



ASSOCIATION OF SOUTHERN UROLOGISTS

(South Zone Urological Society of India)

NEWS Letter

www.szusi.com

September 2015

Editor: Dr. H. Krishna Moorthy

PRESIDENT'S MESSAGE



Dear Members,

This brings warm greetings to all of you.

The conclusion of the Visakhapatnam conference capped what members acknowledged as an excellent programme at an excellent venue. Dr Ch. Subba Rao and his

team are richly deserving of the praise they received at the valedictory function.

The General Body has placed great responsibility on the present executive council, mandating that it reviews the Association's constitution and to give it a shape that meets the aspirations of members and requirements of different regulatory bodies. This is a priority, and I am sure our members will contribute with their suggestions and observations. Our Honorary Secretary will be sharing progress, and placing the proposed improvements before the members in due course.

We have justifiably taken pride in being the largest zone of Urologists in the USI; this has also placed great responsibility on us. Over the past year the Secretary & the Treasurer have painstakingly retrieved records, traced files in government offices and engaged with the Income Tax office & the Registrar of societies. Their effort has finally paid off. Today, we are in the clear with both agencies. We owe a debt of gratitude to Dr Krishnamoorthy & Dr Chengalvaroyan.

We are also hopeful that we will be able to evolve a transparent, member-driven procedure for choosing persons to deliver orations & named lectures. Combined with the on-going efforts to make the scientific sessions better, I am sure members will find our conferences more engaging and educative.

I would like to conclude with my personal thanks for his leadership to Dr Thiyagarajan who was President for the last term, and the council members who kept the wheels of the Association of Southern Urologists well oiled and engine running. We look forward to meeting you all the forthcoming State conferences, the H.S. Bhat memorial CME and other programmes of the Association.

Dr. A. Mohan
President, ASU

FROM THE DESK OF HONORARY SECRETARY

After the amazing SZUSICON 2015 at Vizag, it is my privilege to bring out the first issue for ASU Newsletter for this ASU year. There are materials for the benefit and information of ASU members, various issues for comments from members and requests for application for some activities. Expecting your valuable suggestions,



Yours

Dr. H. Krishna Moorthy

Hon. Secretary, ASU

REPORT OF SZUSICON 2015 HELD AT VISAKHAPATNAM, 10-12 JULY 2015

(Report by Dr. H. Krishna Moorthy, Hon. Secretary, ASU)

The 26th Annual Conference of Association of Southern Urologists (SZUSICON 2015) was held at Hotel Novotel, Visakhapatnam. Prof. Chodiseti Subbarao was the Organising Secretary for this megashow. About 825 delegates attended this conference, which witnessed unique academic fiesta of very high calibre.

The preconference CME was inaugurated on 10 July 2015 by Dr. S.V. Kumar, Principal, Andhra Medical College, Vizag. The master class by Prof. Urs E Studer from 9.00 AM to 1.00 PM kept the audience spell bound. Not a single soul left his or her seat until the program was over! Prof Studer took the delegates through a wonderful journey of Radical Cystectomy punctuated by his inimitable style. This was a life time experience for most of the delegates. Hats off to the super teacher of this era....

The Board of Education, USI, inspired by the Studer show, put up an equally enviable academic celebration in the afternoon. The stalwarts from across the country demonstrated their surgical skills through educative videos on different techniques on Reconstructive Urology, Andrology and Female Urology. The delegates could see rare procedures like Kenneth Kropp Procedure, Pitcher

Potter Procedure, AlGhorab Shunt and so on. It seemed again that the delegates never wanted to move from their seats for fear of losing them. Both academic halls were jam packed throughout the 4 hours of academic sessions. Full credit to Dr.Sabnis and his academic team for crafting an excellent program, which has now become a routine in ASU meetings. The welcome dinner on 10th July was held at Hotel Taj.

The academic program of SZUSICON 2015 started on 11th July 2015 with the prestigious Prof.H.S Bhat Oration by Prof.Syam K Ramesh, Thiruvananthapuram and Khivraj Memorial Symposium moderated by Prof. Suresh Bhat, Kottayam. For the first time, in a zonal conference, video conferencing was attempted; 4 video conferences were held with Dr.Ramajayanthi from USA (Long Term Complications of Posterior Urethral Valves), Dr.K.Subramonian from UK (Management of Difficult Ureteral Strictures), Dr.Mahesh Desai from Nadiad (Tips and Tricks in Urology) and Dr.Parthasarathy from Coimbatore (Technology Update for Urologists) talking live to the audience. This was a unique experience to the delegates and many believed that this would probably be the future of our conferences in the years to come.

There was a Guest Lecture namely Artificial Kidney, where in the speaker Prof.Ganesh Gopalakrishnan, Coimbatore mesmerised the delegates with his vast research on this topic and demonstrating the latest technological advancements in RRT. Many feared that the future of kidney transplantation was bleak if these gadgets were to get popularised! Prof Ravisankar Uro Radiology Quiz conducted by AMVC Raju of Bhimavaram was a unique academic exercise to the post graduates to hone their skills. The posters were presented as E Posters in 4 plasma screens which were running on all the 3 days of conference. 134 Scientific Papers were presented throughout the conference in podium, video and poster sessions, which were all selected after preliminary screening.

