

## Training and education in endoscopic surgery: is there a future for endoscopy in OB&GYN training?

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### Introduction

Endoscopic surgery is rapidly replacing open surgery because it is associated with lower morbidity, better cosmetic results, shorter hospitalisation, reduced postoperative pain and faster return to normal activities. Although endoscopy provides a better visualisation of the anatomy, the tactile information is diminished. Endoscopy therefore requires the ability to appreciate depth from a two-dimensional screen image using subtle visual clues. In addition, specific hand-eye coordination and fine motor skills, distinct from skills used in open surgery, are required. Since the effective acquisition of those skills is essential for minimal access surgery to become a truly minimally invasive and atraumatic surgery, the importance of appropriate training is evident.

Endoscopy, including both laparoscopy and hysteroscopy, cannot be considered as a sub-speciality in OB&GYN but only as a tool used increasingly more in many fields of the speciality, e.g. general gynaecology, infertility, oncology, uro-gynaecology and materno-fetal medicine.

Most gynaecological schools all over the world lack a well-structured and validated programme specifically designed for training in endoscopy. Therefore, the proliferation of training programs and courses based upon different, if not contradictory, philosophies and modalities is not surprising.

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### Training modalities

Today, training still tends to be done predominantly with the teacher-student model inside the operating theatre. In this model, based upon the philosophy of “first observe, then assist and finally operate”, procedures of increasing complexity are performed over time, making the presence of the tutor permanently required. It has been shown that with this model laparoscopic skills can be acquired over time, but the reported learning curves are usually long [1-8]. Since the number of procedures needed for reaching proficiency, i.e. the plateau of the learning curve, is considerably higher, this issue becomes criti-



cal for gynaecologists, who, in contrast to general surgeons, are usually not exposed daily to surgical activities.

Over the past few years it has been progressively accepted that to shorten learning curves and to reduce accidents, training has to be done outside the operating theatre using alternative modalities to the classic teacher-student model, such as *in vitro* and animal models.

*In vitro* models have the advantage of being relatively inexpensive and of being performed in a relaxed and controlled environment. Moreover, they provide a reliable and reproducible method for learning and refining laparoscopic skills, e.g. ergonomics, stitching, knot tying, dissection, etc. [9-13]. In addition to the classic training simulators that have been used for many years, increasingly sophisticated computerised models are being created in an effort to enhance the learning experience [14-17]. These virtual training models, although still expensive and not universally available, offer objective and precise evaluation and in most cases emphasise the repetition of short and well-defined exercises with different levels of difficulty.

Animal models, especially pigs and sheep, are used to mimic the human situation, i.e. anaesthesia, pneumoperitoneum and pulsating vessels, and training is similar to that in theatre, performing the surgical interventions under supervision [18-21]. These animal models, however, are not yet being used widely for several reasons, such as legal prohibition and the cost of setting up and maintaining a training centre. Moreover, they merely give the opportunity to trainees of exposure for a few days to endoscopic surgery and are not used for real training over longer periods.

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### **Difficulties for the standardisation of the training programmes**

The establishment of a standardised and quality-controlled training programme for gynaecological laparoscopic surgery is more difficult and complex than anticipated due to many factors, such as the intrinsic characteristics of the surgical procedures, the gynaecologists, the training centres and the training programmes. First, operations with different levels of difficulty and complexity and demanding different levels of knowledge and skills are arbitrarily classified into levels, but unfortunately with overlapping cut-offs of the classifications proposed by the major organizations in the field, i.e. the European Society for Gynaecological Endoscopy, the American Association of Gynecologists and Laparoscopists, and the European Society of Human Reproduction and Embryology. Second, gynaecologists, both in training and established, have different levels of interest, necessity and exposure to endoscopy. Third, training centres obviously respond to different organisational and teaching criteria. Fourth, most training programmes do not offer clear objectives and evaluation systems. Indeed, most courses face the ambiguity of attempting either the exposure to a particular technique only or the full acquisition of the theoretical and practical knowledge of this technique, whereas the evaluations are usually based only on participants' satisfaction criteria. Moreover, in spite of a series of programmes that have been developed to assess and score laparoscopic skills objectively [14, 22, 23], the results achieved by most training courses, e.g. the hours of training and number of procedures required to reach a certain skill level, are insufficiently documented and their efficacy for human surgery remains unproven.

