645I GYNECOLOGY/FEMALE PELVIC MEDICINE & RECONSTRUCTIVE SURGERY

This rotation is not accepting international students

Course Description: The student will work closely with Urogynecology faculty and fellows in the outpatient and inpatient setting. The week includes gynecology surgical conference and didactics--followed by roughly two and a half days in clinic, two full days in the operating room, and one half day didactics. Clinic time will incorporate one on one teaching. Students have the opportunity to see patients independently and enhance skills of: history taking, presentation, pelvic floor physical examination (including POPQ and catheterizations), and development of treatment plans. Students will be exposed to a breadth of patients suffering pelvic floor dysfunction in a tertiary care setting including: pelvic organ prolapse, urinary/fecal incontinence, urinary retention, and vaginal mesh complications—all commonly involving refractory and/or recurrent cases. Additional exposures will include pelvic floor physical therapy, cystoscopy, urodynamic testing, and urodynamic interpretation. Surgical days involve vaginal and minimally invasive repairs of pelvic floor dysfunction (this can include midurethral slings, vaginal hysterectomy, vaginal prolapse repair, robotic or laparoscopic prolapse repair, mesh excisions, InterStim). Students will also attend monthly Urogynecology Journal Club and Lecture series, and weekly general OB/GYN Friday didactics (statistics and grand rounds).

Department: Obstetrics & Gynecology

Prerequisite: UC Irvine students must have successfully completed their basic science curriculum and the Ob/Gyn Core Clerkship. Extramural students must be in the final year of undergraduate medical education.

Restrictions: This rotation is not accepting DO or nternational students.

Elective Director: Felicia Lane MD, UC Irvine Medical Center, Department of Ob/Gyn, 101 The City Drive South, Building ,56, suite 800, Orange, CA 92868 (714) 456-6853 fgeas@uci.edu

Site Coordinator: Glenda Arciniega, UC Irvine Medical Center, Department of Ob/Gyn, 101 The City Drive South, Building 56, Suite 800, Orange, CA 92868 (714) 456-6707 gwatson@uci.edu

Site: UC Irvine Medical Center

Instructing Faculty: Service Attendings, and Chief Resident

Course Website: None

Who to Report to on First Day: Glenda Arciniega

Location to Report on First Day: UC Irvine Medical Center, 101 The City Drive, South, Building 56, Suite 800, Department of Ob/Gyn Medical Education Office, Orange, Ca

Time to Report on First Day:

Periods Available: Throughout the year

Duration: 4 week bocks only

Number of Students: 1

Scheduling Coordinator: UC Irvine students please email comsched@uci.edu or call (714) 456-8462 to make a scheduling appointment. Please read the following information carefully. Any student enrolled at a U.S. LCME medical school will use VSAS to apply. To apply please refer to this website http://www.aamc.org/programs/vsas/

Course Objectives: At the end of this rotations, the student will be ...

- Familiar with the principles and practice of female pelvic medicine & reconstructive surgery

- Capable in obtaining a targeted, Urogynecology specific patient history
- Knowledgeable in the physical evaluation of female pelvic floor dysfunction
- Have a strong understanding of pelvic anatomy
- Familiar with appropriate use of diagnostic processes surrounding pelvic floor dysfunction
- Familiar with appropriate treatment options surrounding pelvic floor dysfunction
- Comprehension of basic principles of bladder function, including urodynamic testing
- Knowledgeable of applied research in the area of female pelvic medicine and reconstructive surgery

Key Topics:

- Female Pelvic Medicine & Reconstructive Surgery
- Office Gynecology

Competencies:

- Urogynecology targeted patient history
- Pelvic examination including: speculum examination, POPQ, bimanual, catheterization
- Basic understanding of urodynamic testing principles
- Basic understanding of appropriate, available treatment options

Attitudes & Commitments:

- An understanding of inpatient and outpatient gynecology with a focus on female pelvic medicine & reconstructive surgery

Educational Activities:

What Students Should do to Prepare for the Rotation: Review pelvic anatomy and examination measures including POPQ. Basic review of female urinary incontinence and pelvic organ prolapse: risk factors, symptoms, and treatment options.

