

(Trans)forming the urology residency

Evolving gender-affirming surgical training by 2040

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Urology has long been at the forefront of the innovative landscape of gender-affirming surgical care. Urologists are collaborators, leaders, and interdisciplinary advocates who provide specialty care to transgender and non-binary patients requiring medically necessary genitourinary surgeries.¹ To continue advancing this leadership, the evolution of urology surgical training by 2040 should encompass the exposure to lower gender-affirming surgeries as part of the core curriculum and build competence, as well as confidence, in graduates to perform these procedures.

Strides have been made in Canadian urology programs to expose trainees to gender-affirming procedures, including metoidioplasty, vaginoplasty, vulvoplasty, and phalloplasty; however, the incorporation of gender-affirming care into current urology surgical training programs across the country remains quite limited. Patients often travel to Vancouver, Toronto, Montreal, or abroad to access government-funded or private-pay procedures.² As wait times increase, there is a growing demand for Canadian-trained urologists to be able to meet this need.

With a shift towards competency-by-design, urology programs would need to provide specific assessments that track the progress of residents who perform gender-affirming procedures. Dedicated blocks that provide specialty exposure to this field could either be provided at a home institution, or an external site for trainees who lack local exposure. This model would be similar to the pediatric urology rotation for programs without a children's hospital. Furthermore, Royal College exam materials would reflect this practice area as a part of the breadth of expertise needed by a Canadian urologist.

Traditionally, urology training has focused on the surgical and technological advancements in the field

of pelvic and genitourinary surgery. With a growing number of patients undergoing lower gender-affirming surgeries, advancing the care of transgender and gender-diverse patients must go beyond reconstructive urology. Stigma and transphobia have historically prevented this patient population from accessing screening and surgical management.¹ There would be a benefit to all urologists to understand and perform gender-affirming surgical care as part of their training.

For example, uro-oncologists treating patients with prostate cancer after vaginoplasty may develop practices for transvaginal biopsy, preoperative magnetic resonance imaging, and be able to perform a neovaginal repair during open or laparoscopic prostatectomy.³ Furthermore, this focus could help expand the research and use of prostate cancer screening recommendations in this population.³

Similarly, for functional urologists, an understanding of voiding dysfunction after lower gender-affirming procedures involving urethral and pelvic floor surgery would aid in patients' overall improvement of quality of life.

There will be barriers to embracing this change. While urology programs today may recognize the importance of providing this training environment, systemic factors may impede or provide constraints that infringe on the patient care experience and prevent optimal outcomes.

Sixteen years from now, if training programs have undergone meaningful transformations, there will be staff urologists in community and academic hospitals who have the knowledge, skill, and compassion required to provide exceptional care for transgender and non-binary patients. Making urologic gender-affirming care more accessible and safer for patients in the future starts with a concerted effort to change the current training model.

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