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 colposuspension)
      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
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. Ureteroscopy 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