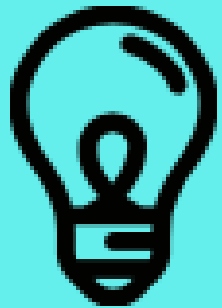


PD32-11



# **Voiding Dysfunction: Gender and the General Urologist**

**ERIN SALTER, GILLIAN WOLFF, LAURA CHANG KIT**



**WHATEVER**  
JUST WASH YOUR HANDS

# BACKGROUND

WOMEN ACCOUNT FOR 9% OF  
PRACTICING UROLOGISTS

A majority of these women are not fellowship trained

FEMALE GENERAL UROLOGISTS PERFORM  
MORE UROGYNECOLOGY PROCEDURES

However overall rates are low.

PERCEPTIONS OF UNFAIR DISTRIBUTION OF  
VOIDING DYSFUNCTION CARE IMPACTS  
CAREER CHOICES OF FEMALE UROLOGISTS

This is based on conventional wisdom and anecdote.



# OBJECTIVES:

- Describe general urologist practice patterns in voiding dysfunction
- Compare differences between male and female urologists
- Provide an objective basis for career planning

## ABU REQUEST

- 6 month certifying log
- General Urologists
  - 447 female (7.6%)
  - 5,449 male (92.4%)
- 2005-2017

## VOIDING DYSFUNCTION PROCEDURES:

- Urodynamics
- Transurethral Resection of Prostate (TURP)
- Photovaporization of Prostate (PVP)
- Simple Prostatectomy
- Artificial urethral sphincter
- Male sling
- Midurethral sling
- Female urethral bulking
- Bladder Chemodenervation
- Sacral neuromodulation
- Suprapubic tube placement

# METHODS

## DESCRIPTIVE STATISTICS

- Common procedures determined
- Categorized as high and low volume providers

## STATISTICAL ANALYSIS: UROLOGISTS PERFORMING VOIDING DYSFUNCTION PROCEDURES

- Z-Test
- Odds Ratio

## % PERFORMING VOIDING DYSFUNCTION PROCEDURES

On Female Patients

Female General  
Urologists

67%

Male General  
Urologists

53%

On Male Patients

89%

93%

### IMPLICATIONS:

1 in 3 female general urologists recorded NO female voiding dysfunction procedures.

Almost all general urologists perform male voiding dysfunction procedures.

# MOST COMMON PROCEDURES

## FEMALE GENERAL UROLOGISTS

1. Urodynamics
2. TURP
3. PVP = Urethral Bulking
5. Bladder Chemodenervation

## MALE GENERAL UROLOGISTS

1. TURP
2. Urodynamics
3. PVP
4. Suprapubic Tube Placement
5. Urethral Bulking

# Rates of Male Voiding Dysfunction Procedures

Procedure	0	1	2-5	6-20	>20
Urodynamics	69 62	5 10	11 14	11 9	4 4
TURP	16 29	7 15	24 29	43 25	10 2
Open Simple Prostatectomy	93 96	4 3	2 1	0 0	0 0
Bladder Chemodenervation	94 90	3 6	3 4	0 0	0 0
Sacral Neuromodulation	94 94	3 3	2 3	0 0	0 0
Male Sling	90 94	5 4	4 2	1 1	0 1
Artificial Urethral Sphincter	88 92	7 5	4 2	1 0	0 0

% Male General Urologists | % Female General Urologists

## Rates of Female Voiding Dysfunction Procedures

Procedure	0	1	2-5	6-20	>20
Urodynamics	67 57	4 6	10 9	13 16	6 13
Bladder Chemodenervation	80 91	3 6	4 6	2 7	0 1
Sacral Neuromodulation	89 83	4 6	5 8	2 2	0 1
Midurethral Sling	99 98	0 1	0 0	0 0	0 0
Urethral Bulking	79 68	8 9	10 13	4 9	0 1
Suprapubic Tube Placement	91 88	10 6	3 2	0 0	0 0

