

STATE MEDICAL BOARD OF OHIO - POSITION PAPER

LAPAROSCOPIC TRAINING - SURGERY

February 14, 1996

The Medical Board takes the position that the rapid promotion of laparoscopic surgical techniques has raised the question of patient safety when these techniques, which have a recognized technical learning curve, are undertaken by surgeons whose training may be inadequate.

Numerous legal actions have been initiated on the part of patients who have incurred adverse outcomes from these procedures. While some may be classified as unrealistic expectations of patients, many resulted from undeveloped expertise or inadequate training.

Therefore, the State Medical Board of Ohio promotes as minimum guidelines for:

A. Credentialing Surgical Laparoscopy:

1. residency level training in general surgery and/or gynecological surgery for abdominal procedures completed in 1992 or later, or
2.
 - a) residency level training in general surgery and/or gynecological surgery completed prior to 1992,
 - b) and a minimum of 10 hours of didactic training sponsored by a recognized training institution related to evidence based recommendations or indications criteria and contraindications to surgery as well as discussion of instrumentation technology and use, with
 - c) a minimum of four (4) hours of individual, hands-on animal model experience in technique.
3. documented and demonstrated expertise and experience.

B. Privileging should be based on:

1. having basic credentials above, and
2. monitoring by another surgeon with privileges for a minimum of three cases, or until deemed capable of independent action, whichever is less.
3. If no monitoring surgeon with established expertise is available, then two laparoscopists shall collaborate on three cases before independent privileges are granted.

4. Each new or advanced procedure should be monitored for a minimum of three cases, and the surgeon's ability evaluated and documented by the monitoring surgeon.

It is assumed that new surgical techniques involving indirect, transmitted, and telemonitored technology will continue to evolve. Those that are quantum leaps in expertise requirement to perform will continue to be a source of concern where public safety might be placed in jeopardy in the rush to apply new technology.

This policy or position statement is only a guideline and should not be interpreted as being all inclusive or exclusive. The Board will review possible violations of the Medical Practices Act and/or rules promulgated hereunder on a case by case basis.

Adopted 2/14/96

Revised 7/10/08 to include disclaimer