

# UROVISION<sup>TM</sup>

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**Dr. Ramayya's**  
**Urology Nephrology**  
**S e r v i c e s**

## 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

## Next Lead Article - Prostate Cancer

### Letters to the editor

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

## About Us

Dr. Ramayya's Urology / Nephrology Services at Pramila Hospitals 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, UK and the USA. It has the state of the art equipment and the medical expertise to take care of all Urological and Nephrological problems.



Our hospital provides standardised care as per international (European and American) guidelines using



**Exoelicare** - World's most Advanced Electronic Medical Records & Patient Management System.  
Transforming Health Care

## Erectile Dysfunction

### What is erectile dysfunction?

It is an inability to get and/or keep an erection that allows sexual activity with penetration. It exists when **one fails to have sexual intercourse in over 50 % of attempts**. It should not be confused with low libido (little interest in sex) or the inability to reach an orgasm or ejaculate. There is no need to worry about the occasional failure to get or keep an erection. Causes include excessive intake of alcohol, anxiety and tiredness. The most common cause in middle-aged men is lack of sleep.

### How common is it?

Erectile dysfunction is more common in **older men**. At least **one in five men** over the age of 40 years often experience erectile problems and about **one in ten men** are completely unable to have erections. With each decade of age the chance of having erectile problems increases.

### What is the Process of Normal Erection?

There are two tubes of spongy tissue that run along the length of the penis. A tough fibrous, partially elastic covering surrounds this spongy material. A message is sent through nerves that leave the lower spinal cord telling the blood vessels entering the spongy tissue of the penis to let more blood in. The flow of blood out of the penis is then blocked off so the penis fills with blood and stretches within the outer casing. This creates an erection. It is also a balance of chemical factors, of which some cause an erection and some a flaccid (soft) penis.

### What are the Causes of erectile dysfunction?

**One in 10 cases** are caused by psychological factors. A man's sex drive (libido) can be affected by stress such as problems at work or financial worries. Feeling depressed and anxious about poor sexual performance can also lead to erectile problems. There are many diseases that interfere with the functioning of the penis by either reducing blood flow or affecting the nerves.

**a) Organic origin:** Endocrine (diabetes), vascular (arteriosclerosis), neurological (brain or medullar injuries), urological (congenital penie injuries), pharmacological (drugs, alcohol, tobacco, certain medical drugs (BP drugs and antidepressants), traumatic (pelvis fracture).

**b) Psychical origin:** Fear of failure, guilt, infidelity, previous premature ejaculation, insecurity,

**c) Mixed origin:** Combination of the above: a) & b). Like the rest of the ageing body, muscle tone in the penis reduces with age, as do many other aspects of sexual function. It can take longer for a man to get fully aroused. It may take much longer before a second erection happens, compared to the experience when young, and usually the erection is not as firm.

### How do we diagnose erectile dysfunction?

**Does not require complicated tests.** After taking a history of sexual function and general medical factors, physical examination of the penis, testes and prostate are done. Blood tests are done to check glucose (sugar levels), cholesterol and testosterone levels. Specialized tests like Rigiscan, Rigidometer, Duplex- Doppler USG, Cavernosography, Cavernosometry & angiography may be required.

a. Rigiscan is a device attached to the penis by a cuff and measures nocturnal erections by which we can differentiate **Psychogenic from Organic Impotence** b. **Cavernosography and cavernosometry** are contrast study, pressure study of Cavernous muscle respectively to detect **venous impotence**. c. **Duplex Doppler Ultrasound** can diagnose the arteriogenic and venogenic (venous leak) impotence. d. **Rigidometer is an instrument** used for detecting the **axial rigidity of penis** for diagnosing organic ED

### How is erectile dysfunction treated?

**1. Oral medications:** There are tablets like (Sildenafil, Tadalafil, Vardenafil) which work in **about 70 per cent of men** with erectile dysfunction. These drugs are PDE5 inhibitors, inhibit a particular enzyme in the penis, enhancing the erectile response to normal sexual stimulation. Taking a tablet for erectile dysfunction is non-invasive and does not cramp the spontaneity of lovemaking. **a. Sildenafil Citrate** is a short acting drug and is available in doses of 25mg, 50mg and 100mg. It is to be taken  $\frac{1}{2}$  hour before sexual intercourse. In patients with ED, this is **contraindicated** in patients taking organic nitrates like **NTG, Sorbitrate** and should not be taken along with **Alfa blockers:** like Prazocin, Terazosin, Doxazosin, Tamsulosin or Alfuzosin due to the risk of extreme Hypotension. This drug can produce prolonged erection i.e. Priapism leading to permanent impotence, the incidence of which can be reduced by starting with low dose and by giving them 2 tablets of Terbutaline stat and if no response within 4 hours refer to Andrologist **b. Tadalafil and vardenafil** are long acting drugs (36-48 hours) available in doses of 10 and 20 mg and hence they need to be prescribed with precaution and has the benefit of flexibility of having intercourse when desired. **2. Vacuum devices** A vacuum device is a pump placed over the penis to create blood flow. It draws blood into specific tissues of the penis, mimicking a normal erection.

