

Newsletter

Official News Bulletin of Urology Society Of India-West Zone



August-2011



KUDCHADKAR'S

X
WZ-USICON-2011, GOA



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From the President's Desk

Dear fellow colleagues and friends,



Welcome to the jolly ride of USI WZ newsletter

We were late in starting the newsletter but we are now in momentum. This is our 2nd newsletter. The new design and concept is appreciated by many of us.

We had a great workshop at Ahmedabad. I am immensely thankful to all of you who attended and made it a success. Members who could not attend have certainly missed an important part of Urology update. After forming the Gujarat Urology Association I had appealed for the State Urology Association and Residents forum in the newsletter South Zone has an association in each state. It is being discussed and criticized and yet nothing has happened. Our idea is clear and there is no hidden agenda. Hence someday it will be a reality. Till my tenure and after that, I will try my level best. During my recent visit to Goa for conference venue I realised and conveyed to organising secretary that they require a state Urology association to organise such a type of conference.

A sensitive and an issue of concern is the professional charges taken by our members for urological procedures. Mediclaim Insurance companies have already kept a ceiling in Metro cities and now, Ahmedabad Medical Association is fighting with them to make reasonable reimbursement to doctors. Till date, unfortunately, no effective solution has come up.

USI has still to do a lot for this and many issues of day to day practice. Such issues differ according to cities, regions and communities. A change in USI (West Zone) working is possible if a demand from members is created. At the moment, I have left all of you to think over this issue.

We are planning a great conference in Goa. I wish to see all of you with your family members to have a great learning session and an enjoyable vacation.

Yours sincerely,

Dr. Shailesh A. Shah



Editorial

Dear Friends,

It has indeed been a pleasure to see the response and the enthusiasm of members in contributing to the newsletter. Urologists are a talented breed and this talent exists even beyond the confines of Urology. It is not enough just to have great thoughts and keep it to yourself. One must take the trouble to share these thoughts and convert them into words. The next logical step would stimulate great Urological minds and translate them into deeds.

As Urologists we are committed to the care of our patients. All of us treasure the special relationship we share with our patients and via them with the community at large. We are privileged to have amongst us a completely dedicated Urologist, Dr Vivek Joshi, who has contributed a great deal in providing medical care to the community at large. You will relish reading an article on his journey in Urology in the heart of Saurashtra. He justly deserves the First Urology Services Award to be presented by the USI-WZ at WZUSICON-2011 at Goa during the inauguration ceremony.

Influenced by such deeds, Dr Suresh Patankar, our President elect had spearheaded the task of organizing a Urology operative camp at Shirdi. His team has examined more than 600 patients at site, to select and work up, about 60 patients for surgery on 20 and 21st August. We wish him and members from our society all the best in this venture.

We are eager to know about the academic activities being held in all cities and towns in our zone. The annual meeting of Gujarat Urology Society, Mumbai Urology Society and the upcoming Urofest in Pune are events covered in this issue. Dr. Shailesh Shah, our President and his team in Ahmedabad conducted a grand show in JunePenrecon 2011. Three enterprising and extremely talented luminaries demonstrated their skills and had the entire audience caught in their web. Our President deserves all credit for conceiving and executing a thoroughly professional job. He has been very gracious in sharing his story onThe making of Penrecon 2011, while the critical appreciation on the proceedings therein have been penned down by Dr Phiroze Soonawala.

Urology as a speciality is dominated by men all over the world. Do you know that our zone actually boasts of having the maximum number of Lady Urologists in the country, and who knows maybe even on this planet, in a small geographical area. Let's peep into the world of the ladies who count in Urology...and all of them do.

Disasters happen all over the world, and our country has had a fair share of them too. You will feel the pain and also experience the joy on reading the account of "Rising from the ashes" contributed by Dr. Ulhas Sathy.

WZ-USICON 2011, Goa is just round the corner. The organising secretary, Dr. Jayesh Kudchadkar along with his team have made elaborate arrangements to ensure that all delegates and their families will have a great time. The USI-WZ council would be happy if most members spare their valuable time to participate and interact in this meeting. Dr. Theo de Reijke, Uro-Oncologist, Amsterdam, Dr. Peter Rehder, Re-constructive Urologist, Innsbruck and Dr. Geert Taily, Endo-Urologist, Antwerp will join us as international faculty and share their valuable experience in this congress.

In life both as an individual and as a Urologist one comes across situations where you are challenged. The ability to deal with those challenges single handedly, against all odds determines the test of one's character. Come September, Thursday the 15th you will be inspired by a person, a naval officer who has circumnavigated the globe all alone, all at sea. Come and experience the thrill and the exploits of Mr. Dilip Donde who has been invited to deliver the keynote address-All at Sea, following the inauguration ceremony.

Love and regards



Dr. Anil Bradoo

Email: bradooaa@gmail.com

Cell: 09820303774

USI-WZ Past Presidents

Roll of Honour

Dr. A. G. Phadke	Mumbai	1991-92
Dr. S. S. Bapat	Pune	1992-93
Dr. S. S. Joshi	Mumbai	1993-94
Dr. S. D. Bapat	Mumbai	1994-95
Dr. Pravin Patel	Ahmedabad	1995-96
Dr. D. Pardanani	Mumbai	1996-97
Dr. M. H. Kamat	Mumbai	1997-98
Dr. M. R. Desai	Nadiad	1998-99
Dr. P. Gune	Kolhapur	1999-00
Dr. R. K. Lahoti	Indore	2000-01
Dr. Snehal Patel	Nadiad	2001-02
Dr. D. D. Gaur	Mumbai	2002-03
Dr. Shirish Yande	Pune	2003-04
Dr. P. J. Chibber	Mumbai	2004-05
Dr. J. N. Kulkarni	Mumbai	2005-06
Dr. H. M. Punjani	Mumbai	2006-07
Dr. D. Kirpekar	Pune	2007-08
Dr. S. W. Thatte	Mumbai	2008-09
Dr. A. M. Vaze	Mumbai	2009-10



PEN-RECON 2011



PEN-RECON 2011 was conducted in Ahmedabad on 25 – 26 June, by the Ahmedabad Urology Association under the auspices of the WZ-USI. This was a novel workshop, focusing on live operative demonstrations and discussion on various aspects of penile reconstructive surgery! Over 300 delegates from all over India were treated to a surgical extravaganza over the weekend. A star studded foreign faculty including Dr. Barbagli, Dr. Djinovic, Dr. Montague and Dr. Sansalone were ably assisted by our national experts like Dr. Sanjay Kulkarni, Dr. Rupin Shah and Dr. Gopalkrishnan amongst others.

Dr. Guido Barbagli, from Arezzo in Italy, is now among the worlds most prominent urethral reconstruction specialists. He demonstrated why he is held in such high regard, by performing a number of complicated urethroplasties with consummate ease. His lectures on “Urethral strictures – Past, Present & Future” and “Emergency Management of PFUDD” were instructive, even for delegates well versed with these procedures.

Dr. Rados Djinovic currently heads the Sava Perovic Foundation in Belgrade, Serbia, and specializes in urogenital reconstructive surgery. This amazing surgeon awed the audience by working all through the day without break, and performing every possible reconstruction on the penis! Operating on various difficult cases like complicated Peyronies disease, failed hypospadias and chordee, he was able to straighten, lengthen and reshape, and even beautify the penis with utmost ease. His lecture on the “Penile Disassembly Technique” was an eye-opener on how the penis could literally be taken apart, repaired and then reconstructed by one familiar with the tissues and anatomy.

Dr. Drogo Montague is the Director of the Center for Genitourinary Reconstruction at the Cleveland Clinic. He demonstrated the nuances in implantation of penile prostheses and artificial urinary sphincters. Too few of these procedures are performed in India. His tips on the operating techniques and subsequent lecture on Post-Prostatectomy Incontinence will hopefully encourage more local Urologists to perform these surgeries.



