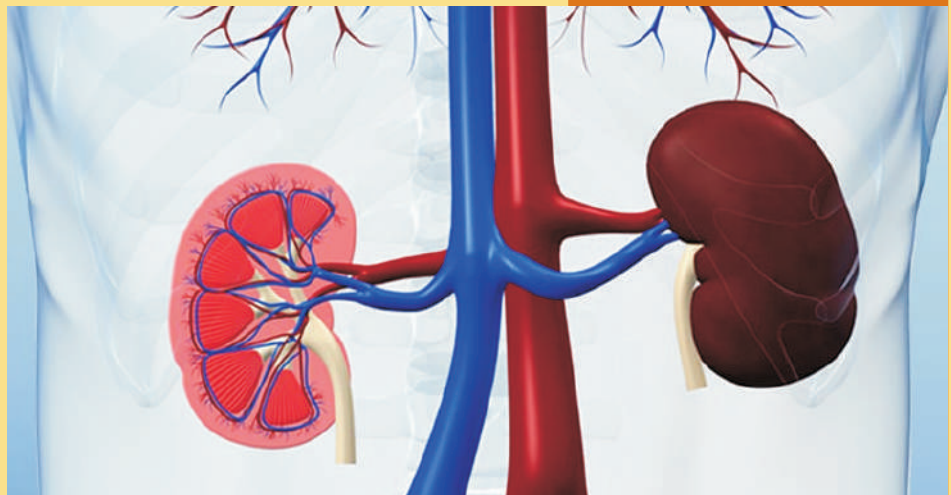


UAU Newsletter

December 2019

UROLOGICAL ASSOCIATION OF UTTAR PRADESH & UTTARAKHAND



www.uauonline.in

UAU NEWSLETTER

Message from the President

Greetings from UAU

Dear friends,

Welcome winters. This country is full of celebrations. After festival of Dussehra and Diwali and academic celebrations of NZUSI, now is the time for Christmas and New Year. Tree plantation in every conference is a welcome trend and should be encouraged and continued. I remember it was done by Prof. Mahendra Bhandari in 1993 at USI conference in Lucknow where a tree was planted in the name of every delegate and a certificate was given. I am sure it would have been a beautiful lush green area in the premises of SGPGI, Lucknow.

Similar is the trend of having combined excursion of academics and tours of various countries. We get to know each- other in a better way and this strengthens the bond.

Uttar Pradesh and Uttarakhand are vast and full of historical , religious and adventure tourism. I feel that even residents of these two states have not explored many interesting places. I will suggest that we should plan such excursions here also.

UAU is a body of large number of members. We should be more active at all platforms be it cultural,academic or social. I would also suggest to make a platform where we can educate the general people about realities of medical science, where one of us will write down the basic knowledge of one urological condition and highlight the scientific truth vis a vis myths prevalent. In long run this will help all the urologists..

All of us will be preparing to attend USI extravaganza at Kochi in January 2020. I would also invite all of you to attend Awadh Update in the end of March 2020 at Lucknow being organised by Dr. Shashi Kant Mishra under the aegis of UAU.

Wishing all of you a good time ahead, a nice winter, a happy Christmas and a very happy New Year.

Dr. Anil Kumar Jain
President, UAU



seasons greetings
&
Wishing You All A Very



UAU NEWSLETTER

Message from the Secretary

Dear Friends,

Greetings and Best Wishes!!

The conference season is underway in full swing and we all are dealing with a hectic schedule of academic activities all around the country and abroad. We had a hugely successful NZUSICON at NOIDA. There have been intense discussions on social media about the need for revamping of our scientific programme and increasing the attendance inside the halls. This indeed is the need of the hour and a much-needed change is in order to rekindle the interest of the members. We have been aware of this issue and the academic content for the forthcoming UAUCON 2020 at Orchha was one of the main items on the agenda of UAU council meeting in NOIDA. The members were unanimous in their opinion about the need to move away from the established conventions and have more engaging sessions for the members. We are working in this direction and aiming to make our scientific programme more interesting. At UAUCON Prayagraj, the scientific content was much appreciated. Hopefully, we would be able to make a bigger difference this time and have a more appealing conference at Orchha. The suggestions and feedback from our members would be a great help in this regard.



Our association is now emerging out of its infancy and we need to nurture it carefully in order to have a robust and meaningful body. Apart from getting the accounts and funds of the society in order, a task performed admirably by our treasurer Dr Vijay Bora, we also need to think of running the affairs of this association in a more professional manner. In order to achieve this objective, we need to have active and competent younger members shouldering greater responsibility.

The UAU executive council had its first web meeting on 26th Sept 2019 and all the council members enthusiastically participated in this pioneering event. The web meeting was flawless and achieved its objectives of saving valuable time and money. Hopefully in future we would have more of such virtual meetings which are greatly convenient for all concerned.

We are gearing up for our Annual meeting in Orchha to be organised by Jhansi Nephro-Urology club under the leadership of Dr A.K. Sanwal. Orchha is a beautiful and quaint little town located on the banks of river Betwa and having immense historical and religious significance, making it a very popular tourist destination. UAUCON 2020 would provide a wonderful opportunity for all of us to enrich our knowledge amidst serene surroundings and a very relaxing atmosphere. I urge all of you to avail the benefits of early bird registration and be a part of this event. Hopefully, we would be able to provide you a memorable experience at Orchha on Feb 29th and 01st March, 2020.

Wishing all our dear members a Merry Christmas and best wishes for a Very Happy and Prosperous 2020 full of cheer and good health.

Dr Sameer Trivedi
Hon Secretary, UAU

UAU NEWSLETTER

UAU Executive Council

President	– Dr Ajit Saxena, Noida
President Elect	– Dr Anil Jain, Kanpur
Secretary	– Dr Sameer Trivedi, Varanasi
Treasurer	– Dr Vijay Bora, Agra
Council Members	– Dr Yash Agrawal, Muzaffarnagar – Dr Vimal Dassi, Ghaziabad – Dr PK Jindal, Varanasi – Dr Amit Deora, Noida – Dr Rahul Goel, Meerut

UAU ELECTIONS - 2020

Nominations are invited for the following Posts:

- a) President Elect : One
- b) Hon Secretary : One
- c) Hon Treasurer : One
- d) Council Members : Five

Nominations are invited in the prescribed forms that can be downloaded from the UAU website. Completed Nomination forms should be submitted before 31st Dec, 2019 to the President-Elect, Dr. A. K. Sanwal who is also the Returning Officer for the UAU Elections.

Bids for Future Meetings

1. Venue for UAUCON 2022
2. Venue for Mid-term CME 2020

Please send the proposals to the Hon. Secretary, Dr Sameer Trivedi, by 31st Dec, 2019. The proposal should specify the venue, names of organizing secretary, organizing chairman and the host body.

General Body Meeting 2020

The UAUCON 2019 will be held on 29th Feb and 01st Mar, 2020 at Orchha, Jhansi. The next General body meeting of Urological Association of Uttar Pradesh and Uttarakhand will take place on 29th Feb, 2020 in the main hall. All members are requested to attend.

UAU NEWSLETTER

Call for Abstracts – UAUCON 2020

Scientific Programme committee invites abstracts for Best Video Prize, Best Podium Paper Prize, Best poster prize and free oral presentations from all the members.

Participants are advised to send in their abstracts not later than **20th December 2019**.

