

**INDIRA GANDHI INSTITUTE OF CHILD HEALTH  
AUTONOMOUS INSTITUTE OF GOVT.OF KARNATAKA  
(A Post Graduate Institute of Higher Medical Sciences)**

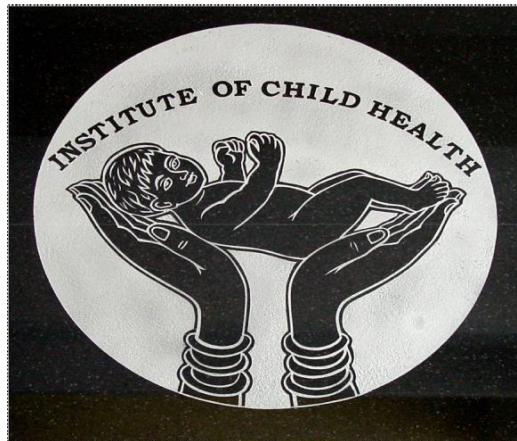
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**(AFFILIATED TO RAJIV GANDHI UNIVERSITY OF  
HEALTH SCIENCES, KARNATAKA)**



**PROSPECTUS  
FOR  
FELLOWSHIP PROGRAMME IN PAEDIATRIC  
UROLOGY**

**JANUARY- 2018**

## PEDIATRIC UROLOGY FELLOWSHIP RGUHS UNIVERSTIY

### SYLLABUS TO BE FOLLOWED FOR TRAINING OF CANDIDATE

1. The candidate should gain the ability to do all index cases alone. Index cases refer to standard Ped Urology Procedures like

#### OPEN PROCEDURES

Pyeloplasty including infants

Ureteric reimplant with or without tapering of ureter Introduction of Teneckhoff catheters (both open and laparoscopy)

#### DAY CARE PROCEDURES

Circumcision

Hernia, hydrocele

Orchidopexy

Testis and appendix of testis torsion

Ovarian torsion

#### CYSTOSCOPY AND RELATED PROCEDURES

Cystoscopy

RGP

Stent removal

Insertion of DJ stent under fluoroscopy

PUV fulguration (including newborns)

Cold knife stricturotomy

Deflux injection

Botox injection

Ureterocele deroofing

#### LAPAROSCOPY

Diagnostic

Orchidopexy

Nephrectomy

Biopsy

Insertion of peritoneal dialysis catheter

#### HYPOSPADIAS

TIP

Onlay

Tubed pedicle flaps

Staged procedures

Buccal mucosa (harvesting and onlay)

#### RECONSTRUCTIVE UROLOGY

Mitrofanof and Monti procedures (appendix, ureter, small bowel) Augmentation cystoplasty (Ileum, colon)

Preparation and creating of pouches (like Indiana Pouch)  
Exstrophy repairs (including bladder closure in newborns)  
Bladder neck procedures (like YDL bladder neck plasty)  
Use of slings to elevate the bladder neck  
Epispadias repair  
Ureterosigmoidostomy

#### ONCOLOGY

Wilms' tumor  
Neuroblastoma  
Testicular and Ovarian tumors  
Rhabdomyosarcoma - biopsy

#### STONE MANAGEMENT

Uretero-renoscopy and lithotripsy  
PCN – access to the kidney  
ESWL in children – optional

2. Be thorough familiar with all complications associated with a particular procedure and be able to clearly enunciate a plan of action if there are complications (for example – urine leak after a pyeloplasty – algorithm of management)
3. Screen patients in a Pediatric Urology OPD and formulate a plan of management for every case that should be discussed with the consultant
4. Become thoroughly familiar with the conduct of a well formatted and proper urodynamic study – both uroflow and CMG. The results of the study should be discussed with the consultant who can then assess the grasp of the candidate
5. Be able to perform contrast studies in children in the radiology department under fluoroscopy – like MCU, AUG etc
6. Participate actively whenever interventional radiology procedures are done in a radiology suite.
7. Become thoroughly familiar with all aspects of Nuclear Medicine Studies like DTPA, DMSA, DRC etc.
8. Have a working knowledge of how to do a renal ultrasound. If feasible the candidate can be attached to a ped ultrasonologist and can become thoroughly familiar with the performance of a renal ultrasound.
9. Have a working knowledge of antenatal ultrasound and participate if possible in antenatal interventional procedures
10. Have a working knowledge of peritoneal and hemodialysis in children.
11. Have a working knowledge of renal transplantation in children including scrubbing up and assisting in transplants (optional).

