Urological Association of Uttar Pradesh

UAU Newsletter

August 2015

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President's Message

Dear Friends

Yet another month has passed by.

This month we have an update by Dr C Malikarjuna from AINU, Hyderabad on his technique of laparoscopic repair of VVF. VVF is an often neglected area of urology which all of us do encounter unfortunately more frequently than we should. From the days of either an abdominal repair or a trans vaginal repair, there has been a transition to laparoscopic intervention and sincerely hope that those of us who do reconstructive laparoscopic surgery will find it an interesting read and also would motivate others to take up this procedure.

In July, we had two activities. Dr A Saxena and Dr Shailendra Goel organized a day long workshop in Noida under the auspices of North Zone chapter of USI. Later in the month a one and a half day workshop was held at Agra on TUEB. A combined technique of bipolar enucleation and resection was demonstrated to provide a viable option to Holmium laser enucleation and morcellation.

I would once again appeal to our members to enroll Urologists in their area of work who are not yet members and also contribute to the newsletter in form of reports of activities done or interesting cases encountered.

Dr V K Mishra who had organized an Urethroplasty workshop last month has provided a feedback for those who participated. I would encourage the participants to give their feedback so further meets could be improved. This activity along with the workshop this month at Agra provided participants with CME points by the Uttar Pradesh MCI.

Dr Sanjay Goel and Dr Vikrant Pathak are busy organizing a one and a half day academic fest at Dehradun in October and would expect large number of our members to participate.

Thanks

Anil Elhence
President UAU
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Hon. Secretary's Message

Dear, Colleagues

Monsoon greetings to everybody

August news letter is being circulated to you. I congratulate Dr. Madhu Sudhan Agarwal, our founder member, once again for the continuous efforts made by him for upliftment of urological care and towards introducing newer technologies in our region. Workshop conducted by him along with many of our senior members & international faculty in Agra on 26th July highlighting TUEP by bipolar technology has been a great success.

Dr. Sanjay Goyal from Dehradun is planning to conduct a CME/Mini conference in month of October, please register for first ever event organized by UAU in Dehradun. UAU next executive & general body meeting is planned in Srinagar during annual NZUSI conference. I look forward for your continuous feedback to improve content of our monthly news letter. I also request our members to inform us for organisation of small urological meetings & workshop in their cities for endorsement by UAU & better participation by our members.

Long live UAU.

With Best Wishes

Dr. A.K. Sanwal
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Laproscopic Repair of VVF

Dr C Mallikarjuna
Managing Director
Asian Institute of Nephrology and Urology
Hyderabad

Introduction

Vesico-vaginal fistulas (VVF) and the resultant urinary incontinence entail immense social and psychological hardship on a patient. With the emergence of safe obstetric practices, the incidence of VVF secondary to obstructed labor and other obstetric complications are on a wane. Most of the VVFs encountered today are seen after gynecological surgeries, most commonly after abdominal or vaginal hysterectomies. VVF, once confirmed, needs surgical repair in the majority of cases. VVF repair can be done by trans-abdominal or trans-vaginal route, the latter generally reserved for a low-lying VVF in the region of trigone. VVF repair can be accomplished by an open, laparoscopic or robotic route. The choice of repair is dictated by many factors including the etiology, the size, location and the complexity of the VVF and last but not the least, the surgeon's familiarity with the approach and the technique.

Nezhat first reported laparoscopic VVF repair in 1994 and the procedure has largely remained unchanged until recent times.[1] It is largely a derivation of the open surgical O'Connor's bivalving technique, wherein a vertical bladder incision is made until the VVF, the fistula is circumscribed and the bladder proximal to it is dissected off the anterior vaginal wall. The vaginal end of the fistula is closed in layers, omentum interposed between the bladder and vagina and the bladder is closed in layers after that.[2,3]

We describe here a novel method of laparoscopic VVF repair, which involves a limited transverse cystotomy of the bladder. There are distinct advantages of this method and efficacy is comparable to the traditional method of repair.

Operative Procedure

Patients are taken under General Anesthesia and placed in a low lithotomy position. They undergo a preoperative cystoscopy with placement of ureteric catheters in both ureters and another ureteric catheter of a different color through the VVF into the vagina, which is tagged

with its urethral end with an artery forceps. A Foley's catheter with its bulb inflated with 5mL water is kept in the bladder. Patients are then padded and strapped and placed in a steep Trendelenburg position. Laparoscopic ports are placed – umbilical or supra-umbilical camera port (10mm), a 10mm and a 5 mm working port on the right side and a 5mm port on the left side, placed in a fan shaped manner.

