

HEALTHZONE

Edition 1 volume 4 March 2023









Focus on Urology

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66— Message from the Chairman & Managing Director



Our Department of Urology faculty is comprised of outstanding clinicians and surgeons who have all received advanced fellowship training, covering a wide range of urologic subspecialization in efforts to provide the most up to date treatments for our patient population. I am gladto serve next to such thoughtful, experienced, compassionate and credible individuals who are all committed to providing each patient with attentive and personalized care.

Dr. Vikram SiddareddyChairman & Managing Director

ISSUE HIGHLIGHTS

Heart Patient Deemed Unfit for Surgery Successfully Treated with Eswl

- **Dr. Rajeev S Bashetty** MBBS, MS (Gen Surgery), MCh (Urology)

Diet Management in Kidney Stones

- **Dr. Shiva Kumar V** MBBS, MS (Gen Surgery), MCh (Urology)

Laparoscopic Enucleation as a treatment of Renal Cell Carcinoma - A truly minimally invasive approach

- **Dr. Girish G Nelivigi** MBBS, M.S. (General Surgery) DNB (Urology), M.Ch (Urology)



Message from the Executive Director



United Hospital in Jayanagar has a strong Urology department – the subject of our focus in this issue. The Urology problems treated at our hospital are Pyelonephritis, Renal Calculi, Benign Prostatic Hyperplasia and Prostatitis. There have been remarkable clinical outcomes too, due to the dedication and skill of our team.

Dr. Shantakumar MurudaExecutive Director

Heart Patient

Deemed Unfit for Surgery Successfully Treated With **ESWl**



Dr. Rajeev S Bashetty

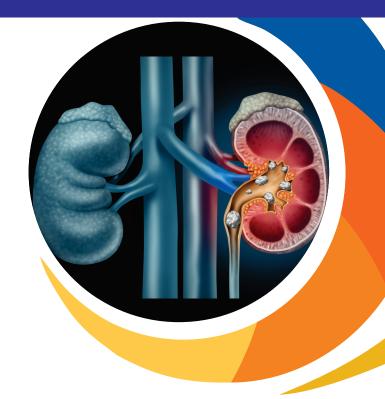
MBBS, MS (Gen Surgery)

MCh (Urology)

Lead Consultant & HOD Urology

Director - Clinical Excellence

Dr. Rajeev S Bashetty is a renowned Urologist, presently heading the Department of Urology at United Hospital.He is well known for treating Kidney Stones without surgery by EWSL (Extra Corporeal Shock Wave Lithotripsy) and Laser Stone Surgeries likes RIRS, PCNL, and laser prostate surgeries like TURP.



Introduction

24 years old female patient from Assam was evaluated for abdominal pain few years back. She was diagnosed to have a 2.4 cms kidney stone and was advised PCNL surgery. But due to her congenital heart problem, she was not fit was any anaesthesia to perform the surgery. Many hospitals refused to perform surgery due to High Risk. She consulted Dr Rajeev Bashetty at Matoshree Kidney Stone Center. She was suggested to undergo ESWL as it was only option left to treat her. After explaining the limitations of the procedure, she successfully underwent ESWL at United Hospital, Jayanagar, Bangalore. After one sitting of ESWL, she passed multiple tiny fragments and cleared 80% of the total stone. Few fragments failed the clear from the Ureter for which she underwent Endoscopic clearance under IV Sedation. Today she is totally free of stone. ESWL procedure is the only treatment option for kidney stones which doesn't require any anaesthesia. It's a safe day care procedure with a good success rates. In today's fading ESWL era, it was the only treatment option which saved her.

What is ESWL?

Extracorporeal Shock Wave Lithotripsy (ESWL) is a non-invasive treatment option available for kidney stones less than 2 cms. Electromagnetic waves from outside the body are targeted on to the stone. These waves break the stones into small fragments of 3-5mm, which are expected to pass out in the urine within couple of weeks.

What Does the Treatment Involve?

The patient will be positioned on a ESWL table. A soft water filled cushion will be placed on to the patients abdomen or back. Using Ultrasound of a fluoroscopy machine, the body is positioned so that the stone can be targeted precisely with the shock wave. Each sitting will last for about 45-60 minutes. The complete treatment may take 1-3 sittings, depending upon the hardness of the stone with a gap of 3-10 days between each sitting.

