

Effective neuro-urology fellowship at Austria's University of Innsbruck



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The European Urological Scholarship Programme (EUSP) provides young doctors in Europe not only a superb opportunity to develop their urological skills in the unique medical environment of another country but also offers valuable contacts with some of the best urological experts. Thus, knowledge becomes truly continental and a feeling of community is established in a setting where leading centres of our speciality effectively collaborate.

Through the EUSP I had the opportunity to visit the 10-bed Neuro-Urology Department of the University Hospital of Innsbruck for three months, a highly regarded centre of excellence in the field of neuro-urology and incontinence. The University Hospital of Innsbruck, a tertiary 1,500-bed hospital, is situated in the centre of Innsbruck. Prof. Helmut Madersbacher, one of the pioneers in the field of neuro-urology and incontinence, is the department director aided by Drs. Peter Rehder, Gustav Kiss and Thomas Berger. The Neuro-Urology Department, equipped with a fully developed outpatient unit complete with urodynamics, video-urodynamics, physiotherapy, non-invasive neuromodulation (IVES, TENS-P), etc., also provides urological training to a resident for 18 months.

My fellowship was aimed at obtaining a thorough insight in neuro-urology, and my objectives were to examine the evaluation, diagnosis, treatment (conservative and invasive) and follow-up observation of patients with neurogenic lower urinary tract dysfunction and incontinence. Prof. Madersbacher is an excellent surgeon and an inspiring teacher, while Dr Rehder is an expert on female urology and pelvic reconstruction. Dr. Kiss is a neurologist with extensive experience in neuro-urology and neuromodulation. Dr Berger has an excellent knowledge of neuro-urology.

A high number of patients are examined daily in the outpatient department, with many of them monitored under close follow-up since the staff believes that a regular and close follow-up minimise the risk of deterioration and side effects. Urodynamic and video-urodynamic studies are performed at least twice in order to reproduce the findings.

A significant number of patients undergo daily non-invasive neuromodulation (IVES, TENS-P) in the outpatient department. The physiotherapist is a valuable team member and plays an important role in the evaluation and treatment (behavioural therapy, PFMT, biofeedback, magnetic chair, etc.) of the patients.

In the operation room botulinum toxin A injections are performed usually under local anesthesia with the use of a new smaller needle. Sacral neuromodulation is performed with great success. Prof. Madersbacher and Dr. Kiss use a different protocol with a prolonged (2 to 5 weeks) first stage. A relatively new procedure that I learned was implanting a male sling for stress incontinence after radical prostatectomy or TUR-P. Developed by Dr. Rehder, this sling supports the dorsal surface of the sphincter complex by proximal (cephalad) repositioning of the retro-urethral structures. Both Prof. Madersbacher and Dr. Rehder perform the whole range of surgical procedures for neurogenic

bladder, incontinence and pelvic organ prolapse. I particularly note the implantation of artificial in the bladder neck and the replacement of artificial sphincter.

I joined the daily morning conferences. On Monday mornings I actively participate in the Journal Club by presenting articles from *European Urology* and other journals. Tuesdays and Thursdays were the main operation days when I can take part and perform some operations. On Wednesdays and Fridays, I attended the Video-urodynamic department, where I can perform a lot of video-urodynamic studies.

I also attended daily the outpatient clinic, perform the urodynamic studies and the non-invasive neuromodulation procedures and join the ward rounds. I had the opportunity to work as a regular staff member in the outpatient clinic. On Thursday afternoons there was an x-ray conference with the radiologists where we discuss and interpret the findings from the video-urodynamic studies.

In three months I gained a thorough knowledge in the diagnosis of the most commonly encountered conditions in neurogenic LUT dysfunction and incontinence and improved my abilities by identifying the indications, perform and interpret urodynamic and video-urodynamic studies, and also learned to classify the steps of treatment management, amongst others.

Moreover, the training enabled me to assess the value of physiotherapy and neuromodulation in the treatment of these diseases. Prof. Madersbacher and his staff members were all ready to answer my questions. I participated in many operations such as botulinum toxin A intradetrusor and intraprostatic injections, operations for sacral neuromodulation, bladder augmentations with continent self-catheterized stoma, and many other operations. I feel that I can start my own practice with confidence. I also did some scientific work and was responsible in a protocol for the pudendal nerve evaluation in diabetic and non-diabetic females with stress incontinence and also helped in some research protocols that were running.

I had the privilege to write with Prof. Madersbacher a review on the use of botulinum toxin A in male patients with LUTS due to BPE, which was accepted for publication in *European Urology*. We also presented two abstracts in German urological conferences and, hopefully, we will soon be ready to submit two other original papers.

