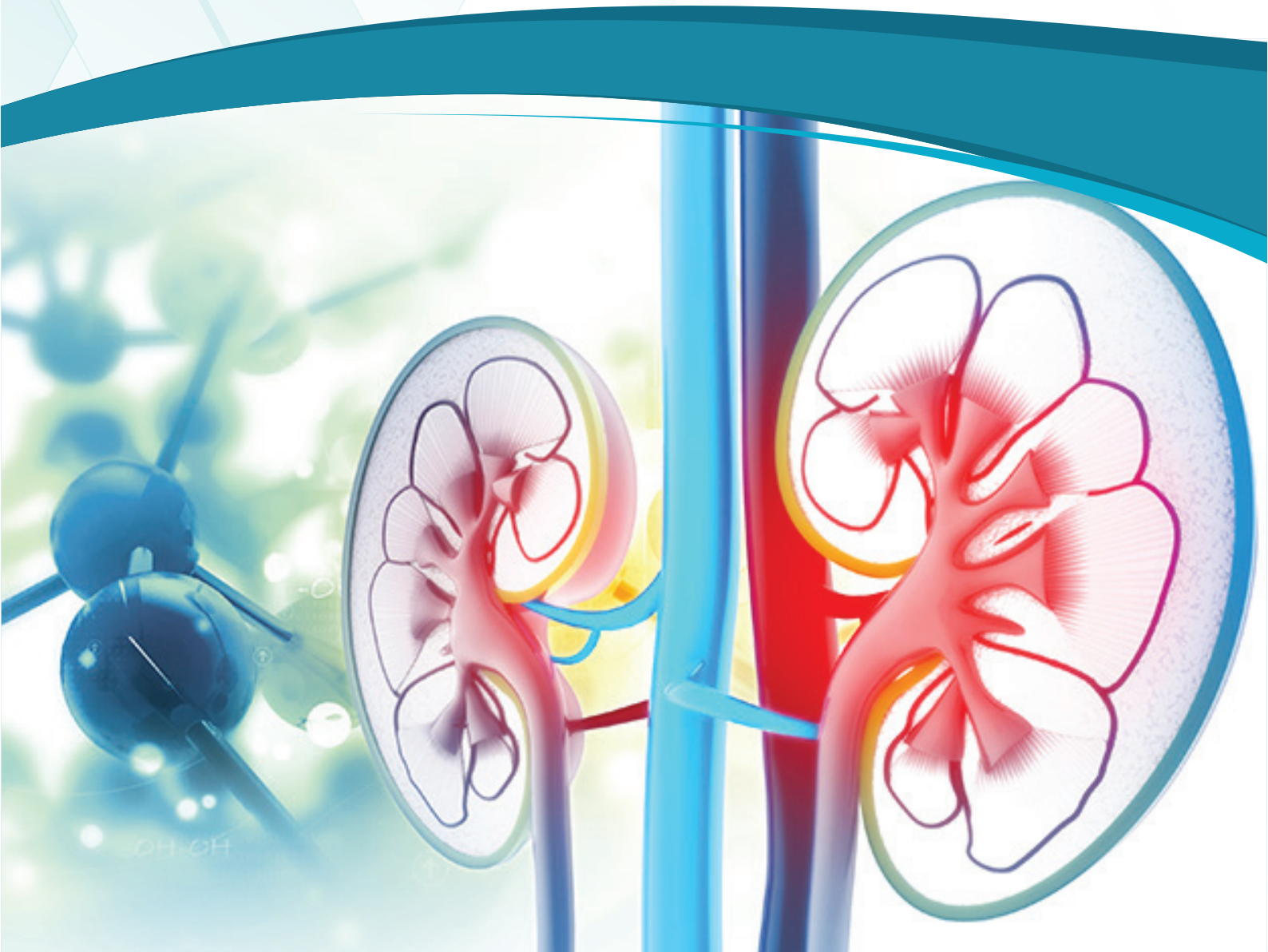


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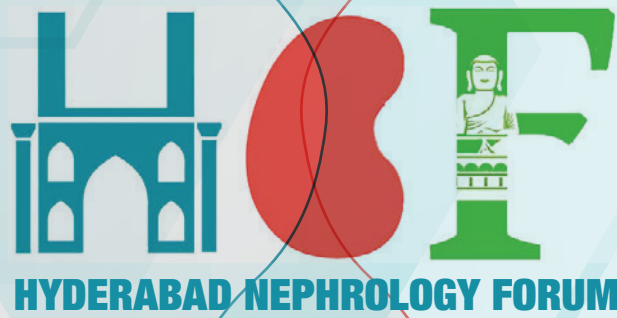
# HYDERABAD NEPHROLOGY FORUM **KIDNEY DIGEST**



An official Newsletter of Hyderabad Nephrology Forum, Telangana, India

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## Dr Praveen Kumar Etta

Consultant Nephrologist

TX Hospital

Banjara Hills, Hyd

## Editorial

We have started the year 2023 with full enthusiasm initiating with the grand success of 5th Annual Telangana State Nephrology Conference TSNCON 2023, conducted on 28th and 29th January. It's followed by the active participation of our Hyderabad Nephrology Forum (HNF) members in Annual Nephrology Conference of ISN Southern Chapter ISNSCCON 2023 held at Coimbatore. In February, we had CME on the use of Nuclear Medicine tools in Nephrology held at NIMS. In March, all of us have celebrated World Kidney Day in our respective locations and hospitals with an objective of promoting kidney health awareness among general public. On March 19th, we had HNF monthly meet in collaboration with Citizens Hospital, and various interesting topics were discussed.

The first three issues of HNF newsletter the "Kidney Digest" in the year 2022 were a great success and it attracted interest of nephrologists, not only in Telangana, but across the country. We are now happy to bring the 1st quarterly issue of the HNF newsletter in this year 2023. It's been a wonderful platform to keep all the HNF members updated on the various activities, share achievements of HNF Members, and disseminate their publications in various scientific journals. I would like to thank all the editorial board members, senior faculty, and advisory board of HNF for all the efforts in bringing the quarterly issues of Kidney Digest successfully. I thank Dr S. Sahariah, Dr R. Kasi Visweswaran and Dr KS Nayak for giving a valuable message to the forum members in this issue.

*Sir William Osler, the "Father of Modern Medicine" was known to say, "He who studies medicine without books sails an uncharted sea, but he who studies medicine without patients does not go to sea at all."*



**Dr S. Sahariah MS, MAMS, FICS, FACS, D.Lit.**

**Padma Shree Awardee (2014)**

**Senior Consultant and Transplant Surgeon**

**KIMS, Hyderabad**

## Message from Dr S. Sahariah

Hyderabad Nephrology Forum since its inception has been conducting regular academic interaction amongst the members of the fraternity to improve medical care for patients with various kidney related ailments. Development of newer modalities for the treatment for Chronic Kidney Disease (CKD) patients has to some extent improved their survival rate as well as the quality of life. Due to increase in the incidence of both hypertension and diabetes mellitus in the general population, the number of patients developing CKD has also increased significantly requiring serious introspection by the health care providers to find ways to prevent developing CKD in such cases. Though Kidney Transplantation can save some of these unfortunate victims and improve their quality of life but shortage of organs for transplantation prevent us to offer the facility to many of the patients. Though the development of Cyclosporine nearly four decades back has significantly improved the short term graft survival of kidney transplant recipients but the poor long term survival mostly due to development of Chronic Allograft Nephropathy (CAN) is a cause of serious concern. Progress either in the field of experimental or clinical transplantation during last few decades has been rather disappointing. With the initiation of successful “Atma Nirbhar Bharat” programme by the Union government many of the countries are now looking forward to India in taking leadership role in many fields including healthcare. The recently launched programme of manufacturing passenger air craft within the country is an example of such initiatives. Time has also come for the Indian Nephrologists and Transplant fraternity to devote time in developing better treatment modalities in such cases which can make organ transplantation safest and more successful. Even more important would be the efforts we make collectively in collaboration with the local and union health authorities to find ways and means to drastically reduce the incidence of diabetes and hypertension in our population.



**Dr. R. Kasi Visweswaran MD DM**

**Senior Consultant in Nephrology,**

**Ananthapuri Hospitals and Research Institute,**

**Trivandrum 695024. Kerala, India.**

## Message from Dr. R. Kasi Visweswaran

### My nostalgic trip to Hyderabad

My first trip to the 'city of pearls' was the most memorable trips so far. It must have been late 1981 or early 1982. Nephrology was in elementary stages even in Hyderabad with Prof. Gopalkishan heading the unit in Osmania and Dr. Ram Bhoopal, establishing one in private sector, perhaps the first in the undivided erstwhile Andhra Pradesh and Dr. Sahariah starting renal transplantation. I had just completed DM from PGI and setting up my Department at Kottayam Medical College.

I got a letter from Prof. Waghray, Prof of Medicine at Osmania inviting me to participate in a 1 " day CME meant for Medical PGs and junior physicians on Nephrology. Knowing the other invited speakers, from well established nephrology centers in the country, I knew, I was the junior-most and from an unknown place and center - what.....? Kottayam, ah, somewhere in Kerala.

Prof. Waghray must have got hold of my name through my friend late. Dr. Ram Bhoopal who was the only person other than Dr. Sahariah and Mr. James whom I knew from Hyderabad at that time. My friend Dr. Girish was in Chandigarh or may have just returned to Hyderabad or shuttling between Hyderabad and Vizag.