**3. Injections:** There are medications, which increase blood flow when they are injected into the penis like Papaverine, Alprostadil, Phentolamine etc. One of the side effects is a painful erection lasting for hours, known as 'priapism'. This is an urological emergency and needs immediate treatment.

**4. Hormone therapy:** Hormone therapy is only suitable for men whose levels of sex hormones, such as testosterone, are too low. Uncommon cause.

**5. Prescription drugs:** In consultation with your doctor, changing your prescription drugs if they are the cause like B-blockers, antidepressants, etc. **6. Penile prosthetic implants** Penile prosthetic implants are usually used as a last resort if all other treatments have not worked. It is usual to start with the least invasive treatment, such as tablets, and to recommend more complicated injection treatments or surgery if the tablets fail.

### Can erectile dysfunction be prevented???

**Keeping general good health** may help lower the chance of ED. Heart disease and diabetes can cause erectile dysfunction so **preventing both** of these health problems through **lifestyle changes**, such as sensible eating and exercise habits, may greatly reduce the likelihood of developing erectile dysfunction. Being open and honest with the partner will encourage a good understanding of the problem and couples can work together to bring about a positive result for their relationship.

*With best compliments from...*



**Case Report-UNUSUAL COMPLICATION FOLLOWING RENAL TRANSPLANT**  
Dr. Ratan Jha, Nephrologist

A 20 yr old lady, a case of post renal transplant (haplomatch), of five years duration on dual immunosuppressive drugs (Prednisolone and azathioprine) with underlying chronic allograft nephropathy, presented with non-throbbing persistent headache, double vision and inability to read. Focused evaluation revealed bilateral papilloedema with restriction of left extra ocular muscles movements. **Investigations** showed HB: 8.8 g%; Blood Urea: 57 mg %, S Creat: 2.2 mg%, ABG: metabolic acidosis, normal MR venogram of brain, MRI brain and TSH. A diagnosis of benign intracranial hypertension was made and she was received Acetazolamide, oral glycerol, escalated prednisolone dose, along with antihypertensives, basic immunosuppressive drugs. One month later she reported with pain and swelling at left half of face and inability to open left eye. Examination revealed redness & swelling of left half of face with eyelid edema, resolving papilloedema and left maxillary sinus tenderness. **Investigations** showed X-RAY PNS: bilateral maxillary sinusitis, MRI brain & CT scan PNS: left pan-sinusitis with focal calcification. She underwent endoscopic sinus surgery of maxillary, ethmoid and frontal sinus of left side. Histopathological examination of sinus material and culture confirmed mucormycosis. She was started on Amphotericin B along with immunosuppressive drugs for next two months. During treatment problems encountered was worsening anemia requiring blood transfusion, thrombocytopenia, symptomatic metabolic acidosis and recurrent seizures. During the course of treatment she developed nodular swelling at inner canthus of left eye for which enucleation was considered, which was refused. Aspirate from new swelling, showed broad branches of aseptate hyphae of Mucor. She received 1.90 gm of Amphotericin B, became asymptomatic, with regression of nodular swelling, improved vision and resolved papilloedema. Decision to stop treatment was based on clinical judgment. Her RFT was stable throughout. She is asymptomatic at last follow up of one and half year and is on dual immunosuppressive (Prednisolone and azathioprine) drugs



Bilateral Papilloedema (Lt eye fundus)



CT PNS: Chronic sinusitis (fungal) of Lt maxillary, Lt Ethmoid, Bilateral sphenoidal, Lt frontal sinus with periorbital swelling



Eruption of nodule at inner canthi left side



Silver methanamine stain 40 x: showing broad branches of aseptate hyphae



Pt photo at last follow up

**New Drug**

**Solifenacin (Soliten)**

**Solifenacin** marketed as **solifenacin succinate** under the trade name **Soliten** is a urinary antispasmodic of the anticholinergic class. It is used in the treatment of overactive bladder with urge incontinence. Solifenacin is a competitive muscarinic acetylcholine receptor antagonist. The binding of acetylcholine to these receptors, particularly the M<sub>3</sub> receptor subtype, plays a critical role in the contraction of smooth muscle. It reduces smooth muscle tone in the bladder, allowing the bladder to retain larger volumes of urine and reducing the number of incontinence episodes. It has long half life of 48-64 hours and is metabolised in the Liver.

