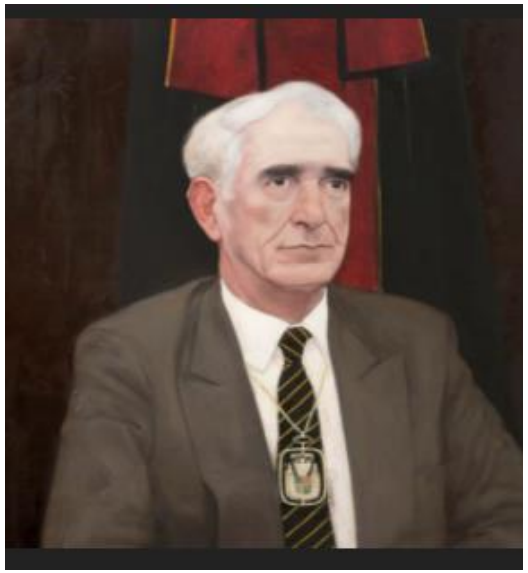
Jack of all trades …..
My Urological Journey

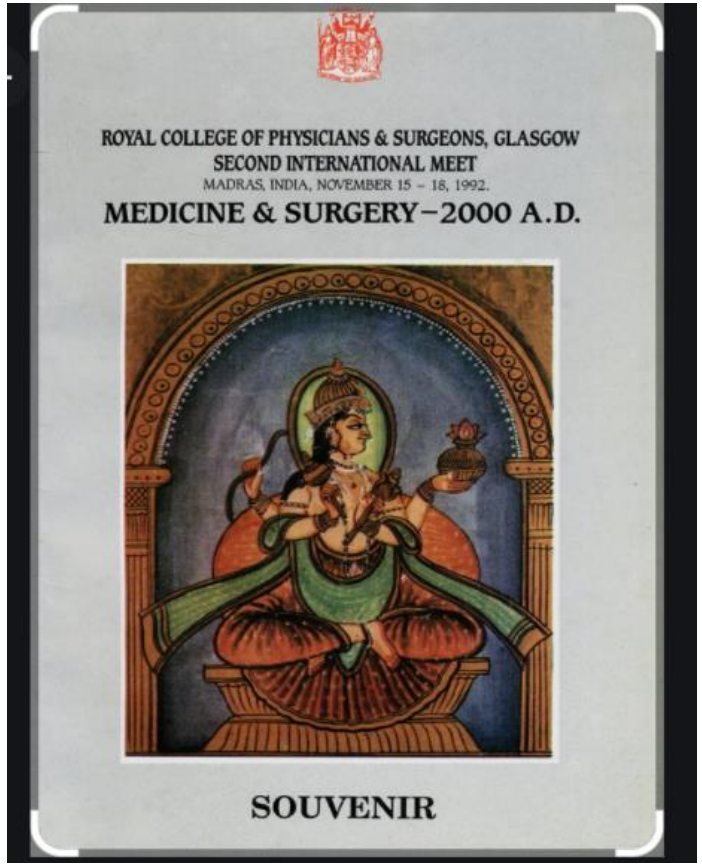
Prof Sri Sriprasad
President Royal Society of Medicine
(Urology Section)

NHS
Dartford and Gravesham
NHS Trust

Canterbury
Christ Church
University

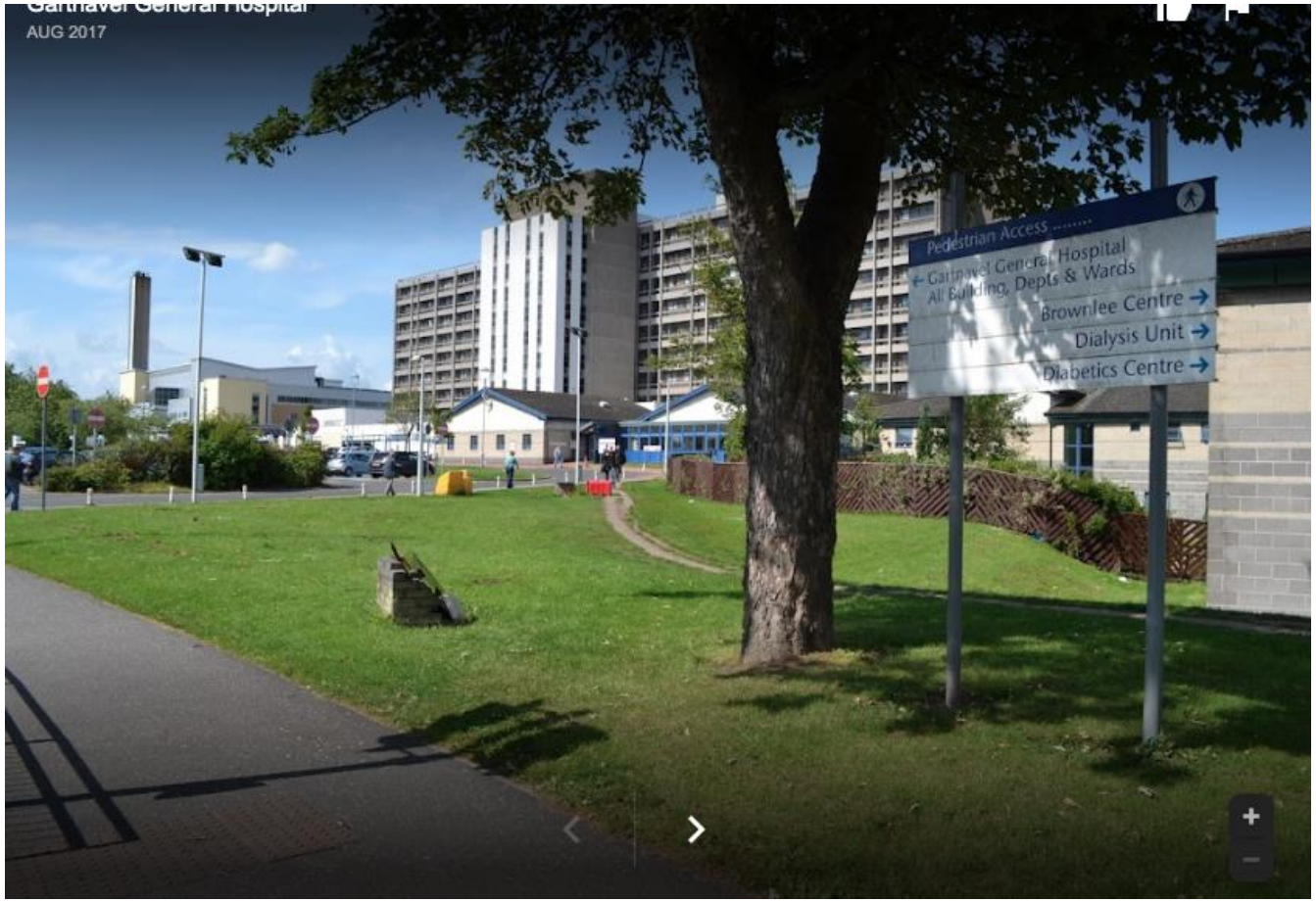
Mysore Medical College (1924)





Sir Donald Campbell PRCPS - Glasgow

Gartnavel General Hospital, Glasgow



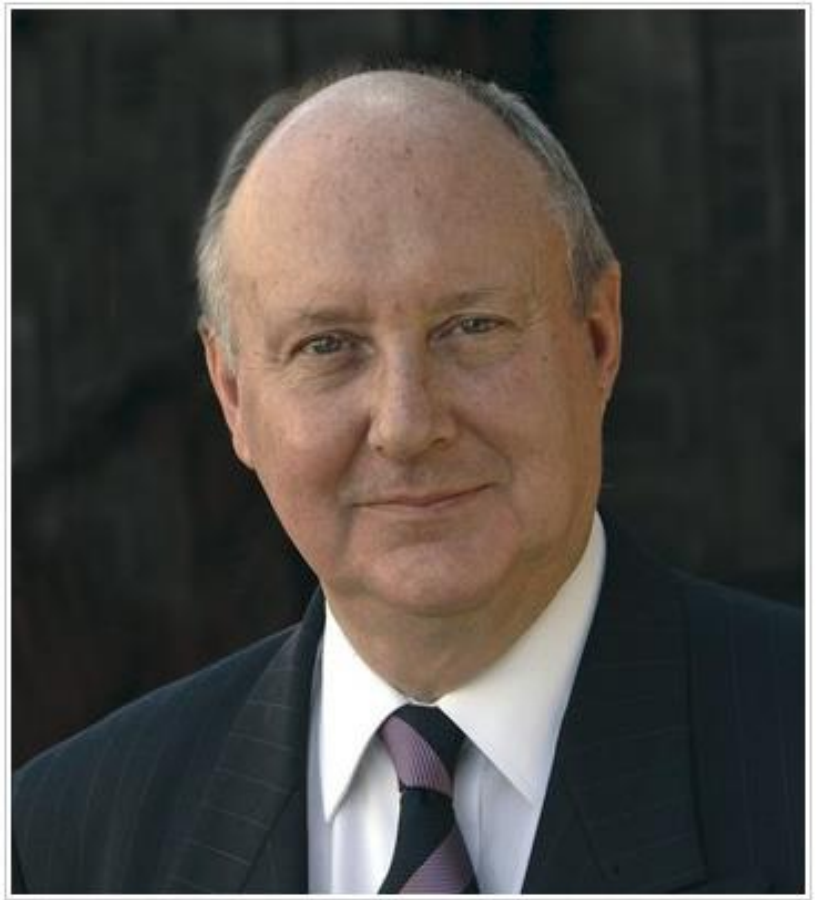
Southmead Hospital, Bristol

Paul Abrams

Clive Gingell

David Gillatt

Roger Feneley



Professor Sir Kenneth Calman

BMJ

LONDON, SATURDAY 15 MAY 1993

Specialist medical training and the Calman report

Deserves and requires imaginative professional and managerial support

The group set up in response to the European Commission's view that Britain was infringing its directives on specialist recognition has published its report.[1,2] The group recommends the introduction of a certificate of completion of specialist training, to be entered as "CT" in the medical register. The certificate is assumed to be equivalent to specialist recognition in other countries of the European Community and can be awarded to specialists from those countries (the register will specify which country awarded the certificate). The working group proposes an appeals mechanism; setting up one that is both statutory and independent would seem wise.

Award of the certificate requires the achievement of a definite educational end point, and most of the report is concerned with this. It proposes that the duration and content of specialist education should be clearly defined; the medical

lead to a two tier service for patients. This faith in the homogeneity of consultants' standards is understandable, if somewhat at variance with the evidence.[4] The corollary of insisting that formal standards must be reached before appointment to the consultant grade is that they should be maintained afterwards, but the report, unsurprisingly, does not address the need for their formal assessment.

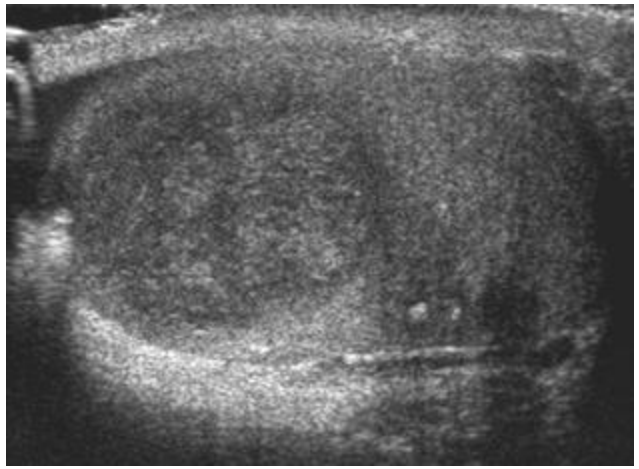
For many reasons, the only coherent solution is to expand substantially the numbers of consultants. Firstly, given the time spent by juniors in training and the time spent by consultants in training them (and, hopefully, in learning how to train and assess), more doctors will be needed. Secondly, if wasteful medical misemployment or even unemployment is to be avoided the top tier of the hierarchy needs expanding. Thirdly, patients and management justifiably expect more care to be delivered by fully trained

