

# 16th COURSE IN GYNECOLOGICAL ENDOSCOPY

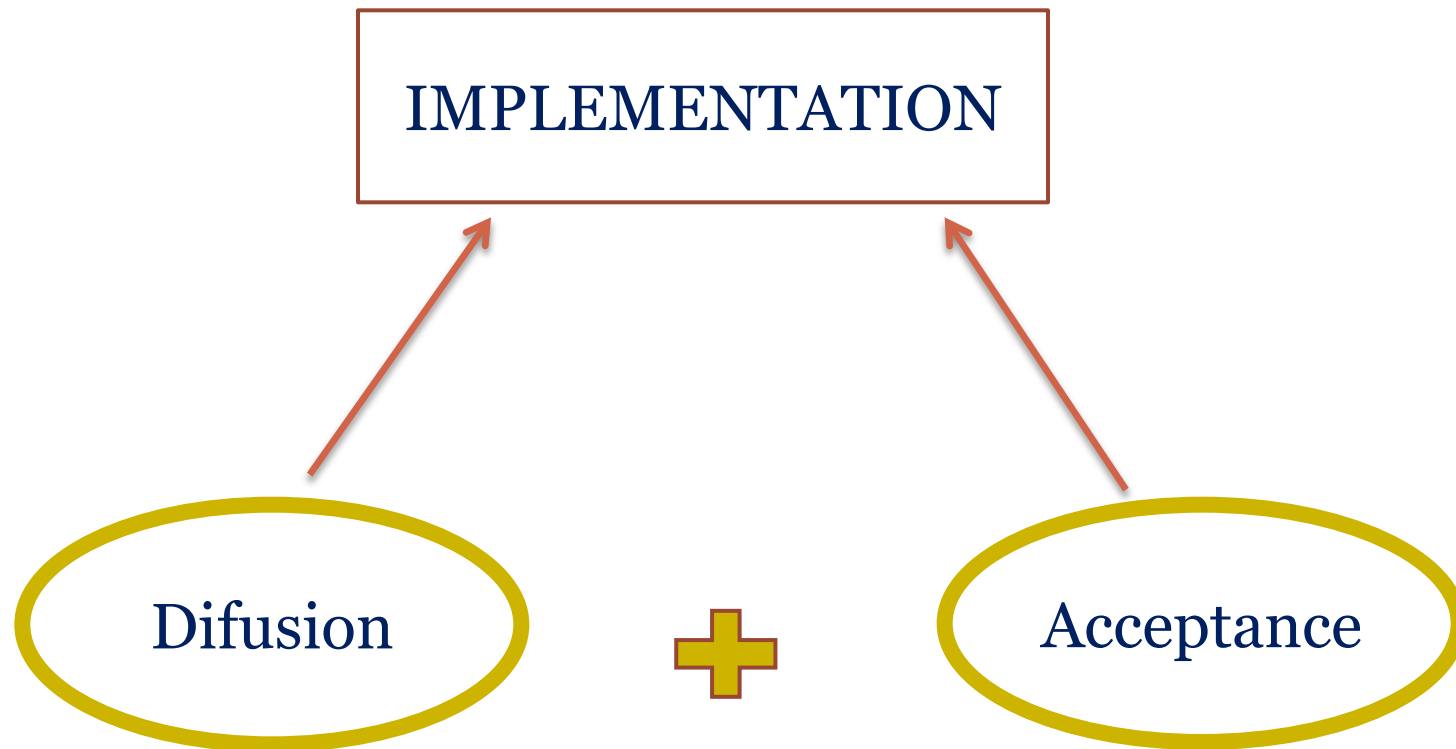
## Laparoscopy in Portugal



European  
**+theAcademy** of  
Gynaecological  
Surgery



*J.L. Silva Carvalho ; Joana  
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and the Portuguese College G/O*



Number (%) of hospitals performing the technic or a specific procedure

Number (%) or the mean/median of general or specific procedure performed per hospital

# DESIGN AND METHODS: QUESTIONNAIRE

**Group I**

**Laparoscopy**

**Group II**

**Histeroscopy**

Implementation: Difusion and Acceptance

- a) Human resources
- b) Aquisition of knowledge and skills
- c) Diagnostic and surgical procedures
- d) Complications
- e) Dificulties and barriers

# DESIGN AND METHODS

## Endoscopy evaluation in Portugal – 2011

Hospital: \_\_\_\_\_

Department: \_\_\_\_\_

How many doctors are there in the Department?

Specialists linked to the Institution \_\_\_\_\_

Residents \_\_\_\_\_

Other(s). Specify: \_\_\_\_\_

### Group I – Laparoscopy

1. Are **diagnostic** laparoscopic procedures regularly performed in the Department?

Yes \_\_\_ No \_\_\_, if not, why? \_\_\_\_\_.

2. Are **surgical** laparoscopic procedures regularly performed in the Department?

Yes \_\_\_ No \_\_\_, if not, why? \_\_\_\_\_.

*If you answered No in questions 1 and 2 move on to Group II.*

### Group Ia – Doctors

3. How many doctors perform **diagnostic laparoscopic procedures** in the Department?

Specialists linked to the Institution \_\_\_\_\_

Residents \_\_\_\_\_

Other(s). Specify: \_\_\_\_\_

**34**  
Hospitals



**32** Public Hospitals

**2** Private Hospitals

8. In total how many **abdominal-pelvic surgeries** were performed in the Department last year? \_\_\_\_\_. How many were laparoscopic procedures? \_\_\_\_\_.

Specify the following situations:

^ **Sterilizations**: \_\_\_\_\_. How many were laparoscopic procedures? \_\_\_\_\_ of these, how many were performed by:

- Specialists linked to the Institution \_\_\_\_\_  
- Residents \_\_\_\_\_  
- Other(s). Specify: \_\_\_\_\_

^ **Adhesiolysis**: \_\_\_\_\_. How many were laparoscopic procedures? How many were performed by:

- Specialists linked to the Institution \_\_\_\_\_  
- Residents \_\_\_\_\_  
- Other(s). Specify: \_\_\_\_\_

^ **Salpingectomy or surgical treatment of ectopic pregnancy**: \_\_\_\_\_. How many were laparoscopic procedures? \_\_\_\_\_ of these, how many were performed by:

- Specialists linked to the Institution \_\_\_\_\_  
- Residents \_\_\_\_\_  
- Other(s). Specify: \_\_\_\_\_

^ **Ovarian cystectomy**: \_\_\_\_\_. How many were laparoscopic procedures? \_\_\_\_\_ of these, how many were performed by:

- Specialists linked to the Institution \_\_\_\_\_  
- Residents \_\_\_\_\_  
- Other(s). Specify: \_\_\_\_\_

^ **Adnexectomy/oophorectomy**: \_\_\_\_\_. How many were laparoscopic procedures? \_\_\_\_\_ of these, how many were performed by:

- Specialists linked to the Institution \_\_\_\_\_  
- Residents \_\_\_\_\_  
- Other(s). Specify: \_\_\_\_\_

^ **Tubal surgery for infertility**: \_\_\_\_\_. How many were laparoscopic procedures? \_\_\_\_\_ of these, how many were performed by:

