

## Advanced Techniques in Operative Gynecological Endoscopy

November 30 – December 2 2015 IRCAD, Strasbourg, France

As different medical treatment forms have decreased the number of the gynaecological surgical operations, the limited amount of operations has become a major problem in the residents' training. Operative skills in can be trained to a certain point with different kinds of simulators and by watching, but training with live tissues are essential for the development as a surgeon. Laparoscopy has been close to my heart ever since the beginning of my residency. I was happy to receive the NFOG fund to be able to participate on a three-day course of Advanced Techniques in Operative Gynecological Endoscopy in Strasbourg, France.

The terror attacks in Paris occurred in only a couple of weeks before the course, which unfortunately didn't make travelling to France very tempting. Eventually, there were no cancellations in the course due to the Paris tragedy, and we all could enjoy the lectures, videos and live-surgery- and hands-on-training sessions with the police and armed soldiers securing the beautiful city.

On the first day the morning lectures handled mostly basics of laparoscopy: the main principles and rule, pelvic anatomy, different energy instruments and laparoscopic suturing. We also followed live laparoscopic hysterectomy performed by the course director, Professor Arnaud Wattiez. It was almost funny to realize, that the most usual problems in the OR (like malfunctioning monopolar scissors) are global whatever the quality of the clinic. In the afternoon we started the hands-on training on live tissue, mini pigs. We worked in pairs practicing dissection in the retroperitoneal space, lymphadenectomy, simulated cystotomies and bowel injuries, and practiced suturing with intra and extra corporeal knots. We also performed a hysterectomy for the pig. Some of the more experienced and faster colleagues also performed a nephrectomy and practiced re-anastomosis of the ureter and sacro-colpopexy. On the first evening we gathered to a course dinner, during which it was nice to get social and share different experiences and practices from different countries.

The second morning the lectures covered myomectomies, management of benign ovarian cysts and principles of laparoscopic hysterectomy. The live surgery session handled endometriosis, and professor Wattiez demonstrated different techniques how to operate for example bowel endometriosis. In the afternoon we continued practicing with the mini pigs performing mostly the same procedures as on the first day. The progress in handling the needle holder and suturing was noticeable.

The third day consisted of lectures and a 4-hour interesting and complicated endometriosis live surgery session with a lot of bowel suturing and ureteroneocystostomy. The lectures covered different strategies in endometriosis surgery and complications of laparoscopic surgery, such as entry-, urinary- and vascular complications.

Altogether, the three-day intensive course gave me new perspective in many aspects of laparoscopic surgery, and improved both my theoretical and practical skills right before I finish my residency.

Sincerely,

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