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*SYLLABUS*

**POST – DOCTORAL FELLOWSHIP IN  
UROGYNECOLOGY 2024 - 2025**

## **SYLLABUS – Post Doctoral Fellowship in Urogynecology**

**From the academic year 2024 - 2025**

### **Training program**

1. Definition- The Fellow in Urogynecology is a specialist in Obstetrics and Gynaecology (MD/MS/DNB) or a specialist in Urology (M.Ch./DNB/DrNB) who is qualified to provide comprehensive management for women with complex benign pelvic conditions, lower urinary tract disorders and pelvic floor dysfunction including the diagnostic and therapeutic aspects as well as the complications thereof.

2. Aim of the training- To instruct trainees in order for them to effectively administer and enhance the care of women with lower urinary tract and pelvic floor diseases in coordination with other healthcare professionals.

3. Objectives of training- To train a Fellow to be capable of:

- ◆ providing consultation for comprehensive care of women with pelvic floor and lower urinary tract disorders;
- ◆ promoting knowledge and clinical skills relating to female pelvic health;
- ◆ interpretation of scientific data and its application in clinical care, teaching, research;
- ◆ providing leadership in development and in research within the sub specialty.

4. Organization of training- The training program must be in a multidisciplinary accredited center and should be organized by a certified sub specialist. Training has various modules (see next chapter). The training center should use guidelines and protocols finalized by international or national professional bodies which are reviewed at regular intervals.

5. Means of training- An Educational Supervisor has to be appointed for each trainee for guidance and advice. Trainees should participate in all relevant activities of the training unit, such as the care of outpatients and inpatients, on-call duties during both day and night, performing urogynecological operations, and participating in educational activities (seminars, journal club and case discussion), including teaching other health professionals. Participation in audit, MDT meetings, research (clinical or basic) and patient advocacy activities is equally essential.

6. Duration of training- The training will be a long term fellowship (1 year). The logbook must be started on commencement of training and be completed by end of training. The exit assessment must be passed within four (4) years from the formal start of training.

### **Training Centers should fulfil the following criteria:**

- The centre should have a:
  - Urogynaecology unit
  - Urology unit
  - Urodynamics unit
  - Multidisciplinary team regularly involved in the management of urogynecology patients

- The Educational Supervisors and the Director of the Fellowship Programme should be chosen. Consultants with specialised experience and training in the field of urogynecology should serve as the programme director and educational supervisors. The Educational Supervisor should be a faculty member who is in charge of overseeing and managing the educational development of a particular trainee throughout her/his fellowship. The Fellowship Programme Director or a deputy may fill this position, however each subsequent trainee needs their own Educational Supervisor.
- Availability of sufficient caseload providing a full gamut of experience in the Urogynecology.
- Institution should have access to electronic resources, including major medical journals, laboratory and other resources to support sub speciality work, training, and research should be available.
- The institute should have an internal quality control and audit system which provides details about all treated patients.
- The institute should use guidelines and protocols formalized by national/international professional bodies reviewed at regular intervals

**Criteria for providing Fellowship:**

- Fellow should participate in international or national conferences/meetings in Urogynecology
- Fellow should do presentations (oral or poster) during the time of training
- Fellow should get publication in recognized journals during the training period
- Logbook has to be kept up-to-date and submitted by the end of course
- Fellow should acquire specific level of competence for a specific surgical procedure
- Fellow should be competent in Urodynamic assessments
- Fellow should be able to perform Ultrasonography of the pelvic floor and of the lower genito-urinary tract
- Fellow should undertake responsibility for one clinical audit.
- Fellow should undertake responsibility for development or utilization of one protocol/guideline/patient information sheet.

