



**SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES**

**Annexure 1**

**Date:16.04.2018**

**From**

Dr. Kalarani  
Professor and HOD,  
Department of Obstetrics and Gynaecology,  
Sri Lakshmi narayana Institute of Medical Sciences,  
Bharath Institute of Higher Education and Research,  
Chennai.

**To**

The Dean,  
Sri Lakshmi Narayana Institue Of Medical Sciences,  
Bharath Institute of Higher Education and Research,  
Chennai.

**Sub: Permission to conduct value-added course: Laproscopy**

Dear Sir,

With reference to the subject mentioned above, the department proposes to conduct a value-added course titled: **Laproscopy** on April 2019 to Jan 2020. We solicit your kind permission for the same.

Kind Regards

Dr.Kalarani,

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**FOR THE USE OF DEANS OFFICE**

Names of Committee members for evaluating the course:

The Dean

The HOD:

The Expert:

The committee has discussed about the course and is approved.

Dean

Subject Expert

HOD

**DEAN**  
SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES  
OSUDU, AGARAKAVI VILLAGE,  
KOODARAKAVI POST,  
PUDUCHERRY - 605 002

ASSISTANT PROFESSOR  
DEPT. OF OBSTETRICS & GYNAECOLOGY  
Sri Lakshmi Narayana Institute of  
Medical Sciences  
OSUDU, PUDUCHERRY.

PROFESSOR  
DEPT. OF OBSTETRICS & GYNAE  
Sri Lakshmi Narayana Inst  
Medical Sciences

ASSISTANT PROFESSOR  
DEPT. OF OBSTETRICS & GYNAECOLOGY  
Sri Lakshmi Narayana Institute of  
Medical Sciences  
OSUDU, PONDICHERRY.

PROFESSOR  
DEPT. OF OBSTETRICS & GYNAE  
Sri Lakshmi Narayana Inst  
Medical Sciences



OFFICE OF THE DEAN

## **Sri Lakshmi Narayana Institute of Medical Sciences**

OSUDU, AGARAM VILLAGE, VILLIANUR COMMUNE, KUDAPAKKAM POST,  
PUDUCHERRY - 605 502.

[ Recognised by Medical Council of India, Ministry of Health letter No. U/12012/249/2005-ME ( P -II ) dt. 11/07/2011 ]  
[ Affiliated to Bharath University, Chennai - TN ]

### Circular

11.06.2018

#### **Sub: Organising Value-added Course: Laproscopy- reg**

With reference to the above mentioned subject, it is to bring to your notice that Sri Lakshmi Narayana Institute of Medical Sciences, **Bharath Institute of Higher Education and Research**, is organizing “**Laproscopy**”. The course content and registration form is enclosed below.”

The application must reach the institution along with all the necessary documents as mentioned. The hard copy of the application should be sent to the institution by registered/ speed post only so as to reach on or before 30.06.2018. Applications received after the mentioned date shall not be entertained under any circumstances.

Dean

**DEAN**  
SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES  
OSUDU, AGARAM VILLAGE,  
KUDAPAKKAM POST,  
PUDUCHERRY - 605 502

Encl: Copy of Course content and Registration form.

## Course Proposal

**Course Title: Laparoscopy**

**Course Objective:**

- 1. Basic laproscopy instruments**
- 2. Practice and acquire competence in basic laparoscopic skills**
- 3. Practice fundamental GYN procedures**
- 4. Encounter arrange of patient pathology**
- 5. Nine basic task**
- 6. Two basic task**
- 7. Gain experience with various techniques and surgical instruments**
- 8. Learn to avoid and control complications**
- 9. Handling emergency situation**
- 10. DO's and DON'T**

**Course Outcome:**

**Course Audience: Final MBBS Undergraduates**

**Course Coordinator: Dr.Swetha.S**

**Course Faculties with Qualification and Designation:**

- 1. Dr.Kalarani, Prof. and HOD, OG**
- 2. Dr.S.Swetha, Assistant Professor, OG**

