

A great surgeon - a big scar - Is it still true today? From laparotomy to MIGS

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So, time went: In the past was regarded as a great surgeon one that made a big scar. Laparoscopy was initially neglected. Later, over the years, the laparoscopy itself as equal and respected method and, conversely, those who managed to laparoscopic surgery, was regarded as a great surgeon. This was similar in recent times to hysteroscopy. Today, hysteroscopy is a common part of gynecological surgery.

Today we find ourselves in a similar developmental phase or breakthrough: implementation of operative hysteroscopy into the spectrum of office hysteroscopy and its general recognition and use as a basic MIGS procedure. All of this, of course, requires the creation of precise rules and standards - the actual office-resectoscopy concept, on the basis of which individual specialized office-resectoscopy units can be built on a wide global scale.

However, MIGS is not just mentioned - it is, on the contrary, constantly hand in hand with rapid technological development, a growing large group of minimally invasive methods, replacing invasive approaches (e.g. urogynecology, aesthetic and reconstructive gynecology, etc.).

In this aspect, we bring you the results and recommendations from our own over 2 years of experience in building a specialized out-patient Center of Minimally Invasive Gynecological Surgery with its main focus on office resectoscopy and its successful functioning with excellent results.

Based on our experience and results, we would like to open the debate on building the concept of these specialized out-patient centers.

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