Newsletter

West Zone Urology Society

August 29th, 2018

Index

West Zone USI Council

From the desk of President & Secretary

Dr. Makarand Khochikar & Dr. Kandarp Parikh August 29th, 2018

From the desk of the President

Dear Friends

It gives me a great pleasure to be with you once again at the 3rd issue of the WZ Newsletter 2018.

Preparations for the annual conference at Raipur are in full swing and we are hoping to have a great meeting.

As promised you in the last newsletter we have now come up with **a helpline for all the members of the West Zone** who need some assistance or guidance to present and publish in the national forums. WZ USI has a glorious past and we need to push our academic presence further which has been slightly on the wane for last few years. I am grateful to all these experts who volunteered to help our zone in this regard. The details of the helpline are mentioned in this newsletter and members can access this at our WZ USI website.

By the time you receive this newsletter , you would have witnessed a great program '**To err is Human : Complications and solutions**' to be conducted by the WZ council with the help of MPUH team at MPUH, Nadiad. WZ council wanted to have something out of the box and it is going to be a cracker, looking at the overwhelming response.

Please send your abstracts and be there in Raipur in large numbers.

Best wishes and warm regards

Dr Makarand Khochikar
President USI -WZ
Chief Uro-oncologist
Siddhi Vinayak Ganapati Cancer Hospital, Miraj
khochikar@gmail.com, www.mkhochikaruroncology.com

From the desk of the Secretary

Dear WZ Family members,

Greetings from Dr. Kandarp Parikh!

Like every good thing comes to end, I am finishing my tenure as a secretary of USIWZ at upcoming WZUSICON Raipur.

The journey of serving the society with hundred percent commitment and honesty was my primary aim and I have feelings of mission accomplished. I am indeed grateful to all the WZ members for their faith in me and showering their love. Of course, I could not have achieved this without whole hearted support from our council members. Their contribution for helping me to organize scientific activities is priceless.

Friends, its now time for us to meet for academic bonanza at upcoming WZUSICON Raipur. We have worked on excellent scientific feast for the delegates. Our renowned international faculty will be an added flavor to this academic activity. The organizing chairman Dr. Lalit shah and his team are working hard to make this event most memorable. I request all of you to participate in big numbers to celebrate this academic event.

Again, thanking you all for great support.

Thanking you,

Dr. Kandarp Parikh
M.Ch., DNB (Urology)
Secretary USI-WZ
Shyam Urosurgical Hospital
www.shyamurosurgical.com

Help Line for WZ members

West Zone Urology Society — August 29th, 2018

Help line for WZ members for publications and presentations at national and international arena

Speciality	Expert and e mail address	Cell no
Endourology - stones	Dr Pankaj Maheshwari (dr.maheshwaripn@gmail.com)	918879350085
	Dr Rajesh Kukreja (drkukrejarajesh@gmail.com)	919826611100
	Dr Janak Desai (drjanakddesai@gmail.com)	91 9824047750
Paediatric Urology	Dr Gyanendra Sharma	91 9822195058
	Dr Hemant Pathak (hemantrpathak@gmail.com)	91 9820364294
BPH and prostatic diseases	Dr Ravindra Sabnis (rbsabnis@gmail.com)	91 9426422002
Reconstructive Urology	Dr Sanjay Kulkarni (sanjaybkulkarni@gmail.com)	91 9822024050
	Dr Sanjay Pande (sanjaypdr@gmail.com)	91 9324718283
Robotic surgery	Dr T B Yuvaraja (tb.yuvaraja@gmail.com)	91 9321322505
	Dr Arvind Ganapule (doctorarvind1@gmail.com)	919822601059
Uro oncology	Dr Makarand Khochikar (khochikar@gmail.com)	91 9822052731
Renal transplantation	Dr Pranjal Modi (dr_pranjal@yahoo.com)	91 9824371342
	Dr Sujata Patawardhan (sujata.patwardhan@rediffmail.com)	91 9819075202
Andrology	Dr Rupin Shah rupinurvashishah@gmail.com	91 9821033224
Female urology and urodynamics	Dr Shirish Yande (shirishyandey@gmail.com)	91 9822038848
	Dr Anita Patel (63anitapankaj@gmail.com)	91 9322225849
Technology /instruments in urology	Dr Percy Chibber percy.chibber@gmail.com	91 9833412430
	Dr Ashish Rawandale-Patil (instituteofurology@gmail.com)	
Uro pathology	Dr Rakhi Jagadale (drrakhi.mirje@gmail.com)	91 9860607994
	Dr Sangita Desai (sangeetabdesai@gmail.com)	

“To err is human”

Dr Sudharsan, MPUH, Nadiad

August 29th, 2018

In one of the first of its kind, West zone USI and MPUH, Nadiad organized a conference - “Complications in Urology: Dilemmas and Solutions”, the theme of the conference being “To err is human”.

