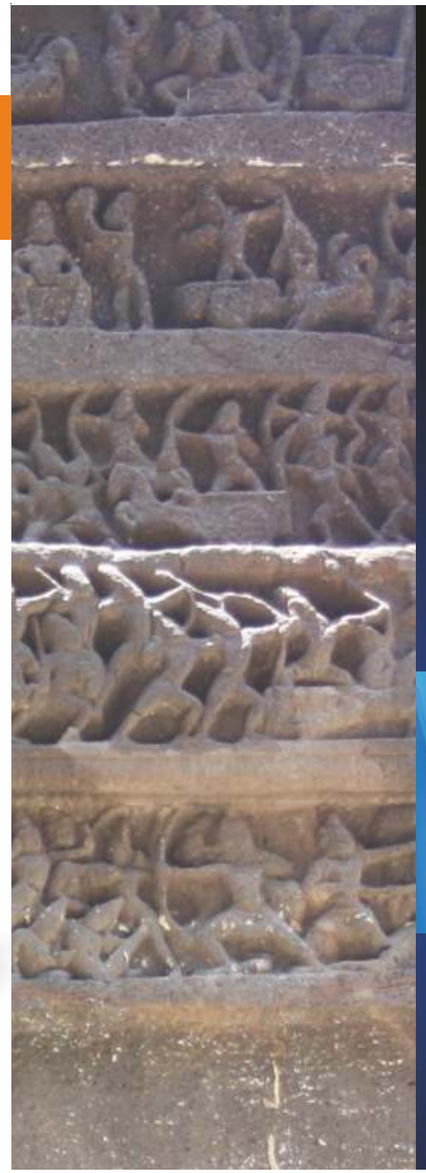


Newsletter: September 2016 issue

West Zone Chapter of Urology Society of India

Editor: Dr Pankaj N Maheshwari

HIGHLIGHTS OF WZ USICON 2016 AURANGABAD

The conference begins with a pre-conference live advanced Endourology operative workshop on Urinary stones & prostate disease. Latest surgical modalities would be demonstrated.

Excellent Scientific Program with special emphasis on Clinical topics.

International faculties & best of the national faculties.

Surprise gift after the 'know your guru' session on Saturday.

Outstanding lecture by Col. Lalit Rai on his experience during the Kargil war.

Hilarious show by Mr. Satyajit Padhye- Ventriloquist & Puppeteer.

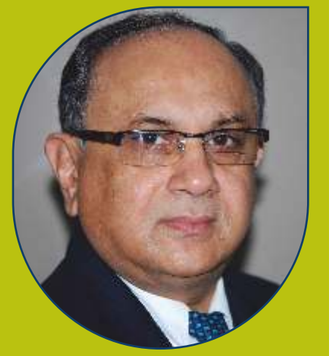
Hungama Bollywood night by Sa Re Ga Ma Pa Finalist.

World famous historical monument sight-seeing of Ajantha & Ellora Caves.

Trekking on Goga Baba hill for trek lovers from where you will have a breath-taking view of Aurangabad.

Unique & exotic Paithani sarees & Himroo shawls for accompanying persons.

Message from President, WZ-USI, Dr. Janak Desai



It has been an honor to take on the position of President of the West Zone-USI for this one year. I would like to thank the West Zone membership for placing their trust in me and look forward to working with my fellow Council members to ensure the continuing success of the Society.

On behalf of the zone and myself, I first want to express sincere gratitude and thanks to the hard-working Zonal Council members. A special thanks goes to Immediate Past President Dr. Sabnis who has been an academician of the Society for many years. His vision and enthusiasm has stood the zone in very good stead and I am sure that he will continue to provide insights and guidance for the future of the Society. I would like to welcome Dr. Vijay Raghoji (Solapur) to the post of President-Elect; It is always gratifying to know that the zone will continue to have strong leadership in the future. Finally, I am very pleased to welcome on board Dr. Suhas Salpekar (Nagpur); he brings youth (relative, I know!) and vitality to the Council and I look forward to working with him. Special thanks to Dr. Lalit Shah whose tenure was over; he exits the council but continues to serve the society in all his capabilities.

We welcome new members so please encourage your colleagues and trainees to join up and benefit from, as well as add to, the full membership of the urology society of India. We welcome your feedback and ideas for any new initiatives that you feel the zone should offer. The Society will, of course, continue to organize annual meetings as the best opportunity to meet, interact, debate and question colleagues and experts in various fields from here and abroad.

The aims of our society are manifold:

1. To meet friends and increase camaraderie
2. To educate ourselves about newer developments
3. To train our junior colleagues and residents
4. Something more!!!!

It is this something more that I would like to address now:
In this ever increasing environment of insurgency and cross border antinational activities, our soldiers lay down their lives protecting us and our nation. We see heart wrenching scenes of families mourning the death of a young soldier. Many of these soldiers come from poor families and though the state may be doing something for supporting the families, it would be a good idea to extend our support to them. On an individual level I know of many of our members doing acts of tremendous gratitude to army personal. May I appeal to all our members to offer free consultations to army persons and their families. This is just a moral booster for our jawans; a message that we care for them and we love them for their pledge to our mighty nation.

"A soldier is someone who, at one point in their life write a blank check made payable to ***"The Indian Nation," for an amount up to and including my life.***" (quote of an unknown soldier).

