

A report on an IUGA Educational Observership with Professor Michel Cosson in Lille, France



I visited Professor Michel Cosson's Unit at the Hopital Jeanne de Flandre in Lille, France, funded by an Educational Observership Award from the International Urogynecological Association (IUGA) for two weeks starting October 12, 2009.

The aim of the observership was to gain insight into the advanced techniques of vaginal mesh insertion for pelvic organ prolapse, as an area where I felt I needed more training. To this end, I have learned important skills in proper insertion including adequate hydro-dissection followed by wide exposure of the area where the mesh is to be inserted, proper layout of the mesh to avoid its twisting or folding, resorting to trimming if necessary, avoidance of long vaginal wall incisions, especially when vaginal hysterectomy is carried out at the same time, as well as avoiding fixing the mesh with non absorbable sutures, as these can cause granuloma and pain, checking bladder and bowel integrity during insertion and tension free closure of the vagina before adjusting the tension of the mesh. I also observed Prolift mesh insertion alongside tension-free vaginal tape-obturator (TVT-O) sling insertion and using the anterior Prolift arm exit for TVT-O tape exit as well. The frequent performance of surgery and volume of the workload enable developing and maintaining the skills needed for this kind of surgery. The unit is a tertiary referral center that gets regular referrals from the rest of France and beyond and a teaching unit for trainees and visitors alike. In addition, I observed techniques which deal with mesh exposure, erosion, as well as related pain.

Furthermore, I had the opportunity to observe laparoscopic surgery for pelvic organ prolapse, including subtotal hysterectomy and sacrohysteropexy with mesh extension anteriorly as well as posteriorly. I also attended urogynecology clinics, urodynamic tests, dynamic magnetic resonance imaging of the pelvic floor as well as the weekly team meeting, where patients' clinical and laboratory features are checked to enable appropriate planning of individual patient surgery and also the order and allocation of lists. With four daily lists running simultaneously from 8:00 am until 3:00pm, there is every opportunity to learn in a

relaxed atmosphere, where relations between senior and junior staff are excellent. I would therefore recommend this unit for future IUGA educational observerships and encourage those interested in surgery for pelvic organ prolapse, even if they are not keen on the use of mesh kits, to visit the unit to gain insight. Along with the clinical dimension of the visit, I conducted research work, to maximize the value of the award. Professor Cosson was very cooperative and allowed me to review his own operations over a four year period, involving over 600 cases. This was a real challenge in a short time span, but thankfully, I managed to compile the data for over 600 cases, which will be followed up by telephone by a colleague as my spoken French was not fluent enough to allow me to do this part of the study. I hope to submit, and present, this work at the next IUGA annual scientific meeting, which should be the largest series on the use of mesh kit for pelvic organ prolapse.

In addition to the scientific component to my visit and despite long hours on daily basis to observe clinical activity and more so to complete the research project, I had the opportunity to visit the art capital of Paris and enjoyed a day out in Lille as well. Once again, I am grateful to IUGA for the observership award and to Professor Cosson for welcoming me into his unit and ensuring that I benefited from my stay with him. I have thoroughly enjoyed my time in Lille and would recommend the unit for future IUGA observerships and fellowships.

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