

Real hands-on training: a new way to teach

Mentor-guided HoLEP workshop proves to be efficient



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participated. The goal of the training was to provide **Real** hands-on training. First, Dr. Lehrich would show her method of doing a HoLEP and then each participant will enucleate one lobe under her supervision. Only patients who accepted this setting and have signed an informed consent were selected. The participants were very enthusiastic and the concept proved to be a success.

It was very informative to observe and learn the tricks of an expert and to have a dedicated mentor that leads a participant through all the pitfalls of a procedure. In one of the sessions, the last patient had a large gland and the case proved to be really tricky even for Dr. Lehrich. The case also illustrated how crucial patient selection is for the HOLEP procedure.

Finally, participants commented that the workshop was very well organised and this new concept of **Real**

Holmium laser enucleation of the prostate (HoLEP) has been established as an equal procedure to TURP (Trans-Urethral Resection of the Prostate) in the treatment of benign prostatic hyperplasia (BPH). One of the reasons why it's popularity is still rising is due to the combination of an anatomic dissection of the adenoma and a very low blood loss.

Nevertheless, this method has a tough learning curve and teaching the HoLEP procedure using a model is difficult as experienced in other endourological procedures.

Therefore, and because of the growing spread of Holmium laser devices, Dr. Grubmüller, chairman of the Department of Urology in Krems, Austria, made a breakthrough in hands-on laser training by organising a training seminar. Grubmüller invited Dr. Karin Lehrich, a specialist from the clinic of Prof. Kuntz in Berlin and considered as one of the centers with a comprehensive experience in HoLEP, to a hands-on training.



Participants in the **Real Hands-on training** closely follow instructions from their mentor.

A select group of young urologists who have just started with the use of HoLEP at their departments



The first batch of the **Real Hands-on training** workshop

hands-on training proved to be a new and effective way in endourological training.

As a follow-up step Dr. Lehrich offered to the participants an opportunity for a site visit to her department to enable them to benefit from a mentor-guided training that aims to deepen the HoLEP experience and refine the skills of practitioners.

European Society of Residents in Urology



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Quiz answers

The correct answers of this issue's Guidelines Quiz are: 1c, 2d, 3e, 4b, 5c.

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Guidelines Quiz

Guidelines Quiz

- Treatment of asymptomatic bacteriuria is indicated for patients who are:
 - Elderly
 - Catheterized
 - Pregnant
 - Confused
 - Incontinent
- The most common cause of xanthogranulomatous pyelonephritis is:
 - E. Coli
 - Pseudomonas
 - Klebsiella
 - Proteus mirabilis
 - Staphylococcus
- Clinical improvement has been demonstrated with a-adrenergic blockers therapy in which of the following NIH categories of CP/CPPS?
 - I
 - II
 - II and II A
 - II and II B
 - II and III
- The antibiotic of choice in interstitial cystitis is:
 - Doxycycline
 - None
 - Gentamicin
 - Ciprofloxacin
 - Amoxicillin
- The most effective treatment of Zoon s balanitis is
 - Topical 5-FU
 - Topical corticosteroids
 - Circumcision
 - Laser therapy

The correct answers of this Guidelines Quiz can be found elsewhere on this page.

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NCOs - your personal assistants in European urology

Dear Friends,
The ESRU Board consists of resident representatives from all European countries, which are called NCOs, National Communication Officers. We are working hard to have at least one NCO in every European country. In many countries national resident societies or "national ESRUs" are operating and they always elect or appoint representatives for the ESRU, but in the rest of Europe residents are not

always "well organised". We are working hard to reach those countries and find NCOs to represent them. If you are not aware who your current NCOs are, please take a look at this table. If your country is not listed, please contact us and we will try to assist in organising a local ESRU with representatives in your country too.

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Turkey's own 'ESRU' shows promise

Residents group achieves main goals in the first year



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Turkey has approximately 2,500 urologists and 500 residents in urology, figures which can be considered as one of the highest in Europe. With the growth in numbers in our specialty, our residents and young urologists saw the need to form a well-organised union to support the educational and academic activities in Turkey.

