

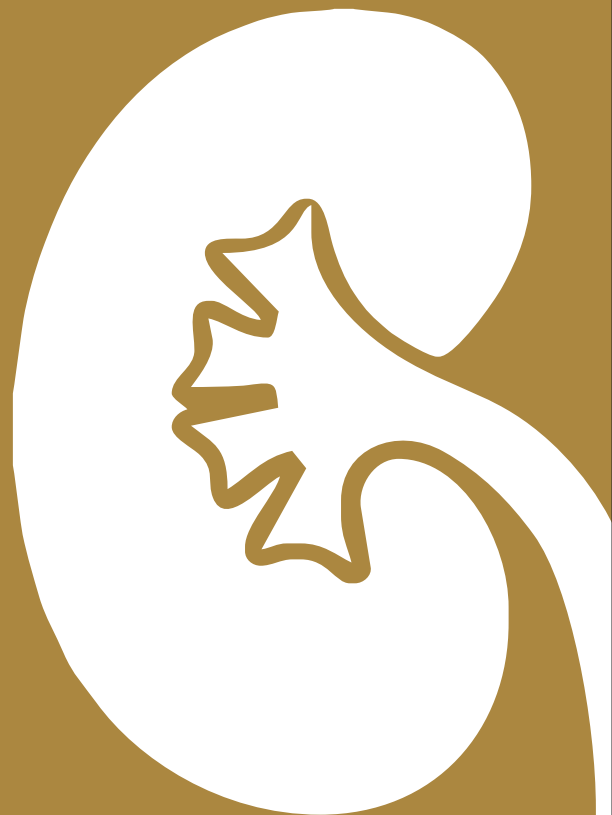
UAU Newsletter

February 2019



**UROLOGICAL ASSOCIATION
OF
UTTAR PRADESH &
UTTARAKHAND**

www.uauonline.in



UAU NEWSLETTER

Message From The President

Attending a conference :- The Hidden agenda

USI Annual conference has come and gone. It was a grand affair but I felt a bit sad. With the number of attendees increasing every year, the personal touch was somehow missing. For, apart from gathering scientific knowledge, it is an opportunity to 'eat, meet and greet'. Where else would you get an opportunity to meet fellow urologists from all parts of India sharing lunch, dinner or coffee round the table. Indeed, my patients have been a beneficiary of many 'tricks of the trade' through such informal meetings. When I started attending the USI Conference 30 years ago, most of us did not bring our families. Now, with the changing trends, each conference has to be balanced between the scientific content, family, and friends. This requires home work which is essential to make one's trip worthwhile. Friends it is only through these opportunities which a conference provides that today I can proudly say that I have a urologist friend from Kashmir to Kanya Kumari & from Gujarat to north east.



Now let me come to the point: For reasons I have cited above, the UAU meeting at Allahabad gives us urologists from UP & Uttarakhand an opportunity to 'eat meet & greet'. Friends, just go out there and let your family get to know at least one other urologist's family whom you did not know so well before. Let the urologist brotherhood spread. Dr. Dilip Chaurasia has left no stone unturned to give us this opportunity. Let's make the best of it. As the sun sets on my tenure as president of UAU, let me thank two of my lieutenants - One, our hon. Secretary - Dr. Sameer Trivedi - an upright, well spoken, energetic, and above all a great human being. The other is none other than Dr. Vijay Bora - our treasurer. The more I got to know him the more I was impressed with his financial acumen in addition to his academic knowledge and his pleasant and respectful mannerisms. Thank you team UAU for giving me this opportunity.

I wish all the success to the incoming president & my dear friend, Dr Anil Jain.

Best Regards

Dr Ajit Saxena
President, UAU

Message from the Secretary

Dear Friends,

Happy New Year!!

As we welcome 2019 amidst frosty weather, winds of change are likely to blow this year. And I am definitely not referring to the forthcoming political slugfest. Our Urology society is undergoing a major transformation and from this churning are emerging ideas and concepts which are going to impact us all. Introduction of e-voting, major pruning and redesigning of scientific program, debate on sponsorships and ethics, focus on self-improvement themes, highlighting of legal and commercial issues in conference proceedings are all affecting us directly in a big way. While our association may be on a much smaller scale as compared to USI, it doesn't preclude us from thinking and implementing novel ideas. As a matter of fact, smaller societies adapt to changes more smoothly as compared to giants. We have been actively trying to move in this direction and are aiming to provide a more meaningful experience to our esteemed members. Your valuable feedback in this regard is going to be immensely useful for improving our society.



We are approaching our annual gathering at Prayagraj and local team led by Dr Dilip Chaurasia is leaving no stone unturned to make it a memorable experience amidst the backdrop of Kumbh mela at Sangam. I urge all of you to register for the event at the earliest and avail the benefits of scientific deliberations coupled with the magnificence of the Kumbh on the banks of holy Ganges.

Looking forward to seeing you all at Prayagraj and aiming to have a very successful meeting.