In this hugely engulfing digital world we should establish Facebook and Twitter accounts that enable instant dissemination of relevant topics and engender discussion and feedback. The council will put in the necessary efforts to do so.

On behalf of our association, I convey a pledge to do our best to provide enhanced value for the membership and make sure we are running our friendly society in an efficient and financially responsible manner. As we continue to improve our services, I invite you all to work with us for the growth and prosperity of the West Zone urology association. So, thank you for your continued support, and please don't hesitate to let me know what you think will make us even better. Finally, as with any Society, the success is dependent on the involvement of the membership.

I look forward to seeing you all in Aurangabad in September 2016. Abhay Mahajan, Devdatt Palnitkar, P.M. Darakh and their team are working very hard to put up a fantastic program, both academic and social. In the meantime, please feel free to contact me (drjanakddesai@gmail.com) with any thoughts, questions or suggestions you may have about the Society.

With warmest wishes,

Message from Hon. Secretary WZ-USI Dr. Kandarp Parikh

Dear West Zone family members,

Greetings from Dr. Kandarp Parikh! It's always a pleasure to communicate with the west zone family. Last two years I have been emphasizing on one point and that is communication. The reach of our zonal activities has expanded many fold because of your active participation. Keeping our traditions alive, WZ is committed to support scientific activities organized by various urology associations. We urge you to organize academic programs, workshops and camps.

I am happy to inform about various activities and program organized or supported by our association.

Overseas trip: Our annual overseas trip is a matter of envy for most other zones. This year a trip to Scandinavian countries was organized during May-June 2016. More than 86 members and their families participate in this event. Dr. Ajay Bhandarkar, Dr. Suhas Salpekar and Dr. Vijay Raghoji from the council participated with the group. My sincere thanks to all those who participated and in particular to Dr. Bhandarkar for responsibly leading the group. (Detailed report on our website and news bulletin)

Art of Enucleation of prostate: Live operative workshop organized by Vadodara Uro-Nephro group on 19th June 2016 at Vadodara. Eminent international faculty, Dr. Rassaler from Germany, demonstrated his Bipolar prostate enucleation technique along with other invited faculty who demonstrated Holep and bipolar enucleation of prostate. Many congratulations to Dr. Rashesh Desai and Dr. Ajay Bhandarkar for excellent academic treat and wonderful organization. (Detailed report will be available on our website and news bulletin)

Uro onco workshop: Live operative workshop was organized by Siddhashwar Urology society on 25-26th June 2016 at Latur. Kudos to Dr. Vishwas Kulkarni and Dr. Vijay Raghoji for very high standard and brain storming academic meet. All invited faculty did marvelous job and audience participation was mind boggling. (Detailed report will be available on our website and news bulletin).

We all are eagerly waiting for our annual conference at **Aurangabad from 22nd to 24th September 2016.**

Dr. Devdutt Palnitkar and Dr. Abhay Mahajan along with Aurangabad urology group are working very hard to make this event most memorable. Please register for Aurangabad conference well in time and support the meeting by your active participation.

For the first time in the history of west zone we have organized focused session on PCNL and female urology during the meeting. Also there would be a live operative workshop on 22nd on **"Surgical Techniques of stone & BPH"**.

Most of the members of the present council are finishing their tenure at Aurangabad meeting. There would be elections for the following posts.

- President Elect
- Secretary
- Treasurer
- Council Member (3 posts)

I request all full eligible members to vote for the candidate whom they feel would work for the betterment of the society. I urge everyone to exercise their right to vote.

I also request everyone to visit the conference website or the web zone site www.usiwz.org for the conference and program details.

Friends, happy days are here again and looking forward to meet you all at Aurangabad. I assure you best academic content and many new faces of our zone will present quality academic talks. At the end, I would thank my council members for their unconditional and continuous support to me to carry out good work for the zone.

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Recent Conferences in the Zone

'Art of Prostate Enucleation: Laser versus Bipolar'

19th June 2016 at Hotel Surya Palace, Vadodara
Organizing Secretary: Dr. Ajay Bhandarkar

One-day operative workshop "Art of Prostate Enucleation: Laser Versus Bipolar", was organized under the banner of Uro-Nephrological Association of Vadodara (UNAV) and Urological Society of India West Zone. Even though Industry support was predominantly available from Olympus, theme of workshop, scientific program planning and execution was done in such a way that, delegates should get unbiased scientific information regarding management of BPH.

Dr. Janak Desai, President of USIWZ, Dr. Kandarp Parikh, Secretary of USIWZ and Dr. Rasesh Desai, President of UNAV with Dr. Mahesh Desai formally inaugurated the workshop by Lamp Lighting. Dr. Janak Desai appreciated organizers for arranging an innovative workshop and thanked delegates for their participation.

Prof. Dr. Jorg Rassler and Dr. C. Mallikarjuna successfully demonstrated tricks of Transurethral Enucleation by Bipolar (TUEB) in the surgical treatment of BPH. Dr. Pankaj Maheshwari demonstrated conventional technique of Holmium Laser Enucleation. Dr. Ajay Bhandarkar demonstrated Single Lobe technique with the Use of Holmium Laser. Talks by Dr. Mahesh Desai on use of Transrectal USG in assessing morphology and anatomy of BPH was informative. Dr. Rassler's lectures on Basics of Bipolar Electro-cautery and current status of TUEB in the management of BPH was interesting. Dr. Hemendra Shah talked about Physics of Holmium Laser Energy. Dr. Ajay Bhandarkar gave talk on various techniques of Holmium Laser Enucleation.

