



Urological Association of Uttar Pradesh

UAU

UAU NEWSLETTER

June 2015

**Website: www.uauonline.in
Email: office.uau@gmail.com**

President's Message

Dear Friends

It would be a surprise to hear from me again so soon after last month's newsletter

The Council of UAU has decided to remain in touch with its members on a regular basis and to achieve this, what better way than to have a monthly newsletter being emailed to you in the first week of every month.

In order to make the monthly mail from the office of UAU interesting and informative, a few sections are being introduced.

Expert Speak: An authority on a particular field of Urology would write a short article highlighting his personal views or a point of technique.

Regional News: A round up of urology related news from our state. I would encourage all individual members, city chapters and departments to send in information of activities done by them.

Mind Bend: An avenue to publish an unusual case presentation, complication, innovation or a publication. Again request all members to send in presentation which may be of interest for inclusion in the newsletter.

This month we have the first of our midterm activities. Dr V K Mishra is organizing a workshop on 'Urethroplasty' in conjunction with Dr Sanjay Kulkarni on 27-28th June at Kanpur. I anticipate a large number of UAU members to participate and benefit from this workshop.

Look forward to active involvement of members in the monthly newsletter.

Regards

Anil Elhence

President UAU

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Live Operative Workshop on Urethroplasty

Dr. V. K. Mishra from Kanpur Urology Centre, Kanpur is hosting a live operative workshop on Urethroplasty on 27th and 28th June 2015. This workshop will give the delegates an opportunity to interact with Dr. Sanjay Kulkarni who is a doyen in this field.

All the members of UAU are invited to attend this informative workshop.

Hon. Secretary's Message

Dear Esteemed Colleagues,

Once again greetings from UAU. We have decided to publish our new letter on monthly basis to keep you all aware of our academic & social activities.

I also take this opportunity to congratulate Dr. Madhu Agarwal, our founder member for excellent demonstration of MINI PCNL technique in AUA annual conference that was live telecasted from Nadiad via satellite. He also organized an excellent teaching workshop on MINI PCNL in Agra this month. I also congratulate "Meerut Urology Association" for holding an excellent midterm NZUSI workshop.

An Urethroplasty workshop is being organized on 27th - 28th June by our president elect Dr. V.K. Mishra in Kanpur with Dr. Sanjay Kulkarni as invited faculty. I look forward for your strong participation to make this workshop a grand success. You are most welcome to inform us about academic urological activities organized in your region, big or small, in our column of regional news.

We are still waiting for active contribution in our column of "mind bend" from our members. I invite all members to send interesting case reports / articles for publication in our news letter. Your valuable suggestions are most welcome to keep our society vibrant and to keep on running to an uphill course.

With Warm Regards

Dr. A.K. Sanwal

Hon. Secretary, UAU

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My Algorithm for Anterior Urethral strictures

Dr. Sanjay Balwant Kulkarni, MS, FRCS, Dip Urology (London)

Director GURS Fellowship, Kulkarni Institute for Reconstructive Urology, Pune

It gives me immense pleasure to conduct the Urethroplasty workshop at Kanpur on 27 June 2015. I wish everyone a good year ahead.

Introduction:

DVIU is recommended for single, short (less than 1cm), non-traumatic bulbar urethral stricture. The success rate of 3rd DVIU is 0%.

Most of the urological surgeries have evolved from open to minimally invasive approaches like endo-urology and Lap/Robotics. At the same time treatment for urethral stricture has changed from endoscopic to open surgery.