IMPORTANT: ALL PRESENTERS HAVE TO BE MEMBERS OF UAU(Full / Trainee)

ABSTRACT BY AUTHORS NOT REGISTERED FOR THE CONFERENCE SHALL BE REJECTED.

The content of the abstracts in the format should be described under the headings of **aims & objectives, methodology, result and conclusion**.

Please note that **like last year we will have printed posters in place of e-posters** as per the sentiments expressed by the respected members. The top rated posters will be asked to have a brief presentation in the main hall.

This year we will also have very limited podium presentations as selected by the chosen judges. The remaining podium presentations will be converted to poster category.

The abstracts should be submitted online at: www.uauonline.in. The details will be coming up soon.

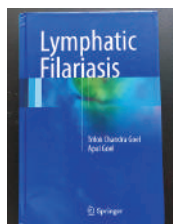
We also request members for suggestions for topics to be discussed during the UAUCON 2020. Please send us your suggestions before **15th Dec 2019**.

CONGRATULATIONS



Dr M.S.Agrawal, was invited to chair the SAARC Urology Executive meet on 07th Aug, 2019 at Kuala Lumpur, Malaysia. He is the first President of newly formed SAARC Association of Urologic Surgeons, representing South Asian Urology globally.

Dr Salil Tandon was awarded D.Lit (Honoris. Causa) by Integral University for the work done in the field of Medical Science (Reproductive Medicine/Andrology).



Dr Apul Goel was a member of the expert panel of the WHO Guidelines for “Surgical Approaches to the Urological manifestations of Lymphatic Filariasis”.

UAU NEWSLETTER

Annual Conference of Uttar Pradesh & Uttarakhand
Association of Urologists



UAU'CON-2020

29 Feb - 1 March 2020

Organised by

Uro-Nephro Club, Jhansi



website : www.uauonline.in

Venue : Hotel Orchha Palace & Convention Centre, Orchha (M P)

UAU NEWSLETTER

Invitation

Dear Member,

We are pleased and feel honoured to announce the annual conference of Uttar Pradesh & Uttarakhand Association of Urologist, "UAUCON-2020" being organized by Uro-Nephro Club, Jhansi on 29th Feb & 1 March 2020 in Orchha, Madhya Pradesh near Jhansi Uttar Pradesh.

We on behalf of the organising committee extend a warm welcome to you and your family to glorify the UAUCON-2020 by your gracious presence.



Dr A K Sanwal
Organising Chairman



Prof Manish Jain
Organising Secretary

UAU NEWSLETTER

Registration

CATEGORY	Till 30 Nov 2019	Till 30 Jan 2020	SPOT**
MEMBER (UAU)	3000	4000	5000
NON-MEMBER	4000	5000	7000
PG STUDENTS	2500	3000	4000
ACCOMPANYING PERSONS	2500	3000	3500

* Spot Registration : kit not assured * PG students should submit/attach a certificate from their respective Head of Department at the time of registration.

The Scientific Committee invites authors to submit their abstracts for consideration and inclusion in the program. Please note only electronic submission with max 250 words will be accepted. Please submit your abstract to www.uauonline.in The last date of submission 31st January 2020

Do not miss this opportunity to be a part of this major meeting and present your latest study result.

Tourist Places to visit Near Orchha



Orchha Temple : The Ram Raja Temple is a temple in Orchha, Madhya Pradesh, India. It is a sacred Hindu pilgrimage and receives devotees in large numbers regularly and is also commonly known as Orchha Temple & safari. (Within 1 KM). The Orchha Fort complex, which houses a large number of ancient monuments consisting of the fort, palaces, temple and other edifices. Light & Sound timing 7:30 pm to 8:30 pm in English and from 8:45 pm to 9:45 pm in Hindi.

Jhansi Fort : Jhansi Fort or Jhansi ka Kila is a fortress situated on a large hilltop called Bangra, in Uttar Pradesh, Northern India. It served as a stronghold of the Chandela Kings as Balwant Nagar from the 11th through the 17th century. Light & Sound timing 7.45 pm. in Hindi and 8.45 pm. in English. (Distance from Orchha- 17 KM). The Rani Mahal is a royal palace in the city of Jhansi. The palace was built by Raghu Nath-II of the Newalkar family (1769-96). This palace later became one of the residences for Rani Lakshmi Bai. Museum, Jhansi : Weapons, statues, dresses and photographs that represent the Chandela dynasty and a picture gallery of the Gupta period are the highlights of the museum. An exclusive gallery on Rani Lakshmi Bai is a unique attraction.



Khajuraho : Khajuraho a small town located in the Bundelkhand region (Chhatarpur District) of MP. The temples are a UNESCO World Heritage Site for their beautiful and erotic rock carvings. (Distance from Orchha- 172 KM)

Panna National Park : Panna National Park is located in Panna and Chhatarpur districts of Madhya Pradesh. Panna was given the Award of Excellence in 2007 as the best maintained national park of India by the Ministry of Tourism of India. (Distance from Khajuraho- 24 KM). Panna also known for its diamond mines.



Madhav National Park (Shivpuri) : Each year this park attracts thousands of tourists and nature lovers and is famous for its Tigers. Two major lakes are also located in this national park. (Distance from Jhansi 90 Kms)

mythological as well as real life people.

Shri Peetambra Peeth : is a complex of Hindu temples (including an Ashram), located in the city of Datia, in the Madhya Pradesh. It was, according to many legends 'Tapasthali' (place of meditation) of many



Address for correspondence

Sanwal Hospital

Near Medical College, Kanpur Road, Jhansi U P
Ph : 9415057201,
e-mail : uaucon2020@gmail.com,
aksanwal8@gmail.com

Anand Hospital

Karguanji Road, Opp Medical College
Kanpur Road, Jhansi
Ph : 9415030319
e-mail : drmanishjain@gmail.com

UAU NEWSLETTER

UAU Executive Council

President	-	Dr Anil Jain, Kanpur
President Elect	-	Dr A K Sanwal, Jhansi
Imm Past President	-	Dr Ajit Saxena, Noida
Secretary	-	Dr Sameer Trivedi, Varanasi
Treasurer	-	Dr Vijay Bora, Agra
Council Members	-	Dr P K Jindal, Varanasi
	-	Dr Yash Agarwal, Muzaffarnagar
	-	Dr Vimal Dassi, Ghaziabad-
	-	Dr Amit Deora, Noida
	-	Dr Rahul Goel, Meerut

Organising Committee

Organising Chairman :
Dr A K Sanwal

Organising Secretary :
Prof Manish Jain

Treasurer :
Dr Sanjay Chaubey

Patrons :

Prof Sadhana Kaushik
Prof Rajeev Sinha
Prof Dinesh Pratap
Prof N S Sengar
Prof Sanjaya Sharma
Dr R K Agarwal
Dr K S Shrivastava

Dr Surya Prakash
Dr Neeraj Banoriya
Dr Rajkumar Verma
Dr Pankaj Sonakiya
Dr Ashutosh Mishra
Dr Satyendra Rajpoot
Dr Albel Singh Yadav
Dr Saurav Purohit
Dr Kamad Dixit
Dr Arun Gupta
Dr Saurav Purohit
Dr Tanveer Rehman
Dr Abhishek Gupta

Dr Rakesh Sahay
Dr Mukesh Naja
Dr Rajkumar Rajpoot
Dr Sandeep Shrivastava

Co-organising Secretaries :

Dr Naval Khurana
Dr Janak Singh Rajpoot

Scientific Secretary :
Dr Devashish Kaushal

Joint Secretary :
Dr Neeraj Agarwal

Scientific Committee :
Prof Sudhir Kumar

Reception Committee :

Dr D P Maheshwari
Dr Uday Jain
Dr S A Khan
Dr Sangeeta Singh
Dr Deepak Gupta
Dr Neeta Sharma

Accommodation Committee :

Dr Rahul Litoriya
Dr Anup Shrivastava
Dr Anupama Prakash
Dr Beethika Noha
Dr Siddharth
Dr Pushpendra Agarwal
Dr Mukul Sahu

Souvenir Committee :

Dr Pradeep Jain
Dr M L Anandani
Dr Alok Saxena
Dr H P Rai
Dr Dinesh Rajpoot
Dr Dinesh Shukla
Dr Neeraj Kheda

UAU NEWSLETTER

MINUTES OF COUNCIL MEETING HELD ON 16TH NOV 2019 AT NOIDA

The Executive Council meeting of Urological Association of Uttar Pradesh and Uttarakhand was held on 16th Nov 2019 at Hotel Crowne Plaza, NOIDA.

