

## The many hats of a community urologist

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I practice as a community urologist at the Lakeshore General Hospital (LGH), which serves the West Island community of Montreal. We serve an immediate population of 250 000, as well as a surrounding community of 150 000. This is where I operate on my patients, do consultations and take calls. I personally see all my postoperative patients daily, as we have no residents.

I also have an office outside of the hospital, where I can offer not only consultations, but also small procedures such as cystoscopies, vasectomies, transrectal ultrasounds with biopsy, testicular ultrasounds, and full urodynamics. This arrangement allows me to provide the best possible care for my patients.

As a community urologist, I provide followup for patients with various urological conditions, including cancer, benign prostatic hypertrophy, overactive bladder, and recurrent urinary tract infections. I have the opportunity to get to know my patients personally and for me, this is a very satisfying experience. However, in more complicated cases, it has been important for me to collaborate with outside experts. For example, in difficult cancer cases, such as invasive bladder cancer requiring radical cystectomy or in complex urinary incontinence, I have been very fortunate to have an excellent working relationship with the urologists at McGill University; as such, my patients get seen promptly and the treatment is done in an expeditious manner. Furthermore, considering the LGH does neither

robotic surgery, nor radiotherapy, my relationships with outside specialists have allowed me to make arrangements so that patients who need these procedures can be treated promptly outside the institution.

One of the drawbacks to being in a community hospital is the limited budget available to obtain and maintain the equipment and instruments. In fact, budgetary constraint is a problem experienced in healthcare institutions across Canada. From my perspective, a good way to overcome this shortfall is to be involved in fundraising. I was president of the LGH Foundation Ball for two years and we were able to provide the hospital with Holmium100 W and CO<sub>2</sub> lasers, ultrasound for anesthesia, and housing for the magnetic resonance imaging machine.

I think it is important for community urologists to be involved in some aspects of administration, as well as medical leadership. This not only improves our understanding of the functioning of the hospital on a different level, it also gives us a chance to be involved in improving the care of our patients.

I consider it a privilege to be a community urologist. It is an immensely rewarding experience, both personally and professionally.

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