Curriculum for Subspecialty Training in Urogynaecology

Introduction

Module 1 General Urogynaecology Assessment

Module 2 Conservative Management of Urogynaecological Conditions

Module 3 Surgical Treatment

Module 4 Urology

Module 5 Colorectal

Module 6 Neurology
Introduction

The programme consists of seven modules. One is common to all subspecialty programs (Generic Module) and the other six are specific to urogynaecology. Aside from the modules, the student must also demonstrate that they have achieved a thorough understanding of the anatomy, physiology and pharmacology of the lower urinary tract and the impact of pregnancy, parturition, menopause and ageing on lower urinary tract function. They must also be aware of the effects of disease, both mental and physical upon the pelvic organs. The conditions that the trainee must be familiar with are listed below. An understanding of these is expanded upon within the modules.

Conditions to be familiar with:
- Urodynamic stress incontinence
- Detrusor overactivity
- Trauma and congenital abnormalities resulting in incontinence
- Voiding disorders and urinary retention
- Overactive bladder syndrome
- Pelvic pain
- Lower urinary tract and lower gastrointestinal tract fistulae
- Pelvic organ prolapse, both primary and recurrent
- Painful bladder syndrome
- Urethral lesions, e.g. diverticulae
- Effects of pelvic surgery and irradiation on the lower bowel urinary tract and pelvic floor
- Urinary disorders in pregnancy
- Evaluation and care of the elderly
- Lesions of the central nervous system affecting urinary, faecal control and pelvic floor
- Difficult defaecation
- Disorders of lower gastro-intestinal tract function including incontinence and motility
- Obstetric anal sphincter injury (OASIS)
- Urinary disorders in childhood;
- The physically or mentally handicapped
- Sexually transmitted diseases
- Emotional and behavioural disorders
- Hormone deficiency states
- Urinary problems secondary to medical disorders and drugs
- Symptoms associated with sexual intercourse, e.g. coital incontinence.
Module 1 General Urogynaecology Assessment

1.1 History

Objectives
To demonstrate the knowledge, skills and attitudes required to make an appropriate clinical assessment of a urogynaecological patient. To understand the different facets of obtaining a history of the woman’s condition:

- Obtain a general history.
- Obtain a urinary/prolapse/faecal history.
- Use standardised questionnaires.
- Use quality-of-life (QoL) questionnaires.

Knowledge criteria
Symptoms.
Relationships with other medical conditions.
How standardised questionnaires are devised.
Meaning of QoL questionnaires.
Understanding of how questionnaires are validated.

Clinical competency
Take an appropriate history.

Professional skills and attitudes
Ability to take an appropriate history.

Training support
- Tailored clinical experience.
- Observation of, assisting and discussion with senior medical staff.
- Personal study.
- Appropriate postgraduate education courses.

Evidence
- Feedback from trainer
- Mini-CEX
- Logbook of competences and experience
- Interim/final assessment
- Attendance at appropriate courses

1.2 Examination

Objectives
To be able to carry out a competent examination:
- Undertake a general examination.
- Undertake a pelvic examination, including standardised methods of assessment.
- Undertake a relevant neurological examination.

Knowledge criteria
Examination findings relevant to lower urinary tract disorders.
Examination findings relevant to women with prolapse.
Neurological findings in women with denervation of the pelvic floor and neurological conditions affecting the lower urinary tract (e.g. multiple sclerosis)

Clinical competency
Carry out an appropriate general, pelvic floor and neurological examination.

Professional skills and attitudes
Ability to:
- Carry out an appropriate general examination, especially abdominal.
- Carry out an appropriate pelvic examination, including usage of Pelvic Organ Prolapse Quantification (POPQ) system or new assessments methods as they are introduced into clinical practice.
- Carry out an appropriate neurological examination, especially pelvic floor innervation.

Training support
- Tailored clinical experience.
- Observation of, assisting and discussion with senior medical staff.
- Personal study.
- Appropriate postgraduate education courses.

