

TAMILNADU & PONDICHERRY ASSOCIATION OF UROLOGISTS

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Message from president TAPASU



Dear Colleagues ,

Greetings from Chennai. Hope this letter finds you in good health. The new team took over office last November and have set up goals to fulfill

First we have established TAPASU office in the premises of CURI Hospital Chennai and was inaugurated by Prof. Dr.C.Chinnasamy.

Skill development courses and academic programmes and being planned at regular intervals. Hope it benefits all our members.

Looking forward for all your Participation in the events planned.

Thanking You

by

Dr.Muthu veeramani

Message from the Secretary, TAPASU

Dear TAPASU members,

Greetings from TAPASU.

We are glad to meet you via this newsletter.

We are in the process of updating the membership list and our website.

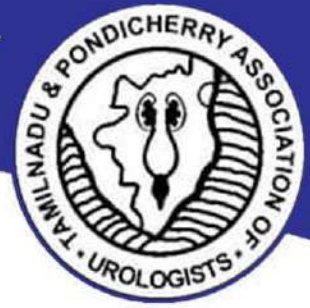
We shall be having more academics this year.

We request all our urological Club and city chapters to report their activities to publish in the upcoming newsletters.

This newsletter is dedicated to all our female urologists of Tamilnadu and Puducherry.



thanking you
Dr.T.R.Ghurunaath



List of Office Bearers and council members

TAMILNADU & PONDICHERRY ASSOCIATION OF UROLOGISTS

President: Dr.Muthu Veeramani Secretary : Dr.T.R.Ghurunaath Treasurer : Dr.Dinakar Babu. N

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Dr.Induja. J
Dr.Deepak David
Dr.Subha Kanesh .S.K

TAPASUCON - 2022

27 th annual conference of Tamilnadu and pondicherry association of urologists was organised at Thanjavur by Thanjavur renal sciences club on 23,24 and 25 th September 2022 at Reena Mithra Mahal.

Preconference workshop was conducted at Thanjavur medical College with the theme of urethral reconstruction by national and state eminent reconstructive urologists, Prof Ganesh Gopalakrishnan, Prof Ramalingam, Prof Muthulatha, Dr Muthu veeramani, Dr Sanjay Pandey, Dr Ashish Pardeshi and Dr Rajesh. In this live operative workshop 15 cases including BMG urethroplasties both male and female, End to end urethroplasties for PFUDD, VVF, Cystocele repair by laparoscopic and vaginal approach, TOT repair and Rectal sheath sling for SUI.

On 24th TAPASUCON 2022 was inaugurated by Tapasu president Dr Devaprasath, Secretary Dr Ponraj, Chief guest Prof Ganesh Gopalakrishnan and Southzone USI president Dr Aavudaiyappan, Organising President Prof K.Dharumarajan and Secretary Dr K.Meganathan.

About 103 papers including videos, and posters were presented in the jam packed academic feast and well attended by 280 delegates.



**OPENING CEREMONY OF NEW TAPASU OFFICE
AT CURI HOSPITAL, CHENNAI.
ON 10.11.2022, THURSDAY**



CONGRATULATIONS

Prof Dr.N.Rajamaheswari oration is instituted in karnataka and the first oration was delivered by Dr.Chandrasekar moorthy at the Uro-Gynaecology conference held in Holenarsipura on 3.12.22. TAPASU Takes the pride in wishing Prof Dr.Rajamaheswari.



Obituary

Prof K.Thiyagarajan MS., Mch., DNB., FICS.,



We deeply mourn the demise of our senior Urologist and our past president of TAPASU Prof K.Thiyagarajan, He did his MBBS (1974) , and MS (1980) from Thanjavur medica college, Mch (Urology) from Madras Medical College (1990 - 92) Served as professor and HOD in department of Urology in Kilpauk and Madras Medical College He was a good teacher and above all a affectionate person to all. TAPASU extends its deep condolences to his family members.

Dr.M.S.Sakthivel MS., Mch., (Uro)



We Deeply Mourn the sudden demise of Dr.M.S.Sakthivel young Urologist from Erode, He did his MBBS (2000) from Madurai Medical College, MS., from PGI Chandigarh and(2008-2011) Mch from CMC Vellore. He is a soft spoken person and a talented surgeon, TAPASU extends its deep condolences to his family.

FEMALE UROLOGY / UROGYNÆCOLOGY IN INDIA IS IT TOO LATE OR TOO LESS?

