

University Hospital (UH) Urology Rotation Handbook

Introduction to the UH Urology Rotation

Introduction to General Urology General urology encompasses a wide range of conditions affecting the urinary tract and male reproductive system. This rotation provides first-year urology residents with essential experience in diagnosing, treating, and managing various urological conditions. Residents will gain exposure to both common and complex urological issues, develop skills in patient communication, and manage multidisciplinary cases. This rotation is critical for residents to broaden their clinical and surgical knowledge base, enhance their versatility, and prepare for comprehensive urologic practice or fellowship training.

Rotation Specific Objectives

Medical Knowledge

1. Develop an approach to urological emergencies, including GU trauma, testicular torsion, priapism, and septic renal colic, ensuring timely and appropriate care.
2. Develop an understanding of the pathophysiology and diagnosis of inflammatory and infectious conditions as they pertain to the urological patient.
3. Develop an approach to the management, follow-up and monitoring (for potential complications) of the urological patient with inflammatory or infectious conditions.
4. Develop an understanding of the mechanisms, indications, and physiological effects of medical and surgical therapies for benign prostatic hyperplasia.
5. Develop an understanding of the pathophysiology, management and follow-up of upper and lower urinary tract obstruction
6. Develop an understanding of the etiology, pathophysiology, classification, and diagnosis of voiding dysfunction, urinary incontinence, neurogenic bladder, and urethral stricture disease
7. Develop an understanding of the natural history, diagnosis, staging, treatment outcomes, and complications for prostate, urothelial, adrenal, and kidney cancers, including small renal masses and systemic therapies for advanced disease.
8. Develop an understanding of the role, indications and potential complications of management (medical and surgical) for the treatment of urological malignancies; as well as an understanding of the role and indications for percutaneous, angiographic, and emerging techniques, including their potential complications.
9. Develop an understanding of multidisciplinary treatment options for urological malignancies, including the roles of chemotherapy, targeted therapies, radiotherapy.

Surgical Skill and Knowledge

10. Develop the ability to competently perform surgical procedures for the treatment of benign prostatic hyperplasia
11. Develop the ability to competently perform the procedures (open/MIS) to alleviate obstruction of the upper and lower urinary tract
12. Develop the ability and competency in performing and interpreting urodynamic studies, retrograde, and voiding cystourethrograms, and applies this information to guide patient care.
13. Develop the ability and competency in the medical and surgical management of lower urinary tract dysfunction, including male and female urinary incontinence, neurogenic bladder, and associated complications.
14. Develop the ability to competently apply the technical skills required for open procedures for the diagnosis and treatment of urological malignancies including the management of postoperative complications
15. Develop the ability to competently apply the technical skills required for minimally invasive procedures in the diagnosis and treatment of urological malignancies including the management of postoperative complications
16. Develop an understanding of laparoscopic and robotic principles

Potential Diagnostic and Surgical Procedures Exposure

Common	Less Common	Diagnostic
Renal transplantation	Drainage/debridement of genital abscess	Rigid and flexible cystoscopy, and urethroscopy
Nephrectomy: simple, radical , partial	Hydrocelectomy, circumcision	Transurethral biopsy of bladder and urethra
Orchidectomy: simple, radical,	Repair of penile fracture	Rigid and flexible ureteroscopy
Transurethral resection of prostate, using standard or alternative electrocautery or laser	Urethral dilatation and visual internal urethrotomy	Retrograde urethrography, cystography and pyelography
Transurethral resection bladder lesions	Ureterolysis	Urodynamic studies
Ureteric catheterization, including insertion and removal of ureteral catheter/stent	Caval thrombectomy	Collection of cytological specimens from the genitourinary tract

Cystoscopic/ureteroscopic stricture dilatation and incision	Ureteric reconstruction	Biopsy of lesions of urothelium; prostate; testis; and penis
Laparoscopic / Robot Assisted Nephrectomy: simple, radical	Bladder Repair	Transurethral biopsy of bladder and urethra
Laparoscopic / Robot Assisted Partial nephrectomy	Urinary diversion: continent, incontinent	
Laparoscopic / Robot Assisted Nephroureterectomy	Trauma Nephrectomy (Rare)	
Laparoscopic / Robot Assisted Prostatectomy	Partial Cystectomy	
	Perineal urethrostomy	
Cysto botox therapy	Laparoscopic / Robot Assisted Pyeloplasty	
	Fistula repair	
	Pelvic Exenteration	
	Laparoscopic / Robot Assisted Adrenalectomy	
	Exploration for testicular torsion with or without orchidopexy	
	Complex urinary catheter insertion	
	Suprapubic catheter insertion	

Expectations and Responsibilities

Rounding

Time	Inpatient	Consult	Notes
Morning	Required to round on all urology 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
Afternoon	Round on all patients -Refine Plan	Round on the ACTIVE or sick consults	May round with Faculty you are with that day

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

Day	Time	Dr. Luke	Dr. Sener
Monday	8:00 AM	OR	clinic
	PM	OR	clinic
Tuesday	AM	Half day	Half Day
	PM	clinic	
Wednesday	AM	OR alternate	OR occasional
	PM	OR	OR
Thursday	8: 00 AM	clinic	
	1: 00 PM	clinic	
Friday	AM	OR different consultants	OR occasional
	PM	OR different consultants	OR occasional

Outpatient Clinics

Location: 8 op

Start: 8:00 AM.

Etiquette:

- Always introduce yourself to the patient and the family/care partners
 - Ask for permission to do a physical exam
- Review every patient with faculty
 - If the faculty is busy, it can be efficient to see a 'quick' follow-up
- Be efficient but take your time with the patients
- Consider whether the patients need sedation. There are a lot of endoscopic procedures
- Always have a plan

End: 3:00 - 4:00 PM

Consults and Ward Management

Consultations will be directed to the North Consultant on call

- Triage the consultation and determine the urgency (see now or later)
- Assess patient, formulate plan and review with faculty
- Ensure emails with PIN are sent to the faculty immediately after review
 - Please cc the faculty's administrative assistant
- Dictate a consultation note and place the patient on consult list if the patient requires following

Ward concerns and issues will be directed to the residents on the service and the transplant fellows will help out on Tuesday am

- Triage and determine the urgency.

Operating Room

Location: Second Floor at UH

Start: Wednesday – 9:00 AM, Monday, Tuesday, Thursday, Friday – 8:00 AM

Etiquette:

- Meet the patient and parents and introduce yourself
 - Be there 15 minutes before OR start time
 - Mark the side, ensure paperwork is properly filled out
- Be present in the OR 5 minutes before the start time
 - Bonus points – set up OR, get sutures, position patient, and put up imaging
 - Required to do the surgical pause (know this)

Tips and Tricks:

- Look up old op notes
- Take video clips of the cases and review post and pre-op

After the OR:

- Confirm ANY 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
 - We do not want them to call in looking for orders or a script

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:

<ul style="list-style-type: none">• All encounters• Esp OR, procedures and discharges	
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ALWAYS:

- CC the family doctor
- Put DICTATED BUT NOT PROOFREAD

Urology Rotation – Key Contacts

Name	Admin	Office	Office Phone	Cell	Pager
Dr. Sener	Angela Gough	C4-303	519-663 3352	519-630-5921	13775
Dr. Luke	Amanda Travers	C4-211E	519-663 3180	519-897 8222	18154

Name	Admin	Fax	Email
Dr. Sener	Angela.gough@lhsc.on.ca	519-663-3858	Alp.sener@lhsc.on.ca
Dr. Luke	Amanda.travers@lhsc.on.ca	519-663-3858	Patrick.luke@lhsc.on.ca