Dr Sameer Trivedi
Hon Secretary, UAU

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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 RK Sah, Varanasi – Dr Yash Agrawal, Muzaffarnagar – Dr Vimal Dassi, Ghaziabad – Dr PK Jindal, Varanasi – Dr Amit Deora, Noida

Important Announcements

General Body Meeting 2019

UAUCON 2019 will be held from 23rd to 24th Feb 2019 in Prayagraj. During this conference the General body meeting will take place at 5.30 pm on 23rd February 2019 in the main hall. All members are requested to attend.

UAU Elections

Elections will be held for the following Posts: a) President Elect: One, b) Council Members: One. Elections will be held during UAUCON 2019 and President-Elect, Dr. Anil Jain will be the Returning Officer for the UAU Elections.

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Congratulations

Dr Madhu S Agrawal – Honoured with 7th Leaders Agra Award 2018 in Agra



Dr Salil Tandon - awarded prestigious Fellowship of The royal College of Physicians and Surgeons of Glasgow (FRCS). The convocation ceremony will be held in June in Glasgow



Dr Diwakar Dalela – Winner SS Bapat Best Innovation Prize at USICON, Bhubaneswar for “Dalela triple J stent – a new stent for minimizing dysuria” for his paper presented during USICON at Jaipur



Persistent LUTS after a TURP: the embarrassing clinical challenge



Dr. D. Dalela, M.Ch., FAMS,

Dept. of Urology, K.G. Medical University, Lucknow

Persistent LUTS after an apparently successful transurethral resection of prostate are not uncommon in clinical urological practice. When you are faced with such a situation you need to decide whether the patient is having dominantly voiding symptoms or he is having dominantly storage symptoms or he is having a mixture of both.

Group I: Patients having dominantly voiding LUTS

All the patients having obstructive LUTS after TURP can be categorized into three categories –

- **Category One** are those patients who have obstructive symptoms '*immediately after*' the removal of the catheter.
- **Category Two** are those patients who after catheter removal remain well for a while and then '*after about a month or so* start complaining of obstructive symptoms.
- **Category Three** is a group of patients who remain fine and '*after few years*' they start experiencing obstructive LUTS.

So basically, on the basis of the time of onset of obstructive LUTS following TURP the patients are categorized into these three categories. Let us see each category one by one -

1. **Category One** - These are those patients who develop obstructive LUTS immediately after catheter removal. A group of patients can have this because of the “**bladder related factors**” for example the patient may be having an underactive detrusor or the patient may be having obstruction because of “**prostate related factors**” which means he is having residual prostate. So a patient can have either a bladder dysfunction or residual prostate or rarely a combination of both.

When should you suspect an underactive detrusor? If the patient on evaluation is found to have a PVRU volume of about 250 cc or more, you should suspect the patient to be having an underactive detrusor. This is a situation sometime seen in individuals who are having diabetes for more than two decades or in those patients who are on antipsychotic medication for long time and sometime in those patients who preoperatively have low pressure chronic urinary retention and dilated upper tracts. Even though you keep them on catheter pre operatively, the detrusor function may not recover sufficiently because of the permanent change in the bladder musculature. The another way to suspect under active detrusor is by looking at the thickness of the urinary bladder wall - is the detrusor very thin? Thin detrusor muscle is seen sometimes in patients who are more than 80 years old, who are habitual water drinkers or alcoholics who retain large urinary volumes unknowingly and those who have Parkinsonism. So by ultrasound parameters i.e. either a high PVRU volume or a thin detrusor muscle you can suspect underactive detrusor.

What should you do to manage underactive detrusor? Suppose you have found the patient having underactive detrusor as a main reason for failed voiding after TURP. What should you do? Better is to identify these high risk individuals upfront in preoperative period and in such a case before you start thinking of transurethral resection you must do diagnostic urodynamic evaluation and if you find them to have underactive detrusor, keep them on per urethral catheter for 7-10 days or better is to put them on clean intermittent self catheterization regime. The period of CIC can vary from individual to individual.

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individual depending upon the patient acceptance and extent of bladder damage. But if you could not diagnose underactive detrusor preoperatively or someone else has operated the patient and he comes to you after a failed voiding and you are facing this problem of underactive detrusor, what can you do?

- First of all you should reassure the patient because patient is in great anxiety and tell them to do timed voiding.
- They should be put on CIC so if bladder is made to empty periodically and is not allowed to stretch out, detrusor muscle function recovers and in some patients after a month or two of CIC, patients start voiding reasonably well.
- Some patients respond to Urecholine. In past we have also used Metoprolol for the same purpose, it showed some benefits in some people. So you can supplement pharmacotherapy over the CIC.
- You must also see that these patients do not remain chronically constipated because if rectum remains distended there is a reflex action from rectum to detrusor and detrusor contractile power goes down. So you must pay attention to their bowel functions.

When should you suspect residual prostate? You should suspect this when you do not find any fault with the detrusor, like there is no significant PVRU and detrusor muscle looks normally thick on ultrasound and you have done a preoperative urodynamic study which had shown you a high detrusor contractile pressure. So then now if postoperatively patient is not voiding well the only reason could be residual prostate. How do you diagnose this residual prostate? You need to do a digital rectal examination with catheter in-situ. Try to palpate the catheter and try to palpate the prostate behind and by the side of catheter. Whether it is located more towards the apex or it is located more towards the bladder neck? Mostly residual prostate can be palpated more towards the apex. You can confirm the same by TRUS also.

