

Penile Prosthesis Implantation during Residency: An Educational Tool for Gender Equality

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EDITORIAL

I read with interest various recently published articles about a poorly discussed topic in the field of prosthetic surgery: the impact and importance of the assistant in this type of operation in the operating room. (1-2)

In particular, the interesting article published by Lauer KV et al. (2) analyze the importance of intraoperative behaviors and teachability during surgical residency. Later et al. define "teachability" like a combination of the trainee's observed skills and behaviors with their performance and they conclude that the ability to incorporate intraoperative feedback in real time seems to be a critical aspect of teachability and warrants further research. This study was conducted on inguinal hernia, an operation generally very useful for the training of a surgeon as it is extremely anatomical, easily repeatable and sufficiently standardized. Wu SC et al. in their study demonstrate how the presence of a resident does not impact in terms of post-operative outcome but simply increases surgical times in a slightly significant way. The penile prosthesis implantation represents for an andrologist an operation, in my opinion, very similar to an inguinal hernioplasty in educational terms as it is generally a well-standardized intervention that always follows the same steps and that needs to have clear in mind the same anatomical steps. If in the past the placement of a penile prosthesis was seen as

a niche surgery to be studied at the end of one's training period, today the operation is very widespread and well standardized and therefore, in my opinion, it appears absolutely necessary in the urological specialist background.

In reality due to the heightened emphasis on quality measures for hospital and physician payment, surgical attendings responsible for guiding residents and fellows are facing greater demands to deliver a sufficient surgical training while upholding top-notch, cost-effective care. Especially specialized fields with high surgical requirements, such as reconstructive urology, have the potential to experience decreased surgical participation for residents.

I believe anyway desirable that this surgical field should be increasingly recognized by the various National Health Systems in compliance with the gender equality of prostatectomized men as is already the case for women's breast implants.

REFERENCES

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