The Hon Secretary welcomed the members and circulated the agenda for the meeting. Following issues were deliberated upon by the council members as per the agenda of the meeting.

Minutes of the last council meeting, which was the first web meeting of UAU council, held on 26th Sept 2019 were confirmed.

Dr A.K.Sanwal, the organizing secretary for UAUCON 2020 at Orchha, Jhansi briefed the members about the progress regarding organization of UAUCON 2020. He along with Dr Manish Jain, informed the council about the schedule of UAUCON 2020 and the arrangements made for the same. The council members expressed satisfaction with the details and offered suggestions regarding smooth conduct of the event, It was decided to commence the conference on 29th Feb 2020 at 9.30 AM and finish it on 01st Mar 2020 by 2 pm.

Dr Sameer Trivedi, Hon Secretary of UAU, informed the members about the proposed outline of the scientific program and sought suggestions for improving the content of scientific deliberations. The members unanimously expressed the sentiment of making the program more interactive and minimizing formal lectures. It was also decided to have more video presentations than formal lectures.

Concerns were raised by the council members regarding enrolment of new members. The Secretary informed the council about the steps taken in this direction including preparation and circulation of city wise list of existing members in order to identify non-members in various cities and reaching out to them for membership drive.

Venue for UAUCON 2021 was discussed by the council members. It was informed by the secretary that Dehradun had already bid for hosting UAUCON 2021 and was awarded the right to host it. The secretary informed the council that an email confirmation had been received in this regard from the local organizing body in Dehradun and it was decided to confirm Dehradun as the venue for UAUCON 2021.

The secretary informed the council that a bid for having a mid-term live operative workshop in Lucknow under the aegis of UAU was forwarded by Dr Shashikant Mishra. The council decided to award the mid-term workshop to the bidder on the proposed dates of last week of Mar/ first week of April 2020.

The Hon Secretary informed the council of a proposal received from Dr Anil Jain, President – UAU, regarding organizing regular small, academic meetings focussed on a particular topic. The council discussed the issue in detail and decided to put the matter in the GBM at Orchha for consideration.

The Hon Treasurer, Dr Vijay Bora, informed the council about the financial status of Society accounts. The council members expressed their satisfaction and approval for the same.

The Hon Secretary thanked the council members for their participation and informed them about the next council meeting to be held in Kochi on the sidelines of USICON 2020.

The meeting ended with a vote of thanks by the Hon Secretary.

UAU NEWSLETTER

Minutes of the AGM held at Prayagraj

1. President welcome and opening remarks

President UAU, Dr Ajit Saxena welcomed all the members to the general body meeting of Urological Association of Uttar Pradesh & Uttarakhand. He expressed that the opinions of the general body would be required in a lot of important discussions and requested their participation in the same.

He then handed over the proceedings to the Hon Secretary, Dr Sameer Trivedi

2. Approval of agenda

Dr Sameer Trivedi informed the general body that the agenda for the meeting was already circulated to all the members through the February 2019 Newsletter and also through email and asked for the approval of the same.

The general body approved the agenda.

3. Confirmation of minutes of AGM held on 17th March, 2018 at Varanasi

Dr Trivedi informed that the general body that the minutes of the AGM held at Varanasi on 17th March 2018 were circulated to all the members through the newsletter and asked for confirmation of the same.

The general body approved the minutes unanimously. Proposed by Dr Anil Elhence and seconded by Dr Neeraj Agrawal.

4. Hon Secretary's report

Dr Trivedi presented the Hon Secretary's report. He expressed that both the President of USI Dr Madhu Agrawal and the NZUSI, Dr Anil Elhence are from our zone this year and it is a proud moment for us. He then proceeded to inform the general body regarding the achievements of the members of the society. Prof KM Singh was awarded the Life Time Achievement Award from the Hon ble' Governor of UP, Dr Madhu Agrawal was awarded 7th Leaders Agra Award 2018 at Agra, Dr Salil Tandon was awarded the prestigious Fellowship from Royal College of Physicians and Surgeons of Glasgow. Prof Diwakar Dalela won the prestigious SS Bapat Award for new innovations and technologies at USICON 2019, Bhubaneswar; Prof Aneesh Srivastava was invited to Seoul for conducting an instructional course on donor nephrectomy, Dr AK Sanwal was invited to present his innovative Nephrostomy Dilators and the technique of mini-PCNL in large renal calculi at the Asia Urology conference in Kyoto, Japan, Dr Vipul Tandon got a special recognition award from Deputy Chief Minister of Uttar Pradesh Government to name a few. UAU also presents awards to our members namely Distinguished Contribution Award and the Young Urologist Award. The distinguished contribution award was awarded to Prof Aneesh Srivastava and the Young Urologist award was given to Dr Ankur Mittal from AIIMS Rishikesh.

5. Report on 5th Annual conference of UAU held at Varanasi by Dr Sameer Trivedi, Organizing Secretary

Dr Sameer Trivedi presented his report on the UAUCON 2018 held at Varanasi. He informed that he had organized the conference along with Dr Pawan Jindal. The audited accounts for the same have been submitted and he also expressed that he was pleased that they were donating a sum of Rs 2.3 lakhs to the society as way of surplus of the conference.

6. Hon Treasurer's report

Dr Vijay Bora, Hon Treasurer, UAU presented the Treasurer's report. He informed the general body that UAU is now GST compliant society with effect from 1st February 2019. He further informed that the society registration renewal will be received by the first week of March 2019. He also informed that the current bank account of the society is at Agra and there are no details available regarding the SBI Bank account operated earlier. He presented the bank account details along with the statement of account. He also presented the details of the incomes and expenses of the society during the year. He also informed the general body that a new accountant is being appointed to take care of the accounts and also to submit the GST Returns. The number of members of the society at present is 205 with a total of 13 new members. He then presented the list of new members.

The members enquired regarding the SBI Account operated earlier at Lucknow. Dr Vijay Bora informed the general body that Dr Ansari had transferred around 24500/- balances from SBI Account to ICICI Bank and the remaining amount of Rs 4500/- was given for the accounting charges in the previous years.

The General Body were of the view that the SBI account should be resolved as closed.

UAU NEWSLETTER

7. Appointment of the auditor for the year 2019-2020

Dr Vijay Bora informed that an auditor is being looked for to take care of the society's accounts.

8. Society registration renewal & Society GST number

Dr Trivedi informed that the matter was already informed by Dr Vijay Bora earlier that the society registration renewal has being already applied for and the registration would be received by the first week of March.

