

# SITM: MANAGEMENT OF COMPLEX NON-MALIGNANT DISEASE (MCND)

## SECTION 1: CAPABILITIES IN PRACTICE (CiP)

This SITM must be undertaken with the Gynaecological Surgical Care SITM

MCND CiP 1: The doctor has the knowledge, skills and attitudes to perform advanced laparoscopic gynaecological surgery.	
Key skills	Descriptors
Manages a preoperative planning and case selection	<ul style="list-style-type: none"> <li>• Selects patients for laparoscopic gynaecological surgery appropriately.</li> <li>• Is able to map areas of pain or abnormal masses in relation to underlying anatomical structures.</li> <li>• Interprets images in consultation with an imaging specialist.</li> <li>• Audits surgical practice.</li> </ul>
The doctor can safely perform a transvaginal scan of the female genital tract	<ul style="list-style-type: none"> <li>• Able to identify all key pelvic structures, recognises and describes normality and deviations from normal.</li> <li>• Is able to construct a differential diagnosis using information obtained from ultrasound examination.</li> <li>• Is able to optimise image quality.</li> <li>• Can store images securely and constructs a clinically useful ultrasound examination report.</li> <li>• Recognises and adheres to infection control and chaperoning policies.</li> </ul>
Manages preoperative investigations	<ul style="list-style-type: none"> <li>• Performs investigative surgery, where appropriate.</li> <li>• Plans surgery, taking into account someone's fertility desires.</li> </ul>
Develops and provides information about laparoscopic gynaecological surgery for patients	<ul style="list-style-type: none"> <li>• Produces appropriate information leaflets that are tailored for a person who is having laparoscopic gynaecological surgery.</li> <li>• Enters patients onto surgical database for severe rectovaginal endometriosis.</li> </ul>
Evidence to inform decision	
<ul style="list-style-type: none"> <li>• OSATS:               <ul style="list-style-type: none"> <li>○ cystoscopy</li> <li>○ endoscopic lower bowel examination</li> <li>○ ultrasound examination in gynaecology (non-pregnant patient)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Reflective practice</li> <li>• Personal learning</li> <li>• TO2 (including SO)</li> <li>• NOTSS</li> <li>• RCOG Learning</li> </ul>

- Mini-CEX
- CbD

### Knowledge criteria

- How history, investigations and careful counselling determines which patients are selected for laparoscopic surgery
- The symptoms that women may talk about
- The various components of a relevant history, such as dysmenorrhoea, dyspareunia, dyschezia, pelvic pain, lower backache, and bowel and urinary symptoms
- The associated gastrointestinal and urological symptoms that should also be assessed
- The relevance of fertility history, if a woman is trying for pregnancy, and past investigations and treatment
- Relationship with other medical conditions and psychosexual health
- How standardised questionnaires for patients with MCND are devised
- The significance of quality-of-life questionnaires
- How questionnaires are validated
- The anatomy and innervation of the genital tract and the impact of disease on the organs
- The findings relevant to benign gynaecological conditions, including assessment of the posterior cul-de-sac
- How to determine whether someone is suitable for laparoscopic excisional surgery, including:
  - American Society of Anaesthesiologists (ASA) score and fitness
  - assessment to determine whether their condition will respond well to laparoscopic surgery
  - knowledge of appropriate preoperative investigations
  - knowledge of appropriate alternative options to laparoscopic gynaecological surgery
  - effect of previous surgery
  - impact of body mass
- The necessary laparoscopic equipment
- The alternatives, risks and benefits of laparoscopic surgery
- Indications for imaging (pelvic/renal ultrasound, magnetic resonance imaging (MRI), computed tomography (CT), plain X-ray, contrast studies of renal/gastrointestinal tracts, and dimercaptosuccinic acid (DMSA) scans)
- Indications for endoscopy (sigmoidoscopy, colonoscopy and cystoscopy)
- Physiological and pathological processes affecting blood tests, including haematological indices, renal function, liver function, future markets, sex steroids, a type of protein called CA125 and fertility tests
- Indications and how to refer for a tubal patency test and semen analysis for partners

