

# UROLOGY

AT YALE | 2021

## Inside Urology at Yale

Issue 43 | November 2021

### CARE SIGNATURE PATHWAYS

#### What is Care Signature?

Care Signature is an update to the Yale New Haven Health System's standard of highest-quality care delivered to every patient by every provider every time. Our System's extraordinary response to the pandemic exemplified Care Signature – the daily assimilation of evolving evidence and consensus, sharing of resources, and rapid deployment of new and more efficient models of care. Our team will build upon this momentum and shared purpose by extending Care Signature across our System for all clinical conditions.

#### How can Care Signature pathways help my patients and me?

Pathways can improve care for patients by:

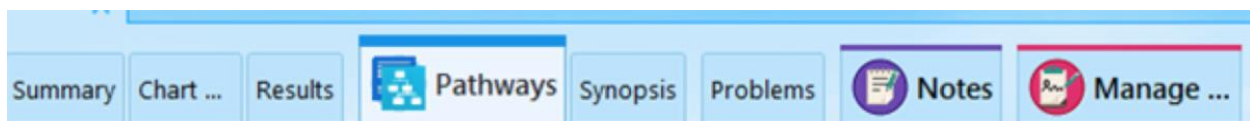
- Standardizing condition-specific evaluation, diagnosis, and treatment
- Standardizing criteria for admission, escalation of care, discharge, and the who/what/when of follow-up to bridge the safety and communication gaps that occur in care transitions
- Delivering patient education in a format consistent with the patient's needs and preferences
- Improving access and cost by delineating tests and consults that are and are not necessary
- Advancing equity through standardizing best practice for all patients and connecting patients to relevant SDOH resources

Pathways can also reduce the burden of providing care – not just theoretically, but actually – by:

- Co-locating all resources within the pathway
- Automating much of the work – such as launching documentation into the flowsheet, bundling all necessary orders, pre-populating fields specific to that condition, and autocalculating clinical scores
- Saving you time and clicks

#### How do I access Care Signature pathways?

Care Signature pathways are suggested in the Epic storyboard for a patient with a relevant condition or can be found by searching within the Pathways tab in the Epic toolbar.



## Non-Muscle Invasive Bladder Cancer Pathway:

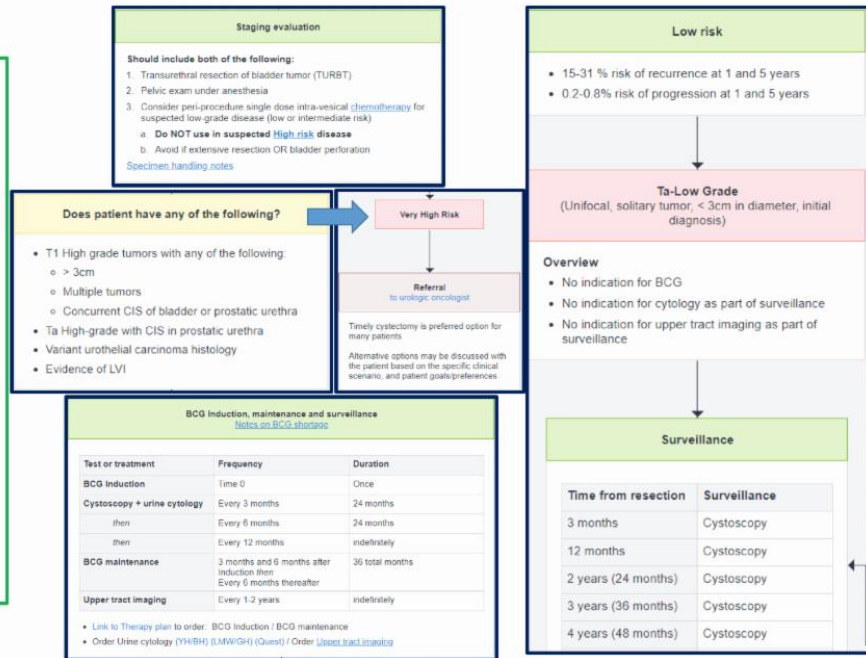
### Non-muscle Invasive Bladder Cancer pathways: Adult Ambulatory

#### Why are NMIBC pathways important?

- NMIBC is a treatable disease, but can lead to significant morbidity and mortality with progression.
- There is wide variation in how NMIBC is treated across YNHHS, with examples of patients getting both under and over treated. This is especially significant with BCG utilization and surveillance protocols.

