



Postgraduate Diploma Endoscopic Surgery in Gynecologic Oncology

» Modality: online

» Duration: 6 months

» Certificate: TECH Technological University

» Dedication: 16h/week

» Schedule: at your own pace

» Exams: online

Website: www.techtitute.com/pk/medicina/experto-universitario/experto-cirugia-endoscopica-oncologia-ginecologica

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Medical specialization in minimally invasive surgery in the field of gynecology, including laparoscopy, hysteroscopy and pelvic floor surgery, is relatively short. However, this has proven to be insufficient due to the lack of time for professionals to delve into it. For this reason, many medical specialists are demanding more training in this area. The learning and technical difficulty of this change make the constant renewal of studies essential. Given this constant evolution, professionals must keep up with the pace by carrying out updated studies in the field.



tech 06 | Introduction

In order to improve the surgical procedure in the gynecological area, new techniques and procedures based on the use of highly complex digital devices have been implemented. This is why there is a need for professionals to update their knowledge in the management of endoscopic surgery. In view of this, TECH has designed the following program, which will delve into the exploration for the identification of anomalies, seeing in detail the resolution of the new microscopic cameras to proceed correctly and effectively.

To all this material, the study of the female anatomy is added, as well as its complications in the reproductive system and the most visible symptoms to proceed with an invasive examination. All this informative compilation will be presented in high-impact audiovisual resources, complementary readings and exercises based on real cases.

It should also be noted that the Postgraduate Diploma has the Relearning methodology, based on learning through practical cases and leaving behind the long hours of memorization. In this way, the professionals will not only update their knowledge, but will also acquire new skills to develop their practice in a more agile and effective way.

Therefore, as it is a 100% online program, the doctor will only need a device with an Internet connection. In this way, they will be able to balance their healthcare work with the updating of their knowledge, so it is emphasized that there is no need to go to onsite centers or take simultaneous classes, since the entire development of the program will be personalized.

This **Postgraduate Diploma in Endoscopic Surgery in Gynecologic Oncology** contains the most complete and up-to-date scientific program on the market. Its most notable features are:

- Clinical cases presented by experts in the different specialties.
- The graphic, schematic, and practical contents with which they are created provide scientific and practical information on the disciplines that are essential for professional practice.
- The latest developments in Endoscopic Surgery in Gynecologic Oncology using an algorithm-based interactive learning system for decision-making in the clinical situations presented throughout the course
- With a special emphasis on evidence-based medicine and research methodologies in Endoscopic Surgery in Gynecologic Oncology
- All of this will be complemented by theoretical lessons, questions to the expert, debate forums on controversial topics, and individual reflection assignments.
- Content that is accessible from any fixed or portable device with an Internet connection



Update your knowledge through the Postgraduate Diploma in Endoscopic Surgery in Gynecologic Oncology in a practical way adapted to your needs"



This Postgraduate Diploma is the best investment you can make in the selection of a refresher program for two reasons: in addition to updating your knowledge in Endoscopic Surgery in Gynecologic Oncology, you will obtain a qualification endorsed by TECH Technological University"

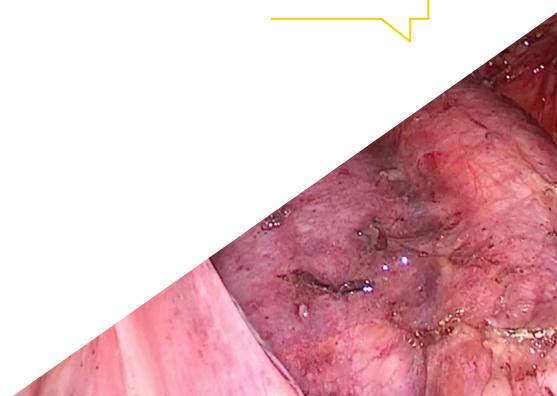
Forming part of the teaching staff is a group of professionals in the field of Endoscopic Surgery in Oncologic Gynecology, who contribute their work experience to this program, as well as a group of renowned specialists, recognized by esteemed scientific communities.

Thanks to its multimedia content developed with the latest educational technology, they will allow the professional a situated and contextual learning, that is to say, a simulated environment that will provide an immersive learning programmed to prepare in real situations.