The scheme of the CME was to sensitise the students of internal medicine in nephrology. The subject was divided into 6 main lectures and 2 Panel discussions running into 10 hours of total teaching activity. Each of us had one lecture and participation in Panel discussion. It was a meticulously arranged program. The teaching sessions were not cramped and a relaxed atmosphere prevailed. There was just working lunch with sandwich and tea. Prof Waghray remarked, "I don't want people to snooze during the afternoon session. A Grand dinner is arranged for the evening". In the evening, he told the PGs, "I have arranged for eminent nephrologists from all over the country for you. They are with you for 1 " days. Utilise the time and 'pester' them with your questions and doubts. If you go to their centre, you will not get such an opportunity. So, make the best use of it'.

His students did exactly that, forming 6 groups around each faculty member, questions galore, and what a memorable working dinner we had!. It was almost like a 'reverse examination' for us. That visit also gave me an opportunity to meet with other senior physicians in Hyderabad at that time, including Prof. Sahay [senior], who was a close friend of my teacher Late. Dr. V.C. Mathew Roy of Trivandrum. I remember Dr. Mathew Roy sir telling me once, "Kasi, API electionil, Sahayie sahayikkanam". Translated into malayalam, it is 'Please help Dr. Sahay in the API election'.- [Sahayam in Malayalam is help].

Thereafter, I have made numerous trips to Hyderabad for national Board examinations and conferences, but the first trip was memorable. Today, Hyderabad is one of the leading centers in the country for treatment of kidney diseases. I wish all my friends in Hyderabad and members of the Nephrology forum a great future.

When Dr. Praveen Kumar Etta wanted me to write a brief note for the Hyderabad Nephrology Bulletin, this was the first idea that came to my mind – 'My nostalgic trip to Hyderabad'.



**Dr. KS Nayak**  
**Chief Nephrologist**  
**Virinchi Hospital**  
**Hyderabad**

## Message from Dr. KS Nayak

My journey in nephrology began in Hyderabad in the late eighties and it has been a very enriching experience till this day. I can confidently say with humility, that Hyderabad has been one of the most advanced city in the country in providing cutting edge therapies in the field of nephrology, and I have been a inseparable part of this 'story'. Be it renal transplantation especially a well organized cadaveric transplant programme presently, peritoneal dialysis, ICU nephrology, liver dialysis (first city in South Asia), Women In Nephrology (WIN) leadership, Hyderabad has been in the forefront. I fondly remember the seemingly quiet Sunday in May 1996, when we, through our out-of-the-box handling of brain death declaration of a prospective donor, were able successfully in performing two cadaveric renal transplants, the first in AP and third in the country.

The Hyderabad Nephrology Forum (HNF), had its beginnings in the mid 90s, with the 'Ritz Hotel' days every month, and the high point was the post-meeting dinner, of course, with the 'accompaniments' (cocktails!) adding spice to our discussions. I should congratulate the HNF in chronicling the academic progress Hyderabad has been achieving with distinction and initiating the newsletter "Kidney Digest". The Forum and the Newsletter will act as a voice for the young nephrologists to express their views and 'teach us' seniors the latest in nephrology.

I think the HNF owes a lot to Dr Krishnan for taking it through the early times and to Dr Manisha, Dr Swarnalatha, Dr Manjusha and their lieutenants for taking it forward, and Dr Praveen Kumar Etta for his efforts in producing the excellent newsletter the "Kidney Digest". I am glad that we are passing on the mantle of keeping the Hyderabad nephrology flag flying high to the present generation, and I wish them all the very best.





**Dr S Krishnan**

**Senior Consultant Nephrologist**

**Apollo Hospital, Secunderabad**

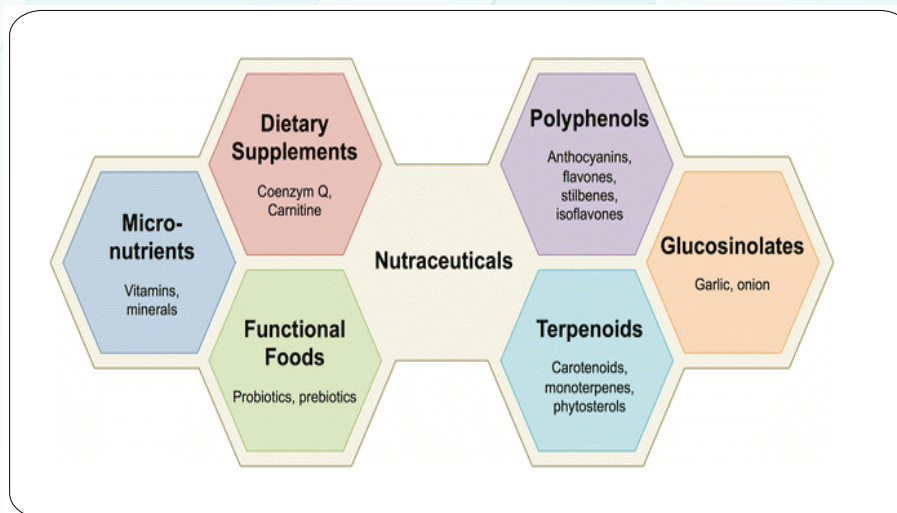
Palliative care is a term often associated with terminal cancer patients who need comfort care. With our ageing population we now realize that in many other disease states like advanced Neurological disabilities/Dementia/Muscular dystrophies/debilitating diseases/bed ridden elderly with decubitus ulcers – we may need to just give palliative care. Likewise advanced CKD patients - who are not candidates for RRT - for some reason, would also qualify for palliative care. This could be due to elderly age or comorbidities or just individual choice. Many of you would agree that there are a large number of patients who would fall into this category here. ‘Palliative Nephro care’ would be essential to control symptoms, retard the progression and the morbidity of CKD.

Despite the advances in dialysis technology over the past decades, patients with advanced chronic kidney disease (CKD) have a high symptom burden, shortened survival and substantial physical, emotional and financial suffering. Number of frailty patients with advanced chronic kidney disease is growing and for many of them the beginning or continuation of dialysis is associated with a high risk of short-term mortality or worsening of functional status or simply not affordable. Identifying these fragile patients and integrating palliative care into standard nephrological care improves patient’s quality of life and has the potential to prolong their lives without demanding dialysis treatment. Nephrologists basic skills should include: estimating the prognosis, communication with the patient on advance care planning including end-of-life issues and consistent symptom management and giving comfort care to improve quality of life. In fragile patients with advanced chronic kidney disease, the disease-oriented model with quantitative targets is no longer an adequate approach to care.

## So what does the Palliative care Nephrologist do?

Apart from standard medical care of diabetes/hypertension and supportive treatment for CKD, management would involve counseling especially nutrition to prevent PEM; prescribing pain killers/antibiotics/fluids as per the condition and the eGFR demands and interacting with other specialities; tailoring the medications would help mitigate symptoms and minimize the side effects. Minimally invasive procedure- like placing a straight Tenchoff PD catheter can be considered. Emphasis would be on comfort care and not the chasing the biochemical parameters.

Discuss potential outcomes whenever possible. This may include discussing the expected illness course, medications and steps to take in the event of deterioration. Give prognostic information periodically. More than informing the patient and the care-giver, on what to expect, communicating prognosis encourages patient compliance and greater involvement in their health. There is a wide range of products – mostly nutraceuticals, chlorophyllin, Alpha keto analogues– available for usage. In recent years there has been renewed interest in studying the complex interaction between the human gut-microbiota and our health. Any imbalance in this has been implicated in several diseases including CKD. Resetting this could help improve the condition. There are plenty of claims & counter claims reg their safety/efficacy. There are no clear guidelines about these agents. These agents could be considered as add-on drugs.



Palliative care improves the quality of life of patients and that of their families who are facing challenges associated with life-threatening illness, whether physical, psychological, social or financial. The quality of life of care-givers improves as well. Adequate national policies, programmes, resources, and training on palliative care among health professionals are urgently needed. Early delivery of palliative care reduces unnecessary hospital admissions and the use of health services. The global need for palliative care will continue to grow as a result of the ageing populations and the rising burden of noncommunicable diseases and some communicable diseases. Let us consider this option of palliative care and offer the benefits to the select group of candidates.



**Dr Dhanalakshmi**  
**HOD Dept of Nephrology**  
**ESI Superspeciality Hospital**  
**Hyderabad**

## Green Dialysis

Human induced climate change - greatest health threat of the 21 st century. Global temperature has increased by 0.8 °C in last 100 yrs more so in last 50 yrs and with present human activities expected rise – 2.6 to 4.8 °C by the end of this century, which is not compatible with human survival. So the urgent need of the hour is to take action as to minimise the rise to less than 2 °C.

Raise in global temperature is due to Green house effect caused by gases like CO<sub>2</sub>, methane, ozone, NO<sub>2</sub>, fluorocarbons. The index used to measure generation of these gases is carbon foot print - tons of CO<sub>2</sub> equivalent.

**Global health care sectors carbon foot print is 4.4% of global net emissions.**

Impact of global warming on kidney health- we are witnessing epidemics of CKD in workers working in hot weather conditions, increase in incidence of nephrolithiasis, increased admissions due to AKI due to heat stroke, increase in vector borne disease like malaria, dengue with associated renal injury. For every 1°C increase in temperature - estimated increase in hospitalization for renal diseases is going to be 0.9%

Ecological impact of dialysis-Dialysis poses major ecological challenge. It is a very resource hungry procedure. About 2 million pts undergoing dialysis across the world, each patient @ avg 3 sessions/wk =156 /yr/ pt. For 2 million pts = 300 million dialysis /yr.

