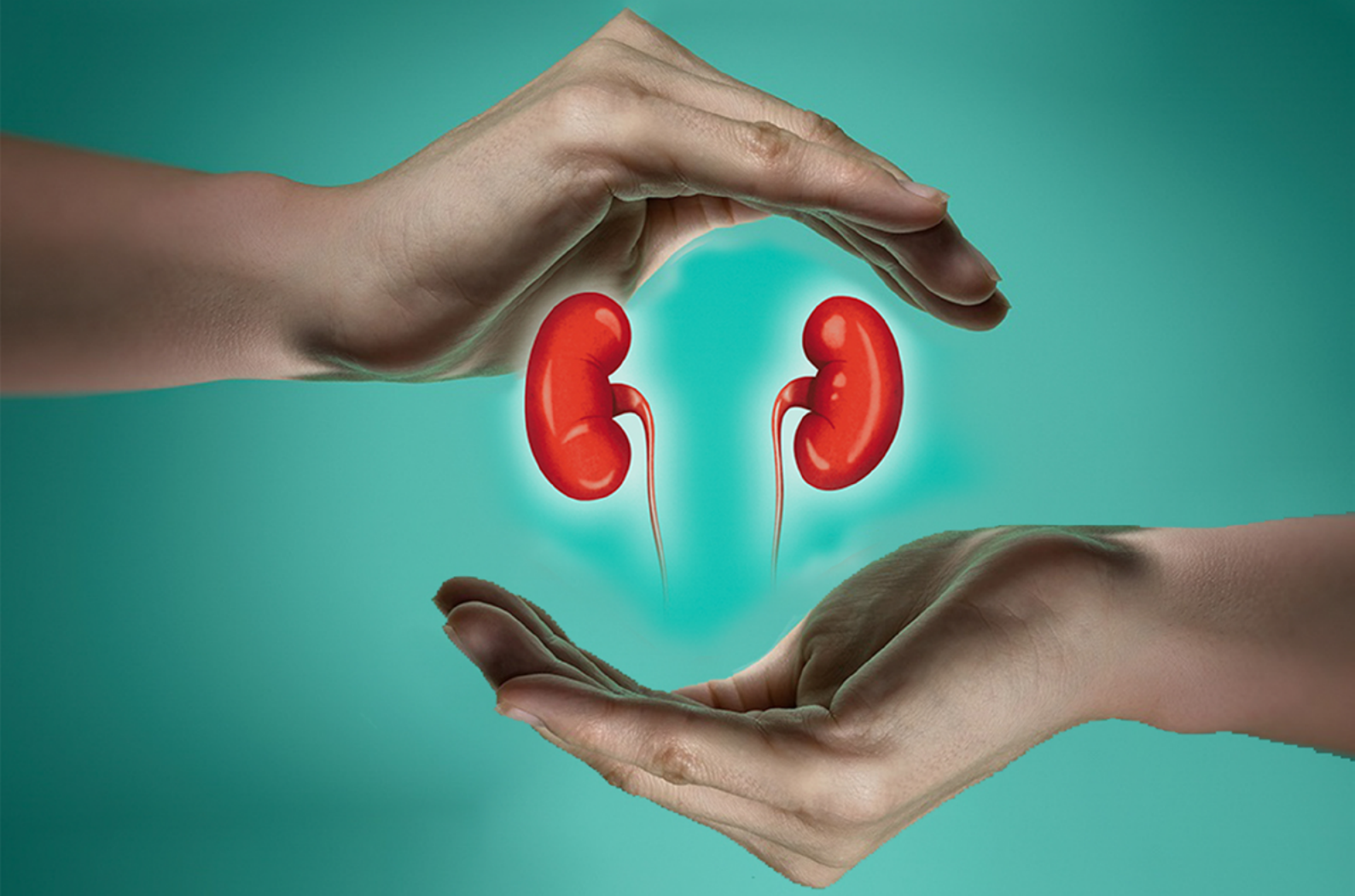
UROLOGICAL ASSOCIATION OF KERALA

NEWS LETTER 2023 OCTOBER



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Dr Dineshan K M
President

President Message

Greetings from Kozhikode!

Dear UAK Members,

At the outset I thank all members of UAK for electing me as President of UAK. Recently we had our ASU Conference 2023 and the Annual UAK conference 2023. I congratulate the entire team for the excellent conduct of the meeting. I congratulate Dr. Ginil Kumar, our dynamic member for being elected as President ASU and I wish him all the best for the new venture.

