

Live Operative Workshops in Gynecologic Endoscopy: Issues and Problems

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During the last quarter of the 20th century, and especially during the last decade, there has been a paradigm shift in the methods for performance surgery. For many procedures, the “invasiveness” involved has been dramatically reduced resulting in superior outcomes manifested as improved survival, fewer complications, and quicker return to functional health and productive life. However, the highly technical nature of gynecologic endosurgery and the rapid rate with which new instruments are introduced, require a high intensity of surgical training. One way to accomplish this issue is the implementation of “live operative workshops”.

The popular program in any surgical meeting especially in the field of gynecologic endoscopy is the live operative workshop. Live workshops allow the audience to observe surgical anatomy and technique. They provide an opportunity for interaction and an excellent platform to learn newer surgical skills. Advancements in video technology have made it possible to transmit good quality images and this is even more factual for minimally invasive endoscopic gynecologic procedures. It is therefore not surprising that these workshops play an important role in surgical education. It has become easier to demonstrate new procedures, display newer instruments and popularize recent treatments. Many hospitals and surgeons are increasingly using this medium as an advertisement to build a reputation.

Transcontinental video demonstrations are possible and one need not go across seven seas to observe a new surgical technique. But in this enthusiasm, do we truly compromise patient safety, privacy and patient human rights? Is a true consent available? Is there an element of subtle coercion? Do the patients get honest and unbiased information? And finally, who will be responsible for complications which may arise out of these procedures, especially when they are performed by “master surgeons” who come from foreign countries? It is equally distressing to see patients from the underdeveloped world, being subjected to “experimental procedures”. It is not uncommon to see surgeons from the developed world to try out a new surgical technique before performing it in their own institution and on their countrywomen. Is it not unethical to allow our population to be used as guinea pigs?

I am not questioning the usefulness of live workshops but I believe we should all be concerned about these issues. It is important to remember that the American College of Surgeons and the American College of Obstetricians and Gynecologists have banned live procedures during their meetings.

It is true that unless we take adequate steps to counsel our patients adequately, ensure their safety and protect their privacy, we risk unethical censure. The patients should have an absolute indication for the procedure and no compromise should be permissible just to accommodate the “impatient surgeon and an industry driven procedure”. The faculty should impress upon the enthusiastic audience that the workshop serve a limited purpose, there being no substitute for in-service training. Self-propagation, financial gain and advertisement should not be the motive behind these workshops. As a policy, we must provide guidelines and device a mechanism which can audit all workshops. It is imperative that the concept of “see one, do one and teach one” be discarded.

We do believe that the degree of training and experience strongly

correlate with complication rates and the success of gynoendosurgery is very much dependent on the surgeon's skills. However, future training programs must find a way to include participation in a substantial number of surgical procedures which is essential for acquiring proper technical skills and for gaining adequate knowledge of patient selection, preparation for surgery, and postoperative care. Perhaps the use of recent computer programs, graphics, animations, and recent multimedia virtual systems will facilitate the development of virtual simulator trainers to enhance the ability to learn and master new complex endoscopic operations.

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Received July 20, 2012; **Accepted** July 23, 2012; **Published** July 25, 2012

Citation: Tarek Shokeir MD (2012) Live Operative Workshops in Gynecologic Endoscopy: Issues and Problems. *Reprod Sys Sexual Disorders* 1:e103. doi:[10.4172/2161-038X.1000e103](https://doi.org/10.4172/2161-038X.1000e103)

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