IUGA eXchange Program MANILA, PHILIPPINES March 6-8, 2008 FINAL REPORT

I. PREPARATORY MEETING

On September 8, 2007, the Preparatory Meeting for the IUGA Exchange Program Manila was held in the Benavides Cancer Institute of the University of Santo Tomas, Manila with the cooperation of Dr. Walfrido Sumpaico, Secretary General of the Asia-Oceania Federation in Obstetrics & Gynecology (AOFOG) and Dr. Zoraida Gamilla, incoming President of the Philippine Obstetrical & Gynecological Society (POGS). A very productive discussion transpired between the IUGA Organizing Committee (Prof. Charles Su, Prof. Paul Riss, and Prof. Engelbert Hanzal) and the local faculty. The IUGA faculty explained the very essence of the IUGA eXchange program - its purpose and its objectives.

Only recently, there has been a growing interest in the field of urogynecology in the Philippines. With this comes a growing need to inform the practitioner of appropriate and current management strategies for various urogynecological disorders. During the Preparatory Meeting, it was agreed that the IUGA eXchange Program in Manila would be restricted to only 30 participants. In order to ensure that all regions of the country would be represented, specific criteria were set by the local faculty. That is, all participants would be practicing ob-gyn, preferably affiliated with a government or training institution, who would serve, not only as a practicing urogynecologist, but as a future liaison for the local urogynecological society.

The IUGA eXchange Program was set to be held on March 8 and 9, 2008 at the University of Santo. Tomas in Manila. The scientific program was discussed and finalized between the IUGA and local faculty.

II. IUGA EXCHANGE – MANILA, PHILIPPINES

A. Preparation/Organization

The role of the local faculty was to disseminate basic knowledge and skills on various urogynecologic disorders to participants representing all 15 regions of the country. Criteria for participants set by the local faculty were as follows:

- 1. Must be a Fellow of the POGS:
- 2. Must be affiliated with a POGS-accredited institution;
- 3. Must have an academic practice or have an affiliation with a government institution;
- 4. Must have a minimum of 5 years of clinical practice; and,
- 5. Must have a special interest in urogynecology.

In order to ensure that the above criteria were met by prospective participants, the workshop was announced at various scientific symposia and at the POGS Annual

Convention held in November 2007. Communication with the various POGS Regional Directors ensured adequate representation from all regions in the Philippines. Since participants were limited to 30, an application form was created by the local faculty to aid in the screening process of interested applicants. As a result, applications from numerous individuals had to be deferred temporarily in order to keep within the allotted number of participants.

The IUGA eXchange Program presented an opportunity for urogynecologists in the Philippines, who have actively but informally collaborated over the years, to formalize and solidify their partnership. Through the initiative of the Chair of the local host faculty (Dr. Lisa T. Prodigalidad-Jabson), the Philippine Society for Urogynecology & Reconstructive Pelvic Surgery (PSURPS) was officially established in October 2007. At that time, the PSURPS consisted of 6 specially-trained practicing urogynecologists and 2 fellows in-training. Currently, there are 7 practicing urogynecologists and 2 fellows intraining.

As with any scientific meeting, the local organizing committee agreed that the participants would receive convention kits and handouts/booklets. The handouts would contain abstracts of all the eXchange lectures and workshops, as well as a directory of all local urogynecology faculty. These convention kits would be distributed to every participant at the time of registration.

Initially, the costs of preparations were incurred by the local faculty. With the formation of the PSURPS, various pharmaceutical industries were invited as sponsors of the PSURPS and the IUGA eXchange Program. Sponsors included Johnson & Johnson (Gynecare), Astellas Pharmaceuticals, Olympus, New Marketlink (Mictunorm), and MedEqual (bladder scanner). A nominal registration fee (PhP2, 500 or approximately 60 USD) was likewise requested from the participants. Sponsor funding and participation fees helped to offset the organizational costs on behalf of the local faculty.