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### **The responsibilities of the ESGE for the future of endoscopy in obstetrics and gynaecology**

The future of endoscopic surgery in obstetrics and gynaecology depends highly on the establishment of a scientifically validated training programme easily accessible for all residents and gynaecologists.

It is without any doubt that endoscopic surgical training and quality control is a very complex subject, and due to lack of scientific evidence the decision-making process is very difficult.

How should we deal with the following questions?

- *Is a simple apprentice-tutor model sufficient to acquire the appropriate endoscopic skills?*
- *What is the place of in vitro and in vivo training models in education?*
- *Do they provide a more objective evaluation of the learning process?*
- *What should be the intensity and duration of a training course to acquire the appropriate skills?*

However, since proper evaluation and validation of the available training programmes is lacking, the challenge is to produce and/or to gather scientifically validated data in this field.

The European Society for Gynaecological Endoscopy has decided to dedicate its scientific efforts to this field. As a scientific expert organisation in endoscopy it feels responsible to provide the European and national institutions the necessary scientific evidence to validate exercises and training programmes.

To guarantee the scientific quality of these projects the ESGE has created a special section called "European Academy for Gynaecological Endoscopy".

The Academy is an objective platform dedicating its activities exclusively to science, education, training and quality control in the field of endoscopy.

The Academy started its activities in 2004 and is already working on the following tasks:

1. Identification of European endoscopic training centres and experts.
2. Classification of all courses within a standardised frame work.
3. Analysis of current scientific evidence on different training programmes.
4. Performing basic scientific research in the field of training and education.

The ESGE in collaboration with some major endoscopic training centres will share these sorts of data with its 31 European national member societies and will discuss the results in the standing committee for training and assessment of the EBCOG in which the four official sub-specialties are represented.

In collaboration with the medical societies it is intended in a first phase to produce specific guidelines on training and education in endoscopy.

In a later stage it is aimed to define a scientifically validated training programme for endoscopic surgery with a quality control system.

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### **Conclusion**

With the tendency towards sub-specialisation and the current lack of standardised surgical training programmes for residents and gynaecologists, the surgical responsibilities of the general obstetrician and gynaecologist are under debate.

The current evidence strongly indicates that the future of endoscopy in OB&GYN highly depends on education. Due to the increasingly high profile of endoscopy in our speciality specific training programmes available for all gynaecologists are demanded. Fortunately many groups and institutions are already fully dedicated to this goal but no validated programme is yet available.

Major efforts have to be undertaken to guarantee the place of surgery in general and endoscopy in particular within the general remit of the obstetrician and gynaecologist. The sub-specialties represent expert surgical modules that have to be able to rely on a proper basic surgical training.

Endoscopy deals with a specific dimension not only because this kind of surgery requires specific skills different from those required in open surgery but also because the quality of endoscopic surgery does not only depend on the skills of the surgeon; also the nurses, the instruments and the hospital management play a vital role in the outcome.

It is the task of expert societies such as the ESGE in collaboration with the national and European societies and institutions to define the educational platform and levels in endoscopic surgery and to offer a validated quality control programme.

More information on the ESGE and the programmes of the Academy can be found at [www.ESGE.org](http://www.ESGE.org).

