BSGE Travelling Fellowship Report

Venue – Filippo del Ponte Hospital, Varese, Italy

Host - Professor Fabio Ghezzi

Introduction

I first discovered Professor Ghezzi's work during the ESGE annual congress in 2017 where he delivered a key note lecture on mini and micro laparoscopy. This fascinated me and opened my eyes as to what can be achieved through laparoscopic surgery. The aspect which most inspired me was his obvious obsession with simplicity and reproducibility in his surgical approach. It wasn't all about relying on advanced bipolar to perform difficult operations – his message was simple – BIPOLAR AND SCISSORS ARE ALL YOU NEED.

It was obvious I had to see his work for myself. I hoped to learn everything I could about the way he achieves so much, with seemingly so little, to try and incorporate it into my advanced laparoscopic ATSM training and future as a consultant.

With this is mind I approached the Professor through my trainer Mr Adam Moors to arrange a trip to Varese for a brief surgical fellowship. The BSGE kindly funded this trip which I am incredibly grateful for.

The Trip

After a short flight from Gatwick to Milan and a scenic drive through Northern Italy, I arrived in Varese. It was exactly what I expected – a quiet, provincial Italian town. Little coffee shops on every corner and beautiful sun bleached Italian dwellings from a bygone era. My wife and 10 month old son were looking forward to exploring the local surroundings while I spent my days in theatre. I'm not sure who had the best deal!

We checked in to a small apartment virtually opposite the hospital which had been cleverly nestled amongst old provincial buildings. The hospital was so understated that I couldn't believe it was the powerhouse pushing back the boundaries of laparoscopy in Northern Italy. What I didn't know before I arrived was that hidden from sight there were 3 brand new integrated operating theatres dedicated to gynaecological surgery!

On my first day, I shadowed the patient journey through from an immaculate, purpose built gynaecology ward into theatre. The patients were all transferred from their beds onto stryker surgical trolleys which had the ability to detach

their top half and be re-mounted onto a stand in theatre to re-assemble the operating table. This saved significant time and also eliminated patient transfer problems which is increasingly important given our obese UK populace and the subsequent increased risk of musculoskeletal injuries to staff. The flow out of theatre into recovery was a mirror image of efficiency with the next patient waiting outside on their trolley in a holding bay to save time rather than 'sending' from the ward.

As the days went on, there was a reassuring metronomic flow to the day which I think is where the Professor derives so much of his success. He follows the principle that everything must be the same every time. There are no surprises. There is no 'free-styling'. Everything is the same every time.

The days started with the Professor arriving on his scooter at the same time, a quick espresso and then into theatre where the patient was already asleep on the table. Consent took place long before theatre and simply confirmed on the day by his juniors so as not to lose time. His anaesthetist was always the same and had been for 20 years. He has the same 5 or 6 scrub nurses who are all trained the same way to do the same thing for every procedure. The patient is always draped in the same way, the same manipulator is always used, the instrument trays are always laid up the same way (depending on procedure) and the theatre set up is always the same. I noticed particularly that all the cables ran in the same direction into the scrub nurse's quivers with each cable secured in a Velcro holder so there was no cable entanglement which could slow things down.

There had clearly been hundreds of positive choices that had occurred over the years to create what could only be described as flawless theatre efficiency. It's difficult to believe what can be achieved when you compare to the frustrations prevalent in all UK theatres.

All the theatre staff took incredible pride in their work and were totally focused on the procedure that was occurring. They anticipated the Professor's moves and at each step of the operation people would just flow around theatre turning lights on/off, repositioning things and getting equipment without words being spoken because they KNEW what would happen next as it is the same every time. It was military in its efficiency. After a few days (forget the amazing operating) I had consolidated my first key message: **Standardise your approach in every aspect possible**. It will save you time, stress and generally make everything more productive and pleasant.

Then the operating started. The case mix was highly varied but there were two common factors, it was all complex and ALWAYS laparoscopic. Surgeries included radical hysterectomies, para-aortic node dissections, massive 2+ Kg TLHs, difficult myomectomies and of course endometriosis. His Fellow even showed me a video of a post-partum TLH they had done, something I didn't think possible. It didn't matter which operation it was, everyone in theatre knew every step and things ran flawlessly. All of these operations were done with 5 laparoscopic instruments: 2 x Manhès forceps, 1 x Matkovitz forceps, bipolar and scissors. That's it! All of the ports/manipulators were re-usable. All the specimen retrieval was done thorough posterior colpotomy with a standard sterilisable vaginal set of instruments (which were of course the same every time!). Clearly there were huge financial savings to this approach which I suspect rapidly offset the outlay for the integrated theatres within a few years. This was where I learnt my second key lesson: **You don't NEED advanced bipolar, you don't need lots of disposable gizmos or instruments. A simple set of basic instruments is all you need.**

There were lots of little tips and tricks I learnt along the way and the Professor was happy to explain at every turn why he does what he does. There was always a very good reason for every move and nothing was left to chance. I spent a great deal of time observing how he handled his instruments to maintain his ergonomics even during the longest cases. He often palmed his instruments and used a reverse grip to keep his arms relaxed and adducted at all times. I have found this of great value since returning home and feel more relaxed while operating.

