. In fact a significant group in the USA and Europe feel that the prostate cancer of such nature is very slow growing and we are doing the 'overkill' by performing the radical prostatectomies.

Having found PSA's usefulness in the clinical practice, there was a move towards its use in the screening and early detection of prostate cancer. This was obviously not universally accepted as there have contradictory views on this issue. On one side the clinicians feel that we are detecting early stage cancers, treating them in time with optimum treatment and more and more people are getting cured thus reducing the prostate cancer mortality. On the other side some of the critics feel that there is no survival advantage for the screened detected early prostate cancers. If that is the case why use the PSA as a tool for screening and early detection program for the prostate cancer.

Genesis of the debate

Based on the various findings, epidemiological studies, randomized trials and reviews the AUA gave a statement in 2010 about the practice guidelines on PSA. These guidelines explain in details the pros and cons of the PSA testing for the early detection of prostate cancer.

Since the results of Active Surveillance were published, many voices were raised about this statement. The results of the active surveillance showed equivalent outcomes to RP or RT in terms of overall survival in the low risk organ confined prostate cancer. The Insurance companies then started questioning the 'need' for surgery in these group of people.

A storm hit the urological community when the man who discovered the PSA made a statement saying that 'It was a mistake that I discovered the PSA'. This was widely published, but what he meant was not about the efficacy of the PSA, but about its use in early

detection. There were mixed reactions to his statement.

US task force who decides the health policies in USA took a stand that PSA should not be used for the screening program as the early detection and treatment does not offer survival advantage and in fact can be over treatment that is associated with morbidity. Obviously this had not gone down well with the majority of the urological community across the USA. US task force was to give their statement about this just around the AUA meeting.

AUA as a representative of the urologists in USA decided to arrange a scientific debate at AUA. This was a Town Hall Debate!

Contents of the debate

I must give full marks to the organizers of this event. This was well publicized, well organized and a lot of thought was put in to it. Dr Ian Thompson (who has done large work on Prostate Cancer Prevention Trial-PCPT) led the show. Apart from him the panelists were Dr Gerald Andriole (worked on PLCO trial), Dr F Schroder (main architect of ESRPC trial), representative of the US task Force, the epidemiologist, a psychologist and Captain Mark Kelley – US astronaut who is a prostate cancer survivor. The debate was attended by over 4000 delegates.



Dr Ian Thompson gave an overview of how important it is to detect and treat the early prostate cancer. Dr Geri Andriole and Prof Schroder gave their views of how the PSA has changed the way we have been treating the prostate cancer and underlined its usefulness in reducing the mortality. Captain of US Navy - Mark Kelley an astronaut who has been on the space mission twice was the center of attraction. As a fitness test in the US forces, these individuals undergo a variety of tests that included PSA. He was found to have a PSA of 2.5 ng/ml, underwent a robotic radical prostatectomy and is disease free currently. He was a representative of many who not only get detected early but get cured and lead



an active life are a great asset to the nation.

The psychologist gave a perspective of what involves in the PSA testing and what it means to the patients if they decide for or against the testing. It was a wonderful review.

The debate was well fought over. Despite having contradictory views there was no anarchy in the discussion and it never went out of control.

Fall out of the debate

Prostate cancer being the second commonest cancer in men in USA, there was a significant coverage in the print and electronic media and on the internet in the same evening. Every news channel (in fact CNN center happened be across the convention center where conference was held) discussed in length about the whole issue. There were interviews of the prostate cancer survivors and their families, the urologic oncologist across the major cancer centers in USA, AUA representatives, representatives of US task force. The Special shows on the TV had celebrities, film stars and their family members telling the world how PSA changed their fortunes. Dr Siddharth Mukharjee the famous author of the book 'Cancer – The Emperor of the melodies' gave his views on this issue in the talk show.

Next day's news papers, editorials were full of prostate cancer and its related issue. Many felt that a balanced view has to be taken on this issue.

Next day in the plenary session, the president of AUA- Dr Sushil Lacy and the secretary – Dr Gopal Badalani informed the members that the AUA disagrees with the US Task force statement on PSA guidelines and gave official statement about it.

Since last two months, AUA has given a lot of data, information and statistics about how PSA has been instrumental in bringing down the number of advanced prostate cancers at presentation and more and more cases are detected and treated at early stage.

There has been a fear from a small sections that the number of radical prostatectomies may go down as the current US Task force and the insurance companies would not allow the routine screening of prostate cancer.

The jury is still out over there, the urology community across the globe is closely watching the verdict!

We are grateful to Dr. Makarand Khochikar for this compilation from the AUA.

