

The Society of Women in Urology



N E W S

SUMMER 2009

President's Message

Elizabeth R. Mueller, MD



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Well, having just returned from an international meeting in Como, Italy, I am struck by the absurdly hectic life that I am living. It didn't really dawn on me until I was back at work shoveling in my Healthy Choice frozen turkey cutlet lunch while writing a manuscript review between my morning and afternoon clinics. But suddenly, as I was trying to balance the little plastic tray on my lap while typing and the front desk was asking me when I wanted to schedule a follow-up appointment for urodynamics, I remembered that just a few short days ago in Italy, I had become annoyed when it took over an hour for the waiter to bring the check I had requested. In fact, the meal that consisted of a simple plate of delicious risotto, a lightly dressed salad, a glass of wine and a thimble-fill of coke light (please haven't they heard of super-size?) took about four hours. What was amazing, besides the lack of soda refills, was that no one even asked if we wanted the check or for that matter if we wanted anything. I practically had to tackle the waiter to get a cappuccino. But in retrospect, I actually lost myself in conversation and can remember big parts of the lunch when we said very little and just looked out on the water and soaked in the sun. And instead of savoring those moments for another hour or so, I suddenly felt I was "wasting" my precious time in Italy by lounging around instead of cram-cathedral, viewing the plaza square, or shopping for souvenirs to cart home.

I think I have a problem.

Increasingly, I am hearing people talk about "mindfulness". According to Wikipedia, mindfulness is the seventh element of the eight-fold path to wisdom and it is defined as a mental state, characterized by calm, awareness of one's body functions, feelings, content of consciousness or consciousness itself. Mindfulness plays a central role in the teaching of the Buddha and the pathway to enlightenment and wisdom. Reading this definition does give me some marginal hope since I have always seemed to have an exacting awareness of my body functions. I admit to being a little weak in the calm and consciousness departments but I am certain that the strength in the other area may help overcome this gap. When I read about ways to practice mindfulness on a daily basis, the most accessible article was on the Oprah website (www.oprah.com) and it listed the following exercises as a way to practice mindfulness.

1. Every Breath You Take

When you wake up in the morning before getting out of bed, notice your breathing. Take a few deep, comfortable breaths.

2. Recognize Your Motions

Be aware of how your body feels as you move from lying down to sitting up, standing and walking.

3. Eating Awareness

Pay attention as you eat. Chew slowly and completely, and notice the textures and flavors of your food. Allow your body the time it needs to digest at the end of your meal before starting your next activity.

4. Listen Up

When talking to another person, take a moment just to listen, appreciating the person's experience of the world, though it may be different from your own.

5. Your Best Foot Forward

Practice mindful walking, consciously placing your attention on each foot as it connects with and leaves the ground.

6. Stand Tall

When standing in line or waiting, use the time to feel your feet on the ground and notice how you are holding yourself.

7. It's in the Details

Be attentive when brushing your teeth, washing or dressing.

8. Make it Routine

Bring mindfulness to each activity throughout your day.

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So I have been working on my mindfulness this spring and summer. I am hoping I can try and savor the gift that is my life and the great profession I have. I know that it is critical that I am present for my family so that they have the experience of being listened to and loved. Lastly, I know that if I try to cram everything that I think needs to be done all into the same half hour I am going to just implode. As a reminder for myself during the day, I have downloaded a "mindfulness bell" (www.mindfulnessdc.org) that goes off at a set interval and reminds me to drop my shoulders, take a deep breath and try to be aware of where I am at that moment. I am hoping that the next time I travel to a country that has a more relaxed pace (except for the driving – go figure) that I can actually relax into the moment.

I would like to thank Dr. Scarpero for the last year of her excellent leadership, Ann Marie Bray for her work as associate director of our organization, the SWIU board which works to keep our organization viable and Dr. Jennifer Gruenenfelder who has had to resort to the cattle-prod to help me get this first newsletter written!

Happy summer.

SWIU Distinguished Researcher Award

By Dolores Lamb, PhD

Dr. Gail Prins is the recipient of the 2009 Society for Basic Urological Research and Society of Women in Urology Distinguished Researcher Award. This award, presented annually, recognizes the outstanding contributions of a female scientist to the field of urology. Dr. Prins received her PhD in physiology and biophysics, University of Illinois at Chicago. She then trained as an NIH post-doctoral fellow at the Feinberg School of Medicine at Northwestern University, working with Dr. Chung Lee.