9. Approval of new members

Dr Vijay Bora presented the list of new member applications received during the year and asked for the general body's approval for the same.

10. UAUCON Kanpur

Dr Anil Jain, President Elect UAU and organizing secretary for UAUCON Kanpur informed the general body regarding the conference. He informed that the accounts of the conference were finally finalized and he was able to have a surplus of around 1 lakh. He then handed over the cheque for the same to the Treasurer, Dr Vijay Bora. He also presented the closure report to the Treasurer.

Dr Elhence at this point opined that from now on the onus of collecting the funds for the annual conference should be taken by the society and not be solely put on the organizing secretary so that there is no burden on the organizing secretary. Dr Sameer Trivedi opined that the logistics for the same needs to be looked into. The members discussed regarding the matter.

11. Midterm CME at Rishikesh

Dr Sameer Trivedi informed the general body that Dr Ankur Mittal had organizing a CME at Rishikesh and there was a surplus amount of around 2.3 lakhs and he had informed that 50% of the amount would be given to the society. The members also enquired regarding the 12A and 80G status of our society. Dr Sameer Trivedi informed that the same shall be looked into and applied for.

12. Change in membership categories – amendment in constitution

Dr Sameer Trivedi then informed regarding the proposed amendment to constitution. The proposal was regarding abolishing of associate membership category. The amendment was proposed by Dr Anil Elhence and seconded by Dr Dilip Chaurasia. The membership categories would come into effect prospectively.

13. Timing of UAUCON – a minimum duration from the USICON

Dr Sameer Trivedi invited the opinions from the members regarding the timing of UAUCON i.e. should there be a time gap between USICON and UAUCON. The members were of the view that the onus should be left with the organizers to organize the conference at the best available dates.

14. Briefing on 7th Annual conference of UAU 2020 to be held at Jhansi by Dr A K Sanwal, Organizing Secretary

Dr Sameer Trivedi invited Dr AK Sanwal to present the details regarding the next year's conference. Dr Sanwal presented the details regarding the venue city Orcha. He informed that Orcha is very near to Jhansi. He informed that he is planning to hold an inhouse conference at the venue itself. He further informed that he plans to hold the conference in the 3rd week of March 2020.

15. Venue of UAUCON 2021 – bids received

Dr Sameer Trivedi informed the general body that he had received only one bid for UAUCON 2021 and it was from Dehradun and Dr Sanjay Goyal would be organizing the same. The General Body accepted the same.

16. Venue for mid-term CME in 2019 – 2020

Dr Sameer Trivedi informed that he had received communication from Dr Pahwa who requested to have their URO-ONCO meet as the midterm CME of UAU. The members accepted that this conference can be held in association with UAU.

UAU NEWSLETTER

17. Report of legal cell & service cell

Dr Sameer Trivedi expressed that he has received no reports from both the legal and service cell as there was no grievances received by them.

18. Awards – Young Urologist award and Distinguished contribution award

Dr Sameer Trivedi expressed that the same were already announced earlier during the secretary's report.

19. Election of office bearers – President Elect & Council member – one post

Dr Sameer Trivedi informed the general body that there were two posts vacant this year. One was for the post of President Elect and the other was for one council member. He then handed over the mike to Dr Anil Jain to announce the results. Dr Anil Jain informed the general body that he had received only two applications for the post of President Elect. The first was from Dr AK Sanwal and the second was from Dr Sanjay Goyal from Dehradun. Dr Sanjay Goyal had then withdrawn his nomination and hence Dr AK Sanwal would be the President Elect. He further informed that he had received no application for the post of council member. But later two members have expressed their intent to become council members. The first was Dr Ankur Mittal and the second was Dr Rahul Goel. As per the society's constitution in this case the general body has to decide regarding the selection. The general body were of the opinion that as Dr Rahul Goel is senior he should be nominated for the post of council member and Dr Ankur Bajaj can apply next year when there would be four posts vacant. Dr Anil Elhence clarified that as there was no election and the council member was only nominated by the general body, Dr Rahul Goel would be a council member for only one year and there would be elections for 5 EC members next year.

20. Declaration of quiz results

Dr Vijay Bora the quiz master presented the quiz results. He informed that the winning team is SGPGI Lucknow.

21. City chapters – activation and nodal officers – Meerut, Kanpur, Lucknow, Varanasi, Prayagraj, Gorakhpur, Bareilly, Ghaziabad, Dehradun

Dr Sameer expressed that there is a decline in the new membership applications received as compared to the earlier years despite many new urologists coming to practice in our state. He expressed that it is now time to have new nodal officers to boost the membership drive. He also expressed that the EC had deliberated regarding the matter and one of the solution discussed was to encourage the city chapters to appoint one member as a nodal officer and he/she can encourage urologists from the city to become members with the help of pharma people. Another suggestion was to encourage urologists passing out from various institutions and who are settling in our state to become members.

22. Any other matter with the permission of the chair

Dr Sameer asked the general body if there were any matters to be discussed. He then invited Dr Ajit Saxena the outgoing President, UAU to share anything. Dr Ajit Saxena presented a video regarding the NZUSICON 2019, Noida. He then welcomed all members to Noida for the conference. He also expressed that 40 CRPF jawans had died recently and the conference is dedicated to such unsung heroes. He expressed that the conference has already donated 3 lakhs to the families of 5 such families from Uttar Pradesh who have lost their member.

Dr Sameer Trivedi then informed that the earlier Secretary, Dr Neeraj Agrawal had started the tradition of giving certificates to the outgoing council members which is now being continued. Dr Ajit Saxena then presented certificates to the council members. He requested the general body to stand in silence for a minute to pay homage to all such heroes of our country.

Dr Ajit Saxena then thanked Dr Sameer Trivedi and Dr Vijay Bora for their hard work. He further expressed that he was very encouraged by the gesture of Dr Ankur Mittal who had distributed planters as souvenirs for the delegates participating in the midterm cme and had requested Dr Dilip Chaurasia to organize a similar thing during this annual conference which Dr Chaurasia had graciously accepted and planned for. He then also handed over personal gifts to Dr Sameer Trivedi and Dr Vijay Bora.

23. National Anthem

The meeting ended with national anthem and Dr Ajit Saxena called the meeting to close.

UAU NEWSLETTER

AGENDA FOR GBM TO BE HELD ON 29TH FEB,2020 AT ORCHHA

1. Welcome by the President
2. Roll Call
3. Approval of the Agenda
4. Confirmation of the minutes of the previous GBM held in Prayagraj on 23rd Feb, 2019.
5. Matters arising if any
6. New business –
 - A) Annual report of the year 2019-20 by the Hon Secretary
 - B) Audited accounts of the year 2019-20 by the Hon Treasurer
 - C) UAUCON 2021 Dehradun update
 - D) Mid-term CME for 2020-21
 - E) Venue for UAUCON 2022
 - F) Awards for the year 2020-21
 - G) Approval of the new members
 - H) Proposal to start focussed academic meetings
 - I) Election of the Executive council of UAU
 - President
 - Hon Secretary
 - Hon Treasurer
 - Council Members -5
- 7) Gratitude to the outgoing members
- 8) Handing over the baton to the new UAU Council
- 9) Any other matter with the permission of the chair

FEMALE URETHRAL STRICTURE: NOT SO UNCOMMON!

Dr. Ankur Mittal
Associate Professor and Head
Department of Urology
All India Institute of medical sciences, Rishikesh.

