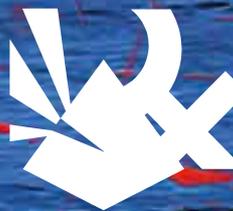


# BLOOD & BLAME

## PROGRAM

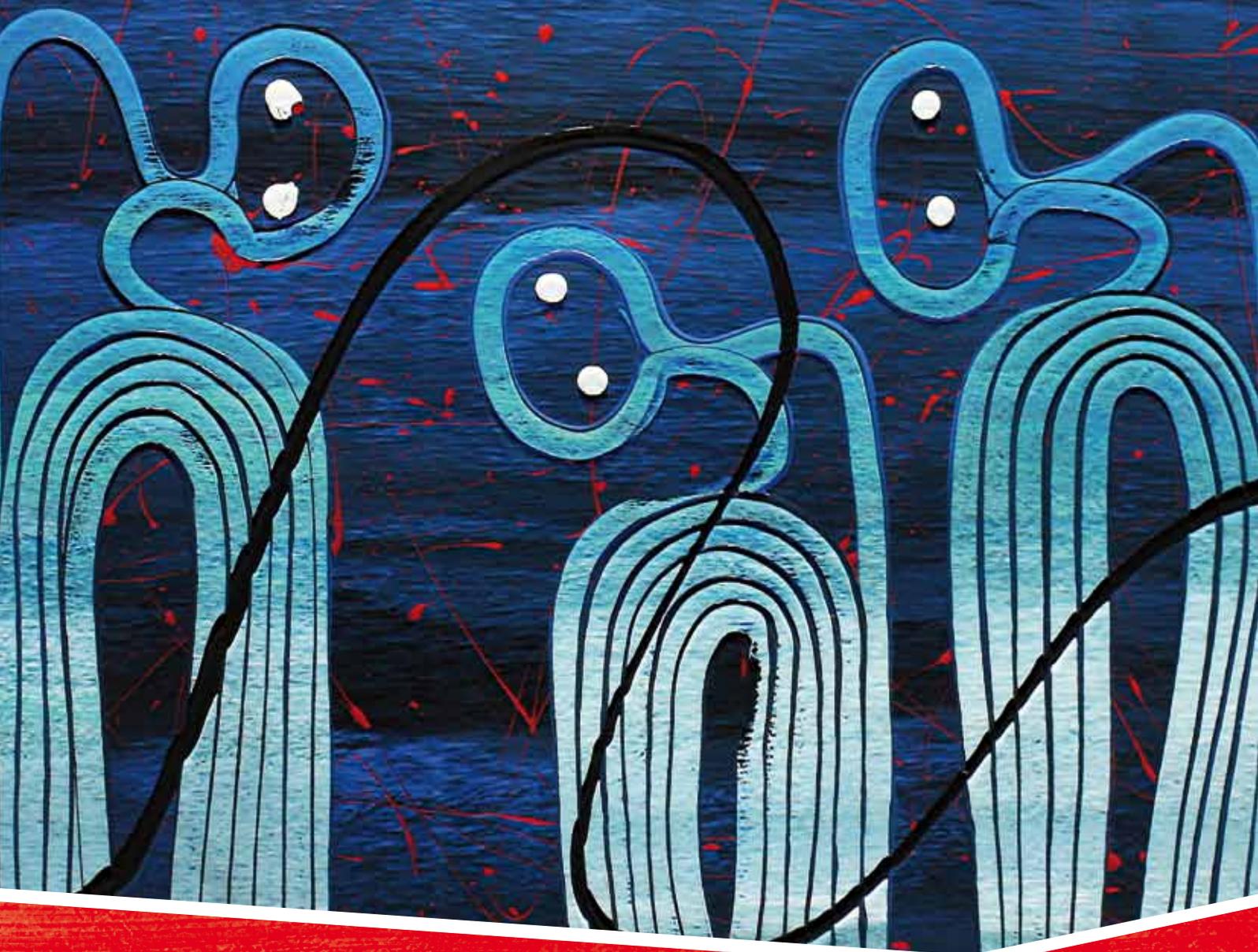
NOVEMBER  
**04&05**

InterContinental  
Wellington,  
New Zealand



Australasian  
Gynaecological  
Endoscopy & Surgery  
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**FOCUS**  
MEETING



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# AGES FOCUS MEETING

## NOVEMBER 04&05

InterContinental Wellington,  
New Zealand

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A/Prof Jason Abbott	Committee Member
A/Prof Neil Johnson	Committee Member
Dr Emma Readman	Committee Member

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Dr Ken Clark NZ	Dr Emma Readman AUS
Dr Simon Edmonds NZ	Dr Stuart Salfinger AUS
Dr Lois Eva NZ	Dr Leigh Searle NZ
Dr Joe Feltham NZ	Dr Graham Sharpe NZ
Dr Tony Fernando NZ	Dr Olivia Smart NZ
Dr Lynsey Hayward NZ	Dr Lupe Taumoepeau NZ
Mr Adam Holloway NZ	Dr Anna-Marie Van der Merwe NZ
A/Prof Krish Karthigasu AUS	Dr Justine Wright NZ
Prof Jayashri Kulkarni AUS	A/Prof Anusch Yazdani AU S
Dr Stephen Lyons AUS	Dr Will Young NZ
Dr Sarah Machin NZ	

## CPD POINTS

This meeting is a RANZCOG Approved O&G Meeting. Fellows of this college can claim 12CPD points for full attendance.