With the establishment of Turkiye ESRU in 16 April 2008, many residents and young urologists finally found a new platform that enables them to participate in nationwide activities (1). This union, created within the Turkish Association of Urology, initiated its activities in July 2008 with the first founder executive committee meeting. After the collection and creation of the national resident and young urologist database, every academic department was asked to appoint one representative. These representatives had the chance to come together in the 20th National Urology Congress, held in Antalya in November 2008. Up to now, there are 70 representatives elected from every academic department in Turkey.

After going through the establishment stage and closely communicating with each department's representative, a board meeting was held in Ankara in February this year, a milestone event for Turkiye ESRU. In this meeting many important decisions have been reached that would impact the future of urology residents. Participants also voted on the guiding statute of our union. Moreover, our unions' members elected us to represent our country in ESRU via a democratic election.

The working groups have also been created and maximum participation of the members has been ensured. A standardised assignment of the duties was the first aim of our union. To fulfill this target every region was represented with at least one resident for every working group. Finally, a professional organisation scheme has been created, comprised of or with the involvement of responsible and voluntary residents and young urologists. (Figure 1).

We are indebted to Dr. Emre Huri, chairman of Turkiye ESRU and former ESRU secretary (on behalf of Turkiye

ESRU executive committee), Prof. Dr. Ates Kadioglu chairman of Turkish Association of Urology (on behalf of the National Association of Urology), and Prof. Dr. Tark Esen, chairman of EAU Resident's Office, and many others who created this well-organised union and gave their maximum support to the residents and young urologists. We are aware that without the professional support of the National Urological Associations it is really difficult to organise both international and nationwide activities for residents (2).

Turkiye ESRU's activities in 2008-2009

Below is a list summarising the activities during the previous year:

- Organisation of the Turkiye ESRU Day and the scientific meetings including workshops with animal models in urology during the 20th National Urology Congress. Held in Antalya in November 2008, an ESRU Turkiye Booth welcomed visitors during the congress.
- Participation in the scientific meetings organised every month by our National Association of Urology. A Turkiye ESRU section has been organised and several residents and young urologists from all over the country took the opportunity to present themselves. Scientific presentations, interactive case discussions, debates on challenging subjects and nightmare sessions have been presented. This new format generated great interest and has been noted by our faculties.
- The Board Meeting of Turkiye ESRU was held in Ankara in February 2009. Members voted on the guiding statute of our union and the vote was accepted with total support of all representatives. Two NCO's (Dr. M. Selcuk Silay and Dr. Zafer Tandogdu) have been selected out of four candidates after a tight voting. Representatives also formed the working groups which, in turn, identified and planned the activities.
- Dr. Ali Ersin Zumurubas (Database manager of Turkiye ESRU) presented the results of a questionnaire survey which aim to identify the difficulties often experienced by a young urologist in Turkey. This nationwide research provided valuable information regarding the performance of young urologists during their national obligatory service in various regions of Turkey.
- Six members (three residents and three young urologists) from different departments had the chance to participate, free of charge, in the 4th Applied Laparoscopy Urology Course held in Ankara in April 2009.
- A Turkiye ESRU page has been featured in the bi-monthly published newspaper of the Turkish Association of Urology called 'UROTURK.' Our members published some case reports, presentation of their departments, news from scientific meetings, courses and several interesting topics.
- An extended course on statistics for residents and young urologists has been organized with the kind support of our National Urological Association. Around 100 participants received certificates after the course.
- 'Advanced Course on Laboratory Animal Science' has been made available free of charge to all participants and 20 Turkiye ESRU members who all received certificates after the two-week course. Again, we thank our National Association for their financial support.

- A nationwide questionnaire on overactive bladder has been extensively studied by our 'Questionnaire Committee' and presented in the scientific meetings. This study was unique with regards to multicentre and resident participation. The Turkish Continence Society extended their support for this project.
- Although most resident and young urologists are often based in major cities such as Istanbul, Ankara and Izmir, approximately 30% of our members are working in other regions. To improve the collaboration with other regions and to raise the standards of education, two-day 'Contemporary Urology' meetings were organised in peripheral cities in collaboration with the Turkish Association of Urology. More than 300 residents and 100 young urologists attended these meetings, with the registration and accommodation provided free for every Turkiye ESRU member.