Sessions were divided as per various subspecialities. The session on Pediatric urology was convened by Dr Anil Takwani. The learning point of the session was not to treat both the upper and lower tract disease at the same time. The Endourology session was convened by Dr. Pankaj Maheshwari. The take home messages were not to be terrified with an upper calyx puncture, especially supracostal punctures and one can proceed with PCNL if patient is clinically stable despite having thin pus.

To take a break from the routine, a keynote address was delivered by Dr Ajaykumar from Patna on “How to break the bad news”. He was his usual self, delivering the talk with his unique sense of humor. He reiterated the time devoted and compassion to the patient and the relatives being the key to safeguard oneself from the wraths.

A case of post PCNL sepsis which caused death in an elderly lady was the point of discussion. Proper case records, informed consent to the patient and relatives, never overdo any not-so-indicated case were the moral of the discussion.

A scientific debate on a real case of “Ureteric avulsion following Semirigid ureteroscopy” was discussed. Dr. Mukund Aandankar spoke for immediate repair and Dr. Anil Bradoo spoke for delayed repair. The consensus was to explain the family, shift to a centre of excellence where all facilities are available, immediate PCN to safeguard the kidney and then treat the case individually as per merit.

Dr. Girish Patel speak on “Spiritual lithoclast for stress busting”. He reiterated the importance to relax and spend time for one’s self for inner peace and enjoyment in life. Work should not be taxing but should help us to rejuvenate and the real life started after the professional time. Mind relaxing exercises were widely enjoyed.

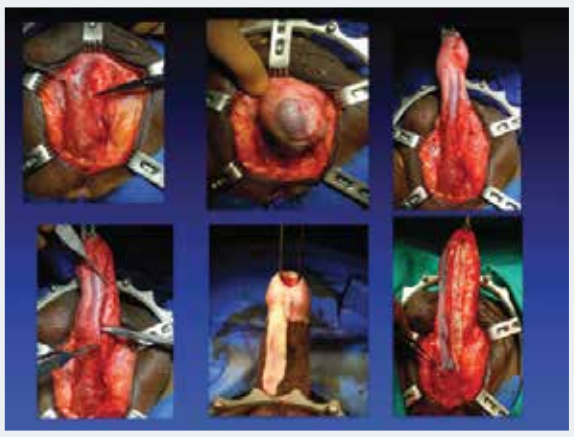
The poster session for post graduates had 10 selected posters presented by residents from across the zone. Dr. Hardeep Singh won the first prize for his presentation on “Renal DJ stent recovered from pulmonary artery” and second prize was bagged by Dr. Chaitanya Deshmukh for his presentation on “Chylous ascites post upper tract urological procedures: an algorithm based approach”. There was an invited video session wherein, Dr. Sanjay Kulkarni presented his video on “Exclusion of prostate during a pediatric anastomotic urethroplasty for PFUDD which mimicked a double block”. Dr. Shailesh Shah presented his experience on “Complications of female urethroplasty”.

Quiz was conducted by Dr. Sushil Rathi. First prize was won by Dr. Vikas Garg from Nadiad and second prize was won by Dr. Suryaprakash from Hyderabad.

The penultimate session was a keynote address by Dr. Mahesh Desai – “Do no harm”. He took us through his journey of 40 years in urology and in depth discussion of a life threatening complications to a donor and its management won a standing ovation for his commitment and emotional bonding towards his patients.

Overall the conference was very well attended by close to 150 delegates and the first of its kind on complications in urology. To err is human, but to err again is not correct. A wise man learns from one’s mistakes and an intelligent doctor should learn from other’s mistakes as well. A lifetime is not enough if we have to learn from our own mistakes and hence this conference was special in its own way.

Congratulations!



Kulkarni technique finds place in the reputed Urology Clinics of North America and the Hinman's Urology Atlas.