- Specialists linked to the Institution \_\_\_\_\_

- Specialists linked to the Institution \_\_\_\_\_  
- Residents \_\_\_\_\_  
- Other(s). Specify: \_\_\_\_\_

^ **Myomectomy only component subserosal**: \_\_\_\_\_. How many were laparoscopic procedures? \_\_\_\_\_ of these, how many were performed by:

- Specialists linked to the Institution \_\_\_\_\_  
- Residents \_\_\_\_\_  
- Other(s). Specify: \_\_\_\_\_

^ **Myomectomy with component intramural**: \_\_\_\_\_. How many were laparoscopic procedures? \_\_\_\_\_ of these, how many were performed by:

- Specialists linked to the Institution \_\_\_\_\_  
- Residents \_\_\_\_\_  
- Other(s). Specify: \_\_\_\_\_

^ **Abdominal hysterectomy** ("open" surgery + laparoscopy): \_\_\_\_\_.  
How many were:

- Total laparoscopic hysterectomies? \_\_\_\_\_  
- Laparoscopic supracervical hysterectomies? \_\_\_\_\_

Of these, how many were performed by:

- Specialists linked to the Institution \_\_\_\_\_  
- Residents \_\_\_\_\_  
- Other(s). Specify: \_\_\_\_\_

^ **Vaginal hysterectomy** (classic + LAVH): \_\_\_\_\_. How many were Laparoscopic-assisted vaginal hysterectomies (LAVH)? \_\_\_\_\_ of these, how many were performed by:

- Specialists linked to the Institution \_\_\_\_\_  
- Residents \_\_\_\_\_  
- Other(s). Specify: \_\_\_\_\_

^ **Endometriosis Level II (ESGE)**: \_\_\_\_\_. How many were laparoscopic procedures? \_\_\_\_\_ of these, how many were performed by:

- Specialists linked to the Institution \_\_\_\_\_  
- Residents \_\_\_\_\_  
- Other(s). Specify: \_\_\_\_\_

# QUESTIONNAIRE

## ACSS - Public Hospital Types

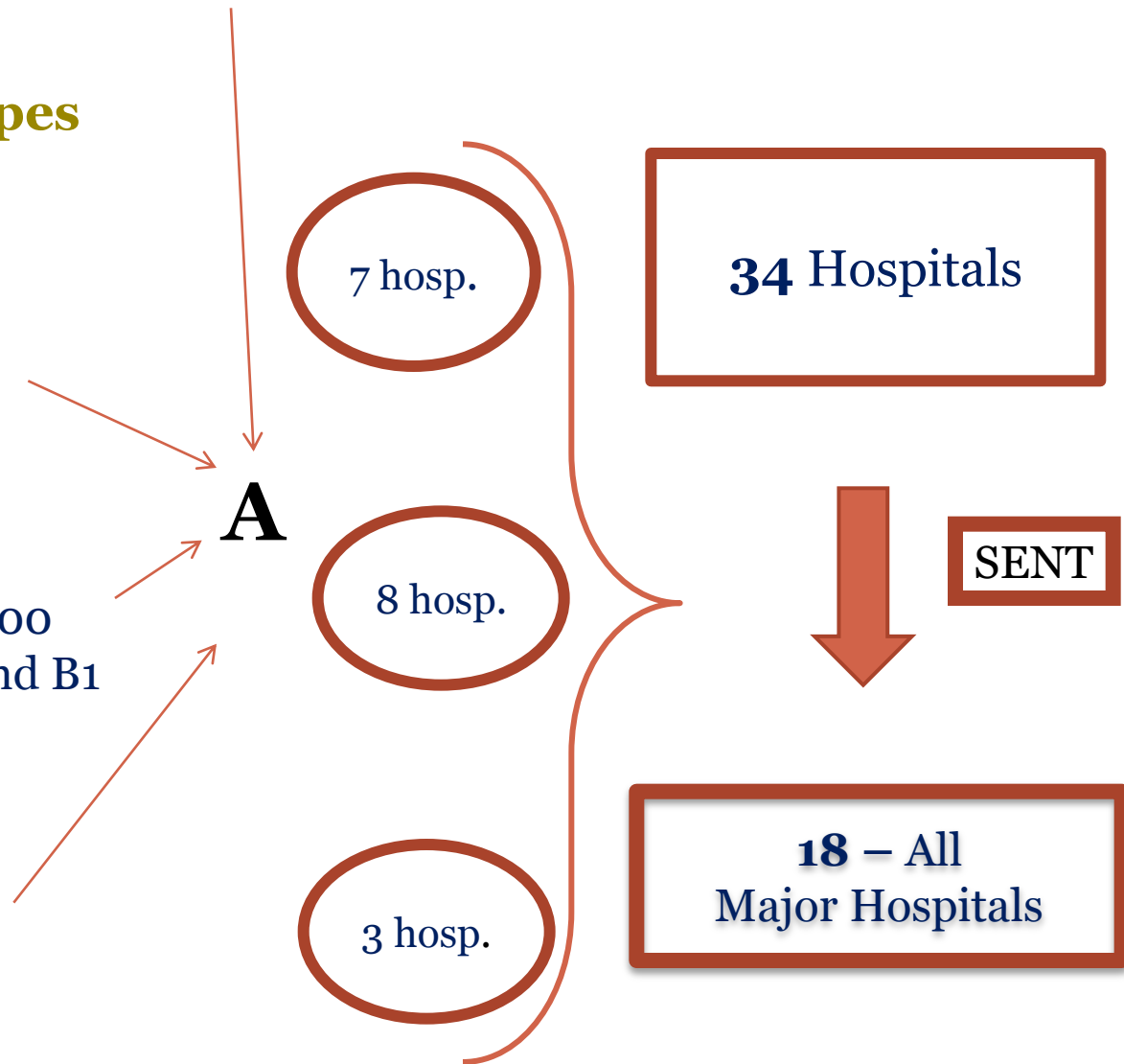
### A1:

- Direct population: 350 000
- Referred population: »650 000
- Polyvalent emergency

### A2:

- Direct population: 300 to 350 000
- Referred population: from B1 and B1 hospitals
- Polyvalent emergency

Oncologic hospitals (IPO's)



# QUESTIONNAIRE

## ACSS - Public Hospital Types

- **B1:**
  - ✓ Direct population: 250 to 300 000
  - ✓ General medical-surgical emergency
- **B2:**
  - ✓ Direct population: 150 000
  - ✓ General medical Surgical emergency

**B**

15 hosp.

14 hosp.

**P**

5 hosp.

