

UROVISION™

Dr. Ramayya's
Urology Nephrology
Services

JANUARY - MARCH 2007



Chairman's message



Dear Doctor,
The specialties of Urology and Nephrology have grown by leaps and bounds in the last two decades. It has been in the forefront of non-invasive and minimally invasive procedures since the late 1980's.

It is imperative that all of you are kept informed of these advances, so that your patients with Urological and Nephrological problems are given appropriate initial advice and treatment.

It is my pleasure to dedicate this newsletter to all of you, so that together we will be able to ensure a better outcome to all our patients.

Dr. Ramesh Ramayya

ESWL - 12 year old boy with Kidney Stone undergoing Extra Corporeal Shockwave Lithotripsy (ESWL) on a Dornier Lithotripter at our Center.



Next Lead Article

Andrology-Erectile Dysfunction.

Letters to the Editor are welcome. Interesting letters will be published so all the readers get the benefit if any question regarding a patient's problem is answered. Please write to The Editor, Urovision, Dr. Ramayya's Urology Nephrology Services, # 5-9-34/2, Adjacent to New MLA Quarters, Basheer Bagh, Hyderabad-500063 or E-mail your letter or queries to urovision@uronephro.com.

Medical Management of Prostate Enlargement By Dr. Ramesh Ramayya

Introduction

Benign prostatic hyperplasia (BPH) is a common urological condition caused by enlargement of the prostate gland in ageing men. This causes poor urinary flow and frequency both during the day and night. The incidence of BPH is at least 50 percent for all men at the age of 50 & rises to at least 80 percent of all men in their eighth decade of life. However not all of them require treatment.

Till recently the only treatment was surgery or if the patient was not fit then a lifetime of catheterization.

The introduction of medical treatment has made many unfit patients free from their catheters. Moreover the incidence of surgery itself has come down drastically.

These drugs are given in combination. One of them is an alpha-blocker, which relaxes the bladder neck and the other (5 alpha reductase inhibitor) shrinks the prostate.

Alpha-blockers: These drugs work by relaxing the smooth muscle of the prostate and bladder neck to improve urine flow and reduce bladder outlet obstruction. Although alpha-blockers may relieve the symptoms of BPH, they usually do not reduce the size of the prostate. They are usually taken orally, once or twice a day just before bedtime and they work almost immediately.

With the introduction of prostate selective alpha-blockers the distressing side effect of dizziness secondary to postural hypotension is now avoidable. Alfuzosin and Tamsulosin are prostate selective alpha-1 blockers and are available as single once-a-day preparations in 10mg and 0.4 mg respectively. Alfuzosin has additional advantage of regaining the erectile function in addition to negligible postural hypotension and reducing the post void residual urine volume.

5-Alpha-Reductase Inhibitors: Dutasteride (newer) and Finasteride are 5-alpha reductase blockers, which prevent the conversion of testosterone to DHT (Dihydrotestosterone). This results in the shrinkage of the prostate by as much as 26%. This retards the natural progression of BPH thereby reducing the incidence of acute urinary retention by 48% and the requirement for BPH-related surgery by 57%. It may take as long as three to six months, to achieve maximum benefits from this drug.

A combination therapy with both **Alfa-blockers** and **5-Alfa reductase inhibitors** (Tamdura) is now available. As it has to be taken once daily at bedtime it has better patient acceptance. These drugs are to be given on a long-term basis. These are effective as long as the patient is taking the medication regularly. Relapse of symptoms or retention of urine while the patient is on medical treatment for BPH is an indication for surgical intervention.

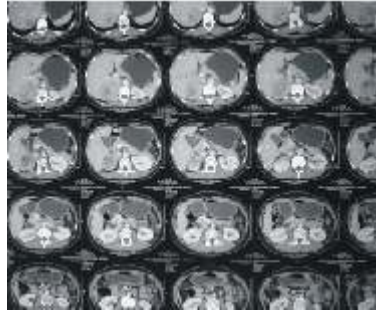
For more information on the Prostate gland log on to www.prostatefirst.com

Case Report

Atypical presentation of Adrenal Pheochromocytoma

Case History:

27-year-old female presented to Dr. Ramayya's Urology/Nephrology Services at Pramila Hospitals with the **complaints** of headache, palpitations, sweating since the 7th month of her pregnancy and was diagnosed to have hypertension during third trimester (PIH) and was managed with anti-hypertensives but it persisted after the pregnancy and she continued to require T. Stamlo 1 tablet twice daily and still had raised pressures.



