24/04/2021 Issue 3

IRANIAN UROLOGICAL ASSOCIATION NEWSLETTER

Nourooz is the beginning of new year in Iranian Calendar. The calendar is one of the most finely tuned solar calendars vastly known as Jalali calendar and calculated by Birooni and Khayyam -two Iranian famous astronomers-during Selcuk dynasty. The word is composed of two words. "Nou" meaning new with similar etymology in a number of Indo-European languages.

The word has a message of rejuvenation, new onset and abolition of past sins and griefs. All the rituals performed in about a dozen countries in Iran plateau reflect these concepts of a new epoch implying hope and renovation and celebrating future rather than regretting the past.

The second part Rouz means the day with a common root with the word "Jour" in French. The most ancient oral memoirs and mythology of this cultural extent goes back to Mithraism or religion of Mehr meaning both Sun and Love. The core meaning of light as iconic demonstration of any decent spirituality was celebrated in both Zoroastrianism with Khosravani philosophy and Islam. This was reflected by Holy fire temples with fire flames not extinguished for thousands of years in Zoroastrianism from Achaemenid grand empire through Sassanid empire. Interestingly in Islam with an Aramic region birthplace Light was the nearest or the most splendid epiphany of God as quoted: God is the light of skies and the earth in Qoran. Philosophers like Sohrevardi and Mirdamad celebrated this conformity between Islam and philosophy of pre- islamic era (Hekmat-Khosravani) and built one of the most flourishing philosophic schools of the world aka Hekmat e Eshragh (Philosophy of Illumination) conceptualizing Allah as "Light of Lights". All these concepts are incarnated in Nourooz rituals which is historically narrated in Shahname of Ferdowsi (a principal Persian literary masterpiece: The story of Kings) as the crowning day of Jamshid (King of the sun) after a long millenium of winter and darkness. This day was conventionally recognized by United Nations as an international day. So if this excerpt is showing a huge commitment of people in this culture zone to light, renovation and universal peace, it conveys also the message of more solid and prevailing scientific collaborations with the whole humanity for the sake of peace and health. The tough days will be over and we will be close again in conference sitting halls to participate exciting lectures and debates. Let's hope this will happen in this new Persian year .So Happy Nourooz.

Ghahestani Seyyed Mohammad (Chief editor, Member of director board of IUA)

CONTENT INDEX

"The Board of Directors of the Iranian Urological Association welcomes the cooperation of members of the urological community in the content of the newsletter and considers the newsletter to be the media of colleagues"

Chief Editor Note:

Marathon on hard rocks

Nowruz (the Persian New year) this year was the beginning of a new century. Years, months, and centuries are conventional human phenomena.Regardless of the origin of the calendar, but at least in one sense a new era has begun in the human approach and attitude; The Corona havoc leads mankind to a more humble, caring, and just view of the world.

The sole view that can guarantee human survival. I think that this change will spread to scientific activity and thought and will lead to the development of a kind of medical science and practice that thinks more about all human beings, is cheaper, and uses technology that does less harm to nature. Will we follow this view in the field of urology and in this country, or will we continue the approach of following others and play on their groundfield race ground?

In the new year, the Urology Association, like all people and scientific groups, underwent an unexpected change, contrived of measures and alternatives, and initiated a new type of activity in a relatively short time,. The fact that I witnessed and testify is that the members of the board were not disappointed at any point, they thought flexibly about new ways and did not allow confusion and bewilderment to overwhelm them.

It was difficult to devote a significant portion of your mind and energy to thinking creatively in the responsibilities entrusted to you when everyone was confined in a long term gloomy quarantine. The newsletter you see is the result of one of those innovations.

In the meantime, s fellow martyrs endowed their precious life during the war with COVID 19 in the urological community, and the disease pendulum swung louder and more terrifying above the medical community. Our colleagues traveled and worked in high-risk wards, and young urology residents lined up in the special wards of Corona, and under our tearful and sad watch, many continued to travel, in ceremonies and gatherings and afterwards threw themselves into our arms and hands with a half-dead body, shortness of breath and a fearful heart

We did not allege to be stunt men We tried to beresilient in the face of new circumstances and with a tired body and hurt psyche but with decisiveness and hard work, we stood firm and persistently tried to walk in the direction of the goals and plans. We succeeded in some positions, in some places we took the first steps and negotiated and prepared the document, and in some places we definitely fell behind. You can criticize us; right here. Even to the testimony we give ourselves that we tried to keep our wow for commitment to our declared goals try not to give up.

Ghahestani SM (Member of the Board of Directors of the Iranian Urological Association,

Chief editor of IUA newsletter)

Feb-Mar 2021

History of urology in Shiraz University of Medical Sciences

دانشگاه علوم پزشکی و خدمات بهداشتی درمانی شیراز
Shiraz University of Medical Sciences

The beginning of work in the field of urology was almost at the same time with institution of modern medical practice in Shiraz Medical School around 1951 and by general surgeons at that time; among them is the late Dr. Hossein Ali Fatehnejad, a medical graduate of the University of Tehran and a specialist in general surgery and urology from France. The situation in the field of urology at this university was almost the same until the 1960s, when the School of Medicine gradually employed graduate students from the United States in the field of general surgery and in two hospitals, Saadi (currently shahid fagihi) and Namazi, including Dr. Mohammad Sanadizadeh, the late Dr. Ruhollah Kadivar.At that time, there was no independent urology and urology problems were addressed by general surgeons.

The urologists' training program ended with the training of medical students and general surgery assistants; In other words, the employed urologists were members of the general surgery department.