What to do with the residual prostate? The treatment depends upon as to where is the major prostatic volume located. If you find the residual apical prostate you should reconfirm this by cystoscopy and better is to do re-transurethral resection. If you find residual tissue in the lateral lobes, not in the apex, you can try the combination therapy of Alpha-blockers and Dutasteride. Sometimes, there are residual chips of prostatic tissue which block the outlet like a ball valve. They require cystoscopic removal, if patient fails to eject them out.

The Category - 2

These are those patients who initially void well after catheter removal, remain fine for about a month or so and then they start developing obstructive LUTS. This usually happens as a consequence of development of stricture disease which can happen in any part of urethra i.e. from external urinary meatus to internal urinary meatus.

When to suspect stricture disease or BN stenosis? Always examine external meatus and palpate the urethra for induration. You must ask for RGU and MCU to confirm stricture or a bladder neck contracture.

What to do for stricture disease? The meatal stricture is mostly treated by a dilatation over the guide wire and then a self dilatation regime which is explained to the patient. Sometimes patients are taught to apply topical clobetasol along with the intermittent self dilatation and many patients do fine. Those patients who develop stricture particularly in the membranous urethra, they should also be dilated over the guide wire and subsequently they should do intermittent self dilatation. Don't be tempted to do DVIU for membranous urethral stricture or proximal bulbar urethral stricture because incontinence rate will be high.

What to do for bladder neck stenosis? In these patients, you should first see what kind of stenosis has formed in the bladder neck. Is it a flimsy adhesion at bladder neck or is it a thin contracture at the bladder neck or is it really thick fibrous contracture involving the upper half of prostatic urethra? Is this a case of contracture alone or along with a residual prostate? Depending upon the nature of disease you will offer treatment to the patient. If the bladder neck stenosis is very short segment and is like superficial flimsy contracture, you can do either a cystoscopic dilatation or a fluoroscopic

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dilatation and then teach the patient self catheterization. But in most patients, a bladder neck stenosis requires a transurethral incision either by regular collings knife or by laser. You can put two or three incisions that is the personal choice but transurethral incision does give you a satisfactory outcome. Those patients who have left over prostate along with bladder neck stenosis, will need bladder neck incision along with resection of the residual prostate to get the long term relief. Rarely you will notice that patients of bladder neck stenosis do well for about 2-3 months and a subset of them will develop bladder neck stenosis again. These patients require another session of bladder neck incision preferably by laser this time and then I have used intravesical instillation of mitomycin c immediately after the contracture release in the post operative period (the way you do it for TURBT) to cut down recurrence rates. For patients who have very bad bladder neck contracture which is totally occlusive and there is literature mention about open reconstruction but I have till date never done it.