BACKGROUND:

Female urethral stricture disease is a rare and an almost always neglected subset of a relatively uncommon entity, female Bladder Outlet Obstruction. Brannan in 1951 described FUS, however it was first reported in 1828.[1] FUS was defined by Smith et al [2] as “a fixed anatomical narrowing of the urethra such that the lumen will not accommodate instrumentation without disruption of the urethral mucosal lining”. Osman et al defined FUS as: “A symptomatic, anatomical narrowing of the urethra based on a failure of catheterization, urethral calibration, visual inspection, or endoscopy or radiography.”[3] Currently there is no internationally accepted definition of or diagnostic criteria for FUS [3] leading to difficulty in diagnosis and treatment.

EPIDEMIOLOGY:

The incidence of female urinary tract obstruction occurs in about 3%–8% of women. [4] In females having BOO, the incidence of urethral stricture ranges between 4% - 13%. [5-7] The burden of Urethral stricture disease in India has not been reported. Although there is relative dearth of data on treatment of female urethral stricture, in the year 2000 alone in the United States, there was an annual expenditure of \$69 million for about 1.2 million office visits from 1992 through 2000. This noticeable disparity is the result of over diagnosis of women without true stricture disease and underutilization of surgery to treat true urethral strictures.[8]

ETIOPATHOGENESIS:

The female urethra is approximately 3-4 cms in length. Urethral stricture may occur anywhere along the length of the urethra from the bladder neck to the urethral meatus. Any injury to the urethral epithelium leads to scarring and subsequently formation of a stricture [9,10]. The major causative etiology of FUS comprises of blunt trauma, infection, chronic irritation, prior dilatation, difficult /chronic catheterization, urethral surgery, urethral diverticulae, urethral tuberculosis, iatrogenic injury, radiation injury etc [11]. Estrogen deficiency, may also lead to stricture, usually at the meatus (meatal stenosis).

PRESENTATION:

Urethral strictures can cause bladder outlet obstruction, leading to poor urinary flow, elevated postvoid residual (PVR), various voiding and /or storage lower urinary tract symptoms (frequency, urgency, hesitancy, urge incontinence), dysuria, dribbling etc. There can be recurrent urinary tract infections and even retention of urine at times. Less commonly renal failure, hydronephrosis, and pyelonephritis may occur [12,13].

DIAGNOSIS:

The diagnosis of FUS, is somewhat controversial as it is a rare entity and no guidelines are yet available. However, the diagnosis demands high index of suspicion.

The importance of a proper history and thorough examination cannot be undermined. History should comprise evaluation of voiding and storage symptoms (frequency, urgency, incontinence, slow or interrupted stream, hesitancy, incomplete emptying, dysuria), UTI history, evaluation of possible predisposing causes of stricture (h/o trauma, surgery, catheterization, instrumentation, prior urethral dilatation or urethrotomy) are mandatory. For patients with chief symptoms of voiding LUTS, non-invasive primary investigations like a uroflow with PVR prove to be useful. In a patient with urethral stricture, typical findings show flattened flow curve (rather than a normal bell shape) with a reduced maximum flow rate. It may also show a straining pattern.

There may be a significant PVR associated with reduced flow. Physical examination may be normal or may show inflammation / atrophy around the urethral meatus/ surrounding vulva. Calibration/ catheterization can be done as a part of the physical examination in cases with high suspicion of urethral stricture. Literature defines inability to pass a 14 Fr catheter in cases of urethral stricture, however, smaller sizes may be used [2,10,14]. On encountering resistance, the process is stopped, and more definitive testings should be done.

In cases of true urethral stricture, 10 Fr catheter might not pass, but its passage does not rule out a stricture.[9]

In cases with difficulty in diagnosis, testing with urodynamics has been used to identify outlet obstruction. As the normal voiding function in women vary greatly, so do the mean urodynamic values. Hence there is significant discrepancy in UDS values in females[15].

Following table shows various studies describing the UDS parameters in diagnosing FUS:

Massey & Abrams [16]	Qmax < 12 ml/sec	Pdet@Qmax > 50cms of H2O	Pdet@Qmax/ Qmax ² >0.2	Significant PVR
Chassagne et al [17]	Qmax < 15 ml/sec	Pdet@Qmax > 20 cms of H2O	Sensitivity 74.3% Specificity 91.1%	ROC curve analysis with 35 patients with BOO.
Defreitas et al [18]	Qmax of 12 mL/sec (range 2-34ml/sec)	Pdet@Qmax of 37 cm H ₂ O (range 10–116 cm H ₂ O)		
Kuo et al [7]	Qmax 8.6+ _{3.8} ml/sec	Pdet@Qmax of 60.9 cms H ₂ O+ _{34.2} cms H ₂ O		

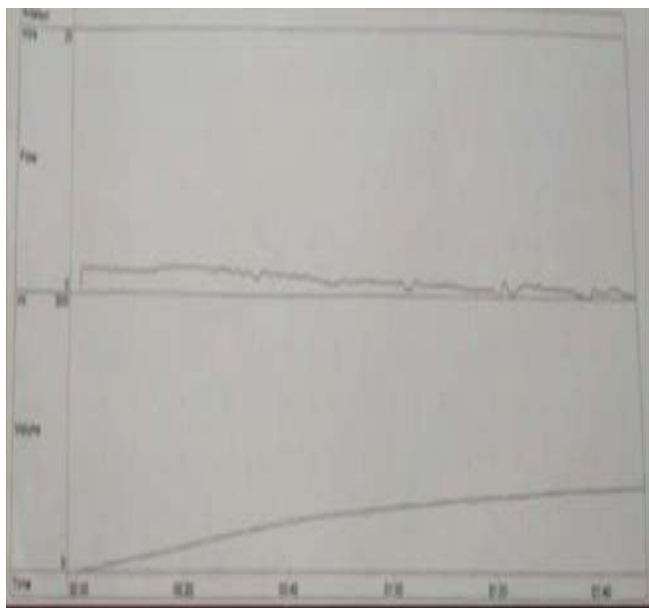


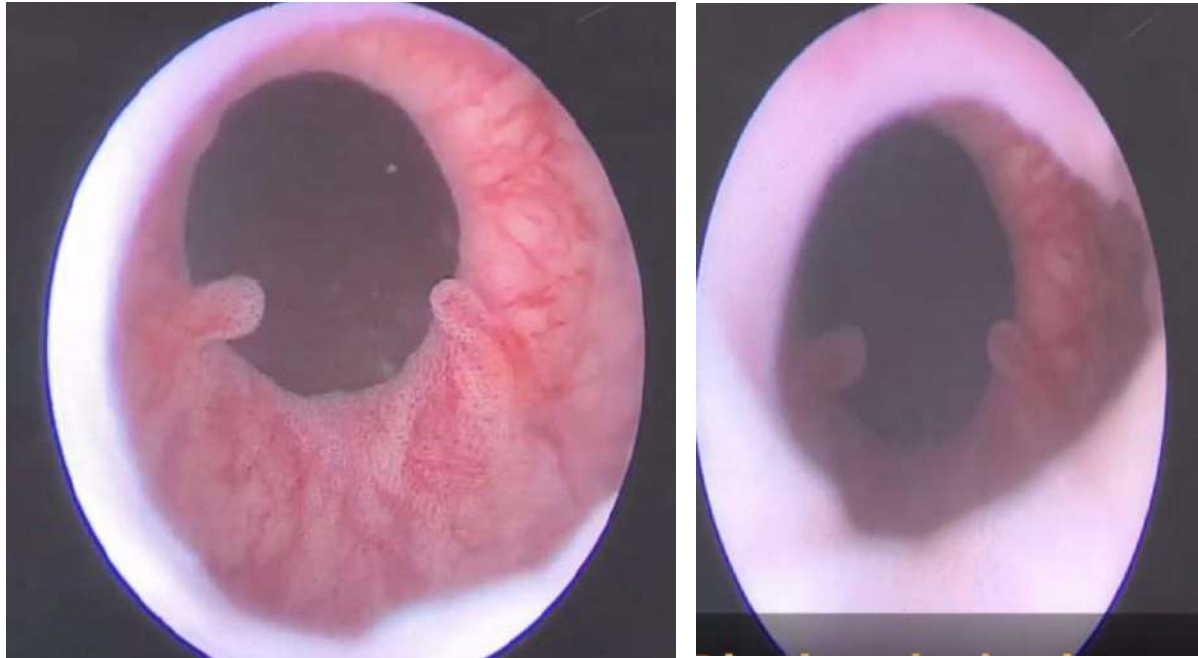
Fig 1: Preoperative Uroflometry showing a box shaped graph.
Qmax =2.7ml/s,
Avg flow rate =1.4 ml/s,
voided volume= 153ml, flow time= 105 sec.



