ACOG Simulations Consortium Learning Objectives:
Laparoscopic Salpingo-Oophorectomy

Provider #/name:_________________________________________________  Date:  
Training site: ______________________________________________________   Grader: 

Training level: (circle one)  PGY-1   PGY-2   PGY-3   PGY-4  Fellow  Staff

Level 1 (Declarative Knowledge)

1. The learner should be able to understand the appropriate patient selection for laparoscopic Salpingo-oophorectomy.
   • Ultrasound criteria not suggestive of malignancy
   • Size amenable to surgeon’s skill set for laparoscopic management

2. The learner should be able to list in a verbal or written mode indications for Salpingo-oophorectomy
   - symptomatic hemorrhagic ovarian cyst
   - not amenable to ovarian cystectomy
   - no future fertility desires
   - family history of BRCA1
   - ovarian torsion (release the torsion and remove the cyst)
   - endometrioma
   - persistent simple cyst
   - persistant pelvic pain

3. The learner should be familiar with the qualifications for, as well as relative and absolute contraindications for laparoscopic management of ovarian cysts
   • Qualifications:
     - Hemodynamically stable patient
     - Patient able to tolerate adequate Trendelenburg position
     - Proper equipment available
     - Adequate surgical skills possessed by the surgeon

4. The learner should describe or identify in a verbal or written mode major anatomic landmarks of the pelvis and specific anatomy of the ovary
   • Location = ovarian fossa
     - Bounded by: external iliac vessels, obliterated umbilical artery, ureter
   • Mesovarium
     - Posterior portion of broad ligament
     - Supports ovary
     - Blood supply of ovary
   • Suspensory ligament of the ovary = Infundibular Pelvic Ligament
     - Attaches ovary to the pelvic side wall
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- Contains the arterial, venous and nerve supply to the ovary
  - Uterovarian ligament
  - Blood supply
    - Arterial = descending aorta
    - Venous
      - Left – drains into the left renal vein
      - Right – drains directly into the inferior vena cava
  - Hilum
    - Entrance of blood and nerve supply to the ovary
      - Arcuate formed by branch of the ovarian and tubal branch of the uterine arteries
  - Nerve supply
    - Ovarian, hypogastric and aortic plexus

5. The learner should be able to in a verbal, written or demonstration mode identify, assemble, and the use of all equipment necessary for LSC Salpingo-oophorectomy
   - laparoscopic trocars
   - Veress needle (optional)
   - laparoscope
   - laparoscopic camera head
   - light cord
   - CO2 tubing
   - Laparoscopic tower equipment
   - Monopolar or bipolar needle, LSC scissors, Harmonic scalpel or hook
   - Suction irrigator
   - Laparoscopic grasper
   - Laparoscopic specimen bag
   - Laparoscopic graspers: Allis, atraumatic

6. The learner must in a verbal, written or demonstrative mode identify the number, size and locations of incisions for port placement to facilitate performing LSC Salpingo-oophorectomy
   - intraumbilical (5 or 10 mm)
   - minimum of two accessory ports (5 or 10 mm) placed properly in the lower lateral quadrants, suprapubic position and/or lateral upper abdominal position
   - additional ports as needed

Level 2 (Simulated and Clinical Performance)
(Specific Task: LSC Salpingo-oophorectomy)

8. Prepare and position the patient for laparoscopy
9. Describe or place uterine manipulator/sponge stick
10. Able to assemble camera, suction tubing and energy sources/instruments
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11. Describe or perform gaining initial access to abdominal cavity and create appropriate pneumoperitoneum
   a. Veress needle
   b. Direct trocar insertion (blind or visual)
   c. Open (Hasson)
12. Visually inspect the pelvis and upper abdomen to survey anatomy
13. Demonstrate proficiency maneuvering laparoscope
14. Describe or demonstrate secondary trocar placement to avoid complications and maintain sufficient spacing for full range of motion, including proper trocar diameters
15. Demonstrate collection of pelvic washings (optional)
16. Identify the abnormal ovary
17. Evaluate the opposite ovary
18. Grasp, position, and orient the fallopian tube and ovary.
19. Perform adequate Salpingo-oophorectomy with
   a. Monopolar scissors
   b. Bipolar shears
   c. Harmonic scalpel or hook
   d. Loop ligature
   e. Automated stapling device
20. Secure hemostasis without excess tissue damage
21. Retrieve the entire specimen and place this in a specimen retrieval pouch
22. Confirm hemostasis by lowering intraabdominal pressure.
23. Judicious use of cautery to achieve hemostasis
24. Irrigate and remove blood and fluid by suction
25. Close appropriate fascial defects after trocar removal (> 5 mm)
26. Properly remove all remaining trocars
27. Properly close skin incisions