**Surgery- Urinary system, male and female genital system**

1. A patient had a renal auto-transplantation extracorporeal surgery, re-implantation of a kidney, and a partial nephrectomy.
2. Bill, a 52-year-old male patient, was admitted to the hospital and treated for prostatic malignancy. His doctor dictated a detailed history, detailed exam, and straightforward medical decision-making for admission. He was treated with interstitial transperineal prostate brachytherapy, including implantation of 51 iodine-125 seeds. His doctor visited him the day after the procedure. How would you report the professional service by the therapeutic radiologist who did both the implantation and brachytherapy.
3. Harry had a couple of stones in both kidneys. He was taken into the lithotripsy unit and placed on the lithotripsy table in a supine position with the induction of anesthesia. The stones were well visualized and the patient received a total of 3,500 shocks with a maximum power setting of 3.0. The treatment was successful.
4. Alex suffered several injuries to his upper leg muscles and penis when he fell onto the bar of his touring bicycle. The day of the accident, Dr. Green completed muscle repair surgery to Alex’s upper legs. Today, three days after the leg surgeries, Dr. Green took Alex back to the operating suite to complete an unrelated repair to the penis. Dr. Green completed a plastic repair to correct the penal injury.
5. A 65-year-old male patient has an indwelling nephroureteral double-J stent tube replaced to treat a ureteral obstruction caused by a stricture from postoperative scarring. His stent tube is exchanged every two months to prevent occlusion in the stent, UTI, and loss of kidney function. Dr. Mott did this procedure via a transurethral approach under conscious sedation and provided the radiological supervision and interpretation.
6. A 48-year-old patient with BPH has his prostate removed via a laser enucleation. During this procedure he also has a vasectomy.
7. 45-year-old male is going to donate his kidney to his son. Operating ports where placed in standard position and the scope was inserted. Dissection of the renal artery and vein was performed isolating the kidney. The kidney was suspended only by the renal artery and vein as well as the ureter. A stapler was used to divide the vein just above the aorta and three clips across the ureter, extracting the kidney. This was placed on ice and sent to the recipient room.
8. 67-year-old female having urinary incontinence with intrinsic sphincter deficiency is having a cystoscopy performed with a placement of a sling. An incision was made over the mid urethra dissected laterally to urethropelvic ligament. Cystoscopy revealed no penetration of the bladder. The edges of the sling were weaved around the junction of the urethra and brought up to the suprapubic incision. A hemostat was then placed between the sling and the urethra, ensuring no tension.
9. 16-day-year old male baby is in the OR for a repeat circumcision due to redundant foreskin that caused circumferential scarring from the original circumcision. Anesthetic was injected and an incision was made at base of the foreskin. Foreskin was pulled back and the excess foreskin was taken off and the two raw skin surfaces were sutured together to create a circumferential anastomosis.
10. 5-year-old female has a history of post void dribbling. She was found to have extensive labial adhesions, which have been unresponsive to topical medical management. She is brought to the operating suite in a supine position. Under general anesthesia the labia majora is retracted and the granulating chronic adhesions were incised midline both anteriorly and posteriorly. The adherent granulation tissue was excised on either side.
11. 5-year-old male with a history of prematurity was found to have penile curvature, congenital hypospadias. He presents for surgical management for straightening the curvature. Under general anesthesia, bands were placed around the base of the penis and incisions were made degloving the penis circumferentially. The foreskin was divided in Byers flaps and the penile skin was reapproximated at the 12 o’clock position. Two Byers flaps were reapproximated, recreating a mucosal collar which was then criss- crossed and trimmed in the midline in order to accommodate median raphe reconstruction. This was reconstructed with use of a horizontal mattress suture. The shaft skin was then approximated to the mucosal collar with sutures correcting the defect.
