

How to Develop and Establish a Urogynecology and Reconstructive Pelvic Surgery Fellowship Program

Urogynecology and Reconstructive Pelvic Surgery (URPS) physicians provide consultation services and comprehensive management of women with pelvic floor disorders (PFD), including urinary incontinence, lower urinary tract disorders, pelvic organ prolapse, and childbirth-related injuries. Comprehensive management includes the preventive, diagnostic, and therapeutic procedures necessary for the total care of the female patient with these conditions, complications, and sequelae resulting from PFDs.

The primary goal will be to establish a fellowship program aligned with the standards of countries where Urogynecology is recognized as a sub-specialty, such as the U.S.A., U.K., Australia, and the Netherlands.

Requirements of Training

URPS training should educate and train the fellow/trainee regarding the outpatient evaluation of pelvic floor disorders, including pelvic organ prolapse, urinary incontinence, overactive bladder, voiding dysfunction, painful bladder syndrome, and defecatory dysfunction. Diagnostic procedures taught should include simple and complex urodynamics (including filling and voiding cystometry and uroflowmetry), cystourethroscopy, neurodiagnostic studies, and anal ultrasound. Non-surgical therapies for the management of pelvic floor disorders such as pessaries should be learned..

Concerning surgical training, the URPS fellow/trainee should become adept at performing surgery for the management of urinary incontinence, including sling procedures, periurethral injections, retropubic urethropexy, sacral neuromodulation, posterior tibial nerve stimulation, and removal or revision of sling. For the surgical management of pelvic organ prolapse the fellow should learn abdominal procedures — including colpopexy, uterine suspension and hysterectomy (total and supracervical); laparoscopic procedures (with and/or without robotic assistance) — including colpopexy, uterine suspension and hysterectomy; vaginal procedures — including hysterectomy, colpocleisis, colpopexy (intrapertitoneal and extraperitoneal approaches), removal of pelvic mesh; other surgeries on the urinary system — including vesicovaginal and urethrovaginal fistula repair, urethral diverticulectomy, ureteroneocystostomy, ureteral stent placement, retrograde pyelography, urethrolisis, other genital procedures — including the construction of a neo-vagina, and surgical procedures on the bowel system — including repair of anal sphincter laceration, and rectovaginal fistula repair.

Research is important in furthering the expansion of urogynecology. A scholarly activity requirement of a research project or thesis should be incorporated in the training and completed by each subspecialty fellow/trainee

Progressing through the fellowship

By the end of the fellowship training, the graduating fellow/trainee will be responsible for comprehensive preoperative assessment, postoperative care, and outpatient clinic evaluation of URPS patients. Fellows will be expected to perform as surgeons and/or first assistants in the operating room. The fellow will have developed advanced surgical skills in open and endoscopic cases and will be able to perform or actively assist in all complex URPS operations. In addition, the fellow will have administrative duties to help the chief residents in urology and obstetrics/gynecology organize the service, including teaching residents and medical students. The fellow will have learned how to

communicate and interact with other consulting services and will have developed administrative and leadership skills.

Medical Knowledge

1. Anatomy, embryology, physiology of the genitourinary system
2. Pathology of relevant urologic (bladder) and gynecologic (vaginal and urethral) malignancies
3. Principles of preoperative assessment and post-operative management of URPS surgical patients
4. Principles of management of URPS surgical patients
5. Principles of surgery including hemostasis, wound healing, wound complications, electrolyte and fluid replacement, and surgical nutrition
6. Understand indications and use of intraoperative consultations and combined surgery with other sub-specialties.
7. General knowledge of obstetric complications and how to manage them
8. Knowledge of management of common surgical complications
9. Pharmacology, principles of metabolism, action and toxicity of commonly used drugs in URPS patients, including antibiotics and drugs used to treat neurogenic and non-neurogenic voiding dysfunction

Patient Care

1. Perform an appropriate history and physical exam in the clinic and wards.
2. Order appropriate laboratory, radiological and diagnostic procedures
3. Demonstrate knowledge in the interpretation of laboratory investigations and radiologic imaging
4. Arrive at an acceptable plan of management of the disease process, including differential diagnosis
5. Manage patients through their hospital stay and demonstrate knowledge of and an ability to recognize potential complications of the disease process on operative procedures.
6. Demonstrate the ability to perform inpatient rounds, write accurate and legible progress notes, dictate discharge summaries, and write prescriptions
7. Provide a plan for the patient follow-up
8. Assessment of URPS inpatient consultations
9. Assessment of URPS consultations from the emergency room
10. Assessment and triage of calls from patients

