Visit report: *The Urology Foundation Urolink Fellowship report*	
Country visited	**India**
Institution or workshop	**Muljibhai Patel Urological Hospital, Nadidad,**
Dates of visit	**23rd Feb to 6th March (2 weeks)**
Team members	**Nikita Bhatt (scoping visit)**

Scoping visit report

Background

As a medical graduate from India, I am well-versed in the country's healthcare system and recognise that urological provision is generally of an extremely high standard. However, through years of communication with local urologists and gynaecologists, I realised that female and functional urology (FFU) services in my home region are lagging. This deficit encompasses the complex management of specific conditions, surgical approaches to common functional procedures, and the training of future urologists. Driven by these observations and my strong ties to the region, I was fortunate to be supported by The Urology Foundation (TUF) through Urolink for a scoping visit to **Muljibhai Patel Urological Hospital (MPUH)** in Nadiad, Gujarat, to explore ways to support the development of these services.

Centre

I chose MPUH because it is a premier, not-for-profit academic medical centre devoted entirely to urology and nephrology. Internationally renowned for cutting-edge clinical care—particularly in endourology and PCNL—it also maintains a deep commitment to education and research. I felt this would provide the ideal platform to develop FFU services for the region. The hospital houses 160 beds, 6 operating theatres, and 44 dialysis stations across specialized departments (Figures 1, 2 and 3 show the ward and the operating theatres). They treat 100–150 patients daily, many of whom travel significant distances for care.

The academic facilities are excellent, featuring a simulation lab and an in-house animal research facility overseen by a veterinary surgeon. The team includes 7 urologists, 1 fellow, and 18 residents, and frequently hosts national and international visiting faculty. Their rigorous schedule includes daily MDT, transplant, and uro-pathology meetings. Despite resource constraints, the standards are incredibly high; they utilize a Da Vinci Si robot and run advanced endourology, oncology and transplant programs. I was particularly impressed by the urologists' proficiency in performing their own nephrostomy insertions and kidney punctures. Figure 4 shows a specimen retrieval bag developed locally by the institute at a fraction of the cost.

Figure 1: General ward

Figure 2: Theatre corridor

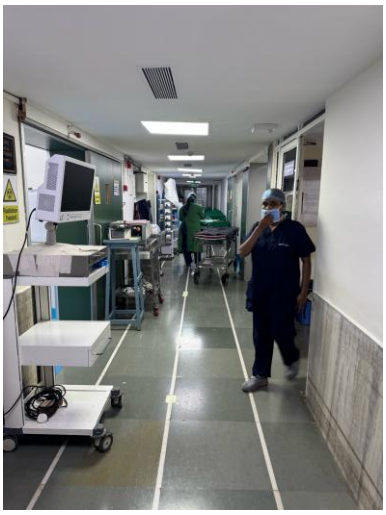
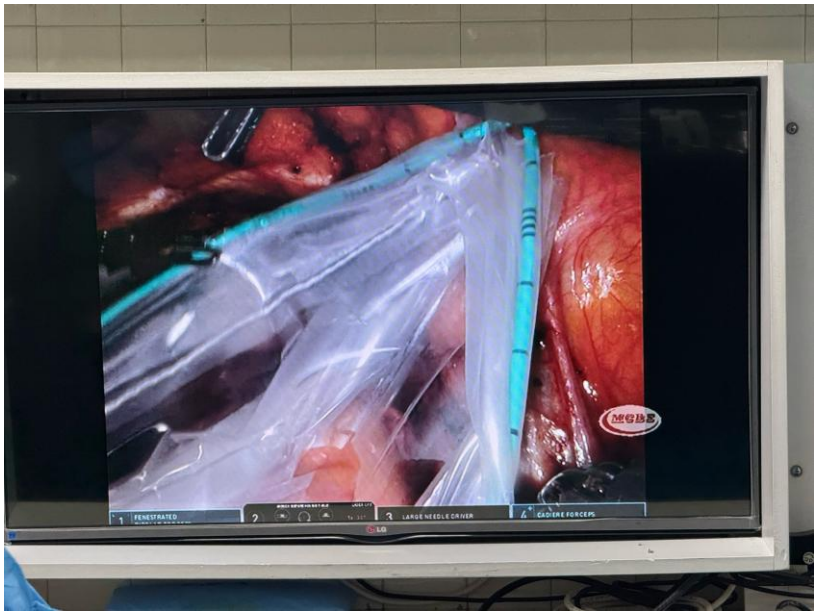


