AUN 2024 Poster Contest Abstracts

Research Abstract 24-01

Title: Characterizing the Success of the Difficult Catheter Insertion Protocol (DCIP)

Presenting Author: Abby Castillo, MS-2, USA Frederick P Whiddon College of Medicine

Additional Author(s): Christian Manganti, MD, Austin Younger, MD

Introduction/Background: A large proportion of difficult catheterizations who require a urology consult are patients with urethral narrowing due to Benign Prostatic Hyperplasia. In most cases, these patients require a Coudé catheter, which is specifically designed to navigate the prostatic urethra. With Coudé catheters being intended for use by urologists only, these difficult catheterizations result in inconvenient and costly processes for both providers and patients. The need to train nurses in the use of Coudé catheter placement is important, not only to empower nurses but also to enhance overall patient care.

Methods: In May 2022, the State of Alabama and USA University Hospital approved the training of nurses in placing Coudé catheters for male patients with specific criteria. Through working with the Lead Nurse educator at the hospital, training in the placement of a Coudé was approved by the Board of Nursing as part of the standard education of new RNs.

With that, an algorithm was given to nurses to follow for difficult catheterizations in male patients greater than 30 years of age. Data was obtained from Cerner's PowerChart and Discern Reporting portals, and analysis was performed on both the CPT codes for general and difficult catheterizations and the ICD-10 codes for BPH and/or urinary retention.

Results: The first data set of 79 patients was examined by pulling charts based on CPT codes 51702 and 51703 (General & Difficult Catheterizations). Of these, 14 were pertinent to the DCIP based on protocol criteria. Prior to policy implementation, there were no attempts made by RNs to use a Coudé, and Urology was consulted for all 7 instances. Post-DCIP, 5 attempts were made by RNs to place the Coudé; however, none were successful, and urology was still consulted 7 times.

The second data set of 195 patients was obtained pulling charts based on patients with ICD-10 codes for BPH and urinary retention (N40.1 & R33.9). Of these, 17 were pertinent to the DCIP based on protocol criteria. There was 1 instance prior to the DCIP where a nurse successfully placed the Coudé at the recommendation of a urologist, and another instance where no attempt was made and Urology had to be consulted. Post-DCIP, 9 attempts were made by RNs to place the Coudé, with 7 of those attempts being successful, requiring urology only to be consulted 8 times.

While there was a limited amount of data returned, it did show a 50% use of the policy in applicable circumstances as well as a 14% reduction in urology consults post-protocol implementation.

Discussion: When looking at some of the more specific data, it appears the policy is not being utilized to its best capacity at the University Hospital. There were also limitations in truly characterizing this success, including differences in billing practices, difficulties harnessing patient data pertinent to the protocol, and an inadequate time frame to capture a major change in policy.

Going forward, we feel it would be best to discuss this data with nursing and hospital leadership to better characterize attitudes towards the policy and promote its use. By using this data and allowing time for the policy to become more established, we strive for nurses to reliably adopt this protocol, thus decreasing their reliance on urology in certain circumstances.

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AUN 2024 Poster Contest Abstracts

Research Abstract 24-02

Title: The Impact of the SmartBx™ System on Prostate Cancer Detection

Presenting Author: Hridhay Sheth, MS-2, USA Frederick P. Whiddon College of Medicine

Additional Author(s): Christian Manganti, M.D., and Jatinder Kumar, M.D., with the Department of Urology, USA Health University Hospital, Mobile, AL

Charu Shastri, M.D., and Carlina Madelaire, M.D., with the Department of Pathology, USA Health University Hospital, Mobile, AL

Introduction/Background: Prostate cancer (PCa) affects one in six men, with Transrectal Ultrasonography-guided prostate biopsy (TRUS) as the gold standard for diagnosis. The quality of biopsy tissue, crucial for accurate diagnosis, depends on factors like core length and preservation. Standard tissue collection methods drop each core directly into a formalin vial, which often fails to maintain the tissue's location and orientation. SmartBx™is a novel device designed to maintain maximal length and integrity of prostate biopsy tissue, preserving the in-needle configuration and orientation.