SENT

9



5



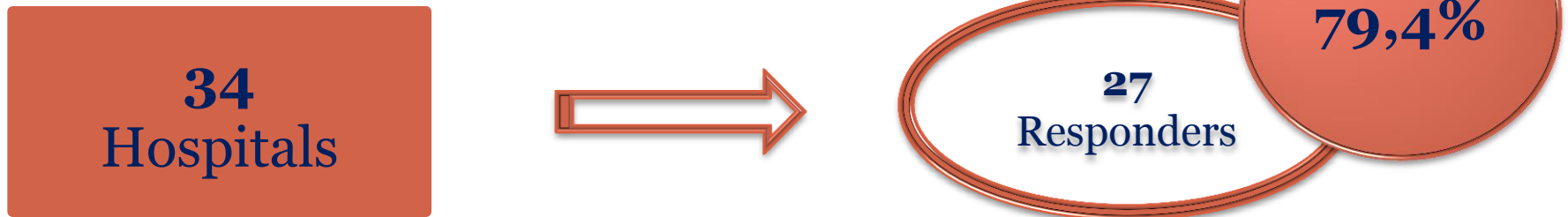
**14 - Minor Hospitals**

**2 - Private Hospitals**

**Questionnaire:**

**Mayor (A) 18 + Minor (B) 14 + Private (P) 2 = 34**

## RESULTS



	Sent (n=34)	Received (n=27)
<b>Major</b>	18	16 (89%)
<b>Minor</b>	14	9 (64%)
<b>Private</b>	2	2 (100%)
<b>Total</b>	34	27 (79,4%)



## Hospitals that did not respond to the questionnaire:

- IPO Porto
- CH Leiria Pombal
- ULS Castelo Branco
- CHLO – H São Francisco Xavier
- H Fernando Fonseca
- HPP Cascais
- CH Setúbal

**Oncologic**

**B1**

**B2**

**A2**


**B1**

**B2**

**B1**

**7 Hospitals**

**Major Hospitals**


A1 

A2 

Oncologic 

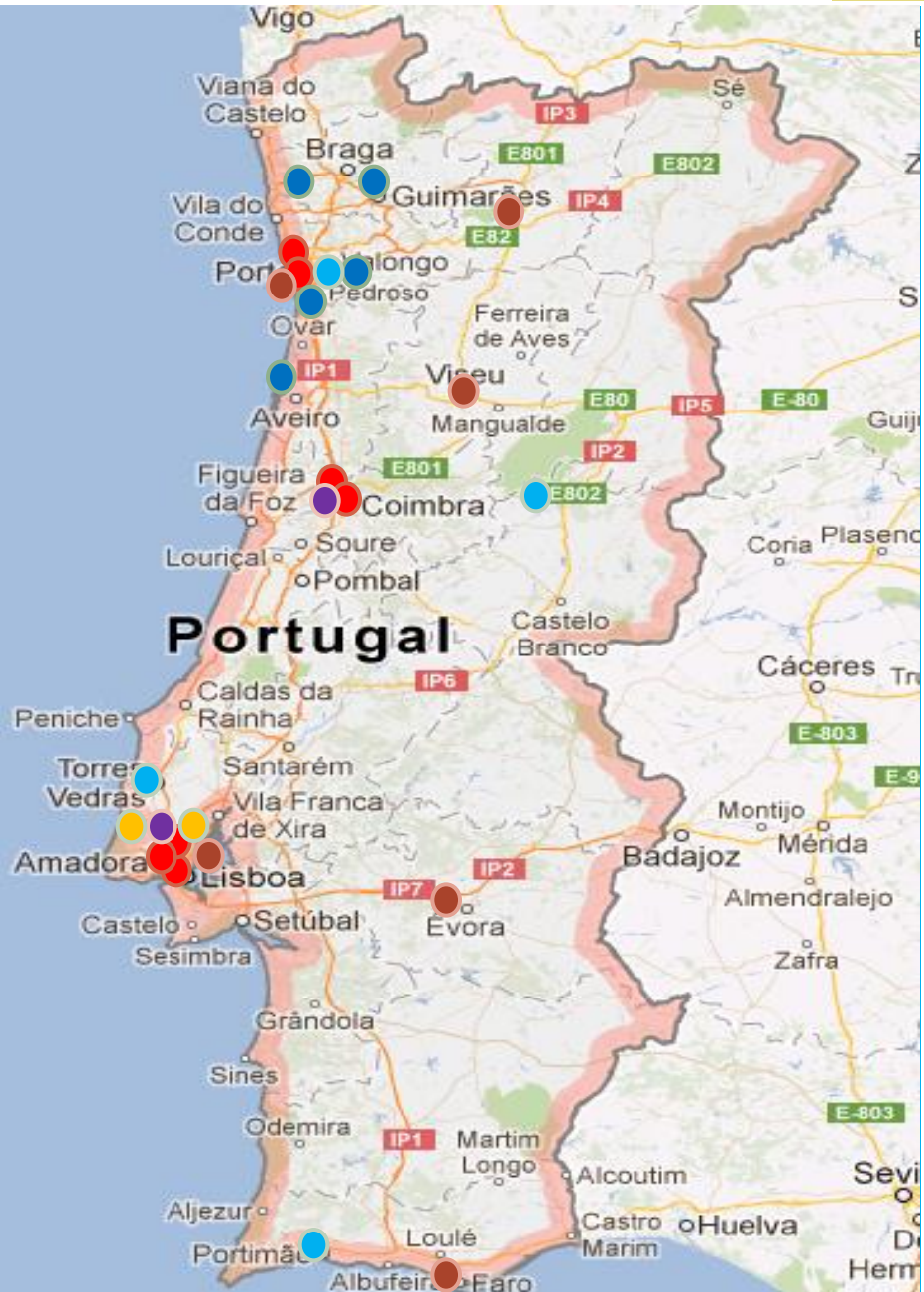
**Minor Hospitals**

B1 

B2 

**Private Hospitals**

Priv 



## RESULTS

### Group I - Laparoscopy

- **Hospitals that perform diagnostic and surgical laparoscopy**  
*(Is diagnostic laparoscopy regularly performed in the Department?)*  
*(Is surgical laparoscopy regularly performed in the Department?)*

	r=n=27	Diagnostic laparoscopy		Surgical laparoscopy	
		Yes	No	Yes	No
<b>Major A hospitals</b>	16	15 (94%)	1* (6%)	16 (100%)	0
<b>Minor B hospitals</b>	9	9 (100%)	0	9 (100%)	0
<b>Private P hospitals</b>	2	2 (100%)	0	2 (100%)	0

\*no indications for performing (oncologic hospital)

## GENERAL RESULTS - 2011

- **25 hospitals** ( $r=25$ ), a total of **5977 laparoscopic procedures**:

673 (**11%**) diagnostic

5304 (**89%**) surgical

- *Average of **239,08 laparoscopic procedures per hospital**. ( $r=25$ )*

***26,92 diagnostic procedure per hospital***

***212,16 surgical procedure per hospital***

## RESULTS

- **Number of doctors in the Departments**  
*(How many doctors in the Department?)*

	<b>Total</b> (r=27)	<b>Major Hospitals</b> (r=16)	<b>Minor Hospitals</b> (r=9)	<b>Private Hospitals</b> (r=2)
<b>Graduates linked to the Institution</b>	<b>481</b>	295	132	24
- Graduates performing Laparoscopy	329			
- Graduates performing Hysteroscopy	150			
<b>Residents</b>	<b>222</b>	172	50	0
<b>Others</b> (contracted to provide services)	<b>13</b>	9	4	0
	<b>716</b>			