Dr. Sadashiv Bhole successfully demonstrated HoLEP by 50 W Auriga Laser and Dr. Madhu Agrawal's VapoEnucleation technique with the use of Button Electrode was impressive. Debate between Dr. C. Mallikarjun and Dr. Pankaj Maheshwari on TUEB/HoLEP was enjoyed by one and all. But, interesting session of Balloon Debate conducted by Dr. Sabnis was very unique, informative and hilarious. All participants, Dr. S V Kandaswamy, Dr. Ketan Shukla, Dr. Shailesh Shah and Dr. Madhu Agrawal presented their points for each modality very well. This concept of Balloon Debate was appreciated by all. Final session of "Fishing in Troubled waters – Problem Solving Situations" was interactive with all panelists answered every questions by moderators and audience convincingly.

Overall, one day focused workshop with flawless live HD Video transmission of various procedures for BPH comparing Laser and Bipolar Enucleation gave participants clear idea and status of each techniques with scientific background. Interactive talks and debates made entire work-shop a very successful and useful academic activity.

Uro-Oncology Workshop

Organized by: Siddeshwar Urology Society in association with Urology Society of India West Zone
25-26th June 2016 at Hotel Grand International, Latur
Organizing Secretary: Dr. Vishwas Kulkarni

A two-day operative workshop cum CME was organized on Uro-Oncology by Siddheshwar Urology Society in association with West Zone Chapter of Urology society of India.

The meeting was inaugurated at the hands of Dr. J N Kulkarni, Senior Uro-Oncosurgeon, Dr. Vijay Raghoji, President Elect WZ-USI & Dr. Kandarp Parekh, Secretary WZ-USI.

Organized by: Siddeshwar Urology Society in association with Urology Society of India West Zone
25-26th June 2016 at Hotel Grand International, Latur
Organizing Secretary: Dr. Vishwas Kulkarni

A two-day operative workshop cum CME was organized on Uro-Oncology by Siddheshwar Urology Society in association with West Zone Chapter of Urology society of India.

This meeting was attended by more than 150 delegates from all over west zone. It also boasted presence of who-is-who of the Uro-oncology in west zone. Major surgeries were demonstrated

live by the imminent faculty. The highlights were a laparoscopic radical cystectomy by Dr. Ajay Punpale, a Laparoscopic radical nephrectomy by Dr. TB Yuvaraj and an open partial nephrectomy by Dr. Hemang Bakshi.

There were panel discussions and case discussions on various common clinical situations. These were led by senior uro-oncologists, medical oncologists and pathologists. Technique of TRUS guided prostate biopsy was shown by Dr. Hrushikesh Deshmukh and Dr. Abhay Mahajan. There was an active participation by the delegates in all the deliberations. The overall ambience of the meeting, the social events and the food were brilliantly organized by the local team.

Report on the international member tour to SCANDINAVIA

26th May – 7th June, 2016:
Co-ordinator: Dr. Ajay Bhandarkar

Overseas tour of Urological Society of India West Zone started in 2011. For this 6th year, a tour to the Scandinavian countries was decided after extensive debate in the council meeting. Trip was planned in summer vacation of May-June 2016 to accommodate families with children. An overseas tour of 90 people has many logistic and practical issues. The itinerary, hotels, site seeing, places to visit were decided after a detailed discussion by Dr. Sanjay Nabar and me with the tour operator. Best possible price was negotiated and tour was announced in January 16. The final plan was so attractive that tour was literally oversubscribed.

Visit to three countries, Sweden, Norway and Denmark was planned over 11 nights and 12 days. There were two ports of departure, Ahmedabad and Mumbai. Both groups met at Dubai airport and had same Emirates flight which landed at Stockholm at around 12:30 PM on 26th May. Two tour operators from Ahmedabad and two coordinators cum guide from local Scandinavian Company joined us from Stockholm for the entire trip. Day 1, 26th May, after noon was leisure time once we checked into the hotel and got ready for Indian Dinner and short sightseeing in the evening. 27th May was a half day city tour of Stockholm, visit to "Icebar" and afternoon time was for River Cruise to get the overview of Stockholm. Many chose to have a stroll through Medieval Old Town, Gamla Stan.

On Day 3, we left Stockholm to catch a morning flight to Bergen, second largest city of Norway known for its culture and old trades. It is also considered a gateway to famous Fjords of Norway. Afternoon time was for short city tour, famous fish market, old wharf and photo sessions with background of typical "Bryggen" houses. Evening we visited highest point to enjoy breath taking, panoramic view of city and surrounding nature. Day 4 we left Bergen for day long scenic drive to Geiranger, known as King of Fjords. On the way, everyone enjoyed the real scenic beauty of Norway. We all had great fun while taking pictures at Glaciers.

Two night stay at picturesque Geiranger Fjord at Hotel Union Geiranger was best part of the Itinerary. Property was located exactly on the Fjord with many small waterfalls around and sound of flowing water was mesmerizing. Next day full day excursions to enjoy UNESCO's world heritage site Fjord with its ferry rides, Trollstigen pass which has 11 hairpin bends downhill, Seven Sisters waterfall and majestic mountains. On first day after dinner, we had surprise and extempore program of singing at hotel auditorium, which was fun and enjoyed by one and all. Anusha, daughter of

Dr. Ravindra Mahajan from Jalgaon impressed everyone by her singing talent.

