

# COVID-19 had no long-term effect on surgical cases for urology trainees

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After the onset of the COVID-19 pandemic, urology training programs saw a precipitous drop in opportunities for residents to gain hands-on surgical experience, reports a study in *Urology Practice*, an Official Journal of the American Urological Association (AUA).

However, the volume of surgical procedures rebounded the following year—suggesting no lasting setback for the current class of urologists in training, according to the report by Michael Callegari, MD, of University Hospitals Cleveland Medical Center and colleagues.

## **Upward trend in residents' case volumes resumes after COVID-related drop**

The researchers analyzed publicly available data on urology resident case logs from July 2015 through June 2021. Data on resident procedures is compiled annually by the Accreditation Council for Graduate Medical Education (ACGME), which is responsible for accreditation of all graduate medical training programs for US physicians.

In 2020-21, there were 145 accredited urology training programs in the United States, including a total of 1,768 [trainees](#). To complete their training, urology residents must complete specified minimum numbers of procedures in various categories, including general urology, endourology/stone disease, reconstructive surgery, oncology (cancer), major and minor pediatric procedures, and laparoscopic (minimally invasive) procedures.

From 2015 to 2019, the average number of cases increased by approximately 26 cases per year for urology residents, across all categories of procedures. But as in essentially every surgical specialty, numbers of procedures declined sharply with the start of the COVID-19 pandemic in early 2020.

In the first year of the pandemic, the annual average decreased by approximately 67 cases. "However, in 2021 case volume dramatically increased to the same rate as projected had there not been a disruption in 2020," Dr. Callegari and colleagues write. Thus the COVID-19-related

disruptions appeared to be specific to 2019-20.

The changes in case volume varied for different categories of procedures. Laparoscopic surgery—which includes robotically assisted procedures—showed the greatest decrease in 2020, followed by the greatest increase in 2021.

Hands-on [surgical experience](#) is an irreplaceable part of training for physicians preparing to specialize in urology. Ensuring the continued progress of current residents is essential at a time of projected shortages of urologists in the coming years.

Based on the rapid recovery of case volumes after the start of the COVID-19 pandemic, "... [urology](#) residents did not suffer prolonged detriment in case volume or surgical training, highlighting the essential nature and high demand for urologic care across the country," Dr. Callegari and colleagues conclude. They note that further studies will be needed to confirm that the increase in resident opportunities is "truly a return to pre-pandemic case volume rates or a transient increase due to shifting of 2020 procedures to 2021."

**More information:** Michael Callegari et al, Impact and Implications of the COVID-19 Pandemic on Urological Training, *Urology Practice* (2022). [DOI: 10.1097/UPJ.0000000000000317](https://doi.org/10.1097/UPJ.0000000000000317)

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