This program is designed around Problem-Based Learning, whereby the physician must try to solve the different professional practice situations that arise throughout the program. For this reason, students will be assisted by an innovative, interactive video system created by renowned and experienced experts in the field of gynecological oncology who have extensive teaching experience.

Increase your decision-making confidence by updating your knowledge with this Postgraduate Diploma in Endoscopic Surgery in Gynecologic Oncology.

Don't miss the opportunity to update your knowledge of Endoscopic Surgery in Gynecologic Oncology to improve patient care.







tech 10 | Objectives



General Objectives

- Know all the instruments available to perform endoscopic and hysteroscopic surgery
- Know how to prepare endoscopic operating rooms
- Learn about general aspects such as ergonomics in the laparoscopic and electrosurgical operating rooms to be used in gynecological procedures
- · Apply different appropriate techniques in each specific clinical case
- Gain detailed knowledge of female pelvic and abdominal anatomy
- Learn hysteroscopic techniques and their application in uterine pathology
- Establish a series of alternatives to manage benign ovarian pathology
- Know how to treat benign uterus pathology
- Learn techniques to resolve pelvic floor problems using laparoscopy
- Apply mini-invasive mesh placement
- Learn the to endoscopically manage endometriosis
- Learn different advanced techniques in gynecologic oncology for minimally invasive treatments
- Provide tools to resolve complications in gynecologic endoscopy



Specific Objectives

Module 1. Minimally Invasive Surgery

- Delve deeper into the history of laparoscopy
- Gain a deeper understanding of how to prepare the endoscopic operating room
- Know the correct postural factors and ergonomics
- Approach the management of patients pre- and post-operatively
- Know the details of conventional laparoscopic operating rooms
- Determine the anesthetic and recovery details of patients
- Learn Fast-Track postoperative management and the ERAS protocol
- Describe the main features irrigation and suction systems

Module 2. Instrumentation, Materials and Electrosurgery

- Manage the preparation of the surgical site before each operation
- Establish skin cleansing and asepsis
- Learn how to position patients on the operating table
- Learn the peculiarities of integrated operating rooms
- Increase knowledge of anesthetic aspects related to endoscopy
- Learn the different applications of bipolar and monopolar energy in instrumentation
- Acquire information about electrosurgery for its use in clinical practice
- Select morcellation instruments and apply them safely
- Describe the main features of specimen extraction bags
- Determine the types and use of tissue sealants



Module 3. Female Surgical Anatomy

- Review the anatomy of the abdominal wall
- Review the anatomy of the pelvic and abdominal visceral system, including the upper abdomen
- Refresh understanding of pelvic vascular system anatomy and review the para-aortic vascular system and the vena cava
- Identify the different parts of the lymphatic system and their detailed laparoscopic management
- Learn about the functional anatomy of the female pelvic floor
- Determine vulvo-vaginal area exploration and its relation to pelvic floor pathology
- Study sympathetic and parasympathetic nerve anatomy of the female pelvis