Group Ia – Human Resources➤ **Doctors performing laparoscopy in the Department***(How many doctors perform diagnostic laparoscopy in the Department?)**(How many doctors perform surgical laparoscopy in the Department?)*

	<b>(n=682)</b>	<b>Diagnostic laparoscopy (r=26)</b>			<b>Surgical laparoscopy (r=26)</b>		
		<b>Sim</b>	<b>Não</b>	<b>p</b>	<b>Sim</b>	<b>Não</b>	<b>p</b>
<b>Graduates</b>	461	196 (43%)	265 (57%)		178 (39%)	283 (61%)	
<b>Residents</b>	209	125 (60%)	84 (40%)		118 (56%)	91 (44%)	
<b>Other (s)</b>	12	3 (25%)	9 (75%)		2 (17%)	10 (83%)	
<b>Total</b>	682	324 (48%)	358 (52%)	>0.05	298 (44%)	384 (56%)	<0.05

## Group Ia – Human Resources

### ➤ Doctors performing laparoscopy in the Department

*(How many doctors perform diagnostic laparoscopy in the Department?)*

*(How many doctors perform surgical laparoscopy in the Department?)*

	(n=682)	Diagnostic laparoscopy (r=26)			Surgical laparoscopy (r=26)		
		Sim	Não	p	Sim	Não	p
<b>Graduates</b>	461	196 (43%)	<b>265</b> (57%)	<i>&lt;0.05</i>	178 (39%)	<b>283</b> (61%)	<i>&lt;0.05</i>
<b>Residents</b>	209	<b>125</b> (60%)	84 (40%)	<i>&lt;0.05</i>	<b>118</b> (56%)	91 (44%)	<i>&gt;0.05</i>
<b>Other (s)</b>	12	3 (25%)	9 (75%)	<i>&gt;0.05</i>	2 (17%)	10 (83%)	<i>&lt;0.05</i>
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## Group Ia – Human Resources

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*(How many doctors perform surgical laparoscopy in the Department?)*

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<b>Residents</b>	209	125 (60%)	84 (40%)		118 (56%)	91 (44%)		
	p1	<b>&lt;0.05</b>	<0.05		<b>&lt;0.05</b>	< 0.05		
<b>Other (s)</b>	12	3 (25%)	9 (75%)		2 (17%)	10 (83%)		
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		<b>Sim</b>	<b>Não</b>	<b>p</b>	<b>Sim</b>	<b>Não</b>	<b>p</b>
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<b>Other (s)</b>	12	3 (25%)	9 (75%)	>0.05	2 (17%)	10 (83%)	<0.05
<b>Total</b>	682	324 (48%)	358 (52%)		298 (44%)	384 (56%)	

➤ **Doctors performing diagnostic and surgical laparoscopy by hospital type**

*(How many doctors perform diagnostic laparoscopy in the Department?)*

*(How many doctors perform surgical laparoscopy in the Department?)*

	<b>Surgical laparoscopy</b>								
	<b>Major (r=15)</b>			<b>Minor (r=9)</b>			<b>Private (r=2)</b>		
	n	Yes	No	n	Yes	No	n	Yes	No
<b>Graduates</b>	275	104 (38%)	171 (62%)	132	57 (43%)	75 (57%)	54	17 (31%)	37 (69%)
<b>Residents</b>	159	92 (58%)	67 (42%)	50	26 (52%)	24 (48%)	0	-	-
<b>Other (s)</b>	8	2 (25%)	6 (75%)	4	0 (0%)	4 (100%)	0	-	-
<b>Total</b>	442	198 (45%)	244 (55%)	186	83 (45%)	97 (55%)	54	17 (31%)	37 (69%)

$p > 0.05$

➤ **Physicians by ESGE level**

(Quantify, according to skills, the number of doctors per ESGE level)

			<b>Major hospitals (r=13)</b>	<b>Minor hospitals (r=8)</b>	<b>Private hospitals (r=2)</b>	
<b>Total (r=23)</b>	<b>258</b>		167	74	17	
<b>Level 1</b>	87 (34%)	↘ <b>76%</b> ↗	<b>55 (33%)</b>	32 (43%)	<b>0 (0%)</b>	p1
<b>Level 2</b>	108 (42%)		72 (43%)	29 (39%)	7 (41%)	
<b>Level 3</b>	52 (20%)		33 (20%)	13 (18%)	6 (35%)	
<b>Level 4</b>	11 (4%)		<b>7 (4%)</b>	0 (0%)	<b>4 (24%)</b>	p2

p1<0.05  
p2<0.05

## ➤ Training in laparoscopy

*(Did these doctors received training? How many?)*

	Doctors who perform laparoscopy (r=26) n=313	Doctors with training (r=26) n=286	p
<b>Graduates</b>	193	169 (88%)	<0,05
<b>Residents</b>	120	117 (98%)	

➤ **Training in laparoscopy by hospitals type**

*(Did these doctors received training? How many?)*

	Major hospitals (r=16)		Minor hospitals (r=8)		Private hospitals (r=2)	
	Doctors performing lapar.	Doctors with training	Doctors performing lapar.	Doctors with training	Doctors performing lapar.	Doctors with training
	(n=219)	(n=200)	(n=72)	(n=69)	(n=17)	(n=17)
<b>Graduates</b>	122	104(85%)	49	48 (98%)	17	<b>17(100%)</b>
<b>Residents</b>	97	96 (99%)	23	21 (91%)	-	-
		<b>p&lt;0.05</b>		<b>p&gt;0.05</b>		

## ➤ Kind of Training

(Regarding the ones that received training, how many attended...?)

	<b>Graduates with training (r=18) (n=104)</b>	<b>Residents with training (r=19) (n=72)</b>	<b>p</b>
<b>Learning / improvement courses</b>	89 (86%)	64 (89%)	>0,05
<b>Training in reference centres</b>	38 (37%)	14 (19%)	>0,05
<b>Training on simulators</b>	73 (70%)	<b>63 (88%)</b>	<b>=0,05</b>
<b>Training with a tutor</b>	72 (69%)	<b>67 (93%)</b>	<b>&lt;0,05</b>
<b>2 or more of the above items</b>	77 (74%)	<b>61 (85%)</b>	>0,05
<b>Only training with a tutor</b>	11 (11%)	3 (4%)	>0,05
<b>Only self-learning</b>	1 (1%)	0 (0%)	>0,05
<b>Other (s)</b>	0	0	

## Group Ib – Laparoscopic procedures

### ➤ **Diagnostic laparoscopy**

*(How many diagnostic procedures were performed in the Department last year?)*

<b>Diagnostic laparoscopy</b>	<b>n</b>	<b>Median</b>	<b>Minimum -maximo</b>
<b>r=26</b>	821	17.5	0-148

	<b>Major hospitals</b> (r=16)	<b>Minor hospitals</b> (r=8)	<b>Private hospitals</b> (r=2)
n=821	637	177	7
Median	31	15	3,5
Min-max.	0-148	8-50	3-4

➤ **Laparoscopic surgery**

*(How many abdominal-pelvic surgeries were performed in the Department last year? How many by laparoscopy?)*

