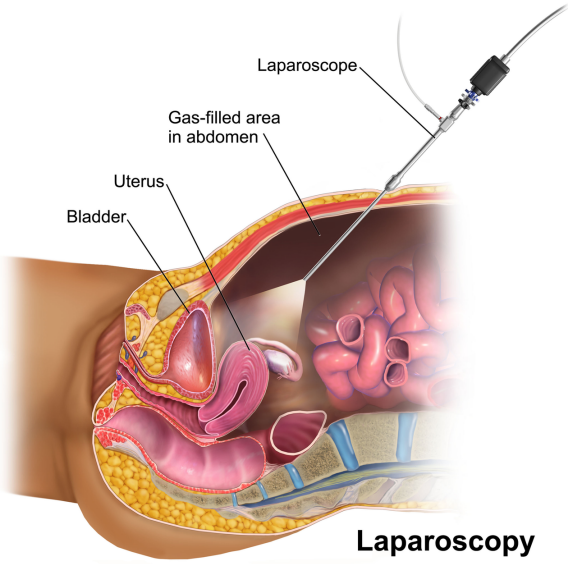
Logbook



Met Jayne newbold and Mr Abdul this morning

was introduced by Jayne to:

- knot tying
- laprascopic activities - laproscopic suturing, stacking cubes
- basic suturing

Was informed by Mr Abdul on what this SSM would encompass, and was explained what was expected and that I would get back as much as I put into the attachment. Was informed the need and usefulness of a clinical logbook - recoding activities, what I've seen and therefore reflecting on what I've learnt on the day

PM theatre - Mr Anish Bali - F60 6/12/2021

total abdominal hysterectomy

- + bilateral salpingectomy
- + bilateral oophrectomy

indication was to excise a large ovarian mass - around 10 cm in length and 4-5 cm in diameter

- surgery was to excise mass - malignant tumour?
- biospy ovarian mass, biopsy potential spread areas - omentum, fallopian tubes, ovaries
- structures to watch out for - ureters (water under the bridge), bladder, rectum , gut

▼ walls of abdomen:

- skin
- subcutanous fat
- rectus sheath
- muscle
- peritoneum

▼ post surgical complications

- acute <24hrs
- medium - 48-72 hrs
- late - >72 hrs
- check obs RR, HR, temperature, bloods, CRP, U&E's

▼ common post complications include

- pain
- dmg to structures bladder, rectum, ureters,
- DVT (use compression boots, stockings, post surgical mobilisation, Enoxaparin)
- infection - sources including direct wound infection, infection through catheter (urinary), ventilated (chest infection),
- actelectasis lungs due to ventilation → chest infection

- paralytic ileus - will present with distension, bilious vomiting, absent or tinkling bowel sounds, effortless vomiting

▼ I was also given the oppurtunity to assist in theatre - scrubbed up

- assisted in the closing of the patient - basic knot tying was observed
- clamping and ligation of blood vessels
- retraction of bladder, peritoneum, subcutaenous fat, muscle
- importance of using instruments in order to provide the lead surgeon with the best view/reduce obstruction of view/make it easier for lead surgon to make bites with needle or to tie up structures by providing tension with clamps or retractor
- was also able to chat with registrar performing surgery regarding key steps, structures to watch for

▼ learning points:

- anticipating surgeon's next move, and how best to move hands as to least obstruct the surgeons procedure/assist by providing tension for making bites and tying
- importance of clamping of blood supply proximal and distal to cut
- difference between monopolar and bipolar diathermy (closed system etc)
- use of anaesthetic and pain relief post pre and post op
- needle safety
- theatre etiquette
- scrubbing in - basic non touch technique

AM theatre - Mr Summi Abdul - 7/12/2021

Learning points:

- preparation for laproscopic hysterectomy
- surgical equipment - uses (how equipment is prepped, cleaned)
- procedure safety

- pre-op assessment
- minimising post complications
- prophylatic antibiotics

Always state exactly what equipment you will use in the surgery debrief before starting procedure - this will mean less faffing about, and no need to look for equipment

▼ Types of entry techniques:
  - The open (Hasson) technique - Hasson trocar open access
  - The closed (Veress needle) technique (spring loaded needle technique)
  - Direct trocar entry technique - Laparoscopic entry is initiated with only one blind step
  - Optical (direct vision) access technique
  - Radially expanding access system

▼ entry:
  - Veress needle,
  - insufflation
  - trocar

▼ Anti slip - equipment and techniques
  - bean bag?
  - Yellowfin?

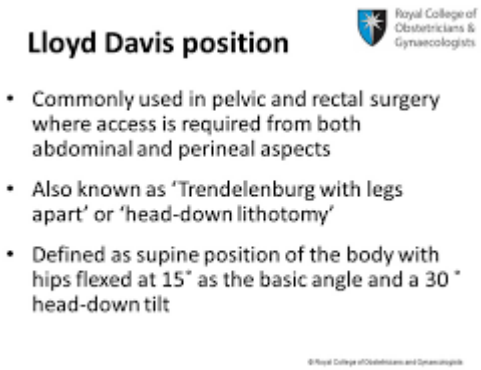
▼ Access locations
  - Umbilical point
  - Left upper quadrant or Palmer's point
  - Middle upper abdomen (Lee-Huang point)
  - Veress needle insertion
  - Irrigation and aspiration test

▼ Gas insufflation test - CO2 - why not other gas?