Dr Pankaj Joshi

Panurethral stricture extends from meatus until the bulbo membranous junction. Common etiology of panurethral stricture today are lichen sclerosus and iatrogenic. Membranous urethra does not have spongiosa and so is spared in panurethral strictures.

Various techniques have been published in management of Panurethral strictures. Commonly performed earlier was the Johanson's 2 stage urethroplasty. In Lichen sclerosus, during the second stage the genital skin is always incorporated as part of urethra. Lichen sclerosus is a genital skin disease. So this is not a good technique for panurethral strictures. Dr Kulkarni invented the single stage, dorsal onlay, Penile invagination Buccal graft augmentation urethroplasty for panurethral strictures.

Dr Sanjay Kulkarni has been doing urethroplasty earlier for Panurethral strictures. Initially he used to make 2 incisions for treating panurethral strictures. Circumcision for penile and Perineal for bulbar urethra. He would use preputial skin for the urethroplasty. During his training in England he learnt the technique of penile invagination for cysto-prostato urethrectomy. He was quick to adapt the same for panurethral strictures. He started making a perineal incision, invaginating the penis and mobilising the urethra dorsally to make dorsal onlay buccal graft urethroplasty. Dr Kulkarni and Barbagli described the one side dissection urethroplasty in 2009 and adapted the same to panurethral strictures.

The Kulkarni Technique has become popular in all reconstructive urology units across the world. Kulkarni technique has found its place in the reputed Urology Clinics of North America and the Hinman's Urology Atlas.

Advantages of Kulkarni Urethroplasty:

No hypospadias meatus • Single stage • Small perineal incision

Technical Tips:

Any urethra which accommodates Guide wire can be patched with dorsal onlay

No staged urethroplasty or Flap urethroplasty in Lichen Sclerosus

Stretch the penis, not the graft –Avoids chordee

Occasionally 3 grafts may be needed -Buccal + Lingual.

Dr S. J. Kudchadkar

Dr Sankelp Joshi

The H S Bhat Gold Medal for DNB Urology goes to !!!

Dr Sharmad Jayesh Kudchadkar, Goa (Dec 2016 Session, SGPGIMS, Lucknow under Dr Aneesh Srivastava)

Dr Sankelp Joshi, Indore (June 2017 Session, Jaslok Hospital & Research centre under Dr Shailesh Raina & Dr Phiroze F Soonawala)

Dr Makarand Khochikar

Dr Makarand Khochikar our President was invited to deliver a talk on 'Cystic Renal Tumours : Challenges' at the 8th Euroasian Urooncology Congress at Tbilisi (Georgia) in June 2018. More than 650 urologists across the globe attended the meeting predominantly from Georgia, Turkey, Russia, Israel, Western Europe and USA. He also conducted a panel discussion on rising PSA post surgery and RT in prostate cancer and the challenging case scenarios. He also delivered the prestigious Dr P B Sivaraman oration at South Zone USI annual conference at Wayanad and Philippines Society of Uro-oncology lecture (PSUO lecture) at Manila in August 2018.

Patient Data and Record Keeping

Dr Prashant Mulawkar, Akola, Maharashtra

August 29th, 2018

"Verba volant, scripta manent"
(spoken words fly away, written words remain)
Medical records are the integral part of patient care. It does not matter whether these records are in electronic format or paper format. Everyone who is involved in the patient care should update the patient records whenever possible.

Why should we write clinical records?

- Medical records form an integral component of good clinical practice. It forms a measure of delivery of quality of care. Remember if it is not written, it did not happen.
- Nowadays almost each patient is managed by various healthcare professional (HCP), be it clinician, anesthesiologist, pathologist, radiologist, nurse, dietician or physiotherapist. Good medical record is a means of communication between healthcare professional. And as everyone is updated, less money and time is spent in decision making.
- It is the only means of depicting delivery of evidence based care.
- Clinical records is a valuable document to audit the quality of care. If some adverse event occurs, it is the best means of investigating serious events (Cause analysis). A good record is a measure of professional accountability and by writing it you are creating an important document for future reference.
- In case of malpractice suits, good clinical record is the only defense in the court of law. The medical record furnishes legal evidence of care. And last but not the least, clinical record is an important research tool.

What should I write?

There are no set guidelines as to the exact detail of medical record to be written.

