Urological Association of Uttar Pradesh

September 2016

Newsletter

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President's Message

Respected seniors and friends,

Greetings from UAU!!! In the month of Independence we had many firsts as I got the information that several members organised charitable camps on 15th in their clinic and also did some free surgeries. The UAU group on social media was quite active and several good cases were shared by our esteemed members with new information on web posted by our energetic young generation which helped to update us from the recent advances.

There has been good response to attend WCE 2016 to be held in Cape Town in the month of November and our members shall have a couple of presentations. I believe that we may be having the largest contingent from UAU representing the country. It has been possible only due to inspiration and masterly advice of our seniors. It is requested that all presenters and participants of their International meet should submit a copy of their work and knowledge in the future issues of Newsletter once they come back.

It appears that the idea of having Centre of excellence is either impractical or not conducive. I request the member to come forward for a better idea for continuing surgical education without disturbing their normal schedule. We have not yet received any application for starting Centres of Excellence, the proposed guidelines of which are finally being published in this issue of Newsletter. It is still open for discussion and amendments before we finally incorporate it as our final guideline. I reiterate you all to go through the proposed guidelines so that we may finalise it and request all senior members and Institutes to propose their centres as **Centre of Excellence** both for training Consultants and Para medical staff.

The month of September is going to be thrilling as one of our Senior member Dr. Dilip Chaurasia is organising **STONECON**, a workshop on Stone disease on 11th September at Allahabad. I extend my personal invitation to all members to attend it and share their expertise in this workshop. A mere participation is not desired, your active deliberation and sharing the technique is the motto of this workshop. A tentative program is being published in this issue as there could be some modification depending upon the availability of cases.

In this month of September we are going to celebrate **World Prostate Month** and I request all members to spare at least one day in doing some activity under the banner of UAU for spreading the message of Prostate Cancer awareness program. The activity could be in form of camp, public lecture, surgeries, CME for general practitioners, workshops or distribution of pamphlets and medicines to the elderly patients. We would be glad to publish the photographs of such activities in forthcoming issues.

The **Service Cell & Medico legal cell** has been activated and members should interact and share their problems and solutions alike. Laparoscopic Urology has not picked up well amongst the

senior Urologists especially in private sector. We are planning a workshop in Kanpur probably in November. The indications for Laparoscopy in Urology are increasing and we must try to learn this discipline. The guest article in this issue is on Laparoscopy. I have requested my colleague Prof. Ramalingam to share his work with the members and he has been kind enough to share his work on Pyeloplasty. A clip has been attached for viewing for those who are interested for the video.

This newsletter is for the members and the idea of starting a page for situations vacant, machines for sale and news about starting of new facility has been proposed in our previous issue. We would be glad to receive any such issue and get it published. Hope to meet you all in Allahabad.

Long live UAU.

Jai Hind!!

Dr. Vinod Kr. Mishra, President UAU
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FIMSA, FICS
Kanpur Urology Center, Mobile: 09839068697

WORLD PROSTATE MONTH is celebrated across globe to spread awareness of prostate disease specially Ca prostate in the month of September. Dr. Mishra has organized a month long camp in Kanpur regarding the same. Please find the newspaper coverage regarding the same.

प्रॉस्टेट माह में ५० प्रतिशत छूट पर देखे जायेंगे मरीज

शाकाहार, संयमित भोजन एवं नियमित दिनचर्या तथा व्यायाम प्रॉस्टेट ग्रन्थि को बढ़ने से रोकता है : डा. वी.के. मिश्रा

कानपुर। विश्व प्रॉस्टेट माह के अवसर पर नगर के वरिष्ठ यूरोलॉजिस्ट डा. वी.के. मिश्रा द्वारा कानपुर यूरोलॉजी सेन्टर में सितम्बर माह में प्रॉस्टेट की समस्या से पीड़ितों जिनकी उम्र ५० वर्ष या अधिक है उनको परामर्श शुल्क में ५० प्रतिशत की छूट पर पूरे माह देखा जायेगा। यह जानकारी प्रेसवार्ता में डा. वी.के. मिश्रा ने दी।

डा. मिश्रा ने पत्रकारों से वार्ता में बताया कि लगभग ७०-८० प्रतिशत पुरूषों की आयु के उपरान्त प्रॉस्टेट ग्रन्थि के बढ़ने से पेशाब का रुक-रुक के होना, बार-बार होना व पेशाब का अचानक रूक जाना, छूट जाना इत्यादि तकलीफें हो सकती हैं यदि सही समय पर इनका उपचार कर दिया जाये तो मरीज को प्रॉस्टेट के द्वारा होने वाली जटिलताओं जैसे मूत्र संक्रमण होना, गुर्दे फेल होना, प्रॉस्टेट कैंसर इत्यादि से बचाया जा सकता है।

डा. मिश्रा ने बताया कि प्रॉस्टेट (पौरुष) ग्रन्थि पुरुषों में प्रजनन तंत्र का अहम भाग होता है यह ग्रन्थि पेशाब की थैली के नीचे और पेशाब नली के चारों ओर से घेरे होती है। आयु के साथ प्रॉस्टेट बढ़ती है तथा मूत्र मार्ग में रूकावट पैदा करने लगती है। जिससे निम्न समस्यायें उत्पन्न हो जाती है। पेशाब की धार का पतला होना, पेशाब का रूक-रुक कर आना या पूरा पेशाब न होना, पेशाब करने में समय लगना, पेशाब करते समय जोर लगाना, पेशाब में मवाद

