

## Urogynecology and Reconstructive Pelvic Surgery

<b>URP1</b>	<b>Pelvic Organ Prolapse</b>	<b>Primary Category</b>
<b>URP1.1</b>	<b>Anatomy and Physiology</b>	<b>Subcategory</b>
URP1.1.A	Demonstrate knowledge of the levels of support of the pelvic floor	Task Statement
URP1.1.B	Demonstrate knowledge of the neuromuscular anatomy of the pelvis and pelvic floor	Task Statement
URP1.1.C	Demonstrate knowledge of the etiology of and risk factors for pelvic support issues	Task Statement

<b>URP1.2</b>	<b>Diagnosis and Examination</b>	<b>Subcategory</b>
URP1.2.A	Demonstrate knowledge of the description and classification of pelvic organ prolapse, including interpretation of POP-Q	Task Statement
URP1.2.B	Demonstrate knowledge of, interpret, and provide counseling/consultation on results of PVR volume, urinalysis, C and S, and reduction cough stress test for patients with pelvic organ prolapse	Task Statement

<b>URP1.3</b>	<b>Noninvasive Management</b>	<b>Subcategory</b>
URP1.3.A	Demonstrate knowledge of and provide counseling/consultation on the efficacy and the risks and benefits of pelvic floor physical therapy for patients with pelvic organ prolapse	Task Statement
URP1.3.B	Demonstrate knowledge of and provide counseling/consultation on the efficacy and the risks and benefits of pessaries for patients with pelvic organ prolapse	Task Statement
URP1.3.C	Demonstrate knowledge of and provide counseling/consultation on the steps of pessary fitting for patients with pelvic organ prolapse	Task Statement
URP1.3.D	Demonstrate knowledge of and provide counseling/consultation on the management of pessary care for patients with pelvic organ prolapse	Task Statement
URP1.3.E	Demonstrate knowledge of, manage, and provide counseling/consultation on complications/side effects of nonsurgical treatment for patients with pelvic organ prolapse	Task Statement

<b>URP1.4</b>	<b>Surgical Management: Apical</b>	<b>Subcategory</b>
URP1.4.A	Demonstrate knowledge of and provide counseling/consultation on the efficacy and the risks and benefits of apical support procedures for patients with pelvic organ prolapse	Task Statement
URP1.4.B	Demonstrate knowledge of and provide counseling/consultation on sacrocolpopexy and potential complications for patients with pelvic organ prolapse	Task Statement
URP1.4.C	Demonstrate knowledge of and provide counseling/consultation on extraperitoneal suspension procedures and potential complications for patients with pelvic organ prolapse (eg, sacrospinous ligament fixation, iliococcygeus)	Task Statement
URP1.4.D	Demonstrate knowledge of and provide counseling/consultation on uterosacral ligament suspension and potential complications for patients with pelvic organ prolapse	Task Statement
URP1.4.E	Demonstrate knowledge of and provide counseling/consultation on the role of hysterectomy in apical support procedures for patients with pelvic organ prolapse	Task Statement

<b>URP1.5</b>	<b>Surgical Management: Anterior</b>	<b>Subcategory</b>
URP1.5.A	Demonstrate knowledge of and provide counseling/consultation on the efficacy and the risks and benefits of anterior support procedures for patients with pelvic organ prolapse	Task Statement
URP1.5.B	Demonstrate knowledge of and provide counseling/consultation on anterior colporrhaphy and potential complications for patients with pelvic organ prolapse	Task Statement
URP1.5.C	Demonstrate knowledge of and provide counseling/consultation on the role of mesh augmentation in the anterior compartment for patients with pelvic organ prolapse	Task Statement

<b>URP1.6</b>	<b>Surgical Management: Posterior</b>	<b>Subcategory</b>
URP1.6.A	Demonstrate knowledge of and provide counseling/consultation on the efficacy and the risks and benefits of posterior support procedures for patients with pelvic organ prolapse	Task Statement
URP1.6.B	Demonstrate knowledge of and provide counseling/consultation on posterior colporrhaphy and potential complications for patients with pelvic organ prolapse	Task Statement
URP1.6.C	Demonstrate knowledge of and provide counseling/consultation on the role of mesh augmentation in the posterior compartment for patients with pelvic organ prolapse	Task Statement
URP1.6.D	Demonstrate knowledge of and provide counseling/consultation on perineorrhaphy and potential complications for patients with pelvic organ prolapse	Task Statement