B. IUGA eXchange Manila - March 8 and 9, 2008

With the arrival of all international IUGA faculty on March 7, 2008, a Welcome Dinner was sponsored by the Philippine Obstetrical & Gynecological Society at the Via Mare Restaurant in the SM Mall of Asia in Manila. In attendance were the IUGA faculty: Prof. Charles Su, Prof. Paul Riss, Prof. Engelbert Hanzal, Prof. Chris Benness, Dr. and Mrs. Michael Moen, and Prof. Sunny Park), the local host faculty: Dr. Lisa T. Prodigalidad-Jabson, Dr. Judith Sison, Dr. Lennette Chan, Dr. Manuel Ocampo Jr, Dr. Teresa Luna, and Dr. Almira Amin-Ong), Dr. Walfrido Sumpaico (Secretary General of the AOFOG), and the officers of the Philippine Obstetrical & Gynecological Society (Dr. Zaida Gamilla, President; Dr. Lourdes Capito, Vice-President; Dr. Blanca De Guia, and Dr. Mayumi Bismark).

The 2-day workshop was held at the Angelo King Audiovisual Room at the University of Santo Tomas and was attended by 31 practicing obstetrician-gynecologists from various regions of the Philippines. The IUGA eXchange Program was officially opened by the Local Host Faculty Chair (Lisa T. Prodigalidad-Jabson), the IUGA Faculty Chair (Engelbert Hanzal), the IUGA President (Charles Su), the POGS President (Zaida Gamilla), and the AOFOG Secretary General (Walfrido Sumpaico).

Since the objective was to disseminate basic knowledge in evaluation and management of common urogynecologic disorders, lectures focused on female pelvic health issues, perineal lacerations, pelvic organ prolapse, and female urinary incontinence. Workshops were generally non-surgical in nature, with the exception of the surgical repair of obstetric anal sphincter injury workshop. Participants were highly appreciative of the workshops since discussions were mainly among small groups and thus allowed better interaction between the participants and the faculty. Although urogynecology, in particular pelvic organ prolapse, is a requirement in the residency training curriculum of general OB/GYN in the Philippines, the basic understanding and skills is still insufficient with clinical and surgical experience likewise lacking, especially in the more remote areas of the country. However, in the state university tertiary hospital, the University of the Philippines-Philippine General Hospital (UP-PGH), urogynecology has been included as part of the core curriculum of the medical school and of the OB-GYN residency training program. Recently, a postgraduate fellowship training program in Urogynecology & Reconstructive Pelvic Surgery has also been established in the UP-PGH. Despite these positive steps, more advances need to be established in education and training of urogynecology; the IUGA eXchange Program is the first step towards this goal.

In addition to urogynecology-specific topics, the program included discussion on the current health care issues in the Philippines. With the continuous efflux of highly-trained physicians and nurses to western countries, there is a persistent lack of health care providers in various remote regions of the country. Amidst a growing population (estimated to be 20 million), there is likewise an inadequate number of health clinics to provide care to the ever growing communities. Consequently, there is poor access to adequate health care. According to guest lecturer, Dr. Jaime Galvez Tan (former Secretary of the Department of Health), it is a "Herculean task" to solve this problem. This problem is perhaps seen even in more developed countries. However, as with other conservative Asian nations, the greatest obstacle is challenging traditional cultural beliefs. The economic constraints often place health care as a last priority and only seem to validate such traditional beliefs. This is especially true in the rural areas of the country.

After an extensive 2 day program and an afternoon of touring Old Manila, a Thanksgiving Dinner was hosted by the newly-created PSURPS at the Abe Restaurant in Serendra, The Fort.

C. Post-course Evaluation

All participants were requested to complete an evaluation form for each of the lectures and workshop sessions. The overall rating of excellent /good was 92% for the lectures and 88.9% for the workshops. In general, the program provided the participants a better appreciation and understanding of urogynecology as a specialty. However, there was a particular preference for lectures and workshops which were more surgical in nature. Although there was a better understanding of pelvic anatomy and urogynecologic evaluation, the participants requested more "hands-on" sessions with "wet clinics" and video presentation of surgical procedures. This may perhaps reflect insufficient clinical and surgical exposure to various urogynecologic disorders. The participants' request for more clinically applicable topics is a clear indication that the harvest is many but the workers are few.

