Visiting scholar: Suneetha Rachaneni : 6/1/14-7/2/14

I had the privilege and the opportunity to visit Nepean Clinical School as an IUGA fellow in January 2014. The Pelvic floor unit headed by Prof Peter Dietz provides excellent opportunities for visitors from around the world to improve their understanding of 3D and 4D scanning of the pelvic floor anatomy. The paperwork, though extensive was worth pursuing before I was cleared to step into clinical areas at the Nepean Hospital.

I attended several Urogynaecology clinics and urodynamic sessions. I was allowed to observe standardised history taking, clinical examination and 3D/4D transperineal USS. Although observers are not allowed to perform USS under supervision in state owned hospitals, I had the opportunity to perform a few pelvic floor scans in the private setting with the patient's consent. Pelvic floor scanning of prolapse, levator muscle, tomographic scanning of anal sphincter has helped me gain new understanding of pelvic floor function. Theatre sessions occurred once every fortnight. It was rather unfortunate that I could not observe a Puborectalis sling insertion procedure. This is an ongoing RCT designed to reduce the reduction in recurrence of prolapse by reducing the hiatal area through insertion of a mesh to support the puborectalis muscle. When these women attended the follow up clinics, I could visualise the change in their anatomy compared to their scans prior to the procedure.

The beautiful city of Sydney also gave me the opportunity of seeing those iconic places like the Opera House, Harbour Bridge, Taronga Zoo and Sydney Tower. Penrith, where Nepean hospital is based is very close to the picturesque and scenic Blue Mountains. Being a nature lover, I spent a couple of my weekends bush walking in the Blue Mountains.

The research fellows in the unit seem to be very accommodating. I can reassure that visitors to the unit will gain insight into the use of ultrasound to study pelvic floor anatomy and function which may be the future of Urogynaecology.