Along the change that took place in the general policy of the university and its scientific process, the ground for modernization was prepared, and it was in these circumstances that Dr. Mohammad Sanadizadeh didthe first transplant in 1968. He successfully performed a kidney transplant from Iran and the Middle East and perhaps Asia from live donor at Shiraz Namazi Hospital, and two years later, the late Dr. Ruhollah Kadivar performed the first case of a kidney transplant from Cadaver in Iran. These successes came at a time when hemodialysis was not available and immunosuppressive drugs were not also sophisticated and easily accessible.

The establishment of the urology department and the admission of residents dates back to 1972, when the urology department, as a branch of the surgery department, started by acceptance of one resident per year. The mentors were Dr Ruholloah Kadivar and Dr Parviz Javaheri who were both urology graduates from the United States.

Legal barriers at the time prevented the university from attracting specialist graduates within the country (two conditions of employment: full-time service at the university and having a specialized degree from the United States or the United Kingdom), Therefore, the needs of the urology department were met by foreign graduates, including the employment of an English urologist of Indian breed named Dr. Anwar Halim. He graduated from the University of London and remained in Iran till a year after the revolution.

Few years before the revolution, Dr. Abdul Aziz Khezri and Dr. Ahmad Kasraian, graduates and specialists from the United Kingdom and the United States, respectively, joined this section, and the training and resident training program found a better trend. The urology sector became tense again during the years of the revolution and after the Islamic Revolution, in the early days of the Iraq-Iran war. Dr. Kasraian, Dr. Kadivar and Dr. Halim left Iran, and the the full blown war with Iraq had increased the service burden. Such a time, with the efforts and hard work of one or two people left, Dr. Khezri decided to manage the ward and graduated some residents near the end of their course promptly employing them in urology ward Fulfilling the criteria in this way the ward was reorganized as a residential training program site. Gradually, some of the best urology graduates in the country joined the faculty and the shortage in faculty staff were entirelysolved.

Until 2006, the urology department was still a branch of the surgery department in a formal manner according to the general policy of the university and according to international standards and world-renowned universities; but in the same year, the trend of urology in this university changed and, like other university centers in Iran, it became an independent ward separate from the surgical department. Currently, the educational space of the urology department in four centers includes Shahid Dr. Faghihi Hospital, Namazi Hospital (General Urology and Euro-Oncology), Hazrat Ali Asghar Hospital (Endocrinology and Oncology Center) and Organ Transplant Center in Namazi Hospital, respectively. This center includes general surgery and kidney transplantation departments).

The Department of Urology has 10 full-time faculty members, including one professor, 4 associate professors and 5 assistant professors. The selection of these professors are among the best and most honorable domestic graduates in accordance with the scientific criteria of the world.

Many of the new surgeries performed in this center have been for the first time in Iran-region and in cases such as bladder replacement, for the first time in Asia.

The center has more than 140 graduates and receives between 4 and 5 residents annually. Many of the center's urology graduates are faculty members at major domestic universities, and in some cases, faculty members at world-renowned universities (USA).

The professors of this department are seriously active in four approved research centers and the Animal lab department.

This department has an approved residency training program and also fellowship training programs in kidney transplant, Andrology, Eurolaparoscopy and Endo urology, Euro-oncology with high quality standards and also the necessary conditions for pediatric urology fellowship have been provided.

"Residential Committee of Iranian Urological Association"

Dr. Narimani
(Executive director of Men's Health Day in 2021)

Dr. Basiri
(President of the Iranian Urology Association)

Men's Health Day Webinar
"Feb 2021"

The Iranian Urology Association held a webinar on "Men's Health Day and Week" on Friday Feb 19th with the participation of specialists at the Tehran Municipality Conference Center.

The organizers of this program were Dr. Nima Narimani (Executive director of Men's Health Day in 2021) and Dr. Abbas Basiri (President of the Iranian Urology Association).

Dr. Narimani mentioned the need to hold this conference to increase public awareness and men to pay more attention to their health.

Also, this program was held from Sunday to Wednesday (Feb 21 to 24) for the general public and through the Instagram page of the Iranian Urological Association at ***@uroiranian*** with questions and answers.

Dr. Basiri expressed the hope that by holding these programs, the general public will be able to use scientific and credible content instead of referring to unreliable and unscientific content and channels in the field of men's health.

Dr. Narimani mentioned the following topics as the focus of the conference:

• Infertility and marital problems

• The role of lifestyle in infertility

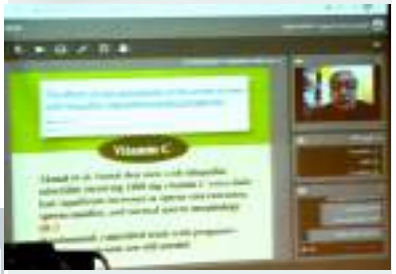
This program was held in cooperation with Tehran Municipality, Ministry of Health, Medical Education and Radio and Television Health Channel.

Dr. Narimani reminded: "This is the first time that with the extensive efforts of the association, on Men's Health Day, we had extensive news coverage on radio and television and in the media, and prepared educational videos and pamphlets for the people and a live program in Instagram was launched; "We also had the support of Tehran Municipality for the Men's Health Day program."

He mentioned other programs this week, sending urology residents to the neighborhood health center, as well as holding free visits to metro stations (5 stations) and 19 clinics in Tehran.

At the end, the text of the message of the Mayor of Tehran (Mr. Hanachi) who was excused from attending the conference due to Corona conditions was read.

It should be noted that videos and educational materials related to men's health can be viewed on the web pages of the Iranian Urological Association.



