

How to reach proficiency in laparoscopic splenectomy?

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Laparoscopic splenectomy has become the gold standard intervention for the removal of the spleen, especially for benign causes. However, the organ's high anatomic location, fragility and generous blood supply makes the procedure an advanced laparoscopic operation. Furthermore, unlike patients with gall bladder stones, patients who need splenectomy for benign disorders are rare. These factors may prohibit the laparoscopic surgeon from becoming proficient in laparoscopic splenectomy. Measuring the expertise and setting a minimum number of procedures needed to be performed in order to be accepted as proficient in this rather rare operation has proved difficult.

A research team, led by Dr. Tarik Z. Nursal from the University of Baskent, has investigated the proficiency level reached in laparoscopic splenectomy procedures using the learning curve method. Their study will be published on August 28, 2009 in the *World Journal of Gastroenterology*.

In this study, all patients in need of splenectomy for benign causes in whom laparoscopic splenectomy was attempted by a single surgeon during a time period of 6 years were included in the study. Besides demographics, operation-related variables and the response to surgery were recorded. The patients were allocated to groups of five, ranked according to the date of the operation. Operation duration, complications, postoperative length of stay, conversion to laparotomy and splenic weight were then compared between these groups.

They found that unlike the widely accepted "L" shape, the learning curve for laparoscopic splenectomy was a horizontal lazy "S" with two distinct slopes. With the first 5 cases the novice may be granted privileges for performing laparoscopic splenectomy on an individual basis. Past the 25th case the surgeon could be accepted as an expert in the field.

More information: Nursal TZ, Ezer A, Belli S, Parlakgumus A, Caliskan K, Noyan T. Reaching proficiency in laparoscopic splenectomy. World J Gastroenterol 2009; 15(32): 4005-4008;
www.wjgnet.com/1007-9327/15/4005.asp

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