

Surgical proficiency laparoscopic cerclage

- Surgeons
 - Each laparoscopy site appoints one or two laparoscopist who is experienced (consultant level) with gynaecologic laparoscopic surgery.
- Training
 - For laparoscopists experienced in abdominal cerclage procedure: Each laparoscopist sends one video recording of the cerclage operation to the proctor team.
 - For laparoscopists that have not prior performed this procedure a training session will be arranged:
 - A visit from a proctor *or*
 - The surgeon visits the proctor *or*
 - if several needs training we will arrange a workshop hosted by a proctor.
- Method
 - Surgical access: Classic or robot-assisted laparoscopy.
 - Timing: Preferable pre-pregnancy or up till 10+0 weeks of gestation
 - Applying the cerclage: Non-absorbable woven band or sutures 0-1-2 are used for the cerclage according to local routine
 - The cerclage suture is placed in the cervico-corporal angle medial to the uterine arteries.
 - The suture is performed by the Endoclose needle technique [1], an armed suture or band [2, 3], or the Dechamps needle technique [4] with anterior or posterior knots according to local routine.
 - The knot is tied with appropriate tension to fit the suture to the cervical tissue.
- Voluntary feedback
 - The stitch-operator may send further video recordings to the proctor group for evaluation and feedback.
- Supervision
 - In case of appointing new surgeons: see: training.
- Proctors
 - The trial steering group constitute a group of proctors, who will conduct the quality assurance on the laparoscopic cerclage procedures.
 - Please let us know if you'd like to be appointed as a proctor or if you can suggest a colleague.

1. Riiskjaer, M., et al., *Feasibility and clinical effects of laparoscopic abdominal cerclage: an observational study*. Acta Obstet Gynecol Scand, 2012. **91**(11): p. 1314-8.
2. Clark, N.V. and J.I. Einarsson, *Laparoscopic abdominal cerclage: a highly effective option for refractory cervical insufficiency*. Fertil Steril, 2020. **113**(4): p. 717-722.
3. Whittle, W.L., et al., *Laparoscopic cervico-isthmic cerclage: surgical technique and obstetric outcomes*. Am J Obstet Gynecol, 2009. **201**(4): p. 364 e1-7.
4. Burger, N.B., E.M. van 't Hof, and J.A.F. Huirne, *Removal of an Abdominal Cerclage by Colpotomy: A Novel and Minimally Invasive Technique*. J Minim Invasive Gynecol, 2020.