Methods: This study compared the PCa detection rate using the SmartBx™ system versus the standard method and examined the concordance between biopsy Gleason scores and those from radical prostatectomy (RP) specimens for both cohorts. The experimental group included 171 patients who underwent SmartBx™ biopsies at University Hospital from 2022 to 2024. The control group comprised patients whose biopsies underwent traditional handling practices from 2019 to 2021. Data were retrospectively collected using Cerner Powerchart. Detection rates and Gleason score concordance were analyzed using T-tests, Chi-Square tests, and the κ-coefficient.

Results: While biopsy lengths were similar between groups, the SmartBx™ group showed a higher rate of positive cores (25.21% vs. 22.53%, $p = 0.01$), which translated into a significantly higher detection rate for Gleason 7b cancers (31.90% vs. 18.92%, $p < 0.001$) and a lower rate for Gleason 6 and 9-10 cancers. The SmartBx™ cohort had a significantly higher match rate of Gleason score at biopsy to Gleason score at radical prostatectomy, with 65.8% (25/38) compared to 44.2% (34/77) in the control cohort ($p = 0.014$). Gleason score concordance was higher in the SmartBx™ group (65.8% vs. 44.2%, $p = 0.014$, $\kappa = 0.441$).

Discussion: The SmartBx™ system improved cancer detection per core and shows promise in reducing over-diagnosis of low-risk prostate cancer while enhancing detection of intermediate-risk cancers. It also demonstrated greater Gleason score matching at RP, suggesting more precise biopsies. Although the κ-coefficient showed no significant difference in overall agreement, SmartBx™ has the potential to enhance PCa diagnosis, warranting further study.

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AUN 2024 Poster Contest Abstracts

Research Abstract: 24-03

Title: Understanding Eosinophilic Cystitis: A Debilitating, Rare Urologic Condition

Presenting Author: Allison Omohundro, MS-2, University of South Alabama Frederick P. Whiddon College of Medicine

Additional Author(s): Christian Manganti, M.D., Lorie Fleck, M.D., F.A.C.S., Department of Urology, University of South Alabama Frederick P. Whiddon College of Medicine

Introduction/Background: Interstitial cystitis, also known as bladder pain syndrome, is a broad diagnosis characterized by inflammation of the bladder lining and/or symptoms of chronic pelvic pain, pain with bladder filling, and increased urinary frequency and/or urgency. In this study, we examined patients who suffer from the eosinophilic subtype of interstitial cystitis, defined by the presence of eosinophils on bladder biopsy. This subtype often carries a worse prognosis, potentially leading to end-stage bladder disease, acute kidney failure, and the need for cystectomy.

Methods: We hypothesize that earlier detection of this condition could lead to improved treatment, potentially preventing worsening bladder damage and renal failure. We conducted a retrospective chart review of electronic medical records from University Urology at the University of South Alabama. We assessed common demographic and diagnostic findings from 2018 to 2024 among 20 patients with biopsy-proven eosinophilic cystitis.

Results: Our analysis revealed that 80% of patients were female, and 95% were Caucasian, with an average age at diagnosis of 66.6 years. 35% of patients had a concomitant autoimmune condition, and another 35% had diabetes. 75% of patients had at least one positive urine culture, with Escherichia coli being the most frequently cultured pathogen (45.7%). Conversely, 55% of patients had at least one instance of a negative urine culture accompanied by microscopic hematuria and/or pyuria. On average, patients received 10.3 in-office bladder treatments and 11.3 operative procedures, with 35% of patients having undergone cystectomy due to end-stage bladder disease. The mean bladder capacity was approximately 200 milliliters; notably, the bladders of patients who underwent cystectomy were, on average, 72.8% smaller than those of patients who did not. 40% of patients exhibited hydronephrosis and/or hydroureteronephrosis on imaging studies, with many of these patients (62.5%) being in the cystectomy group. Frequent biopsy findings included acute/chronic inflammation (94%) and eosinophils (75%).

