Andrology Reconstruction Urology Rotation Handbook

Introduction to the Andrology/Reconstruction Rotation

Reconstructive urology and andrology are subspecialties focused on restoring normal function and anatomy of the genitourinary tract after trauma, disease, congenital abnormalities, or prior surgical complications. Common conditions managed in this field include urethral strictures, ureteral injuries, fistulas, complications of prostate cancer treatment (such as incontinence or erectile dysfunction), hypogonadism, infertility and erectile dysfunction.

For urology residents, exposure to this field is essential for mastering complex surgical techniques, developing individualized treatment plans, preoperative counselling, intraoperative judgement, and learning to approach problems with creativity and precision. The rotation emphasizes tissue handling, grafting, and flap-based reconstructions, prosthetics, and many general urology procedures.

Rotation Specific Objectives

Medical Knowledge

1. Develop an understanding of the pathophysiology and diagnosis of inflammatory and infectious conditions as they pertain to the urological patient.
2. Develop an approach to the management, follow-up and monitoring (for potential complications) of the urological patient with inflammatory or infectious conditions.
3. Develop an understanding of the etiology, pathophysiology, classification, and diagnosis of voiding dysfunction, urinary incontinence, female pelvic floor disorders, neurogenic bladder, and urethral stricture disease
4. Develop an understanding of the medical management of voiding dysfunction
5. Develop an understanding of the mechanisms, indications, and physiological effects of medical and surgical therapies for benign prostatic hyperplasia, urethral stricture disease and male incontinence.
6. Develop an understanding of the anatomy, physiology, etiology, pathophysiology, diagnosis, and medical/surgical management of the following:
    1. Male in/fertility
    2. Sexual dysfunction
    3. Hypogonadism
    4. Peyronie's Disease
    5. Erectile dysfunction (including refractory cases)
    6. Cutaneous lesions of the male genitalia.
    7. Common benign scrotal conditions including hydroceles, spermatoceles, varicoceles, and chronic scrotal content pain
    8. Urethral stricture diseases
    9. Male and female incontinence
    10. Overactive bladder

11. Neurologic lower urinary tract dysfunction

Surgical Skill and Knowledge

1. Develop the ability to competently perform surgical procedures for the treatment of benign prostatic hyperplasia
2. Develop the ability to competently perform open procedures related to sexual and gonadal function, and scrotal surgeries in a skillful and safe manner.
3. Develop competency in surgical anatomy, adapting to unanticipated findings and managing complications, while providing appropriate pre- and post-operative care.
4. Develop ability and competency in the medical and surgical management of lower urinary tract dysfunction, including male and female urinary incontinence (including sling procedures), neurogenic bladder, and associated complications.
5. Develop the ability and competency in performing and interpreting urodynamic studies, retrograde, and voiding cystourethrograms, and apply this information to guide patient care.
6. Develop competency in urethral repair including DVIU, urethroplasty, and fistula repair

Achievable EPAs during This Rotation

Foundations	Core	Transition to Practice
F3, F4, F6, F7, F8	C2, C5, C6, C7, C8, C9, C13, C14, C15, C17	P1, P2, P3, P4, P5, P6

Potential Diagnostic and Surgical Procedures Exposure

Common	Less Common	Diagnostic
Urethral dilatation and visual internal urethrotomy	Transurethral resection of prostate, using standard or alternative electrocautery or laser	Urodynamic studies-video and nonvideo
Transurethral biopsy of bladder and urethra	Insertion of testicular prosthesis	Retrograde urethrography, cystography and pyelography
Drainage/debridement of genital abscess	Insertion of artificial sphincter	Rigid and flexible cystoscopy, and urethroscopy
Insertion of penile prosthesis	Male sling	
Varicocelectomy	Spermatocelectomy/hydrocelectomy	
Circumcision	Orchidectomy/orchidopexy	
Correction of Peyronie's curvature: plication, incision, and grafting	Cystectomy: simple and radical	
Complex urinary catheter insertion	Fistula repair	

Suprapubic catheter insertion	Augmentation cystoplasty	
Cystoscopic/ureteroscopic stricture incision of the urinary tract	Perineal urethrostomy	
Urethroplasty	Mid-urethral sling	
Transurethral injection of therapeutic substances into lower urinary tract	Repair of vesico-vaginal and/or urethro-vaginal fistula	
	Excision of urethral diverticulum	
	Transvaginal/endoscopic mesh excision/removal	
	Pubovaginal sling using autologous rectus fascia	

Expectations and Responsibilities

Rounding

Time	Inpatient	Consult	Notes
Morning	Required to round on all team patients -Write Progress Note -Formulate Plan	Required to round on all consults -Write Progress Note -Formulate Plan	Ensure all emails are sent to Faculty **AND** orders are in **BEFORE** clinical activities Follow-up on any investigations ordered or disposition plans
Afternoon	Round on all patients -Refine Plan	Round on the ACTIVE or sick consults	May round with Faculty you are with that day

Rotation Urology Weekly Schedule – please note the schedule changes from week to week