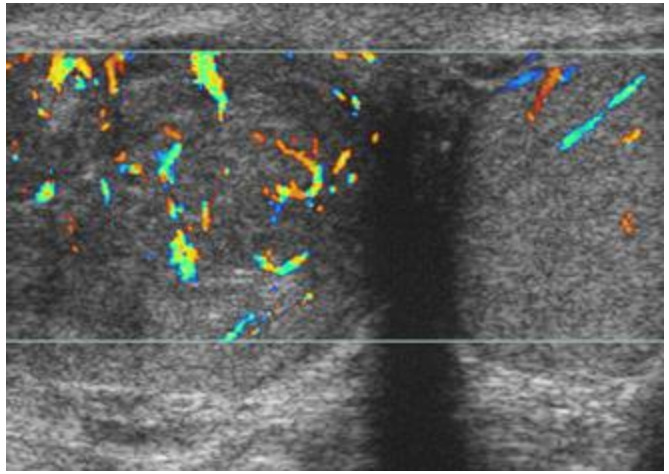
1998

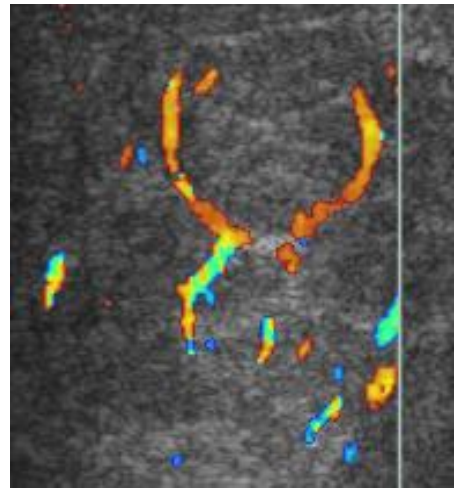
Malcolm Coptcoat

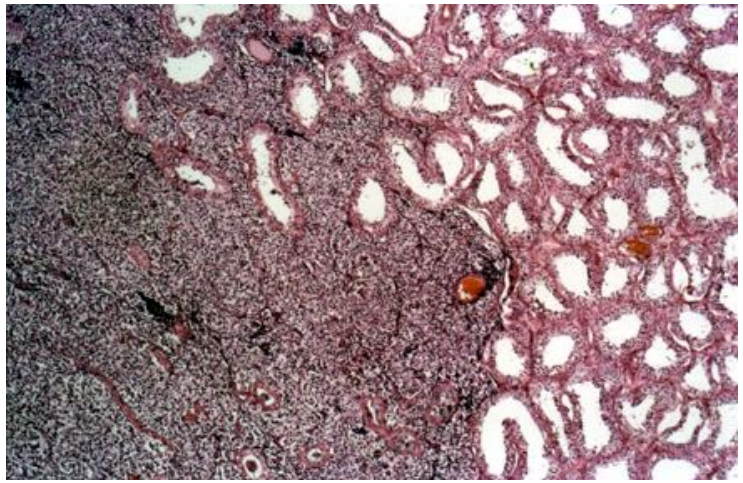
King’s College – research mentors

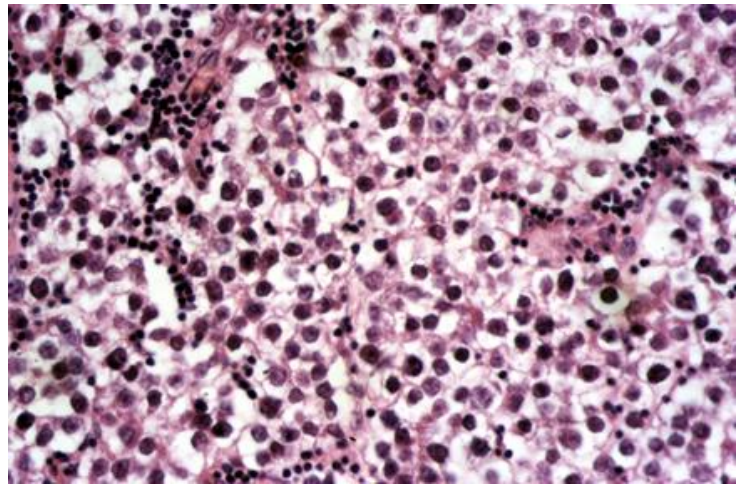
King's 'Criss - Cross' Sign - Seminoma





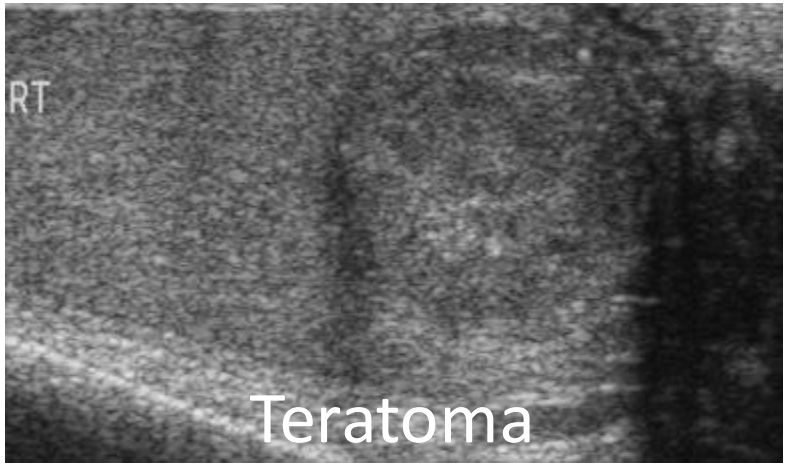


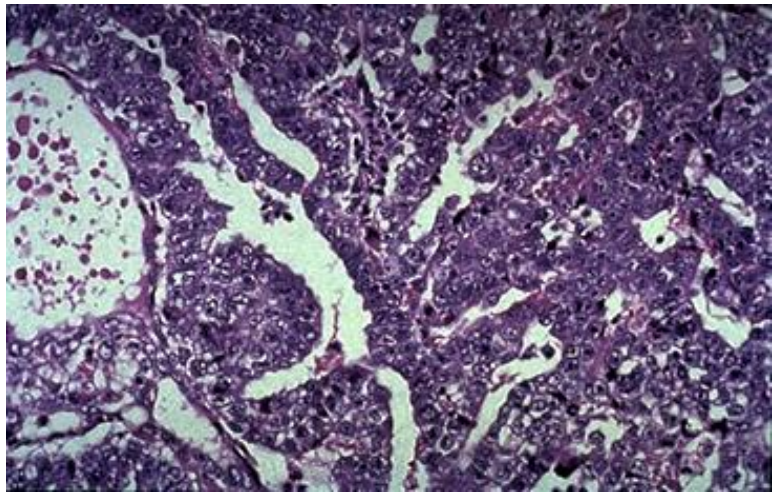


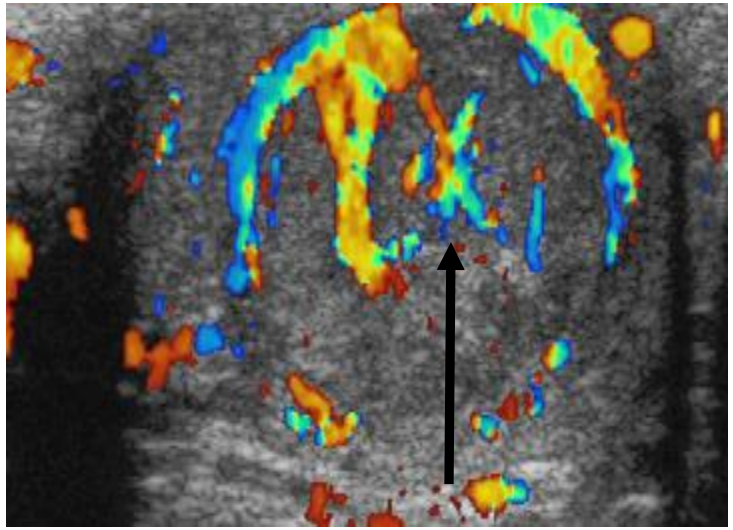


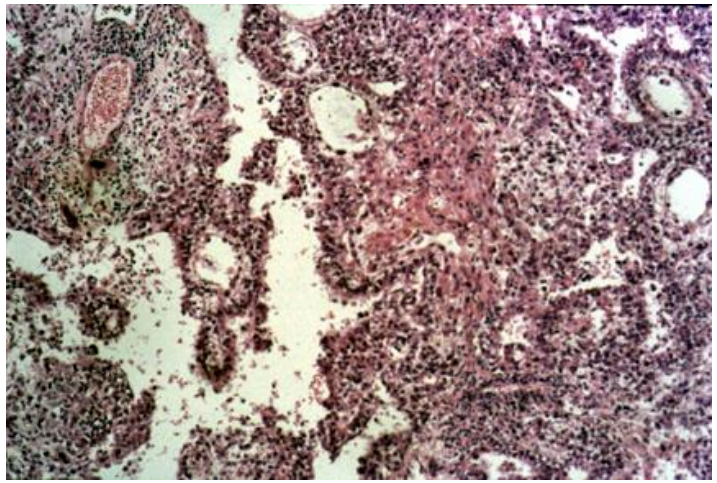
Sriprasad SI, Sellars ME, Clarke JL, Muir GM, Sidhu PS. CORRELATION OF ‘ CRISS-CROSS'VASCULAR PATTERN AND HISTOLOGY IN TESTICULAR TUMOURS.

Journal of Urology. 2009 Apr;181(4S):783-.

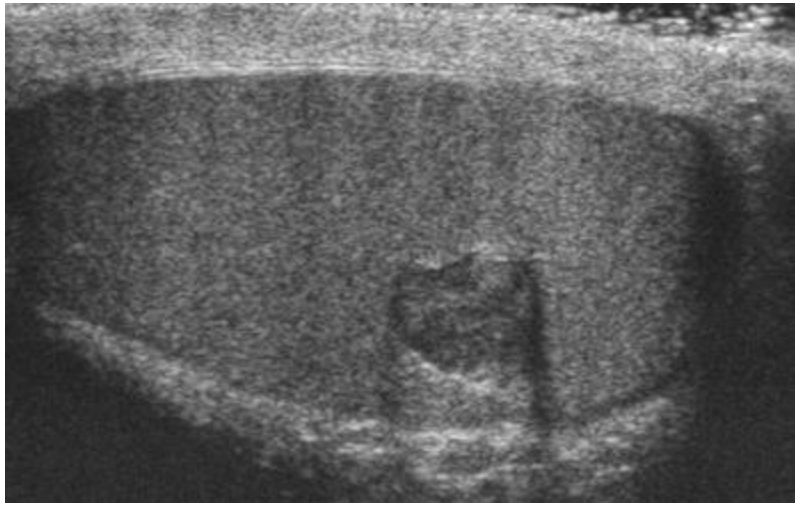


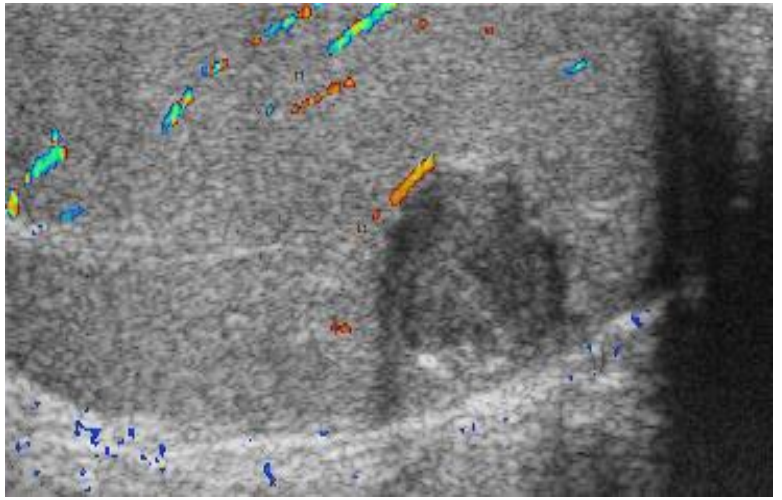


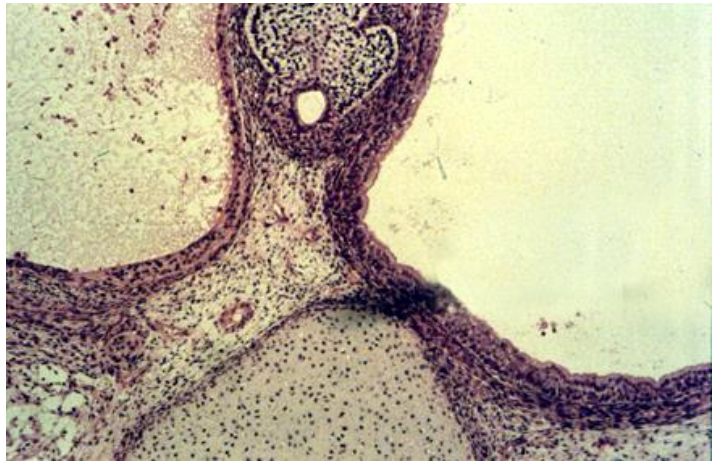


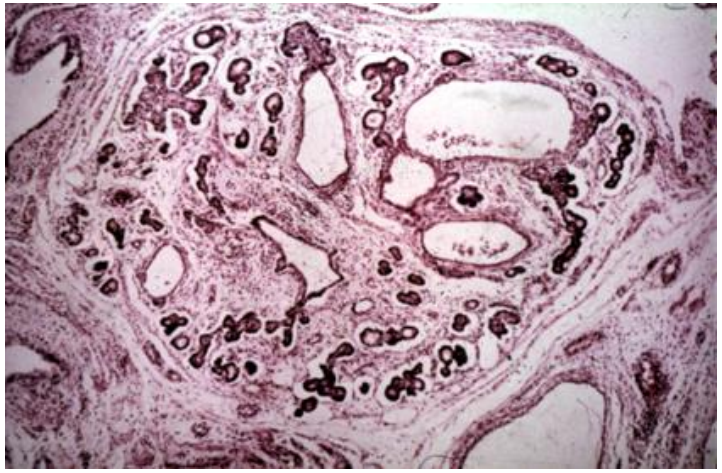


No vascular pattern - Benign Teratoma









Colour Doppler Ultrasonography in the Assessment of Focal Testicular Lesions: Influence of Lesion Size and Pattern of Vessel Distribution – *20 years on (2021)*

E C Bartlett, M Piorkowska, M Mlynarczyk, ME Sellars JL Clarke, S Sriprasad, G H Muir, DJ Quinlan, D Y Huang, PS Sidhu.

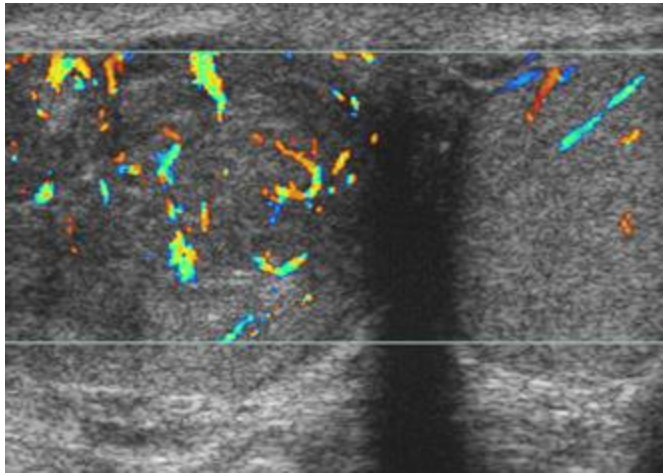
From the Department of Radiology and Urology , King's College Hospital, London; Faculty of Mathematics, Informatics and Mechanics, University of Warsaw, Poland ; Department of Urology, Darent Valley Hospital, Dartford, United Kingdom .

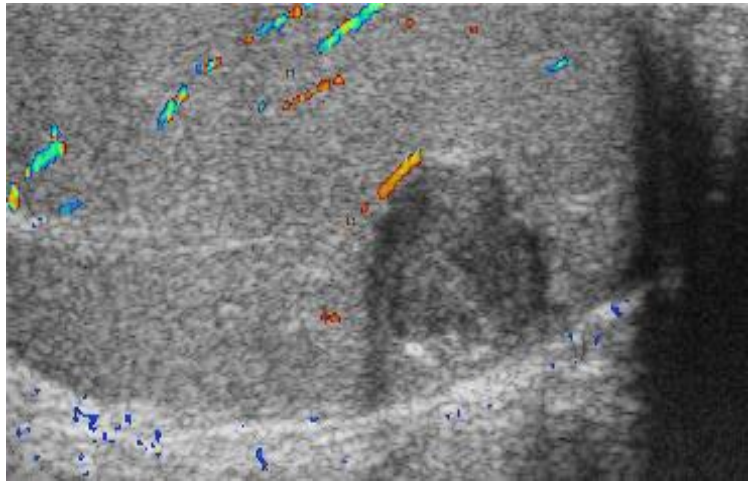
Conclusions

- Color Doppler US can visualize intratesticular lesions as small as

  2 mm - vascularity

- The vascular pattern of intratesticular lesions was not helpful in diagnosing malignant lesions.





- J Endourol. 2006 Jul;20(7):498-503.

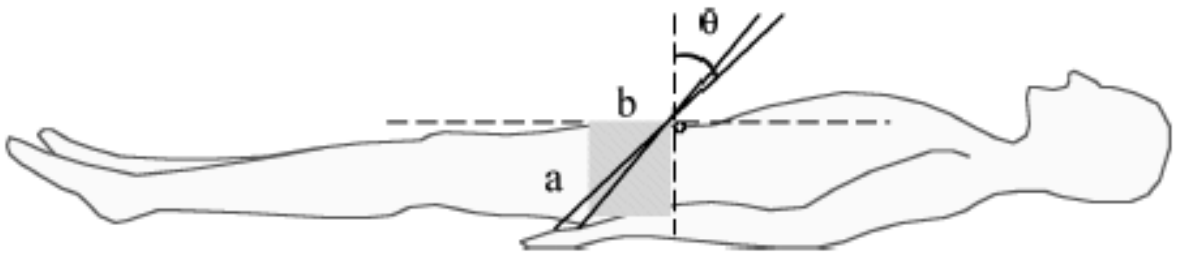
Positional anatomy of vessels that may be damaged at laparoscopy: new access criteria based on CT and ultrasonography to avoid vascular injury.

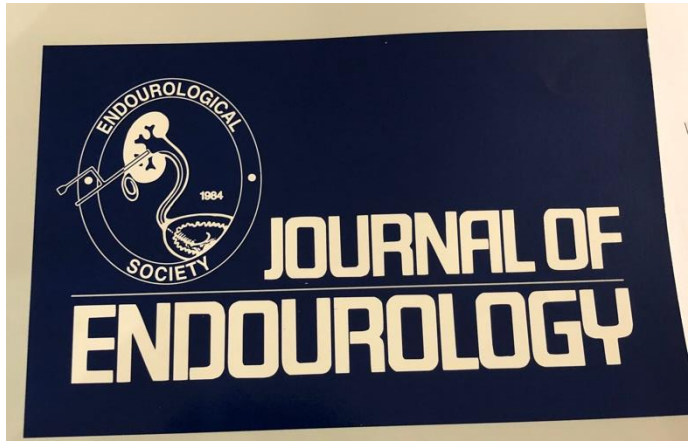
Sriprasad S[1], Yu DF, Muir GH, Poulsen J, Sidhu PS.

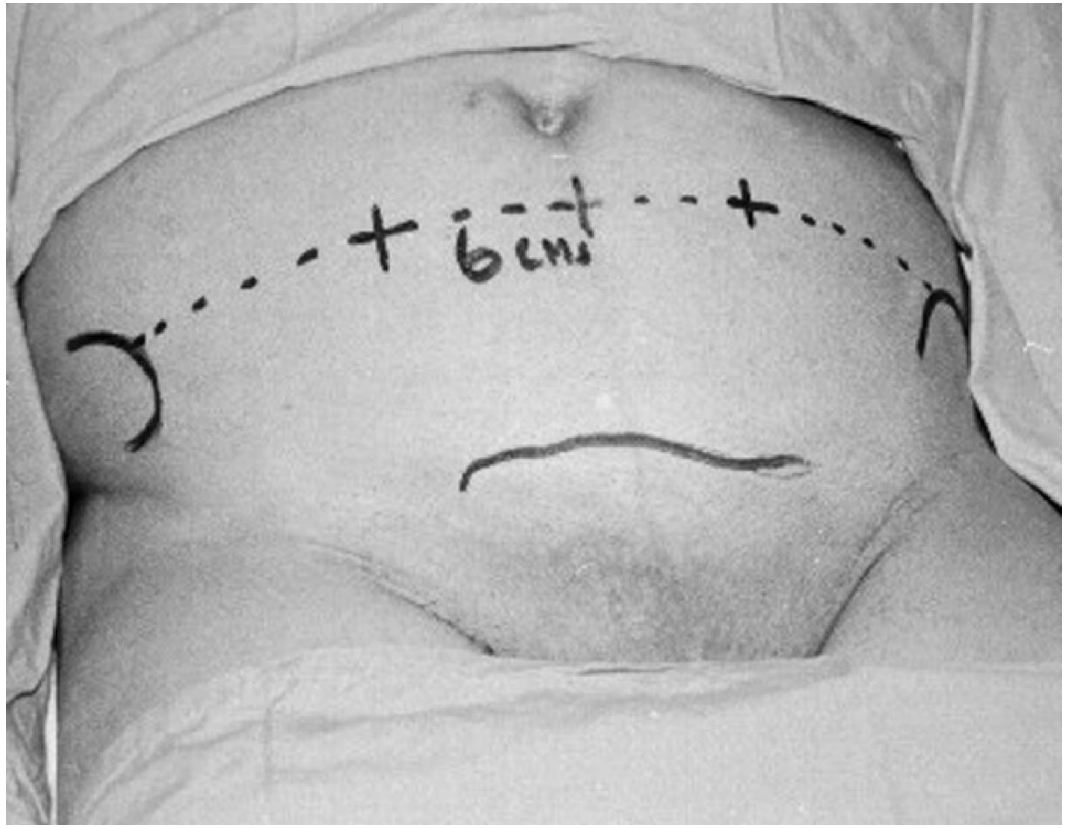
JOURNAL OF ENDOUROLOGY
Volume 20, Number 7, July 2006

Positional Anatomy of Vessels That May Be Damaged at Laparoscopy: New Access Criteria Based on CT and Ultrasonography to Avoid Vascular Injury

SESHADRI SRIPRASAD, FRCS (Urol),[1] DOMINUIC F. YU, FRCR,[2] GORDON H. MUIR, FRCS (Urol),[1] JOHAN POULSEN, M.D.,[1] and PAUL S. SIDHU, FRCR[2]







Sriprasad, S.I. , Hopster, D. , Muir, G.H.
The biological characteristics of pT1G3 bladder tumours are the same as muscle invasive cancer: a study of cell proliferation and molecular markers of aggressiveness.
J Urol 2001; 165(5): supplement 192.