Then we visited Ulvik, Flam and Voss, each small city known for its natural beauty and picturesque surroundings. Famous mountain train trip in Flam was unique with gigantic water fall but, dancing fairytale lady in red cloths around waterfall was center of attraction for everyone. Norway trip ended with visit to Capital Oslo. Full day city tour started with visit to famous Opera House and Holmenkollen Ski Jump, an impressive landmark that was used in the 1952 Winter Olympics. Sightseeing in Oslo is not over without visit to Vigeland Park, a verdant expanse that immortalizes the work of sculptor, Gustav Vigeland. Park has more than 200 bronze and granite sculptures and capturing photographs of iconic pieces like the 46-foot (14-meter) Monolith and other monuments was real fun. Late afternoon we boarded cruise ship for our memorable overnight journey to Copenhagen.

Copenhagen tour started with photo stop at Little Mermaid Statue, Amalienborg Palace square in the morning. Afternoon time was for formal conference at Hotel Scandic. It was in collaboration with B & K Medicals. Six interesting talks with interactive sessions were enjoyed by all. Meanwhile families and children enjoyed famous Tivoli gardens. Next day morning was Visit to Malmo small district in Sweden which is connected by Orsund Bridge. This bridge is 16 km long and Initial 4 km part of bridge is underground tunnel in artificial island created. Afternoon was time for Canal tour giving overview of city structures through one-hour ferry ride. End of the trip was characterized by last day gala dinner with cocktails and every one had great fellowship and fun.

This Scandinavian trip was unique in the sense that, all members were together for majority of sightseeing, travel and dinners. Overall, group formed during Scandinavian tour has everlasting memories of great trip.

West Zone USICON 2016

Detailed Program on the West Zone website
Please download the WZUSICON 2016 app from
All conference details included there

ANDROID APP ON Google play

Election News

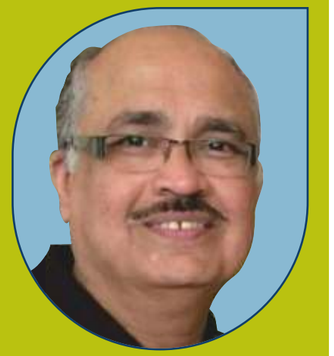
Venue : During the West Zone USICON at Aurangabad
Election Officer : Dr. Vijay Raghoji
Date : 24th September 2016
Venue : Election Hall near Hall A
Time : 9 am to 4 pm

Posts due for elections:

- President Elect
- Hon. Secretary
- Hon Treasurer (Elected Un-opposed)
- Council Member (Three posts)

Candidate Details: (Details arranges alphabetically by the first name)

President Elect: (Three candidates: one post)



Dr. J G Lalmalani

Dr. J G Lalmalani, Jacky as friends call him, has been a practicing urologist for over 30 years. He renders his services in prime hospitals in Mumbai like Jaslok, Saifee, Bhatia and Khar Hinduja Hospitals. He also runs his own AUS Clinic & Lithotripsy Centre at Tardeo, the first center in Mumbai doing day-care urology procedures. He has also been instrumental in starting urology unit at Tanzania and Dubai.

Jacky has been a keen teacher with postgraduate students at the Jaslok and Saifee Hospital. He has organized various academic meets and PG courses in Mumbai, Kolkata, Chennai, Amritsar, Delhi, Bangalore, Puttaparthi, Cuttack and at the Muhimbili Medical College, Dar es Salaam, and at Kilimanjaro Christian Medical College, Africa.

Dr. Lalmalani has been an active member of the USI, WZ–USI and Mumbai Urology Society. He was nominated the Co-convener of the first Education Cell of the USI which laid down most of the guidelines, created liaisons with most of the international associations and conducted the various teaching programs and mock exams. He is an active participant in various international meets and forums and has arranged 'conference tours' for urologists to South Africa and China.

Dr. Lalmalani says; 'I feel I have the creativity, the desire, zeal and energy, the contacts within the Indian society and internationally, the administrative and legal skills to lead the West Zone USI to even greater heights. I request all members to support me and elect me President of the West Zone USI. If elected, I promise to work with all humility to move WZ USI forward'.

Dr. Lalit Shah

Dr. Lalit Shah is a practicing Urologist at Raipur for more than 30 years. This postgraduate from prestigious PGI Chandigarh, happened to be the first qualified Urologist of the state of Chhattisgarh. He was responsible for developing Urology in the state as a separate sub-specialty. A feather in his cap has been LLB degree he earned from the Ravi Shankar University, Raipur in 2007. This legal knowledge he has utilized to help many colleagues (>50) of all specialties in difficult situations.

Dr. Lalit Shah has been very active in academic circles. He is dedicatedly involved in all medical forums from IMA, ASI, and USI and even in Academy of Medical Sciences. He has been a very active council member of the West zone in 2013-15. He is a sought after organizer and has successfully managed regional and zonal conferences of the MP chapter of ASI (1998) and Chhattisgarh chapter of ASI (2002). All those who attended the west zone meeting at Raipur in 2013 still fondly remember the event.

