LEGENDS IN UROLOGY

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I was born in 1950 in India into a caring and encouraging family, my father a self-made businessman and my mother a homemaker. My family is a deep-rooted, traditional Indian Christian family, which traces its ancestry back to St. Thomas, over 2,000 years ago. Legend has it that St. Thomas took the Spice route while preaching Christ's gospel, and landed in the southern part of India (where he was eventually martyred). Both the Church of St. Thomas and the Church of India have significant roots in South India along the Malabar Coast. The Spice route played an integral role in the world trade at that time; spices were multi-purpose ingredients fundamental for cosmetics, medications, preserving food, and more. My father carried these religious roots from the Malabar Coast to the big city of Bombay (now Mumbai), where he was instrumental in establishing (and serving as an elder in) one of the churches of St. Thomas. Thus, a deep commitment to faith greatly influenced my childhood.

Additionally, academia in Bombay was extremely competitive, because admission to the finer educational institutions was intensely competitive, and heavily based on standardized entrance exams. Furthering education was the main focus in my family, and my parents and siblings were instrumental in helping me along my academic path. After attending some of the best primary schools and colleges, I went on to medical school. Upon completing medical school, I completed an internship and was registered for a master's in surgery. This was an impactful time in history, when the United States Information Service actively campaigned to recruit physicians from English-speaking backgrounds to move to the USA. President Johnson had earlier introduced "The Great Society," and, as a result, Medicare and Medicaid law(s) taxed people for healthcare and social security benefits. Simultaneously, the Vietnam War was in full combat mode, tying up a significant number of our U.S. physicians to treat our soldiers, both on the battlefield and afterwards. Many changes were taking place; thus, in the late 1960s, there was a significant shortage of physicians to take care of the tax-paying U.S. population. This led to the importation of highly talented and skilled physicians and surgeons from the Indian sub-continent. The current cadre of Indian-Americans in Urology at both the regional and national levels attests to the influx of the first generation of Indian-American urologists. Now, of course, we are seeing the second—and even third—generations in preparation.

During my residency in surgery at the University of Bombay, the U.S. Embassy informed me that I had been granted a Green Card. The package containing my Green Card had to be opened at the first port of entry to the U.S. In October of 1975, I left home and "took the boat" to the U.S. Fortunately my "boat" happened to be a Boeing 747, and there was no turning back. I landed in New York City and quickly got a house physician's job at Youville Hospital in Cambridge, Massachusetts, which although it was independently run, was staffed by faculty from Harvard and other medical schools in Boston.

My interest in Urology initially began in medical school. During my residency in Bombay, I was exposed to pathologies such as urethral stricture disease, urethral disruption secondary to trauma, and patients in acute urinary retention. An open Millin's retropubic prostatectomy was a sheer joy to assist in, as was the realignment of the urethra following trauma.

In 1976, I matched with the University of Illinois in Chicago for my general surgery training. Once I moved to the Windy City, the general surgery rotation was truly educational and enjoyable, and I attained significant surgical

experience. Inexperienced with snow and cold, these climates took a toll on my enjoyment of the city. After two brutal, consecutive winters in both Boston and Chicago, I interviewed for Urology positions elsewhere. In early 1977, I was accepted into the Urology program at Tulane University School of Medicine in New Orleans. The OPEC oil embargo had recently been lifted, so the U.S. oil industry was establishing itself, and New Orleans was a hub for the oil and gas industry. The town was booming and it seemed wise to get back to warmer climates.

Moving to New Orleans was the best and most significant decision I have ever made, both personally and career-wise. This move brought me to a department that was under the dynamic leadership of Dr. Jorgen Schlegel, who was busy with research and clinical activity. The development of the quantitative renal scans, and the research on pyelonephritis and related animal models was simply state-of-the-art at that time. Access to the National Primate Research Center 40 miles north of New Orleans was an added benefit. This all laid the foundation for my academic career under the tutelage of outstanding faculty at Tulane.

