

# Urogynecological Training in Turkey

## *(Current Status and Perspectives)*

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# Urogynecological Training in Turkey



## Current status

- No subspeciality of FPM-RPS or U-RPS
- No Fellowship Program of FPM-RPS or U-RPS

## However

Urogynecology training continues in;

- Divisions (University)
- Units (Universities)
- Outpatient Clinics (Universities & Education and Research Hospitals)

# Organization and Structure of Medical Undergraduate and Postgraduate Training in Turkey

**Medical School  
(6 years)**

- Medical education programs in 73 Universities

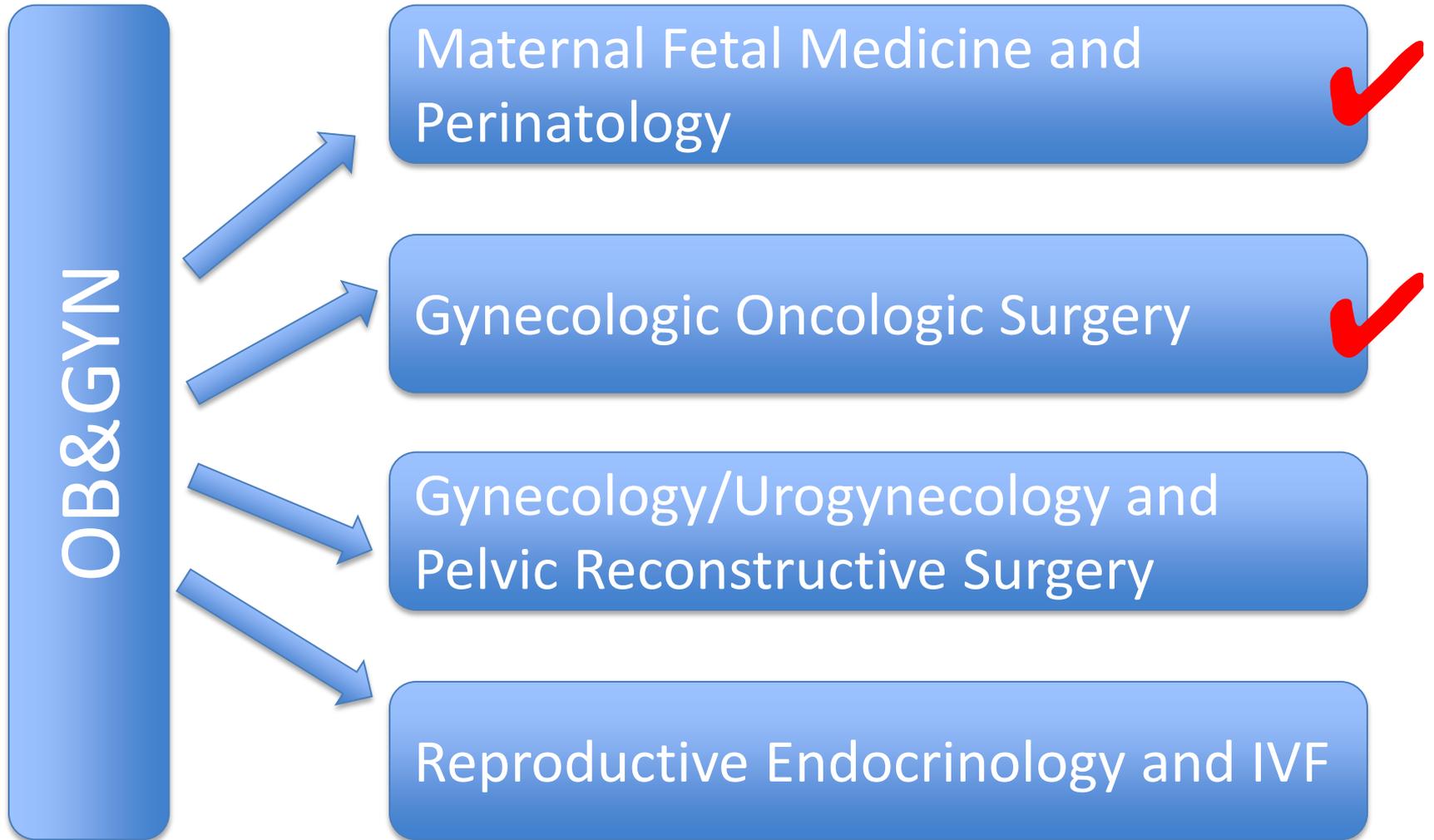
**Residency  
(4-5 years)  
(OBGYN/Urology)**