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## Interview with Professor M.A. Bruhat

by Prof. K.J. Neis

*Dear Friend,*

*On the occasion of the congress of the European Society of Gynaecologic Endoscopy in Cagliari you received an honorary doctorate for your achievements in the field of operative laparoscopy. Then, our Society elected you as honorary president for the year 2005. These two facts are the reason for the Newsletter to make an interview with you the first in the series 'Who is Who' in order to present you to younger colleagues who have become members of the Society only recently.*

*1. May I ask you at first to tell us some personal things:*

- Where is your place of birth?*
- Where did you grow up?*
- Where did you study?*
- Where did you start your education?*

I grew up in Auvergne in the centre of France, the heart of France as one politician called it, perhaps the oldest province in France since it was here that Vercingetorix stood up to Julius Caesar 2,000 years ago, as recounted in 'De Bello Gallico'; the province that saw the birth of Lafayette who helped the Americans win their independence.

My education started in a college in Clermont-Ferrand, which I attended from the age of 10 onwards.

I studied medicine at the Clermont-Ferrand Faculty of Medicine then moved around considerably, especially to Paris and Strasbourg.

*2. Which were the reasons for you to come to laparoscopy? And what fascinated you especially about this technique?*

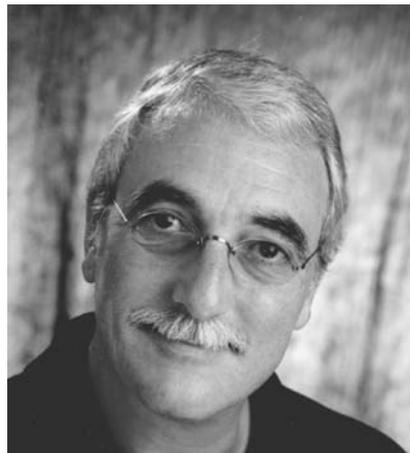
I became interested in laparoscopy for various reasons:

I spent a year at Villejuif, the largest cancer treatment centre in France, in the department run by Professors Lacour and Michel, to train for cancer surgery.

The radical and devastating character of this surgery, which is nevertheless so essential, made a tremendous impact on me. I thought to myself that we needed to find ways to achieve a surgical result that was just as efficient but that would be more respectful of the anatomy of the organs, and of physiology.

I became a Professor early (at 35) and then was appointed head of a newly created department at the age of 40; here I was able to gather together some very inventive and intelligent people, with Hubert Manhès, then a group of energetic young doctors, among them Gérard Mage, Michel Canis, Jean-François Ropert, Bernard Jacquetin, Jean-Luc Pouly, Didier Lémery, Arnaud Watiez, and Christophe Pomel.

The advantages of laparoscopy quickly appeared obvious to them, and so we developed this method together.



My position as head of department spared me the battle of the generations and of "territory".

I have always been very keen on maintaining an academic approach to the development of our ideas. We would talk about a hypothetical method of laparoscopic surgical treatment. Then we would design the operating technique, treat a few dozen cases, assess the results and the complications, then always publish for the scientific societies in the speciality in question: fertility, for example, oncology, and quite simply gynaecological surgery.

This rather demanding and sometimes harrowing approach earned us the consideration and very quickly the respect of the scientific community, without being subjected to aggressive but not very well-founded comments on the methods that were just beginning to be used.

*3. Where did you put the main focus, in the clinical and scientific field?*

- Respect for the anatomy and physiological functions of the female genital tract*
- Efficiency and elegance of operative procedures*

These two priorities obviously find their answer in laparoscopic surgery. Not only does it:

- respect the genital organs of the pelvis as far as possible during the surgical procedure,*
- allow surgery that is as broad and radical as we need it to be and absolutely comparable to procedures carried out by laparotomy,*

but in skilled hands it is also the epitome of surgical elegance.

What is more, everything that we do is visible on a screen. I do not really need to remind you of this, but we do not operate via an endoscope but on images on a screen visible to all the members of the team in the operating theatre.

