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### StimWave for Pudendal Neuralgia

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### Podium #34

#### **SIMULATION SESSION IMPROVES RESIDENT CONFIDENCE WITH MID-URETHRAL SLING PLACEMENT**

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*Department of Urology, The Ohio State University Wexner Medical Center*

Presented By: Nicholas Beecroft

**Introduction:** Simulation is a potential method to provide a baseline level of procedure understanding in conjunction with OR experience. The study objective was to evaluate the impact of simulation on resident comfort with mid-urethral sling placement.

**Methods:** Participants were residents (N=10: n=6 junior, n=4 senior) in a single urology program participating in a single education session which focused on mid-urethral sling placement. Didactic, discussion, and hands-on simulation components were led by two expert faculty members and the simulation equipment (high fidelity female pelvic models) was provided by Boston Scientific Corporation. A survey was given post-curriculum and asked residents to self-report knowledge of the clinical topic pre- and post-session, and to rate their satisfaction with the curriculum.

**Results:** Residents demonstrated significant pre- to post-curriculum gains (M=26.7 for juniors, M=30% for seniors) in content knowledge. 100% of residents found each component (didactic presentation, discussion, and hands-on simulation) extremely beneficial for their understanding of the subject matter. Residents felt this curriculum prepared them for upcoming national exams (M=4.9/5), was intellectually challenging (M=4.9/5), increased their knowledge of the subject matter (M=5/5), allowed them to practice the skills taught in the course (M=5/5), increased their problem-solving (M=4.7/5), better prepared them to be in the clinic and operating room (M=5/5), and also would recommend this course to a peer (M=5/5; ps<0.001).

**Conclusion:** Surgical simulation can increase resident understanding and feeling of preparedness with surgical procedures. Mid-urethral sling placement simulation was demonstrated to be effective in achieving these goals at our institution. Equipment was provided by Boston Scientific, although the authors neither received or provided funding for this education session.

### Podium #35

#### **STIMWAVE® FOR PUDENDAL NEURALGIA**

Ly Hoang Roberts, MD<sup>1</sup>, Joshua Volin, BS<sup>2</sup>, Teresa McCartney, RN<sup>1</sup>, Annah Vollstedt, MD<sup>1</sup>, Kenneth Peters, MD<sup>1,2</sup>

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Presented By: Joshua Ryan Volin

**Introduction:** In patients with pudendal neuralgia refractory to traditional therapies, prior studies have shown efficacy in chronic stimulation with Interstim® (Medtronic, Inc., Minneapolis, MN). This study reports on a wireless system to power an implanted lead at the pudendal nerve, StimWave®, to treat pudendal neuralgia.

**Methods:** Retrospective chart review identified patients with a lead placed at the pudendal nerve for neuralgia and powered wirelessly. Clinical outcomes were assessed at post-operative visits and phone calls. Administered non-validated follow-up questionnaire evaluated the GRA, percentage of pain improvement, satisfaction with device, and initial and current settings of the device (hours/day of stimulation).

**Results:** Thirteen patients had the StimWave® lead placed at the pudendal nerve, 12 (92%) female and 1 (7.6%) male. Mean age was 50 years (range: 20-58). Failed prior therapies include medical therapy (100%), pelvic floor physical therapy (PFPT) (92%), pudendal nerve blocks (85%), pelvic floor muscle trigger point injections (69%), neuromodulation (30.7%), or surgeries for urogenital pain (23.1%). After the trial period, 10/13 (76.9%) had >50% improvement in pain with 6/13 (46.1%) reporting 100% pain improvement. Nine underwent permanent lead placement. At last post-operative visit (range 6-83 d), 4/9 patients reported >50% pain improvement. Seven patients reached for phone calls (8-734 d) reported

symptoms to be "markedly improved" (n=2; 28.6%), "moderately improved" (n =4; 57.1%), or "slightly improved" (n=1; 14.3%). Over half (5/7) reported complications including lead migration (n=2), broken wire (n=1) or non-functioning antenna (n=2).

**Conclusion:** Complex patients with refractory pudendal neuralgia may benefit from pudendal nerve stimulation via StimWave®.

**Funding:** N/A

### Podium #36

#### EXPERIENCES AND ATTITUDES TOWARD SURGICAL SIMULATION AMONG UROLOGY RESIDENTS: A FIVE-YEAR SURVEY ASSESSMENT OF PARTICIPANTS IN A MULTI-INSTITUTIONAL, MULTIMODAL SIMULATION WORKSHOP

Daniel Simon, MD<sup>1</sup>, Shaan Setia, MD<sup>1</sup>, Kristin Baldea, MD<sup>2</sup>, Stephanie Kielb, MD<sup>3</sup>, Scott Engener, MD<sup>4</sup>, Simone Crivellaro, MD<sup>5</sup>, Alex Chow, MD<sup>1</sup>, Chris Coogan, MD<sup>1</sup>

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Presented By: Daniel Simon, MD

**Introduction:** Surgical simulation is becoming an increasingly important educational adjunct to overcome the challenges facing contemporary urology residents who must become proficient with a rapidly expanding array of surgical technologies and instrumentation. We evaluated the experiences and attitudes toward surgical simulation among urology residents participating in a multi-institutional, multimodal simulation workshop.

**Methods:** Between 2016 and 2020, residents from six Chicago-area urology residency programs participated in an annual surgical simulation workshop. During these workshops, participants completed a series of simulated endourological procedures, including ureteroscopy, PCNL, and transurethral vaporization of the prostate while faculty with pertinent expertise provided instruction and verbal feedback. Participants were asked to complete an exit survey after the workshop evaluating their simulation experience and attitudes toward surgical simulation.

**Results:** Over a five-year period, 120 out of 132 participants completed an exit survey (response rate = 90.9%), including 73 junior residents (60.8%) and 47 senior residents (39.2%). Among respondents, 71.7% (86/120) had prior simulation experience, and 93.3% (112/120) felt that the simulation workshop was a useful exercise. Overall, 52.5% (63/120) believed simulation should be required during residency, and 78.3% (94/120) agreed that simulation is more useful for senior residents than junior residents.

**Conclusion:** The vast majority of urology residents hold favorable views of surgical simulation, and our survey responses indicate the utility of a multi-institutional, multimodal workshop model for surgical education through simulation. Further, many residents feel simulation should be required in residency and the majority agree that these experiences are most useful in the later years of training.

**Funding:** N/A

### Podium #37

#### CHANGING CHRIST AND COUNTY'S CATHETER CULTURE: A MULTI-INSTITUTIONAL QUALITY ASSURANCE PATIENT SAFETY PROJECT ACROSS URBAN CHICAGO

Antoine Ghorayeb, D.O.<sup>1,2</sup>, Mathew Fakhoury, D.O.<sup>1,2</sup>, Ryan Powers, D.O.<sup>1,2</sup>, Florian Stroeie, D.O.<sup>1,2</sup>, Douglas Slakey, M.D.<sup>2</sup>, Parisa Katoozian, BSN, CNOR<sup>2</sup>, Patricia Vidal, M.D.<sup>1</sup>, Courtney Hollowell, M.D.<sup>1</sup>

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Presented By: Antoine M. Ghorayeb, D.O.

**Introduction:** A Foley catheter in the hands of someone other than a Urologist is oftentimes a source of confusion; given different patient presentations, choosing the wrong Foley can directly affect patient outcomes and satisfaction with care. With a long-term goal of reducing urethral trauma, catheter associated urinary tract infections (CAUTIs), and acute kidney injury (AKI) our Urology service implemented a Foley catheter algorithm and administered