**MCND CiP 2: The doctor understands the role of alternative treatments in providing holistic care to a patient.**

**Key skills**

**Descriptors**

<b>Manages hormonal and non-hormonal treatments</b>	<ul style="list-style-type: none"> <li>• Is able to choose from appropriate hormonal treatments including:             <ul style="list-style-type: none"> <li>○ combined oral contraceptive pill (COCP)</li> <li>○ progestogens</li> <li>○ gonadotrophin-releasing hormone (GnRH) analogues</li> <li>○ aromatase inhibitors</li> </ul> </li> <li>• Is able to choose from appropriate non-hormonal treatments including:             <ul style="list-style-type: none"> <li>○ counselling</li> <li>○ physiotherapy</li> <li>○ initial treatments for bowel and urinary dysfunction</li> </ul> </li> <li>• Understands the indications for hormone replacement therapy (HRT) in conjunction with hormonal treatments.</li> </ul>
<b>Is aware of assisted conception techniques</b>	<ul style="list-style-type: none"> <li>• Advises when it is appropriate to use assisted conception techniques and timing of treatments.</li> <li>• Understands indication for referral to a fertility specialist.</li> <li>• Can discuss fertility-sparing and surgical options that best preserve a woman's fertility.</li> <li>• Can observe an oocyte retrieval to better appreciate access requirements in women with endometriosis.</li> <li>• Is aware of the significance of hydrosalpinges on fertility and when to remove them.</li> </ul>
<b>Understands principles of how to manage sexual dysfunction</b>	<ul style="list-style-type: none"> <li>• Is able to identify causes of dyspareunia and offer appropriate treatment including:             <ul style="list-style-type: none"> <li>○ vaginal dilators</li> <li>○ lubricants</li> <li>○ referral to pelvic floor physiotherapy</li> <li>○ referral for psychosexual counselling</li> </ul> </li> </ul>
<b>Pain management</b>	<ul style="list-style-type: none"> <li>• Has the ability to accurately document a woman's description of pain</li> <li>• Has the ability to prescribe effective and safe analgesia</li> <li>• Has observed nerve blocks and transcutaneous electrical nerve stimulation (TENS) use in a pain clinic</li> <li>• Knowledge of multidisciplinary team (MDT) who work together on pain management</li> </ul>
<b>Evidence to inform decision</b>	
<ul style="list-style-type: none"> <li>• Reflective practice</li> <li>• Attending meetings at and membership of the British Society of Gynaecological Endoscopy (BSGE)</li> <li>• TO2 (including SO)</li> <li>• Attendance at pain clinics</li> </ul>	<ul style="list-style-type: none"> <li>• RCOG Learning</li> <li>• OSATS             <ul style="list-style-type: none"> <li>○ Ultrasound examination in gynaecology (non-pregnant patient)</li> </ul> </li> <li>• CbD</li> </ul>

- Mini-CEX

### Knowledge criteria

- The principles of pharmacology and the side effects of non-steroidal anti-inflammatories, tranexamic acid and immune modulators
- The pharmacology of chemical substances that have an effect on benign gynaecological conditions
- Indication for hormonal treatments, including COCP, progestogens, GnRH analogues, aromatase inhibitors and HRT
- The pharmacology and side effects of analgesic drugs
- Understands overlay of constipation and irritable bowel syndrome (IBS) with symptoms of pelvic pain and initiates initial treatments, where appropriate
- Indication for assisted conception techniques
- How to choose appropriate treatment and counsel woman accordingly
- Theories of pain causation and perception
- Principles of pain mapping
- Understands that dyspareunia can be multifactorial and is able to offer appropriate surgical and non-surgical treatment options
- People's responses to and strategies for dealing with pain
- Indications for using nerve blocks and TENS for analgesia and the principles of how they work
- The role of complementary therapies and their contribution for analgesia
- When to refer to counsellors and pain management teams
- When to refer to gastroenterology, urology and other specialists, including the management of intraoperative surgical injury

### MCND CiP 3: The doctor can perform appropriate laparoscopic surgery to treat the patient.

Key skills	Descriptors
Recognises bowel and bladder complications of surgery	<ul style="list-style-type: none"> <li>• Inspects bowel for perforation or damage.</li> <li>• Checks integrity of bladder using visual inspection and dye tests.</li> <li>• Visually checks ureter and passes appropriate catheter.</li> <li>• Demonstrates understanding of the importance of nerve preservation in pelvic surgery.</li> </ul>
Manages initial intraoperative complications	<ul style="list-style-type: none"> <li>• Undertakes primary bladder closure.</li> <li>• Performs primary laparoscopic repair of bowel perforation, under supervision.</li> <li>• Recognises and is able to control haemorrhage during laparoscopic surgery.</li> </ul>



<p>Recognises and manages delayed onset complications of laparoscopic surgery</p>	<ul style="list-style-type: none"> <li>• Is aware of delayed onset complications such as peritonitis, ileus, faecal contamination and urinary leakage.</li> <li>• Uses appropriate investigations to manage delayed onset complications.</li> <li>• Seeks appropriate support in a timely manner to manage delayed onset complications.</li> </ul>
<p>Is able to demonstrate advanced laparoscopic surgical skills</p>	<ul style="list-style-type: none"> <li>• Builds on laparoscopic skills acquired in core training by using advanced skills in various complex clinical situations.</li> <li>• Is confident with a number of laparoscopic entry techniques (Hasson, Palmer's point and Veress etc).</li> </ul>