Module 4. Endoscopic Surgery in Gynecologic Oncology

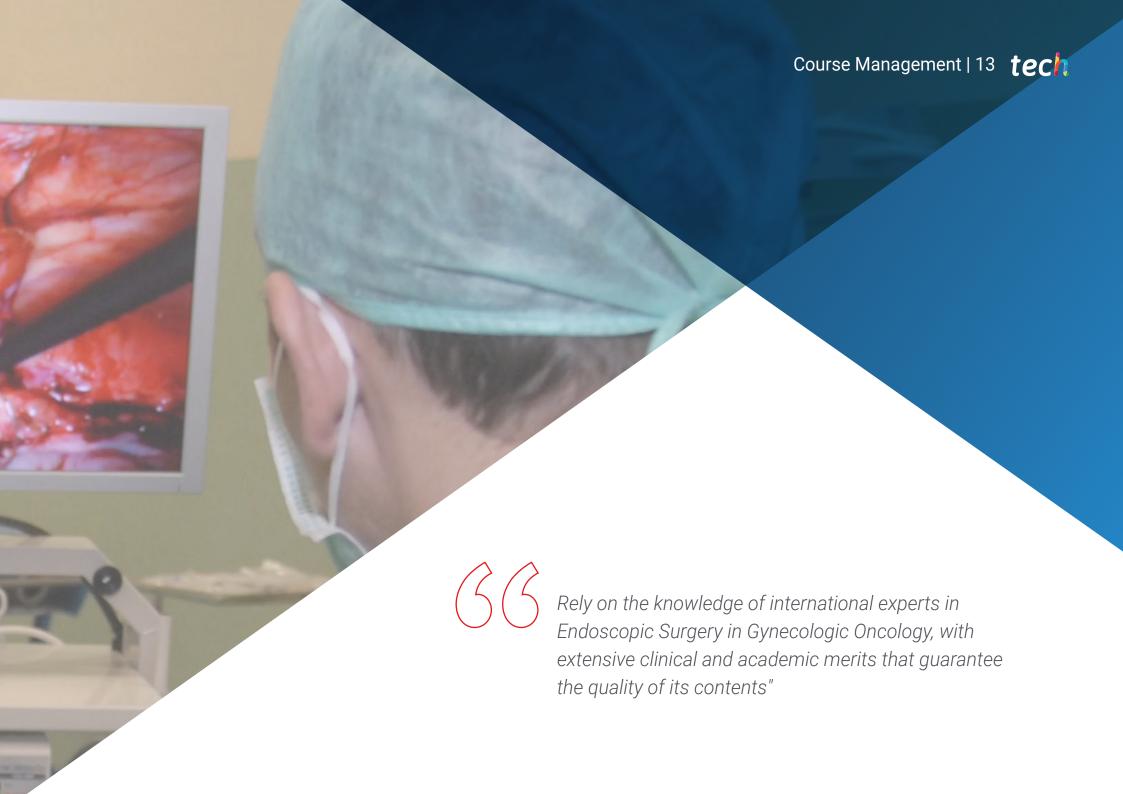
- Acquire up-to-date knowledge of exploratory laparoscopy for gynecologic cancer
- Foresee the possible oncologic complications due to the specific endoscopic technique used
- Describe the main characteristics of port of entry metastases
- Know the effect of mobilizers and pneumoperitoneum in gynecological cancer
- Acquire up-to-date knowledge of the lymphadenectomy procedures in the gynecological context
- Acquire up-to-date knowledge of the procedures involved in the specific technique of systematic transperitoneal and extraperitoneal para-aortic lymphadenectomy
- Select which type of laparoscopy should be used for inguinal lymphadenectomy
- Acquire up-to-date knowledge of the applications of endoscopy in ovarian, cervical and endometrial cancer
- Acquire up-to-date knowledge of the procedures involved in specific techniques, such as laparoscopic trachelectomy and parametrectomy in the context of cervical cancer

- Acquire up-to-date knowledge of sentinel lymph node application procedures in endoscopy and gynecology
- Identify the different types of tracers and fluorescence
- Explain the technique for pelvic exenteration using laparoscopy
- Acquire up-to-date knowledge of the procedures involved in minimally invasive surgery for recurrences of different gynecologic cancers
- Acquire up-to-date knowledge of the procedures involved in laparoscopic management of borderline ovarian tumors
- Acquire up-to-date knowledge of the procedures involved in laparoscopic management of lymph node recurrences in genital cancer

Module 5. Complications in Minimally Invasive Surgery

- Acquire up-to-date knowledge of the procedures to manage vascular lesions using endoscopy
- Acquire up-to-date knowledge of the procedures to manage intestinal lesions using endoscopy
- Acquire up-to-date knowledge of the procedures used to manage urological lesions using endoscopy
- Identify the main characteristics of abdominal wall injuries and complications
- Explain how to manage complications in radical hysterectomy
- Select the use of hemostatic agents in endoscopy
- Foresee the complications derived from pelvic floor meshes
- Foresee the complications that occur intraoperatively, as well as those that go unnoticed during surgery
- Determine nervous and other complications, such as pulmonary thromboembolism (PTE), infections, etc.





International Guest Director

As one of the pioneer surgeons in Brazil by introducing advanced techniques of Laparoscopic Oncologic Surgery in Paraná, Dr. Reitan Ribeiro is one of the most prolific figures in this specialty. So much so that he has even received recognition as an honorary citizen of the city of Curitiba, highlighting his work in the creation and development of the technique of Uterine Transposition.

