SURGICAL PROCEDURES

Module 7 : Surgical procedures

Learning outcomes:

To understand and demonstrate appropriate knowledge, skills and attitudes in relation to surgical procedures.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
 Relevant basic sciences Knowledge of instruments and sutures 	 Marsupialisation of Bartholin's abscess Evacuation of uterus Diagnostic laparoscopy Sterilisation Polypectomy First-trimester surgical termination (unless conscientious objection) Diagnostic hysteroscopy Minor cervical procedures Excision of vulval lesions Laparotomy for ectopic pregnancy Ovarian cystectomy for benign disease Elective perineal adhesiolysis Myomectomy 	 Have the knowledge to choose appropriate instruments, sutures, drains and catheters Know own limitations and when to seek help Demonstrate the use of diathermy, endoscopic and other equipment safely and efficiently Show evidence of thinking ahead during procedure Have the ability to alter the surgical procedure appropriately when necessary following consultation Demonstrate the ability to work effectively with other members of the theatre team, taking a leadership role where appropriate 	 Observation of, assisting and discussion with senior medical staff Useful websites: www.rcog.org.uk www.nice.org.uk www.sign.ac.uk StratOG.net: Surgical Procedures and Postoperative Care e-tutorials 	 OSATS Diagnostic laparoscopy OSATS Operative laparoscopy Successful Patient Outcomes Logbook Case book Annual Review OSATS Diagnostic Hysteroscopy

Module 7 : Surgical Procedures

Fill in as a record of experience.

Skills	Compet	ence level	Basic training	Intermediate training	Advanced training	Not required
	Observa	ition	Direct s	upervision	Indepen	dent practice
	Date	Signature of trainer	Date	Signature of trainer	Date	Signature of trainer
Evacuation of uterus						
Marsupialisation of bartholin's cyst						
Laparotomy for ectopic pregnancy						
Laparoscopy management ectopic pregnancy						
Excision of vulval lesions						
Abdominal hysterectomy ± bilateral salpingo-oophorectomy						
Vaginal hysterectomy						
Oophorectomy						
Ovarian cystectomy						
Adhesiolysis						
Transabdominal myomectomy						
Diagnostic laparoscopy						
Management of pelvic abscess						
Laparoscopic sterilisation						
Diagnostic hysteroscopy						
Hysteroscopy and polypectomy						
Minor cervical procedures						
Elective perineal operations						

Authorisation of signatures (to be completed by the clinical tra	iners)
Name of clinical trainer (please print)	Signature of clinical trainer

OSATS		all formal assessmen date of satisfactory a					
Diagnostic	Date		Date	Date	Date	Date	
laparoscopy	Signature		Signature	Signature	Signature	Signature	
Operative	Date		Date	Date	Date	Date	
laparoscopy	Signature		Signature	Signature	Signature	Signature	
Diagnostic	Date		Date	Date	Date	Date	
hysteroscopy	Signature		Signature	Signature	Signature	Signature	

COMPLETION OF MODULE 7

I confirm that all components of the module have been successfully completed:

Date	Name of educational supervisor	Signature of educational supervisor

DIAGNOSTIC LAPAROSCOPY

	Clinical details of complexity/ difficulty of case	Assessor Name:	Trainee Name:	
		Post:	StR Year:	
-				
			Date:	

	Performed independently	Needs help	Not Applicable
	PLEASE TICK RELEVANT BOX	RELEVAN	T BOX
Preparation of the patient:			
Ensures correct positioning of the patient			
Checked or observed catheterisation, pelvic examination and insertion of uterine manipulator where appropriate			
Establishing pneumoperitoneum			
Demonstrates knowledge of instruments and can trouble shoot problems			
Check patency and function of Veress (if used)			
Correct incision			
Controlled insertion of Veress (if used)			
Insufflation to at least 15-20 mmHg			
Controlled insertion of primary port			
Controlled insertion of secondary port under direct vision			
Operative procedure			
Maintains correct position of optics			
Clear inspection of pelvic and abdominal structures			
Movements: fluid and atraumatic			
Appropriate use of assistants (if applicable)			
Correct interpretation of operative findings			
Removal of ports under direct vision			
Deflation of pneumoperitoneum			
Appropriate skin closure			

