Report on 15 days Fellowship Visit to Sunrise Hospital, Kochi, India

BSGE Awards and Bursaries Fellowship

Sunrise Hospital, Kochi, India | 1 June 2026 – 15 June 2026

I was privileged to undertake a 15-day Advanced Gynaecological Laparoscopy Training Programme at Sunrise Hospital, Kochi, India, from 1st to 15th June 2026. This fellowship was made possible through the generous support of the British Society for Gynaecological Endoscopy (BSGE) Awards and Bursaries Scheme, which supports visits to centres of excellence to enhance advanced training in gynaecological endoscopy.

Sunrise Hospital is a high-volume tertiary referral centre with an outstanding reputation in advanced minimal access surgery. During the fellowship I had the opportunity to observe and assist in a wide spectrum of complex laparoscopic procedures, including laparoscopic hysterectomy for large fibroid uteri, complex benign ovarian surgery, advanced endometriosis excision, ectopic pregnancy management, difficult adhesiolysis and abdominal wall surgery. My role evolved throughout the programme from observer to camera assistant and, towards the end of the attachment, primary surgeon under direct supervision. This progression allowed me to gain not only technical skills but also a deeper understanding of operative planning, ergonomics, anatomical dissection and intraoperative decision-making.

One of the earliest concepts I learnt was the routine use of the modified Palmer's point for abdominal entry in women with previous abdominal surgery. The surgeons explained how this site minimises the likelihood of entering through dense midline adhesions, avoids the falciform ligament and provides excellent access to the pelvis. Having previously used this approach only selectively, I developed a greater appreciation of its advantages in complex benign gynaecological surgery.

A particularly valuable case involved laparoscopic bilateral salpingo-oophorectomy for an 18 cm benign ovarian cyst in a woman with a previous hysterectomy. I assisted as the camera operator while observing extensive adhesiolysis and careful dissection around bowel adhesions. The most significant learning point was specimen retrieval through a vaginal colpotomy rather than a laparoscopic retrieval bag. The faculty demonstrated that, in carefully selected benign cases, colpotomy provides a safe, efficient and cost-effective method of specimen retrieval. At the same time, they emphasised that retrieval bags remain essential whenever malignancy is suspected to prevent tumour spillage and dissemination. This case also highlighted the importance of careful patient selection when introducing alternative retrieval techniques.

The programme included emergency laparoscopic surgery for an unruptured ectopic pregnancy. During laparoscopic salpingostomy I observed meticulous tissue handling, precise camera navigation and coordinated bimanual laparoscopic dissection. One of the recurring messages throughout the fellowship was that effective laparoscopic surgery depends on using both hands efficiently rather than relying predominantly on one instrument. This seemingly simple principle significantly improved my appreciation of instrument triangulation and operative flow.

A substantial proportion of the fellowship focused on laparoscopic hysterectomy for large fibroid uteri. I observed several hysterectomies involving uteri equivalent to 20–30 weeks' gestation. These cases demonstrated advanced techniques of vaginal morcellation, including lateral coring, sequential fibroid debulking and preservation of the cervix to facilitate controlled specimen extraction. I also learnt several practical tips regarding camera orientation, where simply rotating the camera cable improved visualisation during bladder dissection or upper pedicle surgery. These ergonomic modifications, although subtle, had a significant impact on operative efficiency and visualisation.

The most educational component of the fellowship was undoubtedly the extensive exposure to advanced endometriosis surgery. I observed multiple cases of severe pelvic endometriosis with frozen pelvis, dense bowel adhesions, rectovaginal nodules and ovarian endometriomas. These procedures reinforced the importance of recognising normal anatomical planes despite distorted pelvic anatomy. I developed a much deeper understanding of systematic ureterolysis before pelvic sidewall dissection and learnt the importance of identifying key anatomical landmarks including Denonvilliers' fascia, the rectovaginal septum and the posterior pararectal spaces during excision of deep infiltrating disease.

The faculty shared numerous practical technical tips that will directly influence my future practice. During ovarian cystectomy I learnt techniques to maximise preservation of ovarian reserve . I also learnt the skill of stabilising the cyst during ovariran cystectomy procedures while gently peeling the ovarian cortex rather than applying excessive traction to the ovary itself. I was introduced to the use of argon beam coagulation for ovarian endometriosis, with discussion regarding its potential advantages in preserving ovarian tissue while minimising thermal spread. Equal emphasis was placed on recognising its limitations and avoiding excessive tissue penetration, particularly near bowel.