The webinar content was presented as follows with online Q&A:

Subjects	*Providers*
Obesity, diet and infertility	Dr. Hamed Akhavizadegan
Cigarettes, alcohol, drugs & infertility	Dr. Hamid Arasteh
Regular exercise, supplementation and Hormone abuse on male infertility	Dr. Akbar Abedi
Occupational hazards and infertility	Dr. Peyman Salehi

Subjects	*Providers*
Nonspecific treatments for infertility	Dr. Alireza Kheradmand
When should we refer a patient for ART?	Dr. Serajuddin Vahidi
treatments for impotence	Dr. Shahmohammadi
The effects of aging on the bladder	Dr. Maryam Emami

"Iranian Urological Association"

Website: **iua.org.ir**

Instagram: **@uroiranian**

Residents' meeting webinar in the Iranian Society of Surgeons

In the webinar series of assistant roundtables of the 44th Annual Congress of the Iranian Society of Surgeons in December 2020, a roundtable on Educational-living problems of specialized assistants and specialists committed to the project were held in the office of the Iranian Society of Surgeons.

The webinar was attended by representatives of residents, graduates and officials from the Ministry of Health and Medical Education, the University of Medical Sciences and the Medical System Organization.

Dr. Jaber Ansari, Secretary of the Annual Congress of the Iranian Society of Surgeons, pointed out the importance of the position of residents in the country's health care system and the need to solve the educational and livelihood problems of residents, as well as the need for residents and young professionals to be aware of laws and legal issues.

Dr. Ghani, Secretary of the Medical and Specialized Education Council of the Ministry of Health, Dr. Vahidshahi, Deputy of Evaluation and Accreditation of the Secretariat of the Medical and Specialized Education Council of the Ministry of Health, Dr. Sima Sadat Lari, Deputy Minister of Culture and Student Affairs, Dr. Salimi, Deputy Minister of Education and Research, Dr. Saedi The former lecturer of the medical school of Tehran University of Medical Sciences and Mr. Behrouz Rahimi, the head of the Student Welfare Fund of the Ministry of Health, discussed and answered the audience questions in this meeting.

The issues raised by the representatives of the residents in this meeting:

• Voluntary and tireless efforts of residents in the COVID-19 pandemic despite intervening educational problems due to reduction in the number of patients and procedures, the cancellation of surgeries, illness and high workload

•Necessity of revising of the Residential Regulations in accordance with ACGME standards: definition of resident, working hours and number of resident night shifts per month• Consistency in decision-making and announcement at the appropriate time and the clarity of the decision-making body regarding educational issues

• Increase aid, costs, and the need to remove barriers to mandatory free health and also professional responsibility insurance for residents across the country and supplemental insurance at a reasonable cost.

Dr. Mostafa Ghanei, in response to the issues raised, stated: The visits and accreditations of the course and the ranking of the centers are in the authoritative realm of S the Secretariat of the Medical and Specialized Education Council . Every hospital should ask for a resident only for educational purposes and think of other ways to cover the services.

The Deputy Secretary of Evaluation and Accreditation also added: "Our special attention is on the issue of wellbeing of the residents and the program of improving their status is one of the priorities of the Secretariat." Our goal is to reduce the hardships we have gone through. This year, with 27% of the vacancy, the admission capacity was 37% in the postgraduate course Common causes are lack of protection of human dignity, humiliation and verbal violence, physical fatigue of economic issues, lack of systematic training and uncertain job prospects.

Dr. Lari, Deputy Minister of Health, stated that we heard the voice of the residents being discriminated or neglected in some aspects and took measures to solve their problems in the ministry, some of which are as follows:

• Emphasize a maximum of 12 night shifts per month and an additional shift only if they are paide the fee• Corrections to the text of the notarized affidavit form undertaken and signed by residents as prerequisite of recruitment in residential program.

• Health insurance coverage for all residents and efforts to provide social security and supplementary insurance

• Increase the salaries of residents this year and afterwards

• Procuring residential loan and increasing it next year and the accommodation mortgage for all Residents

Finally, the representatives of the residents considered the continuation of such meetings with the aim of responding and following up, as well as involving the residents in planning and decision-making, as the main way to improve the situation of residents.

Urology Practice in AONs

My memories from "Bastak":

Peace in the presence of others

Dr. Naser Yousefzadeh Kandavani - FEB 2021

Every specialist is filled with a sense of unimaginable relief after an exhausting and depressing period of preparation for the board exam, and after the test and getting rid of the constant apprehension and anxiety of several years of being evaluated, evaluated, and evaluated ... A feeling that that would not last long and will soon be replaced by a craving for sense of being useful . It was the same for me. With the start of the fourth year of residency, I was apprehensive about completing my residency and board exams. It passed...

Less than two weeks after the test, I was thinking about finding a vacancy for a urologist.. With the help of a friend of mine who had just completed his mandatory service in a small town in Hormozgan province, I became acquainted with Bastak. One or two calls with the head of the hospital and university officials were enough for me to start working as a guest doctor in Bastak.

My first days in this small town were memorable. When you enter small towns far from home, you are confronted with conflicting feelings. On the one hand, we have the taste to work, to be useful, and of course to have an income, and on the other hand, the limitations and tranquility and solitude of this city worried me that I might one day be frustrated by being here andNostalgia for being away from your spouse, family, and friends seemed also important.

I thought to myself ... enough to worry ... and how nice it would be if I relied on people in my new environment. So I cleared my heart. I have to work and shine in this city. I have to touch their culture and their lives, I have to be my best self.

I decided to work as hard as I could and get as close as I could to the people of Bastak!

I made a detailed plan for the morning and evening clinics, I followed up to announce in all the internet groups of the city that Bastak has a urologist again, I soon learned the schedule of the football halls and the pool of the city and the day came that from morning till evening I was in the hospital and I was visiting patients and exercising from evening until late at night and being in different communities in the city and of course, trying the unique southern, Arabic and Indian food!

