

Letter to the editor – Gynaecological surgery in present

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Obstetrics and gynaecology has always been popular choice for students and young doctors. Over the time multiple subspecialties have occurred enabling doctors to pursue a career, in those fields. Gynaecological surgery has kept its well-defined place its and future looks bright. Combining multiple surgical technique, laparoscopy, laparotomy, vaginal or robotic surgery is a challenge for any trainee that envisages a career as a gynaecological surgeon.

Multiple conditions required different tools for their management. Due to the frequency of heavy menstrual bleeding, it is not surprising that one of the first applications of menstrual bleeding was, hysteroscopic endometrial ablation a fact that is discussed in this issue as well.. Laparoscopic myomectomy is considered by many experts as “gold standard “in women looking to become pregnant [1]. There is controversy regarding morcellation as this could spread an undiagnosed sarcoma and upgrade its staging. Preoperative investigation such as serum lactate, endometrial biopsy, ultrasound, or MRI are strongly recommended for any women undergoing morcellation. We have to emphasise that there is not a single test that could rule out sarcoma.

For complex gynaecological surgery, robotic approach has gain popularity also its prohibitive cost

does not make it available to all patients. Developed initially as a toll to treat wounded on the battlefield, doctors have keen interest in acquiring skills and knowledge in using these techniques [2].

Despite all these advances in surgery, laparotomy / abdominal surgery remains the keystone of any gynaecologist. A successful surgery starts with the first incision; therefore different types of abdominal incision and their indications should be familiar to all practitioners.

Obesity became pandemic long before COVID-19 was on our lips. The rate of morbidity and mortality are increased in overweight and obese people. A comprehensive and careful investigation is mandatory in all obese women with gynaecological conditions that might require surgery. In many cases, different approaches might be more suitable [3,4].

Many things have changed in the last two years, in our lives as doctors, as people and as family members. Now, preparing for the 5th wave, COVID-19 is putting our resilience one more to test. It is clear that despite pandemic “The show must go on”. Women’s health issues do not end during pandemic, and we, healthcare practitioners, have to continuously train, prepare, read to provide the best care to our patients.

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