Dr. Shah is actively involved in the continuing Medico-legal education for doctors. He has delivered more than 150 talks on various medicolegal topics and on topics related to medical negligence. He has spoken on Medical record keeping, informed consent, management of death on

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Honorary Secretary (Two candidates, one post)

table, how to defend your medical negligence case and on many important judgments at various CME's and conferences including USICON. Recently he has prepared procedure specific consents for common urology procedures (TURP, PCNL, URS, Radical prostatectomy) as WZ-USI legal activity. Dr. Lalit Shah has been awarded the SS Anand Oration of the ASI.

Dr. Lalit Shah feels, 'In this difficult period for medical practitioners, the association needs a leadership that can promote legal safety for doctors so that they can deliver the services they are trained for'. He wants to work to promote healthy working environment for Urologists in his Zone.

Dr. Makarand V. Khochikar

Dr. Makarand V. Khochikar qualified as a surgeon in 1988, completed residency in urology in 1992 (Mumbai), had further training in urology, urologic oncology at Bedford and Addenbrooke's hospital, Cambridge (UK) from 1993-1998. He returned to India in 1998 to establish a state of the art Uro-oncology unit at Siddhi Vinayak Ganapati Cancer Hospital, Miraj. This department undertakes large amount of uro-oncological work and has made its presence felt nationally and internationally.

He has won many awards. Dr. Kirpekar award and Gold Medal (First in Master of Surgery 1988), Schering Prize and Gold medal (First at University of London in Dip. Urol exam 1991), Vijayawada Best poster award and Brijkishor Patna best paper award are some of them. He was awarded the highest honor of the West Zone USI: The Urology Gold Medal in 2010 and in 2012 the Pinnamaneni Oration and Gold medal by USI for his life time work on adrenal tumors mainly pheochromocytoma. He is also the recipient of Gold Medal and SLAUS oration by Sri Lanka Urology Association. Indian Journal of Urology in 2015 appreciated his efforts by the Best reviewer award.

Dr. Khochikar has been invited as a guest speaker for many international meetings and by international societies in Asia (India, Sri Lanka, Bangladesh, Malaysia, Hong Kong, Singapore, Indonesia, China, Philippines & Japan), Australia, UK, Europe, Middle East, Egypt, USA and Canada in last fifteen years.

He was the member of the panel that for amendments in TNM classification system for urological cancers in 2004, for ICUD consultation panel for upper tract TCC in 2015 and Melbourne Prostate Cancer statement at WPCC, 2014. Served on editorial board of IJU (2000-2009), and is reviewer for major international urology and oncology journals.

He has served as a council member of USI and USI-west Zone, was a core member of education cell of USI (BOE) and was convener of the section of Uro-oncology for the USI (2003-2007).

Dr. Kandarp Parikh

Dr. Kandarp Parikh is a senior practicing Urologist at Ahmedabad for more than 20 years. He serves as a Chairman of Shyam Urosurgical Hospital and Director of the Department of Urology and Kidney Transplant Sterling Hospital, Ahmedabad.

Dr. Kandarp has been associated with Urology society for many years in various positions. He started as a council member in 2003-05 then rose to be treasurer in 2011-13 and then continued as an honorary Secretary for last two years. He has also been the secretary of the Ahmedabad Urology Association (2001-03) and the founding secretary of the Gujarat Urology Association (2009-12).

Dr. Kandarp is an academician who has organized many major conferences in the zone. To name a few: Minimal Access Surgery 2003, WZUSICON, USICON 2004, AIE 2013 & 2016. Apart from these, Dr. Kandarp runs The Minimal access training institute at Shyam Urosurgical Hospital. Many Urologists from India and neighboring country have participated in this program. He has trained in endourology and laparoscopy in reputed international centers like Cleveland clinic (USA), UCLA (USA), St. Augustin Clinic (France), Tenon Hospital (France), Singapore General Hospital (Singapore), Cornell (USA).

Dr. Kandarp is a well sought after speaker and has been invited faculty for many conferences and meetings worldwide. He has been a regular faculty in World Endourology conferences

(Mumbai, Amsterdam, Munich, Taiwan & London). He has been invited to the ESD in South Africa, China and Dubai. He was also part of the Segura course at Qatar. In last two years he has conducted international RIRS workshops at Turkey, Nepal & Bangladesh. He has been a operating faculty at the Pre conference workshop of USICON 2015 & 16, WZUSICON, SZUSICON & NZUSICON-2016. He has also conducted live operative workshops in Kota, Indore, PGI Chandigarh, Agra, Mehsana & Bhopal.

Dr. Kandarp regularly conducts free camps to serve poor and needy and thousands of patients have been benefitted. He is also instrumental in adoption of girl child to promote their education. Dr. Kandarp feels he has a lot to contribute to the West Zone hence requests his fellow members to elect him for a second term as a secretary. He has a desire to bring out young talent from smallest city to largest metropolitan city of our zone and run the association in most transparent, honest, unbiased way and make WZ urology as one happy family.

Dr. Prashant M Mulawkar

Dr. Prashant M Mulawkar is the senior consulting urologist in active clinical practice for nearly 20 years. He is credited with establishing a state of the art urology institute with all the modern facilities at Akola.

Dr. Mulawkar has been involved with various activities of WZ and USI since 1994. He has successfully organized the WZUSICON 2004 at Akola. This meeting is still fondly remembered by all delegates. He served as a Council member WZ in 2005-07. He was also actively involved in organizing the USICON 1997 (Mumbai), USICON 2001 (Nagpur), WZUSICON 2007 Goa and many operative workshops on prostate.

