

The Issues and Solutions of Gynecology Endoscopy Live Operative Sessions

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DESCRIPTION

Gynecological endoscopy is a surgical procedure that employs optical devices specifically developed to aid in the diagnosis of common female illnesses and pathologies such as infertility, minor vaginal hemorrhages, and endometrial polyps, among others. Techniques for performance surgery have undergone a paradigm shift in the final quarter of the twentieth century, particularly in the last decade. The "invasiveness" of many treatments has been greatly decreased, resulting in greater results such as improved survival, fewer problems, and a faster return to functional health and productive life. However, the highly technical nature of gynecologic endo-surgery, as well as the frequent introduction of new devices, necessitates intensive surgical training. One approach to resolving this issue is to implement live operation sessions.

The live operative sessions are a popular session at every surgical symposium, particularly in the field of gynecologic endoscopy. The audience may witness surgical anatomy and technique during live sessions. They give a forum for engagement as well as a fantastic platform for learning novel surgical techniques. Video technology advancements have made it feasible to transmit high-quality pictures, which is especially true for minimally invasive endoscopic gynecologic operations. As a result, it is not unexpected that these seminars are so crucial in surgical education. It is now simpler to showcase new operations, show updated tools, and publicize novel therapies. Many hospitals and doctors are increasingly adopting this media to develop their reputations.

Transcontinental audio demonstrations are feasible, and one does not need to go across the seven seas to witness a revolutionary surgical approach. But, in our enthusiasm, do we

truly risk patient safety, privacy, and human rights? Is true consent available? Is there any subconscious coercion? Do the patients receive accurate and balanced information?

Finally, who will be held accountable for any difficulties that may develop as a result of these surgeries, particularly when they are performed by "master surgeons" from other countries? It is as upsetting to watch individuals from the developing countries exposed to "experimental operations."

It is not unusual for surgeons from the industrialized world to test a new surgical method on their own patients before implementing it at their own institution and on their own country women. Is it not wrong to utilize our population as guinea pigs?

I don't doubt the value of live seminars, but I believe we should all be worried about these difficulties. It's worth noting that the American College of Surgeons and the American College of Obstetricians and Gynecologists have also banned live surgeries during their annual meetings.

True, we risk unethical condemnation unless we take necessary precautions to effectively counsel our patients, ensure their safety, and preserve their privacy. Patients should have a clear indication for the surgery, and no concessions should be made just to suit the "impatient surgeon and an industry-driven technique." The faculty should make it clear to the eager audience that the workshop serves only a limited purpose and is not a substitute for in-service training. These seminars should not be held for the purpose of self-propagation, financial gain, or advertisement. As a policy, we must establish criteria and devise a process for auditing all workshops. The premise of "see one, do one, and teach one" must be abandoned.

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