NU HOSPITALS

Urinary & Kidney Care -Transplant Center

EXPERT ADVICE - ETHICAL TREATMENT

Referral Hospital and Transplant Center

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This Facility is NABH & NABL Accredited

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Bengaluru - South Padmanabhanagar | **Bengaluru - West** Rajajinagar | **Tamil Nadu** Krishnagiri & Ambur | **Maldives** Male

Nephro-Uro Specialists

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SPELLBINDING REAL LIFE STORIES THAT WILL CAPTURE YOUR HEART AND MIND

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Dr. Venkatesh Krishnamoorthy

MS (Gen-Surgery), MCh (Urology), FRCS (Glasgow)
Chief Urologist & Chairman, NU Hospitals

Neuro Urology

Born with nonfunctioning lower limbs, a tumor-like swelling from the spinal cord, and unable to sit or walk as a child, she was a dreadful gift as a first born to her parents. She had no control over her bowels. She also had no control of her urination. Her diaper was always full of urine and stools. From such a stage, as an infant, doctors at NU Hospitals took it as a challenge to resurrect Gowri into an independent, competent young lady, equal to the other people on the planet, and conduct carry her life with respect and dignity.

Several treatments and surgeries later, she is able to walk around with crutches, manages to hold urine in the bladder and empty herself, and manages her bowel to timing. She now even drives a car suitably modified for her purpose and no less of a human being any other able bodied person.

She has finished her Masters in engineering, and now proudly works in a software company in Bangalore. Gowri's success is not just one of a leaking bladder that has been treated, but of a total human being that is now the joy of her parent's life.

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Dr. Prasanna Venkatesh

MS, DNB (Surgery), DNB (Urology), Fellowship Pediatric Urology
Pediatric Urologist & Managing Director, NU Hospitals

Pediatric Urology

A 12 year old boy was leaking urine continuously from birth. This was because of him having a rare congenital condition (Epispadias) where the front part of his urethra (The tube that connects the bladder to the tip of the penis) was missing.

This also resulted in a defective sphincter (The valve that prevents urinary leakage when we stand or cough). He had already undergone three surgeries elsewhere before he presented to us. Evaluation revealed him to have a damaged sphincter (The valve that controls the Urine from leaking) and a small capacity bladder. He had by then become a social recluse as he was not attending school, because he was at the brunt of his peers since he used to leak urine and he was shooed away due to the emanating smell. After explaining the situation to his parents and the child, he underwent major reconstructive surgery.

His bladder capacity was improved by adding a bowel segment and he underwent a Mitrofanoff (An intestinal tube constructed between the bladder and the skin) so that he can do self catheterization to empty his bladder on a timed basis. For the first time he was completely dry, the child is now attending school regularly and is back to his joyous self. His kidney function is normal.

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Dr. Maneesh Sinha

MS (Gen-Surgery), MCh (Urology), DNB (Urology)
Consultant Urologist, NU Hospitals

Kidney Transplant

A snake bite in 2002 led Mr. R to go into kidney failure. His brother came forward and donated his kidney in 2004. The transplant was successful but after a few years Mr. R stopped his medicines and the kidney got rejected. He was back on dialysis.

We were pleasantly surprised by the support of his family when his other brother came forward to donate his kidney. The transplant was successful and the family has ensured continued its support. With regular medications he is now off dialysis.

We have other such patients in whom the family support has been overwhelming and not one, but two family members have readily donated kidneys to give a second lease of life to a patient on renal failure.

We salute the siblings, parents and spouses who have come forward for kidney donation. In any transplant program, they are the real heroes.

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Dr. Kumar Prabhu

MS (Gen-Surgery), DNB (Urology)
Consultant Urologist, NU Hospitals

Reconstructive urology

A 32 year male, recently married had come with acute urinary retention. Imagine the anxiety in spouse and family. He was managed by trocar cystostomy (to relieve the retention) and then after evaluation diagnosed as stricture urethra of 4 cm long in bulbar part. He underwent buccal urethroplasty and he was able to pass urine like never before.

Imagine the plight of a 52 yr old lady, told to come every 6 months to year to dilate the urine passage area. She had slow urinary stream and was diagnosed stricture urethra 5 yr ago and had undergone urethral dilatations 5 times so far. She underwent a reconstructive procedure called buccal mucosal graft urethroplasty 1 year ago after which she is voiding normally like any other women of her age. During follow up 1 year after surgery she is doing well.