खून इत्यादि आना एवं कभी-कभी प्रॉस्टेट कैंसर हो जाना।

यदि पीड़ित प्रारम्भिक अवस्था में विशेषज्ञ से परामर्श कर लेता है तो कुछ विशिष्ट दवाइयों के द्वारा इसका निदान सम्भव हैं किन्तु यदि इसका आपरेशन करना पड़ता है तो दूरबीन विधि द्वारा यह आपरेशन अति सुविधाजनक होता है। इस विधि से पेशाब के रास्ते से ही सम्पूर्ण प्रॉस्टेट का आपरेशन कर उसे निकाल दिया जाता हैं इससे मरीज को कोई खतरा भी नहीं रहता है एवं खून की हानि भी कम से कम होती है एवं मरीज दो-तीन दिनों में स्वास्थ्य लाभ कर घर जा सकता है। डा. मिश्रा ने बताया कि सम्पूर्ण विश्व में लगभग ८५ प्रतिशत पीड़ितों का निदान टीयूआरपी विधि से ही किया जाता है। डा. मिश्रा ने बताया कि पूरे सितम्बर माह में प्रॉस्टेट ग्रन्थि के बारे में लोगों को जागरूकता लाने के लिए यह अद्भुत कैम्प दिनांक १ सितम्बर से ३० सितम्बर तक, सायं ४.०० बजे से ८.०० बजे सोमवार से शुक्रवार, कानपुर यूरोलॉजी सेन्टर, ८० फिर रोड पर किया जा रहा है। इसमें ५० वर्ष या उससे अधिक उम्र के सभी पुरूषों को ५० प्रतिशत परामर्श शुल्क तथा अन्य सभी जांचें जैसे यूरोफ्लोमेट्री (कम्प्यूटर द्वारा पेशाब की धार की जांच), पैथालॉजी एवं एक्सरे तथा अल्ट्रासाउण्ड इत्यादि जाँचों पर २० प्रतिशत की छूट दी जायेगी।

एआईएसएफ आम हड़ताल

कानपुर। आल इंडिया स्टूडेन्ट्स फे करने के साथ साम्प्रदायिकरण रोकने के का समर्थन किया है। एआईएसएफ के कहा है कि जीडीपी का ६ फीसदी केन्द्री का ३० फीसदी धन शिक्षा पर खर्च हो जाये। उन्होंने कहा कि मोदी शासन स्तर व विभिन्न क्षेत्रों में हमले और भी निजिकरण, व्यवसायीकरण व सम्प्रदा

Hon. Secretary's Message

Warm greetings to all the esteemed members of UAU

August has been a mixed bag of activities & festivities and hope you all must have enjoyed the season. The list of activities has been well enumerated in the message of the esteemed President. Few of the points I want to highlight are the Stoncon - the workshop being held by Dr Dilip Chaurasia. He has planned a good surgical & academic feast and I request all members to actively participate in it. Next month we have North Zone USICON at Agra. We are the largest sub group in North zone and we should be present & participate in it with full strength.

November would see many of our members going to South Africa to attend the WCE 2016 from 9 - 11th November. Presentation from our association at an International platform speaks volumes of the excellence of work being done by our members. We hope more such presentation & discussion takes place at our meetings & workshops.

I request our previous senior executive members to sort out the problem of our bank account and deed of the constitution without which, the day to day financial activities is being hampered.

We are fortunate to have two esteemed teachers in Dr PB Singh and Dr Mahendra Singh shifting to Varanasi and so would be enriched with their active participation in UAU. The formalities of their membership are being taken care of.

It is high time we start preparing for UAU quiz, and next year annual conference in Bareilly. I request all members to start getting ready with papers, videos and other modes of presentation of their quality work.

Hope to meet you all in the workshop at Allahabad.

Dr Neeraj K Agrawal

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Urodynamics Workshop at BHU

Dr Sameer Trivedi from BHU, Varanasi is organizing a one day live workshop on Urodynamic techniques on 8th October 2016 under the aegis of UAU. The details regarding the same shall follow soon. Please prepare to have an excellent academic feast at Varanasi.

TIPS ON LAPAROSCOPIC TECHNIQUES IN PYELOPLASTY

-- Manickam Ramalingam
MS, MCh (Uro), DNB, Hon. FRCS from Edin

Introduction;

Pyeloplasty is a common reconstructive procedure performed by the urologist. Open pyeloplasty was the universal norm till recent decade. Laparoscopic pyeloplasty was first reported by Scheussler et al in 1993. Since then, with the proliferation of laparoscopy, it has gradually improved its stand to an almost equal stature to open approach. Laparoscopic pyeloplasty has the same advantages as in any other minimally invasive approach, viz. less hospital stay, earlier recovery, less blood loss, less pain.

The technique of laparoscopic pyeloplasty is almost, if not exactly similar to open approach. The basic principles remain the same. The success or 'failure' of pyeloplasty depends on the disease and the patient as much, as on the surgical technique. Kidneys with very poor function, with flabby parenchyma, hugely redundant pelvis may not drain effectively, resulting in 'failure' of procedure. Similarly, surgery in an infected system is not known to give expected results.

One of the main factors in determining the success is preoperative planning (at the most, before port placement) to avoid intraoperative surprises like long strictures, vesico ureteric junction narrowing, intrarenal pelvis etc. Intravenous pyelogram is commonly done for suspected pelviureteric junction obstruction. We usually prefer CT Urogram. In many cases, ureter is not visualized in IVP. CT Urogram is useful in such cases, since the ureter is seen even if not completely distended with contrast. Thickening of ureter in long secondary PUJ can be visualized. Retrograde pyelogram is always done by usprior to pyeloplasty. Though questioned by some, this is really helpful in avoiding surprises like blocked VUJ, long strictures etc.

Moreover, during RGP, ureteric catheter, guide wire or stent may be placed for ureter identification during the procedure. Pre placement of stents avoid the antegradestenting, which may be time consuming in some instances. In children, and those with very narrow PUJ, ureteric catheter or stent may occupy a wider space and may hinder the spatulation. In such cases, placing just the guide wire may be useful. Ureteric catheter, if placed, may be clamped, to prevent collapsing of the pelvis. If stent is placed, urethral catheter is placed and clamped, to prevent pelvis collapse. Similar to open approach, a dilated tense pelvis is easy to dissect, rather than collapsed one.

If the narrowing is long, which may necessitate flap pyeloplasty, open surgery may be preferred especially if the surgeon is not experienced enough in laparoscopy.

TRANSPERITONEAL LAP PYELOPLASTY

Patient is positioned in left lateral position, with 70^{o} tilt. (Fig.1) It is better to avoid exact 90^{o} lateral position, so that pelvis falls back a little for easier suturing. Placing a renal bridge is

not absolutely essential. Though the retroperitoneum opens up well, in some instances, it may hinder anastomosis due to the distraction of the ureteric and pelvic ends. The classical port position is as described in the picture. The camera port should more or less be exactly overlying the PUJ, with the other working ports in the form of wide 'V'. (Fig. 2)This facilitates easier suturing with good ergonomics. Placement of nasogastric tube is helpful in decompressing the stomach and duodenum.

