Urogynecology Curriculum for the PGY III and IV Resident

Sinai Hospital of Baltimore Maryland
Department of Obstetrics and Gynecology

I. Educational Purpose:
The dedicated Urogynecology rotation is intended to provide the senior residents with an opportunity for the acquisition of skills, knowledge, and experience in the assessment and management of pelvic floor dysfunction. This educational opportunity will include textbook chapter and journal reviews, cadaver lab anatomy dissection, formal didactics, and supervised patient care in the inpatient and outpatient setting. At the conclusion of the rotation, the resident should be able to formulate and implement a treatment plan, perform diagnostic testing and surgical procedures, and appropriately counsel patients.

II. Competencies, Goals and Objectives:
By the completion of the Urogynecology Rotation, the resident should demonstrate satisfactory achievement of several skill sets.

He/She should be able to:

1. Medical Knowledge
   - Embryology: Understand the development of the female urinary tract, lower reproductive, pelvic floor, and lower gastrointestinal tract and their interrelationships.
     1. Understand the normal development of the bladder, urethra, vulva, vagina, rectum, and anal canal.
     2. Understand the temporal and anatomic embryologic interrelationships within the urinary tract, reproductive tract and lower gastrointestinal tract, and how mullerian and urinary anomalies develop and can coexist.
     3. Understand the relationship of the urogenital ridge and the subsequent development of the mature kidney, including the timing and progressive appearance of the three sets of excretory organs.
     4. Understand the stages in growth and positioning of the mature kidney and ureters.
     5. Understand the mechanisms responsible for the normal and abnormal development and positioning of the components of the female urinary, reproductive and lower gastrointestinal tracts.
   - Anatomy: Understand the normal anatomy, anatomic interrelationships and variations of the bony pelvis, pelvic girdle and pelvic floor musculature, nerve supply, vasculature, lymphatic drainage, connective tissue supports and the pelvic viscera including
the bladder, ureters, urethra, vagina, uterus, rectum, sigmoid colon, small bowel surrounding structures.

1. Understand the anatomic components and relationships of the pelvic organs.
2. Understand the innervation, blood supply, and lymphatic drainage of these structures.
3. Understand the changes in position and electromyographic activity of pelvic floor musculature at rest and with strain, sudden and sustained increases in intra-abdominal pressure, and voluntary muscle contraction.
4. Understand and be able to trace the course of the ureters from the kidney to the bladder and identify adjacent structures along their course in the context of common locations and mechanisms of operative injury.
5. Understand the anatomy of the retropubic, paravaginal, pararectal, and presacral spaces.
6. Understand the alterations in normal anatomic relationships associated with pelvic organ prolapse, urinary and anal incontinence, as well as voiding and defecation disorders.

- **Physiology:** Understand the normal function of the lower urinary tract during the filling and voiding phases, the factors responsible for anal continence, and the key elements involved in normal pelvic floor support.

  1. Understand the reflex arcs responsible and basic neurologic circuits responsible for coordinated functioning and volitional control of the bladder and urethra.
  2. Understand the autonomic and somatic neurologic control of lower urinary tract function.
  3. Understand the normal voiding frequency and capacity using voiding diaries and the urodynamic volume/pressure relationships of urethra and bladder during filling and emptying.
  4. Understand the role of neurotransmitters and receptors in coordinated bladder and urethral function and the strengths and limitations of pharmacologic interventions to regulate lower urinary tract function.
  5. Understand the functional sphincteric mechanisms of the urethra in controlling bladder/urethral pressure gradients during filling and emptying including the role of the pelvic floor musculature and the rationale for recommending pelvic floor muscle exercises for both stress and urge urinary incontinence.
6. Understand the neurologic control of the pelvic floor musculature and its role in maintaining pelvic floor support at rest, with voiding, defecation and in response to both sudden and sustained increases in intra-abdominal pressure.

7. Understand the effects of vaginal delivery, lack of estrogen support, aging, obesity, health habits (like smoking, chronically straining at bowel movements, and chronic cough), and pelvic surgery on lower urinary tract function; pelvic floor connective tissue, muscle, and vascularity; and lower intestinal function.