Currently, Dr. Prins is a professor of urology and physiology, University of Illinois at Chicago, director of University Andrology Laboratories, UIC Department of Urology High Complexity Laboratory Director (HCLD, AAB) and a sperm bank laboratory director. Her current research interests are in the areas of basic and applied studies in prostate gland growth and carcinogenesis. Specifically, her work is in the area of hormonal control of prostatic development, growth and function and how abnormalities in these systems contribute to aging-associated disease. Throughout her research career, Dr. Prins has been exceptionally well supported by competitive grants, predominantly from the National Institutes of Health and the Department of Defense. For the past twenty years, the National Institute of Kidney and Digestive Diseases has supported her studies on "Developmental Estrogenization of Rat Prostate Gland" (R01 DK40890). Other current funded studies in her laboratory include the "Epigenetic Basis for prostate cancer carcinogenesis following early estrogenic exposures" from the National Institute of Environmental Health Sciences (R01 ES015584) and "Dietary Intervention for Bisphenol A-induced Susceptibility to Prostate Neoplasia" from the National Cancer Institute (R03CA136023). These are three of about sixteen grants received by Dr. Prins. Since only ten to perhaps fifteen percent of grants submitted are awarded, it is obvious that Dr. Prins has been extraordinarily successful in this arena throughout her career.

Finally, Dr. Prins has been active in many national societies. She is past president and past treasurer of the American Society of Andrology, current board member of both the Society for the Study of Male Reproduction and Society for Basic Urologic Research and active in the Endocrine Society. In 2001, the American Society of Andrology recognized Dr. Prins by awarding her the Distinguished Service Award. Dr. Prins has been an active member of the Society of Women in Urology, as well as the AUA and has served as mentor to countless trainees in urologic research. She has served as associate editor for the Journal of Andrology from 1992 – 1997, and as associate editor for the Asian Journal of Andrology. She has also been a prolific writer with over 125 papers published.

Dr. Prins is an outstanding role model for young (and old) investigators in urologic research. She has blended an incredibly successful career in basic research and medical/graduate education while juggling clinical laboratory directorship responsibilities, with being a wife and mother. This award recognized Dr. Prins for all of these achievements.

2009 SWIU Women Leaders in Urology Forum Challenging Cases in the Medical and Surgical Management of Urolithiasis

By Melissa Kaufman, MD, PhD

We extend gratitude to the many SWIU members present for the exceptional Women Leaders in Urology Forum at the 2009 AUA. As always, additional commitments precluded some from attending the forum, thus we hope in this brief overview to share some of the valuable knowledge offered. Margaret Pearle, MD, PhD, professor of urology at the University of Texas Southwestern in Dallas, assembled a remarkable panel of "rock stars" to discuss a topic of universal significance to urologists, stone disease. Even if complex stone disease is not a primary focus of your practice, these patients inevitably find their way to the ED when you are on call. In addition to the high-yield surgical pearls, the forum discussed a wealth of information regarding the metabolic derangements contributing to nephrolithiasis with state-of-the-art treatment strategies. This information, of course, did not prevent me from raising my serum oxalate levels by consuming the delicious chocolate dessert at the SWIU reception that followed, but at least I was freshly warned of the dangers of my behavior. In the spirit of mentoring our colleagues, Dr. Pearle has graciously provided the PowerPoint slides presented at the forum which are available on our SWIU website, www.swiu.org, for members to freely access at their convenience. We envision expanding such a web-based library of educational materials for our membership so stay tuned for future developments in this arena.

The panelists convened by Dr. Pearle were a remarkable group, truly representing the current and future leaders of urology. How tremendously fortunate we are to have these women as active participants in our society. Panel members included Elspeth McDougall, MD, FRCS, MHPE, director of urology and the Surgical Education Center, UC Irvine Medical Center. Dr. McDougall is also the AUA chair of the Office of Education, and we were especially privileged to hear her invigorating speech on surgical technology and education at the 2009 AUA SWIU breakfast meeting. Accompanying Dr. McDougall were two very dynamic and experienced practitioners in the realm of endourology and metabolic stone disease, Amy Krambeck, MD, endourology fellow in Indianapolis, soon to return to practice at the Mayo Clinic, MN, and Kristina Penniston, PhD, RD, associate scientist at the University of Wisconsin School of Medicine and Public Health.

Dr. Pearle initiated the dialogue with a general outline of the definitions of complex stones. Typically, complex stones are classified as stones in patients with complicated anatomy, unusual body habitus, intricate relational anatomy that makes access to the kidney problematic, difficult medical history, and at a high risk for recurrence. Complex patients include those with spina bifida, horseshoe kidneys, staghorn calculi, and cystinuria. The cases presented provided many management tips outside of difficult stone treatment including exceptional information by Dr. Penniston regarding metabolic derangements of universal benefit. Synopses of the panel discussions are not meant to be exhaustive, but to provide the most clinically applicable session highlights.