794

THE BIOLOGICAL CHARACTERISTICS OF PT1G3 BLADDER TUMOURS ARE THE SAME AS INVASIVE CANCERS: A STUDY OF CELL PROLIFERATION AND MOLECULAR MARKERS OF AGGRESSIVENESS

Seshadri I Sriprasad, Debbie Hopster, Gordon H Muir, Jane Codd, Peter M Thompson, William H Choi, David Mulvin. London, UK*

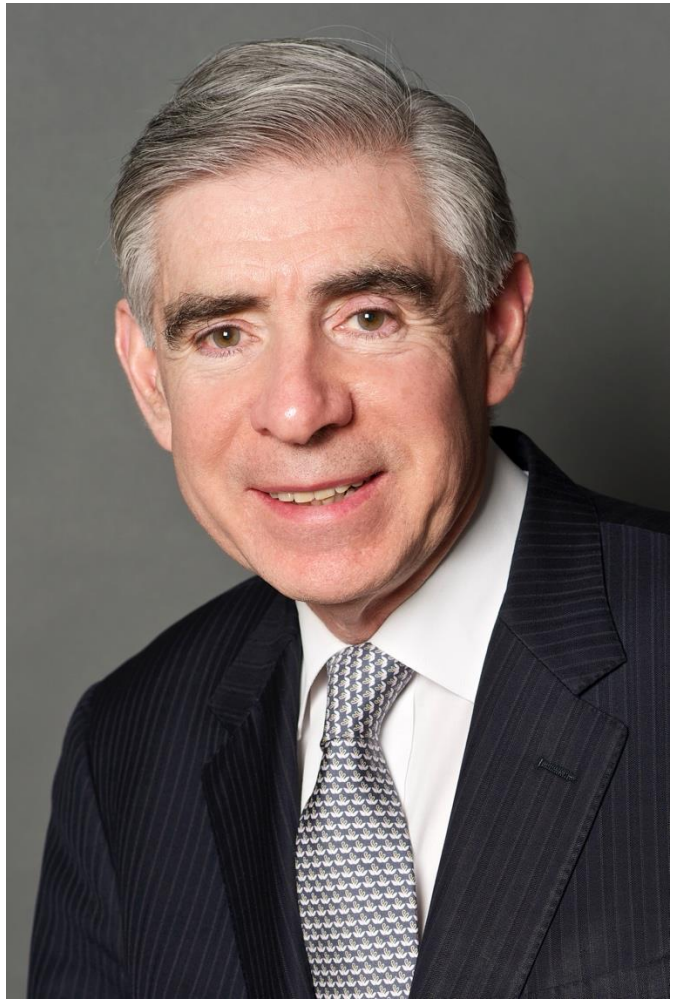
Introduction and Objectives: Although classified as 'superficial', pT1G3 transitional cell carcinoma (TCC) of the bladder has at least a 40% progression rate. Tumour progression occurs through several different mechanisms. Hence evaluation of multiple markers representing differing events in tumourigenesis for an individual tumour may provide more information than using a single marker. The aim of this study was to assess the biological nature of pT1G3 bladder tumour by studying cell proliferation and other immunohistochemical parameters, and survival pattern and comparing the same parameters with superficial and invasive bladder tumours.

Methods: Fifty- seven patients with TCC who had substantial follow- up (mean 4.1 years) were studied with the following immunohistochemical stains performed on paraffin sections: p53, pRb, Ki67, EGFR, VEGF and E-Cadherin. Microvessel density (MVD) was determined using CD34 immunostaining. Mitotic index (MI) was also counted. The study group (pT1G3) had twenty-one patients (n=21). Superficial bladder TCC (pTa G1, n=18) and invasive tumour (pT2G3, n=18) were studied as negative and positive controls. The sections were scored by two observers independently.

Results: The mitotic index in pTa tumours was lower than in pT1 and pT2 ($P<0.0001$). The MI count was no different between pT1 and pT2 ($P=0.16$) tumours. The same was true for Ki 67 (pTa VS pT1, $P=0.03$; pTa VS pT2, $P=0.03$; pT1VS pT2, $P=0.40$). Expression of p53 and EGFR increased with grade and stage. pRb and E-cadherin showed an inverse trend. These values were not statistically significant. Kaplan- Meier estimates of progression free survival comparing pTa and pT1G3 groups were significant ($P=0.004$) and that between pT1G3 and pT2 groups was not significant ($P=0.101$).

Conclusions: pT1G3 tumours have the same clinical and molecular characteristics as muscle invasive cancers.

Peter Thompson



Training

- SE London rotation- Dartford, Medway, Bromley
- Stone Fellowship in UCL and laparoscopic fellowship in Kings
- Well -trained for 8 years!!


Visit Kent
The Garden Of England


Darent Valley Hospital

Darent Valley Hospital, Dartford

Clinical work - training

- Performed all types of urological surgery
- Open, laparoscopic and endourological surgeon
- Both endo and exoluminal

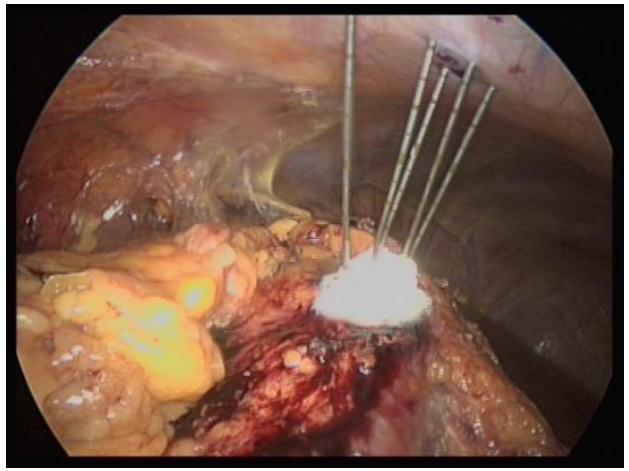
- Currently- Stone and laparoscopic kidney surgeon

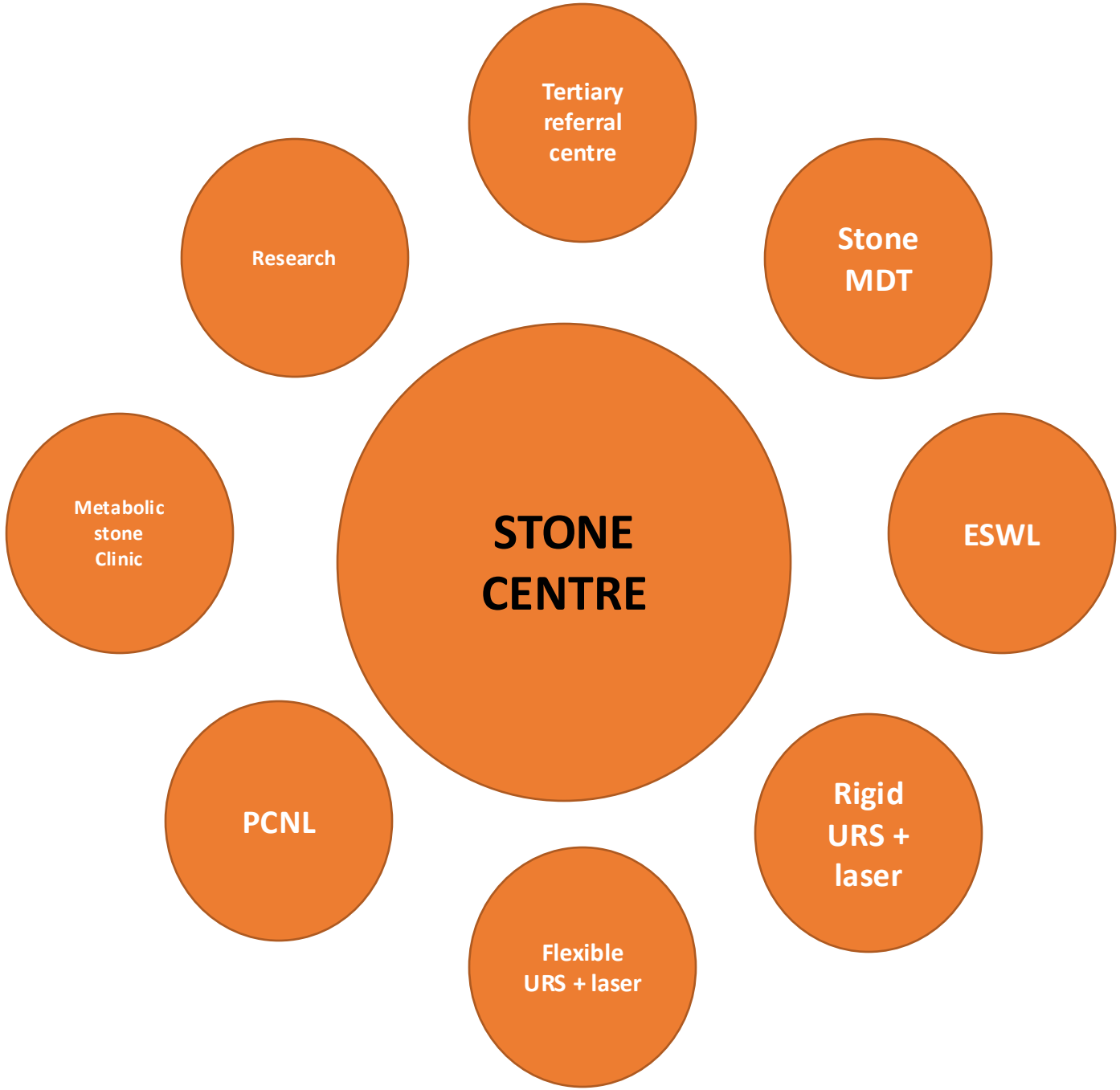
- Can safely repair and re implant damaged ureters.

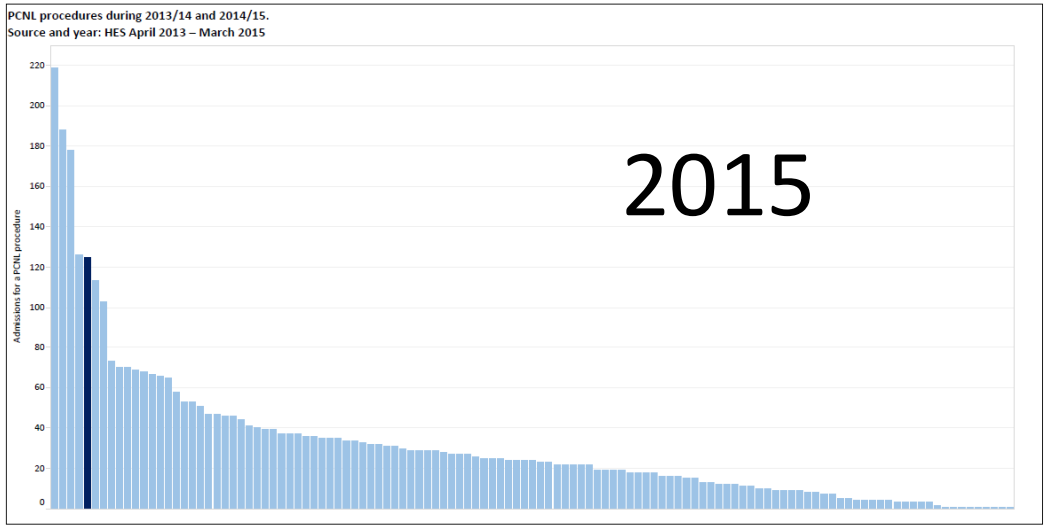
My colleagues


Poplar Unit
Poplar Unit


One-Stop Urological
Cancer Diagnostic Centre
Fixed Site Lithotripter

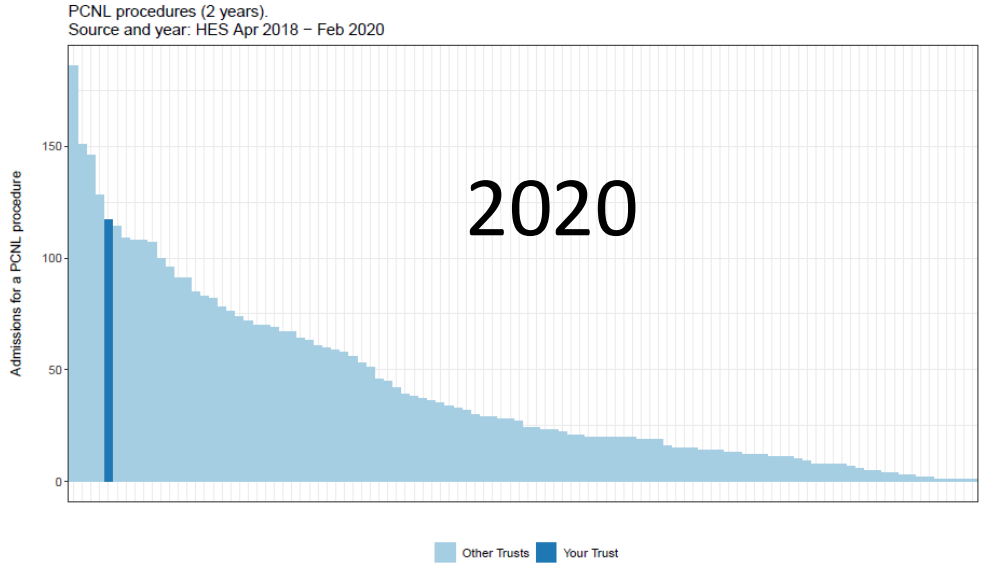


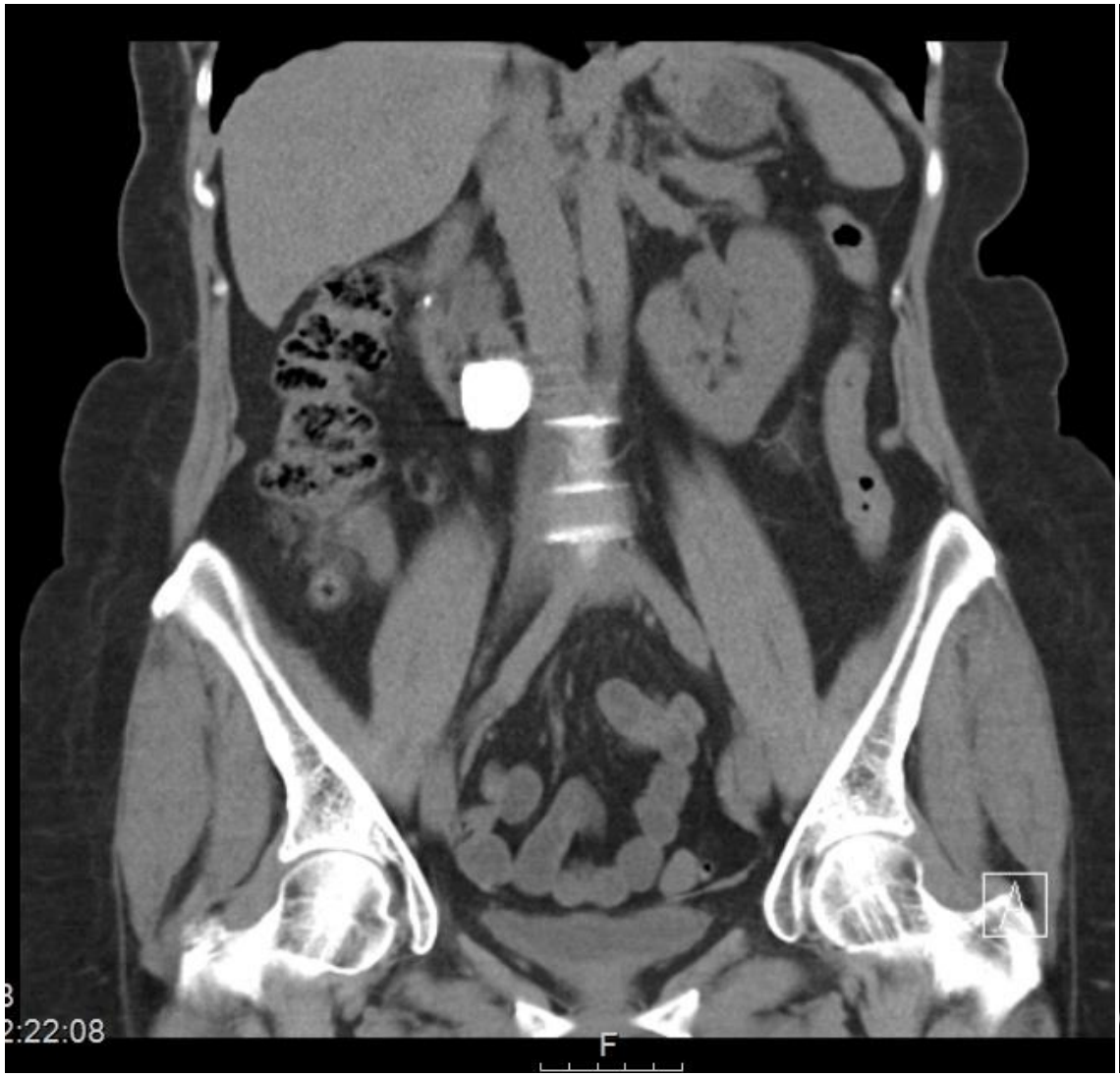

Tertiary referral centre
Research
Stone MDT
Metabolic stone Clinic
STONE CENTRE
ESWL
PCNL
Rigid URS + laser
Flexible URS + laser



4.4 PCNL (Pertcutaneous nephrolithotomy)

4.4.1 PCNL - Workload for Trust (HES data, 2 years)

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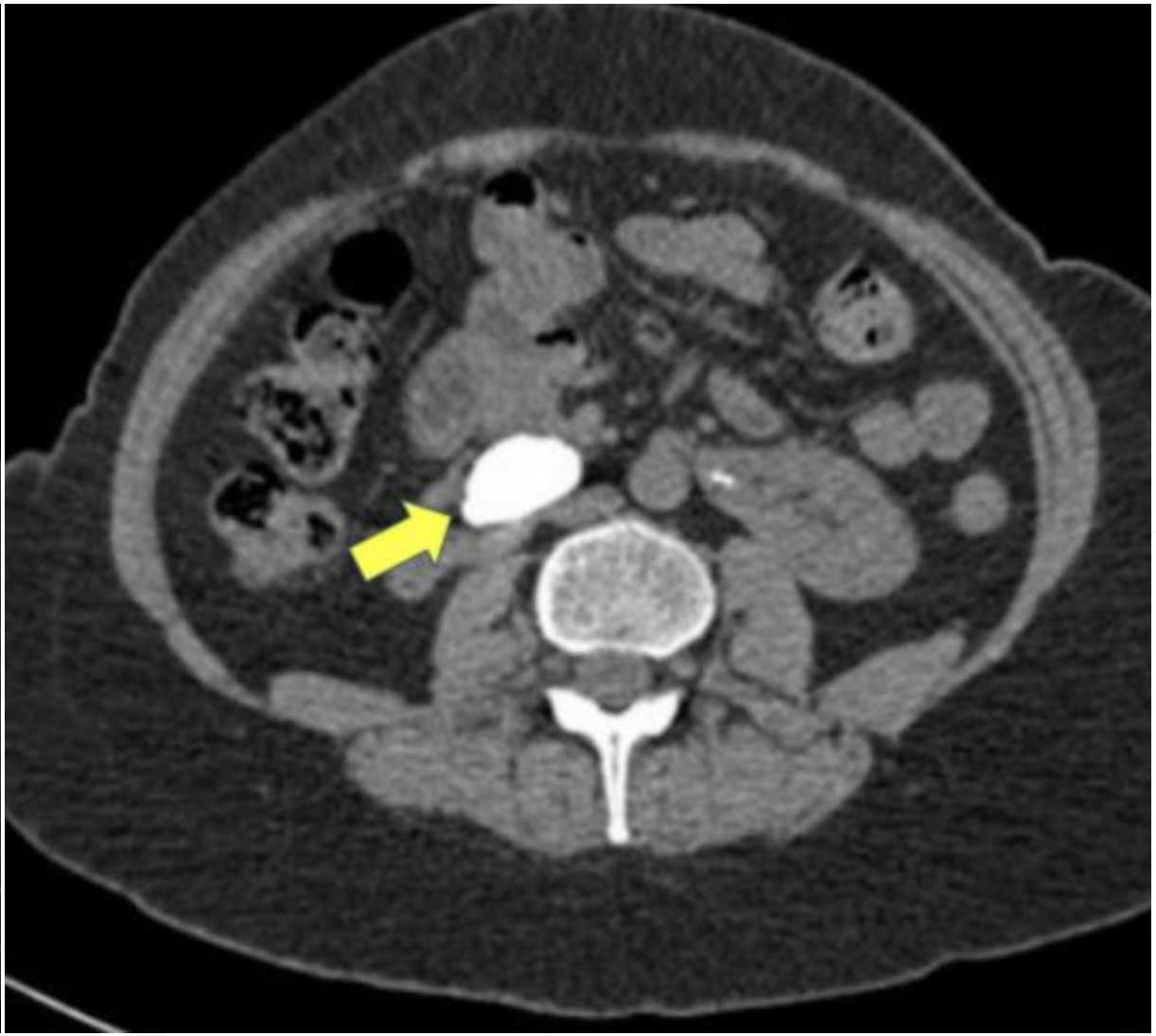