	<b>Abdominal-pelvic surgeries</b>	<b>Laparoscopic surgeries</b>
	<b>r=19</b>	<b>r=19</b>
<b>n</b>	14296	<b>3756 (26%)</b>
<b>Median</b>	769	<b>187</b>
<b>Min-Max</b>	254-1490	10-512

	<b>Abdominal-pelvic surgeries</b>	<b>Laparoscopic surgeries</b>		
	<b>n</b>	<b>n</b>	<b>Median</b>	<b>Min-Max</b>
<b>Major hospitals</b> (r=10)	8107	2032 <b>(25%)</b>	190	10-512
<b>Minor hospitals</b> (r=7)	4602	1239 <b>(27%)</b>	184	35-331
<b>Private hospitals</b> (r=2)	1587	485 <b>(31%)</b>	242,5	22-463



➤ **Laparoscopic surgery - Diffusion**

		n/r	% Hospitals that perform*
<b>I</b>	<b>Tubal ligation*</b>	23	23 (100%)
<b>II</b>	<b>Salpingectomy or surgical treatment of ectopic pregnancy*</b>	23	21 (91%)
	<b>Ovarian cystectomy</b>	24	23 (96%)
	<b>Adnexectomy / Oophorectomy</b>	24	23 (96%)
	<b>Adhesiolysis Level II*</b>	19	18 (95%)
	<b>Endometriosis Level II*</b>	21	13 (62%)
	<b>Ligamentopexy*</b>	22	3 (14%)

		n/r	% Hospitals that perform
<b>III</b>	<b>LAVH</b>	25	15 (60%)
	<b>TLH</b>	24	14 (58%)
	<b>Lap supracervical hysterectomy</b>	24	1 (4%)
	<b>Myomectomy (only subserous)</b>	25	14 (56%)
	<b>Myomectomy with intramiometrial component</b>	23	8 (35%)
	<b>Severe Endometriosis*</b>	23	11 (48%)
<b>IV</b>	<b>Deep infiltrating End. Involving the bladder *</b>	22	3 (14%)
	<b>Deep infiltrating End. Involving the ureter*</b>	22	3 (14%)
	<b>Deep infiltrating End. Involving the rectovaginal septa*</b>	22	4 (18%)
	<b>Sacrocolpopexy*</b>	23	4 (17%)
	<b>Other surgeries of the pelvic floor</b>	12	1 (8%)
	<b>Oncologic surgery</b>	12	4 (33%)

\* excluded oncologic hospitals

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	<b>Lap supracervical hysterectomy</b>	24	1 (4%)
	<b>Myomectomy (only subserous)</b>	25	14 (56%)
	<b>Myomectomy with intramietrial component</b>	23	8 (35%)
	<b>Severe Endometriosis *</b>	23	11 (48%)
<b>IV</b>	<b>Deep infiltrating End. Involving the bladder *</b>	22	3 (14%)
	<b>Deep infiltrating End. Involving the ureter*</b>	22	3 (14%)
	<b>Deep infiltrating End. Involving the rectovaginal septa*</b>	22	4 (18%)
	<b>Sacrocolpopexy*</b>	23	4 (17%)
	<b>Other surgeries of the pelvic floor</b>	12	1 (8%)
	<b>Oncologic surgery</b>	12	4 (33%)

\* excluded oncologic hospitals

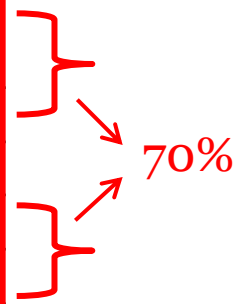
➤ **Laparoscopic surgery–  
Diffusion by hospital type**

		MAJOR		MiNOR		PRIVATE	
		n=r	Hospitals that perform	n=r	Hospitals that perform	n=r	Hospitals that perform
<b>I</b>	<b>Tubal ligation*</b>	13	13 (100%)	9	9 (100%)	1	1
<b>II</b>	<b>Salpingectomy or surgical treatment of ectopic pregnancy*</b>	13	12 (92%)	8	7 (88%)	2	2
	<b>Ovarian cystectomy</b>	14	13 (93%)	8	8 (100%)	2	2
	<b>Adnexectomy / Oophorectomy</b>	14	14 (100%)	8	8 (100%)	2	1
	<b>Adhesiolysis Level II*</b>	10	10 (100%)	7	6 (86%)	2	2
	<b>Endometriosis Level II*</b>	13	8 (62%)	7	5 (71%)	1	0
	<b>Ligamentopexy*</b>	13	3 (23%)	8	0 (0%)	1	0
<b>III</b>	<b>LAVH</b>	15	<b>11 (73%)</b>	8	<b>3 (38%)</b> p>0,05	2	1
	<b>TLH</b>	15	8 (53%)	8	5 (63%)	1	1
	<b>Laparoscopic supracervical hysterectomy</b>	15	0 (0%)	8	0 (0%)	2	1
	<b>Myomectomy (only subserous)</b>	15	8 (53%)	8	5 (63%)	2	1
<b>IV</b>	<b>Myomectomy with intramietrial component</b>	15	6 (40%)	8	2 (25%)		SR
	<b>Severe Endometriosis *</b>	14	7 (50%)	8	4 (50%)	1	0
	<b>Deep infiltrating End. Involving the bladder *</b>	12	1 (8%)	8	1 (13%)	2	1
<b>IV</b>	<b>Deep infiltrating End. Involving the ureter*</b>	12	2 (17%)	8	0 (0%)	2	1
	<b>Deep infiltrating End. Involving the rectovaginal septa*</b>	12	2 (17%)	8	1 (13%)	2	1
	<b>Sacrocolpopexy*</b>	13	3 (23%)	8	0 (0%)	2	1
	<b>Other surgeries of the pelvic floor</b>	8	0 (0%)	2	0 (0%)	2	1
	<b>Oncologic surgery</b>	7	3 (43%)	3	0 (0%)	2	1

➤ **Laparoscopic surgery- Acceptance**

*(How many abdominal-pelvic surgeries were performed in the Department last year? How many by laparoscopy? Specify the following procedures...)*

			Total	Laparoscopic approach	
<b>I</b>	<b>Tubal ligation</b>	(r=22)	2670	2081	<b>78%</b>
<b>II</b>	<b>Salpingectomy or surgical treatment of ectopic pregnancy</b>	(r=22)	457	286	<b>63%</b>
	<b>Ovarian cystectomy</b>	(r=22)	686	485	<b>71%</b>
	<b>Adnexectomy / Oophorectomy</b>	(r=21)	1539	536	<b>35%</b>
	<b>Adhesiolysis Level II</b>	(r=19)	756	562	<b>74%</b>
	<b>Endometriosis Level II</b>	(r=20)	245	172	<b>70%</b>
	<b>Ligamentopexy</b>	(r=20)	105	24	<b>23%</b>
<b>III</b>	<b>Vaginal Hysterectomy / LAVH</b>	(r=25)	1526	204 LAVH	<b>13%</b>
	<b>Abdominal Hysterectomy/ TLH + LSCH</b>	(r=24)	4917	634 TLH + LSCH	<b>13%</b>
	<b>Myomectomy (only subserous)</b>	(r=23)	220	75	<b>34%</b>
	<b>Myomectomy with intramietrial component</b>	(r=22)	182	51	<b>28%</b>
	<b>Severe Endometriosis</b>	(r=22)	109	62	<b>57%</b>



