



Urological Association of Uttar Pradesh

UAU Newsletter

November 2015

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

President's Message

Dear Friends

Hearty Greetings to you and your family for Deepawali

Hope this festival brings joy and prosperity to you and your loved ones.

We had our second midterm workshop for the year 2015 at Dehradun on 24-25th October at Dehradun. This was the first activity of UAU in the state of Uttarakhand. Dr Sanjay Goel and Dr Vikrant Pathak organized this event on behalf of Dehradun Urology Club. This was an innovative meeting – Video Workshop, where stalwarts from within our state and outside demonstrated their techniques in difficult scenarios. This concentrated program enabled finer points to be exhibited leading to an enhanced understanding of urological procedures. Dr Rajeev Sood, President Elect USI was kind enough to come to Dehradun to inaugurate this workshop.

November also reminds us of Movember which is an initiative to increase awareness of Prostatic Cancer along with depression to improve Mens Health Status. I am sure a few members may be sporting Moustaches during November to support this initiative.

The 3rd edition of UAUCON is getting closer and soon there shall be announcements for call of abstracts and also appeals to volunteer for sessions from our secretary. I encourage our members to participate by being part of the scientific program and to write to the secretary with the areas of their interest to help us get people to participate.

Unfortunately the second part of the write up by Dr Anil Takvani got delayed. The second part shall come next month. This month we have an excellent article by none other than Dr Rupin Shah on Anejaculation which I am sure shall be of immense benefit to all.

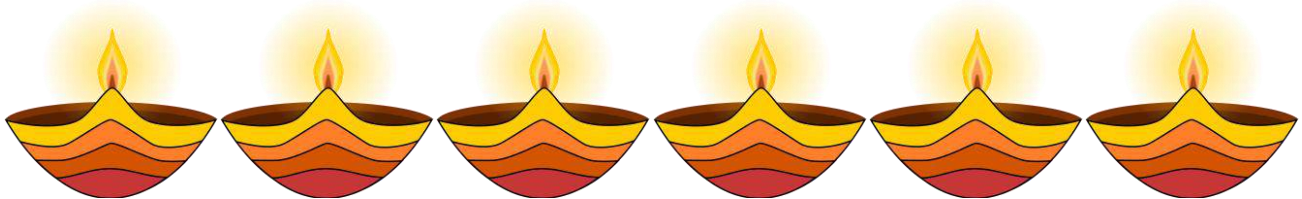
I once again convey my greetings for Diwali

Anil Elhence

President UAU

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Hon. Secretary's Message

Dear Friends,

Wishing you all a healthy, happy and prosperous Deepawali

Our midterm conference, 1st in Uttarakhand, had been conducted on 24 October in Dehradun. Dehradun Urological association, Dr. Sanjay Goel & Dr. Pathak had worked hard to make this event a great success. I hope that video talks, given by eminent urologist from UAU and from all over India, would have been useful to all delegates who participated. My sincere thanks to whole team for great efforts put in for the venture.

Article on anejaculation, by our leading andrologist Dr Rupin shah, is being circulated to you. I hope you will find it very useful. Now this is the time to look ahead for our annual conference UAUCON-Kanpur 2016. I request you all to start registration for the same. Please start sending abstracts for the annual conference. Nominations are also being invited for post of president elect, Hon. Secretary, Hon. Treasurer and two council members. Please also give your valuable suggestion for the format and content of our academic session for forthcoming UAUCON. I want future academic sessions to be more interactive and interesting over our previous ventures.

Long live UAU

With Best Wishes

Dr. A.K. Sanwal

Hon. Secretary, UAU

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Anejaculation – Clinical Pointers

Rupin Shah M.Ch.

Consultant Andrologist & Microsurgeon, Lilavati Hospital, Mumbai

Introduction

Failure to ejaculate is an uncommon, but not rare, problem that the urologist occasionally encounters. Unfortunately, this condition is not well understood and hence is usually incorrectly investigated and managed. Below is a common scenario:

A 25 year-old male, married since two years, comes to the urologist for treatment for his infertility resulting from his inability to ejaculate during intercourse or masturbation. There is no significant medical history, and genital examination is unremarkable.

The urologist asks for a serum testosterone assay, a post-orgasm urine test to check for sperm, and a TRUS evaluation for the ejaculatory ducts. When all reports come normal he advises cystoscopy and probing of the ejaculatory ducts.