The procedure is started by taking down the intestinal adhesions which are invariably found following the primary gynecologic surgery. A scar line is always visualized at the junction of the bladder and the vaginal vault (Fig. 1a). The bladder is opened by a limited transverse cystotomy (2cms) just above this scar (Fig. 1b). Once entry into the bladder is confirmed, the cystotomy is extended on either side to allow for good visualization of the fistula and both the ureteric orifices (Fig. 1c). The VVF is seen between this cystotomy and the interureteric bar, generally within 2cms from the cystotomy incision. The edges of the fistula and its relationship to the ureteric orifices is re-ascertained and the fistula is circumscribed and encompassed into the cystotomy incision (Fig. 2a). Care is taken to include a 0.5 cms rim of bladder tissue during circumscription of the fistula to ensure that the remaining bladder tissue is healthy. Bladder wall distal to the fistula is dissected off the anterior vaginal wall to allow for comfortable closure of the vaginal opening. Fistulous opening on vaginal wall is closed with 2-0 vicryl continuous sutures and bladder closure is done in a single layer with 2-0 V-Loc suture in a continuous fashion (Fig. 2b). Omentum or appendices epiploicae is used as an interposition tissue by tacking it to the vaginal wall distal to the fistula (Fig. 2c).

All our patients have remained continent and there has been no recurrence of VVF. Patients have a protocol-based discharge on the second post-operative day. The ureteric catheters are removed on post-operative day 3 and the urethral catheter is removed on postoperative day 14 following a leak-negative cystogram.

Discussion

The highlight of our method of VVF repair is the limited transverse cystotomy used to gain access into the bladder. The classical description of standard O'Connor technique involves complete bivalving of the bladder from the dome to the fistula site. Although it gives good visualization of the fistula site, it increases the complexity of laparoscopic suturing, increasing the operative time. It would also cause more bladder overactivity due to a longer bladder suture line.

Rizvi et al described a modified limited O'Connor cystotomy with advantages of a limited suture line.[4] Miklos and Moore described a completely extravesical VVF repair technique without cystotomy and entailing just a site-specific dissection and closure of the VVF.[5] The biggest disadvantage is the non-visualization of ureteric orifices in their technique, which makes it unsuitable in large fistulas or where the edges of the fistula lie close to the ureteric orifices.

The disadvantage of a vertical cystotomy is the need for a significant bladder dissection and lateral mobilization during closure of a large fistula. With our technique of a transverse cystotomy, if suture line tension is encountered, mobilization of bladder for a tension-free closure is easier requiring an easy division of the anterior bladder attachment, which achieves significant mobilization to allow closure. Another advantage is the easier laparoscopic suturing of a transverse cystotomy as compared to a vertical bladder incision. The other important advantage of a transverse bladder closure is the automatic retraction of the bladder and vaginal suture lines away from each other, thereby greatly diminishing the chances of recurrence.

Previous authors with laparoscopic suturing have reported the use of barbed sutures for VVF repair.[6,7] It provides for a secure bladder closure while obviating the need for tying knots. The same is used in our cases and it has possibly contributed to decreasing the total operative time.

Conclusion

The limited transverse cystotomy approach has advantages in decreasing the operative time, improving ease of laparoscopic suturing, allowing an automatic separation of suture lines and allowing for an easier anterior dissection of the bladder to reduce tension on the suture line if necessary. Further, this approach provides for excellent results in terms of continence and post-operative bladder overactivity.

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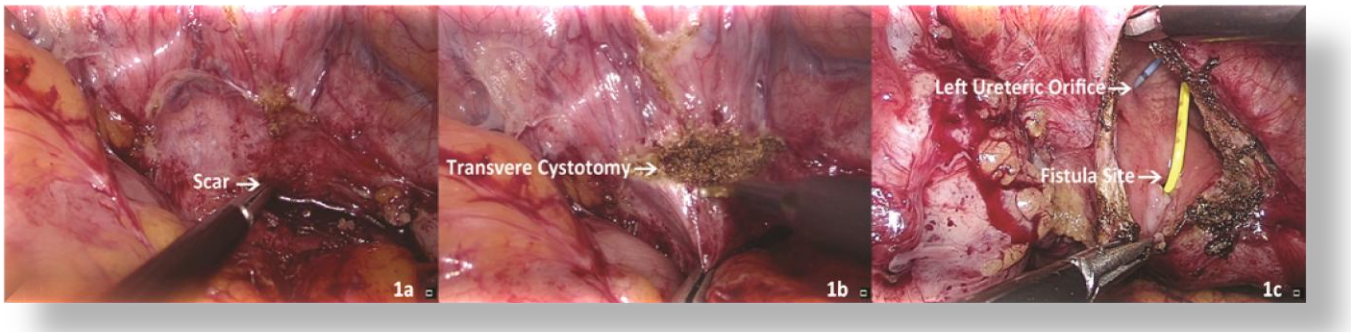

