
LEGENDS IN UROLOGY

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With my Australian board examinations behind me and my first US trip, the moment arrived when I would meet the late great Urologist Edward J. McGuire. It was 1993 when this dream of a great Fellowship would meet with the prospect of reality. Pinching myself on the long drive to Kerrville, Ed included me in the AUA Chief Resident's meeting where he was guest speaker. In Houston, I saw the way he did fluoroscopic urodynamic studies which was breathtakingly efficient and informative. His system pared a comprehensive study to 5-15 minutes. He made fascial slings look so easy I couldn't wait to learn how. In a moment of truth at the AUA, Ed agreed to offer me a formal Fellowship position.

After the best Fellowship a young Urologist could dream about in 1994-5 in Texas, I returned to Melbourne to start my practice and a family with my then husband Anthony. In addition to having my two great kids in 1997 and 1998, I was blessed to be mentored with the running of a Urological practice by Warren Johnson, a tower of Urological leadership in Australia and Melbourne in particular. I am forever grateful for that start. In some parts of the world running a business is not an expected role for a surgeon. Money is hugely gendered and is possibly the most sexist aspect of life. I have watched young women rise up as urologists and successful business owners in our country, balancing raising children, partnerships at work and home as well as managing to be highly skillful surgeons contributing in volunteer roles that support young Urologists including young women. It is very heartwarming to see all of this, particularly after some prophecies about my career including that "I would starve"!!

My goal to study medicine was ambitious. In 1979 only a third of high school students in Melbourne finished year 12. Mum's lack of formal educational opportunities fuelled an excessive ambition that burned among my siblings who all have at least two higher degrees as do I. Identical twin sisters 3 years my senior were my constant teachers and it was their influence that cultivated a bold fearless girl. Our home, according to neighbors resembled an army base. Mum was the sergeant major while Dad was no pushover. He was a loving breadwinner, very equitable in his dealings with his 4 daughters and a son, and a patient teacher if we reached out. He would never give uninvited advice. The best way to get his opinion was to schedule an appointment and secure his undivided attention. This early mentorship led the way to success with mentors in medicine and surgery who, with one exception were men.

On entry to Medical school I was not to know, did not dream, that my career would be characterized by a string of firsts breaking new ground for female doctors. I had been the school captain and naturally drawn to leadership. But first female Urology trainee morphed into first female to complete the Fellowship of the Royal Australasian College of Surgeons in Urology, first Head of Urology, first Urologist Director of Surgery, first female Urology Councillor for the Royal Australasian College of Surgeons, first Fellowship program leader, first Australian Urologist to have US Fellowship in female pelvic medicine and reconstructive surgery (not called that then) and more recently first woman elected Urological Society of Australia and New Zealand Vice President.

It dawned on me in my second year of our medical degree that medical knowledge sprouts from research which ultimately becomes incorporated into practice often circuitously.

During a research Unit in second year I was asked to review a paper on ED in diabetic men. This prompted me to in my own time, to complete a literature search finding there was nothing written about sexual function in diabetic women. I was learning about how knowledge was affected by gender.

My Master of Medicine in 1989 was supervised by pioneer of Women’s Health Professor Lorraine Dennerstein AO, who would link me to other health professionals aware of the shortcomings evident in textbooks with respect to female anatomy. My research project was: Evaluation of a Treatment Algorithm of Urge Incontinence in Primary Care. We used pelvic muscle exercises, bladder retraining +/- hypnotherapy to treat affected women. Lorraine was an expert in hypnotherapy and after appropriate formal training, I was able to offer this adjunctive therapy. The hypnotherapy was associated with improved state anxiety scores. Interestingly it did nothing for the urge incontinence. My Masters behind me, I returned to full time surgical training enriched by a year among academic women.

Approaching our final Urology exams before independent practice, Professor John Hutson taught our Chief Resident group about Intersex surgery. His teaching on surgery for clitoromegaly associated with congenital adrenal hyperplasia inspired us to care for the nerves of the young female. At the end of his tutorial, a few weeks before my exams, he agreed to supervise my Doctorate in a project about the female cavernosal nerves. This project led to a very successful research program that is still running today. John Hutson was a superb academic surgeon supervisor, critical to the successful completion of my Doctorate. Working with the best scientific systems, equipment, team and supervision forged confidence in our findings.

I became increasingly convinced that anatomical representation of female genital anatomy required revolution. As Urologists we were reverentially performing radical prostatectomies aiming to preserve male sexual function. Were female nerves subject to the same problem of being collaterally damaged in female pelvic operations? Research on the nerves seemed a safe way into broader discussions about the clitoris, a word that could be barely spoken out loud back in those days.