#### Pathway highlights:

- Clear guidance on the required items for diagnosis and staging on NMIBC
- Guidance for standardized initial, maintenance, and surveillance protocols
- Specific guidance for the use of urine cytology
- Specific guidance for BCG utilization when indicated for treatment
- Indications for when surgery should be pursued as the preferred treatment
- Guidance for management of persistent or recurrent disease




Thank you to Dan Heacock PA-C, Manager, Care Signature - YNHHS, for providing the overview of Care Signature Pathways and the chart shown above, as well as Patrick Kenney, MD, Chair, Urology Care Signature Council, and the entire Urology Care Signature Council for their work.

## PEDIATRIC UROLOGY VISITING PROFESSOR DAY ANNOUNCED

*Save the Date*

1st Annual  
Pediatric Urology  
Visiting Professor Day

**Friday, December 17**  
**12:00 pm - 5:00 pm**



**Anthony A. Caldamone, MD, MMS, FACS, FAAP**  
Pediatric Urology, Hasbro Children's Hospital, and Professor of Surgery (Urology) and Pediatrics, Hasbro Children's Hospital / Warren Alpert Medical School of Brown University

Contact us: [urology@yale.edu](mailto:urology@yale.edu)

**Yale Medicine**  
UROLOGY

The first annual **Pediatric Urology Visiting Professor Day** will be held on Friday, December 17, from 12:30 pm - 5:00 pm, with in-person and virtual attendance options.

Anthony A. Caldamone, MD, MMS, FACS, FAAP, Pediatric Urology, Hasbro Children's Hospital, and Professor of Surgery (Urology) and Pediatrics, Hasbro Children's Hospital/Warren Alpert Medical School of Brown University, will be the inaugural Visiting Professor.

Dr. Caldamone will also present Yale Urology Grand Rounds the morning of December 17 at 7:30 am. Starting at 12:30 pm, the afternoon will include a second lecture from Dr. Caldamone, "UTIs and VUR in Children: Is Anything I Learned in Residency Still True?," as well as a resident debate, case presentations, and Jeopardy. As the agenda continues to be confirmed, more details will become available.

## FACULTY PROMOTIONS ANNOUNCED

We would like to congratulate the following Yale Urology faculty on their recent promotions:

- **Angela Arlen, MD**, promotion to Associate Professor of Urology in the Clinician-Educator Track
- **Mary Grey Maher, MD**, promotion to Associate Professor of Clinical Urology in the Clinical Track
- **Thomas V. Martin, MD**, promotion to Associate Professor of Clinical Urology in the Clinical Track
- **Marianne Passarelli, MD, MBA, FACS**, promotion to Associate Professor of Clinical Urology in the Clinical Track



## UROLOGIC ROBOTIC SURGERY RACK CARDS NOW AVAILABLE



Yale Urology  
Urologic Robotic Surgery

### What is Robotic Surgery?

Robotic surgery is when surgeons place special surgical instruments into your body through 1-6 small incisions. Yale Urology's experienced and highly-trained team of surgeons manipulate the instruments remotely from a nearby console, guided by the robotic technology. Your surgery is not performed by a robot. The robotic surgical system allows the surgeon to make very precise, delicate movements in hard-to-reach areas, and only responds to the movements of the surgeon. Depending on the nature of your surgery, we will utilize the da Vinci XI<sup>®</sup> robotic surgical system or the da Vinci SP<sup>®</sup> single port robotic surgical system.

