

Report of IUGA Educational Observership 2013 – Professor Michel

Cosson in Lille, France

I had the wonderful opportunity to visit and stay as an observer at the Gynecological Surgery Service in Jeanne de Flandres Hospital at Lille, France. An Observership Grant Award received in IUGA meeting at Brisbane, Australia in 2012 funded this possibility. I started at November 12th and finished at November 26th, comprising 15 days.

When I first contacted Professor Cosson to visit his unit I had an aim to gain insight into different techniques of surgical correction of genital prolapse, to visit a service who has experience in transvaginal mesh (TVM) and laparoscopic sacrocolpopexy, and to learn hints about how to avoid complications, how to place the mesh correctly, how to minimize mesh exposure, how to dissect retroperitoneum space less invasively. And, this experience was far beyond what I expected; it was amazing! I could not only achieve these objectives but also I could see some other procedures in Urogynecology (TVT-O for stress incontinence) and in Minimally Invasive Gynecological Surgery, such as robotic hysterectomy for benign disorders.

Gynecological Surgery occurs in a separate surgical center with five operating rooms occurring simultaneously, starting from 8 a.m. and going non-stop until 5 p.m., all weekdays with at least four procedures each. You start observing one surgery, and after it was finished, surely another interesting operation was happening. This tertiary division receives complex cases from all North of France and it's a teaching unit for residents, fellows and trainees.

Three professors and seven attending physicians work together, harmonically in a relaxed atmosphere among residents and medical students from the University of Lille. When appropriate and possible, I had the opportunity to be auxiliary in some surgeries, such as correction of transvaginal meshes with Elevate, Uphold, Pinnacle. I observed ten laparoscopic sacrocolpopexies (with subtotal hysterectomy or sacrohysteropexy), various TVM placements for POP as first correction or as a relapse, total laparoscopic hysterectomies, vaginal hysterectomy of enlarged uteruses. Some of these surgeries for POP were enrolled at a randomized controlled trial entitled PROSPERE (laparoscopic sacropexy with vaginal mesh), a multicenter study recruiting patients in France. A multidisciplinary

reunion (Perineology meeting) occurred on Thursday afternoon (5:30 p.m.) to discuss the most difficult cases and specialists from other areas (urology, coloproctology) were present. I believe I could maximize my apprenticeship because I spoke intermediate French that enabled me to discuss the cases more thoroughly with the medical team.

Furthermore, I could do some research during these period despite the short-term duration. Professor Cosson proposed to revise surgical management of genital prolapse regarding different technical approaches: a literature review with the analysis of RCTs and observational existing data would be considered to make a systematic review. I have started to work on this idea.

I would like to thank Jeanne de Flandres medical team (Prof. Michel Cosson, Prof. Pierre Collinet, Dr. Jean-Phillipe Lucot, Dr. Geraldine Giraudet) for their support and transmitted knowledge, as well as medical residents, nurses and the entire group from Gynecological Surgery Division. Once again, I am especially grateful to IUGA for the observership award and to Professor Michel Cosson, for accepting me and receiving me into his unit, his dedication and support with my observership. I learned a lot and I do really recommend this opportunity to everyone who really wish to learn more about Urogynecology and POP surgery.

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- A - Dr. Giraudet and me.
- B - Dr. Caputo, me, and Prof Cosson.
- C - Me, Dr. Lucot, Ns Camille and Dr Pascale
- D - Entrance view of the hospital