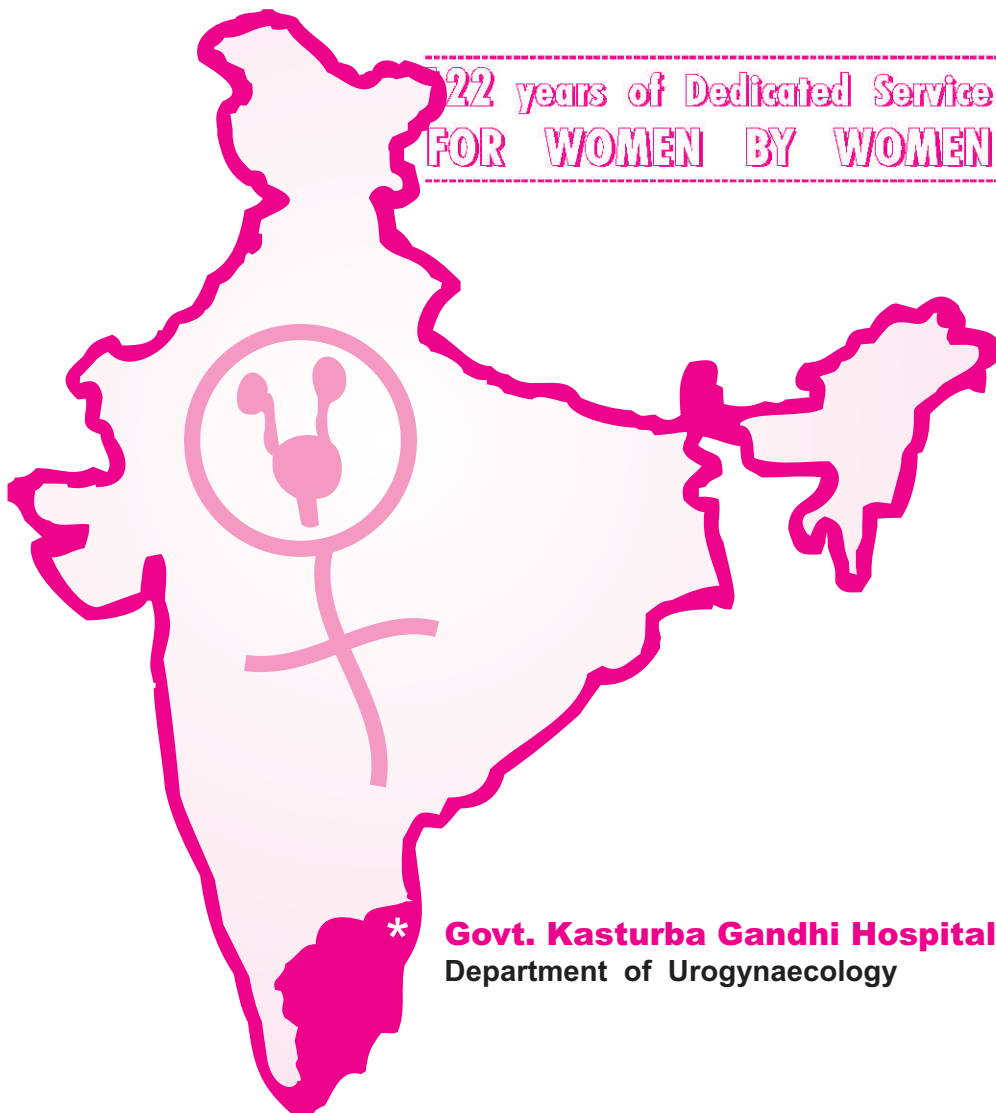


Government Kasturba Gandhi Hospital

Founded in 1885

22 years of Dedicated Service
FOR WOMEN BY WOMEN



Govt. Kasturba Gandhi Hospital
Department of Urogynaecology



Honorable Chief Minister K. Karunanidhi

Department of Urogynaecology

Vital Force

Chief Minister :	Honorable K. Karunanidhi
Health Minister :	Honorable Mr. K.K.S.S.R.Ramachandran
Health Secretary :	Mr V. K. Subburaj

