

# Maintaining open surgical skills in current day urology residency

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Hoag and colleagues highlight a growing concern among Canadian surgical training programs: minimally invasive approaches (laparoscopic and robotic) continue to displace open surgical experience of our urology trainees.<sup>1,2</sup> It seems just a short time ago that residents commonly expressed concerns regarding a lack of experience in minimally invasive surgery (MIS). The present-day-urology resident is now faced with the exact opposite situation.<sup>3,4</sup> I commonly field concerns from our own residents in Winnipeg regarding their anxiety over lack of experience in “open” cases. Our chief residents have become opportunists, often sending a junior resident to attend my MIS case, while they jump at the opportunity to join a rare open nephrectomy or prostatectomy!

Obviously, open surgical skills still remain vital. As pointed out by Hoag and colleagues, open skills are needed for cases not amendable to MIS or in situations where conversion to open is required.<sup>1</sup>

Organ procurement provides excellent exposure to anatomy throughout the pelvis, abdomen and retroperitoneum;<sup>5</sup> all of which are relevant to various urology procedures. This makes organ procurement a potential solution to aid our current lack of open surgical experience for urology residents.

However, there are several limitations unique to organ procurement that may limit this concept. Firstly, procurement procedures often occur after hours, late at night, when residents are likely busy with call-related duties. Secondly, as pointed out by the authors, not all training programs in Canada have a transplant program and hence exposure to donors at these locations will be severely limited. Thirdly, a ‘transplant’ team comprised of fellows, many of which travel

in from out of town, performs most procurement procedures. There can be upwards of 3 different transplant teams at most retrievals (abdominal, lung, heart), making real-estate in the operating room a premium.<sup>6</sup> Hence often the learning experience can be quite limited due to the crowded atmosphere, the time constraints for procurement, as well as variable skill and capabilities of the transplant fellows.

The issue of maintaining “open” surgical skills remains an important issue for our Canadian residency programs. Despite its limitations, organ procurement may help remedy this situation. As more of our surgeries become minimally invasive, open surgical experience will become increasingly rare, certainly requiring both innovative and creative solutions. Will we need to implement open surgical fellowships? One would never have imagined we’d have to ask this question!

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