

## Visit to Department of Obstetrics and Gynecology, Saint Mary's Hospital, Manchester, Marts and April 2014

Saint Mary's Hospital, Manchester was founded in 1790 and, has recently moved into new facilities with big operating rooms and good rooms for examinations.

The Hospital services the local population in Central Manchester and patients with complex medical conditions referred from other areas in the North West England. The clinic has a broad spectrum of activities. Apart from an important urogynecological sector, the department also handles gynecological cancer. The activities also include an infertility clinic and the labor ward has 9000 births a year.

In the operating theatre the gynecology department had 3 operating rooms. One room was almost entirely used for Obstetrics. The other was mostly occupied with gynecological cancer and the last one was used for benign gynecological operations. There were no private patients. There were no outpatient clinic so all patients were admitted to the ward.

Because of cut downs, the department had had to close a ward. To compensate for the loss of beds, they had established a preop clinic where the patients for the operating theatre arrived in the morning instead of going to the ward. All patients came in early. They were seen by the anaesthetist, the operating doctor and a nurse, to make sure that everything was ready for the operation. All patients had to fill in a consent form before the operation. The patients then waited in the preop clinics waiting room until they were taken to the theatre. They were not admitted to the ward till after the operation.

The urogynecologists were treating both prolapse and incontinence. They also had a perineal clinic where all patients that had suffered a sphincter tear during labor were seen.

Four senior consultants were working in urogynaecology.

Professor Anthony Smith was a pioneer in surgical treatment of prolapses and incontinence of urine using laparoscopic surgery. He currently gives lectures and surgical demonstrations worldwide. He is Chairman of the British Society of Urogynaecology from 2009 and to the present. He is currently also Chairman of the NICE Guideline development group for Urinary incontinence (since 2011).

For treating prolapse they used both conventional vaginal surgery and laparoscopic surgery. For stress incontinence they still used laparoscopic colposuspension a.m. Burch for some patients, but mostly preferred sling operations. They used conventional TVT slings.

I had the opportunity to follow the daily work both in the ambulatory and in the operating theatre and to discuss clinical problems with the professor and his colleges.

My visit to Manchester was very interesting. Visiting other departments always broadens your view on clinical and organizing challenges.