Endourology & Laparoscopy Workshop, Pune, May 2012



A fantastic National team of talented Endourologists and Laparoscopic surgeons conducted an excellent workshop. Dr. Mahesh Desai, Dr. George Abraham, Dr. Anil Varshney, Dr. Jagdish Kulkarni joined Dr. Suresh Patankar and his team from Pune to interact with West zone members. The didactic lectures included basics in laparoscopy including instrumentation etc as well as the theoretical aspects of lap nephrectomy, partial nephrectomy, pyeloplasty and lap & retroperitoneoscopic adrenalectomy, single port (LESS), open & lap radical prostatectomy. These were quite informative as they were backed by the personal expertise of the speakers.

The demonstrations of operations were impressive particularly lap partial nephrectomy without using very sophisticated tools. The method of hemostasis using running sutures kept tight with the use of clips was very effective.

The use of various energy sources to ablate the prostate right from conventional mono-polar TUR, bi-polar TUR, bi-polar vaporisation, HOLEP, diode laser and thulium laser were well demonstrated for the observer to compare.

Open surgery to salvage a difficult situation in lap nephrectomy, and in a case of advanced bladder ca were also shown.

Overall the workshop was well organised, technically sound and gave a balanced output. There was ample interaction with the audience.

Dr. Ravindra Hodarkar



WZUSICON 2012-Awards

Urology Gold Medal



Dr Murli Kamat

Urology Services Award



Dr Vinayak Chitale

Know your Guru



Dr Sriram Joshi

Programme highlights

Dr. Virendra Desai Oration - Dr. Shailesh Shah



A milestone in the journey of Reconstructive Urology- The use of Buccal mucosa

Conference symposium - Dr. Percy Chibber



Energy sources in Urology

Panel discussion - Dr. Ravindra Sabnis



Nightmares in Endourology



Facts you should know



Dr. A. N. Gaikwad oration - Dr George Abraham Minimally Invasive Surgery in Urology-Is there any need for Robotics?

When Dr. Krishnanu Das, a young urologist, training at the Lakeshore Hospital was asked to relate his first impressions about his mentor, Dr. George Abraham, this was what he had to say

"The first theatre day witnessed one renal transplantation (with laparoscopic donor nephrectomy), one laparoscopic Boari flap in solitary functioning kidney with a creatinine of 3.2 milligrams/deciliter, one laparoscopic radical nephrectomy for >10 centimeter renal tumor apart from uncountable endourology cases (TURP, URS, cystoscopies). The next theatre day was equally heavy with renal transplantation, laparoscopic partial nephrectomy and laparoscopic antireflux for high grade vesicoureteric reflux. And all surgeries were performed by only one surgeon Dr George P Abraham- he was like a single man army who will complete the donor and rush through the recipient and then go on with the other laparoscopy cases taking a break only to finish the endourology cases in between. I was amazed to see this much work happens in a private sector and that too with a single man show".

By 2012, he had completed 28 years of Urological practice and obtained a vast experience in Renal

transplantation of over 23 years. As a single surgeon he has completed more than 1300 donor nephrectomy and renal transplantations of which more than 700 are laparoscopic donor nephrectomies. His laparoscopic surgery volume also has surpassed 4000 procedures. In the last 11 years there has been not a single open donor nephrectomy in his institute irrespective of right or left side organ, single or multiple arteries or veins.

He has never received any formal training in Laparoscopy. all his skills are his own improvisations with inputs from different workshops and surgical meetings. Even after spending his entire career in private sector, he has deep interest in academics and has won several best paper and best video prizes. "In my 3 years with him, I witnessed him receiving 7 best paper and best video prizes in different meetings including the American Urology Association 2012 audiovisual award in the best of best videos category".