Our next academic events are Hands-on workshop on Minimally Invasive Management of Prostate Cancer on 21st and 22nd October at AIMS Kochi and ASU Professor H S Bhat Mid-term Conference at Rajagiri Hospital on 26th and 27th November 2023.

I request all the members to make use of this opportunity. Hope our new team of office bearers can continue the good work of the predecessors. Any suggestions, criticisms and problems pertaining to urological practice from all UAK members are welcome.

Thanking Everyone

Regards

Dr Dineshan K M
President UAK

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Message from Hon. Secretary



Dr. Balagopal Nair T
Hon. Secretary

Dear Members;
Warm greetings to every one!

Hope you all had a splendid Onam. At the outset I would like to thank the esteemed members of Urological association of Kerala for considering me for the post of secretary of our organization.

The recently concluded 34th Association of Southern Urologists conference and the abridged 37 th Annual Urology Association of Kerala conference where splendidly organized by Trivandrum Urology Club under the able leadership of Prof Vasudevan Potti and Dr Renu Thomas. I would like to take this opportunity to congratulate the entire team for the flawless conduct of the program. Every one would for a long time remember it for the academic and gastronomic feat with the venue arrangements being the icing on the cake.

I would like to congratulate one of our senior young and dynamic member Prof Dr Ginil Kumar for taking over the mantle of presidency of ASU. I wish him all the success. I would also like to congratulate our members especially the post graduates for bringing laurels to their institution and UAK.

I would like to inform our members regarding the hands-on workshop in Minimally invasive management of prostate cancer on 21 & 22 October 2023 at Amrita Institute of Medical Sciences, Kochi. The workshop will be mentored by top rated national and international experts. I t would be a great opportunity for all of us to learn from the experts on the current trends in management of prostate cancer from MR fusion biopsy to robotics and the new kid on the block, artificial intelligence in the management of prostate cancer.

The second is ASU Prof HS Bhat midterm work shop to be held at Rajagiri hospital, Aluva on November 26, 2023. The theme for this year is Adolescent / Transitional urology. I believe the topic would be of interest to all practicing urologists. We see many of these children treated in their childhood landing up with urologist in their adolescence.

The new office bearers have taken over. It would be my endeavor to serve UAK to best of my abilities and try to continue the excellent work done by predecessors. It has been noticed that our travelling fellowships have gone unclaimed for the past few years. I would endeavor to encourage our young members to apply for same and avail the benefits.

Our new and dynamic editorial secretary has taken over and from the first week itself has been working for bringing out this new letter and upgrading the UAK website. I would request all members to contribute interesting cases, scenarios problems faced and tackled so that it will be a learning experience for the budding Urologist.

The midterm UAK workshop is planned in March-April 2024 to be held in Kochi. The 38 annual UAK Conference is to be held at Kollam. We all have tasted the hospitality of Kollam Urology club in the past and are looking forward to one more

Thanking everyone once again,
Sincerely;
Dr. Balagopal Nair T

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Message from Editorial Secretary



Dr. Joju Varghese Akkara
Editorial Secretary

From the Editors Desk

Dear UAK Members,

Greetings from Thrissur!

I thank all the members for electing me to the post of Editorial Secretary. In this newsletter I have incorporated the first half of Dr Roy Chally Oration, Reports on our recently convened South Zone and UAK conference at Trivandrum and Mid-term conference on Andrology updates at Manglore.

This issue also comes with an excellent article by Dr. Vinod K V – on Financial Stewardship and a case report by Dr. Mebin Baby Thomas. I request all the UAK Members to rekindle their passion and enthusiasm about our Newsletter and share their academic and research experiences, any suggestion or criticism regarding our newsletter is also welcome.

In the next newsletter, we will have additional features like Uro Quiz, articles from senior members, safety tips for common urology procedures etc.

Regards

Dr. Joju Varghese Akkara
Editorial Secretary – UAK

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New Office Bearers of UAK



Dr Dineshan K M
President



Dr Vinod K V
President Elect



Dr Balagopal Nair T
Secretary



Dr Rajanikant V S
Treasurer



Dr Manikandan M
Joint Secretary



Dr Joju Varghese Akkara
Editorial Secretary

Council Members



Dr Vishnu R



Dr Suchindra Prasad Unni



Dr Goutham Gopinath



Dr Agish M

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Obituary



Dr. Augustine Komaranchath
(1937-2023)

Eminent urologist and one of the founder members of Urological association of Kerala left for heavenly abode on 27/09/2023.