One particularly memorable procedure involved severe rectovaginal endometriosis with rectal infiltration requiring rectovaginal shaving and repair of a rectal defect using a two-layer continuous V-Loc suture. Observing this case greatly enhanced my understanding of bowel injury management, rectal repair techniques and postoperative decision-making. The discussion surrounding pelvic drainage, maintenance of an open colpotomy to reduce the risk of rectovaginal fistula formation and the decision-making process regarding complete excision of infiltrating disease illustrated the complexity of advanced endometriosis surgery and reinforced the importance of multidisciplinary management.

Towards the latter part of the fellowship, I had the opportunity to perform a total laparoscopic hysterectomy for a 20-week-sized fibroid uterus under the direct supervision of the faculty. This represented an important milestone in my training, allowing me to apply many of the principles and techniques I had observed throughout the preceding days. The trainers provided invaluable guidance throughout the operation while allowing me to perform the key surgical steps independently.

The most significant learning point from this procedure was mastering vaginal specimen retrieval by morcellation. Prior to attending the fellowship, my experience of removing very large uteri laparoscopically had been limited and I had not personally performed this technique. Under expert supervision, I learnt the principles of safe vaginal morcellation, including lateral coring, sequential fibroid debulking and controlled extraction while preserving orientation. Successfully performing this technique reinforced the feasibility of minimally invasive surgery even for significantly enlarged fibroid uteri and has given me

considerably greater confidence in managing these challenging cases. More importantly, it allowed me to consolidate many of the technical lessons acquired throughout the fellowship, including ergonomics, tissue handling, camera navigation and maintaining orientation during complex pelvic surgery.

Although the fellowship primarily focused on advanced gynaecological laparoscopy, one of the most unexpected learning experiences came from observing a laparoscopic paraumbilical hernia repair with mesh placement and adhesiolysis in a patient with three previous caesarean sections. This broadened my understanding beyond gynaecology and strengthened my appreciation of abdominal wall anatomy, the principles of mesh repair and continuous laparoscopic suturing using barbed sutures. I also gained valuable insight into needle handling when suturing the anterior abdominal wall, which requires different angles and wrist movements compared with pelvic surgery. These transferable laparoscopic skills will undoubtedly benefit my future gynaecological practice.

This case also prompted reflection on the differences between surgical practice in India and the United Kingdom. It was interesting to observe that gynaecologists at Sunrise Hospital routinely undertake procedures such as abdominal wall hernia repair, reflecting the broader scope of practice in some centres. In contrast, such procedures within the NHS would usually be performed by general surgeons, reflecting clearly defined specialty boundaries and established governance structures. While the Indian model offers opportunities for broader surgical exposure, it also highlighted the importance of understanding medicolegal accountability, multidisciplinary working and governance frameworks that underpin surgical practice within the UK. This comparison reinforced that technical excellence must always be accompanied by safe, evidence-based and appropriately governed patient care.

Overall, this fellowship has significantly enhanced my understanding of advanced benign gynaecological laparoscopic surgery. It has strengthened my anatomical knowledge, improved my confidence in complex pelvic dissection, expanded my understanding of advanced laparoscopic ergonomics and specimen retrieval techniques, and provided invaluable exposure to difficult adhesiolysis and endometriosis surgery. Most importantly, progressing from observation to performing a supervised total laparoscopic hysterectomy for a large fibroid uterus gave me the confidence to apply these techniques in my own surgical practice under appropriate supervision within the NHS.

I am sincerely grateful to the British Society for Gynaecological Endoscopy for awarding me this fellowship. Without the support of the BSGE Awards and Bursaries Scheme, this unique opportunity to train in such a high-volume international centre of excellence would not have been possible. I am also deeply grateful to the faculty and surgical team at Sunrise Hospital, Kochi, for their generosity in sharing their expertise, providing hands-on teaching, and creating a supportive learning environment throughout the programme. Their mentorship has made a lasting impact on my development as an advanced laparoscopic gynaecological surgeon.

Overall, the experience has been invaluable both professionally and personally, and I am confident that the knowledge, technical skills and reflective insights gained during these two weeks will make a lasting contribution to my development as an advanced laparoscopic gynaecological surgeon and ultimately improve the care I provide to women within the NHS.