



## **Safely introducing a new surgical technique**

**Thursday 10 May, 2012**

Delegates to the 81<sup>st</sup> Annual Scientific Congress (ASC) of the Royal Australasian College of Surgeons have been told of a safe and effective approach to adrenalectomy, the surgical removal of one or both adrenal glands.

Dr Julie Miller, a Melbourne based Endocrine Surgeon, told delegates that posterior retroperitoneoscopic adrenalectomy (PRA) offers less pain and faster recovery than open or laparoscopic surgery.

“Although the popularity of PRA is increasing, few centres have extensive experience of the procedure,” Dr Miller said. “The ideal approach to achieve proficiency with any new surgical technique involves the on-site observation of an experienced surgeon-mentor, followed by mentored hands-on experience of the surgeon-learner.”

“However, it is not always feasible for a surgeon-mentor to provide on-site supervision in the surgeon-learner’s home institution. Advances in internet applications have made remote telementoring a viable alternative to on-site mentoring in select situations.”

Dr Miller told delegates of her experience in safely introducing PRA to Melbourne, where no surgeon-mentors were available. A surgeon with experience of 12 PRA procedures attended from interstate, along with live telementoring via Skype video link by an overseas surgeon who had performed more than 200 PRA procedures, to mentor the surgeon-learner performing her first three cases. These procedures proceeded uneventfully, with no complications, relatively short operative times, and one night hospital stays for all three patients. Eleven more procedures have been performed since, without complications. Remarkably, most patients have required no pain medicine at all after the operation.

“As far as we know, this is the world’s first case of live telementoring of a new operation using widely available free software without expensive telecommunications equipment,” Dr Miller said.

“Remote telementoring is a safe and feasible way to assist surgeons in safely introducing new techniques. This is particularly applicable in centres where no local surgeon-mentor is available. It is important, however, that the surgeon-learner has the skills and experience to complete the procedure using alternative techniques in case of complications or technical failure.”

This year’s ASC, with the theme ‘The Making of a Surgeon’, runs from 6 to 10 May and is being held at the Kuala Lumpur Convention Centre. Approximately 2,500 delegates from Australia, New Zealand and around the world are attending.

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