He did his basic medical degree from the University of Rome (M. D.) He then completed his FRCS from the Royal College of Surgeons of Ireland with the Gold Medal Award. He was also the first Indian to receive consultancy training and certification in Urology from the Royal College of Surgeons of UK as well as Ireland [Cert. (Uro) R. C. S. (UK&IRL)] under the legendary Urologist Dr. Terrence Millin.

He further distinguished himself with Diplomas ins Anaesthesia (D. A.) and in Pediatrics (D.Ch.) as well as receiving training in Pediatric Surgery.

He started urology practice at Medical Trust Hospital Ernakulam. He later established Komaranchath Hospital & Urology Centre at Kadavanthra in Kochi providing quality urology care to patients of Ernakulam.

In April 1986, He did the first Kidney Transplant in Private sector in Kerala at Medical Trust Hospital, Kochi. He and his team further completed more than 150 Renal Transplantations.

He was one of the senior most Urologists instrumental in starting UAK. He organised the first annual conference of the Urological Association of Kerala at Lotus Club Kochi in 1983. He served as the President of UAK from 1991-93. Komaranchath Prize for best published work was instituted in UAK since 1984.

He is survived by his wife Dr Thankam Komaranjath, daughter Asha Rose sons Dr Austin Mohan (Cardiologist) and Dr Ashok Sebastian (Medical Oncologist).
May his soul rest in peace. Heartfelt condolences and prayers.

Dr. Roy Chally



“A Surgeon Par Excellence
My Teacher
My Guru
My Boss
My Fatherly Figure”



Dr. Abdul Azeez Ambalath
His “ Longest- Term STUDENT”

My association with Prof Roy Chally is about four decades long. And when I try to write this memoir about 'Sir', it becomes something like a part of my Autobiography. Hence at the outset I beg your pardon if you feel so on reading this. But it cannot be otherwise as he has been there close to me, being a part and parcel of every stage of my life, right from my PG days in General Surgery till the day he left us all for the heavenly abode on 14th Mar 2022. My relationship with him has undergone many transformations and evolutions from Sir being to me some 'big' doctor to a Urologist to a Professor of Urology to My Teacher turning to be my GURU, yes, the word is meant with ALL its attributes with respect to the Indian culture of Gurukula, to my Boss (though he referred to me as his colleague to his friends of Urology circle) to a Fatherly Figure.

I joined Govt Medical College, Kozhikode on 05-11-1975 and was staying in III block Men's hostel initially. Soon I noticed something like a procession of people heading towards one of the B type Quarters on the east side of the hostel, in the evenings. As this was happening everyday, it made me curious to know what it could be. Initially it was just that there was some 'Big Doctor' there whom patients wanted to consult. Only later, I came to know it was the ONLY Urologist in Kerala, north of Ernakulam and his name was Roy Chally.

As you are all aware, "PP-ism" (PP = Private Patient) is a big 'disease' affecting a medical student, especially when his native place happens to be a village area. People around that place think the 'Future doctor' can do wonders for their kith and kin who fall ill to get treated by the expert doctors of the only Medical College in Malabar area. Only the poor medico knows that it is a Herculean and troublesome task for him to go to the Professors sitting at celestial heights of the cadre and get things done. I was also not immune to this malady.

Dr Roy Chally was to be approached for such a thing for the first time, when I was in III year or so. A patient with Bladder stone came all the way from Thriprayar in Thrissur to get treated by Dr Roy Chally. I took the patient to his B5 Quarters in the Medical College Campus one evening and used the privilege of a Medico to by-pass tens of patients waiting there. The patient was seen and asked to come to the hospital for stone removal as an OP procedure day after next. A 'decent' consultation fee was paid.

The patient was taken to the hospital and I helped him to get the OP ticket and necessary paper works done and dropped him in front of the Endoscopy room by the side of the main OT complex of that time. Of course, I could not stay with him as skipping the clinics and classes was unimaginable.

By afternoon, the patient came to me after the procedure and said he could feel the stone being crushed inside the bladder (General Anaesthesia for such procedures was an unimaginable luxury then) and it was done by another doctor (name withheld). Whether the patient meant it or not, I took it as an insult and it really hurt my 'ego'. "Being taken to him by a Medical Student and having paid for, Dr Roy Chally himself 'must' have done the case"; that was my contention. The socialist-revolutionist blood in me boiled but I had no option but to keep it inside me without any outbursts. Later I realized that the Assistant Professor who did the case was temporarily staying in the same hostel where I was. I gathered some sort of goodwill with him by wishing him

whenever I saw him after this incident

Soon, another patient came for Varicocele surgery. I promptly took him to my 'favourite' Asst Professor and as expected the case was done by him only. I was happy and thought no more cases to Dr Roy Chally and can get this doctor's help for all future patients.