<b>URP1.7</b>	<b>Surgical Management: Obliterative</b>	<b>Subcategory</b>
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URP1.7.A	Demonstrate knowledge of and provide counseling/consultation on the efficacy and the risks and benefits of obliterative support procedures for patients with pelvic organ prolapse	Task Statement
URP1.7.B	Demonstrate knowledge of and provide counseling/consultation on the different types of colpocleisis and potential complications for patients with pelvic organ prolapse	Task Statement
URP1.7.C	Demonstrate knowledge of and provide counseling/consultation on the role of hysterectomy in obliterative procedures for patients with pelvic organ prolapse	Task Statement

<b>URP2</b>	<b>Anorectal Disorders</b>	<b>Primary Category</b>
<b>URP2.1</b>	<b>Anatomy and Physiology</b>	<b>Subcategory</b>
URP2.1.A	Demonstrate knowledge of and provide counseling/consultation on normal bowel storage and evacuation	Task Statement
URP2.1.B	Demonstrate knowledge of and provide counseling/consultation on anorectal continence mechanisms	Task Statement
URP2.1.C	Demonstrate knowledge of and provide counseling/consultation on the etiology of and risk factors for anorectal disorders	Task Statement

<b>URP2.2</b>	<b>Diagnosis and Examination</b>	<b>Subcategory</b>
URP2.2.A	Diagnose, differentiate, and provide counseling/consultation on types of fecal incontinence and defecation disorders	Task Statement
URP2.2.B	Demonstrate knowledge of, interpret, and provide counseling/consultation on results of GI investigative studies (eg, endoanal and pelvic floor ultrasonography, anorectal manometry, motility studies, CT, MRI)	Task Statement
URP2.3	Noninvasive Management	Subcategory
URP2.3.A	Demonstrate knowledge of and provide counseling/consultation on the efficacy and the risks and benefits of pelvic floor physical therapy for patients with anorectal disorders	Task Statement
URP2.3.B	Demonstrate knowledge of and provide counseling/consultation on the efficacy and the risks and benefits of pharmacologic therapy for patients with anorectal disorders	Task Statement

<b>URP2.4</b>	<b>Surgical Management: Neuromodulation</b>	<b>Subcategory</b>
URP2.4.A	Demonstrate knowledge of and provide counseling/consultation on the efficacy and the risks and benefits of sacral neuromodulation for patients with anorectal disorders	Task Statement
URP2.4.B	Demonstrate knowledge of and provide counseling/consultation on neuromodulation and potential complications for patients with anorectal disorders	Task Statement

<b>URP2.5</b>	<b>Surgical Management: Sphincteroplasty</b>	<b>Subcategory</b>
URP2.5.A	Demonstrate knowledge of and provide counseling/consultation on the efficacy and the risks and benefits of sphincteroplasty for patients with anorectal disorders	Task Statement
URP2.5.B	Demonstrate knowledge of and provide counseling/consultation on sphincteroplasty and potential complications for patients with anorectal disorders	Task Statement

<b>URP2.6</b>	<b>Surgical Management: Rectovaginal Fistula Repair</b>	<b>Subcategory</b>
URP2.6.A	Demonstrate knowledge of and provide counseling/consultation on the efficacy and the risks and benefits of rectovaginal fistula repair	Task Statement
URP2.6.B	Demonstrate knowledge of and provide counseling/consultation on rec+C54:C85tovaginal fistula repair and potential complications	Task Statement

<b>URP2.7</b>	<b>Surgical Management: Rectal Prolapse Procedures</b>	<b>Subcategory</b>
URP2.7.A	Demonstrate knowledge of and provide counseling/consultation on the efficacy, risks and benefits, and potential complications of rectal prolapse procedures	Task Statement

<b>URP2.8</b>	<b>Obstetric Anal Sphincter Injuries (OASIS) management</b>	<b>Subcategory</b>
URP2.8.A	Demonstrate knowledge of and provide counseling/consultation on immediate and delayed surgical treatment for OASIS	Task Statement
URP2.8.B	Demonstrate knowledge of and provide counseling/consultation on future delivery management for patients with OASIS	Task Statement