Dr. Prashant is the recipient of CKP Menon prize and Late GM Phadke Travelling fellowship. He is a regular faculty at zonal and national meetings like WZUSICON: 2002 (Nadiad), 2004 (Akola), 2006 (Mehsana), 2007 (Goa), 2008 (Solapur), 2009 (Khajuraho), 2010 (Silvassa), 2011 (Goa), 2012 (Lonavala), 2013 (Raipur), 2014 (Vadodara), 2015 (Goa) and also Faculty at USICON: Guwahati, 2013 (Pune), 2014(Delhi), 2015 (Ranchi) & 2016 (Hyderabad).

Way back in 2004, Dr. Mulawkar introduced the system of grading of scientific papers at the WZUSICON and also was the first to start electronic paper submission, E souvenir & scientific program by SMS.

On social front, Dr. Mulawkar has conducted many free prostate surgery camps from 2005. In these camps he has aimed to contribute Rs. One Crore to the society. So far more than eighty lakh rupees have been contributed. He started IMA Walkathon, which is a walking and running awareness activity for public started in 2008. In addition, he also runs a charitable trust wherein surgeries are subsidized.

Dr. Prashant Mulawkar has made the zone proud by getting his name featured in the Limca book of records for removing largest bladder stone endoscopically. Taking inspiration from his teacher Dr. Chibber, Prashant started marathon running. He has run marathon in all five continents.

Dr. Mulawkar says, 'If elected I would continue good work done by previous secretaries. In addition, I wish to formulate transplant authorization procedure and would submit it to higher authority. I would also like to prepare the blue print for electronic voting system in WZ and would like to put it to AGM for approval. In addition to regularly organized workshops, I intend to start smaller workshops/Webinars: One day workshops on a specific topic with WZ faculty. I would like to start Online symposia: one each fortnight with WZ members as moderators and also Urology Quiz for members'.

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Council Members: (six candidates; three posts)

Dr Rajesh Kukreja

Dr Rohit Joshi

Dr. Sushil Rathi

Dr T B Yuvaraja

Dr Ulhas Sathaye

Dr. Vilas Sabale

Peri-operative management of urological patients on anti-platelet agents

Dr Atul Limaye
Senior Consultant Cardiologist
Fortis Hospital Mulund

Increasing numbers of patients on anti-platelet agents are presenting to urologists for elective, semi-elective and urgent surgeries. The most common indications for anti-platelet agents are:

- Prior coronary stent implantations
- Peripheral arterial revascularizations
- As a secondary prevention of cardiovascular or neurological events
- 'Primary prevention: These patients do not strictly require antiplatelet agents; data for benefit in this group is not convincing.

Agents commonly used: Usually dual-antiplatelet therapy (DAPT), composed of aspirin and a P2Y12 receptor antagonist (mostly clopidogrel, or prasugrel or ticagrelor).

Problems with pre-surgical withdrawal of DAPT: Withdrawal of protection with subsequent risk for stent thrombosis or other ischemic events. The risks are highest for patients with prior coronary stents and recent coronary events (ACS/MI – Acute Coronary syndromes / Myocardial infarctions).

Defining the fine balance between ischemic and bleeding risk remains a challenge in these patients undergoing surgery. Understanding whether an antiplatelet agent should or should not be discontinued and tailoring treatment strategies are key to balancing the safety and efficacy profiles of antithrombotic medications.

Ischemic and Bleeding Risk in Coronary Artery Disease (CAD) Patients Requiring Surgery

Ischemic Risk

Antiplatelet therapy is a mainstay in the management of patients with CAD. This includes not only patients who have undergone stent implantation, but also those with an acute coronary syndrome (ACS) who are medically treated, in whom the clustering of adverse thrombotic events has been described in the early period after interruption of oral antiplatelet agents. Importantly, stent thrombosis is a serious complication that is known to commonly present with death or a large nonfatal myocardial infarction.

Rebound platelet reactivity after discontinuation of antithrombotic therapy has been advocated to lead the increased thrombotic risk in stented patients undergoing surgery. This may assume clinical relevance in surgical settings, which are inherently associated with an increased prothrombotic and inflammatory environment.

Bare metal stent (BMS) thrombosis is more frequent in the first 2 weeks after stent placement and rare more than 4 weeks after, when endothelialization of the stent has generally occurred, current guidelines recommend delaying surgery 4 to 6 weeks after BMS placement to allow proper thienopyridine use to reduce the risk of coronary stent thrombosis. Since the time period to full endothelialization is longer with DES, current guidelines recommend withholding elective noncardiac surgery for at least 12 months after DES implantation.

Bleeding Risk

Most urologic procedures carry an increased risk of bleeding in the context of perioperative antiplatelet drug use. Surgeries could be classified as high risk (PCNL, ESWL, TURP, TUR-BT, partial nephrectomy), intermediate risk (prostate biopsy, orchiectomy and circumcision) or low risk procedures (Flexible cystoscopy, ureteral catheterization and Ureteroscopy).