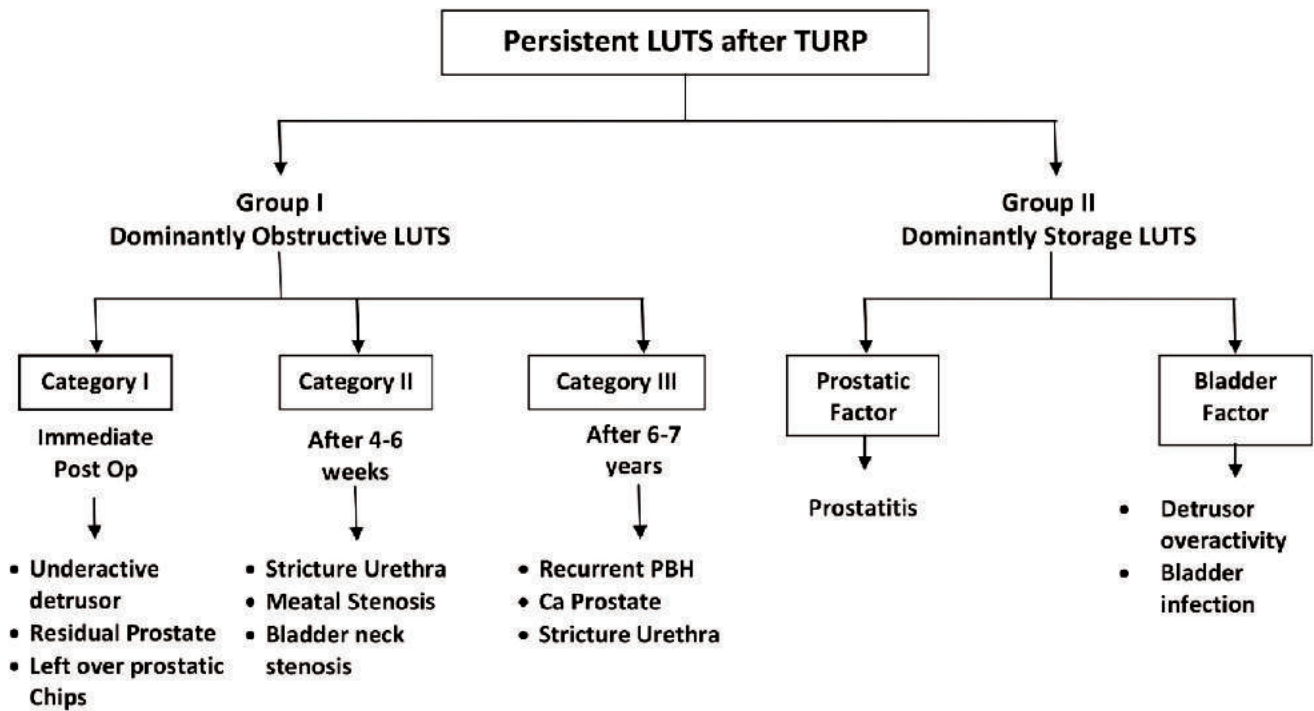
The Category - 3

The third category is of the patients who remain well for about 4-5 years and then start developing obstructive lower urinary symptoms. These patients either develop recurrent BPH or a urethral stricture or cancer prostate. These are three common disorders but and the diagnosis of these three is not difficult. You have to use a combination of uroflowmetry, ultrasonography, retrograde urethrogram, PSA, transrectal ultrasound to diagnose. Recurrent BPH is also not uncommon, you can use medical therapy or a re-TURP for these patients but before you think of re-TURP remember that they can develop new onset underactive detrusor dysfunction. Thus, the diagnosis of recurrent BPH or stricture is not difficult but a cancer prostate diagnosis clinically becomes slightly difficult because post TURP the prostate feels nodular or may have variable consistency because of fibrosis in the peripheral residual prostate. So you have to rely on multi-parametric MRI or PSA or a TRUS guided biopsy to make a diagnosis and then these patients should be treated like any other case of cancer prostate.

Group II: Patients having dominantly storage symptoms

The second group is of the patients who develop dominant storage symptoms like intractable frequency, urgency & urge incontinence. These patients usually also complain that they do not have very good stream. This is because they are not holding enough volume in their bladder and because they are doing low volume voiding their urinary flows are not good. So if you discover, that the patient is having frequency with urgency and is not retaining anything back in the bladder as PVRU, you should give them anticholinergics and mirabegron. You must consider a prostatitis in the peripheral residual prostate which on account of ongoing inflammation generates urgency. In this situation, antibiotics are given along with various regimes of anti OAB medications. Once their storage symptoms improve their stream also improves. Many patients have psychosomatic reason for frequency and urgency after TURP and in my experience they have done well with amitriptyline. You may have to exclude co-associated bladder infection as a reason for urgency, frequency and that needs to be appropriately addressed. Essentially the treatment of storage symptoms after TURP is a pharmacological therapy and fluid intake regulation. Overall if you give enough time for diagnosing the patient's problem you can still treat the patient and manage the old man effectively.

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Agenda for General Body Meeting, UAU, to be held on 23rd February, 2019 at Prayagraj

1. President welcome and opening remarks
2. Approval of agenda
3. Confirmation of minutes of AGM held on 17th March, 2018 at Varanasi
4. Hon Secretary's report
5. Hon Treasurer's report
6. Appointment of the auditor for the year 2019-2020
7. Society registration renewal
8. Society GST number
9. Approval of new members
10. Change in membership categories – amendment in constitution
11. Proposal to bestow initial grant to Organizing Secretary for next UAUCON to facilitate smooth organization
12. Timing of UAUCON – a minimum duration from the USICON
13. Report on 5th Annual conference of UAU held at Varanasi by Dr Sameer Trivedi, Organizing Secretary
14. Briefing on 7th Annual conference of UAU 2020 to be held at Jhansi by Dr A K Sanwal, Organizing Secretary
15. Venue of UAUCON 2021 – bids received
16. Venue for mid-term CME in 2019 - 2020
17. Report of legal cell & service cell
18. Awards – Young Urologist award and Distinguished contribution award
19. Election of office bearers – President Elect & Council member – one post
20. Declaration of quiz results
21. City chapters – activation and nodal officers – Meerut, Kanpur, Lucknow, Varanasi, Prayagraj, Gorakhpur, Bareilly, Ghaziabad, Dehradun
22. Any other matter with the permission of the chair
23. National Anthem

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Minutes of the General Body Meeting held at UAUCON 2018 in Varanasi

1. 2018/GB/01 - Welcome and Roll call

As the quorum was incomplete UAU President Dr US Dwivedi adjourned the meeting for 15 minutes and restarted the meeting. He welcomed all the members and hoped that the meeting would be fruitful and without much turbulence. He also instructed all the members to sign on the attendance register. He then handed over the proceedings to the secretary Dr Neeraj Agarwal.

2. 2018/GB/02 - Obituary

Dr Neeraj informed the members about the demise of Dr Harish Chandra from Lucknow. All the members paid their homage to the departed soul and stood for a minute in silence.