- Each entry should be dated timed and signed.
- The notes should start with demographics of the patient.
- The first important thing should be circumstances of current evaluation or referral. This would limit the notes to the scope of evaluation. For example, if we start our notes with something like "a recurrent stone former with right flank pain from 24 hours referred for recent deterioration in renal function and decreased urine output", the notes can be focussed to the current problem.
- Of course the notes would contain positive examination findings, pertinent negative exam findings, key abnormal test findings, diagnosis or impression and suggested plan of action, treatment details and future treatment recommendations, medication administered, prescribed or renewed and any drug allergies, written (or oral) instructions and/or educational information given to the patient. It is better to document the communications with patient and family/friends (level of awareness of the situation and acceptance of the plans).
- The notes must end with recommended return visit date.
- Non-compliance of the patient to follow advise must be written. If a patient has had a second or third opinion, a small note of that should be made. Many a times we do make phone calls to the primary HCP of the patient. It is better to document these phone calls in patient's record.
- Consent discussion should also be written in the notes.
- Abbreviations should be avoided. PID can mean Pelvic inflammatory disease or Prolapsed intervertebral disc. TWOC can mean Trial without catheter or Taken without consent. DNR can be interpreted as Did not receive (the dose) or Do not resuscitate. DOA can mean date of admission or dead on arrival. Similarly DOD can be interpreted as date of discharge or date of death.
- Offensive humoral personal comments about the patient should be avoided as patients have an access to these records. Chronic alcoholic can be written mildly as Ethanol abuse or Ethanol craving. The mildest in this situation would be Ethanol seeking behaviour.
- Whenever we have to delete or alter the contents of clinical notes, it should be done in such a way that the original entry is trackable.

Patient Data and Record Keeping

Dr Prashant Mulawkar, Akola, Maharashtra

August 29th, 2018

When to write?

Of course the best time to write is then and there only. But many a times if a patient undergoes acute unexpected deterioration in his clinical condition, it may not be possible to write the details in real time. If there are such time constraints, the record should be completed by the HCP before he goes off duty. As par NABH guidelines a doctor can write his notes within 24 hours of admission, and a nurse can write notes within 4 hours of admission.

Confidentiality and data protection

Patient's date can only be shared with permission of the patient. It is advisable to take a consent in this regard in case you are planning a research in future. The exceptions for this prior permission are sharing with other HCO in emergency or to research personnel (with ethical clearance). If any state controlled monitoring program is underway, patient's permission for sharing ins not needed. Similar is the case with outbreak of epidemics of serious communicable disease. When safety of society is at risk e.g. act of terrorism, the data can be shared with proper authorities without permission of the patient. Similarly for insurance claims, patients data along with his identity has to be shared with insurance company. One should avoid sharing patients data on Whats app, Twitter, Dropbox, Google drive with public access especially if the identity of the patient can be traced.

- Medical records form an integral component of good clinical practice. It forms a measure of delivery of quality of care. Remember if it is not written, it did not happen.
- Nowadays almost each patient is managed by various healthcare professional (HCP), be it clinician, anesthesiologist, pathologist, radiologist, nurse, dietician or physiotherapist. Good medical record is a means of communication between healthcare professional. And as everyone is updated, less money and time is spent in decision making.
- It is the only means of depicting delivery of evidence based care.
- Clinical records is a valuable document to audit the quality of care. If some adverse event occurs, it is the best means of investigating serious events (Cause analysis). A good record is a measure of professional accountability and by writing it you are creating an important document for future reference.
- In case of malpractice suits, good clinical record is the only defense in the court of law. The medical record furnishes legal evidence of care. And last but not the least, clinical record is an important research tool.

6 Cs of record keeping

1. Contemporaneous: Right here, Write now
2. Continuity: Tell the story
3. Correct: Clear writing; clear message; clear communication; clear conscience
4. Claim: Your records, your signature
5. Candour (being honest and open): Discontinue, document, share, treat
6. Contain: Write safe, store safe

References

1. Mathioudakis A, Rousalova I, Gagnat AA, Saad N, Hardavella G. How to keep good clinical records. Breathe. 2016 Dec;12(4):369.
2. https://www.jcn.co.uk/files/downloads/articles/jcn-v29-is5-08-not-written-down-not-happen.pdf
3. http://www.imanhb.org/pdf/NABHPreAccreditationEntryLevel-SHCO.pdf

Robotic surgery: New robots and finally some real competition!