Moreover, the active participation of our members in the scientific sessions, case discussions, nightmare sessions and debates turned these meetings into unique events that aim to raise the standards of medical education. Indeed, we can claim that these quality meetings can be seen as important milestones in our nationwide activities.



Figure 2: Meeting of the regional correspondents of Turkiye ESRU in Ankara, 2009

Turkiye ESRU's website

To provide an easy and open access to our members, we created a website that aims to draw the attention and interest of Turkish urologists. Furthermore, an English version of our website is also available. The statute and organisation chart of our union, events announcements, planned activities such as scholarships, meetings, free courses, congress calendar, updated news, CV and contact addresses of the executive committee and other committee members are also published in our website at 'www.turkiyesru.org'.

We are pleased that Turkiye ESRU has made considerable progress in achieving its nationwide goals. Our thanks to all residents, young urologists and our faculty generously supported and participated in the activities. We believe that this generation will be raising the standards of urology both in Turkey and in Europe.

Turkiye ESRU Summit

On behalf of the executive Committee of Turkiye ESRU, we also invite all urology residents and young specialists to the Turkiye ESRU Summit to be held from 23-24 January 2010 in Istanbul, Turkey. The



Figure 3: A page from www.turkiyesru.org

objective of this meeting is to enable young urologists to benefit from the advantages of "training - being trained" by highly respected professors who are veterans of many national and international training programmes.

During this meeting resident training, training process of specialisation period and administrative issues will be discussed. Every participant will set forth his/her own perspective and guide the projects and activities. With regards to topic such as uro-oncology, pediatric urology, endourology, andrology, neurology - incontinence, there will be scientific discussions in the form of 'Meet the Expert' 'Presentations' and 'Case Discussions.' The language of the congress is Turkish. At sessions, simultaneous translation will be done in English and Turkish. Meeting participants can send their poster submissions online.

Furthermore, the training system of urology residents in Turkey and the evaluations about the training process will be covered in the sessions. The necessary evaluations that will affect the global standardisation of training activities will be made with the participation of highly respected international colleagues.

This symposium will be possible only with the effective collaboration and hard work which we hope will inspire similar events. We also hope that this meeting will be a success. See you in Istanbul in 2010!

www.turkiyesru2010.com



Figure 4: Invitation to international summit of Turkiye ESRU

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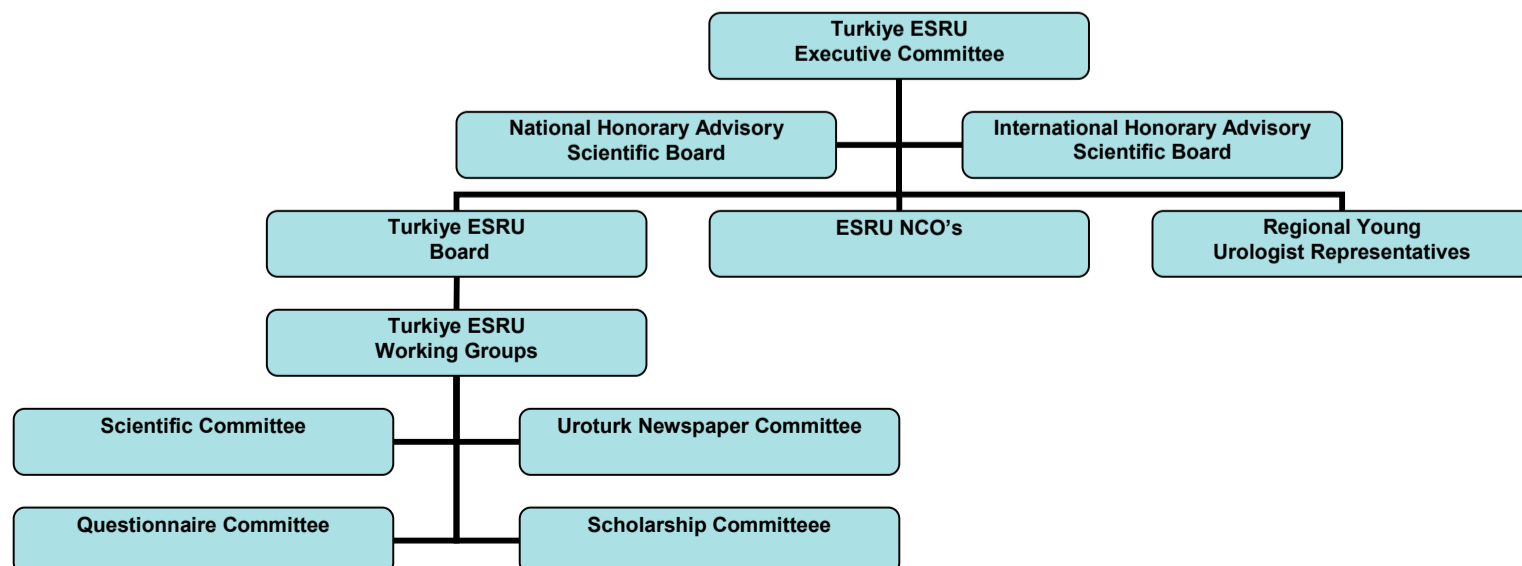