D. List of IUGA eXchange Manila Faculty

IUGA Faculty	Host Faculty
Engelbert Hanzal (Chair)	Lisa T. Prodigalidad-Jabson (Chair)
Paul Riss	Lennette L. Chan
Charles Su	Jennifer B. Jose
Chris Benness	Maria Teresa C. Luna
Michael Moen	Manuel S. Ocampo, Jr
Sunny Park	Judith M. Sison

F. FINAL PROGRAM

March 7, 2008: Welcome Dinner for IUGA and Host Faculty

March 8, 2008: Day 1

TIME	ACTIVITY	SPEAKER
7.30 – 8.30	Registration	
8.30 - 9.00	Invocation	D. Judith M. Sison
	National Anthem	Dr. Lennette L. Chan
	Opening Ceremony	Host Faculty Chair IUGA Faculty Chair Dr. C. Gamilla (POGS President) Prof. C. Su (IUGA President) Dr. W. Sumpaico (AOFOG Secretary General)
SESSION 1: Chair: L. Chan/E. Hanzal		
9.00 – 9.20	Health Care Issues in the Philippines (Female Pelvic Health Issues)	L. T. Prodigalidad- Jabson
9.20 – 9.40	Health Care Set-Up in the Philippines (Economic issues/ Access to health care)	J. Galvez-Tan
9.40 – 10.25	Workshops 1-3 (see below)	
10.25-10.40	COFFEE BREAK	
SESSION 2:		
Chair: J. Sison/M. Moen		
10.40-11.00	Diagnostic Procedures in Urogynecology	S. Park
11.00-11.20	Pharmacotherapy for LUTS	C. Benness

11.20-12.05	Workshops 1-3 (see below)	
12.05-013.00	LUNCH BREAK	

SESSION 3:		
Chair: M. Ocampo/P. Riss		
13.00 – 13.20	Overactive Bladder	J. Sison
13.20 – 13.40	Voiding Difficulty and Urine Retention	J. Jose
13.40 – 14.25	Workshops 1-3 (see below)	
14.25 - 14.40	COFFEE BREAK	
SESSION 4:		
Chair: J. Jose/C. Su		
14.40 – 15.00	USI and Surgical Updates	M. Ocampo
15.00 – 15.20	Conservative Treatment Options for Incontinence	T. Luna
15.20 – 16.05	Workshops 4-6 (see below)	

March 9, 2008: Day 2

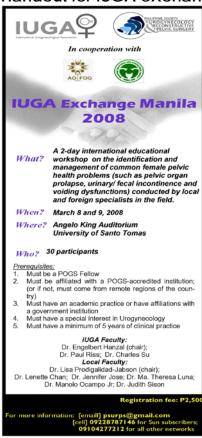
TIME	ACTIVITY	SPEAKER
SESSION 5:		
Chair: T. Luna/C. Benness		
9.00 – 9.20	Vaginal Hysterectomy: Is hysterectomy mandatory during pelvic floor surgery?	L. Chan
9.20 – 9.40	Surgical Options/ Updates for POP	M. Moen
9.40 – 10.25	Workshop 4-6 (see below)	
10.25-10.40	COFFEE BREAK	
SESSION 6:		
Chair: L. Prodigal	lidad-Jabson/S. Park	
10.40-11.00	Perineal Lacerations; Pelvic Floor & Childbirth	E. Hanzal
11.00-11.20	IUGA Guidelines for Training in Urogynecology	P. Riss
11.20-12.05	Workshop 4-6 (see below)	
12.05-13.00	LUNCH BREAK	
13.00 - 13.20	Awarding of Certificates	IUGA & Host Faculty
13.20 – 13.30	Closing Remarks	Host Faculty Chair IUGA Faculty Chair Dr. C. Gamilla Prof. C. Su

WORKSHOPS (45 min/workshop)

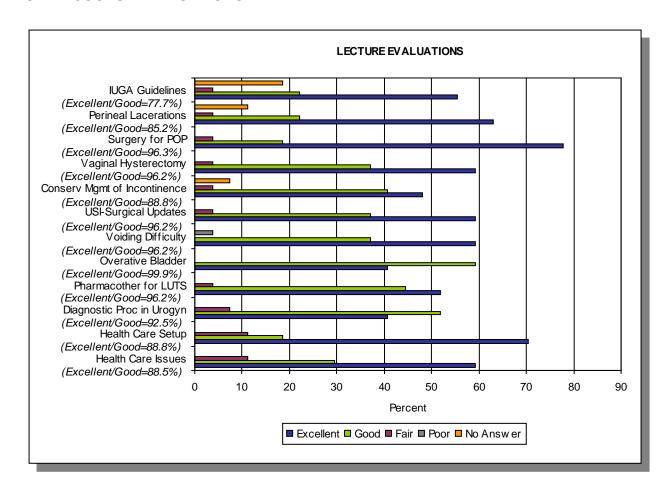
1	Identifying Urogynecologic Patients: Questionnaire & QOL	M. Ocampo/S. Park
2	Voiding Diary	L. Chan/C. Su
3	POP-Q	T. Luna/E. Hanzal
4	Non-surgical Management of POP	J. Sison/M. Moen
5	Pelvic Landmarks	J. Jose/P. Riss
6	Anal Sphincter Repair	L. Prodigalidad-
		Jabson/C. Benness