Dr Pradeep Rao, Global hospital, Mumbai

August 29th, 2018

Robotic surgery was introduced at the turn of the last century by devices from two companies which came from the West Coast of the United States. Intuitive Surgical, USA with its Da Vinci Surgical Robot and Computer Motion with its Zeus robotic device and Aesop voice-controlled camera holding device. The two companies fought patent infringement suits against each other and finally merged in 2003. This led to a single device, the Da Vinci Surgical Robot, which remained in the market. The Da Vinci Surgical Robot and its various iterations (the S, Si and Xi) have been the only surgical robots used across most of the world over the last 14 years.

The reasons for the rapid uptake of the Da Vinci are clear. It has a 360 degree endowrist and high-definition 3D vision which helps in lessening the learning curve for surgeons to perform complex reconstructive minimally invasive surgery.

The entire ecosystem surrounding the Da Vinci, including integrated imaging like intraoperative ultrasonography (USG), infrared imaging with indocyanine green (IR ICG) and availability of ultrasonic shears and tissue sealers, has been developed over the last 20 years to a point where it is a comprehensive tool for surgeons to perform the most minimal invasive surgery. However, there continue to be issues with the use of the Da Vinci system. The cost of the equipment as well as recurring costs is significant and insurers in most countries will not reimburse any extra amount for robotic surgery over the costs for other minimally invasive surgery like pure laparoscopy.

The lack of competition for the Da Vinci has precluded any control on costs. Technically, lack of haptic feedback remains a concern and due to the nature of the technology, the instrument sizes have remained at 8 mm. The whole setup is cumbersome and docking and undocking the robot for use is a fairly time-consuming procedure. The operation cart is bulky and takes up a lot of space limiting access to the patient.

Over the years, many companies have tried to develop and bring systems to market which would challenge the hegemony of the Da Vinci Surgical Robot. These include the Surgibot from Transenterix and Single Port Orifice Robotic Technology (SPORT) from Titan Medical. Others like Auris Robotics, Cambridge Medical Robotics (UK), Verb Surgical (a collaboration between Johnson & Johnson and Google) and Vecna Technologies are still in the process of developing a product for laparoscopic surgery. In the last year, we have two products which have received regulatory approval in some countries for routine clinical use. We refer here to the Telelap Alf-X (now renamed the Senhance Surgical Robot) which has the CE mark for use in Europe and recently US FDA approval and the REVOI Robot Platform from South Korea which has received Korean FDA approval for use in Korea . These two products are now in clinical use in the respective areas where they have approval, but are still improving instrumentation.

Senhance Surgical Robotic System (Transenterix, USA)

The system consists of "a remote control unit called the cockpit, a 3D HD Monitor, an infrared Eye Tracking system, foot pedal, keyboard and touch pad, up to four independent robotic arms (instead of the four armed operation cart of the Da Vinci), a connection node and reusable laparoscopic instruments." This system does have some unique features. It can be adapted for use with any 3D system of optics. The eye tracking system allows the camera to be controlled by viewing various parts of the operative field and the handles for manipulating the instruments have haptic feedback, which is an aid to suturing and dissection. The reusable laparoscopic instruments would seem to offer a significant benefit in recurring costs as compared to the Da Vinci device. The eye tracking technology is a unique feature. The haptic feedback is another area where this differs from the currently available robot.

REVO-I Robotic Surgical System (Meere Company, South Korea)

The MSR-5000 REVO-I has received Korean FDA approval in August 2017 and is now available for human clinical work. There is no published data as yet on human patients.

The REVO-I system is a master slave system similar to the Da Vinci system. It consists of a surgeon control console, a four-armed robotic operation cart, an HD vision cart and reusable endoscopic instruments. The instruments are reusable 20 times compared to the 10 uses of Da Vinci instruments. This is claimed to reduce the cost of using the equipment. The latest version incorporates haptic feedback, the lack of which is a significant drawback in the Da Vinci system. The range of motion of the needle driver is not as much as that in the Da Vinci.

Although both the newer robots have haptic feedback, which is a significant lacuna in the Da Vinci, they lag far behind in the other available accessories like energy sources, vessel sealers, imaging and mentoring.