Colonic deflection is the first step in the transperitoneal approach, to visualize the retroperitoneum. On the left side, the trans mesocolic approach is preferred. This avoids the time taken for reflecting the bowel. The mesocolic vessels should be wide spaced, mesocolic fat should be minimal and the pelvis should be preferentially extra renal and bulging through the mesocolon. (Fig. 3)The mesocolon is directly incised over the bulging pelvis and pelvis is dissected.(Fig. 4)The opened up mesocolon is tacked to the abdominal wall to minimize the need for constant retraction. A stay is taken in the pelvis (Fig. 5) On the right side, peritoneum is incised over the pelvis and minimal mobilization of the hepatic flexure suffices, along with kocherisation of the duodenum. (fig. 6)

Pelvis need to be mobilized all around prior to pyelotomy. Any crossing vessel has to be dissected off (Fig. 7)Dissection of collapsed pelvis is difficult. Once the pelvis dissection is completed, stay sutures are taken to mark the superior and the lateral aspect. This suture may also be used to lift up the pelvis towards the abdominal wall to facilitate easier division and suturing.

Pyelotomy is done starting from the superomedial aspect of the pelvis angulating towards the ureter and pelvi ureteric junction. (Fig. 8)The incision is carried on along the lateral aspect of the ureter to form a spatulation. (Fig. 9)Spatulation can be precisely done using angulated Pott's scissors. The tip of this scissors is narrow and the angulation further helps to have the spatulation exactly in the lateral aspect. (Fig. 10 – Close up of scissors)

The pelvic segment attached to the ureter – Pyelum flap, is helpful in handling the ureter during anastomosis. This avoids the ureter being grasped directly during the suturing. (Fig. 11)

Either 4-0 vicryl or 4-0 PDS sutures can be used. Vicryl sutures are easy to handle, have less memory and knotting is easier. The converse is for PDS. Initially, vicryl sutures may be used, and when the surgeon becomes more experienced, PDS suture can be used. Continuous suturing is less time consuming. (Fig. 12)Needle holder with a narrow tip is useful for easier suturing and knotting. (Fig. 13 – close up of needle holder)Initially posterior layer is sutured, followed by the anterior layer. This avoids the need for turning around the pelvis and the ureter if anterior layer is sutured first, to suture the posterior layer. Rather than taking the initial suture in the apex angle, the first suture may be taken 1 – 2 mm towards the anterior or posterior layer and suturing continued. This avoids the risk of inadequate approximation at the apex

After completing the posterior layer, stent is inserted (if not done already). Veress needle is inserted with an angle, oriented towards the ureter. (Fig. 14)Guide wire is inserted through it after removing the stylet. (Fig. 15)Stent is threaded over the guide wire. (Fig. 16)

After completing the anterior layer suturing. (Fig.17), the excess pelvis is sutured on to itself. Placing perirenal fat or omental fat around the completed anastomosis improves the vascularity and reduces urine leak. (Fig.18)In case of trans mesocolicpyeloplasty , the drain is placed in the retroperitoneum, (Fig. 19)through a separate incision and the mesocolic rent closed to make the drain retroperitoneal.

In children laparoscopy assisted approach may be attempted. Laparoscopically the PUJ is mobilized and brought out through 10 mm portsite,dismembering and pyeloureterostomy is doneextracorporeally. (Fig. 20) Thenit is reperitonealised and tube drain placed.

RETROPERITONEOSCOPIC PYELOPLASTY

Retroperitoneoscopic approach is akin to open pyeloplasty. This is preferable as the injury to viscera is unlikely. But the available space is much less than Transperitoneal approach. In experts hands this is possible. The steps of mobilazation of UPJ and Pyeloplasty are same as in Transperioneal approach.

Conclusion:

Laparoscopic pyeloplasty is not a difficult technique to master in those with good laparoscopic suturing skills. Reinforcing the suturing skills with endotrainers and undergoing short term training programmes with help in improving the outcomes. Using 3D cameras or at the least HD cameras help in reducing the difficulty in suturing .

TRANSPERITONEAL LAP PYELOPLASTY

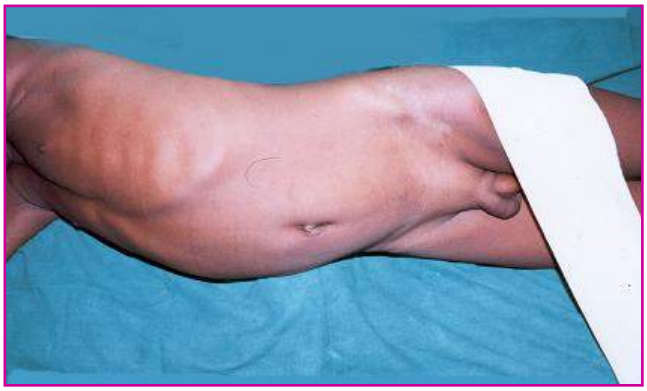


Fig. 1. Left lateral position, with 70° tilt

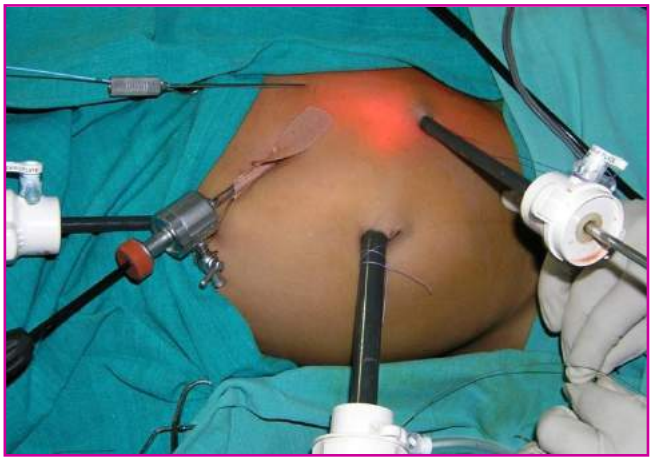


Fig. 2. Ports Position

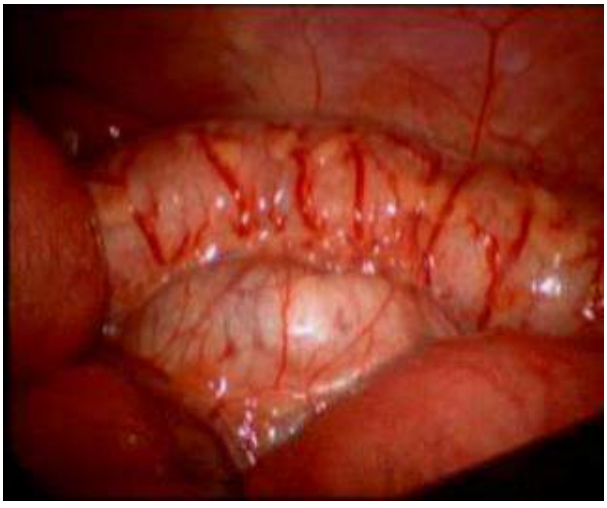


Fig. 3. Pelvis bulging through the mesocolon. Thin Mesocolon and wide spaced mesocolic vessels noted