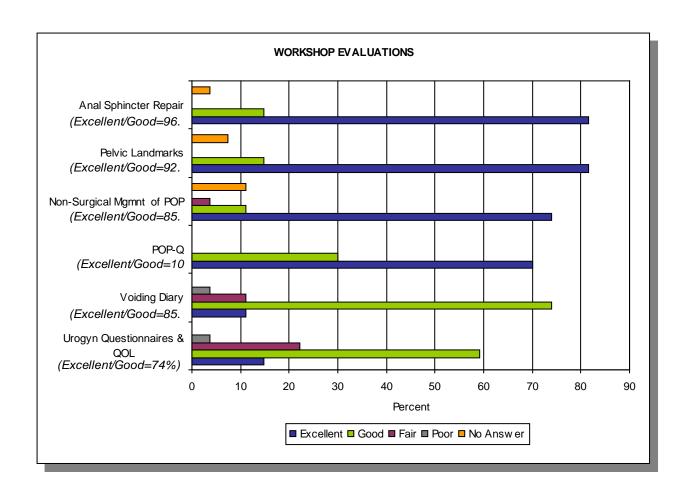
^{*}Per Station: 2 tutors - 1 IUGA and 1 local faculty

Flyer Announcement used at the POGS Annual Convention 2007 and Handout for IUGA eXchange Manila 2008



G. COURSE EVALUATIONS





ADDITIONAL COMMENTS

"In terms of the content, what do you feel was the most useful part of the course and why?"

Workshops (especially Non-Surgical Options of POP, POP-Q, Pelvic Landmarks, Anal Sphincter Repair)

Non-surgical treatment options for incontinence and POP (pessaries) most useful for non-formally trained participants

Lecture on Diagnostic Procedures

Lecture on Vaginal Hysterectomy

Data on most recent approaches to both surgical and non-surgical treatment of incontinence and POP Hands on materials during workshops

Basic contents of program (provided a good update/refresher course) Small group sessions

"In terms of the content, what do you feel would have made the course better?"

Videos showing surgical urogyn procesures (esp. colposuspension and TVT) Longer workshops/more time for interaction (hands-on)

Less didactic time during workshops, more hands-on

More hands-on material and instruments during workshops

Include "wet" clinics of various surgical procedures (cadavers?)

More workshops, especially related to surgical procedures (hands-on)

More focus on various types of incontinence

More focus on identification of patients with incontinence and POP

Less time spent on health issues/health care system

Review of standard questionnaires for scoring incontinence (type/extent)

Include working workshops rather than spend time on lunch for longer workshops

Shorter lectures - more time for discussion and interaction

Include both local and foreign workshop chairs in all workshops

Less data in such a short time

Lectures all one day/workshops all one day

"How will this course change your practice?"

Better overall management of patients with pelvic floor problems

Better overall understanding of urogynecology

Better understanding of pelvic anatomy

Be able to offer surgical/nonsurgical treatment options for incontinence and POP

Focus on repair of episiotomy during vaginal delivery

Implement new methods of anal sphincter repair

Explain all treatment options to patients

Understand implement POP-Q, voiding diary, questionnaires

Better understanding and management of patients with POP

Understand when to refer patients and to which specialty

Learned to use more nonsurgical treatment options

Learned better history taking, physical examination, and the use of questionnaires during initial evaluation

Use different approaches to teaching pelvic anatomy and treatment of POP and methods of anal sphincte repair to medical students

Pursue fellowship training

"Additional comments/suggestions"

Good learning experience (good refresher course)

Learned new information which was very useful - an eye opener

Changing location for lectures/workshops was helpful, but not too far away to save more time for handson workshops

Annual updates would be very useful

More advanced urogynecology topics for next time

Better english speakers (sometimes hard to understand)

Establish fellowship training centers

Want to study urogynecology without being a member of POGS - didn't realize its significance Local lecturers preferred to foreign lecturers

Expectations not met 100% but encouraged to read/learn more about urogynecology

Money issues a problem in Philippines healthcare - traditional birth attendants used instead of MDs (cheaper), compete with trained doctors

PHOTO GALLERY