The IJGC, International Journal of Gynecologic Cancer, has also recognized the outstanding work of Dr. Reitan Ribeiro. His publications on **Uterine Robotic Transposition in Cervical Cancer**, Uterine Transposition after Radical Trachelectomy and directed research in the technique of Uterine Transposition for patients with gynecological cancers who want to preserve fertility are highlighted. He has received the **national award for medical innovation** for his research in the field of Uterine Transposition, highlighting these advances in the preservation of the patient's fertility.

His professional career is not without success, as he holds numerous positions of responsibility in the prestigious Erasto Gaertner Hospital. He directs the research program in Gynecologic Oncology of this center, being also director of the Fellowship program in this specialty, in addition to coordinating the training program in Robotic Surgery focused on Gynecologic Oncology.

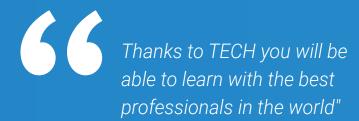
At the academic level, he has completed internships at numerous prestigious centers, including Memorial Sloan Kettering Cancer Center, McGuill University and the National Cancer Institute of Brazil. He balances his clinical responsibilities with consulting work for leading medical and pharmaceutical companies, mainly Johnson & Johnson and Merck Sharp & Dohme.



Dr. Ribeiro, Reitan

- Research Director, Gynecologic Oncology Department Erasto Gaertner Hospital -Brazil
- Director of the Fellowship Program in Gynecologic Oncology at the Erasto Gaertner Hospital.
- Director of the Robotic Surgery Training Program of the Gynecologic Oncology Oncology Department of the Erasto Gaertner Hospital.
- Senior Surgeon in the Department of Gynecologic Oncology, Erastus Gaertner Hospital.
- Director of the Resident Oncologist Program at the Erasto Gaertner Hospital.
- Consultant at Johnson & Johnson and Merck Sharp & Dohme
- Degree in Medicine at the Federal University of Porto Alegre
- Fellowship in Gynecologic Oncologic Surgery at Memorial Sloan Kettering Cancer Center

- Fellowship in Minimally Invasive Surgery, McGuill University
- Internships at Governador Celso Ramos Hospital, National Cancer Institute of Brazil and Erasto Gaertner Hospital.
- Certification in Oncologic Surgery by the Oncologic Surgery Society of Brazil.







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Module 1. Minimally Invasive Surgery

- 1.1. General Introduction
- 1.2. History of Laparoscopy
- 1.3. Introduction to Hysteroscopic Surgery
- 1.4. Ergonomics in Laparoscopy
- 1.5. Asepsis and Antisepsis
 - 1.5.1 Hand Washing
 - 1.5.2 Preparing Instrumentation: Sterilization.
 - 1.5.3 Preparing the Surgical Field
 - 1.5.3.1. Skin Cleansing
 - 1.5.3.2. Proper Cloth Placement
- 1.6. Laparoscopic Operating Room
 - 1.6.1 Conventional Operating Rooms
 - 1.6.2 Integrated Operating Rooms
 - 1.6.3 Future Perspectives
- 1.7. Preoperative Preparation for Laparoscopy
 - 1.7.1 Physical Preparation for Patients
 - 1.7.2 Preoperative Medication and Bowel Preparation
 - .7.3 Patient Position on the Operating Table
- 1.8. Fast-Track/ ERAS Program
- 1.9. Anesthetic Considerations in Endoscopic Surgery
 - 1.9.1 General Aspects
 - 1.9.2 Circulatory System Involvement
 - 1.9.3 Respiratory System Involvement
 - 1.9.4 Spinal Catheter Placement and Other Blockages
 - 1.9.5 Postoperative Recovery

Module 2. Instrumentation, Materials and Electrosurgery

- 2.1. Laparoscopy Tower and General Supplies
- 2.2. Specific Vision Systems
 - 2.2.1 Full HD High Definition Systems
 - 2.2.2 3D Vision Systems
 - 2.2.3 4K Vision Systems



