Scientific Session 2

The University of Guyana diploma in surgery: how are we doing?

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Objective: The University of Guyana, with the assistance of the Canadian Association of General Surgeons, developed a two and a half year diploma programme in general surgery. By 2012, fourteen trainees had graduated from the programme. We elected to evaluate the programme by surveying the graduates.
Methods: A questionnaire was sent out to all the graduates using SurveyMonkey® with 24 multiple choice questions and two open-ended questions. The questions addressed three general themes: overview of the programme, teaching experience and clinical experience.
Results: Responses were received from 13 of 14 graduates. All responders answered all the questions. Twelve of 13 graduates felt that both their expectations for the programme and their needs were met. Ninety-two per cent of the graduates felt that classroom teaching was adequate, while 54% felt that they could benefit from more clinical teaching. For the seven clinical specialty areas, 62% of the graduates felt that they had sufficient exposure. Seventy-seven per cent of the graduates felt that the programme prepared them to practice in Guyana. Sixty-nine per cent would recommend the Diploma programme with reservations to future MD graduates, 23% probably or absolutely not. Upgraded to a Master's programme, 77% would absolutely recommend the programme.
Conclusions: Overall, the graduates were satisfied with their training in the Diploma of Surgery programme. Steps need to be taken to improve clinical teaching. The results of this survey strongly support a move to the Master's surgery programme.

Laparoscopic ventral hernia repair in the Caribbean: initial results in Curaçao

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Objective: Laparoscopic repair of ventral hernia has reported value over the open procedure. To determine the value for the Caribbean setting, the technique was introduced in Curaçao in 2012.
Methods: A prospective cohort pilot study was done of patients who underwent elective abdominal hernia repair with synthetic and biosynthetic mesh material. Primary outcome parameters were mortality and intraoperative or postoperative complications of any kind. Secondary outcome parameters were conversion rate, operative time, operative blood loss, length of hospital stay (LOS) and early and late recurrence.
Results: In the period of May 2012 to February 2013, a total of 14 laparoscopic ventral hernia repairs were performed in 13 patients. The procedures included five primary and nine recurrent hernias. In 11 cases, a biosynthetic mesh was used. There was no mortality and there were no intraoperative or postoperative complications. There was one recurrence after three months that was laparoscopically repaired with a bigger mesh. Conversion rate was zero, median operative time for the hernia repairs was 24 minutes (17/48). Blood loss was nil in all cases and median LOS was two days (1−7).
Conclusions: Our initial experience with the laparoscopic ventral hernia repair seems safe and feasible in terms of patient safety and surgical outcome. However, the results are of a single surgeon, single setting environment. Further data with larger numbers through a multi-centre environment are needed to assess the value of the laparoscopic ventral hernia repair for the Caribbean setting.

A series of completion cholecystectomies using the laparoscopic approach

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Objective: The incidence of incomplete cholecystectomies, whether intentional or inadvertent, remains unknown in the Caribbean. Retained or recurrent stones in the remnant gallbladder may produce the post-cholecystectomy syndrome. We report a series of three cases requiring completion cholecystectomies.
Methods: An audit of all patients requiring completion cholecystectomy for post-cholecystectomy syndromes was performed across the Anglophone Caribbean over a five-year period from January 1, 2008 to January 1, 2013. Retrospective chart review was performed to extract the following data: patient demographics, diagnoses, presenting complaints, operative details, morbidity, mortality and clinical outcomes. Descriptive statistics were generated using SPSS version 12.0.
Results: Laparoscopic completion cholecystectomies were performed in three patients (two women) at an average age of 56.3 years, SD ± 4.1, range 52−60. Two patients had the original cholecystectomy done electively through an open approach and one had an emergent laparoscopic cho-lecystectomy for acute cholecystitis. The completion cho-lecystectomies were all completed laparoscopically in 125 ± 5 minutes, without any conversions, morbidity or mortality.
Conclusion: Recurrent symptoms from a post-cholecystectomy syndrome should be entertained when patients return with recurrent symptoms post-cholecystectomy. The operations can be performed successfully using the laparoscopic approach in centres with advanced laparoscopic experience.

Single incision laparoscopic colectomy for benign and malignant disease in the Caribbean

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Objective: To demonstrate that single incision laparoscopic colectomy is a safe, feasible management option for both right- and left-sided colonic pathologies, inclusive of benign and malignant causes in a Caribbean setting.
Methods: Demographic and clinical data were collected prospectively for all patients who had a single incision laparoscopic colectomy in the six-month period from November 2011 to May 2012 at the San Fernando General Hospital. The data were subsequently analysed retrospectively.
Results: Five patients underwent single incision laparoscopic colectomy over the study period. Four patients (80%) had surgery for malignant lesions, while one (20%) had benign disease (diverticulosis). Eighty per cent of the candidates were male. Age ranged from 42–76 years, with an average of 60.2 years. Operative time ranged from 135–240 minutes with a mean operative time of 180 minutes. Length of stay varied from 3–5 days with an average of 4.2 days. There were no intra or postoperative complications and no superficial surgical site infections. At follow-up, histology confirmed that surgical margins were uninvolved for the malignant lesions. The lymph node yield ranged from 10–16 nodes with a mean lymph node harvest of 13.25 nodes. At an average of one-year of follow-up, no port site hernias have been recorded.
Conclusion: This study shows that single incision laparoscopic colectomy is a safe and successful management option for a variety of colonic pathologies in a Caribbean setting.

Training for hepatobiliary surgery in the modern laparoscopic era

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Aim: In the era of medical litigation, surgical training has been forced to evolve. In sub-specialty training, we have adopted a tiered approach to surgical training. We prospectively evaluated the learning curve with this approach.
Methods: During training, first tier fellows are responsible for safe laparoscopic access and control of the hepato-duodenal ligament. This index activity was used as the basis to judge progress and graduate to tier two. We prospectively evaluated candidates performing the index activity and recorded the following data: operative technique, completion time, activity-specific morbidity and estimated blood loss. Statistical analyses were performed with SPSS version 12.

Results: Over the study period, there were 58 operative procedures in which two candidates performed the index activity. There were seven activity-specific complications (12.1%) that included parenchymal lacerations/cautery burns (4), visceral injury (2) and vascular injury (1). Despite small case volumes, there was a notable trend after 17 cases, with reduced morbidity (from 14.7% to 8.3%), activity time (from 28.5 ± 6.1 minutes to 20.9 ± 4.4 minutes), blood loss (from 44.25 ± 38 to 41.13 ± 24 ml) and the requirement for assistance (from 5.9% to 0).

Conclusions: There is a trend toward improvements in activity time, activity-specific morbidity and activity-specific blood loss once candidates have completed 17 first tier manoeuvres. This can be used as an index of progress in surgical training programmes.