Slowly, I became friends with almost everyone, with the shopkeepers, with the staff of the organizations I went to football with, and most of all, with the hospital staff, as well as my patients. I felt very good. Grateful and kind people, a kind land of the South had opened up in my heart and I was a regular guest in their homes. After a while I had joined the colleagues who had come to Bastak to start their service and we had become a community for ourselves, and that was the feeling of being understood and trusted.

In the workplace, I had already learned to respect the older phisiciansThere was no urologist other than me, and the other surgeons were young but I knew that there were old, experienced urologists working in nearby towns. I called them and tried to respectfully announce my presence and to create a relationship to be able to get their support when needed. In fairness, the reactions were good and supportive. I do not know what it is, it is the soil and climate of the south or seeing the smoothness and simplicity of its people, that makes people who live there for a while behave warmly and intimately. But in the hospital, there were more experienced people in other than urology fields, and at first, it was natural for them to look at my work through critical lenses.

To get started, on my professors 'advice, I started with operations that I was sure would not cause any trouble for my patient, and again, on my professors' advice, I used the notes I had written down from my operating room experiences during my residency. I also studied the technique of operations from the textbook.

I have repeatedly told myself that I must ignore the judgment of the staff and take all my steps in the operating room and during the operation firmly and do the standard work.

The first person to have some trouble was the father of the hospital metron, who was suspicious to have TUR syndrome after TURP. I was on top of his recovery for an hour or two, he did not mentioned any pain or problem, just said that he was not feel good. The tests were normal, and his cardio check was also good. Eventually, I tought it might be hypothermia, Warmer was broken, He got a lot better with the warm serum we put around it and used it as an irrigation fluid.

It didn't take me more than a few weeks to regain my self-confidence, and I gradually began to feel that I was not under the scope of the criticism of an anesthesiologist and operating room, and hospital officials.

Bastak Hospital was an unique hospital, with the help of donors, good equipment was purchased for it; Urethroscope 8 and 6, resectoscope, nephroscope, internal urethrotomy devices, ESWL device, and even flexible cystoscope! They were all good and famous brands! Gradually, my operations became more and more diverse. The age range in which I operated also widened. As my workload increased, I became more and more anxious about the quality of my work. Sometimes I got into trouble with being less careful, or impatient:

I remember once doing TUL for a 3-year-old boy with a large ureteral stone who did not respond to ESWL. The operation was good and I left a double J stent. Before removing the DJ, due to the residual stone, I intended to perform a urethroscopy, and the removal of the residual fragment, . After removing the DJ it became impossibe to re-entering the ureter! I could have prevented this by placing a

guidewire before removing the DJ. I remember writing this to myself at the time:

"*Sometimes doing a small step or not taking a very subtle precaution can be very costly, for me or my patients. I have to think carefully about all my actions and steps during the operation, especially about procedures that seems to to be out of the routine. "I must not forget the unsuccessful urethroscopic experience of a 3-year-old boy.*"

I did the urethroscopy of the child again after 2 weeks and the problem was solved, but, he was anesthetized twice, he was paid twice for commuting from the village to the city, and he was given an angiocath twice. I was only able to make arrangements that they would not pay for the second hospitalization without being informed.

I performed the first partial nephrectomy in a situation that my patient's nephew was one of the operating room staff and she was present in the OR and during the operation, she repeatedly talked about how good, supportive, and kind his uncle was! Since the personnel had not seen this operation before, I took the parenchyma under the mass with one hand and suture the bed of the mass and the bleeding vessels with the other hand. The operation ended well, but after the operation, my heart rate was high for half an hour!

Sometimes I missed the moment of the operation when I knew I had to do something to be sure that nothing would go wrong in post-op days, but I had not done it, and after the operation, I was stressed. I once recorded such moments as follows:

"*Surely all surgeons experience this feeling: That you have operated on the patient and are worried about the occurrence of complications and waiting to hear post op test results. You will not fall asleep until you hear the answer to the test and you will be anxious and the minutes will be hard spent and when you are told the answer to the test, your heart will calm down and in honor of this moment, you serve yourself with a cold drink!*

I may have experienced the feeling of this kind before and during my residency, but obviously with less intensity and a different nature. The difference comes from feeling responsible and being alone and without help.

Every surgeon knows that it is hard to imagine explaining to your patient and his companions and colleagues at the hospital that what you did was not perfect, although I know that the occurrence of the complication is inevitable and can happen to anyone.

"Now I can understand how much stress can be caused by surgeries in which complications can lead to the death of your patient, but well, trying to avoid them is not a solution. We need to get better and stronger. You have to take work very seriously, even if it is very small and simple...

December 5, 2019, 1 AM, Bastak, Hormozgan - After being informed of the stable hemoglobin level of a hysterectomy and burch culposuspension patient."

And like any other surgeon, there were times when I had no idea what to do! Usually, this is how I sometimes tried to get consult from the more experienced professors and colleagues I knew in Tehran. I was worried about the first urachal sinus when I wanted to operate; A 6-year-old girl whose father worked in a hospital pharmacy and was also my fellow cyclist. I remember contacting a professor of pediatric urology to make sure I had the child ready for surgery.

But some times we do not have time to consult:

One night at 3 a.m., a pediatrician called and said that a 4-year-old child had been bitten by a scorpion and since 5 hours his penis was erect. The child was in critical condition and they intended to refer him to a more equipped hospital. I went and saw him. Along the way, when the driver came after me, I was looking our textbook to see if the treatment of priapism at this young age was different. I did not reach a specific conclusion. When I arrived, it still had a full erection. He was half-conscious. I decided to empty and irrigate the corpuras with saline.. After anesthesiaI started to drain the blood from the base with a very fine angiocatheter, it was difficult, we used to empty the adult penis and irrigate it. After proper detumescence child was transferred to another center. Two days later, I herad that he had survived and he was OK.