My stay at the Neuro-Urology department was very effective, and I fully realized all of my expectations from fellowship. It was an honor for me to attend the fellowship and I thank the EUSP Board and the EAU for the chance. My heartfelt thanks to Prof. Helmut Madersbacher, Drs. P. Rehder, G. Kiss, T. Berger and the nursing staff of the department for their interest in my training and for the hospitality they have all shown.

I would definitely recommend to young urologists to apply for EUSP grants for them to have access to and receive high-quality urological training in excellent departments across Europe.



Djavan shares skills with Belgian residents in Leuven



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When we asked Professor Bob Djavan to visit our department on a cold winter day in December 2007 at the BAU congress in Kortrijk, he immediately agreed. We were pleased to have invited an international expert on various (oncological) topics. We knew he was Austrian, that he fluently spoke several languages and that he was an excellent lecturer. We were sure we could learn a lot from him.

Several months later, in spring 2008, the three last year residents of our department invited Prof. Djavan to be the visiting professor at our hospital from 26 to 29 May with generous sponsorship from the EAU's European Urological Scholarship Programme (EUSP).



Prof. Djavan with his "Fonske".

When we met Prof. Djavan at the Brussels airport, the first thing he asked was to drive past his apartment. In the beginning we thought he liked jokes about German highways and fast cars (a drive to Vienna would almost take 12 hours in an everyday resident car). Later we learned that the foreign professor we invited had become a close neighbour since his appointment as chief of the Department of Urology in the Erasme Hospital in Brussels. We found out that he spoke fluent French and that even his Dutch language skill is getting somewhere.

The official visit started on Monday with a tour around the department. We showed Prof. Djavan the way we work in Gasthuisberg Leuven. We visited the wards, the outpatient clinic, the operating rooms and the day clinic. We demonstrated the computer system we used and shared experiences about the *modus*



Prof. Djavan (3rd from left) in theatre with senior residents (from left) Frank Van Der Aa, Marc Claessens and Karen Fransis

operandi in a hospital. We don't know how big the difference is between Austrian and Flemish hospitals or between Flemish and Walloon hospitals. We did appreciate not only the punctual "Austrian school" rules, but also the interest of Prof. Djavan to create a home for the residents in the hospitals. We did not ask him whether this means that they also have to live 24 hours a day in the hospital...

After the tour, we discussed the patients that were planned for surgery in the coming days. Medical

history, current medical problems, indications for surgery, alternative treatments and the radiological examinations of the patients were reviewed and discussed. We found (luckily) great similarities in our approach to patients.

In the evening, we organised a seminar entitled "Adult reconstructive urology: state of the art lectures." Prof. De Ridder, Dr. Van Der Aa and Dr. Fransis from our department presented several lectures. Prof. Djavan presented the Rocco-Djavan technique for optimal bladder reconstruction and the continence outcome during radical prostatectomy. The day ended with an informal late evening dinner in a local Italian restaurant and a first visit to our "night office," a local pub where we often chatted about urological and world problems.

On Tuesday, a full-day of surgery was planned. We started early in the morning by performing a radical prostatectomy, with Prof. Djavan demonstrating the Rocco-Djavan technique which he presented the day before. The second case was another radical prostatectomy. Prof. Djavan explained how he performs the essential steps in the procedure and again demonstrated the Rocco-Djavan technique. The third case was a partial nephrectomy. In between surgeries, we found time to visit the wards and check the patients that were operated on a day earlier.

After surgery, Prof. Djavan presented his views on several oncological topics. We discussed "Open vs. laparoscopic vs. robotic radical prostatectomy," and "The standards of prostate biopsies in 2008." We also discussed "Radical prostatectomy vs. radiation in cT3 disease: results at 10 years follow up". The sessions were all lively and we had an interactive discussion. In the evening, we visited the centre of Leuven. A dinner was planned in a typical Belgian restaurant. Afterwards we visited the old market place to taste a typical Leuven Stella. Everybody who visited Leuven knows that the next Stella always tastes better than the previous one...

On Wednesday, two cases were operated, with the first a case of radical prostatectomy. Prof. Djavan allowed the senior residents to perform, under his

supervision, his technique. This case was followed by another partial nephrectomy. In the late afternoon, we had a 90-minute session of case discussions on routine and less-frequent oncological cases.