If the meeting is used for critical reflection and practice improvement, PR&CRM points can be claimed by submitting a reflection worksheet to RANZCOG.

Visit the RANZCOG website or AGES Registration Desk at the Symposium for forms.

## AGES CONFERENCE ORGANISERS

YRD Event Management  
PO Box 717, Indooroopilly, QLD 4068 Australia  
Ph: +61 7 3368 2422  
Fax: +61 7 3368 2433  
Email: ages@yrd.com.au

# Welcome to The **AGES FOCUS MEETING**

## Dear Colleagues,

On behalf of AGES, I welcome you to New Zealand's cultural and national capital Wellington, to deliberate Blood and Blame in the practice of Obstetrics and Gynaecology. Situated between the rugged mountain tops of the Rimutaka Ranges and the busy waters of the Cook Strait, Wellington is known for its vibrant arts scene and café culture - it is claimed that the flat white was invented here, though our Australian colleagues may not agree.

Our wide ranging program covers topics as diverse as bleeding - its anatomy and physiology and what to do when it just won't stop; followed by how to deal with the blame which often follows a surgical disaster. Our speakers are experts in their field and will share their knowledge on avoiding unwanted outcomes, dealing with the complaints which inevitably occur despite the most careful practice; and dealing with the physician depression and burnout which may follow a less than perfect outcome.

We have two keynote speakers. Prof Jayashri Kulkarni - an internationally recognised Australian psychiatrist, an advocate for

women's health, and an expert in the area of the impact of circulating hormones on women and their mental health. Representing blood is Dr Claire McLintock - a haematologist and obstetric physician, whose expertise in surgery for women with haematological disease and knowledge of dealing with massive blood loss in the acute situation is essential listening for us all.

Friday evening's dinner will take place at Shed 5, one of Wellington's iconic dining locations on the harbours edge.

Once again, welcome to Wellington and I hope you enjoy this innovative and stimulating Focus Meeting.



Dr Simon Edmonds  
Board Member, AGES  
Conference Chair

## KEYNOTE SPEAKERS

### PROF JAYASHRI KULKARNI

Jayashri KULKARNI commenced her appointment as Professor of Psychiatry, The Alfred and Monash University in 2002. She founded and directs the Monash Alfred Psychiatry Research Centre (MAPrc): a large group - dedicated to discovering new treatments, new understanding and new services for people with a range of mental illnesses.



Jayashri Kulkarni graduated in Medicine from Monash University in 1981 and became a Fellow of the College of Psychiatrists in 1989. She has conducted ground breaking clinical research since then and is internationally acknowledged as a leader in the field of Women's Mental Health, in particular for her innovative work on reproductive hormones and mental illness.

Jayashri is the President -Elect of the International Association for Women's Mental Health.

### DR CLAIRE MCLINTOCK

Dr Claire McLintock MBChB (Edin) FRACP, FRCPA is an obstetric physician and haematologist at Auckland City Hospital where she is Clinical Director of Regional Maternity Services including obstetric medicine and maternal fetal medicine. She has a special interest in haematological problems in pregnancy, with particular interests in thrombocytopenia, preeclampsia, maternal morbidity and mortality, obstetric haemorrhage and management of anticoagulation in pregnant women with mechanical heart valves.



Claire is a Council member and President-elect of the International Society on Thrombosis and Haemostasis along with many of its committees.

Claire is involved in clinical research in obstetric haematology, she enjoys teaching and is author of many of peer-reviewed publications and book chapters in her field of practice.