12. Carry out one retrospective analysis of departmental material.
13. Make one presentation at least in a national conference.
14. Participate and present in all city meets pertaining to the specialty.
15. Publish at least one paper (based on analysis done) in a refereed journal.
16. Carry out one prospective study based on a clinical problem.
17. Weekly journal clubs (at least one publication should be thoroughly analyzed every week)

#### LOG BOOK MAINTENANCE:

The candidate should maintain a logbook of all procedures assisted and done independently. Follow-up notes of adverse events are mandatory.

#### ROTATIONS IN OTHER DEPARTMENTS

Rotations in other departments (like Ped Nephrology / Nuclear Medicine / Transplantation) can be an internal arrangement. However the candidate should not spend more than one month away from the parent department during the training year. This one month period can be spread throughout the training year so that the candidate is not absent for a prolonged period of time from the parent department

#### EXIT EXAMINATION (for certification) Content:

Theory – For a duration of 3 hours in the form of short clinical based problems or notes on recent advances. The questions should be aimed at testing the ability of the candidate to think clearly and apply his knowledge to difficult clinical situations. Practical – A set of short cases with completed investigations can be discussed along with a ward round. This can be coupled with a discussion on operative technique, an orals on recent advances, and a thorough discussion of the log book, a discussion on the prospective study done by the candidate, a discussion on instruments and scopes, investigations (CT Scan, MR Urogram, IVP, ultrasound, urodynamics)

Place of Examination – This can be decided after discussion with the Vice Chancellor of the RGUHS depending on number of candidates and willingness of the concerned department to host the examination.

Examiners – These can be chosen from any of the states of India and overseas after due discussion and approval by the Vice Chancellor RGUHS.

### **Accommodation facilities**

Furnished accommodation is available in the adjacent PG Hostel which is situated within the campus

### **Fees & Stipend:**

Fees for the course	:Rs.34820/-
Monthly stipend	:As per IGICH norms No stipend for deputed/sponsored Candidates.

\*In the event of the candidate leaving the course by discountenance or otherwise and thus failing to complete course;

1. The fee paid by candidate will not be refunded.
2. The stipend drawn by the candidate from the Institute during the period of the Fellowship programme to be paid to Institute.

### **Attendance & Leave:**

As per University Guidelines

### **Faculty:**

Staff from Indira Gandhi Institute of Child Health.

### **Copies of certificates to be enclosed with application (Originals at the time of Interview)**

1. Photos –2
2. SSLC Marks card.
3. MBBS Degree Certificate and marks cards for all the four years.
4. MCh., (Paediatric Surgery)/MCh (Urology) / Marks card / Convocation Certificates etc.,
5. KMC Registration Certificate(updated qualification)
6. Application of in-service candidates should be routed through proper channel only.
7. Experience Certificate if any.

**\* This Fellowship Programme is not recognized by Medical Council of India**

### **Duration of Course**

12 months (full time work as per RGUHS guidelines and not permitted to work elsewhere)

### **Eligibility:**

Post Mch(Pediatric Surgery) / or its Equivalent.

### **Experience:-**

Preference will be given to candidates having three years experience after post graduation in the concerned specialty.

### **Selection:**

- 1) Candidates will be selected from 4 member panel by interview (Approved by RGUHS)
- 2) If necessary entrance test will be conducted.

### **CALANDER OF EVENTS:**

- |  |                               |
|--|-------------------------------|
| 1. Last date for receipt of completed application is | : 19.12.2017 at 5.00 PM       |
| 2. Date & Time of Interview                          | : 26.12.2017 at 11.30 AM      |
| 3. Results will be displayed on the notice Board     | : 26.12.2017 at 5.15 PM       |
| 4. Last date of Admission                            | : 30.12.2017 Before<br>5.00pm |
| 5. Course Commence from                              | : 02.01.2018                  |
| 6. Course Duration                                   | : One Year.                   |

### **Office Working days & time:**

**Monday to Saturday**  
10.00AM TO 5.30 PM

Sd/-  
(DR.ASHA BENAKAPPA.)  
DIRECTOR  
IGICH., BANGALORE.