- **Urinary Tract in Pregnancy:** Understand the morphologic and physiologic changes to the urinary tract in pregnancy. He/she should be able to demonstrate this understanding in the care of patients with symptoms or signs of urinary tract abnormalities and determine their significance in pregnancy.

- **Urinary Tract Dysfunction:**
  1. Understand standard terminology as related to signs and symptoms of lower urinary tract disorders (e.g. urgency, urge incontinence, stress incontinence as a syndrome, a sign, and a symptom, urethral syndrome, etc.).
  2. Understand the relationship of other organ systems to lower urinary tract dysfunction.
  3. Understand possible psychosocial and psychosexual relationships to lower urinary tract symptomatology.

- **Urinary Incontinence, General Considerations:**
  1. Understand the different types of urinary incontinence, their causes, symptom complexes, physical findings, and distinctions.
  2. Understand the value and performance of the various laboratory, radiologic, and mechanical tests used to evaluate urinary incontinence.
  3. Understand the various medical and surgical approaches to specific types of urinary incontinence, and be able to provide an adequate spectrum for the majority of patients suffering from the more common of these conditions.
  4. Recognize the economic impact of urinary incontinence in the United States.
  5. Understand the psychological, social, and sexual impact of urinary incontinence.

- **Stress Urinary Incontinence:** understand the principles involved in the confirmation of the diagnosis of stress incontinence. He/she should know when referral for further evaluation is necessary and be able to
1. Know the definition of genuine stress incontinence, its signs, symptoms, and differential diagnosis from other syndromes.
2. Understand the underlying anatomic abnormality that allows urinary loss in this condition.
3. Understand the various tests, their value, limitations, and performance in establishing the diagnosis (e.g. Marshall/Bonney test, Q-tip test, cystometrogram, simultaneous bladder and urethral pressure measurements, etc.)
4. Know the various approaches, both nonsurgical and surgical, for the treatment of genuine stress incontinence.
5. Know and be able to perform the various operative repairs appropriate to the treatment of genuine stress incontinence.
6. Understand the benefits, risks, and how to decide on a vaginal versus abdominal versus combined surgical procedures for the correction of genuine stress incontinence.
7. Understand the relationship of genuine stress incontinence and pelvic relaxation.
8. Is able to discuss risks, benefits, and expected outcomes of nonsurgical and surgical management of SUI.

- **Urge Incontinence**: Understand the etiology, signs, symptoms, diagnosis, and treatment of detrusor instability.

  1. Define the term detrusor instability, overactive bladder, urge incontinence and other synonyms.
  2. Understand the pathophysiology of the condition.
  3. Understand the clinical presentation of the condition and other conditions from which it must be distinguished.
  4. Understand the diagnostic measures required to identify the condition.
  5. Understand the various treatment modalities, including behavior modification, pelvic floor exercises, pharmacotherapy, and electrical stimulation.
  6. Understand the risks, benefits, and expected outcomes of nonsurgical and surgical management of urge incontinence.

- ** Voiding Abnormalities**: The resident should be able to recognize and understand the management of urinary retention and overflow incontinence.

  1. Understanding the normal mechanisms of voiding in women.
2. Understand the terminology related to mechanism of voiding including valsalva voiding, detrusor sphincter dysynergia, and post-void residual.
3. Understand the pathophysiology of abnormal voiding, hesitancy, acute and chronic urinary retention, and overflow incontinence.
4. Understand the relationship between pelvic floor surgery and postoperative voiding difficulties.
5. Understand the clinical presentation of abnormal voiding.
6. Understand the evaluation of abnormal voiding patterns.
7. Understand the various treatments used for this condition, their risks and benefits, including intermittent self-catheterization.

- **Urinary Tract Infection**: The resident should be able to diagnose and treat acute, chronic, and recurrent infection of the urinary tract in both pregnant and non-pregnant women.

