

The technology supporting laparoscopic surgery is advancing at a furious pace. Every annual meeting is sponsored by a whole host of industry partners, many keen to demonstrate the latest innovation to make surgery more efficient, accurate and safer. There is no doubt that many of these devices are of a great use to the laparoscopic surgeon, however they are no substitute for good surgical technique.

I recently visited Fabio Ghezzi in Varese, a charming city in Northern Italy, not far from the Swiss border. In a small hospital near the station, he has 4 operating lists a week and performs approximately 1500 laparoscopic cases annually. Financial constraints within the hospital mean that all instruments have to be re-usable so his instruments of choice are bipolar forceps, cold scissors and a monopolar hook. He always uses a 5mm scope, and often only one suprapubic port for a laparoscopic hysterectomy. The scrub team are well-trained and anticipate his needs – changing from bipolar forceps to scissors and back again is barely noticeable! His dissection is smooth, accurate and executed with efficiency – a laparoscopic hysterectomy in a woman with a history of 5 laparotomies (2 open myomectomies, 2 Caesarean Sections and a failed attempt at a hysterectomy), was achieved using a single port and only took 45 minutes!

Such surgery was a joy to watch, and incredibly inspiring for me as someone undertaking the Advanced Laparoscopy ATSM – it was a real masterclass in doing the basics well, and a reminder that all the modern equipment may make surgery more efficient but will only ever augment, not replace, surgical skills.

I spent 4 days in the hospital del Porte in Varese, and observed 28 laparoscopic procedures, including laparoscopic myomectomies, hysterectomies, treatment to severe endometriosis and ovarian cystectomies. All specimens were delivered vaginally – either following a total laparoscopic hysterectomy or via a posterior colpotomy, meaning that no abdominal incision was greater than 5mm, resulting in minimal post operative pain and early discharge.

Even 8-10cm fibroids were delivered vaginally – an endocatch type bag was inserted into the posterior vaginal fornix, and an incision made laparoscopically over the bag. The specimens were placed in the bag and then withdrawn. At that point, both the assistants (usually his residents) and the scrub nurse rushed to the vagina with retractors and Prof Ghezzi would morcellate the specimen vaginally before closing his incision. He would deliver and cold-knife morcellate a fibroid uterus in a similar way, then close the vault from below.

Prof Ghezzi was very approachable and helpful in setting up the visit, and I wouldn't hesitate to recommend visiting his unit. Everyone there was very welcoming, and patient as I tried to communicate in broken Italian before replying in perfect English!

Varese itself is a charming, bustling city located 30 minutes north of Milan by car. Hidden behind the main street is a picturesque old town with plenty of coffee shops and restaurants. The municipal gardens are well worth a visit, and there is

a small, family run restaurant on the edge of the old town in Via Broggi, where the antipasti is to die for!

My visit was generously supported by a travel bursary awarded by the BSGE. The opportunity to spend time with Prof Ghezzi – observing his surgery and discussing his techniques and set up - was immensely valuable to my training. The BSGE travel bursaries and awards are very generous and make these experiences possible. I would thoroughly recommend applying – this experience was definitely one not to miss!