**Course Curriculum/Topics with schedule (Min of 30 hours)**

| Sl No | Date       | Topic  | Time           | Hrs |
|-------|------------|--|----------------|-----|
| 1     | 2.07.2018  | Basic instrument of laparoscopy                                  | 4.00pm- 7.00pm | 3   |
| 2     | 14.07.2018 | Practice and acquire competence in basic laparoscopic skill      | 4.00pm- 7.00pm | 3   |
| 3     | 30.07.2018 | Practice fundamental GYN procedures                              | 4.00pm- 7.00pm | 3   |
| 4     | 12.08.2018 | Encounter arrange of patient pathologies                         | 4.00pm- 7.00pm | 3   |
| 5     | 16.08.2018 | Nine basic task  | 4.00pm- 7.00pm | 3   |
| 6     | 24.08.2018 | Two basic task   | 4.00pm- 7.00pm | 3   |
| 7     | 4.09.2018  | Gain experience with various techniques and surgical instruments | 4.00pm- 7.00pm | 3   |
| 8     | 12.09.2018 | Learn to avoid and control complications                         | 4.00pm- 7.00pm | 3   |
| 9     | 5.10.2018  | Handling emergency situation                                     | 4.00pm- 7.00pm | 3   |
| 10    | 20.10.2018 | DO 's and DON'T  | 4.00pm- 7.00pm | 3   |
|       |            |  | Total Hours    | 30  |

**Reference : USF CENTRE FOR ADVANCEMENT OF MINIMALLY INVASIVE PELVIC SURGERY  
UNIVERSITY OF SOUTH FLORIDA**

## VALUE ADDED COURSE

**1. Name of the programme & Code**

Laproscopy OBGY 9

**2. Duration & Period**

30 hrs & JULY 2018 - DECEMBER 2018

**3. Information Brochure and Course Content of Value Added Courses**

*Enclosed as Annexure- I*

**4. List of students enrolled**

*Enclosed as Annexure- II*

**5. Assessment procedures:**

Multiple choice questions- *Enclosed as Annexure- III*

**6. Certificate model**

*Enclosed as Annexure- IV*

**7.No. of times offered during the same year:**

1- JULY 2018 - DECEMBER 2018

**8. Year of discontinuation: 2020**

**9. Summary report of each program year-wise**

| Value Added Course |             |             |                  |                 |                                 |
|--------------------|-------------|-------------|------------------|-----------------|---------------------------------|
| Sl. No             | Course Code | Course Name | Resource Persons | Target Students | Strength & Year                 |
| 1                  | OBGY 9      | LAPROSCOPY  | Dr. Swetha. S    | FINAL YEAR MBBS | JULY 2018 -<br>DECEMBER<br>2018 |

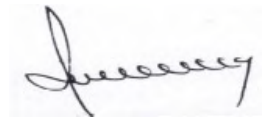
**10.Course Feed Back**

*Enclosed as Annexure- V*



RESOURCE PERSON

ASSISTANT PROFESSOR  
DEPT. OF OBSTETRICS & GYNAEC  
Sri Lakshmi Narayana Institute  
Medical Sciences  
OSUDU, PUDUCHERRY



COORDINATOR

DEAN  
SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES  
OSUDU, AGARAM VILLAGE,  
KODARAKKAM POST,  
PUDUCHERRY - 605 002

[TYPE THE COMPANY NAME]

LAPROSCOPYI

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Participants Hand Book

**Juhul**  
**[Pick the date]**

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### *Course details*

| <b>Particulars</b>             | <b>Description</b>   |
|--------------------------------|--|
| Course Title                   | LAPROSCOPY   |
| Course Code                    | OBGY 09  |
| Objective                      | <ol style="list-style-type: none"><li>1. Introduction</li><li>2. Practice and acquire competence in basic laparoscopic skills</li><li>3. Practice fundamental GYN procedures</li><li>4. Encounter a range of patient pathologies</li><li>5. Gain experience with various techniques and surgical instruments</li><li>6. Learn to avoid and control complications</li><li>7. Handling emergency situation</li><li>8. Assessment</li></ol> |
| Further learning opportunities | Practicing exercises   |
| Key Competencies               | On successful completion of the course the students will have skill in handling and observe various techniques in laproscopic surgery  |
| Target Student                 | Final MBBS Students  |
| Duration                       | 30hrs every April 2019 to August 2019 and September 2019 to January 2020   |
| Theory                         | 10hrs  |

|                      |                           |
|----------------------|---------------------------|
| Session              |                           |
| Practical Session    | 20hrs                     |
| Assessment Procedure | Multiple choice questions |

## ***Basic Laparoscopic Gynecology Skills and Procedures Course***

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### **Description**

The aim of this course is to allow practicing surgeons as well as residents/fellows and medical students to acquire basic level skills in laparoscopic gynecology including hands-on simulation-based training of essential OB-GYN procedures. The course is de

signed in two components:

#### **1. Proficiency-Based**

#### **Basic Laparoscopic Skills Training**

Training within a proficiency-based virtual reality

curriculum may reduce errors during real surgical procedures. The basic

skills training within this curriculum is based on Development of a

Virtual Reality Training Curriculum for Laparoscopic Cholecystectomy

(Darzi et al. British Journal of Surgery 2009;96:1086–1093). The aim of the training

curriculum is for an individual to acquire skills and

reach a predetermined level of proficie

3



ncy before progressing to more challenging cases. The study, conducted by the Department of Biosurgery and Surgical Technology at St. Mary's Campus at Imperial College of London, defined, tested and validated a whole-procedure virtual reality training curriculum for Laparoscopic Cholecystectomy on the Simbionix LAP Mentor™ using structured scientific methodology. The curriculum clearly defines

a predetermined level of proficiency as well as defining the mode of training on the simulator.