By

N. Rajamaheswari MD., DGO., MCh (Urology)
Head, Department of Urogynaecology,

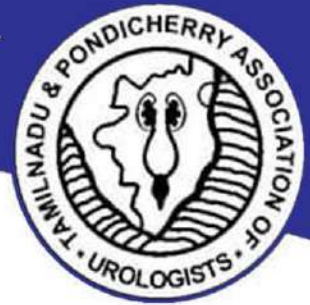
Chennai Urology & Robotic Institute, Chennai, India



Urogynaecology (Female Urology) is a specialty that primarily deals with urinary incontinence, pelvic floor dysfunction, prolapse, and all other problems that arise from dysfunction of the lower urinary & or genital tract. Though women are in dire need of Urogynaecological specialized services, the specialty didn't receive its due attention till recently. I am happy to recall my journey and delighted to share it with you.

Tamil Nadu is considered the health hub of our country. Chennai has a history & credit for having started many new medical specialties in India. Women's health needs were given top priority in Tamil Nadu & specialized Urological services were made available to women by a female Urologist Dr. Lakshmi Shankaran, (the first Female Urologist) as early as 1977 at Government Kasthubha Gandhi Hospital(KGH). I took over the post after my MCh training in 1987. My journey as a Urogynaecologist was neither expected nor dreamt of. What made me specialize in Urology? Guilt is a powerful motivation. At beginning of my career as a Gynaecologist, I accidentally injured a ureter during a vaginal hysterectomy for a non-descent uterus. Guilty conscious needs no accuser and that is what spurred me to specialize in Genito Urinary Surgery (Urology) initially.

My medical career began in 1971, at Thanjavur medical college in Tamil Nadu. Later I moved to Chennai to pursue MD postgraduate training(1980 - 1982) in Obstetrics and Gynaecology.



My journey as a Gynaecologist :

In 1982, I returned to the department of OB & GY in Thanjavur, from where I graduated. Our hospital primarily served the rural community, and pregnancy and delivery complications were common causes of mortality and morbidity. During my 4 years (including my residency, DGO, & Assistant surgeon) stay in the high turnover rural referral center, I was forced to witness countless obstetric mishaps and complicated Gynaecological cases resulting in Urological complications, leaving an indelible mark on me.

I realized my inadequacy and was fully convinced of the necessity to enhance my skills which persuaded me to join the Genito Urinary Surgery (Urology) MCh super specialty in 1983 at Madras University (There was no medical University then).

I was a single MCh postgraduate & belong to the second batch of the MCh training program of Government Royapettah Hospital (GRH), Kilpauk Medical College. The disappointment of the Faculty of Urology on my first day of residency at GRH was understandable as my candidature was completely unexpected. The faculty never had the experience of training a Gynaecologist in Urology in the past. Yet, the responsibility was forced on them, and eventually, I was accepted as part of the team.

After my MCh training, while I was perplexed about my next course of action in serving women patients, I realized that Female Urology (Urogynaecology) failed to impress general Urologists and Gynaecologists despite its great potential which made me pursue Female Urology (Urogynaecology).

I am grateful to Prof. A. Rajasekaran my mentor, Prof. C. Chinnaswamy for selecting & supporting me to specialize in Genito Urinary Surgery, and other faculty S. Varadharajan, S. Doraisamy, S. Subramaniam, SB. Umapathy, V. Dhanapal, SM. Jayakar & PB. Sivaraman whose support was crucial in developing Female Urology (Urogynaecology) in India.

My journey as a Urologist :

In 1986, the government posted me as an assistant professor in the "Female Urology" department at Government Kasthubha Gandhi Hospital (KGH) in Chennai and entrusted me with the responsibility of managing the Urological problems of women. Government KGH is an exclusive 695-bedded tertiary care hospital for women in Chennai.

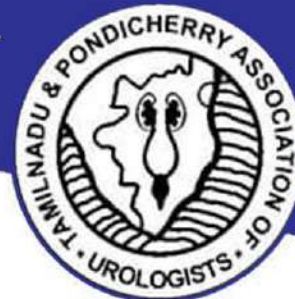
Our department was recognized as the ultimate stopover for women with fistulas following child birth and surgery. Most were complex fistula demanding elaborate reconstruction of the urinary tract, sometimes repeated repairs, and occasionally urinary diversions. Considering the complex nature of the cases managed, I desired further training and underwent a one - year fellowship (1991-1992) in reconstructive surgery and urodynamics in the United Kingdom (Bristol). In 1992 after my fellowship, I joined the "Female Urology" department of government KGH and continued my specialized services. Management of the urinary fistula was my foremost task. Despite the declining trend in the overall occurrence of obstetric fistula in India, we had a regular flow of fistula cases as our hospital is a referral center.