## ➤ Laparoscopic surgery- Acceptance

*(How many abdominal-pelvic surgeries were performed in the Department last year? How many by laparoscopy? Specify the following procedures...)*

			Total	Laparoscopic approach	
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*(How many abdominal-pelvic surgeries were performed in the Department last year? How many by laparoscopy? Specify the following procedures...)*

		Total	Laparoscopic approach	
<b>IV</b>	<b>Deep infiltrating End. Involving the bladder</b> (r=23)	19	13	<b>68%</b>
	<b>Deep infiltrating End. Involving the ureter</b> (r=23)	25	21	<b>84%</b>
	<b>Deep infiltrating End. Involving the rectovaginal septa</b> (r=23)	108	102	<b>94%</b>
	<b>Sacrocolpopexy</b> (r=22)	145	29	<b>20%</b>
	<b>Oncologic surgery</b> (r=11)	281	9	<b>3%</b>
	<b>Other surgeries of the pelvic floor</b> (r=11)	1754	0	<b>0%</b>
	Prolapse (r=7)	543	0	<b>0%</b>
	Urinary incontinence (r=8)	372	0	<b>0%</b>
<b>Others</b> (vaginectomy with total hysterectomy - cases of trans-sexual) (r=1)	6	6		

➤ **Laparoscopic surgery- Acceptance**

*(How many abdominal-pelvic surgeries were performed in the Department last year? How many by laparoscopy? Specify the following procedures...)*

		Total	Laparoscopic approach	
<b>IV</b>	<b>Deep infiltrating End. Involving the bladder</b> (r=23)	19	13	<b>68%</b>
	<b>Deep infiltrating End. Involving the ureter</b> (r=23)	25	21	<b>84%</b>
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	<b>Other surgeries of the pelvic floor</b> (r=11)	1754	0	<b>0%</b>
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<b>Others</b> (vaginectomy with total hysterectomy - cases of trans-sexual) (r=1)	6	6		

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		Total	Laparoscopic approach	
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	<b>Deep infiltrating End. Involving the rectovaginal septa</b> (r=23)	108	102	<b>94%</b>
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	<b>Oncologic surgery</b> (r=11)	281	9	<b>3%</b>
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	Urinary incontinence (r=8)	372	0	<b>0%</b>
<b>Others</b> (vaginectomy with total hysterectomy - cases of trans-sexual) (r=1)	6	6		

## ➤ Laparoscopic surgery- Acceptance

(How many abdominal-pelvic surgeries were performed in the Department last year? How many by laparoscopy? Specify the following procedures...)

			Total	Laparoscopic approach	
<b>II</b>	<b>Endometriosis Level II</b>	(r=20)	245	172	<b>70%</b>
<b>III</b>	<b>Severe Endometriosis</b>	(r=22)	109	62	<b>57%</b>
<b>IV</b>	<b>Deep infiltrating End. Involving the bladder</b>	(r=23)	19	13	<b>68%</b>
	<b>Deep infiltrating End. Involving the ureter</b>	(r=23)	25	21	<b>84%</b>
	<b>Deep infiltrating End. Involving the rectovaginal septa</b>	(r=23)	108	102	<b>94%</b>
	<b>Sacrocolpopexy</b>	(r=22)	145	29	<b>20%</b>
	<b>Oncologic surgery</b>	(r=11)	281	9	<b>3%</b>
	<b>Other surgeries of the pelvic floor</b>	(r=11)	1754	0	<b>0%</b>
	Prolapse	(r=7)	543	0	<b>0%</b>
	Urinary incontinence	(r=8)	372	0	<b>0%</b>
	<b>Others</b> (vaginectomy with total hysterectomy - cases of trans sexual)	(r=1)	6	6	

## ➤ Laparoscopic surgery – Acceptance by hospital type

(How many abdominal-pelvic surgeries were performed in the Department last year? How many by laparoscopy? Specify the following procedures...)

		Major Hospitals		Minor Hospitals		P 1	Private		P 2
		Total	Lap.	Total	Lap.		Total	by Lap.	
<b>I</b>	<b>Tubal ligation</b> (rA=13; rB=8; rP=1)	1430	1062 <b>74%</b>	1228	1007 <b>82%</b>	<0,05	12	12 <b>100%</b>	>0,05
	<b>Salpingectomy or surgical treatment of EP</b> (rA=14; rB=7; rP=1)	334	218 <b>65%</b>	104	61 <b>59%</b>	>0,05	19	7 <b>37%</b>	<0,05
<b>II</b>	<b>Ovarian cystectomy</b> (rA=13; rB=8; rP=1)	424	324 <b>76%</b>	187	139 <b>74%</b>	>0,05	75	22 <b>29%</b>	<0,05
	<b>Adnexectomy/Oophorectomy</b> (rA=13; rB=7; rP=1)	1117	385 <b>34%</b>	411	151 <b>37%</b>	>0,05	11	0 <b>0%</b>	<0,05
	<b>Adhesiolysis Level II</b> (rA=11; rB=7; rP=1)	361	224 <b>62%</b>	136	79 <b>58%</b>	>0,05	259	259 <b>100%</b>	<0,05
	<b>Endometriosis Level II</b> (rA=13; rB=6; rP=1)	166	136 <b>82%</b>	79	36 <b>46%</b>	<0,05	0	0 <b>0%</b>	
	<b>Ligamentopexy</b> (rA=13; rB=6; rP=1)	24	24 <b>100%</b>	81	0 <b>0%</b>	<0,05	0	0 <b>0%</b>	

## ➤ Laparoscopic surgery – Acceptance by hospital type

(How many abdominal-pelvic surgeries were performed in the Department last year? How many by laparoscopy? Specify the following procedures...)

		Major Hospitals		Minor Hospitals		P 1	Private		P 2
		Total	Lap.	Total	Lap.		Total	Lap.	
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	<b>Ligamentopexy</b> (rA=13; rB=6; rP=1)	24	24 <b>100%</b>	81	0 <b>0%</b>	<b>&lt;0,05</b>	0	0 <b>0%</b>	

### ➤ Laparoscopic surgery – Acceptance by hospital type

(How many abdominal-pelvic surgeries were performed in the Department last year? How many by laparoscopy? Specify the following procedures...)

		Major Hospitals		Minor Hospitals		P 1	Private		P 2
		Total	Lap.	Total	Lap.		Total	Lap.	
III	<b>Vaginal Hysterectomy/LAVH</b> (rA=15; rB=8; rP=2)	892	186 <b>21%</b>	515	8 <b>2%</b>	<0,05	119	10 <b>8%</b>	<0,05
	<b>Abdominal Hysterectomy/TLH</b> (rA=15; rB=8; rP=1)	3276	291 <b>9%</b>	1362	227 <b>17%</b>	<0,05	279	120 <b>43%</b>	<0,05
	<b>Myomectomy (only subserous)</b> (rA=14; rB=8; rP=1)	112	63 <b>56%</b>	90	12 <b>13%</b>	<0,05	18	0 <b>0%</b>	-
	<b>Myomectomy with intramietrial Component</b> (rA=14; rB=8; rP=0)	136	44 <b>32%</b>	46	7 <b>15%</b>	>0,05	SR	SR	-
	<b>Severe Endometriosis</b> (rA=14; rB=7; rP=1)	95	56 <b>59%</b>	14	6 <b>43%</b>	>0,05	0	0 <b>0%</b>	-

## ➤ Laparoscopic surgery – Acceptance by hospital type

(How many abdominal-pelvic surgeries were performed in the Department last year? How many by laparoscopy? Specify the following procedures...)

