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Interdisciplinary Intra Operative Reference during Gynaecological Surgeries in A Tertiary Teaching Hospital

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Introduction

Gynaecological surgeries often involve complex procedures near delicate pelvic organs, predisposing patients to injuries such as bladder and rectal perforations. ureteric injuries, and vascular complications. It has been estimated that 52-82% of iatrogenic injuries occur during gynaecologic surgery. The management of these injuries requires timely intervention and often necessitates the involvement of multiple surgical specialties ¹. Effective training of gynaecologists in pelvic surgery beyond reproductive organ procedures is essential to equip them with the skills needed to recognise and manage these complications promptly ².

Objective

This study is to emphasise the importance of multidisciplinary training for residents in order to manage unanticipated intra operative complications during surgeries in centres without availability of multi speciality facilities.

Materials and methods

- Duration of study: 2 year (Jan 2022 to Dec 2023)
- Type of study: Hospital based observational study
- Study Centre: Department of Obstetrics and gynecology in raja Rajeshwari medical college and hospital

Inclusion criteria

- Gynaecological surgeries
- References during intra operative period in pelvic surgeries
- Emergency references due to unanticipated complications

Exclusion criteria

- References involving planned surgeries such as DJ stenting, hernial repair etc
- References involving the management of postoperative complications not related to an intraoperative injury
- Obstetrics related references
- A total of 482 surgeries were enrolled for the study.

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• Data were collected on patient demographics, preexisting conditions, surgical details, intra operative complications, interdepartmental referrals and management strategies.

Results

- Out of 482 surgeries conducted by doctors with more than 5 year's experience, 29 cases required reference and intervention
- 10 cases (2.074%) involved intra operative visceral injuries,
- 7 cases (1.452%) involved references for adhesiolysis, ,
- 12 references (1.037%) required reassurance.

Type of Injuries

Bladder injuries: most common, occurring in 6 cases (20.689%). Sizes ranged from 1cm to 3x4 cm, typically repaired intra operatively with involvement of urologists.

Bowel injuries: Rectal perforations occurred in 1 case (3.448%), managed by general surgeons.

Ureteric Injuries: Ureteric injuries were noted in 3 cases (10.344%), necessitating urological intervention.

Adhesiolysis: Surgeons were called for adhesiolysis in 7 (24.137%) laparoscopic surgeries.

Reassurance: 12 (41.379%) miscellaneous references where intervention was not required.



Graph 1:

Frequencies and Types of Injury from Pelvic Surgery

TYPE OF SURGERY	Bladder	Bowel	Vasculature	Adhesions	Ureter	Cystoscopy	Trocar <u>entery</u> injury
Abdominal hysterectomy							
Vaginal hysterectomy							
Staging laparotomy							
Laparoscopic hysterectomy							
Tuboplasty							
Exploratory laparotomy							
SURGICAL APPROACH							
Laproscopic							
Open cases							

Discussion

The findings highlight the critical need for comprehensive training of gynecologists in pelvic surgery to minimize intraoperative complications and reduce the reliance on interdepartmental referrals. Training programs should emphasize:

- Anatomy and Surgical Technique: Detailed knowledge of pelvic anatomy and meticulous surgical technique to avoid injuries.
- Complication Recognition: Early recognition of visceral injuries and prompt decision-making for appropriate management.
- Interdisciplinary Collaboration: Effective communication and collaboration with urologists, general surgeons, and other specialists to optimize patient care.

Conclusion

Enhancing gynecologists' proficiency in managing intraoperative visceral injuries through structured training programs is crucial for improving patient safety and surgical outcomes. By equipping gynecologists with the necessary skills to handle complex pelvic surgeries, including bladder, rectal, and ureteric injuries, we can mitigate complications and optimize patient recovery. This study advocates for a paradigm shift in gynecological training, emphasizing interdisciplinary collaboration and comprehensive surgical skills to address the challenges of modern pelvic surgery effectively.

This research underscores the importance of continuous professional development and interdisciplinary teamwork in gynecological practice, aiming to advance patient care and surgical outcomes in complex pelvic surgeries.

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