The AGM was held in the evening and probably this could be recorded as the shortest AGM in the history of the society. Every single decision was taken by the house unanimously in double quick time and the entire AGM lasted for hardly 1 hour! The unity among the members would be worth appreciated.

The inaugural ceremony of SZUSICON 2015 was held at 7.00 PM. The president of ASU, Prof.K.Thiyagarajan presided over the function and the Guest of Honour was Dr.T.Ravi Raju, Vice Chancellor of Dr.N.T.R University of Health Sciences, Vijayawada who stressed upon the importance of equality of training of Urologists across the country. Dr.Percy Chibber, President of USI, Dr.Ramesh D, Hon.Secretary of USI, Dr.SasiPrabha R, Ex DME of Andhra Pradesh, Dr.Krishna Moorthy H, Hon.Secretary of

ASU and Dr.Chodiseti Subbarao, Organising Secretary of SZUSICON 2015 also spoke during the occasion. The various awards/prizes of ASU for 2014-2015 were distributed by the President.

The Gala Dinner of the Conference held at Hotel Novotel was punctuated by a musical extra vaganza by Ms. Preety Bhella, Mumbai who literally invaded the hearts of the audience. Almost the entire crowd was on the performing stage, dancing, singing and enjoying the program. Congratulations to Prof.Subbarao and his team for arranging such a lively program.

After the late night show, the delegates were back to their academics again on 12 July 2015. There were podium and video presentations in addition to Guest Lecturers by Prof.Kim Mammen, Ludhiana (Surgical Complications of Renal Transplantation), Prof.Nitin Kekre (History of Urology) and Journal Scan by Prof.Dorairajan of Puducherry. There was also Prof.N.Krishna Murthy Point-Counter Point Debate for Junior, Senior and Super Senior Consultants in Urology. The prestigious Prof.P.B.Sivaraman Endowment Guest Lecture was delivered by Prof.Aneesh Srivastava of Lucknow. The academic program concluded by 12.30 noon.

The highlights of the Conference were

- Master Class by Prof.Urs E Studer
- Scientific Papers invited, submitted, evaluated, reviewed and results informed online along with referee's comments through Microsoft CMT Program
- Papers for Best Paper Categories were shortlisted based on the evaluation of entire papers submitted for the conference, resulting in selection of the best paper for prize sessions
- Precise time schedule was maintained during the entire conference
- Personalised certificates were distributed to chairpersons and presenters. Cancellation or change of chairpersons and presenters were strictly banned for the conference
- No fancy conference kits, mementos etc given
- LED wall for main hall
- Entire scientific proceedings made available in the ASU website more than 1 month ahead of conference
- E posters with prior submission of posters to secretariat
- Duration of short paper presentations were 6+2 minutes

SZUSICON 2015 will remain in the memories of the participants for a very long time to come

Awards and Prizes of SZUSICON 2015, Vizag

NAME OF AWARD/FELLOWSHIP	NAME, PLACE
Dr.NSethuraman Best Paper Prize	Dr.SanthoshNagasubramanian, Vellore
Bangalore Urological Society Video Prize I	Dr.Mallikarjuna C, Hyderabad
Bangalore Urological Society Video Prize II	Dr.Kishore TA, Kochi
Prof.C.L Ashok Kumar Best Poster Prize I	Dr.Rakesh BH, Mangalore; Dr.Mohan BA, Coimbatore
Prof.C.L Ashok Kumar Best Poster Prize II	Dr.Nisarg Mehta, Kochi
Dr.N.Jeyasekharan Gold Medal for Ideas & Innovations	Dr.Maneesh Sinha, Bengaluru
Prof.K.RavishankarUro Radiology Quiz Prize	Dr.AshwinMallya, Bengaluru
Prof.N.Krishnamurthy Gold Medal for Point Counter Point Debate	Dr.MohammedTaifBendigeri, Hyderabad
Prof.Ravindranath Travelling Fellowship	Dr.Paul Naveen, Guntur
Prof.A.P.Pandey Travelling Fellowship	Dr.Krishna Prasad, Bengaluru

NEW OFFICE BEARERS OF ASU, 2015-2016

President : Dr.Mohan A, Bengaluru
 President Elect : Dr.Krishnasamy Kannan, Tiruchy



SZUSICON 2015 AT VIZAG

SZUSICON 2015



SZUSICON 2015



SZUSICON 2015



SZUSICON 2015



SZUSICON 2015



SZUSICON 2015



MINUTES OF THE GENERAL BODY MEETING OF ASSOCIATION OF SOUTHERN UROLOGISTS HELD AT HOTEL NOVOTEL, VISAKHAPATNAM, 11 JULY 2015 (Subject to Approval by AGM in July, 2016)

The meeting was called to order by the President
Prof.K.Thiyagarajan

The members observed 2 minutes of silence in remembrance of the senior members, Prof. Ranganatha Rao, Dr.M.G.Desai and Prof. David Joseph who expired recently. The Hon. Secretary informed the house that the obituary notes of these members were published and circulated in the Newsletter. The Hon. Secretary was requested to send a condolence message to the bereaved families.

