



C-Trg 2

Guidelines for performing advanced operative laparoscopy

Consensus statement of the Royal Australian & New Zealand College of Obstetricians & Gynaecologists (RANZCOG) and the Australian Gynaecological Endoscopy Society (AGES).

Laparoscopic surgery may be an acceptable form of treatment for many conditions. Laparoscopic/gynaecological procedures are minimal access techniques but are still major surgical procedures.

Laparoscopic surgery has its own risks and hazards requiring guidelines for minimum standards related to training, practice, skills and the understanding of the appropriate equipment to be used for gynaecological laparoscopic surgery.

It is recommended that gynaecologists do not perform advanced endoscopic surgery until they have reached the appropriate skill levels. Accreditation of Gynaecological Endoscopists will be undertaken by appropriate hospital or regional credentialing committees who should refer to the guidelines in this document. In particular, credentialing bodies need to understand that some endoscopic surgical skills do not fall within the general ambit of credentialing for gynaecological surgery and need to be acknowledged as advanced skills. Applicants for credentialing in this area should therefore provide proof of appropriate training and skills.

The use of laser with endoscopic surgery likewise requires further advanced skills. Evidence of appropriate training should be provided by applicants seeking credentialing. Guidelines can be obtained from the College.

All gynaecologists wishing to perform these procedures who do not meet recommended training requirements are encouraged to take further advanced supervised training.

Assisting and being supervised by experienced practitioners in endoscopic surgery is the most appropriate way to receive this training. This would be facilitated by regularly attending endoscopic workshops and courses.

Level of skill

The College and AGES have grouped together procedures that require similar laparoscopic skills.

Skill Level 1

The minimum requirement is the supervised performance of 40 or more diagnostic laparoscopic procedures before unsupervised operating. Such a level should be achieved during registrar training.

Skill Level 2

The minimum requirement is the supervised performance of 20 simple operative procedures such as tubal ligation, simple cyst aspiration, simple adhesiolysis, and/or ablation of minor

stage (AFS I-II) endometriosis before performing unsupervised surgery. This level should also be achieved during registrar training.

Skill Level 3

Laparoscopic ovarian cystectomy and oophorectomy when there is normal anatomy. Laparoscopic salpingotomy or salpingectomy for the treatment of ectopic pregnancy. The College feels that all trainees who obtained their Fellowship should be able to perform the above 3 levels of laparoscopic surgery.

Level 3 procedures would be initially carried out with the assistance of a recognised endoscopic surgeon within your training hospital until judged satisfactory. This may take anywhere from 10 to more than 50 procedures before appropriate skills have been developed. There will be a small group of gynaecological surgeons who may never learn the necessary skills to safely be able to perform gynaecological endoscopic surgical procedures.

Skill Level 4

Laparoscopically assisted vaginal hysterectomy (LAVH) and excisional surgery for AFS score level 3 endometriosis. Level 4 procedures should be carried out under supervision until it is recognised that training is judged to be satisfactory. This may take anywhere from 10 to more than 50 procedures before appropriate skills have been developed.

Skill Level 5

This level is an advanced level. This includes total laparoscopic hysterectomy, laparoscopic Burch and laparoscopic myomectomy.

Skill Level 6

Procedures at this level are as follows: laparoscopic pelvic floor repair, AFS level 4 endometriosis surgery. This is excisional surgery and not ablation. Laparoscopic removal of residual ovaries with significant distortion of the anatomy. Laparoscopic oncological procedures such as laparoscopic pelvic lymph node and para-aortic lymph node dissection and radical hysterectomy. To perform level 5 and 6 surgery, as well as laparoscopic suturing, surgeons should have completed formal preceptorships or Fellowship training under the supervision of appropriately skilled laparoscopic surgeons.

Companion Documents (or References)

None available

Links to other related College Statements

[C-Gyn 7 Use of the Veress needle to obtain pneumoperitoneum prior to laparoscopy](#)

[C-Gyn 20 The use of Mesh in Gynaecological Surgery](#)

Patient Resources

None available

Disclaimer

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The statement has been prepared having regard to general circumstances. It is the responsibility of each Practitioner to have regard to the particular circumstances of each case, and the application of this statement in each case. In particular, clinical management must always be responsive to the needs of the individual patient and the particular circumstances of each case.

This College statement has been prepared having regard to the information available at the time of its preparation, and each Practitioner must have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that College statements are accurate and current at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become available after the date of the statements.