Our local stalwart, Dr. Sanjay Kulkarni, demonstrated his pioneering technique for converting a free buccal mucosal graft for urethroplasty, into a pedicled flap, over a two stage procedure. This looks to be a very promising way to treat complicated, failed urethroplasties. Even the humble perineal urethrostomy, an under used and under-rated procedure, was clearly demonstrated by Dr. Shailesh Shah.



The success of any live operative workshop hinges on the cases demonstrated. The organizers, led particularly by Dr. Shailesh Shah and Dr. Ketan Rajyaguru, deserve kudos for collecting a large and interesting variety of cases. The broadcast was fantastic, with every step visible in great detail. The great hospitality of the local team and the Ahmedabad Urology Association provided the icing on the cake. Overall this workshop was an absolute treat for all Urologists with any interest in reconstructive Urology.

Dr. Phiroze Soonawalla



PEN-RECON 2011 - behind the scenes...

How an idea came & grew?

I am not an expert at arranging a conference & workshop. I also cannot make any claims of having help of a big hospital.. I had certainly organized a successful 'USICON' in Ahmedabad with the help of our colleagues.

I am a member of 'GURS' and at Hamburg, Germany they have a live operative workshop every 3 years. I have attended a few and have been truly amazed by their content. I always dreamt if I could duplicate their effort in India.

When I got elected as a President at Khajuraho, one of the close friends prompted my wife to organize a workshop. It is strange, that despite being in IKDRC for 25 years and having a team of residents to help I did not have a free hand to organize a workshop and now, when I am my own boss and just can't boast of any residents, I was venturing into one.

After I took over as President, Dr. M. R. Desai invited me home for breakfast.. He inspired me to do plan an academic activity which would remain memorable. His encouragement reinforced my original idea and a Reconstructive workshop it had to be....

Faculty Selection: - Subject Selection

I had been an observer to watch the work of Dr. George Webster in Duke University & and he had promised me that he would visit India I tried to persuade him to visit us, however as he was retiring he opted not to. It was Dr.. Sanjay Kulkarni who helped me to organise the faculty. I knew Dr. Guido Barbagli since 10 years. We could convince Dr. Rados, a fantastic reconstructive external genital surgeon to participate. I knew that sponsorship for open Reconstructive surgery was virtually impossible, hence I spiced it with Andrology & finally decided to do PEN-RECON. The idea of a Penile reconstructive workshop was mine but Pen Recon was named after the successful Mumbai 'Recon' conference organised by Dr. Sujata Patwardhan.

USI approval and Team Selection

This programme had not been approved by the USI by the time we were in Kolkatta for the USICON meeting .Despite that, at a short notice I prepared 3 posters to be kept at the venue to inform delegates in advance.

I started talking to colleagues. I did not have any resident and out of the blue, my junior assistant left Bodyline Hospitals I met Dr. Ketan Rajyaguru & requested him to participate. He readily agreed to be my organizing Secretary. He was indeed a great help to organize the workshop.

Presentation in Council Meeting

At MPUH during mock exam, in detail, every planning was discussed, President Elect Dr. S. Patankar warned me about the budget. We kept low registration fees and we had a few sponsors. With complete encouragement from my council , I knew we would be able to meet all expectations.

Teamwork

We started meeting in Bodyline Hospitals on alternate Thursday Dr. Ketan asked everybody their choice of work, Dr. Kamlesh, Dr. Deepak, Dr. Gaurang and many AUA members came in the meeting. We agreed & hired an event manager who later on helped us in many areas. Dr. Kandarp in the 2nd meeting told me, "Sir... do not expect your students to come & work for workshop, please hire an event manager." I got convinced & we hired one. The memento designing, certificate to delegates signed by foreign faculty etc. were discussed in length and it was done with the help of a designer, by a colleague Urologist

Collecting Patients

For penile reconstruction getting patients was a big issue. We printed big posters in Gujarati with the name of USI (& Bodyline Hospitals) & kept with all practicing Urologists. The sample printed here, Urologist of Gujarat & outside Gujarat helped. Even one patient was sent from Mumbai.



Since I do such surgeries, whoever came to Bodyline Hospitals in last 3 months, was given a choice to have free surgery in the workshop.

3 weeks back my wife Madhu reminded me to give a local vernacular advertisement and we did a free camp in our hospital. Many patients turned up. I sent spoken SMS to my old patients to inform their relatives. Remember, we did keep transparency in charges. Large number of patients came from V. S. Hospital also, which is a corporation run hospital. We also gave an advertisement in Gujarat Medical Journal which is published by I.M.A. of Gujarat state and almost all doctors of Gujarat received that. We could get few patients from general surgeons practicing in periphery of Ahmedabad for this workshop.

Fund Collection

Honestly, it was a solo performance. I rang up almost all companies during the trade exhibition of USICON. Some



companies bluntly refused as they prefer to do personal activity for a Urologist than an academic workshop. Ahmedabad had hosted three workshops and two more are scheduled besides the national and zonal conference and hence industry did not have a separate budget. All companies were motivated by our organizing team. Nobody was ready to do work for the Souvenir which earns some money for the workshop. Dr. Ketan Rajyaguru and Dr. Kamlesh Patel took complete responsibility

Bodyline Staff

We stopped our other academic activities for six months. My executive Mr. Kalpesh Makwana worked very hard to book Tagore hall and to start a bank account. Our C.E.O. issued a circular to OT staff & Anaesthetist. My wife, Dr. Madhu spearheaded the entire work of Bodyline hospitals. The secretariat was our hospital and we were meeting everyday for six months and had an executive meeting on every Tuesday. All faculties were interviewed by press and media and they have given a very high opinion about USI (WZ) and Bodyline Hospitals.

Inauguration

I wanted the Chief minister to come, but could only manage to have the Health minister agree and like most busy politicians, he failed to come. I had to request my IAS patient to send the Health Commissioner.

Banquet

Banquet was a big problem. Initially, Hotel Marriott was booked 8 months in advance. However we did not have funds. I requested a company to takeover & they managed the show. The prohibition commissioner of Gujarat was my patient so he came to Bodyline hospital & issued a Special permit and therefore alcohol could be served to our guest delegates with all approval.

Workshop Management - The Final Day

I decided to be in the operation theatre rather than the dias in the auditorium. The programme started at 8:00am sharp on each day as planned. Local faculty coordinated brilliantly as requested and helped manage discussions. All orations were kept only for Experts.

Organizing secretary, AUA members, my local colleagues managed the show at the Auditorium. We invited even unknown & junior members as chair persons who are doing good work.

Finally I would like to conclude that you may dream about great things but it can be achieved only by help from many others. Help may come from anywhere not necessarily from the one, whom you have helped.

Dr. Shailesh Shah

Urofest - the spirit of Pune !

Urological Society of Pune popularly known as USP is a bunch of Happy Urologists nearly seventy in number. They are well known for their surgical expertise, flamboyant lifestyles, and witty sense of humor and above all for their friendship they have built across states, zones and nations all over the world.

Pune is also known as the "Oxford of the East" and the silicone valley sister city. There are festivities going on all round the year but most famous of it all is the Ganesh Utsav or Ganesh Chaturthi around August/September. It is hardly surprising that the Urologists of city would like to add to the celebrations of this festival by inviting their friends and peers to the city, so that they attend an academic feast along with an opportunity to meet relatives and enjoy the typical Maharashtrian meals especially the "Modak" a popular recipe made of rice and sweetened coconut!

UROFEST is the festival of Urology-started in Pune almost a decade back. The idea being participation of surgeons, practitioners of urological interest to come together and interact on a week end. This idea dates back to a time period when holding of operative workshops or courses was not so common and this allowed surgeons to interact with faculty and discuss various operative techniques. One started seeing the use of new technology and helped the understanding of various aspects of newer surgeries as experts in the field of open and endourological operations were performing them.

After a small hiatus, Urofest is back this year with a bang. The theme being EndoUrology-Basics to Advanced. The workshop showcases new cutting edge technologies and instruments such as new generation Bipolar TURP, Holmium and Thulium Lasers, Mini Perc techniques, Flexible Ureteroscopic surgeries (RIRS) and Urethroplasties. We are very keen to make a successful conference this year with active participation of all interested. I would like to invite you all to Pune on behalf of USP during 27th and 28th August.