The Professor was also obsessed with cosmesis. Anything above a 5mm incision was heresy in his theatre. One great benefit of this was the 5mm camera could be used in any port so even an abdomen full of adhesions could be systematically approached without much difficulty. Another product of this was routine posterior colpotomy and vaginal morcellation of almost everything including massive specimens (I saw several TLHs above 2kg). As always everyone knew their role in this process to help the Professor during these difficult extractions and within a flurry of scalpel strokes at manic speed the specimens were out! It beggared belief the first time I saw it, but after seeing it multiple times it really began to make sense and helpfully circumvents the whole power morcellation issue. It is definitely something I will incorporate into my practice. This leads me onto my final learning point: **Nothing is unachievable laparoscopically, it's a state of mind. The question shouldn't be can we do this laparoscopically? It should be, why can't we do this laparoscopically?**

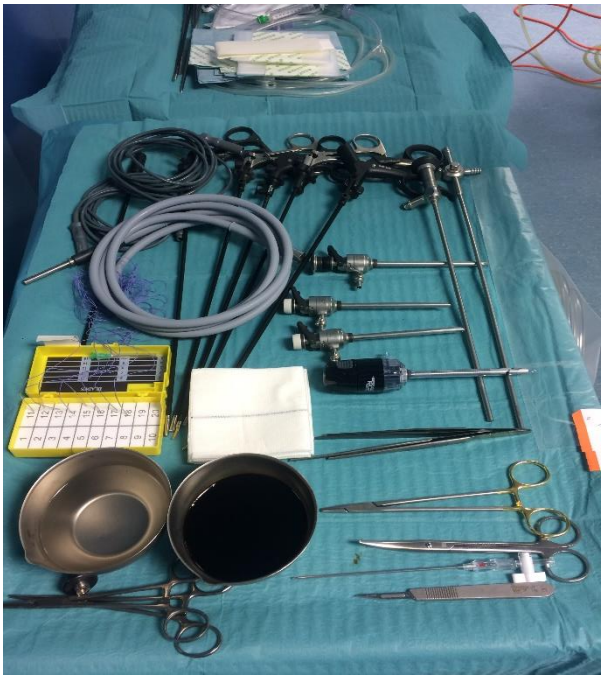
Of course during my time in Varese I visited the local sights, drank plenty of espressos and enjoyed a fine array of patisserie. After theatre finished at 4pm, the Professor's afternoons were spent in clinic and as I can't speak a work of Italian it freed me up to visit some of the lakes with my family and my son Reginald had his first swim in open water! We visited the famous Borromean Island gardens which were something I will never forget.

Eventually the time came to return home from Varese. There was a touch of sadness leaving such a beautiful place behind but this was far outweighed by the many fond memories of how hospitable Prof. Ghezzi and his team were to a complete stranger who spoke no Italian and how happy they were to impart their knowledge and expertise so that I could learn.

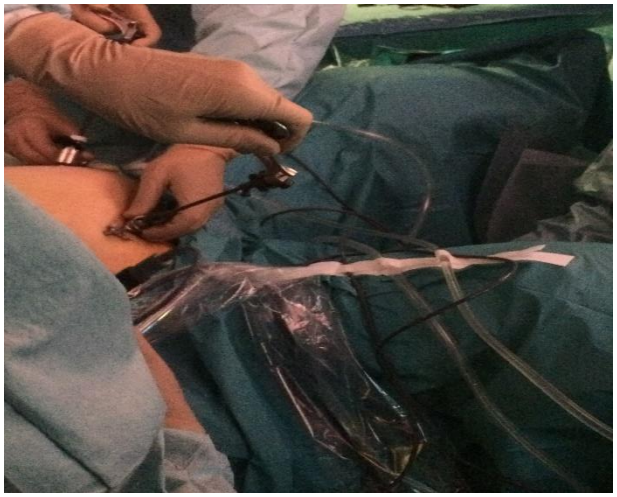
I owe my gratitude to Prof. Ghezzi and his team and to the BSGE for funding such an enlightening experience which I am sure will stay with me throughout my career.

Matthew Dipper

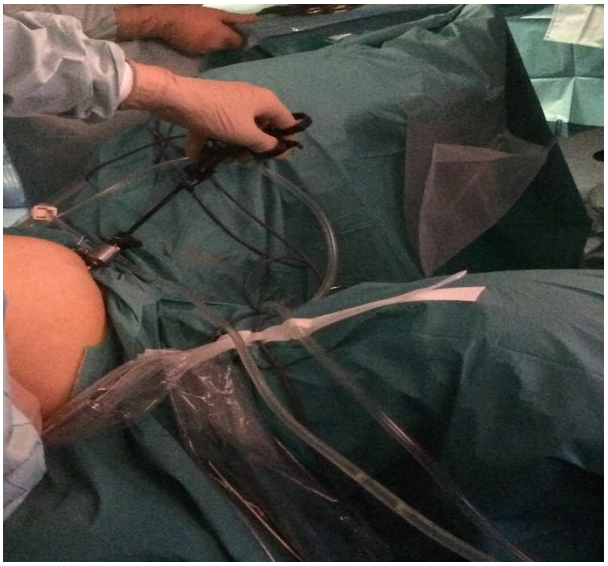
Picture Gallery



The standard laparoscopic set



Palming instruments



Reverse grip

Afternoon fun in Varese!

Reggie’s first open water swim!