4. *Your mission has led you throughout the world. I am sure you have got to know lots of fascinating personalities. Who were the persons who impressed you the most and who maybe also had some influence on your way of life?*

Apart from the emblematic figure of Raoul Palmer, who invented the method, it is difficult to single out any particular exceptional personalities from among the host of friends I have around the planet. However I am happy to underline the achievements of some of them:

- Professor Bob Edwards, United Kingdom, for the first successful IVF procedure and for his disinterested friendship when we both were starting out.
- Professors Candiani and Romanini, Italy, both deceased now, for the elegance of their approach with us and their collaboration in the past.
- Professor Pierre Hubinon, Belgium, deceased, for his inventiveness and energy.
- Professor Shan Ratman, Singapore, former President of FIGO, for his friendship.
- Professor Jordan Philips, founder of the AAGL, for his open-mindedness and Harry Reich, USA, for his surgical daring.
- Professor Sangaret, Ivory Coast, for his meticulous approach and understanding of the surgical upheaval brought about by laparoscopy.
- Professor Nugyen Thi Phuong, Vietnam, for his understanding of this new surgery.

And all those who have worked with me over the past 40 years: those who were in at the beginning with myself and Hubert Manhès, those who supported us in difficult times with their work and understanding. Without them we could have achieved little indeed.

5. *For all of us you are the father of ESGE. Would you please tell us something about the origin/ the development of this society? And where do you see our tasks in the future?*

We set up the ESGE with the ideas and at the insistence of Jacques Donnez and Jacques Dequesne, who frequently asked me to set up a European society. They had powerful arguments:

- The technique was invented in Europe by Raoul Palmer.
- The technique was developed in Europe by groups such as those of Professors Frangenhein, and Kurt Semm in Germany, and my group, who invented true operative techniques
- there are major schools and training centres in Europe in all the field of surgery, urology, GI tract and of course, gynaecology.

For the future the task is clear:

- To develop laparoscopic surgery
- To train housemen in this surgery, in imagery, research and innovation



- To assess and support those innovations that are worthy, independently of the pressures of all the “apparatchiks”.
- To take a new look at all techniques in gynaecological surgery: vaginal surgery and laparotomy included.

Gynaecological surgery must be recognized as true surgery and **gynaecological surgeons** as true surgeons.

6. *We all know that you founded a training centre for gynaecologic endoscopy in Clérmont-Ferrand, which certainly is very time-intensive to organise. But, surely you also have some private interests and hobbies?*

My interests and hobbies remain simple; music and horses.

Thank you, and long life to the ESGE.

*Monsieur Bruhat, we thank you very much for this interview. We hope that you will stand by our side with your advice and support us in word and deed still for a long time.*

# BSGE

## The British Society of Gynaecological Endoscopy

The BSGE is a vibrant and friendly society with a membership of 350 people, a mixture of established consultants, trainees and nurse hysteroscopists. The foundation of the Society followed the first UK meeting in minimal access surgery, planned by Alan Gordon, Victor Lewis and the late Alec Turnbull. The foundation meeting was held at the Royal Surrey Hospital in Guildford and subsequently at a hotel called the Inn on the Lake. Lunch was so good and the conversation so witty that the wedding party due to move into the hall had to be delayed. The tradition of excellent dinners at every meeting is a hallmark of the Society. These are often held in exciting locations, recently Glasgow Rangers football club and HMS Victory at Portsmouth.

Originally the Society just had an annual meeting at which work in progress was presented together with lectures from established figures in laparoscopic surgery. The meetings are invariably well attended and it is always gratifying to see the amount of exciting new research that is presented. In memory of Alec Turnbull, whose liberal views allowed laparoscopic surgery to develop in Oxford, we now have the Alec Turnbull Memorial Lecture, and to be invited to give this is a mark of distinction which has been awarded to both European and American gynaecologists and has helped develop our international rapport.

From a small society that ran an annual meeting, the BSGE has progressed to running joint educational meetings with the Royal College of Obstetricians and Gynaecologists, and meetings specifically for trainees. The Society also participates in and organises international meetings. In particular we are hosting the ISGE meeting on 4–6 April in London and hope that as many of you as possible will attend. The theme 'Endoscopy for All' encompasses the BSGE's belief that training in endoscopy is an important tool for all modern gynaecologists.

