



NEWSLETTER

Urology Society of India - West Zone March 2021



International Women's Day
8th March

UROLOGY IN THE THIRD MILLENNIUM....
The future is female

West Zone USI Council

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Let us expect a change in gender ratio here as well...

Urology her way.....

Section Editor - Dr. Anita Patel



It is said, "Change is the only constant in life." The year 2020 has seen change and how! The entire world has gone through an existential crisis, with Covid ruling practically every decision. I came across a write up mentioning how countries with women in leadership roles fared better in handling this crisis and that made me Google some facts. The countries included Norway, Scotland, Namibia, Denmark, Germany, Estonia, Taiwan, Serbia, New Zealand, Finland, Greece, Lithuania....to name a few!. Am I suggesting something? Yes and no! It is obvious that women are rising and the world is changing. Am I hinting "they do it better"? Not necessarily but given a chance they are clearly at par with their men colleagues.

Way back in 1992 I left for the UK for higher studies in urology. At that time, urology departments in all 3 teaching hospitals in Mumbai were headed by a woman! As against that the number of women urologists in UK could be counted on your fingers! Women in surgical specialties were also perceived as dominating, fiercely independent, they dressed like men and were less inclined to have a family..... Times are changing, albeit a bit slowly. Amongst all surgical specialties, urology is still the least favored line with only 8% women representation worldwide. While the number of women urologists in UK has risen to 14%, USA trails behind at 8-9%. The Global Men's Health Foundation actually has a lady urologist Dr. Ingrid Perscky from Panama as its President! The "Surgery in The 3rd Millennium: The future is female" congress in Barcelona Feb 2021 clearly gave the message, encouraging more women to take up urology. However India still has only 1% women urologists!

This newsletter issue is dedicated to those of us who have chosen the less treaded path! West zone, and Mumbai in particular, has the largest number of practicing women urologists in India and they are speaking their mind here. The newsletter has words of wisdom by our teachers and senior urologists, who have been our mentors and role models, describing their past and guiding us about the future. It features articles by current professors and senior practitioners who have stood firm, often facing adversities but have made it their mission to spread feminine cheer in this so called "man's field". Above all, it has articles by our young achievers, fresh from the universities, with dreams in their eyes to wield the endoscope and handle the robot. There are views, counterviews, and a review paper worthy of being included in a scientific journal. All seem unanimous that to create gender equality, the change has to come from within. They describe their "Cinderella" moments, acknowledge their male colleagues and appreciate the encouragement they have received from the society. Everyone echoes the sentiment that the patients are least bothered about the gender of their treating urologist!!! There are dissenting voices too, making us aware that a lot still needs to be done. I wish to express my sincere gratitude to all the contributors.

This issue comes to you in March, when international women's day is celebrated. The theme for this year's "women's day" is "Choose to Challenge". Interestingly I never really celebrate or wish any woman on 8th March as I hope and believe every day should be a celebration of our womanhood! However, if this issue brings about a change, a smile and also challenges the stereotype called "Woman Urologist" I will be the happiest.

From the desk of editor

Dr. Prashant M. Bhagwat



Respected seniors and friends

The much awaited newsletter on 8th of March "International Women's Day" is here. It is my privilege and honour to pen down my views in this editorial which was essentially crafted by Dr. Anita Patel. I am indebted to all the contributors for sharing their views, voicing their concern but energetically and enthusiastically shouldering the responsibility as a urologist both academically and in administrative position. This is a field which was / is still considered as a male dominated.

Gender equality being the main theme of this newsletter reminds me of inauguration of my hospital exactly 12 years ago by none other than my mother with late Dr. A. G. Phadke being the chief guest and Dr. C. Nageswara Rao as guest of honour. She is the unending source of my inspiration and strength.

"Feminism isn't about making women stronger. Women are already strong. It's about changing the way the world perceives that strength." - G.D. Anderson.

This newsletter is NOT dedicated to the female urologist as this is often one time program. It should be the way of life / Urology.

Being fond of *William Shakespeare* reminisces me of *"As you like it."* *"Do you not know I am a woman? When I think I must speak."*

"Women with a voice is by definition a strong woman." - Melinda Gates.

"And one day she discovered that she was fierce and strong and full of fire and that not even she could hold herself back because her passion burnt brighter than her fears." - Mark Antony.

The newsletter is titled "Urology in The Third Millennium" - the future is female, as I believe more female Urologist will be in the forefront at zonal, national and international level.

I accolade Dr. Prashant Mulawkar for his innovative idea on this section of newsletter. I also congratulate Dr. Ravindra Sabnis for his landslide victory as a President elect USI. Sir you really deserve it.

I also praise the west zone for their composed but persistent efforts to get the USICON 2022 in Ahmedabad. All zonal members who stood like Rock of Gibraltar and the National body along with North Zone need an ovation.

Long live West zone USI. Long live USI

Jai Hind.

"The question is'nt who is going to let me. It is who is going to stop me." - AYN RAND

"Strong women scare weak men" - Anonymous

*"WOMAN was made from the rib of man, She was not created from his head to top him,
Nor from his feet to be stepped upon, She was made from his side to be close to him,
From beneath his arm to be protected by him, Near his heart to be loved by him." - Anonymous*

President's Address

Dr. Anil Bradoo



Hello Everyone!

It's a pleasure to communicate with you through this very special issue. Since it's a celebration of International Women's Day I thought I'd ask a woman who has always been my constant source of support and encouragement - Renuka, my wife. This is what she said.....

"Even wisdom comes with an expiry date! 'The hand that rocks the cradle rules the world' was a wise saying once upon a time. Today, for this saying to be relevant, instead of nine short words you would need numerous pages, if not books. 'The hand that rocks the cradle, feeds the brood, convenes a meeting, plays the tabla, launches a missile!' - You get the general drift! Women doctors - may their tribe increase- are not just female versions of their male counterparts. They bring with them new perspectives, ingenious ideas and sometimes even a complete paradigm shift."

So true! They have taught us how to debate with dignity and treat with empathy. They have taught us the power of multitasking and delegation. They have taught us that even though one works twice as hard to prove oneself, one can do it gracefully, yes, even glamorously. I consider myself fortunate to have interacted with exceptional women as my seniors, my compatriots and my junior colleagues.

I personally feel that celebrating a separate "International Women's Day" is belittling the impact women have on every day of our lives. In a country such as ours, where the less literate still call a female doctor 'sister', we have a long way to go. Only 9% of practising urologists today are women. There is an increasing demand for women urologists as the fields of female urology grows. Women with urinary incontinence and urogynaecological problems naturally feel comfortable with a female urologist. They feel more 'listened to' rather than just 'heard'. However, the true test will be when we have many more women at the helm of all urological subspecialities. It's happening now and I'm glad to be there to witness this change.

Speaking of women at the helm, we've seen that countries which had the most exemplary and efficient response to the Covid 19 pandemic have been led by women. This has been too constant for it to be a mere coincidence. At a more grassroots level, women have been at the forefront as scientists, doctors, caregivers and frontline workers. We have seen that when women lead, we see positive results.

I dream of a day when society will be so integrated, so equal, that there won't be a need for a separate International Day for women. Come on guys, it's time we learnt from the remaining 50% of humanity .

Signing off.

“Glass Ceiling” Secretary’s message

Dr. Prashant Mulawkar



Friends, it gives me a great pleasure in releasing this special issue about women in urology on the occasion of International Women’s Day (IMD) 2021. In medical college admissions, women outnumber men. In 2014-15, women bagged 23,522 medical seats compared to 22,934 men. However this figure reduces to one third at postgraduate level [1]. Although lesser in number, female surgeons may be better than male surgeons. In one large population based matched cohort analysis, patients treated by female surgeons had a small but statistically significant decrease in 30 day mortality. Readmission rates, complication rates were less in patients operated by female surgeons. But these were not statistically significant. Surgical outcomes were similar compared with those treated by male surgeons [2]. In spite of this, in a surgical superspeciality like urology women are quite rare in India. And it is not just India. In USA also, urology has the biggest gender disparity. Although Elisabeth Pauline Pickett was the first board certified urologist way back in 1962. Women taking up urology as a career were rare. Today women urologists form just 8% of the total urologists in USA [3]. But the number of women urology trainees in USA is on rise. In 2019 25% of urology trainees in USA were women. Society of women in urology was established in 1992. It is an organization with a mission to promote and support women in all areas of urology by networking and clinical mentoring. It has been making significant impact on training, practice management and work life balance. Soon we would need such a wing of USI for the women in urology.

