

As part of my expert training program (EXPU) I participated in “Advanced Upper Abdominal and Bowel Cadaver Surgery Workshop” at St. Louis, Missouri, USA in October 2012.

Surgery in case of advanced ovarian cancer has become more and more extensive in the past decade. Several studies have shown that the most important prognostic factor in advanced ovarian cancer is complete resection of all macroscopic disease. The procedure often involves upper abdomen and bowel as well as pelvic organs and requires dedicated surgical training.

This intensive two day course was aimed at gynaecologic oncologists and surgeons with a desire to improve their surgical skills in the techniques required for resection of ovarian and other gynaecologic cancers involving the bowel and upper abdominal organs.

On the first day, participants were introduced to surgical anatomy of upper abdominal and gastro-intestinal organs. Different abdomino-pelvic and gastro-intestinal procedures such as peritoneoectomy, liver mobilization, radical oophorectomy with en bloc resection of recto sigmoid were presented by videos and lectures with following faculty and audience discussion. On the second day, hands-on cadaver sections took place in the interactive, well equipped classroom with four participants and a faculty member at each cadaver. Faculty members rotated after each procedure giving possibility to participants to get as wide as possible experience from the expert surgeons.

After the end of the course, I visited the Gynaecological Oncology Department, at St. Louis University Hospital for one week. During the clinical visit I shadowed Professor Dr. C. William Helm, who was also a course director on this particular course. Dr. C. William Helm is known for using HIPEC (hyperthermic intraperitoneal chemotherapy) after radical surgery in advanced ovarian cancer. I spent a week in the operating theatres observing different gynaecological cancer procedures. Adding to my experience, there were two advanced ovarian cancer operations scheduled for this week. In one of the patients with advanced ovarian cancer after NAC (neoadjuvant chemotherapy) and extensive debulking surgery, HIPEC was performed.

The course as well as the clinical visit gave me excellent possibilities to improve my surgical skills. Besides surgical skills, I was convinced that a multidisciplinary team of experts working together is the second most important factor in achieving good results in ovarian cancer surgery. Last but not least, I was fascinated by how high priority training was given in the department I visited. Every operation was performed with assistance from students or different year residents giving them the possibility to perform some of the procedure depending of their skills, together with an experienced surgeon.

I want to thank the NFOG fund for supporting me and giving me the possibility to participate in the course and the clinical visit.

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