

LEGENDS IN UROLOGY

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I was born in El Paso, Texas, on 29 September 1944. My father, a Johns Hopkins-trained surgeon, served in the Army of the United States during World War II. He and my mother were Canadian, but they decided to settle in the United States, and my father established his medical practice in El Paso. After his deployments to both the European front and Japan, he returned home, and I grew up surrounded by a city with a rich cultural heritage and a strong sense of community. My childhood was fairly unremarkable, though I spent countless hours involved in athletics and exploring the desert southwest on horseback, hunting and killing a great number of tin cans and cactus leaves. That environment, with its diversity and opportunity, shaped my resilience, curiosity, and discipline—qualities that have guided me throughout the rest of my life and career.

My education benefited from “advanced/accelerated” programs in high school. These courses were just being introduced on an experimental basis, and being able to enroll in them allowed me to complete college-level science and math courses. This early advantage prepared me well for the United States Naval Academy, in Annapolis Maryland, which I entered in 1962. The Academy, up to 1962, offered only a bachelor’s degree in Naval Science. But beginning in 1962 individuals were allowed to complete and receive other Bachelor of Science degrees. Because I could test out of many of the required courses, I was able to take elective classes in Aeronautical Engineering, ultimately earning a BS in Aeronautical Engineering.

Upon graduation in June 1966, I was Commissioned an Ensign in the United States Navy, preparing to begin training as a naval aviator. However, a delay in the start of my aviator training unexpectedly opened the door to a unique opportunity: I enrolled in the United States Army Airborne School in Fort Benning, Georgia. There I earned my Jump Wings, allowing designation of “Jump qualified”, paratrooper.

After that, I proceeded to Flight School. After completing that training, I was designated a United States Naval Aviator in February 1968.

Following that, I began the next phase of aviation and headed off to the Replacement Air Group, joining a squadron where I learned to fly the airframe that I would later fly as part of a fleet squadron. At the time, that was the step before deployment to Vietnam. Once again, I was fortunate—this time to be selected to fly the F-8 Crusader, one of the first two operational aircraft capable of supersonic flight. The F-8 was an absolute dream to fly, sleek and powerful, though a little tricky to bring back aboard the carrier. After that I returned to the US and was assigned to a replacement air group squadron that was designed to teach pilots at all stages advanced instrument flight rules and techniques.

I soon reached a point where I needed to start planning the rest of my life. Two natural paths presented themselves: transitioning into the aircraft manufacturing industry or pursuing a career flying with the airlines. Neither option

really appealed to me. Deep down, I kept returning to an earlier fascination—medicine. When I was a kid, I used to go to the hospital and watch my father and his partner perform surgery. However, because my father was from Canada and had witnessed firsthand the early moves towards socialization in medicine there, I must say that he nearly talked me out of pursuing a career in medicine, as he predicted that medical socialization was only a step away in the US. In many ways it was the reverse of the usual story—while most children of physicians are nudged toward medicine, I found myself steered away.

One major obstacle soon became clear: a degree in Aeronautical Engineering had done little to prepare me with the prerequisites required for medical school. So I proceeded to look at my options for getting those prerequisites. With the support of several very cooperative commanding and executive officers, a truly remarkable wife, and many good friends in the squadron, I was able, with careful planning, to complete my premed courses while still remaining fully active in squadron duties.

I was accepted to the University of Texas Medical School in San Antonio, and four years later I proudly added MD after my name. Throughout medical school, I remained on “active duty” in the military. Being elected into Alpha Omega Alpha afforded me a degree of flexibility in my final year, particularly in the selection of rotations. I used that opportunity to my advantage: by completing the required medical school courses ahead of schedule, I was able to enroll in the US Air Force School of Aviation Medicine, also located in San Antonio. There, before graduating from medical school, I completed flight surgeon training and earned my USAF flight surgeon wings.

