SYMPOSIUM

SURGERY IN LOW RESOURCE SETTINGS NOVEMBER 14TH-16TH 2014



THIS
IS OUR
ROLE!

Integrated surgical training web-based e-learning 3D visualization

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Amsterdam, the Netherlands



Times are Changing in Surgical Training

MORE LEARNED IN LESS TIME MORE RESIDENTS

LESS TRAINING ON THE JOB

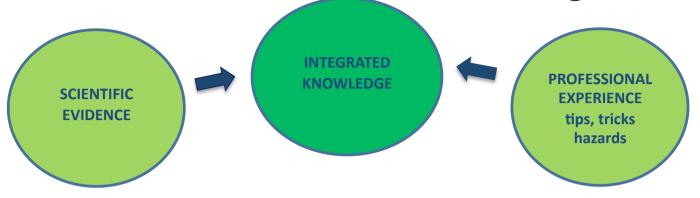




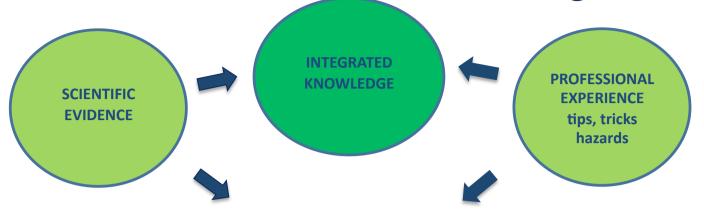


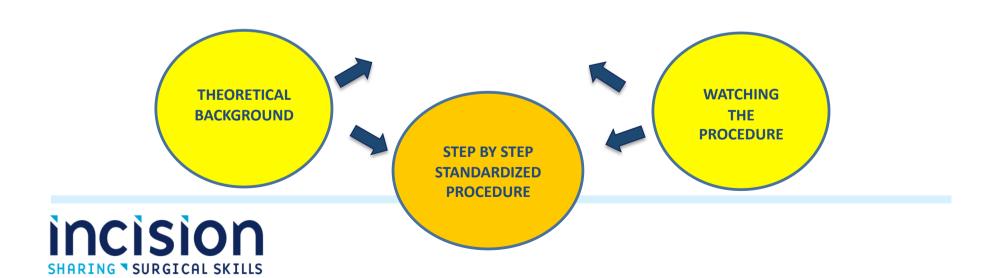
shift from clinical experience to skills lab training