## **2. Basic Gynecological Procedure Training - Personal Goal Setting**

7 patient cases: Laparoscopic tubal sterilization, salpingostomy, salpingectomy and salpingo-oophorectomy. Trainees encounter a range of patient pathologies and gain experience with various techniques and surgical instruments. Included are a variety of complications and emergency situations such as bleeding at the implantation site, a ruptured fallopian tube and a blood-filled abdominal cavity.

## **Continued Training - The Total Laparoscopic Hysterectomy Curriculum**

The 'Total Laparoscopic Hysterectomy

Training Course for the Symbionix L APMentor' is an advanced GYN procedure curriculum for participants desiring advanced training. The course provides repetitive practice of surgical skills required for the procedure, in a safe and reproducible environment, as well as exposure to complication encountered during the laparoscopic hysterectomy procedure including ureteral and bowel injury.

**This course was written in collaboration with:**

Larry R Glazerman MD, MBA, FACOG. Associate Professor and Director, Minimally Invasive Gynecology. Co-Director, USF Center for the

Advancement of Minimally-Invasive Pelvic Surgery University of South Florida College of Medicine.

Stuart Hart, MD, FACOG, FACS. Assistant Professor, Division of Female Pelvic Medicine and Reconstructive Surgery. Department of Obstetrics and Gynecology.

Co-Director, USF Center for the Advancement of Minimally-Invasive Pelvic Surgery. Medical Director, Tampa Bay Research and Innovation Center (TBRIC). University of South Florida College of Medicine.

## Objectives

- ♦ Practice and acquire competence in basic laparoscopic skills: Camera manipulation 0°; Camera Manipulation 30°; Eye-hand coordination; Clip application; Clipping and grasping; Two-handed maneuvers; Cutting; Electrocautery; Translocation of objects.
- ♦ Practice fundamental GYN procedures: Laparoscopic tubal sterilization, salpingostomy, salpingectomy and salpingo-oophorectomy.
- ♦ Encounter a range of patient pathologies.
- ♦ Gain experience with various techniques and surgical instruments.
- ♦ Learn to avoid and control complications and emergency situations such as bleeding at the implantation site, a ruptured fallopian tube and a blood-filled

abdominal cavity.

## Specialties

Gynecology

## Target Audience

Practicing surgeons, as well as residents/fellows and medical students, interested in hands-on simulation-based training of essential GYN procedures.

## Assumptions

It is recommended to include a cognitive skills module at the beginning of the training program. No previous procedural or technical knowledge is required.

## Suggested Time Length

Suitable for 2 day training courses or for distributed training.

## Authors

This course was written in collaboration with:

Larry R Glazerman MD, MBA, FACS, FOGA Associate Professor and Director, Minimally Invasive Gyn Surgery. Co-

Director, USF Center for the Advancement of Minimally-Invasive Pelvic Surgery University of South Florida College of Medicine.

Stuart Hart, MD, FACOG, FACS  
.Assistant Professor,  
Division of Female Pelvic Medicine  
and Reconstructive  
Surgery. Department of Obstetrics  
and Gynecology.

Co-

Director, USF Center for the Advancement of Minimally-Invasive Pelvic Surgery. Medical Director,  
Tampa Bay Research and Innovation Center (TBRIC).

University of South Florida College of Medicine.

**The Essential Gynecology Module was created in collaboration with:**

M. Jonathon Solnik, MD, Director, Minimally Invasive Gynecologic Surgery, Assistant Residency Program Director, Dept OB/Gyn, Cedars-Sinai Medical Center, Assistant Clinical Professor, Dept OB/Gyn, The David Geffen School of Medicine at UCLA.

Roy Mashiach, MD,  
Minimally Invasive  
Gynecologic Surgery,  
Sheba Medical Center  
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,  
ClevelandClinicLernerCo  
llegeofMedicine,Case  
Western  
ReserveUniversity.

Dr.AmirSzold,Headof  
SurgicalEndoscopyUn  
it,  
SoraskyMedicalCent  
erTel-Aviv.

