

Welcome to Stockholm!



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By this time, readers of this column must be attending the EAU congress in Stockholm and having a great time. The 24th Annual EAU Congress is a big event for urology residents as well. ESRU will celebrate its 10th anniversary and we are looking forward to a busy ESRU Day and to other activities that are being organised during the congress.

In these pages, Andreas Petrolekas writes a detailed overview about these events. And if it is your first time in Sweden, check out Stina Erikson's "Tips and Tricks" article that might help you get a good orientation in Stockholm, one of Scandinavia's premier cities.

In this issue of EUT, we also present one full case report and a 'photo' case. Mátyás Benyó from Hungary submitted a rare clinical case with an elegant solution: laparoscopic removal of putatively congenital seminal vesicle cyst associated with hypoplastic kidney.

Regarding the photo case report, this case involves an enormous testis tumour and the report is accompanied by a management approach written by Mario Alvarez Maestro from Spain. ESRU Secretary Francesco Sanguedolce and his friends also made a very exciting project proposal. With help from the industry, they have started a "travelling" laparoscopic hands-on-course throughout Italy. They have written about the details of their experience and we hope that initiatives like this could be duplicated in other European countries.

András Thoman from Hungary spent some time in a British hospital and in his article he shares with us the work of an oncological multidisciplinary team meetings, the benefits of which, according to Thoman, are definitely of value and interest to other cancer specialists. Finally, we present our regular history column and the quizzes.

I hope to meet with you in Stockholm!



Test your knowledge!

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

- Oligospermia following successful treatment of a non seminomatous testicular tumour:
 - May persist more than 1 year after chemotherapy.
 - Is best prevented by LH-RH analogs in case of chemotherapy.
 - Is very rare at time of non-seminomatous germ cell tumour (NSGCT) diagnosis.
 - Is present in 50% of patients following modified retroperitoneal lymph node dissection.
- Preoperative alpha blockade in patients with pheochromocytoma is necessary:
 - If multiple tumours are suspected.
 - For complete inhibition of receptors.
 - In patients with severe hypertension.
 - If the location of the tumour is uncertain.
- Which of the following statements is correct?
 - The cortex of the kidney is less susceptible than the medulla to infection.
 - Cystitis in woman usually occurs as a result of blood-borne spread of bacteria.
 - Enterococci are among the most frequently encountered Gram-negative bacteria in the urinary tract.
 - Staphylococcus saprophyticus is a rare cause of community-acquired urinary tract infection (UTI).

To check out the correct answers, visit:
www.ebu.com/Examinations/StudyMaterial



European Board of Urology

ESRU to present 'must attend' activities in Stockholm

Informative meetings, networking await urology residents



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Only a few days to go and we will be holding and participating in this year's 24th Annual EAU Congress in Stockholm, Sweden, known as the land of Vikings, Volvo and ABBA.

Stockholm, Sweden's capital city, is a mix of cosmopolitan and Scandinavian allure with its saffron and terracotta coloured buildings, the lakes and the fascinating old town, Gamla Stan, that will all definitely impress visitors with their northern charm. Perhaps, as of this time, most of us are already preparing our

presentations, suitcases, and our scientific and social (definitely!) agendas for the congress.

The EAU congress is the time where European urologists, senior doctors and residents can meet and exchange ideas, evaluate the results of last years' projects and make plans for the next year. And if time allows, relaxed in Stockholm's cafes and restaurants for a taste of husmankost (Swedish traditional cuisine), or the ostkaka (Swedish cheese cake) or a shot of Absolut vodka...

"We expect all of you in K-1...."

It is exactly this relaxed and friendly atmosphere that we plan to create in the ESRU booth during the congress, a place where all residents can meet, discuss the various aspects of European urological training and get a chance to fill up the ESRU questionnaire evaluating urological departments around Europe. We also intend to evaluate the results that we already have, exchange ideas, participate in competitions to win prizes, and most of all get in touch with people of various cultural and social backgrounds but with one common interest: urology.

The ESRU have many surprises for you in Stockholm. Our NCOs have the best tips for dining and clubbing in Stockholm, with our 'scouters' checking the top places for you to visit. If you invite us we may even accompany you during your nights out. We will also have tips for museums and tourist attractions. Let's all contribute by actively making this booth the most lively place during the exhibit, a good ESRU "ambassador" and the most lively and energetic residents group in Europe!

Furthermore, we will again have our biggest 'rendezvous' and annual scientific meeting, the ESRU Day. We expect all of you at the K-1 Room on Wednesday, 18 March at 9:30 a.m. After your enthusiastic participation in last year's meeting we have booked a larger room to accommodate all participants.