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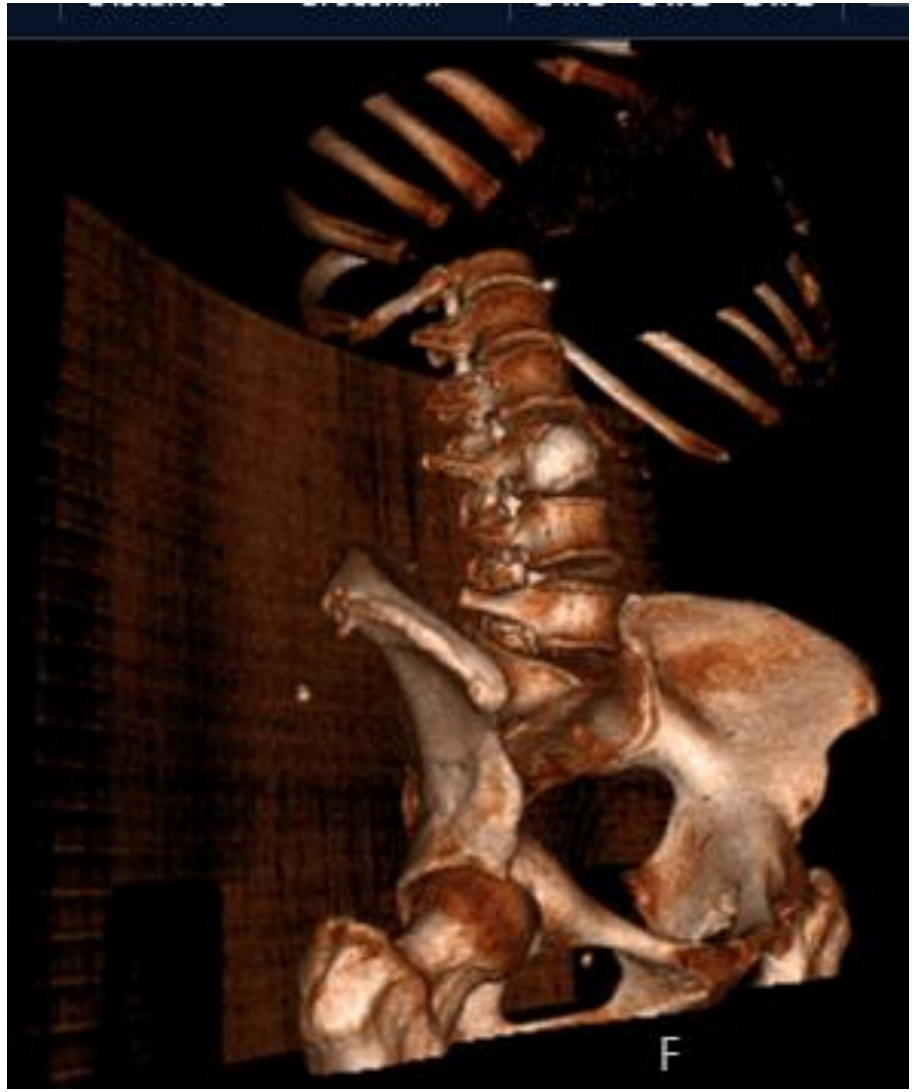
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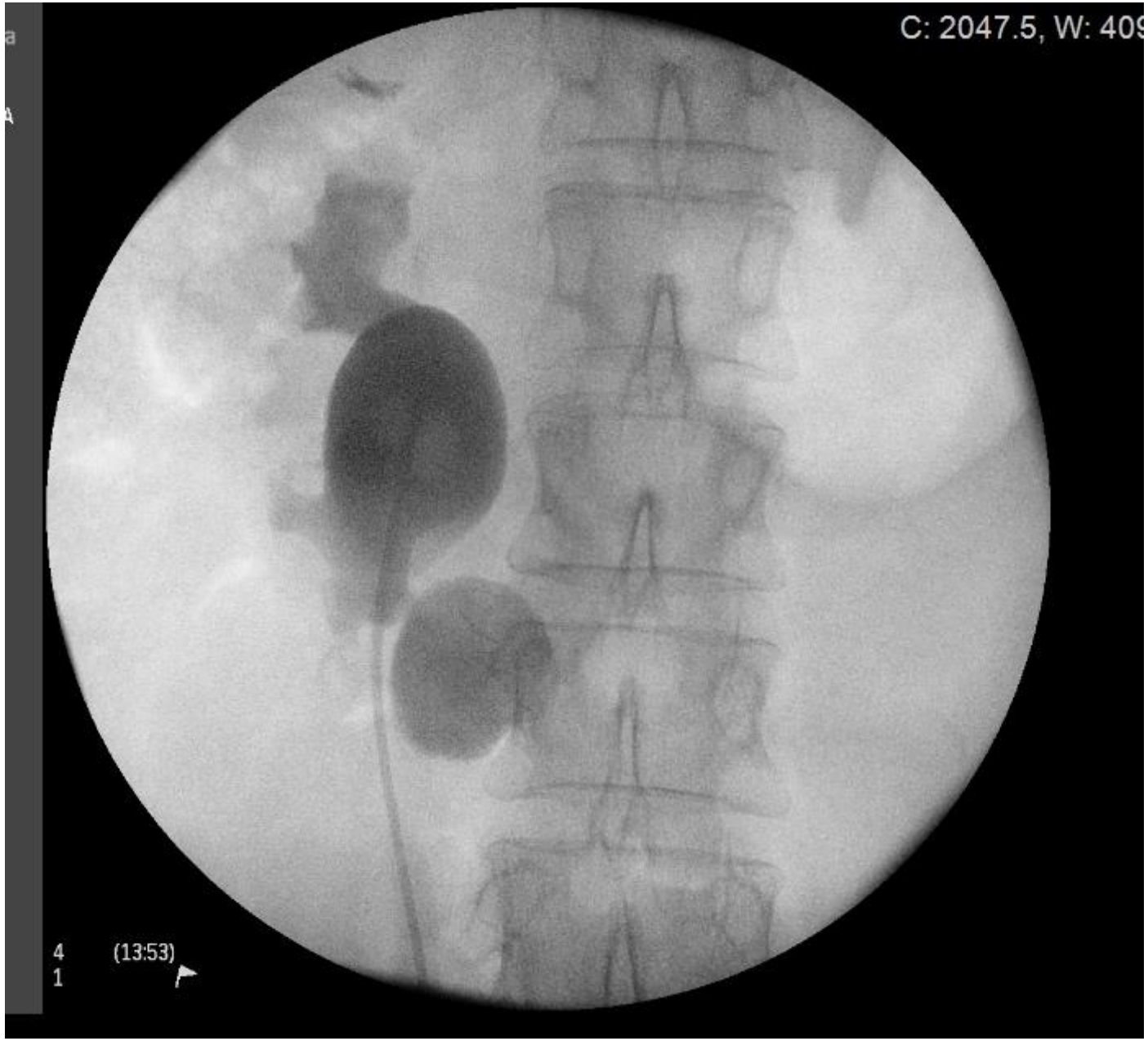
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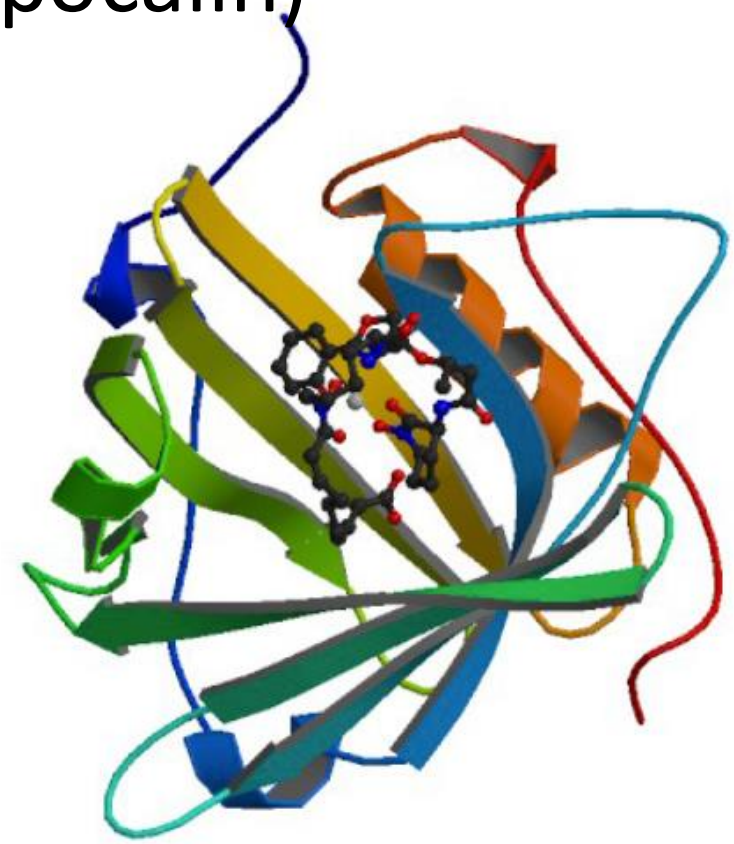
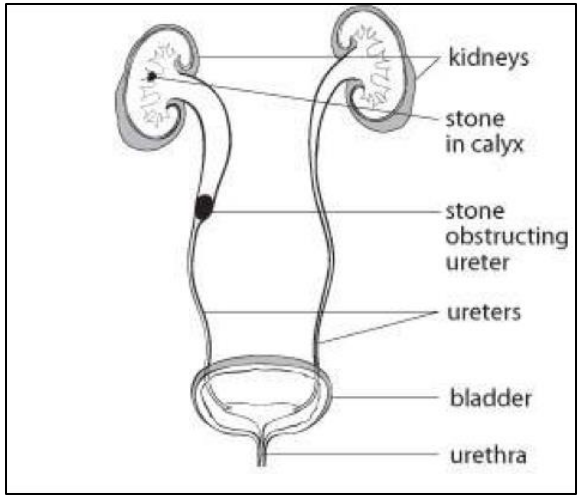
BAUS residential course and Master classes

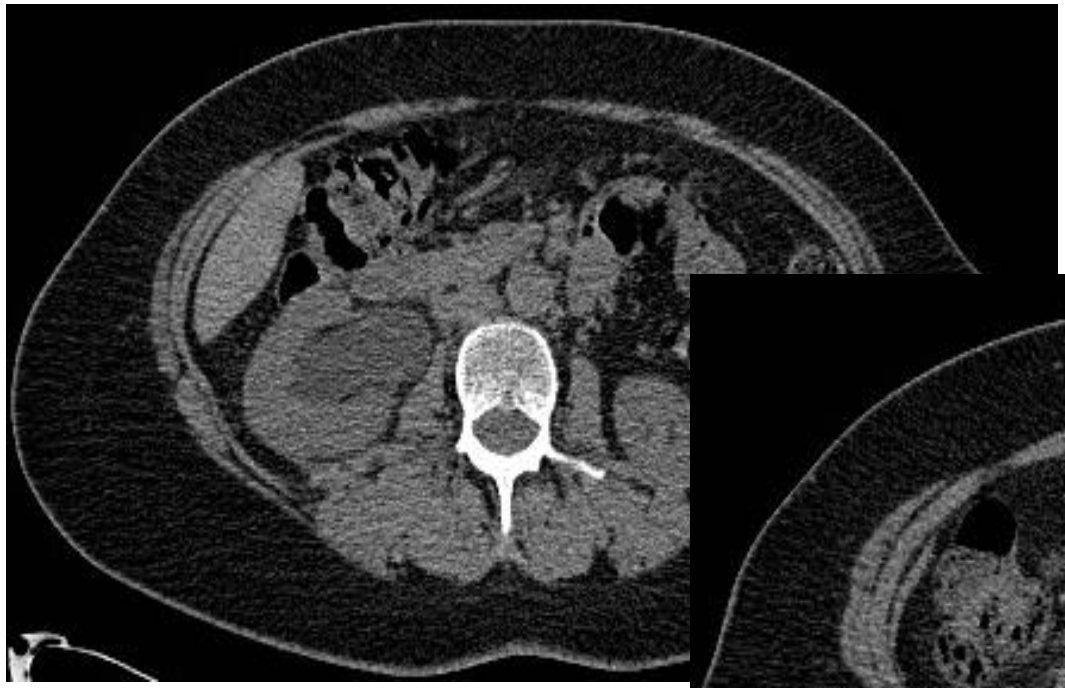
NGAL
(Neutrophil Gelatinase-Associated Lipocalin)

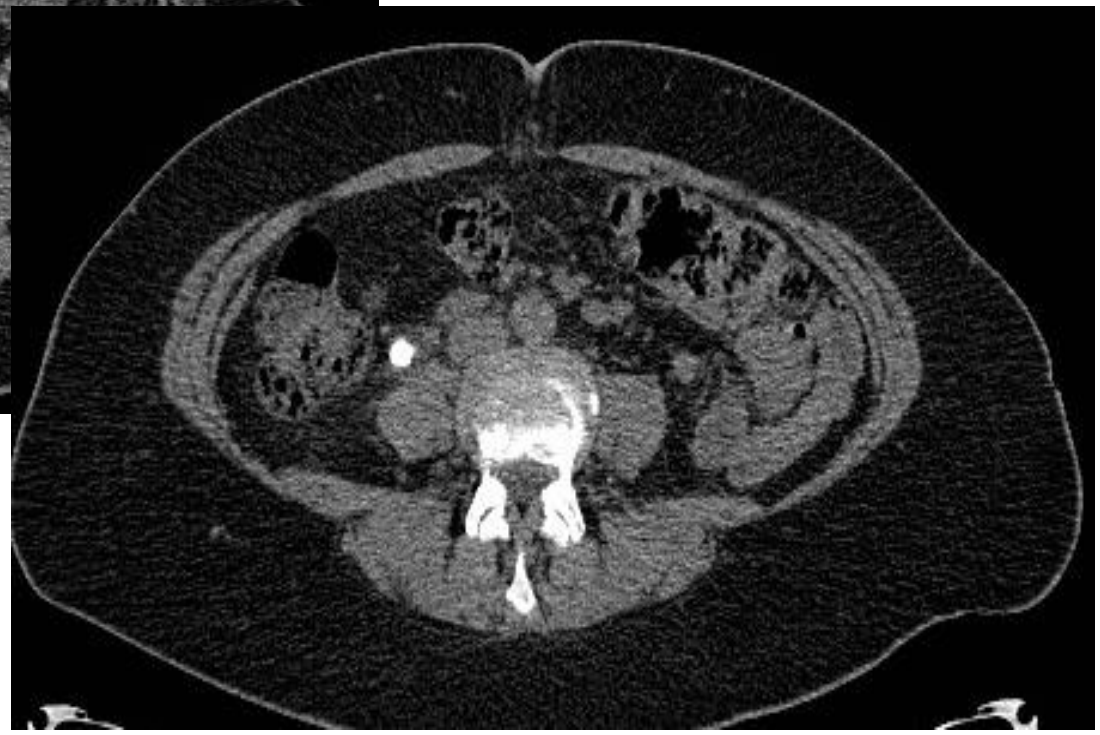
25 kDa protein



Obstruction to kidneys



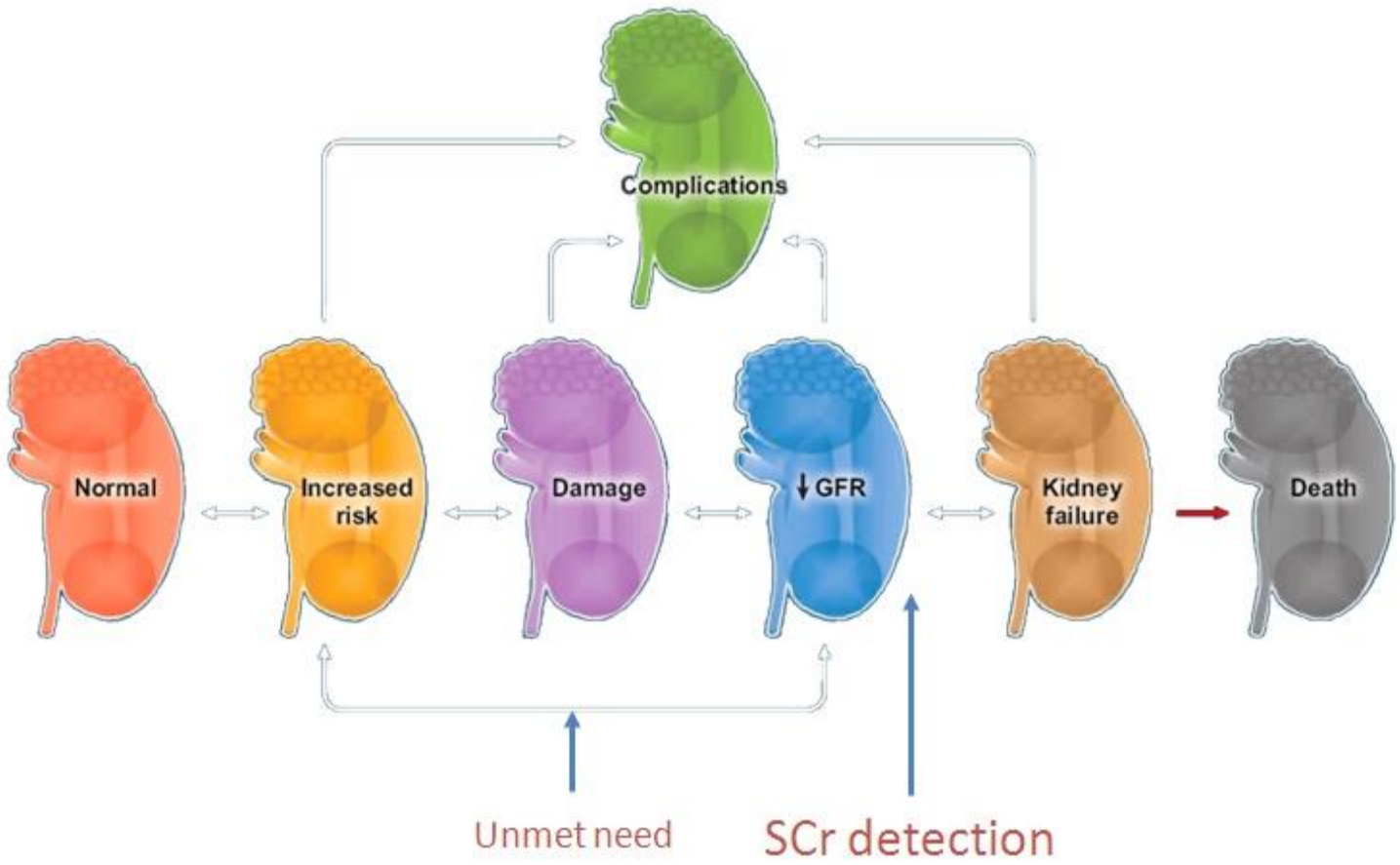




Quantifying obstruction is challenging!