My doctoral research was entitled: Review of the Anatomy of the Clitoris. Errors included omission or distortion of the bulbs that form a horse-shoe spongy layer between the urethra and clitoral body. Sitting next to the female urethra, we Urologists have a role in improving its place and the health of women in the process. The incorrectly named “dorsal” nerves of the clitoris, their size, distribution, relationship to the clitoral components and the pubis were not provided even in the most comprehensive textbooks. The history of the clitoris and its anatomy was a metaphor for the societal role of female sexuality. For millennia, it had been excised irrationally, and even in the west excised, in the 19th century in the treatment of epilepsy and other non-genital conditions.

My efforts were rewarded with a Gold Medal of the World Association of Sexual Health in 2007 for a Lifetime Achievement in Sexual Medicine. The clitoral anatomy has expanded into a societal concept called “Cliteracy” which has a rapidly expanding life of its own with 3D models, beautiful art, and a sense of empowerment replacing the shame and mutilation of the past. Via the rapid autopsy program at the Peter MacCallum Cancer Centre in Melbourne, we continue to develop female anatomical understanding, these days focused on the female urethra and anterior vaginal wall.

My excellent fundamental training in Australia and the US, helped me to establish a clinical research unit at Royal Melbourne Hospital in 2002 for the training of Fellows and execution of device and pharmaceutical trials. I am the lead clinician in a Melbourne based research endeavor to treat severe intrinsic sphincter deficiency using a neo-sphincter of smooth muscle stimulated by an electrode and generator. We performed the first human trials in 2005 at Royal Melbourne Hospital and later by Jeff Thavaseelan at Royal Perth Hospital. This work is entering a new phase with the Bionic Institute after large animal trials by Prof Glenn Edwards at Charles Sturt University.

ICS 2021 Melbourne has come to fruition. The city of Melbourne prides itself on major events in sport, the arts and academia. Mounting a successful bid was major work for me as Convenor across 2013-2017. Though a virtual

event, it has been a life highlight working with our multi-disciplinary local organising committee and the global educational entity of ICS supporting the professions providing continence services to women and men.

Our Co-Chairs leaders Urologist Vincent Tse and Urogynecologists Anna Rosamilia and Chris Maher harmonized with the wealth of global expertise to engage our craft-group in highest level education in this new hybrid era.

I have been blessed with incredible support at home, the rooms, the private and public hospitals and the University. The physical aspect of surgery requires fitness and all the help in the world will not make us fit. We must make the time, do the strength, cardio work and protect our own mental health against burnout particularly. Surgery takes more than fitness though. It takes courage and a willingness to throw ourselves into the deep end, sure that the safety net of the training, the team and appropriate patient selection will all turn fate in the patients’ direction. The surgical team listen to us in the patient’s moment of crisis, leaning in for us to be calm and find a way forward. We owe it to them to find this within ourselves. Our habits will be mimicked for those to whom we are a role model. These are not minor things.

I have had my share of setbacks, obstacles and grief. Breast cancer reared its head at me in 2013 and subsequently. Often people say stress leads to such negative life events. But somewhat perversely, things were humming along very well at the time of the cancer issues. I used the moment of enforced rest as a wake-up call to reconnect me with the possibility of my best life. Though effort is an important aspect of accomplishing dreams, not all is accomplished through effort. My children establishing themselves in my life are my best examples of this. Their progression through conception, pregnancy, labor and breast feeding was unreasonably easy. This is obviously good fortune but my interpretation is more that my family, colleagues and staff, clued into a spiritual framework that facilitated this ease. I have been blessed in so many ways, most recently having married, in 2018, my long term partner Jonathan, with responsibility indirectly for his two lovable adult children and one grandson. Facilitating and accepting help is critical to success. And I do just wonder if men are enculturated to do this more readily.

As a small child, my mother gave me a poster of a little blond girl smelling daisies with the caption: “May all my dreams come true”. The prospect of me becoming a urologist then would have been laughable. Many of my dreams have come true. But I have watched as one step at a time, goals have materialized, breath after breath. I watch as people recoil from action when there is a problem to solve. Not recoiling however, has led to some of my most extraordinary experiences, projects and commitments, particularly the important role leading Urologists, Surgeons and their teams at Western Health, Melbourne. It is the highest honor to be President elect of the Urological Society of Australia and New Zealand, an opportunity to foster great Urological care in our communities by inspired professional oversight. That is my next chapter.

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