The President informed the Council about the various activities of the society during the last one year and expressed his happiness on the progress of the society. The minutes of the last General Body Meeting held at Kochi which was circulated to all members through previous Newsletter was passed (Proposed by Dr. A. Mohan; Seconded by Dr.D.Ramesh).

The Hon. Secretary's & Hon. Treasurer's Annual Reports published and circulated in the last Newsletter was passed (Proposed by Dr. Keshavamurthy R; Seconded by Dr. Ganesh Kamath).

The Hon. Secretary informed the house that all necessary documents of the society's activities for the period 2002 – 2014 were submitted to the Registrar of Societies and the society got reregistered on 26.06.2015. A sum of Rs. 90,750/- (fee + penalty) + Rs. 42,000/- (processing fee) had to be expended in this regard. The house congratulated the Hon. Secretary for completing this difficult task in brief time.

The Hon. Secretary informed the house that 2 nominations (Dr.C.Mallikarjuna and Dr.Krishnasamy Kannan) were received for the post of President-Elect 2015 – 2016. The nominations were scrutinised by Dr. A.Mohan (President Elect) and were found to be in order. Dr.A.Mohan informed the house that Dr.Mallikarjuna had withdrawn his nomination in the afternoon and hence Dr.Krishnasamy Kannan was declared elected as the President Elect of ASU for 2015-2016 unanimously.

The Hon. Secretary informed the house regarding the decision of Council to award Prof. V. Ravindranath Travel fellowship for 2015 – 2016 to Dr. Paul Naveen, Guntur who was the only applicant for the same and Prof.A.P Pandey Travel Fellowship for 2014 –

2015 to Dr.T.Krishna Prasad, Bengaluru, who again was the only applicant for the same. The house agreed to this.

The Hon. Secretary informed the steps taken by him to contact the sponsors of various named Awards/Orations/Guest Lectures/ Fellowships and the decisions of the Council regarding the continuation of the same based on the letters received from them. The following were the decisions of the Council regarding the status of the above honours, which was informed to the house.

1. Prof.H.S Bhat oration would be continued since ASU had instituted the same.
2. Prof.NaliniVenugopal Memorial CPC (for alternate years) would be continued since ASU had instituted the same.
3. Prof.P.B.Sivaraman Endowment Guest Lecture would be continued since the existing corpus was 3 lakhs.
4. Khivraj Memorial Symposium would be continued since KhivrajChordia Trust had agreed to pay the balance amount.
5. MIUC Travel Fellowship would be continued since the corpus and the unclaimed interest would amount to Rs. 3,00,000.00. However, the Hon. Secretary was requested to contact the sponsors (SIU Indian Chapter) to relax the terms and conditions for selection of candidates for this Fellowship.
6. The decision on the continuation of Bangalore Urology Society Best Video Prize session was kept pending since the AGM of KUA was yet to inform their decision to enhance the corpus money.
7. Dr.Jayasekharan's Medal for Best Ideas and Innovations would be continued since sponsor agreed to enhance the corpus to Rs.3,00,000.00
8. Dr.Sethuraman Best Paper Prize Session, Prof.C.L.Ashok Kumar Best Poster Prize session and Prof.V.Ravindranath Travel Fellowship would be discontinued since the sponsors were not willing to renew the same. However Prof.V.Ravindranath had agreed to enhance his existing contribution to Rs. 3,00,000.00 and name the Best Paper Prize session in his name.
9. The non-responders of other honours namely Prof.N.Krishna Murthy Point Counter-point Debate, Prof.A.P.Pandey Travel Fellowship and Prof.K.Ravisankar Uro Radiology Quiz were to be discontinued.

Prof. Venugopal expressed his displeasure in discontinuing some of the named honours since he was afraid it would amount to dishonouring them. However various members expressed their

feelings and suggested that the names of all these senior people who had sponsored honours would be archived and included in the records of ASU, to be remembered ever. The house agreed finally to these suggestions and the duration of the honours to be implemented was decided as 7 years for an amount of minimum of Rs.3 lakhs (Proposed by Dr.Keshavamurthy and seconded by Dr.Meyyappan).

It was decided to circulate guidelines for institution of new named honours in the next Newsletter and make open invitation to all members for applying for the above. It was also decided to make open invitation for applications for selection of Moderators for Debate, Uro Quiz and Khivraj Memorial Symposium for the year 2016.

The Hon. Secretary informed the house regarding Council's decision to select Dr. P.V.L.N Murthy as the Prof. H.S Bhat Orator, 2016 and Dr. Rajeev Kumar/Rajesh Ahlawat as the speaker for Prof.P.B.Sivaraman Endowment Guest Lecture 2016 (subject to their approval and availability. The house agreed to these. (Later it was understood that Dr.Rajesh Ahlawat had already delivered this Guest Lecture previously and Dr.Rajeev Kumar accepted this honour for the year 2016)

The Hon. Secretary informed the members about the steps undertaken to create a consolidated Membership Directory with a single membership number and the status of membership mentioned. The house requested the Hon. Secretary to publish the same when ready.