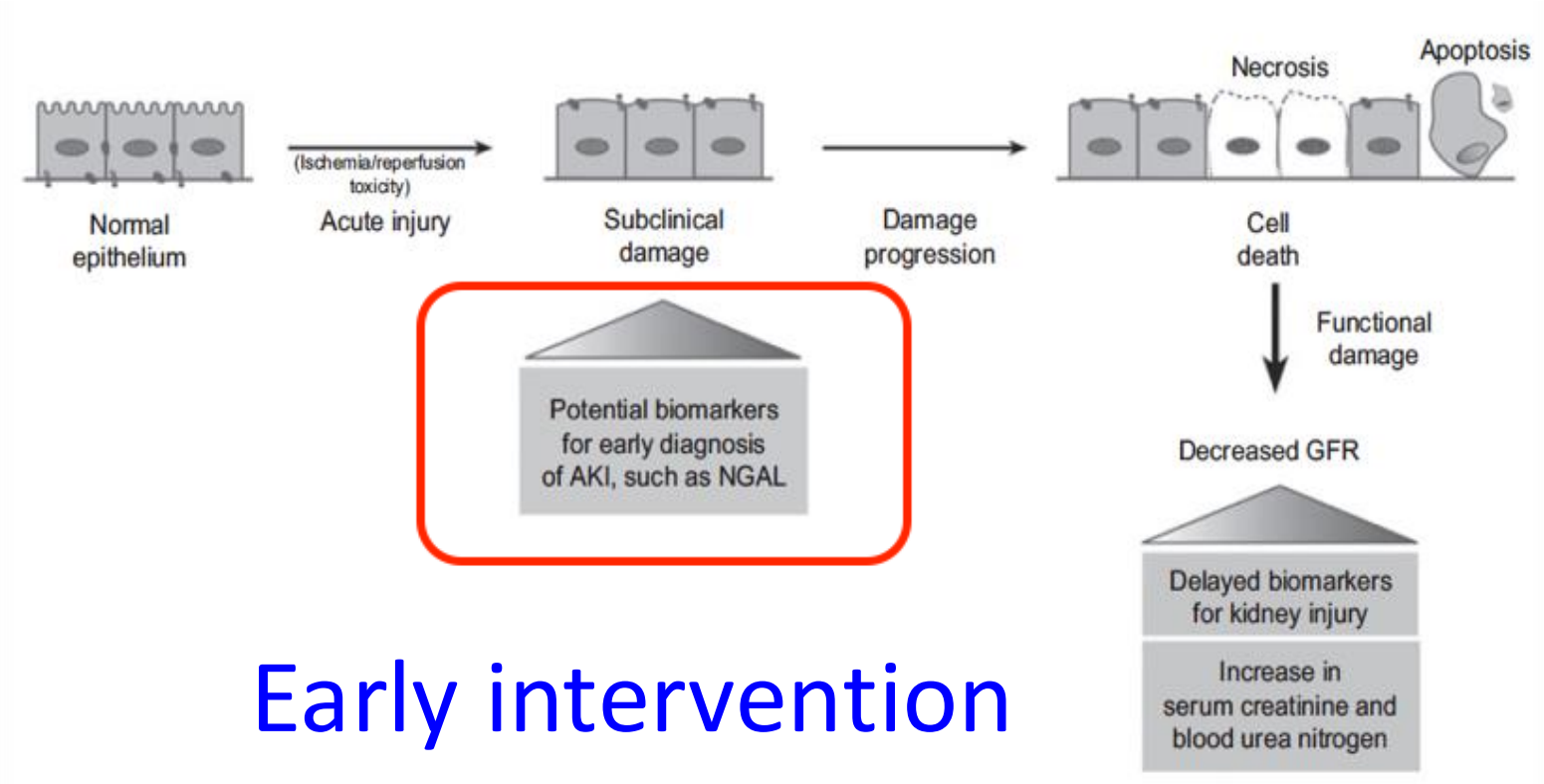
- Creatinine & urine output measurements inaccurate
- Significant % of renal function loss before elevation
- Delay from time of injury up to 48-72 hr
- Compensation from contralateral normal kidney!

Spectrum of Kidney Injury

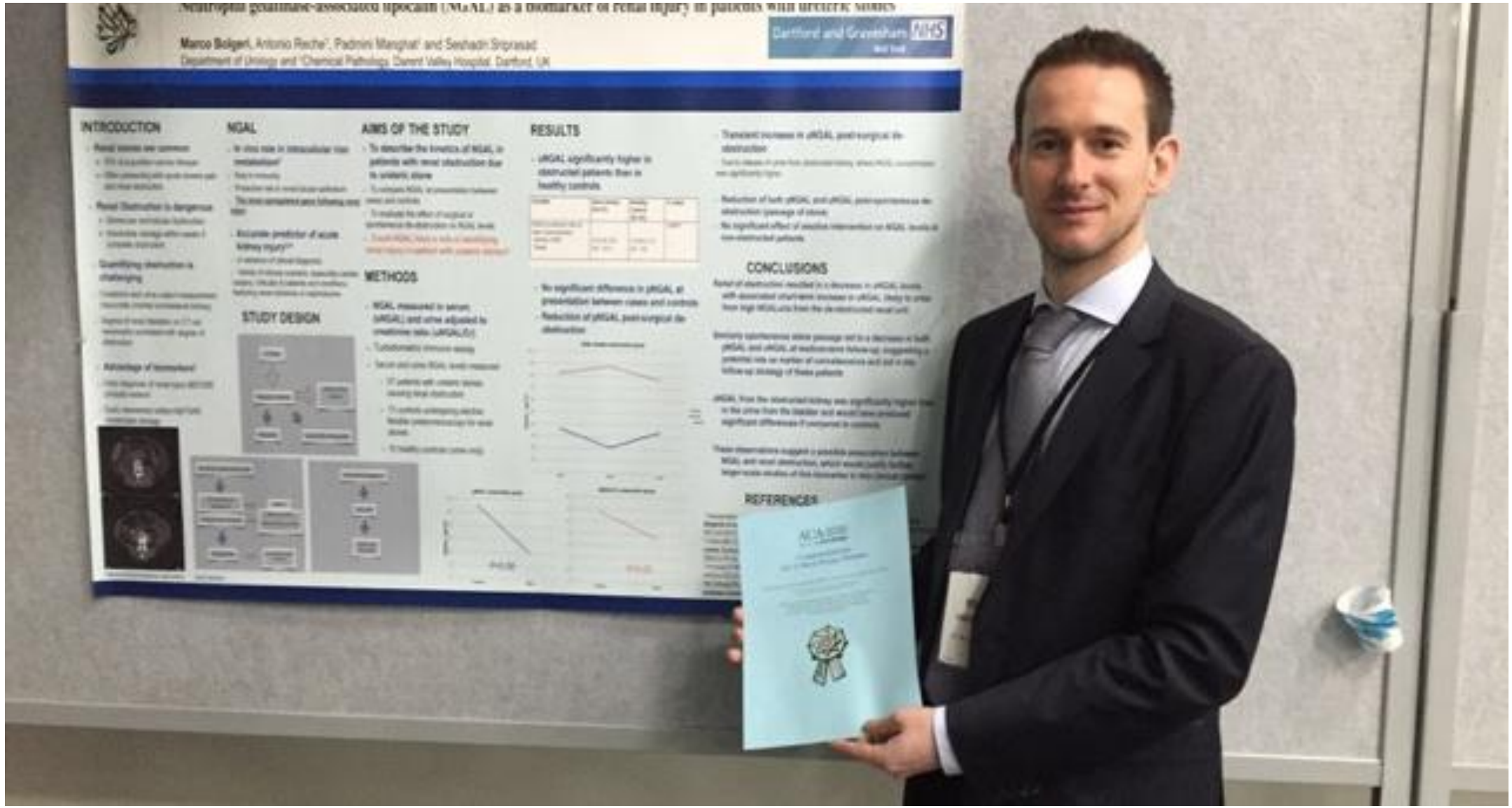


Vaidya, et al. *Ann Rev Pharmacol Toxicol.* 2008;48:463-493.

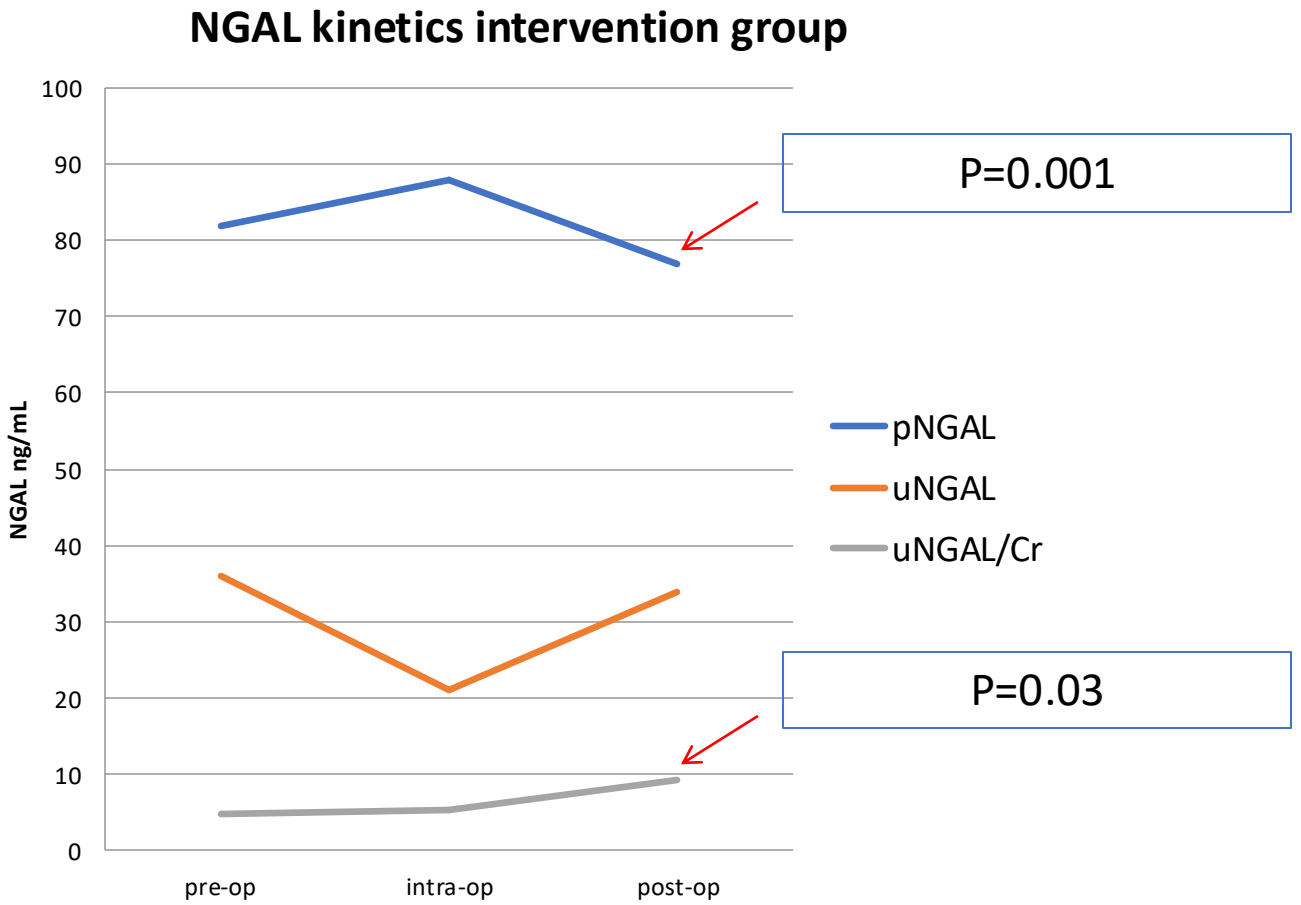
Biomarkers - early diagnosis



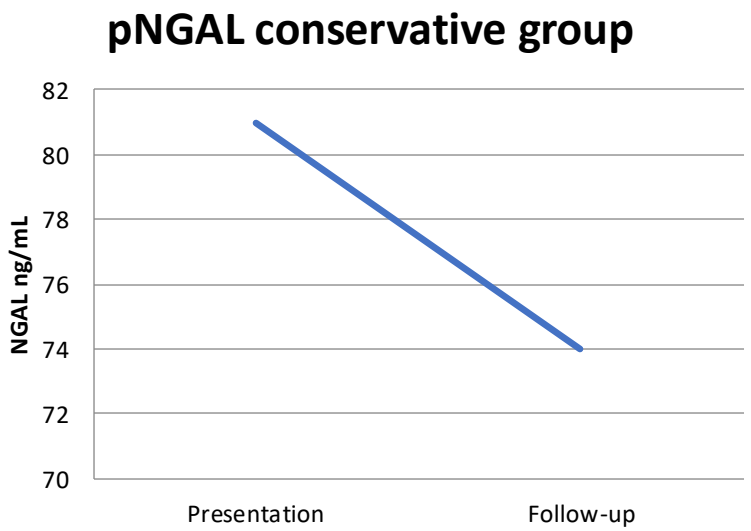
Early intervention


Marco Bolgeri, Antonio Reche*, Padmini Manghat* and Seshadri Sriprasad
Department of Urology and *Chemical Pathology, Darent Valley Hospital, Dartford, UK
Dartford and Gravesham NHS
INTRODUCTION
NGAL
AIMS OF THE STUDY
RESULTS
METHODS
STUDY DESIGN
CONCLUSIONS
REFERENCES

NGAL kinetics - intervention



pNGAL kinetics - conservative

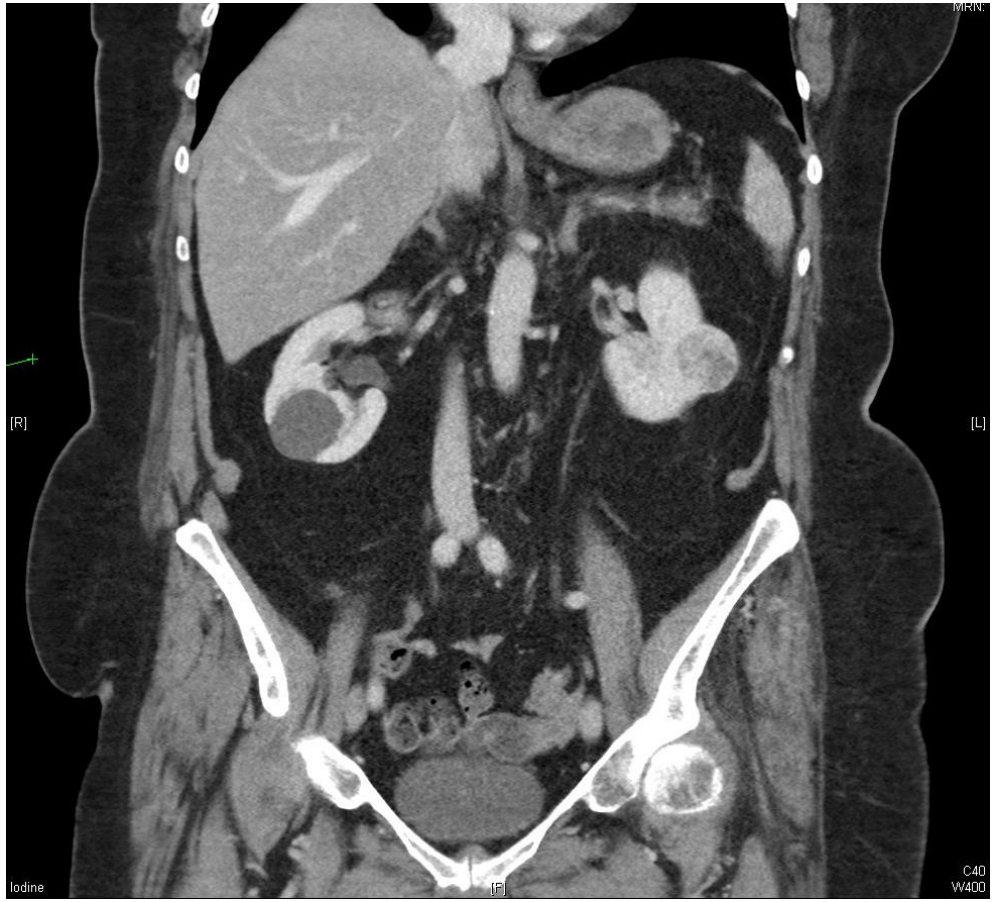


Variable	pNGAL at presentation (N=9)	pNGAL at follow-up (N=7)	P-value
pNGAL Median (IQR) Range	81 (79, 117) 60 - 169	74 (63, 84) 40 - 156	0.05