TURP remains a common and challenging issue. Currently, any surgical treatment of bladder outlet obstruction (BOO) should be deferred whenever possible following PCI. Nevertheless, some patients require surgery because of the presence of one or a combination of complicating factors. While TURP is still considered the gold standard for the treatment of BOO, the risk of clinically significant bleeding can be reduced by using lasers. In particular, holmium laser enucleation of the prostate and laser vaporization using potassium-titanyl-phosphate have

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accumulated enough evidence to support their use in patients receiving antiplatelets or with a high cardiovascular risk. Both procedures provide a safe perioperative profile with reduced bleeding even without discontinuation of clopidogrel and aspirin while guaranteeing a disobstruction not inferior to standard TURP.

Aspirin was found to be associated with a 1.5-fold increased risk of bleeding complications, but it did not increase the level of the severity of bleeding complications and acted only quantitatively on hemorrhages, with the exception of TURP. Interestingly, when surgeons are not aware if aspirin was used or not, they often cannot distinguish, based on the type of bleeding, patients on aspirin from those who have discontinued.

The first major evidence on the impact of P2Y12-inhibiting therapy on surgical bleeding derives from the Clopidogrel in Unstable Angina to Prevent Recurrent Events (CURE) trial comparing clopidogrel versus placebo, on top of aspirin, in ACS patients. A 53% relative increase in major bleeding was seen for those who continued the drug within 5 days of surgery (clopidogrel 9.6% versus placebo 6.3%). It is recommended to discontinue Clopidogrel for at least 5 days before any surgery.

Prasugrel is a third-generation thienopyridine with more potent antiplatelet effects than clopidogrel, which was extensively evaluated (TRITON–TIMI 38 trial) in the setting of ACS patients undergoing PCI. When possible, prasugrel should be discontinued at least 7 days before any surgery.

Ticagrelor is a novel generation P2Y12 receptor inhibitor, a first in class cyclopentyltriazolopyrimidine, with more potent antiplatelet effects than clopidogrel, but faster speed of offset, comparable residual platelet inhibition at 24 hours and 3 days after the last dose, and return to baseline platelet reactivity at day 5 similar to clopidogrel on day 7. It is recommended to discontinue ticagrelor at least 5 days before any surgery.

Practical Recommendations and Future Directions

Optimal Duration of DAPT and Stent Selection

Although practice guidelines advocate for prolonged use of DAPT after DES implantation and thus ideally postponing noncardiac surgery for 12 months, the optimal duration of DAPT remains unknown.

When a stent is needed in candidates anticipating surgery, a BMS should be preferred over a DES, if possible, because of quicker endothelialization with shorter need for DAPT. Among DES , the second-generation DES's, such as everolimus-eluting stents (Xience/ Promus) and zotarolimus-eluting (Endeavor/ Resolute) have been associated with a very favorable safety profile compared to first generation DES's, such as sirolimus-eluting (Cypher) and paclitaxel-eluting stents (Taxus) which require longer duration of DAPT.

Stents with bioabsorbable polymers (Absorb) offer theoretical advantages over other BMS/DES stents but they still require prolonged DAPT.

Managing Perioperative Withdrawal of Antiplatelet Agents

In patients treated with stents who are to undergo subsequent procedures that mandate discontinuation of P2Y12 receptor inhibitors, aspirin should be continued if at all possible and the thienopyridine restarted as soon as possible after the procedure. If aspirin therapy is maintained, short-term discontinuation of a thienopyridine might be relatively safe in patients treated with DES. Aspirin should only be discontinued if the known bleeding risks are similar or more severe than the observed cardiovascular risks of aspirin withdrawal. Clearly, in the absence of patient- and procedure-specific recommendations from practice guidelines, clinical judgment is key. Considerations on perioperative withdrawal of antiplatelet agents should include a precise upfront definition of the individual thrombotic profile of patients referred to surgery. In aggregate, the available information seems to identify patients at high risk of perioperative thrombotic events as those who have received a BMS within 1 month or a DES within 6 months, and those who have received a DES >12 months but remain at risk of stent thrombosis or life-threatening complications for unfavorable anatomic or procedural characteristics (ie, long stented segments (>30 mm),

multiple stents, overlapping stents, small vessels, bifurcation lesions, left main, last remaining vessel and a final TIMI flow less than 3 in the target lesion), or those with unfavorable clinical characteristics (ie, recent ACS, history of stent thrombosis, impaired left ventricular ejection fraction (<30%), chronic kidney disease, diabetes mellitus, in-stent restenosis treated with radiation and peripheral arterial disease). The need for keeping such high-risk patients on aspirin alone, clopidogrel alone, or both during the surgical period, should be individualized based on the surgical context.

Bridging Therapy

The ideal bridging agent should be effective in achieving platelet inhibition similar to that of the oral P2Y12 receptor inhibitor, with a rapid onset of action and also rapid offset (short duration of action). Evidence on the efficacy and safety of short-acting antithrombotic drugs such as unfractionated heparin, low-molecular-weight heparin or short-acting glycoprotein IIb/IIIa antagonists (eg, tirofiban, eptifibatide) in the perioperative setting are sparse. However, it is important to emphasize that, if bridging is necessary, antiplatelet agents should be preferred over anticoagulants, because platelet accumulation at sites of vascular injury is well known as the primary event in arterial thrombosis. Importantly, unfractionated heparin makes platelets more reactive to activation by other agonists such as adenosine diphosphate and binds to the glycoprotein IIb/IIIa receptor on the platelet, resulting in a prothrombotic effect. Therefore, bridging with heparin can actually be potentially harmful. Although low-molecular-weight heparin does not stimulate platelets like unfractionated heparin, this does not have platelet inhibitory effects, which remain key for bridging.