<b>URP3</b>	<b>Vaginal, Urethral, and Periurethral masses</b>	<b>Primary Category</b>
<b>URP3.1</b>	<b>Anatomy, Embryology, and Physiology</b>	<b>Subcategory</b>

URP3.1.A	Demonstrate knowledge of the embryologic origins of the Skene gland, Bartholin gland, and Gartner duct	Task Statement
URP3.1.B	Demonstrate knowledge of the pathophysiology of urethral diverticulum and urethral prolapse	Task Statement

<b>URP3.2</b>	<b>Diagnosis and Examination</b>	<b>Subcategory</b>
URP3.2.A	Diagnose, differentiate, and provide counseling/consultation on types of vaginal, urethral, and periurethral masses	Task Statement
URP3.2.B	Demonstrate knowledge of, interpret, and provide counseling/consultation on results of imaging for vaginal, urethral, and periurethral masses (eg, MRI, cystoscopy, ultrasonography)	Task Statement

<b>URP3.3</b>	<b>Treatment</b>	<b>Subcategory</b>
URP3.3.A	Demonstrate knowledge of and provide counseling/consultation on the efficacy and the risks and benefits of observation, drainage, and excision for patients with vaginal, urethral, and periurethral masses	Task Statement
URP3.3.B	Demonstrate knowledge of and provide counseling/consultation on surgical repair of urethral diverticulum	Task Statement
URP3.3.C	Demonstrate knowledge of, manage, and provide counseling/consultation on complications and adverse effects of treatment for vaginal, urethral, and periurethral masses	Task Statement
URP3.3.D	Demonstrate knowledge of and provide counseling/consultation on concomitant anti-incontinence procedures and use of interpositional grafts for patients with vaginal, urethral, and periurethral masses	Task Statement

<b>URP4</b>	<b>Urinary Incontinence: Frequency, Urgency, and Nocturia</b>	<b>Primary Category</b>
<b>URP4.1</b>	<b>Anatomy and Physiology</b>	<b>Subcategory</b>
URP4.1.A	Demonstrate knowledge of normal bladder storage and emptying	Task Statement
URP4.1.B	Demonstrate knowledge of urinary continence mechanisms	Task Statement
URP4.1.C	Demonstrate knowledge of etiology and risk factors for stress urinary incontinence	Task Statement
URP4.1.D	Demonstrate knowledge of etiology and risk factors for nocturia	Task Statement
URP4.1.E	Demonstrate knowledge of etiology and risk factors for overactive bladder	Task Statement
URP4.1.F	Demonstrate knowledge of the impact of urinary incontinence on sexual function	Task Statement

<b>URP4.2</b>	<b>Diagnosis and Examination</b>	<b>Subcategory</b>
URP4.2.A	Diagnose, differentiate, and provide counseling/consultation on types of lower urinary tract dysfunction	Task Statement
URP4.2.B	Obtain comprehensive history for and evaluate patients with urinary incontinence (eg, POP-Q, cough stress test, myofascial pelvic exam, pelvic muscle tone, strength and coordination, pelvic muscle spasm and trigger points)	Task Statement
URP4.2.C	Demonstrate knowledge of and provide counseling/consultation on vulvovaginal conditions that may impact urinary tract function (eg, dermatologic, infections, FGM)	Task Statement
URP4.2.D	Demonstrate knowledge of, interpret, and provide counseling/consultation on the results of initial diagnostic testing for patients with urinary incontinence (eg, voiding diary, PVR urine volume, urinalysis, culture and sensitivities)	Task Statement
URP4.2.E	Demonstrate knowledge of, interpret, and provide counseling/consultation on the results of advanced diagnostic testing for patients with urinary incontinence (eg, urodynamics, cystoscopy, sleep study)	Task Statement