The training at Tulane was not unlike many academic centers in that there was access to a public facility—in this case, both Charity Hospital and the V.A. Medical Center. The combined facilities' diverse patient population made for an outstanding training foundation for all Tulane residents. During my residency, I was accepted to the AUA Scholars Program. Co-sponsored by the National Kidney Foundation, and under the guidance of Drs. James A. Roberts and Ronald W. Lewis, this program is where I became passionate about pursuing a career in academics. The chairman and faculty counseled me to stay at Tulane and, thus, I joined the faculty as an assistant professor on July 1, 1982.

Marked as the beginning of minimally invasive urologic surgery, this was the time when percutaneous renal surgery was introduced. I quickly jumped on the bandwagon and developed a robust percutaneous surgical practice and training program. This blossomed and expanded into ureteroscopy, which was introduced to the U.S. in 1984, and onto extracorporeal shock-wave lithotripsy in 1985.

As part of this movement, I learned to have a congenial referral relationship with fellow urologists in the community in management of, not only patients requiring ESWL, but, more importantly, those requiring complex percutaneous lithotripsy procedures. This relationship is still vibrant today because Tulane Urology is a destination for the management of complex patients.

My interest for and devotion to minimally invasive surgical procedures took me further into laparoscopy in 1991. In hindsight, this was a significant phase in the field of urologic advancements, though initially frowned upon by urologists in general. It was apparent to me that laparoscopy and such minimally invasive procedures were to become permanent fixtures in urologic practice. I felt very fortunate in being a part of the early efforts that developed paraphernalia and techniques in laparoscopic procedures. This was part of a worldwide movement that quickly took off, and I was privileged to train many urologists in laparoscopy at Tulane. Several weekend courses and follow up mentorships further enhanced Tulane Urology's reputation as a referral for such minimally invasive procedures, such as laparoscopic partial nephrectomy, pelvic lymphadenectomy, etc. The introduction of laparoscopic pelvic lymphadenectomy reignited my interest in radical perineal prostatectomy. Following my Urology residency training, this was put on the back burner due to the popularity and the benefits of open surgical retropubic prostatectomy. My theory was this: If we were able to analyze and evaluate pelvic lymph nodes, can this be applied to simultaneous radical perineal prostatectomy to make it a totally minimally invasive procedure? This thought process, of course, was prior to the introduction of laparoscopic prostatectomy, which was a few years after my publications on the role of laparoscopic pelvic lymphadenectomy and synchronous one-stage radical perineal prostatectomy. In 1997, my publication in the Journal of Urology was the first-ever series on same-day radical prostatectomy.

I had the privilege of reintroducing the radical perineal prostatectomy with live demonstrations is several countries. In 1988, I went to Paris to learn the laparoscopic approach to radical prostatectomy; this procedure was performed at Tulane from 1998 until 2002. In 2002, we were fortunate to gain access to a da Vinci robot, and I was an early adapter to this technology on a nationwide basis. I was blessed and privileged to be the first person to introduce robotic technology to the entire Gulf South in 2002. Once again, we were the referral center for robotic procedures

from reconstruction to oncologic procedures. Our unique partnership with our regional urologists dictated that patients sent to Tulane University were taken care of and sent back to the referring urologists for continuum of urologic care.

As things seemed stable and moving along, Hurricane Katrina suddenly disrupted our lives on August 29, 2005. I am the sole Chair in the history of the AUA whose department was shut down overnight by a natural disaster. One can only fathom the overwhelming negative sensation caused by the complete halt of life, as we knew it, and dispersing of all faculty, residents, fellows, research and clinical support staff in, essentially, a single day. Additionally, there were patients subject to the halt of immediate care, who had just undergone surgical procedures and had in-dwelling catheters, nephrostomy tubes, and so forth. In addition, there were patients awaiting surgery the following week with significant renal obstructions and malignancies. The impact of the disaster on patient care and our faculty is subject for a book, but I solely had the task of rebuilding my department. The Internet was down, cell service was spotty and intermittent; text messaging was the only way to communicate in the very aftermath of the disaster. I knew that the residents had a 5-week disruption in their residency that needed to resume or they would have to repeat a year. Undoubtedly, the Urology community came together, with the Southeastern Section of the AUA (and the AUA) pitching in to help the urologists affected by this hurricane within a 100-mile radius.