- Continues during residency programs (OBGYN, Urology)

**Divisions and  
Subspecialties**

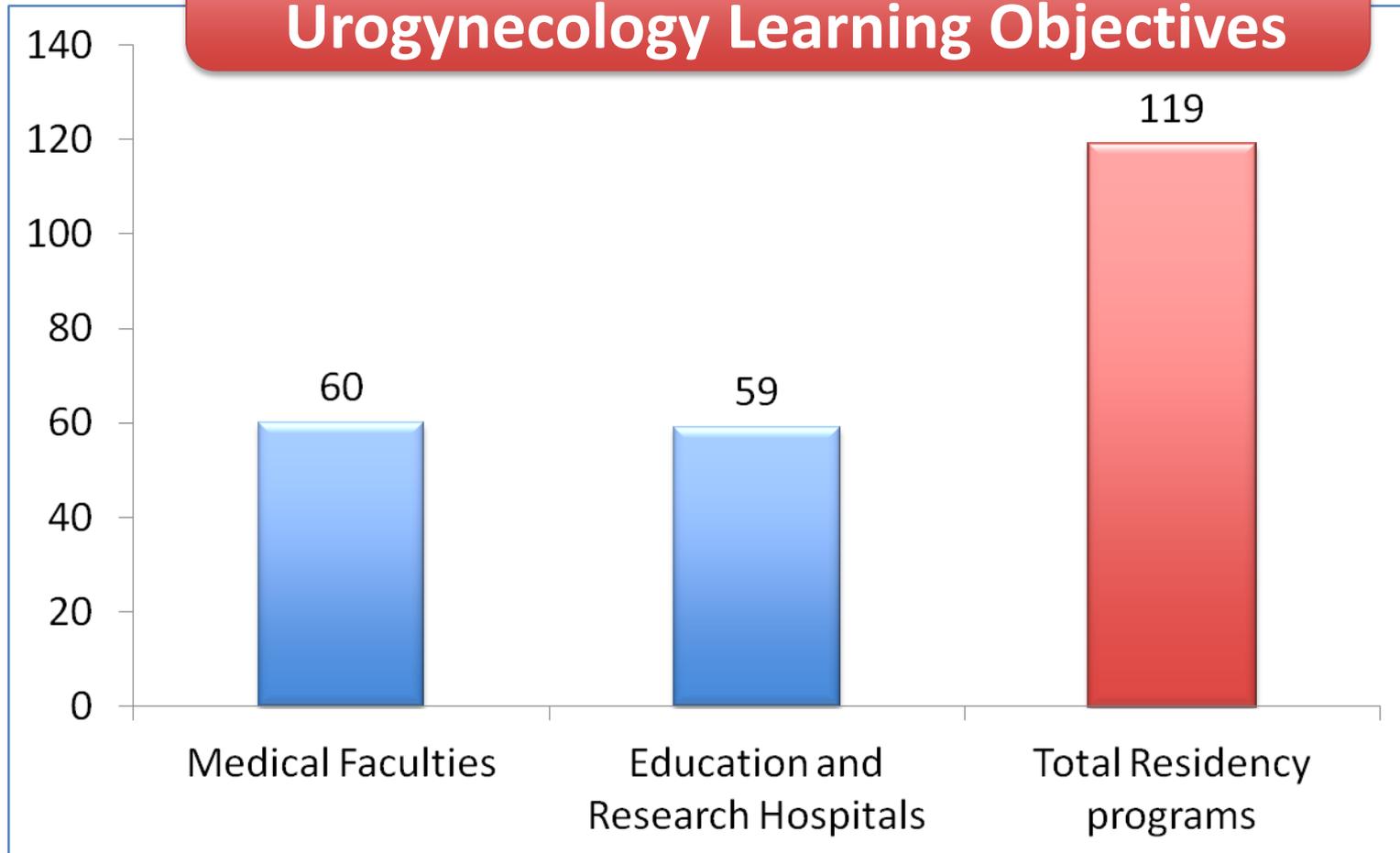
- Postgraduate education programs
- Postresidency training (Continue Medical Education, Certification Programs, Observership Programs)

# Divisions and Subspecialties of OB&GYN in Turkey



# OB&GYN Residency Programs in Turkey\*

Provide Access to meet  
Urogynecology Learning Objectives



\* Health Education & Health-care Occupation in Turkey; Recent Status Report-2014