**Dose:** It is available in tablet form in 5mg and 10 mg doses, (ORAL)

Contraindications patients allergic to it, urinary retention, gastric retention, uncontrolled or poorly controlled closed-angle glaucoma, or severe liver disease (Child-Pugh class C). It is also contraindicated in long QT syndrome, as it may prolong the QT interval.

**Side effects**

The most common side effects of solifenacin are dry mouth, blurred vision, and constipation. As with all anticholinergics, solifenacin may rarely cause heat prostration due to decreased perspiration.

**New Device**



**Rigiscan**- is used to detect nocturnal penile erections to differentiate psychogenic from organic impotence. Usually nocturnal erections occur in REM sleep every day and 3-4 episodes are common with each lasting for 1 to 1 ½ hours. This test requires monitoring at least 2 nights with the penile cuffs attached one at the base and the other at the tip of penis.

**The funny side of our profession**



A man goes to his doctor and says, "I don't think my wife's hearing isn't as good as it used to be. What should I do?" The doctor replies, "Try this test to find out for sure."

When your wife is in the kitchen doing dishes, stand fifteen feet behind her and ask her a question. If she doesn't respond keep moving closer asking the question until she hears you."

The man goes home and sees his wife preparing dinner. He stands fifteen feet behind her and says, "What's for dinner, honey?" He gets no response, so he moves to ten feet behind her and asks again. Still no response, so he moves to five feet. still no answer. Finally he stands directly behind her and says, "Honey, what's for dinner?" She replies, "For the fourth time,

I SAID CHICKEN!"

## URO / NEPHRO TIT BITS

1. Following catheterization, do not forget to replace the retracted prepuce back to its normal position otherwise it may lead to Paraphimosis, which is an unwanted complication requiring immediate surgical intervention.
2. While catheterizing, use adequate jelly. If the catheter does not go freely and gets stuck, do not force the catheter. It can lead to severe bleeding and urethral injury. Instead, use a disposable Suprapubic Trocar Set (Devon or COOK) to insert a Suprapubic catheter to relieve the retention. Subsequently, refer the patient to an Urologist for further management. In case a Suprapubic Set is not available, immediate relief to the patient can be given by inserting a long needle (Venflon) and aspirate as much urine as possible before referring to the Urologist.
3. In case of Priapism (prolonged erection >3- 4 hours) first thing to do is to give the patient 2 tablets of Terbutaline 2mg stat followed by immediate referral to andrologist /urologist. Caution - the patient can develop corporal fibrosis and permanent impotence, if left untreated.

## 20 years of Specialized Service with unmatched achievements

1. First Key Hole surgery to remove Kidney Stones in Andhra Pradesh.
2. First Laser Stone Removal in South India.
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 Urologists.
9. First Video Presentation from India in British Association of Urologists 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

#5-9-34/2, Adjacent to New MLA Quarters, Basheer Bagh, Hyderabad - 500 063.  
Tel. +91-40-2323 4903, +91-40-2323 0944 Fax. +91-40-2323 1956  
Uro / Nephro Help Line - +91 98666 68766 OR +91 98661 51259  
[info@uronephro.com](mailto:info@uronephro.com)

## Services Offered

### UROLOGY

1. EndoUrology Lithotripsy
2. Laparoscopic Urology
3. Urodynamics & NeuroUrology
4. Female Urology & UroOncology
5. Reconstructive Urology
6. Male Infertility and Andrology
7. Pediatric Urology

### NEPHROLOGY \*

1. Adult and Children Kidney Diseases
  2. Hypertension (High B.P.) Clinic
  3. Kidney Biopsy
  4. Haemodialysis
  5. PD - Peritoneal Dialysis
  6. CAPD - Continuous Ambulatory Peritoneal Dialysis (Home Dialysis)
  7. Kidney Transplantation with
- (\*In association with MEDWIN Hospitals)

## Team members

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**Dr. Nandkumar B. Madhekar**  
Urologist

**Dr. Lalitha**  
Consultant Female Urologist

**Dr. V.V.S.S. Chandra Sekharam**  
Specialist in Hypospadias Surgery

**Dr. Neeraj Gupta**  
Laparoscopic Urology Associate

**Dr. T L N Praveen**  
Interventional Uro Radiologist

### Nephrology

**Dr. Ratan Jha**  
Nephrologist

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