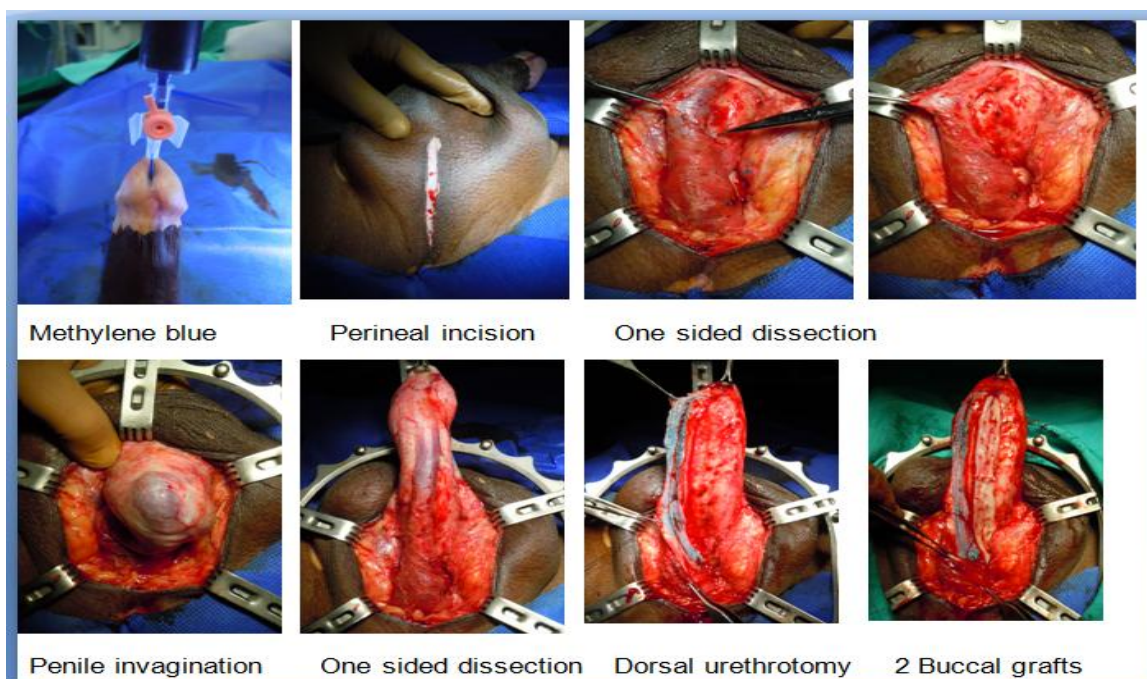
I would like to propose a simplified algorithm for management of anterior urethral strictures.

1.Panurethral strictures:

Majority of patients with panurethral stricture are due to lichen sclerosus. Other etiologies of pan-urethral stricture are catheter induced, post instrumentation or idiopathic in nature.

They present with poor flow. Many have undergone circumcision and meatotomy in the past. Many have undergone multiple DVIUs and Dilations.

Lichen sclerosus is a genital skin disease of autoimmune origin. Hence performing 2 stage Johansson's repair in lichen sclerosus is not advisable as some skin would go into the urethra during 2nd stage surgery and there is a higher risk of failure. The best option is to use the Kulkarni technique of a single stage, one side dissection, penile invagination, buccal mucosa graft urethroplasty. Deepak Dubey et al have published an excellent randomized study comparing single stage versus 2-stage urethroplasty in panurethral stricture. Single stage fares far better than a staged approach.



If the urethral plate is very narrow, with abscesses and fistulae and obliterative, urethra less than 3Fr (0.035 Guide wire cannot pass) then we consider a staged approach with Johansson's Urethroplasty.

I try to avoid two-stage pan urethral repair by inserting SPC catheter and giving rest to the urethra and repairing after 3 months in single stage.

2. Penile stricture: Simple Vs. Complex

Simple penile urethral strictures: penis is normal, no hypospadias, no failed urethroplasty and urethral plate is reasonable.

Use of flaps is rare now, for post radiation cases and where the graft bed may not support BMG. Penile urethra is not augmented with BMG placed ventrally as we cannot over close the spongiosa. Penile urethra can be augmented dorsally in 3 ways:

Asopa : Circumcision incision and Dorsal inlay:

Indications: Distal penile urethral stricture and reasonable urethral plate that can be incised twice, ventrally as well as dorsally.

Penis is degloved, urethra is incised ventrally in the midline, and then the dorsal urethral plate is incised in the midline as in Snodgrass technique. This BMG is quilted into the wide defect created in the dorsal plate and urethra is closed ventrally.

Kulkarni : Circumcision incision, one side dissection Dorsal Onlay:

Indications: Distal penile urethral stricture and narrow urethral plate cannot be incised twice for Asopa technique

A circumcision incision is performed and penis is degloved below the dartos fascia. The urethra is identified and then dissected on one side so as to approach the dorsal aspect. A dorsal urethrotomy is performed and buccal graft is applied as dorsal onlay.

Kulkarni Penile Invagination approach:

Indications: Penile urethral stricture is longer and approaching peno-scrotal junction.

As in the steps of panurethral stricture described earlier penis is invaginated in perineum. The urethra is mobilized on one side and graft inserted dorsally. Advantage of this repair is we can insert the graft from the meatus to as much proximal as intended. Dissection in this approach is easier than circumcision approach. This technique avoids penile incision and is used for young sexually active patients.

Complex Penile urethral stricture:

Penis is not normal as in hypospadias, failed urethroplasty, too narrow urethra.

Johansson's staged Urethroplasty is performed. After 6 months a graft is inserted as dorsal inlay and urethra tabularized.