Does Eswl Treatment is Painful? Or it Requires any Anaesthesia?

ESWL procedure is not painful and it does not require anaesthesia in adults. Few patients may experience some kind of discomfort or mild pain during the procedure. However, in children the procedure is done under General Anaesthesia.

Can all Stones be Treated with Eswl?

Stones less than 2 cms located in the Kidneys, Upper Ureter and Terminal Ureter (VUJ) can be treated with ESWL. ESWL is not effective for Mid Ureteric and Lower Ureteric stones. Kidney Stones more than 2 cms are not Ideal for ESWL.

What are the Success Rates of Eswl?

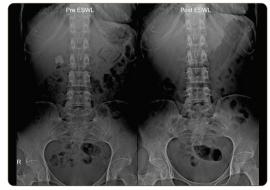
Overall success rates of ESWL are in the range of 80-90%. About 10% the stone may not break at all or it break but will not get expelled from the Kidney or Ureter. In either case an endoscopic procedure like RIRS or PCNL or Ureteroscopy with DJ Stenting is required.

What can a Patient Expect after Treatment?

Some patients may notice blood stained urine, which usually resolves within a day. Most of the patients experience abdominal pain when the fragments are moving down, which generally responds to simple analgesics prescribed.

How Long does the Fragments take to Clear form the Body?

In majority of the patients, the fragments will clear within a span of 1-4 weeks. If fragments persists beyond 4 weeks, then the patient has to be on regular follow up till the fragments clears or should undergo an endoscopic surgery to clear them.



Pre ESWL

Post ESWL

Does the Patient needs to be Hospitalised?

ESWL is a Day Care Procedure. The patients will be discharged on the same day and most people can fully resume their routine daily activities within a

Are there any Side Effects of Eswl?

ESWL is the most safest and least invasive treatment available for the kidney and ureteric stones. Standard guidelines recommends ESWL as the first line of treatment for kidney stones less than 2cms.

Why the Stones should be Treated When they are in the Kidney?

ESWL has a good success rates when the procedure is done for kidney stones. Once the stone pass down the Ureter, ESWL success rates drops. Patients experience severe symptoms and in most cases requires a hospitalization and an expensive endoscopic surgery.

Who are the Patients Ideal for ESWL Treatment?

A patient suffering from a kidney stone less than 20 mm or a ureteric stones less than 15 mm can benefit from ESWL after evaluation by Urologist. A patient who prefers to undergo ESWL should understand that he may need a endoscopic surgery in case it it fails. Which can happen in about 10-20 percent of cases selected for ESWL.

Diet Management in Kidney Stones



Dr. Shiva Kumar V M.B.B.S, MS (Gen Surgery), MCh (Urology) Senior Consultant Urologist

With over 15 years of experience in the field, Dr. Shiva Kumar V has gained immense expertise in both Endoscopy and Open Surgery. He holds a special interest in Endourology, Andrology and Female Urology, and is striving seamlessly to contribute to the field with his knowledge and skill



Introduction

idney stones is a common and sometimes painful health condition which affects many people not only globally but also in India. the patient may present (to OPD or emergency room) with variety of symptoms.

The patients can be treated either endoscopically, open surgically or without surgery like ESWL or with only medications depending upon the stone types, co-morbidities of the patient and other complications. The main concern in these patients is recurrence of kidney stones. Since dietary products and habits play major role in the formation of kidney stones, a proper diet management or advice is very much advisable in these patients.

Preventive Strategy

There are different types kidney stones most common being calcium stones followed by uric acid stones. The prevention strategy depends upon the type of type of stone, associated comorbidities and it should be individualized to each person. Hence please contact your urologist for proper guidance.

The most important preventive factor is to drink lots of liquids/ water. A normal person should ideally take2-3 litres of water per day or 8-12 glasses of water / day unless some contraindications are there. The water intake can be done in many ways like normal potable water, coconut water, juices etc. Try to avoid fluids rich in fructose or sucrose like sodas, grape juice or chikoo juice.