Figure 1: Turkiye ESRU organisational chart

You are a Resident?

You have an interesting story to tell? Publish it in EUT!



Contact Me!
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Annual SUN Congress gathers Italian residents in Palermo, Sicily

ESRU highlights opportunities available to European urology residents



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Professors Cosciani Cunico, Melloni and their colleagues actively defending their respective positions on the topic.

For the first time, organisers of this year's congress also scheduled an impressive Live Surgery Session, all performed by residents. The participating residents carried out endoscopic resections of bladder tumour, showing their skills in the procedure. Meanwhile, the afternoon programme included a hands-on training session with a TUR simulator, with the participants performing a cystoscopy and a resection of an animal bladder model.

The session has been totally sold out with 30 persons attending the course, a number which exceeded expectations. After a short introduction regarding the various tasks or utilities of bladder resection and the procedural steps, all participants performed bladder resection using the simulators.

As in previous conferences, this year's SUN also held a competition for the best abstract that was discussed

by residents. The abstract meeting was held during a special Golden Communication Session of the Congress, supported by an educational grant provided by Astellas Pharma.

A General Assembly ended this year's successful meeting. Aside from taking up SUN's agenda for the next year, the general assembly also presented candidates for the new Italian NCOs, with the elections to be held during next year's SUN Congress.

During the General Assembly, we also had the great pleasure to have the participation of ESRU secretary Dr. Francesco Sanguedolce, who joined us in marking another milestone. Dr. Sanguedolce also spoke on the goals and mission of the ESRU and highlighted the opportunities offered by the EAU to European urology residents. He encouraged everyone present to benefit from these opportunities whilst promoting the goal of uniting residents in urology from across Europe.

Once again this meeting has provided the most opportune time for residents in Italian urology to meet and share experiences together, aside from learning the latest updates on various urological issues from veteran lecturers and invited speakers.



Hands-on training session with a TUR simulator

Indeed, we spent a productive congress and social event in Palermo, which closed with a wonderful dinner in a seaside restaurant that overlooks the Palermo sea. With a final closing after-party enjoyed by everyone, we can certainly claim to have organised and participated in another successful ESRU Italian Day!



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Each year, during the SUN (Società di Urologia Nuova) Congress, Italian NCOs of the European Society of Residents in Urology (ESRU) organise a one-day Residents Course that features lectures and practical sessions.

For this year's meeting, the wonderful city of Palermo in Sicily has been chosen as congress venue. The SUN Congress also coincided with the ESRU 2009 Annual Meeting, with both meetings attracting a sizeable number of participants. This year, the conference's focus was on non muscle-invasive bladder cancer, and the interest for this topic was reflected in the enthusiastic interaction amongst the attendees. A lively debate followed the main session with



Italian residents on training

Young urologists: 'new species' in need of full support

Sustained efforts will reduce discrepancies in training across Europe



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departments, their young careers dependent on academic grants, or stagnating in temporary contracts in hospitals with very limited facilities.