<b>URP4.3</b>	<b>Treatment for Stress Urinary Incontinence</b>	<b>Subcategory</b>
URP4.3.A	Demonstrate knowledge of and provide counseling/consultation on the efficacy and the risks and benefits of noninvasive treatment for patients with stress urinary incontinence	Task Statement
URP4.3.B	Demonstrate knowledge of and provide counseling/consultation on the components of pelvic floor physical therapy and biofeedback for patients with stress urinary incontinence	Task Statement
URP4.3.C	Demonstrate knowledge of and provide counseling/consultation on vaginal inserts/pessaries and potential complications for patients with stress urinary incontinence	Task Statement
URP4.3.D	Demonstrate knowledge of and provide counseling/consultation on urethral bulking, including various materials available, and potential complications for patients with stress urinary incontinence	Task Statement
URP4.3.E	Demonstrate knowledge of and provide counseling/consultation on retropubic suspension and potential complications for patients with stress urinary incontinence	Task Statement
URP4.3.F	Demonstrate knowledge of and provide counseling/consultation on midurethral slings and potential complications for patients with stress urinary incontinence	Task Statement

URP4.3.G	Demonstrate knowledge of and provide counseling/consultation on autologous fascial slings and potential complications for patients with stress urinary incontinence	Task Statement
<b>URP4.4</b>	<b>Treatment for Overactive Bladder (OAB)</b>	<b>Subcategory</b>
URP4.4.A	Demonstrate knowledge of and provide counseling/consultation on the efficacy and the risks and benefits of noninvasive treatment for patients with OAB	Task Statement
URP4.4.B	Demonstrate knowledge of and provide counseling/consultation on the components of behavioral therapy for patients with OAB	Task Statement
URP4.4.C	Demonstrate knowledge of the mechanisms of action of pharmacologic therapies for patients with OAB	Task Statement
URP4.4.D	Demonstrate knowledge of and provide counseling/consultation on the efficacy and the risks and benefits of pharmacologic therapy for patients with OAB	Task Statement
URP4.4.E	Demonstrate knowledge of and provide counseling/consultation on the components of pelvic floor physical therapy and biofeedback for patients with OAB	Task Statement
URP4.4.F	Demonstrate knowledge of and provide counseling/consultation on chemodenervation injections of the bladder and potential complications for patients with OAB	Task Statement
URP4.4.G	Demonstrate knowledge of and provide counseling/consultation on the efficacy and the risks and benefits of invasive/ procedural treatments for patients with OAB	Task Statement
URP4.4.H	Demonstrate knowledge of and provide counseling/consultation on tibial neuromodulation and potential complications for patients with OAB	Task Statement
URP4.4.I	Demonstrate knowledge of and provide counseling/consultation on sacral neuromodulation and potential complications for patients with OAB	Task Statement
URP4.4.J	Demonstrate knowledge of and provide counseling/consultation on vulvovaginal hygiene in patients with severe urinary incontinence	Task Statement
<b>URP4.5</b>	<b>Treatment for Nocturia</b>	<b>Subcategory</b>
URP4.5.A	Demonstrate knowledge of and provide counseling/consultation on the efficacy and the risks and benefits of noninvasive treatment for patients with nocturia	Task Statement
URP4.5.B	Demonstrate knowledge of and provide counseling/consultation on the components of behavioral therapy for patients with nocturia	Task Statement
URP4.5.C	Demonstrate knowledge of the mechanisms of action of pharmacologic therapies for nocturia	Task Statement
URP4.5.D	Demonstrate knowledge of and provide counseling/consultation on the efficacy and the risks and benefits of pharmacologic therapy for patients with nocturia	Task Statement
<b>URP5</b>	<b>Neurogenic Lower Urinary Tract Dysfunction and Urinary Retention/Incomplete Emptying</b>	<b>Primary Category</b>
<b>URP5.1</b>	<b>Anatomy and Physiology</b>	<b>Subcategory</b>
URP5.1.A	Demonstrate knowledge of the significance of suprapontine lesions for patients with neurogenic lower urinary tract dysfunction or urinary retention/incomplete emptying (eg, stroke, Parkinson, dementia)	Task Statement
URP5.1.B	Demonstrate knowledge of the significance of lesions distal to the spinal cord for patients with neurogenic lower urinary tract dysfunction or urinary retention/incomplete emptying	Task Statement
URP5.1.C	Demonstrate knowledge of the significance of suprasacral spinal cord lesions for patients with neurogenic lower urinary tract dysfunction or urinary retention/incomplete emptying (eg, MS, spinal cord injury)	Task Statement
URP5.1.D	Demonstrate knowledge of the significance of sacral spinal cord lesions for patients with neurogenic lower urinary tract dysfunction or urinary retention/incomplete emptying (eg, cauda equina)	Task Statement
URP5.1.E	Demonstrate knowledge of the etiology and risk factors for urinary retention/incomplete emptying	Task Statement
<b>URP5.2</b>	<b>Diagnosis and Examination</b>	<b>Subcategory</b>
URP5.2.A	Obtain comprehensive history for and evaluate patients with neurogenic lower urinary tract dysfunction or urinary retention/incomplete emptying (eg, neurologic exam; POP-Q; cough stress test; myofascial pelvic exam; pelvic muscle tone, strength, and coordination; pelvic muscle spasm and trigger points)	Task Statement
URP5.2.B	Demonstrate knowledge of, select, and interpret results of initial diagnostic testing for patients with neurogenic lower urinary tract dysfunction or urinary retention/incomplete emptying (eg, voiding diary; PVR urine volume; urinalysis; culture and sensitivities)	Task Statement
URP5.2.C	Demonstrate knowledge of and provide counseling/consultation on the indications for and modalities of upper tract evaluation for patients with neurogenic lower urinary tract dysfunction or urinary retention/incomplete emptying	Task Statement

