From super-specialist to generalist? The way forward

Urogynecology is fast emerging as an established sub specialty with both gynecologists and urologists taking equal interest in it and yet being territorial about it! With a thin anatomical dividing line [literally] between the two areas, it behooves that the person treating these patients has adequate and relevant knowledge about both the fields. Although there are dedicated training programs for urogynecology in the western world; in most of the developing countries, basic training is either in Urology or Gynecology. It is only after a few years of being in practice that specialists develop an interest in urogynecology and are often self-taught. Thus urogynecology often means treating stress urinary incontinence to the gynecologist and treating urinary tract infections to the urologist! Anything slightly complicated gets "sent" to the "other" specialist. Often slightest urinary leak during a gynae surgery sends a wave of panic among gynecologist and the sight of pelvic organ prolapse confuses the best trained urologist equally. Fortunately, for all of us the scene is changing fast even in the developing countries. Better training facilities, better access to printed as well as virtual media means the knowledge is just a mouse click away. This issue of Journal of Midlife Health has a section dedicated to some of the key areas in urogynecology.

The complex issue of female bladder outlet obstruction is dealt with expertly by Yande S.[1] Although the emphasis is largely on the diagnosis of the same using various urodynamic criteria, it does give a broad perspective of this uncommon entity with detailed emphasis on some rare conditions such as Fowler's syndrome.

In an interesting article on use of probiotics in UTI, Waigankar S *et al*[2] do open a completely new concept of treating this rather common condition. Probiotics, by virtue of containing the "good germs," use the "cold kills cold" principle in treating bacterial UTI. The author has quite rightfully emphasized the fact that the probiotics mainly play a supportive role and have a major application in preventing recurrent UTI. However, every individual case must be treated on its own merits.

Vesico vaginal fistulae especially the giant obstetric variety are thankfully getting rarer. As Joshi S[3] has mentioned, majority are treated surgically with excellent cure rates all over the world. However, the treatment of recurrent and especially large VVF can be depressing both to the treating surgeon and the patient alike. The case sited by the author was difficult probably due to the fibrosis, the size of the fistula, and the long duration of the condition. Diverting the urine is an established treatment in such cases and this case report re-emphasizes the same. However, all the options of diversion must be given to the patient before taking the final decision. In particular, in countries like India, uretero sigmoid diversion may be accepted by a surprisingly large number of patients; simply because of the social stigma associated with wearing an external urinary appliance.

Lastly, the case which was "not a case of SUI"[4] is a lesson to all of us who in our zeal to try newer operations on our patients; might miss the correct diagnosis! There is never any shortcut to good history taking and clinical exam. Ideally, after good history and clinical examination; evaluation of all such patients must include a 3 day voiding diary, a post void bladder scan, and where ever possible, a simple flowmetry. If any of these do not give away the diagnosis, only then one should consider invasive urodynamics. Unfortunately, the tendency, at least in India, is to straightaway refer the patient for urodynamics, so that one can have ready diagnosis on a platter. If a surgeon chooses to simply operate and not think, he [or she] should be called just an operator or a technician. A good surgeon is the one who also knows when not to operate!!

Being a specialist and that too a super-sub specialist means knowing more and more about less and less. However, somewhere along the road, all of us specialists must realize the importance of being a generalist, at least in selected situations. All the articles in this urogynecology section have inadvertently emphasized the need to look at the patient as a whole, while treating any condition. After all it is in the best interest of our patients.

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