Dr. Subodh R. Shivde



Evaluation at Exams - Are we prepared for a change?

Assessment Methods: For ten or more long years all of us have faced exams and examiners. Being on the other side of the fence is now easy for me as an examiner but yes exams are stressful.

Another questions which haunts is are the students assessed properly in the 4 to 5 hours of an exam?

I joined FAIMER with a intent to find answers. But its not all that easy. As an initial part of my fellowship for 8 days we were taught various topics about medical education.

Here for the beginning I have outlined a few methods described to assess students (in practical examinations) and hope we find a system suitable to us. Our system in MUHS considers the summative (final) examination for passing. Ideally the student should be assessed by repeated formative (in between) exams by his teacher thru out the course of 3 years.

360° evaluation instrument: Here multiple people e.g.. Nurses, subordinates, superiors, patients are given a questioner to gather information about the student performance in the OPD, ward, OT etc. It is used to assess interpersonal & communication skills profession behavior and some aspects of patient care and system based practice.

Chart stimulated recall oral exam: The examiner questions the resident about interpretation of history, clinical work up and plans using a well established protocol and scoring procedure.

OSCE: Objective structured clinical examination: 12-20 stations lasting each for 15 minutes are created. Standardized means to assess history taking skills, physical examination, ability to summarize, documentation, planning treatment are assessed.

Simulations: incorporate a wide array of options resembling reality. Various simulation formats have been developed like PMP – patient management problems, clinical case simulations, role playing situations, anatomical modes or mannequins. Virtual reality simulations allow assessment of procedural skill & other complex clinical tasks. The examinee can make errors without hurting a patient and can correct a mistakes etc.

Other methods include patient survey portfolios, simulations and models. The most suitable method which can be adopted to existing system of practical exam for M. Ch. / DNB is structured standardized oral exam. Each

aspect of long case/short case can be fragmented into smaller aspects e.g.. History taking

- Must know areas
- Greeting to patient (affective domain assessed)
- Reasoning
- Lateral thinking

Clinical examination is to be observed by examiner

Structured exam for each topic require efforts by a committee of experts and need to be tested in the "Mock Exam" before being implemented.

A committee of experts designing the exam defines the knowledge to be assessed and creates a blue print that specifies the number of test questions to be selected for each topic.

No single method is effective The validity of such new assessment tool needs to be tested and then adopted.

Though impractical (present tense) only multiple encounters, continuous & longitudinal assessment over a long time can lead to proper assessment of the student.

Oral examinations in the existing format have various limitations. Apart from bias, lack of uniformity, student anxiety, and being tiring for examiners, affected by shadow effect (good followed by bad performer) there is no psychomotor skills assessment.

In a hope to atleast evolve and propose new assessment techniques we need to first ask students if there is need to change the system and what is best suited to both the examiners and examinees.



Dr. Sujata Patwardhan

MIUC Fellowship

This fellowship entitles member to attend an international conference/course and offers a grant of Rs. 20,000 for the same.

Applications from eligible members, (10 years post-Mch/ DNB Urology, less than 40 years of age) should reach the secretary before 31st August 2011.



Urology Services in Saurashtra region

In the early days when Urology was just getting recognized as super specialty, good old general surgeons, refused to accept Urology as a specialty. This was reflected in their attitude at all levels from local medical college to Association of Surgeons. Genito Urinary Surgery formed a subsection of ASI. This feeling came partly because only lower tract endoscopy was available. It was difficult to make them understand that it was not endoscopy but the entire thinking process made the difference.

Way back in 1983, when I for the first time started practice of CIC in paraplegics and presented this. In one of the meeting of surgeons, there was lot of hue and cry and some went on to describe it as criminal act!! It was an era when most of the surgeons called themselves, "surgeon and Urologist". I decided to established Urology as a specialty in Saurashtra region. It started with diagnostic and urosurgical services at specialized centre in Rajkot. For the first time digital uroflometer was made available in addition to routine urological armamentarium.

Thereafter it was extended to peripheral centre like Porbandar, Jamanagar and Junagadh. Scientific approach in diagnosis and treatment made the difference, and it got recognized by the society and medical fraternity as well. Concentrated effort was made to reach medical fraternity by arranging lectures in small and mid size towns in IMA & FPA. Public awareness was created by series of articles in local news papers, talks for layman in radio and Doordarshan. Number of N.G.O.s like Lions club, Rotary club, Ramakrishna mission etc helped in organizing public awareness programmes camps and Arogya Mela. My senior and junior colleagues stood by me and helped establishing Urology as a separate specialty. This attracted some junior surgeon to work with me for some time and later on got a chance to specialize in Urology. During this long years, we encouraged many young Urologist to start their carrier in Saurashtra Region. As a result, we are second large group of Urologist in Gujarat state.

Being from philanthropic family, community services remained close to my heart. It started with organization of diagnostic camps in association with local N.G.Os,

charitable dispensaries and religious organization even in remote rural areas. However quite often it was felt that only diagnostic camp hardly served any purpose, if surgical cure was not made available to many needy patients. Help of some industries, charitable trust and individual donors was taken to support fully or partially many patients, but I failed to create some permanent support group. Since government hospital did not have Urology department, I joined government hospital under the "SAMAY DAN" (donate your time) scheme and continued to help poor

patients. Later on when Urology department was started I joined as associate professor in Urology. This helped me not only in continuing community services but also helped in imparting urological education at UG and PG level.

However some inner dissatisfaction lingered on in the back of mind. Government facilities were inadequate, progress was slow

and full of hurdles. Number of patients had to be sent to other centre like Ahmedabad and Nadiad. When my friend Dr. Pradip Kansagra mooted the idea of having a pure Uro-Nephrology centre at Rajkot. There was no hesitation in joining hands with him. A charitable trust was registered under the name of Saurashtra Kidney Research Institute. A generous donation by Shri Bhagwanjibhai Tribhovanbhai Savani set the ball rolling. Coherent effort by all the trustees helped in acquiring land and collect adequate funds to establish B. T. Savani Kidney Hospital. Helps from the all the section of society and other Uro-Nephrology colleagues helped in bringing about this impossible looking task to reality. 100 bedded state of the art pure Uro-nephrology centre came in to existence in February 2003 in small peripheral place like Rajkot. Soon it became tertiary care centre providing quality care at an affordable price unfortunately Dr. Pradip Kansagra had to shift to USA soon after inauguration of hospital and I had to shoulder huge responsibility which looked beyond my capacity. But this challenge instilled the sense of confidence and reinforced only determination to work. B. T. Savani Kidney Hospital is non organization. It is engaged in social services in form of camps and awareness programmes in rural areas. So far over 100 such camps have been organized. Community surveys have been done in selected villages.





In association with other N.G.O., a pilot project has been launched to provide mineral water for drinking to entire village by installing community mineral water plant and devising system to maintain and run it. Institute can boast of having unique in built system to help poor patients through donors.

B. T. Savani Kidney Hospital promotes academics by organizing CME, Workshops, Seminars and conferences. We are trying to get D.N.B. programme in Urology & nephrology and it will further boost the academics.

Over all now Urology is well established super specialty in this region and it is now further diversifying into its sub-specialties like Uro Onco., Lap. Uro, Reconstructive Urology etc...

I am aware that lot more could have been done and I accept my limitations, but I am, satisfied that. I have made honest attempt to do something which may be a drop in the ocean.

Dr. Vivek Joshi

Announcements

Post - Graduates - Registration for WZ-USICON, Goa

Last date for early registration has been extended to 31st August 2011. Contact

Dr. Jayesh Kudchadkar (Organising Secretary)

Email: jaysurg@gmail.com

Cell: 9822159075

Vacancies in council

Applications for the post of a **Council Member** and nominations for the post of **President Elect** should be sent before 31st August 2011 to

Dr. Suresh Patankar (Polling Officer)

Email: suresh_iou@yahoo.com

Phone: 020 25455923, 020 25455924

WZ-USICON 2013

Suitable applications for hosting WZ-USICON 2013 in Madhya Pradesh should reach the office of the Secretary before 31st August 2011

Dr. Anil Bradoo (Secretary)

Email: bradooda@gmail.com

Cell: 09820303774

Gujarat Urology Association

Gujarat Urology Association was formed in the year 2010 under the able leadership of Dr. Janak Desai as the founder and President and Dr. Kandarp Parikh as the Secretary. The aim of this association is to conduct various academic programmes involving all the Urologists of Gujarat and giving them a platform to showcase their abilities in various sub specialties in Urology.