Administrative Force

Director of Medical Education :	Dr. Thyagavalli Kirubakaran
Dean :	Dr. T.P.Kalaniti
Superintendent :	Dr. Vasantha N. Subbiah

Work Force

Head of the Department :	Prof. N. Rajamaheswari
Assistants :	Dr Seethalakshmi Dr. Parimaladevi Dr. Muthulatha
Staff Nurse :	S/N –Banumathy
FNA	Mrs. Chandrarani Mrs. Lakshmi

***“The world is still full of conscientious,
self – sacrificing doctors, whose first law and last
law is the welfare of the patient.”***

***- Raleigh R. White, Jr., M.D.
1871-1917***

Department of Urogynaecology Govt. Kasturba Gandhi Hospital, Chennai

It is a pleasure to release this booklet on the occasion of Fifth International Conference on Urogynaecology & Reconstructive Pelvic Surgery (URPS 2007).

The department has grown steadily over the period of 21 years, since its inception in 1986. The activities and the facilities of the department have been highlighted in this booklet.

Urogynaecology speciality

What is Urogynaecology?

Urogynaecology deals with the function and disorders of the lower urinary and genital tracts.

Why Urogynaecology?

Anatomically and physiologically the urological and gynaecological organs are very closely related. Due to this, gynaecological problems can present with urinary symptoms and vice versa.

The field of urogynaecology in India is in an underdeveloped state. The curriculum in Gynaecology does not include training in the management of lower urinary tract problems. Similarly the curriculum of Urology (Genitourinary surgery) does not focus on training in the management of female genital tract problems.

The evolution of Urogynaecology speciality was aimed to eliminate this lacunae in the training. This will optimize the service to the women and will provide a holistic approach.

What problems are dealt in Urogynaecology?

Urogynaecologist is trained to deal with pelvic floor dysfunction. This includes management of prolapse of pelvic organs, lower urinary tract problems like urinary incontinence, voiding problems and faecal incontinence.

Magnitude of Pelvic Organ Prolapse in women

Almost half of the women above the age of thirty five years present with some kind of urogynaecological problem resulting from childbirth, ageing process and gynaecologic surgery.

More than 50% of surgeries performed in Urogynaecology addresses pelvic organ prolapse in the Indian scenario. Most of these are massive, long standing, requiring extensive reconstruction. Inappropriate techniques or incomplete repair may predispose to recurrent prolapse, demanding repeated surgeries. However, the number of specialist medical personnel (Urogynaecologist) to deal with these problems is disproportionately low.

Magnitude of urinary problems in women

Urinary symptoms are common in our women (80%). Urinary incontinence especially stress incontinence (58%) is the commonest problem. These women often require thorough urological evaluation including urodynamic study.

Most incontinence can be treated and the sufferer's lives improved enormously, while many people can be completely cured (70%). Majority of Indian women are reluctant to express their urinary problems and are not aware of the availability of specialized services.

The development and expansion of the Urogynaecology department has helped in training the gynaecologist in basics of female urological problems and creating awareness among women.

Government Kasturba Gandhi Hospital



Government Kasturba Gandhi Hospital (KGH) formerly known as **“The Royal Victoria Gosha Hospital for Women”** was founded in 1885. It has rendered 122 years of service for the women by the women.

Important milestones in the development of the Institution

- 1885 : Hospital for Gosha (Purda) women was started at Moores garden at Nungambakkam.
- 1890 : Land at Chepauk was donated by the Government and with Raja Venkatagiri's donation, the hospital was constructed at Triplicane.
- 1921 : Madras Government took over the management and the first Superintendent, Dr. Beaden was appointed.
- 1936 : 52 beds for children sanctioned to commemorate the visit of His Royal Highness “The Prince of Wales”.
- 1946 : The bed strength was increased to 367.
- 1948 : The Hospital was renamed as Government Kasturba Gandhi Hospital for Women and Children.
- 1952 : Bed strength increased to 515. General Medicine department was started.



