

LIFELONG CONGENITAL UROLOGY : A NEW CHALLENGE FOR UROLOGISTS AND AN OPPORTUNITY TO ADVANCE PAEDIATRIC UROLOGICAL SURGERY

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As a representative of the generation of paediatric urologists trained in contemporary practices and practicing it now for more than 30 years, I have witnessed the long-term effects of congenital urogenital anomalies and the outcomes resulting from surgical techniques employed over the past three to four decades. Despite advancements in our field, existing data on these outcomes remain limited, emphasizing the urgent need to enhance measurement metrics, standardize practices, and prioritize patient satisfaction.

Over the years, many patients treated by paediatric urologists have begun presenting with long-term complications, highlighting a significant gap in expertise and understanding of these outcomes. The complexity of their conditions often encompasses medical, surgical, and psychological dimensions, intertwined with urological, nephrological, gynecological, orthopedic, and mental health issues. Unfortunately, the involvement of unfamiliar practitioners can disrupt the doctor-patient relationship, leading to increased patient erosion from care.

There exists a pressing need to establish clear guidance on the ongoing care and management of these patients as they transition into adulthood. A recent survey of European paediatric urologists revealed that nearly 300 respondents estimated that between 10% and 20% of their former patients would require long-term follow-up, with this population continuing to grow.

To address these challenges, it is crucial to recognize the significance of specialized long-term follow-up for individuals born with congenital urological anomalies. Educating practitioners about the unique complications associated with these complex patients and fostering greater interest among adult urologists is imperative for the advancement of this vital subspecialty.

Moreover, we must prioritize the collection of comprehensive data regarding long-term outcomes for common surgical interventions and develop consensus statements or guidelines informed by empirical evidence. This paper will explore the issues outlined above, as well as the current understanding of long-term surgical outcomes, and will propose strategies for addressing any identified needs for surgical revision or intervention. Through these collective efforts, we aim to improve the course of care for patients navigating lifelong challenges stemming from congenital urology.