Structure and Content | 19 tech

- 2.3. Endoscopy
 - 2.3.1 Rigid Endoscopy
 - 2.3.2 Flexible and Angle Adjustable Endoscopes
 - 2.3.3 Small Bore Endoscopes
- 2.4. Insufflation Systems
 - 2.4.1 General Functioning
 - 2.4.2 Smoke Extraction Systems
- 2.5. Image Recording Modules
- 2.6. Access Instrumentation
 - 2.6.1 Veress Needle
 - 2.6.2 First Access Trocars
 - 2.6.3 Accessory Trocars
- 2.7. Grasping Instruments
 - 2.7.1 Types of Instruments
 - 2.7.2 Most Appropriate Uses for Each
- 2.8. Cutting Instruments
- 2.9. Electrosurgery
 - 2.9.1 Electrosurgery in Medicine
 - 2.9.2 Monopolar Energy
 - 2.9.3 Bipolar Energy
 - 2 9 4 Electrical Isolation of Instruments
 - 2.9.5 Precautions to Avoid Accidents
- 2.10. Endoscopic Tissue Sealants
- 2.11. Bags and Specimen Extraction
- 2.12. EndoGIA and General Surgery Instrumentation
- 2.13. Morcellators and Containment Systems
- 2.14. Other Instruments: Aspiration, Suction, Retractors, Organ Suspension Systems, Port Closure Systems, Tie Rods, etc.

Module 3. Female Surgical Anatomy

- 3.1. Anatomy of the Abdominal Wall
- 3.2. Musculo-Fascial Anatomy of the Female Pelvis
- 3.3. Visceral System of the Upper Abdomen
 - 3.3.1 Diaphragm
 - 3.3.2 Liver

- 3.3.3 Omentum and Spleen
- 3.3.4 Small Intestine, Large Intestine, and Stomach
- 3.3.5 Rest of Organs in Upper Abdomen
- 3.4. Pelvic Visceral System
 - 3.4.1 Uterus and Ovaries
 - 3.4.2 Recto and Sigma
 - 3.4.3 Bladder and Ureters
- 3.5. Abdomino-Pelvic Vascular System
- 3.6. Abdominal and Pelvic Nervous System
- 3.7. Lymphatic System in Abdomen and Pelvis
- 3.8. Dissection and Limits of Avascular Spaces
- 3.9. Vascular Anomalies.
 - 3.9.1 Abnormalities in the Pelvic Area
 - 3.9.2 Corona Mortis
 - 3.9.3 Abdominal and Aortic Area Abnormalities
 - 3.9.4 Use of Preoperative Imaging Techniques
- 3.10. Anatomy of Vulva and Vagina
- 3.11. Functional Anatomy of the Pelvic Floor

Module 4. Endoscopic Surgery in Gynecologic Oncology

- 4.1. Oncologic Laparoscopy
 - 4.1.1 Effect of Pneumoperitoneum and Dissemination
 - 4.1.2 Port-Site Metastasis
 - 4.1.3 Uterine Manipulator and Dissemination
- 4.2. Tumor Dissemination Routes
 - 4.2.1 Peritoneal Dissemination
 - 4.2.2 Lymphatic dissemination:
 - 4.2.3 Hematogenous Dissemination
- 4.3. Nodal Selective Study
 - 4.3.1 Sentinel Lymph Node in Ovarian Cancer
 - 4.3.2 Sentinel Lymph Node in Cervical Cancer
 - 4.3.3 Sentinel Lymph Node in Endometrial Cancer
 - 4.3.4 Types of Tracers
 - 4.3.5 Sentinel Lymph Node Detection and Dissection Technique

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4.4.	Laparoscopy and Ovarian Cancer	
	4.4.1	Exploratory Laparoscopy in Ovarian Cancer
		4.4.1.1. Suspicious Adnexal Masses
		4.4.1.2. Advanced Ovarian Cancer: Laparoscopic Scores
	4.4.2	Borderline Tumor Management
		4.4.2.1. Laparoscopic Staging
		4.4.2.2. Surgical Re-Staging
	4.4.3	Staging Procedures
		4.4.3.1. Abdominal Peritonectomy
		4.4.3.1. Pelvic Lymphadenectomy
		4.4.3.2. Para-Aortic Lymphadenectomy
		4.4.3.2.1. Extraperitoneal
		4.4.3.2.2. Transperitoneal
		4.4.3.3. Laparoscopic Omentectomy
		4.4.3.4. Other Procedures
	4.4.4	Laparoscopy in Ovarian Cancer Recurrences
	4.4.5	Laparoscopy in Interval Surgery
4.5.	Laparoscopy in Cervical Cancer	
	4.5.1	Laparoscopy Indications
	4.5.2	Laparoscopic Radical Hysterectomy
		4.5.2.1. Radical Hysterectomy Classification
		4.5.2.2. Nerve Preservation
		4.5.2.3. Radicality Modulation
		4.5.2.4. Detailed Surgical Technique
	4.5.3	Special Characteristics of Radical Trachelectomy
		4.5.3.1. Indications
		4.5.3.2. Uterine Artery Preservation
		4.5.3.3. Cervical Cerclage
		4.5.3.4. Ovarian Oophoropexy
	4.5.4	Laparoscopic Parametrectomy
	4.5.5	Laparoscopic Treatment of Recurrences
		4.5.5.1. Single Recurrences
		1552 Lanaroscopic Eventeration





