



## INTRODUCING LAPAROSCOPIC SURGERY IN THE GYNAECOLOGY DEPARTMENT OF OROTTA HOSPITAL

Report by Dr. med. Karola Edelmann

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Einsatz: 19.-26. Juli 2013

### **Targets**

1. Introducing and explanation of the new equipment (Storz Monitor, camera and instruments)
2. Screening of the patients with the priority of laparoscopic cases
3. Lectures on the subject of laparoscopic operating techniques
4. Demonstration on laparoscopic techniques for nurses, residents and seniors
5. Performing laparoscopic operations with assistance of the residents
6. Diagnosis Laparoscopies performed by residents/seniors with my assistance
7. Vaginal and abdominal cases operated by residents under supervision
8. Practical training of nurses in reprocessing the laparoscopic instruments and assistance the surgeries

Following our targets we started on Saturday morning with the screening of 20 patients. The programme starting on Monday had four cases per day: 2 laparoscopic and 2 other operations.

Saturday afternoon theoretical explanation of the whole laparoscopic equipment to the doctors took place.

Before starting the operation on Monday morning teaching and demonstrating of the laparoscopic tools to nurses, students and residents.

Continuously, we operated from Monday till Friday in average 3-4 cases per day.

Vaginal operations: 5

Abdominal operations: 5

Laparoscopic operations: 8

The vaginal operations were all vag. hysterectomies, some with ant. and post. Kolporrhaphia.

The abdominal operations consisted hysterectomy, ectopic pregnancy, pelvic abscess, Cervix-Carcinoma, Ovarian-Carcinoma.

The laparoscopic operations consisted one Teratoma, Sactosalpinx, Ovarian cyst and five cases of Infertility.

The operations were performed and assisted by the following doctors:

Dr. Kibreab Asrat            1 Laparoscopy for Infertility and one assistance in Laparoscopy for Infertility

Dr. Abraham Yohannes    1 abdominal operation of pelvic abscess, 2 assistances in Laparoscopy

Dr. Okbahans Kahsay    1 abdominal operation with Hysterectomy, 2 vaginal operations, 1 assistance in Laparoscopy

Dr. Kiflom Yohannes      2 abdominal operations (ectopic pregnancy and hysterectomy), 2 vaginal operations and 1 assistance of Laparoscopy

The rest was done or assisted by me (Karola Edelmann).

All the five new young residents were attending the operations and also assisting as second assistant in vaginal and abdominal operations.

## Lectures

In lack of time there were only 2 lectures on following topics given:

Laparoscopic operations and techniques on ovary and tubal operations including sterilisation techniques.

## Difficulties we had to face

The insufflation machine is out of order since the last stay of Prof. Kaulhausen. Unfortunately we got to know this on our first working day on Saturday. It was possible for the one week to get the insufflation machine from the surgery department. That was very lucky for us. Otherwise the main aim to introduce laparoscopic surgery would not have taken place.

On the third operating day the new bipolar clamp of Storz was broken and the bipolar coagulation machine was out of order.

In order to operate properly the coagulation machine for bipolar has to be repaired or replaced. The same applies for the bipolar clamp and certainly for the insufflation machine.

This has to be done either by us or by the Eritrean Team.

## Positive aspects

All the residents and the 2 seniors showed great interest in the operations and were quite active in learning theoretical and practical. There was no complaining of staying long in the afternoon until 9 p.m. even once.

Laparoscopic operations were performed and the aim of doing easy cases with Dr. Kibreab Asrat could take place in the next months.

## Conclusions

It was discussed with the residents that it is better to reduce the number of cases of operations (especially on abd. hysterectomies which they might operate by themselves) and to do strictly everyday a lecture.

As there is only one set of laparoscopy instruments there is a limitation of 2 laparoscopic operations per day. But if there are enough cases for this new technique, they should be done.

There is quite a lot of training necessary for laparoscopic operations, as the management of complications should always be considered as well. We suggest a minimum of 10 x assistance and then beginning with diagnostic laparoscopies.

It is highly required to establish a postoperative pain-management for the patients.

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

All in all we think it was a successful week as regards of the aim of teaching operating and especially laparoscopic techniques to the Eritrean gynaecology team of Orotta Hopital.