

LAPAROSCOPIC SURGERY GYNAECOLOGY DEPARTMENT OF OROTTA HOSPITAL

Report by Dr. Karola Edelmann

Team: Dr. Ulf Bauer, Dr. Karola Edelmann, Prof. Hartmut Lobeck, S. Sabine Schwenkner, Nina Bauer, Magali Jourdan
Stay: 9.-17th May 2014

Targets

1. Introducing and explanation of the new portable ultrasound scanner to the residents
2. Screening of the patients with the priority of laparoscopic cases
3. Lectures on the subject of laparoscopic operating and the use of CTG
4. Demonstration on laparoscopic techniques for nurses, residents and seniors
5. Performing laparoscopic operations with assistance of the residents
6. Vaginal and abdominal cases operated by residents under supervision
7. Practical training of nurses in reprocessing the laparoscopic instruments and assistance the surgeries
8. Assistance in the Maternity and training of caesarean sections with the residents



Following our targets we started on Saturday morning with the screening of 12 patients. 4 of them were not relevant for an operation. 4 patients did not show up for the screening, according to Dr. Kiflom. So there was only one patient for a diagnostic laparoscopy left at the end.

The program starting on Monday had two cases per day: abdominal and vaginal Hysterectomies, Adnektomies and the one diagnostic Laparoscopy.

Saturday after the screening there was the video presentations of Nina and Magali to all residents.

We started on Monday with two abdominal hysterectomies, one done by Dr. Kiflom, and one done by Dr. Desbele. In the afternoon we were introducing the new portable Ultrasound Scanner with the residents. They will mainly use it for the maternity.

On Tuesday we operated two abdominal Adnektomies with big ovarian cysts. One done by Dr. Kiflom and one done by Dr. Okubit. In the afternoon lectures on important facts of gynecology laparoscopy for all the residents and the nurses were presented. Sabine could repeat the knowledge of special instruments (Laparoscopy) and explained the sterilization procedure to the staff of the OR.

As planned Wednesday was reserved for the Maternity. Dr. Okubit showed us first the mothers with high risk pregnancies. Then we went to the delivery room, to see two indicated caesarean sections because of delayed delivery. The first CS I did myself with the assistance of Dr. Abdusalam and the second one was performed very well from him with my assistance. Afterwards we took our time to discuss the different techniques in the meaning of improving the standard of CS. The afternoon was reserved for the introduction in handling the CTG to the residents, followed by intensive exercises with different CTG records.

On Thursday Dr. Okubit operated one vaginal hysterectomy with anterior kolporrhaphia with my assistance. Dr. Martha assisted me in performing the only case of a diagnostic Laparoscopy with the problem of infertility. All the residents watched the laparoscopic procedure and Dr. Martha was very skilled in positioning the camera on the right spot.

Unfortunately we couldn't operate the two for Friday scheduled cases for vaginal hysterectomies. The reason for this unexpected event was an emergency operation done by Dr. Habteselassie and Dr. Desbele. This case turned out to be septic. For this reason the OR was out of order for cleaning it. So we definitely didn't have any chance for any other operation. But on the other hand may be it was good, because I could spend one day more in the Maternity and could assist Dr. Martha two caesarean sections.

The operations were performed and assisted by the following doctors:

1. Dr. Kiflom Yohannes, 3rd year resident (1 abd. hysterectomy, 1 vag. hysterectomy, 1 abd. adnektomy)
2. Dr. Abdusalam Hagos, 1st year resident (1 caesarean section, 1 assistance)
3. Dr. Desbele Mehari, 1st year resident (1 abd. Hysterectomy)
4. Dr. Martha Sium, 1st year resident (2 caesarean sections, 1 laparoscopy assistance)
5. Dr. Medhane Tewelde, 1st year resident (he was on holiday the whole week)
6. Dr. Okubit Solomon, 1st year resident (1 abd. Adnektomy, 1 vag. Hysterectomy)



Dr. Karola, Dr. Abdu, Dr. Kiflom, Dr. Martha

Difficulties we had to face

One clamp of the laparoscopy set did not work properly during the operation.

The new ultrasound scanner is missing the vaginal sonde. Dr. Ulf will bring one on our next visit.

The organization for using the OR is not sufficiently communicated. Especially for emergency cases and not planned cases. Therefore we were not able to do the planned vaginal hysterectomies on Friday.

This time the selection of patients was after my impression not carefully done! We actually should have operated in this week up to 8 laparoscopic cases for training. And these cases should be accompanied by vaginal or abdominal hysterectomies. Dr. Kiflom admitted, that this was due to the fact, that in the department a reorganization took place, which had influenced to get the number of patients in the period of our presence.

Positive aspects

All the residents showed great interest in the operations and were quite active in learning theoretical and practical.

They were very interested and glad for the new ultrasound scanner. And it will be used frequently in the maternity hopefully for better screening of the mothers.

It seems that there will be more activity in the gynecology department as regards operations under the supervision of the seniors.

The anaesthesiological team was absolutely reliable. And it was a good team work with them.

Conclusions

It was discussed with the residents that it would be of great help for them if they are free of their routine work during the time of our visit, so that they can always attend the performed operations.

There should be a confirmed instruction of whom exactly should use the CTG machine: the midwives or the doctors, and in which cases. And this should be controlled by someone.

There is quite a lot of training necessary for laparoscopic operations, as the management of complications should always be considered as well.

For the next visit we need intra-abdominal bags for laparoscopies.

All in all we think it was a successful week as regards of many talks with seniors and residents so we could understand their present difficulties better. With the new organization in the gynecology department, which will take place in these days, we are looking forward to our next stay.



Dr. Karola, Dr. Kiflom, Dr. Abdu