Clinical training is divided into expertise areas outlined in the following modules:

**1. General Urogynaecology Assessment**

1.1 History

Knowledge criteria

- Various terms( IUGA/ICS Terminology) used for pelvic floor dysfunction
- Relationship of pelvic floor symptoms and lower urinary tract symptoms with other medical conditions
- Bladder diaries
- Use of validated questionnaires in Urogynaecology (language specific)
- Evidence-based guidelines

### Clinical competence

- Present a relevant urogynaecological history including impact of condition on QoL
- Interpret bladder diaries
- Able to select appropriate standardized symptom and QoL questionnaires

### Professional skills and attitudes

- Ability to take an appropriate history and use terminology in accordance with the International Continence Society
- Ability to use clinical history and bladder diary to make an initial diagnosis
- Ability to communicate patient's symptoms and understand their severity and social and psychological impact
- Ability to select and analyse appropriate questionnaires
- Ability to use evidence-based guidelines in clinical practice

## 1.2 Examination

### Knowledge criteria

- Examination findings relevant to pelvic floor disorders and lower urinary tract disorders
- Examination findings relevant to patients with pelvic organ prolapse
- Neurological findings in cases of denervation of the pelvic floor
- Neurological conditions that affect the lower urinary tract (e.g. multiple sclerosis)
- Objective methods for assessment of pelvic organ prolapse and lower urinary tract symptoms

### Clinical competence

- Perform an appropriate general, pelvic floor and neurological examination
- PoP Q classification
- Baden Walker classification
- Oxford Pelvic floor grading

### Professional skills and attitudes

- Ability to carry out a relevant examination and elicit abdominal and pelvic findings
- Ability to describe stage of pelvic organ prolapse using a recognized method
- Ability to perform neurological examination of the S4 pathway
- Ability to communicate significance of clinical findings to the patient
- Ability to put clinical findings in the context of the patient's symptoms

### 1.3 Investigations

#### Knowledge

- Relevant anatomy and physiology
- Urodynamics including:
  - -Urine culture and cytology
  - -Pad tests
  - -Assessment of urinary residual
  - -Uroflowmetry
  - -Profilometry
  - -Subtracted dual channel cystometry
- Modalities for imaging the urinary tract
- Indications for advanced urodynamics (i.e. video urodynamics, ambulatory urodynamics and urethral function studies)

#### Clinical competence

- Perform an appropriate investigation
- Understand when to refer for further investigation

#### Professional skills and attitudes

- Ability to assess urinary residual volume by ultrasonography
- Ability to describe tests to patient and refer to relevant specialist
- Ability to undertake urodynamics according to the standards set by the ICS good urodynamic practices and terms
- Ability to explain the relevance of the test findings to the patient and to communicate the results with sensitivity
- Ability to make appropriate requests for imaging of the lower urinary tract
- Ability to understand the impact of results on clinical management
- Awareness of regional referral pathways and role of regional sub specialist in the management of complex cases

### 1.4 Multi-professional working (allied specialties)

#### Knowledge criteria

- Pharmacological action and adverse effects of antimuscarinics / B3 agonists /other medication used for LUTS
- Principles of pelvic floor muscle training and role of different physical therapies
- Principles of bladder retraining
- Neuromodulation

- Action and adverse effects of energy-based devices (laser, ultrasound, radiofrequency)
- Management of recurrent urinary tract infections
- Non-surgical management of pelvic organ prolapse
- Basic understanding of anorectal dysfunction

#### Clinical competence

- Understand the role of drug therapy for women with overactive bladder symptoms
- Understand the role of pelvic floor re-education in female urinary incontinence
- Understand the indications for vaginal pessaries / physiotherapy
- Understand the indications for anorectal investigation and treatment
- Understand the indication for referral to physiotherapist/ psychosexual counselor/ pain clinic

#### Professional skills and attitudes

- Ability to recognize the importance of non-surgical management in the treatment pathway
- Ability to prescribe appropriately and counsel on success and adverse effects
- Ability to instruct a patient in bladder training
- Awareness of referral of patients to physiotherapists and nurse specialists at an early stage of the treatment pathway
- Ability to work in a multidisciplinary team and to liaise appropriately with community continence services
- Ability to counsel patients on containment measures and support groups
- Ability to counsel, select and fit an appropriate vaginal pessary for pelvic organ prolapse
- Ability to counsel on simple treatments for fecal incontinence and refer appropriately

