

The Joint Committee of Paediatric Urology (JCPU) approved the

The Paediatric Renal Center Utrecht

as an officially recognized Training Programme for Paediatric Urology within the UEMS



Starting bottom left to right: Maarten Blanken, Noël Knops, Pieter Dik, Marianne Vijverberg, Aart Klijn, Tom de Jong, Rafal Chrzan, Melanie Popken, Sylvia Visser, Laurens Hermssen, Trudie Vlastuin, Ellen de Bruijn, Annelien Schulp, Chantal Folman

The fellowship training program in Utrecht covers the whole range of paediatric urology. Our goals are to deliver tertiary paediatric urologic care, to do and publish clinical research and to train fellows and residents in our specialism. The fellows are exposed to all clinical activities, they are supposed to write scientific papers on their own research and they get enough opportunities and funding for yearly visits to international meetings and courses. After a short run-in period, including a language course, the fellows have their own days in the operating theatre, their own outpatient clinic and their own sessions for urodynamic studies, supervised, when needed, by a paediatric urologist.

Paediatric urology in the University Children's Hospital in Utrecht is embedded in the Paediatric Renal Center. The three main pillars are paediatric urology, paediatric nephrology and urotherapy. Paediatric urology staff has 3 consultants (Dr. T. de Jong, Dr. P. Dik en Dr. A. Klijn), 1 fellow and 2 residents, 1 consultant urologist (Dr. L. de Kort) for adolescent care and transition to adult urology. Paediatric nephrology has 1 consultants (Dr. L. Lilien) and 1 fellow and for urotherapy 5 urotherapists, 3, 5 fte, are available.

Multidisciplinary teams exist for spina bifida patients, for 1 day diagnosis of suspected tethered cord and for children with ambiguous genitalia. Spina bifida and tethered cord team has specialists for neurology, neurosurgery, rehabilitation, physical therapy, orthopaedic surgery, paediatrics and paediatric urology. The team for abnormal genital development has specialists for paediatric endocrinology, gynaecology, genetics, paediatric urology and 2 psychologists for support of both parents and children. This psychological support is also available for children with any genital handicap throughout puberty and adolescence.

The goal to have a high percentage of tertiary care is realised by tailoring of the referral system such that the secondary care in general hospitals is optimized and the tertiary patients can be selected. This is realised by monthly visits by a paediatric urologist to all large referral hospitals in a wide circle around Utrecht. Paediatricians, urologists and radiologists present between 15 and 25 patients with urological problems at such visits and they are advised on how to treat the presented conditions. Difficult cases and cases that obviously need to be operated in a paediatric urologic center are selected and referred for tertiary care.

For urotherapy we have trained urotherapists for most of the large referral hospitals in The Netherlands. This has been done in the past by having trainees working with our urotherapists for different periods of time. Now, a formal training program has been started for urotherapy. Advantage of this effort is that, also for urotherapy, only tertiary referrals are seen in our center after failed therapy in general hospitals. For solid tumours an exchange program for fellows exists with Amsterdam.

Infrastructure of the Paediatric Renal Center Utrecht allows for optimal patient care. The operating theatre runs 5 days a week, urodynamics and videourodynamics are done by 2 specialised nurses supervised by a paediatric urologist or a fellow, and urotherapists can be supported by 2 stoma nurses for patients with concomitant severe constipation. Paediatric urology out-patient clinics are done 9 half-days a week. One extra half-day outpatient clinic is combined with obstetrics for antenatal tertiary ultrasound diagnosis. Paediatric nephrology has 3 and urotherapy 4 half days of outpatient clinics. The clinical ward can house 10 patients for paediatric urology and nephrology and 2-4 clinical patients for urotherapy. Day-care ward offers up till 25 beds a week. A separate ward for paediatric haemodialysis is available. With this structure approximately 1500 new patients are seen every year and approximately 1100 patients are operated.

Chairman Doctor Tom PVM de Jong

<http://www.umcutrecht.nl>

www.jcpu.eu

www.uems.net