

Belgian resident gains insights on Canadian urology



Dr. Vincent De Coninck
Urology resident
OLV hospital
Aalst (BE)

vdconinck@
gmail.com

In June of 2017, I had the great opportunity to take part in the EUREP – CUA Exchange Programme during the annual meeting of CUA that was organised in Toronto.

Each year, the EAU and the Canadian Urological Association (CUA) select an EAU member to take part in the Canadian Senior Urology Residents (CSUR) Annual Scientific Retreat, followed by the CUA annual meeting. Selection is based on the results of the E-BLUS (basic laparoscopic urological skills) exam, EBU (European Board of Urology) exam, PubMed publications and an assessment of one's curriculum vitae.

The CSUR Annual Scientific Retreat and CUA annual congress were organised in Toronto from June 23 to 27. The first day, I was introduced to all Canadian Senior Urology Residents in a pleasant and casual atmosphere during a unique axe-throwing experience. It was great fun and an ideal way to meet one another. I found out the medical training is quite different in Canada. Medical degrees are generally received following a four-year programme at most universities after having passed the Medical Council of Canada Qualifying Examination. Post-graduate training in urology lasts five years. After residency, 75% of urologists complete one or more sub-specialty fellowships.

The next day, all final-year residents were immersed in the world of urodynamics. Drs. Jerzy Gajewski and Greg Bailly of the Dalhousie University in Halifax, Canada, chaired this four-hour course. In the first part, they taught basic principles such as how to set up and perform modern urodynamic studies, and how to identify patients who need urodynamics. Afterwards, we were taught how to interpret urodynamics and how to recognise artefacts. Finally, we were all examined with urodynamic trace-based tests. I am convinced that this very interesting course will improve the quality in interpreting and reporting urodynamics.

Comprehensive Scientific Programme

The CUA annual meeting offered a comprehensive and well-organised scientific programme. I attended state-of-the-art lectures about immuno-oncology, infertility, and the contemporary use of meshes in prolapse and incontinence surgery. I especially liked the presentation of Timothy D. Averch, urology professor and director of the UPMC Kidney Stone Center, Pittsburgh, USA, who presented an overview on how quality of medical management of stone disease can be improved. In the end, he stated that based on the AUA guidelines clinicians should offer thiazide diuretics and/or potassium citrate to patients with recurrent calcium stones and chronic stone formation but with no other metabolic abnormalities.

During the last session, changes in CUA guidelines were discussed. My impression was that CUA guidelines are mainly based on AUA guidelines, which are quite similar to EAU guidelines. The only major difference I noticed was that in their guidelines they already stated that oncologic outcomes are similar for open versus laparoscopic versus robotic cystectomy. This statement was assessed with a 1a level of evidence.

I also attended three hands-on courses. The first course was about flexible ureteroscopy, chaired by Dr. Tom Chi of the University of California in San Francisco. He shared his experience on using single-use digital flexible ureteroscopes. He explained how his patients and practice benefit from this technique, based on a case-cohort study comparing two groups of patients undergoing flexible ureteroscopy. The first group (115 patients) underwent surgery utilising disposable ureteroscopes and the second group (65 patients) was treated with reusable fiber-optic flexible ureteroscopes. He found that single-use digital flexible ureteroscopes can reduce procedure time for over 10 minutes while preserving excellent clinical outcomes. He concluded that these ureteroscopes represent a feasible alternative to reusable ureteroscopes with a low rate of scope failure comparable with reusable ureteroscopes (4.4% versus 7.7% respectively, $p = 0.27$).

The next day, I went to a hands-on workshop about minimally invasive percutaneous stone therapy. Dr. Kenneth Pace, associate professor at the University of Toronto, lectured on the indications and limitations of standard, mini, ultra-mini and micro PCNL. He also discussed single-step dilation, low-pressure irrigation and the "vacuum cleaner" effect of irrigation. This allows stone clearance during mini PCNL without additional devices, under the influence of the turbulence produced by the irrigation fluid. He concluded that these minimally invasive PCNL techniques appear to be safe for treatment of small stones and offer a new option in treating nephrolithiasis.

Photoselective vaporisation

The third course I attended was about photoselective vaporisation of the prostate, chaired by Dr. Gerald Brock, Dr. Dean Elterman and Dr. Kevin Zorn. After a

short presentation about optimal techniques to maximise patient outcomes, we received personalised instructions with the new virtual reality simulator for training on photoselective vaporisation of the prostate.

The evenings were filled with receptions, delicious dinners, animation acts with stilt walkers and concerts. It was a great chance to meet reputed urologists from all over the world in a warm and pleasant atmosphere.

I would like to thank the EAU and CUA for giving me the opportunity to take part in this resident exchange project. It was an unforgettable experience to join the congress and to experience the generous hospitality of the Canadians. I am convinced that the knowledge I have acquired and the friends I made will be useful in my future.



Receiving the CUA-EUREP 2017 Exchange Programme award from Dr. Curtis Nickel, CUA President

A chance to join the ...

International Academic Exchange Programme

Canadian Urological Association (CUA) in collaboration with the European Association of Urology (EAU)

2018 Canadian Tour

The European Association of Urology (EAU) and the Canadian Urological Association (CUA) are pleased to announce the 2018 Canadian tour!

The CUA/EAU International Exchange Programme will send Canadian faculty to Europe and European faculty to Canada. The programme aims to promote international exchange of urological medical skills, expertise and knowledge.

For 2018 the CUA/EAU International Exchange Programme will provide grants to enable three Junior EAU Members to participate in the Canadian Tour. The tour should take place from 10-26 June 2018 starting with visits to different urological centres in Canada, culminating with participation at the 73rd CUA Annual Meeting in Halifax, NS, from 23-26 June 2018.

Eligibility criteria

- Less than 42 years of age
- Minimum academic rank of assistant professor
- Letter from the departmental chairman of the applicant's commitment to academic medicine
- Membership of the EAU
- Availability to travel around 2.5 to 3 weeks at the earlier mentioned time

Information and application forms

For all further information and programme application forms please visit uroweb.org/canadaexchange or contact the EAU Central Office, T +31 (0)26 389 0680, F +31 (0)26 389 0674, E: a.terberg@uroweb.org.

Application deadline: 1 November 2017

EAU Central Office, Attn. Angela Terberg, P.O. Box 30016, 6803 AA Arnhem, The Netherlands