

IUGA INTERNATIONAL FELLOWSHIP PROGRAM

Beatriz Arias, MD

Hospital Militar Central

Transversal 3 # 49-00 Piso 4 Departamento de ginecologia y obstetricia

Bogota Colombia

beatrizeug@hotmail.com

Tel.: +573132821500

Home: +5716473723

FINAL REPORT

- **Host site, host name, and contact information**

Willy Davila, MD.
Cleveland Clinic Florida
Section of Urogynecology and Reconstructive Surgery
2950 Cleveland Clinic Boulevard
Weston Florida 3331
954-6595559
Fax 954-6595560
davidlag@ccf.org

- **Exact dates of fellowship**

May 9th-Nov 10th, 2009

- **Title of research study and all co-investigators**

- 1- **An inexpensive polypropylene Patch Sling for the Treatment of Intrinsic Sphincteric Deficiency. Beatriz Arias, Aimee Smith, James Raders, Oscar A. Aguirre, G. Willy Davila.**

- 2- **An inelastic sling for intrinsic sphincteric deficiency. White paper. Beatriz Arias, Willy Davila.**
 - 3- **Evaluation of urethral volume with 3D ultrasound. Beatriz Arias, Gamal Ghoniem.**
 - 4- **Evaluation of macroplastique bulking agent with 3D ultrasound. Vivian Aguilar, Gamal Ghoniem, Willy Davila.**
- **Detailed summary of research study, including detailed methodology and results.**
 - 1- See attached manuscript
 - 2- See attached manuscript
 - 3- In process
 - 4- See protocol
 - **List of all ensuing abstracts based on research study. Indicate whether abstracts were submitted to an IUGA annual meeting and their status, or to another meeting and status. A copy of each abstract should be provided, along with proof of presentation (i.e. acceptance letter from IUGA annual meeting).**

The results of the research study are intended to be submitted to the IUGA annual meeting 2011 in Lisbon.

- **Manuscript based on research study is mandatory. Indicate whether a manuscript has been written, and its status. Provide a copy of the final version of the manuscript and proof of submission, acceptance, or publication. If a manuscript will not be written, please explain.**

The manuscript of the research study is written (see attachment).

The second, clinical manuscript is also planed for submission to the IUJ. The study is a retrospective chart review about patients who underwent an I-STOP procedure for intrinsic sphincteric deficiency.

The third is in the data collection phase

The fourth is in the data collection phase

- **Clinical responsibilities and experiences. Provide details relative to clinical, surgical, or other responsibilities.**

The Department of Gynecological Surgery of Dr. Willy Davila exhibits a vast surgical activity in the field of urogynecology. My clinical duties were as follows:

- Daily at 7:30 am: morning round, visit of patients.
- Monday, Wednesday and Friday: Operating sessions in the morning until afternoon for POP surgery (e.g. apogee, perigee), vaginal procedures, incontinence surgery (e.g. I-STOP, prolene patch slings, monarcs), abdominal sacropexies, colpocleisis LeFort. First assistance regularly.
- Tuesdays 7:30a.m.: surgery planning including presentation of cases and discussion of indications. Preoperative conference.
- Tuesdays 5:30 pm once a month : journal club
- Tuesday, Thursday and Friday:Participation for outpatient clinics with Dr. Willy Davila (preoperative consultation and postoperative controls). Conservative therapy, indications for surgery, and management of complications. Discussion of cases.
- Thursday 7:30 am: Research meeting alternating with urogynecology lectures.
- Participation to the pelvic floor multidisciplinary staff meetings with urologists, medical gynecologists, coloproctologists, and physiotherapists on Thursday 5:30 pm once a month with presentation of clinical cases and discussion of the treatment decision.
- Participation in 3D ultrasound performance during Bulking agent application and during office hours.
- Participation to urodynamics in the urology department and discussion of cases with the urologist on Tuesday afternoons at 3 p.m..
- Wednesday and Friday afternoon: research, literature studies.
- Redaction of retrospective clinical study paper.