The instrument is based on the principle that **under a certain pressure, gas can be pushed via the cervix and uterus through** the tubes into the abdominal cavity where its presence can be detected by distension and other means.

- ie you can hear a hissing sound if there is a leak

▼ patient positioning



▼ Mc'cartney tube

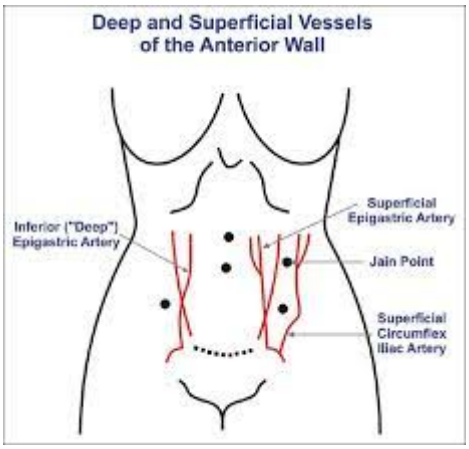
a unique single use device to be used during a Total Laparoscopic Hysterectomy.

The special design of the instrument facilitates improved visualisation and reduces tumour seeded contamination risks during removal. Furthermore the soft curvature acts as a safe guide during sectioning of the uterus and ensures no trauma to the tissue, whilst the airtight valves prevent loss of pneumoperitoneum after colpotomy.

The Tube can also be used as a reservoir for specimens during surgery. Additionally, the Tube provides a convenient entry for needle and suture into the pelvis for fast and simple suturing of the vaginal vault.

- has a one way valve to maintain pneumoperitoneum after colpotomy
- protects the ureters from trauma during surgery
- Identifies where to safely seal and divide the uterine vessels
- Provides a clear template for bladder dissection and colpotomy
- Improved visualisation designed for a more safe procedure

▼ steps:



- examine patient
- clean - sterilise - iodine?
- Foley' Catheter
- suction irrigation device
- Sim's speculum + instrument to place at the os to manipulate (anterovert,retrovert)
- clean drapes - 4 drapes - 2 either side (RL), 2 top/bottom
- check gas - + towel clips on drapes to secure suction?
- local anaesthetic
- entry points - 3 - 1 below umbilicus, either side R/L (RUQ, LUQ) -

▼ devices - diathermy

- seals and cut at the same time - Harmonica

- bipolar/monopolar- seals
- scissors
- clamps

▼ parts of a Storz endoscopes stack:

- endoflater - pressure, flow rate, volume
- light source - control intensity
- AIDA - the machine's pc
- light source connection to port endoscope

AM theatre - Mr Bali - 8/12/2021

TLH → transverse laparotomy

▼ learning points

- converting from laparoscopy → laparotomy
- uterine cancer staging and grading
- incision points and why - e.g. palmar's point due to umbilical adhesions
- structures to be careful not to hit - mainly vessels (ureters close to uterine arteries - water under bridge)
- types of equipment used to ligate and cut - thunderbeat, harmonic (sealing, cutting, ligation)

- 3d glasses - used to help improve depth perception for my complex surgeries?
- uterus could not be removed via normal vaginal delivery method due to risk of spreading cancer cells

AM theatre - Ms Kolhe - 10/12/2021

Ms Kolhe was an excellent teacher and slowly went through the steps of a laproscopic hysterectomy - structure through structure. It was intresting to see how different surgeons have a preference for certain instruments and tools (such as 3D and harmonic vs thunderbeat). It was also interesting to see how different surgeons start the procedure at different structures. After being taught In such depth I was able

to properly appreciate the importance of each steps of a TLH in terms of patient prognosis and practicality

▼ learning points

- Total laproscopic hysterectomy - steps in a TLH/variations between surgeons
- importance of a neat and structured approach to surgery, e.g. "pre marked" structures via ligation to help with orientation and quick access/recognisation of structures throughout surgery
- Surgeon preferences in instruments and tools
- importance of effective communication and preparation before surgery
- all the important members of an effective surgery

AM theatre - Mr Fareed - Laproscopic cholecystectomy - 13/12/2021

▼ learning points

- post operative complications
- pressure of insufflation - too high a pressure can block IVC
- always check if your anaesthetist is happy to start
- incision points and why
- importance of anatomy - learning your landmarks and other improtant structures - helps to orientate yourself in the cavity as well
- gall stones - prevalence, complications, presentation, management
- lifestyle of surgery - examinations, logbook, you do not want your consultant scrubbing in if you can help it
-

AM theatre - Mr Abdul - total laproscopic hysterectomy - 14/12/2021

saw a TLH - was unable to scrub in, but gained insight into the individual steps, the importance of prepping equipment and team in the briefing beforehand (such that there is no need to find equipment during surgery due to careful preparation and knowledge of instruments are essential/may be needed