Expected Technical Skills

1. Perform all urodynamic procedures independently
2. Perform all cystoscopic procedures independently, including stent placement and retrograde pyelography
3. Place, fit, and remove pessary/incontinence ring
4. Perform all major URPS cases as surgeon or first assistant:

Prolapse

- Basic Procedures:
 - Uterosacral suspension
 - Sacrospinous ligament suspension
 - McCall's culdeplasty
 - Anterior colporrhaphy
 - Posterior colporrhaphy
 - Defect-specific posterior repair
 - Perineorrhaphy
 - Levatorplasty
 - Paravaginal repair
- Advanced Procedures:
 - Sacrocolpopexy (open, laparoscopic, robotic)
 - Transvaginal mesh procedures (absorbable, non-absorbable, biologics)
 - Anterior vaginal repair with graft (anchored and non-anchored implants)
 - Iliococcygeous suspension
 - Trans-anal posterior repair
 - Colpocleisis
 - Manchester operation
 - Hysteropexy

Urinary Incontinence

- Basic Procedures:
 - Cystourethroscopy (rigid and flexible)
 - Percutaneous tibial nerve stimulation
 - Midurethral sling (Retropubic, TOT, Single Incision)
 - Ureteral stent
 - Urethral bulking injections
 - Management of intraoperative bladder injury and cystotomy closure
- Advanced Procedures:
 - Bladder diversion/Augmentation cystoplasty
 - Surgical management of mesh complications
 - Intradetrusor Botox
 - Artificial urinary sphincter
 - Sacral Neuromodulation
 - Colposuspension/retropubic urethropexy (open or minimally invasive)
 - Autologous fascial sling
 - Tibial nerve implant

Defecatory Dysfunction

- Basic Procedures:
 - Sphincteroplasty
 - Bulking agents
 - Percutaneous Tibial Nerve Stimulation
- Advanced Procedures:
 - Sacral Neuromodulation
 - Colostomy
 - Dynamic muscle transposition
 - Secondary anal sphincter repair
 - Artificial sphincter
 - Surgical management of rectal prolapse such as delormes, rectopexy
 - Transanal repair of rectocele

Urogenital Fistulae

- Basic Procedures:
 - Cystourethroscopy with both rigid & flexible cystoscopes
 - Ureteric stents (double J stents or ureteric catheters)
 - Intravenous urogram/CT urogram/MRI urogram
 - MRI scan of the pelvic floor
- Advanced Procedures:
 - Procedures for Vesicovaginal fistulas
 - Abdominal (open and minimally invasive), transvesical, and vaginal vesicovaginal fistula repairs
 - Interpositional graft (e.g., martius, omental)
 - Repair Vesico vaginal Fistula repair
 - Procedures for Ureterovaginal/Uretero-uterus fistulas
 - Ureteroneocystostomy
 - Ureteroureterostomy
 - Percutaneous nephrostomy tube
 - Boari flap
 - Psoas hitch

Professionalism

1. The ability to be honest, reliable, and respectful of racial, gender and religious characteristics of patients, their families and other members of the health care team
2. Understand the professional, legal and ethical codes by which physicians are bound.
3. Exhibit appropriate personal and interpersonal professional behavior.
4. Deliver the highest quality patient care with ethics, integrity, honesty, and compassion
5. The ability to recognize when to seek assistance from peers and senior colleagues.
6. The ability to give and receive advice in a manner that is consistent with harmonious function of the health care system

Interpersonal and Communication Skills

1. Listen effectively
2. Establish professional relationships with patients and their families
3. Inform patients and families about their condition at an appropriate and understandable level
4. Obtain a relevant history from the patient
5. Write clear consultation notes, progress notes, discharge summaries and clinic evaluations.
6. Present at ward round in a clear and organized manner.
7. Present patient details in indications conferences
8. Communicate effectively with allied health care professionals

Systems-based Practice

1. Utilize health care resources wisely
2. Understand the importance of and mechanisms to safely utilize resources in a cost-effective manner to benefit the patients

Practice-Based Learning and Improvement

1. Develop effective self-directed learning strategies for continuing education and assessment of knowledge base
2. Critically appraise sources of medical information and be aware of resources available
3. Read around clinical cases
4. Prepare and lead junior residents at indications conferences
5. Present and participate actively at morbidity and mortality conferences
6. Actively participate in the journal club
7. Participate in teaching medical students
8. Prepare and present clinical cases at grand rounds

After Fellowship training

The subspecialty certification in Urogynecology and Reconstructive Pelvic Surgery will be issued by your licensing body or institution (ie: ministry of health, medical university), according to the country's regulations, and will outline the requirements for the certification.

******Consider having these subspecialty certificates as time-limited and subject to renewal, (ie: every 5 years) according to your country's requirements (examination or completion of appropriate hours of continuing medical education)).