Discussion: These findings may offer valuable insights that could help identify methods for future screening strategies, potentially improving early detection of eosinophilic cystitis. Early diagnosis may allow for improved, targeted treatment, potentially reducing bladder damage and renal complications. Future avenues of study will include comparisons of this cohort and other non-eosinophilic cystitis patients.

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AUN 2024 Poster Contest Abstracts

Research Abstract 24-04

Title: Real World Outcomes for Enfortumab-Vedotin and Pembrolizumab Induction Therapy for Locally Advanced Bladder Cancer Patients followed by Salvage Cystectomy

Presenting Author: Zach Burns, PGY4, UAB Urology

Additional Author(s): Zachary Burns, MD; James Stallworth, MS4; James Ferguson, MD; Arnab Basu, MD; Charles Peyton MD

Introduction/Background: Neoadjuvant cisplatin based chemotherapy followed by radical cystectomy (RC) and pelvic lymph node dissection is considered the gold standard treatment for muscle invasive bladder cancer (MIBC). Recently, Enfortumab-vedotin (EV) and Pembrolizumab (pembro) have been added as a first line option for locally advanced unresectable or metastatic disease, particularly for those that who are cisplatin-ineligible. Currently, KEYNOTE-905/EV-303 NCT03924895 is an ongoing trial evaluating the utility of neoadjuvant EV/Pembrolizumab prior to cystectomy for cisplatin ineligible patients. We sought to evaluate our preliminary outcomes of locally advanced or cisplatin ineligible MIBC patients receiving neoadjuvant EV/pembro as induction therapy followed by consolidative cystectomy.

Methods: We reviewed MIBC patients over the last 24 months who received prior therpay with EV/ Pembro followed by consolidative radical cystectomy. Eight (8) patients were identified as having received neoadjuvant EV/pembro followed by RC for locally advanced/progressive disease or cisplatin ineligibility were identified. Intraoperative, perioperative and outcomes data were collected with an emphasis on pathologic staging outcomes.

Results: Median age was 73 years. 7 of 8 patients were male. Seven patients underwent open RC, one patient underwent robotic RC. Six patients received EV/Pembro for locally advanced (N1 disease) or progression on standard cisplantin based chemotherapy. Two patients received EV/Pembro for non-locally advanced disease secondary to hearing loss and/or cisplatin toxicity. 4 of 8 (50%) patients who received neoadjuvant EV/Pembrol were ypT0N0 on final pathologic staging. 6 of 8 (75%) patients who received EV/Pembrolizumab had pathologic downstaging after cystectomy. Two patients died within 30 days of RC due to complications related to pulmonary embolism. 2 of 8 (25%) had wound healing complications.

Discussion: Traditional neoadjuvant cisplatin based chemotherapy (gemcitabine/cisplatin or ddMVAC) would predict a 30-35% post-cystectomy complete tumor response (ypT0N0). Our limited experience is similar to reported clinical trial outcomes with higher rates of complete pathologic response in patients receiving neoadjuvant EV/Pembrolizumab when compared to standard cisplatin based chemotherapy. The down-staging rate of EV/pembro is quite encouraging. However, no conclusions or associations can be drawn from this preliminary data set, and the rate of severe complications was concerning. Additional investigation of EV/pembro in the neoadjuvant setting is needed.