In India, Dr. Lakshmi Sankaran was the first woman MCh. She worked as the professor of urology at Tirunelveli. Dr. Sulabha Punekar (Mumbai), Dr. Shobha Lal Chaudhary (Mumbai), Dr. Revathy Raju (Hyderabad), Dr. N. Raja Maheshwari (Chennai), Dr. Bakthawar Dastur (Mumbai), Dr. Vatsala Trivedi (Mumbai) and Dr. Anita Patel (Mumbai) were the few initial Indian women who opted urology as their career [4]. Today our west zone has the largest number of women in urology. It is a matter of pride for all of us. The contribution of women urologists is being recognized worldwide. In this special issue we are celebrating the varying achievements of these women. These women are the founding stones of our progress toward gender equality.

Friends, the glass ceiling is a metaphor referring to an invisible barrier that prevents women and minorities from being promoted to managerial and executive-level positions within an organization. One example of the glass ceiling can be seen is the office of the President of the United States. There's no law that prevents a woman from occupying this office, yet it still hasn't happened. Whereas we in India have had a woman as a Prime Minister as well as President. We have all the potential to break this glass ceiling.

At the end, I would like to share an anecdote highlighting importance of Indian women in

healthcare sector in international arena. The story goes like this. It was 2007 when Mr. Nawaz Sharif, the ex-Prime Minister of Pakistan, was in exile in Dubai. His family member had some orthopedic issue. A call was sent for a senior orthopedician in Dubai. The doctor came, examined the patient, formulated the plan of action and prescribed some medicines and tests. As is customary, the doctor wished to explain the ailment to Mr. Sharif. The doctor told Mr. Sharif's the personal assistant (PA). PA went to Mr. Sharif. That time Mr. Sharif was being interviewed by BBC. Mr. Sharif came out and saw a lady. He was astonished and annoyed to see a lady standing there and confirmed with the PA that lady was indeed a doctor and an orthopedician. In disbelief Mr. Sharif enquired the whereabouts of lady orthopedician.



Dr. Sharmila Kolarkar Tulpule

Learning that she was Indian, Mr. Sharif turned around to tell the BBC people that India has progressed because of women like her. He said, "I can never ever imagine that a Pakistani girl will reach such heights in my lifetime." Friends, this is India and these are Indian women. The lady orthopedician was Dr. Sharmila Kolarkar Tulpule [photo]. She happens to be my batchmate from GMC Nagpur. When I heard this incident for the first time, I got goosebumps. We are heading towards more Sharmilas in urology too. Let this issue be one more step towards gender equality in urology. Let this issue break the glass ceiling.

References

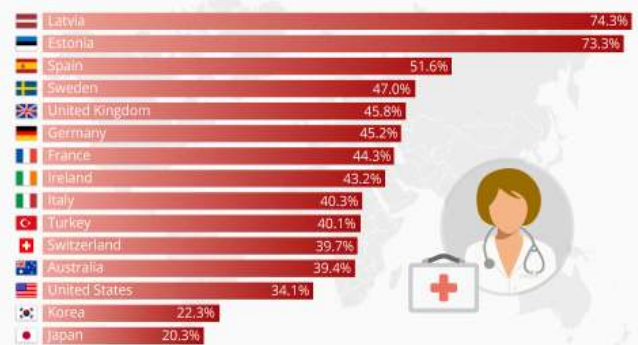
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Anand Mahindra's viral post saluting working women is winning hearts online. Taking to Twitter, Mahindra posted an image that featured formally dressed men and women on a race track. While, for the men the track was clear but for the women, the path was filled with several domestic obstacles.

Female Doctors By Country

Share of female doctors in selected countries as of 2015



© StatistaCharts Sources: OECD Health Statistics, 2016

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Down the memory lane.....

Dr. Sulabha Punekar



It is said that we are what we remember. If we lose our memory, we lose our identity! Our identity is an accumulation of our experiences and lessons learnt, recorded as memories. During a long walk spanning over parts of 2 centuries, I have learnt what to claim and what to bypass! This journey has enriched my life and has helped in shaping my present and future.

My first interesting experience as a lady urologist was during my urology degree exam in South India, when I was directed to the gynecology exam hall instead of urology! This reminds me of the legend of GOLF, as the word is believed to be an acronym of Gentlemen Only Ladies Forbidden! However thereafter I never experienced any gender bias and I think I was lucky. The subsequent journey was smooth as I had minimal family responsibility, had access to the best department and was fortunate to have a galaxy of students. I faced many challenges and I handled them exactly as how any other person/male would do.

Urology during my times mainly consisted of major complex open surgeries and it was also the dawn of endoscopic surgery. We witnessed the birth of rod lens system, fibre optics, solid state diathermy and resectoscopes. Imaging consisted of plain X rays, IVU, trans-lumbar angiography, lymphangiography and RGP. Even sonography was not available till 1982-83. In 1980-81 we organized the first operative workshop showing Millin's prostatectomy, hilar clearance, coagulum pyelolithotomy. The video camera team was from Doordarshan! Early 80s saw the birth of PCNL, rigid ureteroscopy[and ESWL] and we were lucky to have these facilities in our department.

The current pandemic has changed many things and medical field is no exception. The era of online consult means less physical contact and more reliance on reports. It is said that doctor's hand on patient's pulse is 50% of the treatment! The art of listening to your patient is invaluable as that gives away the diagnosis very often. [e.g. chyluria can be diagnosed just by listening to patient's description of his urine colour!] Direct personal contact with the patient also makes it easier for the doctor to empathize, and invaluable quality. Perhaps this art of medicine is getting lost somewhere!

The era of Google means everything is available at the click of a mouse. Can that replace teaching in person? Not really. Google gives you information but a teacher gives you knowledge and shows you the path. There are ample examples of this in our scriptures and in Mahabharata. Today's teachers have to ensure that they strike the correct balance. No amount of online training can substitute a surgeon guiding his student during a surgery in the OT! As urology is a vast specialty, one cannot be master of all. A teacher should also be gracious enough to send his students to other institutes where a particular skill or technique may be taught better. That in my opinion is the only way to ensure comprehensive urology training.

Pearls of wisdom

Dr. Vatsala Trivedi



1. (a) Is the online training the way forward?
2. (b) In the era of Google (In urology in particular), is there still a role for a teacher holding your hand and teaching you the nuances of endoscopic surgery?

The recent pandemic has opened our eyes to the impending disaster and our lack of preparedness for the same. This holds true for the entire medical education also where we saw medical students and resident doctors facing a major set-back in terms of their academics and training. The advent of online training has definitely helped in softening this blow to the academics that students have faced in the recent times. It has helped them keep in touch with the subject albeit it was only the theoretical knowledge which was essentially shared. The theory is only a small part of the training schemata for any surgical trainee including Urology. Whereas the recent times and the fact that there are limited urological training programs globally, has made us turn towards simulation and training on the preserved cadavers as popular educational tools especially in endoscopic urology, it cannot replace the role of a teacher in training of the practical aspects of urology. Google will provide us more information than skill. To turn this into useful knowledge, we still require a teacher.

- 2 a) Is doctor patient relationship changing? How can today's trainees learn this art?

In the last decade or so there has been a definite dip in the doctor-patient relationship. Increasing economic aspirations, stress levels, increasing urbanisation, high level of competition and distorted cultural values have been contributing factors. There has been a rampant increase in the mistrust towards the doctor fraternity with increasing numbers of doctor facing violence. Today every patient is being treated as a potential litigant. Introspection, patience while handling the increasing workload, ethical practice, observing the mentors and learning also the art of medicine from them rather than only the science will help today's trainees circumvent this glaring issues.