Basic Science:

- Cadaveric dissections at the anatomical institute in Miami (AMS training Lab)
 - Training sessions for elevate, apogee, perigee, miniarc procedures on cadavers.
 - Participation in Biofeedback therapy sessions with Physiotherapist.
- **Provide detailed summary of what you have learned related to urogynecology since completing your fellowship and how you plan to apply this knowledge in future.**

First, it was a great honor and award for me to work with Dr Willy Davila for the period of six months. I could significantly improve my knowledge related to urogynecology and also my surgical skills. At the same time, I had the unique opportunity to see and assist different a kind of surgeries for pelvic floor problems under the supervision of Dr Davila, to learn how to apply a 3D ultrasound technique for pelvic floor problems.

I detail, some of the new skills I could acquire are:

1. Case discussions: Multidisciplinary view on patient problems and multidisciplinary staff meetings, especially taking into account anorectal function and 3D ultrasound diagnosis. I think that I can apply this knowledge in my own hospital and focus now more on pelvic floor abnormalities and how to treat related problems, such as rectal prolapse.
2. Surgical skills: I have assisted a lot of urogynecology surgeries. It was a unique chance for me to operate under dr Davila supervision.. I have seen very nice and careful dissection of tissues. I learned to use local infiltration (I did not use it before) and to get familiar with the different view on tissues. I learned pelvic floor repair using the elevate system, which I did not use before. I learned performing different suburethral sling procedures. Moreover, I learned a different method of vaginal hysterectomy using only Deschamps instead of clamps, which can be very usefull in case of narrow space. I could learn more about a concerted and stepwise morcellement of the uterus and I believe that I will now feel safer when performing difficult vaginal hysterectomies (big uterus, little space etc.) in my own hospital.

Most importantly, I learned how to perform abdominal sacropexy. I have assisted a lot of such procedures, and done successively several steps of the operation myself. Now, I am able to perform sacropexies from the beginning until the end and to teach to my OBGYN residents how to do it. This is a great success in my opinion taking into consideration the long learning curve of this procedure. Thus, I have entered now into my own learning curve and I can continue using this technique in my hospital.

Basic science: The knowledge of the biomechanical properties of pelvic floor tissues is of outstanding importance when we are trying to create prostheses which are adapted to the local native tissue properties.

3. Last but not least: to improve english language.

- **Provide summary of the strengths and weaknesses of the fellowship program**

Strengths:

- **To develop an open mind about different concepts, to adopt new techniques and to improve the old ones.**
- **To meet new people around the world interested in same area**
- **To discover our own strengths, and needs**
- **To learn from experienced colleagues**
- **To apply the concepts more secure and freely in our institutions**
- Organized schedule.
- Great quantity of surgical procedures in urogynecology.
- Working with one of the pioneers in this field.
- Opportunity to perform successively some of the procedures oneself depending on level of experience
- Existing and established experimental protocol (which saves a lot of time for research).
- Good balance between clinical and scientific work.
- Very kind nurses and staff

Weaknesses/Suggestions

- The fellowship program should be rather for a one-year period instead of six months. This would be of advantage for both, surgical skills and also basic science projects. On the other hand, it would be also of advantage for the whole team, because the fellow will be able to work more and more independently with the time.
- The starting of the fellowship program should be completed, if possible just by one fellow at time, in order to join the staff and do a more compact job.

This would facilitate the start and also the acceptance of the new foreign fellow and avoid the competence with other people in training working before the new one.

Other comments you feel will be relevant to the continuing growth of the IUGA International Fellowship program.

- A presentation of the different fellowship sites at the annual IUGA meeting would be interesting for potential candidates to get more information about the different hospitals, clinical, and research activities.
- Optionally, contact list of Fellows alumni on the IUGA Homepage.