Case 1

The first case presented a 53-year-old female patient with a history of Crohn's disease and nephrolithiasis remotely treated with multiple shock wave lithotripsy (SWL) procedures. The patient currently reported five years of intermittent flank pain and hematuria. Imaging evaluation with intravenous pyelogram revealed a right staghorn calculus and a substantial stone in the left renal pelvis without associated hydronephrosis. The panel concurred that for this complex patient that the following management course should be considered:

1. Evaluate renal function with renal scan. It is often preferable to treat the side with better function first.
2. It is critical to insure a sterile urine culture.
3. Bilateral percutaneous nephrolithotomy (PCNL) is an option if the first side (in this case the one with the larger stone burden) is cleared without incident in a reasonable time frame.
4. Consider combination PCNL and ureteroscopy in the same setting for the difficult to access calyx.

Postoperative management of PCNL patients was additionally discussed and in general the following algorithm was encouraged:

- Indwelling ureteral stent + Foley catheter at conclusion of case
- Non-contrast CT scan in the AM of postoperative day 1
- D/C Foley and discharge postoperative day 1
- If residual stone, then outpatient ureteroscopy and laser lithotripsy at 1 week
- If stone free, then office stent removal at 1 week + order 24 hour urine analysis

For this patient with Crohn's disease, the twenty-four-hour urine obtained revealed hyperoxaluria and hypocitraturia. Dr. Penniston explained that one of the primary tasks for stone management in the Crohn's patient is attaining control of the diarrhea that precipitates malabsorption of calcium and magnesium in addition to wasting bicarbonate and volume. These patients are at risk for calcium oxalate, calcium phosphate, and ammonium urate stone disease. In addition to introducing the concepts of probiotics and prebiotics, Dr. Penniston suggested that management may initiate with dietary measures to optimize calcium and reduce oxalate as well as pharmacologic therapy aimed at treatment of hypocitraturia.

Case 2

A 55-year-old man with T1c prostate cancer undergoes CT scan as part of a preoperative evaluation for radical prostatectomy. A 15 x 10 mm stone is discovered in his left renal pelvis. The patient is asymptomatic with regards to his stone burden. This case provided an exceptional venue for dialogue on choosing from the myriad surgical options available for relatively small, asymptomatic stone disease. Based on the stone location and size, options discussed for management included SWL, ureteroscopy, and PCNL. Important factors to consider in defining treatment include:

- Stone composition
- Hounsfield Unit (HU) attenuation value
- Skin to stone distance

For ureteroscopy or PCNL, composition is not a profound issue with regards to fragmentation. However, certain stone types such as cystine, brushite, and calcium oxalate monohydrate, have demonstrated poor success rates with SWL. In patients with high attenuation stones (>1000 HU), SWL also displays lower success. And if the skin to stone distance exceeds 10 cm, the panel indicated a pronounced likelihood of SWL failure. For this case, the panel opted for either ureteroscopy or PCNL. A twenty-four-hour urine analysis was presented and revealed hypercalcuria, hyperuricosuria, and hypernatruria. The patient had developed calcium oxalate stone disease, an often idiopathic and multifactorial condition requiring several dietary and pharmacologic modifications tailored to the individual patient. Some general advice regarding management of calcium oxalate stones revolved around implementation of dietary changes including reduction of sodium, reduction of effectors of uric acid biosynthesis such as many meats and seafoods, in addition to increasing fruits, vegetables and of course, fluid intake. It was discussed that often hypercalcuria and hyperuricosuria requires supplemental management with pharmacologic agents.

Case 3

The fascinating third case presented the difficult dilemma of stone disease within a calyceal diverticulum. This sixty-year-old man, without any known past history of nephrolithiasis, presented with a chief complaint of tea-colored urine. He indicated occasional left flank pain which he had attributed to a musculoskeletal cause. He underwent a hematuria evaluation and a CT scan was obtained revealing a 16 x 15 mm calyceal stone in a posterior upper pole diverticulum. Several approaches to management

Society of Women in Urology



2009 - 2010

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were discussed including observation, ureteroscopy, PCNL, SWL, or laparoscopic diverticulectomy. In this instance, the panel indicated SWL would not be an appropriate treatment modality in this setting since SWL is reserved for a relatively small stone burden and a radiographically patent diverticular neck. For a retrograde ureteroscopic approach, often it is necessary to perform a laser incision on the stenotic ostium prior to stone extraction. It was also discussed that it is prudent to utilize the laser to fulgurate the diverticulum following stone extraction to decrease future occurrences. Fulguration of the diverticulum should also be performed with the percutaneous antegrade approach. When performing antegrade percutaneous diverticulectomy it was deemed critical by the panel for the percutaneous access be directly visualized with the aid of antegrade ureterorenoscopy. With regards to laparoscopic diverticulectomy, the panel concurred that this option was best reserved for patients with very superficial diverticula who failed alternative approaches. This patient underwent a successful PCNL for his stone. The question then arises, is a metabolic derangement even anticipated for diverticular stones or is the pathology from urinary stasis? The panel indicated that between 25-100% of patients with stones in calyceal diverticula are actually found with a metabolic abnormality, so it is critical to recognize that additional risk factors besides urinary stasis exist in these patients.