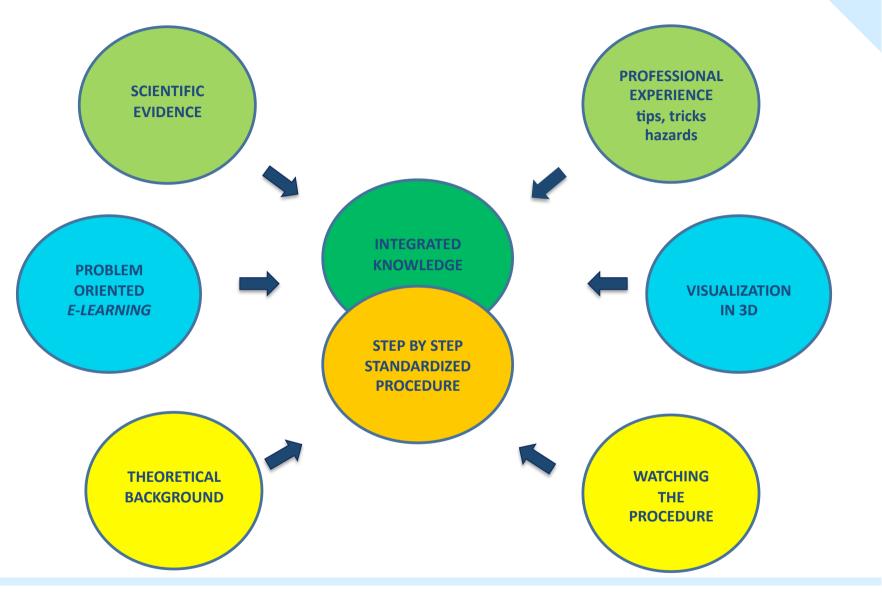




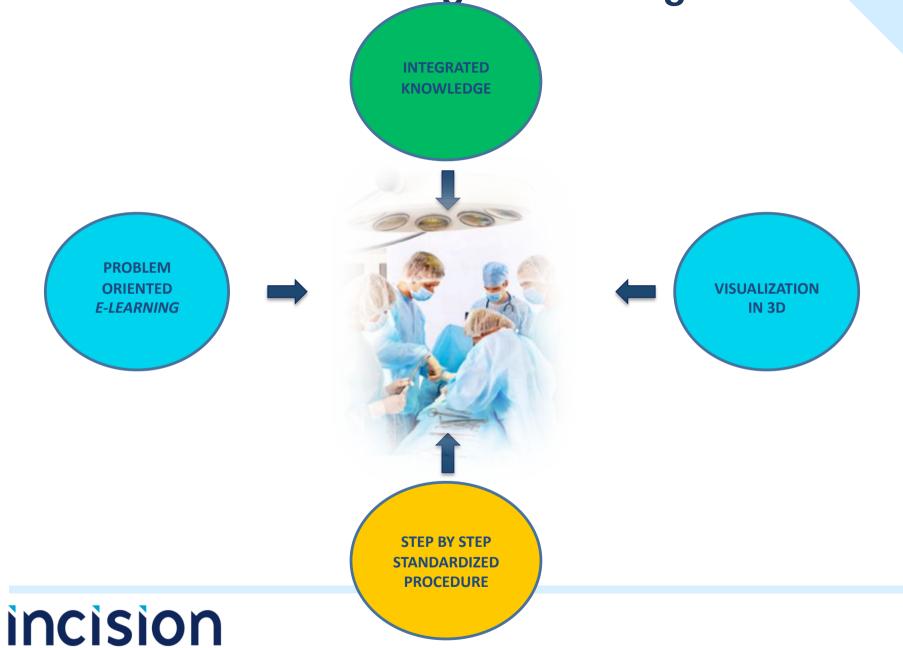






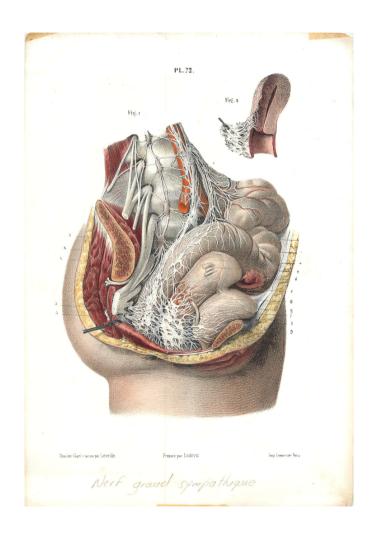






SHARING SURGICAL SKILLS

Surgical Anatomy



NO CHANGE



NO DIFFERENCE AMONG RACES



Common practice vs local preferences

	Sommon Practice	Local Preference
Surgical Anatomy	++++	
Procedure (steps)	+++	+
Surgical technique	++	++
Guideline	+	+++
Protocol		++++



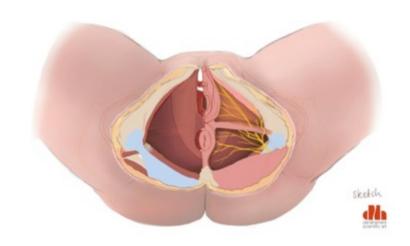
Our approach

- E learning based on the latest scientific and empirical
 'state of the art' insights focusing on the procedure
- Accessible through web-based customized e-learning and visualization in 3D
- Integration in local curriculum with local adjustments
- Train the trainers course (how to achieve standardization and how to give feedback)
- Local trainers will have a session with the residents and a 3D film before guiding them through the operation procedure



E-learning

- Focus on surgical anatomy and procedures
- Systematic, step-by-step description
- Stills, film fragments, drawings
- Background information
- Tricks, tips and hazards
- Literature
- Question and answers (not yet available)







My Courses

incision2



Log out

Continue course



Open inguinal hernia repair

Start course



Pfannenstiel incision

Start course



Rectum resection

Continue course



Right colectomy

Incision Group

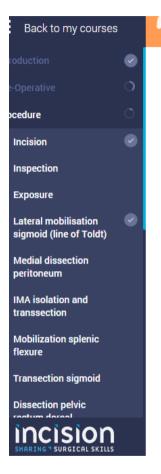
Terms of service

About

Need help?

