Curriculum

FNB Fellowship 2025

Minimally Invasive Gynaecologic Surgery

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1. INTRODUCTION

National Board of Examinations in Medical Sciences is offering a 2-year Fellowship in field of Minimal Invasive Gynaecologic (Endoscopy) Surgery. The fellow of Minimal Invasive Gynaecologic Surgery can practice in the field of Gynaecology and Infertility.

2. OBJECTIVES OF THE PROGRAMME

The trainee in Minimal Invasive Gynaecologic Surgery should acquire broad knowledge and practical skill in all aspects of Laparoscopy and Hysteroscopy - Diagnostic and therapeutic. At the end of the course the Fellow should be performing at level 3 as per the ESGE (European Society of Gynec Endoscopy) criteria.

3. TEACHING AND TRAINING ACTIVITIES

The fundamental components of the teaching programme should include:

Once a week

a. Case presentations and discussions
b. Seminars and Journal clubs
c. Grand rounds presentation (By rotation all departments and subspecialties)
d. Faculty lecture teaching

Once in 3 months - Clinical Audit

At least once in the training period to make presentation in a state or National conference.

The training program would focus on acquiring knowledge, skills and attitudes which are essential components of education and delivery of high-quality patient

care.

The training can be theoretical, clinical and practical in all aspects of the delivery of rehabilitative care, including methodology of research and teaching.

4. SYLLABUS

Anatomy of Female Pelvis as Seen Through the Laparoscope

- Pelvis boundaries and spaces.
- Pelvic cavity and Organs.
- Supports of the uterus.
- Vascular anatomy of female pelvis.
- Ureter – anatomic topography, Vascularisation and innervations.
- Pelvic and Para-aortic lymph node compartments.
- Bones, muscles, nerves.

Principle and Use Of Electrosurgery (Energy Sources) In Laparoscopy

- History and nomenclature
- Biophysical Principles
- Use of electricity and the ergonomics in Laparoscopy
- Tissue effects
- Monopolar and Bipolar modalities
- Undesirable effects, accidents and prevention
- Recent trends
- Harmonic/LASER/Plasmakinetics/Thermal.

Anesthesia and Entry Techniques in Laparoscopy

- Trocar insertion
- Insufflation and intra-abdominal pressure
- Changes due to Carbon Dioxide, Gas chemistry
- Hemodynamic and Cardiovascular changes and complications
- Ventilatory and respiratory changes and complications
- Pneumothorax, Pneumomediastinum, Pneumopericardium
- Medical conditions and related complications

Laparoscopic Surgery

- Operating room set up
- Equipment – trocars, holding, grasping, cutting, suction, morcellation (contained morcellation).
- Peritoneal access
- Port placement
- Tissue/ Specimen retrieval
- Laparoscopic suturing techniques.
- LASER and Endocoagulation
- Electrosurgery.
- Harmonic scalpel – Ultrasonic energy

Laparoscopic Surgery in Gynaecology

- Risk assessment and counseling prior to surgery
- Pre-op planning, Post–op care and monitoring.
- Fallopian tubes: Ectopic pregnancy, Anastomosis, Fimbrioplasty.

- Ovaries: LOD, Cysts, Suspensions, Torsion.
- Uterine malformations, Os tightening.
- Adhesioloysis
- SUI (Bursch)
- Laparoscopic myomectomy
- Laparoscopic surgery for adenomyosis
- Laparoscopic surgery for endomeriosis
- Laparoscopic hysterectomy
- Laparoscopic Prolapse suspension surgeries
- Laparoscopic surgery in pregnancy
- Diagnosis and management of complications

HYSTEROSCOPY

- Equipment, light source
- Telescopes, resectoscopes
- Distension media, flow and pressures
- Fluid management and complications.

HYSTEROSCOPIC SURGERY

- Septum resection
- Myomectomy
- Asherman
- Polyps, AUB.
- Office hysteroscopy
- Complications – identification and management
- Fluid mismanagement: prevention, warning signs and complications and

management.

- Endometrial ablation and TCRE

Special Cases

- Infertility – Laproscopy – Hysteroscopy
- Gynae oncology – Benign Ovarian tumors.
- Hysteroscopic cannulation of tubal block
- Role of diagnostic laparoscopy and transvaginal endoscopy in Infertility and ART
- Techniques of Laparoscopic sterilization and tubal surgery
- Robotic endoscopic surgery
- Single –port Endoscopic Entry (SEL)

5. LOG BOOK

i. Each candidate shall maintain a systematic log book in which the academic, clinical and research work shall be neatly entered.

ii. The log book should maintain details of all postings including peripheral postings – the same has to be endorsed by the respective Head of Department.

iii. Cases (seen, presentations, discussions), Seminars, Journal clubs, Lectures and Conferences - attended with presentations made.

iv. Details of surgeries – witnessed, assisted, performed and taught to juniors.

v. Candidate must attend 2 National Conferences in each year.

vi. Fellow must be encouraged to do a project during the course.

vii. Details of Senior faculty may be entrusted to periodically evaluate the log book and assign scoring for the same.

viii. The log book shall be submitted after certification by the Head of Department and the Head of the Institution in the final- second year practical examination for scrutiny by the examiners.

6. RECOMMENDED TEXTBOOKS AND JOURNALS

- **Practical Manual for Laparoscopic & Hysteroscopic Gynaecological Surgery, Kiel School of Endoscopic Surgery** Ibrahim Alkatout and Liselotte Mettler

- **Manual of Gynaecological Laparoscopic Surgery** Luca Mencaglia , Luca Minelli , Arnaud Wattiez

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