After the start of the Corona pandemic, there were disagreements in the workplace, with a group of anesthesiologists seeking to close the operating room and a group of managers wishing to continue to providing essential services. We also entered into disputes subconsciously.

Once, when I was upset with the anesthesiologist, I wrote the following note to my colleagues:

"*I think from the experience I have gained in the last few days, what makes me, whom I believe my main motivations for being in this environment and working, human? what did I do wrong? I do not recall that as far as I am aware, I have made mistakes, shortcomings, selfishness, or disrespectful behavior on my part. Now that I look at the stories from above, I believe that whatever happened was due to the lack of lines and boundaries and the dos and don'ts. Codes that must be written in all circumstances and specified and available to all. "What happened between us and what you all witnessed stemmed from the failure to define rules and codes of conduct on time, and it was heartbreaking for all of us.*"

A few months of my presence in Bastak and the experience of living in this city, and its wonderful people, finding new friends from the group of doctors and spending sweet moments We had spent together and also doing about 300 surgeries was very valuable. When I returned to Tehran, I was deeply saddened. A feeling I did not think I would have. I returned to Tehran and entered the university and again a new environment and new people were in front of me and new stories began...

Successful young urologist:
A scientific voyage
Dr. Homayoun Zargar

1- Please mention a summary of your biography along with your academic achievements:

I was born in 1976. General Medicine in New Zealand,

I started in 1995 and after completing it, I entered general surgery and then, I entered the field of urologyI specialized in Australia and New Zealand from a joint college between the two countries.

After that, I spent a year in Vancouverin a prostate cancer cell typing lab center and was trained in radical open prostate surgery and oncology at Vancouver Surgery Centers.

After that I was in the United States for two years working in robotics and laparoscopy, then I came to Melbourne Melbourne Hospital at the Peter Mac Center, which was again robotic. After that, I started working as a specialist in 2015.

2. To what extent do you think you chose urology because of the influence your father had on you?

Was it possible for you to choose other fields such as ophthalmology or orthopedics?

In general, the surgeries were attractive to me, but in any case, my father's influence also played a role in my interest in urology. There is more variety of procedures in urology, and of course we saw it at home and talked to my father more about it, and in any case, it was more attractive to me than other disciplines, and my brother chose urology after me. .

Orthopedics and its surgery did not appeal to me at all.

3. Many urologists in Iran like to work with robots. Do you think this interest is real or is it a matter of prestige? While you know that we also have conventional laparoscopy in Iran and it works quite well ?

I am one hundred percent sure that robotic surgery is superior. I do laparoscopy in a public hospital that does not have robots, but in general the two entities are not actually comparable. Even robots are not comparable to open surgery in terms of dexterity and free surgical motion. The robot gives us the advantage of performing complex laparoscopy easily, and it has better vision and is not technically comparable to laparoscopy.

You say that some special operations can not be done with ordinary laparoscopy, do not you think the reason is that (because of availability of the robot) you do not see a reason to make enough effort in laparoscopy?

No. not at all. Of course, in a hospital that does not have robots, I do my best; However, that tool does not exist and you are comparing two-dimensional action with three-dimensional.

4. How much do you think Semi-automated tools and 3D vision can be cost effective in countries like Iran that are currently deprived of robotic technology?

Yes, one hundred percent. It is possible and good to reduce the distance with smaller steps. And to say an interesting thing, I did not see laparoscopy training and after open surgery training, I saw training directly with robots. But in this hospital, where I work and perform a lot of operations, there are no robots, and as a result, I went to laparoscopy without any training from robots, and in any case, we returned the robot techniques to laparoscopy.

Of course, it takes some time for it to fit in the brain, but all of this is reproducible.

5. If you know someone who knows conventional laparoscopy and wants to learn robot afterwards (contrary to the way you went), what period and how many procedures should he go through?

It depends on what operation it is. But I do not think it will be so difficult. It is as if you know how to drive but sit behind the wheel of a more advanced car than your previous car, it takes some time to get acquainted with the gear system and its tricks; this is one issue, and the second issue is

how to turn the corners now, because your car is bigger and more powerful. That is, the way techniques and approaches are different in the two.

And in the robot itself, after a while you become proficient, you change techniques from time to time and replace with better techniques. This means that in general, training from laparoscopy to robotics takes some time at first, but when you start to walk, you go no easily.

6. In the country where you live, does everyone have equal access to all medical services?

In the field of robotics, there are no robots in public hospitals and only private hospitals have this facility. The operation is free at a public hospital, but robots are not available. But in private, the patient or the insurer has to pay the cost, but there is a robot, and as a result in a public hospital, the quality of the practice we do for the patient may not be as good as a private hospital, and this is not fair and the patient is unfortunately unprivileged .

7- In the near future, do you consider it possible to build a robot and maintain it in other countries?

I think it will take about another 10 years for other countries in the world to be able to build effective Da Vinci rivals. It is true that the Da Vinci patent has apparently expired, but the Da Vinci robot itself consists of 5,000 different patents, and even the idea of surgery itself has been patented alongany robotic ingredient technology robots, which means that it is also strictly protected by law.

(Have you worked in pediatric robotics? No. Most pediatric surgeries here are performed in a public hospital and there are no robots.)

8- How many children do you have? And halfway through life, if you look back, what activities and tasks do you think you should or should not have done did not spend enough time on?