Evidence
- Feedback from trainer
- Mini-CEX
- Logbook of competences and experience

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1.3 Investigations

Objectives
To be able to select appropriate tests and carry out the test proficiently and interpret the results.

Knowledge criteria
Investigations of lower urinary tract:
- Urinalysis
- Urine culture and cytology
- frequency/volume charts
- Pad test
- Bladder scan
- Uroflowmetry
- Cystometry
- Videocystourethrography
- Ambulatory urodynamics
- Urodynamics
- Urethral function studies
- Cystourethroscopy: rigid/flexible.

Investigations of upper urinary tract:
- Renal ultrasound
- Abdominal X-ray
- Intravenous urogram
- Isotope renography (e.g. Mag 3).

Neurourology:
- Pelvic floor electromyography.

Pelvic floor investigation:
- Perineometry
- Magnetic resonance imaging
- Perineal ultrasound.

Colorectal:
- Anorectal function studies
- Barium enema
- Defaecating proctogram
- Endoanal ultrasound.

Clinical competency
Initiates investigations, understands and interprets results.

Professional skills and attitudes
Ability to understand impact of results on clinical management.

Ability to select appropriate tests and carry out the test proficiently and interpret the results.

Training support
- Direct observation.
- Attendance at multidisciplinary team meetings.

Evidence
- Log book of competences and experience
- Interim/final review
- OSATS:
  - Urodynamics
  - Cystoscopy
Module 2 Conservative Management of Urogynaecological Conditions

Objectives
To demonstrate a thorough understanding of the evaluation and treatment of lower urinary tract disorders using conservative measures (including recommendations of the International Consultation on Incontinence)
- Anatomy and function of lower urinary tract and pelvis
- Fluid management
- Physical therapies
- Pharmacological therapies
- Catheters and drug therapies for voiding difficulties
- Pessaries for prolapse
- Other therapies.

Knowledge criteria
Anatomy, physiology and pathophysiology of lower urinary tract and pelvis.

Effects of abnormal anatomy, physiological events and systemic disease.

Related symptoms and clinical findings.

Principles of pharmacology and mode of action of substances acting on pelvic organs and lower urinary tract.

Indications for different types of catheters, insertion of catheters and intermittent self-catheterisation.

Indications for and fitting of ring, shelf and other pessaries.

Clinical trials and how they are conducted.

Use of different charts to assess intake and/or output and to assess and treat women with excessive voiding patterns.

Pharmacology, including mechanism of action, adverse effects and interaction, for treatment of:
- Overactive bladder syndrome
- Nocturnal frequency and nocturia
- Stress urinary incontinence
- Painful bladder syndrome
- Use of hormone replacement therapy.

Effects of drugs used in other conditions on the lower urinary tract system.

Principles of different modalities of pelvic floor exercises:
- Cones
- Electrical therapy
- Magnetic stimulator
- Biofeedback.

Overactive bladder syndrome:
- Principles of and possible indications for treatment:
  - Biofeedback
  - Acupuncture
  - Hypnotherapy
  - Psychotherapy.

Clinical competency
Take a history and carry out appropriate examination.

Analyse charts (frequency, frequency/volume, input/output) and give advice from the recordings presented.

Assess pelvic floor strength.

Insert catheters.

Teach intermittent self-catheterisation.

Fit and change pessaries.

Professional skills and attitudes
Ability to apply knowledge of anatomy, physiology and function to the clinical situation.

Ability to tailor treatment, taking into consideration underlying condition.

Ability to take a history, including standardised questionnaire, QoL.

Ability to demonstrate how recommendations to the patient depend on charts provided.

Ability to perform an appropriate general, pelvic floor and neurological examination.

Ability to implement drug management for incontinence.

Ability to insert a suprapubic catheter.

Ability to change a permanent suprapubic catheter.

Ability to teach intermittent self-catheterisation.

Ability to fit and change pessaries.
Training support

- Appropriate courses/training days.
- Observation of, assisting and discussion with senior medical staff.
- Personal study.
- Tailored clinical experience.
- Discussions with physiotherapists.
- Working with continence nurse specialist.