3. 2018/GB/03 - Approval of the agenda

Dr Neeraj informed the members that he had already circulated the agenda of the 5th General Body Meeting well in time and requested for approval. Members approved the same. Proposed by Dr Vijay Bora and seconded by Dr A K Sanwal.

4. 2018/GB/04 - Confirmation of the minutes of the previous AGM held at UAUCON 2017 on 25th March 2017, Sobti Continental, Bareilly

Dr Neeraj Agrawal informed that the minutes of the previous AGM held on 25th March 2017 at Sobti Continental, Bareilly were circulated by email and newsletter well in time and requested the members to approve the same. As there were no matters arising from the minutes they were approved.

Proposed by Dr Sameer Trivedi and seconded by Dr Dilip Chaurasia.

5. 2018/GB/05 - Annual report of the year 2017-2018 by the Hony. Secretary

Dr Neeraj Agarwal presented the secretary report for the year 2017-18. He mentioned about the various activities held during the year. He also informed that Dr Madhu S Agrawal has been elected as the President Elect of USI and Dr Anil Elhence has been elected as President Elect of North Zone chapter of USI and UAU is very proud of their achievements. Regarding the 2 awards he announced that the distinguished contribution award goes to Prof Madhu S Agrawal and the young urologist award goes to Dr Shailesh Sahay. He also informed that a committee of 3 members under the leadership of Dr Anil Elhence had been constituted to formulate the guidelines of these awards. The committee shall give the report to the council. The members were very appreciative about the activities and approved the report.

6. 2018/GB/06 - Hon. Treasurer report

Dr Vijay Bora presented the accounts of the year 2017-2018 along with his last Treasurer report. He informed that the membership has risen to 174. The society's bank balance is 8 lakh 87 thousand in the ICICI Bank Agra. The total members made this year were 36. The total FD was 6 lakh 50 thousand. The balance in bank is 1 lakh 24 thousand. He also presented the list of new members for ratification. He presented the financial report with the receipts and payments till 12th March 2018. He also discussed the issues pending including renewal of the society and setup of a central address of the society. He informed that there are no original papers of the society available. Dr Anil Elhence raised the issue of TDS for the society and filing the returns. The issue of balance 29000 in SBI Lucknow was also discussed and resolved that the cheque to be collected from Dr Ansari. Dr Bora also mentioned that the ITR has not been filed till date and needs to be filed this year. The members were very appreciative and unanimously approved the treasurer report.

7. 2018/GB/07 - Report of UAUCON 2016 Kanpur

Dr Anil Jain presented the Kanpur conference report. He felt sorry that he has been unintentionally late in presenting the

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financial accounts for the meeting. He informed that he had given a preliminary report to the EC and promised to give a final report within 7 days as negotiations are on with the vendors where accounts are still pending.

Dr Elhence stated a cutoff date 27th March for submitting the audit report as there may be a liability on UAU since the conference was done on UAU Pan card. Dr Madhu Agrawal mentioned that for future there should be a cutoff date of 3 months so that the records can be merged in time. It was resolved that if there is any default in submission of accounts by any member he will be barred from contesting in any elections.

Dr Neeraj Agarwal mentioned that the audited accounts of Bareilly conference have been received. He also handed over a cheque of INR 2 lakhs of savings of the conference to the treasurer.

Deliberations were also made and resolved that 50% of the surplus will be given to the society. The society will not bear any loss of the conference being in the nascent stage.

8. 2018/GB/08 - Update of UAUCON 2019 Prayagraj

Dr Dilip Chaurasia presented the Prayagraj conference update. He informed that the dates are 15th and 16th February 2019. The date is kept between the 2 snans during the kumbh time so that all can benefit from the same. He said that the accommodation (stay at sangam in tents) has to be informed in advance so that arrangements may be made as it is a peak season. Conference will be in the medical college at the Pritam Das Auditorium.

Members requested Dr Dilip to put up the details as soon as possible for the benefit of the members.

9. 2018/GB/09 - Venue for UAUCON 2020

Dr Neeraj Agarwal informed that there was 1 bid received from Jhansi for UAUCON 2020. Dr A K Sanwal presented the facilities available at Orchha near Jhansi for organizing the conference. He informed that there are ample rooms and halls available at the venue. He proposed that April will be the appropriate dates of the conference.

Resolved that Orchha will be the host of UAUCON 2020.

10. 2018/GB/10 - Report of Legal Cell and Service Cell

Dr Neeraj Agarwal informed that there were 2 cells were formed; legal cell and service cell. No issues came to their notice during the year. He informed the general body that any member who has any issue can contact the conveners of the respective cells.

11. 2018/GB/11 - Election of the executive council of UAU

Returning Officer and President Elect Dr Ajit Saxena declared the results of the election held for the various posts.

President elect: **Dr Anil Jain**

Secretary: **Dr Sameer Trivedi**

Hony Treasurer: **Dr Vijay Bora**

Council members: **Dr Vimal Dassi, Dr Yash Agarwal, Dr Amit Deora and Dr Pawan Jindal**

He informed that all the office bearers were elected unanimously. The General Body approved the same.

Dr Neeraj Agarwal also announced Bareilly Urology Association (BUA) Best Podium Award to be given from this year.