The house approved the list of names of Full and Associate Member who submitted their applications during 2014-2015.

The financial status of the society was discussed by the General Body and it was observed that there was an excess of expenditure over income in the previous year mainly due to the additional expenses incurred for giving Silver Jubilee Gifts to members. Further, there had been additional expenses for re-registration during the current financial year. Therefore it was decided to cut down allocation of funds for research and other similar purposes during the current financial year.

The General Body approved the venue of forth coming ASU – HSB Midterm Workshop as Manipal with Dr.Mohana Chandra Suvarna as Organising Chairman, Dr.G.G.LaxmanPrabhu as Organising Secretary and 'Second Opinion' as the Topic. The details would have to be informed to the Hon. Secretary by the core committee of this Workshop.

The accounts of SZUSICON 2014, Kochi was presented by the Organising Secretary (Dr. H. Krishna Moorthy) and was approved by the house. The organisers returned the advance amount of Rs. 3.5 lakhs and contributed an additional Rs. 1 lakh from the proceeds of the conference.

Dr. A. Mohan presented his report on the facilities at Puducherry for conduct of SZUSICON 2016, after his visit there one month back. He raised a few concerns regarding the main hall, transport etc. Dr.KalyanramKone, Organising Secretary of SZUSICON 2016 informed the house that the main hall would be completed soon; if not, alternate arrangements would be made at the venue itself (Mahatma Gandhi Medical College, Puducherry). The decision regarding this would be informed when the President & Hon. Secretary revisit the venue during TAPASUCON in September 2015. The AGM approved these suggestions.

The house accepted Kasturba Medical College, Manipal as the venue, Dr. Joseph Thomas and Dr.PadmarajHegde as the Organising Chairmen and Dr.Arun Chawla as the Organising Secretary for SZUSICON 2017.

Dr.Mallikarjuna Reddy, Organising Secretary of USICON 2016 at Hyderabad was not present to update the arrangements of the conference.

The Hon. Secretary informed the house that the details of forth coming state chapter meetings were yet to be available and would be published in the Newsletter when available.

The AGM agreed to the decision of the Council to allot Rs.1 lakh as seed money for conduct of SZUSICON 2016 and consider giving additional money when the financial status improved, against the request sent by Dr. Joseph Philip Raj for Rs. 5,00,000.00.

The house requestedDr.P.V.L.N.Murthy to speed up the proceedings to procure 80 G exemption for Hyderabad Urological Society so that the money held by ASU on account of SZUSICON 2012 could be transferred to HUS immediately.

The house discussed the request for constitution amendment send by Dr.PitchaiBalashanmugam. Since the reregistration process of ASU was completed only 2 weeks prior to AGM, it was decided to consider his request along with similar requests to be submitted by others during the next year.

Dr.Ginil Kumar suggested that papers for SZUSICON be grouped based on topics, so that interested members could attend the sessions, based on the topics. The Hon. Secretary replied that this could be done only if adequate number of papers in each topic was available for grouping.

Dr.AMVC Raju informed that the Website was not accessible at times. The Hon. Secretary replied that since the Website was being updated very frequently, one need to refresh the same, before accessing every time.

The President thanked the members of the Council and adjourned the meeting.

Moderators for SZUSICON 2016

Applications for selection of Moderators/Quiz Masters for Symposium, CPC, Debate and Uro-Quiz to be held in SZUSICON 2016 are invited from members of ASU with good academic/research background before 31 October 2015. The applications will be scrutinised by the Executive Council of ASU in November 2015 and final selection will be made. The applications are to be sent to the Hon. Secretary of ASU.

INVITATION FOR CONDUCT OF USI MOCK EXAMINATION IN MARCH 2016

Requests for conduct of USI Mock Examinations on 6-7 March 2016 are invited from Teaching Institutions (MCh/DNB) in South India. The guidelines and requirements for conduct of USI Mock Exam are given below. Please send your requests in the format given below (can be downloaded from ASU Website) to the Hon. Secretary, ASU before 30 September 2015, so that the venue can be finalised and USI informed.