Evidence

- Demonstrates adequate exposure during training
- Logbook of competences and experience
- Feedback from trainer
- Interim/final assessment
- Mini-CEX
Module 3 Surgical Treatments

Objectives
To demonstrate the knowledge and skills to understand the indications for and the ability to carry out the required surgical procedures. This includes the skills and attitudes to counsel patients appropriately, to have an understanding of potential surgical complications and how to deal with them when they occur.

Knowledge criteria
Urodynamic stress incontinence:
- Colposuspension (open and/or laparoscopic)
- Midurethral slings
- Bladder-neck injections
- Secondary surgery for urodynamic stress incontinence.

Voiding difficulties:
- Urethral dilatation
- Postoperative problems
- Advantages/disadvantages of different techniques.

Pelvic organ prolapse:
- Anterior and posterior repairs
- Paravaginal repair
- Vaginal hysterectomy
- Uterosacral plication/Moskovitz (open and/or laparoscopic)
- Mesh repair.

Vault prolapse:
- Sacrospinous fixation
- Sacrocolpopexy (open and/or laparoscopic)
- Other vaginal procedures.

Clinical competency
Counsel patients appropriately.

Perform procedures for treatment of urodynamic stress incontinence:
- Colposuspension (open and/or laparoscopic)
- Midurethral slings
- Bladder neck injections
- Secondary surgery for urodynamic stress incontinence.

Perform urethral dilatation.

Perform repair of pelvic organ prolapse:
- Anterior repair
- Paravaginal repairs
- Vaginal hysterectomy
- Posterior repair
- Uterosacral plication/Moskovitz (open and/or laparoscopic)
- Mesh repairs

Perform repair of vault prolapse:
- Sacrospinous fixation
- Sacrocolpopexy (open and/or laparoscopic)
- Other vaginal procedures.

Manage complications of surgical procedures.
Counsel patients with failed previous surgery.
Management of acontractility and obstruction.
Instruct patients in techniques for treatment of voiding difficulties.

Professional skills and attitudes
Ability to perform procedures for treatment of urodynamic stress incontinence:
- Colposuspension (open and/or laparoscopic)
- Midurethral slings
- Bladder neck injections
- Secondary surgery for urodynamic stress incontinence.

Ability to perform urethral dilatation.

Ability to perform repair of pelvic organ prolapse:
- Anterior repair
- Paravaginal repairs
- Vaginal hysterectomy
- Posterior repair
- Uterosacral plication/Moskovitz (open and/or laparoscopic)
- Mesh repairs

Ability to perform repair of vault prolapse:
- Sacrospinous fixation
- Sacrocolpopexy (open and/or laparoscopic)
- Other vaginal procedures.

Ability to work and communicate with other professionals.

Ability to counsel patients.

Ability to formulate a management plan and modify if necessary.

Training support
- Direct observation/supervision.
- Training programme.

Evidence
- Logbook of competences and experience
- Feedback from trainer
- OSATS:
  - Colposuspension

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- Midurethral slings
- Vaginal Hysterectomy and anterior repair
- Posterior repair
- Sacrospinous fixation
- Sacrolpopexy
  - Interim/final assessment
  - Attendance at multiprofessional team meetings
Module 4 Urology

Objectives
To understand and demonstrate a knowledge of specialist surgical treatments for urodynamic stress incontinence and detrusor overactivity.

To understand fistula management and be able to diagnose and treat urethral diverticulae.

To be able to diagnose ureteric problems and use stents appropriately.

To understand the principles of ureteric reimplantation, anastomosis and nephrostomy.

Knowledge criteria
Surgical principles for the treatment of complex urodynamic stress incontinence and detrusor overactivity:
- Fascial slings
- Artificial urinary sphincters
- Augmentation cytoplasty
- Urinary diversion procedures
- Botulinum toxin injections.

Fistulae (vesicovaginal, ureterovaginal, urethrovaginal):
- Investigation and diagnostic criteria.
- Surgical principles of fistula repair and complications that may occur
- Urethral diverticulae.