For more details, you can access ***https://rdcu.be/4ygr : Rao, P.P. World J Urol (2018) 36: 537. https://doi.org/10.1007/s00345-018-2213-y***

Upcoming Events

WZUSICON 2018 Raipur

Greetings from Raipur,
Preparation for conference on 25,26,27 October 2018 is in full swing now.
On popular demand, Hasya Kavi Padmashree Dr. Surendra Dubey had been approached and he has kindly consented for his program during the conference.
No conference can be successful without your active participation, hence you are requested to register early. Early registrants will have a venue accommodation advantage, as only few rooms are left.
The organising committee is working hard to make WZUSICON 2018 a memorable event in all aspects.
Please visit www.wzusicon2018.in
Dr. Rahul Kapoor (Organising Secretary)
Dr.Lalit Shah (Organising President)
Do not miss a golden opportunity to attend Master class in bladder cancer by Prof Urs Studer.


Urs E. Studer

There will be a semi live video session by Prof Studer on how he does radical cystectomy with neobladder step by step on day 1 of the conference i. e. 25 th October 2018. This will be followed by yet another gripping session on all you want to know about bladder cancer with Prof Studer moderated by Dr Makarand Khochikar.

Prof Studer will be delivering the prestigious Dr AG Phadke oration on day 2 i. e. 26 th October 2018

- **Masterclass in Miniperc, Superperc and RIRS**: 2nd September 2018, Surat
Dr Kaushik Shah, Varun Hospital, varunhospital98@gmail.com

- **World Congress of Endourology**: 20 - 23 September, Paris (http://wce2018.com/)
  - Indian Section Endourology Subspecialty Meeting: 20th September

- **SIU (Congress of the Societe Internationale d'Urologie)**: 4 - 7 October, Seoul, South Korea (https://www.siu-urology.org/congress-2018)

- **Uro-Financecon**: 1-2 December 2018, Ahmedabad

"Urofinacecon" is in line with "Urolegacon" organized last year. Don't miss this opportunity. Practical discussion related to finances will be covered like:

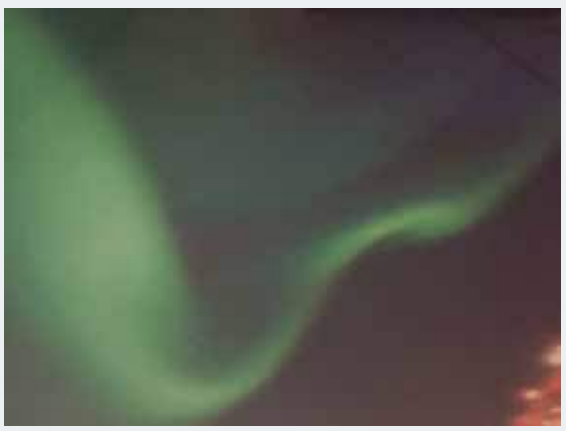
- Financial viability of small individual nursing home & financial stability in corporate hospitals
- Charges of surgeries in different schemes and financial implications of high cost machines
- TPA menace
- Insurance of instruments, Group insurance of Urologists, Personal protection schemes against litigations
- Investment options, Life Insurance and Tax saving methods
- Wealth creation by Urologists