Dr. Graham Watson, UK

The first programme was an in-house conference at Gulmohor Greens Golf course, symposium was on Renal cell carcinoma. The second programme was organized on "Lasers in Urology" Live operative workshop was organized at Sterling hospital, Ahmedabad. Dr. Graham Watson from U. K. was invited as a foreign faculty. Dr. Watson is the chief consultant at Eastbourne, England and he is the president of BAUS Endourology section . Dr.

Pankaj Maheshwari was also invited as national faculty.

Dr. Janak Desai demonstrated Green light, Dr. Ajay Bhandarkar demonstrated Holmium laser, Dr. Dinesh Patel demonstrated Thulium laser prostatectomy, Dr. Kandarp Parikh demonstrated Digital flexible ureteroscopy for a stone more than 2 cm. size. Workshop was attended by 97 Urologists from Gujarat. Following the workshop all the delegates were accommodated at Kensville Golf course and next day there was a symposium on "Lasers in Urology". Dr. Watson and Dr. Maheshwari enlightened all the members with in depth knowledge on laser applications in Urology. Gujarat Urology association also published a directory of Urologists from Gujarat.

Gujarat Urology association will have its annual meeting in February 2012.

Dr. Kandarp Parikh



21st Annual Conference USI-WZ, 15th - 18th Sept. 2011, Goa

Forefront Band, Goa is a 100% Live Band from Goa.

The Goa-based band is renowned for rendering exhilarating performances over the last few years.

The band has blazed the music world with their sensational blend of vocals, instruments, rhythm, visual technique in trend and showmanship.

Forefront are at their best for pop and equally dazzling to Retro music, rock, rap, reggae, Bollywood and bhangra, including Goa's ethnic, dekhnni, mandos and dulpods etc.



The musical history of Forefront reveals amazing performances in India and abroad with several award winning live concerts that have virtually cornered them at the vertex of billboard graphs.

Forefront made their debut in the music world in the year 1991 and from then it was no looking back. The band took off right from the start by performing for all the top shows in Goa and across India and abroad. The success story of Forefront lies in their music they perform, with strong stage presence, a distinctive ability in sensing the pulse of their audiences. Their extensive repertoire of both Bollywood, English retro and Rock music is what makes every party a big success. The band powered by 5 top musicians with a tight combination attracts attention of everyone at a party or at a concert. The crowd shouting out for more and not wanting to leave the floor is a regular feature for every show..

THE BAND

Seby Pinto
Savio Fernandes
Agatha Jilugo
Melwin Rosario
Agnelo Mascarenhas

Forefront will be playing live during the Banquet on Sat 17th Sept at Hotel Holiday Inn 7.30 pm onwards.



Invited International Faculty

Dr. A. N. Gaikwad Oration - Management of T3 Prostate Cancer



Dr. Theo de Reijke, Consultant Urooncologist Academic Medical Centre, Amsterdam, Netherlands, Chairman, Training Programme for Dutch Residents
Past Chairman of European organization for Research and Treatment of Cancer Genito urinary Group

Program - Highlights

Know Your Guru -Dr. Madhav Kamat



Invited Lecture - The male retroluminal Sub-urethral sling



Dr. Peter Rehder
Reconstructive Urologist,
Medical University, Innsbruck, Austria
Consultant Posts held at the Universities of Stellenbosch (South Africa), Leicester (United Kingdom), and Innsbruck (Austria)

Dr. Virendra Desai Oration - Dr. A. M. Vaze



**Female Urinary Incontinence and Prolapse.
How much do we know ?**

Instructional Course on ESWL



Dr. Geert Taily,
Martine Taily- Cusse RN,
Dr. Bernd Forssmann
(Physics engineer who developed ESWL together with Dr. Christian Chaussy)

Dr. Geert G. Taily Consultant Endo Urologist

Chief Urologist at Klina, Antwerp-Belgium

Chief of the "Center for Minimally Invasive Therapy in Urology" at Klina

Vast experience with the Dornier HM4 and the Dornier MPL9000 lithotripters in urinary stone treatment.

Will present his experience with the High Penetration EMSE 220F-XXP HP, WCE 2011, Kyoto-Japan

Urology Services Award - Dr. Vivek Joshi





ALL AT SEA

Furious winds, giant waves and lack of sleep had all plagued the journey of Dilip Donde, the first Indian to attempt sailing solo round-the-world.

But, Donde remained unruffled: The Indian navy commander hand picked by the Navy for the voyage had anticipated the violent weather in the rough far southern waters that skim the Antarctic coast.

"Sailing through the Southern Ocean, it was bound to happen some time so I was expecting it, though that does not make it any more comfortable," he said. Donde set off in August 2009 and reached Mumbai by mid-May.

Donde had blogged throughout his voyage, giving regular updates as well as breaking down various sailing jargon for the uninitiated, like the famous Beaufort Scale.

The scale, is the international standard for determining wind speeds based on observable sea conditions, such as the height of waves. The scale goes from zero (no wind, glassy sea) to 12 (hurricane winds of over 100 kilometers per hour and "phenomenal" seas with waves that can sometimes reach above 17 meters).



And in the open ocean, often days away from help, these conditions also have a palpable psychological effect on a sailor's state of mind, according to Donde.

Sailors seek out the exhilaration that comes from sailing in strong winds -- just under 40 km/h is ideal -- but it's a fine line, and as winds get stronger, delight can be tinged with anxiety which can quickly turn into terror.

While on a brief stop in South Africa, 42-year-old Donde spoke to CNN about his own state of mind while at sea and how rough weather can affect it.

CNN: What has your most extreme day on the boat like?

I was sailing through winds gusting to 55 knots (101 km/h) and waves of up to nine meters high in the "furious fifties" through the Tasman sea between Australia and New Zealand.

Rounding Cape Horn was bad too with steep breaking waves, strong currents and winds gusting to 45 knots (83 km/h) in the "roaring forties." And, yes, it was bitterly cold in those latitudes.

Beaufort Scale Psychology

1	: 1-3 knots	= Boredom
2	: 4-6 knots	= Mild pleasure
3	: 7-10 knots	= Pleasure
4	: 11-16 knots	= Great pleasure
5	: 17-21 knots	= Delight
6	: 22-27 knots	= Delight w/ anxiety
7	: 28-32 knots	= Anxiety w/ fear
8	: 34-40 knots	= Fear w/ terror
9	: 41-47 knots	= Great terror
10	: 48-55 knots	= Panic
11	: 56-65 knots	= 'I want my mom!'

Please visit <http://sagarparikrama.blogspot.com/>

Do you ever worry that you could be seriously injured?

The biggest worry when the sea is violent, is always falling off the boat. When the sea is dangerous, visibility is low and you get thrashed around. The boat is on auto-pilot so if you fall it continues alone. I wear a harness.

When you are going through bad weather all your attention is focused on keeping the boat in one piece ... so there is not much time to start thinking about death. If the boat is alive, you're alive.

That probably helps in keeping your mind focused and [away from] worrying unnecessarily about other things that may or may not happen.

How scary does the weather get?

When you are in the middle of nowhere there is little choice: One has but to keep going if the weather turns nasty, so you just grin and bear it, keep the boat safe and tell yourself that "this too shall pass."

But I have probably experienced all the states of mind except for "I want my mummy!" (see factbox) although it has come pretty close.

Why do sailors constantly push themselves in to extreme situations?

Probably there is an element of thrill; of understanding oneself and the elements better. With long-distance sailing, like everything else in life, you get a package deal of good days and bad days.