YÖK Yayın No: 2014/1 ISBN: 978-975-7912-48-4

# EBCOG & EUGA Accreditation in Turkey

## EBCOG Accredited OB&GYN Departments In University Hospitals

- ✓ Hacettepe University
- ✓ GATA
- ✓ İstanbul University
- ✓ Cerrahpaşa University
- ✓ Ege University
- ✓ Dokuz Eylül University



## EUGA Accredited (2012) Urogynecology Division (2011)

- ✓ İstanbul University

## **IUGA guidelines for training in female pelvic medicine and reconstructive pelvic surgery (FPM-RPS)**

**Updated Guidelines 2010**

**H. P. Drutz • IUGA Education Committee**

- Guidelines for General Medical Training Programs in FPM-RPS
  - Knowledge and Understanding
  - Skills
- Guidelines for Residency Training (RT) Programs and Educational Objective for RT in U-RPS/FPM-RPS
  - Knowledge and Understanding
  - Skills
- Guidelines for Postgraduate Training Programs and Educational Objectives for Subspecialty Training in FPM-RPS
  - Diagnostic Techniques
  - Clinical Knowledge Objectives
  - Medical Therapy and Surgical Skills

# Guidelines for General Medical Training Programs in FPM-RPS

## Appendix 1.1: Knowledge and Understanding

- Differential diagnosis of incontinence
- Normal and pathologic micturition
- Pelvic floor and urinary tract anatomy
- Principles of proctology
- Principles and interpretation of simple cystometry, multichannel urodynamics
- Fistulas
- Effect of pelvic tumors on the urinary tract
- Anatomy and physiology of fecal incontinence
- Operations for incontinence and pelvic floor relaxation
- Postoperative care after surgery for incontinence and prolapse

## Appendix 1.2: Skills

- Detailed history
- Urinalysis
- Clinical examination including evaluation of pelvic floor function
- Understanding
  - Cystoscopy
  - Evaluation of the upper urinary tract (ultrasound, X-ray, CT scan)
  - Single channel cystometry
  - Clinical stress test
  - Fitting and management of pessaries

# Guidelines for Residency Training (RT) Programs and Educational Objective for RT in U-RPS/FPM-RPS

## Appendix 2.1: Knowledge and Understanding

- Principles and interpretation of multichannel urodynamics
- Differential diagnosis of incontinence
- Normal and pathologic micturition
- Fistulas
- Effect of pelvic tumors on the urinary tract
- Pelvic floor and urinary tract anatomy
- Anatomy and physiology of anal incontinence and rectal prolapse
- Operations for incontinence and pelvic floor relaxation
- Postoperative care after surgery for incontinence and prolapse
- Evaluation and management of anorectal disorders

## Appendix 2.2: Skills

### Mandatory

- Detailed history
- Urinalysis
- Clinical examination including evaluation of pelvic floor function
- Clinical stress test
- Fitting of pessaries
- Management of pessaries

### Encouraged

- Cystoscopy
- Evaluation of the upper urinary tract (ultrasound, X-ray, CT scan)
- Basic urodynamics

# Guidelines for Postgraduate Training Programs and Educational Objectives for Subspecialty Training in FPM-RPS

## Appendix 3.1: Diagnostic Techniques

- Subjective assessment including detailed history and quality of life (QoL) measurement(s).
- Clinical assessment of the patient including the pelvic organs, a prolapse grading system, pelvic floor tone and strength, an appropriate neurological examination, and a mobility—mental state assessment.
- Determination of residual urine
- Urinalysis and cytology of urine and the microbiology of the urogenital tract.
- Frequency—volume charts.
- Quantification of urine loss by pad or ambulatory studies.
- Uroflowmetry (simple and pressure/flow/EMG)
- Cystometry—filling and voiding phases (simple and subtracted)
- Ambulatory cystometry
- Urethral function tests including urethral pressure profilometry, electrical conductance test, Q tip, and leak point pressures
- Perineometry
- Anal sensation and manometry.
- Imaging techniques ultrasound (transabdominal including upper tracts, transvaginal, perineal, introital, endoanal, intraurethral and 3D intraurethral) radiological (micturating cystogram, IVU, video cystourethroscopy, pelvic barium studies (defecography), image intensification, urethrogram, MRI, CT)
- nuclear medicine—radioisotope bowel transit studies
- Cystourethroscopy including biopsy
- Electrophysiological studies
- Electromyography including Pudendal Terminal Motor Nerve Latency (PTMNL) testing.
- Nerve conductance studies