**If we look at the resources used:**

Minimum global mains water drawn for HD: 500 L per session x 300 m Its =50,00,00,00,000

Minimum global power consumption for HD is 12 kWh x 4 x 300 m=14,40,00,00,000 kw/yr

Minimum global waste generation by HD is  $2.5 \text{ kg /session} \times 300\text{m} = 75,00,00,000 \text{ kg/yr}$ . 2025 predicted estimate is 4 million pts for dialysis.

Carbon footprint of conventional HD  $10.2 \text{ tco}_2\text{/pt/yr}$  which is  $>2\text{x}$  mean annual per capita emission. Emissions per treatment are equivalent to driving an average automobile for 238 km (149 miles).

## Applying 3Rs in environmental conservation - Reduce , Recycle, and Reuse

Water : for every session of dialysis 500 lts of source water is required, if reject of RO plant is even 50% that means about 250 lts/pt/session goes to drain actually “Reject water” is a misnomer it is highly purified water that falls within limits set for portable water as per WHO

Reduce -Since the 1960s, dialysate flow ( $Q_d$ ) set at 500 ml/min. Modern dialyzers- have better design, thus better dialysate flow distribution which theoretically reduce the need for a high  $Q_d$  to obtain adequate clearances. Almost 90% of the maximum small solute clearance is achieved when  $Q_d=Q_b$  so we can maintain  $Q_d = 1.2 \times Q_b$ . Higher dialysis fluid flow rates  $Q_d$  800ml/min do not significantly contribute to an increase in clearance. A randomized crossover study - reported reducing  $Q_d$  from 500 ml/min to 400 ml/min had no impact on  $K_t/V$ , interdialytic weight gain, blood pressure and decreased per session dialysate consumption from 120 l to 96 l.

Reuse -RO reject water redirection to: the central sterilizing department for steam generation, hospital janitor stations and toilet flushers, hospital landscape use, community and aged care garden watering, sporting ground and park maintenance. It can also be redirected to the source tank before filtration stage.

Rationalize RO water treatment system- to curb wastage of water Modern RO plants that reduce reject water from 75% to 20 % are now available. If two RO units are used in series, the reject water of the second RO should be diverted to the inlet of the first RO unit avoiding extra reject water being drained off.

Water Usage in Peritoneal dialysis- Dialysate use- 6–12 l/pt/day. As with haemodialysis, it can be assumed that several litres of source water are used to generate each final litre of the pure water that becomes the dialysate. Notably, the precise amount of water used is not publicly known because of the proprietary nature of PD fluid production. Dialysate for PD comes packaged in plastic. Creation of 1 kg of plastic requires around 180 l of water.

## Dialysis waste management

Clinical waste per dialysis bed is 3x the volume of clinical waste generated per general hospital bed.

For HD- 2.5 kg / session = 390kg/pt/yr

38% (0.95 kg) is plastic. Of which 101 kg is PVC/yr.

CAPD- @ four exchanges a day, 1.69kg, 56% (0.94 kg) is PVC. Waste 617 kg/pt/yr; 343 kg is PVC

PVC is Hazardous- its component Vinyl chloride monomer is a potent carcinogen known to cause reproductive toxicity, dermal toxicity, endocrine effects, hepatotoxicity, and immune effects. Disposal of PVC Disposal - via incineration- leads to generation of polychlorinated dibenzo dioxins (PCDDs) and polycarbonated dibenzo furans (PCDFs), potent environmental toxins.

Reduce dialysis wastage by- 1. reuse of dialyzers under strict norms avoiding infections and decreased clearance; 2.The central dialysis fluid delivery system

Reuse -Triage of contaminated and non-contaminated waste the core procedure of dialysis waste management. By effective segregation hazardous waste is separated from non hazardous waste, more recycling and also the cost of hazardous waste disposal comes down.

## Energy consumption

Power required - 12 kWh / session. Generated from coal and other environmentally damaging sources, renewable energy should be chosen. Agar et al. showed Solar-assisted power - feasible and cost-effective; reduced grid power consumption by 91% and power costs by 76.5% after 12 months. Return on investment by 7–8 years, with free power generation for the life (20-30 yrs) of the solar array thereafter. A patient dialyzing for a total of 12 h/wk would require 4.8-m<sup>2</sup> solar array.

Reduce- Heat exchangers, which recycle heat from the dialysis effluent into the warming of the incoming dialysate, offer considerable energy savings. Simple measures like: choosing eco-friendly lighting and heating (and cooling) systems and automatic power shut down of electrical equipment.

Current Dialysis programe is not sustainable. Countries in Europe, UK, Australia have taken various initiatives to make Green dialysis. One such initiative in UK showed reuse and recycling saved millions of rupees.

## UK Green Nephrology Programme

Infrastructure projects	RO reject water capture and reuse; installation of baling machines for plastic and cardboard recycling; upgrades to more energy-efficient lighting; central delivery of acid for HD; retrofitting of heat exchangers to HD machines; upgrade to water treatment plant	Investment costs of £121,000; annual savings of 12 million L of water, 84 tons of CO <sub>2</sub> e, and £57,000
Process innovations	Paperless laboratory reporting; waste reductions in food, linen, and dialysis consumables; improved waste segregation	No capital costs; annual savings of 183 tons of CO <sub>2</sub> e and £186,000
Model of care innovations	Increased use of telecommunications	Savings of 6 tons of CO <sub>2</sub> e were estimated from 3 specific projects in their pilot phase <sup>a</sup>



**Dr Praveen Kumar Etta**  
**Consultant Nephrologist**  
**TX Hospital, Banjara Hills**  
**Hyderabad**

## Deceased Donor Organs: Retrieval, Preservation and Allocation

First successful kidney transplantation was performed between identical twins in 1954 at Boston. Joseph Murray, the surgeon got the Nobel Prize. Richard Herrick, the recipient survived for eight years. The first ever human kidney transplant performed in India was done at the KEM Hospital at Bombay in May 1965, using a cadaver donor. The recipient died on the 11th post operative day following acute myocardial infarction, with a functioning graft. CMC Vellore performed the country's first successful kidney transplant on February 2, 1971. Since last five decades, we have seen tremendous advancement in the field on organ transplantation including Deceased donor transplant program. Organ transplantation is the definitive cure for several solid organ failure states including Kidney, Liver, Heart, and Lungs. In the West, deceased donors (70%) and in India, live donors (85%) contribute to the maximum number of donor organs. There is always a demand supply mismatch in the field of organ transplantation, which can be at least partially fulfilled with a well organized, successful deceased donor transplant program. In India, deceased donor program is active only in South and Western parts of India.

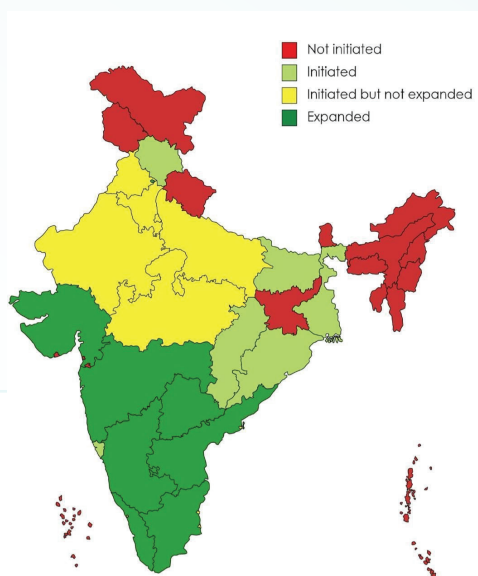


Figure. Deceased donor transplant program in India

## Types of Deceased Donors:

### A) Donation after Brain Death (DBD)/ Heart Beating Donors

- a. Standard Criteria Donor (SCD)
- b. Expanded Criteria Donor (ECD)
  - i. > 60 years
  - ii. 50 to 59 years with two or three of the following criteria:  
HTN, SCr at donation (>1.5 mg/dl), Death from a cerebrovascular accident

### B) Donation after Cardiac Death (DCD)

Category	Description	Type
I	Dead on arrival	Uncontrolled
II	Unsuccessful resuscitation	Uncontrolled
III	Anticipated cardiac arrest	Controlled
IV	Cardiac arrest in a brain-dead donor	Controlled
V	Unexpected arrest in an ICU patient	Uncontrolled



