
LEGENDS IN UROLOGY

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A Life In Global Urology

I was born in San Francisco, the eldest daughter of a pediatric surgeon, Pieter A. deVries. Perhaps it was inevitable that from early childhood, I would have a fascination with embryology, and in all things biological --from my mother's garden plants to road kill. I collected various specimens to my mother's distress, especially when many of them became too ripe for the house. I hiked the hills of Marin County and later the Peninsula, and raced sailboats on the San Francisco Bay. As a girl, I had very little use for school, preferring rock climbing and mountaineering with the Youth Science Institute to class work. It is one of those ironies, that I have devoted most of the rest of my life to academics! The 60's and the early years of the Peace Corps influenced me to bring whatever skills I might ultimately develop to bear on education in developing countries.

I graduated from Harvard University and stayed on for two years in Boston as an echocardiography technician for Boston City Hospital. But at the suggestion of a friend, I took the bus to North Carolina to look into graduate school at Duke. Duke became my academic home in experimental pathology, and I studied heavy metal toxicology in the PhD program. I also met and married a medical student, Dana Rosenberg, MD, and followed him back to my old stomping grounds in California when he matched in pediatrics at Stanford.

At Stanford, I continued research in lead toxicology, and began medical school after a year. As it turned out, I found clinical work even more intriguing, especially surgery and OB-GYN. Though I was eight months pregnant at the time, I chose urology as an elective rotation and was hooked. It was love at first sight, and I have never looked back. As might be expected, life at home and in the hospital was a three-ring circus with Dana on in-house call every third or fourth night for pediatrics and anesthesia, and me on every third as well, for surgery and urology. Our string of live-in nannies came and went as if through a revolving door. Somehow, we all held together for four years of medical school and six years of residency, but then, six weeks before the end of my chief year in 1990, Dana died suddenly while I was away at the AUA Annual Meeting in New Orleans.

With the shock of being a new widow, a single mother and a green urologist, I was grateful to work at Kaiser Hospital, Santa Teresa, where my colleagues were most supportive. The caseload was extremely heavy but as things settled into a bit of a routine, I found time to get a pilot's license in anticipation of wonderful family adventures. However, the kids had other agendas; they were bored and airsick, so reluctantly, I let my license gather dust after a few years.

The other big dream from my youth had been to travel abroad with the Peace Corps. This dream took root and has flowered, though not as I might have envisioned. My professors in plastic surgery had traveled the world doing facial and burn reconstruction. While traveling, Don Laub, MD, founder of Interplast, saw the need for similar work in genitourinary reconstruction, as hypospadias is many times more common than cleft lip and palate. We started the program in 1992 in San Pedro Sula, Honduras, with 35 hypospadias operations done in a week. The trip was a disaster! We saw complications of standard operations that I had never seen or imagined. The only remedy was to create a new program, incorporating specialized anesthesia, and to learn how to do and train reconstructive urology in under-resourced settings. Don and I brought in pediatric anesthesia experts from the Hospital for Sick Kids in Toronto, and in pediatric urology from Salt Lake City and elsewhere. Meanwhile, I served as the Director of the GU Reconstructive Program for Interplast.

I also needed advanced training for myself. Having been board certified already, I was able to take a one year fellowship with George Kaplan in San Diego and subsequently, in 1995, I moved to the Medical College of Georgia as Chief of Pediatric Urology.

As sometimes happens with nonprofits, the board of Interplast had decided to limit its mission-- to plastic surgery, leaving the GU program without a home. In 1995, therefore, we incorporated International Volunteers in Urology as the first such urological nonprofit organization, dedicated to bringing high quality urological care and education to under-resourced countries. It really started around the kitchen table, and with the help of my children (then teenagers) and friends, we were able to publish the IVU News quarterly for five years. Where we had started workshops in 1992 in Honduras, we continued, and opened a new program in Ho Chi Minh City, Vietnam in 1994. In 1999, we initiated a pediatric urology workshop in Havana, Cuba and also began the first year of the Resident Scholar Program.

In 2000, I moved to the University of Utah and Primary Children's Hospital bringing IVU to its current home. Over the last eight years, IVU grown and changed with the times. In order to recognize the many medical and surgical specialties with which we work, we changed the name officially to IVU*med*. Our motto is, "Teach one, reach many." Our original and first program, the Pediatric Reconstructive Workshops continues with its multi-year commitments to helping host sites build capacity in service and training. As the early sites have "graduated", we have added new sites including Danang and Long Xuyen, VietNam; Kumasi, Ghana; Ulaanbaatar, Mongolia; Maputo, Mozambique; Dharan, Nepal; West Bank, Palestine; and Dakar, Senegal. In 2009 we will initiate programs in Tanzania and Uganda as well. Typically, we send four to six pediatric teams each year.

In 2001, IVU*med* became a member of the Global Alliance to Eliminate Filariasis (GAELF). This devastating disease, otherwise known as elephantiasis, affects greater than 20 million patients, and has severe urological consequences due to hydroceles and lymphatic dysfunction, affecting patients primarily in India and subSaharan Africa. We continue to participate in efforts to educate doctors and patients about diagnosis and best practices in surgical management.

The Resident Scholar Program, now in its tenth year, has matched 126 residents and fellows from more than 60 US and Canadian training programs to visit more than 20 host sites. The scholars are supervised by senior urologists who serve as mentors and who may come from academic or private practice backgrounds.

The Women's program focuses on the unique issues of pelvic floor health in women in under-resourced countries, including incontinence and obstetric fistula. Through coordinated efforts with urogynecologists and urologists, general surgeons and medical doctors, IVU*med* is working to develop consistent and resource appropriate models for prevention and treatment of women.

The General Urology Program catches most of the rest of the practice of urology including endourolgy for stones, laparoscopy, and oncology. Programs are tailored to the needs of the host. For example, in Mongolia, the initial request was for training in percutaneous stone management, and is currently in transition to laparoscopy and oncology.

Lastly, in 2008, we began a program to support our local underserved populations, including the Native American and Urban Community Health Centers by providing them with outreach consultation and patient education materials.

As the number of requests for training programs has grown, it has become clear that we must bring educational opportunities to our partners using the web and web based courses to supplement the onsite workshops. Our new web portal will host a library of videos and power-point lectures to make material accessible that is currently only available to those who can afford travel to major meetings.

Working with IVU*med* has brought me into the realm of global public health, and as an academic urologist, I now focus much of my research and teaching on issues pertaining to the interface between surgery, education, economics, business, and public health. My husband, Scott Lucas and I have the wonderful pleasure of our ranch in Wyoming, where we can clear the mind and rejuvenate the spirit. But in the end, there is nothing quite like a day in the OR or the smile on a patient's face, whether here in the States or in any country, anywhere.

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If anyone would like to learn more about the work of International Volunteers in Urology, please visit the website www.ivumed.org.