Figure 1

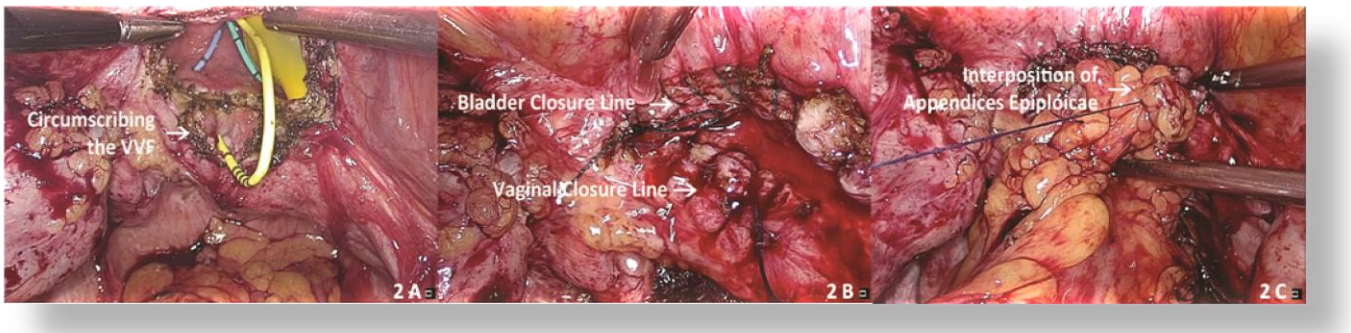

Figure 2

To watch Dr. Divakar Dalela's video on **How to acquire skills for making the illustrations in exams for our students.** Pl visit the link: https://youtu.be/nmrGLf_L7-0 on Youtube

News Section

Congratulations

UAU is pleased to inform that one of our member Dr. Salil Tandon has being awarded "FRCS" Ireland at recently held Convocation ceremony, on 6th of July 2015 at Dublin, Ireland. He got the opportunity to attend the ceremony in person.

You will also be delighted to know that he is the first Urologist from the state of Uttar Pradesh in recent past to achieve this success.

Feedback & Highlights of Urethroplasty workshop on 27th-28th June 2015

Dear Members,

On behalf of the **KANPUR UROLOGY CENTRE**, we thank you for sparing your valuable time out of your busy schedule to attend the live operative workshop of Urethroplasty on 27th-28th June 2015 under the aegis of **UAU.** We hope that you found the **CME** and workshop informative and worthwhile. The primary goal of this dedicated workshop was to bring together in an open dialogue, under one roof to discuss the basics and finer tips in decision making and option available for different clinical situations with possible solutions. We believe that our diverse and dynamic group of speakers provided in-depth insight.

Your presence has helped us to make this event a great success and your enthusiasm and positive spirit helped make our time both productive and interactive. We wish you all the best and hope that you will continue to be involved with us in future and suggest better topics for updating us.

We are inserting a Feedback link with this mail to know your views in a broader spectrum, kindly spare your valuable time to complete & the online feedback process.

Feedback Link: http://www.kanpururologycentre.com/feedback.php

Highlights Of The Event:
https://www.dropbox.com/sh/gpz9f1zgc4gpc8e/AACRfKs5PB_BmTy5Mh1jQoIWa?dl=0

Thanking you,

Sincerely yours
DR.V.K. MISHRA

M.B.B.S., M.S.(Surgery), M.Ch.(Urology)
F.I.M.S.A, F.I.C.S.

Midterm Workshop at Noida

SUNG (Society of Urologist of Noida & Ghaziabad) organized single day live operative Workshop cum CUE on ***MEN'S SEXUAL HEALTH*** on Sunday, 12th July 2015. This was the third and final thematic live operative Workshop cum CUE under the aegis of the North Zone Chapter of the Urological Society of India (NZUSI). The venue for the event was ***Jaypee Hospital, Noida*** which is new and happening big hospital of NCR. Live surgeries were transmitted from hospital operating rooms to hospital auditorium via ***cameras fitted in OT lights***.