Dr Anil Elhence discussed that there needs to be a time limit on the period of awards. Deliberations were made and resolved to have an award for a period of 5 years to encourage other chapters and cities to subsequently have the awards in their name.

Dr Sameer Trivedi also offered to have an award for best poster award in the name of Varanasi Urology Trust after the audited accounts are submitted.

Discussions were made regarding redesigning of logo as it had "Uttarakhand" missing. Resolved to get the logo redesigned. Dr Neeraj Agarwal mentioned that some very senior members of UP were not members of UAU namely Dr Pandey, Dr V N P Tripathi and Dr Rakesh Kapoor. He said that it will be an honour to have them as members of UAU.

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Resolved to have them as honorary members

12. 2018/GB/12 – Workshops and CMEs for 2018

Dr Neeraj Agarwal discussed the midterm CMEs and workshops for the coming year. Dr Bora informed that AUA is doing a masterclass along with a webcast on 15th April.

He informed the GB that UAU doesn't intend to have dedicated CMEs. If there is any event happening under the aegis of UAU, it will be included.

Dr A K Sanwal proposed to have an excursion for Vietnam.

He also informed that the uniform consent form is under progress. Dr Madhu Agrawal mentioned that it needs to be put up bilingually in English and Hindi.

Dr Sanwal mentioned that data collection on cases should be asked and published.

Discussions were made to make membership compulsory for residents. Deliberations were made but nothing concrete could be resolved.

Dr Neeraj mentioned that nodal officers have been made and it was aimed that all urologists practicing in cities who are not yet members of UAU and NZUSI should be convinced to become members.

Dr Subhash Yadav mentioned that general surgeons should not be added as UAU members. GB deliberated on the same.

Resolved that no general surgeons will be taken as new members

Proposed by Dr Anil Elhence and Seconded by Dr S N Sankhwar.

13. 2018/GB/13 - Vote of thanks

As there were no other matters to discuss, Dr Dwivedi thanked all the members for a successful meeting and a wonderful time ahead. Members stood up for the national anthem.

Long live UAU.

happy
vaishant panchami



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Proposed Constitution Amendments

1. Proposal for constitutional amendments – **Dr Anil Elhence**

Existing constitution –

4. MEMBERSHIP

Members shall be registered medical practitioners (Allopathy) and be practicing Urology. There shall be following classes of member.

a. Full Members - Life

Surgeons holding recognized postgraduate qualifications in Urology M.Ch. Urology , DNB Urology or foreign qualifications in Urology (equivalent to M.Ch. or DNB) and who are practicing Urological specialty in Uttar Pradesh and Uttaranchal, at the time of their election, are eligible to become full members.

Only Full members of Urological Society of India (USI) are eligible to become full members of the society.

b. Associate Members - Life

Qualified Surgeons in India interested in Urology and devoting part of their time, in practice/teaching of Urology, are eligible to be associate members.

Consultants of other disciplines of Medicine practicing in Uttar Pradesh and Uttaranchal or in any other part of India, having post graduate qualification, and professionally related to Urology are eligible

c. Trainee Members – Life

Post-graduate students who are admitted to MCh (Urology) or to DNB (Genitourinary surgery) are eligible for Trainee membership. After getting the full USI membership, they will be eligible for full membership of the society

d. International Members - Life

Qualified Urologists residing and practicing in a foreign country having residence/ training/ roots in Uttar Pradesh / Uttarakhand are eligible

e. Honorary Members

Honorary members shall be Urological Surgeons of good standing in foreign countries who have shown an interest. Their contribution to Urology in India should be of exceptional merit. The number of such members at any given time shall not exceed fifteen.

The amended version, proposed is as under:

“The category of Associate member to be removed”. The amended version will read as follows -

MEMBERSHIP

Members shall be registered medical practitioners (Allopathy) and be practicing Urology. There shall be following classes of member.

a. Full Members - Life

Surgeons holding recognized postgraduate qualifications in Urology M.Ch. Urology , DNB Urology or foreign qualifications in Urology (equivalent to M.Ch. or DNB) and who are practicing Urological specialty in Uttar Pradesh and Uttaranchal, at the time of their election, are eligible to become full members.

Only Full members of Urological Society of India (USI) are eligible to become full members of the society.

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b. Trainee Members – Life

Post-graduate students who are admitted to MCh (Urology) or to DNB (Genitourinary surgery) are eligible for Trainee membership. After getting the full USI membership, they will be eligible for full membership of the society

c. International Members - Life

Qualified Urologists residing and practicing in a foreign country having residence/ training/ roots in Uttar Pradesh / Uttarakhand are eligible

d. Honorary Members

Honorary members shall be Urological Surgeons of good standing in foreign countries who have shown an interest. Their contribution to Urology in India should be of exceptional merit. The number of such members at any given time shall not exceed fifteen.

The rules of membership shall not be applicable in retrospect to existing Full and Associate members.

