



Society of Genitourinary
Reconstructive Surgeons



Meetings

Membership

GURS Initiatives

PRESIDENT'S FINAL HELLO

We invite you to join us for the GURS Scientific Program at the 2018 AUA Annual Meeting in San Francisco. The program will occur on **Friday, May 18, from 10am to 4:30pm**. This year the content will focus on the contemporary management of urologic trauma along with several other important topics in reconstructive surgery which will be highly relevant to a very diverse audience of general and subspecialty urologists.

The Brantley Scott Lecture this year will be given by Gerald Timm, PhD, from the University of Minnesota. Dr. Timm is an engineer who was extensively involved in the development of the Artificial Urinary Sphincter (AUS) device and brings a wealth of knowledge and experience in the science of implantable devices. He will speak about the development of the AUS – past, present and future.



The Charles Devine Lecture will be given by Dr. Shayan Izadoost from Baylor College of Medicine, Division of Plastic Surgery. Dr. Izadoost will share his understandings on optimizing the results of reconstructive surgery from the perioperative, surgical and medical perspectives. The material presented will provide broad insight and will be useful to anyone who performs reconstructive surgery.

The program will address a wide variety of topics in the management of urological trauma from a diverse, international and multi-specialty perspective. We will explore management of pelvic fracture injuries through the lens of the orthopedic surgeon and the urologist. We will have a presentation from a busy general trauma surgeon providing an update on the management of abdominal and pelvic with recommendations on how the urologist can best cooperate with the trauma surgeon in the care of seriously injured patients. An interventional radiologist (IR) will talk on how angioembolization and other IR techniques can aid in the management of vascular, renal and pelvic trauma.

An industry-sponsored lunch will focus on novel techniques to facilitate safe urethral catheterization in both the normal, and the strictured urethra.

The program will continue with a series of presentations on practical tips for handling challenging situations encountered by the urologist in the trauma setting including but not limited to the management of complex scrotal and penile injuries, surgical approaches to the injured kidney and urethral catheter realignment techniques.

Dr. Allen Morey will provide insights from his extensive experience in the surgical management of post-radiation urethral strictures. An overview of trauma research challenges and opportunities will be presented, as urologic trauma research has been limited in scope and few prospective management studies exist in our literature.

One highlight of the program will be a talk from Dr. Jack McAninch, who will share his reflections on a career in urologic trauma – Dr. McAninch's fascinating experiences and understandings will provide a unique historical and contemporary perspective to all attending.

The final section of the program will address both military and civilian trauma management from a broad international perspective, with speakers from several continents who have management these highly complex injuries.

The GURS Scientific Program will offer topics of interest to all urologists – we hope you can join us for this diverse and valuable program!

Michael Coburn, MD, FACS

President

SECRETARY'S MESSAGE

As incoming GURS Secretary-Treasurer, I am excited about the current programs that GURS is offering, and look forward to growing new programs and opportunities in the coming year.

Membership, Involvement and Leadership: GURS leadership has focused on expanding international membership in the past two years, and is happy to offer the World Bank Classification for members from some countries that are eligible for prorated dues. The President who each year Chairs the spring meeting Program has also pursued international speakers to be featured on the annual meeting program, and international members to serve on the Board.

Finance: With regard to GURS finances, we finished 2017 with Total Net Assets of \$132,267. In 2017 we established an investment account with Vanguard which will generate additional income to fund small grants or stipends.

GURS Interactions with Other Societies. Each year we budget to support GURS speakers on the programs of different societies, such as the Society of Government Service Urologists.

Mission Trips. GURS has a history of organizing small teams that travel to underserved countries and perform surgeries and instruction to local urologists and other providers. We have done this in places like Haiti and Kenya most recently and can connect with any members who are interested in learning more about these opportunities.

Match Program: GURS works closely with the AUA each year to implement the reconstructive urology match. There are currently 20 programs participating in the match and the Fellowship Committee works carefully to monitor case logs to ensure that each program meets approved minimum requirements in case volumes for urethroplasty and at least one other category including male incontinence, male sexual health, genital reconstruction, urinary diversion and ureteral reconstruction or female reconstruction. Descriptions of each of the programs can be found on the GURS website.