Mandatory Requirements

1. Applicants have to be Medical College departments running M.Ch course or Departments in multi-speciality hospitals running D.N.B. course in Urology/Genito-urinary surgery.
2. The M.Ch/DNB programme should have been established at least 3 years before the date of the proposed mock exams.
3. Applicant departments must have a full complement of faculty as prescribed by the IMC or the NBE.
4. The following infrastructure must be available in the institution premises:
 - a. 3 classrooms or examination halls capable of accommodating at least 100 persons each;
 - b. Halls should have desks & benches or tables & chairs or chairs with writing tabs;
 - c. Halls should have adequate ventilation, and fans or air-conditioning;
 - d. Each hall should have the following audio-visual aids:
 - i. One 6 x 4 feet screen (minimum size)
 - ii. Amplifier & Mixer with sufficient number of speakers
 - iii. One LCD projector of at least 2500 lumens brightness
 - iv. One collar microphone for presenter, two cordless microphones for candidates
 - v. Standby LCD projector, microphones, battery replacements
 - vi. Laser pointers – 2 nos. (one for faculty, one for candidate)
 - vii. X-ray view-boxes/ viewing lobbies
 - e. Drinking water provision for participants
 - f. Restrooms – for males, for females
 - g. Dining area for meals
5. The institution must be able to furnish case material in the following areas:
 - a. Congenital anomalies
 - b. Genito-urinary trauma & sequelae
 - c. Renal tumours
 - d. Bladder tumours
 - e. Testicular tumours
 - f. Penile tumours
 - g. Calculus disease
 - h. Bladder outlet obstruction
 - i. Neurovesical dysfunction
 - j. Urinary tract infections & sequelae,
 - k. Complications of urologic surgical procedures, and
 - l. Other urological cases of common interest
6. All cases must be fully worked-up with all investigations results and imaging available.
7. A list of cases & summary of history & physical exam findings must be prepared beforehand, and submitted to the Chairman BOE if requested for.
8. In addition to cases & case material, the following should be available for viva-voce:
 - a. A full set of lower tract endourology instruments & accessories
 - b. A full set of upper tract endourology instruments & accessories
 - c. Ancillary equipment used with the above
 - d. Important open-surgical instruments
 - e. Different types of ureteric catheters
 - f. Different types of urethral catheters
 - g. Implants & external devices used in Urology
9. A set of plain X-rays, Contrast studies, CT Scan images, MRI images, Nuclear medicine images (with report), Uroflowmetry tracings & Urodynamic tracings.
10. A set of residents or junior doctors to present the material, and to provide assistance whenever requested for by the faculty.
11. One lunch and two tea/coffee breaks each day, with tea/coffee being served next to the halls.

Desirable Requirements

1. Hostel accommodation or suitable low-cost accommodation for participants in the vicinity of the venue
2. Hotel/guest-house accommodation for faculty with
 - a. Air-conditioned rooms,
 - b. Room service, television,
 - c. Breakfast & dining facility
 - d. Television in room
 - e. Newspaper, and
 - f. WiFi internet connectivity

Format of Application for Conduct of USI Mock Examination

1. Name of Institution:
2. Name of Department Head:
3. Name of Course offered:
4. Number of years the course has run for:
5. Number of residents in the department:
6. Number of full-time faculty:
7. Distance from nearest Airport:
8. Distance from nearest Railway station:
9. Academic programmes conducted in the last 3 years
(give details & dates)
10. Conformation with the mandatory requirements above –
tick the appropriate column:

Req. No.	Available now	Can be arranged	Not available	Remarks
1.				
2.				
3.				
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4. b				
4. c				
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8. f				
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10				
11				

Additional inputs:

Signature:

Name:

Date:

Place:

FINAL APPROVAL OF SOUTH INDIAN CONSENSUS ON THE DIAGNOSIS AND MANAGEMENT OF GUTB

The draft format of South Indian Consensus on the Diagnosis and Management of GUTB is published in this Newsletter. Members are requested to read and send their comments/suggestions/additions, so that the Guidelines can be finalised.

DECISIONS OF SCIENTIFIC COMMITTEE OF ASU

As per the decisions of the Scientific Committee of ASU, the chairpersons/presenters who Initially consented for the same and were not present during the scientific proceedings of SZUSICON 2015 at Vizag without prior intimation to the Hon. Secretary for valid reasons, will be debarred from chairing/presenting in the scientific proceedings of SZUSICON 2016.

INVITATION FOR NAMED AWARDS/FELLOWSHIPS//GUEST LECTURES/ACADEMIC SESSIONS OF ASU

Applications are invited from members and well-wishers for institution of various named awards/fellowships/guest lectures/academic sessions of ASU commencing from 2016 onwards. As per the decisions of the General Body Meeting of ASU held in July 2016, the sessions on Prof.H.S.Bhat Oration, Prof.P.B.Sivaraman Endowment Guest Lecture, Prof.NaliniVenugopal CPC for alternate years and Dr.Jeyasekaran's Gold Medal for Ideas and Innovations will be continued. All other existing named honours will be discontinued, unless renewed as per the new guidelines. The applications will be scrutinised by the Executive Council of ASU in November 2015.