1. Understand terminology (e.g. Significant bacteriuria, pyuria, chronic infection, re-infection, relapse, asymptomatic bacteriuria)
2. Understand pathophysiology (e.g. host responses, age relationship, urinary retention, influence of pregnancy, etc.)
3. Understand the relationship between host susceptibility factors, anatomy, and bacterial virulence factors as they relate to infection risk and renal involvement.
4. Understand clinical presentation (e.g. influence of site of infection upon clinical picture, difference between complicated and uncomplicated infections)
5. Understand methods and significance of diagnostic techniques and indications for in-depth evaluation.
6. Understand modes of therapy for acute and chronic infection.
7. Understand indications for and methods of prophylaxis for recurrent disease.

- **Urethral Disorders**: The resident should demonstrate the ability to diagnose and manage conditions referable to the urethra, including urethral syndrome, infectious and noninfectious urethritis, atrophic urethritis, and urethral diverticulae.

1. Understand the definitions of urethral syndrome, infectious urethritis, atrophic urethritis, and urethral diverticulae.
2. Understand pathophysiology infectious urethritis, atrophic urethritis, and urethral diverticulae.
3. Understand clinical presentation infectious and noninfectious urethritis, atrophic urethritis, and urethral diverticulae.
4. Understand role of endoscopic evaluation
5. Understand methods of prophylaxis and treatment, both medical and surgical, and their indications and contraindications.
• **Intraoperative Injuries**: The resident should demonstrate an ability to prevent, identify, and manage urinary tract injuries which occur during pelvic surgery. He/she should show an understanding of appropriate surgical repair of these injuries, although he/she may not always be responsible for performing these repairs.

1. Understand the normal and variant anatomical relationships of the ureter, bladder, and urethra to the female reproductive tract.
2. Demonstrate the accepted precautions necessary to prevent urinary tract injury.
3. Enumerate the investigations used to diagnose urinary tract injury both intraoperatively and postoperatively.
4. Describe and perform the management of these injuries when discovered immediately at the time of surgery based on location of injury status of operative field (e.g. Infection, malignancy), and condition of the patient.
5. Describe and perform the management of urinary tract injury when discovered in the postoperative period or later.

• **Urinary Tract Fistulae**: The resident should demonstrate knowledge of the etiology, prevention, recognition, diagnosis, and management of fistulae involving the urinary tract.

1. Understand factors leading to the formation of urinary tract fistulae.
2. Understand methods of preventing or minimizing the influence of these factors.
3. Understand the classification of urinary tract fistulae including vesicovaginal fistulae, ureterovaginal fistulae, and urethrovaginal fistulae and how to identify and diagnose the types.
4. Know the clinical presentation of a urinary tract fistula
5. Understand the treatment approaches to urinary tract fistulae based upon etiology, size, and location.

• **Neoplasia**: The resident should be aware of the potential for urinary tract neoplasia in the female patient.

1. Understand the clinical presentation of these lesions including hematuria.
2. Know the indications for referral and biopsy of these lesions.
3. Understand the management of these lesions.

• **Pelvic Organ Prolapse, Pathophysiology**: The resident should demonstrate an understanding of the prevalence, etiology, predisposing factors, and symptomatology associated with pelvic organ prolapse.
1. Understand the normal support of the vagina (Levels I, II, and III), uterus, bladder, and rectum.
2. Understand the anatomic and structural factors associated with pelvic organ prolapse.
3. Understand the neuromuscular changes in the pelvic floor associated with genital prolapse.
4. Understand the relationship of childbearing, age, hormonal factors, and genetic factors to pelvic organ prolapse.
5. Understand the anatomic and symptomatic consequences of abnormal pelvic floor support.

**Pelvic Organ Prolapse, Diagnosis:** The resident should be able to identify, stage the severity of, and discern the symptomatology associated with pelvic organ prolapse.

1. Understand the anatomy of various anterior vaginal wall defects, including midline, lateral, and transverse cystocele and anterior enterocele.
2. Understand the anatomy of uterine and vaginal apex prolapse, including anatomic defects associated with apical enterocele.
3. Understand the anatomy of various posterior vaginal wall defects, including rectocele, perineal descent, and posterior enterocele.
4. Understand the criteria for staging of pelvic organ prolapse according to the International Continence Society (ICS) grading system and how it compares with the other classification systems.
5. Perform a pelvic organ prolapse assessment according to the POP-Q guidelines.
6. Know the symptoms associated with various types and increasing stage of pelvic organ prolapse.
7. Recognize the frequent disparity between objective anatomic findings and clinical symptoms.