Specific Diet Plan depends upon Type of Stone -

1. Calcium Oxalate Stones

Oxalate is rich in peanuts, beets, tomato, spinach, rhubarb, chocolates. Reducing intake of these may be beneficial for patients who has these types of stones.

Even though the calcium oxalate stones containcalcium; low calcium intake will increase the chances of kidney stones. Try to take foods which are rich in calcium like milk, yogurt. This calcium will in turn decreases the absorption of oxalates.

2. Uric Acid Tones

Uric acid is mainly produced by purines in food. These purines are rich in red meat, fish, cauliflower, brinjal, mushroom, Beer / alcohol beverages, etc. Try to avoid these foods.

The protein is essential for the body hence try to take the required amount through proteins available in vegetables and fruits.

In general, the Common dietary recommendations are

- 1. Drink plenty of oral liquids
- 2. Decrease the foods containing high oxalates
- 3. Decrease the high protein containing foods but take required amount of protein through fruits and vegetables.
- 4. Take enough calcium as required by your body
- 5. Avoid high salt intake
- 6. Avoid high doses of Vitamin C

Finally, as told earlier the correct diet advise is calculated depending upon the type of stones, associated co-morbidities and analysis of urine and blood reports. Hence please contact your Urologist for the better prevention of kidney stones.





Laparoscopic Enucleation as a treatment of

Renal Cell Carcinoma

- A truly minimally invasive approach



Dr. Girish G Nelivigi MBBS, M.S. (General Surgery) DNB (Urology), M.Ch (Urology) Senior Consultant Urologist

Dr. Girish G Nelivigi is a Consultant in the Department of Urology at United Hospitals. He has worked with many prestigious hospitals for over 21 years and gained immense expertise in the field. He is a member of the Karnataka Urological Association and a Member of the Urological Society of India.

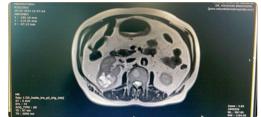


Introduction

he standard treatment of renal cell carcinoma is laparoscopic nephrectomy. However in many situations, nephrectomy will have adverse effects on the eventual outcomes. For example, in patients with single kidney, nephrectomy will result in dialysis on a permanent basis. Also in patients with Chronic Kidney Disease (CKD) where both the kidneys are already affected to some extent, then removal of the kidney will result in worsening of the renal function and worsen the kidney function. Another category of patients who will have adverse outcomes after removal of kidneys are those who are youg and have diabetes and hypertension. Such patients will eventually develop CKD. Therefore in the last many years partial nephrectomy has become more and more popular. In this procedure, only the tumour with its surrounding normal kidney tissue is removed leaving rest of the kidney. This results in better outcomes in patients. This is technically termed as Nephron Sparing Surgery (NSS). This can be done in those patients with small to medium tumors. However a further modification to this is the technique of enucleation. In this technique, only the tumour is removed. Even the surrounding margin of normal tissue which is always removed, is saved. This results in the best possible preservation of kidney function. The other advantage of this technique is that intra-operative frozen section examination is not necessary because the plane between the tumor and normal kidney tissue is easily seen. Moreover this can be done laparoscopically which results in lesser pain, shorter hospital stay, and better cosmesis. The rate of blood transfusion is almost nil.

We have been doing this surgery for the last 10 years. Initially it began as open surgery, then hand assisted laparoscopic surgery and in the last 3 years, it is done completely by laparoscopy (key hole surgery).

We have performed about 14 surgeries in the last 3 years with one conversion to open surgery but no transfusions. Surgical margins have been negative in all the cases and there is no recurrence in this period of followup.



MRI showing a 7x5 cm
Right Renal Tumour



Operative photo showing Enucleation of the Tumour



Tumour after removal
It is well seen that the margins are clear

Celebrations

In march we celebrated **International Womens day at United Hospital Jayanagar** Several of our staff shared their thoughts. Our **chief guest Dr. A Velumani** gave us an inspiring talk.

A glimpse into the event:









United Hospital Jayanagar, Women's Day Celebrations

Patient's Voice





















NABH

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No.1



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Bangalore

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- United Specialty Clinic, JP Nagar
- Matoshree Kidney Stone Center, HSR Layout

Gulbarga

- **United Hospital**
- **UH** Annex
- United Diagnostics

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