

EDITORIAL

About the beauty of urology...

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Urologic Surgery is one of the most beautiful, exciting, spectacular and unpredictable surgical specialties.

From 1907 it stands as a specialty of its own, breaking free from general surgery, as other surgical specialties, Professor Felix Guyon being the godfather of this specialty. In the last 20 years, urology itself has become a "tree" of sub-specialties, from which medical branches such as andrology, urogynecology, oncological urology have developed. These medical strains tend to become independent.

From 1909 urology begins to be recognized in Romania, as a specialty of its own, time when Professor Petre Herescu, Guyon's student, establishes this speciality within Coltea Hospital. Over time it has experienced a steady development as few specialties have had. Over the last century, Romanian urology has given world renowned characters, which have settled Romanian urology in a place of honor.

We have the strength to affirm that urology is "a friendly specialty", not only with the surgical specialties, but also with other medical specialties. There are many surgical and non-surgical specialties, whom we as urologists can offer our help, or an advise, or a surgical procedure. Urology can have harmonious collaborations with many other specialties, and I give as example, the selective arterial embolization after PNL or arterial stenting in erectile dysfunction, procedures which are performed by interventional radiologist.

Like in any other surgical specialty, the urologist has

two important "friends", with whom the collaboration must be at the highest level. I refer of course to the anesthesiologist and to the pathologist.

Urologic surgery faces or may face urgent situations, emergencies which if not noticed in time and skillfully managed it could have a poorly outcome for the patient. Among these situations, we give as an example just a few: obstructive anuric acute renal failure, urosepsis, urological trauma with hemodynamic instability etc.

We haven't taken into account the postoperative hematuria, on one hand due to urological diseases, but also secondary to various other conditions, such as an eventual hepatic cirrhosis or secondary to an overdose or misuse of anticoagulants, out of which we are almost convinced that it is a practice at "national" level at the indications of the anesthesiologists.

These pathologies mentioned above are just a few aspects of what it represents the "salt and pepper", but also the challenges of an urologist's life.

While the general surgeon performs, with difficulty, for example a retrocecal appendectomy and waits with some concern for the 5th day peritonitis, the urologist may be in the situation, in which he must promptly intervene at 2-3 hours after the patients admission or after a correctly performed



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intervention, to stop a bleeding which may occur without any explanation or for an obstructed drainage.

I have discovered slowly and quite late the charm of urology. Later I have learned that it is a surgical specialty much better encoded than abdominal surgery. Urology has an etiopathogenic and topographic diagnosis more accurate and much more faster. I have later discovered it's minimally invasive valences regarding diagnosis and treatment, for example the ability to perform endoscopic surgery, laparoscopic and robotic procedures, with the possibility of "one day surgery" hospitalization and with maximum results for the patient. In this context it should be noted that robotic surgery, very popular nowadays, was initially born in the specialty of urology, for one purely urologic intervention, the radical prostatectomy.

Certainly the technological developments have greatly influenced the evolution of urology. There have been no new surgical devices that couldn't be used in urology. Nowadays the classical interventions, have come to have a smaller proportion compared with those listed above. For instance, regarding urinary lithiasis, only 1% of cases are treated using open surgery.

I do not know how urology will look over a few decades. Perhaps in the future and one not so distant, the young residents that I try to teach and mold, will operate Earthlings on another planets, using consoles such as the "Da Vinci " from now...

Finally, without having a morbid curiosity, I am satisfied with what I have seen, realized and undertook during my active urological lifetime!