Clinical Responsibilities of the Student: Urogynecologic office visits (H&P presentations, pelvic examinations, and initiate thoughts on treatment plans), assist in Urogynecologic surgery, follow patients postoperatively and gain proficiency in postoperative surgical care.

Patient Care Responsibilities: Initial H&P evaluation, patient examination, understanding of treatment plans, understanding of surgical principles, follow patients admitted for surgery

Call Schedule of the Student: None

Procedures to be Learned by the Student: Patient catheterization and POPQ examination, possible pessary fitting/change

Percentage of Time Student will Participate in Ambulatory Setting: 60%

Conference/Lecture/Small Group Sessions:

- Weekly Gynecology Conference
- Monthly Urogynecology Journal Club &Lecture Series
- Weekly OB/GYN Grand Rounds & Statistics

Course Hours Weekly Summary:

3 Conference

1 Grand Rounds

1 Examinations

28 Patient-Care Activities

3 Preceptorship

4 Tutorials

40 Total

Content Theme Integration:

- Communication
- Women's Health
- Pelvic floor dysfunction diagnosis and treatment

Required Reading:

1. ACOG Practice Bulletin. Pelvic Organ Prolapse. NUMBER 85 Sept 2007 (Replaces Practice Bulletin Number 79, February 2007), Reaffirmed 2013

2. ACOG Practice Bulletin. Urinary Incontinence in Women. NUMBER 63 June 2005 (Reaffirmed 2013).

3. Textbook: Urogynecology & Reconstructive Surgery. Third Edition. Walters & Karram. Chapter 2: Anatomy of the Lower Urinary Tract, Rectum, and Pelvic Floor.

4. Textbook: Urogynecology & Reconstructive Surgery. Third Edition. Walters & Karram. Chapter 6: Evaluation of Urinary Incontinence and Pelvic Organ Prolapse: History, Physical Examination, and Office Tests.

5.Nager CW, Brubaker L, Litman HJ, Zyczynski HM, Gormley EA et al. A Randomized Trial of Urodynamic Testing before Stress-Incontinence Surgery N Engl J Med 2012; 366:1987-97.

6.Brubaker L, Cundiff GW, Fine P, et al. Abdominal Sacrocolpopexy with Burch colposuspension to reduce urinary stress incontinence. N Engl J Med 2006; 354 (15): 1557-66.

7.Wei JT, Nygaard I, Richter HE, Nager CW, Barber MD, Kenton K, Amundsen CL, Schaffer J, Meikle SF, Spino C. Midurethral Sling to Reduce Incontinence after Vaginal Prolapse Repair. N Engl J Med 2012; 366:2358-6.

Recommended Reading:

1.Haylen BT, de Ridder D, Freeman RM, et al. An International Urogynecological Association (IUGA)/International Continence Society (ICS) Joint Report on the Terminology for Female Pelvic Floor Dysfunction. Neurourology and Urodynamics 29:4–20 (2010)

2.Richter H, Albo M, Zyczynski H, Kenton K, Norton P, Sirls L, et al, for the Urinary Incontinence Treatment Network. Retropubic versus Transobturator Midurethral Slings for Stress Incontinence. N Engl J Med 2010; 362:2066-76

3. Textbook: Urogynecology & Reconstructive Surgery. Third Edition. Walters & Karram. Chapter 13: Obstetrics & Pelvic Floor Disorders

Official Grading Policy: The student will be graded with Honors/Pass/Fail. The student's final grade will be submitted on the standard UC Irvine elective form. The student will be evaluated by attendings and fellows in the areas of clinical performance, reliability, evidence of initiative, general fund of knowledge, and ability to relate to patients, staff and colleagues. If the student fails the elective a grade of "F" will be permanently recorded on his/her transcript. The student can repeat the course for a second grade; however, the "F" will not be removed from the transcript.