

ICS/Pfizer Scholarship Report

Sarah Mozafarpour - June 2016

Background & current work:

I applied for a Pfizer International Scholarship when I was a postdoctoral research fellow in the paediatric Urology Research Centre in Tehran, Iran. My interest in neurourology/female urology dates back to my Urology internship in medical school (Isfahan, Iran). Later on, during my community service, I served as a primary care physician in a busy rural Health Centre and realized how widespread and neglected the female urology conditions were. Therefore, I started doing research in the paediatric Urology Research Centre, which is the most advanced urology research centre in Iran. I became familiarized with the International Continence Society (ICS) during the 12th Asian Congress of Urology in Kish Island, Iran. I was able to participate in ICS courses and to discover the emerging advances in the management of incontinence, pelvic organ prolapse, and neurogenic bladder, which motivated me for further research in this field.

Location and site:

The centre for female pelvic medicine and reconstructive surgery in the Glickman Urological & Kidney Institute in Cleveland Clinic is the largest female urology group in the United States, that is why in my scholarship application, I chose the Cleveland clinic as the host institution and Professor Howard Goldman (M.D.) as the supervisor. Professor Goldman and his colleagues have been pioneers in both basic and clinical female urology practice and research. I am truly grateful to Professor Goldman who agreed to write me the letter of support when I contacted him about the scholarship application.

Expectations and Learning Objectives:

I expected to learn about the basic and clinical aspect of female urology research. I also wanted to know more about the cutting edge technology used in the management of female urology conditions.

Specific details of learning and activities whilst on placement:

Female urology conditions are managed through a multidisciplinary approach in Cleveland clinic; thus, I was exposed to almost all areas related to female urology. I observed surgeries including vaginal hysterectomy, uterosacral ligament fixation, anterior and posterior repair, robotic-assisted sacrocolpopexy, robotic and vaginal vesicovaginal fistula closure, colpocleisis, fascial sling, tension-free vaginal tape, urethral diverticulum excision, and sacral neuromodulation implantation. Additionally, I spent some time in outpatient surgery floor where minor procedures not requiring a general anaesthesia such as video urodynamic studies, urethral and bladder Botox injections, diagnostic and surveillance cystoscopy, and neuromodulation trial placements were performed. I also spent two days a week in the female urology clinics in Cleveland Clinic main campus and Hillcrest Hospital. I saw a wide variety of patients ranging from self-admitted to referrals from other states or even countries. I was able to see a large and varied range of patients with stress urinary incontinence, urge urinary incontinence, mixed urinary incontinence, pelvic organ prolapse, painful bladder syndrome, overactive bladder and underactive bladder. The amount of patient information available for every single condition or procedure was quite impressive. There were a variety of brochures available; each patient was given the related pamphlets regarding her condition as well as treatment options available.

Professor Goldman is very passionate about teaching; therefore, there was plenty of opportunity for me to engage in different case discussions and urodynamic or bladder diary interpretation.

Sometimes, we could discuss articles on the patients' conditions, which was very helpful to learn about the latest research and practice pattern guidelines.

Every Tuesday morning, I joined the female urology meeting where they would have a journal club or lectures from invited professors or fellows' thesis presentations. The department also ran urodynamic conferences every Tuesday at lunchtime where fellows would present two challenging cases for an open discussion, which was a great learning opportunity for me. I was honoured to have a presentation in the weekly urodynamic meeting in the 3rd week. I presented a summary of my previous research and received valuable feedback from the attending, fellows, and residents. I plan to start a collaborative research with Professor Goldman, Javier Pizarro (M.D., female urology fellow), and Bradley C Gill (M.D., urology resident) on sacral neuromodulation.

I was also fortunate to meet Professor Margot Damaser (Ph.D.) who is the director of the Urological Biomechanics Laboratory at the Learner Research Institute in Cleveland Clinic. I have been following the publications from her lab for some time and it was a pleasure to meet her and to attend her lab meetings every Wednesday morning. I learnt how clinical based research questions are originally addressed in the laboratory. I also joined Mark Mawhorter, a research student in the lab in some of his experiments on stem cell recruitment for the treatment of stress urinary incontinence. I also had the opportunity to spend some time with the pelvic physical therapist Erika Lydon in pelvic physical therapy unit. We had a considerable amount of discussion on pelvic exercises for patients with urinary incontinence and we saw a couple of patients together.

This scholarship has reinforced to me the concept of patient counselling as an art in female urology. Detailed conversation, determining the patient's needs, and explaining pros and cons of all available choices to the patients, families or caregivers in order to make a shared decision was among the invaluable lessons.

It was a highlight of this scholarship to realize the importance of building a rapport with the patients particularly because many of them considered the female urology clinic as the last resort. I also noted that women from various backgrounds delayed treatment of their incontinence and sometimes presented at very late stages similar to what I have seen in my practice in Iran. However, it was very rewarding to see how the quality of life in those patients has significantly improved following the treatment and enabled them to go back to their normal life

Conclusion:

In conclusion, this scholarship has allowed me to work with a great female urology team at the Cleveland Clinic. I saw how female urology conditions are better managed through a teamwork approach involving attendings, fellows, residents, physician assistants, physical therapists, nurses and researchers all having the same goal of offering the best possible care to the patients. I believe I have a better picture of female urology research now and I hope to further advance my practice and research in this field in the future.

I would like to thank Pfizer and the International Continence Society for providing this opportunity. I am extremely grateful to my wonderful mentor; Professor Goldman and the director of the Female Urology Centre, Professor Sandip Vasavada (M.D.), for making this experience a memorable one. I sincerely thank Tracy Griffin from ICS and Debbie Denos from the Department of Urology in Cleveland Clinic for making all the arrangements. I am thankful to all the attendings, fellows, and residents in the Department of Urology who welcomed me and generously shared their knowledge with me. This inspiring experience has broadened my knowledge, boosted my motivation to pursue my career in urology and ultimately to contribute to the care of millions of women worldwide.

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