Yes; one more case was there. It was an elderly ill-built frail lady with many co-morbidities and a HUGE renal mass filling almost the whole abdomen. I showed her to my 'Favourite' and after work up, was posted for surgery. By that time, I was in IVth year and was free to enter the OT. I too was there in the OT on the day of surgery, but deliberately avoided coming in Dr Roy Chally's view. The patient was taken in, anaesthetized, positioned, painted and draped. Then I could see Dr Roy Chally scrubbing and I told myself: "it could be for some other case in the other OT and not for this since this case is NOT his". But I was shocked and nonplussed to see him entering the same OT and doing the case. It was a very huge tumour with lot of big big blood vessels around it requiring the most expert hands to do it. Then only I realized: "Who should do what depends on the complexity and gravity of the case and not whether the patient had been seen at home or had paid". Simple cases will be done by the juniors and critical ones by the higher-ups. I felt like kneeling at his feet begging his pardon for having 'misunderstood' him like anything. The sense of guilt made me weep inside. It was the moment when Dr Roy Chally drew an indelible mark in me as an Ethical person, A Surgeon Par Excellence.

How to be Ethical in Private Practice while being in Government Service (if allowed by the rules)? For many it is a difficult question to answer. But for me it is very simple and the answer is my Sir, Dr Roy Chally. He was really having good number of consultations at home, but never compromised his work in the hospital for the same. I (not only me nobody else at the college) have never ever seen him leaving the hospital before 4:00 pm though the stipulated time was 1:00 pm. More than that, no special care or considerations were given to patients seen at home. No priority for them in getting dates for surgery. The appointment diary was open. There were strict protocols in the department and once the patient has been worked up as per the protocol even the junior most PG was free to give the date for admission and surgery. {Remember it was the time when the appointment diary was kept under the armpit of the Unit Chief and even the Senior most assistants (Assoc/Asst Professors) have to send the patient to the 'Chief' with a note in the OP ticket: "To see chief for a date"}. Once the patient is given a date, it WILL be honoured without fail. Jumping the queue is there of course! But ONLY for Cancer patients. They will be admitted immediately once fit for surgery and cases done squeezing in between the routine ones. Doctors and their relatives are the other group given priority, provided they get admitted to Pay Wards since the General Ward beds were bare minimum and appointments were already given for the specific date. All were there in the 'Protocol'. What more you want, to be ethical in your practice?

The above is only the tip of the iceberg. What I have said is about the person staying, again, let me say, at celestial heights as far as I was concerned and I saw from a distance as an undergraduate medical student. The more I climbed up the ladder as General Surgery PG, Tutor/Lecturer in Genito Urinary Surgery, MCh PG in Urology and further up

I had more closer experiences of his Qualities, Expertise, Craftmanship, Consideration, Kindness and Soft Corner towards his colleagues, subordinates and students.

Professor Roy Chally was a much sought after Teacher. He was prescient in aligning himself with the changing paradigm and dynamics of teaching. To get trained under him is a BOON to anyone. It seemed that he had a Sixth sense to assess the candidate and as you mature in the craft of surgery, you will be 'promoted' step by step and finally you will be doing the case, with he assisting, giving suggestions to improve your skill.

Infusing confidence in his students was his master-piece. Even if something went inadvertently wrong, he will be there to help you out with tips not to repeat that mistake. But at the same time there was no compromise on patients' safety. Post-op care was the responsibility of the the PG and any lapse in the same will be taken seriously and promptly punished! And the punishment is.....not keeping him away from the OT work, but asking him to do some clinical study related to that case.

Getting trained under him makes you free from getting that 'tremor' while operating on a 'VIP' patient. He makes you think of the surgery rather than the 'status' of the patient. MLAs, MPs, Ministers Political and Religious leaders, Senior Doctors and the like were all there and he makes you do the case if it is within your reach.

PROTOTCOL was in his blood. PG training was in a step ladder pattern. First six months, next six months and the second year had definite plans of action. (MCh was a two-year course then) Case discussions, Ward rounds/Bed side teaching, Topic discussions, Journal Club, Pre operative Planning, Discharge Auditing were some of the activities. He even comes at night for these activities if it could not be done during the daytime.

