

# Annual SUN Congress gathers Italian residents in Palermo, Sicily

ESRU highlights opportunities available to European urology residents



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Professors Cosciani Cunico, Melloni and their colleagues actively defending their respective positions on the topic.

For the first time, organisers of this year's congress also scheduled an impressive Live Surgery Session, all performed by residents. The participating residents carried out endoscopic resections of bladder tumour, showing their skills in the procedure. Meanwhile, the afternoon programme included a hands-on training session with a TUR simulator, with the participants performing a cystoscopy and a resection of an animal bladder model.

The session has been totally sold out with 30 persons attending the course, a number which exceeded expectations. After a short introduction regarding the various tasks or utilities of bladder resection and the procedural steps, all participants performed bladder resection using the simulators.

As in previous conferences, this year's SUN also held a competition for the best abstract that was discussed

by residents. The abstract meeting was held during a special Golden Communication Session of the Congress, supported by an educational grant provided by Astellas Pharma.

A General Assembly ended this year's successful meeting. Aside from taking up SUN's agenda for the next year, the general assembly also presented candidates for the new Italian NCOs, with the elections to be held during next year's SUN Congress.

During the General Assembly, we also had the great pleasure to have the participation of ESRU secretary Dr. Francesco Sanguedolce, who joined us in marking another milestone. Dr. Sanguedolce also spoke on the goals and mission of the ESRU and highlighted the opportunities offered by the EAU to European urology residents. He encouraged everyone present to benefit from these opportunities whilst promoting the goal of uniting residents in urology from across Europe.

Once again this meeting has provided the most opportune time for residents in Italian urology to meet and share experiences together, aside from learning the latest updates on various urological issues from veteran lecturers and invited speakers.



Hands-on training session with a TUR simulator

Indeed, we spent a productive congress and social event in Palermo, which closed with a wonderful dinner in a seaside restaurant that overlooks the Palermo sea. With a final closing after-party enjoyed by everyone, we can certainly claim to have organised and participated in another successful ESRU Italian Day!



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Each year, during the SUN (Società di Urologia Nuova) Congress, Italian NCOs of the European Society of Residents in Urology (ESRU) organise a one-day Residents Course that features lectures and practical sessions.

For this year's meeting, the wonderful city of Palermo in Sicily has been chosen as congress venue. The SUN Congress also coincided with the ESRU 2009 Annual Meeting, with both meetings attracting a sizeable number of participants. This year, the conference's focus was on non muscle-invasive bladder cancer, and the interest for this topic was reflected in the enthusiastic interaction amongst the attendees. A lively debate followed the main session with



Italian residents on training

## Young urologists: 'new species' in need of full support

Sustained efforts will reduce discrepancies in training across Europe



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departments, their young careers dependent on academic grants, or stagnating in temporary contracts in hospitals with very limited facilities.

Thus, we have in Europe a very diverse group of urologists in terms of training and preparation, with the age variation ranging from the early 30s to nearly 40 years old since in some countries many general residencies usually end after 30 years of age. Moreover, there is the period for completing surgical training which could last for about three years (to those who are trained), or even a longer period of five to seven years for neophyte urologists.

Since the former (less trained urologist) could comprise a bigger group, and can well be considered as the future of our discipline, there is an urgent need to provide greater attention in creating a strategic plan which aims to fulfil the following: improve healthcare facilities, provide specialised meetings and courses, host exchange programmes, and create a reliable and equitable recruitment system across Europe, whilst taking into account that urologists from crowded labour markets can help a lot in alleviating the shortage in other countries.

A challenge for the EAU is its leading role in closely examining the status and employability of young urologists, whilst taking into consideration the experience of other urological associations such as the AUA and other international societies which have addressed these issues and have set up dedicated committees.

The EAU have shown great interest to the resident community in recent years, providing the necessary support to the ESRU, supporting its activities and goals be it economic, logistical and scientific. Today, the fast-paced developments in medicine and the growth we have witnessed have led to a new set of challenges. The test is how we are going to respond to chronic obstacles or present new solutions. To guarantee a stable future for urology is, therefore, one of the biggest challenges for European urologists.

Clearly, the surgical aspect of urology demands capacities and traits that are often possessed by young people such as physical endurance, deft technological skills and versatility. Thus, it is of paramount importance to invest on the young urologist-professionals who are in the most productive and promising phase of their career.

Moreover, it is our society's aim to reduce, if not eliminate, the stark discrepancies across artificial borders, because only by doing so will our efforts to transform Europe into a unique and equitable continent be really successful.

**Our rallying cry: let us invest on the young!**

Even though I am the current secretary of our residents' association, I still experience the 'disorienting' phase wherein I undergo the transition from resident to a full urologist. Depending on one's circumstances, this phase can be 'traumatic' as the young resident comes to grips with and faces the full challenge of applying what he has learned in theory to the practical, day-to-day realities of clinical work.

This gray area could last for some years, taking into account the differences in the level of national training, personal vocation or the interests and skills honed by the young urologist. In some European countries, particularly those in the south and eastern regions, many new urologists experience greater difficulties just to find work, compared to the northern and western countries where the lack of urologists practically guarantees the young urologist a reliable and stable job.

It is noteworthy that a survey, conducted by the ESRU and which aims to evaluate urological training, has shown that in European countries where residents are well-trained, these same new urologists are often tasked to perform major surgical procedures and, not surprisingly, this is in countries where there is an urgent need for new urologists to fill up vacancies.

On the other hand, in countries where there is a lack of sufficient jobs for urologists, the residency period is often longer since training is inadequate, with residents spending more time assisting in urological



### Test your knowledge!

The EBU offers three MCQs to test your knowledge. Challenge your memory by answering the following questions:

- The primary treatment of a 23-year-old man with an incomplete rupture of the bulbous urethra, due to a blunt trauma during a football match, was a suprapubic cystostomy. After 10-14 days the initial treatment should be followed by:
  - Urethroscopy.
  - Retrograde urethrography.
  - Clamping of the cystostomy catheter and trial of voiding.**
  - Removal of the cystostomy and urinary flow control after 4 weeks.
- When the cuff of an artificial urinary sphincter (AUS) is placed around the vesical neck:
  - The AUS works better.**
  - It can be activated immediately.
  - The surgical procedure is easier.
  - A bladder substitution using intestine must not be performed at the same time.
- A 45-year-old woman complains of urge incontinence 9 months following a retropubic urethropexy. A video-urodynamic study shows normal bladder compliance, no detrusor instability and a poor urinary flow, cystoscopic evaluation demonstrates a high fixed retropubic position of the urethra. The next step is:
  - Urethral hyperdilatation.
  - Transvaginal urethrolysis.**
  - Urethrolysis and needle suspension.
  - Anticholinergic agent administration and intermittent catheterisation.

To check out the correct answers, visit:  
[www.ebu.com/Examinations/StudyMaterial](http://www.ebu.com/Examinations/StudyMaterial)

