

Brief Report on
Anatomy and Complication
Workshop
June 9-10, 2016

- Anatomy of Complication Workshop -

CTEC, The University of Western Australia

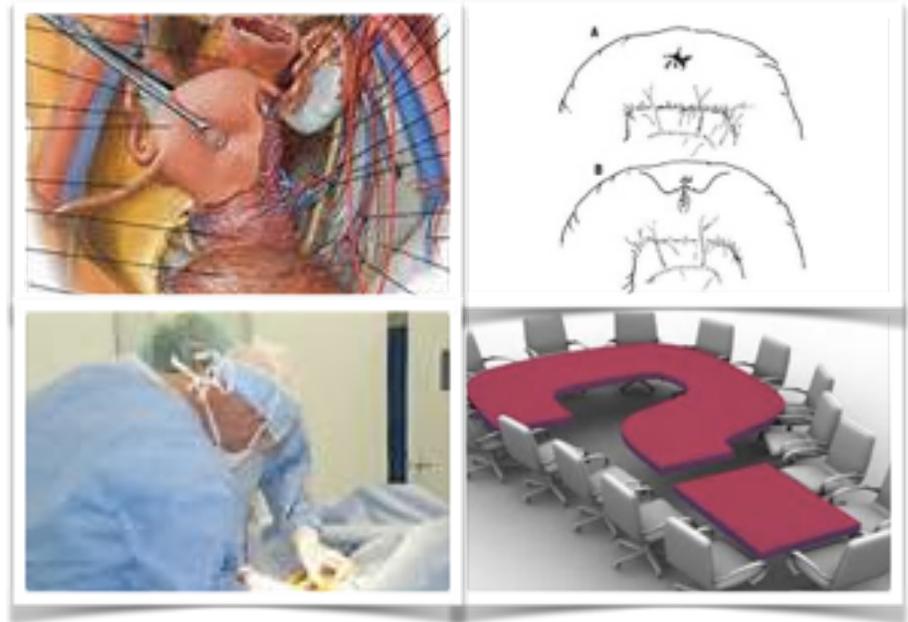


- Herbert Situmorang, MD, REI

Department of Obstetrics and Gynecology

Faculty of Medicine, University of Indonesia

“ACW has 4 different but integrated modules”



The Anatomy of Complications Workshop held by CTEC and The University of Western Australia is a 2 day course. The programme was divided into four discrete but integrated and related modules, each of which is of half a day's duration.

They are:

1. Pelvic Anatomy
2. Surgical Skills
3. Animal Surgery
4. Case Presentation

First day started with short introduction of faculties and all the participants, and the review of the workshop. The coordinator of the course were dr Robyn Leake, together with dr Khris Karthigasu and Prof. Yee Leung.



Short after dr Robin start the anatomy lecture. It was an interactive lecture that involved all the participants to review all the essential pelvic surgical anatomy, including pelvic bones, muscles, blood vessels, nerves, and lymph nodes. There was also some emphasis on ureter and bladder anatomy, since ureter is one of the most common injured organ in gynecologic surgery.

Following this was a session of anatomy workshop on cadaver and prosected specimen. The practical anatomy session took place in the Hill International Surgical Workshop which is next door to the seminar room. The participants were divided into two groups: first group attended the cadaver dissection workshop, the other group had the prosected specimen review. After lunch they swap the task.

During the cadaver workshop participants learnt how to do:

- Dissection of the ureter from the pelvic brim to the bladder.
- Recognition of the anatomical relationships of the ureter to vessels, muscles, nerves and viscera.
- Dissection of the vessels of the pelvic side wall, including:

Common iliac, external iliac, internal iliac, identification of the branches of the anterior division of internal iliac artery.

- Dissection of the obturator fossa and contents.
- Identification of the obturator internus muscle, and the obturator artery , vein and nerve.
- Identification of the ischial spine, pudendal vessels and levator ani muscle.
- Dissection of the superior and inferior mesenteric artery
- Dissection of the pararectal-paravesical spaces and the space of Retzius

In the prosected specimen, participants were asked to name specific organ pinned in the specimen that relevant to gynecology surgery: hysterectomy, ovarian masses and retroperitoneal exploration of the pelvic side wall. There were 5 stations each for the cadaver for prosection specimen. This session is aimed at revising and improving the participants' knowledge and understanding of clinically relevant pelvic anatomy in the prosected specimen. There was also a tips on how we approach the ureter when there was massive adhesion or big ovarian mass in the pelvic.

In the afternoon, the second module commenced: practicing surgical skill on handling the complication. Participants worked in pairs. After watching a demonstration of the surgical procedures to be learned (this demo has been distributed to the participants in a form of video DVD prior to workshop), each participant then performed and assist at the procedure. We used porcine gut, bladder, ureter and aorta for this practical session. Procedures that were covered:

- Repair of enterotomy, bowel anastamosis
- Repair of cystotomy
- Repair of divided ureter over JJ stent
- Repair of aortic laceration

Participants worked in pairs, but with different partner for every session, to get along with all other participants.

The second day, the workshop was started at the animal operating theatre about 1 km from CTEC. During this session all participants practice all the surgical procedures that had been learned the day before with the supervision of experienced facilitators. The objectives of this module were:

- To demonstrate the pelvic anatomy in the ewe.
- To confidently dissect the ureter and major pelvic vessels.

- To repair injury to bowel, perform a bowel reanastomosis, repair injury to the bladder and to vessels.
- To practice the technique of internal iliac artery ligation
- To raise a colostomy
- To control haemorrhage from a major vessel using an overlay of autologous tissue (OAT) patch and using non electrosurgery hemostatic agent.
- To be knowledgeable about these procedures and to understand their place in the management of intraoperative injury.

All of the ewe surgery procedures were divided into two sessions with a coffee break in the between. The last session was done after the lunch: case presentation. This is the final session and was held at Agnes Walsh Lodge in the grounds of King Edward Memorial Hospital for Women. Each participant has prepared a case report prior to attendance. This case usually describes a surgical or obstetric complication, or a difficult management decision. The presentation is given using Power Point or equivalent with a maximum of four slides. Each case is allocated 15 minutes to include presentation and discussion. Each case discussion was led by different facilitator and usually contain the short resume of the case, lesson learned, what things to be done better in the future, and any suggestion or sharing experience related to the case, including non technical issue such as how to deal with other operating theatre staff or with the registrar surgeon.

After completing the workshop, as a facilitator but also as a learner, I found many new things to learn and to experience:

- the way the lecture delivered
- the arrangement of the groups / pairs of the participants

- the range of topics that had been covered were thorough and complete to cover all possible complication in gynecologic surgery
- video of the demonstration of the procedures has been distributed in the form of DVD prior to workshop
- the way of how to arrange animal workshop
- get to know other facilitators and had a discussion about many things.
- How the group discussion really gave strong feedback for the participants not only by their own case but from others as well.

I am really looking forward to have further collaboration with CTEC and The Western University of Australia to raise the capacity of Indonesian gynecologists on handling complication during gynecology surgery.

I would state my big gratitude and respect to CTEC and ISTI team for inviting me to the workshop especially to Prof Yee Leung and Prof Jeff Hamdorf. Also to all faculty member: dr Robyn Leake, dr Krish Karthigasu, dr Chris Georgio and all others.

Thank you.

Herbert Situmorang, MD

Department of Obstetrics and Gynecology

Faculty of Medicine- University of Indonesia