## Appendix 3.2: Clinical Knowledge Objectives

- Urinary incontinence due to stress incontinence, detrusor overactivity (neurogenic and idiopathic), mixed incontinence, trauma and congenital abnormalities
- Voiding disorders and urinary retention
- Urinary frequency and urgency
- Pelvic pain
- Vulvar disorders
- Lower urinary tract and lower gastrointestinal tract fistulas
- Genital tract prolapse, both primary and recurrent
- Chronic inflammatory conditions of the lower urinary tract
- Sensory disorders of the lower urinary tract
- Urethral lesions, e.g., diverticula
- Effects of pelvic surgery and irradiation on the lower bowel, urinary tract and pelvic floor
- Urinary disorders in pregnancy
- Evaluation and care of pelvic floor problems in the elderly
- Lesions of the central nervous system affecting urinary, fecal control and pelvic floor
- Defecation disorders
- Disorders of lower gastrointestinal tract function including incontinence and motility
- Urinary disorders in childhood
- Pelvic floor problems in the physically or mentally handicapped
- Sexually transmitted diseases
- Emotional and behavioral disorders' effects on pelvic floor problems
- Hormone deficiency states
- Urinary problems secondary to medical disorders and drugs
- Sexual problems related to U-RPS/FPM-RPS

# Guidelines for Postgraduate Training Programs and Educational Objectives for Subspecialty Training in FPM-RPS

## Appendix 3.3: Medical Therapy and Surgical Skills

The trainee should receive experience in the theory, practice, and performance of procedures listed below. Trainees are not expected to gain expertise in all these techniques, but should achieve proficiency in commonly used procedures.

### Management options

- Catheterization (urethral, suprapubic and clean intermittent self catheterization)
- Devices (mechanical and electronic)
- Aids, appliances, pants and pads

### Nonsurgical treatment

- Urinary and GI tract disorders including incontinence
- Physiotherapeutic techniques and aids including bio-feedback
- Electrical stimulation/ modulation therapy
- Behavioral therapy including bladder and bowel retraining and acupuncture
- Role of pharmacologic agents to treat pelvic floor disorders
- Role of hormonal therapy
- Role of bulking agents (for urinary and fecal incontinence)
- Role of intravesical botulinum toxin.
- Role of stem cells.

