



ACADEMY OF MEDICINE, SINGAPORE

PRACTICE GUIDELINES

**LAPAROSCOPY & LAPAROSCOPIC
CHOLECYSTECTOMY**

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ACADEMY OF MEDICINE, SINGAPORE
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LAPAROSCOPY & LAPAROSCOPIC CHOLECYSTECTOMY

PRACTICE GUIDELINES

PREAMBLE

The Academy of Medicine, Singapore welcomes the introduction of new technology for treatment of patients into Singapore. The extension of minimal access surgery using the laparoscope to the operation of cholecystectomy and other procedures is being widely practised. The Academy has a responsibility to evaluate the safety and application of this new technique, as injudicious use of innovations in Medicine resulting in avoidable complications will bring the procedures into disrepute. The Academy is anxious to ensure that the greatest degree of safety and success is associated with laparoscopic cholecystectomy.

Accordingly, the Academy offers the following rational guidelines in the use of laparoscopic cholecystectomy and provides what it considers to be **current minimum standards** of acceptable practice.

These guidelines may serve as a basis for other forms of laparoscopic abdominal surgery in the future and will be reviewed periodically.

WHO ARE QUALIFIED TO PERFORM

The basic criteria for trained surgeons who wish to take up laparoscopic cholecystectomy are as follows:

- * The surgeon shall be a trained general surgeon, having had at least 3 years' post higher-qualification experience, conversant with hepatobiliary surgery and is able to handle complications of open cholecystectomy;

- * The surgeon shall have experience of diagnostic laparoscopy;
- * The surgeon shall have attended a properly organised hands-on course or workshop organised by a credible organisation/ institution;
- * The surgeon shall have adequate supervision programme for the first six cases.

PROGRAMMES FOR SURGEONS IN TRAINING

A typical training programme for a surgeon who has acquired an acceptable higher qualification wishing to undertake laparoscopic surgery is of two years' duration, covering the following :

- * training in basic techniques of diagnostic laparoscopy;
- * training in open cholecystectomy having assisted in 20 cases;
- * training in laparoscopic cholecystectomy, having performed 10 cases of laparoscopic cholecystectomy under supervision.

The above training shall be conducted in recognised institutions with qualified supervisors.

ESTABLISHING A LAPAROSCOPY SERVICE

- * Laparoscopic cholecystectomy and other laparoscopic surgical procedures should only be undertaken when a hospital has acquired a complete set of instruments necessary for the procedures and for dealing with any complications that may arise. The surgical and nursing staff must be fully conversant with the instruments and the way they are used.

- * Procedures should only be undertaken in an operating theatre fully equipped to deal with any eventuality such as the need for urgent laparotomy or resuscitation.

- * Laparoscopic surgery should be undertaken only by, or in the presence of, surgeons who are already fully trained in the conventional surgical procedure and who have the experience to revert to standard techniques should the case prove unsuitable for laparoscopic surgery or should life threatening complications arise during the operation. Consent for laparoscopic surgery should include permission for such eventualities.

AUDIT AND EVALUATION

As a general rule, before any new procedures and/or equipment are to be introduced, a hospital must have a standing mechanism to vet these before their introduction.

In the interests of patient safety, the Academy believes that the development of laparoscopic surgery, as with other new procedures, should be subject to audit and evaluation of outcome. Each hospital with laparoscopy surgical services should take on this task seriously to document and audit each laparoscopic surgical procedure performed in terms of number of cases, mortality and morbidity (morbidity in this instance is defined as the need for re-admission and/or repeat surgery as a direct result of complications arising from the laparoscopic cholecystectomy).

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