**Treatment of Pelvic Organ Prolapse:** The resident should be able to identify the patient requiring treatment and establish a plan of treatment for the patient with pelvic organ prolapse.

1. Understand the indications for treatment.
2. Understand the nonsurgical options for treatment, including care and use of pessaries, and administration of vaginal estrogen.
3. Understand the possible side effects of nonsurgical treatment, such as infection, ulceration, urinary incontinence or retention associated with pessary use.
4. Understand the options for surgical correction by vaginal, abdominal, laparoscopic, and combined routes based on anatomy, functional needs, and health status of the patient.
5. Know and be able to perform the various operative repairs appropriate to the treatment of pelvic organ prolapse.

6. Understand the outcome and possible complications of surgical correction.

7. Be able to counsel the patient on treatment plan, including side-effects, risk, failure, and complications.

8. Recognize the economic impact of pelvic organ prolapse in the United States.

9. Understand the psychological, social, and sexual impact of pelvic organ prolapse.

- **Fecal Incontinence**: The resident should be able to demonstrate an understanding of the prevalence, etiology, predisposing factors, symptomatology, and management of fecal incontinence.

  1. Understand the different types of fecal incontinence, including anal incontinence, their causes, symptom complexes, physical findings, and distinctions.

  2. Understand the functional, anatomic, and neurologic abnormalities which may be associated with fecal incontinence. Including the role of stool consistency, colon transit time, anorectal sensation, the coordination of rectal emptying with pelvic floor muscle relaxation, and anorectal muscle tone in the maintenance of fecal control.

  3. Understand the autonomic and somatic neurologic control of anorectal function.

  4. Understand the use and limitations of physical examination, anal manometry, pudendal nerve terminal motor latencies, anal sphincter electromyography, and radiographic imaging studies.

  5. Understand the role of paralytic agents, bulking agents, pelvic floor physiotherapy, electrical stimulation therapy and enemas used in the management of anorectal incontinence.

  6. Understand the indications, risks and benefits, and success of various surgical approaches to specific types of fecal incontinence, including overlapping anal sphincteroplasty.

  7. Counsel the patient on the cost, risks and benefits and expected outcome for nonsurgical and surgical management of fecal incontinence.

  8. Recognize the economic impact of fecal incontinence in the United States.

  9. Understand the psychological, social, and sexual impact of fecal incontinence.

- **Defecation Disorders**: The resident should demonstrate an understanding of normal bowel function and how abnormal bowel function relates to other pelvic floor path physiology.
1. Understand normal bowel function from ingestion to defecation.
2. Understand the conditions of constipation, defecation disorder, irritable bowel syndrome, and spastic puborectalis.
3. Understand the relationship between defecation disorders, perineal descent, pelvic organ prolapse, and neuromuscular function of the pelvis.
4. Understand the role of stool consistency, colon transit time, anorectal sensation, the coordination of rectal emptying with pelvic floor muscle relaxation, and anorectal muscle tone in the maintenance of normal bowel function from ingestion to defecation.
5. Understand the use of physical examination, anal manometry, pudendal nerve terminal motor latencies, sphincter electromyography, and radiographic imaging studies, including transit studies, in the evaluation of constipation and defecation disorders.
6. Understand the non-surgical techniques for prevention and treatment of defecation disorders and constipation, including, bowel stimulating agents, bulking agents, pelvic floor physiotherapy, enemas, dietary modification, promotion of improved bowel habits, and electrical stimulation.
7. Counsel the patient on the cost, risks and benefits and expected outcome for nonsurgical and surgical management of constipation.
8. Recognize the economic impact of constipation in the United States.

2. Patient Care (Clinical and Management Skills)

- **Anatomy:**
  1. Trace the course of the ureters from the kidney to the bladder and identify adjacent structures along their course in the context of common locations and mechanisms of operative injury.
  2. Identify the retropubic, paravaginal, pararectal, and presacral spaces.
  3. Identify alterations in normal anatomic relationships associated with pelvic organ prolapse, urinary and anal incontinence, as well as voiding and defecation disorders.

