Introduction

- Urologists' use of minimally invasive surgery (MIS) has increased rapidly in the last decade2,3.
- In reaction to this, the ACGME has set required minimums of MIS cases for residents to complete prior to graduation1.
- No such guidelines exist for open surgery.
- We aim to evaluate the change in the proportion of MIS and open oncologic cases logged by graduating US urology residents, along with the relative comfort level of graduating residents in performing these surgeries.

Methods

- Combined ACGME case logs were queried for common urologic oncologic cases logged by residents graduating in 2006-2017 from 5 academic institutions.
- Logs were searched for radical prostatectomy (RP), partial nephrectomy (PNx), and radical cystectomy (Cx), and were characterized as open or MIS.
- Surveys regarding the relative comfort level of performing RP and PNx, open v MIS, were sent to 24 graduating or recently graduated residents from 5 institutions.
- Descriptive statistics and polynomial regression were employed to characterize rate of change.

Results

- The percentage of RP, PNx, and Cx done open decreased significantly over the study period (p < 0.05).
- This amounts to 54 fewer open oncologic cases per resident over the course training for those graduating in 2017 v 2006.
- The largest decrease was seen in RP, with a decline of 3.78% per year (p = 0.007).
- Only 27% of respondents reported feeling “very comfortable” doing an open RP compared to 75% for robotic RP.

Conclusions

- In the last decade the proportion of open urologic oncology procedures has declined.
- Here we quantify this downturn in terms of resident experience, and demonstrate a corollary decrease in reported comfort level with open procedures.
- We anticipate the number of open cases will continue to decrease as the remaining attendings who perform a significant number of open cases retire.
- Given this context, it may be prudent to establish minimum case numbers for principal open urologic oncology procedures, as open skills remain essential.

References

1. Review Committee for Urology “Case Log Information: Urology” Accreditation Council for Graduate Medical Education (ACGME) 10/2018