LAPAROSCOPIC PERITONEAL ENTRY PREFERENCES AMONG CANADIAN GYNECOLOGISTS

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Objectives: To understand current laparoscopic entry practices among Canadian gynecologists and to raise Patient Safety awareness in accordance with the recent Society of Obstetricians and Gynecologists of Canada (SOGC) Clinical Practice Guidelines for Laparoscopic Entry publication May 2007.

Study Methods: A national survey was designed to determine different laparoscopic entry methods and entry locations, mishaps and demographics of practicing gynecologists. Institutional Research Ethics Board approval was obtained and the survey was translated into French for Francophone practitioners. In total, the survey was forwarded to 590 SOGC members.

Results: Of 405 responses (68.6% response rate), 202 responses were from obstetrician/gynecologists who identified themselves as currently practicing laparoscopy. Seventy-five percent of respondents self-reported that they had read the SOGC laparoscopic entry guidelines. There was no significant difference in practice patterns when comparing geographic practice location and number of years in practice. In virginal abdomens, the commonest entry method is the Veress-insufflation Closed trocar entry (78.9%). When adhesions are suspected, only 25.4% utilize the Left Upper Quadrant. Only 28.7% use an insufflation pressure of 20-25 mmHg.

Conclusions: Our survey had a significant response rate and was able to delineate current laparoscopic entry practice patterns of gynecologists, which were consistent across Canada. Despite a 75% self-reported familiarity with the recent SOGC Clinical Practice Guidelines, it appears that clinical practice does not necessarily coincide with current recommendations. These variances in gynecological practice emphasize the necessity for further educational initiatives to ensure application of evidence-based research into contemporary safe clinical practice nationally.