

TRAINING FUTURE UROGYNAECOLOGISTS- IS SURGICAL EXPERIENCE ADEQUATE? AN ANALYSIS OF THE BRITISH SOCIETY OF UROGYNAECOLOGY (BSUG) DATABASE.

Hypothesis / aims of study

An ageing population, reduction in working hours and increasing use of novel devices and technologies in pelvic floor surgery are underlining the need for robust training in order to produce a future urogynaecological workforce that is fit for purpose. There is a recognised learning curve for continence procedures, meaning that an adequate volume of surgery for trainees is an important component of a training programme. In this analysis of the BSUG database, we aimed to estimate the proportion of continence procedures that are undertaken by trainees, as well as any differences in complication rates.

Study design, materials and methods

The BSUG database is an audit tool that collects data from 68 centres in the UK. A snapshot of the database was taken on 26/01/2010. At that time 7314 episodes of surgery for stress incontinence had been entered. Operations performed were analysed by grade of surgeon, demographics and complications.

Results

See table 1. The number of procedures performed by each grade were (% total, % of these that were secondary procedures): consultant 5367 (73%, 11.9%), staff grade 128 (1.7%, 2.3%), subspecialty trainee 469 (6.4%, 6.4%), specialty trainee 1108 (15.1%, 6.1%). There were no differences in patient age or BMI between different grades of operator. Unsupervised procedures were performed in 106/1108 (9.5%) by specialty trainees and 120/469 (25.5%) by subspecialty trainees. Surgical complications (e.g. bladder perforation during retropubic tape) were more likely in procedures performed by staff grades and trainees, irrespective of whether supervised or not.

Table 1. Types of continence procedure by grade of operator.

	Consultant	Staff grade	Subspec (SST)	Trainee	Specialty (ST)	Trainee	FTSTA	Unanswered
Anterior repair (AR)+BNB	112 (89.6)	1 (0.8)	4 (3.2%)		4 (3.2)		0	4
Artificial Urinary Sphincter	0	0	1 (100)		0		0	0
Laparoscopic colposuspension	16 (88.9)	0	0		2 (11)		0	0
Colposuspension-Open	95 (74.8)	0	26 (20.5)		3 (2.4)		0	3 (2.4)
Autologous Sling	14 (100)	0	0		0		0	0
Cystoscopic BNI	111 (77.6)	1 (0.7)	8 (5.6)		15 (10.5)		0	8
Non-Cystoscopic BNI	62 (75.6)	0	4 (4.9)		14 (17.1)		0	2
Retropubic MUS	3486 (71.1)	97 (2)	346 (7.1)		822 (16.8)		2	147
Bladder perforations (%)	61 (1.7%)	9 (9.3%)	11 (3.2%)		71 (8.6%)		2 (100%)	6 (4.1%)
Single Incision tape	191 (89.3)	2 (0.9)	3 (1.4)		11 (5.1)		0	7 (3.3)
Stamey Procedure	2(50)	0	0		2 (50)		0	0
TOT Outside In	636 (79)	13 (1.6)	45 (5.6)		82 (10.2)		4 (0.5)	25 (3)
TVT Inside out	642 (72.9)	14 (1.6)	32 (3.6)		153 (17.4)		0	40 (4.4)

Interpretation of results

Most surgical procedures undertaken in participating centres were performed by consultants, with a minority being undertaken by trainees. Surgical complications were more common in procedures undertaken by trainees, which is perhaps a reflection of the learning curve for these procedures.

Concluding message

This analysis gives an overview of the surgical experience of UK trainees in urogynaecology. This audit database has the potential for use as a tool to evaluate surgical training. This is of critical importance in ensuring a high quality service for the future.

<i>Specify source of funding or grant</i>	None
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	NONE