25/11/19

BSGE written report to the committee.

Dear BSGE committee,

Thank you for granting a BSGE trainee travelling fellowship towards my training in Gynaecological endoscopic surgery. I had the wonderful opportunity to visit endometriosis expert Prof Horace Roman at his endometriosis centre in Bordeaux, France from September to October 2019.

During this travelling fellowship, I had the opportunity to immerse myself in advance laparoscopy dedicated to endometriosis under the guidance of professor Roman and his specialised multidisciplinary team. I was able to conclude my visit by fulfilling my travelling fellowship goals which included networking with many international colleagues.

During my visit, I was very interested in observing and learning about how the Bordeaux team apply the usual practices that are conducted in any operating theatre setting. I observed some variation in practice in comparison to the health services I worked in the UK and Australia. For example, there was variation in practice to patient's skin antisepsis preparation. Following induction of general anaesthetics, the Bordeaux theatre nursing staff would first wash the patient's abdomen and extremities with soapy liquid wash and once the skin is dry, would apply alcoholic betadine, taking care to wash the umbilicus multiple times and even carefully scrub the umbilicus without harming skin integrity, when any visible dirt is seen. The skin preparation is allowed to dry, and then a second coat of alcoholic betadine is again applied. Once the second coat is dry, then the patient is draped. The vulva and vagina are also washed with non-alcoholic betadine. Then just before inserting the urinary catheter, another non-alcoholic betadine soaked gauze is used to clean the urethral meatus again before insertion of the catheter. A urine sample is also taken at the time of catheterisation for every patient to rule out infection before surgery. There is extensive care taken for antisepsis by Prof Horace's theatre team. This allowed me to reflect on my current practice and the practice within my health service and whether there was an opportunity to improve. I am an investigator in a recent randomised control trial that investigated the surgical site infection (SSI) rates following the use of different antisepsis regimes in gynaecological laparoscopy. The overall rate of SSI in according to Centers for disease control (CDC) was 15% in our study with follow up till 30 days following surgery and up to 30% in high-risk surgery such as hysterectomy procedures.

In comparison, Prof Horace's patients have an overall infection risk of 10%. My reflection is that careful attention to skin preparation has contributed to a lower infection rate for such high-risk surgery where bowel viscus and vagina are often breached. There was also no overall variation in antibiotic regimes in his patients, compared to our study patients. Along with skin preparation, the surgical drape used by his team for surgery is a single drape that exposes the abdomen area and covers the patient from top to bottom in one single drape action, with an excellent adhesive band around the exposed margins. The use of a single drape may also reduce the chances of contamination that can occur with the application of

multiple drapes at the start of the procedure. Furthermore, the use of airseal low-pressure pneumoperitoneum may also contribute to improved surgical outcomes.

Professor Horace is an excellent surgeon; however, he can achieve such excellence as a result of his dedicated team. The theatre team function very well, and all members are treated with absolute respect. The team display magnificent teamwork, that is the envy of any operating theatre in the world. There is also a mutual trust between everyone that they are all working well towards providing excellent patient care. Prof Horace is supported in theatre by the same wonderful scrub nurse for every single case, every day. The scrub nurse is highly skilled and very proactive and predicts every move prof Roman makes and is ready to hand instruments and sutures every time. Prof Roman has high respect for his theatre team, and if the theatre team questions anything concerning the surgery, he takes the time to ensures to listen and consider their questions and feedback, which acts as a safeguard for the patient.

Patients recover very well from the general anaesthetic following major surgery such as advanced endometriosis excision with bowel surgery which may include resections and stomas. Patients have excellent pain control and usually, mobilise early and even get discharged home soon afterwards. Other than excellent surgical practices, another contributor to proper pain management and early mobilisation is the pain management protocol that the anaesthetic staff use for endometriosis patients.
The pain protocol ensures that the patient has good baseline pain relief which is then titrated with prn medications. Opioid based analgesia is not the primary pain relief component. The numerical rating score (NRS) is used to guide patient and nursing staff to administer analgesia promptly to avoid exacerbation of pain. This pain protocol is accurately followed by all anaesthetic staff which ensure consistency in the prescription and administration of pain relief.

Many gynaecologists from all around the world come to see Professor's work. During my time working in his clinic, I had the opportunity to network with colleagues from Paris, Israel, Jordon, Turkey and Morocco. It was an absolute pleasure to exchange notes in each others areas of expertise and share ideas and discuss interesting concepts in gynaecology. I have built friendship and professional networks which will no doubt become a valuable future asset.

I also had the opportunity to write up some research for professor Roman during my visit. Professor has extensively published in the area of bowel endometriosis. He has been using double disc resection to treat endometriosis nodules that are too large for single resection or when the integrity of the anastomotic suture of single disc requires strengthening. To date he has completed 22 such cases. Therefore, with his current fellow, I had the opportunity to review the data and analyse it and write an article for submission
. I enjoyed reading further into bowel endometriosis and analysing his results against the current published evidence. I hope to continue to do more research with his team in the long term.

Professor Horace is very humble and genuine to everyone. He is very respectable in his approach and would never lose his temper or speak disrespectfully to the staff or patients. He is continuosly innovating his practice. He is keen to learn and hear ideas and opinion from everyone, but most importantly, he shares his wisdom and knowledge with us. He performs live surgery regularly, and if he has a complication, he is transparent about it and takes careful measures to manage the complication by ensuring the patient is getting the best possible care. He is an excellent example of an excellent surgeon, and it was an absolute pleasure to do my travelling fellowship with him. I had the opportunity to learn many advance dissection skills and surgical procedure techniques from him and his team.

In conclusion, I received an excellent overview of the practices of a centre of excellence for endometriosis. I was able to reflect on not only the advance surgery aspects, but more importantly, primary surgical and patient care practises that I can improve on for my health service. I leave his unit with the hope of returning in the future.

Thank you,

Dr Shamitha Kathurusinghe