

ORCHIDOPEXY

MODULE: UROLOGY

TARGET: CT1 - ST3

BACKGROUND:

Possible testicular torsion is a common condition encountered on the surgical take. Many scrota are explored in order to exclude this important condition It often falls to a junior surgical trainee who may not have extensive urological experience, due to cross-covering of other specialties out of hours. Frequent technical difficulties include not opening all of the layers in order to deliver the testicle, inadequate 3 point fixation, difficulties with orientating the testicle and difficulties reducing the testicle back into the scrotal sac.

RELEVANT AREAS OF THE CURRICULUM

The ISCP states that by the end of CT2 the trainee should be a safe and useful assistant in the operating room and be able to perform some simple procedures under minimal supervision and perform more complex procedures under direct supervision.

Module 2: Common surgical conditions

Scrotal swellings Testicular pain

Module 3: Basic surgical skills

To handle surgical instruments safely

To handle tissues safely

To incise and close superficial tissues accurately

To tie secure knots

To assist helpfully, even when the operation is not familiar

INFORMATION FOR FACULTY

Faculty should set up the testicles on cork boards with the skin pinned down to the cork board covering the testicle. If there is insufficient skin then place the testicle inside a surgical glove

It may be possible to also perform a Jaboulay procedure using these materials – after tying off the cord inject ware under the tunica vaginalis.

LEARNING OBJECTIVES

To know the anatomy of the scrotum including layers of the testicle

To know the steps of orchidopexy

To be able to safely dissect out structures using a combination of sharp and blunt dissection

To perform a continuous suture maintaining tension along it

To perform interrupted sutures using both hand tied and instrument tied knots

To perform a subcuticular skin closure





SCENE SETTING

Location: Bench-top laboratory setting

Expected duration of scenario: 45 mins & Ongoing technical feedback throughout procedure

EQUIPMENT AND CONSUMABLES

Non-sterile gloves

Clinical waste bags for disposal

Inco pad / sheet

Cork boards

Drawing pins - box

Number 10 scalpel blade

Scalpel handle No. 3

Sharps bin

Swabs - small

Kidney dish

Needle holders

Gilles toothed forceps

Debakey forceps

McIndoe scissors

4 x Mosquito clips

3/0 prolene suture

2/0 Vicryl suture

3/0 Vicryl rapide

Straight Mayo scissors

3/0 Monocryl of Vicryl rapide on either a straight or curved needle x 1

Lambs testicles with as much overlying skin as possible – may need to shave wool off – try local abbatoir

(Fresh Tissue Supplies will provide porcine testicles at £10 a pair but these are VERY large)

Paper and pen for writing op note

PARTICIPANT BRIEFING

This patient has attended as an emergency with a high lying painful testicle. Please perform a scrotal exploration and orchidopexy.

The surgical glove 'scrotal skin' has been opened to find the testicle with its associated coverings





FACULTY BRIEFING

Please give both generic and specific feedback upon trainees suturing skills.

ADDITIONAL INFORMATION

The purpose of this simulation is to train generic techniques – continuous, interrupted, subcuticular, dissection and knot tying.

Other specific areas for learning are 3D anatomy of the scrotum and steps of orchidopexy

DEBRIEFING

POINTS FOR FURTHER DISCUSSION

Pay attention to knot tying technique, especially with prolene – are all of the knots secure? How many thows? Maintaining tension along continuous suture – work with your assistant Identification of the layers of the testicle Ergonomics and pronation / supination when suturing





SURGERY > TECHNICAL SCENARIO 6 > ORCHIDOPEXY

INFORMATION FOR PARTICIPANTS

KEY POINTS

Unbraided sutures need more throws aim for 7 with prolene Security and construction of knots particularly important with prolene Layers of testicle Steps of orchidopexy Operation note – including post-op care

RELEVANCE TO THE CURRICULUM

Module 2: Common surgical conditions

Scrotal swellings Testicular pain

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WORKPLACE-BASED ASSESSMENTS

There is a PBA for Hydrocoele repair on the ISCP that may be used in a modified form during this simulation exercise





Urology PBA: Hydrocele Repair					
Trainee:	Assessor:		Date:		
Assessor's Position*:	Email (institutional):		GMC No:		
Duration of procedure (mins):	Duration of assessme	nt period (mins):	Hospital:		
Operation more difficult than usual? Yes / N reason)	lo (If yes, state	[] Tick this box if this PBA was performed in a Simulated setting.			

IMPORTANT: The trainee should explain what he/she intends to do throughout the procedure. The Assessor should provide verbal prompts if required, and intervene if patient safety is at risk.

