EUROPEAN UROLOGICAL SCHOLARSHIP PROGRAMME (EUSP)

[9-week visit: January – March 2016]

Department of Urology

University Hospitals of the Katholieke Universiteit Leuven

Belgium

Dr. Egor Sokolov
Moscow, Russia
City

Leuven, the capital of the Flemish Brabant region in Belgium, is situated in the very heart of Europe, just around 25 kilometres east from Brussels. It is an absolutely lovely and magical city. Leuven is often referred to as “Belgian Oxford” because is home to the oldest Catholic university, alma mater of the father of modern anatomy, Andreas Vesalius. It is not an exaggeration to say that the opportunity to visit this beautiful place is a huge privilege.

![Town hall](image1.png)  ![University Library](image2.png)

Hospital

The history of Universitaire ziekenhuizen Leuven (UZ Leuven) started in the year 1080 when the first hospital building, Sint-Pietersziekenhuis was erected. Nowadays, it is an academic hospital associated with the University of Leuven and consisting of five campuses: Gasthuisberg, Lubbeek, Pellenberg, Sint-Pieter and Sint-Rafaël. With almost 2,200 beds and 10,000 employees it is the largest hospital in Belgium.

The department of urology is located in the Gasthuisberg campus, which is easily reachable from the city centre by bus or by bicycle. Famous Russian director Konstantin Stanislavsky once said, “Theatre begins at the cloakroom”.

It is remarkable how comfortable and cosy the Gasthuisberg campus is; from the time you enter the front doors, whether as a patient or an employee. The atmosphere of the common areas is very
calming and relaxing; with a lot of greenery and artworks. Everybody there is ready to assist you with your needs.

**UZ Gasthuisberg building**  
**Main hall**

At the same time, the hospital confirms its leading position by being fully equipped with cutting-edge technology. For example, they are proud of having the latest generation of robotic system – the da Vinci Xi® System – with two surgical consoles, which is particularly useful for training purposes. But even more important than the technology is that UZ Leuven is home to leading clinicians and researchers who are constantly pushing the boundaries of medicine.

**da Vinci Xi® System**  
**Two surgeon’s consoles**

**Department**

The department of urology has 65 beds. Around 20,000 patients are seen in the outpatient clinic yearly. The staff consists of seven urologists, seven residents and six fellows. More than 75 nurses are responsible for extraordinary postoperative and urological care.
For a long time, the department was headed by the world-famous urologist, EAU Adjunct Secretary General for Education, Prof. Dr. Hein Van Poppel. After his retirement in October 2015, Prof. Dr. Dirk De Ridder became the new head.

Today, the department has five different care programs:

<table>
<thead>
<tr>
<th>Program</th>
<th>Doctors involved</th>
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<tbody>
<tr>
<td>Functional urology</td>
<td>Prof. Dr. Dirk De Ridder, Dr. Frank van der Aa</td>
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<tr>
<td>Endourology, laparoscopic urology</td>
<td>Dr. Ben Van Cleynenbreugel</td>
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<tr>
<td>Reconstructive urology</td>
<td>Prof. Dr. Steven Joniau</td>
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<tr>
<td>Oncological urology</td>
<td>Prof. Dr. Steven Joniau, Dr. Wouter Everaerts, Dr. Maarten Albersen, and Dr. Ben Van Cleynenbreugel</td>
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<tr>
<td>Paediatric urology</td>
<td>Prof. Dr. Guy Bogaert</td>
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Each day, two fully-equipped state-of-the-art operating theatres are open for urological procedures. While minor surgeries are also performed in the outpatient day surgery clinic two days in a week. This results to almost 2,000 patients being treated surgically in a year’s time.

The department of urology is strongly linked with the radiology department. This led to the creation of specialized uro-radiology division that allows instant access to the CT and MRI scans. According to the recent studies, all the prostate biopsies performed in the uro-radiology unit are targeted biopsies with the aim of this strategy to decrease the level of overtreatment of the prostate cancer patients.

The department also includes basic laboratory of experimental urology which focuses on the bladder wall, prostate and kidney cancer research.