URP5.2.D	Demonstrate knowledge of and interpret results for advanced diagnostic testing of patients with neurogenic lower urinary tract dysfunction or urinary retention/incomplete emptying (eg, urodynamics, VCUG, cystoscopy)	Task Statement
URP5.2.E	Identify patients at risk for autonomic dysreflexia and demonstrate knowledge of steps for in-office monitoring and treatment	Task Statement
URP5.2.F	Identify poor bladder compliance on urodynamic testing and demonstrate knowledge of its significance for patients with neurogenic lower urinary tract dysfunction or urinary retention/incomplete emptying	Task Statement

<b>URP5.3</b>	<b>Treatment</b>	<b>Subcategory</b>
URP5.3.A	Demonstrate knowledge of and provide counseling/consultation on treatment options for impaired bladder emptying	Task Statement
URP5.3.B	Demonstrate knowledge of, manage, and provide counseling/consultation on prolonged catheterization for patients with neurogenic lower urinary tract dysfunction or urinary retention/incomplete emptying	Task Statement
URP5.3.C	Demonstrate knowledge of and provide counseling/consultation on etiology, risk factors, and treatment options for urethral stricture	Task Statement

<b>URP6</b>	<b>UTI and Hematuria</b>	<b>Primary Category</b>
<b>URP6.1</b>	<b>Diagnosis and Examination</b>	<b>Subcategory</b>
URP6.1.A	Evaluate, diagnose, and provide counseling/consultation on UTI	Task Statement
URP6.1.B	Evaluate, diagnose, and provide counseling/consultation on asymptomatic bacteriuria	Task Statement
URP6.1.C	Demonstrate knowledge of, select, and interpret results of initial diagnostic testing for patients with a UTI or hematuria (eg, postvoid residual, urinalysis, culture and sensitivities)	Task Statement
URP6.1.D	Demonstrate knowledge of, select, and interpret results of advanced diagnostic testing for patients with a UTI or hematuria (eg, CT urogram, retrograde pyelogram, urine cytology, renal ultrasound, cystoscopy, and biopsy)	Task Statement
URP6.1.E	Demonstrate knowledge of current guidelines for the diagnosis of hematuria	Task Statement

<b>URP6.2</b>	<b>Treatment</b>	<b>Subcategory</b>
URP6.2.A	Demonstrate knowledge of, manage, and provide counseling/consultation on genitourinary syndrome of menopause	Task Statement
URP6.2.B	Demonstrate knowledge of, manage, and provide counseling/consultation on acute, chronic, and complicated UTI	Task Statement

<b>URP7</b>	<b>Bladder Pain and Myofascial Pelvic Pain</b>	<b>Primary Category</b>
<b>URP7.1</b>	<b>Anatomy and Physiology</b>	<b>Subcategory</b>
URP7.1.A	Demonstrate knowledge of the etiology and risk factors for bladder pain	Task Statement
URP7.1.B	Demonstrate knowledge of the etiology and risk factors for myofascial pelvic pain	Task Statement