It was MANADATORY to have presentations in the Local 'Calicut Urology Club' (the first of its kind in the country and his brainchild), State/Zonal meetings and at least one in USI meeting. Papers were thoroughly checked with trial presentations and fine tuning many times and then only approved. Attending the conferences was NOT a fun at that time. We had to present a synopsis of the sessions attended, after coming back. And you know he would be there in the auditorium from morning till evening in the first row itself and hence no bluffing.

We, the Calicut PGs were looked upon by others with envy because most had a taste of this training pattern during the exchange programs very frequently held. TUR was the pinnacle of Urology then, with URS just coming in 1986 at Calicut. Though he tried his level best to get the Image Intensifier to start PCNL, he could not get it sanctioned for lack of funds. We were confident to set up independent practice after the course, with the experience of minimum of 100 TURs both assisted and done even when no Endocamera was there to train us. That was Dr Roy Chally, the GREAT GURU.

I know this job will be a never-ending process.....but I have to stop. The saying "unsung songs are sweeter" holds good in this narrative about him. So I take leave, leaving the rest to your imagination.

By losing him on 14-03-2022, not only me but Hundreds of present-day Urologists lost the guiding light, to be led forward by the unfading memories of this Great Teacher. May his soul rest in Peace!

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Navigating the Art of Financial Stewardship in Clinical Practice



Dr Vinod K V MCh (Uro)
CURE Urology Centre
Thiruvananthapuram

Introduction

Picture this: How many of us relish the idea of delving into financial planning?

Regrettably, it's only a handful. When hospital administrators broach the topic of finance, it often feels like an intrusion into our sacred realm of medicine. Some may even suspect it's a ploy by management to meddle in our clinical practice.

Doctors, by nature, immerse themselves in their profession, often tirelessly tending to a multitude of patients with limited resources. On top of this, they strive to stay at the forefront of medical advancements. These time-consuming commitments leave little personal time, and many opt to steer clear of management matters, including the complex world of finance.

The medical profession is grounded in unwavering ethical principles. The International Code of Ethics underscores that physicians must shield their professional judgment from any hint of personal gain or institutional interests. The physician's sacred duty is to recognize and deftly avoid potential conflicts of interest, making involvement in financial matters a potential ethical minefield.

The Role of Doctors in Managing Healthcare Costs

Now, picture a scenario where doctors find themselves in discussions with hospital management about financial matters. Often, they realize they're speaking entirely different languages. These encounters can leave doctors' feeling demoralized, prompting them to shy away from similar situations. In a curious twist, medical training curricula seldom touch upon financial management, and post-training learning is a rarity. This unfortunate trend has left a substantial gap in financial literacy among doctors, despite their pivotal role in the healthcare industry's capital-intensive world.

In the healthcare sector, finance management typically falls into the capable hands of trained professionals or business management groups. Yet, despite various management strategies, medical costs continue to soar. Healthcare expenditure strains budgets worldwide, impacting governments, employers, and individuals [3]. This issue transcends payer types, affecting both government-funded, insurance-based, and public healthcare systems. High medical treatment costs can destabilize any system, especially when resources are limited.

A myriad of factors contribute to this situation. Technological leaps introduce new diagnostic and treatment tools, demanding substantial investments. In the race to stay current, everyone seeks the latest technologies. Quality standards rise, reflecting heightened patient expectations and government policies.

An array of agencies oversee quality control efforts, further escalating expenses. Hospitals have evolved into complex entities, with many non-medical professionals managing departments responsible for the minutiae of patient care. These intricacies translate into higher medical treatment expenses.

Doctors, as the ultimate decision-makers in medical treatment, wield immense influence. They occupy critical roles in policymaking, shaping guidelines and assessing the suitability of introducing new technologies. Doctors, bound by ethical values, act as guardian angels, making decisions solely for the patient's benefit. Society has bestowed them with fiduciary status, and they bear the solemn duty of resisting market forces that could exploit patients.

The Balance Between Ethical Duty and Financial Considerations:

However, this does not mean doctors should shun the financial aspects of treatment. The World Medical Association, in its code of ethics, urges physicians to utilize healthcare resources for the patient's maximum benefit while practicing fair, just, and prudent stewardship of shared resources [1]. The American Medical Association echoes this sentiment, emphasizing the obligation to provide effective treatment through prudent resource management, whether in private or public practice [2].

Conflict of interest should have no place in this matter. Doctors must unwaveringly prioritize patients' well-being without reservations. When selecting from various treatment options, doctors should consider the cost-effectiveness of their intended treatments. Expensive services may not necessarily yield better health outcomes, and this should never be perceived as compromising on quality.