It is wonderful to sail on a good sunny day with a clear sky and moderate breeze, and one has to be ready to suffer the bad weather as and when it comes. The good days more than make up for the bad ones.

Mr. Dilip Donde has kindly consented to deliver the keynote address...
All at Sea !!!

on Thursday 15th September at 7.15 pm
after the Inauguration Ceremony of WZUSICON 2011 at Hotel Holiday Inn , Goa.





Marathon Man

When did it start?

It started somewhere in 2004. That time I was the organizing secretary of the west zone conference and Percy (Dr Percy Jal Chibber) had run a full marathon and a half marathon. I was curious and envious. Then we organized a run for fun competition in the WZUSICON 2004. I was under the impression that Percy would win the run for fun. But he did not. There came the first lesson. Running is not for prize. Running in itself is a prize.



What next?

After that Percy kept on participating in the marathons but I could not as I was busy with my hospital. And there were financial constraints. We were to participate in 2008 marathons but just missed the last date. Then we organized a local event "Walkathon". This was held under the banner of IMA Akola. It was liked by many. The event is quite popular in Akola and has become a regular feature. 2012 would be the fifth edition of the Walkathon.

There was a group of like-minded doctors in Akola. We started preparing seriously for the Mumbai marathon 2009. We used to walk or run on every Sunday. And when the marathon dates were approaching, we would run twice a week. Those days our weekly mileage was just 20-30 Km. There is an agricultural university called PKV here. It is a paradise for we runners. The first marathon was a great experience. Almost everybody decided to make it a regular feature.

Subsequently Percy had some problem in his tendo-achlis and he could not run the marathon. But he would make it a point to be present to cheer up usually with Dr. Yasmin.

When we come for the Mumbai marathon, we usually stay in Nrusinha lodge. It is a cheap dormitory type hostel just near the CST station. The owner of the lodge was quite impressed with our group. Last year we were 35 participants from Akola. He got interested, took tips from us and this year he is running the half marathon.

Initially we used to keep running log on ordinary mechanical pedometer. Then we discovered the iPod pedometer. This can be connected to Nike plus shoes. The running log is transmitted to Nike website. Sports tracker on Nokia phone is a good software. It calculates the distances on GPS. I have used it for 3 years. There is also iPhone app named Run training. The interface is good but I have not used it.

Why Run?

Running has obvious health and fitness benefits, but more importantly, provides very powerful benefits of boosting self confidence. Secondly the feeling of "I can do it" gives a great personal boost, much greater than any professional boost. Everywhere you go, you are introduced as a marathon runner.

Why people do not Run?

There are (a few) external barriers and (a lot of) internal barriers. You need to overcome the internal barriers first.

1. People at my age don't run. I have never run before / for a long time. People have started running late in their 40's and 50's. Fauja Sing (born 1911) is a marathon runner and is a world record holder for 90+ age bracket. In 2004 fauja Singh was featured in advertising campaign for Adidas. He started running at the age of 81.
2. What will people think of me. They'll actually envy you!
3. Walking is the best. Not so now, as various studies on large populations of people have shown.
4. I don't have the right gear/ equipment. Actually to start you don't need much - just a pair of shoes appropriate for your feet
5. I will be out of place. Actually just look around you and you will see people of all shapes, sizes and ages running. Don't worry, you will not stand out.



6. I have no time. President Clinton and Anil Ambani make time to run regularly. So can you.
7. I travel a lot. So do they.
8. I am too fat. But isn't that what you want to address?.
9. Doctors have told me running is bad for the knees. Unless you have a bone problem, impact exercise-of which running is the most steady, has been known to reduce incidence of osteoporosis, strengthen the muscles and bone joints and ACTUALLY improve the condition of your knees.. Once again - the shoes you wear must be appropriate to your feet
10. I will start next week. It may be better to start this week and ease up on your heavy 'next week'

What next?

So far I have run the following Marathons: Mumbai marathons 3 times, Nagpur marathon once, Singapore marathon once, New Jersey marathon once. This year I am participating in Athens marathon, the very place where it started all. I have a dream of running in all the five continents. Australia and Africa are the only two remaining. Of course the marathons are also held in Antarctica and Arctic (the north pole marathon: it is held on ice as there is no land on north pole) These two marathons are the toughest ones and also the costliest.

Who else is running?

Percy has been the source of inspiration for many. Following Urologists are running or have run Mumbai marathon:

Dr Percy Jal Chibber, Dr. Gaurang Shah, Dr. Hemendra Shah, Dr. Nagesh Kamat, Dr. Jaideep Mahajani, Dr. Ashish Tawde, Dr. Atul Soni, Dr. Ashish Patil, Dr. Prasad Kulkarni

So next time we expect to see you running

Acknowledgements

Majority of the technical information is from Running and living website

Dr. Prashant Mulawkar

International achievements



Dr. Pradip Kansagra, who was awarded with the prestigious Presidential Award of this year, has been felicitated by AAPI leaders of USA.

Dr. Kansagra worked in AAPI sponsored four hospitals for devastating

earthquake relief in Kalavad, Dhrol, Nikava and Jodia in Saurashtra from 2000 to 2004.

He also served as Honorary Urologist in 350 bedded government hospital Rajkot for 6 years.

Kansagra's dream became a reality with the creation of the B T Savani Kidney Hospital (BTSK) Rajkot in 2003. Dr. Kansagra gave up his busy practice to accomplish his dream project.

Social responsibility beyond borders



Jameela an illiterate, poor woman residing at Najab Sharif in Iraq was struggling to get help to treat her 2 year old son, Murtadha suffering from posterior urethral valves. NGO's in Iraq sent out urgent e-mails to doctors and organization all over the world appealing for help. Dr. Steve Sossebee of PCRFB (Palestine children relief fund) and U.S based Indian origin senior Urologist Dr. SAKTI DAS were taking keen interest to solve child's problem.

Dr. Jitendra Amlani happened to be in Mount Abu to serve in a Urology camp where he heard Dr. Sakti Das interact with other doctors about Murtadha's case. Dr. Amlani offered to provide complete care including surgery and hospitality for his family members at his hospital in Rajkot.

When the mother and child arrived at Ahmedabad they were stopped by immigration as the mother had only a one - way ticket. A police officer on duty, who knew Dr. Amlani assisted them and cleared them through immigration on humanitarian grounds.

The child underwent endoscopic surgery with an uneventful recovery and was back in Iraq in 2 weeks.



Rising from the ashes



Jamnagar 26th January 2001. 8.46 am. I was in the OT and was getting ready for a ureteroscopy. The anaesthetist had just started the IV and was about to position the patient for a spinal anaesthesia when the world shook. And it kept on shaking and did not stop. Panic gripped the staff and it also froze them into doing nothing. The realization that it was an earthquake dawned after about ½ a minute and that galvanized all into action. We were on the ground floor and we along with the patients could rush out to the street promptly.

The 2001 Gujarat earthquake occurred on January 26, 2001; India's 51st Republic Day, at 08:46 AM local time and lasted for over two minutes. The epicenter was about 9 km south-southwest of the village of Chobari in Bhachau Taluka of Kutch District of Gujarat, India. The earthquake reached a magnitude of 7.9 on the Richter scale. The quake killed around 20,000 people (including 18 in south eastern Pakistan), injured another 167,000 and destroyed nearly 400,000 homes.

The worst affected were Kutch and Saurashtra. The destruction in Ahmedabad was severe, due to the collapse of many multi storied buildings due to the soft storey effect. Faulty and weak designing were the concluding causes for the Ahmedabad tragedy.

In the rural parts of Kutch and Saurashtra, entire villages were razed to the ground as the houses there were masonry structures without any construction techniques and materials.

Bhuj 8.46 am. As described by Dr. Gyaneshwar Rao (Full member WZ USI). "The immediate effect was frightening, sickening and numbing. Buildings were crashing and the city was covered with a cloud of dust. I cried with my family when we found each other."

But all were not so lucky. A simple errand to get medicines for a crying child saved a mother who lost her entire family who were still inside the house.

On the streets there was utter chaos. Everyone was in a daze either injured or looking for missing relatives. Horrifying shrieks of the injured filled the air.