For the last evening with Prof. Djavan in Leuven, we organised a formal dinner with all the residents and staff members of the University Hospital Gasthuisberg. We thanked Prof. Djavan for his enthusiastic participation in the visiting professor programme and for his teaching activities. Professor Hein Van Poppel and Djavan and also some of the residents also gave short testimonials. We gifted Prof. Djavan Leuven's iconic "Fonske," symbol of student life in our city. Again, the evening ended in our 'night office.'

Prof. Djavan left Leuven early the following morning. Although some of the residents and staff suffered headaches from all the 'late-night' teaching activities, we all had a very good impression of the 'visiting professorship' of our new neighbour. Indeed, we are glad that he will be working at Erasme in Brussels and we wish him good luck. Finally, we are grateful to the EUSP for its generous sponsorship of this wonderful programme.



Prof. Djavan (middle) with the staff and residents of the urology department in Leuven

“Endourology was my focus”

Dr. Tuna Mut completed a three-month clinical fellowship in Mannheim



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My three-month clinical fellowship programme at the University Hospital Mannheim (Germany) started last September 2007. The Mannheim Department of Urology currently employs three professors, two senior doctors (Oberärzte) and thirteen residents.

Two operating theatres for open surgical procedures (located in the basement) and four operating theatres for endoscopic, small interventional, green-light, urodynamic and ESWL procedures are available on the ground floor. The inpatient department is split up over the second and the third floors.

I chose to work at the inpatient department, supervised by prof. Thomas Knoll and participated in the morning rounds all throughout my stay in Mannheim. For legal reasons it was not possible for me to actively work in the operating theatre, but as a German citizen, I did receive a working permit from the Baden-Württemberg Health Ministry.

I joined my clinical team at the national congress of the DGU (Deutsche Gesellschaft für Urologie) in Berlin from September 26-29, 2007, attending sessions on urooncology, neurourology and endourology which proved very instructional. The workshops on BPH (benign prostate hyperplasia), URS (ureterorenoscopy) and laparoscopy I joined were very instructional, in particular on how to handle the various instruments.

My working day started at 07.15 am with rounds. There are two inpatient departments in the clinic and prof. Peter Alken, head of department, does his rounds in a different department every day. After this we argued cases and discussed any changes in the operation programme. These meetings traditionally concluded with discussions – using traditional X-rays – on retrograde uretrography and IVP procedures carried out by the residents.

I was often free to visit the operating theatre or the endoscopy unit. At noon the operation plan and the patient data of the upcoming day were discussed. Usually the last round of the day was done by the doctor on duty. Twice a month a case was discussed by residents during the morning meetings.

The German healthcare system differs from that in my country. After a resident finishes his/her training in

urology, there are several options; they may choose to stay on at the university. An important determining factor here is whether the doctor was involved in research and authored scientific articles. It is also possible to apply at a city hospital or put in an application for private practice (in German: Niedergelassener Urologe).

Generally urologists working in private practice refer patients to a (larger) city or university hospital in case specialised treatment is needed. The Mannheim Department of Urology organises educational courses for “niedergelassene urologen” and I participated in two of these meetings. Topics were “Incontinence after radical prostatectomy and its operative treatments” and “Urethral strictures”.

Besides, I also joined two endourological workshops organised by the department, which gave me the opportunity to practice PCNL on an animal model as well as flexible ureterorenoscopy using a Uromentor training device. During my stay, an interdisciplinary working group on uro-oncological quality in Mannheim organised two meetings, one on “Radiologic Diagnosis in Urology and Uro-oncology; What is the standard, What is upcoming?” and “Urine Cytology” which I also attended.

With the assistance of Dr. Gunnar Wendt Nordahl and prof. Thomas Knoll I started a retrospective study, comparing conventional flexible URS devices with the new models now available. I consider this unique research, because we are using clinical data and are not comparing them *ex vivo*.

Since the senior surgeon (oberarzt) overseeing the laparoscopic procedures had recently left the university hospital only very few laparoscopic procedures were being carried out during my stay.

I did assist in several urological operations; oncological surgery (radical prostatectomy, partial nephrectomy, radical orchiectomy); reconstructive surgery (urethral stricture, pyeloplasty) and small urological procedures (scrotal surgery, circumcision). And under the supervision of a senior doctor, I performed three rigid and two flexible ureterorenoscopies.

This three-month fellowship certainly enhanced my knowledge of endourology. Endourological procedures were mostly carried out with rather expensive devices and my stay in Mannheim was a great opportunity to learn how to handle this equipment and use it on patients. In conclusion, I had a wonderful time as (temporary) staff member of this excellent clinic and I could not think of a better start for an international career.