This constitutional amendment would necessitate an amendment in the mode of election of the members as well. The existing constitution is as follows –

5. MODE OF ELECTION

a. Full members

Nominees shall be sponsored by two Full members of the Society and elected by the Council.

b. Associate Members

Nominees shall be sponsored by two Full members and elected by the Council.

c. Trainee Members

Nominees shall be sponsored by two Full members and elected by the Council.

d. International Members

Nominees shall be sponsored by two Full members and elected by the Council.

e. Honorary members

Nominees shall be sponsored by two Full members and elected by the Council.

The amended constitution would read as follows –

5. MODE OF ELECTION

a. Full members

Nominees shall be sponsored by two Full members of the Society and elected by the Council.

b. Trainee Members

Nominees shall be sponsored by two Full members and elected by the Council.

c. International Members

Nominees shall be sponsored by two Full members and elected by the Council.

d. Honorary members

Nominees shall be sponsored by two Full members and elected by the Council.

Thus the category of Associate member would stand deleted from the mode of election category of constitution.

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UAUCON 2019 - Scientific Program Outline

22.02.2019 (Friday)

5 PM – Sangam visit

5.30 PM – 6.30 PM – Musical evening with Padma Bhushan Begum Parveen Sultana

6.30 PM onwards - Interaction with spiritual Gurus at Kumbh Mela.

- Dinner

23.02.2019 (Saturday)

1. 9 AM – Registration, welcome, opening address by President UAU

2. 9.30 AM – 10.30 AM - “**How I do it**” – semi-live surgery, step by step, by experts

a) **Dr MS Agrawal, Agra** – Plasmakinetic enucleation of prostate

b) **Dr Subhash Yadav, Meerut** – RIRS

c) **Dr Pawan Kesarwani, NOIDA** – Practical urodynamics step by step

d) **Dr Shashikant Mishra, Lucknow** – Lap Pyeloplasty

e) **Dr Amit Deora, Ghaziabad** – Lap Nephrectomy

3. 10.30 AM – 11.30 AM – **Masterclass on Optical Internal Urethrotomy** (10 + 5 min each).

Convenor – Dr AK Sanwal

a) How to choose the correct patients? **Dr Anil Jain, Kanpur**

b) Technical considerations – **Dr Diwakar Dalela, Lucknow**

c) How to prevent recurrences? **Dr AK Sanwal, Jhansi**

d) Female strictures – Role of OIU/Otis/BNI vis-à-vis urethroplasty. **Dr Apul Goel, Lucknow**

4. 11.30 AM – 1 PM – Panel Discussion.

a) **Panel discussion 1 – Ca Prostate** (15 + 15 min)

Moderator – Dr Anurag Yadav

Panellists – Dr HS Pahwa, Dr Ishwar Dayal, Dr Sanjay Goyal

b) **Panel discussion 2** (15 + 15 min)- **PUJ Obstruction/Urolithiasis**

Moderator – Dr Anil Elhence

Panellists – Dr Yash Agrawal, Dr Vipin Tyagi, Dr Vaibhav Saxena

c) **Panel discussion 3 – Bladder cancer** (15 + 15 min)

Moderator – Dr Vibhav Malviya

Panellists – Dr Sanjay Sureka, Dr Vishwajeet

5. 1 PM – 1.30 PM – Lunch

6. 1.30 PM – 2.30 PM – “**I wish books had taught me this**” Experts discuss management of perplexing situations

a) Psychogenic Erectile Dysfunction – how to manage? **Dr Ajit Saxena**

b) Idiopathic orchalgia – what to do? **Prof Aneesh Shrivastava**

c) Laparoscopy gone wrong – **Dr C Mallikarjuna**

d) Adolescent varicocele – should I operate. **Dr RK Sah**

e) ERAS (Enhanced Recovery after Surgery) – optimizing post-operative outcomes. **Dr Shailesh Sahay**

7. Mock trial (2.30– 3 PM) – **Moderator – Dr Sameer Trivedi**

Prosecutor – Dr PK Jindal Defendant – Dr Sanjay Garg, Ghaziabad

UAU NEWSLETTER

8. 3 PM – 3.30 PM - **Improving your practice** (8 + 2 min each)
 - a) Ayushman scheme for Urologists – good or bad? **Dr Neeraj Agrawal**
 - b) Clinical Establishment act – what we should know? **Dr Vivek Khandelwal**
 - c) Record keeping – keep yourself safe during litigations. **Dr Tarun Gupta**
9. 3.30 PM – 4 PM - **“State of the art lectures”**
 - a) **Dr Sanjay Pandey, MUMBAI – Topic TBA**
 - b) **Dr Sanjeev Mehrotra , Kanpur - Renal Transplant - Indian Scenario**
10. 4 PM – 5 PM – **Inter-institutional PG Quiz. Quiz Masters – Dr Vijay Bora, Dr Rupesh Priya**
11. 5 PM – 5.30 PM – **“Kumbh and its mythological importance” Dr Rajesh Mishra, Head – Education, Allahabad Museum**
12. 5.30 PM – 6.30 PM – **General Body Meeting**
13. 6.30 PM – 7.30 PM - **Inaugural Program**
14. 8 PM onwards – **Dinner**