An exclusive fistula ward that offered dedicated services to the victims was allocated in 1993. The fistula ward promoted integration among patients and assured them that they are not alone in such misery. Committed nursing, personalized care & treatment has made the fistula ward a "retreat" for the poor ostracized women. Overall 752 fistula patients were treated with a success rate of 92 % for obstetric fistula and 96 % for pelvic surgery-induced fistula.

Evolving into a Urogynaecologist :

Over time, the high prevalence of Pelvic Floor disorders became apparent & Pelvic Organ Prolapse contributed to nearly 50 % of our pelvic surgeries. Optimistically, I took my first step on a long march, with the vision to develop the best possible Urogynaecology unit in the Government Hospital. Outpatient and inpatient census grew steadily as complex cases were referred to us regularly and there was a great demand for specialized services with a long waiting list.

I desperately needed more beds, operation theatre days, and an exclusive endoscopy room. Those who have seen government hospitals in India know that they are burdened with the clinical workload, lack basic amenities, have suboptimal infrastructure, and have inadequate supporting staff, all of which poses an extraordinary challenge to the medical fraternity.



Having fully understood the limitations, I opted to serve through government Institutions. My first move was to improve the basic amenities for patients in the government hospital & provide quality treatment facilities & then establish a recognized independent Urogynaecology department in a Government Institution. 3 decades of relentless effort & committed services resulted in delivering specialized, comprehensive, scientific, and updated Urogynaecological (Female Urological) services in our center on par with the developed world.

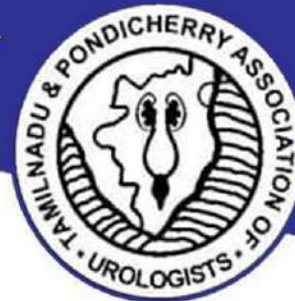
The department was formally renamed as the department of "Urogynaecology" by the government of Tamil Nadu in 2005 and we continue to serve as the biggest referral center for Urogynaecological problems in India. Considering the great demand for specialized services and scarcely available specialists, training programs to upgrade the skills of specialists were instituted. Thus our department became "the center for service & learning in Urogynaecology". The department had expanded officially into a training facility in 2005.

(G.O. Ms. No. 155 - 21.07.2005). Transformation of our department into an exclusive training center for Urogynaecology, which is the only approved training center in India was recognized by the Royal College of Australia - James Cook University for training Urogynaecology fellows in Fistula management.

Bridging the gap between " care seekers & care providers" :

Our next priority was to ensure that the benefits of the specialized services should cascade far and wide to all the needy patients in various states of India. It is evident that one center in Tamil Nadu state, cannot cater to the specialized Urogynaecological health needs of women in the whole country. Aspiring Gynaecology and Urology trainees from various states of India were given an opportunity to avail of training & certificate courses that varied from 1 month to 1 year at our center. After completing their training, they return to their states and continue their services to the local community. From 2007 to 2012, 86 specialists underwent training which includes short and long-term training. Regular training of young specialists from various states of India enabled the availability of specialized Urogynaecological services far & wide across our country. Specialists from India, Europe, the USA, Australia, the UK, and Malaysia thronged to undergo training in our center.

To upgrade & enhance the skills of interested specialists who couldn't undergo the in-house courses, we have offered quick training within the short span of 4-5 days comprising live operative workshops which accomplished educating a huge number of specialists at the same time.



Contribution of International Urogynaecology experts in training Indian specialists :

The unique feature of these live operative sessions was, the world-renowned Urogynaecology experts made a valuable contribution as faculty. Voluntary participation & uninhibited sharing of skills by the International Urogynaecology experts paved the way to get local specialists trained by international experts and permitted exchange programs for Fellows. Our annual operative workshops conferences, and guest lectures were very popular among Indian & International specialists. We also joined the national OB GY, Urology societies & traveled to other states & trained the local specialists through live operative & hands -on sessions. Over time, all our effort culminated in the availability of Urogynaecological specialized services in almost every state of our country and to almost all remote places in India.

URPSSI :

URPSSI (Urogynaecology and Reconstructive Pelvic Surgery Society of India) a professional body was conceptualized to promote collaboration among specialists and functioning officially in 2005. The society has been affiliated with International Uro Gynaecological Association (IUGA) since 2008. Since its inception, regular live operative workshops, CME, Hands - on training, and webinar involving national & international experts have been organized as an educational endeavor. Details of my 3 decades of specialized service through the government Hospital, go to prove the saying of Gandhiji's that "despite human and economic resource constraints, so much could be accomplished with so little - if there is a will". I have been blessed to serve the poorest of the poor women patients with quality specialized medical services through the Government hospital. We have succeeded in providing comprehensive, scientific & advanced management modalities for Urogynaecological problems on par with the developed countries in Tamil Nadu. & initiated the availability of specialized Urogynaecological services in almost all states in our country through our training endeavors. I am sharing the story with you the "potential leaders", to make you realize that we all have so much power within ourselves & convince you to believe in your own power.