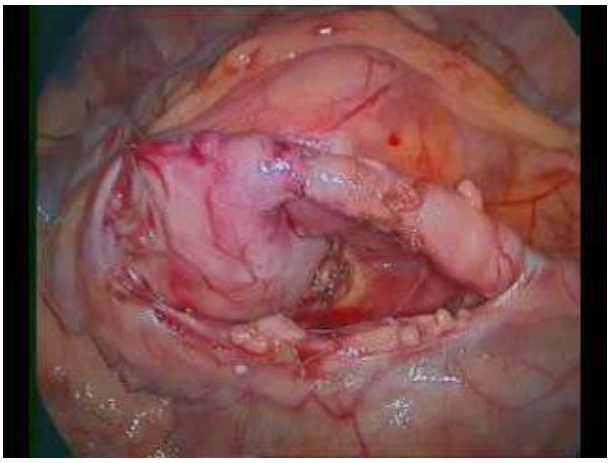


Fig. 4. pelvis is mobilise through mesocolic window

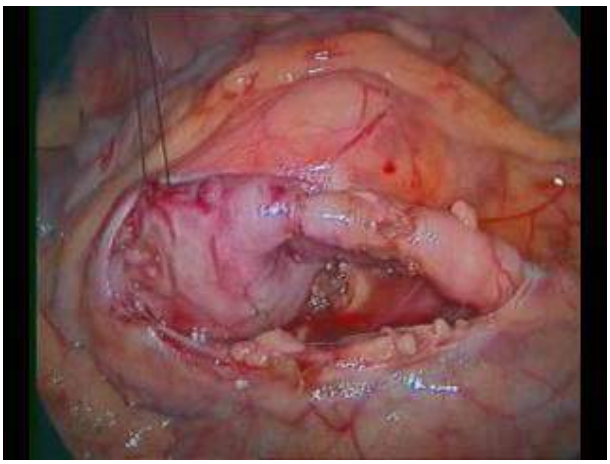


Fig. 5. Stay in the pelvis

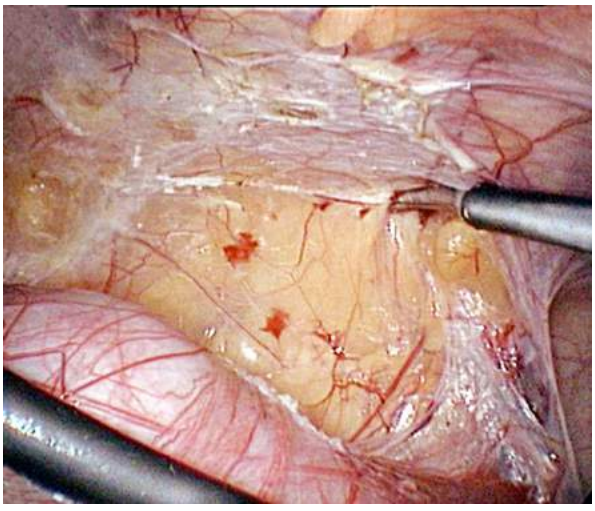


Fig. 6. Right colon and duodenum mobilized

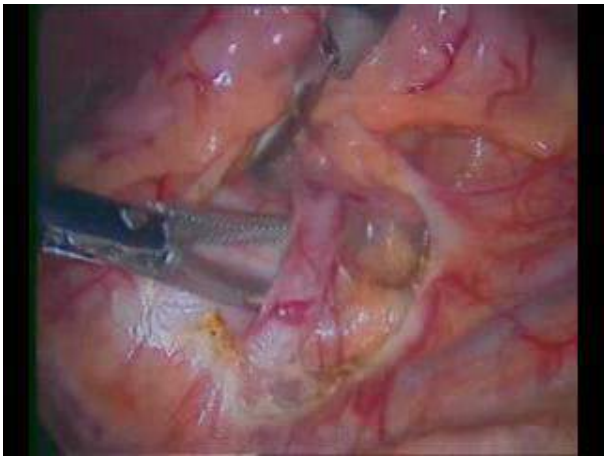


Fig.7. Crossing vessalmobilised

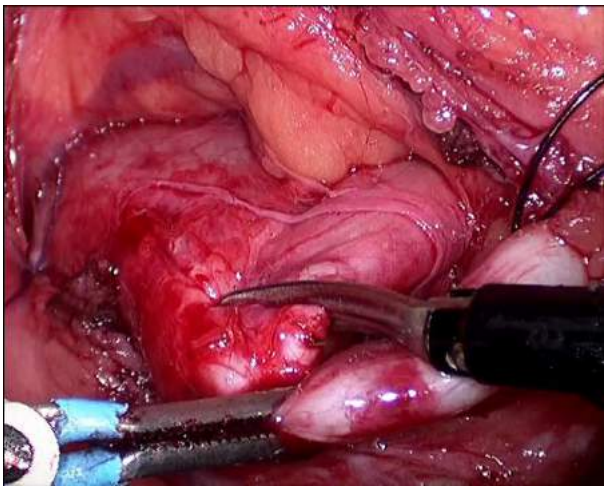


Fig. 8. obliquepyelotomy

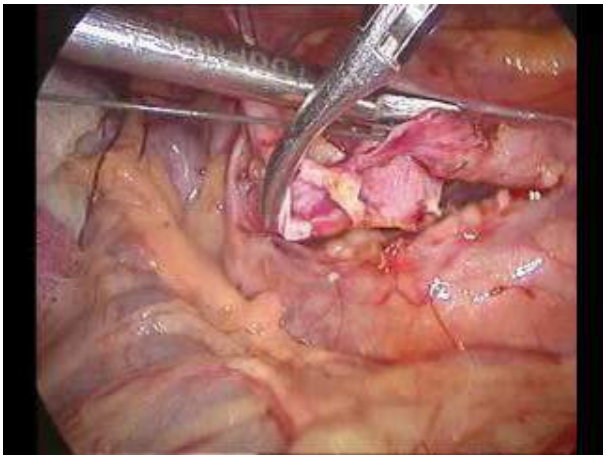


Fig. 9. Spatulation of ureter on posterolateral aspect

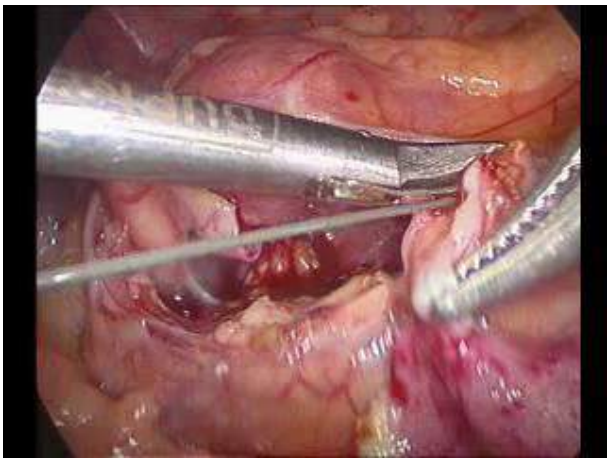


Fig. 10. Pott'sscissors forspatulation

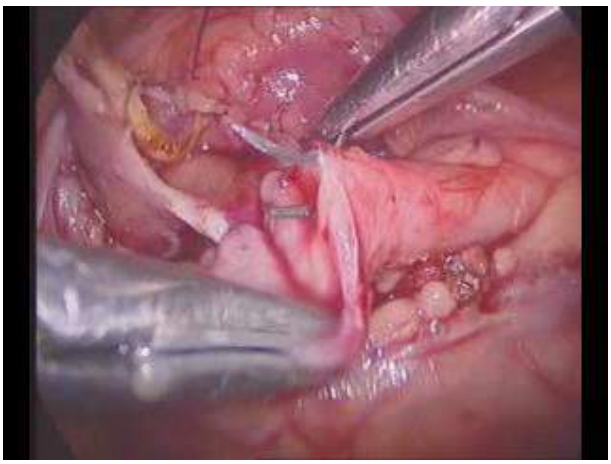


Fig. 11. Pyelum flap

Fig. 12. Continuous suturing of posterior wall

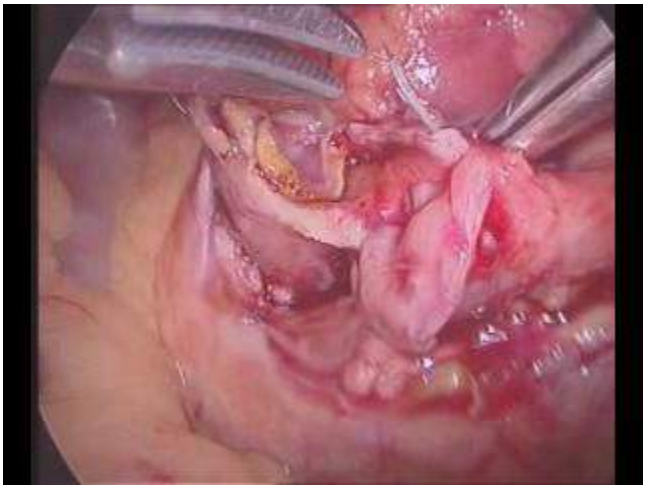


Fig. 13. Needle holder with narrow tip

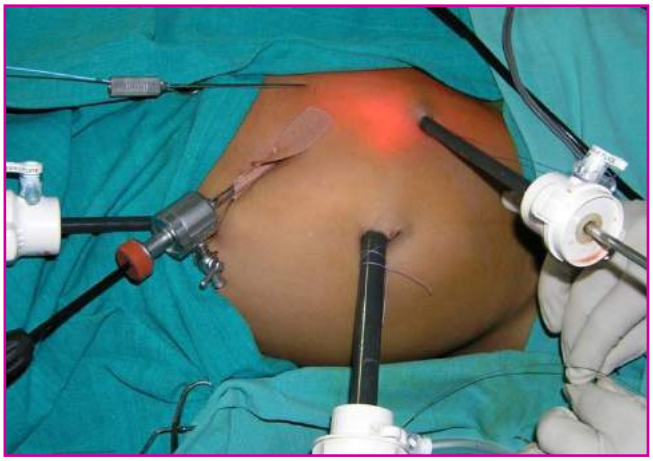


Fig. 14. Guide wire passed through Veress needle to help antegradestenting

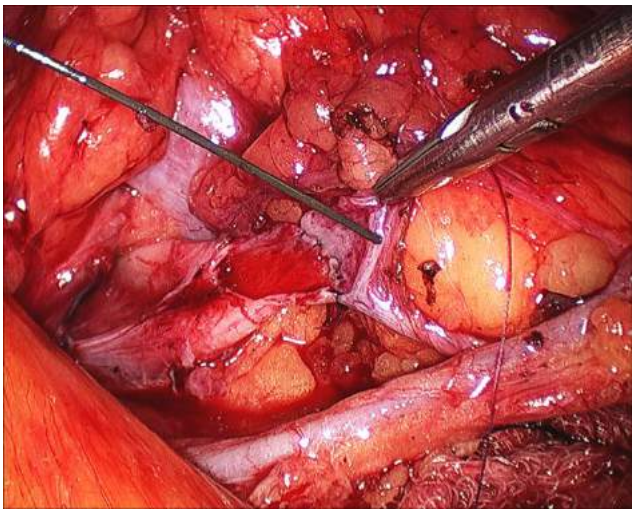


Fig. 15. Guide wire inserted into the ureter antegrade

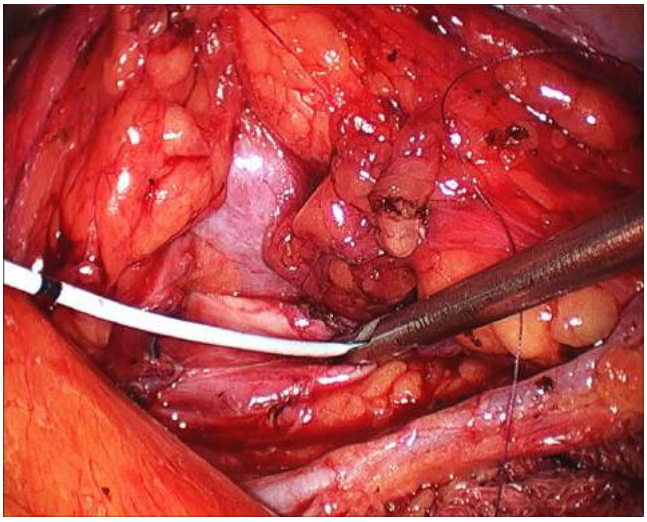


Fig. 16. Antegradestenting

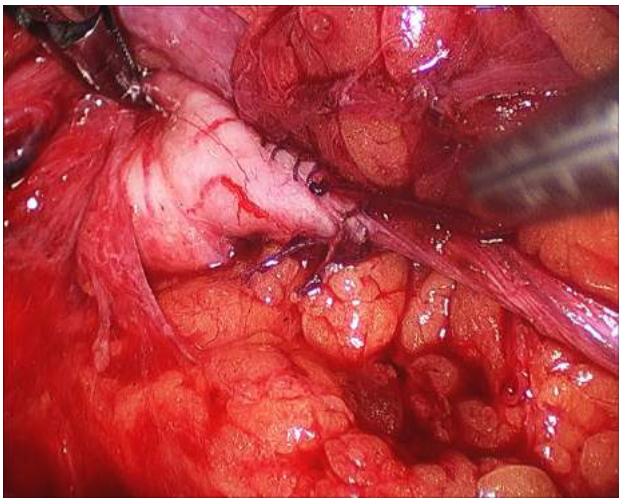


Fig.17. Anterior layer suturing completed

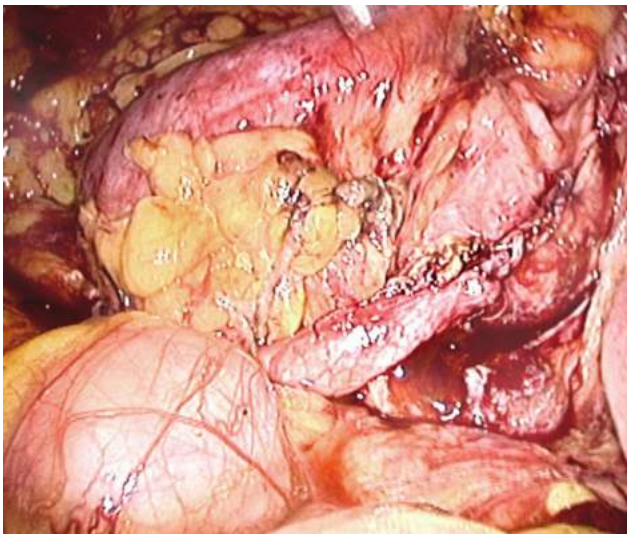


Fig. 18. Omentum tacked

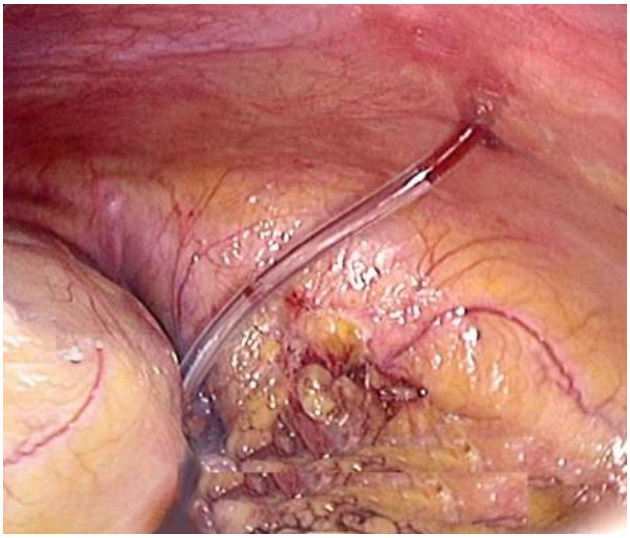


Fig. 19. Drain Placed through lower port

Fig. 20. Port site assisted (Extracorporeal) pyeloplasty

RETROPERITONEOSCOPIC PYELOPLASTY

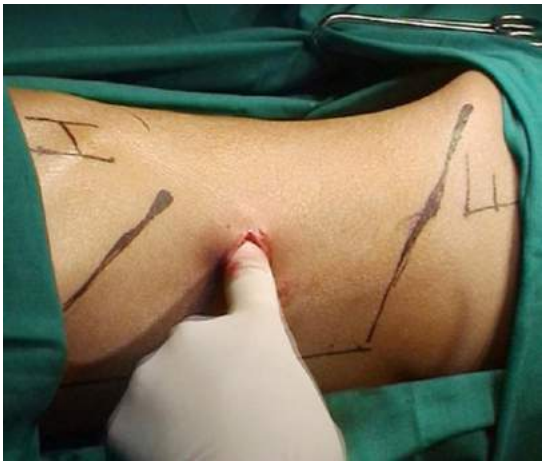


Fig. 21. Retroperitoneoscopic space creation

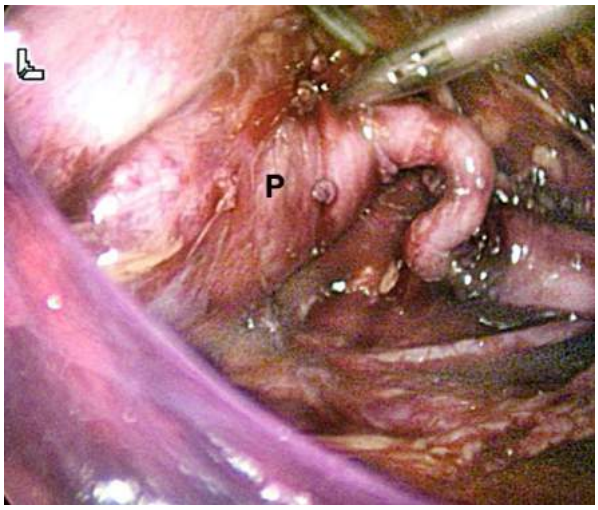