I am satisfied with my path and the work I have done; I just did not achieve Higher degree on research method or basic science ; I mean, I do not have a PHD and I only got an MD; Of course, it does not matter (because I became very active in research later), but it is something that can't be repeated and now I have neither the time nor the energy to do so. It's not a big deal, but it may be a little helpful academically.

9- What do you think is the main shortcoming or weakness of Iranian urology that can be repaired and further development can be created? Find ways in which you can help the Iranian urological community and strengthen your father's prominent role in Iranian urology so that your existence can be used more in the Iranian urological community.

However, everyone should do something for their country as much as they can.

I think that in Iran, although there are many hands and the volume of operations is high, clinical research is not done as it should be. Data collection is very easy and should be collected, and because the patient burden is so high, you can compete with any center. This is something I have learned to do well and it is easy, and it is a piece of advice from me that if you are doing something, tell me what you are doing, and ask are we doing it right?

And gather data and discuss.

In my opinion, they can be very successful in this field in Iran because the volume of clinical work is high.

Also, you see that we do not have a comprehensive presence in international literature as it should. It is very important if this is put together.

If I am the head of a department, the first thing I do is record this practice data every day so that we know what we are doing and how we are doing it. Then ask if this can be done better. This is clinical research in itself. This means making this process better every day.

My specialty is robotic surgery and I would like to have the opportunity for my colleague compatriots to come to me and augment their practice and return and practicein Iran and reproduce the same and serve Iran.

In any case, it is not possible for me to return to Iran and I have somehow settled here; but I'm interested in teaching and I'm sure my father thinks the same.

(Can we really consider this as an invitation to cooperate?

Yes. Definitely)

10- In the end, if you have a point, question or any comments, please.

Thank you for giving me this interview.

Elections of young Urologist Committee

One of the committees of the Iranian Urological Association, which has become the source of important and beneficial effects on the performance of the association, is the Committee of Young Urologists. This committee seeks to form an assistant committee with the aim of concentrating and organizing the activities and assessing the needs of the young urologists, both in terms of demands and demands of work, science and research, as well as their union and welfare demands, more than formed a decade ago. The committee's board consists of five members, based on elections and usually during congresses, and, according to the definition of its members, includes urologists who, regardless of their age, are less than ten. One year has elapsed since their graduation.

The election of the Young Urologists Committee was postponed due to the postponement of the 2021 Congress due to the Corona pandemic as well as the virtual holding of this Congress, and finally, by the decision of the Board, by e-mail in a special mailbox for this purpose, in it was held in February and March 2021. This process began by announcing the registration of candidates on the website and sending an SMS to all members of the association, and by registering the candidates, announcing how to send votes and eligible voters, as well as the programs of the candidates through the website. And the announcement of repeated text messages was finally held during the two days of the 26th and 27th of February. The initial time for e-mail voting was March 1st and 2nd, which was delayed by a week due to the extension of the candidate registration deadline.

In total, the number of emails received from young colleagues was 166, which is statistically significantly higher than in all previous periods, and the Iranian Urological Association is sincerely grateful for this significant increase in participation. Although some of these emails are duplicates, the participation statistics are still significant. Due to the fact that the work of counting and announcing the votes was scheduled to be done by a group of well-known and trusted members of the Iranian Urological Association, this stage is being completed and the results will be communicated to all colleagues as soon as possible through the association's website and SMS. A total of 9 qualified colleagues were nominated, of which 5 will be selected as committee members. So the names of the volunteer colleagues are: Dr. Mehdi Azarabadi, Dr. Pouria Rezvani, Dr. Amir Hossein Rahavian, Dr. Ali Zare, Dr. Mehdi Sotoudeh, Dr. Behnam Shakiba, Dr. Farshad Gholipour, Dr. Ali Goodarzi Karim, Dr.Nima Narimani

Dr. Farzin Soleimanzadeh

Member of director board of IUA

Responsible for holding elections

Important announcements and opinion polls on how to code surgery tariffs

As reported in previous issues, the board of directors of the association, along with a number of urology professors in the country, were able to hold a meeting with Dr. Haghdoost, Deputy Minister of Education. Although the main focus of the meeting was the annual admission of urology residents, other issues, including the issue of tariffs, were discussed, with Dr. Haghdoost ordering arrangements to meet with the Chairman of the High Council of Health Insurance, Dr. Razavi.

In a meeting between some members of the board, including Dr. Basiri, the chairman of the board, and Dr. Razavi, it became clear that there was no immediate prospect of changing tariffs. However, by providing examples from other disciplines, it has been suggested that many operations have the property of being composed of other components, sometimes due to the surgeon's insufficient coding skills or the strictness of insurance professionals in Exercise of undocumented tastes this position has not been used in urology.

Finally, it was suggested that the Urology Association submit suggestions to the High Insurance Council on how to codify surgeries so that they can be communicated to insurance experts as a procedure with the approval of the Council. This set will then be used as a guide by urologists. Following this decision, the board of directors of the association wrote a letter to the heads of specialized branches asking them to reflect their suggestions in this regard to the board of directors.

We also request members of the urology community to make any suggestions in this regard, both independently to the heads of branches and to the board of directors of the association (iua.accessory@gmail.com).

Iranian Urological Association

Dear Head of Specialized Branch ..... Ms. Doctor / Dear Doctor

Greetings and respect,

As you are aware, one of the main goals of the Iranian Urological Association is to try to improve and enhance the union-professional conditions of our dear colleagues. In this regard, the association seeks to collect and categorize a set of surgical procedures that are separable to its components and by aggregating the tariff of surgical components in a legal way to be able to solve some of the problems of the colleagues and obtain satisfaction. (Realization of rights) They have taken a step.