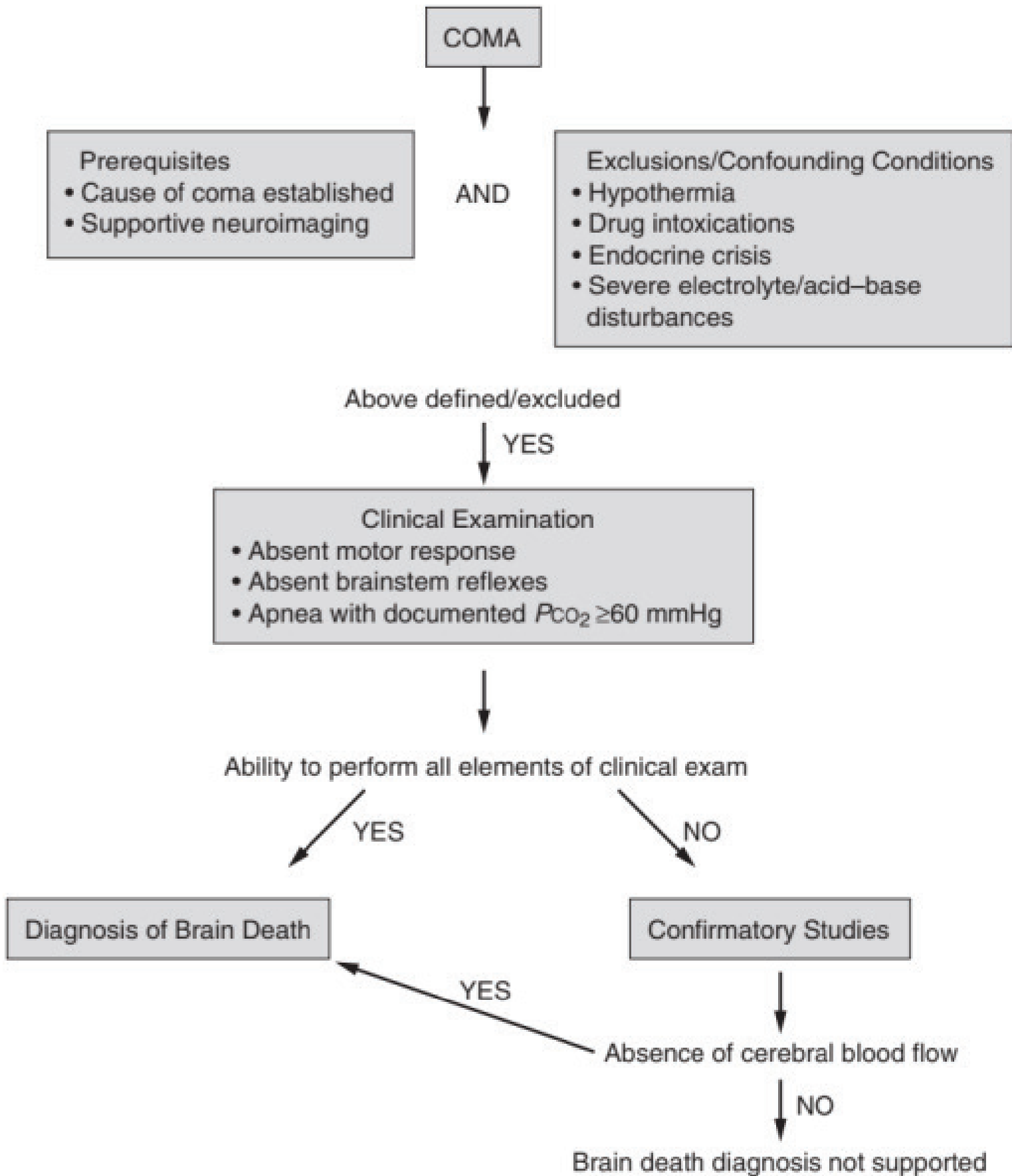


Figure. Diagnosis of Brain death

## Elements of Deceased Donor management:

### Cardiac

- Mean arterial pressure 70–100 mmHg
  - Treat hypertension with short-acting beta-blocker
  - Treat hypotension with volume, followed by vasoactive agents
    - Limit vasoactive agents where possible to  $\leq 1$
- Heart rate 60–120 beats/min
- Urine output 0.5–3 mL/kg/h
- Hemoglobin 8 g/dL
- $S_{cvO_2} > 70\%$
- EF  $\geq 50\%$

### Respiratory

- Mechanical ventilation goals
  - Fraction of inspired oxygen 0.40
  - Normal arterial pH
  - Tidal volumes 8–10 mL/kg
  - Plateau pressure  $< 35$  cm H<sub>2</sub>O
- Fluid management
  - Judicious fluid administration to avoid pulmonary edema, with diuresis as necessary after the early resuscitative phase of care

### Renal

- Euvolemia with appropriate end-organ perfusion and oxygen delivery (UOP 0.5–3 mL/kg/h)
  - Early recognition and correction of DI (UOP  $> 4$  mL/kg/h, increasingly serum osm, inappropriately dilute urine, or hypernatremia Na  $> 145$ )
  - DDAVP 8 ng/kg loading dose followed by 4 ng/kg/h titrated to urine output  $< 3$  mL/kg/h
- Plasma sodium concentration 140–155 mmol/L

### Endocrine

- Thyroid hormone replacement
  - Triiodothyronine 4  $\mu$ g bolus followed by 3  $\mu$ g/h infusion  $\times 10$  hours
  - If only thyroxine is available, start 20  $\mu$ g bolus followed by 10  $\mu$ g/h infusion  $\times 10$  hours
- Euglycemia (glucose  $\geq 180$ )

### Miscellaneous

- Normothermia

## Principles of Organ Harvesting:

### Donation after Brain Death (DBD):

Most common type

Hemodynamics, BP, O<sub>2</sub> are maintained – IVF, vasopressors

WIT is not prolonged usually

Harvesting is done serially in multiorgan harvest (kidneys – higher WIT)

Coordination with multiple retrieval teams

In vitro perfusion

Cytokine storm (DBD>DCD): DAMPs, adhesion molecules, MHC 2 in the donor organs

### Donation after Cardiac Death (DCD):

Rising in West

Controlled > uncontrolled

Following withdrawal of support (Cat III)

WIT is more PNF, DGF, rejection, lower survival

Cardiac Death NO TOUCH for 5 minutes

Uncontrolled: Cardiac massage and Vent with 100% O<sub>2</sub>

Rapid surgical exposure of great vessels in situ perfusion

### Harvesting of kidneys & Bench surgery:

Arteries with cuff of aorta (carrel patch)

Max renal vein; IVC cuff for Right RV (risk of kinking of Rt RA)

3 tributaries of Left RV

10-15 cm ureter

Polar and accessory arteries (end arteries)

Reconstruction of vessels – Double panting etc

Perinephric fat tissue to remove (immunogenic)

Except Golden Triangle & adventitial tissue of ureter

Perihilar Lymphatics

Venous Clamp technique

## Preservation fluids:

Euro-Collins' Solution (developed from Collins' Solution)	EC	1960s–1970s
Hyper-Osmolar Citrate (Marshall's Solution)	HOC	1970s
Histidine-Tryptophan-Ketoglutarate	HTK	1970s
University of Wisconsin Solution	UW	1980s
Belzer Machine Perfusion Solution	MPS	1980s
Celsior Solution	Celsior	1990s
Institut Georges Lopez-1 Solution	IGL-1	1990s

The choice of preservation solution has an effect on the incidence of DGF, which might, in turn, affect long-term outcomes. Both UW and HTK have lower rates of DGF than Eurocollins. There is no difference in the incidence of DGF with the use of Celsior, HTK and UW.

## Methods of perfusion:

In situ perfusion – Multiorgan harvesting, DCD

Static cold storage - MC used

Hypothermic machine perfusion/ Dynamic perfusion – Gaining popularity

Normothermic regional perfusion - DCD

Normothermic machine perfusion - ECD

Data from the several studies suggest that hypothermic machine perfusion reduces delayed graft function compared with static cold storage. There was no difference in primary non-function, acute rejection, long-term renal function or patient survival. A difference in renal graft survival is uncertain.

## Selection of fluid/method:

No consensus

Expected preservation time, organ type, etc

Prolonged CIT: UW solution

< 24 hours: Marshall's citrate / Celsior solution

Short CIT: HTK

Living donor: HTK, RL

Europe: Marshall's citrate/HTK

US: UW solution

India: HTK for DDX; RL for Live

## Ideal preservation time (Cold ischemia time):

Kidney – 24 hours

Liver – 12 to 15 hrs

Lung – 8 hrs

Heart – 6 hrs

## Organ sharing, networking and allocation:

Balance bw Equity vs Utility

## Commonly used criteria for organ allocation:

Points based priority system

Waiting time – Since initiation of dialysis

Longevity matching: KDPI and EPTS

HLA Matching:

Zero-mismatch – National sharing

US – HLA DR

UK – HLA DR > B

Eurotransplant – HLA A, B, D

Sensitization – cPRA or PRA

Prior living kidney donors

ABO blood group – Identical vs Compatible (Zero mismatch / Sensitized)

Medical Urgency

Pediatric candidates – Share 35 in US in 2005

KDRI and KDPI scores for Donors in the UNOS / OPTN

EPTS score for Candidates in the UNOS / OPTN: The candidates with EPTS scores of 20% or less will receive offers for kidneys from donors with KDPI scores of 20% or less

HLAMatchmaker algorithm: determines compatibility at the epitope rather than the antigen level

## Regional networking in India:

Jeevandan – TS  
Jeevasarthakathe – KN  
Mrithasanjeevani – KL  
TRANSTAN – TN  
RNOS – Rajasthan  
ZTCC – MH  
ORBO – DL  
FORTE – BL  
SORT - Cochin

## Regional networking in India:

MHFW and DGHS, GOI  
NOTTO – apex centre – Safdarjung hospital  
5 ROTTOs  
SOTTO

## Jeevandan in 2022:

Maximum donations in year 2022  
5.72 pmp - Donation rate in Telangana  
194 - Brain dead Donors  
716 - Benefiting families  
263 - Kidney transplantations  
171 - Liver transplantations  
66 - Lungs transplantations  
30 - Heart transplantations  
186 - Cornea transplantations  
53 - Transplantation in government hospitals under Aarogyasree scheme

## Conclusions:

Conducting a successful retrieval and a DDTx is often a race against time with multiple hurdles and road blocks

Efficient coordination between hospital doctors, surgeons, intensivists, retrieval team, transplant coordinators, governmental agencies

Support of families of the donor and the recipient

High degree of ethics

Awareness of legal issues related to transplantation

Optimal quality control mechanism should be set up to audit the program continuously and maintain high standards of transparency and work ethics