Visiting Professor Program:The intent of a new GURS Visiting Professor program is to reach out to urology residency programs that lack a GURS member or specialist in reconstructive urology – to increase their exposure and interest in the field. Launching this year, GURS will award a stipend of \$1,000 to a urology residency training program in support of a visiting professor who is an Active GURS member. This payment will be in the form of an unrestricted grant and is intended to help offset the travel or other department costs associated with the visit. Visiting Professors are expected to actively participate in a number of productive institutional activities. They may typically:

- Deliver a formal lecture to the host institution
- Engage in formal or informal discussions with graduate or postgraduate research students
- Undertake collaborative research with faculty or staff
- Present a paper as part of the university's seminar program
- participate in conferences and teaching sessions as well as journal clubs

Jeremy Myers, MD, FACS

Secretary-Treasurer

SAN FRANCISCO 2018: A MEETING OF THE OPEN MINDS

The 2018 American Urologic Association meeting in San Francisco next week is an outstanding program! We are excited to have a program that includes 11 different moderated posters, podiums, and video sessions, 10 plenary sessions as well as, 8 instructional courses pertaining to Urologic Trauma and Reconstructive Surgery. There seems to be three major themes for this year's meeting – (1) Transgender surgery (2) GU Trauma and (3) Laparoscopy and robotics in lower and upper GU reconstruction.

This year's GURS Annual Meeting highlights GU trauma: the multi-disciplinary aspect of management, as well as historical perspectives and contemporary management paradigms. The role of damage control in the management of ureteral and bladder and kidney injuries will be presented to attendees. Damage control is a concept of not performing the definitive reconstruction at the time of the initial injury. The main goal is to prevent the fatal triad of cold, coagulopathy, acidosis – which can lead to death. The initial goal of damage control is to control urine and fecal contamination and to control hemorrhage and then aggressively resuscitate the patient in the ICU. Persisting with complex intra-abdominal reconstruction is the face of instability, acidosis or cold body temperature – markedly worsens overall survival. Thus, at a planned and staged time, usually 2 days later, once the patient is stable and fully warmed and resuscitated, complex ureteral or bladder reconstruction can be more safely performed. The highlight or cap stone to the GURS meeting will be a presentation by Dr. McAninch -- on his life's experience and reflections on a career in Genitourinary Trauma.

Transgender Surgery: A review of this year's abstracts and courses on reconstruction shows a major increased emphasis and interest in transgender surgery. The practice of transgender surgery in the US has grown exponentially in the last two years as an outgrowth that commercial insurance now covers such surgeries. Today, many reconstructive urologists have gotten on the bandwagon of transgender surgery and collaborated with their local plastic surgeons to develop a program. There has been a backlog of patients desiring such surgeries and many programs for transgender surgery have months to years of a surgical waiting list. This year's AUA features two courses on transgender care, a "Didactic and Hand-on Course on Genital Gender Affirming Surgery for the Transgender Patient" and "What a General Urologist Should Know About Care for Transgender Patients" led by world experts. Additionally, there are five abstracts and two videos on transgender surgery. The videos describe Male to Female Vaginoplasty and are from Oregon and Italy respectively.

Robotics and Laparoscopy: There has been growing interest in the utilization of minimally invasive surgery for lower and upper urinary tract reconstructive armamentarium. As evidence of the rising interest and utilization of robotics are the growing numbers of abstracts and videos at this year's AUA. On Friday May 18th, a Video Session on Lower Urinary Tract Reconstruction, will feature 7 video abstracts on various techniques utilizing robotic assisted laparoscopic surgery for posterior urethroplasty, rectourethral fistulae, and bladder neck reconstruction. Such surgeries are technically difficult when performed through the traditional trans-perineal approach and thus the use of robotics trans-abdominally is a novel approach to such problems. On Saturday May 19th, a video session dedicated to Upper Tract Reconstruction, includes abstracts of laparoscopic and/or robotic assisted surgical techniques. There are also several abstracts utilizing Firefly® technology, combined with intra-ureteral ICG injection or ureteroscopy, in order to aid in ureter identification, mobilization and reconstruction. At our home institution at Columbia University, we have also dabbled in some robotic ureteral re-implantation surgery. I can personally attest that the Firefly technology is very helpful in identifying the ureter when the anatomy is distorted or there is periureteral or retroperitoneal fibrosis. Without haptic feedback, the ureter can be difficult to locate and mobilize laparoscopically. There is even an instructional course on the use of robotics and laparoscopy in ureteral reconstruction.