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Dr. Krishna Prasad .T
MS (Gen-Surgery), DNB (Urology)
Consultant Urologist, NU Hospitals

Laparoscopic Urology

A 47 year male presented after having fever, when he was seen and evaluated by us; we found multiple kidney and bladder stones and to our surprise pieces of a forgotten plastic tube inserted in his kidney 3 years ago. It did not end there, we even found a special tumor which can produce chemicals which can cause very high blood pressures.

In a multi-stage management we first had to temporarily divert urine from his left kidney, after which a unique key hole approach (retroperitoneal) enabled us to remove his tumor safely. This was a prerequisite to do any other surgery as this particular tumor can result in such high blood pressures that it can cause death during surgeries. Following this he underwent multiple staged surgeries to remove all the stones and pieces of the plastic tube. He is today stone free / tumor free and leads an active agricultural life.

Sub Specialty Excellence

- Pediatric Urology & Nephrology
- Neuro Urology & Urodynamics
- Uro-Oncology
- Kidney Transplant
- Holmium Laser Treatment for Prostate Enlargement
- NU HOSPITALS Urinary & Kidney Care -Transplant Center
- Andrology
- Laparoscopic Urology
- Preventive Nephrology
- Vascular Access - AV Fistulas & AV Grafts
- Plasmapheresis

Also

- Endocrinology
- IVF (In Vitro Fertilisation)
- Nephro and Uro - Pathology
- Genetic Testing & Molecular Diagnostics

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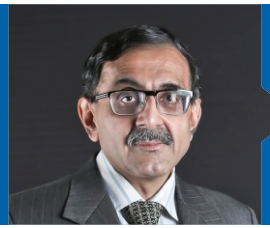

Dr. Dilip Rangarajan

MD (Gen-Medicine), DNB (Nephrology)
Chief Nephrologist, NU Hospitals

Preventive Nephrology

Diabetic Nephropathy and Hypertension related kidney failure nearly constitutes 50% of causes of chronic kidney disease in India according to CKD (Chronic Kidney Disease) registry.

With the projected incidence of Diabetes Mellitus in India being 69.7 million by 2010 and considering that 20-30% of them are likely to develop Chronic Kidney Disease, prevention assumes great importance.

With the incidence of Hypertension in urban India found to be 20-40% and about one fourth of them are likely to develop Chronic Kidney Disease, again prevention of kidney disease in them assumes great importance.

Once end stage renal disease occurs, therapy of this is extremely costly and hence prevention is crucial.

Recognition of kidney disease in the earlier stages in Diabetes Mellitus and Hypertensive patients will pave the way for action to be taken to prevent the progression of the disease and this can be achieved by screening programmes.

In view of these we at NU Hospitals organize screening camps to pick up early kidney disease and this is the data from one of our World Kidney Day screening camps.

SCREENING CAMP: Total of 193 people were screened on WKD (World Kidney Day)

STATISTICS: 7 of them had raised S. Sreatinine (4 of them had Proteinuria) -3 .6%

8 were found to be Diabetics (New) - 4.1%

Proteinuria -11-5.6%

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Dr. Ramakrishnan .S

MD (Gen-Medicine), DM (Nephrology)
Consultant Nephrologist, NU Hospitals

Pediatric Nephrology

If your child is not putting on weight as expected, there could be underlying kidney problem

Not very often do we see identical twins of 1 year age presenting with identical problems. These female babies were quite light (around 4kg each) and lagging in development (sitting with support when they were supposed to stand and walk with support). Evaluation revealed a defect in acid excretion by the kidneys as a result of which there was deposition of calcium salts within the kidneys. Following supplementation of alkalis to neutralize the surplus acid, the children have gained 2 kgs and are walking with support just 6 months after their initial visit here

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Dr. S. Padmanabhan

DNB (Gen-Medicine), DM (Nephrology)
Consultant Nephrologist, NU Hospitals

Kidney Transplant

41 year old gentleman from Guyana underwent live related kidney transplant in 2003 and presented with severe sepsis one year later and had a cardiorespiratory arrest from which he was revived and is alive till date 12 years down the line with near normal kidney function.

26 year old male presented with end stage renal disease. Fortunately his sister came forward to donate kidney to him. He is doing well after renal transplant which he underwent 10 years back. Has got married later and has fathered two children.

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Dr. Kiran Chandra Patro

DNB (Gen-Medicine), DNB (Nephrology)
Consultant Nephrologist, NU Hospitals

CRRT (Continuous Renal Replacement Therapy)

55 year old gentleman who had a renal transplant elsewhere was following up with us. Presented with sepsis and multiorgan failure. Was in ICU needing ventilation and ionotropic support and needed dialysis also.CRRT was initiated which stabilised him and he improved following this.