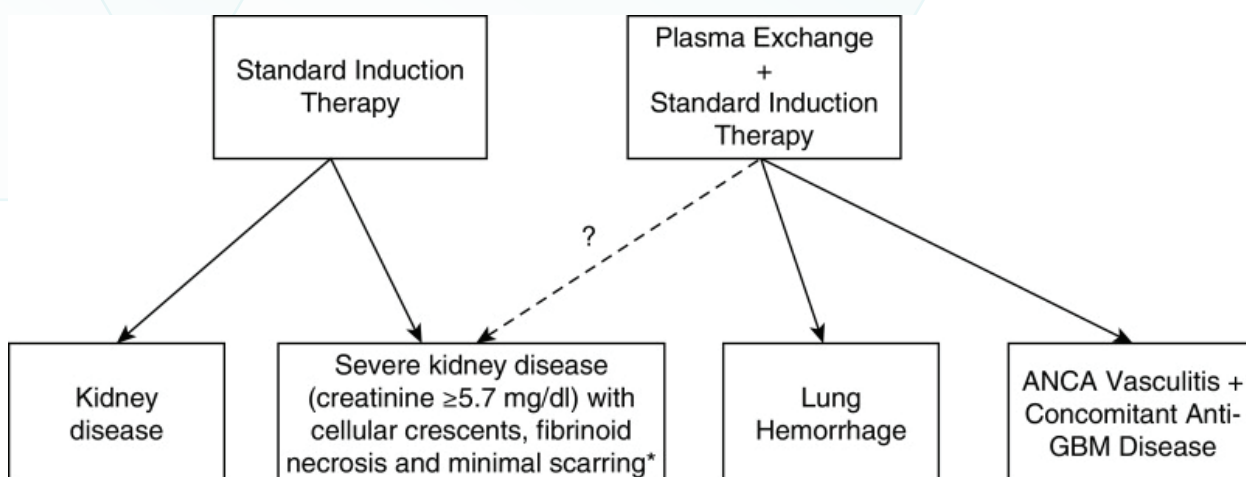


**Dr Bhavya**  
**Head, Dept of Nephrology**  
**Mamata Academy of Medical Sciences**  
**Hyderabad**

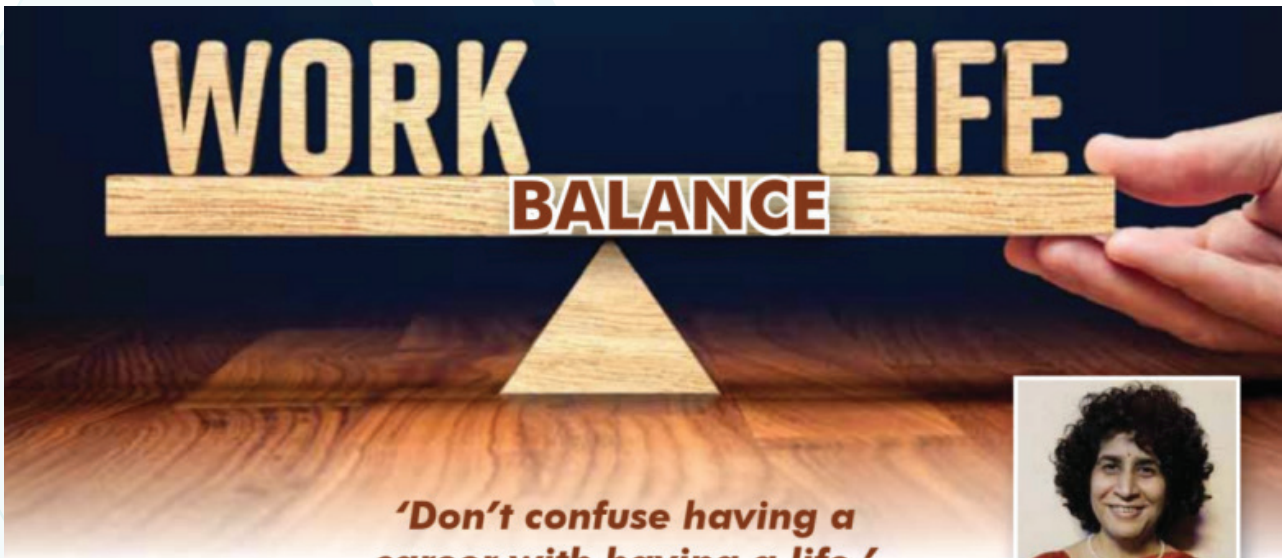
## Role of PLEX in ANCA associated GN

ANCA vasculitis is a serious and potentially life-endangering disease. Fortunately, modern therapy with combinations of anti-inflammatories (steroid) and immunosuppression (RTX and/or CYC) can most often quickly control the disorder and lead to prolonged disease-free remissions with appropriate maintenance therapy. These regimens are sufficient for the great majority of patients, although benefits of PLEX in small subsets of patients cannot be excluded definitively. Adjunctive use of PLEX is seldom, if ever, needed to manage even very severe kidney disease, and its role in severe DAH is doubtful; however, we lack the necessary hard evidence of a randomized clinical trial with pulmonary-centered end points upon which to rest clinical decision making in difficult cases with life-endangering manifestations.

My bottom line is (1) plasmapheresis for those who you think have diffuse alveolar hemorrhage, (2) avoid plasmapheresis for the majority of patient with AKI on dialysis, and (3) consider plasmapheresis in cases of RPGN with acute disease and minimal interstitial fibrosis and tubular atrophy.







***'Don't confuse having a career with having a life.'***

***- Hillary Clinton***



**Dr. Manisha Sahay**  
Professor and Head, Nephrology  
Osmania Medical College &  
General Hospital  
Hyderabad, Telangana

**W**ork-life balance is the state of equilibrium where a person equally prioritizes the demands of one's career and the demands of one's personal life. Work-life balance is typically defined as the amount of time you spend doing your job versus the amount of time you spend with loved ones or pursuing personal interests and hobbies.

Work-life balance is not about dividing the hours in your day evenly between work and personal life. Instead, work-life balance means having the flexibility to get things done in your professional life while still having time and energy to enjoy your personal life.

### **1. There is no 'perfect' work-life balance**

Don't aim for the perfect schedule; instead, try for a realistic one. Some days you may have some important meetings or exams while on other days you may have more time and energy to chill, paint, dance, or spend time with your loved ones. Don't feel guilty but enjoy what you are doing at that moment. You need not have every single

day divided into work and fun. Work-life balance happens over a period of time.

### **2. Love your job**

A career should not restrain you. If you hate what you do, you are never going to be happy. You need not like everything about your work. But your work should excite you and you should look forward to going to work every morning.

### **3. Make health your priority**

Our health is our responsibility, and it is not only physical health. Emotional and mental health is equally important. Spend some time on yourself and for yourself. Do not feel guilty. It is important to devote some time to yourself and maintain an active lifestyle or find time to visit the gym despite a busy schedule. Sleep is important as well.

## 4. Unplug and detach

Break off from the outside world at regular intervals. This helps you to recover from stress. Innovations and ideas emerge when you are unplugged. Are you spending all your free time checking emails, tweets, Facebook, or social media? Well, don't. Keep some time to just chill and look at the nature around you or just relax. Burnout is real. Time for relaxing is important and not a waste.

## 5. Take a holiday

Plan and adjust with your colleagues at the workplace so that everyone gets some time off. You will come back rejuvenated. Understand that nobody is indispensable. It does not pay to become a martyr and sacrifice a well-deserved time away from work; the benefits of a vacation far outweigh the downsides. You will be doing greater service to others if you are recharged and happy after a vacation.

## 6. Make time for yourself and your family

Plan time with your loved ones and create a timetable for an outing. It may seem foolish to plan time with your family members whom you see daily, but planning ensures that you spend quality time with them without work-life conflict. Cultivate your own friend circle. Get to know their families.

## 7. Have fixed work hours

Do not carry your work home. When you leave the workplace, avoid thinking about the next day. Switch off the work-brain and enjoy at home. You can switch it on back again the next day.

## 8. Set goals and priorities

Set reasonable goals, implement time-management strategies, analyse your to-do list, and cut out tasks that have little to no value.

## 9. Make a team and delegate work

This gives others a sense of responsibility and frees you for indulging in activities you love.

## 10. Start small

Do not try to change overnight. Start with 1 or 2 days a week.

## *What has the Work-Life Balance Meant for me?*

### *My Work*

I did my MBBS at Sawai Man Singh medical college Jaipur Rajasthan in the year 1993. I did MD Pediatrics from Osmania Medical college. During my MD training, I was posted in the Nephrology department of Osmania Medical college under Dr. Girish Narayan and Dr. Anuradha Raman. Both were instrumental in kindling my interest in Nephrology and I subsequently joined Nephrology at Osmania Medical college under Dr. Anuradha in 2000. I was given an opportunity to go as an ISN fellow to Ontario. Dr. Georgi Abraham was instrumental in guiding me. However, as I had two young daughters, I chose not to pursue the fellowship but opted to work in my parent institute. At that time, I was very confused and maybe a tad unhappy but later realized that you can learn and gain experience from anywhere. I subsequently joined as an Assistant professor in the same department in 2003 and got promoted to Associate professor in 2006. Currently, I am working as a Professor and Head of the same department.

I am really indebted to South Zone nephrology for providing a wonderful platform for young nephrologists. It was at the ISNSC conference that I won the Tanker award which I cherish. The nephrology community in ISNSC is all-inclusive

and I got the opportunity to serve as an Executive committee member and Scientific committee member of ISNSC early in my career.