Clinical examination showed her to be moderately built & nourished PR- 60/mt. BP- 160/100 mm of Hg. Abdominal examination was essentially normal.

Patient was investigated for secondary causes of hypertension.

1. Ultrasound showed a mass in the right adrenal region 7.5cm X 6.5 cm. Rest of the organs were normal.
2. Spot and 24 hour urinary **VMA** levels were within normal range (3mg)
3. NCCT of the abdomen was performed which revealed a right adrenal mass of 7.5 cm x 6.5 cm enhancing with IV contrast with areas of necrosis. The margins could not be delineated from liver. No lymphadenopathy was seen.

Management: Patient was started on T. Phenoxybenzamine for 2 weeks and after controlling blood pressure patient underwent right adrenalectomy (Open) via a transperitoneal (anterior) approach. Intraoperatively there was a large well-circumscribed tumor arising from the right adrenal gland with increased neovascularity which was excised. Intraoperatively there were fluctuations in the blood pressure which were controlled.

Histopathology revealed benign pheochromocytoma of right adrenal gland.

Follow-up: At the end of one month, patient was doing well with normal pressures not requiring any antihypertensives and is currently symptom free.

Take Home Message: In any case of adrenal mass with or without hypertension, high index of suspicion for **phaeochromocytoma** is to be considered as the urinary and blood catecholamine levels may be within normal range. All preoperative and intraoperative precautions should be taken.

New Device

A Pacemaker for the Urinary Bladder

Voiding disorders, such as inability to hold urine due to increased activity of the bladder have been the most distressing problems, which can affect the daily routine activities of men or women and can lead to embarrassment and depression. These patients can now be treated by stimulating the nerves in the sacral spinal cord that supply the bladder. These act by relaxing the bladder muscle as well as increasing the capacity of bladder (**Neurostimulation**). Success rate has been around 80%.

Neuromodulation is another procedure where instead of stimulation of the nerves a Pacemaker similar to that inserted for heart block patients is implanted. It is useful in patients with spinal cord injury (paraplegics) who suffer from retention of urine with leak. This pacemaker results in the ability to void without a residue, evacuate stools and obtain an erection or vaginal lubrication. The pacemaker (Interstim System) insertion is a two-stage procedure where the pulse generator (Pacemaker Machine) is first inserted followed by placing an electrode to pulse generator.



The Funny Side of Our Specialty Sperm Counting

There was this guy that went to the doctor to get his sperm counted.

The lady behind the desk handed him a jar and said, "Bring it back tomorrow, full." He says, "Okay, I'll be back tomorrow then." Well he goes home and comes back the next day, and he hands the woman the jar. She says, "Nothing's in it." The man responds, "Well, I went home and I tried with my right hand and I tried with my left hand and nothing happened. I called my wife into the room, and she tried with her right hand and she tried with her left hand. Nothing still happened. Well, we called our neighbour and she came over and she tried with her right hand and she tried with her left hand and still nothing happened. And the woman behind the counter looked stunned and asked, "You asked your neighbor over to help you!?" And he says, "Yeah, we couldn't get the jar open."

New Drug TAMDURA

This new combination drug in capsule form recently introduced has become the treatment of choice for the patients suffering with Benign Prostatic Hyperplasia.

This is a combination of Tamsulosin 0.4mg, an Alfa-blocker and Dutasteride 0.5 mg, a 5-Alpha Reductase Inhibitor (both Type I & II).

This drug acts by relaxing the prostatic smooth muscle as well as relaxing the trigone of the bladder thereby reducing the irritative and obstructive voiding symptoms in addition to reducing the prostate size by 1/3 rd and preventing the progression of BPH and reducing the incidence of acute urinary retention as well as the requirement for surgery by 40%.