## Task Descriptions and Curriculum Steps

### Part 1 - Basic Skills

#### 1.1 introduction to Training

##### instructions:

Before each task is performed, provide a full demonstration by an experienced operator, with an opportunity for the participant to ask questions.

Suggested time length for the familiarization period is approximately 30 minutes.

#### 1.2 Nine Basic Tasks - Training

##### instructions:

Nine tasks are performed twice on the same day in two sessions, with a break of more than one hour between each session.



#### Task 1 - Camera Manipulation 0°

##### Task Description:

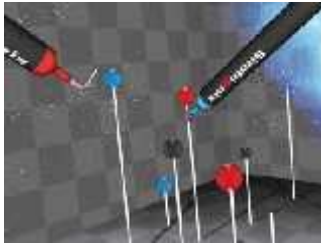
Using a 0° camera, locate and snap photographs of ten balls, in an abstract environment.



#### Task 2 - Camera Manipulation 30°

##### Task Description:

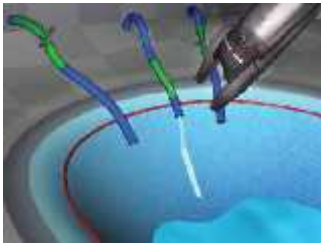
Using a 30° angled camera, locate and snap photographs of ten balls, in an abstract environment.



### **Task 3 - Eye-Hand Coordination**

#### **Task Description:**

Locate each flashing ball and touch it with the tool of the appropriate color.



### **Task 4 - Clip Application**

#### **Task Description:**

Clip leaking ducts within a specified segment, before the pool fills.



### **Task 5 - Clipping and Grasping**

#### **Task Description:**

Safely grasp and clip leaking ducts within a specific segment, before the pool fills.



### Task 6 - Two-Handed Maneuvers

#### Task Description:

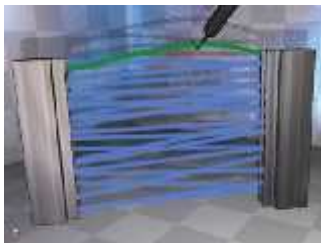
Use two grasps to locate the balls within the jelly mass and then place them in the endo bag.



### Task 7 - Cutting

#### Task Description:

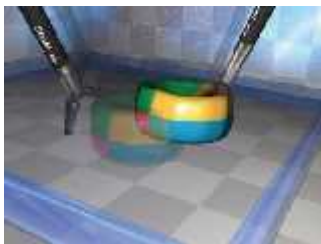
Safely grasp and clip leaking ducts within a specific segment, before the pool fills.



### Task 8 – Electrosurgery

#### Task Description:

Use a hook to burn the highlighted band, while retracting other bands with an accessory instrument.



### Task 9 - Translocation of Objects

#### Task Description:

Manipulate object with two graspers, and place it into the orientation of the matching transparent object with a minimum number of translocations.



### 1.3 Two Basic Tasks – Demonstration of Proficiency

#### instructions:

Training is completed when all of the following skill levels are reached in two consecutive sessions.



#### Task 5 - Clipping and Grasping

##### Task Description:

Safely grasp and clip leaking ducts within a specific segment, before the pool fills.

##### Required Skill Level

Time taken < 100 s



#### Task 6 - Two-Handed Maneuvers

##### Task Description:

Use two grasps to locate the balls within the jelly mass and then place them in the endo bag.

##### Required Skill Level

Total time taken < 90 s

Total number of movements < 100

Total path length < 440 cm

## Part 2 – Gynecology Procedures

7 patient cases: Laparoscopic tubal sterilization, salpingostomy, salpingectomy and salpingo-oophorectomy.

Trainees encounter a range of patient pathologies and gain experience with various techniques and surgical instruments. Included in this module are a variety of complications and emergency situations such as bleeding at the implantation site, a ruptured fallopian tube and a blood-filled abdominal cavity.

Following performing each patient case, the trainee is required to analyze his/her performance report and set personal standards for improvement.

### 2.1 Tubal Ligation

#### Objectives:

- ◆ Demonstrate knowledge of normal pelvic anatomy, specifically the fallopian tube.
- ◆ Handle the normal tissue of the fallopian tube and ovary while avoiding unnecessary trauma and providing optimal exposure.
- ◆ Perform tubal ligation



#### Essential GYN Module Case 1: Tubal Ligation

##### Medical History:

32 year old Gravida 3, Para 3 comes to your office to discuss contraceptive options. She is happily married, has three healthy children and desires permanent contraceptive

ption. She used birth control pills in the past that would sometimes exacerbate migraine headaches. Her husband declines vasectomy and she does not feel comfortable using an intrauterine device. A laparoscopic tubal ligation has been scheduled for the patient.