Dr. Georgi introduced me to the international society of Nephrology in 2006. I served in the International Society of Nephrology as a Council member, international society of Nephrology, Chair of the South Asia regional board, Deputy chair, CME committee, executive Member Sister renal Centre committee, and American Nephrologists' of Indian origin (ANIO) committee. Dr. Vivekanand Jha was elected as President of the International Society of Nephrology during this period, and I am indebted to him for his guidance and support. During this period, we established links with SAARC countries, and several virtual meetings were conducted focusing on case-based discussions with postgraduates from around the world with Indian as well as international faculty.

On the national front, I served as an Executive committee member and scientific committee member of the Indian society of Nephrology Executive committee and the Indian society of Organ transplantation. It was an honour and a privilege to be elected as Editor in chief of the Indian journal of transplantation. The journal is now indexed and has attained a healthy readership and has a good social media presence.

I have participated as a speaker in ISNSC and ISN as well as the World congress of nephrology on several occasions and I am indebted to both ISNSC and ISN for encouraging younger nephrologists at all levels. I have a fair share of publications (170) and have participated in some major clinical trials like CREDENCE, TESTING, DREAM, etc., and it has been a great learning experience.

## My Work Wish List

Registries for kidney diseases are important to understand disease trends and implement early treatment. Women in Nephrology (WIN) society has developed one such registry and as the vice president, I will ensure its success. We have established a long-term follow-up for women with renal disease and are generating and utilizing our data to develop guidelines.

*Preventive care in Nephrology* - This is another area in which I am keenly interested. We have most of the states providing free dialysis and transplantation i.e., End-stage kidney disease care. However, the focus on preventive care for kidney diseases is limited. It would be cost-effective to include preventive care packages in Nephrology which can include screening for kidney disease in all high-risk individuals e.g. those with diabetes, hypertension, family history of kidney disease, obesity, elderly age, etc.

*Palliative care in Nephrology* - The other aspect which needs to be highlighted and incorporated into Nephrology care is Palliative care nephrology. Many patients do not wish to go on dialysis, especially those in their late 70s and 80s. I realize that instead of abandoning them or trying to force dialysis on them, it is better to let them decide and provide them comfort care/ palliative care. They are really worried about day-to-day symptom relief (pruritis, constipation, pain, depression, anxiety, and sleep disorders), and need companionship, counselling, some plan for emergencies, and end-of-life care. I would like to focus on these areas.

## My life

During my professional journey, I have tried to maintain a work-life balance. I have been successful at times and failed miserably on other occasions. I

have been down in the dumps at times and bounced back again at other times. Each success or failure was a learning experience.

I am the eldest of three daughters. My parents were always very encouraging and let all three of us do what we desired to do. My mother passed away 2 years ago but she was always very supportive of my endeavours, my father continues her legacy. I got married to Dr. Rakesh Sahay and moved to Hyderabad in 1994. I have two daughters, Nikita and Kritika who followed in our footsteps and became physicians too. I am very close to my family. My in-laws were also in the medical profession and now they are retired. Both my husband and I adjust our work schedule so that we can devote time to the children and take care of our parents. I take care of day to day running of the house while Rakesh looks after the finances. I am fond of cooking, and like trying out new recipes; I find it a great stress buster.

I am an avid book reader (fiction) and indulge in this hobby. I forget the stress and completely lose myself in the fiction world. I write poetry and it helps me in expressing myself. I learnt guitar and harmonium during my school days but was not able to pursue them in later life and this is one of my regrets. As parents with young kids, we faced a tough time juggling between responsibilities. This becomes even more difficult when both parents are professionals, and they must choose between work and life. And this could severely affect their career, sometimes not allowing them to progress ahead. I have tried to fulfil my responsibilities as a daughter, daughter-in-law, wife, and mother. Achieving the right balance between work and personal life has not always been easy. There were times when I felt

## ***If we enjoy what we are doing, then the work ceases to be a burden.***

overwhelmed. However, over time I learnt that time management is a very important aspect when it comes to having a proper work-life balance. Most of us tend to ignore this phase. As a result, we end up getting overwhelmed by work at the end of the day with no time for ourselves. So, one must make sure we have a proper routine in place for the day.

I am trying to spend 1 hour on fitness daily, which I never did before.

I believe we should live life to the fullest and enjoy each day instead of worrying about the future. If we enjoy what we are doing, then the work ceases to be a burden.

In today's time, vacation is no longer a luxury; it is more of a necessity. It's high time we realize how vacations from work have become an important part of today's work culture. I plan to take 15 days off from work every year. I am also trying not to carry my work home, instead restarting the work the next day during hospital hours with a fresh mind.

I am striving towards achieving a Work-life balance and though I am writing about it at the same time I am trying to practice what I am preaching. I have realized that happiness is within us. It is important to enjoy the journey rather than thinking that once we achieve our goal, we will be happy. Live each day to the fullest. Good luck to all. Hope I made some sense.

## **References**

- Cambridge Dictionary. "Work-life balance, <https://dictionary.cambridge.org/us/dictionary/english/work-life-balance>." Accessed January 6, 2023.



# Past and Upcoming Events

Last Friday of every month, we are conducting monthly forum meets and we have discussed many interesting cases and their management. We have invited few of the eminent National and International faculty to give guest lectures in the past Forum meets.

The 5th Telangana State Annual Nephrology Conference TSNCON 2023, conducted on 28th and 29th January was a grand success. In February, we had CME on the use of Nuclear Medicine tools in Nephrology held at NIMS. On March 19th, we had HNF monthly meet in collaboration with Citizens Hospital and various interesting topics were discussed.

## Pre-conference workshop for dialysis technicians

27<sup>th</sup> JAN 2023 Friday

Auditorium, 5th floor Trauma block, NIMS

TIME	TOPICS	SPEAKERS	CHAIPERSONS
10:00 - 10:30 AM	Principles of Hemodialysis	<b>Dr. Vijay Chandra</b> Assistant prof, Nephrology NIMS	<b>Dr. Deepthi</b> , ESI <b>Dr. Diwakar</b> , KIMS
10:30 - 11:00 AM	Hemodialysis Machines: Nuts and Bolts	<b>Mr. Srinivas</b> Senior Technician NIMS	<b>Dr. Ravi E</b> , KIMS <b>Dr. Kiran Kumar</b> , Continental
11:00 - 11:30 AM	Hemodialysis membranes, hemofilters and circuits	<b>Mr. Srinivas</b> Senior Technician NIMS	<b>Dr. Susmita</b> , KIMS <b>Dr. Naveen Kumar</b> , OGH
11:30AM - 12:00PM	Water quality and standards	<b>Dr. Siddharth</b> Assistant prof, Nephrology NIMS	<b>Dr. Raja Kathik</b> , NIMS <b>Dr. Vasa Ramesh</b>
12:00 - 12:30 PM	Fistula care	<b>Dr. Tushar Bahadurey</b> Assistant prof, Nephrology NIMS	<b>Dr Arvind</b> , Care Hospital <b>Dr Srikanth</b> , AINU
12:30 - 1:00 PM	Patient care during dialysis	<b>Dr. Pragyna</b> Assistant prof, Nephrology NIMS	<b>Dr. Vamsi Krishna</b> , Apollo <b>Dr. Ramchander</b> , Karimnagar
01:00 – 02:00 PM	LUNCH		
2:00 - 2:30 PM	CRRT: What a technician should know ?	<b>Dr. Srinivas</b> Assistant prof, Nephrology NIMS	<b>Dr. T. Gangadhar</b> , NIMS <b>Dr. Shabana</b> , Gandhi Hospital
2:30 - 3:00 PM	Extracorporeal therapies (PLEX, Hemoperfusion)	<b>Dr. Mukesh Goyal</b> Assistant prof, Nephrology NIMS	<b>Dr. Sreebhusan Raju</b> , NIMS <b>Dr. Purva</b> , Virinchi
3:00 - 3:30 PM	HDF - How is it different from Conventional IHD ?	<b>Dr. Phanisri</b> Assistant prof, Nephrology NIMS	<b>Dr. Yadla. Manjusha</b> Gandhi Hospital <b>Dr. Pranith Ram</b> Yashoda

## Pre-conference workshop for Transplant Co-ordinators

27<sup>th</sup> JAN 2023 Friday

Alumni Block, Osmania Medical College, Koti

### Guest of Honour

**Dr. Ramesh Reddy**, Director Medical Education, Telangana

### Chief Guests

**Dr. Sashikala Reddy**, Prinicpal, Osmania Medical College

**Dr. B. Nagender**, Superintendent, Osmania General Hospital

**Dr. Triveni Bhoopal**, Deputy Superintendent, Osmania General Hospital

TIME	TOPICS	SPEAKERS	CHAIPERSONS
10:00 - 10:30 AM	Role of transplant co-ordinator	<b>Mrs. Parvathi</b> Transplant Coordinator, NIMS	<b>Dr. Sree Bhushan Raju</b> <b>Dr. Rama E</b> <b>Dr. Balraju</b>
10:30 - 11:00 AM	Legalities of declaration	<b>Mr. Girish</b> Transplant Coordinator, Apollo Hospital	<b>Dr. S Srinivas</b> <b>Dr. Madhavi</b> <b>Dr. Manisha Sahay</b>
11:00 - 11:30 AM	Breaking the bad news	<b>Mrs. Sudha Siripurapu</b> Transplant Coordinator Sunshine Hospital	<b>Dr. Girish Narayan</b> <b>Dr. G Srikant</b> <b>Dr. Anuradha K</b>
11:00 - 11:30 AM	Inauguration and Tea Break		
11:30 AM - 12:00 PM	Counseling family for organ donation	<b>Mr. Sanjeev</b> Transplant Coordinator, KIMS Hospital	<b>Dr. G Sridhar</b> <b>Dr. Kiranmai</b> <b>Dr. Manjusha</b>
12:00 - 12:30 PM	Concept of brain death	<b>Dr. Archana B</b> Associate Prof Neurology, OGH	<b>Dr. T Gangadhar</b> <b>Dr. Madhusudan</b> <b>Dr. G Swarnalata</b>
1:30 - 1:00 PM	Maintaining brain dead donor	<b>Dr. Pandu Naik,</b> Professor Anaesthesia	<b>Dr. Anuradha Raman</b> <b>Dr. Sadhna</b> <b>Dr. Pavani</b>
01:00 - 02:00 PM	LUNCH		
2:00 - 2:30 PM	Role play - Breaking the bad news	<b>Mr. Bhanuchander</b> and Team	
2:30 - 3:30 PM	Role play - Counseling family for Organ donation	<b>Mr. Ravi Kumar</b> and Team	