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BLOOD & BLAME

# FRIDAY NOVEMBER 04 | MEETING PROGRAM

0730-0820	CONFERENCE REGISTRATION
0820-1000	<p><b>SESSION ONE: THE BLOODY BASICS</b> An in depth examination of the role of blood, clotting factors and the unique anatomy that supplies the pelvis relevant to all O&amp;G surgery. We will also focus on the myths, misinformation and legend around menstruation in many cultures from ancient to modern times. Chairs: <b>Sarah Machin &amp; Haider Najjar</b></p> <p>Welcome <b>Dr Simon Edmonds</b></p> <p>The Clotting Cascade <b>Dr Claire McLintock</b></p> <p>The Circle of Life <b>A/Prof Krish Karthigasu</b></p> <p>Myths and Mythology of Bleeding <b>A/Prof Anusch Yazdani</b></p> <p>When Good Blood Goes Bad <b>Dr Claire McLintock</b></p> <p>Young Women and Psychosis <b>Prof Jayashri Kulkarni</b></p> <p>Panel Discussion</p>
1000-1030	MORNING TEA AND TRADE EXHIBITION
1030-1230	<p><b>SESSION TWO: STOP THE BLEEDING</b> From small volume bleeding to vascular fountains, this session explores both common vessel and those less common vessel variants that are damaged at both abdominal and vaginal surgery with practical techniques to stem the flow. We question whether simulation training can improve outcomes and delve into how catastrophic bleeding affects the staff involved. Chairs: <b>Harry Merkur &amp; John Tait</b></p> <p>Lessons from Leaking at Laparoscopy <b>Dr Stuart Salfinger</b></p> <p>Failing to Prepare is Preparing to Fail <b>Dr Douglas Barclay &amp; Dr Emma Readman</b></p> <p>Vaginal Vascular Variants <b>Dr Lynsey Hayward</b></p> <p>A Delicate Balance <b>Dr Claire McLintock</b></p> <p>Tales of the Unexpected <b>Dr Simon Edmonds</b></p> <p>Panel Discussion</p>
1230-1330	LUNCH AND TRADE EXHIBITION
1330-1500	<p><b>SESSION THREE: BLOOD POISONING AND THE BLAME GAME</b> Views and discussion around the apportioning of blame; from colleagues, patients or supervisory bodies. Risk minimisation, difficult cases and lessons learned and the way blood is blamed in all manner of legal and criminal situations. Chairs: <b>Jason Abbott &amp; Rachel Green</b></p> <p>Common Themes in Complaints <b>Mr Adam Holloway</b></p> <p>Consent in the Emergency Situation: is it Legally Binding? <b>Dr Simon McDowell</b></p> <p>Serious Sepsis and Death: Lessons to be Learned <b>Dr Anna-Marie Van der Merwe</b></p> <p>Blame the Brain: Hormonal Fallout <b>Prof Jayashri Kulkarni</b></p> <p>Device Deletion: "This Has all Happened Before" <b>Dr Ken Clark</b></p> <p>Panel Discussion</p>
1500-1530	AFTERNOON TEA AND TRADE EXHIBITION

Program correct at time of printing and subject to change without notice. Updates available on the AGES website.

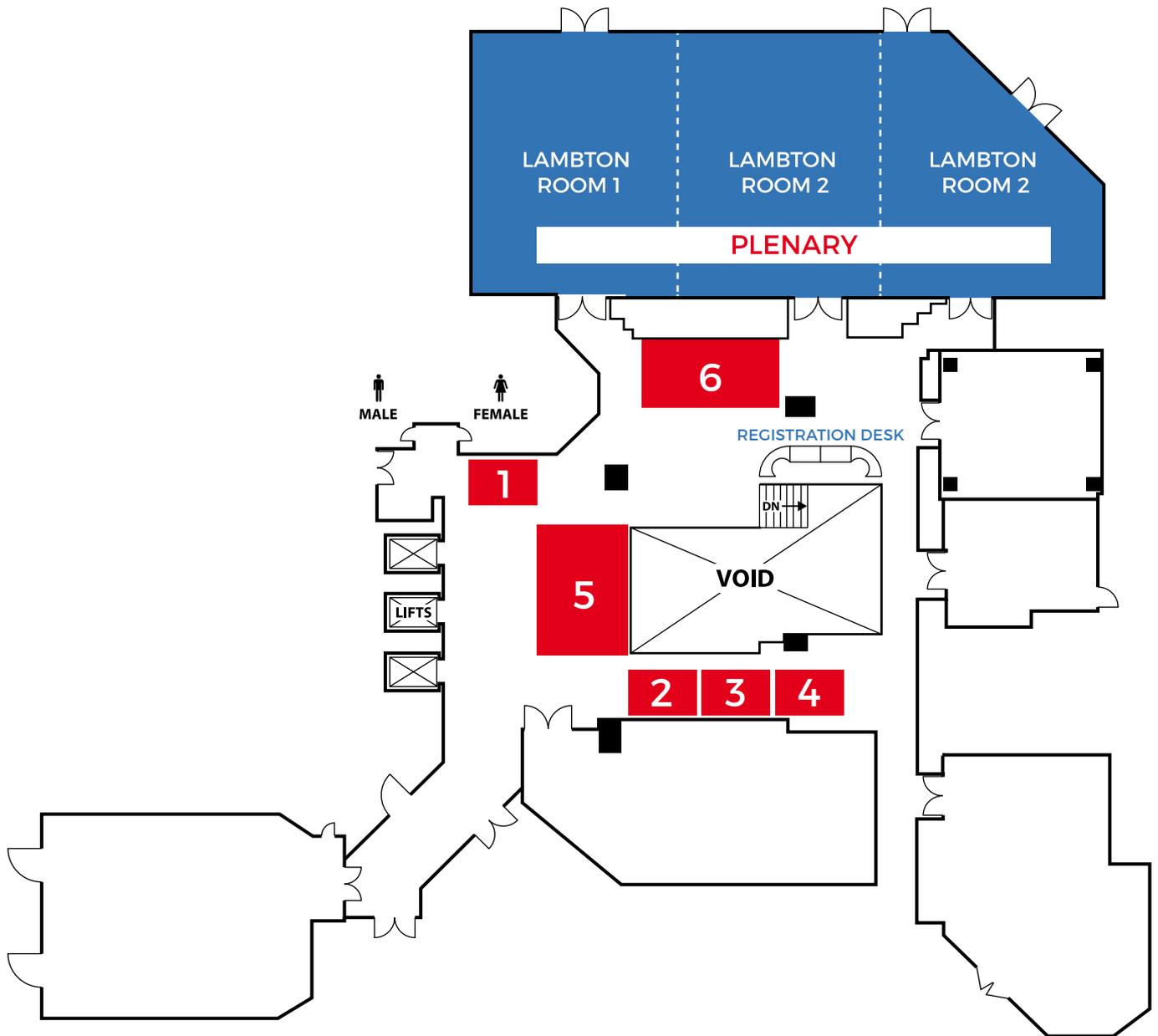
1530-1700	<b>SESSION FOUR; PUMPS, PRODUCTS AND PROBLEMS</b> This session looks at surgical interventions in women with haematological and systemic co-morbidities and explores devices, products and techniques for stopping bleeding. Chairs: <b>Simon Edmonds &amp; Sarah Fitzgibbon</b>
	Surgery in the Patient with Cardiovascular Disease <b>Dr Will Young</b> Green Surgery: Recycling in Obstetrics and Gynaecology <b>Dr Justine Wright</b> Clamp, Buzz or Fry: Energy Sources and Power Tools <b>Dr Nick Bedford</b> When to Call the Interventional Radiologist <b>Dr Joe Feltham</b> Haemostats, Surgical Foams, Clotting Agents and a Wet Pack <b>Dr Stephen Lyons</b> Panel Discussion
1700	CLOSE OF DAY ONE
1900-2300	CONFERENCE DINNER