During the ESRU Day, be the first to know about the latest changes from the EUSP regarding scholarship opportunities available to European residents. You can also get information about EBU projects across Europe. And you can win a Campbell book if you correctly answer all the multiple choice quiz with

questions especially formulated to mislead participants (!). And there are the interactive presentations on BPH by Prof. Mitropoulos, urolithiasis by Prof. Esen, urogynecology by Prof. Dinis and infertility by Prof. Dohle. Finally, the very interesting results of the ESRU questionnaires will also be presented.

For those of you with more practical concerns, lunch will be available and during the session we are going to distribute invitations to the popular ESRU dinner and party. Former ESRU chairman Dr. Stina Erikson is organising something really fabulous. But talks about a dance competition with ABBA songs are not confirmed yet!

After the long ESRU day, the very interesting presentations, attendance in plenary sessions, courses and visits to the ESRU booth (don't miss it!), I wish you all a nice stay in beautiful Stockholm. By the end of the congress I guess we will all be singing: "Mamma mia, here I go again. My, my how can I resist you..."

Looking forward to meeting you at the ESRU booth...

Training in laparoscopy: the Italian course(s)

Residents benefit from comprehensive laparoscopy training

In recent years training in urological laparoscopic surgery has become a task of paramount concern and particular attention was focused on residency programmes. Several published works have also suggested that there is a need for training programs to be carried out effectively.

Even if the laparoscopic technique is routinely performed in most of academic urologic centres, it still represents a relatively new approach, and this explains why there is still no standardised laparoscopy training. On the other hand more patients prefer to undergo laparoscopic surgery, prompting the need for young urologists to be fairly skilled and thus meet the demand.

The Italian section of the ESRU promoted some initiatives to make the Italian academic urological community be aware of this challenge. And thanks to the logistic and technological support of Karl Storz Endoskope, a travelling course in laparoscopic surgery was organised for the residents of 19 Italian academic centres: four box stations of pelvic trainer were placed at the disposal of each centre for two days, during which trainees attended the lectures by local tutors and practised basic skills of laparoscopic surgery (hand-eye coordination and suturing techniques).

At the end of the course, residents filled the EAU-ESUT modified questionnaire (P. Laguna et al. Eur Urol

2005, 47 (3): 346) on laparoscopic training. More than 100 questionnaires were collected which showed interesting results. In 64% of the cases, residents are not involved in training programmes in laparoscopic surgery; when they are (35%), they participate in operations mostly as camera-holder (22%) and as assistant surgeon (13%).

Around 38% of the Italian urology residents believe that laparoscopy is the future of urological surgery, 20% consider that laparoscopy will partially replace open surgery and 42% are convinced that open surgery will remain as the main surgical technique in the future.

Moreover, they were asked if they believe it should mandatory to be skilled in open surgery before starting laparoscopic surgery. Only 41% of residents said it is not essential to be primarily trained in open surgery before training in laparoscopy; interestingly most of these respondents attended the centers in which residents are more actively involved in laparoscopic surgery.

According to the residents, the following aspects should constitute proper training. By order of importance these are: long term visits to centres of excellence, training in centres that use animal models, sessions of laparoscopic surgery in their department, sessions with simulators, ESUT courses and short-term visits, respectively.

Recently, laparoscopic and endourological surgery courses were organised during the National Congress of the Società Italiana di Urologia, which celebrated in Rome its 100th-year foundation anniversary last September. During these courses, a theoretical and a hands-on session were offered to 50 Italian residents.

The lectures were presented by prominent speakers (Professors G. Morgia, G. Martorana, G. Guazzoni and F. Porpiglia) who shared their surgical experiences, and made suggestions regarding learning curves and a number of technical tips and tricks.

During the hands-on session, presented by expert tutors (Drs. A. Celia, P. Bove, A. Cestari, B. Rocco, F. Sanguedolce and P. Verze), the following were taken up: ex-vivo models were proposed in order to develop a programme that will guide residents to develop their basic skills into more complex exercises, a simulation of the dissection of renal vascular peduncles and the vesical-urethral anastomosis; in endourology porcine models were used to perform semi-rigid and flexible ureterorenoscopy and PNL. All participants gave enthusiastic comments and rated the courses as a success.

Based on the successes of these activities, we are convinced that many aspects in urological training require further improvements. Furthermore, in



Dr. A. Celia, trainee and Dr. F. Sanguedolce during SIU National Congress, Rome 2008, simulating renal vascular peduncle dissection.

routine clinical practice, technology and technique have crucial roles, and that residents, at the end of their residency, should have the necessary confidence to use the latest instruments.

We are also convinced that ex-vivo models are the best materials to use in terms of simulating realism, ease of use, reproducibility and costs. Moreover, more attention should be given to this method in academe-based urologic centres, and that the support of bio-medical companies are inevitable.

Finally, our special thanks to Dr. Celia, who first proposed the use of ex-vivo models in training programmes in Italy and who inspired many residents during their training.

Dr. Francesco Sanguedolce & Dr. Paolo Verze