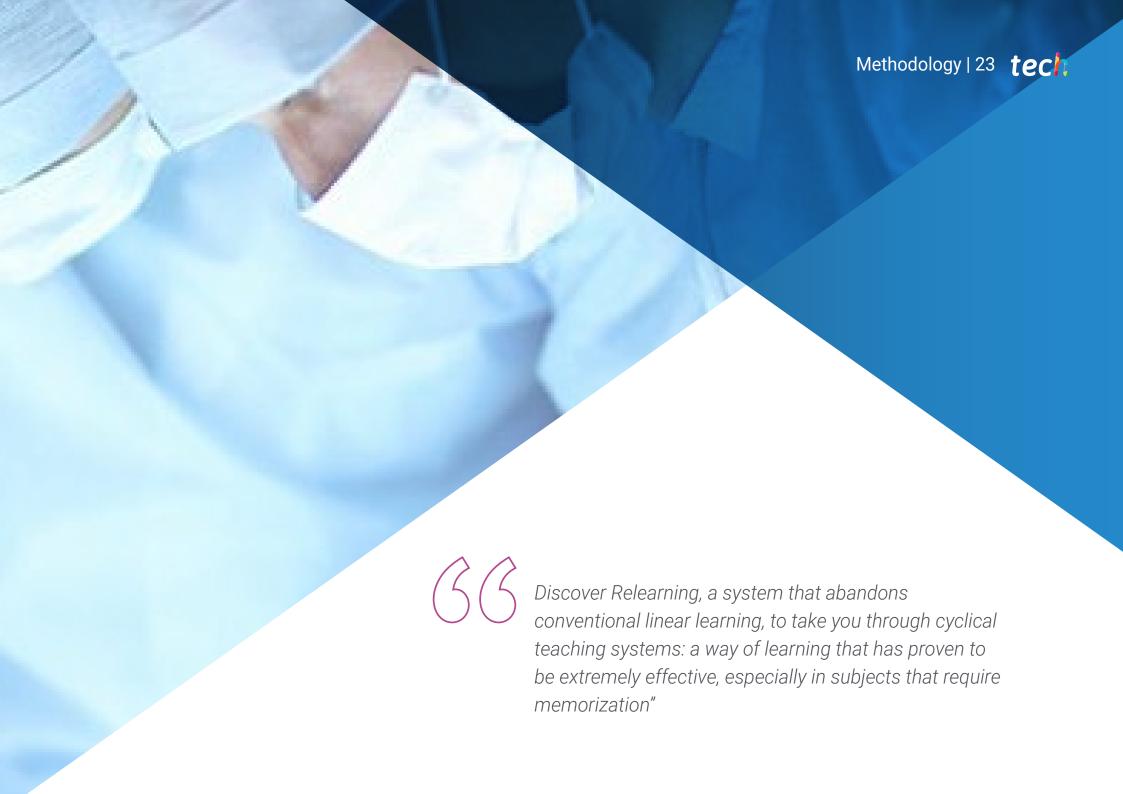
Structure and Content | 21 tech

- 4.6. Laparoscopy in Endometrial Cancer
 - 4.6.1 Laparoscopy and Staging in Endometrial Cancer
 - 4.6.2 Laparoscopic Lymph Nodal Debulking
 - 4.6.3 Other Particularities
- 4.7. Laparoscopic Inguinal Lymphadenectomy