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Dr Alka Deo
MBBS, MD (Anesthesiology)
Chief Anesthetist, NU Hospitals

PAEDIATRIC ANALGESIA AND POSTOPERATIVE ANALGESIA

A CHALLENGE TO ANY ANAESTHESIOLOGIST

A three year old child diagnosed with right renal mass (wilms tumour) posted for removal of right kidney (right radical nephrectomy) came to anaesthesiologist for pre anaesthesia checkup. Parents had lot of anxiety, apprehension in subjecting their little one for a major surgery under anaesthesia.

They were worried if the child will have pain during the surgery and will the child be aware of surgery going on and will the child be able to recall whatever happened in operation theatre. Like this, they had endless queries and worries. Understanding all this, a detailed discussion was done with parents to explain about anaesthesia and give them confidence that their child will be comfortable in the intra operative and post operative period.

Also their main anxiety was that child might need multiple injections to take care of the pain after surgery and every injection by itself is painful and unbearable for the child. Parents were taken into confidence and made as comfortable as possible.

On the day of surgery, local anaesthesia cream was applied to child's hand to make the injection painless. Child was accompanied by parents till the transfer area in the O.T. As child's hand was numb, i.v cannula placed in front of parents when the child was conversing with parents without child's knowledge that injection was being given. Then we gave some sedation through i.v cannula and child went into sleep comfortably in parents presence and even parents were happy to see their child going to sleep without any noise and they handed over child to us with more confidence. With all precautions, child was given general anaesthesia and caudal epidural catheter placed under anaesthesia for management of postoperative pain.

Generally, postoperative pain is very severe in the first 24-48 hours requiring high dose of analgesics. However, in a child using too many analgesics is associated with side effects like excessive sedation, vomiting and the child becomes very fussy and noisy , with the sight of injection and its very depressing and painful for parents to see that.

A child in pain is not only a nightmare to manage for parents and doctors but is also associated with complications like bleeding and pulling of tubes. However, we gave analgesics to this child continuously through caudal catheter and all the time child was pain free and best part is that child was not even knowing that she was receiving injections for pain relief.

On the second postoperative day, child was walking, playing and cheerful with the infusion pump with analgesics in her pocket. Parents were extremely happy and thankful as they had never imagined that after the surgery the child could be so painfree and comfortable without any additional injections. It was very satisfactory for us too.

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Dr. Rupam Sinha
MBBS, MD (Anesthesiology)
Consultant Anesthetist & Intensivist, NU Hospitals

Nephro-Uro Critical Care / ICU

A 74 yrs old male was admitted to NU Hospitals ICU from Tamil Nadu with multiple life threatening complaints of severe breathing difficulty, decrease in urine output, fever, cough, irregular heart beat .He was diagnosed to have life threatening fungal sepsis (infection) with multiorgan involvement.

His relatives had given up hope and the chances of his survival was very grim.

Patient was put on life support systems to support his BP and Respiration and underwent hemodialysis He was having intractable infection of the lungs, blood and urine.He was on the ventilator for 20 days.

He had to undergo a procedure called tracheostomy (hole in the neck) to help remove from the ventilator, he was suffering from severe lung infection and was ventilator dependent, it was difficult to remove him from the ventilator a very challenging task.

He was shifted out from the icu after 26 days and finally went home after more than one and half months. He is on follow up in our OPD and is doing well and comes and visits me often whenever he comes for review .He is very thankful to the entire critical care team and nurses that took care of him.

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Dr. Kiran K
MBBS, MD, DNB (Pathology),
PDCC (Renal and Transplant Pathologist)
Consultant Nephro Pathologist

Department of Renal & Transplant Pathology

Small yet crucial role of a Renal Biopsy

A 9 year old female child was brought to NU Hospitals by her anxious parents with complaints of decreased urine output of 2 days duration. Evaluation revealed acute renal failure with elevated serum creatinine level, elevated blood urea nitrogen level and microscopic hematuria. Other non-invasive tests on her were non-diagnostic. A clinical diagnosis of AKI was made.

Imagine the only child born out of precious pregnancy suffering from renal failure at such a tender age. Re-assuring the anxious parents of her's, a kidney biopsy was done. The biopsy was rapidly processed, with the report indicating acute interstitial nephritis (24hrs TAT). On detailed probing, the parents revealed the child was administered NSAID's for fever two days back.

Prompt withdrawal of the offending drug and steroid therapy lead to amelioration of drug-induced interstitial nephritis and recovery of renal function. The child would have developed permanent renal insufficiency if the correct diagnosis on the renal biopsy was not made and the suspected drug not withdrawn.