Rating:

N = Not observed or not appropriate
 D = Development required
 S = Satisfactory standard for CCT (no prompting or intervention required)

	Competencies and Definitions	Rating N/D/S	Comments
I. Conse	ent		
C1	Demonstrates sound knowledge of indications and contraindications including alternatives to surgery		
C2	Demonstrates awareness of sequelae of operative or non operative management		
С3	Demonstrates sound knowledge of complications of surgery		
C4	Explains the perioperative process to the patient and/or relatives or carers and checks understanding		
C5	Explains likely outcome and time to recovery and checks understanding		
II. Pre o	peration planning		
PL1	Demonstrates recognition of anatomical and pathological abnormalities (and relevant co-morbidities) and selects appropriate operative strategies/techniques to deal with these e.g. nutritional status		
PL2	Demonstrates ability to make reasoned choice of appropriate equipment, materials or devices (if any) taking into account appropriate investigations e.g. x-rays		
PL3	Checks materials, equipment and device requirements with operating room staff		
PL4	Ensures the operation site is marked where applicable		
PL5	Checks patient records, personally reviews investigations		
PL6	Examines the patient pre operatively and confirms that the operation is indicated		
III. Pre c	pperative preparation		
PR1	Checks in theatre that consent has been obtained		
PR2	Gives effective briefing to theatre team		
PR3	Ensures proper and safe positioning of the patient on the operating table		
PR4	Demonstrates careful skin preparation		
PR5	Demonstrates careful draping of the patient's operative field		
PR6	Ensures general equipment and materials are deployed safely (e.g. catheter, diathermy)		
PR7	Ensures appropriate drugs administered		
PR8	Arranges for and deploys specialist supporting equipment (e.g. image intensifiers) effectively		
IV. Expo	osure and closure		
E1	Demonstrates knowledge of optimum skin incision / portal / access		



^{*} Assessors are normally consultants (senior trainees may be assessors depending upon their training level and the complexity of the procedure)



E2	Achieves an adequate exposure through purposeful dissection in correct tissue planes and identifies all structures correctly	
E3	Completes a sound wound repair where appropriate	
E4	Protects the wound with dressings, splints and drains where appropriate	
V. Intra	operative technique: global (G) and task-specific items (T)	
IT1(G)	Follows an agreed, logical sequence or protocol for the procedure	
IT2(G)	Consistently handles tissue well with minimal damage	
IT3(G)	Controls bleeding promptly by an appropriate method	
IT4(G)	Demonstrates a sound technique of knots and sutures/staples	
IT5(G)	Uses instruments appropriately and safely	
IT6(G)	Proceeds at appropriate pace with economy of movement	
IT7(G)	Anticipates and responds appropriately to variation e.g. anatomy	
IT8(G)	Deals calmly and effectively with unexpected events/complications	
IT9(G)	Uses assistant(s) to the best advantage at all times	
IT10(G)	Communicates clearly and consistently with the scrub team	
IT11(G)	Communicates clearly and consistently with the anaesthetist	
VI. Post	operative management	
PM1	Ensures the patient is transferred safely from the operating table to bed	
PM2	Constructs a clear operation note	
РМ3	Records clear and appropriate post operative instructions	
PM4	Deals with specimens. Labels and orientates specimens appropriately	

Global Summary

Level at v	Tick as appropriate				
Level 0	Level 0 Insufficient evidence observed to support a summary judgement				
Level 1	evel 1 Unable to perform the procedure, or part observed, under supervision				
Level 2	Able to perform the procedure, or part observed, under supervision				
Level 3	Able to perform the procedure with minimum supervision (needed occasional help)				
Level 4	Competant to perform the procedure unsupervised (could deal with complications that arose)				

Comments by Assessor (including	stren	gths	and a	areas	for d	levelo	opme	nt):			
Comments by Trainee:											
Trainee Signature:	Frainee Signature:						Assessor Signature:				
Assessor training?	[] []	No Writte Web/ Work	CD								
Time taken for feedback	mins										
	Not	at all								Highly	
Trainee satisfaction with PBA	1	2	3	4	5	6	7	8	9	10	
Assessor satisfaction with PBA	1	2	3	4	5	6	7	8	9	10	





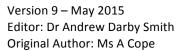
PARTICIPANT REFLECTION

TAKTICH ANT KETELETION
What have you learned from this experience? (Please try and list 3 things)
How will your practice now change?
What other actions will you now take to meet any identified learning needs?





PARTICIPANT FEEDBACK					
Date of training session:					
Learner grade:					
	Strongly	Agree	Neither agree	Disagree	Strongly
	Agree	<u>-</u>	nor disagree	· 	Disagree
I found this skills simulation useful					
I understand more about the simulation subject					
I have more confidence to			+		
deal with this operative case					
The material covered was					
relevant to me					
How could this simulation be in anything in the disagree/strong			? This is especially	important if you	u have ticked
					·







FACULTY DEBRIEF - TO BE COMPLETED BY FACULTY TEAM

What went particularly well during this simulation?
What did not go well, or as well as planned?
Why didn't it go well?
How could the simulation be improved for future participants?