**Pathology:**

None.

## 2.2 Ectopic Pregnancy – 5 Cases

### Objectives:

- ◆ Perform proper inspection of the pelvis.
- ◆ Perform proper evacuation of hemoperitoneum.
- ◆ Determine the appropriateness of salpingostomy versus salpingectomy as the initial surgical strategy
- ◆ In case of salpingostomy:
  - Demonstrate proper technique to control hemostasis from the implantation site, while minimizing thermal spread to the tube.
  - Demonstrate proper use of irrigation at the site with heavy zoom with the camera and light irrigation and suction.
  - Demonstrate the ability to convert to salpingectomy when the case does not seem to be improving with hemostasis attempts.
- ◆ In case of salpingectomy:
  - Perform proper removal of the ectopic pregnancy by performing salpingectomy.
  - Perform proper removal of the ectopic using an endobag removal device
  - 
  - Perform proper inspection after removal of the ectopic for hemostasis of the remaining tube.



### Essential GYN Module Case 2: isthmic Ectopic Pregnancy

#### Medical History:

A 36-year-old female Gravida 1 Para 0 presents to the clinic to have an ultrasound. She is being followed for infertility and is on her

first month of ovulation induction. She reports mild cramping. An ultrasound shows a 2 cm adnexal mass in the left tube that is separate from the ovary and nothing in the uterus. Her Beta HCG is 2630. You discuss medical management of her ectopic but she declines use of Methotrexate and desires to “just get this over with.” You schedule her for laparoscopic salpingostomy.

**Pathology:**

A right isthmic ectopic pregnancy.



### Essential GYN Module Case 3: isthmic Ectopic Pregnancy

#### Medical History:

A 19-year-old Gravida 2 Para 0 presents to the emergency department complaining of increasing pelvic pain, cramping, and bleeding. Her abdomen is tender without rebound or guarding. She has a history of Chlamydia, has had one previous ectopic on her right side and underwent a laparoscopic right salpingectomy. Her vital signs are stable. A Beta HCG returns and is 2306 and her hematocrit is 37. A pelvic ultrasound shows a left adnexal mass approximately 4 cm in diameter. She has a new partner and definitely wants children in the future if possible.

#### Pathology:

A left isthmic ectopic pregnancy. The right tube has previously been removed.



### Essential GYN Module Case 4: Small Ampullary Ectopic Pregnancy

#### Medical History:

A 32-year-old Gravida 3 Para 2 presents to the emergency department complaining of increasing

pelvic pain, cramping and bleeding. A pelvic ultrasound shows a left adnexal mass approximately 1 cm in diameter that is separate from the normal appearing ovary. The patient lacks risk factors for an ectopic pregnancy such as a history of PID, operative trauma, or tumors. Because she wishes to retain her fertility, you schedule her for laparoscopic salpingostomy.

**Pathology:**

A small ectopic pregnancy in the right ampullary tube. Active bleeding starts from the bed of the implantation site. Hemostasis will not be possible and attempt to achieve hemostasis may result in irreversible tubal damage.



## Essential GYN Module Case 5: Ruptured Ectopic Pregnancy Following

### Sterilization Failure Medical History:

You are called to the emergency room to evaluate a 36 year old female

Gravida 4, Para 2 who came in for evaluation of severe pelvic pain,

cramping, and vaginal spotting. The patient had a bilateral tubal

ligation about 4 years prior. She appears stable but uncomfortable

lying in the bed on her side. Her blood pressure is 110/75 and pulse

is 80. Her abdomen is tender with mild guarding. Pelvic exam shows

a closed cervix with minimal dark blood in the vaginal vault and tenderness on moving the cervix. A beta human

chorionic

gonadotropin (HCG) level is 2810, hematocrit is 32, and blood type

is O positive. An ultrasound shows a 4-5 cm adnexal mass separate

from the ovary and nothing in the uterine cavity. There is a moderate

amount of fluid in the pelvis. She tells you she does not want any more

children in the future. A laparoscopic salpingectomy is scheduled for the patient.

### Pathology:



A ruptured ectopic pregnancy following sterilization failure. The ectopic pregnancy is located in the distal portion of the left fallopian tube.



## Essential GYN Module Case 6: Ectopic Pregnancy

### Medical History:

A 24-year-old female Gravida 1 Para 0, presents to the emergency department with abdominal pain not being controlled by pain

medications, no vaginal bleeding, and severe menstrual cramping.