Has this patient been correctly evaluated, diagnosed and managed?

No! Two critical questions have been omitted in history, which could have given the diagnosis and completely changed the management. To understand this we need to review the physiology of ejaculation and the causes of anejaculation.

Physiology of Ejaculation

When a man reaches a climax/orgasm then the three phases of ejaculation are initiated:

Phase -1: **Emission** of spermatic fluid into the posterior urethra. This can be affected if the sympathetic innervation of the accessory glands is affected (spinal cord injury, RPLND, pelvic surgery) or if there is complete obstruction of the ejaculatory and prostatic ducts (post tuberculosis).

Phase – 2: **Closure of bladder neck**. This prevents retrograde ejaculation and can be affected by disruption of the sympathetic nerves, bladder neck incision, traumatic injury to the bladder neck, or congenitally wide bladder neck.

Phase – 3: **Antegrade propulsion**. Rhythmic contractions of the bulbocavernosus muscle propels the semen out in spurts. This is affected if the BC muscle is damaged, or if its

innervation by the pudendal nerve is damaged. Antegrade ejaculation could also be hampered by a urethral stricture, pouch or diverticulum.

Pathophysiology of anejaculation

Thus, there are two very different clinical causes of anejaculation:

- (a) **Anorgasmicanejaculation** in which a man fails to reach an orgasm and therefore the subsequent three phases of ejaculation are not initiated;
- (b) **Orgasmic anejaculation** in which a man reaches an orgasm but does not ejaculate due to a disorder in one of the three phases of ejaculation.

Anorgasmicanejaculation in neurologically intact men is due to psycho-physiological reasons and does not need any investigation (men with spinal cord injury also fail to reach an orgasm because of impaired sensation). Orgasmic anejaculation is always due to some physical disorder, and needs further evaluation. Hence, distinguishing between the two is very important. However, most urologists typically focus only on orgasmic anejaculation when, in fact, in our population anorgasmicanejaculation is far commoner.

How does one distinguish between the two? There are two very important questions that must be asked. The first is obvious – *“during intercourse do you reach an orgasm but do not ejaculate, or do you continue intercourse for a long time and then stop without experiencing an orgasm because you get tired?”*

A clear answer to this question would be diagnostic. Unfortunately, matters are not so clear – many men who are anorgasmic are unable to answer the question because they do not know what an orgasm feels like, and hence are uncertain about whether they reach an orgasm.

Hence, the second question assumes importance – *“do you sometimes have nocturnal emissions”*. If nocturnal emissions are present then this rules out any disorder in the phases of ejaculation and leads to a diagnosis of anorgasmicanejaculation.

Thus, in the case presented at the beginning, if the man had stated that he did not experience orgasm, or that he had occasional nocturnal ejaculation, then none of the tests carried out were required, and instead he should directly have been given a trial with vibrator therapy to achieve orgasm and ejaculation.

Vibrator Therapy: The vibrator works by providing a high intensity stimulus to the penis. This stimulus is strong enough to overcome any psychological or situational inhibition, and will thus trigger the orgasmic reflex leading to ejaculation. While dedicated devices are available any high-intensity body massager can be used.

The procedure is carried out in a room with complete privacy. Preparatory counseling is important: the procedure is explained and it is emphasized that ejaculation will occur automatically as a result of the vibratory stimulation - ***the patient should not try and force ejaculation.***

The patient passes urine, takes off his clothes and sits on a bed with his legs apart. The vibrator is placed beneath the penis. The penis is placed upon the vibrating head such that ***the undersurface of the glans and distal shaft are stimulated.*** Once the patient is comfortable with the vibratory sensation, the glans is pressed down upon the vibrator such that the penis receives the maximum amount of stimulation. Keeping the vibrator in place he then closes his eyes and fantasizes sexually. Stimulation is continued till ejaculation occurs. This usually occurs in 10 to 30 minutes but some patients with anorgasmic anejaculation, who have never experienced orgasm, may take up to 1 hour of stimulation before they reach orgasm the first time! This period shortens during subsequent sessions. Some patients require a second or third session before they succeed.

2 out of 3 men with psychogenic anorgasmic anejaculation respond to vibrator therapy; with repeated use some attain the ability to ejaculate naturally, while others can use the vibrator-induced ejaculate to achieve a pregnancy. Men with SCI with a lesion above T10 may also respond to vibrator therapy. Non-responders will need electro-ejaculation.