Guidelines for Named Awards/Fellowships/Orations/Guest Lectures/Academic Sessions of ASU

General Guidelines

1. The named Award/Fellowship/Oration/Guest Lecture sessions will be included annually in the Scientific proceedings of SZUSICON from 2016 onwards
2. The Award/Fellowship/Oration/Guest Lecture sessions will be in a non-controversial name suggested by the sponsor
3. The period of honour will be for 7 years from 2016 onwards and will terminate at the SZUSICON to be held in 2022
4. The sponsorship amount will be received by the ASU as corpus donation to the society and will be audited. Only the bank interest accrued will be utilised for conduct of the session
5. The Rules and Regulations regarding the implementation, selection of the sessions and the duration of the sessions will be decided by the Executive Council of ASU, in consultation with the sponsors. The final approval will be made by the General Body of ASU
6. The minimum donation for a named honour will be Rs.3,00,000/- and the donation is non-refundable
7. Involvement of the sponsor in activities against the interest of the Society or any of its members will lead to discontinuation of the honour. However the corpus donation shall not be returned to the sponsor
8. A brief biodata of the sponsor along with a photograph will be presented at the beginning of the respective session and will be available in the Website, Directory and other official documents of ASU
9. Application for renewal or new proposals will be invited once in every seven years

Specific Guidelines

Orations and Guest Lectures

The speaker shall be selected by the Executive Council based on the credentials and contributions made by him or her to the

field of Urology and approved by the General Body. The Topic of presentation should be relevant and contemporary and will be suggested by the speaker himself or herself based on his/her experience. The speaker will be provided complimentary registration and hospitality by Organising Committee. The speaker will be presented a memento and certificate by ASU during the Conference

Fellowships

Applications for Fellowships will be invited from all members of ASU to submit the proposals along with biodata of the member, details of the Fellowship he/she plans to undergo and concurrence from the institution where the Fellowship is planned. The applications will be scrutinised by the Executive Council and the winner will be announced in the General Body for final approval. The winner will be given a certificate once the Fellowship is completed (within one year of selection) and Rs.20,000.00. The necessary documents regarding completion of Fellowship should have been submitted to the ASU one month prior to the next SZUSICON

Awards/Prizes

The various categories for Awards/Prizes are the Best Paper Prizes in Podium, Video, Poster, Ideas and Innovations, Quiz Competition and Debate during Annual Conferences. The papers for the presentation categories will be selected from the Scientific Abstracts submitted for the Conference, by a panel of referees approved by Executive Council. The Guidelines for presentation of papers in these sessions will be drafted and made available in the website before the papers are invited. The final selection of winner will be by a different set of Judges during the Conference. The Quiz Competition will be conducted by the Quiz Master and will be open to the post graduate students/all members (depending on the condition in which the named honour has been accepted). For Debate, the topic will be selected by the moderator and approved by the Executive Council. The name of Award/Prize winner in each category will be announced during valedictory function of the Annual Conference. The prize includes a certificate and Rs.10,000.00 which will be distributed during the inaugural ceremony of next Annual Conference

Moderators/Quiz Masters

Application for selection of Moderators/Quiz Masters of named sessions during Annual Conferences will be invited and will be selected by the Executive Council from the list of applications and approved by General Body. The Moderator/Quiz Master will be given a memento and a certificate at the end of respective session

South Indian Consensus on the Diagnosis and Management of Genito-Urinary Tuberculosis

Compiled By: Prof. P.Venugopal, Mangalore

Consolidated By: Dr.Biju S Pillai, Kochi

Co-ordinated By: Dr.H.KrishnaMoorthy, Kochi

Approved By: Association of Southern Urologists, 12 July 2015

History and Symptomatology

1. History of past infection or contact with a family member having Tuberculosis is important.
2. Symptoms are non-specific.
3. Chronic voiding symptoms like urgency not responding to conventional measures, recurrent or unresolved urinary tract infections, chronic epididymitis, repeated haemospermia should raise suspicion.
4. Constitutional symptoms such as fever, weight loss, night sweats may not always be present.
5. Urine analysis commonly shows acid pyuria and micro-haematuria in 50% of cases. 10% of patients present with gross haematuria; 20% of patients develop secondary coliform UTI.
6. Incidence of abnormalities in chest X-ray is about 75%.

Microbiological Diagnosis

1. Urine AFB smear — Atleast 3 early morning urine samples should be analysed. A bacterial load of 5000 organisms/ml is needed for positive smear.
2. In case of increased day/night urinary frequency, atleast 8 hours of collection of urine is required for AFB smear.
3. Sterile containers with specific inhibitors required for collection of samples.
4. Routine ZN staining has a sensitivity and specificity of 60-70% and 90-95% respectively.
5. Auramine/Rhodamine staining with fluorescent microscopy increases sensitivity by 10-15% as compared to ZN staining.
6. Smear positivity alone should not be considered as diagnostic of tuberculosis since chronic infections due to non-tubercular mycobacteria (NTM) is not uncommon and do not usually respond to the conventional ATT. In the absence of AFB culture or other molecular assays, there is high chance of branding a non-responder as non-compliant or resistant case of tuberculosis.
7. M.smegmatis is a rapid grower which produces a yellow pigment. M. tuberculosis is a slow grower and produces a buff/cream colour. M.smegmatis grows in Blood agar and MacConkey agar medium but not M. tuberculosis. Any mycobacteria grown in culture can be identified in 15 minutes using MPT64 card test (positive for M. tuberculosis complex). Clinical significance of M.smegmatis is questionable unless it has been repeatedly isolated and all other causes have been ruled out.