The BSGE became a registered charity in 2001 with its major function being the training of gynaecologists in endoscopic skills. Together with the RCOG we offer basic training in endoscopy and are developing structured training in advanced endoscopic procedures. A particularly exciting development is the proposal to jointly run an MSc in Minimal Access Surgery with the University of Surrey. The course, the first of its kind in the world, will be offered at Certificate, Diploma and MSc level and tuition will be offered on a modular part-time basis, with students completing a reflective portfolio and the submission of a research dissertation to achieve the full MSc.

The course will be open to doctors working in Europe and we look forward to offering courses combining good practical training with the appropriate academic rigour, to produce a cadre of gynaecologists who have not only the appropriate practical expertise but also an excellent



academic training. This broad training will allow them to appreciate the benefits and pitfalls of new procedures and to undertake research with the appropriate rigour.

We lead the way in hysteroscopic training for trainees and, uniquely, the BSGE is the organisation that offers training for nurses in hysteroscopy to help the hysteroscopic diagnostic load and potentially for treating minor conditions. This is the brainchild of our Vice-president, Sian Jones, who is a leading light in training and hysteroscopy in the United Kingdom.

The Society are also delighted with the success of the new journal, *Gynecological Surgery*, and hopes to continue to contribute actively to this high-quality journal.

The BSGE runs a very successful travelling club offering training to both senior and junior doctors by arranging visits to specialist units in Europe, America and elsewhere. We are most grateful to Professor Joerg Keckstein for allowing visits to Villach to observe the excellent surgical skills and for the superb hospitality that is offered.

This year we are visiting David Redwine in Oregon and we have an exciting programme planned that naturally encompasses some skiing on the surrounding slopes. As an alternative to our winter trips, we hope to offer a sailing visit soon.

From the foregoing it will be evident that the BSGE is a very social as well as an academic organisation and we always welcome visits from our colleagues abroad. We also encourage our trainees to spend time abroad and to this end we offer travelling bursaries.

The BSGE Travelling Fellowship is awarded annually and is always hotly contested.

The Society is active, vibrant and exciting. We look forward to working closely with our European col-

leagues and hope that via our association we will be able to help develop a Europe-wide group of well-trained, safe and reflective minimal access surgeons.

Certainly, my aim during my term as the Society's President is to achieve the collaborative formation of standardised intermediate and advanced training for laparoscopists across the UK, with the hope that this will ultimately extend across Europe.

*J. Wright*

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## ESGE Educational Grant 2003

### Karl Storz

#### Vesna Kopitović, MD, PhD

Department of Obstetrics and Gynaecology  
Clinical Centre of Novi Sad  
Serbia and Montenegro

#### Clinical training in Italy:

- Bari: Università Di Bari, Policlinico di Bari  
Prof. Stefano Bettocchi  
1–30.6.2004
- Verona: Ospedale “Sacro Cuore”, Negrar  
Verona European Gynaecol. Endoscopy School  
Prof. Luca Minelli  
1–31.7.2004

#### *I had intensive hands-on clinical training in gynaecological endoscopy*

- Covering all levels of diagnostic and operative laparoscopy and hysteroscopy
- Expanding my experience by learning the new endoscopic procedures

#### **In Verona (Negrar) I was included in all procedures of ESGE standard levels on laparoscopy**

- 1. Basic
- 2. Intermediate
- 3. Advanced
- 4. Oncology, Pelvic floor defects

#### **In Bari I was included in all the procedures of ESGE standard levels on hysteroscopy**

- 1. Basic
- 2. Intermediate
- 3. Advanced

#### **Results of my education**

- I've successfully expanded my experience in endoscopic procedures by learning new ones and consolidating previous experience.
- In the past months, since I've come back into my country, I have performed a few new procedures and many “old” procedures in a much better way!