- 1953 : Nurses Quarters and Family Welfare services made available.
- 1960 : ENT & Dental care facility made available .
- 1961 : One hundred beds were added. General surgery department was started.
- 1971 : Family Planning & Surgical Block.
- 1972 : Operation theatre for family planning (Post partum scheme) and 20 beds were added.
- 1973 : 50 Neonatal beds were added. Total bed strength has become 685.
- 1974 : New OP block, Laboratory block and mortuary were made available.
- 1986 : Urogynaecological Services started.
- 1989 : Microsurgery facility made available.
- 1992 : Recognized as Laparoscopy Training Centre.
- 1995 : Special Diabetic Clinic for women started.
- 2005 : Recognized as training centre for following:
Manual Vacuum Aspiration.
Cancer screening (VIA, VILI & Colposcopy).
- 2005 : Recognized as BEMONC & CEMONC training centre.
BEMONC (Basic Emergency Obstetric & Neonatal Care).
CEMONC (Comprehensive Emergency Obstetric & Neonatal Care).
- 2006 : Recognized as Reproductive & Child Health (RCH) – Centre of Excellence.
- 2007 : Approved as Colposcopy training centre.

Department of Urogynaecology and Female Urology

Important milestones

- 1975 : Urologist was posted.
- 1986 : Urogynaecologist was posted.
- 1989 : Urodynamics and other necessary infrastructure made available.
- 2000 : “Urogynaecology update” - Scientific medical education programme for the gynaecologists.
Urogynaecology CME



- 2001 : Annual International Conference & Live operative workshop in Urogynaecology & Reconstructive Pelvic Surgery
- 2002 : State of the art urodynamic equipment installed.
Ureteroscope and other accessories were made available.



- 2004 : Recognized by Royal College of Australia & New Zealand (RANZOG) for 6 weeks training of Urogynaecology Fellows.
- 2005 : Official declaration of Department of Urogynaecology
(Only one of its kind in India)

மகளிர் சிறப்பு சிறுநீரியல் துறை
DEPARTMENT OF UROGYNÆCOLOGY & FEMALE UROLOGY

2005 : Inception of Urogynaecology & Reconstructive Pelvic Surgery Society of India (URPSSI)



2006 : Induction of Dr. Murali Rane Oration delivered by Prof. Bobby Lewis Shull during URPS 2006.



2007 : Commencement of Certificate course & Training Course in Urogynaecology



2007 : Induction of “Prof. Rajasekaran Oration” and “Prof. R. Vijaya Oration” during URPS 2007



Retd. Prof. A. Rajasekaran, MS., Mch., FRCS.,



Retd. Prof. R. Vijaya, MD., DGO.,

2007 : Fistula Ward adopted by Dr. (Mrs.) Paula Rane and Ward named as **Dr. Paula Rane Fistula Ward**



Current Urogynaecological Facilities



1. OP service – daily
2. IP - 30 beds for Urogynaecological problems
8 beds exclusively for fistula patients - “Fistula Ward.”

Procedural facilities:

3. Endoscopy service - weekly thrice. (Cystoscopy, Ureteroscopy)
4. Minor operation facility - weekly thrice
5. Major operation facility - weekly twice. (open and endoscopic surgery)

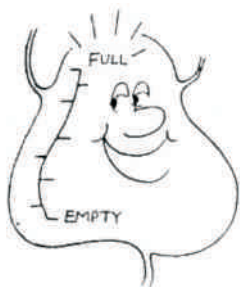


Dining Hall for Patients



Investigative facilities

6. Urodynamic evaluation - weekly thrice.
(Flowmetry, Cystometry, Pressure flow study, UPP & EMG)

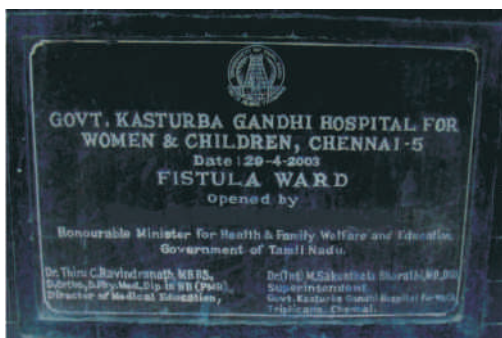


What is Urodynamics?

Urodynamics is evaluation of lower urinary tract problems. It helps us to differentiate various forms of incontinence, identifies obstruction of the lower urinary tract which facilitates appropriate treatment.

