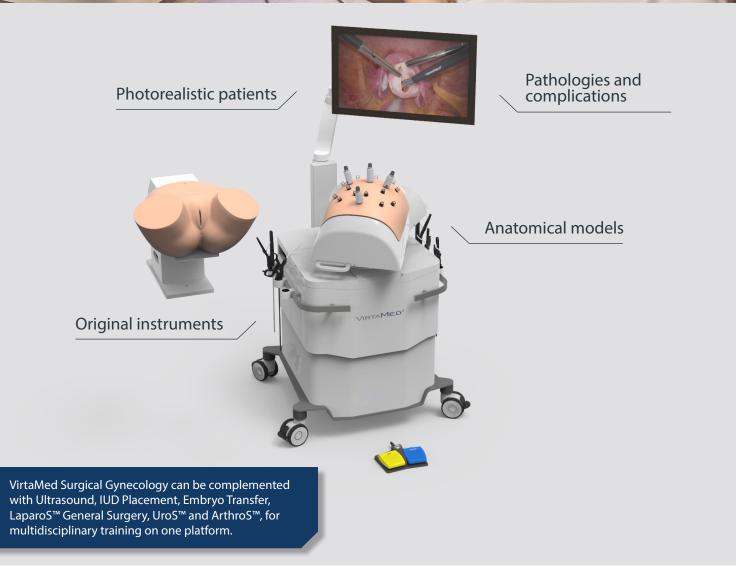




VirtaMed Surgical Gynecology

The most comprehensive simulator training for hysteroscopy and laparoscopy.





Educationally relevant curriculum

The ACGME, ABOG & ACOG milestones state that the training curriculum for gynecological surgery should be based on a structured approach.¹

GynoS[™] Hysteroscopy Training

ACGME hysteroscopy guidelines covered by the simulator (Patient care section 8)

- Level 2: Performs diagnostic hysteroscopy
- Level 3: Independently performs simple operative hysteroscopic procedures
- Level 4: Independently performs complex operative hysteroscopic procedures

EBCOG Basic (core) endoscopic skills: Hysteroscopy²

- Diagnostic hysteroscopy
- Diagnostic hysteroscopy with tubal testing
- Hysteroscopic polyp resection
- Hysteroscopic myoma resection type 0-1 (< 4cm)

GynoS[™] Hysteroscopy Basic skills

- Cervix navigation
- Uterine visualization
- Uterine distension and fluid handling
- Controlling bleeding and coagulation
- Targeted biopsy



GynoS[™] Hysteroscopy

- Diagnostic hysteroscopy
- Polypectomies
- Myomectomies
- Uterine ablation



GynoS[™] Myosure Tissue removal

- Tissue removal on a variety of pathologies
- Fluid management using pumps



GynoS™ Advanced Resection

- Multiple Myomas
- Synechia
- Septum removal



Training with original instruments

On VirtaMed simulators, trainees work with original instruments integrated into simulation. This has the advantage, that core instrument functionalities like camera handling, key principles of electrosurgery, fluid management, safe resection and many more can be trained with the actual laparoscope, resectoscope, electroloop, Myosure tissue removal device or rollerball device. This shortens the learning curve for the trainee and enables skills transfer and more efficient use of surgical instruments in the operating room.



LaparoS[™] Laparoscopic Training

ACGME laparoscopy guidelines covered by the simulator (Patient care section 9)¹

- Level 1: Demonstrates basic skills, patient positioning
- Level 2: Assists during laparoscopic procedures, port placement, bedside assistant
- Level 3: Independently performs simple laparoscopic procedures
- Level 4: Independently performs advanced laparoscopic procedures
- Level 5: Independently performs uncommon complex laparoscopic procedures

LaparoS[™] Essential Skills

- Camera navigation
- Eye-hand coordination
- Bimanual coordination
- Clipping and ligation
- Cutting
- Suturing



EBCOG Basic (core) endoscopic skills: Laparoscopy²

- Diagnostic laparoscopy
- Diagnostic laparoscopy with tubal testing
- Simple laparoscopic adhesiolysis
- Laparoscopic sterilization
- Laparoscopic removal of ectopic pregnancy (salpingostomy) or salpingectomy
- Laparoscopic needle aspiration of simple cysts
- Laparoscopic electrocoagulation of the ovary
- Simple laparoscopic ovarian cystectomy
- Laparoscopic salpingo-oophorectomy

LaparoS[™] Gynecological Laparoscopy

- Diagnostic laparoscopy
- Tubal sterilization (clip, coagulation)
- Ovarian cystectomy
- Salpingectomy
- Bleeding control
- Salpingotomy for ectopic pregnancy
- Diagnosis and resection of endometriosis
- Key hysterectomy tasks:
- ureter identification
- adnexa preparation
- uterine vessel ligation
- vesicouterine fold dissection



Trocar placement

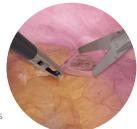


Patient positioning



Team training

¹ ACGME, ABOG & ACOG : The Obstetrics and Gynecology Milestones Project (2015) https://www.acgme.org/ Portals/0/PDFs/Milestones/ObstetricsandGynecologyMilestones.pdf
² UEMS/EBCOG European Training Requirements in Obstetrics and Gynecology. https://www.uems.eu/__data/ assets/pdf_file/0004/64399/UEMS-2018.18-European-Training-Requirements-OBGYN.pdf







The better doctors are trained, the fewer operative complications there will be. **Complications** that cost the society millions. I have been working with VirtaMed simulators for several years and for me there is no equivalent in hysteroscopy training.

— Dr. Vincent Villefranque, The Simone Veil Hospital, Eaubonne, France

Now we have got the possibility to really touch things, to move things inside the abdomen, we can train as a team with real instruments that we also use in our OR. We have the possibility to train emergency situations and learn how to handle complications, such as damage of the vessels or cutting into the bowel, we can train those things without the need to experience it in real life.

— Dr. med. Felix Neis, Women's Health Clinic at Tübingen University Hospital, Germany



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