3.Bulbar stricture: Trauma Vs. No Trauma.

Traumatic cases merit transection and anastomotic Urethroplasty. This is because there is obliterative spongiofibrosis at site of trauma.

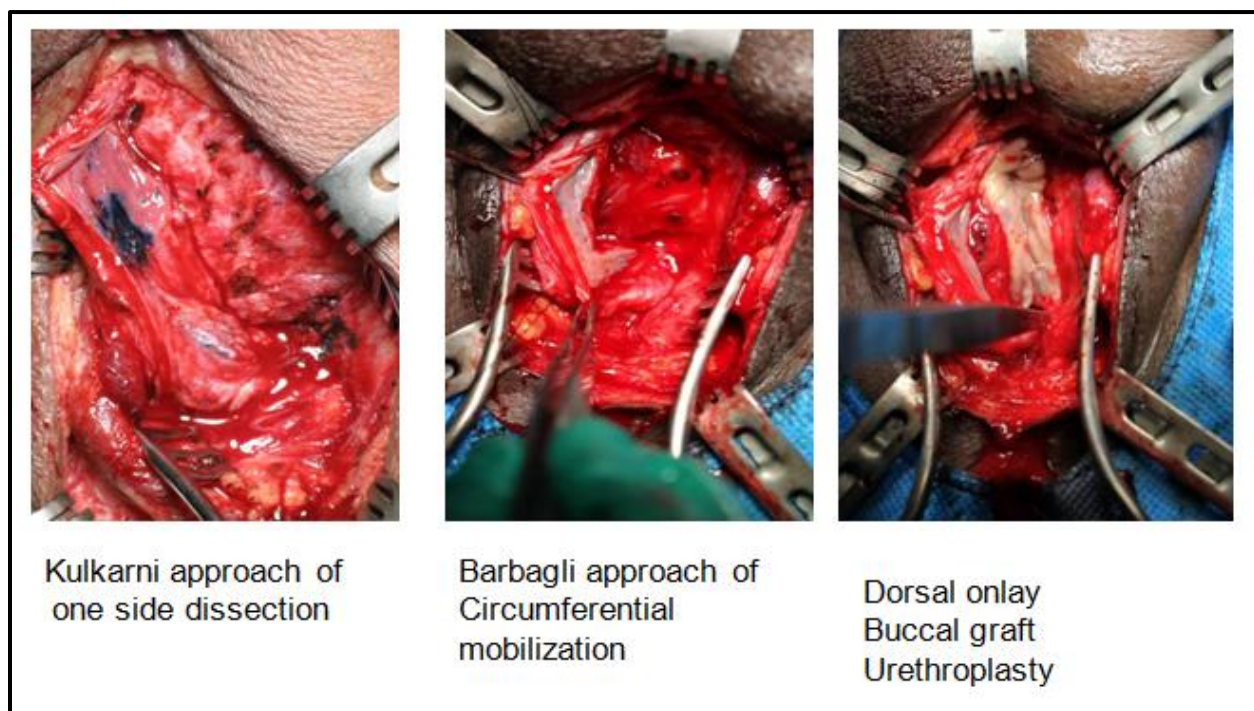
Non-traumatic cases as in lichen sclerosis, instrumentation induced; idiopathic, iatrogenic should merit augmentation Urethroplasty with buccal graft.

In not traumatic urethral stricture we augment the urethra with BMG.

There are 3 types of surgeries for bulbar urethra:

Dorsal Onlay:

The urethra is mobilised circumferentially and urethra is incised dorsally. Buccal graft is applied as dorsal onlay. Dorsal onlay can be performed for proximal, mid or distal bulbar strictures.



2. Ventral Onlay:

Spongiosa of urethra is more abundant in proximal bulbar region. Also, proximal bulbar region has cover of bulbospongiosus muscle. Hence ventral onlay is performed for proximal bulbar strictures only. Any distal stricture should be treated by dorsal approach.

Risk of erectile dysfunction is less in ventral onlay. It is preferred for sexually active men.

This is preferred approach for proximal bulbar urethral strictures after TURP. I can incise the urethral mucosa only without jeopardizing the external sphincter and push the graft proximal to the stricture inside the urethra.



Incising muscle



Incising urethral ventrally



Ventral onlay Buccal graft

3. Double face Urethroplasty:

In this technique grafts are applied on both sides of urethra. If urethra is opened ventrally stricture mucosa is excised on dorsal aspect and a small buccal graft is applied. Long graft is applied ventrally as onlay.



