

Modern hysteroscopy course  
6.-8.5.2015  
Nicosia, Cyprus

I participated a 3-day course hysteroscopy course in Aretaieo Private Hospital in Nicosia, Cyprus. The course consisted of lectures, videos and hands-on training.

Lectures were a wide variety of hysteroscopies including assembly and instrumentations, surgical techniques, tips and tricks, complications and their management. A wide variety of indications were also discussed.

Videos were really well planned for the course. They were taken from live sessions held earlier this year. The videos showed different techniques to treat malformation of uterus including septums etc. Also they showed when and how to treat polyps and fibromas. Only thing that they could have done a bit better is to categorize each procedure to separate themes for example.

Hands-on training was the best part the course, most definitely. It started with motorskill training and hand-eye coordination. They timed the first 3-times and at the end of the course they timed to see how we had learned during the course. Hysteroscopy models (provided by Storz) were really up-to-date and it felt like the real thing. Plastic models were very useful and helped to practice removal of polyps etc. Animal models, such as pig's uterus and bladder, gave a good experience to dissect polyps and septums. More important these models also taught us to respect the wall and to avoid make perforations. Otherwise the place would be filled with water.

One of the instructors was Dr. Bigatti from Italy. He has created IBS = Intra-uterine Bigatti Shaver. It is developed with Stortz and designed for hysteroscopy to deal with polyps and myomas. There are, I think, 3 different Shaver models in the market at this point. We had great opportunity to try the shaver for animal models. For simple procedures it worked very well. They have done all the procedures so far under general anesthesia. Maybe in the future they could do this same procedure under local anesthesia. For small pathologies inside uterus it takes only few seconds to get rid of benign lesions.

All the facilities were modern and easy to reach. The instructors were mostly local and well trained in the field of hysteroscopy. There were 18 participants all over Europe but mostly from Middle East and East Europe. Including me there was only one other resident, all the others were specialist. All together this course would be most beneficial to residences that have done few (10-20) hysteroscopies but need more training.

I hope to bring some of these educations to my hospital and hope to arrange at least in some parts similar training session for our residents also.

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