7. Urosonology - weekly thrice
8. Uroradiology evaluation - weekly thrice.

Fistula Ward Government Kasturba Gandhi Hospital



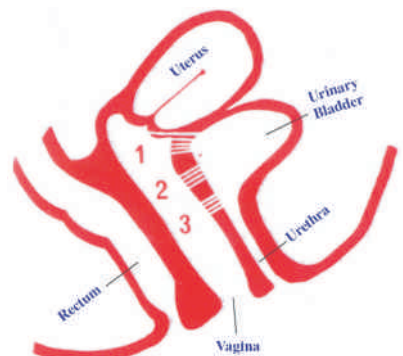
The word Fistula is a medical term for an abnormal communication between two body organs. Vesico-vaginal fistula is characterized by the formation of a hole between the bladder and the vagina during childbirth or surgery (**Hysterectomy or LSCS**) resulting in continuous urinary leakage. Fistula is still a major complication that follows obstructed delivery or surgery.

Indian Scenario

The causes of fistulae are many, but in a developing country like India, the most important cause would be fistulae occurring due to childbirth injury (**Obstetric fistulae**). Though the incidence of obstetric fistulae has come down due to improvement in patient awareness and modern trends in health care, still, there tends to be a continuous flow of urogenital fistulae in our country.



Obstetric fistulae are debilitating, humiliating and life threatening result of obstructed childbirth. Even now 75% of fistulae are of obstetric origin and in the remaining 25% fistulae occur following surgery (**Hysterectomy**). In **VVF (vesico-vaginal fistulae)** the presence of the fetal head in the pelvis during obstructed labour interrupts the blood flow to nearby tissues. A piece of tissue inbetween the bladder and vagina is lost allowing urine to leak as soon as it is produced. In rectovaginal fistula, the same dynamics occur, but tissue inbetween the vagina and rectum is lost, and faeces pours into the vagina as soon as it enters the rectum. The other causes are radiation injury, malignancy, trauma, foreign bodies, infection etc.,



Prevalence

The estimated prevalence in developing countries is **1-2 per 1,000 deliveries with 50,000- 1,00,000** new cases every year. It is estimated that worldwide, the numbers of fistula sufferers is so high and the number of centers so small that it will take 35-50 years to repair women living today with **VVF**.

Fistula Centres

The department of **Female Urology and Urogynaecology at Government Kasturba Gandhi Hospital** has been doing specialized fistula work for the past 20 years and it serves as a regional centre for women in and around the state. Over 1000 cases of genitourinary fistula have been successfully treated with a cure rate of over 90% comparable to the best fistula hospitals in the world (Addis Ababa Hospital in Ethiopia).

The **ECGA** Evangel **VVF** programme in **JOS**, Nigeria is another example of a hospital dedicated to fistula work.

The **Fistula ward in the Urogynaecology department of Government Kasturba Gandhi Hospital is the first of its kind in India.**

The **Urogynaecology Department** also wishes to institute a training programme for the specialists who are actively involved in the prevention and cure of **VVF**.

Fistula ward is a boon to all those women with urogenital fistula in this country.

Born to Serve



Staff Nurse Ms. V. Banumathi - A great asset to the Institution

Completed 33 years of Dedicated Service at Govt. KGH

Excels herself by her

- ❖ **Service with dedication**
- ❖ **Service without discrimination and**
- ❖ **Service with kindness**

**Relinquished her promotion to continue her service to humanity
and retiring on 31.07.2007 (superannuation).**

Statistics – Department of Urogynaecology

Number of Patients who availed our services

Year	Out-patients	Inpatients	Cystoscopy & Minors	Major surgeries	Urodynamics	Ultrasound	Uro-radiology
2002	6450	282	786	613	252	589	224
2003	6200	294	676	656	312	534	289
2004	7790	315	715	625	356	649	296
2005	8650	320	658	676	396	632	419
2006	9600	676	720	680	416	724	556

Teaching and training facilities in the Department of Urogynaecology

<p>Undergraduates MBBS students.</p> <p>Postgraduates DGO & MD. Dip. N.B. OG & Urology MCh - Urology</p>	<p>Training for Gynaecologists & Urologists</p> <ol style="list-style-type: none">Urogynaecology.Urodynamics.Treatment of incontinence.Management of urinary tract injuries.Reconstructive Pelvic Floor Surgeries
--	--