Fig. 22. PUJ mobilised

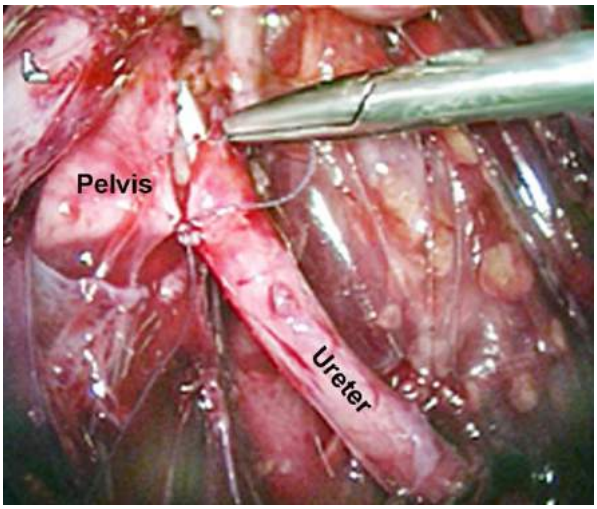


Fig. 23. Pyeloplasty in progress

To watch a video on Pyeloplasty
please visit: https://drive.google.com/file/d/0BwifGd-DqvKcNkpGVWFSeEhoams/view.

UAUCON 2017 **UAUCON 2017, Bareilly - 25th & 26th March 2017**

Important Notification

This year the UAU Council proposed and passed a resolution in regards to the training of Consultants and full members for specialized procedures and requested our members to volunteer for it. There is a need for getting our paramedical staff also to be updated in this regards.

We request you to kindly suggest some guidelines so that the task is completed and we select centres immediately so that more members are benefited.

We also request you to volunteer to train and teach more of our colleagues so that the technique is propagated and practiced by all for the betterment of patients.

Applications are invited from members of UAU for conduct of CMEs & Workshops under the aegis if UAU. For details please contact: **Dr. V. K. Mishra** at **mishravk2k@hotmail.com** or **9839068697**

Proposed Guidelines for establishing the Centre of Excellence

Guidelines for Centre:

1. The Centre should be high volume performing at least 10 surgeries in a week.

2. It should be well equipped with good audio visual system and recording facility.

3. A trainer/simulator is mandatory especially for laparoscopy and other high tec surgeries.