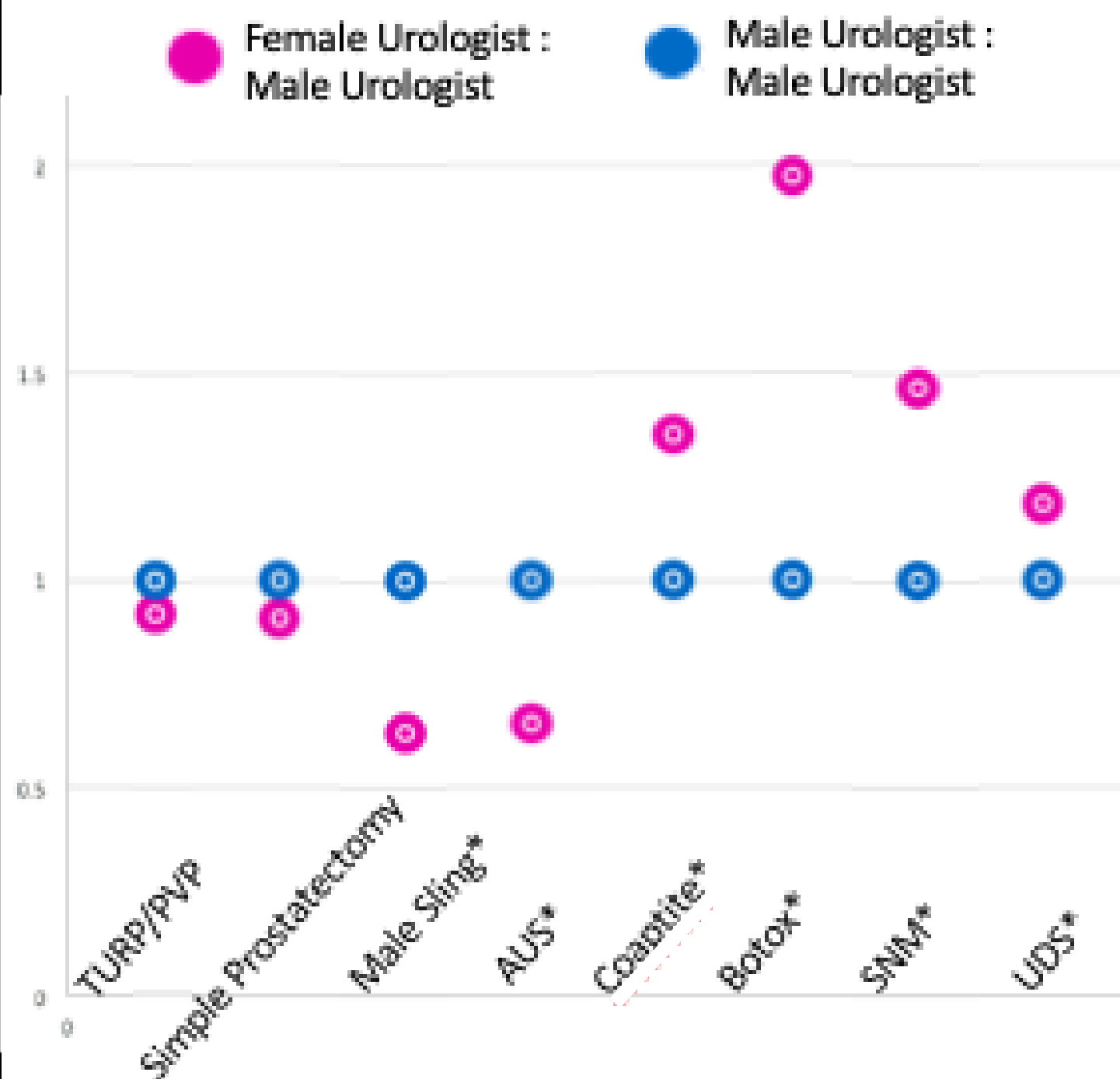


# Amongst General Urologists Performing Voiding Dysfunction Procedures

## Male:Female Procedure Rates

Male urologists: ↑male specific voiding dysfunction + gender neutral procedures on men.

Female urologists do the same for women.