People started going to the general hospital only to be greeted by rubble where once stood the hospital. Dr. Rao and his colleagues started treating the injured on the roadside with whatever they could lay their hands on. Dr. Rao would have stitched at least 50 patients in the first 2 hours. A medical tent and a makeshift operation table were set up by 12 noon after which further surgeries were carried out.

The immediate medical help was provided by the local doctors who put personal losses aside to care for their city mates. Teams of doctors from outside came in the evening but since there was no disaster management plan existent their services were not utilized optimally. For example a helicopter full of Chloromycetin was not of much help when the immediate need is of surgical supplies.

People of other professions were a big help. Food vendors opened up their stocks for everyone. Many just helped in whichever way they could. It must have been the longest and most horrifying 24 hours for the people of Kutch and Gujarat.

For the first 48 hours, ham radios and police wireless system were used to notify various district collector offices in the Kutch region. Cell phone communications were also established in the first 48 hours. Immediate rescue operations were initiated by the people, followed by military and other non-government organizations (NGOs).

Then came the aftershocks. They are a series of tremors of not quite the same intensity as the first quake but severe



none the less. Aftershocks are dangerous because they are usually unpredictable, can be of a large magnitude, and can collapse buildings that are damaged from the main shock. The suspense of an anticipated aftershock kept the people of Saurashtra, Kutch and Gujarat sleepless for days together and they spent nights out on the roads in anguish. Aftershocks continued in small intensities up to 3 months and there were close to a 1000 tremors recorded.

Culturally, the region has demonstrated their closeness and enterprise by helping one another out in time of need. The determination of people to restart their lives and to not be brought down by this immense disaster is inspirational.

In Bhuj except for a couple of doctors who relocated to other cities unable to bear the trauma the others restarted their life albeit some from scratch. This is where their resilience is seen.

The foundation stone of the New Bhuj General hospital was laid on 3rd June 2001 and there now stands a state of the art hospital and a medical college.

The final death toll in Kutch was 12,290. Bhuj, situated only 20 kilo metres (14 miles) from the epicenter, was devastated. Considerable damage also occurred in Bhachau and Anjar with hundreds of villages flattened in Talukas of Anjar, Bhuj & Bhachau. Over a million structures were damaged or destroyed, including many historic buildings and tourist attractions. The quake destroyed around 40% of homes, eight schools, two hospitals and 4 km of road in Bhuj and partly destroyed the city's historic Swaminarayan temple and historic fort as well Prag Mahal and Aina Mahal.

In Ahmedabad, Gujarat's commercial capital with a population of 4.6 million, as many as 50 multi-storied buildings collapsed and several hundred people were killed. Total property damage was estimated at \$5.5 billion and rising. The earthquake destroyed 60% of usable food and water supplies in Kutch

A catastrophe of large-scale magnitude, such as the Bhuj earthquake, brought along more questions than answers as a result of the complexity and multitude of issues, including technical aspects, social aspects, and disaster management aspects. People of Gujarat have been affected in three ways: 1) loss of loved ones and, in some instances, loss of head of household; 2) loss of personal property; and 3) loss of livelihood. But time gradually helped heal the wounds but the physical problems created as a result of the earthquake will linger on for a long time to come. Mental anguish and hurt run deep; however, time is the best healer and in a short time, many people bounced back from such a tragedy (loss of loved ones) with the help of relatives and spiritual attitude.

This has shown the indomitable spirit of the people of Gujarat.



Dr. Ulhas Sathye

Annual General Body Meeting

The Annual General Body Meeting of The Urology Society of India-West Zone will be held between 5.30 pm - 7.00 pm on Saturday 17th September 2011 in Hall-A.

~

Elections for the post of 1 Council Member and President Elect will be held between 11.00 am - 4.00 pm on Saturday 17th September 2011.



I shall have my diamonds & wear them too.....



I distinctly remember the BAUS meeting about 16 years ago in Birmingham. In a session on reconstructive Urology, Ms Christine Evans, a renowned British Urologist was making a point rather vociferously in her trademark style. Clad in a very manly attire, she blended very well with her local male colleagues.

This was in total contrast to what I was raised on! Circa 1992, heads of all 3 municipal teaching hospital Urology departments were women. Each had a unique personality, a distinctly elegant dressing style & above all there was no attempt to be "like those men." And yet they all had chosen a so called Man's field, i.e.. Urology.

Last 30 years, the west zone of USI has witnessed the largest number of women qualifying & practicing as Urologists in major cities. Yet their total number remains low. As against that, almost 70% of students entering a medical college now consist of girls, 60% of medical & paramedical staff in our teaching hospitals in big cities are women. Surgical specialties have slowly been attracting more & more female candidates but the surgical super specialties are still dominated by men. . This article is an attempt to look deep into the minds of some of the women Urologists from the west zone. What unfolds ahead is a mixed bag of interesting thoughts; opinions & of course some humorous episodes. Read on & I am sure more members of the fairer sex will want to be Urologists!

Why Urology?

I jumped into the wagon way back in 1989 without the slightest clue of what it means to be a lady doc surrounded by men & women with complaints pertaining to their awkward bits. It was pre-decided & I never questioned a thing! Honestly I thank god for that; because looking back there has not been a single moment of regret. Way back in 1971, Dr. Bakhtawar Dastur had an opportunity to work under late Dr. Tilak & that turned out to be the career defining moment for her. With Dr. Phadke's encouragement, there was no looking back & west zone got its own neuro Urologist.



Dr. Sulabha Punekar [ex prof & head department Urology KEMH & later LTMHG] recalls being summoned by the then dean Dr. Deshpande to prepare for the MNMS Urology exam as that was a new specialty. She was the first candidate to get MNMS Urology from

Madras Medical College in 1980. Dr. Sandhya Rao [ex Asst.. Professor of Urology at Nair hospital & presently a consultant at Florida, USA] gives credit to her short Urology rotation of 3 months during her pre MS training, which changed the equation. She felt Urology was like heaven, very different from any other surgical specialty & in her mind the decision to take it as a career was made instantly. Dr. Madhuja Sarwaiker, a final year DNBE Urology trainee from MPUH, Nadiad feels only Urology has the perfect blend of conventional open surgeries & high tech endoscopic work. I would add here that Urologists are very good at putting tubes everywhere & getting out of most crisis situations. Rarely a Urologist will be digging inside an abdomen in the middle of night, so that becomes the icing on the cake for majority of women!

Being in private practice – a balancing act

Mumbai welcomes anybody & everybody who has talent & that special X factor [literally!] However starting private practice as a lady Urologist in a male dominated world can be daunting but is indeed not difficult. Dr. Hemali Trivedi, a young lady Urologist practicing in the central suburbs of Mumbai feels; it is difficult starting practice in big cities as there is a lot of competition & it takes time for people to take you seriously. On the same note she adds that perhaps women are a little more sympathetic towards their patients. But if one is good & sincere at one's work, the gender does not make one a superior clinician.



Dr. Anjali Bhosle, a very dynamic & well trained Urologist with interest in transplantation & endoUrology feels it is difficult for a woman to practice as a surgeon/Urologist unless she has family support. Women are multitaskers by nature & keeping a cool head despite a hectic schedule comes as second nature to them. As she has always practiced in a corporate hospital, even a yearlong break during her pregnancy did not make a dent in her career. What changed were her priorities & timings. She candidly admits that women have to draw a line somewhere depending on what they want out of their life, especially if they want to balance domestic & professional life. Dr. Sujata Patwardhan, Prof & Head, Urology, KEMH feels that the major high point of being a Urologist comes from being equal with men professionally & academically; & clearly being superior to them while taking care of family & bringing up kids





simultaneously. Dr. Bakhtawar Dastur feels a lady Urologist may have to sacrifice a few things professionally but that is fine if one's priorities are clear. She is clearly very proud that she is the role model for both her kids.