I was then selected for the Urology residency program at the U.S. Naval Regional Medical Center in Portsmouth, Virginia. The program was somewhat unique: the first two years combined rotations on the General Surgery and Internal Medicine services. That broad and integrated approach provided a strong foundation in both surgical and medical principles, training that would prove invaluable and continue to serve me well throughout the rest of my career in Urology.

Upon completing my Urology training, I was retained on the staff of the Urology service at Portsmouth for an additional year. I was then selected for the fellowship in Adult and Pediatric Genitourinary Reconstructive Surgery at the Eastern Virginia Medical School. At the time, this Fellowship was unique in its comprehensive approach, integrating techniques from Plastic Surgery, Pediatric Surgery, Female Pelvic Medicine and Colorectal surgery.

The thought was not that specialists from all those disciplines had to be at “the table” for every operation, rather, each brought a unique perspective on evaluating and managing the challenges inherent to complex genitourinary reconstructive surgery. The tissue transfer techniques that I learned stood me in good stead throughout the rest of my career. During this time, I had the privilege of training under the legendary Devine family—father and sons—pioneers in the field of Urology and Charles Horton a distinguished Plastic and Reconstructive Surgeon at that time, a Colorectal surgeon who was a member of the team, and a Gynecologist who was at the forefront of the newly developing discipline of Female Pelvic Medicine and Reconstructive surgery. In Norfolk, at that time, reconstructive surgery was being advanced by noted recognized leaders in flap physiology, transfer techniques and microsurgical techniques. All these pioneers were members of the team that I had the privilege of training under and operating alongside. The comprehensive, multidisciplinary training I received during this fellowship profoundly shaped my approach to complex reconstructive surgery. Exposure to such a wide range of techniques and perspectives taught me not just the mechanics of surgery, but how to think critically and creatively when faced with challenging cases. That foundation was what built my own practice. Beyond technical skill, working alongside such esteemed mentors instilled in me a standard of excellence, collaboration and innovation that would guide every step of my career.

After completing my fellowship, I had the unique opportunity to serve with Project Hope in Mansura, Egypt, for approximately six months. My role was to support the hospital’s efforts to expand Pediatric Urologic Surgery and Genitourinary Reconstruction in general, while also assisting in the development of their adult reconstructive program. At that time, much of the hospital’s focus was on bladder cancer, urinary diversion, and renal transplantation. This experience allowed me to apply and refine the skill I had acquired during my

fellowship, while also contributing to the growth of surgical programs in a setting with different challenges and needs.

After returning to the U.S. from Egypt, I served for two more years on the staff of the Urology Department at Portsmouth Regional Medical Center. By that point, I had completed twenty years of active duty in the Navy and retired on 1 September 1986. Shortly thereafter, I was invited to join the Urology Department at the Eastern Virginia Medical School, in Norfolk, Virginia, specifically to contribute to the Genitourinary Reconstructive Surgery program.

Norfolk marked the beginning of my second career, one in which I had the privilege of furthering a program of international repute in reconstructive urology. The environment there was unique-innovation and inquiry into procedures that had never before been performed were not only encouraged but expected. It was a place where I could explore whether performing hypospadias repairs with the operating microscope offered advantages over standard loupe magnification, developing the basics of laparoscopic orchidopexy, etc.

The program in Norfolk fostered, if not demanded, innovation. It allowed me to perform many of the first laparoscopic procedures in pediatrics, including orchidopexy, nephrectomy, partial nephrectomy, ileal vaginal construction, and lap-assisted appendico-cystostomy. Together with David Gilbert, we also performed, at one point, the largest series of phalloplasty surgeries worldwide, for both trauma and gender affirmation surgery.

What I enjoyed the most about my time doing reconstructive surgery was that there were only a few of us doing large volumes. We were all friends, eager to share and learn from and with each other. I had the privilege of almost daily interaction with notables such as John Duckett and Howard Snyder, John Quartey, Freidhelm Schreiter, Rudy Hohenfellner, Richard Turner Warick, Tony Mundy, Mohamed Ghoneim, Stefan Loening and many others—whose expertise and insight profoundly shaped my practice.