## SATURDAY NOVEMBER 05 | MEETING PROGRAM

0800-0830	CONFERENCE REGISTRATION
0830-1030	<b>SESSION FIVE: WHAT IS THE FUTURE FOR BLOOD, BLAME, OBSTETRICIANS AND GYNAECOLOGISTS?</b> This session looks at developments into the future and what to expect from the blood, the lawyers, the technology and how surgeons can heal themselves. Chairs: <b>Neil Johnson &amp; Supuni Kapurubandara</b>
	Circulation Information <b>Dr Lois Eva</b> National Accident Insurance: Across-Ditch Politics: How to let the Lawyers Deal with Blame <b>Dr Andrew Murray</b> <b>Menstruation in the New Millennium: Taking the Pulse of the World</b> <b>Dr Emma Readman</b> <b>Physician Heal Thyself: Perfectionism and Burnout</b> <b>Dr Tony Fernando</b> Gynaecological Laparoscopy Deaths in Australia: Lessons Learned? <b>Dr Warren Chan</b> Bleeding in a War zone: Lessons Learned for Civilian Practice <b>Dr Graham Sharpe</b> Mindfulness for all Clinicians: A 'New' Approach to Manage the Mind <b>Dr Tony Fernando</b> Panel Discussion
1030-1100	MORNING TEA AND TRADE EXHIBITION
1100-1230	<b>SESSION SIX: BLOODY EMERGENCIES DRIVE ME CRAZY</b> This final session focuses on real obstetric and gynaecological emergencies involving blood loss. It systematically progresses through a sequence of events with expert commentary. Chairs: <b>Rose Elder &amp; Simon McDowell</b>
	'It Just Won't Stop': the Case of The Atonic Uterus <b>Dr Sarah Machin</b> 'Morbid Mischief': the Case of The Adherent Placenta <b>Dr Olivia Smart</b> I've Clamped the Iliac Artery, Now What Do I Do? <b>Dr Lupe Taumoepeau</b> 'Someone Call a Haematologist': Massive Transfusion Protocol <b>Dr Leigh Searle</b> 'We Could Have Planned For This': Preoperative Planning and Bleeding <b>Dr Justine Wright</b>
1230	CLOSE OF CONFERENCE <b>Dr Simon Edmonds</b>

Program correct at time of printing and subject to change without notice. Updates available on the AGES website.

