

Tamsin Greenwell

We were delighted to chat with Tamsin Greenwell, Consultant Urological Surgeon at University College London Hospital and Chair of the United Kingdom Continence Society.

Can you tell us a little bit about what attracted you to the field of urology and the highlights so far?

I originally wanted to become a gynaecological oncological surgeon – and took a post as house surgeon at the old Salford Royal Hospital because it had some gynaecology in it. The post was, however, mainly a 50:50 split between urology and general surgery – and I fell in love with urology! The patients were lovely, as were the consultants JB Garland and Donald McIntyre – and the theatre work varied and interesting.

Who inspired you in your career and why?

I have worked for, and with, many excellent urologists during my training and consultant career. My most inspirational trainer was Peter Worth, who was an extremely good surgeon and a wonderful, inspirational human being. He knew everything about his patients and was incredibly composed and kind in theatres during my early surgical career. He also had the most brilliantly exuberant eyebrows, which somehow managed to catch egg and cress in them on occasion – much to my amusement! As a consultant I am constantly inspired by my colleague Jeremy Ockrim – an excellent surgeon who is a very bright and caring individual. We do all our extremely difficult revision and post radiotherapy cases together. A little-known fact is that he is, also, extremely funny – and should really quit his day job for stand up!

What in your opinion have been the most exciting clinical developments in urology in recent years?

In the field of urology, in general, I would have to say that the surgical robot is the most exciting development. We have recently started our robotic functional and reconstructive urology programme – it offers an alternative, less invasive approach for the simpler cases. Open surgery is still necessary for the revision, and complex cases – as is vaginal



surgery, which is even less invasive, and far cheaper than robotic surgery!

In my own field of functional urology, intravesical botulinum toxin and sacral neuromodulation revolutionised the treatment of frequency and urgency urinary incontinence, providing effective, minimally invasive treatment options when previously the only option was major surgery with a clam cystoplasty or ileal conduit.

Do you think urology is one of the more inclusive surgical specialties?

Urology is one of the most gender, ethnically and sexuality diverse of the

surgical specialties. I was the first female urology consultant appointed at UCLH, and since then have seen the appointment of a further eight female consultant colleagues – taking us from 11% of the consultant body to 26%. I think BAUS and British urologists themselves have done a wonderful job of fostering inclusivity – when I go to the annual meeting these days I can't stop smiling at just how diverse and nurturing the atmosphere has become. Jo Cresswell, our first female BAUS president, should be congratulated on pushing this forward, as should Ian Pearce the current President for maintaining it.



You are the Committee Chair for the United Kingdom Continence Society (UKCS) Annual Meeting taking place in London in March; what led to you becoming involved with the organisation?

When I was first appointed as a consultant in 2002 (yes, I am that old!) there was somewhat of a turf war between urology and gynaecology in terms of who treated pelvic floor disorders. I have always felt that more can be achieved through collaboration – and luckily my brilliant urogynaecology colleague Alfred Cutner felt the

same. We have worked harmoniously with our urogynaecology colleagues (Alfred, Arvind Vashisht, and Anthony Kupelian) ever since. Likewise, we work collaboratively with our colorectal surgical colleagues on the many complex cases we are referred.

I have, also, always had a strong belief in the multidisciplinary team (MDT) providing excellent care, and have fostered the roles, and development of allied health professionals within the team (advanced nurse practitioner, nurse practitioner, nurse specialist, principle clinical scientists). UKCS is the epitome of multi-specialty, and multidisciplinary collaboration, and holds a place close to my heart because of this.

What do you think will be the programme highlights for the Annual Meeting?

There will be a multidisciplinary plenary session on 'Complex Pelvic Floor Case Management' highlighting the truly multidisciplinary and specialty nature of best management for our patients with pelvic floor dysfunction.

There is a session entitled 'It's what you do, not the way that you do it!' looking at the various surgical approaches (open, laparoscopic, or robotic) for treating refractory stress urinary incontinence, and their respective pros and cons. This should provoke lively debate and provide some enlightening surgical videos.

We will also address the thorny issue of whether the NHS is sexist – looking at the patient's perspective, from policy to funding. In addition,

we will have plenary sessions on the 'Conservative Management of OAB', 'The Future of Neuromodulation', and 'POP Management – the Link between Primary, Secondary and Tertiary Care' plus parallel sessions aimed at the varied interests of our members alongside poster, podium, and video abstract presentations. There will, as always, be an excellent social programme – and this year we are hoping to run a Ceilidh!

Do you think urologists and allied health professionals need to work more closely together?

Just as urology is one of the most diverse and inclusive of surgical specialities, it has been an early and enthusiastic proponent of the multidisciplinary team. We work extremely closely with our allied health professionals in our MDT both in female, functional, reconstructive, and adolescent urology, and the London Complex Mesh Complications Centre. As such, I would say we need to continue with our close working!

And finally, if you have any spare time what do you do to relax?

In my spare time I try to be a slightly better than average wife to Jason, my partner and husband of 33 years, and mother to my two, adult, children. I am a keen proponent of Advanced STEP and yoga – my guilty pleasure is my shoe collection.

Many thanks for your time!