- b) Does the gender of the doctor matter in this regard? Are women doctors more empathetic?

Women are definitely more empathetic as a sub-sect as compared to their male counterparts in all walks of life. And this helps them achieve increased rapport, better understanding and patient confidence in the medical field thus improving the doctor patient relationship. But this empathy comes with a cost that female uro-surgeons continue to pay even today and probably is one of the reasons that we face such severe gender diversity in our branch today, where the perception of our peers is that being empathetic is equivalent to being weak and an inefficient surgeon!!! However the society in general and patients in particular do not seem to share this thought process and have largely preferred female uro-surgeons as much as they have accepted their male counterparts.

"Standing alone doesn't mean I am alone. It means that I am strong enough to handle things by myself."
- Anonymous

Heading a busy urology department and marching ahead.....

Dr. Sujata Patwardhan



My tenure as HOD started in 2004 and initially I was at LTMGH Sion and then promoted as Prof HOD in 2009 to KEMH Hospital..

Initial period of being the head of dept. was subject to peer pressure and the need to please everyone probably related to my immaturity. As time evolved, I became more confident as a surgeon.

Looking back, I feel that taking interest personally to each of everyone in the dept is important. Starting from the class 3 workers, nurses, OT staff, Faculty, students, each group requires special attention. Striking a balance between being a sympathetic, empathetic person and at the same time to maintain discipline is difficult. I have erred on both the aspects and learnt with time. But one important fact I learnt is to look from that person's point of view and then take a decision. Being a high-volume center, students do get into a tendency to divert patients. I usually tell my students that you need to look at each patient as your own relative and then manage him- if done so, you are unlikely to make mistakes. I am not sure if my advice is really given any attention but beyond instilling values, nobody can control anybody. I make it a point to be personally involved in each and every student and his life and also let them be involved in my personal/family life and hence we bond well. I have received and given immense support at various times and I can relate to issues from love affairs to arguments with parents and practice related issues. This could be more related to being a female but not necessarily.

Knowledge of skills – This is the aspect that gets you some credibility. You have to read and keep in touch with advances and learn new skills. Though as a woman, I personally understand the mechanical part of urology little less efficiently. But it has not mattered much. Learning new skills is essential and I am not ashamed that I learnt laparoscopy along with my students. In fact, they do teach me a few skills. I also feel that my students should be exposed to other teachers in city and elsewhere and involve senior teachers to groom them. Our weekly class with Dr. Ganesh Gopalkrishnan is going on since 2009 for eleven years.

Getting things repaired and getting new instruments in a BMC set up is challenging and yet proper planning and thinking in advance helps. In our department, we delegate each machine to one student or faculty and get a regular feedback. Of course, nothing is possible without support and respect from your immediate faculty. Dr. Bhushan Patil, [though my student]; keeps up the academic tempo and pushes me to try new skills. Without his commitment, it would be impossible to keep records, or teach operative skills to students. Today right from 3D donor nephrectomy, laparoscopic, cystectomy to difficult reconstructions we do it all, I usually divide the surgeries as per the skills of my faculty. However even in this era of Laparoscopy we emphasize, that all students need to learn open surgery.

In short, God has been kind to send good-hearted people my way and that the last 16 years as HOD has been a bed of roses. I do have my days of frustration and outbursts of anger but we function

as a family. I usually call it my Cinderella moment – after which I can change into a frog or a Witch.! Negligence and manipulation are my cut off points, I think.

We go for overnight trips, play cricket, singing, dancing as a family. Total 49 students, 3 women and 46 men from different parts of India are my family and we are in close touch with each other. Getting students to write and do some authentic research is the most difficult part for me and it's the only place where I threaten them with consequences, I have never faced any bad behaviors from any of my staff and students though I have noticed a change in attitude in the last few years.

Teaching students good manners and anger management is important. We have a hierarchy system but everyone gets an equal share of responsibilities managing patient load. There has not be any expansion in the number of beds or staff since the inception of this department. Breakage of scopes, cameras, light sources are frequent and hence we have to be procuring instruments in advance. Administrative work, especially technical meeting and Prebid's are a nightmare for me! I would rather operate but yes, I have had to attend quite a few.

In addition, I am the director in charge of Regional and State Organ Tissue Transplant Organization, and a permanent trustee of Diamond Jubilee trust for KEM. I am also a member of academic committee, state advisory committee for Organ transplant and Marathi Vangmay Mandal of KEMH.

I did my FAIMER fellowship which I feel should be done by all teachers. Various medical teaching skills need to be learnt and implemented.

In the end I would like to say, being a HOD is a great experience and helps you to grow as an individual.



Department of Urology KEM Hospital, Mumbai

Can a woman urologist have it all?

Dr. Bakhtawar Dastur



Urology still remains a male dominated speciality in this competitive world. Irrespective of the gender, no practising Urologist can have it all. Interest and practice differ from doctor to doctor. Females have more scope of practising Female Urology; as in our country females do prefer to go to a female Urologist, but are unaware of the lot.

Your advice to today's young [women] urologists....

It is very important for women to subspecialize after super-specialisation. My advice to today's budding Urologists is to do more and more of less and less, and to be recognised. Be an expert in a small field! Otherwise in this rat race you will be left behind.

Women in leadership roles...A taste of changing times

Dr. Hemali Trivedi Gupta



Persistent male gender predominance is a fact in urology in India. Nowhere is it more obvious than our urology conferences. The number of women as faculty in any of these conferences is minuscule. They are usually included in the female urology session. Due credit for any other subspeciality is the exception rather than the norm. It has often led me to wonder if the general perception is that during the course of your super-specialty training and career in urology as a female do you only study and thereafter practice urodynamics? Is it that as a woman you can't do a RIRS or a renal transplant?

The general public perception of the person being a doctor first irrespective of gender is definitely evolving. Patients queue up in General Hospital OPDs as well as in private practice without considering the gender of the treating doctor. In Obstetrics and Gynecology, men are easily accepted as being at the forefront of their field. The scenario in urology tends to be different. In fact it is amongst peers that women urologists face the greatest challenge. Scientifically speaking there is no proof that women urologists have a greater complication rate compared to male surgeons. Definitely, the female urologist may be lacking a so-called "old boys' network" but nowhere is that defined as incompetence!!

Today with a huge increase in the number of super-specialty seats available we do have a fair number of female residents pursuing urology. Of course, the percentage is still negligible but it is an increasing graph. However, in terms of urological leadership female representation is nonexistent

Chyu et al in their Urology 2020 article have reported that leadership positions in Urology in

the US were reached only probably in the last decade. At this point in time, they have a fair number of female urologists both in academia and in private practice approximately 9.2 percent of the total. Like us as a nation having a female President or Prime Minister decades ahead of their female Vice President we have had females in leadership positions in Urology almost 2 decades before them. Mumbai especially at one point in time, had MCI recognized urology departments headed by Dr. Vatsala Trivedi, Dr. Sulbha Punekar, and Dr. Shobha Chaudhary at the same time. A large number of postgraduates have been mentored and trained by them. The pioneering work in deceased donor transplantation with the first deceased donor transplant in the entire west zone and second in the country was done by Dr. Vatsala Trivedi at LTMGH Sion way back in 1997.

Very little mention of the contribution is ever heard. As is the case with women in all leadership positions the continuous need to validate achievements and the backlash for the so-called failures have definitely overshadowed the contribution to the field.

The hope is that with an increase in the number of women in urology there is an increase in their representation in leadership roles. However, passively waiting for gender equality probably ignores the challenges a woman faces when it comes to promotion and access to opportunity.

To change this several steps can be taken. Mentorship of the new female trainees can be easily implemented to negotiate the gender-based pitfalls in the system.

Professional organizations across the world now consider gender diversity as a mandatory part of their fundamental manifesto. Women urologists in India must have an equitable representation in organisations like USI. Despite all the initiatives to enhance and facilitate gender equality, the implicit gender bias needs to be addressed. Implicit gender bias is defined as a subconscious perception that women are less competent than men and it conflicts with one's stated beliefs regarding gender equality.

