

UROGYNECOLOGY TRAINING IN CANADA'S UROLOGY RESIDENCY PROGRAMS

Hypothesis / aims of study

To study the training experience in female urology/urogynecology (female pelvic medicine and reconstructive pelvic surgery) of urology residents and to compare this to the program directors' expectations.

Study design, materials and methods

A cross-sectional study was performed in February 2004 towards the end of a five-year urology residency program, using a questionnaire given to the 25 final year urology residents and their program directors at all 12 Canadian residency programs. Questions covered areas of knowledge, training and perceived competence in basic and advanced urogynecologic procedures.

Results

All 25 (100%) residents and six (50%) program directors responded. Eleven (44%) residents had a formal urogynecology rotation. 100% of residents received training in cystoscopy, incontinence, and simple urodynamics, while 20 (80%) residents received training in the evaluation of prolapse. The mean number of continence procedures performed as primary surgeon was: 5 retropubic urethropexies (e.g. Burch), 7 TVT procedures, 2 SPARC procedures, 5 pubovaginal slings and 2 augmentation cystoplasties. The average number of all other urogynecologic procedures including cystocele and rectocele repair, diverticulectomy and fistula repair was less than one.

Interpretation of results

The procedures that the majority of graduating residents felt comfortable to perform are: cystoscopy (100%), retropubic urethropexy (56%), TVT (76%), SPARC (60%), pubovaginal sling (76%), cystotomy repair (84%), abdominal vesicovaginal fistula repair (52%), and augmentation cystoplasty (56%). Only 32% of residents were trained in implanting sacral nerve stimulators. Program directors' expectations and resident responses correlated well aside from an unachieved expectation of proficiency in needle suspension (e.g. Pereyra), urethral diverticulectomy, reduction cystoplasty, and vaginal repair of ureterovaginal and vesicovaginal fistulas.

Concluding message

Urology residents in Canada are exposed to a small number of simple and complex urogynecologic procedures during their training, particularly with respect to pelvic organ prolapse. These procedures should be performed by physicians, whether they are urologists or gynecologists, with additional fellowship training in the management of female pelvic floor dysfunction.