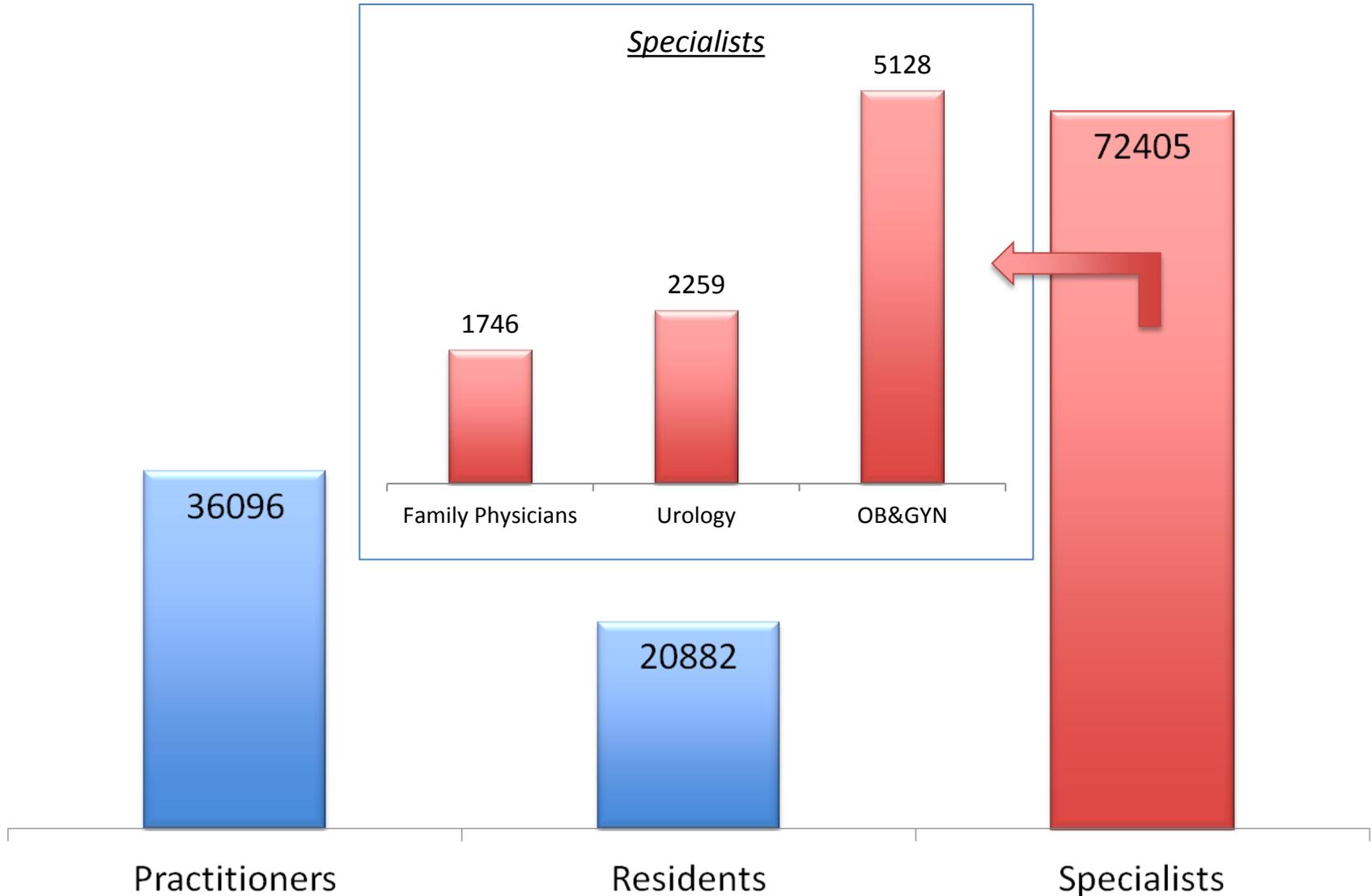
### Pessary fitting and management

### Surgical Procedures

- Urethral dilatation
- Urethrotomy
- Suprapubic cystotomy
- Bladder neck buttress and plication
- Minimally invasive slings