Any biased behavior needs to be reported. Also, the inequitable share of responsibility such as less clinical work and more administrative work needs to be stood up to.

It is only when this ball starts rolling at the initial stages of training that the female urologist can end up in a leadership role. Simply assuming that by increasing the number of female PGs they will end up in leadership roles will not work. This is an active ongoing process and will eventually not only increase the talent pool in Urology but also benefit the present and future female urologists.

Gender bias is a fact of life and combating it becomes second nature to most professionals. The so-called glass ceiling exists mostly because women tend to accept it. The world is your oyster provided you see it that way!

Ref.:

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"People who repeatedly attack your confidence and self esteem are quite aware of your potential, even if you are not." - Anonymous

"I'm standing in the ashes of who I used to be." - Anonymous

"For most of history, Anonymous was a woman." - Virginia Woolf

Why Urology? Why not Urology!

Dr. Nasreen Gite



I remember the day when my super specialty entrance results were out and I secured 16th rank in the MHSSET in 2011. It was then I started thinking which Super specialty shall I pick up, as I could get any branch amongst the five i.e. CVTS, Neurosurgery, Pediatric surgery, plastic surgery and Urology. I started ruling out the branches. I was forced to think in the favor of plastic surgery or pediatric surgery, these being so-called softer branches amongst all.

Urology was never in the minds of my mentors and guides, as it was a male dominant branch and the branch considered to be dealing with male patients. But I started pondering in favour of urology.

The points in favour of urology were:

1. It has female patients as well, such as Urinary incontinence, overactive bladder, genitourinary fistulae, genital prolapse etc.
2. Females of our country are hesitant to go to male doctors for the urinary complaints. They neglect their problems till it becomes unmanageable.
3. It has fewer emergencies.
4. Emergencies which can be managed by your junior colleagues and paramedics (retention of urine).
5. Emergencies, which does not require any long hours e.g. supra-pubic cystostomy insertion for retention of urine.
6. Emergencies which can be managed by simple procedures such as double J insertion, SPC insertion.
7. Less Intra operative, post-operative, complication as compared to other super specialty branches.
8. More patient satisfaction as compared to other super specialty branches (Stone disease, BPH, Uro Oncology, stricture diseases).
9. Does not take a long time to get established as in other super specialty branches.
10. The majority of operative procedures are short, less time consuming and less exhausting.
11. Considering all the above points it is easier to have work personal life balance for females which otherwise would be compromised.

Has it worked? Yes, I am satisfied with my decision to choose urology as my career, as I could manage my family issues, financial issues, my difficult pregnancy.

I had two ectopic pregnancies for which I underwent tubectomy, and then had difficulty conceiving for which I had to undergo IVF which did not work for the first two cycles.

But it succeeded in the third cycle.

All this happened at the very start of my career as a urologist. I belong to a lower middle class family with no financial support from my family; I could manage all the above problems all alone just because I am a Urologist. It was possible to address my medical issues, my financial issues and could continue working because urology gave my perfect balance of work and personal life.

I never felt any discrimination from my male colleagues, rather I was always welcomed by the urological community. I was able to help those female patients with urological problems who would otherwise hesitate to go to male urologists. My message to young female surgeons is that they can definitely choose urology as the career option.

The pregnant urologist: An Indian perspective

Dr. Neeraja Tillu



Introduction

Latest data from the USI directory shows that women constitute approximately 2% of the urology consultants and 3% of trainees. The number is set to increase in the coming decade with greater intake of women joining super-speciality courses each year. Most are between 27-35 years which is the age group for conception.

Urology involves risks to the developing foetus and mother through ionising radiation, anaesthetic gases, agents used for sterilisation, and long working hours.

The present article aims to provide a review of research in this field with practical guidelines.

Evidence Review

A PubMed search was done for all relevant evidence. The article has been supplemented with personal experience.

Screening and Radiation

The embryo is most sensitive to effects of radiation during organogenesis. Radiation can result in major malformations and growth retardation. The stochastic risk associated is an increased risk of childhood cancer.¹

Dose limit for non-pregnant clinicians 20mSv/ year. In pregnancy, the dose limit is 1 mSv.² Although the data reported from Indian papers exceeds these limits, adherence to ALARA practice is not known.³

Surgical Scrubbing

Povidone Iodine scrub can be absorbed in foetal thyroid with alteration in hormones. It is advised to use chlorhexidine scrub during surgery.⁴

Infectious agents

Healthcare workers are at risk of Hepatitis B, HIV and Hepatitis C through exposure to body fluids and needle stick injuries. Hepatitis B carries 90% transmission risk to foetus. Pregnant urologists should ensure that they are up to date with immunisations and personal protection equipment.

Exposure to sterilisation agents

Increased risk of abortion was found to be associated with exposure to ethylene oxide during pregnancy. It is still used widely for sterilisation of used medical instruments and disposables.⁵

Exposure to formaldehyde increases chances of stillbirth, abortion and low birth weight.⁶ Few centres in the country still use it for sterilisation of storage cabinets.

Data on exposure to high level disinfectants (Glutaraldehyde, paracetic acid, OPA) is sparse. Some studies show impaired fecundity among healthcare workers and the safe levels are not known.⁷

EFFECTS OF ANAESTHETIC AGENTS

Nitrous Oxide interacts with Vitamin B12 which is necessary for DNA synthesis. Studies have shown increased rate of spontaneous abortions and decreased fertility in dental assistants exposed to nitrous oxide.⁸

Desflurane and sevoflurane have not conclusively shown a teratogenic effect.⁸ ASA states there is no association between trace levels of anaesthetic gases and adverse health effects in pregnant women. This applies to an OT with a low-leakage anaesthesia machine, high room ventilation rates and a scavenging system.

GENERAL WORKING CONDITIONS AND MATERNITY LEAVE

Urology involves long working hours, prolonged standing and 24 hr shifts. NHS guidelines state that prolonged standing carries a risk of low birth weight and preterm birth. It has recommended to reduce work hours to 40 hours/week.²

The Indian Maternity Benefit Amendment Act 2017 has stated paid maternity leave of 26 weeks. Benefit can be availed 8 weeks before the delivery date. Postpartum recuperation is necessary before resuming work.

PUTTING EVIDENCE INTO PRACTICE

The safe dose limit of radiation of 1mSv is undisputed. Wearing a lead gown during pregnancy can add to extra weight on the uterus and may not be of adequate size. Fluoroscopic procedures should be avoided if principles of ALARA are not adhered to.

Substituting povidone iodine scrub with chlorhexidine scrub and usage of personal protective equipment must be rigorously adhered to. In high risk cases, a colleague should be asked to substitute in for the pregnant surgeon.

Traditional sterilisation methods should be avoided. A further research into other methods and their safety is needed. Anaesthesiologists should avoid inhalational agents in places where the scavenging is not adequate. It is best to opt for regional anaesthesia cases.

A thorough discussion on the maternity leave and part time recruitment postpartum should be discussed with the employer.

The review gives a brief insight into the challenges faced by the pregnant urologist. Although most of the issues can be tackled, it is pertinent that these be understood by the employer and colleagues as well to ensure the expectant surgeon and the foetus' safety. The lack of clear guidelines in this area is a matter that needs to be researched into.

CONFLICT OF INTEREST

None

*PERSONAL EXPERIENCE

I was pregnant with twins after my residency, while working as a Bonded Assistant Professor at KEM Hospital. I took precautions by avoiding cases requiring fluoroscopy and I preferred cases done in regional anaesthesia. General anaesthesia was totally intravenous. Handling of scopes kept in glutaraldehyde was minimised. As a result, I preferred transplant and reconstructive surgeries. In the last trimester, when prolonged standing was not possible, I took part in teaching, administration and seeing OPD patients. All of this was possible with the guidance of my Departmental head- Dr. Sujata Patwardhan. My colleagues also helped by doing emergency duties and substituting for me in surgery. Due to lack of a paid maternity leave to candidates doing a bonded post in Maharashtra, I joined early after my Caesarean section. Managing feeding schedules, danger of transmitting Covid-19 infection to my infants and the physical strain of working fulltime despite having pelvic pain was stressful. There was a lack of awareness amongst my male colleagues about what a pregnant surgeon faces at work. Although it is possible to manage pregnancy and infant care along with such a demanding branch, I do not wish to paint a pretty picture- it is difficult and requires a supportive family and supportive colleagues. I hope to have enlightened young women urologists in this regard with my article.

