Helsinki 23.4.2008

# NFOG Visitor Program 2008 – my report to the NFOG board

M.D. Tea Brummer at the Ullevål University Hospital in Oslo, 14.-18.4.2008.

I am specializing in gynaecology and obstetrics in Helsinki, currently on my final year, and working on my Ph.D. on gynaecological surgery. I wanted to observe another Nordic university clinic with the view of a specializing all around gynaecologist, and my stay at Ullevål was very interesting. I saw similar and different practise in the aim of similar goals. I had the pleasure of staying in the operating theatre for three days along with a nordic pioneer in laparoscopy, Anton Langebrekke, who showed me several practical tricks which I was not familiar with on beforehand. I also did collect information on their instrumentation. To mention some interesting cases, I followed a laparoscopic internal cerclage placed to a patient with a history of several spontanous abortions of the second trimester, and a laparoscopically assisted myomectomy finished by a 5cm minilaparotomy to ensure proper suturing of the uterine wall. This was practised to prevent uterine rupture mainly occurring after laparoscopically performed suturing. I also saw laparoscopic subtotal hysterectomies which are not popular in Finland (therefore I had never seen such an operation) and a total laparoscopic hysterectomy with vaginal vault closure not vaginally, but laparoscopically. I also assisted in some operations, for example in an infitrating bowel endometriosis operation where rectovaginal endometrioses was resected and a laparoscopic rectosigmoid bowelresection was performed.

I visited the Ullevål delivery rooms, no STAN was in usage but I learned about the lactate test, giving a result in one minute at bedside, similarly to gluc-meters the diabetics use. I have previously been familiar only with laboratory analysed capillar blood samples, which need preferably more blood from the baby, hence more time-consuming to the obstetrician, and the result available a few minutes later. I saw a routine elective cesarian section with Phannenstiel opening, where intracutaneous suturing was performed apparently for cosmetic reasons. I stayed a day in the obst post, that is the perinatal ward, and attended the morning round with a lively discussion on Norwegian regimes on labour induction, and follow up of PROM, pre-eclampsia, cervix insufficiency and cholestasis – all practise differed somewhat on my previous experience back home. To mention some differencies, Norway does not offer early ultrasound screening at all, only second trimester screening is available. In Finland the newborn is screened for congenital hypothyreosis, whereas in Norway for congenital phenylketonuria. In Finland all pregnant women are screened for HIV, HBV and Cardiolipin (Syphilis) whereas in Norway for HIV and Rubella, but I saw hepatitis, syphilis and toxoplasmosis tested on women of foreign origin. It was most interesting to observe the differences and similarities between Helsinki and Oslo, and always interesting to discuss the reasons *why* clinical routines are practiced the way they are. My journey then continued to the mountains of Kvitfjell near Lillehammer, where I attained the NFOG endoscopic meeting with a very interesting and international program on gynecological surgery.

Thank you again NFOG for making my visit possible.

Tea Brummer M.D.

Address:

HUCS, PB 140, 00029 HUS, Helsinki, Finland

tea.brummer@hus.fi