Day	Time	Dr. Campbell	Dr. Welk
Monday	8:00 AM	Clinic	OR
	1:00 PM	Clinic	OR
Tuesday	AM	Half Day	Half Day
	PM	Clinic – UDS 1 / month Local procedures 1/month	
Wednesday	AM/PM	Varies – offsite Men's Health clinic; OR	Varies – litho, clinic, botox clinic, OR
Thursday	8: 00 AM	OR	Clinic – (RUGS 1x/month)
	1: 00 PM	OR	
Friday	AM		Clinic – UDS
	PM		Clinic - UDS

The assigned residents meet with both Dr Campbell and Dr Welk at the beginning of the rotation, and define objectives, and create a schedule outlining their daily location for the upcoming month. If the rotation is more than two months long, then an informal meeting will be held at the end of each month to review progress and create a new schedule for the upcoming month.

Outpatient Clinics

Location: SJHC – B4-602
Start: 8:00 AM - *Punctuality is a must, and tardiness will be considered unprofessional.*
Etiquette:

- Always introduce yourself to the patient and the parents
    - Ask for permission to do a physical exam
    - If female, ensure that a chaperon is available
    - New patients REQUIRE a physical exam. If unsure of what is appropriate, please ask before seeing the patient. In the absence of known pathology (i.e. a known vesicovaginal fistula), we expect you to complete an appropriate screening physical exam, including a rectal exam when appropriate.
- Review every patient with faculty, unless otherwise discussed
- Develop a plan for patients
- Can prepare patients for tests same day such as urine dips/UF/PVR/cysto, etc.
- Can review consent process as indicated for simple surgical procedures
- Dictations to be complete by end of day
- Return charts to office / consultant mailbox at end of day

End: When all the patients have been seen

Operating Room

Location: SJHC – Floor 1, Room 1 or 2
Start: Wednesday – 9:00 AM, Monday, Tuesday, Thursday, Friday – 8:00 AM
Etiquette:

- Be present at OR 15 minutes before start time (expectation at SJHC). Before the first case of the day starts, review the OR list with the surgeon of the day, and define your role in the procedures. Use insight and judgement to determine what will provide appropriate learning (i.e. consolidating new operative skills with a specific step of the operation) based on operative complexity, past experience, and the reality of completing the operative day on time. Identify cases that will be used to demonstrate mastery (i.e. for most general urology procedures given PGY 3-4 level, i.e. cysto/botox, TURP, TURBT, URS etc.).
- For each case:
    - Meet the patient introduce yourself
    - Mark the side if applicable, ensure paperwork is properly filled out
    - Answer any questions but say ‘I do not know’ if you do not.

    - Discuss post-operative plan with patient (if you are confident you know what it is).
    - Help set up room and ensure appropriate instrumentation/scopes etc.
    - Required to do the surgical pause
    - Know the patient and any specific complexities about the case
    - Be prepared for the procedure – videos, read steps, anatomy, review personal notes; ask appropriate questions but do not expect to be walked through the case
    - Post-operative notes to be entered before case starts (and can be modified after if needed)
    - Admission reconciliation to be complete before patient to PACU
    - If you are doing a case for the first time, print out the operative note afterwards, cut off identifying info, and use that as a reference to review the procedure steps next time, and as a template for future dictations.

After the OR:

- Confirm ALL questions about the postoperative care with the faculty
    - This is important, we will assume you know otherwise
- Ensure you bring the patient to the PACU
- Ensure that the postoperative orders are there
    - Ensure the scripts are on the chart for the patient
    - CCAC orders and forms as needed

Documentation

Ensure that all consultations, operative notes, progress notes, ED notes are dictated in a timely manner. Discharge summaries are to be done the day of discharge.

Dictations:

Consultations Code: Consultation
 	
Elements:
Identification
History of Presenting Illness
Past Medical and Past Surgical History
Allergies and Medication
Family History
Social History
Investigations
Physical Exam
Impression and Plan
	Clinic Code: SJ Hospital clinic note
	
	Elements:
	Patient age, diagnosis, previous plan
	Current status or changes
	Physical Exam
	Investigations
	Impression and Plan
	• **Ensure to include what if's**
	  ○ **If this then we will do this**
	  ○ **If that then we will do that**

Operative Notes Code: 32 **Elements** **Preoperative Diagnosis** **Postoperative Diagnosis** **Procedure** **Surgeon** **Assistant** **Anesthesiologist** **Anesthetic** **Blood Loss** **Complications** **Specimen** **Clinical Note** **Operative Note** **Plan** • **Include scripts, follow-up plan and instructions given**	**ED Note Code: 35** **Elements** **MUST include Diagnosis** **The rest is the consultation/clinic format**

ALWAYS:

- CC the family doctor
- Put DICTATED BUT NOT PROOFREAD

Andrology/Recon Urology Rotation – Key Contacts

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Dr. Campbell	Amelia Gallagher Amelia.gallagher@sjhc.london.on.ca	B4-665	519-646-6087	226-235-4019
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