- I have produced a the new list of appropriate equipment for both laparoscopy and hysteroscopy in my department
- I hope that the new equipment is going to be in use in our clinic very soon
- **I've learned that good education is the key to successful work**
- Thanks ESGE for giving me the opportunity for useful education.
- Thanks Karl Storz for supporting my training in Italy.

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**ESGE Calendar**

**The following events are organised under the auspices of the ESGE**

2005

Workshops on TVE  
(Leuven, Belgium)  
Info: stephan.gordts@lifeleuven.be

10th International Meeting on Gynaecological Surgery  
23–26 February 2005 (Avellino, Italy)  
Info: segreteria@malzoni.org  
www.malzoni.org

2006

World Meeting on Gynaecological Pelvic Pain and Endometriosis  
10–13 May 2006 (Milan, Italy)  
Info: mauro.busacca@unimi.it

**The following events are organised by ESGE member national societies**

Czech Society for Gynaecological Endoscopy and Pelvic Surgery  
7th International Congress of Gynaecological Laparoscopy and Pelvic Surgery  
12–14 May 2005 (Prague, Czech Republic)  
Info: www.CSGE.cz

Hungarian Society of Gynaecologic Endoscopists  
XIth Congress – How to manage endometriosis?  
2–4 June 2005 (Sopron, Hungary)  
Info: molnargb@vnet.hu

Russian Association of Gynaecologists – Endoscopists  
Annual International Congress  
6–9 June 2005 (Moscow, Russia)  
Info: endogyn@mail.ru

Hellenic Society of Gynecologic Endoscopy  
Advanced Workshop on Endometriosis  
2–3 July 2005 (Athens, Greece)  
Info: padosgyn@hol.gr

Society of Gynecological Surgery in Finland  
National Congress  
22–23 September 2005 (Helsinki, Finland)  
Info: paivi.harkki@fimnet.fi

Section of Gynaecological Endoscopy of the Czech Gynaecological and Obstetrical Society  
Congress: Endoscopy in Full View  
22–24 September 2005 (Hradec Králové, Czech Republic)  
Info: eim@nemvy.cz  
www.laparoscope.cz/2005

Serbian Society for Gynaecological Endoscopy (SSGE)  
First Symposium on Gynaecological Endoscopy  
29–30 September 2005 (Novi Sad, Serbia and Montenegro)  
Info: pjevicam@EUnet.yu

AGE  
2. Kongress des Forums Operative Gynäkologie (FOG)  
17–19 November 2005 (Berlin, Germany)  
Info: info@aakongress.de  
www.aakongress.de



## European Society for Gynaecological Endoscopy

### MEMBERSHIP FORM 2005

Join (or renew) the ESGE as a member for the year 2005 by completing and returning this form as mentioned below (full information on [www.ESGE.org](http://www.ESGE.org))

#### PERSONAL DETAILS

Last name (family name) :

First name :

Title :

Institute :

Department :

Street :

Postal code and city :

Country :

Email address :

#### PAYMENT SECTION (please tick the appropriate check-box):

Amount due in euro: If no amount is indicated, 100 euro will be charged

- Euro 30 Trainees (please prove by document)  
 Euro 60 If you are a member of an ESGE Member National Endoscopic Society\* from Croatia, Czech Rep., Slovenia, Sociedad Ibero-Americana, Turkey, Hungary, Poland, Russia (please prove by document)  
 Euro 100 All other members

Please charge my credit card :  Eurocard/Mastercard       VISA

Card N°: \_\_\_\_\_

Exp. date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Signature: \_\_\_\_\_

I enclose a certified bank cheque, payable to ESGE

I will make a bank transfer in EURO to account N° (IBAN) BE74 3101 2633 4607 of the ESGE. Bank : ING, SWIFT code: BBRUBEBB (bank address: ING Belgium, Markt 5, B 3200 Aarschot, Belgium). No costs for the beneficiary

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