AUN 2024 Poster Contest Abstracts

Case Study Abstract 24-05

Title: Isolated Ureteral and Urethral Amyloidosis

Presenting Author: Kelly Blacksher, MS-3, University of South Alabama Whiddon College of Medicine

Introduction/Background: Isolated urinary tract amyloidosis (UTA) is a rare, multifactorial condition that is often diagnosed incidentally secondary to suspected malignancy. The pathophysiology of amyloidosis is linked to abnormal, insoluble extracellular fibril deposition. It is imperative to distinguish isolated amyloidosis from systemic given the latter's fatal course.1,2 The difficulty in diagnosing UTA is confounded by the broad spectrum of symptomatology and pathophysiology associated with the disorder. Given this complexity, patients are often undiagnosed until there is significant organ impairment.3 Here we present two cases of isolated UTA which both presented with obstructive symptoms and painless hematuria.

Description: The first case regards a 66 year old female who presented with weeks of painless, gross hematuria. CT urogram showed left upper uteric thickening and subsequent cystoscopy, ureteroscopy, and biopsy of the left ureter confirmed UTA. She was left with a ureteral stent, which was removed one month later. A decision was made for her to be monitored with kidney ultrasound studies every three months to assess for hydronephrosis. The second case regards a 23 year old male who presented with chronic hematuria and difficulty voiding. Cystoscopy demonstrated a scar-like tissue mass causing stricture of the penile urethra. The patient underwent stage 1 anterior urethroplasty with biopsy of the lesion, confirming the diagnosis of UTA. This patient then underwent successful stage 2 urethroplasty. Both patients were referred for evaluation with hematology to rule out systemic amyloidosis and blood dyscrasias.

Discussion and Conclusion: There is no definitive treatment for amyloidosis in any case. Given its neoplastic-like presentation in the urinary tract, resection of the lesion is often first-line.4,5 Cystectomy, stenting, radiation chemotherapy, and dimethyl sulfoxide have also been used in treatment with moderate success.4–7 Symptomatic treatment appears to be the mainstay in improving the quality of life of patients with UTA. Ultimately, UTA continues to be a rare, yet underdiagnosed condition. Given its rarity and that its clinical presentation is similar to urinary neoplasias, patients should undergo proper pathologic assessment and subsequent treatment based on symptomatology.

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AUN 2024 Poster Contest Abstracts

Case Study Abstract 24-06

Title: A Unique Surgical Approach to Urothelial Carcinoma of the Bladder with Persistent Urogenital Sinus in an Adult Patient with Turner Syndrome

Presenting Author: William Crasto, MS-4, William Carey University College of Osteopathic Medicine

Additional Author(s): Mark Runnels, MD, Neil Haraway, MD: Mississippi Urology Clinic

Introduction/Background: Turner syndrome is characterized by the complete or partial absence of one X chromosome, resulting in a 45, XO karyotype. Occurring in about one in 2,500 live births, Turner syndrome is often not diagnosed until age 11 to 15 years as a failure of sexual development1. While urinary tract abnormalities are commonly associated with Turner syndrome, a persistent urogenital sinus is very rare. Furthermore, the vast majority of persistent urogenital sinuses are diagnosed and repaired during infancy. However, this case involved a 69-year-old Turner syndrome patient whose persistent urogenital sinus did not present until after evaluation of a bladder mass, thereby creating additional challenges for tumor resection and follow-up.

Description: A 69-year-old Caucasian female with a past medical history of Turner syndrome, pulmonary hypertension, and previous mitral and tricuspid valve repairs presented to the emergency department with difficulty voiding. She was prescribed sulfamethoxazole/trimethoprim for a presumed urinary tract infection. However, after a week of antibiotic therapy, she continued to experience pelvic pressure, dysuria, and decreased urinary output.

In the emergency department, placement of a urethral catheter was noted to be technically difficult. Therefore, CT imaging was obtained, which revealed a 3.7 cm lobular right bladder wall mass. During subsequent cystoscopy, a fibrin exudate was noted on the right bladder wall. In addition, serum creatinine was noted to be elevated, which normalized after cystoscopy. The patient was admitted to the hospital and empirically treated with IV ceftriaxone. Blood cultures later returned positive for alpha-hemolytic streptococci, sensitive to cefazolin, and the antibiotic regimen was adjusted accordingly. After ten days of hospitalization, the patient was discharged on cephalexin and directed to follow-up in the urology clinic.