### Benefits

Robotic surgery offers many benefits to our patients. Because the instruments are placed into your body through small incisions versus one long incision, less time is required for healing. Additionally, patients generally experience less pain, decreased blood loss, reduced scarring, lower risk of infection, shorter hospital stays, and better clinical outcomes. As with any surgery, there are risks of complications and/or side effects, and it's best to discuss possible risks with your physician in advance of your surgery.

Appointments: (203) 785-2815

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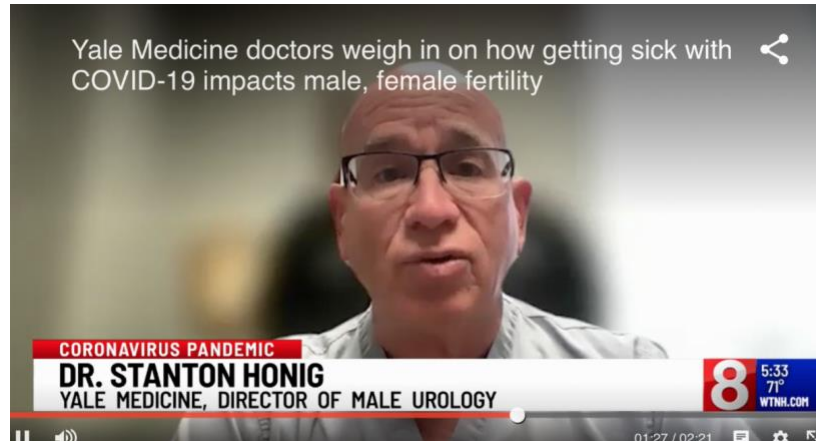
As a new resource for patients and physicians, informational rack cards are now available for Urologic Robotic Surgery. The card has been distributed to all of our Yale Urology clinics in Connecticut and in Westerly, RI, and the PDF is [linked on our website](#).

## STAN HONIG APPEARS ON WTNH TO TALK COVID AND MALE INFERTILITY

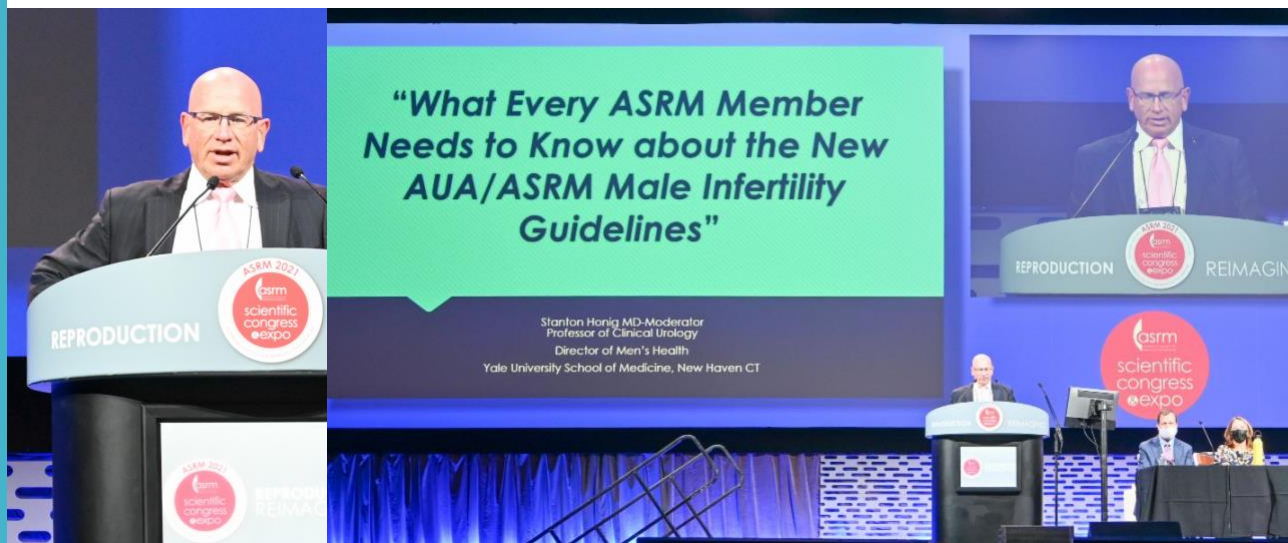
In a WTNH report on the effects of COVID-19 and male and female infertility, **Stan Honig, MD**, said, "The COVID virus, just like any virus whether it's the flu or high fever, can have some effects on sperm production."

