



香港婦產科學院
**THE HONG KONG COLLEGE OF
 OBSTETRICIANS AND GYNAECOLOGISTS**
A Foundation College of Hong Kong Academy of Medicine
 (Incorporated in Hong Kong with limited liability)



Levels of Gynaecological Laparoscopic Surgery (HKCOG)

Level 1 **Basic Procedures**

1. Diagnostic laparoscopy
2. Laparoscopic tubal occlusion

Level 2 **Minor Procedures**

1. Salpingectomy for tubal pregnancy
2. Simple adhesiolysis
3. Salpingectomy for hydrosalpinx with mild pelvic adhesions
4. Ablation of minor stage endometriosis (AFS Stage I-II disease)
5. Myolysis
6. Ovarian drilling
7. Aspiration / fenestration of cyst

Level 3 **Intermediate Procedures**

1. Oophorectomy or cystectomy for ovarian cysts of 8 cm or less
2. Resection of moderate endometriosis (AFS Stage III disease)
3. Salpingostomy / Salpingotomy
4. Myomectomy for pedunculated fibroid or non-pedunculated fibroid of 3 cm or less
5. Hysterectomy for prolapse

Level 4 **Major Procedures**

1. Hysterectomy
2. Myomectomy for non-pedunculated fibroid greater than 3 cm
3. Excision of ovarian tumours greater than 8 cm
4. Resection of severe endometriosis (AFS Stage IV disease)
5. Adhesiolysis for severe pelvic adhesions, enterolysis and ureteric dissection
6. Management of pelvic abscess
7. Retropubic bladder neck suspension

Level 5 **Advanced Procedures**

1. Lymphadenectomy
2. Radical hysterectomy for malignant conditions
3. Pelvic floor support other than colposuspension
4. Presacral neurectomy

endorsed by Council on 13th July 2006



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OPERATIVE DIAGNOSIS KEY

- (1) Ovarian cyst / tumour
 - 1a cyst \leq 8 cm
 - 1b cyst $>$ 8 cm
- (2) Endometriosis
 - 2a stage I or II (AFS)
 - 2b stage III
 - 2c stage IV
- (3) Hydro / pyosalpinx
- (4) Tubo-ovarian abscess
- (5) Ectopic pregnancy
- (6) Pelvic adhesion
 - 6a minimal or mild
 - 6b moderate
 - 6c severe
- (7) Fibroid
 - 7a pedunculated
 - 7b subserous
 - 7c intramural / broad ligament
- (8) Adenomyosis
- (9) Genuine stress incontinence
- (10) Para ovarian cyst
- (20) Other (please specify)

COMPLICATIONS KEY

- (1) Injury to epigastric vessels
- (2) Injury to major vessels
- (3) Haemorrhage requiring transfusion
- (4) Significant emphysema
- (5) Bladder injury
- (6) Ureteral injury
- (7) Bowel injury
- (8) Febrile morbidity
- (9) Conversion to laparotomy
- (10) Incisional hernia
- (11) Pelvic / vault haematoma
- (20) Other (please specify)



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SURGICAL INDICATIONS KEY

- (1) Abnormal Uterine Bleeding
- (2) Cervical Neoplasia
- (3) Dysmenorrhea
- (4) Dyspareunia
- (5) Ectopic Pregnancy
- (6) Endometrial Neoplasia
- (7) Genital Prolapse
- (8) Infertility
- (9) Pelvic Adnexal Mass
- (10) Pelvic Pain
- (11) Urinary Incontinence
- (12) Uterine Mass
- (20) Other (please specify)

PROCEDURES KEY

- (1) Cystectomy
 - 1a unilateral
 - 1b bilateral
- (2) Oophorectomy / salpingo-oophorectomy
 - 2a unilateral
 - 2b bilateral
- (3) Salpingectomy
- (4) Salpingotomy
- (5) Adhesiolysis
- (6) Ablation of Endometriosis
- (7) Ovarian drilling
- (8) Hysterectomy
 - 8a total
 - 8b subtotal
- (9) Colposuspension
- (10) Myomectomy
- (20) Other (please specify)

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