Commencement of Government authorized Certificate Course & Training Course in Urogynaecology

Details of Course

Course	Duration	No. of seats per year	
		Service	Non service
Certificate	One year	2	2
Training	6 months	4	4
	3 months	12	12
	1 month	12	12

Academic achievements of the Department

1. Awarded the first prize for “Innovations in Urology” towards the surgical technique. Paper “Mid urethral Bulbo cavernous muscle sling for SUI –An alternative to synthetic sling? Presented in the 36th Annual conference “USICON 2003” (Urological Society of India) held at Guwahati.



2. Published book on “Urogynaecology – An Indian Focus” (2003)



3. Awarded Baden Lecturer at Texas, USA (2006)



4. Award for the Staff Nurse whose motto is “Service before Self” (2004)

Academic Activities of the Department



“Urogynaecology update” - Scientific medical education programme for the gynaecologists (2001)



URPS 2002



URPS 2003

Urogynaecology and **R**econstructive **P**elvic **S**urgery (URPS)



URPS 2003



Educational forum for the lay public (2003)



URPS 2004



URPS 2005



URPS 2006



URPS 2006



URPS 2006

Benevolent donors of the Department

“You make a living with what you get but
You make a life with what you give”

- Sir Winston Churchill

The department is grateful to its generous donors.



Prof. Bobby Lewis Shull



Prof. Ajay Rane



Dr. Paula Rane



Dr. George Kaladelfos



Prof. Malcolm Ian Frazer



A happy patient voluntarily donating to the department.

Snippets – Historical Facts

1. About 2050 BC Queen Hennenit, an Egyptian mummy discovered at Thebes, had a rent in the bladder, communicating directly with the vagina. It was examined in the Cairo School of Medicine in 1932. The mummy had an abnormally shaped pelvis with a reduced transverse diameter and a high sacral promontory. Obstructed labour probably caused her death as the baby was likely to have been delivered with force, causing the bladder tear.
2. American Fistula Hospital (1855)
 - ❖ Sims opened the first fistula hospital, called the "Women's Hospital", in New York.
 - ❖ Fistula patients came in great numbers, mostly from the poorest class and from rural areas. The first patient, Mary Smith, had 30 Operations over 5 years.
 - ❖ In 1953, Women's Hospital became a General Hospital as there were no more fistula.
3. Definitive renal surgery was probably first performed in 1869 by Gustav Simon, who carried out a planned nephrectomy on FRAU KOLB for treatment of a uretero vaginal fistula.

The operation was preceded by extensive experimental investigation of uninephrectomy in dogs to demonstrate that they could survive normally with only one kidney.
4. The first nephrectomies were probably performed serendipitously. Early reports of removal of large and extensive ovarian tumors state that the surgeon was sometimes surprised to find the kidney included in the surgical specimen !!

IUGA - eXchange

International UroGynaecological Association (IUGA) has entrusted the responsibility to **Prof. N. Rajamaheswari** for conducting the exchange programme for the year 2007 at Chennai, Tamil Nadu, India.

Objective of the IUGA - eXchange Programme:

To promote the International Exchange of Knowledge and skills in Urogynaecology and reconstructive Pelvic Surgery

Past Exchange Programmes:

1. Johannesburg – South Africa 2005
2. Cape Town – South Africa 2006
3. Belgaum – India 2006

Forthcoming :

4. **Chennai – India 2007 (September 22nd - 23rd)**



Indian Faculty:

N. Rajamaheswari (*Chennai*)
Pranathi Reddy (*Hyderabad*)
Anita Patel (*Mumbai*)
Abhijit Das (*Mumbai*)
Sanjay Sinha (*Hyderabad*)
Mrutyunjaya Bellad (*Belgaum*)

IUGA Faculty:

Ranee Thakar (*UK*)
Karl Tammusino (*Austria*)
Abdul Sultan (*UK*)
Stavros Athanasiou (*Greece*)

Belgaum – India 2006

(40 Registrants only)

Treatment for Pelvic Organ Prolapse (Hippocrates 460-375 BC)

A Lady with prolapse uterus is tied upside down on a ladder as shown here and will be shaken repetitively till the prolapse goes back to her pelvis.