8. AFB culture by conventional LJ medium is still the gold standard and has a sensitivity and specificity of 80-85% and 98% respectively. The main drawback of this technique is that it requires 6-8 weeks for the results. Three types of media are used Egg based(LJ), Agar based(Middlebrook 7H10 or 7H11) or Liquid based (Middlebrook 7H9).
9. Radiometric culture methods give results in 2-3 wks and are equally sensitive(replaced by MGIT nowadays).
10. Mycobacterial Growth Indicator Tube (MGIT) uses Middlebrook 7H9 broth with oxygen sensitive fluorescent sensor at bottom. Positive signals are obtained in 10-12 days.

Immunologic Assays

1. Role of Mantoux skin test in Indian population is questionable. The issues in administering, interpretation in persons immunized with BCG and lower specificity in developing countries where prevalence of TB is higher have led to its questionable role.
2. Estimation of IgG and IgM antibodies has no role.
3. Interferon gamma assay has been found to be useful. The interferon (IFN)- γ assays are in vitro tests for quantifying the IFN- γ response to antigens representing M. tuberculosis, such as ESAT-6 or CFP-10. These antigens are not present in the BCG vaccine, but false-positive results can be caused by previous exposure to environmental mycobacteria. The IFN- γ release assay has a sensitivity of 84-95% and a specificity of 85-99%. Its validity in regions with high exposure like India needs further evaluation.

Molecular Techniques

1. NAAT-PCR methods have sensitivity of 70-100% and specificity of 80-100%. PCR assays may target either DNA or rRNA and these could be based on conventional DNA based PCR, nested PCR and RT-PCR. There has been concern about false positive reports due to contamination. The problem of false positivity can be substantially reduced by proper laboratory design, strict discipline about collection and processing of specimens, handling of reagents and use of certain blocking agents. Application of in-situ PCR approach eliminates doubts about contamination. It is also a good tool to detect drug resistance.
2. Molecular diagnostic techniques for TB are rapidly evolving and show great promise. Extrapulmonary samples are being validated on PCR machines, such as those based on GeneXpert® platform. Xpert® MTB/RIF is an automated nucleic acid amplification assay for the simultaneous detection of tuberculosis and rifampicin resistance and has demonstrated 100% sensitivity on urine samples. This assay is beneficial, is a

self-contained cartridge-based test, does not require intensive training to use, can give a result in less than two hours and was shown to correctly identify 97.6% of rifampicin-resistant bacilli in sputum samples. The role of this test in the diagnosis of EPTB, and of GUTB in particular, requires further evaluation.

Histological Diagnosis

Presence of granuloma with caseation is the hallmark of TB in a biopsy specimen.

Radiological Studies

1. IVU- High dose IVU is the standard procedure. Dynamic cystography may be helpful in distinguishing the refluxing megaureter from obstructive.
2. Radionuclide studies are helpful in determining the differential renal function and drainage pattern from the collecting systems.
3. RGP- The current recommended indications are
 - a. To assess stricture length in the ureter
 - b. To obtain isolated samples of urine from the kidney

If RGP is not feasible, antegrade pyelography may be done for delineating the anatomy and urine sampling

Cystoscopy and Biopsy

Cystoscopy and Biopsy should be performed under general anaesthesia (with muscle relaxants) in a gentle manner. Bladder biopsy is indicated in presence of tubercles or ulcers and should be avoided in acute cystitis phase.

Criteria for Definitive Diagnosis

One major and/or two minor criteria are required for definitive diagnosis of Tuberculosis.

Major Criteria

- a) Granulomatous lesion in biopsy specimen
- b) AFB in urine or tissue (smear or culture)
- c) Positive PCR

Minor Criteria

- a) IVU/CT/MRI findings suggestive of GUTB
- b) Haematuria
- c) Raised ESR
- d) Pulmonary changes of old Kochs

Medical Management

First chance is the best to cure the disease (100%) and in preventing the emergence of resistance. Treatment of multidrug resistant tuberculosis is 100 times more expensive and often highly toxic. Short course chemotherapy for 6 months is sufficient which includes 2 months of initial intense treatment phase with 4 drugs followed by 4 months of continuation treatment phase with 2 drugs. Areas of calcification, poor function, severe scarring and obstruction, fistula formation may require additional procedures and prolongations

of treatment. In cases where isoniazid or rifampin cannot be used, treatment is continued for 12-18 months. If second line treatment is to be offered, treatment is recommended for 18-24 months. Surgery or steroid therapy by itself is no indication to prolong ATT. ATT is to be taken on empty stomach since food, antacids containing aluminum and magnesium and prokinetics reduces the absorption of the medicines significantly. If it cannot be tolerated, the medication may be taken 2 hours after breakfast or 2-3 hours after dinner.

Use of steroids: recommended in severe bladder symptoms and involvement of tubular structures like ureter, fallopian tube, vas and spermatic cord. 4-6 weeks of high dose of prednisone (at least 20mg thrice daily) is recommended since rifampicin reduces the bioavailability and effectiveness of steroids by 66%.