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Future of women in urology, 10 years hence

Dr. Sheetal Mistry



Urology has been a male dominated surgical specialty worldwide. However the statistics are now changing with increasing number of females pursuing urology as a career option. A brief look into the statistics show that in 2020, the sex ratio of total population in India is 108.18 males per 100 females, and 48.04% constituting female population as opposed to 51.96% of males. Out of this population, total number of male urologists is 1840, as opposed to 160 female urologists in India (as per a survey done by TOI in 2016). If we compare the data of a past few years, we can safely assume that the tide of male predominance is severely turning. As per 2019, AUA census, out of 13044 practicing urologists, the percentage of female urologists rose from 8.8 % to 9.9 %. Not only in urology; women have also started choosing other male predominant branches too like Orthopedics and Cardiology. As per WebMD 2020 census, the percentage of females stands at 12% in each.

Now, why should this even be a thing to ponder on, especially in the era of millennials where we consider gender equality as an inbuilt virtue? This idea stems from the misconception, atleast among the general population and a culturally defined country such as ours, that urology deals mainly with male health related issues. This can be attributed partly to prevalent ideas, hesitation and general ignorance. However, awareness among the masses, that urology deals with the entire urinary tract, a lot of organs that affect women too and also include incontinence, female sexual dysfunction, pelvic organ prolapsed and overactive bladders, which affects mostly women, is dismal.

Many a times, when I hear from my female patients that "Oh!!! Am I glad to see you in this branch!", is because females are uncomfortable to share these intimate and personal details with a male doctor.

Moreover, female doctors, as the lot believes, are compassionate listeners. With more female urologists, the patients will get a wider choice in who gets to be their treating doctor. This choice of doctor also depends on the area, whether it is a metropolitan city or a rural setting because of obvious societal inhibitions and norms. The ease of choice of a female urologist also depends upon the fact that there is a significant overlap in urological and gynecological problems in a female. All these factors play a major role in the decision-making to choose ones clinician and increasing number of female urologists will definitely give patients a choice to find someone they trust to provide care.

So, moving on to the question that, is this even an issue in the medical fraternity? We all realize that branches such as Urology, Orthopaedics, Cardiothoracic surgery, etc. were hitherto considered "male predominant" branches. Consequently, women are often under represented. However, this has changed and as an example, the first edition of the Congress, "Surgery in the Third Millenium – The Future is Female." was held in Milan in April, 2018 which included live laparoscopic,

robotic and endourological surgeries performed exclusively by women. This Congress was a welcome break from the prevailing gender stereotypes, contradicted existing traditions where women were a focus in live surgeries and meetings mostly in female urology and served as an inspiration for female medical students and urologists to hope for better opportunities in the future.

So what does the future have in store? There will definitely be a change at the grassroot level in the form of purposeful recruitment in jobs, structural changes in work pattern and increasing advocacy among urology leadership to support female urologists. There is an urgent need to bring awareness to female issues so that women are comfortable in disclosing embarrassing problems that they might otherwise not bring up to the physicians, male or female. We must provide solace to the patients of sexual and voiding dysfunctions or OAB that they are not alone and their problems are treatable. As awareness of these issues and access to female urologists increase, stereotypes and misconceptions related to women in the field of urology will decrease. This will also lead to improved female urological health. We will also have female mentors, both recent and past, thereby improving the mentor-mentee relationship of upcoming budding female urologists. They will also have influenced these advancements and they will be the ones to thank for continued betterment of how the fraternity treats female urologists in turn, having a positive impact on their patients.

What really is going to be the future is better integration of existing technologies, accessible healthcare, smarter therapies and enhanced personalized medical care. But it is not just the breakthrough in medical technology that is required, but warrants a breakthrough in thinking and ability of the leaders in urology, making gender bias a long forgotten history and ushering into an era of egalitarianism.

Face to face with Dr. Manju Jain



Q1: What is your greatest achievement as a woman urologist?

Ans: I feel blessed to be one amongst the few women urologist in India. As the patients can open up and freely discuss their issues without hesitation.

Q2: How do you see women's contribution to Indian Urology 10 years down the line?

Ans: As female urology is accepted as sub speciality in urology and more and more female seeking advise regarding their common problems, the role of female urologist is becoming indispensable.

Q3: Describe yourself in three words?

Ans: Simple, Honest & Compassionate.

The gender bias in our head.. about time we rose above it!

Dr. Tanvi Shah Davda



From the day I took up M.B.B.S., I had made my decision. Whenever people asked me, what I wanted to specialise in, the reply was prompt and easy, "Urology!"

And then would come a series of unwanted (pardon me for the adjective) opinions. 'Male patients won't come to you.' 'The male urologists will overshadow you.' 'Why don't you take up anaesthesia and marry a urologist instead?'

I would be lying if I said that these so called 'suggestions in good faith' didn't bother me at all, but more often than not, they just made me more resolute of my decision.

The three pillars of a good and able surgeon are empathy, skill and knowledge and thankfully, unlike the prostate gland, these qualities are found in both genders alike.

Surgery is an art and at the end of the day, it doesn't matter who performs it, as long as it is done with finesse and dedication. So have I been bitten by the so called 'feminism bug'? Nah! I'm neither a feminist nor a chauvinist.

I'm more of a humanist who believes in equal opportunities for all irrespective of caste, creed, colour or gender. It is only hard work and patience that will help us make the most of these opportunities that come our way, so that we can achieve the goals we have set for ourselves.

As the popular saying by Elon Musk goes, "Work so hard, that you no longer have to introduce yourself." The famous and revered tennis player Martina Navratilova, was once asked in an interview, "How do you maintain your focus, physique and sharp game, even at the age of forty three?" To which she humbly replied, "The ball doesn't know how old I am."

Similarly, the nephoscope doesn't know what gender I am. Every surgery in life is actually performed inside a six inch operation theatre, between your two ears.

The most important tenet to performing well in life and in every arena, is the ability to declutter your mind and have a clear perspective about what is right and wrong. And fortunately, gender has no role to play in it.

We need to stop ourselves, from stopping ourselves.

So! Let us remove the litter,

And keep our conscience clear.

Then our hands will not quiver.

Nor will our minds waver.

And we will emerge winners.

"There came a time when the risk to remain tight in the bud was more painful than the risk it took to blossom." - Anais Nin

"I am standing in the ashes of who I used to be.." - Anonymous

"One is not born, but rather becomes, a woman." Simone de Beauvoir

What is your greatest achievement as a woman Urologist?

Dr. Dhruiti Amlani Mahajan



Greatest achievement in life is not just doing something you think you can't, but also achieving the feat that others think you can't! Encouraged by my parents and husband, choosing Urology as my super speciality branch was my 1st achievement. Motivation, respectful work environment, equal opportunities and an incredible learning experience that my teachers and colleagues provided during my MCh Urology residency was a stepping stone to my journey as a Woman Urologist. Relentless support and strength that my 3 year old twin daughters provide me with, helps me maintain a balance between my family and passionate love for Urology. The trust and confidence shown by my patients keeps me going to perform to the best of my ability. Above all my greatest achievement as a woman urologist is to do justice

to my work, not restricting my practice to just female urology, exploring various facets of a dynamic branch like urology - Endo urology, reconstructive and paediatric urology to name a few, taking up challenging cases and delivering good surgical results.

How do you see women's contribution to Indian Urology 10 years down the line?

I remember being the 1st female surgery resident 10 years back and 1st urology resident of my department 7 years back. We have come a long way in last 10 years. As of today many urologists in the country are women. I see this number increasing in the coming 10 years with more women surgeons choosing Urology as their super speciality field. I envision women urologists to excel in various sub specialities of urology like Robotics etc. I also see the potential for women urologists to contribute towards research and innovations in the field of Urology, develop new techniques and design new instruments.