# EXHIBITION FLOORPLAN



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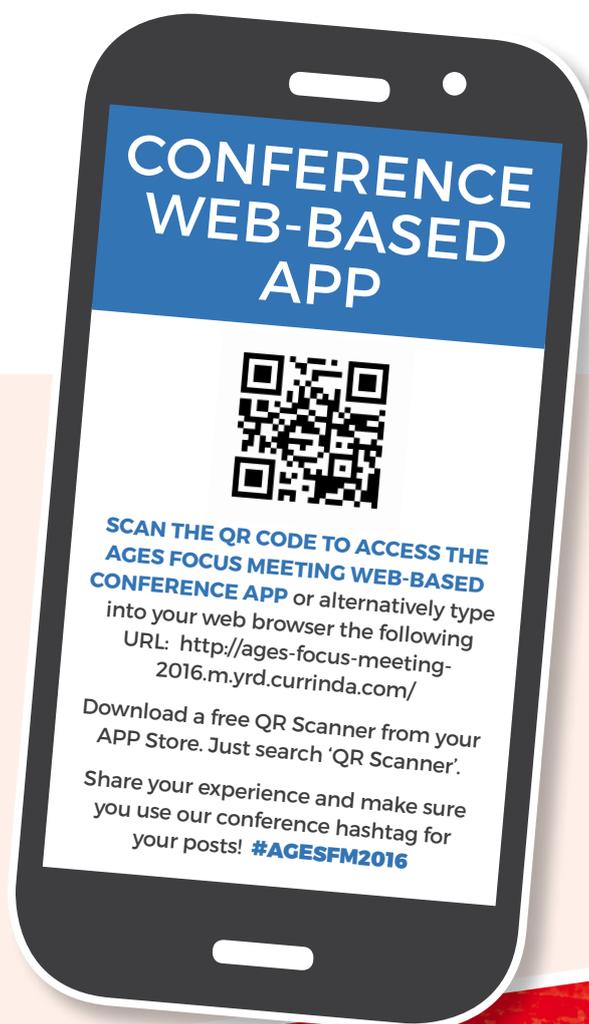
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[ages.com.au](http://ages.com.au)



# AGES SOCIETY *Art Prize*

AGES is pleased to announce the annual AGES Society Art Prize.

Submissions for a \$10,000 cash prize will be considered by the AGES Society Board for three (3) commissioned artworks; to be the covers of our three annual meeting brochures!

The three works will further be auctioned at the AGES XXVIII ASM 2018, with all proceeds going to a charity of the AGES Board's choice.

This year's prize winner was Fiona Omeenyo, from the Lockhart River 'Art Gang', whose three artworks have been

used to promote our meetings, are on the AGES website and seen by more than 650 doctors. The artwork will be distributed through various print media to a circulation of more than 6,000 doctors and health professionals.

Fiona Omeenyo's artworks will be auctioned at the upcoming AGES XXVII Annual Scientific Meeting, which will be held in Sydney from the 2nd - 4th March 2017.

For further information, please visit the AGES website: <http://ages.com.au/ages-events/ages-society-art-prize/>

## PHOTO *Competition*

Post your best photographs to the AGES Facebook page by COB Monday 6th of February 2017 using the hashtag **#AGESASM17**. Successful photographs will be featured in a stunning coffee-table book that will be gifted to our esteemed international speakers at the upcoming Annual Scientific Meeting in Sydney as a memento of Australia and New Zealand. Successful photographs

will be determined by the number of likes individually generated. Feel free to email photos to [ages@yrd.com.au](mailto:ages@yrd.com.au) if you require any assistance.

**So get started and post and like away!**

For more information, visit the AGES Facebook Page: <https://www.facebook.com/agessociety/>

## #AGESASM17

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### JOIN NOW FOR 2017 | NEW MEMBER BENEFITS!

- > Attend all 3 AGES Meetings in 2017 for only \$1,500, a saving of up to 50% per meeting. Only applicable for 3+ year members
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Membership of AGES also includes the following:

- > Savings of up to 15% on member registration fees for AGES Members
- > Complimentary subscription to the Journal of Minimally Invasive

- Gynaecology (formerly the AAGL Journal) or for a discounted rate the International Urogynaecology Journal
- > AGES newsletter, eSCOPE, published four times annually
- > Member access to AGES website with access to meeting presentations
- > Listing on the Membership Directory of the AGES website
- > Eligibility to apply for AGES Research Grants
- > Eligibility to apply for a position in the AGES Training Program in Gynaecological Endoscopy

# PROGRAM ABSTRACTS

## FRIDAY NOVEMBER 04

### SESSION ONE: THE BLOODY BASICS

0820 – 1000

#### The Clotting Cascade

**Dr Claire McLintock<sup>1</sup>**

*1. National Women's Hospital, Auckland, New Zealand*

Abstract not yet received.

#### The Circle of Life

**A/Prof Krish Karthigasu<sup>1</sup>**

*1. Hollywood Medical Centre, Nedlands, WA, Australia*

Abstract not yet received.

#### Myths and Mythology of Bleeding

**A/Prof Anusch Yazdani<sup>1</sup>**

*1. Eve Health, Spring Hill, QLD, Australia*

Abstract not yet received.

#### When Good Blood Goes Bad

**Dr Claire McLintock<sup>1</sup>**

*1. National Women's Hospital, Auckland, New Zealand*

Abstract not yet received.

## Young Women & Psychosis

Prof Jayashri Kulkarni<sup>1</sup>

1. Monash Alfred Psychiatry Research Centre, St Kilda, VIC, Australia

“Borderline Personality Disorder”: Hormones, Cutting & Despair

Borderline personality disorder (BPD) is a serious and highly prevalent (5.9%) psychiatric disorder. The core features of BPD are dissociation, mood lability, self-harm, anger, and problems with self-identity. A common antecedent for many women with this condition is early life trauma. Current psychological treatments are expensive and difficult for patients to access, whilst no clearly designated pharmacotherapy is known to be specifically effective to treat BPD. Therefore, there is an urgent need for a new approach to this disorder.

