

ESHRE guidelines for training, accreditation and monitoring in gynaecological endoscopy

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Introduction

Until a few years ago nearly all surgical procedures in gynaecology were performed either by laparotomy or by the vaginal route. The development of new endoscopic techniques and instruments has led to a great change in gynaecological practice. The feasibility of a number of laparoscopic and hysteroscopic procedures has been well demonstrated. In light of all the advantages to both patients and society overall, there is now a justified increasing demand for endoscopic surgery. Operative laparoscopy must be considered as real surgery with specific technical aspects. Not all gynaecologists are expected to perform endoscopic surgery; it is appropriate that only qualified surgeons should perform it. Despite this, operative endoscopy must be fully implemented in regular gynaecological training as well as routine activity. Unfortunately expert endoscopic surgeons capable of performing such teaching are available in only a limited number of hospitals. Furthermore, for safety reasons it is mandatory that these endoscopic procedures should be taught and carried out in well-established hospital environments with surgeons from other disciplines (abdominal, urological and vascular surgery) being available. Undoubtedly, because these techniques are relatively new, there is a strong need not only to monitor their performance and reduce their complications but also to evaluate the correctness of their indications. Finally, great benefit could result from collaboration between several centres to promote auditing and research activities (evaluation of new techniques and instrumentation). For all the above reasons a committee of the Special Interest Group on Reproductive Surgery has written the following European Society for Human Reproduction and Embryology (ESHRE) guidelines for training, accreditation and monitoring in gynaecological endoscopy.

Training

Two different groups of physicians require training in gynaecological endoscopy: firstly, young residents in teaching hospitals;

and secondly, established surgeons. It is of paramount importance that training in endoscopic surgery should be available during obstetric and gynaecological residencies, whereas training for established clinicians with adequate experience in general gynaecological surgery should be offered in specialized centres. In all instances, training should include both theoretical and practical preparation.

Theoretical preparation

The aim of teaching is to offer background information and understanding to prepare the trainee to perform sound, safe and effective endoscopic surgery. Teaching should include: (i) knowledge of the abdomino-pelvic anatomy; (ii) knowledge of gynaecological pathology; (iii) knowledge of surgical techniques; (iv) knowledge of basic technical aspects regarding anaesthesiology, gas, fluids, electricity and laser instrumentation, biochemical alterations; and (v) knowledge of indications for performance of specific surgical procedures.

Practical preparation

Teaching should include didactic courses, lectures, videotapes, computer-generated programmes, hands-on activity including experience with pelvic trainers and/or animal models, assistance in the operating room, and supervised surgery. Various levels of expertise can be identified in laparoscopy and hysteroscopy with the performance of different procedures as follows:

Laparoscopy

Level I: Setting up and diagnostic laparoscopy.

Level II: Cyst aspiration, biopsy, tubal sterilization, minor adhesiolysis, destruction of superficial endometriotic implants.

Level III: Lysis of moderate adhesions, ovarian cystectomy, treatment of ectopic pregnancy by salpingotomy or salpingectomy, distal tuboplasty, ovariectomy and adnexectomy, treatment of moderate endometriosis, laparoscopically-assisted vaginal hysterectomy (LAVH).

Level IV: Lysis of severe adhesions, treatment of severe and retroperitoneal endometriosis, laparoscopic hysterectomy, myomectomy, lymphadenectomy (pelvic and para-aortic), oncological procedures, bladder neck suspension, treatment of pelvic floor relaxation, tubal anastomosis.

As well as the acquisition of the technical capabilities, specific competence is needed in the different subspecialty fields before performing laparoscopic procedures for infertility, urogynaecology or oncology.

Hysteroscopy

Level I: Diagnostic hysteroscopy.

Level II: Polypectomy, removal of pedunculated myomas, section of partial septa, lysis of mild or moderate synechiae, endometrial ablation/resection, tubal cannulation.

Level III: Lysis of severe synechiae, section of complete septa, removal of myomas with intramural extension.

The objective of the above classification of endoscopic procedures is to provide a scheme for a progressive training programme to be offered in particular to residents. Established clinicians are expected to have sufficient notions of abdomino-pelvic anatomy, of gynaecological pathologies and basic operative techniques. Consequently, training in surgical endoscopy for the latter will focus mainly on theoretical and hands-on teaching by means of courses, pelvic trainers and/or animal models. Moreover, concise preceptorship in highly qualified ESHRE approved centres is required.

Accreditation

For operative endoscopy, as for all types of surgery, adequate experience in the operating theatre is of the utmost importance in achieving competence and cannot be replaced by courses of a few days. This will be taken into account in the ESHRE accreditation process. At the end of the training period the applicants will undergo evaluation of their theoretical and practical knowledge before credentials are granted. Accreditations will be given by the Executive Committee of the ESHRE, on the proposal of the Committee of the Special Interest Group on Reproductive Surgery. Accreditation will be given only upon acquisition of laparoscopic level III and hysteroscopic level II capabilities. To obtain accreditation from ESHRE, membership of the Society and of the Special Interest Group on Reproductive Surgery is required.

Monitoring

If a surgeon wishes to maintain ESHRE accreditation, some of the following requirements must be met on a 3 yearly basis: (i) attendance at workshops, updates and postgraduate courses organized or approved by ESHRE; (ii) compilation of a list of endoscopic surgical procedures performed in a calendar year, specifying any complications; (iii) acceptance of quality control by ESHRE and auditing activity; and either (iv) compilation of a list of studies performed and papers published on endoscopic procedures; or (v) participation in multi-centre studies.

It is recommended that endoscopic procedures be performed in well-organized operating theatres where an experienced team and the necessary technical equipment are available. ESHRE will provide continuing information on workshops and courses on endoscopic surgery by regularly publishing details in *Focus on Reproduction* and *Human Reproduction* and by sending circular letters to ESHRE members. Detailed information will be also available from the ESHRE Central Office (ESHRE Central Office, Van Akenstraat 41, B-1850 Grimbergen, Belgium; tel. +32-2-269 09 69; fax +32-2-269 56 00).

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Received on January 13, 1997; accepted on February 12, 1997