Describe yourself in 3 words?

Hard working, patient and dedicated.

Direct Questions

Dr. Mrudula Kuchekar



Q1: What is your greatest achievement as a woman urologist?

Ans.: My greatest achievement as a female urologist is yet to come! So far, having supportive family and seniors helping me reach this level is indeed an attainment for me.

Q2: How do you see women's contribution to Indian Urology 10 years down the line?

Ans.: In the next 10 years I see the number of female urologists increasing. Similar to western countries, representation in Urology should begin to close the gap with the gender in the population. Albeit a long way away!

Q3: Describe yourself in three words?

Ans.: I describe myself as a compassionate, hardworking and vivacious person!

Being a female urologist in private practice....not exactly a cake walk.

Dr. Anjali Bhosle



"Why have you taken up Urology, since you are a female?" "How will you manage in this branch, and look after your family?" These were frequently asked questions. I initially got annoyed hearing these questions, but years gone by and silence answered it all.

Urology has always been considered as a male dominated branch for last so many years. These waves are changing though. Since it is evident that urology encompasses much more than penis and prostate, and that it offers a flexible , relatively low stress lifestyle compared to other specialities (my view point), the number of females entering this field has been increasing at the rates never seen before.

Needless to say, walking in the lane full of urology boys is not really easy. For starters, male patients still prefer to be seen by someone who's more familiar with their gun part, and handling that by a female urologist can be embarrassing, and fear of it getting accidentally fired in few. But what I personally felt, that once a patient enters your consultation room, your behavior and body language makes a lot of difference. The doctor patient relationship has to be perfect and there should not be any embarrassment felt from either side. Few patients on the other side are too insistent on seeing a woman, it can be a red flag for the presence of other psychological issues, and you have to be superselective and judgemental about a possibility of a secondary gain that the patient must be seeking, with the full right to refuse the patient in that case. Though this problem is less than 5%, it needs to be tackled well and have to set boundaries in your practice. You could have an added advantage of more female patients walking in your consulting room, along with your more than 75% male patients in OPD for urology problem.

During my residency days, I had absolutely respectful and equal work environment. No gender bias seen. Getting support, both on personal and professional grounds is utmost important in this field. A lot of hardwork and multitasking is indeed needed to settle down into private practice, and is definitely not a cake walk.

I have been into private practice for more than 21 years now. I had the best endourology training under Dr. Chibber Sir and Dr. Mahesh Desai sir, Nadiad, Gujarat. Right from beginning , considering that the female urologist have to face the above mentioned issues, I preferred to be a corporate practitioner always. Lot of planning, decision making and stick to your views are needed to settle down with satisfaction and the multitasking job can be handled very well.

With the changing time, and the world believing in equality, I am sure there would be equal number of females joining this field of Urology in future, but lot of efforts at individual level will be required to carry out private practice.

"I am not what happened to me, I am what I chose to become." - Anonymous

An Interview with Final year resident in Urology, Bombay Hospital

Dr. Mekhala Naik



With another budding woman urologist and bestie Dr. Jeni Mathew

Q1: If not urology, which branch?

Ans. Cardiovascular Thoracic surgery was my first love. But during my surgical residency I realised it is professionally more demanding and as a woman it would be difficult to juggle between my family and work. Maybe I would have continued as a General surgeon.

Q2: Who is your role model in urology? Why?

Ans.: Dr. D. D. Gaur sir. It is an absolute privilege to have been mentored by him. Years ago, he had the courage to speak up in an International forum, take up the challenge of retroperiton

eoscopy and successfully devise it. He has taught us how to see the patient beyond the reports and use our clinical judgement. Those who know him closely are also familiar with his love for golf, tennis, Bollywood music, his dohas, his fitness as an octogenarian and his ever-encouraging nature.

Q3: Which urology subspecialty would you like to specialise in?

Ans.: Endourology, especially Urolithiasis management. It is the reason I took up Urology. A staghorn calculus in my mother's kidney was my intrauterine neighbour. She had to undergo nephrectomy due to pyonephrosis when I was two. Also, during residency, I observed there is huge patient load for calculus disease, so plenty scope for a career!

Q4: Describe yourself in three words?

Ans.: Ambitious, foodie, budding guitarist



When you are the only girl in the urology gang

A Confident Woman

I am Strong - I've been through a lot in my life and I'm still standing.

I have self-worth - It took a lot of soul searching to finally see for myself.

I am beautiful - I don't need anyone to tell me, I already know my glow.

I am not perfect - Nobody's perfect but I've seen my good and bad sides.

I am just myself - I will never be alone, I will always be there for me!

2nd Chhattisgarh Urology Society Annual Conference - 2021 CUSAC

Dr. Yogesh R. Barapatre
Organising Secretary



Respected seniors and colleagues,

After the stressful 2020, we Chhattisgarh Urologist Society (CUS) members wanting to come out of Shadows of Covid and energize people, decided - Bus Bahut Ho Gaya Ab Kuchh Toofani Karte Hain.

Urology, which was started by late Professor Dr. S.S. Joshi sir, to whom we are indebted to no ends, has grown to 30 totally qualified Urologists providing their services to the different parts of the state. CUS is full of talented urologist and to provide that platform for presenting their work, skill and talent we organised 1st physical meet after 2020. 2nd CUSAC. Under patronage of Dr. Lalit Shah and able guidance of organising chairman Dr. Ajay Parashar and with the help of Dr. Prashant M. Bhagwat, Dr. Rahul Kapoor and all the CUS members, the conference was a grand success.

This conference was very special for us as it was blessed with the presence of our beloved Dr. Ravindra Sabnis who was pioneer in starting transplant program in our state. It was a matter of pride as it was the first conference attended by him after being President elect USI. The convention was organised with utmost precaution following all Covid protocols. The summit was graced by four guest speakers. Dr. Sabnis enlightened us with his work and experience in the field of renal transplant surgery. Dr. Chandra Mohan from Hyderabad shared minute details about supine PCNL, RIRS. Dr. Rajeev TP shared his experience about female incontinence management. Dr. Kamaljeet from Amritsar took us away from Urology in the field where only few of us can venture.

We tried to cover most of the topic which are important in routing practice. Few unique topics like "When NOT to do TURP", "Post-marital dispute- what Urologist should know" were is specially appreciated by the invited faculty.

For a few Chhattisgarh may be a small tribal state but our members are performing almost all challenging procedures like PCNL, RIRS Laparoscopic surgery and reconstructive urology in remote and difficult to reach areas of the state.

Jay Johar

Jay Chhattisgarh

Jay Hind



Achievements from MPUH



Dr. R. B. Sabnis,



Dr. Arvind Ganpule



Dr. Abhishek Singh



Dr. Abhijit Patil



Dr. Naveen Reddy

- Dr. Ravindra Sabnis (Chairman Department of Urology, MPUH) was Elected as President Elect of Urological Society of India at USICON 2021
- He also Received USI President Gold Medal at USICON 2021
- He was Awarded with Teacher Travelling Fellowship at USICON 2021
- Endo-urology Atlas released at the hands of President USI at USICON 2021
- Chief Editor: Dr. Arvind Ganpule (Vice-Chairman Department of Urology, MPUH)
- Dr. Arvind Ganpule Received ISU Eminent Faculty Award at USICON 2021
- Dr. Abhishek Singh (Consultant Urologist, Department of Urology, MPUH) received USI Gold Medal for winning the crossfires in endourology
- Dr. Abhishek Singh also received ISU Eminent Faculty Award at USICON 2021
- Dr. Abhijit Patil (Endourology Fellow, MPUH) received MIUC International Travelling Fellowship at USICON 2021
- Dr. Naveen Reddy (Resident Department of Urology, MPUH) Received Second Prize in Best Poster Competition
- Our Research on a Neobladder training model featured on the cover page of Journal of Endourology in Jan 2021



Third Best videos of the year for 2019

Philippe E. Spiess Editor, International Brazilian Journal of Urology



The department of urology at the Muljibhai Patel Urological Hospital in Gujarat, India (Int Braz J Urol. 2019 Jan-Feb;45(1):193). This video entitled "Vascular injuries during laparoscopic donor nephrectomy and proposed risk reduction strategies" (see video). There are many qualities related to this work including the meticulous review by the authors of their completed cases ultimately providing insight to improving patient outcomes through their only 5 cases (0.6%) of vascular injuries among their large cohort (N=858) of completed laparoscopic donor nephrectomies between 2011 and 2016. This video very elegantly depicts what can be done to avoid such injuries and if they in fact infrequently occur, how can they be managed to minimize their meaningful sequelae. There are important

lessons depicted within this video that broadly apply to many facets of other laparoscopic and

open surgical procedures within and outside of urology ie meticulous review of pre-operative imaging and managing such vascular complications through effective and clear communication while maintaining a calm demeanor .