24.02.2019 (Sunday)

1. 9.30 AM – 10.30 AM – **Catastrophes, Complications & Corrections – Practical tips**
 - a) Bleeding in PCNL – **Dr Manoj Biswas, Dehradun**
 - b) Infections following Ureteroscopy – **Dr Manmeet Singh**
 - c) Bladder neck stenosis following TURP – **Dr Dilip Mani Tripathi**
 - d) Failed Urethroplasty – **Dr PB Singh**
2. 10.30 AM – 11.30 AM – **Best Video session**
3. 11.30 AM – 12.30 PM – **Best Podium presentation**
4. 12.30 PM – 12.45 PM – **Selected best posters**
5. 12.45 PM – 1.30 PM – **“I don't agree”**
 - a) Pan-urethral strictures should be referred to high volume centres – **Dr Ankur Mittal vs Dr Piyush Tripathi**
 - b) MET is a waste of time – **Dr Rahul Goel vs Dr Shivanshu Singh**
 - c) Disposables should not be reused – **Dr Priyank Yadav vs Dr Pratipal Singh**
6. 1.30 PM – 2 PM – **Valedictory function**
7. 2 PM onwards – **Lunch and farewell**



UAUCON 2019



**6th Annual Conference of
Urological Association of Uttar Pradesh & Uttarakhand**

22nd & 24th February 2019, Prayagraj



~ Venue ~

**Prof. Pritam Das Auditorium
MLN Medical College, Prayagraj**

**Organised by
Urology Unit of Post Graduate Department of Surgery
MLN Medical College, Prayagraj**

UAUCON 2019

Dear Seniors, Juniors and Collogues
Greetings from Kumbh City, Prayagraj.

All of you are invited in upcoming **UAUCON, 2019** at Prayagraj/Allahabad from **22nd to 24th of Feburary 2019**. On these dates you will have Scientific Urology Kumbh along with Kumbh which occurs every 6 years at Prayagraj. Apart from seeing the historic city, Allahabad High Court, Triveni Sangam, Alfred Park (Company Bagh), Chadrashekhar Azad Point where he was shot dead, Cathedral Church, Anand Bhawan-the Nehrus' residence, Akbar fort at river bank, Khusrobagh, Historic neem tree at chowk where lots of people were hung during British Era, you will also be able to see the Kumbh Mela which is celebrated at river bank.

About Kumbh - Kumbh mela is the congregation of millions of people on the banks of sacred river who gather from all around the globe without any formal invitation to participate in the stream of knowledge and spirituality. Kumbh is a Sanskrit word for pitcher, sometimes referred to as the Kalash. The kumbh celebration rotates at four places in India, based on certain celestial alignment of the planets. Millions of devotees take holy dip in the sacred rivers with the belief that it cleanses their souls and leads to Salvation.

All of you are cordially invited to attend **UAUCON, 2019** as well as Kumbh from 22nd to 24th of February, 2019. The organizing committee will be obliged to mark your presence and make this congregation a success. Allahabad is well connected to State capital as well as Country's capital via roads, railways and air services.

Thanking you



Dr. S.P. Singh
Patron & Principal
MLN Medical College
Prayagraj



Dr. Shabi Ahmad
HOD PG Dept of Surgery
MLN Medical College
Prayagraj



Dr. Sirish Mishra
Co-Organizing Secretary
UAUCON-2019
Prayagraj



Dr. Dilip Chaurasia
Organizing Secretary
UAUCON-2019
Prayagraj

Executive Council

President	: Dr. Ajit Saxena	Noida
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Secretary	: Dr. Sameer Trivedi	Varanasi
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	: Dr. Yash Agrawal	Muzaffarnagar
	: Dr. Vimal Dassi	Ghaziabad
	: Dr. P. K. Jindal	Varanasi
	: Dr. Amit Deora	Noida

	<u>Upto 31st Dec.</u>	<u>Spot</u>
▪ Members	5000	6000
▪ Non Members	6000	7000
▪ Accompanying Guest	2500	3000
▪ Resident Doctors	2000	2000

Accommodation for two adults

Rs. 25,000+4500 (18% GST) = 29,500

for two nights in Kumbh Cottages.

(i.e. on 22nd & 23rd February inclusive of Breakfast).

PAYMENT

- **Draft Infavour of Aryakulam Education Trust**
(Payable at Prayagraj)

- **For NEFT**
CORPORATION BANK
Branch- C Y Chintamani Road, Prayagraj
Account No : **053300101073420**
IFS Code : **CORP0000533**



Conference Secretariat
DR. DILIP CHAURASIA

M - 9415309456, 7599448888 | e - dilipchaurasia@yahoo.com

UROLOGICAL OF ASSOCIATION UTTAR PRADESH & UTTARAKHAND

APPLICATION FORM FOR MEMBERSHIP

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USI Membership No. _____ NZ USI No. _____

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

Name

(Use Block Letters)

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Surname

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Tel. (Office): _____

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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: _____

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2. Name: _____

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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 & 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/-
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Membership No. allotted: _____

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Details of Payment : _____

Signature with Official Stamp

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

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