Figure 3: Operation theatre set up

Figure 4: Nadiad specimen retrieval bag- created using a ureteric stent at a fraction of the cost



Travel and Accommodation

I travelled via Dubai (Emirates) to Ahmedabad, the most convenient airport for the centre. As I am from the area, I commuted from my family home. Nadiad is a well-developed "tier-two" city with ample hotels and restaurants. Due to unrest in the Middle East, I unfortunately had to change my plans and return via Mumbai on Virgin Atlantic. While Nadiad does not have its own airport, it is well-connected to nearby Vadodara and Ahmedabad by road and to Mumbai by rail. Overall, the city is highly accessible and offers good food and leisure opportunities.

Hospital Culture

The hospital staff, consultants, and residents could not have been more helpful. Despite the steady stream of visiting doctors, the team was incredibly welcoming and took the time to understand the purpose of my visit. They proactively put me in touch with urologists interested in functional urology to support my mission. Socially, I felt right at home; the team frequently shared their lunch with me and even invited me into their homes, an attitude they extend to all international visitors.

Clinical Interactions

To understand the current state of FFU care, I attended theatre lists and clinics (Figure 5 shows the minor procedure room in clinic). Most urologists here are trained to perform their own ultrasounds, and observing their **TRUS PRIMUS** grading system for prostates was particularly useful (Figure 6). I was amazed by the volume of work undertaken daily and observed several complex cases, including transplant surgery. The efficiency of the surgeons and support staff was incredible. I also delivered a teaching session for the residents on FFU management, discussing common cases and conditions (Figure 7 shows the lecture theatre).

I quickly realized, however, that there is very little FFU surgery currently taking place. Dr. Niramya Pathak, a local surgeon interested in this field, echoed my concerns. FFU services in this region face a dual issue:

1. **Patient Education:** Many women believe they must tolerate their symptoms rather than seek care, reflecting broader cultural health attitudes.
2. **Resource Gaps:** There is a lack of specialized training and equipment.

Dr. Anita Patel, Secretary of the Female and Functional sub-section of Urology Society of India, explained that this is a national issue; a lack of dedicated fellowships results in poor uptake of the sub-specialty. She visits the hospital once a month to support any FFU work being undertaken. My survey of young urologists across India confirmed a real drive to develop these services (Figure 8), but many feel they lack the necessary resources and local training programs. While some seek fellowships in the UK, this is not feasible for everyone. Furthermore, the lack of availability of treatment options like **Bulkamid**, and the high cost of technologies like sacral neuromodulation, remain significant barriers. Positive aspects include the presence of a urodynamics machine and a dedicated nurse to run it (Figure 9).