**Evidence to inform decision**

<ul style="list-style-type: none"> <li>• OSATS:             <ul style="list-style-type: none"> <li>○ laparoscopic myomectomy</li> <li>○ laparoscopic division of adhesions, including ureterolysis</li> <li>○ laparoscopic uterovesical and rectovaginal disease excision</li> <li>○ laparoscopic excision of superficial and deep infiltrating endometriosis</li> <li>○ total laparoscopic hysterectomy</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Cbd</li> <li>• Mini-CEX</li> <li>• RCOG Learning</li> <li>• NOTSS</li> <li>• TO2 (including SO)</li> <li>• Reflective practice</li> <li>• Meeting attendance at and membership of the BSGE</li> </ul>
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**Knowledge criteria**

<ul style="list-style-type: none"> <li>• Relevant anatomy and pathophysiology</li> <li>• The current controversies about and theories of aetiology about all benign gynaecological diseases that pertain to laparoscopic excisional surgery</li> <li>• The advantages and pitfalls of:             <ul style="list-style-type: none"> <li>○ Veress needle entry</li> <li>○ Hasson technique</li> <li>○ direct visual entry</li> <li>○ Palmer's point entry</li> </ul> </li> <li>• The principles of port site closure and avoiding a port site hernia or damaging underlying structures</li> <li>• The principles of electrosurgery, laser modalities, beam coagulators, ultrasound robotic surgery and other future energy sources</li> <li>• How to competently suture pedicles and hollow viscera laparoscopically</li> <li>• How to undertake intracorporeal and extracorporeal knot tying</li> <li>• How to use tissue morcellation techniques, posterior colpotomy and tissue retrieval techniques</li> <li>• How to inspect the bladder, ureters, small and large bowel for perforation or damage; recognising the perforation or damage; and undertaking appropriate special tests, such as air insufflation and use of dyes</li> </ul> <p><i>Management of complications</i></p>
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- How to recognise bowel and bladder complications. Assessment of these and ability, if appropriate, to perform primary repair
- The principles of more complex repairs, such as segmental bowel resection and ureteric anastomosis and reimplantation
- How to recognise and control haemorrhage during laparoscopic surgery
- How to recognise delayed onset complications, such as peritonitis, ileus, faecal contamination or urinary leakage
- How to start appropriate initial management of delayed onset complications and the principles of subsequent management

#### *Specific procedures*

- The division of dense adhesions involving bowel
- The repair of seromuscular layer of bowel
- How to undertake adhesiolysis using appropriate instruments or energy source, the ability to check for bowel integrity and appropriate suture of sero-muscular tears
- How to explain the risks and benefits of the procedure to be undertaken
- How to recognise and deal with complications such as bowel perforation, ischaemic damage or haemorrhage

#### *Utero-vesical dissection, repair of bladder*

- How to undertake dissection of the utero-vesical fold of the peritoneum and reflection of the bladder
- How to excise the peritoneum overlying the bladder and fibrotic lesions, such as infiltrating endometriotic deposits
- How to recognise and suture bladder defects
- How to recognise urinary leakage postoperatively

#### *Excision of endometriosis, pelvic sidewall dissection*

- How to excise superficial and deep endometriosis overlying pelvic structures, bowel and the pelvic sidewall using the appropriate instruments and energy sources
- How to dissect the pelvic sidewall to demonstrate the course of the pelvic ureter, the great vessels, uterine arteries and the root of the sigmoid colon
- Recognition of immediate and late postoperative complications

#### *Rectovaginal dissection*

- How to recognise and excise infiltrating and nodular endometriosis of the rectovaginal septum and uterosacral ligaments
- How to recognise the degree of obliteration of the posterior cul-de-sac and involvement of the rectum
- How to appropriately repair seromuscular lesions of the intraperitoneal and extraperitoneal rectum and vaginal epithelium of the posterior vaginal fornix
- The risks of ischaemic damage and wound breakdown leading to fistula formation or faecal peritonitis

#### *Laparoscopic myomectomy*

- How to assess the appropriateness of laparoscopic myomectomy, and how to undertake the excision of subserosal intramural and broad ligament fibroids
- How to suture the defect using the appropriate intra- and extra-corporeal techniques. The ability to deal with haemorrhage from the uterine serosa and myometrium

- How to remove fibroids using the appropriate morcellation, posterior colpotomy or tissue retrieval techniques
- Recognition of potential complications, such as haemorrhage, disseminated intravascular coagulation and late uterine dehiscence