She is not sure when her last menses was, has a history of Chlamydia

and multiple visits to the emergency department for pelvic pain that

is usually diagnosed as pelvic inflammatory disease. During physical

exam her blood pressure is 100/65, pulse is 92. Her abdomen is tender

and she has mild guarding. Her serum HCG is 4250 and hematocrit

is 33. A pelvic ultrasound shows nothing in the uterine cavity and a

right adnexal mass approximately 5 cm in diameter that is adjacent to

but separate from the ovary and a large amount of debris in the pelvis

consistent with blood. She is placed on the O

Right for laparoscopic salpingectomy.

**Pathology:**

A ruptured ampullary ectopic pregnancy in the right tube. The left fallopian tube is in bad condition with a clubbed fimbriated end.

Adhesions are present in the anatomy.

## 2.3 Prophylactic Salpingo-Oophrectomy

### Prophylactic Oophorectomy - Objectives:

- ◆ To perform proper inspection of the pelvis and abdomen.
- ◆ To identify and avoid the ureter prior to transecting the ligament.
- ◆ To perform proper electro-surgery and ligation of the ovarian vasculature and observe for bleeding.
- ◆ To use electro-surgery properly to transect the tube, utero-ovarian ligament and vasculature to remove both the tube and the ovary.
- ◆ To perform the same procedure on the opposite side and collect specimens.



### Essential GYN Module Case 7: Prophylactic Salpingo-Oophrectomy

#### Medical History:

A 39 year old female Gravid 2 Para 2 comes to your office for counseling regarding her risk of ovarian cancer. She is BRCA1 positive by genetic testing (tested, since multiple family members have been diagnosed with both ovarian and breast cancer at a nearly age). She has finished child bearing and wishes to reduce her risk of ovarian and breast cancer by getting her ovaries removed. She reports no abnormal symptoms, is healthy, and has never had any abdominal surgery. She is scheduled for laparoscopic prophylactic bilateral salpingo-oophrectomy.

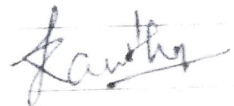
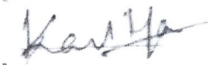
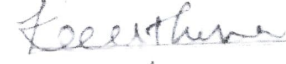


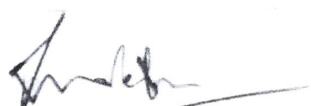
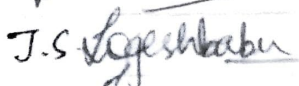
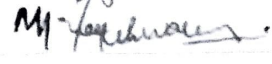
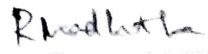
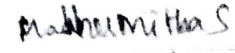

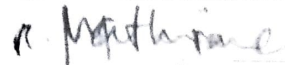
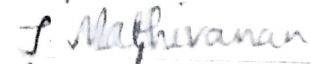

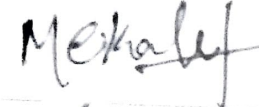

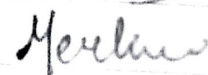



#### Pathology:

None.

Value Added Courses

LAPAROSCOPIC TECHNIQUES

List of Students Enrolled July 2018 – December 2018

| S.No | Register No | Students List                      | signature  |
|------|-------------|------------------------------------|--|
| 1    | U16MB311    | KAVITHA .M                         |    |
| 2    | U16MB312    | KAVIYA .K                          |    |
| 3    | U16MB313    | KEERTHANA .K                       |    |
| 4    | U16MB314    | KEERTHI K DAS                      |    |
| 5    | U16MB315    | KUNCHAL BALA VENKATA<br>RAMANA RED |    |
| 6    | U16MB316    | LAKSHMIPURAM VEDA<br>SREEVIDYA     |   |
| 7    | U16MB317    | LOGESH BABU .S                     |  |
| 8    | U16MB318    | LOKESHWARAN .M                     |  |
| 9    | U16MB319    | MADHUMITHA .R                      |  |
| 10   | U16MB320    | MADHUMITHA .S                      |  |
| 11   | U16MB321    | MANIMAARANE .R                     |  |
| 12   | U16MB322    | MATHIVAANANE .R                    |  |
| 13   | U16MB323    | MATHIVANAN .J                      |  |
| 14   | U16MB324    | MD ALTAF KHAN                      |   |
| 15   | U16MB325    | MEKALA CHARAN<br>CHOWDARY          |  |
| 16   | U16MB326    | MERLIN.S                           |  |
| 17   | U16MB327    | MERLINE SHEEBA .B                  |  |
| 18   | U16MB328    | MOHAN B                            |  |
| 19   | U16MB329    | MOHIT BHARDWAJ                     |  |
| 20   | U16MB330    | MONISH PALEI PATRA                 |  |