### 1.5 Good medical practice, clinical governance and management

#### Knowledge criteria

- The importance of continued professional development
- The doctor-patient relationship, ethical principles (beneficence, non maleficence, autonomy), informed consent, confidentiality, and data protection
- The principles of clinical governance
- The principles, structure and steps of an audit cycle
- The principles of risk management, incident and near-miss reporting, complaint management
- Clinical effectiveness, evidence-based medicine, different hierarchies of evidence and grades of recommendations
- The importance of protocols, guidelines and integrated care pathways

## Clinical Competence

- Practice evidence-based medicine
- Undertake a clinical audit
- Implement a clinical protocol and/or guideline
- Develop or utilize available Patient Information Sheets
- Participate in risk management

## Professional skills and attitudes

- Ability to undertake a clinical audit
- Ability to practice evidence based medicine
- Ability to implement a clinical protocol and/or guideline
- Ability to utilize Patient Information Sheets in practice
- Ability to investigate and report a critical incident and suspected unexpected serious adverse reaction
- Ability to respond to a complaint in a constructive and objective manner
- Ability to recognize ethical issues related to the sub specialty
- Ability to deal appropriately with challenging behavior

## 2. Surgical skills

### Knowledge criteria

- Knowledge of equipment, diathermy instrumentation and theatre set-up
- Awareness of possible surgical complications
- Understand management of major haemorrhage
- Understand the indications and complications of the following procedures:
  - –Cystoscopy
  - –Continence procedures (such, mid-urethral tape, mini sling procedure, Bulking agent, colposuspension or fascial sling) as primary surgery for SUI depending on local /regional / national guidelines
  - –POP procedures
  - –Cosmetic genital surgery (Labioplasty etc.)
- Knowledge of surgical management of detrusor overactivity
- Knowledge of surgical management of fecal incontinence
- Knowledge of surgical procedures for recurrent POP and SUI
- Knowledge of surgical procedures for vault prolapse

## Clinical competence

- Be able to perform or assist (different levels of competence) and manage complications of the following procedures:
  - Cystoscopy
  - Anterior repair
  - Posterior repair
  - Paravaginal repair
  - Manchester procedure
  - Vaginal hysterectomy
  - Colpocleisis
  - Primary continence procedures
  - Vault suspension
  - USL suspension
  - Sacrospinous fixation
  - Sacrocolpopexy (Abdominal or Minimal Invasive)
  - Hysteropexy (Abdominal or Minimal Invasive)
  - Cervicopexy
  - Fistula surgery (vaginal,abdominal)
  - Urethral diverticulectomies
    - Recognize indications for and the cases to be referred to sub specialist / Urologist / Colorectal surgeon/ Plastic surgeon

## Professional skills and attitudes

- Select patient appropriately for vaginal surgery
- Counsel on vaginal surgery including non-surgical alternatives, surgical complications and outcome
- Perform vaginal and stress continence surgery in a fluent and safe manner
- Recognize and appropriately manage intraoperative visceral injury including repair of simple operative bladder injury and postoperative bladder drainage
- Instruct nursing staff on catheter management following continence surgery
- Supervise a patient undergoing a program of intermittent self catheterization
- Recognize role of other specialists in the management of surgical complications
- Ability to refer appropriately



- Awareness of treatment options for recurrent SUI and POP and ability to refer appropriately in recurrent cases of POP and SUI

### **Recommended Readings**

1. Atlas of Pelvic Anatomy And Gynecologic Surgery- Baggish & Karram
2. International Urogynecology Journal

To sum up, Urogynaecology has carved out for itself an irreplaceable niche in the fields of Gynaecology and Urology. This is a fascinating frontier of medical science. Learning the art of Urogynaecology is not easy. This requires considerable technical expertise and good infrastructure. Therefore with the rapidly increasing need for learning Urogynaecology, it has become imperative to ensure safety and safe guard against possible mishaps. The need of the hour is a properly structured, thorough, logical and effective training programme to train the specialists in this ever expanding field and to ensure high standards of quality.

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