

## ***Goals and Objectives***

### ***McGill Sexual Medicine/Genitourinary Reconstructive Urology Fellowship***

**Number of positions: 1**

**Length of training: 1 year**

The Sexual Medicine/Genitourinary Reconstructive Urology (SMRU) fellowship at the Jewish General Hospital and McGill University Health Centre (Division of Urology) is a one year clinical fellowship. The fellows will work under the direct supervision of fellowship-trained experts: Drs Serge Carrier and Alex Brzezinski. The fellowship is designed to teach the urologist the necessary clinical and surgical skills to effectively manage sexual dysfunction (SD) and complex reconstructive genital, penile and urethral surgery.

The fellows will need to meet specific ***learning and research objectives*** and will be given ***clinical responsibilities***.

#### ***Learning Objectives:***

To meet these objectives, fellows will attend all (SMRU) clinics, participate in monthly andrology rounds (with presentation of clinical and basic science topics in andrology) and will be given a list of suggested reading material. Specific areas to be covered will include:

#### ***1) Genitourinary Reconstructive Urology***

##### ***Biology of urethral healing and principle of urethral surgery***

The fellow will obtain a clear view on the current role of surgery for the management of urethral stenosis affecting both the anterior and posterior urethra in contemporary clinical practice.

At the end of the fellowship, the fellow should:

Be able to fully evaluate the patient with urethral stricture disease

Be familiar with most of the current surgical techniques for the repair of urethral stricture disease

Management of Urethral Stricture Disease including urethroplasty and substitution urethroplasty using grafts and flaps (both local flaps as well as extra-genital flaps)

Have reviewed the treatments available for urethral stricture disease

Have a clearer understanding of the role of anastomotic and substitution urethroplasty in the management of urethral stricture disease

Have understood the harvesting of tissues used for urethroplasty: oral mucosa, genital and extragenital skin

Be able to outline the principles of the surgical management of traumatic urethral strictures.

Familiarize with protocols and guidelines for the postoperative period and follow-up

## **2) Sexual Medicine & Prosthesis Surgery**

The fellow will obtain a clear view on the current evaluation and medical as well as surgical management of Sexual Dysfunction in contemporary clinical practice.

### ***Physiology of Erection and Sexual Function***

Fellows are expected to learn the basic aspects of:

Neuro-anatomy of the penis

Pharmacology of erection

Physiology of the Pituitary-Gonadal axis

Physiology of the Sexual Function (Sensation, Ejaculation)

### ***Clinical Evaluation and Management of Male Sexual Dysfunction***

Fellows are expected to learn how to appropriately evaluate and manage men with SD. This will include evaluation by penile Duplex ultrasound. An understanding of the basic and extended evaluation and of the treatment algorithm is expected. Fellows will give formal presentations on various clinical topics during the fellowship.

### ***Surgical Aspects of Sexual Medicine***

The fellow will acquire the skills necessary for the surgical management of Erectile Dysfunction and Peyronie's Disease as well as the use of prosthesis in GU surgery. Fellows will also become familiar with penile prosthetic surgery (including revisions) and surgical correction of penile curvatures. Types of surgery that the fellow will become familiar:

Inflatable penile prosthesis (with or without modeling)

Malleable penile prosthesis

Revision of Penile surgery and/or Prosthesis

Penile plication for Peyronie's disease

Penile plaque excision and grafting for Peyronie's disease

Reduction scrotoplasty

Glanuloplasty

Shunts for priapism

Testicular prosthesis

Urethroplasty  
Complex penile/scrotal wound closure

***Research Objectives:***

Fellows are responsible for undertaking clinical projects under the supervision of Drs. Carrier and/or Brzezinski. These projects will be submitted for presentation and publication.

***Clinical and Teaching Responsibilities:***

Fellows are responsible for attending all SD and reconstructive clinics (with Drs. Brzezinski and Carrier). Fellows will also be responsible for assisting during specific surgeries. (this responsibilities will be shared 50:50 with the rotating urology resident).

For all surgical procedures, the rotating resident(s) will be given Priority for category 1 surgery according the Royal College of Canada.

Fellows will also assist in the teaching of residents and students.

***Eligibility:***

Candidates for the fellowship must be graduates of a recognized Medical School and must have completed their urology residency at a recognized University.

Candidates need to be fluent in English and/or French.

***Funding:***

Candidates should secure their own funding for the duration of the fellowship. Candidates are encouraged to apply (with the assistance of one or more of the co-supervisors) for external funding through an establish agency (e.g. FRSQ, Kidney Foundation, CIHR, AFUD).

***Names of the Teaching Faculty:***

Dr Serge Carrier: Dr Carrier is a fellow trained in Sexual Medicine and an expert in his field.

Dr Alex Brzezinski: Dr Brzezinski is a fellow trained in reconstructive urology and an expert in his field.