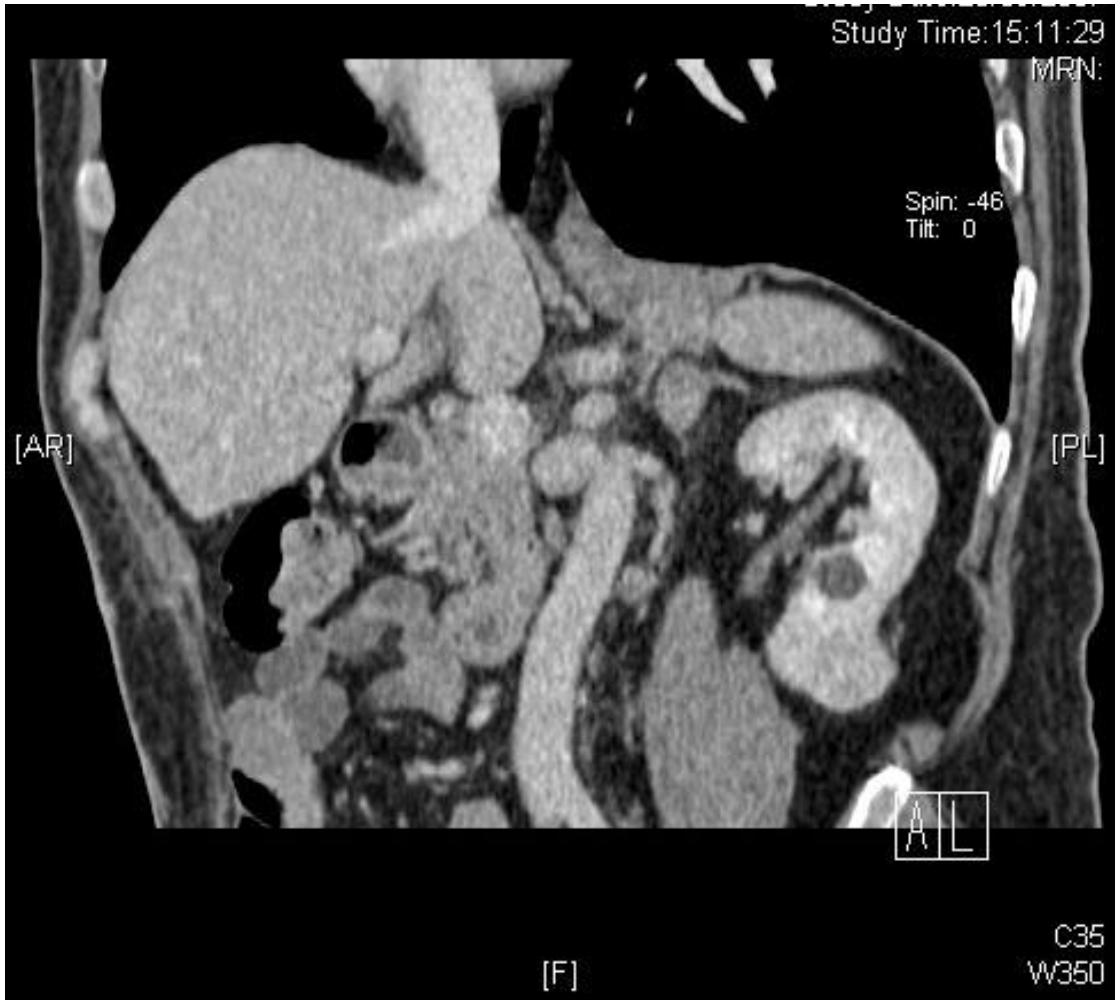
Emerging markers!

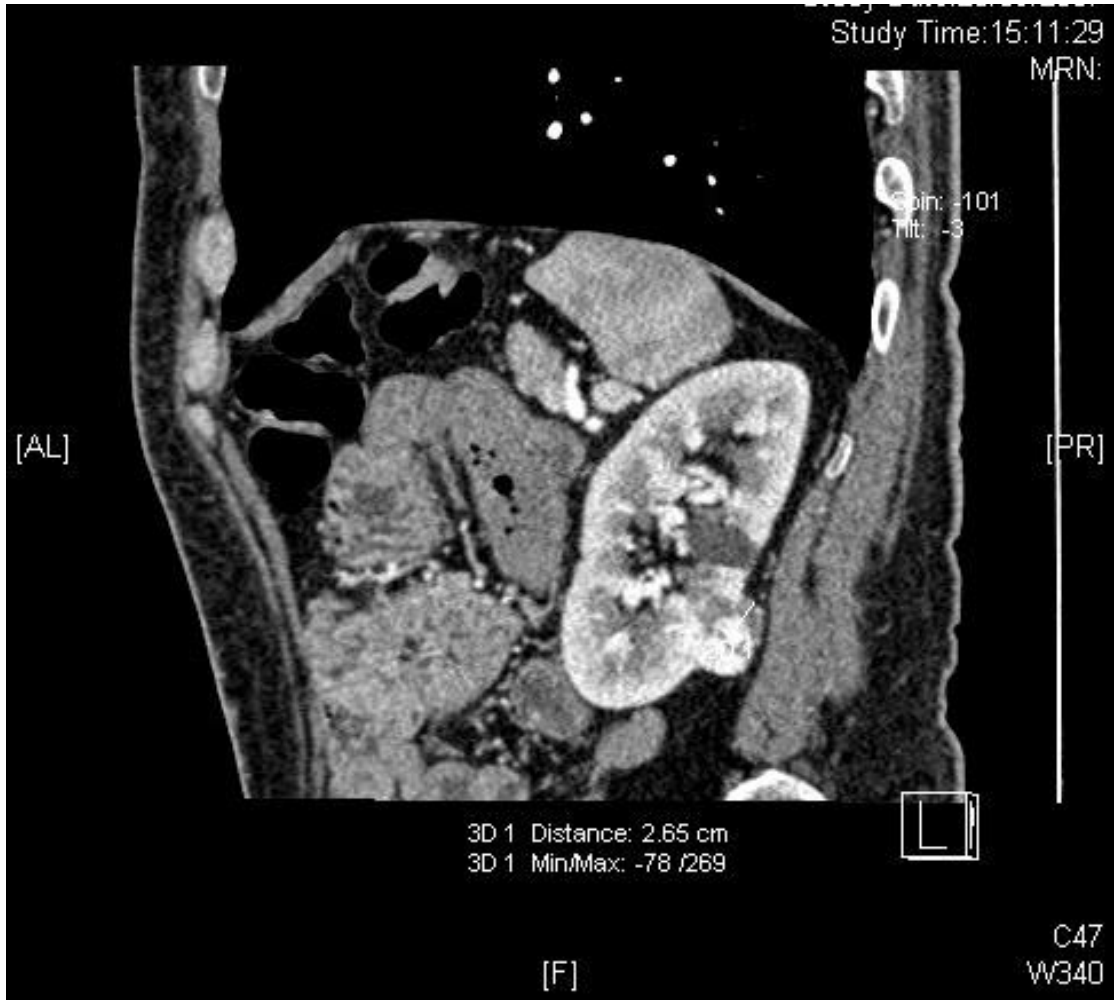
- Have we found the renal troponin?
- Will NGAL do what troponin did to coronary syndromes?
- **Not yet, but we think it is a promising start !**
- **Larger studies needed – we are planning.**

3 cm exophytic mass in a 70 year old with NIDDM+ Hypertension



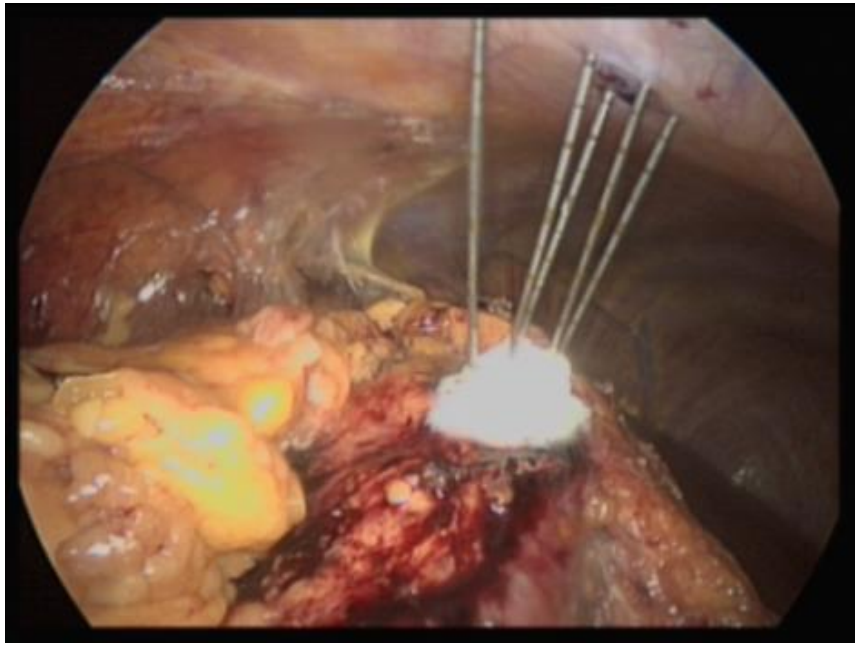
Renal tumour in solitary kidney

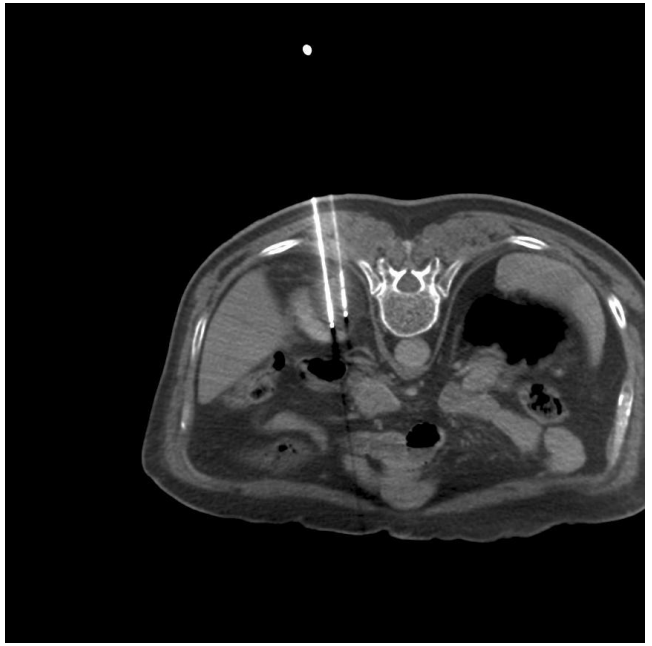




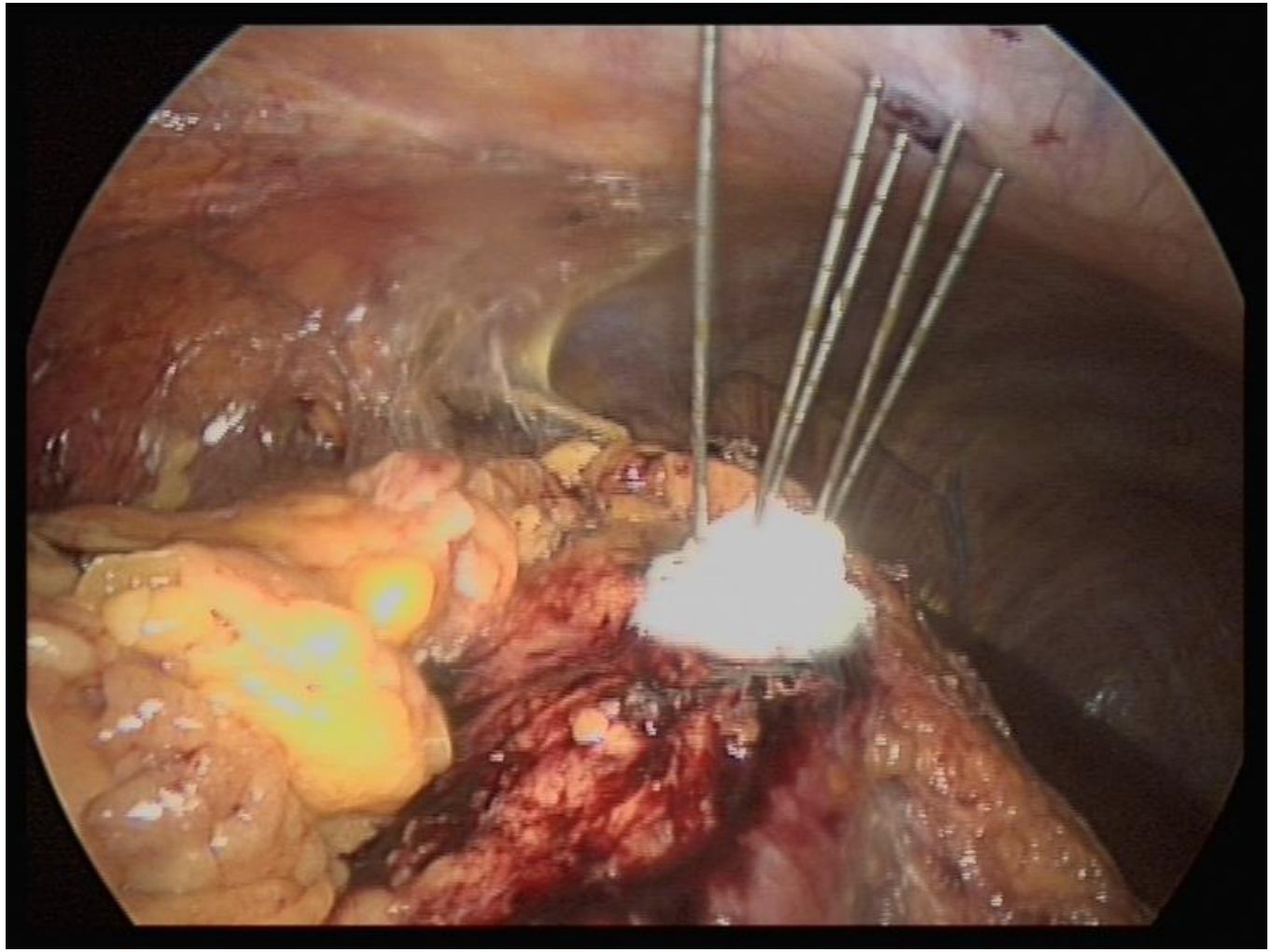
Cryotherapy types

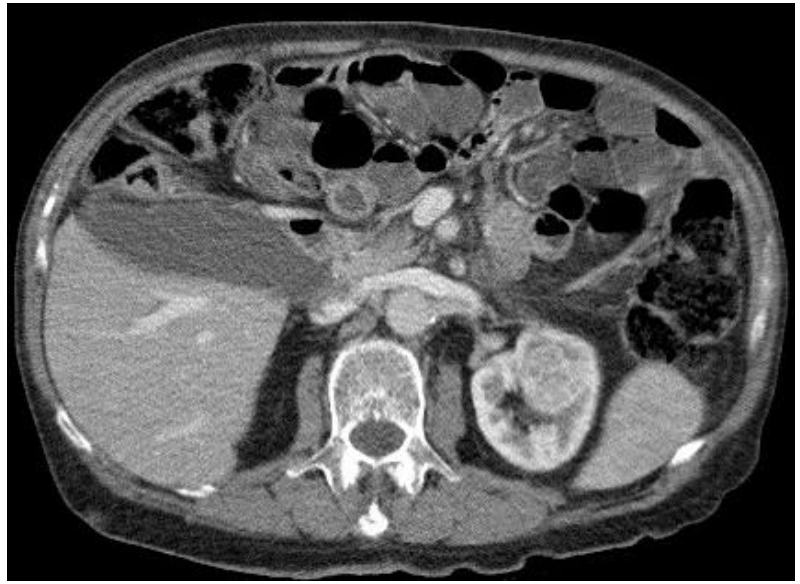
- Laparoscopic – anterior tumours
- Percutaneous- polar and posterior