Career graph in big teaching hospitals

Today the corporate world is full of women CEOs, leaders, executives etc but interestingly it is believed that there is a glass ceiling. With respect to Urology, Dr. Shobha Lal [ex professor & head, department of Urology, Nair hospital & chief, Urology division in Himalaya Institute of Medical Science at Dehradun] simply laughs at the concept of a glass ceiling. If one is good at one's work, sky is the only ceiling. There are no invisible barriers, she firmly reiterates. Not only that; women being excellent communicators, have an added advantage. The scene is identical in Dehradun as in Mumbai, she maintains. Dr. Vatsala Trivedi [ex professor & head department of Urology, LTMGH] totally agrees with Dr. Lal. She believes there are no barriers of any kind. One's progress entirely depends on one's ability to deliver the goods & that should be independent of one's gender.



Perhaps there are no barriers but how do our male colleagues relate to us? Is there any resistance to referring patients to a lady Urologist? What is the attitude of a common lower middle class [perhaps not so educated] Indian male? Dr. Sujata Patwardhan admits having encountered some resistance from her male colleagues in referring patients to her initially. There was also a degree of reluctance from the patient's side but her ability as a competent Urologist has changed the scene completely. Now she enjoys being the preferred Urologist, especially by her patients irrespective of their gender. However all women Urologists agree that women patients prefer to be seen by a "lady Urologist".



So are there any gender based issues in Urology at all?

Apparently not. All contributors to this article agree that the so called gender divide is largely in our mind. When women are good at something, they are as good as the best in the field. If they choose a certain career, they have to stand by their own choice & not expect any special treatment just because "they work twice as hard!" Dr. Vatsala Trivedi feels, women take a certain career purely because it is their own choice, based on their conviction, commitment & vision, independent of their gender.

The concept of women being better communicators was however supported by Dr. Lal who has seen a clear preference [by her patients] for her; when pitted against a bunch of male colleagues. On the other hand Dr. Sulabha Puneekar refutes the belief that women are gentler. She feels there is an equal number of male Urologists who are gentle & very compassionate. In fact she emphasizes that in any specialty, women and men should be treated as equal individuals, with no suffix or prefix added to glorify their gender. There should never be any gender based favour/reservation for anybody. Dr. Sandhya Rao finds no difference between the attitude of Indian & American patients. Neither, she feels, is there any differential attitude towards women Urologists by their male colleagues. You are considered as good as what you really are. Interestingly some of us also feel thrilled when our seniors comment on or compliment us as being as good as 10 male Urologists! Let us assume that the thrill is in being equated with 10 colleagues, independent of our gender.

The lighter side of Urology...

My most hilarious moment was when my poor little husband came to the Urology ward to meet me & was accidentally mistaken by our ward boy for a patient attending for NPT test!! I shall leave the rest to the reader's imagination. Dr. Madhujha informs that she always receives "s m s" from the pharma industry addressing her as Mr. Madhujha ! She also recalls a conference delegate list where her name was automatically printed as Dr. Suresh Sarwaiker Madhujha, Suresh being her father! She is hoping that her degree certificate will have her name printed properly! Dr. Dastur feels she is one of those privileged persons who gets away with sentences like " Sir, please remove your pants & lie on this couch!" She also finds it amusing when majority of male patients start removing their shirt; in spite of being asked to remove their trousers for catheterization! Last but not the least is the unique Indian male who touches a lady Urologist's feet as mother, before being examined by her.

To sum it all...

I must formally thank all the contributors for their input. The message is loud & clear that it is no big deal for a woman to take up Urology as a chosen career. It is easy as a cake walk. Above all, you are never pitted against anybody else [read men] except for your own self. The walk may be a tight rope one for some but you can dazzle your way through, wearing your diamonds & sarees. It is not "those men against us women"; but it is all of us, fellow Urologists working in harmony & developing a specialty. Namaste India!!

Dr. Anita Patel



Hospital Administration: Should this be a part of medical curriculum?

It is a matter of fact that most of the doctors do Post Graduation either in clinical or non clinical branches before they venture into full time practice. When we enter practice, we have either our own nursing homes, or work in nursing homes / hospitals owned by others, or government hospitals, have our own diagnostic units like pathology laboratory, radiology units, OPD clinics etc. In all these units, to a large extent, we have to establish these units ourselves, buy equipment, hire staff, get various licences and many more things. However none of these things are taught to us as an undergraduate or as a post graduate. During our UG and PG days we are getting fixed salary and our concentration is mainly on our subject.

As we all know that there are many aspects to practice. Being a good doctor does not necessarily mean that he will be successful in practice. In practice, your personality comes in to picture. Your communication skills should be good, as in our profession we are dealing with human beings that too ill human beings all the time and not with machines. Also we have to deal with staff, starting from ward boys to nursing staff, receptionist, accountant, PRO's, other professional colleagues, general practitioners, social activists, and many organizations.

Secondly hospital administration as a full time profession has not come off age yet. Hence we do not get trained hospital administrators. Even if we get, they are either over qualified for our requirement, or we can not afford to employ them due to high salary expectations. Also as most of us have small 15-20 bedded nursing homes, the type of hospital administration required is different from what it is for 200 to 500 bedded hospitals. Unfortunately all the courses at present are focused on training administrators for these large hospitals. There is no course which trains a person to administer small nursing homes. Hence we have to do hospital administration ourselves at least in the foreseeable future. However as we are neither trained to do administration, nor we like to do it but are forced to do it, we end up getting frustrated and loose interest in clinical work after a particular stage.

Considering the above scenario, there are two requirements. Firstly, every UG and PG should be made to undergo some form of training in hospital administration. This I feel should form a part of medical curriculum and there should be a prescribed text book and a 50 marks paper on this subject in the final examination. It is a fact that unless something is compulsory, we do not study the

subject. Secondly, the Hospital Owners Association should seriously consider evolving a curriculum for a course like Diploma in Hospital (Nursing Home) Administration with candidates after 12th standard or graduation. This course can run for one year with part time lectures and practical experience in various nursing homes or big hospitals. We already have paramedical courses run and recognized by Solapur University. Similarly we can get such course recognized by the appropriate authority. This will help us have a cadre of Nursing Home /Hospital Administrators. Going further, this syllabus in UG and PG may stimulate some doctors to take up Hospital Administration as a full time profession rather than ask non medical people to administer us and our institutions.



The above article is just one of the thoughts that occurred to me in this direction. It may not necessarily be the right solution. However I hope that this article will stimulate every one to think in this direction and may even come up with better ideas and solutions. If it does, it will have served its purpose.

Dr. Sanjay Deshpande

Entertainment

A grand gala entertainment program will be held on Friday 16th September evening 7.00 pm onwards in Hall-A, Hotel Holiday Inn, Goa.

This program will be in honour of all the Past Presidents of The Urology Society of India who have been from the West Zone.

Musical Melodies presented by Vaishnavi Creations



Mugdha, Madhura, Vaishnavi, Ashwek, Goa

Avanti. Patel, Mumbai



MUS meets in Mahabaleshwar-July



The annual meet held at Mahabaleshwar began on an auspicious note with paying obeisance and by prayer to the "Guru", it being "Guru pournima". Many members had travelled together in a bus. The secretary, Dr Gaurang Shah welcomed everybody with his inaugural address. This meeting was attended by many senior members including teachers, present and past. The first day's program brought interesting and scientific presentations by post graduates and members. The evening later was a witness to many members shaking a leg to the DJ. The second day covered 4 main sub specialties – Endo Urology, Uro oncology, Incontinence and Renal transplant. There was good amount of scientific

and evidence based literature presented for the members to imbibe and carry back. Later, the AGM witnessed the change of "President"- Dr Umesh Oza (new president) and appointment of the new council. The night was lively with an orchestra maneuvered by Dr Anil Bradoo and with due participation from members and families. The third day had interesting Uronews followed by 2 interesting and thought provoking sessions. The first discussed the social life and duties of doctors. It had a good interaction from family members – both doctors and no doctors. The other presentation –an interactive session on medical teaching in Urology was conducted by Dr. Anil Bradoo. He brought out stimulating thoughts which when aimed at an audience of senior teachers and experienced members resulted in good practice suggestions for teachers. The families of members had a good time in the lovely greenery, incessant rains and wading through clouds. Meeting ended with people buying souvenirs of Mahabaleshwar.



