Laparoscopic surgery in gynecology : studies about implementaion and training

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Conclusions and recommendations

9

Conclusions

From literature search and the studies described in this thesis we conclude that the implementation of gynecological endoscopy in The Netherlands seems to develop slower than in other countries. Although the diffusion of endoscopic procedures has increased over the last decade in The Netherlands, the acceptance is still limited, especially e.g. laparoscopic hysterectomy.

Given that laparoscopic surgery is a difficult technique to master, training residents and gynecologists is of utmost importance to acquire laparoscopic skills and perform procedures safely. Gynecologists in practice can be taught (advanced) laparoscopy by means of a mentor traineeship and residents need to train basic laparoscopic skills on a simulator.

Since novices can reach the experts' skills level on a simulator after short and intense training, the experts' skills level on the simulator can be set as performance standard during residency training. In The Netherlands, the laparoscopic simulator is not yet included in the official residency curriculum guidelines and it is not until the end of residency training that residents reach the majority of performance standards for basic laparoscopic skills. A voluntary simulator training program has a substantial risk to fail.

Recommendations

Laparoscopic training needs more emphasis during residency training. The laparoscopic simulator needs to be officially implemented into residency curriculum guidelines and incorporated into practice. Simulator training should be structured and mandatory, as a training tool, as well as a skills assessment tool. In order for residents to obtain a sufficient and uniform level of skills, their surgical skills need to be measured individually and objectively by means of the simulator. In addition, experts' level on the simulator can be set as performance standards for residents and should be reached by residents before performing live laparoscopic surgery. Assisting during laparoscopic hysterectomy should be added to the requirements for graduation in the curriculum guidelines.

To accomplish these recommendations, skilled laparoscopic gynecologists are required in every teaching hospital. Besides the beneficial aspects for residency training, a skilled laparoscopic gynecologist is needed to establish an internal referral system for procedures such as laparoscopic hysterectomy. For the other advanced laparoscopic procedures a regional or national referral system can be created.