

IUGA OBSERVERSHIP GROOTE SCHUUR HOSPITAL
MAY 6th – May 26th 2012

The Urogynecology services in developing countries like Nepal are still rudimentary at its best. This happens partly because of apathy of the system to recognize reproductive morbidities as the main priority and also because of lack of technology, knowledge and human resources.

As I grew in my professional career, always having a dream of setting up a referral Urogynecology centre in my country where problem of pelvic floor disorders are rife. Poor women are destined to suffer due to lack of expertise of treating physician to recognize her problem and decide the correct way of treatment. So I had decided to overcome the hurdles and advance the knowledge of Urogynecology.

I am very thankful to International Urogynecology Association (IUGA) for accepting my membership and consider my application for Observer ship. I was very lucky to be considered by Dr Stephen Jeffery, eminent Urogynecologist in Groote Schuur Hospital in Cape Town who has established himself in busy urogynecology practice.

I had attended 3 weeks Observership program that started on 6th May – 26th May 2012. Before going to Dr Stephen I had different approach to pelvic floor disorders as science. He taught me how to approach pelvic floor disorder in artistic way. I attended out patients, preoperative rounds, operation theatre and case discussions that completely changed my approach.

The Urogynecology unit of Groote Schuur Hospital was very dedicated and busy unit. All the patients were referred from 2nd tier hospitals after initial assessment and management. They used to be evaluated thoroughly. Elaborate discussion regarding the patient symptoms and plan of management with involvement of senior consultants reflected the finest care.

One of the highlights of observership was Urodynamics with Consultant Dr Kendall Brouard and team. All the principles were discussed and there were ample number of patients to be considered very good training. Apart from it, there was opportunity to watch many surgical procedures. The principle of surgery was also discussed well. The technique of hydro dissection made it look superb. The procedures included laparoscopic sacrocolpopexy for vault prolapse, vaginal sacrospinous ligament fixation (bilateral) with ligature carrier, bilateral ileococcygeus fascial suspension, mesh fixation (anterior and posterior) for pelvic organ prolapse.

Antiincontinence procedures were also performed that included retro pubic tape (TVT), transobturator tape fixation. Such wide variety of procedures I could observe was very rewarding and gave me much wider dimension of approach under supervision of Dr Jeffery.

So, a small initiative from IUGA and cooperation from Dr Stephen Jeffery changed my approach. I request IUGA to indentify the countries where there is much need of dissemination of knowledge of urogynecology and develop special packages for them. More fellowship program would be needed to build solid foundation.

Mohan C. Regmi, Nepal



Dr Stephen Jeffery and Dr Mohan C. Regmi in Groote Schuur Hospital