Sonawane P, Ganpule A, Singh A, Sabnis R, Desai MR. Vascular injuries during laparoscopic donor nephrectomy and proposed risk reduction strategies. Int Braz J Urol. 2019;45:193.

Achievements of Grant Medical College & Sir JJ Hospital



Dr. Venkat Arjun Gite- Professor



Dr. Prakash Sankapal

Awarded USI International Travel fellowship 2020-21. He presented his abstract in 18th Urological Association of Asia (UAA) Congress, 15-17 October 2020, Seoul, Korea (held virtually).

Abstract Title -Management (primary/delayed) of traumatic bladder neck injuries associated with pelvic fractures in adults-case series



Dr. Mayank Agrawal

Awarded USI-Olympus International Travel Fellowship 2021-22

Awarded 2nd prize at Mumbai Urological society academic programme, 2020

Achievements from Nair Hospital



Dr. Hemant Pathak

First Prize in Paediatric Urology WZUSI competition
Represented WZ at national level
Best paper at Mumbai Urology Society Meet



Mentors

Dr. Mukund Andankar

First Prize in Cross Fire in Urology Resident Debate
Runner up in USI Paediatric Urology

Won -
USI resident domestic traveling fellowship
Dr. Chitale Memorial traveling fellowship
Devon traveling fellowship (KUACON)



Dr. Naresh Kaul, Resident



Dr. Abheesh Varma Hegde



Congratulation.
Dr. Utsav Shah, M.Ch.
for receiving the prize for
the best essay
R. Sitharaman Award
New Delhi USICON 2021

Dr. Makarand Khochikar - did TURP on 112 year old man



Feted as oldest voter, 112-yr-old 'fit & fine' after prostate surgery

Dr. Makarand Khochikar
@timesgroup.com

Pune: Hazrat Ali Shah Kadri, a 112-year-old man from Dharwad in Karnataka, is feeling "fit and fine" after undergoing surgery on November 7 for an enormous prostate weighing 150gm that was causing severe urine retention. He was back home after four days.

The surgery was performed at Ushakal Hospital, a dedicated urology centre of excellence, in Sangli. Urologist Makarand Khochikar, who performed the operation, said, "He is the oldest person to have undergone such a surgery through endoscopy in India, and perhaps the world."

Khadri's parents came to India from Baghdad in 1908 and he has served in the British and Indian armies. His family in Dharwad said he was a Sufi saint there.

The election commission has feted Kadri on being India's oldest voter, and TOI verified the year of his birth as 1908 from his Aadhaar card.

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Continued on P 6

112-year-old says he is fit & fine after prostate surgery in Sangli

Dr. Makarand Khochikar
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CAN BE BENIGN OR CANCEROUS

WEIGHT MATTERS

- Normal weight of the gland is 15-20gm. It grows in case of BPH and cancer
- Most men have enlarged prostate weighing around 40-60gm
- Some have glands up to 100-120gm or even more

In rare cases
This patient's prostate weighed 150gm

Khochikar was assisted by anaesthetists Sunil Patil, urologist Milind Parikh, intensivist Anand Malani, cardiologists Rohit Srivastava, Viraj Lokar, and nursing staff

Administering anaesthesia and operating on a patient who is 112 years old, has comorbid conditions and is frail were the challenges. Such a surgery is safe in skilled and experienced hands alone—Makarand Khochikar | UROLOGIST WHO PERFORMED THE SURGERY

birth as 1908 from his Aadhaar card. Khochikar said he performed Kadri's surgery without any incision, finished it in less than an hour and without any blood transfusion.

"The patient's advanced age, and the sheer size and weight of the prostate was the challenge," he added.

According to Pune-based senior urologist Sanjay Kulkarni traditional teaching says open surgery may be required for glands bigger than 100gm if the patient is fit.

Eminent urologists and academicians agreed it was a remarkable feat. India's senior-most urologist P Venugopal, professor emeritus at KMC Hospital in Mangaluru, said it was rare to find a person who has lived beyond 100 years, and even rarer to treat a patient who is 112 years old.

"My experience in urology spans over 50 years. I have treated only one patient who reported that he was 103 years old. Hence, this case is a rarity," he said. Another senior urologist Mahesh Desai of Muljibhai Patel Urology Hospital in Nashik in Gujarat said, "The surgery would be one of its kind in the world's medical literature."



Nominee: Ranjeet Avinash Patil, MD

Dr. Ranjeet Patil is a urologist who resides and works at two hospitals in the Sangli area of Maharashtra in India. There is widespread poverty, illiteracy, ignorance of medical ailments and a lack of qualified urologists in the region. He dedicates his time to volunteering his medical expertise to poverty-stricken patients at the Bharati Hospital, Sangli and often forgoes his set salary to ensure the population receives quality urologic care. He provides free consultations and follow up visits to patients who fall below the poverty line. In the past three years, Dr. Patil has examined over a thousand patients, performed several hundred urology surgeries and has volunteered over 2,300 hours in exams and consultations, all free of charge. Additionally, he has voluntarily trained surgical residents and interns in the field of urology without remuneration. During the COVID-19 pandemic and lockdown, multiple hospitals were converted to dedicated COVID hospitals and many were closed due to medical frontline workers themselves getting infected with the virus. Both routine and urology procedures were restricted due to the unavailability of medical care setup, which severely affected impoverished patients who could not access public transport and were restricted to containment zones. Even then, Dr. Patil continued to serve these patients, examining nearly 300 patients and performing emergency urologic operations until he became infected with COVID-19. After his treatment and quarantine period, he has resumed his voluntary and humanitarian duties and continues to serve one of the most underserved populations in the world.

A special congratulations to the 2021 nominees who exemplify the spirit of philanthropy by improving urologic patient care through their volunteerism.

2021 Humanitarian Recognition Award Nominees:

Fiona Christine Burkhard, MD

Sakti Das, MD

Steven Elliot Lerman, MD

Philip Shihua Li, MD

Brian Keith McNeil, MD

Carlos Manuel Morante Deza, MD

Allen F. Morey, MD

John Hin-Kay Ngan, MD

Ranjeet Avinash Patil, MD

Lee Ann Richter, MD

Grannum R. Sant, MD, FACS, FRCS

Mellve Shahid, MD

Sybill Storz

Ralph F. Stroup, MD

Min Thway, MHS, FAAP

Ramon Virasoro, MD

Department of Urology
Civil Hospital, Ahmedabad
Organising

7th LIVE ADVANCED LAPUROWORKSHOP 2021

16th Oct 2021	17th Oct 2021
Live Operating Program Robotics & Laparoscopy: Radical Prostatectomy Robotics & Laparoscopy: Radical Cystectomy Robotics & Laparoscopy: Robot Assisted Nephrectomy Robot Port Management Robotics & Laparoscopy: VGF Repair Robotics & Laparoscopy: Adrenalectomy	Robotics & Laparoscopy: Partial Gastrectomy Robotics & Laparoscopy: Rectoprolapsed Nephrectomy Robotics & Laparoscopy: Pyeloplasty Robotics & Laparoscopy: Adrenalectomy Robotics & Laparoscopy: Uretero Pyeloplastomy Robotics & Laparoscopy: Uterus Sparing Hysterectomy Robotics & Laparoscopy: Partial Nephrectomy

INVITED NATIONAL FACULTY

			
Dr. Mahesh Doshi	Dr. Preet Chhibber	Dr. Ajay Kumar	Dr. George P. Abitador
			
Dr. C. Mallikarjuna	Dr. M.Ramalingam	Dr. R.K. Sagar	Dr. Anand Kumar
			
Dr. P.Z. Bax	Dr. Anup Kumar	Dr. K.K. Rajhansh	Dr T.B. Yerrappa
			
Dr. Sanjay Bahuguna	Dr. Prasad Modi	Dr. Dheepak Datta	Dr. Anup Kumar
			
Dr. Nishant Jain			

Organising Secretary





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HOD & Prof.
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Welcome to Ahmedabad!