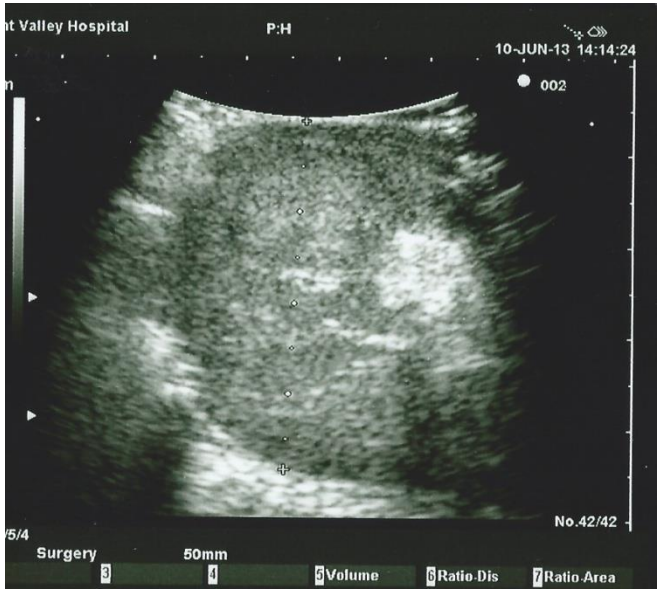




Argon gas cryotherapy






t Valley Hospital
P:H
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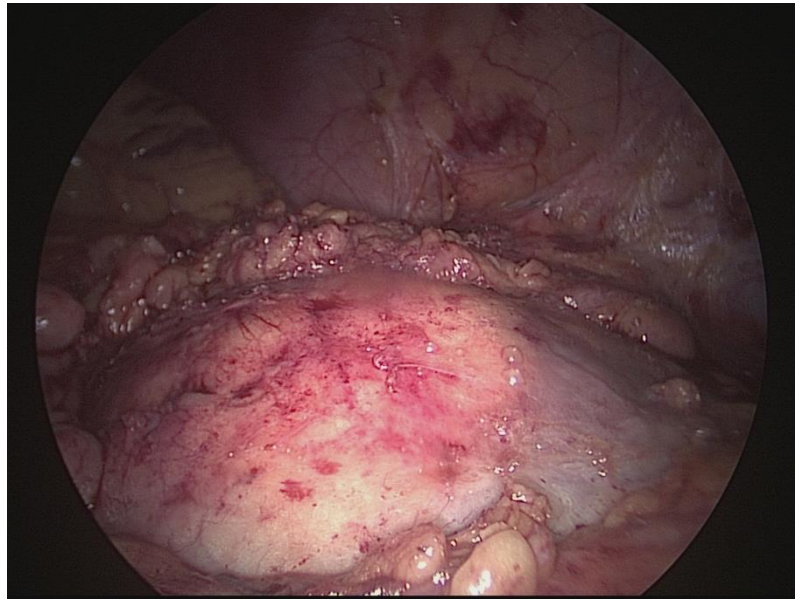
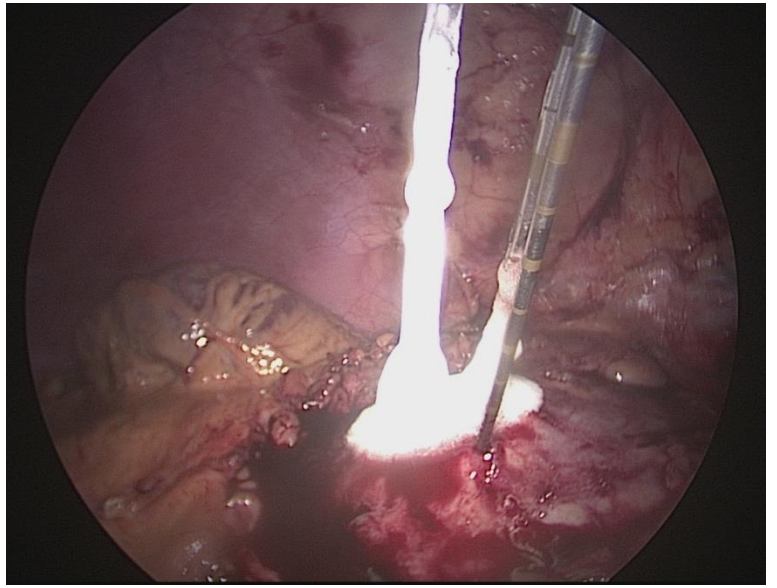
002
No.42/42
Surgery
50mm
5Volume
6Ratio-Dis
7Ratio-Area






EuRECA
European Registry for Renal Cryoablation

EuRECA multi-institutional study

Nielsen TK, Lagerveld BW, Keeley F, Sriprasad S et al.

Oncological outcomes and complication rates after laparoscopic-assisted cryoablation: EuRECA multi-institutional study.

BJU Int. 2017 Mar;119(3):390-395. doi: 10.1111/bju.

Laparoscopic cryoablation

- 808 patients (2005-2015)
- Median age 67 years
- Median tumour size 25mm (19-30)
- Median hospital stay – 2 days
- 514 patients – biopsy proven RCC
- Median follow up 36 months (14-56)
- 32 patients (6.2%) treatment failure.

Survival

Estimated disease free survival

5 years- 90.4%

10 years- 80%

Overall survival

5 years- 83.2%

10- years- 64.4%

JOURNAL OF ENDOUROLOGY
Volume 34, Number 2, February 2020

Pp. 233–239
DOI: 10.1089/end.2019.0669

Renal Function Loss After Cryoablation of Small Renal Masses in Solitary Kidneys: European Registry for Renal Cryoablation Multi-Institutional Study

Seshadri Sriprasad,[1] Mohammed Aldiwani,[1] Shiv Pandian,[1] Tommy K. Nielsen,[2] Mohamed Ismail,[3,4] Neil J. Barber,[5] Giovanni Lughezzani,[6] Alessandro Larcher,[6] Brunolf W. Lagerveld,[7] and Francis X. Keeley, Jr.[3]

EuReKA- 102 cases single kidney (P= 0.004)

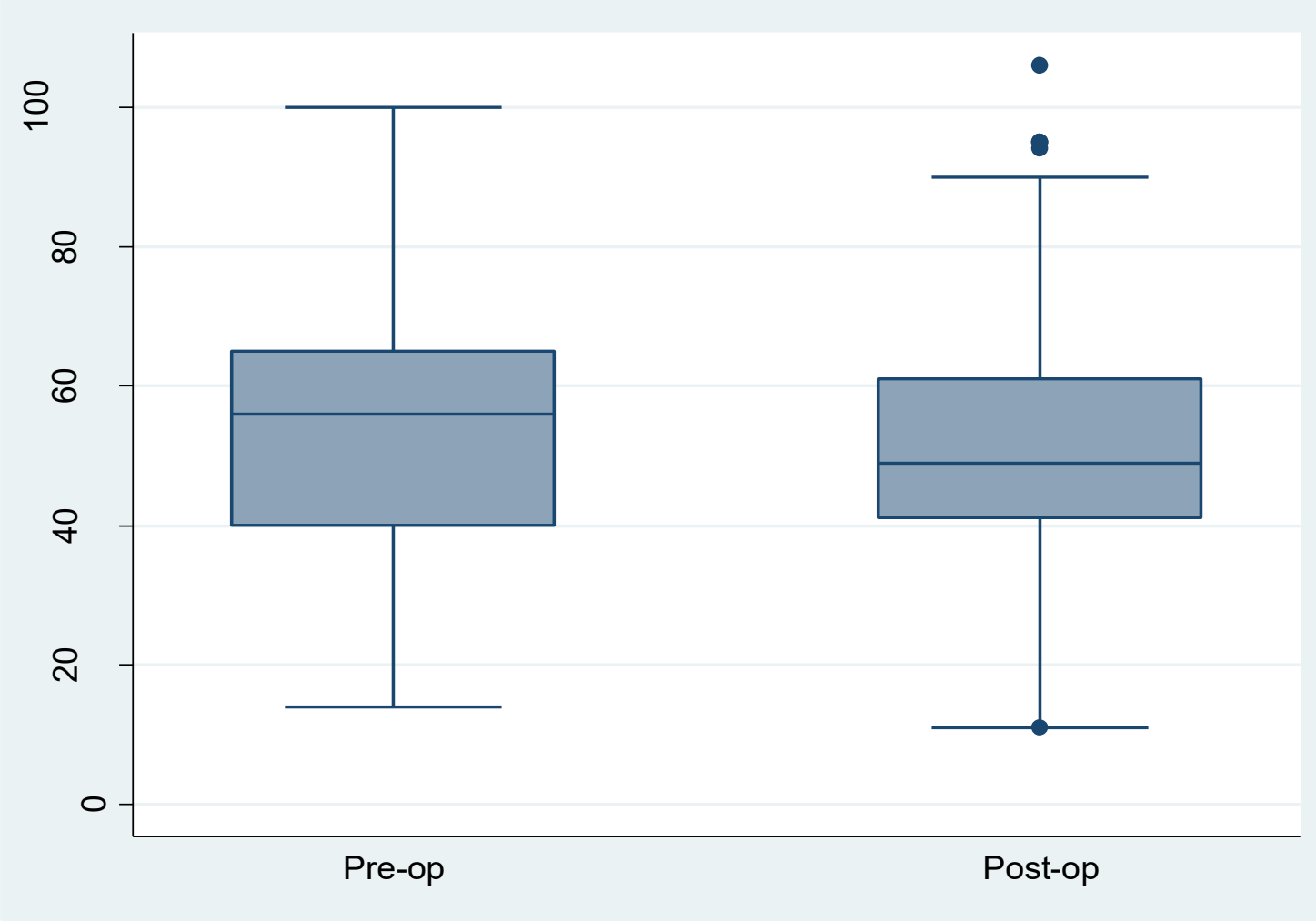


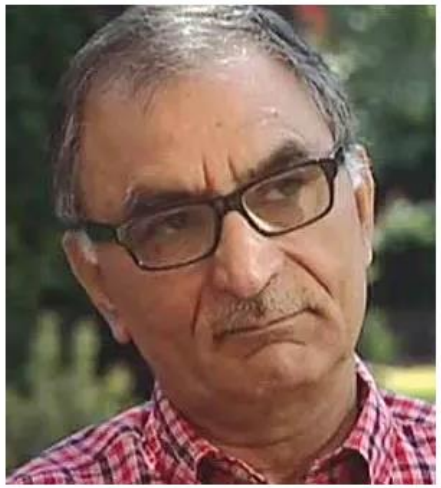
TABLE 2. PREOPERATIVE AND POSTOPERATIVE eGFR (mL/MINUTE/1.73 m^2)

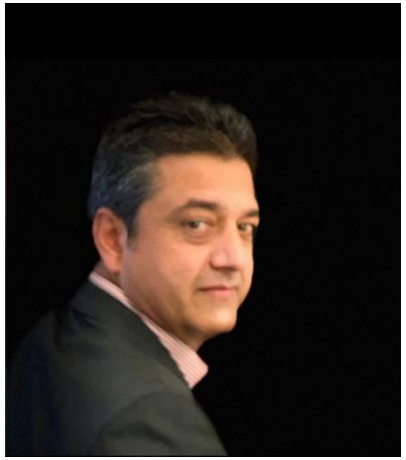
Time point	n	*eGFR, mean (SD)*	*eGFR change,*[a] *mean (95% CI)*	p
Preoperatively	102	55.0 (18.1)	—	
Postoperatively (3 months)	102	51.8 (18.8)	3.1 (1.0–5.2)	0.004

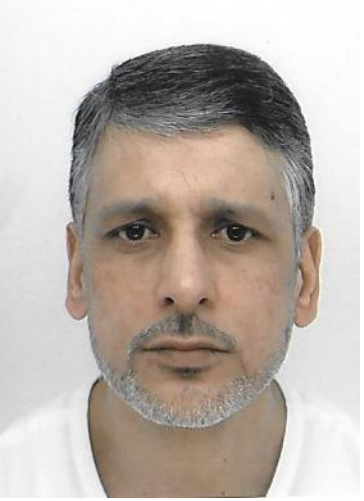
[a]Change calculated by subtracting the postoperative eGFR value from the preoperative eGFR value.

CI = confidence interval; SD = standard deviation.


Main Entrance
Welcome to
Medway Maritime Hospital
Main Entrance

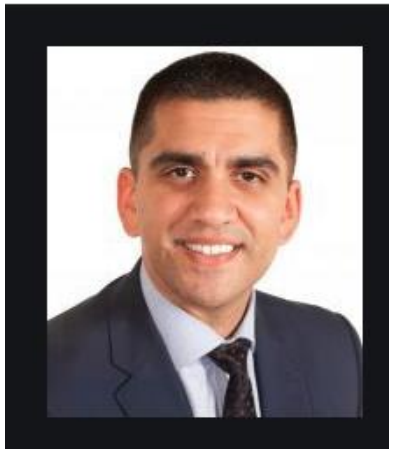


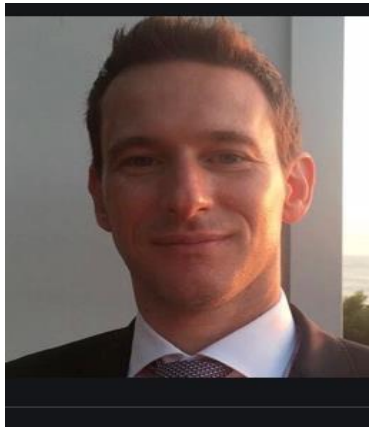


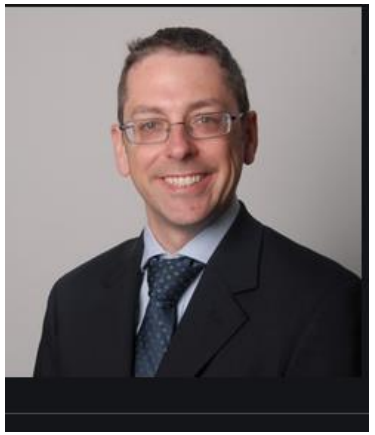


Trainees



Monument to the laboratory mouse

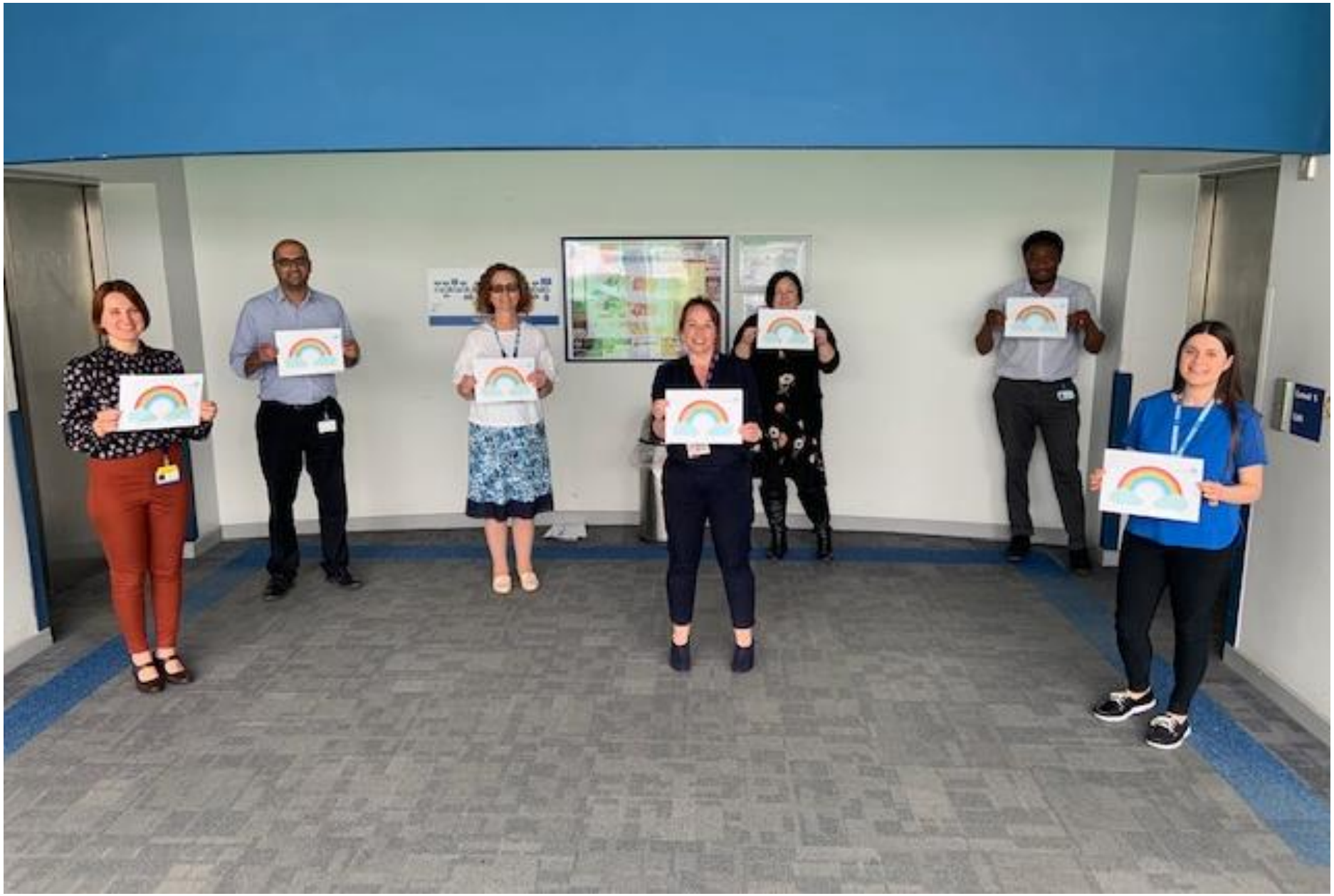
Research Fellows











Comprehensive Clinical Research Network (CCRN)

Comprehensive Research Net work- CRN

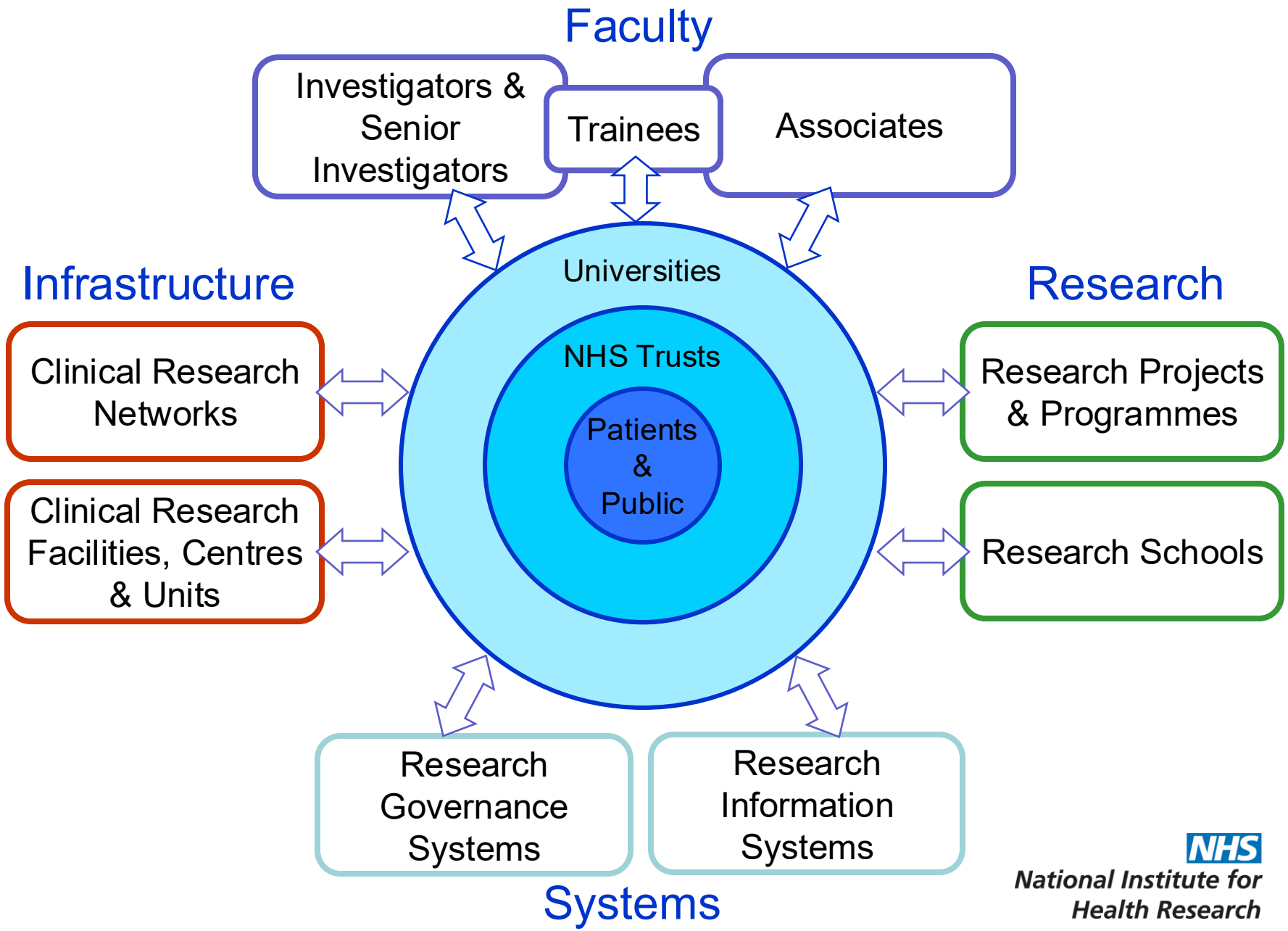
- Coordinate and facilitate clinical research
- Wide range of support to the local research community