Electro-ejaculation: Electro-ejaculation involves the direct electrical stimulation of the efferent nerves innervating the seminal vesicles and terminal vas. The most commonly used device is the Seager electro-ejaculator which delivers a sine wave alternating current. The procedure is carried out under general anaesthesia (except in paraplegic men with no sensations). Hence, it is best to carry out the procedure on the day of the wife's ovulation so that IUI can be performed if the semen quality is good.

Retrograde ejaculation. If the etiology is autonomic neuropathy (usually in diabetic men) then many respond to medical therapy – ephedrine 30mg thrice a day and imipramine 50 mg at night, both given for 3 days and on the 4th day morning two hours before semen collection. If

retrograde ejaculation persists then the urine must be rendered dilute and alkaline and sperm retrieved from the urine.

Conclusion

Ejaculatory failure is an interesting problem that can challenge the urologist but also offer him the opportunity to demonstrate why he is valuable in an infertility team. The clinical pointers provided here will enable him to reach a practical diagnosis promptly with the least investigations.

Important Information

Call for Abstracts – UAUCON 2016

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

Participants are advised to send in their abstracts not later than 29th February 2016. Abstract by authors not registered for the conference shall be rejected. The content of the abstracts in the format should be described under the headings of aims & objective, methodology, result and conclusion. The abstracts should be submitted online on the UAU Website at: www.uauonline.in. The details regarding abstract submission are also available on the website.

Scientific Programme Committee also invites all UAU members for interesting cases for clinicopathological presentation during UAUCON 2016. We also request members for suggestion for topics of debate to be conducted during the UAUCON 2016. Please send us your suggestions before 31st January 2016

General Body Meeting 2016

UAUCON 2016 will be held from 9th to 10th April 2016 in Kanpur. During this conference the General body meeting will take place at 6.00 pm on 9th April 2016 in the main hall. All members are requested to attend.

UAU Elections

Nominations are invited for the following Posts: a) President Elect: One b) Hon. Secretary: One c) Hon. Treasurer: One d) Council Members: Two.

Nominations are invited in the prescribed forms that can be downloaded from the UAU website.

Completed Nomination forms should be submitted before 15th February 2016 to the President-Elect, Dr. V K Mishra who is also the Returning Officer for the UAU Elections.

News Section

Mid Term CME, Dehradun - 24th October 2015

For the first time a mid Term CME was successfully organized in Dehra Dun, Capital of Uttarakhand on 24th of October 2015.

70 Urologists actively participated in it. Theme of CME was Tips and Tricks by experts. President Elect of USI, Prof. Rajeev Sood was the Chief Guest. Urologists presented their operative videos citing their tips of various urological procedures.

In about 6 hours 18 videos were presented and almost whole of urological procedures were revisited.

It proved to be a very exciting and big time saver exercise. Medical Council of Uttarakhand accredited it with two CME hours.

Dr. Sanjay kr. Goyal

Organizing Chairman

Life Line Hospital & Urology Institute

Dehra Dun

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*Urological Association of Uttar Pradesh
wishes its members
a very happy Festive Season*

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:

.....

Ph (Work): (Res)

Mobile:

E-mail:

Payment Details

Please find enclosed

DD / Cheque No.: Dated:

Drawn on

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

APPLICATION FORM FOR MEMBERSHIP

Please paste
your recent
passport size

USI Membership No. _____ NZ USI No. _____

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

Name

(Use Block Letters) First Name Middle Name Surname

Permanent Address:

Address for Communication:

_____	_____
_____	_____
_____	_____
_____	_____

Pin Code _____ Pin Code _____

Mobile: _____

Tel. (Res.): _____ Tel. (Office): _____

Email _____

Date of Birth: _____

Qualifications:

Degree/Diploma	Date	Institution/University
_____	_____	_____
_____	_____	_____
_____	_____	_____

Present Appointment & Designation:

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

- | | |
|------------------|------------------|
| 1. Name: _____ | 2. Name: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |
| _____ | _____ |
| Signature: _____ | Signature: _____ |
| UAU No.: _____ | 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

For Office Use Only :

UAU membership Approved : Yes / No Membership No. allotted: _____

Receipt no. : _____ Mode of Payment : Cash / Cheque / DD / Online

Details of Payment :

Signature with Official Stamp

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*Alfuzosin 10 mg Extended Release &
Dutasteride 0.5 mg Tablets*

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and Vitamin B6 Oral Solution*



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