The noted correlation of high rates of polycystic ovarian syndrome in women with BPD appears to be related to dysregulation of both the HPG and HPA axes.

The glutamatergic system, in the CNS, particularly, the N-methyl-D-aspartic acid (NMDA) subtype receptor, is increasingly recognised for its role in BPD, with recent neurobiological research linking stress, immune system alterations and neuroendocrine dysregulation observed in BPD with glutamate excitotoxicity.

Estradiol treatment is noted to be a neuroprotective approach and may assist women with cyclical fluctuation in their BPD symptoms.

In this presentation, new approaches to the aetiology and treatment of this prevalent and poorly understood psychiatric condition will be discussed.

## **SESSION TWO: STOP THE BLEEDING**

**1030 – 1230**

### Lessons from Leaking at Laparoscopy

Dr Stuart Salfinger<sup>1</sup>

1. WA Gynaecological Cancer Service, Subiaco, WA, Australia

Abstract not yet received.

## **Failing to Prepare is Preparing to Fail**

**Dr Douglas Barclay<sup>1</sup> & Dr Emma Readman<sup>2</sup>**

1. *Middlemore Hospital, Auckland, New Zealand*
2. *Mercy Hospital for Women, Clifton Hill, VIC, Australia*

This 35 minute session will use video clips to illustrate Preparation for Surgery (ER) and Preparing to be a Surgeon using simulation (DB). We will examine Good and Bad examples of pre-op huddles, and then illustrate a laparoscopic emergency handled poorly and then relatively well!

## **Vaginal Vascular Variants**

**Dr Lynsey Hayward<sup>1</sup>**

1. *Middlemore Hospital, Auckland, New Zealand*

The talk will cover a brief revision of pelvic vascular anatomy and its variants. Management options for the control of bleeding during reconstructive pelvic surgery will be addressed.

## **A Delicate Balance**

**Dr Claire McLintock<sup>1</sup>**

1. *National Women's Hospital, Auckland, New Zealand*

Abstract not yet received.

## **Tales of the Unexpected**

**Dr Simon Edmonds<sup>1</sup>**

1. *Middlemore Hospital, Auckland, New Zealand*

Abstract not yet received.

# SESSION THREE: BLOOD POISONING AND THE BLAME GAME

1330 – 1500

## Common Themes in Complaints

**Mr Adam Holloway<sup>1</sup>**

1. *DLA Piper New Zealand, Wellington, New Zealand*

A review of what most commonly gives rise to complaints and, based on experience, the best way to respond to medical error and patient complaints.

## Consent in the Emergency Situation: Is it Legally Binding?

**Dr Simon McDowell<sup>1</sup>**

1. *Capital & Coast District Health Board, Wellington, New Zealand*

O&G specialists are commonly in situations where consent is difficult to obtain, incomplete, or absent. What is our risk in these situations? How can we mitigate or limit that risk? This talk will address these issues.

## Serious Sepsis and Death: Lessons to be Learned

**Dr Anna-Marie Van der Merwe<sup>1</sup>**

1. *Counties Manukau District Health Board, Auckland, New Zealand*

- Overview of Tubo-ovarian abscess the and management
- Case presentations
- Learning points and practice improvement

## Blame the Brain: Hormonal Fallout

**Prof Jayashri Kulkarni<sup>1</sup>**

1. *Monash Alfred Psychiatry Research Centre, St Kilda, VIC, Australia*

Perimenopausal Depression: Underrecognised and Underrated

Many women with no past psychiatric history experience severe mood symptoms for the first time in their life during the menopausal transition, having serious and debilitating long-term consequences. Moreover, women with a history of depression can experience a relapse or worsening of symptoms. Traditional antidepressant approaches are commonly administered for the management of these symptoms including selective serotonin reuptake inhibitors (SSRIs) or selective norepinephrine reuptake inhibitors (SNRIs), as the first line response.

However, such treatment has shown only small improvements at best and at worst, is associated with severe side effects. Newer therapies directly targeting the fluctuations in reproductive hormonal systems (in particular estrogen, progesterone and testosterone) through the administration of such compounds as tibolone, have shown significant potential to treat depression with the added benefit of fewer adverse side effects.

Our current study investigates the potential of adjunctive 2.5 mg daily oral tibolone, a selective Hormone Replacement Therapy (HRT), to ameliorate de-novo or relapsing depression occurring in the peri-menopausal period. Preliminary results show that in 23 women, tibolone treatment produced a significant reduction in depression ratings across time ( $F(4,76)=2.68$ ,  $p = 0.038$ ,  $\eta^2 0.12$ ), compared to placebo. The use of tibolone and other hormone treatments in perimenopausal depression significantly reduce depressive symptoms.

### **Device Deletion: “This Has All Happened Before”**

**Dr Ken Clark<sup>1</sup>**

*1. MidCentral District Health Board, Manawatu, New Zealand*

Not an “I told you so” session! Nor another lecture on where we went wrong with mesh...