Upper tract investigations:
- Renal ultrasound.
- Abdominal X-ray.
- Intravenous urography.
- Isotope renography.

Treatments for ureteric obstruction and ureteric injury:
- Ureteric stents.

Surgical principles of ureteric reanastomosis and reimplantation techniques.

Clinical competency
Determine correct indications for referral for urodynamic stress incontinence and detrusor overactivity.

Undertake investigations and counsel patients appropriately.

Diagnose fistulae and order appropriate investigations.

Diagnose and treat urethral diverticulae.

Insert appropriate ureteric stents.

Professional skills and attitudes
Ability to determine correct indications for referral for urodynamic stress incontinence and detrusor overactivity.

Ability to assess patients and counsel appropriately.

Ability to understand and use upper renal tract investigations appropriately.

Ability to manage ureteric injury and obstruction.

Ability to insert appropriate ureteric stents.

Training support
- Observation of, assisting and discussion with senior medical staff.
- Personal study.
- Appropriate postgraduate education courses.
- Feedback from trainer.
- Work with clinicians in other disciplines e.g. urologists.
- Tailored clinical experience
- Attachment to radiology department.

Evidence
- Case-based discussions
- Logbook of competences and experience
- Interim/final assessment
Module 5 Colorectal

Objectives
To develop the knowledge, skills and attitudes appropriate to understanding the methods of investigations and principles of treatment of patients with colorectal problems.

Knowledge criteria
Methods of investigations and principles of treatment of incontinence:
- Anal sphincter repair
- Bulking agents
- Pelvic floor exercises
- Use of constipating agents.

Methods of investigations and principles of treatment for emptying problems:
- Use of laxatives
- Transperineal repair of rectocele
- Transanal repair of rectocele
- Transanal resection (STARR).

Methods of investigations and principles of treatment for urgency:
- Biofeedback
- Drug treatment
- Behavioural modification (e.g. diet).

Investigations and principles of treatment for fistulae, including rectovaginal.

Clinical competency
Understand indications for investigations and interpret results.
Understand principles of management.
Repair anal sphincter.
Appropriate counselling.

Professional skills and attitudes
Ability to observe/undertake investigations and explained rationale.
Ability to work and communicate with other professionals.
Ability to counsel patients.
Ability to formulate a management plan and modify if necessary.
Ability to repair anal sphincter.
Ability to perform:
- transperineal repair of rectocele
- transanal repair of rectocele
- transanal resection (STARR).

Ability to work in a multidisciplinary team.

Training support
Tailored clinical experience
May need to rotate to other departments/hospital.
Anal sphincter repair course.
Appropriate rotation on training programme.

Evidence
- Log book
- Interim/final review
- Attendance on appropriate course
- RITA
- Feedback from multidisciplinary team meetings
Module 6 Neurology

Objectives
To understand the effects of neurological conditions on the lower urinary tract.
To understand and have knowledge of the principles of specialist assessment and treatments for bladder dysfunction.

Knowledge criteria
Effects of neurological conditions on lower urinary tract function.

Lower urinary tract manifestations of:
- spina bifida
- multiple sclerosis
- Parkinson’s disease
- spinal cord injury
- lower motor neurone neuropathy
- stroke.

Pelvic floor electromyogram:
- use of sacral nerve stimulators
- intravesical botulinum toxin.

Clinical competency
Carry out an appropriate neurological examination and order appropriate investigations.
Interpret pelvic floor electromyogram results.
Manage patients with neurological conditions affecting the bladder.

Professional skills and attitudes
Ability to assess patients and counsel appropriately.
Ability to understand relationship between neurological conditions and lower urinary tract function.
Ability to carry out an appropriate neurological examination and order appropriate investigations.

Training support
Tailored clinical experience.
Observation of, assisting and discussion with senior medical staff.
Personal study.
Appropriate postgraduate education courses.
Work with other disciplines e.g. neurology.

Evidence
- Log of experience and competence.
- Interim/final review.
- RITA.