WZ-USICON: Scientific Program

Time	Session	Convenor / Chairperson	Panelists / Speaker
		Thursday, 25th Oct	
2:00-3:30 PM	How do I make the neobladder: Semilive Video (Pelvic LN dissection, Neobladder in female, Neobladder in male)	Dr M Khochikar	Dr Studer
3:30-5:00 PM	All we wish to know about bladder cancer	Dr M Khochikar	Dr Studer / Dr T B Yuvaraja
6:00-7:00 PM	Inaugural Function		
7:00-7:45 PM	Key Note Speaker	TBD	
8:00 pm	President's Dinner		
		Friday, 26th Oct	
9:00-10:00 AM	Podium / Video / Poster		
10:00-10:40 AM	Ajit Phadke Oration: 'How to make orthotopic bladder substitution work ?'	Dr M Khochikar Dr Kandarp Parikh	Dr Urs Studer
10:40-11:00 AM	Debate : 40/F 1 cm upper ureteric stone with good distal drainage		ESWL in Situ (Why do you need RIRS?): Dr Mahesh Desai RIRS (Who wants ESWL in 2018?): Dr Anil Bradoo
11:00-11:45 AM	RIRS - Tricks and Tips	Dr Kandarp Parikh	Dr.K Nanjappa, Dr.H Sodha, Dr.Ravi Jain, Dr.Rohit Joshi
11:45 AM-12:30 PM	Burning issues in Pediatric Urology - Do we have an answer?	Dr Hemant Pathak	Dr.S S Joshi, Dr.A Takwani, Dr.V Shah, Dr G Sharma
12:30-1:00 PM	Newer Gadgets in Urology	Dr Rajesh Kukreja	TBD
1:00-2:00 PM		Lunch	
2:00-2:45 PM	Challenges in Endourology: I wish I would not have done this (or done differently .....)	Dr Pankaj Maheshwari	Dr.A Shah, Dr.A Bhandarkar, Dr.J Lalmalani, Dr.A Patil, Dr Anant Kumar, Dr S K Pal
2:45-3:15 PM	Quiz for Consultants: Testing the Masters!	Dr Ulhas Sathye	
3:15-4:00 PM	Construction and Reconstruction in Urology - never ending story!	Dr Shailesh Shah	Dr.R Grover,Dr.S Kamat, Dr.R Kale,Dr.P Joshi
4:00-5:00 PM	Podium / Video / Poster		
5:00-6:00 PM	AGM		
8:00 PM onwards	Banquet with Validectory function		
		Saturday, 27th Oct	
9:00-10:00 AM	Podium / Video / Poster		
10:00-10:30 AM	Dr V V Desai oration: Designing the destiny.	Dr M Khochikar / Dr Kandarp Parikh	Dr Vijay Raghoji Past President USI WZ
10:30-11:15 AM	Dr D K Karanjawala Symposium: From Dark Room to the day light ... what the images tell us .	Dr Anita Patel	Dr Shyam Joshi, Dr Mahesh Desai
11:15 AM-12:15 PM	Legal and Medicolegal trap..	Dr Lalit Shah	Dr Hota, Dr Laxman Prabhu
12:15-1:00 PM	Cadaveric Renal Transplant: The ground work, the technique and the challenges	Dr Umesh Oza	Dr.A Oswal, Dr.S Patwardhan, Dr.Thatte, Dr.A Fusakele, Dr Jamal
1:00-2:00 PM		Lunch	
2:00-2:45 PM	Female Urology	Dr Ajit Vaze	TBD
2:45-3:30 PM	Chills and Rigors...Dealing with Infections in Urology	Dr R B Sabnis	Dr Kishore Wani, TBD
3:30-4:00 PM	Newer Drugs in Urology Have we understood them all ? (Mirabergon, Silodol, Abiraterone, Enzalutamide, LH RH antagonists)	Dr Subodh Shivde	Dr B Kashyapi, Dr J Date, Dr R Desai
4:00-5:00 PM	Uro-Quiz for PGs: Dr Vinayak Chitale award	Dr Sushil Rathi	

Traveling Poles Apart!!!

The polar regions are fragile fairytale lands, whose forms change by the year. But they aren't the same. Their differences are more striking than their similarities. - Dr Rajesh Kukreja.



Dr R K Lahoti, Indore explored Antartica and Arctic. He enlightens us with his expedition.

We traveled to Antarctica in Feb 2015. We were two couples. At that time not many would travel from India to Antarctica besides those interested in Indian research station Maitri. Globally only about 25000 people from all over world will go to Antarctica as tourist every year. My relatives and friends discouraged me to take such a trip especially when I had a CABG in August 2014.

The ideal tourist season is from November to March which is summer time here. You can go to Antarctica from New Zealand, Australia , South Africa , Argentina and Chile. However most of the tourist ships embark from Argentina. So we went to the southern most city of world ie Ushuaia in Argentina from where the ship embarks. Ushuaia is small beautiful costal town where the 17000 km long pan American highway ends.

Our ship had 106 passengers from 22 countries. These ships are called expedition ships with capacity of 125-200 passengers as compared to luxury ships that can accommodate 2000 passengers and go to Alaska and other destinations.