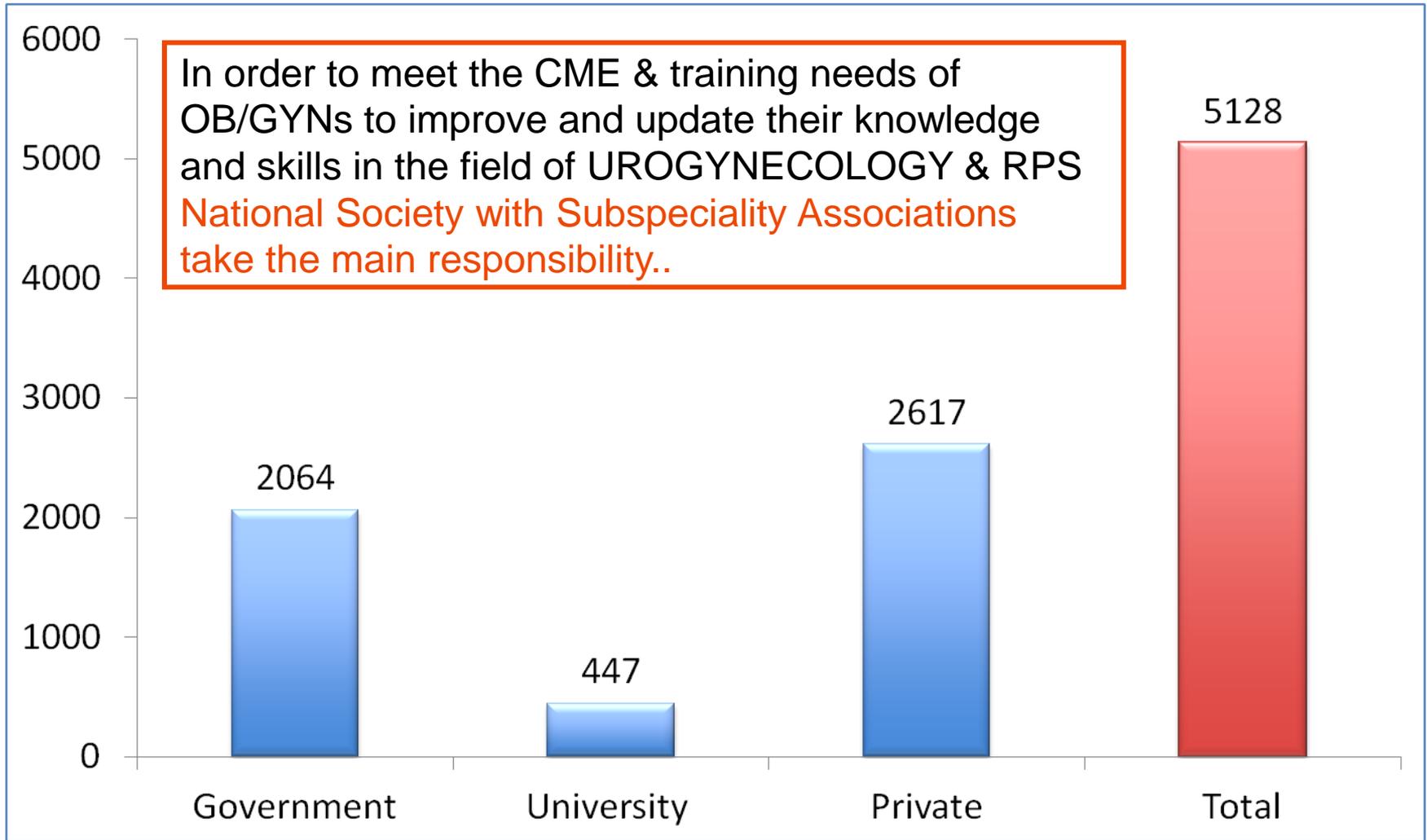
- Vaginal repair of genital tract prolapse including anterior colporrhaphy, posterior colpoproctorrhaphy, vaginal hysterectomy and repair, enterocele repair, Manchester repair, sacrospinous fixation, iliococcygeous fixation, uterosacral fixation, paravaginal repairs
- Mesh use in repairs, use of various graft materials
- Le Fort procedure/colpocleisis
- Abdominal repair of primary and recurrent prolapse including sacrocolpopexy, rectopexy, uterosacral ligament plication, sacrohysteropexy, Moscovitz and Halban procedure, colposuspension, and similar suprapubic suspension operations (both open and through minimal invasive techniques)
- Laparoscopically assisted vaginal hysterectomy (LAVH) and supracervical hysterectomy (LSH)
- Total and subtotal laparoscopic hysterectomy (TLH, sTLH)
- Sling procedures—retropubic, pubo-vaginal, mid-urethral and transobturator
- Para- and transurethral injection procedures
- Vaginal plastic surgery
- Implantation of artificial urinary sphincter
- Repair of vesico-vaginal, uretero-vaginal, urethrovaginal, and recto-vaginal fistulas
- Martius graft technique and gracilis muscle technique
- Augmentation cystoplasty
- Urinary diversion and undiversion
- Urethral diverticulectomy and excision of paraurethral cysts
- Urethral reconstruction
- Urethral closure techniques
- Rectal mucosal prolapse surgery (abdominal Ripstein procedure, and rectal approach)
- Anal sphincter repair—primary and secondary
- Artificial anal sphincter
- Sacral nerve stimulation and implantation
- Dynamic graciloplasty
- Recognition and treatment of intraoperative bladder and bowel injuries.
- Robotic surgery
- Operative urethrocystoscopy (removal of mesh/sutures)

# Target Population for Postgraduate Training\*



\* Health Education & Health-care Occupation in Turkey; Recent Status Report-2014

# OB&GYN Specialists in Turkey\*



\* Health Education & Health-care Occupation in Turkey; Recent Status Report-2014



# TJOD



# 12. ULUSAL JİNEKOLOJİ ve OBSTETRİK KONGRESİ

15 - 19 MAYIS 2014  
RIXOS SUNGATE OTEL, ANTALYA

## 6. AKDENİZ ÜLKELERİ JİNEKOLOJİ ve OBSTETRİK FEDERASYONU KONGRESİ



### I. ULUSAL ÜRO-JİNEKOLOJİ SEMPOZYUMU

Uluslararası katılım ile

#### YABANCI KATILIMCILAR

Sholomo Raz (ABD)  
Jerry Blaivas (ABD)  
Javid Nichols (ABD)  
Jo Laycock (İngiltere)  
Anita Vanvik (Norveç)

#### KONULAR

- Üriner kontinens anatomisi ve fizyolojisi
- Üriner inkontinens tanısı: Ürodinami, görüntüleme yöntemleri
- Pelvik destek sisteminin anatomisi
- Pelvik relaksasyon teşhisi
- Pelvik relaksasyonda cerrahi tedavi
- Üriner inkontineste cerrahi tedavi
- Pelvik relaksasyon ve üriner inkontineste cerrahi olmayan tedavi yöntemleri
- Pelvik relaksasyonda koruyucu tedbirler
- Türkiye'de sorunun boyutları



