

Urogynaecology: A new training opportunity for urologists in South Africa

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Pelvic floor dysfunction (PFD) in women is common and often distressing to those affected. Urogynaecology is a relatively new subspeciality internationally that aims to improve the quality of care of women with pelvic floor disorders. The College of Urologists of South Africa has, since 2020, started offering a subspeciality certificate in urogynaecology for urologists. In this article, this new training opportunity is discussed by the first urologist undertaking formal subspecialist training in South Africa.

Keywords: urogynaecology, pelvic floor dysfunction, quality of care

Pelvic floor dysfunction (PFD) in women is a common constellation of conditions, often distressing to those affected. According to the 5th International Consultation on Incontinence document from 2013, the worldwide prevalence of pelvic organ prolapse (POP) was between 5% and 10%.¹ The Finnish National Nocturia and Overactive Bladder Study (FINNO), which included a cohort of 1 800 women, reported a 12% female population prevalence of bothersome stress urinary incontinence (SUI) and 9% prevalence of bothersome urinary urgency.²

Data for the African continent is limited. Researchers in Bloemfontein, South Africa found the prevalence of urinary incontinence to be 27.5% in a random sample of female staff at an academic hospital,³ while in Ladysmith, KwaZulu-Natal, the prevalence of urinary incontinence was 35.4% in a community-based cross-sectional study.⁴

Urogynaecologists offer surgical and non-surgical care for PFD, which encompasses a broad range of benign pelvic conditions and symptoms including urinary incontinence, POP, voiding dysfunction, anorectal dysfunction and sexual dysfunction as well as pelvic floor conditions related to pregnancy and labour.

Given the high prevalence and significant impact on quality of life of these conditions, the need for comprehensive care for women with PFD is clear. The International Urogynaecological Association (IUGA) have advocated for the development of this field to improve care for women with pelvic floor disorders.

Urogynaecology is a relatively new field of training. In 2011, the American Board of Medical Specialties accredited Female Pelvic Medicine and Reconstructive Surgery (FPM-RS), with the first trainees receiving board certification in 2013. Both urologists and gynaecologists are eligible to train in FPM-RS. In the United Kingdom, gynaecologists are trained in urogynaecology under the Royal College of Obstetricians and Gynaecologists (RCOG) while urologists can undertake fellowships in Female Urology and

Reconstruction through the Royal College of Surgeons (RCS). The curriculum for urologists in these training programmes includes complex reconstruction for both female and male patients.

In South Africa, the first locally certified urogynaecologist was registered with the HPCSA in 2018; Dr Lamees Ras, a gynaecologist, is now a consultant at the University of Cape Town (UCT). This is one of two sites offering urogynaecology training in South Africa: those being UCT and the University of Pretoria. As of 2020, the College of Urologists of South Africa offers urogynaecology as a subspeciality certificate, requiring 18 months in a training post followed by completion of an exit examination. This is currently the only subspeciality certificate offered for urologists in South Africa.

Training African urologists in urogynaecology would be of significant benefit to the field. Our gynaecology-trained urogynaecologists come with a wealth of knowledge of obstetric complications of the pelvic floor, while urologists offer skills in complex reconstruction (urinary diversion and augmentation cystoplasty, ureteric reimplantation) as well as neuro-urology. Having been accepted to a fellowship in urogynaecology at UCT, the author will be the first urologist in South Africa to undertake this subspeciality training.

The current climate of urogynaecology worldwide is certainly dynamic, with the challenges related to the use of pelvic mesh products having forced practitioners to consider and develop alternative treatment approaches for common pelvic floor conditions. Internationally, research is richly advancing in the field of SUI, where we await results of such trials as the PURSUIT study to guide non-mesh surgical practice.⁵ Similarly, new techniques for trans-abdominal POP repair continue to be tested to broaden our armamentarium, such as autologous fascia lata sacrocolpopexy. Research into African pelvic floor medicine needs to be encouraged and supported.

This fellowship creates the opportunity for urologists to advance their skills in female pelvic reconstructive surgery and contribute to



research in this field. The author's aims are to start conversations in the African urology community around the care of women's PFD as well as to promote awareness around the opportunities for skills development in urogynaecology on this continent.

Conflict of interest

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