Fig 2: MCU: distal urethral stricture.

In cases of suspected malignancy, periurethral or extra urethral pathology endorectal coil magnetic resonance imaging , CT scan and transvaginal ultrasound can be used to assess the female urethra.[22,23]

Theoretically, the definitive diagnosis of female urethral stricture can be made by endoscopy, preferably a pediatric cystoscope or a ureteroscope, which also determines the extent of the stricture.



Ureteroscopic view of distal urethral stricture.

TREATMENT:

Owing to relative rarity of female urethral stricture disease, there are no proper guidelines describing its management. Hence, as the evaluation of female urethral stricture may be a diagnostic challenge, so is its treatment.

Treatment of urethral strictures can be classified as:

1. Conservative Management
2. Endoscopic
3. Urethroplasty
4. Salvage Procedures(bladder neck closure/ urinary diversion)

1. CONSERVATIVE MANAGEMENT:

It includes self-catheterization or urethral dilatation. Patient is taught the procedure to perform CIC and is followed at regular intervals for any problems with or worsening symptoms between catheterizations. Thankfully, the practice of dilatation has reduced over time as evidences proving its efficacy are lacking. Although, perceptions have changed, however, it is still commonly practiced. Osman's systematic review showed that 107 of the 221 women studied underwent urethral dilatation, making it the most commonly performed procedure for urethral strictures. Overall, urethral dilatation had a success rate of 47% at a mean follow-up of 43 months [3].

2.ENDOSCOPIC MANAGEMENT:

Direct visual internal urethrotomy (DVIU) or laser treatment of the scar are endoscopic management options if dilation fails or patient elects for other therapies. There is paucity of literature on this modality of treatment. Massey and Abrams in 1988 reported 80% success in women that underwent dilation or DVIU [16]. Lasers (CO₂, argon, KTP, Nd:YAG, holmium:YAG, excimer lasers) vaporise the scar tissue without significantly harming the surrounding tissue. Again, the literature on use of lasers for treatment of female urethral stricture is sparse [24,25].

3. URETHROPLASTY:

Success of reconstruction is determined by the following principles: identification of the entire stricture, tension free reconstruction, adequate drainage/ stenting when necessary. there are various reconstructive procedures like:

Meatoplasty: (Heineke- Mickulicz Meatoplasty)

A ventral incision is given over the stenosed meatus, in a longitudinal fashion until healthy urethral mucosa is reached permitting passage of a 20Fr catheter. The urethral mucosal borders are then sewed to the vaginal mucosa in a transverse fashion using separate sutures [26].

Although the technique is highly successful (96%) [27], there is a shortcoming that it can only be used for very short (<0.5cm) meatal strictures [28]. In cases of longer strictures, it results in a hypospadiac meatus with vaginal voiding and irritation. Lichen sclerosus is a contraindication of this procedure.

Flap Urethroplasty:

- **Anterior vaginal wall flap (Blandy flap)** recreates the ventral portion of the urethral meatus and replaces the distal ventral urethra with a flap of vaginal wall. Disadvantage is that it can cause an inward urine stream with vaginal voiding.
- **Vestibular flap (Montorsi flap)** here a dorsal incision is given over the distal urethra and a vestibular pedicle is sutured to the dorsal distal urethra. There is a potential disadvantage of spraying and anterior deflection of the urinary stream. Montorsi et al reported a success rate of 87% at a mean follow up of 12 months [29].
- **Lateral vaginal wall flap (Orandi flap)** The anterior vaginal wall is incised via a midline [31] or slightly lateral [10] C-shaped incision. Dissection is directed towards the ventral urethra. A 2 cm wide flap is harvested from the lateral vaginal wall. Thus, a laterally based vascular pedicle is created which is sutured into the opened urethra. It is better suited for longer strictures(>2cms) or proximal strictures.

Blaivas et al made vaginal flap urethroplasty popular by recreating a functional urethra using local healthy tissue. They reported a success rate of 80% using a ventral approach U shaped inlay vaginal flap at a mean follow up of 53 months in a study on [30]. In another larger study by Flisser and Blavaiss on 72 patients success rate for this repair was found to be 93%. Incontinence occurred in 23% of females postoperatively who were voiding normally before the surgery. Overall, success rates at follow up was found to be 83%.[34]

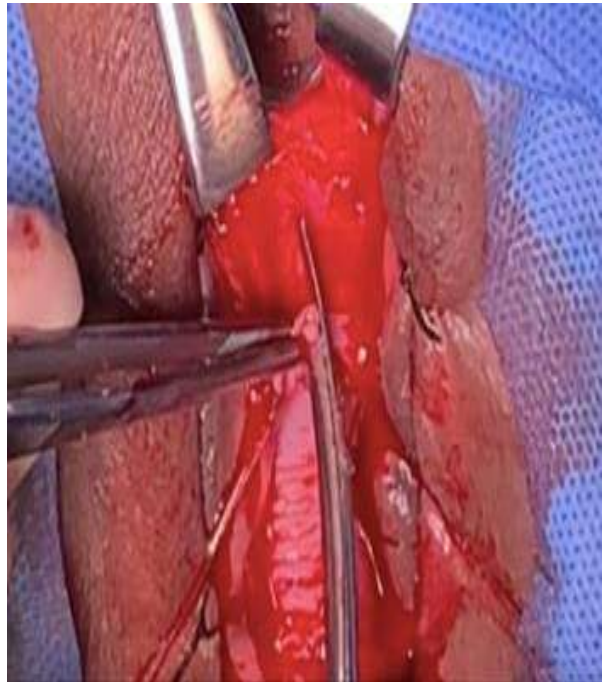
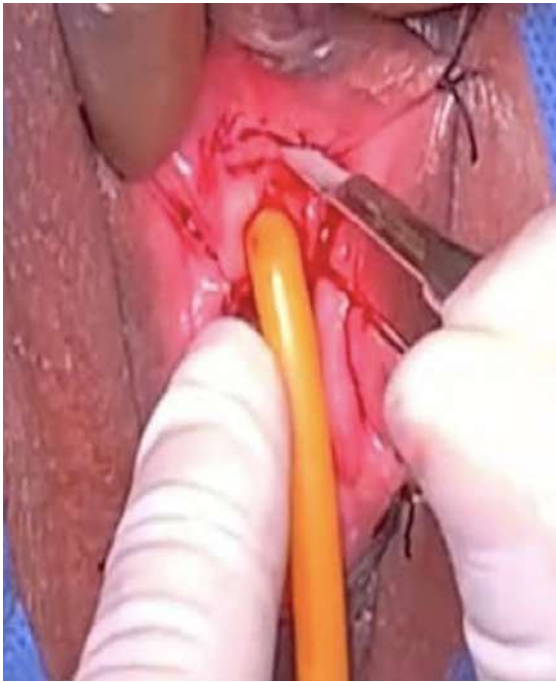
Onol et al also reported a 100% success rate with similar technique at a mean follow up of 36 months [32].