Dr. Krishnanu Das



WZ-USICON 2012-Scientific programme, Day 1 & 2

Day 1, 13th September 2012	
5.15pm to 6.00pm	Newer Trends in Management of Hormone Resistant Prostate Cancer Moderator- Dr T B Yuvaraj Dr Suhas Salpekar, Dr Ganesh Bakshi, Dr PSRK Sastry Sponsored by Sanofi India Ltd.
6.00pm to 6.45pm	Different Strokes : Lasers in Urology Moderator - Dr Pradeep Rao Dr. Mahesh Desai, Dr Anil Varshney, Dr Hemendra Shah, Dr Ketan Shukla Sponsored by Lumenis
7.00pm to 8.00pm	Inauguration
8.00pm to 8.45pm	Key Note Address Inspired Living - Smt Jaya Row
8.45pm	Welcome dinner
Day 2, 14th September 2012	
8.30am to 9.30am	Free papers : Podium P1 Hall A • Videos V1 Hall B • Poster T1 Hall C
9.35am to 10.35am	Panel discussion : Nightmares in Endourology Moderator : Dr Ravindra Sabnis Dr Kandarp Parikh, Dr Vivek Birla, Dr Prashant Mulawkar
10.35am to 11.05am	Small Fight : Surgery for Varicocele in Adolescence Referees : Dr Rajesh Bhatt, Dr Devdutt Palnitkar Dr Lokesh Sinha, Dr Pankaj Joshi
11.05am to 11.35am	Big Fight : Is Contrast Imaging necessary before Surgery – Ureteric stone (L/3) Referees : Dr. Deepak Kirpekar, Dr Abhay Khandekar Dr Ulhas Sathaye, Dr Nanjappa KM
11.35am to 11.55am	Hard Talk : Death on the Table - Dr Lalit Shah
12.00noon to 1.00pm	Conference Symposium Energy Sources in Urology Moderator : Dr Percy Chibber, Dr Subodh Shivde, Dr Pankaj Maheshwari, Dr Rasesh Desai
1.00pm to 2.00pm	Lunch
2.00pm to 2.30pm Parallel Session - Hall A	Point Counter Point : Tapes in SUI Referees : Dr Ajit Vaze, Dr. Sujata Patwardhan TVT : Dr Anita Patel TOT : Dr Amol Talaulikar
2.00pm to 2.30pm Parallel Session - Hall B	Face Off - Medicolegal aspects of assessing Potency and Certification Dr Ajay Kanbur, Dr Lalit Shah
2.30pm to 3.00pm Parallel Session - Hall A	Research in Urology – Dr Suresh Patankar Chairperson : Dr. S. K. Singh
2.30pm to 3.00pm Parallel Session - Hall B	Landmark Changes in the Management of RCC Talk Show Moderator: Dr H Tongaonkar Team: Dr M Khochikar, Dr B Kashyapi
3.00pm to 4.00pm	Free papers : Podium P1 Hall A • Videos V1 Hall B • Poster T1 Hall C
4.15pm to 5.15 pm Hall A	Eagle Travelling Quiz : Dr Ashish Jasani
7.00pm	Entertainment Musical evening



WZ-USICON 2012-Scientific programme, Day 3 & 4

Day 3, 15th September 2012	
8.30am to 9.30am	Free papers : Podium P1 Hall A • Videos V1 Hall B • Poster T1 Hall C
9.30am to 10.15am	Panel discussion : Do we understand Renal Isotope Scans ? A Urologist's Perspective Moderator: Dr Samir Desai Dr. Milind Bapat, Dr Rajiv Redkar, Dr Karuna Luthra
10.15am to 10.50am	Symposium - Mini Perc..The way forward Moderator- Dr Rajesh Kukreja Participants - Dr Jaydeep Date, Dr A Bhandarkar Sponsored by Karl Storz
10.50am to 11.20am	Dr A N Gaikwad Oration - Dr George Abraham
11.25am to 11.55 am	Dr Virendra Desai Oration – Dr Shailesh Shah Milestone in the journey of Reconstructive Urology – The Use of Buccal mucosa
12.00pm to 12.30pm	Tissue Sealing Devices in Laparoscopy Moderator : Dr Anup Ramani Dr Shashikant Mishra, Dr George Abraham
12.30pm to 1.00pm	Know Your Guru - Dr Sriram Joshi Presented by Dr Anil Bradoo
1.00pm to 2.00pm	Lunch
2.00pm to 3.00 pm	Pediatric Urology Session : Non neurogenic Voiding Dysfunction - Case discussion Moderator - Dr Anita Patel Dr SS Joshi, Dr Hemant Pathak, Dr D. Bokare, Dr H. Thummar
3.00pm to 3.30pm	Childhood to Manhood and beyond.. Testosterone Replacement Therapy – Current status Dr Ashit Shah, Dr Rajesh Kukereja Chairpersons : Dr. Sanjay Deshpande and Dr Srikant Badwe
3.30pm to 4.00pm	Hat Trick : Post graduates Chairperson : Dr Ashish Rawandale.
4.15pm to 5.30pm	Annual General Body Meeting.
7.30pm onwards	Gala Banquet
Day 4, 16th September 2012	
10.00am to 11.00am	Ethics in Urological Practice Moderator : Dr. Vinit Shah Dr Joseph Thomas, Dr Sanjay Kulkarni, Dr S W Thatte
11.00am to 12.00noon	Round Table conference Death of a Long Case Dr Umesh Oza, Dr Sujata Patwardhan, Dr Shirish Yande

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