Dr. Ganesh Bakshi

RECON 2011, Mumbai

Recon urol 2011, a one-of-a-kind live operative workshop on the management of posterior urethral stricture disease was conducted by the Department of Urology K.E.M Hospital Mumbai on of April 2011.

Urologists from Mumbai and different parts of Maharashtra attended the event to learn from the experts in the field. Dr. Ganesh Gopalkrishnan along with Dr. Sanjay kulkarni led the workshop by performing live surgery demonstrations. Dr. Christopher Gomez who designed the artificial urethral sphincter surgery for male urethral incontinence hon-



oured the event by his presence, lecture and answered various questions. The surgeons gave live demonstrations of eight different operations for varying

problems related to posterior urethral strictures during the two-day event. What made the workshop unique was artificial urethral sphincter surgery for male urethral incontinence.

"The importance of the live-surgery course is to show real life decision-making during operations and technical maneuvers that are difficult to explain in scientific articles and textbooks.

Dr. Sanjay Swain

Urology Camp-Shirdi



More than 600 patients were examined at Shirdi by a team led by Dr. Suresh Patankar to select and workup appropriate patients for surgery. An operative endo-Urology camp is scheduled on 20th & 21st August 2011.



WZUSICON - 2011, Hotel Holiday Inn , Goa. - Final Program

Thursday 15 September - Hall A		
12 noon onwards	Registration and Check in	
6.00 pm - 7.15 pm	Inauguration	
7.15 pm - 8.15 pm	Key note address - All at Sea	Mr. Dilip Donde
8.30 pm onwards	Meet the delegates - Cocktails with dinner	
Friday 16 September - Hall A		
9.00 am - 10.00 am	Conference Symposium - Urology in Cyberspace Moderator - Dr. Pradeep Rao	
10.00 am - 10.30 am	Newer Instruments in EndoUrology	
	PCNL	Dr. R. B. Sabnis
	RIRS	Dr. Kandarp Parikh
10.30 am - 11.00 am	Dr. A. N. Gaikwad Oration - Management of T3 Prostate Cancer Dr. Theo de Reijke	
11.00 am - 11.15 am	Tea Break	
11.15 am - 11.45 am	Dr. Virendra Desai Oration - Female Urinary Incontinence and Prolapse - What we know and what we do not!!! Dr. Ajit Vaze	
11.45 am - 12.00 noon	Sponsored session: IPCA Management of LUTS - Keep it simple, Silodosin Dr. Anita Patel	
12.00 noon - 12.15 pm	Sponsored session: Lumenis	Lecture - Eye of the Needle Dr. Mahesh Desai
12.15 pm - 1.00 pm		Symposium - Close shave with Lasers for BPH Moderator - Dr. Pankaj Maheshwari
1.00 pm - 2.00 pm	Lunch	
Hall A - Parellel session		
2.00 pm - 2.45 pm	Video Symposium - Surgical options for Proximal Hypospadias Dr. Peter Rehder / Dr. G. Sharma Dr. H. Pathak / Dr. K. Rajyaguru	
2.45 pm - 3.15 pm	Talk Show - Premature Ejaculation Dr. Vivek Birla / Dr. Ashit Shah	
3.15 pm - 4.15 pm	Point Counter point - Vesico vaginal Fistula Dr. Peter Rehder / Dr. J. Dabhalia Dr. A. Jasani / Dr. R. Grover	
Hall B - Parellel session		
2.00 pm - 2.45 pm	Panel Discussion - Prostate Cancer- Beyond Surgical Skills Moderator - Dr. Makarand Khochikar	
2.45 pm - 3.15 pm	Lecture - PET-CT in Urology Dr. Bhalchandra Kashyapi	
3.15 pm - 4.15 pm	Symposium - Hurdles In laparoscopy Moderator - Dr. Anup Ramani	
4.15 pm - 4.30 pm	Tea break	
4.30 pm - 5.30 pm	Urology Quiz - Eagle Traveling Conductors - Dr. Anil Takwani Dr. Jamal Rizvi	
Hall A - Evening session		
7.00 pm onwards	Music Melodies - Vaishnavi Creations / Bombay to Goa An evening with Past Presidents of USI (from west zone)	
9.00 pm onwards	Cocktails with Dinner	
Saturday - 17 September - Hall A		
8.30 am - 9.00 am	Speaker's Corner - Hat-trick for PG students Moderator - Dr. Suresh Patankar Dr. Sujata Patwardhan	
9.00 am - 9.25 am	Sponsored session: Storz	Small Fight - Monopolar v/s Bipolar TUR-P - 60gm - BPH Dr. Ashish Patil
9.25 am - 9.50 am		Big Fight - Mini PCNL v/s RIRS - 1.5cm lower calyx stone Dr. R. Kukreja / Dr. A. Bhandarkar



9.50 am - 10.20 am	Invited Lecture - The male retroluminal urethral sling	Dr. Peter Rehder
10.20 am - 10.50 am	Face off - A Dialogue on Bladder Cancer	Dr Theo de Reijke / Dr Samir Desai
10.50 am - 11.00 am	Tea Break	
11.00 am - 12.00 noon	Symposium - Skating on Thin Ice - High tech devices in Uro oncology	Moderator - Dr. V. Srinivas
12.00 noon - 12.30 pm	Hard Talk - Disaster in Endo Urology	Dr. S. Shivde / Mr. Sham Keswani
12.30 pm - 1.00 pm	Know Your Guru – Dr. Madhav Kamat	Presenter - Dr. Vinit Shah
1.00 pm - 2.00 pm	Lunch	
Hall A - Parallel session		
2.00 pm - 3.00 pm	Free Papers - Podium Presentation - P1	
3.00 pm - 4.00 pm	Free Papers - Podium Presentation - P2	
4.00 pm - 5.00 pm	Free Papers - Podium Presentation - P3	
Hall B - Parallel session		
2.00 pm - 3.00 pm	Free Papers - Video Presentations - V1	
3.00 pm - 4.00 pm	Free Papers - Video Presentations - V2	
4.00 pm - 5.00 pm	Free Papers - Video Presentations - V3	
Hall C - Parallel session		
2.00 pm - 3.00 pm	Free Papers - Poster presentations - G1	
3.00 pm - 4.00 pm	Free Papers - Poster presentations - G2	
4.00 pm - 5.00 pm	Free Papers - Poster presentations - G3	
5.00 pm - 5.30 pm	Tea break	
5.30 pm - 7.00 pm	Annual General Body Meeting	
Hall A - Evening session		
7.30 pm onwards	Gala Banquet Valedictory function An evening with Forefront - The best band in Goa Cocktails and dinner	
Sunday - 18 September - Hall A		
8.30 am - 9.00 am	Take Home messages	Dr. S. Shivde / Dr. B. Kashyapi
Instructional Course on ESWL		
9.00 am - 9.15 am	Basics of SW physics (propagation, focusing, SW sources)	Dr. Geert Taily
9.15 am - 9.30 am	Biophysical aspects of SW (cause of side effects)	Dr. Geert Taily
9.30 am - 9.45 am	Lithotripter design + Imaging in ESWL	Dr. Geert Taily
9.45 am - 10.00 am	Positioning and Coupling of patients	Martine Taily - Cusse, RN
10.00 am - 10.45 am	Panel Discussion - The Integrated EndoUrology Concept	Dr. Janak Desai / Dr. V. Raghoeji Dr. Samir Desai / Dr. R. Shrotri Dr. Ketan Shukla / Dr. V. Kulkarni
10.45 am - 11.00 am	Coffee Break	
11.00 am - 11.15 am	Modern Stone Management: Indication, patient selection (treatment guidelines)	Dr. Geert Taily
11.15 am - 11.45 am	Complications & How to avoid them	Dr. Geert Taily
11.45 - 12.15 pm	Analgesia in ESWL	Dr. Geert Taily
	Follow-up treatments (stone discharge control, management of side effects)	Dr. Geert Taily
	Questions & Answers	
12.15 pm onwards	Lunch and Farewell	

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