Where we were then !



PIE – WORKSHOP on Perineal Injuries and Episiotomy Repair & Reconstruction

Date: 21st September 2007 (9.00 am to 5.00 pm)

Venue: Govt. Kasturba Gandhi Hospital, Chennai

***Perineal tears - How to Identify?
How to Repair?***

Learn from the experts.

Perineal Injury is the commonest injury in Obstetrics. Episiotomy (Intentional perineal tear) is the most frequently performed operation on women. Though it is the commonest operation performed by the obstetricians, it is also the most neglected procedure despite the fact that it deserves utmost care, attention and requires appropriate training for successful repair.

Unfortunately the extent of injury is often under-diagnosed resulting in suboptimal repair and consequently long term morbidity to women.

As specialists, it is our abiding duty to prevent or minimize maternal morbidity caused by perineal injuries (both intentional i.e episiotomy and unintentional). With this objective we are organizing the PIE Workshop which includes live demonstration of Repair and Reconstruction of Perineal Injuries by the experts, Dr. Ranees Thakar and Dr. Abdul Sultan who are the world reputed authorities in this field.

PIE Workshop will unravel the mysteries and myths about all types of perineal tears. It will focus on accurate identification and extent of perineal damage and appropriate method of Reconstruction.

PIE workshop is absolutely essential and fully justified in a country like ours where 49.57 crore women live. Such a workshop addressing repair of perineal injuries will significantly minimize the maternal morbidity in a country with a birth rate of 25 per 1000 women. It is appropriate that PIE workshop is organized at a Government Medical teaching Institution like Government Kasturba Gandhi Hospital where 12000 to 14000 women deliver per year.

The benefit out of this PIE workshop will be passed on to the patients in the hospital directly and to other patients in our country through the post graduates and the trainees in our Institute. We intend to pass on the benefit to wider section of women in our country through the delegates participating in the workshop from different parts of India. Live televised demonstration of repair and reconstruction of perineal injuries by the experts will enable mass education and achieve our objective.

This workshop is organized by Government Kasturba Gandhi Hospital & Urogynaecology and Reconstructive Pelvic Surgery Society of India (URPSSI).

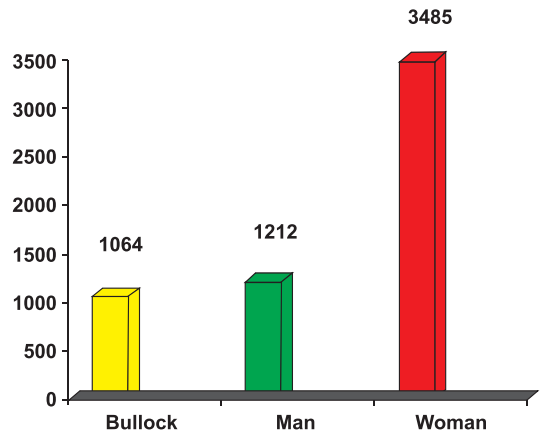
I request you to participate in the PIE workshop and share your experience with the experts Dr. Ranees Thakar and Dr. Abdul Sultan. Let us join hands and address this common issue which was brushed under the carpet all these years.

Prof. Vasantha .N. Subbiah
Superintendent Govt. KGH

Prof. N. Rajamaheswari
President - URPSSI

Points to Ponder !!!

Indian Women Strength !



A micro-study conducted in the Indian Himalayas found that on a one-hectare farm, a comparison revealed that

a pair of **bullocks** worked for **1,064 hrs/yr.**

a **man** worked for **1,212 hrs/yr.**

a **woman** worked for **3,485 hrs/yr.**

Status of Women in India: A Comparison by State, by D. Radha Devi
http://www.eurac.edu/Focus/171006INDIA/india_past_present_women.htm



Prof. N. Rajamaheswari

*Head of the Department of Urogynaecology
Govt. Kasturba Gandhi Hospital*

Mission

To provide the most comprehensive
quality health care
to the poor & needy women in India

Vision

Govt Kasturba Gandhi Hospital
will be the most reputed Institution for
Medical Education and Research
in Urogynaecology