In the clinic, repeat cystoscopy was performed. A large, solid tumor was visualized on the right lateral bladder wall and a biopsy was acquired using cold cup forceps. In addition, a persistent urogenital sinus was noted. Upon further inspection, the urethral opening was noted to be anterior, distal, and immediately adjacent to the opening of the urogenital sinus. The pathology report described an invasive well-to-moderately differentiated, keratinizing squamous cell carcinoma. Subsequent workup proved to be negative for metastatic disease. Therefore, a decision was made to repair the urogenital sinus and concurrently resect the bladder tumor with anterior exenteration, omental pedicle flap placement, and ileal conduit diversion.

A midline incision from the pubic symphysis to the umbilicus was first accomplished, thereby exposing the preperitoneal space. The peritoneum was then excised with ligation of the urachus. After the peritoneal wings of the bladder were taken down, both ureters were dissected and ligated at the level of the iliac vessels. Dissection was advanced distally to the ostia followed by removal of the right bladder mass and anterior exenteration with pelvic lymph node dissection. The remaining ostia were then closed

internally and a right gastroepiploic omental pedicle flap was positioned in the deep pelvis. Finally, an ileal conduit was created and attached to the right abdominal wall.

The final pathology report revealed a low-grade papillary urothelial carcinoma with extensive squamous differentiation along the right bladder sidewall. The tumor measured 7.2 x 5.6 x 4.5 cm and extended into the inner half of the muscularis propria and did not reach full thickness. There was no evidence of neurovascular invasion, all surgical margins were clear, and the seven excised pelvic lymph nodes revealed no evidence of metastatic disease.

Following surgery, the patient was admitted to the floor in stable condition and progressed uneventfully. Mild hypokalemia was observed but promptly resolved with potassium replacement. Diet was advanced as bowel function returned and all surgical drains were removed. She was discharged in less than one week with instructions for follow-up in the clinic.

Discussion and Conclusion: While undergoing evaluation for a bladder mass, a 69-year-old patient with Turner syndrome was discovered to have a persistent urogenital sinus. While urinary tract anomalies are fairly common in patients with Turner syndrome, the majority of these defects usually involve the kidneys. A much rarer finding is the existence of a persistent urogenital sinus (PUGS), which results from failure of the urethral and vaginal openings to separate in utero. With normal development, the urogenital sinus divides to form into the urethra and vagina in females. However, when the differentiation process is disrupted, PUGS occurs2. While there is no evidence that the persistent urogenital sinus contributed to the formation of the bladder mass, this case was quite unusual, especially considering the fact that the congenital anomaly had to be taken into account when planning resection of the bladder cancer. PUGS is usually discovered soon after birth and repaired with urogenital sinus incision, perineal flap vaginoplasty, pull-through vaginoplasty, genitourinary mobilization, or total vaginal replacement2. In contrast, this patient was a postmenopausal female whose case approach required anterior exenteration with resection of the urogenital sinus and pelvic repair rather than simply a conventional reconstruction approach as performed in young children.

While most cases of PUGS are repaired during early childhood, this patient had a persistent urogenital sinus that did not present until late adulthood. Conventional repair of persistent urogenital sinuses only require focus on the reconstruction of anomalous urogenital anatomy. However, this patient’s persistent urogenital sinus was discovered simultaneously with urothelial carcinoma of the bladder, necessitating resection. As a result, a unique, combined procedure was formulated to address both the bladder tumor and the urogenital sinus simultaneously. This presented both diagnostic and therapeutic challenges rarely reported.

