

Specialty Spotlight: Genitourinary War Injuries Getting Increasing Attention on Capitol Hill

The following is an Op-Ed written by Mark T. Edney, MD, FACS, member of the AUA Legislative Affairs Committee and Operation Iraqi Freedom veteran, raising awareness about a rise in urotraumatic injuries sustained by service members and garnering support for legislation to help address this growing problem.

Genitourinary (GU) organ injuries are increasing in number and complexity for today's warfighters. After eight and a half years of engagement in Iraq and with the war in Afghanistan well into its 11th year, policy makers are familiar with the most common patterns of injury sustained by service members. Congress and the Departments of Defense and Veterans Affairs have made great strides in funding the treatment and rehabilitation of extremity injury and amputations, as well as the neuropsychological wounds of war including post-traumatic stress disorder (PTSD) and traumatic brain injury. Injuries to the genitourinary organs, though less common, are no less physically and psychologically debilitating. Despite their profound impact, they have not received the same focus from a policy and care-delivery system perspective. In 2011, the American Urological Association (AUA) introduced a bill with the sponsorship of Congressman Brett Guthrie (HR 1612) that seeks to study and improve the prevention and management of genitourinary war injury – also known as urotrauma.

This legislation seeks to raise awareness of urotrauma, provide data to inform trauma research, improve treatments and provide soldiers the protection they need to prevent these injuries from occurring. Soldiers are issued a groin-protective garment that attaches to their tactical vests, but the triangle-shaped shield's design and positioning is felt by many to be



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cumbersome. As a result, it is often not worn. There is a critical need to invest in the research and development of protective gear for the genital organs that is effective and practical for the tactical environment.

It's important to understand the breadth of genitourinary injuries that result in threats to fertility and sexual function. The most common cause of urotrauma injuries are blasts from improvised explosive devices (IEDs), and gunshot wounds that can result in testicular rupture and injuries to the penis, urethra and bladder. More than one type of genitourinary injury is common for the soldier on foot patrol who experiences an IED blast. Non-urologic injuries can also affect urologic function. Spinal cord or traumatic brain injury (two major classes of non-urological injury) can result in ejaculatory dysfunction that that can impede fertility.

Urotrauma is not unique to male soldiers. Blast or gunshot wounds to the female pelvis can also result in a variety of injuries that impair sexual function and fertility. Trauma to the perineum and vagina can easily result in sexual dysfunction. Additionally, penetrating shrapnel injury to the female pelvis can disrupt the ovaries, fallopian tubes, or body of the uterus. Fallopian tube injuries can preclude the normal passage of the egg and therefore prevent fertilization. Uterine injury can result in a uterus incapable of sustaining a pregnancy.

There is a critical need to address a broad range of genitourinary trauma issues from a policy perspective. In the realm of prevention, there is need for the research and development of better protective gear that is compatible with the tactical environment. In order to better study the incidence of different injury patterns and the outcomes of the acute and chronic

management of GU battle injury, data collection needs to be enhanced. The Joint Theater Trauma Registry (JTTR) which has collected battlefield trauma data since 2003 needs to be augmented with genitourinary-injury specific data fields and the database needs to be integrated with other data sets in the VA and Department of Defense to facilitate GU injury outcomes improvement.

About the legislation

The urotrauma legislation, HR 1612, seeks to establish a National Commission on Urotrauma. The 16-member Commission, a collaboration of the Departments of Defense, Veterans Affairs, and Health and Human Services, will be a sunset Commission with defined objectives. They are: 1) To conduct a comprehensive study of the present state of knowledge of the incidence, duration, and morbidity of, and mortality rates resulting from urotrauma and of the social and economic impact of such conditions; 2) To evaluate the public and private facilities and resources (including trained personnel and research activities) for the prevention, diagnosis, and treatment of, and research in such conditions; and 3) To identify programs

(including biological, behavioral, environmental, and social programs) in which, and the means by which, improvement in the management of urotrauma can be accomplished. It has been scored at nominal cost and the offset has been identified.

On the Senate side, Senator Patty Murray has introduced a bill in the Senate Committee on Veterans Affairs (S. 3313), which seeks coverage of advanced infertility treatment (intrauterine insemination and in-vitro fertilization), for couples in the VA system who have been rendered infertile from GU war injury. The AUA will be convening a round-table on genitourinary war trauma on November 15th and will engage a broad coalition of interested parties including veterans groups and trauma experts. With a united message, we will be asking the 113th Congress to make a bipartisan statement, by passing legislation specific to urotrauma, in support of the brave men and women in uniform who have suffered the devastating loss of functionality and fertility as a result of genitourinary war injury. We owe these finest of Americans no less for the sacrifices they have made for our great nation.

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