

Innovation in surgical training: Anterior colporrhaphy simulator

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ABSTRACT

Introduction: To demonstrate the construction of an anterior colporrhaphy simulator, determine the associated costs and its feasibility as a surgical trainer. **Methods:** In this technical video, the construction of an anterior colporrhaphy (AR) simulator is documented, using easily assembled and widely accessible low-cost materials. Construction costs and preparation time were calculated, followed by filming of assembly steps and simulated anterior colporrhaphy. **Results:** Materials involved included a plastic glass, a sock, water-filled balloon, cling film, glue, double-sided adhesive tape, a box and a cardboard platform at a total cost of approximately USD2.81 i.e., cost-effective and ideal for training especially in resource-limited regions. Relevant surgical landmarks such as the anterior vaginal wall, urethral meatus, bladder (cystocoele), vesicovaginal fascia and vagina were represented. **Conclusions:** An AR simulator can be constructed using cost-effective and widely available materials. Although it may not substitute for surgical training on real-life patients or cadavers, it may be an ideal training modality for novice surgeon-in-training prior to embarking into actual surgery. Its acceptability, feasibility, and efficacy as a surgical training simulator should be further assessed.

Laparoscopic pelvic sentinel node mapping with indocyanine green for early-stage uterine cancer

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ABSTRACT

Introduction: Sentinel node mapping for endometrial cancer is currently the preferred alternative to a full lymphadenectomy in apparent early-stage uterine cancer. This is now becoming a useful technique for the identification of lymph nodes that are at high risk of metastases in early-stage disease. It benefits the patients as they avoid the morbidity of a standard lymphadenectomy. **Case Description:** This video demonstrates the method of cervical dye injection and laparoscopic sentinel node dissection through image guidance. **Conclusion:** Close adherence to the NCCN (National Comprehensive Cancer Network) algorithm was found to result in an accuracy of prediction in pelvic lymph nodes with a less than 5% false negative rate. Its promising results in high-risk histology also serve as a potential alternative to complete lymphadenectomy in such cases.