Free graft urethroplasty:

Female urethroplasty can be done using various types of grafts (vaginal, labial, buccal, or lingual)

Two types of techniques can be used :

Dorsal onlay graft are technically more challenging, there is greater risk of bleeding and injury to the clitoris[28], however, has lesser risk of urethrovaginal fistula formation and is preferred when insertion of suburethral sling is anticipated in future.[3]



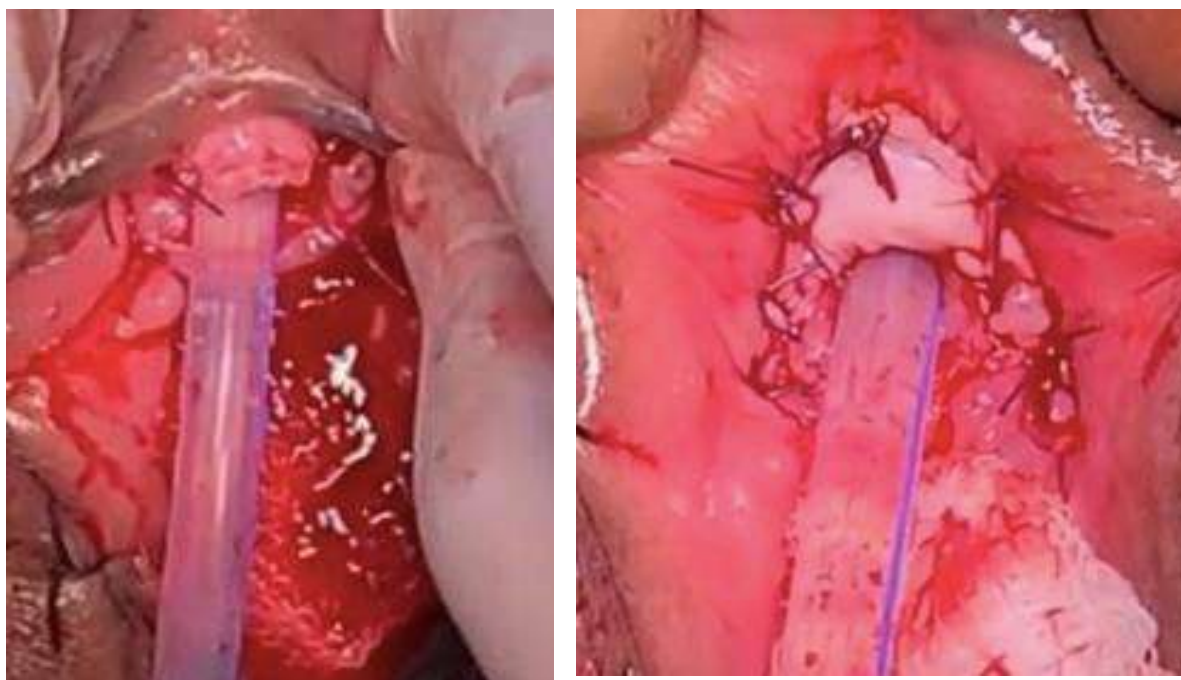


Fig demonstrating steps of Dorsal Onlay Vaginal Graft Urethroplasty.

**A. Suprameatal semilunar incision. B. dorsally slitting the urethra till stricture segment
C. & D. Vaginal graft transpositioning and reconstruction of urethra over a silicon catheter
E. Repositioning of Clitoral hood over the reconstructed urethra. F. Reconstructed neo urethra**

Ventral onlay technically easier to perform [3] and theoretically involves a lesser risk of stress urinary incontinence. More risk of urethrovaginal fistula formation [28]

Osman et al [3] found in their systematic review that of all the literature reported for this technique, success was achieved in 80% of patients at a mean follow up of 22 months for vaginal and labial grafts, and 94% for oral mucosal grafts at a follow up of 15 months.

SALVAGE PROCEDURES:

Bladder neck closure or total urinary diversion may be considered in cases of complete urethral destruction or refractory stricture. Either vaginal or abdominal routes can be used for a bladder neck closure. Further, it needs to be combined with either a suprapubic tube or a continent (eg: Catheterizable stoma such as a Mitrofanoff procedure) or incontinent (eg. Ileal chimney) urinary diversion. Literature has less no. of reports on bladder neck closure, yet success rates are high.

Zimmern et al [33] reported 100% success in six women. Complications of this technique can be bleeding from retropubic vessels, which can be difficult to control, ureteral injury, and vesicovaginal fistula formation.

CONCLUSION:

Female urethral disease is a rare entity demanding a high degree of suspicion for its diagnosis. Patients can present with irritative and obstructive voiding symptoms.

Urodynamic parameters may vary greatly, however typically show Q_{max} rates of 12-15 ml/sec and P_{det}@Q_{max} of 30 or greater. The imaging study of choice remains the standing voiding cystourethrogram. Treatment algorithms suggest judicious use of dilatation or

urethrotomy, but recurrences are high in such cases. Female urethroplasty provides excellent cure rates and must be performed in cases of recurrence after dilatation. Nevertheless, the optimal treatment strategy in female urethral strictures needs further clarification, preferably with larger and comparative studies.

References:

1. Brannan D. Stricture of the female urethra. J Urol. 1951;66:242-253.
2. Smith A.L., Ferlise V.J., Rovner E.S. Female urethral strictures: successful management with long-term clean intermittent catheterization after urethral dilatation. BJU Int. 2006;98:96–99.
3. Osman NI, Mangera A, Chapple CR. A systematic review of surgical techniques used in the treatment of female urethral stricture. Eur Urol 2013;64:965-73.
4. Carr LK, Webster GD: Bladder outlet obstruction in women. Urol Clin North Am 1996, 23:385–391.
5. Nitti VW, Tu LM, Gitlin J: Diagnosing bladder outlet obstruction in women. J Urol 1999, 161:1535–1540.
6. Groutz A, Blaivas JG, Chaikin DC: Bladder outlet obstruction in women: definition and characteristics. Neurourol Urodyn 2000, 19:213–220.
7. Kuo HC: Videourodynamic characteristics and lower urinary tract symptoms of female bladder outlet obstruction. Urology 2005, 66:1005–1009
8. Wu JW, Stone AR. Female urethral stricture disease: Diagnosis and management. AUA Update Series 2011, Vol. 30, Lesson 7.
9. Gormley E.A. Vaginal flap urethroplasty for female urethral stricture disease. Neurourol Urodyn. 2010;29(Suppl 1):S42–S45.
10. Simonato A., Varca V., Esposito M., Carmignani G. Vaginal flap urethroplasty for wide female stricture disease. J Urol. 2010;184:1381–1385
11. Aldamanhori R, Inman R. The treatment of complex female urethral pathology. Asian J Urol. 2018 Jul;5(3):160-163
12. Merimsky E. Retention secondary to urethral stricture in the female. Urology 1985;26:598
13. Romero Perez P, Mira Llinares A. Renal and ureteral complications of urethral stenosis. Acta Urol esp 1995; 19: 432-440

