

Female Pelvic Medicine & Reconstructive Surgery

Name of Institution: McGill University

Location: Royal Victoria Hospital (Glen Site), St Mary's Hospital Centre

Type of Fellowship: 2 year surgical subspecialty

Faculty:

Jens-Erik Walter, MD FRCSC

Fellowship Program Director

Division Director, Urogynaecology & Pelvic Floor Reconstructive Surgery

Lisa Merovitz, MD FRCSC

-site fellowship director at St Mary's Hospital

Program Information:

- 1 position offered every second (even) year with affiliation to McGill University
- 2 hospital sites:
 - Royal Victoria Hospital (50% clinical time)
 - St Mary's Hospital Centre (50% clinical time)
- comprehensive multidisciplinary clinical and research fellowship designed to provide graduate capacity to function as an independent tertiary care centre subspecialist
- please refer to attached fellowship guidelines and objectives
- fellow is expected to present 1 oral abstract annually at an international scientific meeting and complete 1 research project during the course of his/her fellowship
- fellowship will enhance residency training by ensuring maintenance of tertiary surgical case load and clinic exposure; residents will be able to function independently under the guidance of the fellow

Academic Facilities:

- clinical care will be provided in the Urogynaecology Division at the GLEN, where a urodynamics laboratory, minor procedures room, and examining rooms exist; patients will also be seen in the Women's Health clinic at St Mary's hospital
- surgical exposure occurs at the GLEN and St Mary's main operating theatres
- full GLEN library access granted

Fellow Duties and Responsibilities:

- please refer to attached fellowship guidelines

Curriculum:

- anticipated annual surgical caseload:
 - approximately 400 major cases
- anticipated annual cases:
 - laparoscopic sacral colpopexy (50)
 - TVT/TVT-O (150)
 - total laparoscopic hysterectomy (30)
 - colpocleisis (30)
 - recto/vesico vaginal fistula repair (20)
 - combined laparovaginal reconstruction (200)
 - McGuire rectus fascial slings (10)
 - overlapping anal sphincteroplasty (10)
- fellow will coordinate 1 Urogyne journal club monthly
- fellow will coordinate 1 Urogyne M&M rounds monthly

McGill University
Department of Obstetrics and Gynaecology
Division of Urogynaecology and Pelvic Floor Reconstructive
Surgery

Guidelines for Clinical and Research Fellowship training in Female Pelvic Medicine and Reconstructive Surgery

Objectives:

1. Pelvic Anatomy

The Fellow must have knowledge of the surgical anatomy of the pelvic floor including genital, urinary, colo-rectal/anal, skeletal, and myofascial elements and understand the pathologic variance.

2. Pelvic Floor Physiology

The Fellow should be able to discuss the factors that influence normal and abnormal lower urinary tract, colo-rectal/anal, and vaginal function.

3. Pathophysiology of Pelvic Floor Dysfunction

The fellow must know:

- A. the differential diagnosis of urinary and anal incontinence
- B. the pathophysiology and the specific risk factors which contribute to each type of incontinence
- C. the pathophysiology of pelvic organ prolapse

4. Diagnostic Evaluation of:

I. Urinary Incontinence (UI)

The fellow must be able to:

1. Take a comprehensive medical history in addition to a specific urogynaecologic history that establishes the clinical type and the severity of UI
2. Perform a comprehensive physical examination in addition to a directed urogynaecologic assessment that will be correlated with the results of subsequent testing to formulate a treatment plan (including, but not limited to POP-Q, sacral nerve root testing, and levator ani tone evaluation)
3. Select the diagnostic techniques needed to:
 - i. establish the diagnosis of the condition causing the UI using standard diagnostic criteria and definitions established by the International Continence Society (ICS)
 - ii. establish the severity of defects contributing to and the physiologic subtype of UI (urge, stress, mixed, overflow, etc)
 - iii. identify conditions that cause similar symptoms but require different treatments (eg. detrusor overactivity and detrusor hyperactivity with impaired contractility; urethral hypermobility and intrinsic urethral sphincteric deficiency)
 - iv. evaluate co-existing factors or disease states which have an important bearing on selection of and response to treatment
 - v. perform pertinent diagnostic testing including, but not limited to multichannel cystometry, uroflowmetry, post-void residual measurement, cystoscopy, Methylene blue instillations, etc

II. Anal Incontinence (AI)

The fellow must be able to:

1. Take a specific history that will establish the clinical type(s) and severity of AI
2. Perform a directed physical examination that will be correlated with the results of subsequent testing to formulate a treatment plan
3. Be familiar with and select the appropriate diagnostic techniques needed to:
 - i. establish the cause of AI (ie anal manometry, colonoscopy, defecating proctogram, endoanal ultrasound)
 - ii. evaluate co-existing factors or diseases which may have an important bearing on selection of and response to treatment

III. Pelvic Organ Prolapse

The fellow must be able to:

1. Take a specific history that will establish symptoms attributable to the prolapse
2. Perform a directed physical examination that will identify and accurately describe all anatomic defects, describe the prolapse quantitatively and stage the prolapse according to currently proposed standards established by the ICS, American Urogynecologic Society, and Society of Gynecologic Surgeons
3. Select the diagnostic techniques needed to:
 - i. identify the organs and defects involved in the prolapse
 - ii. evaluate co-existing factors or diseases which may have an important bearing on selection of and response to treatment