As I mentioned, the lessons in tissue transfer, flap design, and microsurgical precision became the foundation upon which I built my own practice. It was during my time in Norfolk that I developed the ventral transverse island preputial flap for reconstruction of the fossa navicularis, introduced in 1987. Certainly not unique to me, I was deeply influenced by Richard T.W.'s insights into ischemic stenosis in urethral reconstruction patients. Inspired by those discussions, I developed a technique that allowed the proximal blood supply to the corpus spongiosum to be preserved—rather than sacrificed, which had been the standard practice at the time. From this work, the concept of vessel-sparing excision and primary anastomosis was born. Reynaldo Gomez in Chile had equal interest in preserving the proximal blood supply in urethral trauma patients. The principle was later carried forward by many of my former fellows and applied by many. Today, this technique has gained wide acceptance and is increasingly regarded as the standard of care in reconstructive centers around the world.

It was in Norfolk that I experienced the greatest professional and academic growth as a physician and surgical educator. Over the years, this journey culminated in my appointment as Professor Emeritus at the Eastern Virginia Medical School. I retired from the medical school in 2011, bringing my active operative career to a close in the very place where so much of my work had taken shape.

My curriculum vitae eventually grew to include more than 400 original articles and many textbook chapters, and I was honored to be invited to present at numerous national and international scientific conferences. I also had the privilege of assisting Dr. Charles Devine in establishing the Society of Genitourinary Reconstructive Surgeons, where I served as the founding secretary before later being elected president. In addition, I had the honor of serving as president of the Société Internationale d'Urologie (SIU), the Virginia Chapter of the American College of Surgeons, and completing two terms as Governor to the American College of Surgeons—first representing Virginia, and later the AUA.

Over the years, I have been deeply honored to receive several recognitions for my work in urology. Most recently, in 2025, I was accorded the AUA Lifetime Achievement Award. In 2023, on the occasion of the 100th anniversary of the Argentinian Society of Urology, I was awarded the Federico Texo Medal in recognition of my contributions to reconstructive urology in Argentina—an honor traditionally reserved for society members, but

also extended to select non-members as “Honorary.” That same year, in Medellín, Colombia, at the 10th iteration of the Genitourinary Reconstructive Surgery Symposium under the auspices of the Colombian Society of Urology, I received a special award for my commitment and dedication to the advancement of urology in Latin America. Earlier recognitions included the Ferdinand C. Valentine Medal from the New York Section of the AUA in 2014, and the AUA Presidential Citation in 2018. In 2025, I was selected to be awarded the Lifetime Achievement Award by the Genito Urinary Reconstructive Surgeons, awarded in 2026. While these honors mean a great deal, what I value most are the colleagues, students, fellows, residents and patients with whom I have shared this journey. To have trained, mentored, and been influenced in turn by so many talented individuals around the world has been the most lasting reward of my career, and the clearest expression of the legacy I hope to leave.

After I had been at EVMS for some time, the Genitourinary Reconstruction Program evolved into what became known as the Devine Center for Genitourinary Reconstructive Surgery. In recognition of its continued growth and legacy, it was eventually renamed the Devine-Jordan Center for Adult and Pediatric Genitourinary Reconstructive Surgery.

My time at the Naval Academy clearly strengthened my leadership skills, technical knowledge, and sense of duty—qualities that guided me in the Navy, as a surgeon, in academic medicine, and ultimately during my tenure with the American Board of Urology. Upon retiring from clinical practice in December 2011, I embarked on a third career, this time focused on standard setting and administration. I served as Executive Secretary of the American Board of Urology for 12 years, the institution responsible for certifying urologists in the United States. In this role, I was able to be intimately involved with establishing certification protocols, helping ensure that the U.S. population received high-quality medical care—a position I consider one of the “best jobs” an individual could hold.

I have also remained active with several device and instrument companies, a pursuit made possible by my lifelong fascination with engineering. Beyond professional endeavors, I have been fortunate to spend meaningful time with my now-grown children and their families—and, not least, with my remarkably patient wife of over 57 years.

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