

Laparoscopic training in Pakistan: need for improvement

Minimal access surgery is a rapidly evolving technique and has quickly taken over traditional open surgery in many procedures. One excellent example is laparoscopic cholecystectomy that soon after its introduction in 1987 had become the gold standard in treatment of symptomatic gall stones^{1,2}. Although few years back major use of laparoscopic technique was rather restricted to cholecystectomy, diagnostic approaches and gynaecological procedures but with passage of time more and more procedures like hernia repair, funduplication, splenectomy, adrenalectomy, nephrectomy etc are being performed laparoscopically. On one hand where laparoscopy has revolutionized surgical care by reduction of patient trauma, morbidity, hospital stay and improved cosmesis there are reported increased incidence of different complications but this is mainly attributed to learning curve. The challenge remains that minimal invasive techniques demand extensive surgical training especially hand eye coordination and depth perception. Such training ethically demands extensive practice on simulators and animal models before starting surgeries on humans.

Despite of increasing population health care delivery system in Pakistanis still not improving; in fact there is a major rural urban disparity³. In Pakistan although laparoscopic surgery is also being adopted quickly but training programmes are still limited. The cost of simulators are so

high that it is not possible to make them available in all major units.

We need to manufacture simulators in Pakistan which should be cost-effective and there should be mandatory workshops for all postgraduate students which will enhance the laparoscopic skills in the postgraduate fellowship trainees.

There need to be six months rotation of all postgraduate fellowship trainees to laparoscopic unit so that they should develop hand eye coordination and should develop basic laparoscopic surgical skills. This is the only way in which we can develop good laparoscopic surgeons in future and should develop advanced laparoscopic culture in our country where all kinds of procedures could be performed safely.

Prof. Saleem Khan

Editor

Pakistan Journal of Surgery

References:

1. NIH Consensus conference. Gallstones and laparoscopic cholecystectomy. JAMA. 1983; 269:1018–1024. doi: 10.1001/jama.269.8.1018.
2. Frederik Keus, Jolanda de Vries, Hein G Gooszen, and Cornelis JHM van Laarhoven Assessing factors influencing return back to work after cholecystectomy: a qualitative research BMC Gastroenterol. 2010; 10:12.
3. Zafar A. "New innovation in healthcare delivery and laparoscopic surgery in Pakistan." Emerging Technologies 2009, ICET 2009, International Conference; 19-20 Oct 2009.