On this background, the only approved agents with fast-acting and potent platelet inhibitory effects with relatively short duration of action are the small-molecule intravenous glycoprotein (GP) IIb/IIIa antagonists (eg, tirofiban, eptifibatide).

In selected cases, such as patients with high ischemic risk for whom the discontinuation of the oral antiplatelet therapy is necessary, patients stop taking DAPT or only the second antiplatelet agent 5 days before surgery (7 days in case of therapy with prasugrel). The intravenous infusion of GP IIb/IIIa inhibitor starts 3 days before the intervention and is stopped 4 hours before surgery (8 hours in the case of creatinine clearance <30 ml/min).

Cangrelor is a nonthienopyridine adenosine triphosphate analogue that reversibly binds to the P2Y12 receptor, and, unlike clopidogrel, prasugrel, and ticagrelor, it is administered intravenously with a rapid onset and offset of effect. In comparison with glycoprotein IIb/IIIa inhibitors, cangrelor features more desirable characteristics because of its faster offset and specificity to the P2Y12 receptor . No renal adjustments are required, because renal function does not affect the clearance of cangrelor. In addition, there is a larger window of opportunity to initiate treatment, which should be within 72 hours from P2Y12 inhibitor discontinuation, and to extend treatment, which was tested up to 7 days. Discontinuation of cangrelor infusion can occur 1 to 6 hours before surgery. It may offer a viable alternative to GP IIb/IIIa inhibitors in the future.

After surgery, irrespective of bridging strategy, clopidogrel should be resumed with a loading dose as soon as oral administration is possible. Prasugrel and ticagrelor administration should be discouraged in the early period after surgery, given their increased potential for bleeding complications. If oral administration of clopidogrel is not possible, postsurgery bridging with an intravenous agent should be considered. Low-dose aspirin (<100 mg/d) should be administered continuously throughout the perioperative period

Indeed, the main limitation of bridging with intravenous antiplatelet therapies (glycoprotein IIb/IIIa inhibitors or cangrelor) is the need for several days of hospitalization to allow drug infusion. This is therefore accompanied by added costs during a time frame in which, for the most part, patients are simply waiting to undergo surgery and no other treatments are being provided.

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PROPOSED DAPT INTERRUPTION POLICY FOR UROLOGICAL SURGERY:

Platelet Transfusion

Red blood cell transfusion has been found to increase platelet activation and aggregation in healthy volunteers, a mechanism that may partly explain the risk of recurrent ischemic events or mortality after transfusion in anemic patients with ACS. In case of hemorrhage that continues despite the usual hemostatic techniques, however, platelet transfusion may be considered as a strategy to reverse bleeding, even if platelet count is normal. Less effect on platelet aggregability may be anticipated in patients treated with a reversible P2Y12 inhibitor such as ticagrelor in comparison with those on clopidogrel or prasugrel.

Conclusions

The risk of stent thrombosis is significantly increased after premature discontinuation of DAPT. The management of antiplatelet therapy in patients with coronary stents undergoing urologic procedures is still challenging and requires thorough urology and cardiology assessment.

Strategies aimed at bridging patients on DAPT to their surgical procedure may benefit from the introduction into clinical practice of short-acting intravenous antiplatelet agents with a fast offset of action such as cangrelor. Similarly, healthcare providers who perform invasive or surgical procedures and who are concerned about periprocedural and postprocedural bleeding must be made aware of the potentially catastrophic risks of premature discontinuation of antiplatelet therapy. When issues regarding DAPT therapy arise, particularly in stented patients, cardiology consultation is indicated.

1. In patients with prior percutaneous coronary intervention (PCI), elective surgery must be delayed for 4-6 weeks after bare metal stents (BMS) and 12 months following 1st generation drug-eluting stent (DES) implantation.
2. Patients with 2nd-generation DES may be considered for elective surgery and temporary interruption of dual anti-platelet therapy (DAPT) after 6 months for an elective procedure except in the following situations:
   - Any one of the following clinical risk factors exist: The DES was placed in the setting of acute coronary syndrome or the patient has chronic kidney disease, diabetes, ejection fraction < 30%, any history of stent thrombosis, in-stent restenosis treated with radiation, and peripheral arterial disease.
   - Any one of the following angiographic risk factors: Bifurcation lesions requiring multiple stents, multi-vessel intervention, left main intervention, overlapping stents, stent length>30 mm, and a final TIMI flow less than 3 in the target lesion.
3. The decision to proceed with elective non-cardiac surgery after 6 months have elapsed since PCI should be a consensus decision among treating providers. There should be explicit discussion about plans to resume antiplatelet therapy following the procedure or surgery.
4. Ideally, aspirin should be continued in patients with any history of previous coronary stenting, save circumstances where risk of bleeding is expected to exceed that of ischemic outcomes.
5. For patients with any history of previous coronary stenting who erroneously discontinue aspirin prior to an elective procedure or surgery, a discussion among treating providers (e.g., cardiologist, surgeon and anesthesiologist) is required to determine how best to proceed.
6. For TURP - laser therapies may be considered without DAPT interruption.
7. For non-deferrable high risk surgeries in patients at high risk for stent thrombosis, consider bridging therapy.