Antarctica is the 7th continent with 70% of worlds drinking water. Most of it is covered by ice and a small area of the Antarctica peninsula is open for tourists. There is a global treaty committed to keep Antarctica unpolluted. Hence only 100 people are allowed to go on shore at a time with strict rules getting on and off the ship. The journey to Antartica peninsula from Ushuaia takes 2 days. This passage is called the Drake passage. The sea is rough and ship is usually unstable., hence a lot of motion sickness. These two days are utilized for lectures by various specialized people like Geologist, marine biologist, photographers, doctor, climatologist, etc. On our way to Antarctic peninsular islands we saw huge icebergs of different shapes and sizes. Once you reach land you are taken to different landing sites by zodiac (rubber) boats. Each boats will carry 9-10 people and one leader. They take you out of ship twice a day for 2-3 hrs each time. It used to take at least half an hour to dress up because 6-7 layers of clothing was essential. The main attraction were icebergs, seals, whales, penguins and of course many birds including Albatross. Since there are no hotels or stable population in Antarctica, you need to come back to your ship after the day trip. When you go on shore, there guide team will come first and mark the limit of territory to walk by flags as there are no boundaries and if you are lost there would be no way to locate you.

Having traveled to the southern most destination of the globe, our next destination was the north Pole. But there is basic difference between Antarctica and Arctic. Antarctica is a land surrounded by sea and Arctic is a sea surrounded by lands of various countries like Scandinavia, Canada, Russia, and USA. Arctic is having people and dwellings while there are none in Antarctica. The Arctic circle has places which are known for seeing Aurora borealis or green light. We saw Green light in Lofoten and Tromso area of north Norway. The Northern Lights are actually the result of collisions between gaseous particles in the Earth's atmosphere with charged particles released from the sun's atmosphere. Variations in colour are due to the type of gas particles that are colliding. The most common auroral color, a pale yellowish-green, is produced by oxygen molecules located about 60 miles above the earth. Rare, all-red auroras are produced by high-altitude oxygen, at heights of up to 200 miles. Nitrogen produces blue or purplish-red aurora.

After Norway we went to Iceland which is further north; but south of Greenland. It is a small but volcanically and geologically active country of 3.5 lac population. Iceland's capital, Reykjavík, is the world's northernmost capital city of any sovereign state. Nearly 85% of Iceland's energy comes from renewable sources of energy like geothermal energy and hydro power. You see all aspects of old volcanic eruptions such as geysers, lava fields, lava falls, lava rocks, fumeroles, hot springs, craters & lakes etc. We drove ourselves and completed whole circle of Iceland in 10 days.

Flavors of m&m

Dr Rajesh Kukreja, Indore

August 29th, 2018

Flavors of m&m: where Medicine and Music compete for the dominant gene

Dr Sharad D Bapat has been a mentor to many of us. Few must be aware of the fact that he and his wife Dr Mrs Vimal Bapat are also trained classical musicians. Dr Mrs Bapat was also a radio artist in her youth but chose medicine over music. Dr Bapat Sir's mother (Mrs Uma Bapat) had won awards in singing natya sangeet and Dr Mrs Bapat's father (Mr Gokhale) used to weave magic on harmonium! The musical genes passed on to their daughter and our colleague Dr Anita Patel. Dr. Anita Bapat Patel is a classically trained sangeet visharad but again chose medicine over music. Once again the musical genes passed on further to Dr Anita's daughter Avanti and this time the musical gene dominated. Today Avanti is shining at Indian Idol Season 10 on Sony and has already mesmerised judges and audience alike with her melodious voice and versatility. She is a Sangeet Visharad from Gandharva Mahavidyalaya and has recently secured top position in Mumbai University in MA in Indian Classical Vocal music.

Editor's note

Hello Friends and Teachers,

Its a pleasure to come out with third edition of the newsletter. Medical records are an integral part of patient care and important in todays medico-legal era. Prashant Mulawkar has penned out in details every aspect of the same and we must make it a practice to implement the same in our daily routine. In one of the first of its kind, West zone USI organized a conference - "Complications in Urology: Dilemmas and Solutions", the theme of the conference being "To err is human", with MPUH, Nadiad coming forward to host and conduct the same. It was a great learning experience and to share our experiences with each other so that we can minimize our complications.

The section "Life beyond urology" brings forth a blend of expedition saga and musical raga. Few will ever sail the icy waters of the north and south poles, which see ships and sunlight for just a few brief months each year.

We now gear up for our forthcoming annual meet at Raipur. Another promising event is the Urofinancecon planned at Ahmedabad by Dr R B Sabnis, our Hon Secretary USI. Having attended the Urolegacon at Chennai last year, I have no doubt that this too is going to be an excellent meeting.

See you all at Raipur.

Dr Rajesh Kukreja,
UROCARE, Indore
+919826611100
drkukrejarajesh@gmail.com
Council Member, WZ-USI.