Both sides of this form to be completed and signed

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Assessor, please ring the candidate's performance for each of the following GENERIC TECHNICAL SKILLS ASSESSMENT

factors:

Respect for tissue	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.	Careful handling of tissue but occasionally causes inadvertent damage.	Consistently handled tissues appropriately with minimal damage.
Time, motion and flow of operation and forward planning	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves. Sound knowledge of operation but slightly disjointed at times.	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative.	Obvious familiarity with instruments.
Suturing and knotting skills as appropriate for the procedure	Placed sutures inaccurately or tied knots insecurely and lacked attention to safety.	Knotting and suturing usually reliable but sometimes awkward.	Consistently placed sutures accurately with appropriate and secure knots and with proper attention to safety.
Technical use of assistants	Consistently placed assistants poorly or failed to use assistants. Communicated	Appropriate use of assistant most of the time. Reasonable communication and awareness	Strategically used assistants to the best advantage at all times. Consistently communicated
Relations with patient and the surgical team	poorly or frequently showed lack of awareness of the needs of the patient and/or the professional team.	of the needs of the patient and/or of the professional team.	and acted with awareness of the needs of the patient and/or of the professional team.
Insight/attitude	Poor understanding of areas of weakness.	Some understanding of areas of weakness.	Fully understands areas of weakness.
Documentation of procedures	Limited documentation, poorly written.	Adequate documentation but with some omissions or areas that need elaborating.	Comprehensive legible documentation, indicating findings, procedure and postoperative management.

Based on the checklist and the Generic Technical Skills Assessment, Dr to achieve the OSAT competency has achieved/failed*

Needs further help with: * Date	Competent to perform the entire procedure without the need for supervision Date
Date	Date
Signed (trainer)	Signed
Signed (trainee)	Signed

Delete where applicable, and date and sign the relevant box

OPERATIVE LAPAROSCOPY

Clinical details of complexity/ difficulty of case	Assessor Name:	Trainee Name:
of complexity/ e		
	Post:	StR Year:
		Date:

	Performed independently	Needs help	Not Applicable
	PLEASE TICK RELEVANT BOX	< RELEVAN	ІТ ВОХ
Preparation of the patient:			
Ensures correct positioning of the patient, catheterisation and insertion of uterine manipulator			
Patient habitus			
Laparoscopic entry:			
Safe use of Veress needle (if used)			
Safe insertion primary port			
Appropriate position of and safe insertion of secondary ports			
Operative procedure:			
Maintains good view of operative field			
Uses appropriate instruments for the task			
Knowledge and safe use of energy modalities in laparoscopic surgery			
Identifies important anatomical structures (ureter, internal iliac artery/vein)			
Shows efficiency of movement and demonstrates good three-dimensional spatial awareness			
Appropriate use of assistants (if applicable)			

Examples of minimum levels of complexity for each stage of training

laparoscopic clip sterilisation bipolar diathermy to endometriosis aspiration of fluid form pouch of Douglas aspiration of ovarian cyst Ectopic pregnancy salpingectomy

Both sides of this form to be completed and signed

oophorectomy

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DIAGNOSTIC HYSTEROSCOPY

Clinical details of complexity/ difficulty of case	Assessor Name:	Trainee Name:
of complexity/ e		
	Post:	StR Year:
		Date:

	Performed	Needs	Not
		L	
	PLEASE TICK RELEVANT BOX	RELEVAN	IT BOX
Preparation of the patient:			
Supervises positioning of patient – correct as required			
Preps and drapes correctly			
Assembles equipment			
Chooses appropriate distension medium			
Demonstrates knowledge of equipment and can troubleshoot problems			
Operative procedure:			
Correct use of speculum and tenaculum			
Correct use of cervical dilators (if needed)			
Inserts hysteroscope into uterine cavity under direct vision			
Clear inspection of entire uterine cavity			
Correct interpretation of findings			
Correct technique to obtain endometrial biopsy if appropriate			
Careful removal of tenaculum			

Both sides of this form to be completed and signed

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