USICON
ahmedabad **2022**

55th
Annual Conference of
Urological Society of India

Organised by:



UROLOGICAL SOCIETY OF INDIA

Hosted by:



WEST ZONE CHAPTER
UROLOGICAL SOCIETY
OF INDIA

Hosted by:



AHMEDABAD UROLOGICAL
ASSOCIATION





WZUSICON
2021

Goa

Details would be
announced shortly

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The biggest lie...

As told by Urologists to their patients. They are personal experiences / heresy or may be explanation to tide over the crisis. Some time they are meant to explain uneducated people without going into intricacies of the subject. Many of us use these "lies" as face saver. So take it with pinch of salt and enjoy the flavour.

Name	The lie
Dr. Prashant Mulawkar	"It's just venous ooze"
Dr. Rupesh Shah	After Radical prostatectomy - "your incontinence is not a bother"
Dr. Tanuj Pal Bhatia Dr. Sachin Bhotre	Urologist (not having laser)- "I will operate you with laser"
Dr. Arun Kumar	"All bleeding stops... eventually"
Dr. Sanjeev Patel	Urologist to BPH patient with anal fissure - "Just lie sideways I will examine your prostate. It's not going to hurt at all."
Dr. Aaron Kumar Jain	"Operating for stone causes a person to have more stones"
Dr. Dushyant Pawar	Keeping the cystoscope at bulbo-membranous junction and calling patient's relative inside operation theatre and labelling BM junction as stricture
Dr. Ragvendra	"There will be no urinary problem after TURP"
Dr. Pravin	Urologist after doing monopolar TURP and using pneumatic lithotripter for stone and telling the patient - "I have done both surgeries with laser"
Dr. Ajay Agrawal	A free lancing urologist in a hurry to operate the next case elsewhere puts in DJ for lower ureteric stone and says - "There was lot of pus so I did not break the stone and indwelled DJ"
Dr. Chandras Kurane	After VIU on a patient with a very tight, fibrotic full length stricture-" You will do well"
Dr. Vineet Shah	After doubtful AV fistula- " There is good flow across. The thrill will develop after few days; give him squeeze ball to exercise."
Dr. Anil Mani	Urologist to CPPS patient - " I will cure you for sure."
Dr. Mukhilesh	"PCNL is also same as laser URS."
Dr. Anil Patil	"You will not require SCIC after urethroplasty for lifetime if I operate on you."

Dr. Dhananjay Bokare	"When I was in England, I operated thousands of such patients without any failure."
Dr. Mahesh Desai	40 year female patient who underwent NSPN for small lower polar mass (RCC) asked me- "What are the chances of recurrence." I said- "Not in my lifetime."
Dr. Ashwin K. Gami	Patient to urologist on phone- "What is the cost of TURP." Urologist- "I am assistant to Dr. Ashwin. Please book your appointment in his OPD."
Dr. Dhiraj Shah	Urologist to patient after an incomplete TURP and post operative retention- "Your bladder is weak."
Dr. Deepak	After VIU- "You need 'small' exercise (CIC) to keep urethra open."
Dr. Ravi Upadhyay	ASU/RUG reported sphinter spasm as stricture urethra and operation done is VIU.
Dr. Lalit Shah	Doctor in a small city telling patient- "Don't worry, you are in safe hands, if I can't cure you, no one in this world will be able to do so."
Dr. Ajay Ostwal	In ED patient urologist asking the patient to undergo cystoscopy to ensure that nothing is wrong inside. And then starts medical treatment.
Dr. Prateek Laddha	Residual stones being labelled as recurrent stone and patient being told- "Since you have not followed the dietary instructions properly, stones have recurred."
Dr. Rahul Kapoor	<p>Patient to doctor - "I want my kidney to be removed laparoscopically."</p> <p>Doctor (not doing lap.)- "Laparoscopy requires four small incisions and another incision to deliver the kidney. My incision length will be much smaller than all the incisions combined."</p>
Dr. Prashant M. Bhagwat	<p>Urologist to resident after open pyelolithotomy- "Where are the stones." Resident- " Sir the aaya bai threw it in waste bin."</p> <p>Urologist - "Ok, go and fetch couple of stones from construction site and show it to the relative."</p> <p>Relative after seeing the stone - "Thank you so much Doctor but another resident Doctor also showed two more stones few minutes ago."</p> <p>Resident- "Yes, we found two more stones, so these are complimentary."</p>

Fellowship Course in Reconstructive Urology Maharashtra University of Health Sciences, Nashik

Department of Urology at Grant Government Medical College and Sir JJ hospital, Mumbai is inviting applications from candidates interested in one year Fellowship Course in Reconstructive Urology affiliated under Maharashtra University of Health Sciences, Nashik. All types of reconstructive urology cases (simple and complex) are managed at Sir JJ hospital on a regular basis. The details for the fellowship course are mentioned below.

Training Centre: Grant Government Medical College and Sir JJ Hospital, Mumbai

Eligibility Criteria: DNB (Urology) or Mch (Urology)

Intake Capacity: 1 candidate per year

Course Duration: 1 year

Annual Course fees: 1,00,000/-

Additional Fees to be paid by the Candidate(s)-

Eligibility Fees: 8,200/-

Examination: 22,000/-

Stipendiary/Non-Stipendiary: Non-Stipendiary

The detailed time schedule and guidelines regarding Fellowship/Certificate Course(s) Centralized Online admission process is made available by the University on website (www.muhs.ac.in).



Wanted qualified Urologist who can do basic Endourology in multispeciality hospital as assistant to
Dr. Shailesh A. Shah
Send your cv and experience and expectations on
shaileshshahuro@58gmail.com.
Personal interview can be fixed later on.

Biblical Wisdom

When God created woman he was working late on the 6th day...
An angel came by and asked. "Why spend so much time on her?"
The lord answered. "Have you seen all the specifications I have to meet to shape her?"
She must function on all kinds of situations,
She must be able to embrace several kids at the same time.
Have a hug that can heal anything from a bruised knee to a broken heart,
She must do all this with only two hands. "She cures herself when sick and can work 18 hours a day"
THE ANGEL was impressed "Just two hands.....Impossible!
And this is the standard model?"
The angel came closer and touched the woman
"But you have made her so soft, Lord"
"She is soft", said the lord.
"But I have made her strong. You can't imagine what she can endure and overcome."
"Can she think?" The Angel asked.
The Lord answered. "Not only can she think she can reason and negotiate."
The Angel touched her cheeks...
"Lord, it seems this creation is leaking! You have put too many burdens on her"
"She is not leaking...It is a tear" The Lord corrected the Angel...
"What's it for?" Asked the Angel....
The Lord Said. "Tears are her way of expressing her grief, her doubts, her love, her loneliness, her suffering and her pride."...
This made a big impression on the Angel.
"Lord, you are a genius. You thought of everything.
A woman is indeed marvelous"
Lord said. "Indeed she is.
She can handle trouble and carry heavy burdens.
She holds happiness, love and opinions.
She smiles when she feels like screaming.
She sings when she feels like crying, cries when happy and laughs when afraid.
She fights for what she believes in.
Her love is unconditional.
Her heart is broken when a next-of-kin or friend dies but she finds strength to get on with life"
The Angel asked " So she is a perfect being?"
The lord replied "No. she has just one drawback
She often forgets what she is worth"