## TSNCON 2023 28<sup>TH</sup> & 29<sup>TH</sup> JAN 2023

DAY 1 : 28<sup>TH</sup> JANUARY 2023

TIME	TOPICS	SPEAKERS	CHAIPERSONS
01:00 – 02:00 PM	LUNCH BREAK		
02:00 - 03:00 PM	PAPER SESSION 1		Dr. Uttara Das Dr. Raja Karthik Dr. Shabana
03:00 - 04:00 PM	PAPER SESSION 2		Dr. Vikranth Reddy Dr. Vikram Kumar Dr. Anitha
04:00 - 05:00 PM	PAPER SESSION 3		Dr. Jyotsna Dr. Praveen Etta Dr. Deepti
05:00 – 05:15 PM	TEA BREAK		
05:15 - 06:15 PM	QUIZ	Dr. Srikanth (Quiz Master) Dr. Rekha	
06:15 - 06:45 PM	Nephrology Research- Beyond the confines of hospitals and laboratories	Dr. Gopal Krishnan Prof & HoD, Nephrology, MMC, Chennai	Dr. Anuradha Raman Dr. P. Soundararajan Dr. Gangadhar Taduri
06:45 - 07:15 PM	Interventional Nephrology Salvage of clotted fistula	Dr. Venkatesh Rajkumar, Consultant Nephrologist Apollo Hospital, Chennai	Dr. Girish Narayan Dr. Sreebhushan Raju Dr. Sanjay Maitra
07:15 - 08:00 PM	Inauguration		
08:00 PM Onwards	CULTURAL PROGRAM FOLLOWED BY DINNER		

## TSNCON 2023 28<sup>TH</sup> & 29<sup>TH</sup> JAN 2023

DAY 2 : 29<sup>TH</sup> JANUARY 2023

TIME	TOPICS	SPEAKERS	CHAIPERSONS
08:30 - 09:30 AM	PAPER SESSION 4		Dr. Sahista Hussaini Dr. Sashi Kiran Dr. Priya John
<b>TRANSPLANT SYMPOSIUM</b>			
09:30 - 09:50 AM	When and how to desensitize ?	<b>Dr. Shyam Bansal</b> Senior consultant Nephrologist, Medanta Hospital, Delhi	Dr. K. V. Dakshinamurthy Dr. K. S. Nayak Dr. T. K. Saha
09:50 - 10:10 AM	Long term post transplant monitoring	<b>Dr. Vel Arvind</b> Chief Transplant & Interventional Nephrologist, Apollo Hospital, Trichy	Dr. Pradeep Deshpande Dr. Satti Reddy Dr. Dhanunjaya
10:10 - 10:30 AM	Transplant Immunology - What's new?	<b>Dr. S. Gopaluni</b> Consultant Nephrologist Citizen Hospital, Hyderabad	Dr. Ratan Jha Dr. B. Srinivas Dr. B. Sudhakar
<b>PEDIATRIC NEPHROLOGY</b>			
10:30 - 10:50 AM	Steroid resistant nephrotic syndrome in children, what next?	<b>Dr. Mehl Shah</b> Sr Consultant, Pediatric Nephrologist, Little Star Children's Hospital, Hyd	Dr. Manjusha Yadla Dr. Satyaprasad Dr. Ravi Andrews
10:50 - 11:10 AM	Pediatric cystic diseases of the kidney.	<b>Dr. Ravi Tej</b> Assistant Prof, Nephrology NIMS, Hyderabad	Dr. Kiranmai Dr. Dhanalakshmi Dr. Ranganath
11.10 - 11.30 AM	<b>TEA BREAK</b>		
11:30 AM - 12:30PM	Debate : PLEX in Lupus Nephritis	<b>For - Dr. Ashwini Kumar A</b> Consultant Nephrologist, Apollo Hospital, Hyderabad <b>Against - Dr. Saivani Y</b> Consultant Nephrologist, Santhiram Hospital, Nandyala, AP	Dr. P. S. Vali Dr. Raja Ram Dr. Shyam Sunder
12:30 - 1:00 PM	CPC	<b>Dr. Anuradha Kavadi</b> Assistant Prof, Nephrology, OGH, Hyderabad	Dr. Sree Bhushan Raju Dr. M. V. Rao Dr. G. Sudhakar Dr Megha Uppin (Pathologist)





## HYDERABAD NEPHROLOGY FORUM

Monthly Academic Activity

### WORKSHOP ON NUCLEAR MEDICINE IN NEPHROLOGY

On Friday 24<sup>th</sup> Feb 2023, 10 AM Onwards

Venue- 5th Floor Trauma Auditorium NIMS

## PROGRAMME

TIME	TOPIC	SPEAKERS	CHAIRPERSONS
Moderators - Dr Mukesh Goel & Dr Shankar			
10 am - 11:10 am	Basics of nuclear medicine DTPA renogram and its application (transplant evaluation and renovascular hypertension)	Dr N Kavitha Professor and HOD Dept of Nuclear Medicine NIMS	Dr Gangadhar Taduri, NIMS Dr P S Vali, AINU
11:10 am - 11:40am	Nuclear medicine in evaluation of UTI	Dr K Vinodh Kumar Asst Professor Dept of Nuclear Medicine NIMS	Dr Sree Bhushan Raju, NIMS Dr Kiranmai, OGH
11:40 am - 12:00 pm	TEA BREAK		
12 pm - 12:30 pm	Utility of PET CT in Nephrology	Dr Mohd Mansoor Mohiuddin Consultant, Dept of Nuclear medicine Vijaya	Dr Manjusha, Gandhi Hospital Dr Srikanth, AINU
12:30pm - 1:00 pm	Special Nuclear medicine procedures related to Nephrology (Peritoneal scintigraphy, parathyroid scintigraphy, Bone scan, Lymphatic scintigraphy)	Dr Madhur KR Srivastava Associate Professor, Dept of Nuclear Medicine NIMS	Dr Manisha Sahay, OGH Dr Raja Karthik, NIMS
LUNCH BREAK			

# Past and Upcoming Events

TIME	TOPIC	CHAIRPERSONS
2:00 pm - 2:30 pm	Case presentation- Renovascular hypertension	Dr Md Mansoor Mohiuddin, Dr Praveen Etta, Olive
2:30 pm - 3:00 pm	Case presentation- Donor evaluation	Dr N Kavitha, NIMS Dr Anuradha, OGH
3:00 pm - 3:30 pm	Case presentation- CKD MBD	Dr Madhur KR Srivastava, NIMS Dr Vikram Kumar, Gandhi Hospital
3:30 pm - 4:00 pm	Case presentation- UTI	Dr K Vinodh Kumar, NIMS Dr Rama E, OGH




## RENAL TRANSPLANT SYMPOSIUM

In association with



**19<sup>th</sup>**  
**MAR**  
**2023**

 **9:30 am - 5:00 pm**

 **Hotel Sheraton, Nanakramguda Road,  
Financial District, Gachibowli, Hyderabad**

### ORGANISERS

• **Dr Gopaluni Seera Pani**

MBBS, MRCP (UK), MRCP (Nephrology),  
CCT (UK), PhD (Cambridge)  
Consultant Nephrologist & Transplant Physician,  
Specialist in Autoimmune Diseases  
& Immuno-nephrology

• **Prof. Dr N Mallikarjuna Reddy**

M.S., M.Ch., DNB (Urology)  
Fellow European Board of Urology  
Sr. Consultant - Urology & Robotic Surgery

• **Dr K Prasad Raju**

MBBS, M.S., M.Ch (Urology)  
Sr. Consultant - Urology

• **Dr Swarnalatha G**

MBBS, MD, DM  
Professor and HOD - Nephrology,  
Nizam's Institute of Medical Sciences, Hyderabad