I retired as Professor & Head of the Department of Urogynaecology of Madras Medical College in 2012 & currently, I am heading the department of Urogynaecology Chennai Urology & Robotic Institute (CURI).

In the late 1960s, Tamil Nadu had only one Female Urology specialist. It is heartening to know that Tamil Nadu currently has 20 female Urologists offering specialized services. More & more needy women seek care & cure uninhibitedly from female specialists which is yet another unique feature of our state.

RECENT ADVANCES IN UROGYNAECOLOGY

Prof. Dr. Mrs. T. Srikala Prasad M.D., D.G.O., M.Ch.(Urology),
professor & Head of the Department of Urology,
Chengalpattu Medical College, Tamilnadu.

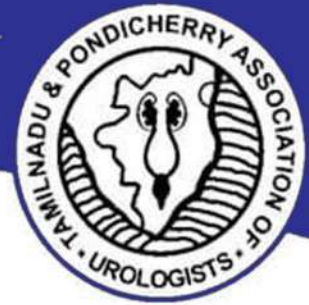


Advancements in medical technology and improvement in health care facilities have resulted in an increase in the naturally aging population who desire a better quality of life. Pelvic floor disorders (PFDs) represent a group of clinical conditions which seriously affect the quality of life in women. They include pelvic organ prolapse (POP), stress urinary incontinence (SUI), overactive bladder syndrome (OAB), sexual dysfunction, and faecal incontinence. Childbirth associated pelvic floor injury is the most important cause of POP and SUI. Conservative treatment is the first line of management in most of these problems. Surgical management is resorted to when it is refractory to conservative line of management or when the magnitude of problem is severe.

Since recurrence following surgery for POP is seen in 30% of patients, Gynaecologists were on the lookout for more robust procedures. Transvaginal mesh (TVM) which flooded the market was once considered as a panacea. Unfortunately, due to high number of mesh induced adverse events and nearly 30% of the mesh recipients requiring repeat surgery, warnings were issued by the FDA and the manufacturers have now withdrawn the TVM kits.

Incorporating measures like performing a McCall culdoplasty in all patients undergoing vaginal hysterectomy or ensuring that the Uterosacral pedicles are attached to the vault during abdominal hysterectomy and laparoscopic hysterectomy help in reducing vault prolapse and the need for a repeat surgery for recurrence. Procidencia or stage IV POP will mandate doing a formal apical suspension like sacrospinous colposuspension.

Vaginal Native Tissue Repair (VNTR) is an effective, durable and safe surgical procedure for effectively treating patients with symptomatic pelvic organ prolapse. Abdominal sacrocolposuspension which is the gold standard procedure for apical suspension can now be done laparoscopically or with the help of robotics.

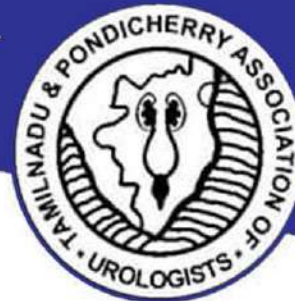


Prospects of stem cell therapy in pelvic floor disorders(PFDs) The need to undergo surgical treatment for recurrences and the adverse events associated with TVM kits encouraged research in safer treatment options.

Stem cells possess strong multi differentiation, immunomodulation, self-renewal, and angiogenesis abilities. They have the ability to differentiate into different cell types of pelvic floor tissues and can be effectively used in treating PFDs. Clinical trials with autologous muscle-derived stem cells obtained from muscle biopsies (which were isolated and expanded to the appropriate cell dose, viability and functional integrity) injected transurethrally into the urethral rhabdosphincter of women suffering from SUI have been found to be effective with no major adverse events. This however requires large clinical trials with long-term follow up to be included as a part of routine armamentarium. Tissue engineering plays a very important role in providing good pelvic floor repair materials. Seed cells which include fibroblasts, myeloid - derived suppressor cells (MDSCs), mesenchymal stem cells, scaffolding materials, and cytokines are the three essential elements of tissue engineering.

Use of Laser in the management of patients with SUI

A recent study has shown that results from non-ablative vaginal Erbium: YAG laser treatment (VEL) and TVT (Tension free Vaginal Tape) were equivalent. Laser treatment was found to be superior to TVT in patients suffering from Mixed Urinary Incontinence (MUI). De novo urgency or de novo Urge Urinary Incontinence (UUI) developed in patients following TVT whereas such complications were not seen with VEL. The international consensus recommendations suggest that the usage of laser therapy in managing urinary incontinence should be restricted to research until robust data is available.