		Major Hospitals		Minor Hospitals		P 1	Private		P 2
		Total	Lap.	Total	Lap.		Total	Lap.	
<b>III</b>	<b>Vaginal Hysterectomy</b> (rA=15; rB=8; rP=2)	892	186 <b>21%</b>	515	8 <b>2%</b>	<0,05	119	10 <b>8%</b>	<0,05
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## ➤ Laparoscopic surgery – Acceptance by hospital type

(How many abdominal-pelvic surgeries were performed in the Department last year? How many by laparoscopy? Specify the following procedures...)

		Major Hospitals		Minor Hospitals		P 1	Private		P 2
		Total	Lap.	Total	Lap.		Total	Lap.	
IV	<b>Deep infiltrating End. Involving the bladder</b> (rA=14; rB=7; rP=2)	11	6 <b>55%</b>	2	1 <b>50%</b>	>0,05	6	6 <b>100%</b>	>0,05
	<b>Deep infiltrating End. Involving the ureter</b> (rA=14; rB=7; rP=2)	13	9 <b>69%</b>	0	0 <b>0%</b>	-	12	12 <b>100%</b>	>0,05
	<b>Deep infiltrating End. Involving the rectovaginal septa</b> (rA=14; rB=7; rP=2)	36	32 <b>89%</b>	3	1 <b>33%</b>	>0,05	69	69 <b>100%</b>	>0,05
	<b>Sacrocolpopexy</b> (rA=13; rB=7; rP=2)	81	14 <b>17%</b>	48	0 <b>0%</b>	<0,05	16	15 <b>94%</b>	<0,05
	<b>Oncologic surgery</b> (rA=6; rB=3; rP=2)	128	7 <b>5%</b>	146	0 <b>0%</b>	=0,05	7	2 <b>29%</b>	>0,05
	<b>Other surgeries of the pelvic floor</b> (rA=8; rB=2; rP=1)	786	0 <b>0%</b>	778	0 <b>0%</b>	>0,05	40	0 <b>0%</b>	>0,05

➤ **Laparoscopic surgery – Acceptance by hospital type**

		Major Hospitals		Minor Hospitals		P 1	Private		P 2
		Total	Lap.	Total	Lap.		Total	Lap.	
III	<b>Severe Endometriosis</b> (rA=14; rB=7; rP=1)	95	56 <b>59%</b>	14	6 <b>43%</b>	>0,05	0	0 <b>0%</b>	-
	<b>Deep infiltrating End. Involving the bladder</b> (rA=14; rB=7; rP=2)	11	6 <b>55%</b>	2	1	-	6	6 <b>100%</b>	-
IV	<b>Deep infiltrating End. Involving the ureter</b> (rA=14; rB=7; rP=2)	13	9 <b>69%</b>	0	0	-	12	12 <b>100%</b>	-
	<b>Deep infiltrating End. Involving the rectovaginal septa</b> (rA=14; rB=7; rP=2)	36	32 <b>89%</b>	3	1 <b>33%</b>	-	69	69 <b>100%</b>	-
	<b>Sacrocolpopexy</b> (rA=13; rB=7; rP=2)	81	14 <b>17%</b>	48	0 <b>0%</b>	<0,05	16	15 <b>94%</b>	<0,05
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	<b>Other surgeries of the pelvic floor</b> (rA=8; rB=2; rP=1)	786	0 <b>0%</b>	778	0 <b>0%</b>	>0,05	40	0 <b>0%</b>	>0,05

➤ *Barriers to further development of laparoscopy*

	<b>(n=24)</b>
Lack of physicians with sufficient experience or training	15 <b>(63%)</b>
Lack of equipment	14 <b>(58%)</b>
Lack of adequate organization	9 (38%)
Lack of support from trained nurses	3 (13%)
Budget constraints	1 (4%)
"Doctors traditionally busy with multiple tasks"	1 (4%)

	<b>Major (n=15)</b>	<b>Minor (n=9)</b>	<b>Private</b>
Lack of physicians with sufficient experience or training	8 (53%)	7 (78%)	SR
Lack of equipment	10 (67%)	4 (44%)	SR
Lack of adequate organization	6 (40%)	3 (33%)	SR
Lack of support from trained nurses	2 (13%)	1 (11%)	SR
Budget constraints	1 (7%)	-	SR
"Doctors traditionally busy with multiple tasks"	-	1 (11%)	SR

# ESGE individual certification model in Laparoscopic Surgery

## Rationale

*Since the early 1990s, laparoscopic surgery has been implemented in nearly all surgical disciplines.*

*Laparoscopic surgery on one hand offers the possibility to improve the surgical outcome and improve patient compliance but on the other hand it demands the surgical community to train and acquire specific skills.*

*Implementing Laparoscopic surgery without training and validation of those skills leads to decrease in surgical performance and increase in patient morbidity and mortality.*

## Individual skills in Laparoscopic surgery

*To be able to perform correct laparoscopic surgery the individual has to acquire two basically different practical skills.*

*Laparoscopic psychomotor skills (LPS) which are the skills to work in the laparoscopic dimension.*

# Programas de Treino e Certificação em Cirurgia Ginecológica Laparoscópica

## Introdução / Racional

Desde o início da década de 90 que as técnicas laparoscópicas se têm vindo a implementar em quase todas as disciplinas cirúrgicas.

Se por um lado a cirurgia ginecológica laparoscópica proporciona a possibilidade de melhorar a eficiência, a morbidade e o prognóstico cirúrgico, com uma melhor tolerância por parte dos doentes, por outro exige do cirurgião treino e aquisição de capacidades específicas.

A implementação de cirurgia ginecológica por via laparoscópica sem treino e sem validação de capacidades, acarreta diminuição da qualidade cirúrgica, aumenta as mortalidade e morbilidade e é génese de múltiplas complicações.

Num estudo de avaliação a nível nacional recentemente efectuado, uma vasta maioria dos Directores (63%) cita como principal obstáculo ao desenvolvimento da cirurgia laparoscópica nos Serviços a inexistência de especialistas com treino e experiência suficientes.

## Capacidades individuais em Cirurgia Laparoscópica

Para estar apto a realizar correctamente uma cirurgia ginecológica por via laparoscópica o ginecologista tem de adquirir dois tipos de capacidades distintas:

1. **Capacidades psicomotoras (LPS)** – é o conjunto de “habilidades” que permitem trabalhar com as especificidades da dimensão laparoscópica (falta de 3<sup>a</sup> dimensão, instrumentos longos, ausência de sensação táctil, “fulcrun effect”, etc.).
2. **Capacidade cirúrgica (LSS)** – é a competência prática para realizar os procedimentos cirúrgicos de diferentes níveis, tendo como referência a estratificação definida pela Sociedade Europeia de Endoscopia Ginecológica (ESGE).

