Japanese Urological Association

In order with Laparoscopy techniques, new techniques are very demanding in terms of learning curve. As they compete with well established standard techniques, acceptable results should appear as far as the pioneers have described new methods of surgical treatment. Laparoscopy is a very good example. In the early 1990 laparoscopic approach for urologic diseases have been proposed, with at that time, unacceptable results in terms of operative time and complications.

In the following years, one of the pioneers of the technique addresses the message, to the urological communities, that laparoscopy is going to die. In fact the number of abstracts for the AUA meeting was very small. When more efficient video cameras and instruments appeared, a new generation of pioneers, made a lot of efforts in order to transform a discovery technique in a well described technique feasible routinely.

Very nice life surgical performances presented in important meetings amazed most of the urologists but the techniques were not reproducible: high rate of complications and long operative time were observed in the hands of naive surgeon for laparoscopy. The usual message was: "learning curve is steep and long" in fact the learning curve of laparoscopic approach is a real frustration for a good open surgeon. He has the impression to be unable perform the procedure. Learning curve is a real problem for the surgeon but also for the patient.

As the pioneers are convinced of the future of the new technique, they have organized teaching programs. What is in fact a teaching program?

It should be a program taking care of a naive surgeon in laparoscopy and driving him to the ability to perform a specific technique.

The first step is the acquisition of basic skills. It seems mandatory for the beginners to attend a course in order to learn the elementary notions about the instruments and the way to use them. During this period of time, the trainee must also learn how he can practice regularly in order to improve his skills. He must understand that without practice there is not experience in any job, sport or art. Surgery must not be an exception and the patient is not going to pay for an inexperienced surgeon. For that several options could be considered: the dry lab including the classical pelvi trainer is for us mandatory in every department accredited for laparoscopic surgery. Every day the resident must go to a devoted room. Computers allow now simulation and improve the skills. One must say that the real advantage of the simulators is also to evaluate the skills and to determine the progress of the trainee. Animal models cannot be used in every country. If available, they can be an excellent opportunity to perform dissection and suture. POP models can be a good alternative for that. Dissection and suture are in fact two different aspects of training and both are necessary to perform the surgery.

The second step is the comprehension of the surgical procedure. For that we can believe that the videos are an excellent tool before being fully involved in the operative room. Remember that you should not attend an opera before reading the story or listening to the CD unless you will not take advantage of the performance. There in now a large number of video for different type of surgery, you can find in the meetings or the internet (Google: websurg. urology Creteil:).

The next step is to watch the surgery and to try to understand the main details leading to a successful and rapid procedure.

Then you could be admitted to assist the surgeon and you will still feel frustrated because you will find a conflict between your main role of assistant, to expose, to suck, to complement the surgeon, and the other possibility to only watch the monitor. When you will feel easy in this role you can think about starting to perform a procedure. Performing a procedure is not easy when you start because you will rapidly understand that the role of the assistant is important and your role is to drive him in order to have a good exposure, unless it will be difficult to go forward. In fact you are like a conductor of an orchestra, you must do and drive.

Having good results is another problem. One must know that being able to perform is not necessary achieving good results. Ones more, you are like an actor: you need a certain number of rehearsals before giving an excellent performance.

New technologies make new jobs and necessity to adapt the skills. Evaluation of the skills is a difficult task. It is impossible to day to consider the surgery as a tradition, it is a permanent evolution and we must consider that we are permanently in a learning curve situation and the patient must be treated in the best way.