On August 31, 2005, I had to rescue my department members who were stranded in the medical school without food or water. My family and I then made our way up north to Long Island, New York to stay with my cousins. I was blessed to have access to the faculty and department of the Long Island Jewish Medical Center, and with the graciousness of Chair Dr. Arthur Smith and his faculty, I was granted a base where I could work with the RRC/ACGME to locate my residents and, one-by-one, find appropriate residency programs for them to temporarily relocate. They were then to return, after the department was reestablished and adequate urologic volumes were put in place.

I will be eternally grateful to the American Board of Urology and the RRC/ACGME for the hard work in trying to locate the appropriate programs for my residents. This process was not easy, as there was no Dean's Office or a Tulane GME office that I could take advice from. With much improvisation and careful evaluation of each move, I was finally able to locate the residency programs as follows:
Kaiser Permanente, Los Angeles
University of Utah, Salt Lake City
Loyola University, Chicago
Vanderbilt University, Nashville
Medical University of South Carolina, Charleston
University of North Carolina, Chapel Hill
University of Iowa, Iowa City
Baylor University, Houston
University of Wisconsin, Milwaukee

One-by-one, all residents were placed into accredited urology programs within the 5 week deadline. Tulane Urology will forever appreciate all chairs and program directors of the above listed urology residency programs.

A month after Katrina, when power and essential facilities were reinstated, I returned to New Orleans and started the process of rebuilding the department. Over the next 6 months, the faculty returned one by one, and we quickly reestablished our practice at a suburban branch of the Tulane-held system. I will forever recognize Drs. Rodney Davis, Benjamin Lowentritt, Erik Castle, K. Moparty, and Wayne Hellstrom for their commitment and dedication in returning to reestablish our department. For a while, the work environment was surreally different to what we were all accustomed. It was a strange experience to have no residents, and faculty had to be on call for trauma throughout the entire city. Even though we could carry on our daily activities without residents, we missed our rounds, monthly journal club, M&M conferences, and the general sense of camaraderie with and among the residents. April of 2006 marked a momentous occasion, when Dr. Jeffery Bejma was the first resident to return to Tulane from the University of Wisconsin. Thereafter, several more of our residents returned home, which led to the rebirth of a department with its own history of tradition and solid urologic training. Finally, in June of 2007,

all of the residents post-Katrina returned and there was a strong sense of unity, particularly at the graduation ceremony at the legendary Windsor Court Hotel of New Orleans. The entire faculty returning to celebrate our complete resurrection of a department instilled a collective sense of strength, unity, and pride in the face of the obstacles we had overcome during the previous year.

As I look back at almost 40 years at Tulane University, including all the research and clinical work, there is nothing that comes close to the unique experience I went through in seeing my department devastated by a natural disaster. For me, nothing beats the privilege and the pleasure of seeing the rebirth of a department in a city that is even more vibrant than before. Such an experience would not be possible to overcome without the dedication, foresight, and commitment of the faculty and residents mentioned above, as well as our parent urological organizations. For this, I will forever be grateful.

During this ordeal, I had the continuous support of my wife, Ginny, and my children, Laura and Christina, who were uprooted and placed in school in Long Island shortly after their schools had begun here in New Orleans, essentially starting their school year twice in two different places. Their story captivated the locals and overall they enjoyed meeting new people and appreciated their welcoming spirits. The love, support, and dedication of my family were instrumental in my own recovery and return.

Many milestones in my career have been unique, impactful, and life changing, and I fondly remember and appreciate them in their different respects. I love teaching, leading, and helping others; thus I cherished being President of the Southeastern Section of the AUA in 2009-2010, and President of the 31st World Congress of Endourology. I was honored by the AUA, being the recipient of the 2016 Distinguished Service Award. However, rebuilding lives after such an unforeseen natural disaster that was Katrina was my most rewarding experience.

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