Is a reminder to never forget the basics – ‘first do no harm’....policy and procedure around introduction of new treatments and procedures...demonstrable evidence base...consent...evaluation and re-evaluation....Perhaps above all else that there is no such thing as a ‘magic bullet’.

But where does this leave us now? Are we to work within a professional environment based on conservatism, risk aversion, traditionalism, or for that matter a ‘flat earth’ mentality? Where do innovation, advancement, quality improvement, and open mindedness sit?

## **SESSION FOUR: PUMPS, PRODUCTS AND PROBLEMS**

**1530 – 1700**

### **Surgery in the Patient with Cardiovascular Disease**

**Dr Will Young<sup>1</sup>**

*1. Capital & Coast District Health Board, Wellington, New Zealand*

I will discuss cardiovascular disease and its perioperative management, and present some of the recent guidelines in preoperative optimisation and management with reference to challenging clinical situations.

## **Green Surgery: Recycling in Obstetrics and Gynaecology**

**Dr Justine Wright<sup>1</sup>**

*1. Auckland District Health Board, Auckland, New Zealand*

This presentation will outline the utilisation of intraoperative cell salvage (IOCS) in Women's Health with a focus on its use in the obstetric setting. Information regarding the history and development of this technique, the "how" and "why" and "when" you would use cell salvage and the potential benefits and risks will be discussed along with the practical differences that are required when using IOCS in obstetrics. Information will be provided on the current literature and resources available for IOCS..

## **Clamp, Buzz or Fry: Energy Sources and Power Tools**

**Dr Nick Bedford<sup>1</sup>**

*1. Wellington Hospital, Wellington, New Zealand*

Hand-held sources of energy for cutting and haemostasis have become central to pelvic surgery. Gynaecologists are exposed to a range of electrosurgical devices, from handheld monopolar pencils at the time of our first caesarean sections, to advanced bipolar and ultrasonic devices in complex laparoscopy. Frequently our knowledge regarding the strengths and limitations of an individual device is based on hearsay and necessarily limited personal use. Therefore an understanding of the properties and limitations of the different energy sources is fundamental to safe surgical practice, and to deciding which device suits us and the case at hand. This talk will address the principals of electrosurgery, review some of the common devices available, and discuss where any of us can go wrong in our efforts to avoid blood and blame.

## **When to Call the Interventional Radiologist**

**Dr Joe Feltham<sup>1</sup>**

*1. Capital & Coast District Health Board, Wellington, New Zealand*

How can Interventional Radiology help with the bleeding patient - a rapid fire look at the data, benefits and limitations of IR.

## **Haemostats, Surgical Foams, Clotting Agents and a Wet Pack**

**Dr Stephen Lyons<sup>1</sup>**

*1. Mater Clinic, North Sydney, NSW, Australia*

Abstract not yet received.

## SATURDAY NOVEMBER 05

### **SESSION FIVE: WHAT IS THE FUTURE FOR BLOOD, BLAME, OBSTETRICIANS AND GYNAECOLOGISTS? 0830 – 1030**

#### **Circulation Information**

**Dr Lois Eva<sup>1</sup>**

1. *Dept of Gynae Oncology Auckland City Hospital, Auckland, AUCKLAND, New Zealand*

Since the discovery of the circulation by William Harvey we have moved through the age of leeches to robots. During this time cancer surgery has developed to become more radical, and we are currently seeing a swing back to less radical surgery for some tumour sites. We now recognise that it is not just the organ or histological subtype of a tumour that affects outcome, and information provided by the blood allows us to personalise medicine to tailor surgery and systemic treatments accordingly, and in some cases could be used to predict patient survival.

#### **National Accident Insurance: Across-Ditch Politics: How to let the Lawyers Deal with Blame**

**Dr Andrew Murray<sup>1</sup>**

2. *Fertility Associates, Wellington, New Zealand*

New Zealand has a “no fault scheme” whereas Australia has a tort-based system. Which system results in better outcomes for clinicians, administrators and above all patients? This session looks at the core features of each system and explores the role of incentives in reducing the occurrence of medical misadventure.

#### **Menstruation in the New Millennium: Taking the Pulse of the World**

**Dr Emma Readman<sup>1</sup>**

1. *Mercy Hospital for Women, Clifton Hill, VIC, Australia*

Taking the pulse of the world by looking at Menstruation. Menstruation is a touchstone issue or snapshot of the issues of the 21st century. It is a social issue, a political issue, a feminist issue, a cultural issue, a religious issue, and asks us to examine science versus nature.

What is menstruation? How is it viewed? How is it managed? How is it taught? How is it advertised? What contribution do men have to its management?

We look at menstruation around the world in the 21st century.

## Physician Heal Thyself: Perfectionism and Burnout

**Dr Tony Fernando<sup>1</sup>**

*1. The University of Auckland, Auckland, New Zealand*

Doctors have very high burnout and suicide rates. Even though we are seen to have "made it" in the world, many of us are unhappy and burnt out. This session will look into this phenomenon and propose practical techniques in enhancing compassion towards the self and others.