Thus, we have in Europe a very diverse group of urologists in terms of training and preparation, with the age variation ranging from the early 30s to nearly 40 years old since in some countries many general residencies usually end after 30 years of age. Moreover, there is the period for completing surgical training which could last for about three years (to those who are trained), or even a longer period of five to seven years for neophyte urologists.

Since the former (less trained urologist) could comprise a bigger group, and can well be considered as the future of our discipline, there is an urgent need to provide greater attention in creating a strategic plan which aims to fulfil the following: improve healthcare facilities, provide specialised meetings and courses, host exchange programmes, and create a reliable and equitable recruitment system across Europe, whilst taking into account that urologists from crowded labour markets can help a lot in alleviating the shortage in other countries.

A challenge for the EAU is its leading role in closely examining the status and employability of young urologists, whilst taking into consideration the experience of other urological associations such as the AUA and other international societies which have addressed these issues and have set up dedicated committees.

The EAU have shown great interest to the resident community in recent years, providing the necessary support to the ESRU, supporting its activities and goals be it economic, logistical and scientific. Today, the fast-paced developments in medicine and the growth we have witnessed have led to a new set of challenges. The test is how we are going to respond to chronic obstacles or present new solutions. To guarantee a stable future for urology is, therefore, one of the biggest challenges for European urologists.

Clearly, the surgical aspect of urology demands capacities and traits that are often possessed by young people such as physical endurance, deft technological skills and versatility. Thus, it is of paramount importance to invest on the young urologist-professionals who are in the most productive and promising phase of their career.

Moreover, it is our society's aim to reduce, if not eliminate, the stark discrepancies across artificial borders, because only by doing so will our efforts to transform Europe into a unique and equitable continent be really successful.

Our rallying cry: let us invest on the young!

Even though I am the current secretary of our residents' association, I still experience the 'disorienting' phase wherein I undergo the transition from resident to a full urologist. Depending on one's circumstances, this phase can be 'traumatic' as the young resident comes to grips with and faces the full challenge of applying what he has learned in theory to the practical, day-to-day realities of clinical work.

This gray area could last for some years, taking into account the differences in the level of national training, personal vocation or the interests and skills honed by the young urologist. In some European countries, particularly those in the south and eastern regions, many new urologists experience greater difficulties just to find work, compared to the northern and western countries where the lack of urologists practically guarantees the young urologist a reliable and stable job.

It is noteworthy that a survey, conducted by the ESRU and which aims to evaluate urological training, has shown that in European countries where residents are well-trained, these same new urologists are often tasked to perform major surgical procedures and, not surprisingly, this is in countries where there is an urgent need for new urologists to fill up vacancies.

On the other hand, in countries where there is a lack of sufficient jobs for urologists, the residency period is often longer since training is inadequate, with residents spending more time assisting in urological



Test your knowledge!

The EBU offers three MCQs to test your knowledge. Challenge your memory by answering the following questions:

- The primary treatment of a 23-year-old man with an incomplete rupture of the bulbous urethra, due to a blunt trauma during a football match, was a suprapubic cystostomy. After 10-14 days the initial treatment should be followed by:
 - Urethroscopy.
 - Retrograde urethrography.
 - Clamping of the cystostomy catheter and trial of voiding.
 - Removal of the cystostomy and urinary flow control after 4 weeks.
- When the cuff of an artificial urinary sphincter (AUS) is placed around the vesical neck:
 - The AUS works better.
 - It can be activated immediately.
 - The surgical procedure is easier.
 - A bladder substitution using intestine must not be performed at the same time.
- A 45-year-old woman complains of urge incontinence 9 months following a retropubic urethropexy. A video-urodynamic study shows normal bladder compliance, no detrusor instability and a poor urinary flow, cystoscopic evaluation demonstrates a high fixed retropubic position of the urethra. The next step is:
 - Urethral hyperdilatation.
 - Transvaginal urethrolysis.
 - Urethrolysis and needle suspension.
 - Anticholinergic agent administration and intermittent catheterisation.

To check out the correct answers, visit:
www.ebu.com/Examinations/StudyMaterial