Contact





Rectum resection

Search

Positioning of patient and team

There is an on going debate concerning positioning of the patient for the perineal phase of ELAPE (prone or supine) and even some discussion as to whether to commence with the perineal or abdominal phase. Currently there is no evidence supporting either a prone or supine position for the perineal phase as being superior with regard to outcome; what is crucial is that a skilled surgeon performs the ELAPE technique. Additionally there is no evidence as to whether starting with the abdominal or perineal phase is superior, provided that the surgeon does not dissect the mesorectal planes too far caudally during the abdominal phase .

Prone position perineal phase

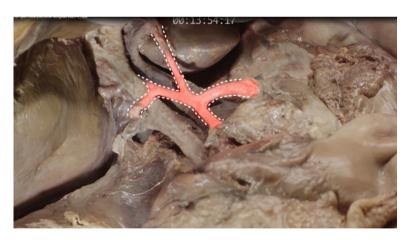
Advantages of a prone position for the perineal phase are the excellent exposure of the operative fields including good access to the <u>coccyx</u> and lower sacrum. This is an advantage for teaching purposes as the operating views are better, in particular to the audience if live demonstration is being performed. Furthermore a prone position is associated with a lower hydrostatic pressure during the perineal phase.



Visualization in 3D: films and stills

- Filmed from the 'view point' of the surgeon
- Surgical procedures in the anatomical planes
- Animation overlay to emphasize anatomical structures
- Dissection extra-anatomical
- At this moment 13 films
- Next year 50 films







Our experience

- Introduction visits to Ghana, Kenya, Indonesia
- Evaluation of showing the film in Indonesia
 - 75 potential users
 - Rating 3D video 8.8(scale 1-10)
 - Most benefit for residents 8.8
- Pilots (aim integration in curriculum)
 - Indonesia:
 - Gynecology 4 centres :hysterectomy, Pfannenstiel incision and midline incision
 - General surgery 1 centre : inguinal hernia
 - Ghana
 - General surgery in combination with Operation Hernia: inguinal hernia
 - The Netherlands
 - Colorectal module incorporated in national training of residents
- Interest from Afghanistan, Georgia, Azerbaijan, Kazakhstan



BECOME PART OF A GLOBAL KNOWLEDGE NETWORK



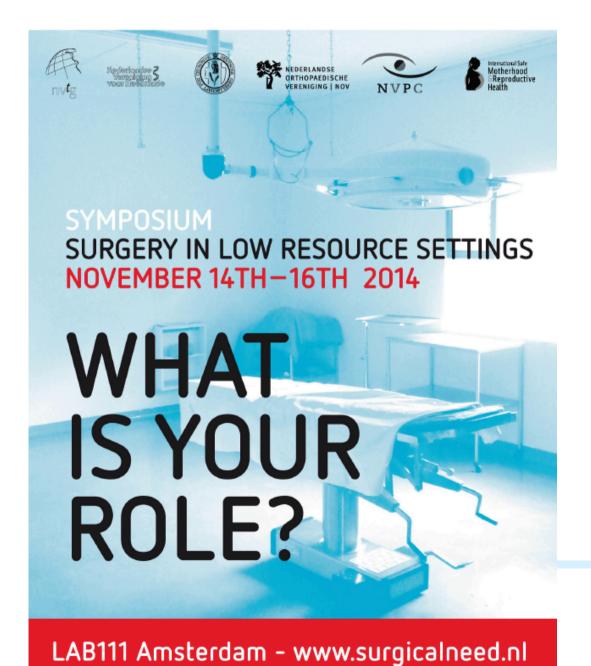
If you are interested go to our stand for a demonstration of the e-learning and 3D films

Questions?















communication by design