Under the astute Chairmanship of ***Dr. Ajit Saxena,*** the team of young and enthusiastic Organizing Secretary ***Dr. Shailendra Goel*** and Secretary (SUNG) ***Dr. Sanjay Garg*** put up the big academic and operative extravaganza. Despite incessant rains, this event was attended by 107 registered delegates (apart from the faculty and organizing team) from NCR and adjoining states like UP, Rajasthan, Haryana, Chandigarh and Punjab. Amongst the delegates apart from urologists, many gynaecologists and general surgeons were also present to share and update their knowledge in Andrology.

The CUE had didactic lectures, panel discussions and symposium on common andrological issues like Erectile Dysfuction, Priapism, Peyronie's disease, Andropause, Semen analysis, Potency preserving cancer prostate surgery etc. ***Prof. Peter Lim*** from ***Gleneagles Hospital, Singapore*** introduced the role of '***Low Intensity Shock Wave Therapy'*** in treatment of Erectile Dysfunction and presented his experience. Dr. Ajit Saxena presented his experience of low intensity shock wave therapy in Indian patients of ED.

The show-stopper of the live operative workshop was ***Penile Implant Surgery*** which was beautifully demonstrated by ***Dr. Ajit Saxena & Dr. Shailendra Goel*** in simplified steps to learn. This generated lot of discussion by eminent urologists present. ***Dr. Naveen Acharya*** from ***Hyderabad*** demonstrated the art of ***Percutaneous Testicular Biopsy*** of Azoospermic infertile male.

Inaugural function was presided by President-Elect USI ***Dr. Rajeev Sood***. The dignitaries on stage included President NZUSI ***Dr. S.K.Pal***, Hony Secretary NZUSI ***Dr. Uttam Mete*** apart from oraganising team. ***Prof. Dr. S.N.Wadhawa*** was conferred ***life time achievement award*** for his

exemplary services in the field by the SUNG. This workshop was preceded by faculty dinner at Stellar Gymkhana Club, Greater Noida on 11th july 2015..

Apart from President Elect NZUSI Dr. Anil Varshney, the other prominent faculty members who contributed for this CUE were Prof NP Gupta (Medanta - The Medicity,Gurgaon), Dr Amlesh Seth (AIIMS-New Delhi), Dr. Sudhir Rawal (RGCI, New Delhi), Dr. Anil Goyal (New Delhi), Dr. A.K.Sanwal (Jhansi), Dr Anup Kumar (Safdarjung Hospital, New Delhi), Dr. Manu Gupta (SGRH, New Delhi), Dr. Ashish Sabharwal (Escorts Hospital, New Delhi), Dr. Subhash Yadav (Meerut), Dr. Vijay Bora (Agra), Dr. Pankaj Wadhawa (New Delhi), Dr. Anurag Khaitan (Gurgaon) & Dr. Mithlesh Singh (New Delhi). There was enthusiastic participation from pharmaceutical and equipment supplier industry.

From the desk of Organizing Secretary *Dr Shailendra Goel*.

Masterclass on Plasma TURP/TUEB

An international Masterclass on **PlasmaKinetic TURP/ TUEB** was organized at **Global Rainbow Healthcare** in the city of Taj, Agra, in collaboration with **Olympus** & **Dr Reddy's** Educational Program, on 25th and 26th July 2015, with Prof Madhu Agrawal as the Course Director.

Plasma Kinetic (Bipolar) TURP/Transurethral Enucleation with Bipolar (TUEB) is the latest, and in many ways, a revolutionary technology for surgical management of BPH. Along with Lasers, it has the potential to replace conventional TURP as the 'Gold Standard' for BPH management due to its superiority in many aspects. This technique utilises Normal Saline for irrigation and not Glycine, so there is no risk of hyponatremia, even when resecting/enucleating large glands. There is less bleeding and tissue charring, and significantly shorter recovery time, as compared to conventional TURP, allowing trouble-free and quick recovery for the patients. With this technology, one can do 'Resection' like conventional TURP, 'Vaporization' like green-light laser, and 'Enucleation' like holmium laser. This was the highlight of this Masterclass.

One of the leading international expert in this subject, Dr Jorg Rassler from Leipzig, Germany, was the special attraction for this workshop. This new technology was demonstrated to the leading Urologists of the country during this program, which included lectures and videos, and live surgical demonstrations. The delegates, including many of the leading urologists of the country, had the opportunity to witness all these different techniques, in addition to detailed discussion, display and demonstration of the benefits of this new revolutionary minimally-invasive surgical approach.

Welcome to Kanpur

UROLOGICAL ASSOCIATION OF UTTAR PRADESH

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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

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   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/-**
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