- **Physiology:**
  1. Identify normal voiding frequency and capacity using voiding diaries and the urodynamic volume/pressure relationships of urethra and bladder during filling and emptying.
2. Identify normal functional sphincteric mechanism of the urethra in controlling bladder/urethral pressure gradients during filling and emptying with urodynamic testing.
3. Identify normal neurologic control of the pelvic floor musculature in maintaining pelvic floor support at rest, with voiding, defecation, and in response to both sudden and sustained increases in intra-abdominal pressuring with urodynamic testing.

- **Urinary Tract in Pregnancy:** Counsel the patient on the effects of vaginal delivery, including operative vaginal delivery and the use of episiotomies, on the function of the pelvic floor.

- **Urinary Tract Dysfunction:** Perform a complete history and physical examination to evaluate lower urinary tract symptoms and signs:
  1. Evaluate the severity and extent of disability caused by symptoms.
  2. Evaluate past medical and surgical histories as they may relate to urinary tract symptoms.
  3. Evaluate the possible relationship of current medications to lower urinary tract symptoms.
  4. Perform a thorough pelvic examination including neurologic examination and evaluation of the pelvic floor.
  5. Perform a thorough pelvic examination including evaluation of the bladder base and urethra at rest and with valsala, recumbent and erect.
  6. Perform the specific physical tests used to evaluate urethral and bladder mobility, levator ani muscle tone, voluntary control, and to document urinary incontinence.

- **Urinary Incontinence:**
  1. Perform and interpret various tests used to evaluate urinary incontinence.
  2. Perform the various operative repairs appropriate to the treatment of genuine stress incontinence (see procedures).
  3. Discuss the various approaches, both nonsurgical and surgical, for the treatment of genuine stress incontinence.
  4. Discuss the benefits, risks, and expected outcomes of nonsurgical and surgical management of stress urinary incontinence.
  5. Discuss the various treatment modalities, including behavior modification, pelvic floor exercises, pharmacotherapy, and electrical stimulation.
  6. Discuss risks, benefits, and expected outcomes of nonsurgical and surgical management of urge incontinence.

- **Urinary Tract Infection:**
1. Discuss the modes of therapy for acute and chronic infection.
2. Discuss the indications for and methods of prophylaxis for recurrent disease.

- **Intraoperative Injuries:** Demonstrate the accepted precautions necessary to prevent urinary tract injury

- **Pelvic Organ Prolapse:**
  1. Perform a pelvic organ prolapse assessment according to the POP-Q guidelines.
  2. Counsel a patient on the treatment options for pelvic organ prolapse including the side effects, risks, failures, and complications.

- **Defecation Disorders, Fecal Incontinence and Constipation:**
  1. Interpret tests used in the evaluation of fecal incontinence (anorectal manometry, EMG, radiologic imaging, etc.)
  2. Counsel a patient on the treatment options, both non-surgical and surgical, for defecation disorders, fecal incontinence, and constipation including the side effects, risks, failures, and complications.

3. **Practice Based Learning**
   - Formulate and answer important questions that arise from patient care and demonstrate improved urogynecologic skills that arise from these inquiries
   - Incorporate formative and summative feedback to improve knowledge and skill base
   - Maintain an updated urogynecologic procedural log as detailed on the ACGME website
   - Participate in quality assurance activities of the department
   - Use personal experience with difficult and challenging patients to optimize future relationships with patients
   - Teach junior residents and medical students
   - Use the medical library and web sources for self education

4. **Communication/Interpersonal Skills**
   - Obtain inform consent, and counsel patient about the normal postoperative recovery
• Present pertinent history and physical findings to the urogynecologic team members and consultants in a clear concise fashion
• Counsel patients in language and manner that is appropriate to her educational background and emotional needs
• Inform patients and designated individuals of pertinent medical developments and complications
• Update the urogynecologic care team (attending physicians, fellow residents, anesthesiologists, medical student and nursing staff) on the status of patient(s)
• Counsel patients on the indications, risks, benefits, and alternatives to treatment options

