To: Heads of School
   ATSM Directors
   Urogynaecology ATSM Preceptors (via ATSM Directors)

Wednesday, 9 May 2018

Dear Colleagues

Re: Urogynaecology and Vaginal Surgery ATSM

You will be aware of the recent concerns and adverse publicity about vaginal meshes for incontinence and prolapse. As a consequence of this, the number of patients opting to have a mid-urethral sling procedure for stress urinary incontinence has declined considerably in the last few years in the UK.

Currently in the Urogynaecology and Vaginal surgery ATSM, mid-urethral synthetic slings are the only procedure trainees are required to perform to Level 3. We are aware that trainees are now at risk of not being able to gain enough experience in this surgical procedure to achieve competence and risk being unable to complete this ATSM.

The BSUG in consultation with the RCOG have recommended a pragmatic approach to training in continence surgery. They advise that training in any alternative procedure for stress urinary incontinence to the same level, would be an acceptable alternative. These procedures are the Colposuspension (open or laparoscopic) or Autologous Fascial Sling (Aldridge sling or either rectus or fascia lata “sling on a string”). These procedures are recommended for the treatment of stress urinary incontinence in the Nice Guidelines for Urinary incontinence (CG171). This may require trainees to visit other units to gain the competencies required, or, work with urologists performing these procedures. A urethral bulking agent would not be a suitable alternative for purposes of curriculum sign off.

Going forwards, we anticipate this will be reflected in the updated curriculum once approved by the GMC.

Yours sincerely

Sarah Reynolds FRCOG, Chair RCOG Advanced Training Committee
Karen Ward MRCOG, Chair BSUG Training subcommittee
Swati Jha FRCOG, Vice Chair of BSUG