**My personal scholarship experience**
First of all, I would like to note the excellent organisation upon my arrival by Ms. Linsey Rongé, secretary in the department of urology. She was incredibly helpful throughout my clinical visit, assisting me in solving any problems and making my stay as comfortable as I could imagine. Soon after the start of my visit, I was invited to the reception for the urological department employees to celebrate the New Year, which was a very pleasant and enjoyable way to join the team.
Upon my arrival, I was warmly greeted by the head of the department, Prof. Dirk de Ridder. My visit schedule was as follows:

**Monday:**
- 07:45 – staff meeting, patient discussion
- 08:15 to 17:00 – OR (oncological urology)
- 17:00 to 17:30 (monthly) – journal club (discussion on a medical article by a resident)

**Tuesday:**
- 07:45 – staff meeting, patient discussion
- 08:15 to 12:30 – OR (laparoscopy and paediatrics)
- 13:00 to 17:00 – outpatient clinic (oncological urology)

**Wednesday:**
- 07:45 – staff meeting, patient discussion
- 08:15 to 17:00 – OR (endourology, functional urology)

**Thursday:**
- 07:45 – staff meeting, patient discussion
- 08:15 to 17:00 – OR (oncological urology, robotics)

**Friday:**
- 07:45 – staff meeting, patient discussion
- 08:15 to 17:00 – OR (oncological urology, robotics)
- 17:00 to 18:00 – multidisciplinary oncological meetings (urologists, oncologists, radiation oncologists, pathologists, uro-radiologists)

I was also able to attend a lecture given by Professor H. Van Poppel to the co-assistants, which allowed me to learn many important aspects of technically challenging operation such as radical cystectomy.

Since my primary area of interest is oncological urology, I spent a lot of time under the tutorship of Prof. Steven Joniau. He is an outstanding surgeon, a very open person and an excellent teacher. He shared an enormous amount of intraoperative tips and tricks, potential ways to improve my own surgical performance and to optimise postoperative care for my patients. He deals with very complex cases on a daily basis and it was a real honour for me to have an opportunity to learn from him.
In addition to that, I was inspired by the work of Dr. Wouter Everaerts, who was responsible for the majority of robotic cases in UZ Leuven. He was very helpful throughout my visit; he explained and showed me his way of performing various steps of robotic-assisted radical prostatectomy and extended pelvic lymph node dissection. He also gave me a massive amount of very useful information about all the tiny aspects of robotic program in UZ Leuven. When the robotic system was not involved in the operations, I was able to practice my skills using the integrated training module.

List of procedures I observed/was involved with during my clinical visit:

**Oncological urology:**

1. Robotic-assisted laparoscopic radical prostatectomy, extended pelvic lymph node dissection
2. Open nephroureterectomy (right side, patient after radical cystectomy and orthotopic ileal neobladder urinary diversion)
3. Open partial nephrectomy (right side, patient after radical cystectomy and ileal conduit urinary diversion)
4. Laparoscopic radical nephrectomy (right side)
5. Robotic-assisted laparoscopic radical prostatectomy, extended pelvic lymph node dissection
6. Robotic-assisted laparoscopic radical prostatectomy, extended pelvic lymph node dissection
7. Robotic-assisted laparoscopic partial nephrectomy (left side)
8. Robotic-assisted laparoscopic radical prostatectomy, extended pelvic lymph node dissection
9. Nerve-sparing robotic-assisted laparoscopic radical prostatectomy
10. Nerve-sparing robotic-assisted laparoscopic radical prostatectomy
11. Open radical cystectomy, ileal conduit urinary diversion
12. Laparoscopic radical nephrectomy (left side)
13. Nerve-sparing robotic-assisted laparoscopic radical prostatectomy
14. Nerve-sparing robotic-assisted laparoscopic radical prostatectomy
15. Open partial nephrectomy (left side)
16. Open retropubic radical prostatectomy, extended pelvic lymph node dissection
   (patient with locally advanced prostate cancer)
17. Open retropubic radical prostatectomy, extended pelvic lymph node dissection
   (patient with locally advanced prostate cancer)
18. Robotic-assisted laparoscopic radical prostatectomy, extended pelvic lymph node dissection
19. Robotic-assisted retroperitoneal lymph node dissection
20. Open nephroureterectomy (right side)
21. Open radical cystectomy, ileal conduit urinary diversion
22. Open partial nephrectomy (right side, intrarenal tumor of solitary kidney)
23. Robotic-assisted laparoscopic partial nephrectomy (right side)
24. Nerve-sparing robotic-assisted laparoscopic radical prostatectomy
25. Robotic-assisted laparoscopic radical prostatectomy, extended pelvic lymph node dissection
26. Robotic-assisted laparoscopic radical prostatectomy, extended pelvic lymph node dissection
27. Open radical cystectomy, ileal conduit urinary diversion
28. Laparoscopic radical nephrectomy (left side)
29. Robotic-assisted laparoscopic radical prostatectomy, extended pelvic lymph node dissection
30. Robotic-assisted extended pelvic lymph node dissection
31. Robotic-assisted laparoscopic radical prostatectomy, extended pelvic lymph node dissection
32. Nerve-sparing robotic-assisted laparoscopic radical prostatectomy
33. Open radical cystectomy, pubectomy, modified Mainz pouch I urinary diversion (patient with tumor progression and urinary fistula after radiation therapy)
34. Partial penectomy, bilateral sentinel lymph node biopsy
35. Nerve-sparing robotic-assisted laparoscopic radical prostatectomy
36. Robotic-assisted laparoscopic radical prostatectomy, extended pelvic lymph node dissection
37. Robotic-assisted laparoscopic radical prostatectomy, extended pelvic lymph node dissection
38. Laparoscopic radical nephrectomy (right side)
39. Robotic-assisted laparoscopic radical prostatectomy, extended pelvic lymph node dissection
40. Nerve-sparing robotic-assisted laparoscopic radical prostatectomy
41. Robotic-assisted retroperitoneal lymph node dissection
42. Open partial nephrectomy (right side)
43. Open partial nephrectomy (right side)
44. Open retropubic radical prostatectomy, extended pelvic lymph node dissection  
   (patient with locally advanced prostate cancer)  
45. Open retropubic radical prostatectomy, extended pelvic lymph node dissection  
   (patient with locally advanced prostate cancer)  
46. Partial penectomy, inguinal lymphadenectomy  
47. Retroperitoneal tumorectomy via Chevron incision, hepatic resection  
48. -58. Transurethral resection of bladder tumor  

**Other procedures:**  
1. Artificial urinary sphincter implantation  
2. Ureteral stricture reconstruction with Boari Flap (right side)  
3. Retropubic prostatectomy (Millin)  
4. Retropubic prostatectomy (Millin)  
5. Perineostomy  
6. Bilateral vaso-vasoanastomosis  
7. Transvesical prostatectomy (Hryntschak)  
8. Bilateral laparoscopic pyeloplasty  
9. Bulbar urethroplasty (buccal mucosa graft, dorsal onlay)  
10. Bulbar urethroplasty (buccal mucosa graft, dorsal onlay)  
11. Artificial urinary sphincter implantation  
12. Artificial urinary sphincter implantation  
13. Retropubic prostatectomy (Millin)  
14. Implantation of inflatable penile prosthesis  
15. Nesbit plication  
16. Transvesical prostatectomy (Hryntschak)  
17. Bilateral vaso-vasoanastomosis, bilateral testicular biopsy  
18. Bulbar urethroplasty (end-to-end anastomosis)  
19. Open pyeloplasty  

Another great luck was the chance to create new professional and personal connections with interesting and intelligent people – residents, fellows, researchers and observers – that, I hope, could possibly lead to exciting collaboration between us and our departments.  

**Conclusion**  
It is difficult to overestimate the experience I got during my clinical visit to the department of urology of UZ Leuven. I have significantly expanded my clinical horizons and I do believe that this acquired knowledge will be very useful in my future professional life and career.
I can sincerely recommend to anyone wishing to participate in the “European Urological Scholarship Programme” to consider visiting this department.

I would like to wholeheartedly thank all the staff of the department of urology of UZ Leuven and the EUSP Office for giving me this priceless opportunity!