Dear colleague, we ask you to help the association in collecting the specific surgeries of that specialized branch by attracting the participation of the members of that branch.

For guidance, please refer to the appendix to this letter, which contains examples of some urological surgeries and how to integrate unit codes.

Dr. Abbas Basiri

Head of the Iranian Urological Association

Interview with the head of the functional and female urology branch

Story of vehemence

Dr. HajEbrahimi

" Faculty Member of Tabriz University of Medical Sciences"

Please introduce yourself:

I am **Sakineh HajEbrahimi**, Professor of urology at Tabriz University of Medical Sciences.

I was born in Khoy ,West Azerbaijan. I grew up in a religious and educated family.My husband is a professor in the Department of Ophthalmology,Tabriz University of Medical sciences. My son has finished general medicine and hopefully, he will soon start working as a urology resident.My daughter is also facing the university entrance exam next year.

I entered the university in 1987 in Urmia and was accepted in the urology residency training program of Tabriz medical university in 1995.

I graduated as a urologist in 1999 and entered a fellowship in canada from 2002 till mid-2003. and I was the **first Female urology graduate** in the country .(My degree was approved by the ministry).

I was a member of the faculty of Tabriz University for 5 years and then became an associate professor in 2005, I promoted to be a **full professor** of urology of Tabriz Medical University in 2011.

In 2009 I spent 3 months in **neur-urology** section at the University of Sheffield, UK, under the supervision of Professor Chappell.

In addition I took the evidence based medicine (EBM) course in 2006 in Oxford,University,UK, and I'v got the **Clinical EBM fellowship** from JBI, the University of Adelaide, Australia in 2016.

As the first female urology graduate in Iran, what were the difficulties in this direction?

My interest to the field of urology started from the 3rd year of medical school because the nature of this field was both medical and surgical and firm diagnosis are usually available before surgery and also the fact that it has few emergency situations was one of my points.

Because I was one of the first women in this field, there was a lot of obstacles. All in all, change is hard, and to change we need a vision of what we are going to achieve in the long run! People who do not see the outcome of this change are blocked.

In general, practice of medicine does not differ with gender.It is mostly related to skills, clinical judgments and professional ethics.

There were probably reasons for me to choose female urology .Urinary incontinence was so prevalent in Azerbaijani women and there was not any Female urologists in this region . One of my senior resident fellows insisted this idea.

I applied for a fellowship in 1999. Female urology was not a favored fellowship trend at the time, and I wrote a handwritten letter and was able to get a great position from New York. On September 6, I went to get the visa. On September 11, the plane crashed into the Twin Towers, and our entire program was canceled, and I was mistreated for applying.

Six months later, I applied to Canada again and was accepted to JGH in McGill University, Montreal, Canada. The insistence and welcome of professor Corcos for my application have been very valuable to me.

In addition to the Female urology course, I also took courses in neurourology, urogynecology, and pediatric neuro-urology.

More also to pass the Female training course, the topic of research was also discussed. One day my mentor told me to write a systematic review for the treatment of interstitial cystitis and he did not give any additional explanation. This proposal was a big change in my life. I had to finish this before the Christmas holidays. I did not have a computer at that time and access to data was not easy at all. There were many restrictions. I read about it until late at night, and in the meantime, I noticed a topic called EBM, which is where it comes in. There was a workshop on EBM, and because the the workshop fee was barely affordable, I had to study it myself. So I learned EBM on my own and delivered the article by the appointed time. This case opened a new academic chapter in my life. After returning back to Iran, with the cooperation of officials, we established the EBM Center in Iran (circa 2004).

In the beginning, many female surgeries were not recognized by insurance companies, the procedural code was not defined or reimbursed and there were not enough facilities and instruments for surgery. My colleagues and I did a real fight to develop this field and propagate procedures that are currently considered very accessible and easy. When I went to Canada

for a fellowship, the university paid for me for 6 months, and the rest of the expenses came from my only property, which was my modest car at the time. During the whole career I have paid for 90% of my expenses in scientific trips and training courses.

In 2010, after many challenges, we succeeded in establishing the Female urology field in Tabriz Subsequently Shahid Beheshti University did the same 2 years later.

We organized international courses and TIFU (Tabriz international functional urology) annual conferences to better know others and increase our skills. Since about 2010, we have turned Iran into an affiliate to ICS (International Continent Society). Our logo is also in the ICS community. And I became chair of developing world committee in ICS for 3 years and it continues with the same committee's membership till now.

About 6 years ago, the Ph.D. in neurology was launched for the first time in the country in Tabriz. The Clinical EBM Fellowship and the EBM Master's Degree are other things we have done here in collaboration with the University of Adelaide, Australia. For several years, this center has been operating as the Center of excellence or the scientific hub of the country in the field of EBM. The research we do at the research center is at the cellular, animal, and molecular level, and we work both nationally and internationally in the field of clinical trials and professional systematic reviews.

Which of the urological surgeries is most interesting to you?

We did a lot of outstanding surgeries. One of the good surgeries that I think our colleagues should learn is Female urethroplasty, for which there are various techniques and all definitely outperform just dilatation approach which is fairly the most common , while they are not difficult techniques at all and are readily reproducible.

Do you think it is necessary to enter the fellowship course? And do you suggest the Female urology fellowship or do you think it is saturated?

I strongly advise my students to take a fellowship because it will give more sense of confidence and control; therefore, it is definitely necessary to acquire skills.

I think in the field of urology we need to hold the hands of women to flourish, but when they reach the stage of flourishing, gender is no longer important. In my opinion, women in this field should try to increase the number of seats, not push each other out. For the past 15 years or so, I have tried to increase the number of seats in academic centers and other professional settings.