**LAPAROSCOPIC TECHNIQUES**  
**MCQs**

**5 Matching questions**

- |                            |  |
|----------------------------|--|
| 1. _____ Light cable       | A. A device that connects the endoscope to the camera.   |
| 2. _____ Light source      | B. The fiberoptic light cable that transmits light from the source to the endoscopic instrument. Sometimes called a light guide. |
| 3. _____ Knot pusher       | C. A device that regulates the flow and amount of carbon dioxide gas during insufflation.  |
| 4. _____ Endocoupler       | D. A device that controls and emits light for endoscopic procedures.   |
| 5. _____ Insufflation unit | E. A device used to secure suture knots during minimally invasive surgery.   |

## 5 True/False questions

1. Endoscopic surgery of a joint. → Stereoscopic viewer

True

False

2. A surgical endoscope that has the capability of morcellization, or tissue fragmentation. → Endoscope

True

False

3. An element within each silicone chip contained within a device which produces electronic images such as those seen on a surgical monitor used in minimally invasive surgery. → Cannula

True

False

4. A term meaning "outside the body." In minimally invasive surgery, it refers to a technique for placing sutures in which the knots are formed outside the body and then tightened after they have been introduced into the surgical wound. → Intracorporeal

True

False

5. A spring-loaded needle used to deliver carbon dioxide gas during insufflation. → Video printer

True

False

## 5 Multiple choice questions

1. A channel that extends the full length of a flexible endoscope and is used to retrieve biopsy tissue.
  - Instrument channel
  - Elevator channel
  - Biopsy channel
  - Video printer
  
2. In robotic surgery, the nonsterile control unit used by the surgeon to manipulate instruments.
  - Diagnostic endoscopy
  - Ligation loop
  - Surgeon's console
  - Stereoscopic viewer
  
3. A telescopic instrument with serial lenses that is used to view anatomical structures inside the body.
  - Light cable
  - Endoscope
  - Nephroscopy
  - Focus ring



4. In robotic surgery, the nonsterile hand controls that manipulate surgical instruments.

- Master controllers
- Thoracoscopy
- Insertion tube
- Pneumoperitoneum

5. In video technology, the clarity of an image based on the number of signals (pixels) emitted by the camera. A high-definition format displays 1280x721 pixels in a rectangular image.

- Insufflation
  - Video cable
  - High definition (HD)
  - Insufflation unit
-

LAPAROSCOPIC TECHNIQUES  
MCQs

9

9/10

REG NO -  
016MB321

## 5 Matching questions

1. B Light cable
  2. D Light source
  3. E Knot pusher
  4. A Endocoupler
  5. C Insufflation unit
- A. A device that connects the endoscope to the camera.
  - B. The fiberoptic light cable that transmits light from the source to the endoscopic instrument. Sometimes called a light guide.
  - C. A device that regulates the flow and amount of carbon dioxide gas during insufflation.
  - D. A device that controls and emits light for endoscopic procedures.
  - E. A device used to secure suture knots during minimally invasive surgery.



# Sri Lakshmi Narayana Institute of Medical Sciences

Affiliated to Bharath Institute of Higher Education & Research  
(Deemed to be University under section 3 of the UGC Act 1956)



## CERTIFICATE OF MERIT

This is to certify that KEERTHANA has actively participated in the Value Added Course on **LAPAROSCOPIC TECHNIQUES** held during Jul 2018 – Dec 2018 Organized by Sri Lakshmi Narayana Institute of Medical Sciences, Pondicherry- 605 502, India.

**RESOURCE PERSON**

ASSISTANT PROFESSOR  
DEPT. OF OBSTETRICS & GYNAECOLOGY  
Sri Lakshmi Narayana Institute of  
Medical Sciences  
OSUDU, PUDUCHERRY.

**COORDINATOR**

**DEAN**  
SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES  
OSUDU, AGARAM VILLAGE,  
KODAPAKKAM POST,  
PUDUCHERRY - 605 502



# Sri Lakshmi Narayana Institute of Medical Sciences

Affiliated to Bharath Institute of Higher Education & Research  
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## CERTIFICATE OF MERIT

This is to certify that KAVITHA has actively participated in the Value Added Course on **LAPAROSCOPIC TECHNIQUES** held during Jul 2018 – Dec 2018 Organized by Sri Lakshmi Narayana Institute of Medical Sciences, Pondicherry- 605 502, India.

**RESOURCE PERSON**

ASSISTANT PROFESSOR  
DEPT. OF OBSTETRICS & GYNAECOLOGY  
Sri Lakshmi Narayana Institute of  
Medical Sciences  
OSUDU, PUDUCHERRY.