Indications for prolonged therapy

- a. immunocompromised patient
- b. Coexistent HIV/AIDS

Special situations

1. Pregnancy: add pyridoxine; avoid streptomycin. Isoniazid, rifampicin, ethambutol and pyrazinamide are safe.
2. Renal failure: modify the dosage of isoniazid, ethambutol and streptomycin according to eGFR.
3. Diabetes Mellitus: attain tight glycemic control; add pyridoxine.
4. Post-renal transplant on cyclosporine: avoid rifampin since cyclosporine clearance is augmented.
5. HIV positive: Short course therapy is indicated in asymptomatic serology positive patients. Usually good response but relapse is more common.

Prolonged course of treatment may be required in late stages and with other immune-compromised conditions.

6. Seriously ill patients with suspected TB: use of specific empiric anti-tuberculosis [SEATT] therapy with isoniazid, ethambutol, pyrazinamide can be used as a method of therapeutic diagnosis and treatment of seriously ill and febrile patients with clinical and radiological suspicion of TB in the absence of bacteriological or histological proof. Fever is used as guide for response to therapy. Rifampicin is added when fever settles.
7. In case of MDR TB, 4 drug therapy selected on basis of sensitivity, to be given for 18-24 months.

Follow Up Protocol When On ATT

Follow up is required to monitor the toxicity of ATT and development of complications. ATT cannot prevent or cure persistent residual lesions, paradoxical worsening or complications developing from immunological or mechanical reasons. Monitoring for hepatic toxicity, drug interactions and visual and auditory complications are done in the standard way as recommended for ATT for tuberculosis at any site. Blood test for LFT, Hb, platelet count, ESR, RFT, serum electrolytes and calcium is done at 1, 2, 4 and

6 months and as necessary as the condition demands thereafter. Monitoring is tailored according to the structural and functional involvement of the genital and urinary organs affected. Since healing is a prolonged process, ongoing fibrotic changes may be expected to occur for long even after completion of ATT and such changes may lead to mechanical complications like infundibular and ureteral strictures, secondary PUJ and VUJ obstructions, reducing bladder capacity, urethral strictures, tubal and vassal obstructions etc. Ultrasonography, IVU, RGU, cystoscopy and RGP, nephrostograms and radionuclide renal scans may be obtained as appropriate till the structural abnormality that has occurred is found to have stabilized which may take several months to years even after completing ATT.

The response to therapy is monitored clinically. Fever may take a few weeks to settle. Worsening of fever may be indicator or drug sensitivity when all drugs have to be stopped forthwith and to resume the medication one by one to identify the offending medication and thereby to modify the treatment protocol. Urine AFB smear and culture and PCR may be obtained at 2 months, after the completion of the initial intensive regimen of therapy. If positive, second line therapy is to be considered.

Follow up is also necessary to ensure the compliance with the ATT. After completion of ATT patient needs to be on yearly follow-up, atleast for initial few years to detect development of late complications.

Surgical Management

1. Indications for Stenting

Maintain drainage during medical therapy.

After surgery, to facilitate healing

After dilatation of ureteral strictures

Stents are retained if inserted sufficiently long to stabilize strictures which may take a year or two or more. RGP may be obtained without or with ureteroscopy to study the progression of stricture. Appropriate surgical intervention may be considered for non-resolving strictures. If stent is decided to be removed, follow up may be done with ultrasonography, IVU or DTPA or MAG3 renal scintigraphy in 1-3 months to ensure that restructuring is not developing.

2. Indications for Percutaneous Nephrostomy

Inability to place a stent especially in ureteral strictures

Infundibular stenosis with calyceal dilatation

3. Indications for Nephrectomy

Nonfunctioning kidney with or without calcification

Extensive disease involving whole kidney

Hypertension due to tuberculous nephropathy

Co-existing renal carcinoma

Surgical intervention should be planned after atleast 4-6 weeks of completion of chemotherapy.

It should be noted that nephrectomy in the setting of TB is not an easy task.

Nearly 50% of the tuberculous nephrectomy specimens harbor

active TB inspite of adequate chemotherapy.

4. Indications for Partial Nephrectomy

Localised polar lesion with calcification, not responding to 6 weeks of intensive chemotherapy.

Area of calcification gradually increasing in size.

5. Abscess Drainage

This should be restricted to percutaneous drainage by PCN or aspiration.

6. Indications of Epididymectomy

Caseating abscess not responding to ATT

Firm swelling in the epididymis increasing in size in spite of ATT

7. Management of Ureteral Strictures

Uretero-vesical junction strictures are more common and may require ureteral reimplantation if strictures fail to resolve with chemotherapy and DJ stenting.

PUJ strictures may need pyeloplasty in cases not responding to conservative measures like stenting and dilatation.

Complex cases may need reconstruction on a per case basis.

8. Bladder Reconstruction

Augmentation cystoplasty may be required in cases of thimble bladder.

Suggested Reading

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3rd ASU- Late. Prof H S BHAT **Midterm Workshop**



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Theme: " SECOND OPINION IN UROLOGY"

First announcement

DATE: November 22nd 2015, 9 AM -5 PM

VENUE: Hotel Motimahal, Falnir Road, Mangaluru

Registration free but mandatory

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