Module 5. Complications in Minimally Invasive Surgery

- 5.1. Access and Abdominal Wall Complications
 - 5.1.1 Arterial Wall Injury
 - 5.1.2 Vascular Lesions upon Entry
 - 5.1.3 Intestinal Lesions upon Entry
 - 5.1.4 Port-of-Entry Herniation
 - 5.1.5 Infections
 - 5.1.6 Others
- 5.2. Intraoperative Vascular Complications
 - 5.2.1 Prevalence and Etiology
 - 5.2.2 Resolution
 - 5.2.3 Postoperative Aftercare.
- 5.3. Intraoperative Intestinal Complications
 - 5.3.1 Prevalence and Etiology
 - 5.3.2 Resolution
 - 5.3.3 Postoperative Aftercare.
- 5.4. Urologic Complications
 - 5.4.1 Prevalence and Etiology
 - 5.4.2 Resolution
 - 5.4.3 Postoperative Monitoring
- 5.5. Nerve Complications
- 5.6. Inadvertent Complications
- 5.7. Complications Specific to Radical Hysterectomy
- 5.8. Complications Arising from the Meshes
- 5.9. Other Complications: Lymphoceles, Infections, Pulmonary Thromboembolism (PTE), etc.





tech 24 | Methodology

At TECH, we use the Case Method

What should a professional do in a given situation? Throughout the program, students will face multiple simulated clinical cases, based on real patients, in which they will have to do research, establish hypotheses, and ultimately resolve the situation. There is an abundance of scientific evidence on the effectiveness of the method. Specialists learn better, faster, and more sustainably over time.

With TECH you will experience a way of learning that is shaking the foundations of traditional universities around the world.



According to Dr. Gérvas, the clinical case is the annotated presentation of a patient, or group of patients, which becomes a "case", an example or model that illustrates some peculiar clinical component, either because of its teaching power or because of its uniqueness or rarity. It is essential that the case is based on current professional life, trying to recreate the real conditions in the physician's professional practice.



Did you know that this method was developed in 1912, at Harvard, for law students? The case method consisted of presenting students with real-life, complex situations for them to make decisions and justify their decisions on how to solve them. In 1924, Harvard adopted it as a standard teaching method.

The effectiveness of the method is justified by four fundamental achievements:

- 1. Students who follow this method not only achieve the assimilation of concepts, but also a development of their mental capacity, through exercises that assess real situations and the application of knowledge.
- 2. Learning is solidly translated into practical skills that allow the student to better integrate into the real world.
- 3. Ideas and concepts are understood more efficiently, given that the example situations are based on real-life.
- 4. Students like to feel that the effort they put into their studies is worthwhile. This then translates into a greater interest in learning and more time dedicated to working on the course.



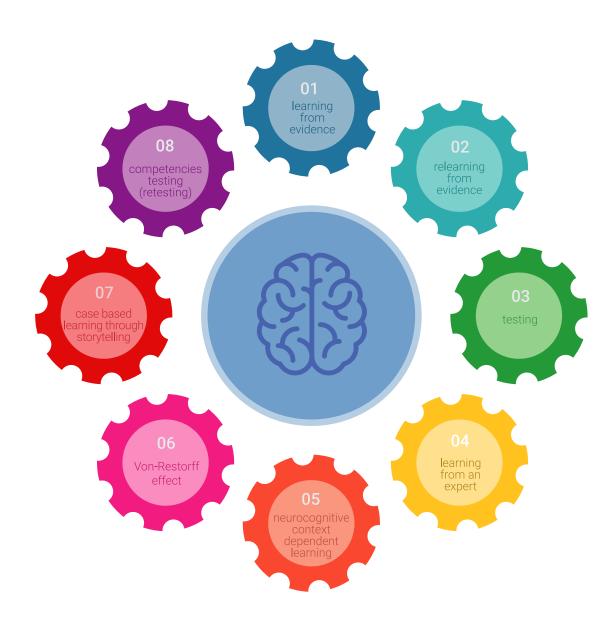


Relearning Methodology

TECH effectively combines the Case Study methodology with a 100% online learning system based on repetition, which combines 8 different teaching elements in each lesson.

We enhance the Case Study with the best 100% online teaching method: Relearning.

Professionals will learn through real cases and by resolving complex situations in simulated learning environments. These simulations are developed using state-of-theart software to facilitate immersive learning.