5. Professionalism
• Conduct all patient interactions with sensitivity, respect, and compassion
• Provide patient centered urogynecologic care in a non-judgmental fashion that is responsive to the emotional, educational and social needs of the patient
• Demonstrate accountability for one’s action and clinical decisions
• Demonstrate truthful and timely disclosure of adverse events to the patient and designated individuals
• Acknowledge errors in omission in the pre-operative, intraoperative, and postoperative care of the surgical patient and work toward remediation of these errors
• Participate in the gynecologic education of the attending staff, fellow residents, medical students and nursing staff

6. Systems Based Practice
• Organize appropriate consultations (e.g. anesthesia, internal medicine, cardiology) for the comprehensive care of the outpatient and inpatient gynecologic patient
• Identify the urogynecologic symptoms and presentation for various medical and social disorders (e.g. abnormal bleeding as a manifestation of thyroid dysfunction and the relationship of chronic pelvic pain with domestic abuse and violence) and proceed with appropriate consultations: endocrinology, gastroenterology, psychiatry and social service
• Order diagnostic tests with consideration of multiple system assessment. These tests should be cost effective and have clinical relevance
• Understand the psychological, sexual, social, and economic impact of urogynecologic conditions.
III. Teaching Methods and Rotation Structure:
- The Urogynecology Rotation occurs during the PGY-III year and the PGY-IV year. Having had basic rotations in Gynecology improves their understanding of more complex Urogynecological problems. The rotation includes resident participation in the following:
  - Urogynecology Office Hours
  - Urodynamic Studies
  - Urogynecology textbook chapter review
  - Urogynecology topic presentation
  - Daily rounds
  - Preparation and attendance to surgical procedures
- All procedures are performed under direct supervision by an Attending Physician. This provides the opportunity for immediate formative feedback and eventual procedural certification
- Resident surgical experience will be progressive and gradual with demonstration of level appropriate skills.
- Each procedure for which the resident has operative responsibility will be evaluated for both operative skills and for the resident’s ability to discuss the clinical management of the patient. This provides the opportunity for immediate feedback to the resident and eventual procedural certification

IV. Types of Clinical Encounters:
- Outpatient experience is achieved through daily participation in urogynecology office hours.
- Inpatient experience is achieved in the operative and post-operative care of urogynecology patients and consultations and Sinai Hospital of Baltimore.

V. Resident Supervision:
- The resident will be under the supervision of an Attending physician at all time including nights, holidays and weekends. This is insured by 24-hour house coverage by the Attending staff

The Urogynecology Resident Responsibilities
- Round on all inpatient urogynecology patients
- Manage post-operative care and nursing calls
- Attend Ambulatory and main OR cases as assigned
- Attend weekly continuity clinics as scheduled
- Attend Morning Report if available
- Attend Chairman’s rounds, Grand Rounds, Journal Club
- Attend all scheduled lectures
- Prepare urogynecology presentations and chapter reviews as assigned
- Sign-out to night float team prior to leaving for the day
VI. Reading List:
- Up to Date (available to all residents)
- Urogynecology and Reconstructive Pelvic Surgery; Mark Walters, MD and Mickey Karram, MD
- Te Linde's Operative Gynecology; Rock and Jones

VII. Method of Evaluation:

- Global and 360 degree evaluations of the residents are conducted every four months and reflect input from the attending staff, medical students, nurses and patients. The urogynecologic performance by the residents is included in this evaluation and is reported to the resident in the competency format as a written document. This document is then reviewed with the resident by the Program Director or Assistance Program Director.
- Cognitive assessment of the resident's gynecologic skills is achieved by a satisfactory gynecologic score from the CREOG exam.
- Each surgical procedure for which the resident has operative responsibility is scored by the Attending Physician. This provides the opportunity for the immediate formative feedback to the resident at the time of the procedure and for eventual procedural certification.
Procedures:

The following Table lists the procedures pertinent to urogynecology and summarizes the level of technical proficiency that should be achieved by a graduating resident. The resident should either understand a procedure (including indications, contraindications, and principles) or be able to perform it independently. These distinctions are based on the premise that knowledge of a procedure is implicit in the ability to perform it.

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