

8/12/2019

Goals and Objectives

McGill Urology Male Genito-Urinary Dysfunction Fellowship

Number of positions per year: 1

Length of training: 1 or 2 years

The McGill Urology Male Genito-Urinary Dysfunction Fellowship (MGUD) fellowship is based primarily at the McGill University Health center (Glen site) with satellite sites both at Lachine Hospital and the Jewish General Hospital.

This fellowship is a two-year program. The first year consists 80% of clinical work, with 20% research commitment. The second year is 80% research, and 20% clinical work.

The fellows will work under the direct supervision of three fellowship-trained experts: Dr Serge Carrier (program director), Dr Mélanie Aubé et Dr Alex Brzezinski.

The fellowship is designed to teach the urologist the necessary clinical and surgical; skills to effectively manage the following aspects of male genito-urinary dysfunction:

- Sexual dysfunction (erectile and ejaculatory dysfunction, hypogonadism, Peyronie disease)
- Urethral, genital and penile reconstruction
- Male urinary incontinence
- Male lower urinary tract symptoms and BPH

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

Learning Objectives:

To meet these objectives, fellows are expected to participate in the following clinical responsibilities:

- Weekly MGUD clinic with attending staff (average 1-2 day per week)
- Operating theatre (average 2-3 days per week)
- Weekly urology grand rounds and service rounds
- MGUD in-patient rounds
- Take call for MGUD related emergencies and post-operative patients

The fellow will also be given a list of suggested reading material. Specific areas to be covered will include:

1) *Genitourinary Reconstructive Urology*

Biology of urethral healing and principles 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

Male urinary incontinence

The fellow will learn to evaluate and address treatment options for male urinary incontinence, including:

- Conservative management
- Transobturator slings
- Adjustable transobturator hydraulic implants
- Artificial urinary sphincter (initial placement and revision)

2) *Sexual Medicine & Prosthetic 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 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 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 with include:

- Inflatable penile prosthesis (with or without modeling)
- Malleable penile prosthesis
- Revision of Penile surgery and/or Prosthesis
- Penile plication for Peyronie disease
- Penile plaque excision and grafting for Peyronie disease
- Reduction scrotoplasty
- Glanuloplasty
- Shunts for priapism
- Testicular prosthesis
- Urethroplasty
- Complex penile/scrotal wound closure

Research Objectives:

The fellow is responsible for undertaking clinical projects under the supervision of the fellowship supervisors, which will be submitted for presentation and publication.

Clinical and Teaching Responsibilities:

The fellow is responsible for attending select MGUD clinics with the supervisors on the days that there is no operating theatre. The fellow will also be responsible for surgical assistance during specific MGUD surgeries pertaining to GU dysfunction. **These surgical 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. The fellow is expected to perform morning rounds on all inpatients that he/she has operated on. The fellow is also present cases at weekly grand rounds, service rounds, and monthly morbidity and mortality rounds. The fellow is also expected to assist in the teaching of residents and students, according to their level of knowledge, and to conduct select teaching sessions during Friday morning resident teaching.

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 must be fluent in English and/or French.

Funding:

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