Physicians, as members of a privileged profession, carry the responsibility to serve not only individual patients but also society [3]. The Code of Medical Ethics acknowledges that physicians should be mindful of the costs of care, while taking into account the needs of broader patient populations and refraining from providing treatment that is "wilfully excessive" [2].

Challenges and Path Forward

Identifying areas where financial stewardship can influence decision-making remains a challenge for physicians. To raise doctors' awareness of the financial impact of their decisions, they need training in assessing medical costs and making judicious use of resources. Healthcare management should ensure transparency in costs, enabling physicians to make informed decisions as stewards.

However, their contribution is often limited due to a lack of knowledge about financial management. Acquiring financial literacy is the key to transforming our approach to healthcare, rendering the sector more transparent and resilient.

In the Indian context, doctors have historically adhered to cost-effective treatment methods, resulting in lower treatment costs compared to developed countries. However, the adoption of expensive technologies, costly drugs, and rising patient expectations are pushing treatment costs upward, mirroring trends in developed nations. Nevertheless, Indian doctors possess more opportunities to exercise financial stewardship due to their involvement in determining treatment costs at various healthcare delivery levels.

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Title:
Ectopic intrauterine device with a giant bladder stone



Dr Mebin Baby Thomas
Department of Urology,
Pushpagiri Institute of
Medical Sciences and Research Centre,
Tiruvalla

Dr. Nebu Issac Mammen, Dr. Maymol Abraham, Dr. Anusha Susan Varghese

Affiliation of authors: Department of Urology, Pushpagiri Institute of Medical Sciences and Research Centre, Tiruvalla

Abstract

Intrauterine devices (IUD) are a widespread form of reversible contraception. Rarely they can perforate into the bladder and lead to stone formation. Presentation is usually insidious and a high index of suspicion is required. Treatment must include complete removal of the stone and IUD. Keywords: IUD perforation, Bladder stone, IUD calculus

Introduction

Intrauterine devices are a common contraceptive device for women of child bearing age. 1 Uterine perforation is one of the least common but most serious complication associated with IUD. 2 The risk increases especially during puerperium when the uterus is small and its wall is thin. 3 Less than 30 cases has been reported in the literature of migration of IUD into the bladder with stone formation and the mean stone size was less than 2 cm. 4–6 Here we report a case in which a large bladder ston e was seen attached to an IUD.

Case report

A 54-year-old female presented with complaints of poor urinary stream and lower abdominal pain in the past 3 years. On evaluation computerized tomography (CT) scan showed few lamellated calculus in the bladder, largest of size 7.7x7.6 cm (875HU) and another 2.8X2.4 cm calculus, along with a T-shaped foreign body (Figure 1). Few other calculi were also seen (3-6mm). There was associated bilateral mild hydroureteronephrosis.

However, there was no renal or ureteric calculi. Hence, we proceeded with open cystolithotomy. Intraoperatively a large 8x6 cm calculus was seen in the bladder adherent to the posterolateral wall where remnants of an IUD were found incarcerated into part of the stone (Figure 2). The attachment of IUD to the bladder was completely detached using sharp dissection without causing a perforation. All the stones were removed and bladder closed in two layers. Postoperatively wound healed well and a cystogram showed no leakage of contrast.

Discussion

Intrauterine devices are a highly effective reversible contraceptive device due to its ease of insertion, long duration of effectiveness and lack of systemic side effects. 7 The major complications are perforation and migration to other organs. The overall incidence of perforation is 0.87 per 1000 cases. 6 Perforation can be complete or partial. In partial perforation the IUD erodes into and gets embedded within the walls of the uterus. In complete perforation IUD erodes through all layers of the uterus and lies within the peritoneum or enveloped within the omentum or rarely within in the broad ligament or other extra-uterine locations. 3 Mechanism of perforation may be primary if it occurs at time of insertion or secondary if it is by slow migration through the uterine wall. Factors increasing the likelihood of uterine perforation include insertion of the device by inexperienced persons, inappropriate positioning of the IUD, susceptible uterine wall because of multiparity and a recent abortion or pregnancy.

Bladder stones are uncommon in females and their presence should raise suspicion of a foreign body as they can act as a nidus for stone formation. 6 Displacement of an IUD must be considered when IUD strings are not observed in the vagina during examination and ultrasonography fails to show them in the endometrial cavity. The clinical presentation of IUD migration into bladder is usually insidious and can remain undiagnosed for a long period. Common symptoms are frequency, urgency, dysuria, hematuria and lower abdominal pain. 1,2 Once migrated the IUD becomes either partially or totally encrusted.