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AUN 2024 Poster Contest Abstracts

Case Study Abstract 24-07

Title: Acquired Buried Penis Repair

Presenting Author: Charlie Crider, MS-3, USACOM

Additional Author(s): Kevin Parham, Charlie Crider, Hridhay Sheth, Christian Manganti

Introduction/Background: Acquired buried penis (ABP) is a condition where the penis becomes encased by surrounding tissue, preventing glans exposure and impairing hygiene, voiding, and sexual function (1).The development is primarily associated with redundant tissue and scarring, with obesity being a major contributing factor (2). Surgical intervention is the mainstay of treatment. Here we present a case of a patient with persistent ABP status post multiple attempted repairs.

Description: A 53-year old male with a history of diabetes mellitus type 2, circumcision, and two previous unsuccessful buried penis repair procedures presented to the University of South Alabama Urology department with a buried penis and associated scarring of the skin around the glans. He was evaluated and elected to undergo repair with escutcheonectomy and skin grafting. During the procedure, the patient was found to have minimal shaft skin as a result of previous attempted repairs. An escutcheonectomy was performed with circumferential liberation of the penis from the surrounding skin and soft tissue. All fat, subcutaneous tissue, and hair follicles were sharply dissected from the excised mons pubis skin, which was then fenestrated and grafted to the penis. The patient tolerated the procedure well with no intraoperative complications and minimal pain reported, and he was discharged on post-operative day 4. On post-operative day 5, the patient returned with continued bleeding and underwent exploratory surgery with evacuation of a 200mL hematoma. Patient had frequent follow-up over the next five months with full healing and satisfaction with cosmesis and function.

Discussion and Conclusion: Escutcheonectomy with split-thickness skin grafts harvested from excised excess mons tissue provides a viable method of surgical management of acquired buried penis in patients that have a history of multiple previous interventions and little to no residual shaft skin. Harvesting skin grafts from the mons pubis allows for a reduction in the number of wound sites. Our patient experienced a postoperative complication which was appropriately managed, and has since made a full recovery with a high level of satisfaction with the original procedure

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AUN 2024 Poster Contest Abstracts

Case Study Abstract 24-08

Title: Xanthogranulomatous inflammation of a urethral diverticulum: A case report

Presenting Author: Bethany Beck, MS-3, University of South Alabama College of Medicine

Additional Author(s): Lorie Fleck, M.D. - University of South Alabama Department of Urology

Hannah Moreland, M.D. - University of South Alabama Department of Urology

Christian Manganti, M.D. - University of South Alabama Department of Urology

Introduction/Background: Xanthogranulomatous inflammation is a rare, benign condition that is characterized by lipid-laden macrophages in addition to other inflammatory cells. Due to its ability to cause local tissue damage and nonspecific nature of imaging, it is commonly mistaken as malignancy. While it can present in any organ system, it most commonly affects the gallbladder and kidneys. Here we present a case of isolated xanthogranulomatous inflammation of the urethra resulting in a symptomatic urethral diverticula.

Description: A 31 year old female initially presented one year ago as a referral from her OB/GYN regarding a cystic mass on her vulva and spraying of urine with a full bladder. Pelvic MRI confirmed a cystic structure but was ultimately nondiagnostic for diverticulum versus cyst. A year later, the patient re-presented with continued symptoms as well as dyspareunia. A decision was made to undergo diagnostic cystourethroscopy which confirmed the presence of a urethral diverticulum, ultimately necessitating transvaginal urethral diverticulectomy. Post-operative pathologic analysis revealed a xanthogranulomatous urethral diverticulum. The patient tolerated the procedure well, and the foley catheter was removed on postoperative day 7 with no retention of urine thereafter. She has yet to follow up in clinic.

Discussion and Conclusion: Currently, there are no published reports of isolated xanthogranulomatous inflammation causing urethral diverticula. While surgical resection of bothersome urethral diverticula is curative, the presence of xanthogranulomatous inflammation is unique in this context.