• **Dr Banu Teja Reddy P**

MBBS, M.S., M.Ch (Urology), DrNB (Urology)  
Consultant - Urology & Andrology

## PROGRAM SCHEDULE

TIMINGS	TOPIC	SPEAKER	MODERATORS
9:30 am - 9:35 am	Welcome	Dr Gopaluni Seera Pani	
9:35 am - 10:05 am	Long term survival after kidney transplantation	Prof. Sundaram Hariharan	Dr Anuradha Raman (Sunshine Hospitals) Dr Sanjay Maitra (Apollo Hospitals) Dr V S Reddy (KIMS)
10:05 am - 10:35 am	Poisoned deceased organ donors and recipient out comes	Dr Georgi Abraham	Dr Girish Narayan (Yashoda Hospitals, Somajiguda) Dr Sree Bhushan Raju (NIMS)
10:35 am - 11:05 am	Immune tolerance: A myth or reality?	Dr Gopaluni Seera Pani	Dr Gangadhar (NIMS) Dr Sudhakar (Yashoda Hospitals, Malakpet) Dr P S Vali (AINU)
<b>COFFEE BREAK</b>			
11:25 am - 11:55 am	ABO incompatible transplantation	Dr Rajan Ravichandran	Dr Pradeep Deshpande (Global Hospital) Dr Sridhar (Star Hospitals)
11:55 am - 12:25 pm	Transplantation in a HLA sensitised patient - risk vs benefit?	Dr Jeethu Joseph Eapen	Dr Ratan Jha (Care Hospitals) Dr Srikanth (AINU)
12:25 pm - 12:50 pm	Evolution of minimally invasive recipient surgery with outcomes	Dr Pranjal Modi	Dr N Mallikarjuna Reddy (Citizens Specialty Hospital) Dr Prasada Raju (Care Hospitals)
12:50 pm - 1:10 pm	Robotic renal recipient surgery	Dr N Mallikarjuna Reddy	Dr Prasada Raju (Care Hospitals) Dr Banu Teja Reddy P (Citizens Specialty Hospital)
1:10 pm - 1:30 pm	Difficult recipient situations	Dr K Prasad Raju	Dr N Mallikarjuna Reddy (Citizens Specialty Hospital) Dr Banu Teja Reddy P (Citizens Specialty Hospital)
<b>LUNCH</b>			
2:30 pm - 3:00 pm	Current status and challenges of organ transplantation in India	Dr Subho Banerjee	Dr Kiranmai (Osmania Hospital) Dr Jyothsna (Star Hospitals)
3:00 pm - 3:30 pm	Optimisation of deceased donor kidney utilisation	Dr Swarnalatha G	Dr Saha (Yashoda, Secunderabad) Dr Praveen Etta (Olive Hospital)
<b>COFFEE BREAK</b>			
3:50 pm - 4:20 pm	Enabling kidney transplantation to all eligible patients: Role of nephrologists & governments	Dr Manjusha Y	Dr Vikranth Reddy (Care Hospitals, Banjara Hills) Dr Sashi Kiran (Yashoda, Malakpet )
4:20 pm - 4:50 pm	Role of procurement and pre-implantation biopsy in organ allocation	Dr Ravi Tej	Dr Dhana Lakshmi (Global Hospital) Dr Dhananjay (Continental Hospitals)
4:50 pm - 5:00 pm	Concluding remarks	Dr Gopaluni Seera Pani	

- ➔ Many of our senior consultants and colleagues from HNF represented various roles in recently concluded 42nd Annual Conference of Indian Society of Nephrology – Southern Chapter (ISNSCCON 2023) conducted at Coimbatore. Some of these achievements are
  - Talk on “Green Dialysis” by **Dr Dhanalaxmi**
  - Talk on “Deceased Donor Organs: Retrieval, Preservation and Allocation” by **Dr Praveen Kumar Etta**
  - Talk on “Role of PLEX in ANCA associated GN” by **Dr Bhavya**
  - Few of the senior nephrologists - **Dr Girish Narain, Dr Anuradha Raman, Dr Pradeep Deshpande, Dr Ratan Jha, Dr Sree Bhushan Raju, Dr Gangadhar Taduri, Dr Manisha Sahay, Dr Manjusha Yadla, Dr Swarnalatha Guditi, Dr Kiran Mai and Dr PS Vali** chaired several sessions in the conference
  - **Dr Kajaree Giri** from Osmania General Hospital has been awarded with the second prize for Podium presentation in Clinical nephrology category
  - **Dr Kajaree Giri** from Osmania General Hospital has been awarded with the third prize for oral paper presentation on Renal Transplantation
  - **Dr Kajaree Giri** from Osmania General Hospital has been awarded with the third prize for PC Mary Tanker award presentation
- ➔ **Dr Sree Bhushan Raju**, Professor in Nephrology at NIMS got selected as Honorary Secretary for Southern Chapter of Indian Society of Nephrology
- ➔ **Dr Swarnalata Guditi**, Professor of Nephrology got promoted as Head, Department of Nephrology at NIMS
- ➔ **Dr Raja Karthik**, Associate Professor of Nephrology got promoted as Additional Professor, Department of Nephrology at NIMS

## I. Objective of the Research grant

Hyderabad Nephrology Forum is a consortium of Nephrologists based at Hyderabad and Telangana for over 25 years now and has been actively engaged in conducting regular academic sessions. With the aim of encouraging research and innovation in the field of nephrology, Hyderabad Nephrology Forum introduces a research grant for enthusiastic academicians and researchers.

## II. Research Committee

With this aim, a research committee has been formed under the aegis of Hyderabad Nephrology Forum

### A. Composition of the research committee

1. Selection of members of research committee would be through Governing Body meeting
2. Nephrologists with experience in research and publication would be the members
3. One member representation from other than Telangana state
4. The treasurer would also be the member of the committee
5. The general secretary would convene the research committee meeting as when required

### B. Term of the research committee members

1. The term of each member would be for 2 term i.e. 4 years
2. The treasurer of that term would be member of the committee
3. The General Secretary would be for that term

### C. Scope of the research committee

1. Form / Amend guidelines for the giving research grants to the research projects
2. Call for the applications for research grants annually
3. Scrutiny of all the application and finally select the research project based the guidelines and merit for the research grant
4. The committee shall coordinate with the President, Secretary and the Treasurer for the release of amount in the phased manner
5. Review and audit of the completed research project and submission of a report to the Governing body.
6. The Research Committee shall scrutiny all the applications and select one research project annually and constantly monitor and support the research project.

## III. Who can apply

1. All the postgraduates pursuing DM or DrNB in Nephrology in Hyderabad and Telangana region are eligible to apply.
2. Early career Nephrologists (< 5 yrs) working in teaching hospitals in of Hyderabad and Telangana region are eligible to apply

## IV. Criteria For Applying

1. Innovative, cutting edge research proposals in Basic sciences, Clinical and Epidemiological arena pertaining to field of
  - a. Renal physiology
  - b. Clinical Nephrology
  - c. Glomerular diseases
  - d. Hemodialysis and peritoneal dialysis
  - e. Transplantation
2. Applicants should be members of Hyderabad Nephrology forum.
3. The research proposal should be guided by a senior faculty in Nephrology where the applicant is currently studying/employed with experience in research and publications,
4. A detailed research proposal plan with the objectives, methodology, expected results and timelines to be achieved including the budget proposal shall be submitted.
5. The proposal should have an institutional ethics committee clearance.

## V. About the grant

1. The research grant shall include a sum of not more than Rs.1,00,000/- per research project
2. The research grant shall cover expenditure incurred towards basic investigations, procuring reagents/consumables for special investigations, standard of care medications, and basic equipment.
3. It shall not cover expenses incurred towards travelling, man power, infrastructure and high equipment
4. The grant shall be released by treasurer and General secretary in a phased manner after initial approval by the research committee:
  - a. Half of the grant shall be released after submission of the appropriate bills through the guide
  - b. 2nd half of the grant shall released after completion of the project and submission of the final manuscript

## VI. After receiving the grant

1. The title and the research proposal may not be changed after receiving the grant.
2. The research committee shall be updated regarding the progress of the project every 6 months.
3. The research project should be completed within 3 years of submission
4. The research project shall be published in a reputed journal within a year of completion
5. Hyderabad Nephrology Forum shall be duly acknowledged as the source of external funding.
6. In the event of applicant not adhering to the guidelines, the research grant shall be withdrawn
7. The decision taken by the research committee shall be final

## Hyderabad Nephrology Forum - Research Grant Application

Application for the year .....

### I. Details of the applicant

1. Name –
2. Age/Sex-
3. Current Designation -
4. Current Affiliation –
5. Years of experience
6. Previous research grants received-
7. Mobile no-
8. Email id-
9. HNF Membership No
10. Any other disclosure



## II. Details of the research Guide

1. Name of the Research Guide –
2. Current Designation-
3. Current/ Affiliation –
4. Years of experience –
5. Number of Research Projects done-
6. Number of Publications-
7. Mobile no-
8. Email id-
9. HNF Membership No
10. Any other disclosure

## III. Details of Research project

1. Title of Research Project
2. Objectives
3. Methodology
4. Statistics
5. Performa of data collection
6. Consent form
7. Expected results
8. Review of Literature
9. IEC Approval
10. Details of the expenses involved
11. Upload pdf –
  - a. Project details
  - b. Funding details

# Photos from TSNCON 2023 Hyderabad



# Photos from TSNCON 2023 Hyderabad





# Photos from ISNSCCON 2023 Coimbatore



## NIMS Hospital, Hyderabad



## Osmania General Hospital, Hyderabad



## Gandhi Hospital, Hyderabad



## Yashoda Hospitals, Hyderabad



## AINU Hospital, Hyderabad



## TX Hospital, Hyderabad



## Photos from AKI & CRRT Conference, Jan 2023



## Gandhi Nephrology Alumni group photo (on the occasion of foundation day)



Photos from workshop in Interventional Nephrology at Gandhi Hospital





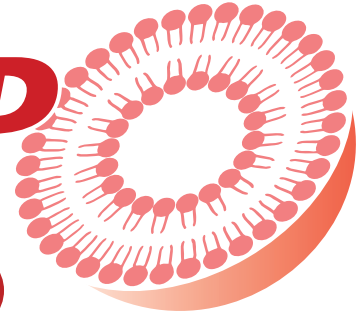


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## Hyderabad Nephrology Forum

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