Dr. Honig continued, saying the virus can result in a drop in sperm production about three months after a moderate to severe COVID infection and most of the time levels bounce back, pointing out the COVID vaccine is proving to have no effects on sperm counts. "The quality of the sperm before the vaccine, and then the quality of the sperm after the vaccine, about two or three months after the second vaccination and there was no difference in sperm quality," he said.

The full report can be viewed [here](#).



The American Society of Reproductive Medicine (ASRM) Scientific Congress & Expo was held October 17-20 in Baltimore, Maryland. **Stan Honig, MD**, as President of the Society of Male Reproduction and Urology, introduced the speaker for the American Urological Association (AUA) Bruce Stewart Memorial Lecture: "Compelling Evidence that Collaboration with Qualified Male Reproductive Urologists Improves ART Outcomes" (pictured, left). Dr. Honig also served as moderator for an interactive session, "[What Every ASRM Member Needs to Know about the New AUA/ASRM Male Infertility Guidelines](#)," (pictured, right).





## MEET DR. MARY GREY MAHER



*This month we highlight Mary Grey Maher, MD, Associate Professor of Clinical Urology. Dr. Maher talks about how the field of urology has diversified, the impact of mentors, and advice she would share with anyone pursuing a career in medicine—in her own words.*

"I enjoy weekends, of course, but I really look forward to Monday. It's my day in the operating room with the urology residents and physician assistants. Working side-by-side with them on surgical cases is insightful and rewarding. They work through clinical problems, ask questions during procedures, and take on new levels of responsibility. Their abilities and confidence develop exponentially over the five years we're together, as they master urological and urogynecological skills.

I was attracted to urology by the prospect of change and innovation in the field and I have not been disappointed. Urologists have been able to improve patient outcomes and advance the scientific study of diseases, innovate procedures and use new technology in the operating room. The benefits of our efforts to improve how we treat our patients are obvious. When I started training, hand-assisted laparoscopy was the gold standard for nephrectomy. The da Vinci robot was at the R+D level. Additionally, there were no ureteral access sheaths, and the nitinol basket was new. Terrific current research assures me that we can look forward to new processes and procedures for our patients.

What has changed among urologists ourselves? I could easily say, "everything." Importantly, from my perspective, the field is making significant efforts to become more diverse. Of the approximately 9,600 urologists in the United States, between 8 and 12 percent are women. That doesn't sound like many, but when I started in urology in 1999, only 2 percent of urologists were female. Women in the profession are significantly underrepresented and continually face challenges because of gender. Female urological surgeons are still rare enough to continually be confused with our wonderful nurses and support staff. We have made some progress, but we certainly can continue to strive to make our surgical faculty reflect the populations we treat. We need to attract more people of color to our profession. Equitable pay across all the specialties is still a goal for female surgeons. But optimistically speaking, progress is being made.

If I were to give new residents some advice, I would say that for a successful career in urology, you must love it and to be willing to put in an amazing amount of hard work. Surgical disciplines are careers that take on a life of their own and are intricately bound to who you are. Urology is not a "punch the clock" job. Every surgical case requires detailed preparation preoperatively, intraoperatively, and postoperatively. You may go home to your family or take a vacation, but you seldom have your patients far from your mind. It is just the reality of a urological or surgical practice. We are very fortunate to have much more help at Yale New Haven Hospital than in the past, both in the office and in the hospital with our residents and advanced practitioners. But at the end of the day, the patient is truly yours, and many times, they remain your patient for their lifetimes. Such continuity is a responsibility and a truly gratifying part of urological clinical practice.