**COORDINATOR**

**DEAN**  
SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES  
OSUDU, AGARAM VILLAGE,  
KODAPAKKAM POST,  
PUDUCHERRY - 605 502

**Annexure 4**

**Course/Training Feedback Form**

**Course:**

**Date:**

**Name:**

**Reg NO.**

**Department: Obstetrics and Gynaecology**

**Q 1:** Please rate your overall satisfaction with the format of the course:

- a. Excellent    b. Very Good    c. Satisfactory    d. unsatisfactory

**Q 2:** Please rate course notes:

- a. Excellent    b. Very Good    c. Satisfactory    d. unsatisfactory

**Q 3:** The lecture sequence was well planned

- a. Excellent    b. Very Good    c. Satisfactory    d. unsatisfactory

**Q 4:** The lectures were clear and easy to understand

- a. Excellent    b. Very Good    c. Satisfactory    d. unsatisfactory

**Q 5:** Please rate the quality of pre-course administration and information:

- a. Excellent    b. Very Good    c. Satisfactory    d. unsatisfactory

**Q 6:** Any other suggestions:

**Comments:**

**Thank you for taking the time to complete this survey, your comments are much appreciated.**

**OPTIONAL Section:** Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Annexure 4

**Course/Training Feedback Form**

Course: LAPROSCOPIC TECHNIQUES IN OBSTETRICS AND GYNECOLOGY  
Date: 31/01/2020  
Name: KANITHA A.M  
Reg NO. U16MB311  
Department: Obstetrics and Gynaecology

**Q 1:** Please rate your overall satisfaction with the format of the course:

a. Excellent    b. Very Good    c. Satisfactory    d. unsatisfactory

**Q 2:** Please rate course notes:

a. Excellent    b. Very Good    c. Satisfactory    d. unsatisfactory

**Q 3:** The lecture sequence was well planned

a. Excellent    b. Very Good    c. Satisfactory    d. unsatisfactory

**Q 4:** The lectures were clear and easy to understand

a. Excellent    b. Very Good    c. Satisfactory    d. unsatisfactory

**Q 5:** Please rate the quality of pre-course administration and information:

a. Excellent    b. Very Good    c. Satisfactory    d. unsatisfactory

**Q 6:** Any other suggestions: NILL

**Comments:**

**Thank you for taking the time to complete this survey, your comments are much appreciated.**

**OPTIONAL Section:** Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Annexure 4

Course/Training Feedback Form

Course: LAPAROSCOPIC TECHNIQUES IN OBSTETRICS AND GYNECOLOGY  
Date: 30/08/2019  
Name: KAVIYA . K .  
Reg NO. U16MB312  
Department: Obstetrics and Gynaecology

Q 1: Please rate your overall satisfaction with the format of the course:

a.  Excellent b. Very Good c. Satisfactory d. unsatisfactory

Q 2: Please rate course notes:

a.  Excellent b. Very Good c. Satisfactory d. unsatisfactory

Q 3: The lecture sequence was well planned

a.  Excellent b. Very Good c. Satisfactory d. unsatisfactory

Q 4: The lectures were clear and easy to understand

a.  Excellent b. Very Good c. Satisfactory d. unsatisfactory

Q 5: Please rate the quality of pre-course administration and information:

a.  Excellent b. Very Good c. Satisfactory d. unsatisfactory

Q 6: Any other suggestions: NIL

Comments:

Thank you for taking the time to complete this survey, your comments are much appreciated.

OPTIONAL Section: Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Annexure 5**

**Date: 24.02.2020**

**From**

Dr. S.Swetha  
Assistant Professor,  
Obstetrics and Gynaecology,  
Sri Lakshmi Narayana institute of Medical sciences,  
Bharath Institute of Higher Education and Research,  
Chennai.

Through Proper Channel

**To**

The Dean,  
Sri Lakshmi Narayana institute of Medical Sciences,  
Bharath Institute of Higher Education and Research,  
Chennai.

**Sub: Completion of value-added course: Laproscopy**

Dear Sir,

With reference to the subject mentioned above, the department has conducted the value-added course titled: **Laproscopy** on April 19 – Jan 20. We solicit your kind action to send certificates for the participants, that is attached with this letter. Also, I am attaching the photographs captured during the conduct of the course.

Kind Regards

Dr.KALARANI



PROFESSOR  
DEPT OF OBSTETRICS & GYNAECOLOGY  
Sri Lakshmi Narayana Institute of  
Medical Sciences  
OSUDU, PUDUCHERRY.

**Encl: Certificates**

**Photographs**



**VALUE ADDED COURSES**

**OBGY 9 LAPAROSCOPIC TECHNIQUES**