4. The course duration should be for a maximum of 7 days and the number of participants should not exceed four at a time.

5. The Centre shall submit the curriculum of course to the UAU office and a copy of the same to the candidates. The course should include details of anatomy, physiology instrumentation working & update of the procedure so that at the end of course the candidate can take independent decisions to manage and operate the patient.

6. There should be proper arrangements for the attendees stay and other hospitalities.

7. There should be a visit of UAU certified observer during the course to supervise and assess the type of training being imparted during or at the end of course.

8. The Centre should have reference library facility.

9. It should have master video facility for the trainee with dedicated computer.

10. It will maintain a record of all trainees and submit to the Secretariat for endorsement.

11. The Course Certificate should bear the signatures of Principal Operator, Observer and President of UAU and it shall be awarded in Annual UAU meet of the same year.

12. There shall be disclosure by the Centre if the activity is being funded by any other sources especially from the pharma industry.

13. The Centre will pay a token registration fee of Rs. 5000/- to the UAU which will be renewed on yearly basis with the renewal fee being Rs. 2500/ only.

Guidelines for the Candidates:

1. The Candidates should be full member of UAU.
2. The trainee should be either M.Ch. or DNB in Urology from recognized Institute.

3. The trainee will maintain all decorum of surgical ethics and shall not indulge in any misconduct both with the Guide as well as UAU officials both during and after the completion of course.
4. This training is being imparted with an idea that the trainee shall maintain high standard of care to patients in future and shall do initial work with a mentor so that the skill & technique do not compromise the results of patient care.
5. This training is not a degree or diploma course to practise but it shall be for skill enhancement and to undergo update and exposure to newer technology in Urology.
6. During the training the candidates have to arrange his to and fro travel, fooding and lodging but the Institute/Centre will provide all help in this process.

Please Note:

All suggestions may be sent to Dr. V. K. Mishra at the earliest so that necessary amendments can be made and the same can be incorporated for identifying the proposed Centres.

Legal and Service Cells have been formed for UAU Members. Dr Anil Elhence (Email: anil@elhence.com, Mobile No.: 9837031323) & Dr Pawan Jindal (Email: pkjindaldr@yahoo.co.in, Mobile No.: 9415224411) have agreed as nodal officers for Service Cell & Dr Dilip Chaurasia (Email: dilipchaurasia@yahoo.com, Mobile No.: 9415309456) along with Dr Sanjay Goel (Email: drsanjayuro@yahoo.com, Mobile No.: 9837348964) will look after the Legal Cell. Members can consult them & seek their guidance in the matters related to service of equipments and medicolegal cases.