Ventral incision in urethra



Small graft as dorsal inlay

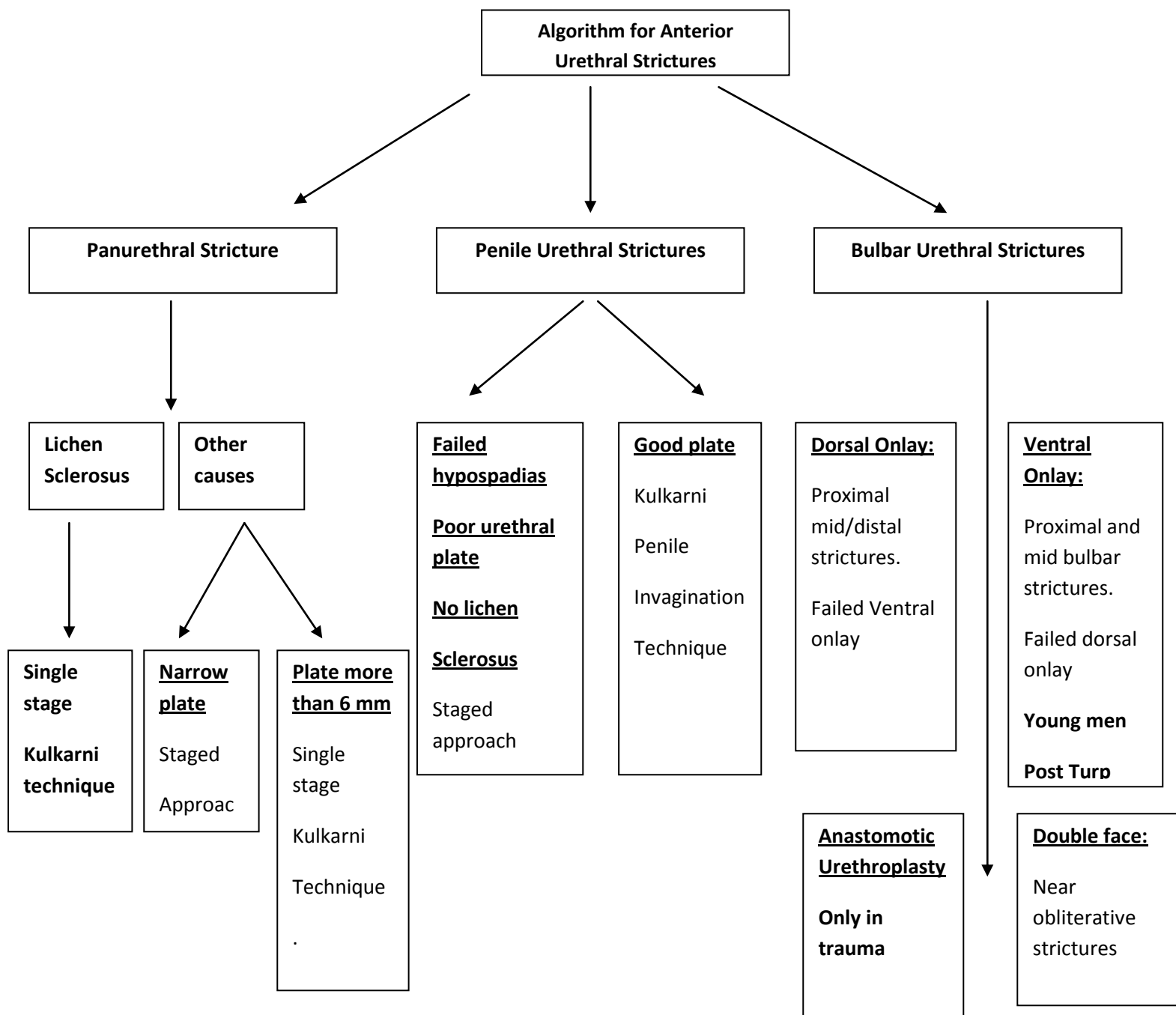


Long graft as ventral onlay

Steps of all types of surgery could be read from standard textbooks or my textbook "Art of Urethral Reconstruction" easily available on internet.

We conduct monthly workshop at our Institute for 2 days on a weekend. About 5-6 Urologists can attend OR and watch live surgery.

Feel free to contact us on kesi95@gmail.com



Report on North Zone Chapter USI Midterm Live Operative Workshop held at Meerut on 26th April 2015

This meet was hosted by **Meerut Urological Association**. Dr Anil Elhence, President; Dr Subhash Yadav, Secretary; Dr Sudhir Rath, Jt Secretary; Dr Shaleen Sharma, Treasurer along with Dr R Goel, Dr A Jain, Dr Jatinder, Dr Y Agarwal and Dr S Garg helped in organizing this successful meet.