<b>URP7.2</b>	<b>Diagnosis and Examination</b>	<b>Subcategory</b>
URP7.2.A	Obtain a comprehensive history for and evaluate patients with bladder pain or myofascial pelvic pain (eg, myofascial pelvic exam; pelvic muscle tone, strength, and coordination; pelvic muscle spasm and trigger points)	Task Statement
URP7.2.B	Demonstrate knowledge of, select, and interpret the results of initial diagnostic testing for patients with bladder pain or myofascial pelvic pain (eg, voiding diary, postvoid residual, urinalysis, culture and sensitivities)	Task Statement
URP7.2.C	Demonstrate knowledge of and provide counseling/consultation on the indications for advanced diagnostic evaluation of patients with bladder pain or myofascial pelvic pain (eg, urodynamics, cystoscopy, laparoscopy, imaging)	Task Statement

<b>URP7.3</b>	<b>Treatment</b>	<b>Subcategory</b>
URP7.3.A	Demonstrate knowledge of and provide counseling/consultation on the efficacy and the risks and benefits of noninvasive treatment for patients with bladder pain or myofascial pelvic pain	Task Statement
URP7.3.B	Demonstrate knowledge of and provide counseling/consultation on the components of behavioral therapy and pelvic floor physical therapy for patients with myofascial pelvic pain or painful bladder syndrome	Task Statement

URP7.3.C	Demonstrate knowledge of and provide counseling/consultation on the components of a multimodal pain management approach for patients with bladder pain or myofascial pelvic pain	Task Statement
URP7.3.D	Demonstrate knowledge of and provide counseling/consultation on the efficacy and the risks and benefits of pharmacologic therapy for patients with painful bladder syndrome	Task Statement
URP7.3.E	Demonstrate knowledge of and provide counseling/consultation on the efficacy and the risks and benefits of intravesical instillations for patients with painful bladder syndrome	Task Statement
URP7.3.F	Demonstrate knowledge of and provide counseling/consultation on the various injections and potential complications for patients with painful bladder syndrome and myofascial pelvic pain	Task Statement
URP7.3.G	Demonstrate knowledge of and provide counseling/consultation on hydrodistension, treatment of Hunner ulcers, and potential complications for patients with bladder pain or myofascial pelvic pain	Task Statement
URP7.3.H	Demonstrate knowledge of and provide counseling/consultation on the role of neuromodulation for treatment of painful bladder syndrome	Task Statement

<b>URP8</b>	<b>Urinary Tract Injury</b>	<b>Primary Category</b>
<b>URP8.1</b>	<b>Diagnosis and Examination</b>	<b>Subcategory</b>
URP8.1.A	Demonstrate knowledge of the physical examination of and interpret dye tests for patients with lower urinary tract injury	Task Statement
URP8.1.B	Demonstrate knowledge of and provide counseling/consultation on intraoperative evaluation for acute urinary tract injury	Task Statement
URP8.1.C	Demonstrate knowledge and interpret the results of cystoscopy for patients with lower urinary tract injury	Task Statement
URP8.1.D	Demonstrate knowledge and interpret the results of CT urogram for patients with lower urinary tract injury	Task Statement
URP8.1.E	Demonstrate knowledge and interpret the results of retrograde pyelogram for patients with lower urinary tract injury	Task Statement
URP8.1.F	Demonstrate knowledge and interpret the results of voiding cystourethrogram/cystogram for patients with lower urinary tract injury	Task Statement

<b>URP8.2</b>	<b>Treatment of Bladder Injury</b>	<b>Subcategory</b>
URP8.2.A	Demonstrate knowledge of and provide counseling/consultation on the role of conservative management for patients with bladder injury	Task Statement
URP8.2.B	Demonstrate knowledge of and provide counseling/consultation on cystotomy repair and potential complications for patients with bladder injury	Task Statement
URP8.2.C	Demonstrate knowledge of and provide counseling/consultation on various approaches to vesicovaginal fistula repair and potential complications	Task Statement
URP8.2.D	Demonstrate knowledge of and provide counseling/consultation on uterovesical fistula repair and potential complications	Task Statement
URP8.2.E	Demonstrate knowledge of and provide counseling/consultation on colovesical fistula and potential complications	Task Statement
URP8.2.F	Demonstrate knowledge of and provide counseling/consultation on the role and types of interpositional grafts and potential complications for patients with bladder injury	Task Statement
URP8.2.G	Demonstrate knowledge of and provide counseling/consultation on postoperative management for patients with bladder injury	Task Statement