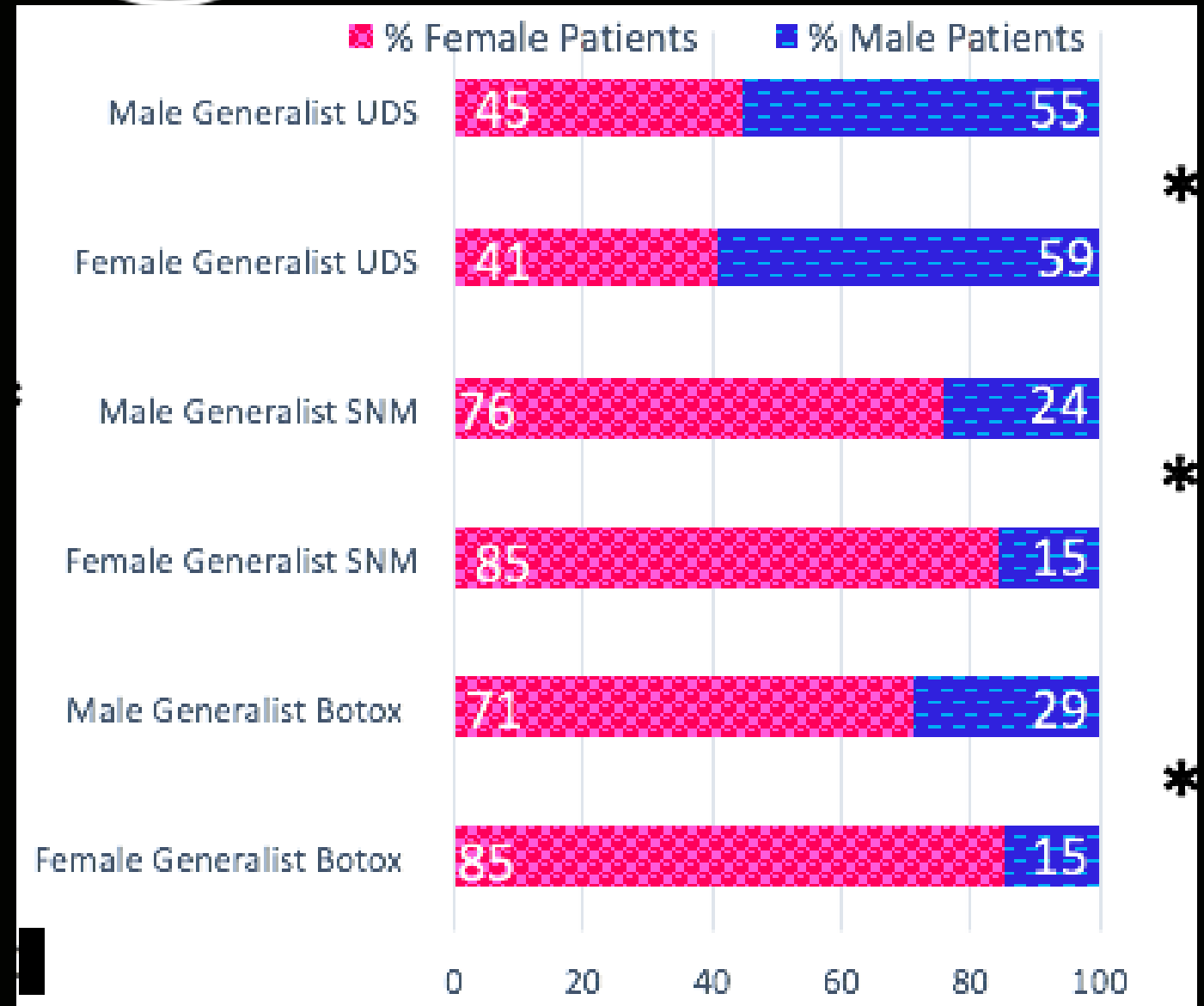


# Amongst General Urologists Performing Voiding Dysfunction Procedures

## Patient Gender in Gender Neutral Procedures

Male urologists: ↑proportion of UDS on female patients

Female urologists: ↑proportion of sacral neuromodulation and bladder chemodenervation on female patients





## 1/3 OF FEMALE GENERAL UROLOGISTS PERFORM NO FEMALE VOIDING DYSFUNCTION PROCEDURES

Only 99th percentile performs significant case volumes

## FEMALE GENERAL UROLOGISTS PERFORM MORE FEMALE VOIDING DYSFUNCTION PROCEDURES

And are less likely to place prosthetics.

## MALE GENERAL UROLOGIST CAN IMPROVE ACCESS TO FEMALE VOIDING DYSFUNCTION PROCEDURES BY CHANGING PRACTICE PATTERNS

Male urologists may refer female patients to female colleagues for procedural management

**WOMAN GENERAL UROLOGIST  $\neq$  FEMALE UROLOGIST**