At the brief inaugural function, the Chief Guest was Prof N P Gupta, Past President USI and Guest of Honor was Prof K K Gupta, Principal, Meerut Medical College along with Dr Anil Varshney, President Elect NZCUSI and Dr Uttam Mete, Secretary NZCUSI. Three eminent teachers of the Department of Surgery, Meerut Medical College were honored by the Prof N P Gupta.

14 surgeries were transmitted live from 9 am till 5 pm without any break utilizing 5 theatres with two screens being telecast live continuously from Anand Hospital to the auditorium of LLRM Medical College, Meerut.

6 enucleations of prostate were demonstrated using 100 W Holmium laser, 50 W Holmium laser, Thulium laser, Diode laser and Bipolar energy. Mini and Ultra Mini PNL along with RIRS were telecast and also a Deflux injection for VUR.

The operative faculty included Prof Anant Kumar, Prof M S Agarwal, Prof Aneesh Srivastava, Dr Anil Varshney, Dr Ketan Vartak, Dr Anil Goyal, Dr Anshuman Agarwal, Dr M S Ansari and Dr Harbans Singh.

The audience interaction was handled among others by Prof NP Gupta, Dr Uttam Mete, Dr Ashok Sharma, Dr Rajinder Yadav, Dr Apul Goel, Dr V K Mishra, Dr Prajay Srivastava, Dr Nikhil Khattar and Dr Vijay Bora. 173 delegates registered for this event. There was enthusiastic participation by the both the pharmaceutical industry and equipment suppliers as well.



Masterclass on Minimally Invasive PCNL at Agra on 9-10th May

Masterclass on Minimally invasive PCNL: A workshop focussing on the latest techniques and technology for treating Renal Stones was organized at Global Rainbow Hospital, Agra, in collaboration with Cook Vista Educational Program, under the able guidance of Dr Madhu Sudan Agrawal. There was an overwhelming response for the workshop and around 60 delegates from all over India registered for the workshop.

On The First Day, keynote lectures were delivered by Dr Madhu Agrawal & Dr Tarun Jindal. Four cases were performed live, demonstrating use of high power Laser for intra-corporeal lithotripsy during Mini PCNL, Ultra Mini PCNL and Flexible Mini PCNL.

Dr Kaushik Shah showed his procedure of SuperPerc using a suction with mini PCNL. Different puncture techniques - fluoroscopically - guided, bull's eye puncture, free-hand puncture and ultrasound-guided punctures were demonstrated. The day ended with a question answer session with Dr Madhu Agrawal.

The second day had Lectures on Exit strategies- large tube, small tube, tubeless or totally tubeless and Complications of PCNL which were delivered by Dr Madhu Agrawal and Dr Dilip K Mishra. This was followed by live demonstration - Mini-PCNL, Micro PCNL, Chinese SMP and Conventional PCNL for staghorn stone.

The delegates also had the opportunity to witness the full range of instruments utilized in MIP, including Storz, LUT, Wolf, Apple, and Hawk, which were arranged with the help of Surgical Companies. The available nephroscope sizes ranged from 3F UMP to 7.5 F MIP XS to 12 F mini PCNL. The available Amplatz sheath sizes ranged from the smallest 4.85 F Micro PCNL, to 8 & 11 F, 13 F UMP up to the extra-large Cook 40 F!



Welcome
to Kanpur



UAUCON 2016

**3rd Urological Association
of Uttar Pradesh Conference**

9 - 10 April 2016

Venue: Hotel Landmark, The Mall, Kanpur

UAUCON 2016
Hotel Landmark, Kanpur 9 - 10 April 2016

Registration Form

Name:

Accompanying Person:

UAU / NZUSI No.:

Mailing Address:

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Mobile:

E-mail:

Payment Details

Please find enclosed

DD / Cheque No.: Dated:

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for Rupees

Registration Charges

	Upto 28.02.2016	Spot
UAU Member	3000/-	4000/-
Non Member	5000/-	6000/-
P G Student	1500/-	2500/-
Accompanying Person	1500/-	2500/-

Please send Demand Draft / Multicity Cheques in favour of "UAUCON 2016" Payable at Kanpur to Conference Secretariat

Date.....

Signature

UROLOGICAL ASSOCIATION OF UTTAR PRADESH

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USI Membership No. _____ NZ USI No. _____

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

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Qualifications:

Degree/Diploma

Date

Institution/University

Present Appointment & Designation:

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

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**.

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

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Membership No. allotted: _____

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Signature with Official Stamp

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