▼ Learning points:

- patient positioning - lloyd davies/tredelenburg - head down legs flopped either side on yellowfins
- anti slip on table
- anaesthesia - before and during procedure
- clean + drapes
- vaginal examination before via speculum
- veress needle blind insertion → insuflation - 25 - not too high or you obstruct IVC
- ▼ prepare scope - antifog + clean
  - set zoom
  - white setting - calibration
- insertion of trocars in other insertion points (RUQ, LUQ, suprapubic) - vision guided with endoscope - learn position of ports - guided via visiport
- size/type of suture - what hand is it handed to? Angle (3-0, V-lock suture - suction first)

▼ Cut through ligaments - round, broad, suspensory

- down to peritoneum of the bladder, and reflect back, be careful of hitting ureters and vessels (water under the bridge)
- complete either side - left and right
- insertion of the mccartney tube to ensure pneumoperitoneum after cervix and cardinal ligament is cut

AM theatre - Mr Awan - laproscopic drainage of pancreatic pseudocyst 15/12/2021

- post pancreatitis - remember a common cause of pancreatitis is gallstones (I GET SMASHED) patient has lost weight recently
- trans gastric incision due to position of the pseudocyst on the back side of the stomach

▼ cysto-gastronomy

  - connecting cyst wall to stomach - allows drainage of cyst debris into the stomach → GI tract → excretion

AM theatre - Mr Awan - 16/12/2021

▼ procedures seen:

  - robot assisted left inguinal hernia repair
  - emergency laproscopic appendectomy
  - laproscopic insertion of Peritoneal Dialysis catheter

▼ robotics learning points

  - generally long set up - improved with experience - requires staff with in depth knowledge of davinci robot to set up and maintain
  - incision points - 15 cm away from target organ
  - incision points - all in one line, rather than triangle positioning like in normal laproscopy
  - machine has more range of movement laproscopically - imagine like putting your hand into the body - much more control
  - surgeons persepctive - like driving a car (can choose between a crappy car vs ferrari) - da vinci is also thinking about the surgeons quality of life
  - think of it like - when drawing a painting - normal laproscopy can make a pretty good copy of the drawing you envision, but with robotics, can complete the painting with utter perfection

▼ learning points

  - different entry technique - vision guided trochar insertion rather than use of a veress needle to create pneumoperitoneum
  - use of suture initially to help provide tension and anchor tissues

▼ triangle of pain, triangle of doom

- lateral cutaenous nerve of the thigh
- anterior cutaenous
- lateral cutaneous

- protakt, asobactact
- TARUP repair surgery

AM Theatre - Mrs Carmichael - Righ mastectomy + sentinal node biopsy - 14/02/2022

Was allowed to assist in the surgery

▼ learning points:

- learned to anticipate the surgeons next steps, and move instruments in order to allow surgeon better access or vision to operated area
- learnt the steps of subcuticular suturing and closing technique (aberdeen knot)
- learn the guidelines for diagnosing breast lumps

AM theatre - Mr S Williams - 17/02/2022

assissted in first Lap Nephrectomy case

▼ Procedures seen:

- Laproscopic nephrectomy x 2

▼ Learning points/what was observed

- learnt about the steps in a nephrectomy
- indications for a nephrectomy

▼ was allowed and taught how to use endoscope during procedure

- learned the importance of providing adequate vision for surgeon throughout.
- Learned how to manipulate and move endoscope

▼ was allowed to use staples, and was learnt the different methods when closing

- suturing - better cosmetically
- glue is used to help to adhere the skin and allows for optimum healing whilst stopping bleeding
- staples - can be removed individually for later closure if needed (all staples must be removed eventually and are painful to remove) - used since it is generally faster and much easier than skin suturing

Am theatre - Mr Al-Khyatt - 18/02/2022

▼ Procedures seen:

- Laproscopic cholecystectomy x2

- was given the oppurtunity to perform subcuticular suturing

Am theatre - Mr P Leeder - 22/02/2022

▼ Procedures seen:

- Lap cholecystectomy
- Lap incisional hernia repair with mesh

▼ Learning points

- learn the importance of blunt dissection and using diathermy only when necessary - reduce chance of damaging important structures and causing strictures in common bile duct
- Importance of knowing your anatomy and important landmarks to identify critical anatomy and understanding normal variations in anatomy that you may potentially see in your patients
- learnt the importance of properly exposing critical structures and therefore knowing when it is safe to make incisions or use diathermy

Am theatre - Mr S Amer - 23/02/2022

Procedure seen: TLH + BSO

This case was tricky as the large fibroids on the uterus made it difficult for the uterus to be removed via the vaginal opening. Mr Amer required further incisions to chop the uterus into smaller sections to be removed. This method would not be feasible had the masses been potentially malignant. The decision to remove the uterus laproscopically was made due to the size of uterus seen on the scans as well as the fact that the women was a para 2 - meaning the vagina had less tone.

Learning points:

- importance of imaging before procedure - helps decide if hysterectomy can be done laproscopically or may need open laperotomy