
The Board of Trustees of the AAGL directed the Editorial Board to publish clinical guidelines issued by the AAGL. Those that follow are the first to be published under this new policy.

Hysteroscopic Training Guidelines

From the Ad Hoc Committee on Hysteroscopic Training Guidelines of the American Association of Gynecologic Laparoscopists

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Safety and outcome of surgical procedures are clearly linked to adequate training. The criteria suggested below are minimal requirements and not absolute requirements as determined by the Board of Trustees of the American Association of Gynecologic Laparoscopists. Surgeons are responsible for obtaining adequate training. Surgeons should not request privileges for procedures or the use of new technologies in which they have not received adequate training. This is especially true when new technologies are used. The burden for satisfying the adequacy of training and surgical competence of the surgeon before allowing direct patient care ultimately falls on the hospital/facility medical staff.

Physicians seeking hysteroscopic training should:

- a. Be board eligible/certified in gynecology,
- b. Have unsupervised gynecologic privileges for patient care, OR
- c. Be in an accredited residency program in obstetrics and gynecology.

The components of hysteroscopic training ideally will include:

- a. Didactic training.
- b. Hands-on laboratory training.
- c. Case observation (highly recommended).
- d. Preceptorship (highly recommended).

The didactic portion should initially include diagnostic and operative hysteroscopy and be a minimum

of 6 hours. It should be a CME-approved program and include:

1. Uterine anatomy
2. Options of distention media
3. Management of distention media
4. Energy sources
5. Instrumentation
6. Surgical indications and techniques for:
 - a. diagnostic hysteroscopy
 - b. adhesiolysis
 - c. metroplasty
 - d. polycystic ovary
 - e. fibroid resection/vaporization
 - f. endometrial ablation
7. Prevention and management of hysteroscopic complications.

The hands-on laboratory training should be a minimum of 4 hours. It should be a CME-approved program and include:

- a. training and experience in those surgical instruments for which the surgeon will be seeking privileges.
- b. simulated surgical procedures for which the surgeon will be seeking privileges.

Note: programs do not necessarily need to cover all surgical procedures. However, physicians should not seek credentialing except in those areas covered by the didactic and hands-on portion of the course.

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