In general, an IUD consists of a T-shaped polyethylene frame with a copper wire or a levonorgestrel containing collar around the stem. A polyethylene monofilament string is attached to the base of the stem. The copper wire is radiopaque and hyperechoic at ultrasonography. The frame of the levonorgestrel-releasing IUD contains barium sulfate, which aids in visualization at radiography but not at US.

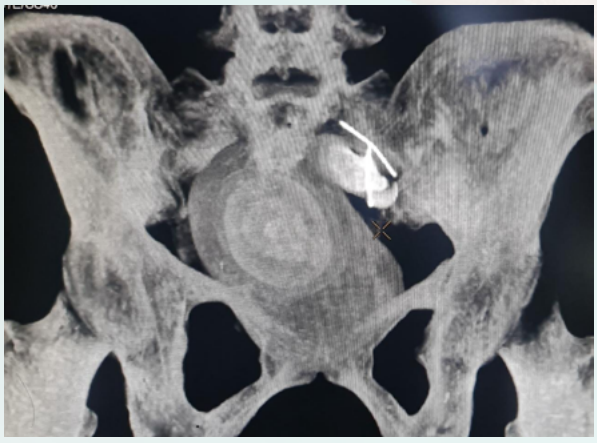


Figure 1



Figure 2

Pelvic US should be the initial imaging study. A definite diagnosis of complete perforation can be made at conventional radiography if the IUD is located above the pelvic brim, far lateral (on an anteroposterior view) or far anterior or posterior (on a lateral view).

Rotation of the IUD of 90° or 180° at conventional radiography is a less specific indication of complete perforation. 8 CT provides better delineation and also help in evaluating further complications in patients with complete perforation. MR imaging is not routinely used to evaluate an IUD but can be helpful in localizing the IUD and evaluating its relationship to the uterus. 8 Cystoscopy can detect the intravesical IUD and help in more effectively planning the optimal approach for removal. It can also detect adherence of the IUD to the bladder wall.

Treatment can be done via cystoscopy or suprapubic approaches. Small stones can be managed cystoscopically along with complete removal of the IUD. Large stones however require either open or laparoscopic retrieval, wherein the bladder needs to be opened followed by complete removal of stone and the IUD. However, all cases must be carefully evaluated to rule out possibility of a Vesico-uterine fistula.

Conclusion

Intrauterine devices are a widespread form of reversible contraception. Rarely they can perforate into the bladder and lead to stone formation. Presentation is usually insidious and a high index of suspicion is required. Imaging and cystoscopy provide strong diagnostic support and also play a key role in selecting the surgical methods and approaches. Treatment must include complete removal of the stone and IUD, via endoscopic or open or laparoscopic approaches.

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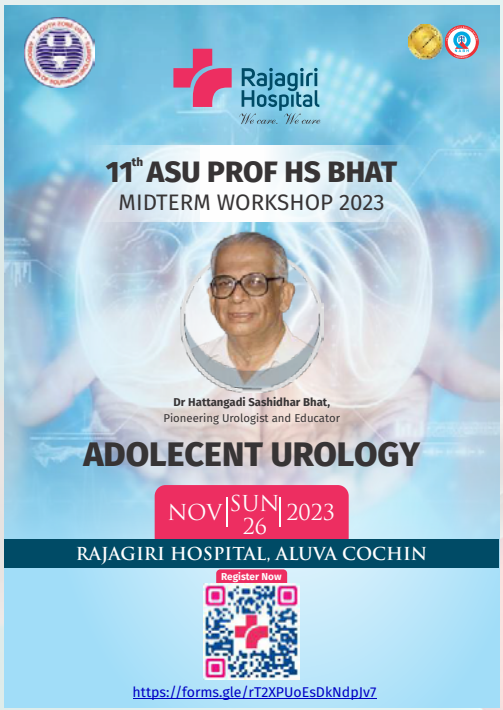
Figure legends:

Figure 1 – 3D reconstruction CT image showing large vesical calculus with an IUD

Figure 2 – Large bladder stone with an incarcerated Intrauterine device

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Forthcoming Events







UROLOGICAL ASSOCIATION OF KERALA
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REPORT OF SZUSICON 2023 (34TH ANNUAL CONFERENCE OF ASSOCIATION OF SOUTHERN UROLOGISTS)