<b>URP8.3</b>	<b>Treatment of Ureteral Injury</b>	<b>Subcategory</b>
URP8.3.A	Demonstrate knowledge of and provide counseling/consultation on the role of the stent and percutaneous nephrostomy tube for patients with ureteral injury	Task Statement
URP8.3.B	Demonstrate knowledge of and provide counseling/consultation on options for ureteral repair (eg, ureteroneocystostomy, Boari flap, psoas hitch)	Task Statement
URP8.3.C	Demonstrate knowledge of and provide counseling/consultation on postoperative management for patients with ureteral injury	Task Statement

<b>URP8.4</b>	<b>Treatment of Urethral Injury</b>	<b>Subcategory</b>
URP8.4.A	Demonstrate knowledge of and provide counseling/consultation on the role of conservative management at the time of urethral injury	Task Statement
URP8.4.B	Demonstrate knowledge of and provide counseling/consultation on urethral reconstruction at the time of injury, urethrovaginal fistula repair, role of grafts/flaps, and potential complications	Task Statement

URP8.4.C	Demonstrate knowledge of and provide counseling/consultation on postoperative management for patients with urethral injury	Task Statement
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<b>URP9</b>	<b>Special Considerations</b>	<b>Primary Category</b>
<b>URP9.1</b>	<b>Congenital Anomalies of the Female Urogenital System</b>	<b>Subcategory</b>
URP9.1.A	Demonstrate knowledge of the mechanisms of congenital anomaly formation of the female urogenital system and its diagnostic evaluation and testing	Task Statement
URP9.1.B	Demonstrate knowledge of and provide counseling/consultation on timing, efficacy, and the risks and benefits of nonsurgical and surgical treatments for congenital anomalies of the female urogenital system (eg, expectant management, vaginal dilation, McIndoe, laparoscopic Vecchietti, laparoscopic Davydov, resection of septum/hymen)	Task Statement

<b>URP9.2</b>	<b>Post-cancer Care</b>	<b>Subcategory</b>
URP9.2.A	Demonstrate knowledge of and provide counseling/consultation on common pelvic floor and urogenital symptoms after cancer care	Task Statement
URP9.2.B	Evaluate, diagnose, manage, and provide counseling/consultation on vaginal stenosis and radiation cystitis after cancer care	Task Statement
URP9.2.C	Demonstrate knowledge of and provide counseling/consultation on vaginal atrophy treatments in the setting of breast and gynecologic cancer	Task Statement

<b>URP9.3</b>	<b>Gender-affirming Care</b>	<b>Subcategory</b>
URP9.3.A	Demonstrate knowledge of and provide counseling/consultation on common pelvic floor and urogenital symptoms with gender-affirming care	Task Statement

<b>URP9.4</b>	<b>Augmentation Surgical Materials</b>	<b>Subcategory</b>
URP9.4.A	Demonstrate knowledge of different types of mesh and graft materials (eg, allograft, autograft, xenograft, synthetic)	Task Statement
URP9.4.B	Demonstrate knowledge of, manage, and provide counseling/consultation on complications of mesh and graft materials	Task Statement
URP9.4.C	Demonstrate knowledge of and provide counseling/consultation on alternatives, risks and benefits, and potential complications of mesh and graft materials	Task Statement

<b>URP9.5</b>	<b>Perioperative Management</b>	<b>Subcategory</b>
URP9.5.A	Demonstrate knowledge of, recognize indications for, and provide counseling/consultation on preoperative testing depending on patient comorbidities (eg, immunosuppression, diabetes, cardiovascular disease, frailty)	Task Statement
URP9.5.B	Manage and provide counseling/consultation on perioperative anticoagulation (eg, prevention of VTE, chronic anticoagulation)	Task Statement
URP9.5.C	Demonstrate knowledge of the positioning of patients to decrease adverse outcomes	Task Statement
URP9.5.D	Manage and provide counseling/consultation on perioperative injuries (eg, vascular, bowel, nerve)	Task Statement