The main advantage of this combination drug is that it has a very good patient compliance because of its once-a-day dosing at bedtime and with minimal side effects.

The combination of Tamsulosin & Dutasteride has become the gold standard for medical management of BPH and has been recommended by both FDA & AUA

URO / NEPHRO TIT BITS

Unable to deflate balloon.? This is what you do

(a) Check the non-return valve on the inflation/deflation channel. If jammed, use a needle and syringe to aspirate by means of the inflation arm above the valve.

(b) Obstruction by a foreign body can sometimes be relieved by the introduction of a guide wire through the inflation channel.

(c) The balloon can be punctured suprapubically using a needle under ultrasound visualization.

(d) Following catheter removal, the balloon should be inspected to ensure it has not disintegrated leaving fragments in the bladder.

(e) In an extreme emergency 2 - 3 mls of ether can be injected into the balloon channel. Ether expands the balloon and ruptures it. Once a new catheter is introduced the patient should be referred to the urologist for cystoscopy to ensure all the fragments of the catheter are removed. Otherwise these form bladder calculi.

In any emergency, we are with you 24/7 and 365 days in a year. Please call us on +91 98 66 66 87 66 or +91 98 66 15 12 59

..on GROWING

Prostate tamdura
Tamsulosin HCl 0.4mg + Dutasteride 0.5mg Capsules
ACCELERATED CONTROL. AT EASE.

A perfect blend of 2 stable formulations in a single dosage form

- » Tamsulosin for **Speedy** relief.
World's first choice α_1 blocker with unique α_1A receptor selectivity.
- » Dutasteride for **Powerful** prostate regression.
 - Only dual inhibitor of both 5 α reductase isomers with 93% DHT suppression.
 - Ensures powerful and faster reduction in total prostate volume compared to Finasteride.

About Us

Dr. Ramayya's Urology / Nephrology Services at Pramila Hospital has been offering top quality and state of the art services since 1986. Pramila Hospital itself was founded by Dr.G.P.Ramayya in 1970. Dr GP Ramayya was well known for his skills as a General Surgeon with a special interest in Urology since the 1950's. He was also Professor of Surgery in both Osmania and Gandhi Medical College and Principal of Gandhi Medical College. The Nizam Of Hyderabad trusted only Dr GP Ramayya to operate on all his relatives. All this transforms to more than half a century of Surgical and Urological Services to the State of Andhra Pradesh in general and Hyderabad in Particular.

The organization has the right blend of medical, technical, managerial and administrative expertise to handle effectively all its activities and has a continuous flow of patients from all over India, Middle East, the UK and the USA. It has the state of art equipment and the medical expertise to take care of all Urological and Nephrological problems.

In case of any patient emergencies please call us on +91 98666 68766 OR +91 98661 51259 OR +91 40 2323 0944 / +91 40 2323 4903.

For other enquiries please call

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Patient and Doctor enquiries are also welcome through our Website

www.uronephro.com

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3. First **Laser Prostate** Surgery in Andhra Pradesh.
4. First Published Series of **Laparoscopic Kidney** Removal in India.
5. First **Endo Urology** Workshop in Andhra Pradesh.
6. First Workshop on **Prostate Surgery** in Andhra Pradesh.
7. First **Endo Urology** Video in India.
8. Winner of Best Paper Award (**Dantec Award**) from British Association of Urological Surgeons.
9. First **Video Presentation** from India in British Association of Urological Surgeons conference.
10. Second **Cadaver Kidney Transplant** in Andhra Pradesh.
11. First **Endoscopic Fulguration** of Posterior Urethral Valve in newborn in Andhra Pradesh.
12. First **Laparoscopic Radical Prostatectomy** in Andhra Pradesh for Cancer Prostate.

Contact us

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7. Pediatric Urology

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3. Kidney Biopsy
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5. PD - Peritoneal Dialysis
6. CAPD - Continuous Ambulatory Peritoneal Dialysis (Home Dialysis)
7. Kidney Transplantation

(*In association with MEDWIN Hospitals)

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