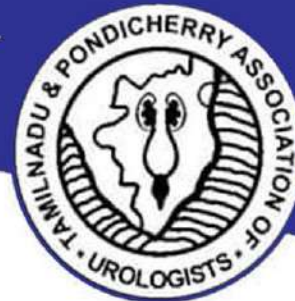


Recent advances in the diagnosis of PFD

1. 3D/4D pelvic floor ultrasound evaluates pelvic floor parameters both at rest and during Valsalva. Can be used to monitor treatment response also.
2. Magnetic Resonance Imaging (MRI) is used to evaluate levator ani muscle injury and rectal prolapse.
3. D MRI is used in the diagnosis of PFD and can provide more realistic measurements. Dynamic MRI helps detect occult PFD even earlier.
- 4 Defecography (DFG) X-ray DFG is the 'gold standard' for the diagnosis of PFDs. Dynamic MR DFG is now playing a key role in the diagnosis and management of PFD. It helps in diagnosing the structural abnormalities of the anus, rectum, and pelvis and the pelvic floor.
5. Echodefecography is a well - tolerated procedure which is simple, minimally invasive, radiation free and well tolerated. It can differentiate the pelvic floor and the perianal muscles and identify the bladder, vagina, uterus and the relation to the rectum and anal canal.

Use of smart applications for pelvic floor health care.

Arrival of 5G internet and with artificial intelligence as the core technology and big data as the basis, there is a huge scope for the smart applications like, Medical Internet of things (IoT) platforms, big data based urogynecologic care cloud platforms to help evaluation and management of urogynecologic problems in a methodical way thereby improving pelvic floor.



FEMALE UROLOGY/UROLOGISTS IN TAPASU

In India, female urologists represents 1.1%(35 of 3077) according to Urological Society Of India.

Such a disparity in gender in this particular field of specialisation, could be either due to individual's choice or fear of competing in a male dominated speciality. Despite many practical, personal and work place related difficulties, female Urology is slowly gaining momentum in recent years... though at snail's pace. Considering the National statistics of female urologists, it's surprising to note that majority representation is from TAPASU. As of 2022, there are 19 female urologists in Tamil Nadu including those who are pursuing their M.Ch. at present.

We wish this number to increase further in coming years in TAPASU and to represent strongly at National level subspecialty section.

LIST OF FEMALE UROLOGISTS:

MADRAS MEDICAL COLLEGE,

- 1991-1993- DR.Muthulatha
- 1993- 1996- DR.Srikala
- 2003-2006-DR.K.V.Arasi
- 2006-2009- DR.Mangayarkarasi
- 2010-2013-DR.K.Hemalatha
- 2011-2014-DR.J.Induja
- 2015-2018-DR.G.Soundarya
- 2019-2021-DR.Anu ramesh
- 2019-2022- Dr.Neethu verma

STANLEY MEDICAL COLLEGE

- 2013-2016-Dr.Jesima
- 2022-2025- Dr.Sabreena

KILPAUK MEDICAL COLLEGE

- 1983-1985 Dr.RajaMaheswari Dr.Latha
- 2010-2013 Dr.Aysha shaheen
- 2012-2015 Dr.Saraswathi
- 2012 - 2015 Dr.Bhargavi
- 2015- 2018 Dr.Amirtha
- 2017 -2020 Dr.Asha

DR.Nivedhitha ,DNB Uro from Meenakshi mission ,Madurai .

Thanking You
Dr.J. Induja



2023
TAPASU

MID-TERM CUE

TOPIC: COMPLICATIONS IN UROLOGY

23RD APRIL 2023

DOORS OPEN: 08:30 AM

VENUE: RADISSON HOTEL, SALEM

ORGANISED BY

SALEM UROLOGY TRUST

- A CME FOR ALL - NOVICE TO EXPERTS
- IN-DEPTH PRACTICAL APPROACH TO ALL THE INTRA OP COMPLICATIONS
- JOIN THE EXPERT FACULTY AS THEY NAVIGATE THROUGH THE STORMY SEA OF COMPLICATIONS .

DROP-IN - LISTEN - MOVE FORWARD WITH CLARITY

THE ORGANISING TEAM

Chairman



Dr. Periasamy

Secretary



Dr. Gowdhaman S

Treasurer



Dr. Prabhakar

TAPASU COUNCIL

President



Dr. Muthu V

Secretary



Dr. T.R.Ghurunaath

Treasurer



Dr. Dinakar Babu