12. The patient is a 22-year-old who was found to be 7-1/2 weeks pregnant. She has consented for a D&E .She was brought to the operating room where MAC anesthesia was given. She was then placed in the dorsal lithotomy position and a weighted speculum was placed into her posterior vaginal vault. Cervix was identified and dilated. A 6.5-cm suction catheter hooked up to a suction evacuator was placed and products of conception were evacuated. A medium size curette was then used to curette her endometrium. There was noted to be a small amount of remaining products of conception in her left cornua. Once again the suction evacuator was placed and the remaining products of conception were evacuated. At this point she had a good endometrial curetting with no further products of conception noted.
13. A 37-year-old female has menorrhagia and wants permanent sterilization. The patient was placed in Allen stirrups in the operating room. Under anesthesia the cervix was dilated and the hysteroscope was advanced to the endometrium into the uterine cavity. No polyps or fibroids were seen. The Novasure was used for endometrial ablation. A knife was then used to make an incision in the right lower quadrant and left lower quadrant with 5-mm trocars inserted under direct visualization with no injury to any abdominal contents. Laparoscopic findings revealed the uterus, ovaries and fallopian tubes to be normal. The appendix was normal as were the upper quadrants. Because of the patient's history of breast cancer and desire for no further children, it was decided to take out both the tubes and ovaries. This had been discussed with the patient prior to surgery.
14. 30-year-old female in the OR for ectopic pregnancy. Once the trocars were place a pneumoperitoneum was created and the laparoscope introduced. The left fallopian tube was dilated and was bleeding. The left ovary was normal. The uterus was of normal size, shape and contour. The right ovary and tube were normal. Due to the patient’s body habitus the adnexa could not be visualized to start the surgery. At this point the laparoscopic approach was terminated. The pneumoperitoneum was deflated, and trocar sites were sutured closed. The trocars and laparoscopic instruments had been removed. Open surgery was performed incising a previous transverse scar from a cesarean section. The gestation site was bleeding and all products of conception and clots were removed. The left tube was grasped, clamped and removed in its entirety and passed off to pathology.
15. 23-year-old who is pregnant at 39 weeks and 3 days is presenting for a low transverse cesarean section. An abdominal incision is made and was extended superiorly and inferiorly with good visualization of the bladder. The bladder blade was then inserted and the lower uterine segment incised in a transverse fashion with the scalpel. The bladder blade was removed and the infant's head delivered atraumatically. The nose and mouth were suctioned with the bulb suction trap and the cord doubly clamped and cut. The placenta was then removed manually.
16. 55-year-old female has a symptomatic rectocele. She had been admitted and taken to the main OR. An incision is made in the vagina into the perineal body (central tendon of the perineum). Dissection was carried underneath posterior vaginal epithelium all the way over to the rectocele. Fascial tissue was brought together with sutures creating a bridge and the rectocele had been reduced with good support between the vagina and rectum.
17. A pregnant patient delivers twins at 30 weeks gestation. The first baby is delivered vaginally, but during this delivery, the second baby has turned into the transverse position during labor. The decision is made to perform a cesarean to deliver the second baby. The OB physician who performed the delivery also performed the prenatal care.
18. A 30-year-old disabled Medicare patient is scheduled for surgery due to the finding of what looks like an ovarian mass on the right ovary. On entering the abdomen, the surgeon finds an enlarged ovarian cyst on the right, but the ovary is otherwise normal. The left ovary is necrotic looking. The decision is made, based on the patient’s age, to remove the cyst from the right ovary, but performs a left salpingo-oophorectomy.
19. A colposcope was introduced into the patient’s vagina and under direct visualization through a binocular microscope excessive lesions were revealed in and around the vagina. Electrocautery and laser vaporization were used to destroy the extensive number of vaginal lesions.
20. A pregnant patient is diagnosed with an incompetent cervix. The physician performs a cervical cerclage to prevent a missed abortion. After inserting a speculum into the vagina to view the cervix, the physician threads heavy suture material around the cervix using purse-string sutures. The sutures are pulled tight to make the opening smaller and prevent spontaneous abortion.