Dr Renu Thomas

The 34th annual conference of ASU (SZUSICON 2023) was held at Hotel Uday Samudra, Kovalam Thiruvananthapuram from 11-13 August 2023. The conference was hosted by Trivandrum Urology club with Dr. Vasudevan S. as the Organising chairman, Dr. Renu Thomas as the Organising secretary, Dr. Arun B. as the Joint Organising Secretary and Dr. Haris C. H. as the Honorary treasurer. There was nearly 675 registrations including faculty, delegates and post graduates. The conference was clubbed with the 37th annual conference of Urological Association of Kerala (UAKON 2023) which was held in the forenoon of 11th August. Dr. Meena D , Joint Director, Directorate of Medical Education was the Chief guest of the inaugural function of UAKON.

Prof. Sasidharan K., one of the senior members of the ASU was the Chief guest of the inaugural function of SZUSICON 2023. A Urodiary for the calendar year 2024 was released during the inaugural session and a copy was provided to all the delegates. The conference also had good participation from the trade industry. Along with SZUSICON 2023,the UROMET program, a training session of HoLEP and RIRS was also done under the aegis of USI. There was also hands-on training session for laparoscopy.













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All the delegates appreciated the scientific content of the conference which was rich with orations and guest lectures on key topics, good quality video presentations, podium and poster presentations, post graduate quiz program and there was live interaction during most of the sessions. The conference was another step in enriching and updating the knowledge and skills of the attendants. The conference covered deliberations covering most subspecialities of Urology encompassing Urolithiasis, Uro-Oncology, Female Urology, Transplantation, Reconstructive Urology, Andrology and infertility, Neuro-urology and BPO, Paediatric urology and also basic sciences. There was also participation by USI in a joint USI – ISU session focused on female urology. There was also a session by YOU section of USI, holding a session on urologic training and discussions on topics important to the practice of young urologists. The Prof HS Bhat oration was delivered by Dr. P.B. Jeyaraman, Chennai on GUTB. The Prof P.B. Sivaraman Endowment Guest lecture was delivered by Dr. Anant Kumar,New Delhi on partial nephrectomy. Apart from the usual contents of ASU annual conferences viz Prof Ravindranath Best paper session, Bangalore Urology Society best video, Khivraj symposium, ASU best poster session, ASU Quiz-O-mania, Dr. N D Jeyasekharan ideas and innovations Session and Black pearl session, this years' conference stood apart in having a record number of free papers and presentations. There were also interesting sessions on Sterilization in Urology and Ethics in Urology which added to the appeal of the conference.

The general body meeting of ASU was held on 12th August at the conference venue. There was also election for the post of president elect of ASU that was held on 12th August. A banquet dinner was held at Al-Saj convention center, Kazhakuttom on the evening of 12th August and the rich cultural program performed during the program was appreciated by all. The valedictory function of SZUSICON 2023 was held on 13th August and it is a matter of pride for UAK that our own member Dr. Ginil Kumar was installed as the President of ASU during the valedictory function.

Trivandrum urology club places on record our gratitude to all the delegates and UAK for the whole hearted support for the successful conduct of the conference.

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A Tutelage on Andrology update held at K S Hegde Medical Academy



Dr Rajeev T P

Issues related to male reproductive health are often under-addressed. Men at large try to avoid bringing up this topic. The Urologist engrossed in multiple subspecialties tends to overlook this subject and the students are less exposed to this topic. To highlight this medical problem, the department of Urology, KS Hegde Medical Academy, Nitte Deemed to be University organized the mid-term conference of Urological Association of Kerala on 7th May 2023. The theme of the event was "Andrology Tutalege". Dr. Rupin Shah, renowned Andrologist from Mumbai was the main resource person for the conference. He has covered the topic extensively and provided an update on this subject to the delegates.

The event was held at Avishkar Auditorium of K S Hegde Hospital, Deralakkatte. The honorable Pro-vice chancellor of Nitte Deemed to be University Prof. Dr. M Shantharam Shetty was the chief guest for the inaugural function and reiterated the younger generation about the need for sub-specialty training. Dr. Avudiappan (President of Association of Southern Urologists), Dr. Felix Cardoza (President, Urological Association of Kerala), Dr. G G Laxman Prabhu (Secretary, Urological Society of India) were the guests of honor. The welcome address was given by Dr. Rajeev TP, Professor and Head of Department of Urology, KSHEMA. The secretary of UAK, Dr. Vijay Radhakrishnan delivered vote of thanks. The event was attended by more than 125 delegates from different parts of the country.