I am a strong believer in the power of mentorships. Some of the best mentors are not always obvious initially but are often serendipitously found. I have been fortunate to have benefitted from many individuals who inspired me in different ways. The physicians and surgeons I emulated most during my earliest training years were from diverse backgrounds, including vascular surgery and the female general surgery and breast surgeons in New Haven. The Department of Urology at Yale and in the community of New Haven were enormously influential in my career decisions. My most memorable surgical mentors stood out as having a unique balance of surgical skill, clinical acumen, a compassionate bedside manner and overall humanity and humility.

I think that for those just entering the field, they might want to be flexible about mentors. It's quite possible (and may be advisable) to have one mentor for research, one for short- or long-term career goals, and one to speak to about juggling family and interpersonal issues. It is not always helpful, and perhaps even unwise, to have only one person advise you on all things. Multiple perspectives are often required to successfully facilitate navigating your career.

Professionally, my most compelling surgical interests lay in dealing with complicated mesh surgical revisions. I appreciate the challenge of caring for—and if necessary, operating on older male and female patients with

prolapse and incontinence. My hospital administrative work centers around facilitating the operations of the Verdi 3 South surgical floor as the medical director, and facilitating the education and implementation of the ERAS protocol in our Urology division for the Yale New Haven Health System. I currently have an IRB-approved clinical research project. The thesis is to evaluate the non-inferiority of a native tissue sling with fascia lata versus the mesh sling and rectus fascial sling. The secondary endpoints are costs, decreased reliance on supply chain, and less need for hospitalization compared with the rectus fascial sling. I will be reviewing the outcomes and the role of native tissue use in primary or salvage surgical procedures for stress urinary incontinence.

When not at work, I enjoy playing tennis and spending time with my children and friends. My home away from work is Standard Beach in Westbrook."

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## NEWS, NOTES, EVENTS

- Congratulations to **Marianne Casilla-Lennon, MD**, Chief Resident, who recently had a baby! Marianne says, "Mom, Dad and his 2 big sisters welcomed Sebastian Lennon Pope on October 6. He weighed 5 lbs 12 oz. He spends his days eating, sleeping, and observing everything around him. He is rarely not in someone's arms and loves to cuddle. We are so thankful to have received so much love and support from friends, family, and the urology department during this special time."





- **Marianne Passarelli, MD**, Assistant Professor of Clinical Urology, recently gave a presentation on Overactive Bladder to the urology residents of Rutgers Robert Wood Johnson Medical School. A highlight of the presentation: Rachel Passarelli, MD, daughter of Marianne, is a PGY-1 at Rutgers RWJ Urology.



- We want to extend our best wishes to Yale School of Medicine and Frank H. Netter MD School of Medicine at Quinnipiac medical students and postgraduates who are applying for urology residencies: **Matthew Buck, Dylan Hecksher, David Kim, James Nie, and Olamide Olawoyin.**
- **Daniel Petrylak, MD**, was appointed Vice Chair of the Genitourinary Group in SWOG at the Fall 2021 SWOG Group Meeting. Dr. Petrylak was also named to the National Cancer Institute (NCI) Genitourinary Steering Committee.
- Virtual **Residency Interview** Dates: November 12, 13, 15
- **Urology Grand Rounds** will be offering in-person attendance, in addition to virtual attendance, starting Friday, December 3. More information will be shared as it is finalized, but please contact [Sheila Garcia](#) with questions.

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## PUBLICATIONS

Cachexia and bladder cancer: clinical impact and management.  
Lokeshwar SD, Press BH, Nie J, Klaassen Z, Kenney PA, Leapman MS.  
Curr Opin Support Palliat Care. 2021 Oct 25.

Adoption of New Risk Stratification Technologies Within US Hospital Referral Regions and Association With Prostate Cancer Management.  
Leapman MS, Wang R, Park HS, Yu JB, Sprenkle PC, Dinan MA, Ma X, Gross CP.  
JAMA Netw Open. 2021 Oct 1.

The Intraoperative Use of a Portable Cone-Beam Computed Tomography System for the Diagnosis of Intraperitoneal Bladder Perforation.  
Choksi A, Press B, Nawaf C, Longyear S, Ferrante M, Martin TV.  
Case Rep Urol. 2021 Sep 23.



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