Total Budget of 250 Million

Mission statement

‘To support research to make patients, and the NHS, better’

The NIHR Health Research System



NHS
National Institute for Health Research

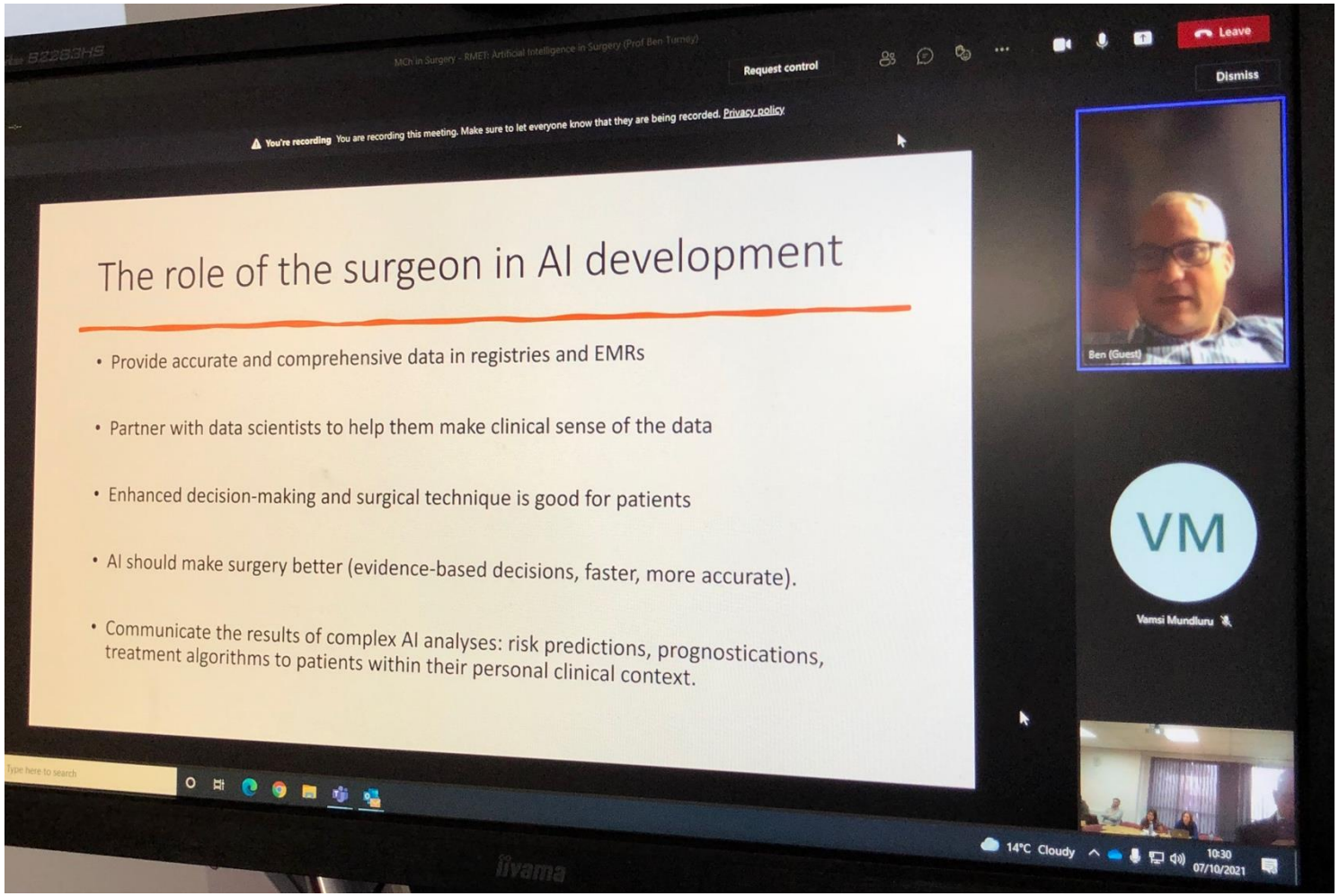
Institute of Medical Sciences, CCCU

Canterbury Christ Church University

Graduation 2019

Recent MCh students

IMS – MCh (Urology) programme



Kent and Medway Medical School

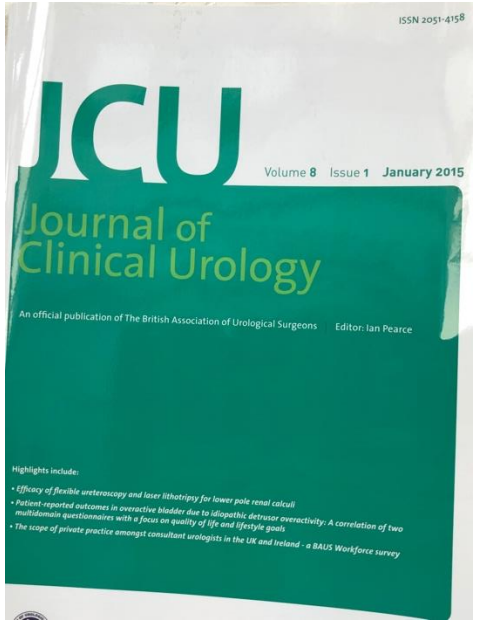
THE BRITISH ASSOCIATION OF UROLOGICAL SURGEONS

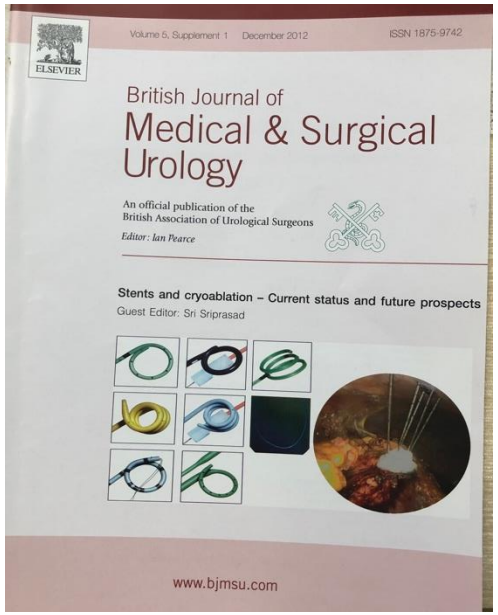
- BAUS Section of Endourology – 5years
- BAUS Council - 5 years
- BAUS Section of Endourology - Vice Chair - 2 years

BAUS Section of Endourology Chair - 2022

Teaching and training

- Examiner to FRCS, MSc, MCh, MD, MS.
- SAC Urology number
- Associate Editor – JCU





Inspiration

NHS Leadership

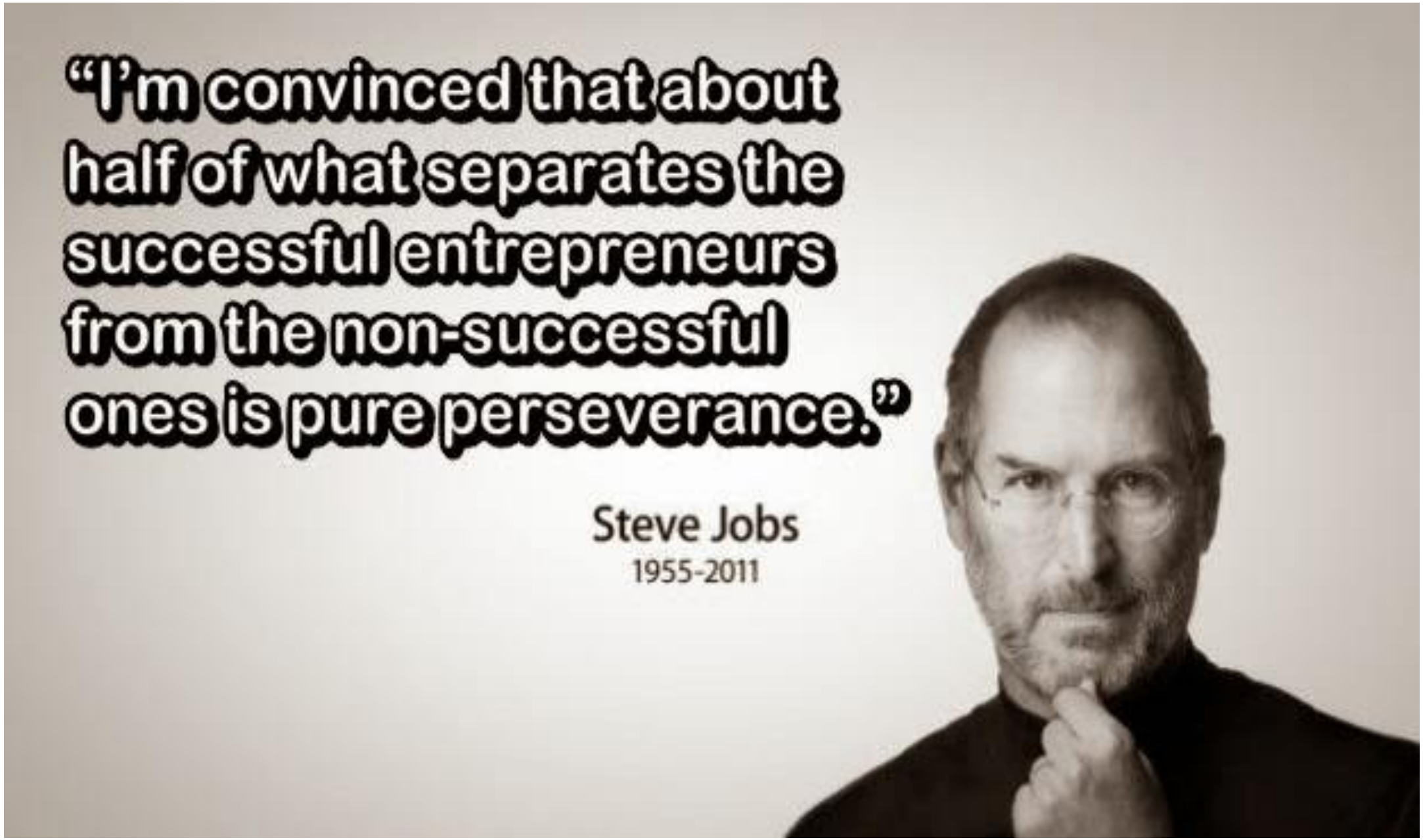
CD, DMD

‘Leadership is a verb’

- it is about action.

It is not a position or a title or entitlement.

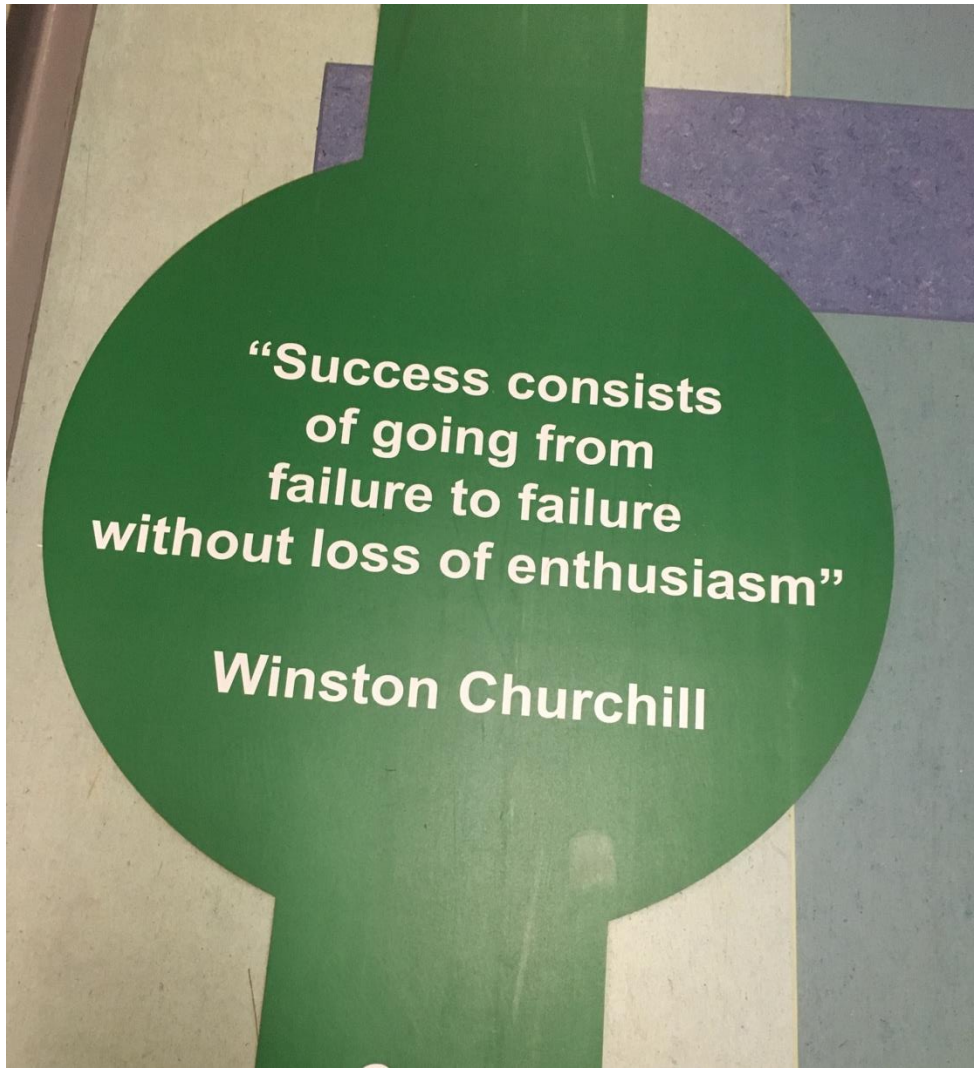

PERSISTENCE
PATIENCE and
PERSEVERANCE
MotiveWeight.Blogspot.com
MotiveWeight
Make an unbeatable combination


“I’m convinced that about half of what separates the successful entrepreneurs from the non-successful ones is pure perseverance.”
Steve Jobs
1955-2011


MISSION
IMPOSSIBLE

Non- hierarchical!

Perseverance


“Success consists
of going from
failure to failure
without loss of enthusiasm”
Winston Churchill

Jack of all trades?

Any regrets ?

My RSM Year

Universal prayer for learning

Lyrics in Sanskrit	Meaning in English
ॐ सह नाववतु।	Om, May we all be protected
सह नौ भुनक्तु।	May we all be nourished
सह वीर्यं करवावहै।	May we work together with great energy
तेजस्वि नावधीतमस्तु	May our intelect be sharpened (may our study be effective)
मा विद्विषावहै।	Let there be no Animosity amongst us
ॐ शान्तिः शान्तिः शान्तिः ॥	Om, peace (in me), peace (in nature), peace (in divine forces)

Diversity of thought

- Positions
- MANELS
- London centric

Free for trainees

- For all teaching programmes all over UK and abroad
- Global inclusivity
- **Several industry partners have already committed to sponsor**.

RSM (Urology Section)
Association with overseas institutions

- Sri Lankan association (SLAUS)
- Chinese institutions
- Argentinian fellow in Colchester?
- Egyptian University
- Indian Institutions

Menoufia Faculty of Medicine
Accredited

Friday 15 October 2021	Hybrid	Challenges in paediatric surgery	Full day
Friday 3 December	Virtual	Winter Short papers meeting	Evening
Friday 10 December 2021	Hybrid	The expanding world of andrology: best practice &current treatment	Full day
Saturday 15 January 2022	Hybrid	Career in urology	Full day
18 February 2022	Hybrid	Key issues in Endourology	Full day
25 March 2022	Hybrid	Medicolegal meeting	Full day
Friday 29 April 2022	Virtual	Malcolm Coptcoat prize papers	Evening
Friday 20 May 2022	Hybrid	President's day/Geoffrey Chisholm prize	Full day- Dinner in Leeds Castle/Drapers hall

22nd – 29th January 2022- Winter meeting at Andermatt, Switzerland

"Every surgeon carries within himself a small cemetery where, from time to time, he goes to pray"

René Leriche

A Surgeon's Prayer

Give me work when I am young
Let there be no unexpected death on the operation table
Let no swabs or forceps remain inside the abdomen
Let me not cross a point of no return during an operation
Let there be some help available in a critical situation
Let my skilful hands not make me arrogant
Keep me away from the temptations of money
Let the invisible enemies, the microbes, not infect the patient
Give me the wisdom to quit in time
Give me good health to enjoy the evening of my life.

Thanks