Urethral Stricture and Urethroplasty: Saturday May 19th there are three Trauma/Reconstruction abstract sessions: one moderated poster session of 20 abstracts and two podium sessions with a total of 25 abstracts. During one of the podium sessions, there are multiple basic science abstracts that help to elucidate the pathophysiology of urethral stricture disease, spongiofibrosis and lichen sclerosus (LS). The groups from the Lahey Clinic and SUNY Upstate both identified molecular characteristics of LS and found decreased expression of androgen receptors in urethral strictures related to LS -- further expanding our knowledge of the possible role that androgens may play in urethral stricture disease. It is a breath of fresh air to see some basic science papers in urethral surgery. Another focus of many of the abstracts are patient reported outcomes as to urethroplasty. A few abstracts address impact urethral reconstruction has on sexual function, quality of life and urinary function such as post void dribbling using validated questionnaires. The take home message of a couple abstracts is that urethral reconstruction is mainly a quality of life operation and that the patients' subjective measure of improvement is equally, if not more important than objective anatomical success. An abstract from a US multi-institutional data group (TURNS) reported that the cystoscopic recurrence of a urethral stricture after anterior urethroplasty does not always correlate with worse symptom scores -- and that despite recurrent stricture many patients remain satisfied with their urinary quality of life.

Sunday, May 20th there are three more abstract sessions with focus on ureteral and bladder reconstruction, including Transition Urology and GU Congenitalism. There are several abstracts from the International Robotic Cystectomy Consortium, comparing robotic assisted intracorporeal, extracorporeal urinary diversions and finding higher rates of perioperative complications related to intracorporeal diversions. There are also multiple abstracts on the functional and perioperative outcomes related to continent catheterizable and non-continent urinary diversions and bladder augmentations for benign etiologies. There is also an abstract proposal for a multi-center study on Enhanced Recovery After Surgery for pediatric and transitional urology patients undergoing complex reconstruction.

Plenary Session Expert Panel Discussions: On Monday May 21st, the entire morning plenary sessions are devoted to Reconstructive Urology. The day starts out with GURS highlights and then the rest of the day are six panels of world expert's discussion major complex reconstructive topics. The panel discussions are on Female Urethral Stricture Disease, Controversies in GU Reconstruction, Complex Cases in Bladder and Genital Trauma,

Tricks and Tips in Penile and Urethral Cancer Surgery, Urinary Diversion for Complications of Radiotherapy and finally, Robotic Ureteral Reconstruction.

We look forward to seeing you all at the annual GURS Meeting and the many Reconstructive Urology Podium, Poster and Video Sessions, as well Instructional Courses in San Francisco! Safe Travels.

Steven Brandes, MD

Immediate Past President- GURS

Cooper Benson, MD

Reconstructive Urology Fellow- Tulane University

Urologic Congenitalism International Summit
May 15-16, 2018
Cleveland Clinic
Weinberg Family Conference Center, Q1-300



We hope you consider joining us for this unique learning opportunity with faculty who are specialists in the care of urological congenital diseases from across the globe! Space is limited. [Register now!](#)

This will be a non-CME accredited, two-day course open to all individuals with interest in this arena. The Faculty represents diverse geographic and technical backgrounds, including respected top leaders in this specialty from six of the seven continents. In addition, the founder of the field of congenital urology, Professor Christopher Woodhouse, has agreed to participate.

The first day will consist of lectures and Q&A on specific multidisciplinary topic areas that overlap with urological congenitalism. The second day will consist of case-based and video enhanced presentations and roundtable management discussions by specialists on the topic.

This course represents a one-of-a-kind opportunity to bring together a broad array of cultural experience in the evolving discipline of congenital urologic care.

[Register Now](#)

[View Program](#)

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