

## THIRTY YEARS OF UROLOGY EXPERIENCE IN HACETTEPE UNIVERSITY

**DOGAN REMZI\***

I was appointed as the first urologist to found the urology service in the Hacettepe Children's Hospital in 1962. Naturally in the following few years I mostly dealt with patients of pediatric age which provided us the reputation of being the first pediatric urology department in Turkey. There the newest techniques and approaches were performed, like the popular operations of Bradford-Young (VY plast for bladder neck) and endoscopic procedures in neonates and children. All these were performed for the first time in children in our country.

Meanwhile the hospital enlarged by addition of the new sections, departments and buildings because of great need for medical services. Soon Hacettepe Hospital for the children had to accommodate adults also at which time its name became "Saban Sifai Clinic". This meant that Department of Urology had to take care of adults also. At approximately this stage we performed operations like retroperitoneal lymph node dissection and urinary diversion using segments of intestine, transurethral resection of prostate and bladder tumors again for the first time in Turkey. In all these procedures I being the only urologist in the hospital was assisted by general surgeons. In 1963 a resident training program was started for urology. In 1965 as the institution became a medical school, then connected to Ankara University, teaching load increased. First students came to Department of Urology in 1967.

In the following years with the contribution of new members of the faculty we also started in many research projects reports of which have been mostly published in internationally well-known journals. We have been able to conduct many clinical investigations but unfortunately fell short in experimental research due to problems in providing the equipment and the place for such activities. With the participation in research projects like homolog trans-

plantation in dogs, use of 6-mercaptopurine as an immunosuppressive agent and development of relations with transplant centers abroad, some of our teaching staff and nephrologists have kept themselves very busy in research of renal transplantation and they later have gone abroad for further training and experience in renal transplantation. We started to transplant kidneys from living donors in 1975 and have been one of the few clinics in which renal transplantation was actively maintained at that time.

The combined strength of our teaching, research and efficient hospital care programs have raised our standards among urology clinics in Turkey; our department has therefore been the most competitive for young doctors who were looking for positions in urologic residency programs. By now 75 urological surgeons have completed their residency training in our clinic and many of them have been appointed to academic positions in different university hospitals all over Turkey. We are proud of the fact that 12 of the 21 urology departments in all of the universities in Turkey today are being chaired by our graduates and that more than half of the members of urologic faculty in Turkey have been our residents in the past.

Over the years our department enlarged. This brought us face to face with some new problems especially with financial ones. This situation caused difficulties in providing new equipment for diagnosis and therapy like extracorporeal shock wave lithotripter and ultrasonography. This has left us behind our potentialities in applying some of the current urologic techniques in these of the rapidly developing fields.

Stagnation in the rapid development of our department has recently become noticeable. This also has caused loss of the initial enthusiasm among some of the senior members of the faculty. The failure of the university management to fulfill our expectations has been another reason for this outcome. Insufficiency of new positions available have also restricted the availability

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\*From Department of Urology, Hacettepe University, Faculty of Medicine, Ankara, TURKIYE.

of new positions to the well trained young, enthusiastic and research minded urologists in our department. The new policy of the council of higher education in selecting doctors for residency programs with central examinations also have restricted us capacity to choose our residents by ourselves; which, I believe, will ultimately unfavorably effect the quality of the staff with whom we are working.

I am, furthermore, under the impression that we are also not as successful presently as we have been in the past in training medical students since their numbers have increased enormously in the last few years. Nowadays we have to deal with clerkship groups above our capacity. It is almost impossible to give them enough experience in practical Urology during the available period of time and unfortunately they are mostly offered theoretical knowledge.

On the contrary our training program for residents is getting better all the time. In the first year they have the opportunity to gain experience in diagnosis and medical therapy in clinical settings. Starting from the second year they work mostly in the operating theater and in the outpatient clinic. They also have to complete rotation programs in general surgery, nephrology and in anesthetics. They also deal extensively with endoscopic surgery in their final year of residency. When they get qualified they are all able to carry out the routine operative procedures concerning

urological problems encountered in Turkey. They also gain considerable experience in uro-oncology, pediatric urology and renal transplantation.

Our aim in the future is to keep our leader role in Turkey and to be as updated as possible with the rest of the world. This involves maintaining superior standards especially in fields like uro-oncology, renal transplantation, neuro-urology and pediatric urology. We would also like to maintain high standards in educational programs and research in the future. So as to reach those high standards we need to increase our relations with the countries abroad who are leading in medical sciences, therefore our members of the faculty should go abroad for training programs in well-established centers in the future.

I am sure we will be able to overcome the difficulties we are experiencing at the moment and will soon reach the standards we are looking for.

Correspondence:  
Dogan REMZI  
Hacettepe University,  
Faculty of Medicine,  
Dept. of Urology,  
Ankara, TURKIYE.