

Female Pelvic Medicine 80 Questions(Plus 45 Questions from Core Urology)

1. **Urinary Incontinence, urethral diverticulum, OAB, Painful bladder syndrome**
 - a. Urinary Incontinence
 - i. Evaluation: Hx, PE, **UDS questions here**
 - b. Stress Incontinence
 - i. Behavioral and functional treatment
 - ii. Surgical treatment (bulking agents, mid urethral and pubovaginalis sling, retropubic coloposuspension)
 - iii. Complications of surgery including mesh complications and obstruction
 - c. Urge Urinary Incontinence/OAB
 - i. Behavioral management
 - ii. Pharmacological management
 - iii. Options for refractory UUI/OAB (OnabotulinumtoxinA, neuromodulation)
 - d. Painful Bladder syndrome including interstitial cystitis
 - i. Diagnosis
 - ii. Rx
 - e. Urethral diverticulum
 - i. Dx
 - ii. treatment
 - f. Urethral strictures
 - i. Diagnosis
 - ii. Management
 - g. Artificial urinary sphincters
 - a. Indications
 - b. Placement and complications

2. **Pelvic Organ Prolapse, Pelvic Floor Physiology, Fecal Incontinence and Defecation Disorders**
 - a. Pelvic Organ Prolapse
 - a. Evaluation; History and physical, staging, radiologic evaluation
 - b. Nonsurgical treatment
 - c. Surgical treatment
 - b. Pelvic Floor Physiology (No neural questions see below)
 - a. Anatomy
 - i. Normal
 - ii. Loss of support related to pelvic prolapse
 - b. Function of urethral sphincter normal and with incontinence
 - c. Influence of hormones on physiology
 - c. Fecal Incontinence and Defecation Disorders
 - a. Evaluation
 - b. Nonsurgical treatment
 - c. Surgical treatment

3. Neurourology, Neural supply to bladder, Congenital Anomalies of UG tract affecting FPMS, Female Sexual Dysfunction

- a. Neural innervation to bladder
 - a. Normal
 - b. Alterations related to specific disease process
- b. Neurogenic bladder (includes DM, Parkinson's, MS, CP,SCI, CVA)
 - a. Evaluation including UDS
 - b. Pharmacotherapy
 - c. Surgical intervention (Botox for NGB Not OAB , Augments, urinary diversion)
 - i. Indications for urinary augmentation and urinary diversion
 - d. Complications of Bladder augmentations and urinary diversion
 - i. Surgical complications, e.g. rupture of augment, stones, ureteroenteric strictures, stomal and mid loop stenosis
 - ii. Metabolic complications
- c. Congenital female abnormalities that could impact FPMS
 - a. Ectopic ureters
 - i. Dx
 - ii. management
 - b. Imperforate or duplicated vagina
 - i. Dx
 - ii. Management
- d. Female sexual Dysfunction
 - a. Dx
 - b. Management

Core Urology

1. Office Based Urology

- a. Urinary Tract Infection: Cystitis, Prostatitis, Pyelonephritis
 - i. Guidelines
 - ii. Dx, (Chemical Analysis), Rx
- b. Dx sexually transmitted disease
- c. Microscopic hematuria
 - i. Guidelines
 - ii. Dx
- d. Proteinuria
 - i. Guidelines
- e. LUTS
 - i. Guidelines
- f. When and how to use PSA screening
- g. Antibiotic prophylaxis
 - i. Guidelines
- h. DVT Prophylaxis

2. Postoperative Complications & Trauma

- a. Ureterscopy complications
- b. ESWL complications
- c. TRUS prostate biopsy complications
- d. Traumatic Renal, bladder and urethral injuries;
 - i. Dx and Triage
- e. Vesicovaginal- ureterovaginal fistula
 - i. Dx and Triage
- f. Penile fracture : Dx and Triage
- g. Nerve injuries
 - i. Positional nerve injuries
 - ii. Nerve injuries following surgery
 - 1. obturator, ilioinguinal, femoral, etc
- h. Metabolic urgencies and emergencies
 - i. Hyponatremia
 - ii. Myoglobinuria (positional)
 - iii. Postop Addisonian crisis, etc

3. Imaging, radiation and patient safety

- a. methods to reduce exposure of physician to radiation
- b. How to alter ultrasound techniques for better visibility
- c. Patient safety- outpatient concerns
 - i. Sterilization of scopes etc.
 - ii. Dx and treatment of autonomic dysreflexia
- d. Opioid abuse