<b>MCND CiP 4 The doctor is can manage urological and colorectal interventions.</b>	
<b>Key skills</b>	<b>Descriptors</b>
Undertakes urological surgical procedures to support laparoscopic surgery	<ul style="list-style-type: none"> <li>• Uses cystoscopy during laparoscopic surgery</li> <li>• Performs catheterisation of ureters</li> <li>• Recognises where more advanced urological techniques may be needed, such as stenting, anastomosis or ureteric reimplantation</li> <li>• Works closely with urology team during surgery</li> </ul>
Undertakes colorectal procedures to support laparoscopic surgery	<ul style="list-style-type: none"> <li>• Performs basic colorectal investigations (proctoscopy, rigid sigmoidoscopy).</li> <li>• Recognises specific bowel complications where more advanced techniques are required.</li> <li>• Liaises appropriately with colorectal team during laparoscopic surgery.</li> <li>• Recognises when more advanced colorectal techniques may be needed, such as colostomy or ileostomy. Cares for the physical and psychological needs of women who have experienced colorectal complications, including stoma formation.</li> </ul>
Recognises and manages late complications of laparoscopic surgery	<ul style="list-style-type: none"> <li>• Recognises the adverse functional bowel and bladder effects of radical surgery.</li> <li>• Diagnoses and manages fistulae when carrying out laparoscopic surgery.</li> <li>• Is able to counsel women about late complications of laparoscopic surgery. Liaises with appropriate members of MDT for further care.</li> </ul>
<b>Evidence to inform decision</b>	
<ul style="list-style-type: none"> <li>• OSATS               <ul style="list-style-type: none"> <li>○ cystoscopy and ureteric catheterisation</li> <li>○ endoscopic lower bowel examination</li> <li>○ bladder injury repair</li> </ul> </li> <li>• TO2 (including SO)</li> </ul>	<ul style="list-style-type: none"> <li>• CbD</li> <li>• Mini-CEX</li> <li>• Log of experience</li> <li>• Reflective practice</li> <li>• NOTSS</li> <li>• Personal learning</li> </ul>
<b>Knowledge criteria</b>	
<ul style="list-style-type: none"> <li>• The indications for cystoscopy</li> </ul>	

- The surgical principles for the treatment of ureteric injury
- The investigation of and diagnostic criteria for fistulae
- The surgical principles of the repair and complications that may occur
- The correct investigations and treatments for ureteric obstruction and ureteric injury
- When and how to insert ureteric stents
- The surgical principles of ureteric re-anastomoses and reimplantation techniques
- The principles of ureteric preservation and reconstructive techniques
- The risks and management of voiding dysfunction postoperatively
- The indications for and limitations of visual inspection of the lumen of the lower gastrointestinal tract.
- The principles of bowel resection, stoma formation and bowel anastomosis
- The principles and practice of postoperative care for women who have had bowel surgery

## SECTION 2: PROCEDURES

Procedures marked with \* require three summative competent OSATS.

<b>Procedures</b>	<b>Level by end of training</b>	<b>CIP 1</b>	<b>CIP 2</b>	<b>CIP 3</b>	<b>CIP 4</b>
Cystoscopy*	5	X			X
Endoscopic lower bowel examination*	5	X			X
Ultrasound examination in gynaecology (non-pregnant patient)*	5	X	X		
Laparoscopic myomectomy*	5			X	
Laparoscopic division of adhesions including ureterolysis*	5			X	
Laparoscopic excision of superficial and deep infiltrating endometriosis*	5			X	
Laparoscopic uterovesical and rectovaginal disease excision*	5			X	
Total laparoscopic hysterectomy*	5			X	
Ureteric catheterisation*	5				X
Bladder injury repair*	5				X

## SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPCs)

<b>Mapping to GPCs</b>
Domain 1: Professional values and behaviours
Domain 2: Professional skills
<ul style="list-style-type: none"> <li>○ Practical skills</li> <li>○ Communication and interpersonal skills</li> </ul>

- Dealing with complexity and uncertainty
- Domain 3: Professional knowledge
- Professional requirements
  - National legislative structure
  - The health service and healthcare system in the four countries
- Domain 5: Capabilities in leadership and team working
- Domain 6: Capabilities in patient safety and quality improvement
- Domain 8: Capabilities in education and training
- Domain 9: Capabilities in research and scholarship

## SECTION 4: MAPPING OF ASSESSMENTS TO AEC CiPs

EC CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor has the knowledge, skills and attitudes to perform advanced laparoscopic gynaecological surgery	X	X	X	X	X	X
2: The doctor understands the role of alternative treatments in providing holistic care to a patient		X	X		X	X
3: The doctor can perform appropriate laparoscopic surgery to treat the patient	X	X	X	X	X	X
4: The doctor can manage urological and colorectal interventions	X	X	X	X	X	X