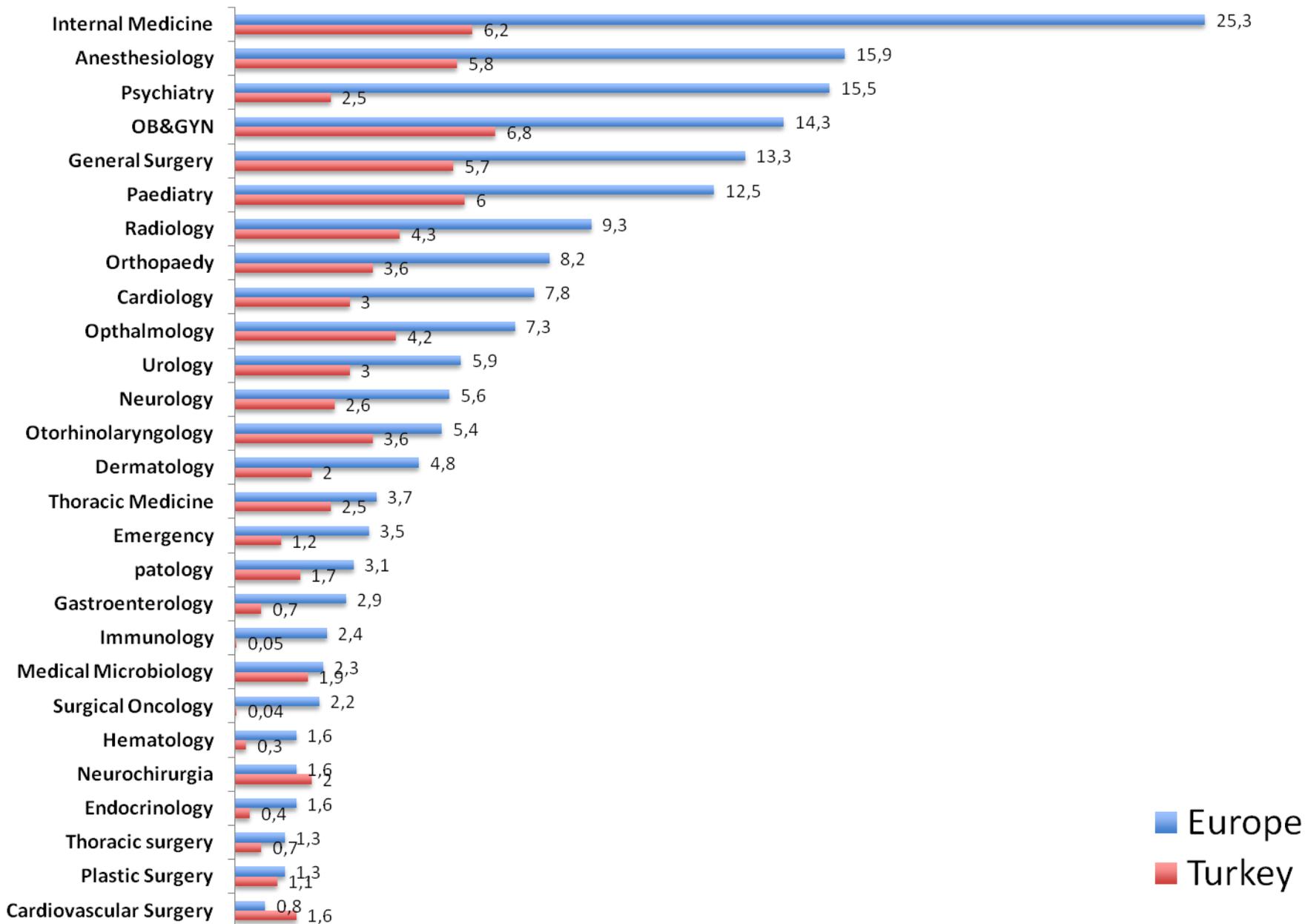
29-31 Mayıs 2015

## 5. EGE Ürojinekoloji Workshop

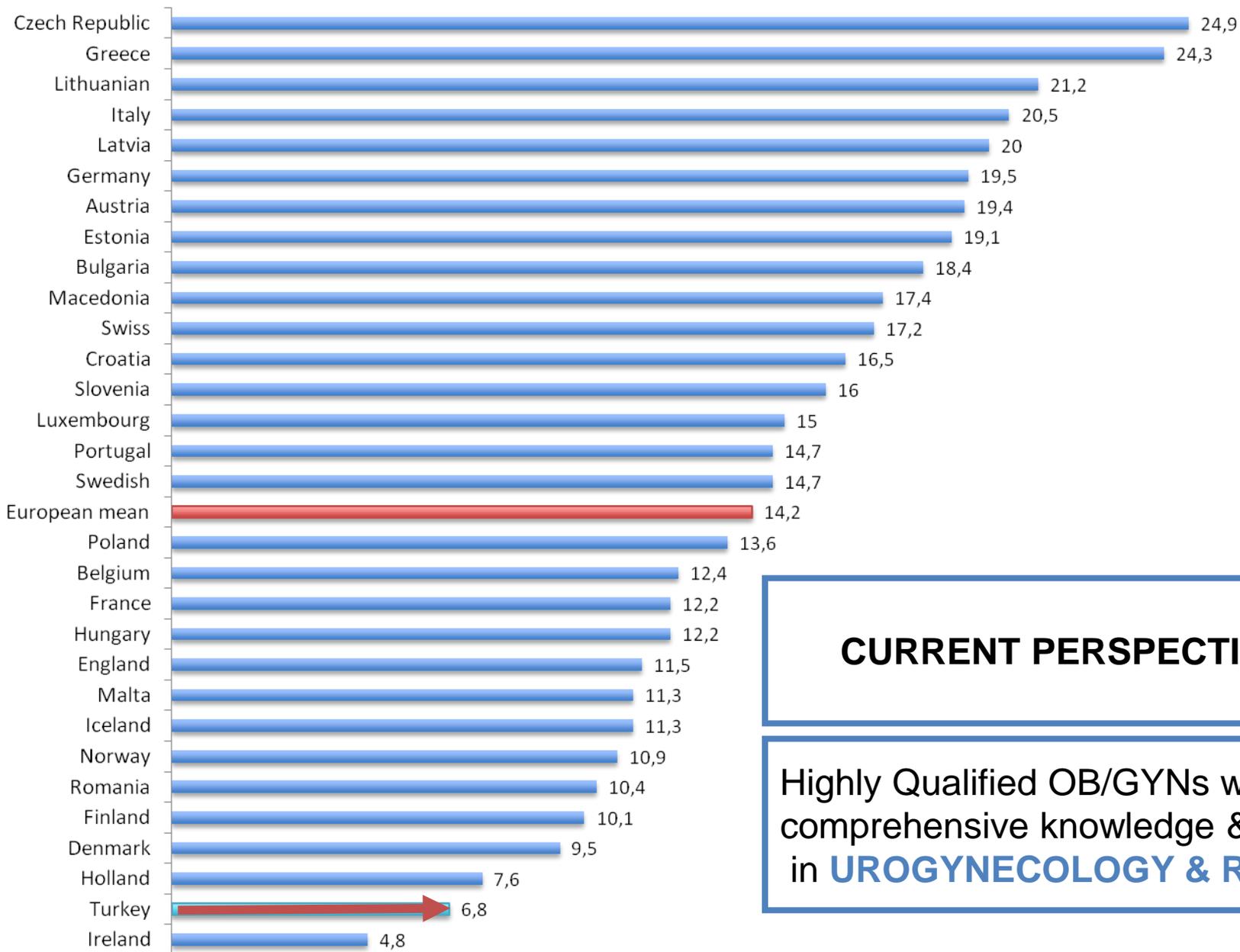
ON KAYIT



# Numbers of Specialists / 100.000 people in Turkey and European countries\*



# Numbers of OB & GYN / 100.000 People in Turkey and European Countries\*



## CURRENT PERSPECTIVE

Highly Qualified OB/GYNs with comprehensive knowledge & skills in **UROGYNECOLOGY & RPS**

## **CURRENT PERSPECTIVE**

*CORE CURRICULUM OF UROGYNECOLOGICAL TRAINING IN ALL THREE LEVELS OF MEDICAL EDUCATION SHOULD BE REVISED AND STANDARDIZED ACCORDING TO OUR CURRENT NATIONAL NEEDS*

*ALL PRACTITIONERS ALSO SHOULD HAVE ACQUIRED MINIMAL ESSENTIAL REQUIREMENTS OF MAKING BASIC MANAGEMENT OF PELVIC FLOOR DISORDERS*



THANK YOU