5. Treatment of Urinary Incontinence

Surgical Treatment

By the completion of the fellowship, the fellow must have sufficient training and experience that a variety of therapeutic continence surgical procedures may be independently and competently performed for appropriate indications (including but not limited to TVT, TVT-O, TOT, pubovaginal sling, laparoscopic Burch, intravesical Botox, and peri-urethral bulking)

Pharmacological Treatment

By the completion of the fellowship, the fellow must have sufficient training and experience that a variety of therapeutic pharmacologic agents can be safely and appropriately prescribed to treat urinary incontinence, irritative lower urinary tract symptoms, recurrent UTI's, nocturia, and voiding disorders (including but not limited to anticholinergics, beta agonists, tricyclics, alpha blockers, mixed action agents, Elmiron, benzodiazepines, antibiotics, estrogen, DDAVP analogues)

Behavioural Treatment

By the completion of the fellowship, the fellow must have sufficient training and experience that a variety of behavioural therapeutic techniques can be used appropriately to treat urinary incontinence (eg, caffeine avoidance, weight loss, fluid modification, double and timed voiding, bladder drill)

6. Treatment of Pelvic Organ Prolapse

Non-surgical Treatment

By the completion of the fellowship, the fellow will be well versed in utilizing an array of pessaries for appropriate indications (eg Gelhorn, donut, ring) and advising the use of vaginal weights and/or pelvic floor physiotherapy

Surgical Management

By the completion of the fellowship, the fellow will be able to

independently perform a variety of pelvic floor reconstructive procedures through vaginal, laparoscopic, and combined approaches. This will include the use of augmenting graft materials. Pertinent procedures include, but are not limited to, laparoscopic sacral colpopexy, transvaginal mesh procedures, colpocleisis, sacrospinous/uterosacral ligament suspensions.

7. Lower Genital Tract Fistulae

The fellow must be able to:

- I. Take a specific history that will establish symptoms attributable to the fistula
- II. Perform a directed physical examination that will identify and accurately describe the fistula
- III. Select the diagnostic modalities needed to:
 1. identify viscera involved and elucidate the fistula course
 2. evaluate co-existing factors or diseases which may have an important bearing on selection of and response to treatment
- IV. Independently perform surgical correction of recto-, vesico-, and urethro-vaginal fistulae through vaginal and laparoscopic approaches with the appropriate use of interposing grafts (omental or Martius) as indicated

8. Urethra

The fellow must be able to:

1. Take a specific history that will establish symptoms attributable to urethral conditions including urethral diverticulum, syndrome, and chronic urethritis
2. Perform a directed physical examination
3. Select the diagnostic modalities involved (urodynamics, cystourethroscopy)
4. Independently perform surgical correction of urethral diverticula

9. Intra-operative Injury-Prevention and Immediate Management

The fellow must be aware of the potential for intraoperative injuries to the pelvic viscera (especially ureter, bladder, and intestines) and know the appropriate pre-, intra-, and post-operative means to prevent and/or correct these injuries.

10. Irritative Conditions of the GU Tract

I. Urinary Tract Infections

The fellow must be able to diagnose and treat acute, chronic and recurrent urinary tract infections

II. Sensory Disorders of the Bladder and Urethra

The fellow should be able to differentiate sensory disorders of the bladder and urethra from infectious processes in the urinary tract, diagnose and treat these sensory disorders and understand the diagnosis and management of non-urologic irritative conditions of the pelvis

III. Inflammatory

The fellow must be able to recognize chronic inflammatory

processes of the bladder in terms of typical presentation, investigations, pharmacotherapy, and conservative therapy (especially interstitial cystitis)

11. Syndromes

The fellow must be able to:

- I. Take a specific history that will establish symptoms associated with the following entities:
 1. sexual dysfunction
 2. defecatory dysfunction
 3. chronic pain syndromes
- II. Perform a directed physical examination
- III. Select the diagnostic modalities involved

12. Research

The fellow should be able to participate fully in the theoretical and technical aspects of clinical and/or basic science research projects.

Responsibilities

The fellow trainee will be responsible for:

1. Attending outpatient clinics and operating room cases as determined by the supervisors (Drs. Walter and Merovitz)
2. Reporting on all cases in the clinic and the operating room (including rounding at all hospital sites) of which the fellow has been involved
3. Participating in the care of all (uro)-gynaecology patients attached to the supervisors
4. Providing teaching to all residents and medical students involved in the inpatient Gynaecology service
5. Home-call coverage of the Urogynaecology Service, frequency to be determined

6. Initiating, participating in, and completing at least one research project per year of training with submission to a national or international meeting
7. Fulfilling off-service rotations (eg. Urology, Colorectal Surgery, Gastroenterology) to be determined depending on availability
8. Giving at least one grand rounds presentation annually

Evaluation

The fellow will be evaluated by supervisor(s) quarterly through the year. An annual review with the program director will be arranged at the end of each academic year.