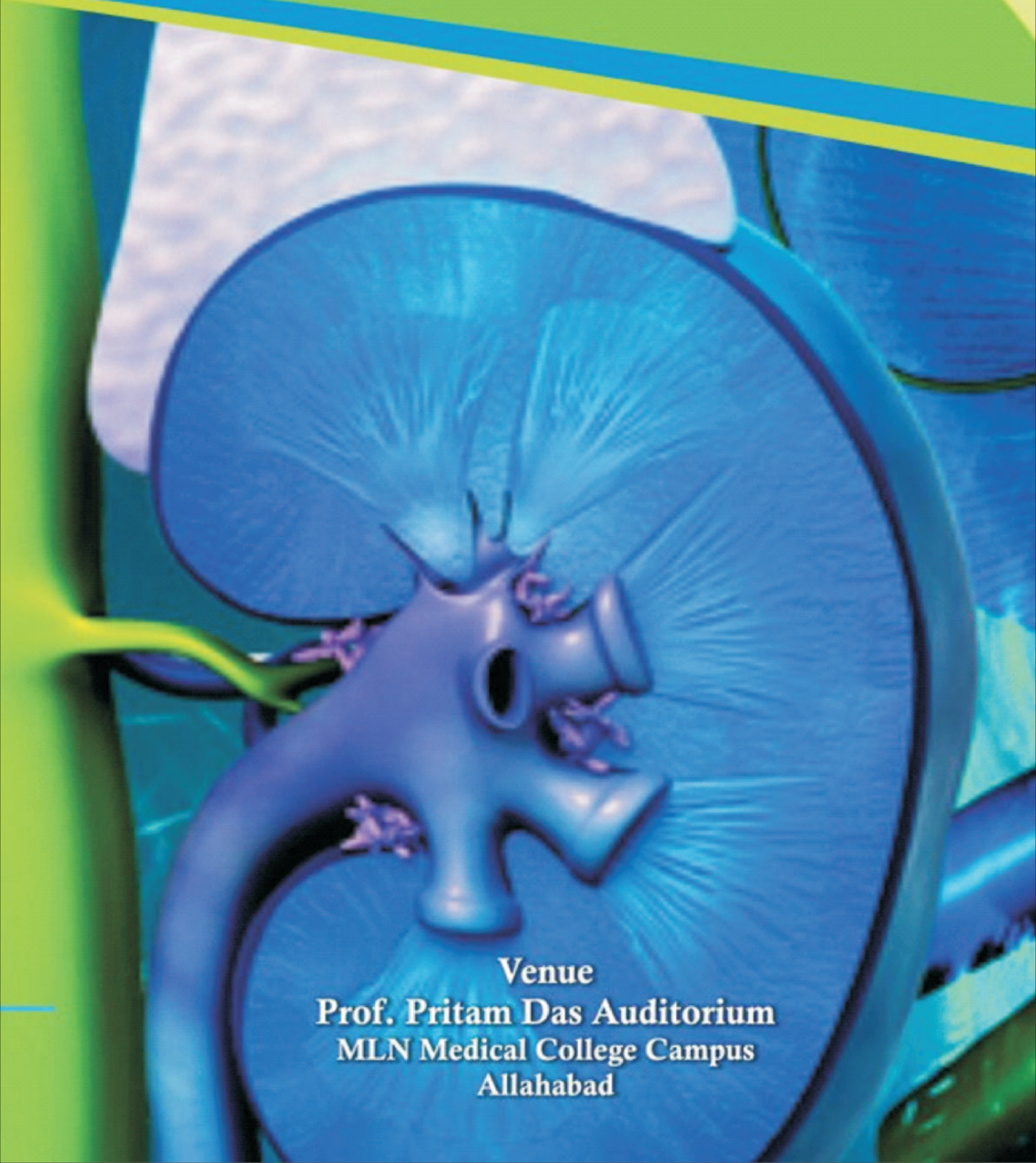
For UAU Members Only

Members are invited to give advertisement for their hospital requirements / instrumentations / vacancies etc. The next issue shall have these advertisements free of costs.

A Live Operative Workshop on Management of Renal Stones

on 11th September

STONECON 2016



Venue

Prof. Pritam Das Auditorium

MLN Medical College Campus

Allahabad

Dear Friends and Colleagues,

Regards and Greetings from Sangam city, Allahabad

Allahabad a well known ancient city having High Court, A G Office, Police Head Quarter, Anand Bhawan – the birth place of Smt Indira Gandhi, Allahabad University known to be Oxford University of East needs no introduction.

It gives us immense pleasure to invite you all to attened and watch live operative open as well as high tech minimally invasive surgery on 11th Sept 2016.

The wheather in Allahabad in September remains pleasant with some humidity. It is an ideal time to visit various tourists places in and around Allahabad.

Dr R C Gupta
Organizing Chairman

Dr Shabi Ahmad
Organizing Co Chairman

Dr Dilip Chaurasia
Organizing Secretary

Registration Fee

Registration upto	31 Aug	After 31Aug & Spot
UAU member	₹ 2000	₹ 3000
Non UAU member	₹ 3000	₹ 4000
PG Students *	₹ 500	₹ 1000
Accompanying Person	₹ 1000	₹ 1500
* Certificate from Head of the Department/Unit is mandatory for PG students.		
Demand draft/multicity cheques must be made in favour of STONECON 2016, payable at Allahabad		

BANK DETAIL

Corporation Bank
C Y Chintamani Road, Allahabad
Ac no. 053301601000911
IFSC Code - CORP0000533

Programme At a Glance

8 am to 9 am – **Registration**

8:30 am to 9:30 am – **Lectures on**

1. Development of skills and surgeries for stone disease from ancient age to laser and Robotic age
2. Metabolic workup for recurrent stone disease and importance of stone analysis

10 am to 6 pm – **Live Operative Workshop**

Proposed Operative Procedures

- Open Pyelolithotomy
- Laproscopic Pyelolithotomy
- Ureterolithotomy by Lumbotomy incision
- Laproscopic Ureterolithotomy
- Anatropic Nephrolithotomy
- PCNL
- Mini PCNL
- Micro PCNL
- URSL
- RIRS

7 pm onwards – Inauguration and Cultural Evening

UAU COUNCIL MEMBERS

President
Dr V K Mishra, Kanpur
mishravk2k@hotmail.com

President Elect
Dr U S Dwivedi, Varanasi
udaishankarbhu@gmail.com

Imm. Past President
Dr Anil Elhence, Meerut
anil@elhence.com

Hon. Secretary
Dr Neeraj Agarwal, Bareilly
drnkabr2@gmail.com

Hon. Treasurer
Dr Vijay Bora, Agra
vijaybora@gmail.com

Members:
Dr Sanjay Goyal, Dehradun

Dr Sameer Trivedi, Varanasi
Dr Dilip Chaurasia, Allahabad
Dr S N Sankhwar, Lucknow
Dr Apul Goel, Lucknow

Download the Registration Form from the website : www.stonecon2016.com

Contact for any detail and registration:

Dr R C Gupta
9415216359

Dr Vibhav Malaviya
9415215607

Dr Vipul Tandon
9415235225

Conference Secretariat

Dr Dilip Chaurasia
Reader Niwas -6, Panna Lal Road, George Town,
Allahabad -211002
Mobile – 9415309456, 9839047479, 7599448888
E-mail: dilipchaurasia@yahoo.com

Organizing Committee

Patron
Dr S P Singh
Principal, MLN Medical College

Organizing Chairman
Dr R C Gupta

Organizing Co Chairman
Dr Shabi Ahmad

Treasurer
Dr Akhilesh

Organizing Secretary
Dr Dilip Chaurasia

Travel Desk – To book Hotel accomodation and Travel assistance
SAS Travels: 0532- 2622460, 0532- 2424619
Sujata – 9450591690, I M Tewari - 9335159993

Secretary Address:
Dr Neeraj K Agrawal
Hon. Secretary UAU
M.S. M.Ch (Urology), MBA (Healthcare Servics)
Neeraj Life Care & Stone Centre
DD Puram, Ektanagar Road
Bareilly 243122
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Disclaimer


UROLOGICAL ASSOCIATION OF UTTAR PRADESH
UAU