In the slide presentation posted on the SWIU website there are several additional cases presented that exceeded the time for the AUA forum which you are encouraged to self-review. In conclusion, selection of the optimal treatment strategy for the complex stone patient involves an accurate estimation of the stone burden, a determination of the intrarenal anatomy, and assessment of relational anatomy of the kidney. However, it is critical for the urologist to recognize that comprehensive management of the stone former does not stop at surgical intervention and identifying and modifying risk factors for stone formation is an equally important agenda. We are extremely grateful to Dr. Pearle and all the panel members for graciously sharing their cumulative expertise on this critical topic. They truly left no stone unturned in their discussion of these cases. Please plan on attending next year's Women Leaders in Urology Forum at the AUA and we encourage you to share any ideas for topics of particular interest by contacting us at info@swiu.org with your comments and suggestions.

Some Things Cannot Be Delegated: A Report on Commentary

By Julie Ann Frieschlag, MD, FACS

Published in the February 2009 issue of the Journal of the American College of Surgeons is the survey-based study of "Births and Pregnancy in Women Urologists" by Dr. Lori Lerner and colleagues. Dr. Lerner's survey was sent to all SWIU members, and her abstract on this work has been published in our newsletter, making us quite familiar with her study and its findings. Accompanying this publication is an invited editorial by Dr. Julie Frieschlag, chairman of General Surgery at Johns Hopkins and the SWIU annual meeting speaker 2006. Dr. Frieschlag has eloquently described what is at the crux of the struggle to be both surgeon and mother. She writes, "one of my strengths as a leader is the ability to delegate; raising children cannot be delegated to others. As parents, we need to be there."

Dr. Frieschlag supports greater flexibility in residency training and policies that help maintain academic productivity for young faculty as they start their families. What remains a major pitfall to putting thoughts into action, though, is "How do you do it?" She does not give us a blueprint, and as a program director, it is an issue for which I wish I had an easy answer.

At our annual meeting breakfast this year, a young woman resident expressed dissatisfaction with maternity policies in her own residency. I would encourage women residents, who have either personally dealt with maternity in residency or who are interested in the cause of making residency training friendlier for all parents (new or current mothers and fathers), to educate themselves on the topic and bring their ideas to the attention of the Society of University Urologists, Society of Chairmen and Program Directors and the Residency Review Committee of Urology. These organizations are where such issues are discussed and policies modified. Meaningful and appropriate change can only happen with the right voices reaching the right ears.

Congratulations to the
2009 Resident Travel
Award Winner

Julie Riley, MD; University of Columbia, Missouri

Residents' Corner

By Michelle Jo Semins, MD
Brady Urological Institute, Johns Hopkins Medical Institution

Yesterday I assumed the long anticipated role of chief resident. After a restful, yet still productive, year, I have been mentally preparing myself for the last two months. As time grew closer to the inevitable date, I was seizing life. There were three minutes left in the soccer game and we were losing 11-3. But, as I do with all things in life, I was playing until the end. Just when I least expected it, I got clobbered from behind, flipped in the air, and landed on my dominant arm. And there I was, exactly two weeks away from starting my chief reign...and I had a broken arm. Quite emotional, I was in tears for an entire day, wondering how the timing could be any worse. But, really, when is a good time to break your arm? As I broke the news to people, I was showered with support. And, when my chairman looked at me and said: "it's going to be fine," I realized he was right.

Emotional support is one of the most meaningful gifts a person can give to another individual. Support on a personal level, for a specific reason is important, as in this case. But general, unsolicited support is needed as well, though sometimes it's unrealized. At the networking event at the AUA, I truly realized this is exactly why SWIU exists. It is so simple. It is a group of women getting together to share their experiences with people whose shoes they were once in; this group of women didn't have that support when they were where we are now. These women share with us not only their professional challenges and successes, but also their personal struggles and joys that resulted from choosing a surgical career as women. And from them, we learn so much. From all the women residents and fellows, thank you all for your insights and support!



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