Parece óbvio, embora infelizmente ainda não completamente implementado, que as capacidades psicomotoras (LPS) têm de ser aprendidas, adquiridas e testadas, fora da sala de operações e em tempo prévio ao início do treino cirúrgico. Estudos recentes, demonstraram que as LPS são de natureza completamente diferentes das competências cirúrgicas (LSS).

Se o processo de aprendizagem das LPS é similar ao realizado para aprender a nadar ou a andar de bicicleta, o processo de aquisição de competência de prática cirúrgica (LSS) é diferente e similar ao aprender a falar uma língua estrangeira.

Uma vez adquiridas, as capacidades psicomotoras básicas (LPS) permanecem por tempo indefinido. Pelo contrário, as LSS exigem um treino contínuo e podem sempre ser melhoradas. Se ocorrer um período longo de inatividade (não falar uma língua estrangeira) o cirurgião terá de recomeçar de novo e de um nível inferior ao que anteriormente possuía.

### **Programas de Aprendizagem e de Certificação da ESGE e do Colégio de Ginecologia/Obstetrícia da Ordem dos Médicos (Adaptado da ESGE)**

Pelo reconhecimento da importância das diferentes capacidades anteriormente expostas, a Sociedade Europeia de Endoscopia Ginecológica, (ESGE) elaborou o programa de treino e de certificação em Cirurgia Ginecológica Laparoscópica a cuja filosofia o Colégio de Ginecologia/Obstetrícia da Ordem dos Médicos adere, introduzindo as necessárias modificações de adaptação à realidade portuguesa, recentemente revelada em estudo Nacional promovido pelo Colégio.

## Capacidades Psicomotoras e Conhecimentos Básicos

**TESTT:** Teste validado e elaborado pela Academia Europeia de Cirurgia Ginecológica versando conhecimentos teóricos sobre anatomia laparoscópica, “hardware” e instrumentos de cirurgia laparoscópica, organização da sala de operações, complicações e sua resolução.

**LASTT:** Método de treino e de aferição de capacidades psicomotoras básicas, com uma prova validada de avaliação do respectivo nível em exercícios de navegação com câmara, coordenação entre os olhos e a mão e entre as duas mãos.

**SUTT:** Método de treino e de aferição de capacidades psicomotoras mais refinadas e gestos específicos, tais como os necessários para realização de suturas.

A concretização favorável destas 3 etapas, confere a um indivíduo uma capacidade estratificada em 3 níveis: **Bronze, Prata, Ouro** (I, II, III).



Só após a demonstração de aquisição de capacidades psicomotoras serão, no futuro, reconhecidos os estágios em centros estrangeiros para aprendizagem de cirurgia laparoscópica.

Dependendo do nível alcançado o interno (ou o cirurgião) receberá um certificado e um acesso a diferentes programas/níveis de treino cirúrgico.

Este tipo de certificado, sobre capacidades psicomotoras, é perpétuo e não necessita de renovação a não ser em caso de doença grave que interfira com as capacidades psicomotoras.

A aquisição dos requisitos e certificados anteriormente definidos, deve ser efectuada, em Programa individual ou em Cursos, em Centros acreditados pela Academia Europeia de Cirurgia Ginecológica pela realização de:

**Dois Cursos Teórico-Práticos** em “Endotrainer” (Prática mínima de 8 horas; Teórico 1/3):

- Curso Básico - **LAST**

- Curso Avançado – Sutura Laparoscópica - **SUTT**

Curriculum mínimo a efectuar durante o Internato:

### Nível ESGE I

- Laqueação/Salpingo/Salpingectomias/Laparoscopia diagnóstica – 20
- Biópsia do ovário / Cistectomias da superfície ovárica – 5

### Nível ESGE II

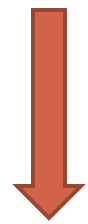
- Salpingo-ooforectomias – 5
- Cistectomias do ovário – 5
- Adesiólises ligeiras e moderadas – 5
- Salpingo-ovariólise por endometriose ligeira/moderada – 5

Durante o Internato, fica ao critério dos responsáveis e de acordo com a curva de aprendizagem do Interno, a possibilidade de realização de **LAVH**.

# A - Learning and Training



Knowledge – TEST  
Psycomotor Skills  
(LPS)



- Students (voluntary)
- Residents (mandatory)
- Graduates (voluntary)



A1 – Basic psycomotor Skills **LASTT**



A2 – Specific Psycomotor Skills **SUTT**  
*DITT?*

Direct Evaluation



I

II

III

## Reconhecimento de Competência em Cirurgia Ginecológica por via Laparoscópica (Adaptado da ESGE)

São reconhecidos 3 diferentes níveis de competência em cirurgia ginecológica por via laparoscópica. O de **bacharelato**, o de **cirurgião de ginecologia laparoscópica** e o de **cirurgião pélvico**.

A passagem de um nível para outro é proporcionada por um exame teórico e prático, por uma avaliação quantitativa das cirurgias efectuadas e pela frequência de eventos certificados de educação médica contínua.

Para iniciar o Bacharelato apenas é necessário ter adquirido o Bronze (Nível I) em capacidades psicomotoras básicas.

Para receber o título de **Bacharel** e poder entrar para o nível de treino de cirurgião de ginecologia laparoscópica, o médico tem de ser especialista em Ginecologia/Obstetrícia pela Ordem dos Médicos, ter atingido o nível de prata (II) em capacidades psicomotoras básicas, ter efectuado um curso certificado (europeu ou nacional) em sutura laparoscópica e ter realizado pelo menos 50 laparoscopias em 5 anos.

Para receber o título de **Cirurgião Ginecológico** por via laparoscópica e para poder entrar para o programa de treino de cirurgião pélvico, o especialista tem de ter o título de especialidade da Ordem dos Médicos há pelo menos 5 anos, efectuar com sucesso um teste teórico e prático, demonstrar a realização de pelo menos 50 cirurgias do nível 3 da ESGE num período de 5 anos, ter atingido o nível Ouro em capacidades psicomotoras básicas e frequência anual de reunião científica creditada.

Para receber o título de **Cirurgião Pélvico** o médico tem de ter realizado pelo menos 50 cirurgias do nível 4 da ESGE em 5 anos, ter efectuado com sucesso um exame teórico e prático e demonstrar frequência anual de reunião científica creditada.

Os reconhecimentos de competências são concretizados por certificados válidos por 5 anos.

### **Nível ESGE III**

- Histerectomia
- Miomectomia
- Tratamento I.U.E.
- Endometriose grave
- Adesiólise extensa
- Sutura de soluções de continuidade intestinais e da bexiga

### **Nível ESGE IV**

- Endometriose infiltrante profunda
- Defeitos do pavimento pélvico
- Oncologia

## B - Certification / Competence (LSS)

(Validation of competence for surgical procedures of different levels)