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AUN 2024 Poster Contest Abstracts

Case Study Abstract 24-09

Title: Scrotal Granular Cell Tumor with Recurrent Scrotal Sebaceous Cysts

Presenting Author: Noah Que, MS-3, University of South Alabama College of Medicine

Additional Author(s): Kevin Parham, MD, Christian Manganti, MD, Jatinder Kumar, MD, Rosetta Campbell, MD, Charu Shastri, MD

Introduction/Background: Granular cell tumors are rare soft-tissue neoplasms believed to be derived from Schwann cells. Common sites of growth include the oral cavity, skin, breast, and gastrointestinal tract. Most neoplasms are benign with only 2% of reported cases being malignant. We present a rare case of a patient with a benign scrotal granular cell tumor causing recurrent scrotal sebaceous cysts.

Description: A 34-year-old-man with a past urological history of recurrent scrotal sebaceous cysts presented to the clinic for evaluation of new onset urinary complaints and scrotal growth. His primary complaint was of several new, painless scrotal nodules which were found to be consistent with sebaceous cysts on exam. Scrotal ultrasound was performed and was negative for any underlying abnormalities. Intervention was deferred at that time. He had extraction of cysts performed in the past but continued to experience recurrence. Three months following this initial visit, the patient returned to clinic complaining of a single enlarging cyst on the right hemiscrotum which was approximately 2 cm in size. Excision was performed, and final pathology demonstrated a benign granular cell tumor. Patient returned to clinic 2 weeks post-extraction with a well-healed incision and was advised to follow-up as needed.

Discussion and Conclusion: Isolated scrotal granular cell tumors are incredibly rare. We identified only 11 prior cases of scrotal granular cell tumor in the literature, and none have reported an associated presentation of recurrent sebaceous cysts. Increased risk of granular cell tumors has been associated with Noonan and LEOPARD syndromes, although this patient did not have any such diagnoses. Sebaceous cysts are common and benign, and current recommendations do not advise medical intervention unless done for cosmetic purposes or if infection is suspected. Although most granular cell tumors are benign, excision followed by pathologic analysis is important to determine risk of malignancy and involvement of surrounding structures. This case demonstrates that recurrent scrotal sebaceous cysts may be an indication for excision due to the possibility of underlying pathology.

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AUN 2024 Poster Contest Abstracts

Case Study Abstract 24-10

Title: Bridging Art and Medicine: Watercolor Reflections on Patient Encounters

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Introduction/Background: The intersection of art and medicine has always been a profound interest of mine, rooted in the belief that art can serve as a powerful medium for healing and communication. As a medical student at the Medical College of Georgia with a passion for urology, I have spent years developing my skills in watercolor painting. During my clinical rotations in Rome, GA, I had the privilege of treating many patients from Alabama. These encounters, often marked by complex medical histories and profound emotional experiences, inspired me to use watercolor as a medium to reflect on and process these interactions. Each painting is not just an artistic endeavor, but a therapeutic reflection on the human side of medicine, aiming to capture the emotions and stories that often lie beneath clinical encounters. This project seeks to deepen the connection between healthcare providers and their patients, illustrating the powerful role of art in medicine.

Description: For this project, I created a series of watercolor paintings inspired by specific patient encounters during my clinical rotations in urology. Each painting is paired with a written reflection that delves into the narrative of the patient's experience and my own emotional journey as a future urologist. One painting, for example, captures the bond between a patient and my attending who have undertaken these roles for 14 years as the patient went through prostate cancer diagnosis and care. Through these artworks, I aim to honor their stories, transforming their medical journeys into visual narratives that convey their strength, vulnerability, and humanity.

Discussion and Conclusion: The process of translating patient encounters into watercolor paintings has allowed me to see beyond the clinical details, focusing also on the emotional and psychological aspects of care that are so crucial yet often overlooked. This project takes that understanding further by illustrating the lived experiences and emotions of patients, offering a more profound connection to their stories and affirming the value of integrating art into medical practice. By sharing this work, I hope to inspire others in the medical community to explore the potential of art as a tool for reflection, education, and healing.