## Gynaecological Laparoscopy Deaths in Australia: Lessons Learned?

**Dr Warren Chan<sup>1</sup>**

*1. Advanced Gynaecological Surgery & Fertility Specialists, Parramatta, NSW Australia*

Gynaecological laparoscopy is a commonly performed procedure and represents gold standard care for diagnosis and treatment of a number of gynaecological conditions. Fortunately, deaths during gynaecological laparoscopy is rare, however when it does occur, all parties involved are deeply affected by such a catastrophic event.

This presentation aims to provide an overview of the reasons for the laparoscopic deaths and how we can learn from these events. The paucity of current literature, difficulties of recording such events and ongoing trends will be discussed whilst acknowledging the importance of continual upskilling of all gynaecological surgeons and trainees to minimise the risks of gynaecological deaths during laparoscopy.

## Bleeding in a Warzone: Lessons Learned for Civilian Practice

**Major Graham Sharpe<sup>1</sup>**

*1. Royal New Zealand Army Medical Corps, Wellington, New Zealand*

The commonest cause of avoidable mortality in combat is haemorrhage. Recent conflict involving western forces has seen an upsurge in active management of bleeding. This starts at site of wounding, with application of tourniquets and haemostatic dressings. Active resuscitation continues during transport to a care facility, with early intravenous access allowing administration of tranexamic acid and fibrinogen. Other fluids are kept to a minimum, resuscitating only to a point where a peripheral pulse can be felt. Other measures include airway support, oxygen therapy and analgesia. In the shocked patient, measures to prevent acidosis and hypothermia are actively provided, even during transport, usually by helicopter.

Once at a care facility, usually a Role 2, blood therapy can be personalised using point of care testing. Component therapy is instituted early, with the separate use of red blood cells, plasma products and platelets.

These measures are now familiar to practising obstetricians, but what may not be realised is that they have been developed at an accelerated pace by military doctors from NATO forces (in particular the UK and the USA). The current practitioners par excellence are the Dutch, and they now provide the blood service expertise for many larger allied nations, including Germany and Scandinavia.

It is hard to predict the future of aggressive resuscitation, both on the battlefield and in delivery suite, but I would hazard a guess that we are not far from using erythropoietin early in shocked patients. (This must be considered experimental at this stage!)

### **Mindfulness for all Clinicians: A 'New' Approach to Manage the Mind**

**Dr Tony Fernando<sup>1</sup>**

*1. The University of Auckland, Auckland, New Zealand*

We have spent more than 36,000 hours of education to become a doctor and another 20,000 hours to become consultants thinking that being a doctor will make us happy. On the other hand, how many hours have we spent training the mind for happiness and resilience? We have 20 minutes to look at Mindfulness, an established and evidence based approach to well being.

## **SESSION SIX: BLOODY EMERGENCIES DRIVE ME CRAZY**

**1100 – 1230**

### **'It Just Won't Stop': the Case of the Atonic Uterus**

**Dr Sarah Machin<sup>1</sup>**

*1. Palmerston North Hospital, Manawatu, New Zealand*

Abstract not yet received.

### **'Morbid Mischief': the Case of the Adherent Placenta**

**Dr Olivia Smart<sup>1</sup>**

*1. Canterbury District Health Board, Christchurch, New Zealand*

Abstract not yet received.

## **I've Clamped the Iliac Artery, Now What Do I Do?**

**Dr Lupe Taumoepeau<sup>1</sup>**

*1. Capital & Coast District Health Board, Wellington, New Zealand*

Abstract not yet received.

## **'Someone Call a Haematologist': Massive Transfusion Protocol**

**Dr Leigh Searle<sup>1</sup>**

*1. Wellington Hospital, Wellington, New Zealand*

This presentation will discuss why the Massive Transfusion protocol was developed and when it should be activated. The products contained in each of the boxes delivered from blood bank will be described. There will also be discussion about what is happening in the blood bank following activation. Complications of massive transfusion will also be described.

## **'We Could Have Planned For This': Preoperative Planning and Bleeding**

**Dr Justine Wright<sup>1</sup>**

*1. Auckland District Health Board, Auckland, New Zealand*

This presentation will discuss how to prepare for cases with a high likelihood significant morbidity and suggest a framework for planning for situations with a high probability of severe haemorrhage. There will be discussion around when and where these cases be performed (electively), who should do them and whether we can minimise morbidity or even over-prepare.

# **AGESXXVII ASM2017**

**02 - 04 MARCH 2017**

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AGES/RANZCOG TRAINEE WORKSHOP 2017  
CTEC, PERTH, WESTERN AUSTRALIA | 17TH & 18TH JUNE, 2017

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AGES PELVIC FLOOR SYMPOSIUM & WORKSHOP XVIII 2017  
CHALLENGING TIMES  
HILTON, ADELAIDE, SOUTH AUSTRALIA | 4TH & 5TH AUGUST 2017

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AGES FOCUS MEETING 2017  
PRESERVATION  
PARKROYAL ON PICKERING, SINGAPORE | 13TH & 14TH OCTOBER 2017

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# L10 AIM

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