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TRAINING LAPAROSCOPIC INTENSIV PE ȚESUTURI VII - 11 ANI DE EXPERIENȚĂ LA CENTRUL PIUS BRÂNZEU DIN TIMIȘOARA, ROMÂNIA**Vârcuș F., Duta C., Miclaus M., Vascu S., Groza M., Papurica M., Guragata-Balasa C., Lazăr F.***Surgical Clinic II, University of Medicine and Pharmacy Timisoara, Romania*

Aims: To assess the effectiveness of intensive laparoscopic training on pigs during 10 years of training. **Method:** Between 2000 and 2010, 25 intensive (3 days) and 7 advanced (2 days) laparoscopic courses (gastric, biliary, colo-rectal and bariatric) on live tissue were organized, with 324 participants coming from 13 countries. This poster presents the effectiveness of the training of the 244 surgeons who followed the 3 days laparoscopy skills courses. At the beginning of the first day, during the training and at the end of each day the acquirement of the skills participants were evaluated. Three groups were studied: the first group with no experience in laparoscopic surgery; the second group with less than 10 laparoscopic cholecystectomy and the third group with more than 10 laparoscopic cholecystectomy. **Results:** The first group had a lot of difficulty and were able to acquire only less than 32% of the taught techniques, the second group performed better and acquired 62% of the taught techniques and the third group performed very well acquiring 95% of the taught techniques. **Conclusion:** Surgeons with no previous laparoscopic surgery experience take little benefit from these courses. They should be encouraged to acquire basic skills on trainer boxes or on virtual reality simulators before the training on pigs. Surgeons with very little experience in laparoscopic surgery acquire important skills, but the best benefit is taken by surgeons with some laparoscopic surgery experience.

INTENSIVE LAPAROSCOPIC LAPAROSCOPIC TRAINING IN LIVE TISSUES – 11 YEARS OF EXPERIENCE IN PIUS BRANZEU CENTER FROM TIMISOARA, ROMANIA

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REINTERVENTII LAPAROSCOPICE PE CAILE BILIARE**Vârcuș F., Papurica M., Coman Adina, Duta Ciprian, Lazăr F.***Clinica Chirurgie II, Timișoara, România*

Lucrarea prezinta 2 cazuri exemplificate cu filme video in care interventia chirurgicala laparoscopica a fost indicata pentru rezolvarea unor suferinte biliare postcolecistectomie pe cale clasica. Primul caz a fost o pacienta cu colecistectomie clasica incompleta la care s-a efectuat totalizarea colecistectomiei pe cale laparoscopica la doua luni dupa interventia clasica. Acest caz sustine ideea din literatura actuala conform careia vechiul termen de neocolecist corespundea unor colecistectomii incomplete. Abordul laparoscopic este posibil, dar recomandabil in centre cu multa experienta in chirurgia laparoscopica. Al doilea caz a fost o pacienta cu o leziune de coledoc dupa o colecistectomie clasica. Aceasta leziune a fost reparata laparoscopic in urgenta la 8 zile dupa prima interventie. Evolutia ambelor paciente a fost simpla, dovedind ca in unele cazuri reinterventia pe cale laparoscopica este fezabila, sigura si benefica pentru pacient.

LAPAROSCOPIC RE-INTERVENTIONS FOR BILE DUCT INJURIES

This paper presents 2 case reports illustrated by surgical video. In both cases laparoscopic intervention was indicated for repair of bile duct injuries produced during open cholecystectomy. The first case describes a female patient who underwent an incomplete open cholecystectomy. Two months after the first intervention cholecystectomy was completed by the laparoscopic approach. This case supports the idea circulating in the actual medical literature that postoperative dilatation of cystic duct (neocholecyst) is the consequence of the incomplete cholecystectomy. Laparoscopic approach is possible but can be recommended only in centers with experience in minimally invasive surgery. The second case was a patient with bile duct injury after classic cholecystectomy. This lesion was repaired in emergency by laparoscopic approach 8 days after the first operation. The evolution of both patients was uneventful, therefore proving that in selected cases laparoscopic re-intervention is a safe and feasible treatment option.