

# Multidisciplinary Surgical Teams Working Together In Complex Gynecological Procedures

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Multidisciplinary approach to high risk surgical patients is a recommended path and is reported to improve patient related outcome.<sup>1</sup> It is also found to be cost effective in a recently published review article.<sup>2</sup> Surgeons are used to work as a team in every discipline, however performing complex procedures as a multidisciplinary team remains a challenge. Usually other experts are involved or called upon when primary surgeon find difficulty during the procedure or after complication has already occurred. This results in a chaotic situation and usually only damage control steps are taken so as to save life of the patient. This situation is an outcome of either lack of insight on the part of primary surgeon or inhibition in requesting other surgical specialty person to be part of the surgical team even before procedure is contemplated.

Obstetrical surgeries are commonly associated with urological and bowel injuries. However, working as a team with urologists or general surgeons is usually reported on elective basis to treat already manifested injuries rather than before undertaking the procedures. Gynecological laparoscopic procedures also result in number of visceral injuries specially to ureters.<sup>3</sup> Two articles in current issue reported a large number of injuries during obstetrical and gynecological surgeries performed both at tertiary care hospital as well as in other set ups.

Number of studies highlighted the importance of training and education of gynecological surgeons, emphasizing the need of managing the complex cases in a high volume centers. Knowledge of anatomy and potential injuries are to be kept in mind. The importance of using adjunct procedures in avoiding injuries is

also suggested.<sup>4</sup> However, it is time to think of alternative approach in which a urologist and a general surgeon may be a part of team of surgeons planning to operate. In case of inadvertent injury to adjacent viscera, presence of urologist and general surgeon can facilitate early identification and repair, if possible, or any other adjunct procedure to address the issue during surgery. Delayed recognition of intraoperative injuries has its own implications. Such a multidisciplinary approach in which all surgical specialists meet before surgery at planning stage and discuss possible surgical challenges can go a long way to improve the outcome of the procedure and at same time minimize postoperative morbidity and its related morbidity as well.

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