14. Rehder P, Glodny B, Pichler R, Exeli L, Kerschbaumer A, Mitterberger MJ. Dorsal urethroplasty with labia minora skin graft for female urethral strictures. *Br J Urol Int* 2010;106: 1211-1214
15. Kirk A. Keegan, MD, Dana K. Nanigian, MD, and Anthony R. Stone, MD. Female Urethral Stricture Disease . *Current Urology Reports* 2008, 9:419–423 Current Medicine Group LLC ISSN 1527-2737
16. Massey JA, Abrams PH: Obstructed voiding in the female. *Br J Urol* 1988, 61:36–39.
17. Chassagne S, Bernier P, Haab F, et al. Proposed cutoff values to define bladder outlet obstruction in women. *Urology* 1998, 51:408–411.
18. Defreitas GA, Zimmern PE, Lemack GE, et al. Refining diagnosis of anatomic female bladder outlet obstruction: comparison of pressure-flow study parameters in clinically obstructed women with those of normal controls. *Urology* 2004, 64:675–681.
19. Blaivas JG, Groutz A: Bladder outlet obstruction nomogram for women with lower urinary tract symptomatology. *Neurourol Urodyn* 2000, 19:553–564.
20. Groutz A, Blaivas JG, Fait G, et al.: The significance of the American Urological Association Symptom Index score in the evaluation of women with bladder outlet obstruction. *J Urol* 2000, 163:207–211
21. Kawashima A, Sandler CM, Wasserman NF, et al. Imaging of urethral disease: a pictorial review. *Radiographics* 2004, 24:S195–S216.
22. Lorenzo AJ, Zimmern P, Lemack GE, et al.: Endorectal coil magnetic resonance imaging for diagnosis of urethral and periurethral pathologic findings in women. *Urology* 2003, 61:1129 –1134.
23. Huang WC, Yang JM: Transvaginal sonographic findings in diagnosis and treatment of urethral stricture. *J Ultrasound Med* 2003, 22:1405–1408.
24. Smith JA, Dixon JA. Neodymium: YAG laser treatment of benign urethral strictures. *J Urol* 1984;131(6):1080-1081
25. McCallum RW, Urethral disease and interventional cystourethrography. *Radiol Clin North Am* 1986;24(4):651-652
26. A. L. Ackerman, J. Blaivas, and J. T. Anger, “Female urethral reconstruction,” *Current Bladder Dysfunction Reports*, vol. 5, no. 4, pp. 225–232, 2010.
27. N. I. Osman and C. R. Chapple, “Contemporary surgical management of female urethral stricture disease,” *Current Opinion in Urology*, vol. 25, no. 4, pp. 341–345, 2015.

28. N. Hoag and J. Chee, "Surgical management of female urethral strictures," *Translational Andrology and Urology*, vol. 6, Suppl 2, pp. S76–S80, 2017.
29. Montorsi F, Salonia A, Centemero A et al. Vestibular flap urethroplasty for strictures of the female urethra. Impact on symptoms and flow patterns. *Urol Int* 2002;69:12-16
30. Blaivas JG, Santos JA, Tsui JF et al. Management of urethral stricture in women. *J Urol* 2012;188:1778–82.
- 31 J. Romero-Maroto, L. Verduí -Verduí, L. Gómez-Pérez, C. Pérez- Tomás, J.-J. Pacheco-Bru, and A. López-López, "Lateral-based anterior vaginal wall flap in the treatment of female urethral stricture: efficacy and safety," *European Urology*, vol. 73, no. 1, pp. 123–128, 2018.
- 32 Onol FF, Antar B, Kose O, Erdem MR, Onol SY. Techniques and results of urethroplasty for female urethral strictures: our experience with 17 patients. *Urology* 2011;77:1318–24.
33. Zimmern PE, Hadley HR, Leach GE, Raz S. Transvaginal closure of the bladder neck and placement of a suprapubic catheter for destroyed urethra after long term indwelling catheterization. *J Urol* 1985;134: 554-557.
34. Flisser AJ, Blaivas JG. Outcome of urethral reconstructive surgery in a series of 74 women. *J Urol* 2003;169:2246-2249

UROLOGICAL OF ASSOCIATION UTTAR PRADESH & UTTARAKHAND

APPLICATION FORM FOR MEMBERSHIP

Please paste
your recent
passport size
photograph

USI Membership No. _____ NZ USI No. _____

Category of Membership applied for: Full / Associate / Trainee / Conversion / International

Name

(Use Block Letters)

First Name

Middle Name

Surname

Permanent Address:

Address for Communication:

Pin Code _____

Pin Code _____

Mobile: _____

Tel. (Res.): _____

Tel. (Office): _____

Email _____

Date of Birth: _____

Qualifications:

Degree/Diploma

Date

Institution/University

Present Appointment & Designation:

Sponsors (Should be Full Members of the Urological Association of Uttar Pradesh & Uttarakhand)

1. Name: _____

Address: _____

Signature: _____

UAU No.: _____

2. Name: _____

Address: _____

Signature: _____

UAU No. : _____

I declare that the information given by me as above is correct and if elected, I agree to abide by the constitution of the **Urological Association of Uttar Pradesh & Uttarakhand**

Place _____

Date _____

Signature of the applicant

Membership Fee:

Full Membership Fee	Rs. 4,000/-
Associate Membership Fee	Rs. 4,000/-
Trainee Membership Fee	Rs. 4,000/-
International Member	US\$ 100

For Office Use Only :

UAU membership Approved : Yes / No

Membership No. allotted: _____

Receipt no. : _____

Mode of Payment : Cash / Cheque / DD / Online

Details of Payment : _____

Signature with Official Stamp



UROLOGICAL ASSOCIATION OF UTTAR PRADESH

Nomination for the post of

Name of the Candidate

Mailing Address

UAU Membership Number

Proposed by

Signature

Full name

Mailing Address

UAU Membership Number

Seconded by

Signature

Full name

Mailing Address

UAU Membership Number

I hereby declare that, if elected, I agree to accept the Post of
..... of the UAU. I would abide by the rules and regulations and the
constitution of the UAU

Name of Candidate.....

Signature

UAU Membership Number.....

Date

UAU NEWSLETTER

Secretary Address:

Dr Sameer Trivedi

Hon. Secretary UAU
M.S.,M.Ch.(Urology), D.N.B.(Urology),
Head - Deptt. of Urology,
Institute of Medical Sciences,
Banaras Hindu University,
Varanasi (UP) - 221005

Email: drsameertrivedi@gmail.com

Mobile: +91 98398 61656

Disclaimer

Urological Association of Uttar Pradesh (UAU) is not responsible for the information obtained from this publication. This newsletter is published for internal circulation amongst the members of Urological Association of Uttar Pradesh.

PLEASE NOTE that UAU makes no representations, guarantees, or warranties as to the accuracy, completeness, or suitability of the information provided via this newsletter. UAU specifically disclaims any and all liability for any claims for damages that may result from providing the information it contains. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording or information storage and retrieval system, without permission in writing from the Honorary Secretary, UAU. All products and company names mentioned in this newsletter are the trademarks of their respective owners.