For the fellowship, I suggest Female urology because this field has a whole different world. Over the past 20 years, patients with urinary incontinence and functional disorders have multiplied and the main reason is increased public awareness about these diseases and their curability. If you like to be constantly thinking and have strong clinical reasoning, you can enter the field because making the right diagnosis requires reasoning and analysis. At the same time, you are helping people in this field whose problems have been taboo and hidden for years; so you are not only doing medical but also social work and you are fighting inequality.

Is there a gender difference in this field or has it changed over time?

All over the world, if a woman with the same level of ability as a man wants to get a position then that position would be assigned to the man. This is not peculiar in one specific discipline.

We still have a long way to go before gender equality, but I hope the new generation, which you say, has a great vision and thinks about the globalization of the field of urology, would change it.

Who is the teacher which you owe a lot?

We have a mentorship, which for me, Professor Madaen, is in this position. He is morally unattainable example. Another professor I would like to paragons is Professor Chappell from the UK, professor J Corcos from Canada, who are skilled surgeon practicing EBM and thoughtful researchers. In terms of teaching skills, I would yearn to be like Professor Gordon guyatt of McMaster University in Canada, who is the father of EBM, and I was honored to learn from him.

If you have an interesting memory from your work time, let us know please.

Professor Raz, formerly well known in the field of Female, had developed a technique for vaginal prolapse surgery and urinary incontinence, which was cost-effective for developing countries. Then I had performed this surgical technique four times imitating the steps he had described in his paper.

During my fellowship in Canada, I saw the same mesh of this surgery that I used to make it on my own in one of the operating room lockers. I asked my teacher about it and he said that I was waiting for Professor Raz to come and do it himself and I would see and learn from him. About 15 months later, Professor Raz came to Canada and, in the process, oversew ureteral orifice inadvertently and had to open the sutures again. I learned two important lessons from this issue: 1- The owner of the technique may also have a complication. 2- If I am going to do something, I must be properly trained first and then do it.

What is your favorite pastime?

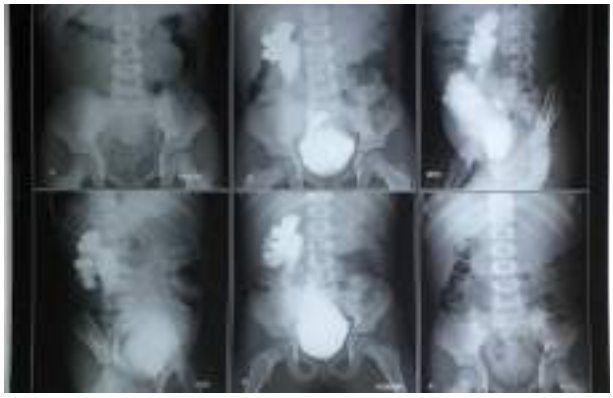
I enjoy walking and I walk about 7 km daily. Reading books and cooking are other things that I enjoy.

One thing I can claim to do almost professionally is interior design, and I read about it almost every day.

Many thanks to the professor for the precious time you devoted to our interview. We wish you more happiness and success in the future.

Answer to the previous case

A 5-year-old girl with persistent incontinence and bilateral hydrocephalus nephrosis was referred by a pediatric nephrologist. The patient has already received the maximum dose of anticholinergics and has undergone intermittent catheterization, but has not responded well to treatment. The patient underwent a complete urine test, ultrasound and VCUG.



Ultrasound description of severe bilateral hydroverteronephrosis:

Anterior posterior diameter of right renal pelvis: 20 mm / Anterior posterior diameter of left renal pelvis: 20 mm / Right distal ureteral diameter: 7 mm / Left distal ureteral diameter: 5 mm

Filled bladder wall thickness: 3.5 mm / urinary residue: 100 cc

VCUG stereotypes: Report below

Complete urine test: WBC = 3 RBC = 1 SG = 1002

Nitrite = Neg

Answer of the treating physician:

"Dr. Mehdi Fareghi, Pediatric Urologist"

Due to polyuria, polydipsia, and S.G., urine less than 1005 is recommended for patient D.I. Therefore, it is reasonable to consider the patient's signs and symptoms, including total urinary incontinence, dry mucous membranes and a feeling of excessive thirst for water, bilateral hydronephrosis and hydrotherapy, and polyuria to neurogenic bladder therapies, including CIC. Regular every 3 hours and anticholinergics do not respond, add desmopressin treatment to previous treatments.

Points:

Dr. Akhavizadegan, Member of the Faculty of Urology, Tehran University of Medical Sciences

Diagnosis of diabetes mellitus is based on the findings of three hypernatremia findings above 145, a urine volume of more than 4 cc per kilogram of body weight per hour, and a permanent lower urinary specific gravity of 1,005. There is. In addition, after meeting all three necessary criteria, desmopressin administration requires adherence to a safety protocol for the prevention of hyponatremia based on fluid intake control, urine output volume, repeated weighing and, if necessary, blood sodium measurement at the beginning of treatment. So that the volume of urine should be checked every hour after administration and if the volume of less than 4 cc per kg is not weighed in two consecutive hours, sodium should be checked again or if the volume of urine is less than one cc per hour For kilograms, reduce the dose of the drug.

Certainly, following the diagnosis and treatment protocols in this patient with the help of a pediatric nephrologist or endocrinologist would make the beauties of this child's successful and praiseworthy treatment even more apparent.

IRANIAN UROLOGICAL ASSOCIATION

WEBSITE:
IUA.ORG.IR

INSTAGRAM:
@UROIRANIAN

PHONE NUMBER:
021-88526900

FAX NUMBER:
021-88526901