Methodology | 27 tech

At the forefront of world teaching, the Relearning method has managed to improve the overall satisfaction levels of professionals who complete their studies, with respect to the quality indicators of the best online university (Columbia University).

With this methodology, more than 250,000 physicians have been prepared with unprecedented success in all clinical specialties regardless of surgical load. Our educational methodology is developed in a highly competitive environment, with a university student body with a strong socioeconomic profile and an average age of 43.5 years old.

Relearning will allow you to learn with less effort and better performance, involving you more in your specialization, developing a critical mindset, defending arguments, and contrasting opinions: a direct equation to success.

In our program, learning is not a linear process, but rather a spiral (learn, unlearn, forget, and re-learn). Therefore, we combine each of these elements concentrically.

The overall score obtained by TECH's learning system is 8.01, according to the highest international standards.

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This program offers the best educational material, prepared with professionals in mind:



Study Material

All teaching material is produced by the specialists who teach the course, specifically for the course, so that the teaching content is highly specific and precise.

These contents are then adapted in audiovisual format, to create the TECH online working method. All this, with the latest techniques that offer high-quality pieces in each and every one of the materials that are made available to the student.



Surgical Techniques and Procedures on Video

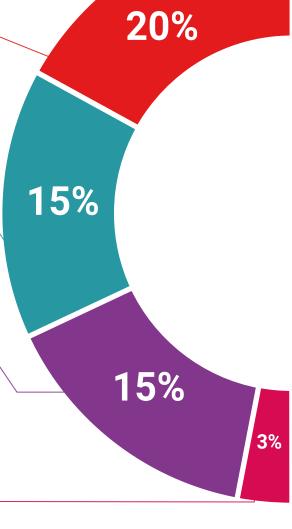
TECH introduces students to the latest techniques, the latest educational advances and to the forefront of current medical techniques. All of this in direct contact with students and explained in detail so as to aid their assimilation and understanding. And best of all, you can watch the videos as many times as you like.



Interactive Summaries

The TECH team presents the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge.

This exclusive educational system for presenting multimedia content was awarded by Microsoft as a "European Success Story".





Additional Reading

Recent articles, consensus documents and international guidelines, among others. In TECH's virtual library, students will have access to everything they need to complete their course.

Expert-Led Case Studies and Case Analysis

Effective learning ought to be contextual. Therefore, TECH presents real cases in which the expert will guide students, focusing on and solving the different situations: a clear and direct way to achieve the highest degree of understanding.



Testing & Retesting

We periodically assess and re-assess students' knowledge throughout the program, through assessment and self-assessment activities and exercises, so that they can see how they are achieving their goals.



Classes

There is scientific evidence on the usefulness of learning by observing experts.

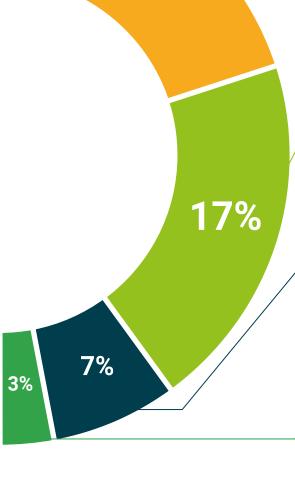
The system known as Learning from an Expert strengthens knowledge and memory, and generates confidence in future difficult decisions.



Quick Action Guides

TECH offers the most relevant contents of the course in the form of worksheets or quick action guides. A synthetic, practical and effective way to help students progress in their learning.









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This **Postgraduate Diploma in Endoscopic Surgery in Gynecologic Oncology** contains the most complete and up-to-date scientific program on the market.

After the student has passed the assessments, they will receive their corresponding **Postgraduate Diploma**, issued by **TECH Technological University** via tracked delivery*.

The diploma issued by TECH Technological University will reflect the qualification obtained in the Postgraduate Diploma, and meets the requirements commonly demanded by labor exchanges, competitive examinations, and professional career evaluation committees.

Title: Postgraduate Diploma in Endoscopic Surgery in Gynecologic Oncology Official N° of Hours: 475 hours.



^{*}Apostille Convention. In the event that the student wishes to have their paper diploma issued with an apostille, TECH EDUCATION will make the necessary arrangements to obtain it, at an additional cost.

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Postgraduate Diploma

Endoscopic Surgery in Gynecologic Oncology

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