Figure 5: Minor procedure room in clinic

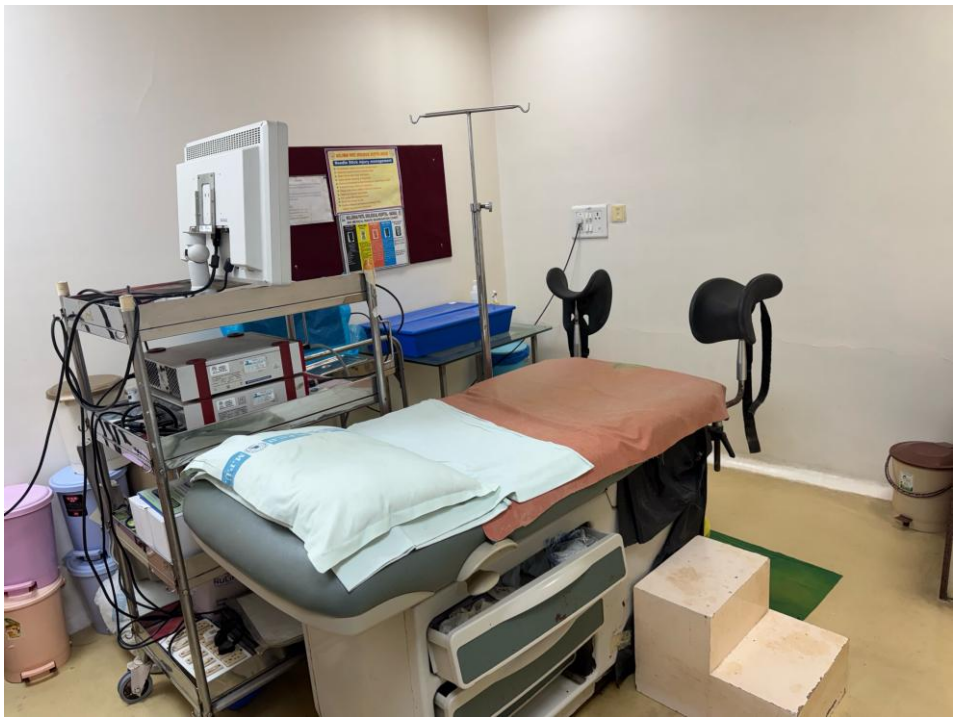


Figure 6: Ultrasound set up in clinic

Figure 7: Lecture theatre- I loved this and seemed to gain a lot from what it said

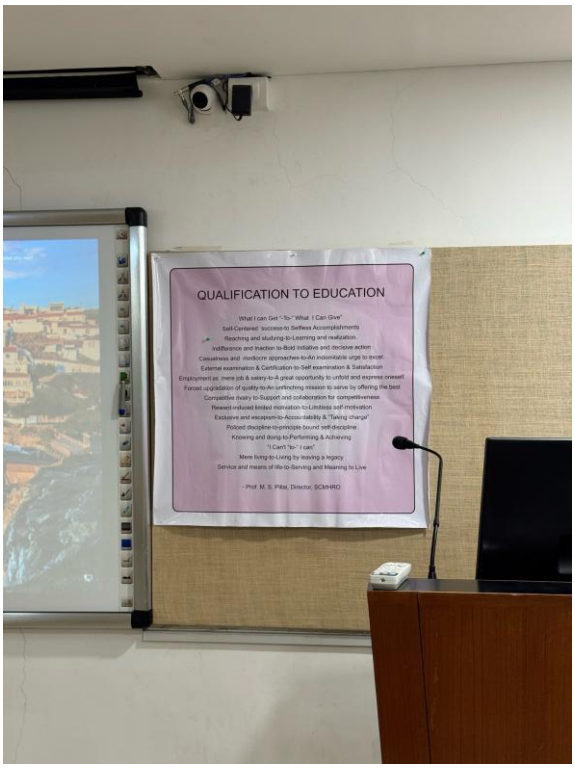


Figure 8: Survey of interest in FFU training in India
Summary of results:

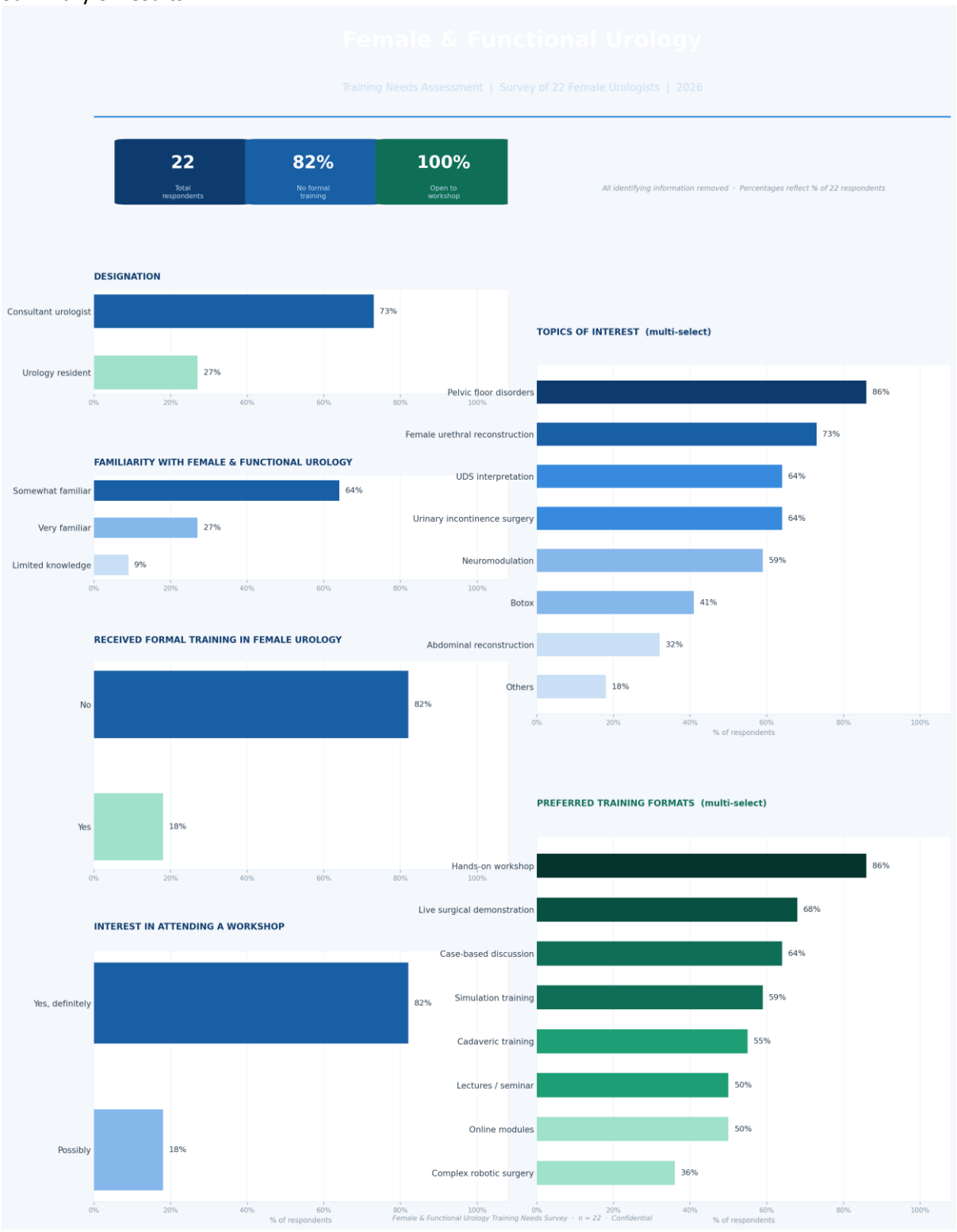


Figure 9: Urodynamics room

Concluding Overview

My aim was to give back to the region that trained me and to help the women of India in a meaningful way. I am grateful that Urolink supported this as a first-of-its-kind scoping visit for a trainee. India is a country of disparity; while robotic surgery and other sub-specialties in Urology are unparalleled, FFU does not yet share the same limelight.

MPUH and similar centres are not "resource-poor" in the traditional sense, but there is a significant void that **BAUS** and **Urolink** can fill to make a long-term impact. I propose an annual week-long FFU workshop, similar to the programs developed for Malawi, hosted initially at MPUH. I would keep in touch with local urologists through quarterly MDTs to identify cases and work them up appropriately. The workshop would be open to other urologists in the region outside MPUH. MPUH is also involved in rural camps and education of women regarding health conditions, which is something that can be coordinated during or around the visit to maximise the benefit of the workshop. Once local urologists are trained, these workshops could expand to CMC Vellore and other centres across India, where British urologists are helping local centres. The local urologists are extremely receptive to this idea, which would also involve championing their case for better access to specialized equipment and treatment options like Bulkamid.

Lastly, I would like to extend my sincere gratitude to TUF for making this visit and any future work possible. I appreciate none of this would be possible without their consistent support towards the improvement of Urological care across the world.