



# Dr. Olav Istre: the educational system for a gynecological surgeon in Denmark

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## Editor's note

The book *Minimally Invasive Gynecological Surgery*, released in 2015 is about the latest advances in the field and the reasons why endoscopy is of importance in so many conditions. The only changes are devoted to the minimally invasive treatment of endometriosis, endometrial polyps, and adenomyosis. To know more about this book and the stories behind, we are pleased to invite Dr. Olav Istre to conduct an interview.

## Expert's introduction

Dr. Olav Istre (*Figure 1*) completed his residency at Frederiksberg and received his MSc from Aarhus University in 1977 and Dr. Med. from Oslo University in 1996. He has contributed to more than 170 medical publications, primarily in the form of scientific articles and teaching materials, in addition to many years of medical experience, also possesses extensive management and teaching experience from home and abroad. He worked from March 2009 to December 2010 as Associate Professor at Harvard Medical School, Boston. Since December 2010, he has been the Chief Physician with exclusive responsibility for the gynecological field at the private hospital Aleris-Hamlet and Adjunct Professor of Gynecological Surgery at the Department of Clinical Medicine at the University of Southern Denmark.

## About the journey as a gynecological surgeon

**GPM:** *Could you tell us about how you arrived at this point in your career? What inspired you to enter the world of gynecological surgery?*

**Dr. Istre:** In my early days as a gynecologist I was inspired by minimally invasive surgery, and I did my PhD in 1996 doing hysteroscopic surgery endometrial resection in bleeding disorders, and I could see the benefit for women being able to do it easily.



**Figure 1** Olav Istre, MD.

Then laparoscopy came up. At the beginning of the 1990s, I started doing a laparoscopic hysterectomy, which inspired me to continue performing minimally invasive surgery for the benefit for women's health.

**GPM:** *What is the focus of your research today, and what still gets you excited about gynecological surgery?*

**Dr. Istre:** My focus on my research today is to focus on endoscopy and performing this in the best way possible for women with fewer complications. I'm very much focused on minimally invasive treatment, especially on bleeding disturbance, fibroids, and endometriosis.

**GPM:** *You are recognized in minimally invasive gynecological surgery. Could you share with us one or two notable cases of minimally invasive surgery?*

**Dr. Istre:** The most impressive case is my early detection of brain edema after hysteroscopy surgery published in *Lancet* in 1994 (1). And the other interesting one is about

laparoscopic hysterectomy in the case of sarcoma published in 2017 (2).

**GPM:** *In your article “Complication Rate of Laparoscopic Hysterectomies in Denmark, 2011–2016” published in 2018, you concluded that there was a significant difference in complication rates between the hospitals that is partly explainable by the challenge in training residents and the low operative volume of surgeons in Danish government hospitals. Do you feel surprised at this result? Why?*

**Dr. Istre:** Complication rate is very different between different Hospitals. It could be explained by the way they register complications around the world, and there are no strict criteria on how to do it.

The fact is that young residents have fewer volumes of cases in Denmark. Residents must be diligent in seeking further education, for instance, participating in congresses with live surgery education and international courses.

**GPM:** *What are your tips to reduce the complication rate of laparoscopic hysterectomies?*

**Dr. Istre:** My tip to reduce complications in laparoscopic hysterectomy is to be very concerned about bleeding; you should use bipolar diathermy as well as a cutting device. We use a prophylactic antibiotic, and patients should be back to work as soon as possible.

**GPM:** *You have been involved in teaching for years. Could you briefly introduce the educational system of the gynecological surgeon in Denmark? What are the challenges of the current educational system?*

**Dr. Istre:** In the educational system in Denmark, all residents should go through a certain amount of laparoscopic or operative procedures, even though they are planning to go into private practice or only obstetric without any surgery. I think this should be changed.

To update the required volume in the specialists of gynecology and obstetrics, we should focus on the people who want to go into endoscopic surgery or operative gynecology.

**GPM:** *When you are feeling stressed out, how do you relax?*

**Dr. Istre:** I'm usually not so stressed. In terms of relaxing

myself, I go skiing in the wintertime and mountain tracking during summer in the mountain where I have a cabin, otherwise traveling.

### **About the book of Minimally Invasive Gynecological Surgery**

**GPM:** *What sparked your interest in writing the book Minimally Invasive Gynecological Surgery? What are the key features of this book?*

**Dr. Istre:** The book about minimally invasive gynecologic surgery focuses on laparoscopic surgery and diagnostic ultrasounds with deep invasive diagnostic methods like CT scan or MR scan.

The gynecologists in Denmark should perform their ultrasound scan according to symptoms. This is not the case in many countries like the US or England, where the gynecologists refer the patients to ultrasound radiologists, which should be changed. I would feel very insufficient without performing ultrasound myself.

**GPM:** *In the book, you addressed that “approximately 70% of gynecological surgical procedures can be performed with minimally invasive techniques”. Are there any changes to this figure now? Do you think that the minimally invasive gynecological surgery will replace the traditional surgery in the future?*

**Dr. Istre:** Many procedures in gynecology can be performed by minimally invasive techniques, but there has been a reduction in the latest years from the malignancy cases. I'm talking about the morcelating of sarcoma fibroids which has reduced the number of hysterectomies and changed them to open surgery because of the fear of sarcoma. This is a challenge we should approach, and we should have technical improvement as well as further research in this field especially in the diagnostic for sarcoma.

**GPM:** *Could you briefly introduce your chapter “how to avoid laparotomy doing laparoscopic hysterectomy”?*

**Dr. Istre:** There are three main points about how to avoid laparotomy in my chapter. You should believe in yourself that it is possible to do this case by laparoscopy. Also, you should seek some help from experienced colleagues, and you should have the right tools to do the procedures which

would help you to be successful in laparoscopic cases.

**GPM:** *What significant challenges have you observed when you prepared this book?*

**Dr. Istre:** Many authors are collaborating within this book, and therefore, there are a lot of edits after all the articles have been gathered in limited time, which is the major challenge.

**GPM:** *Do you have a plan for a 2nd version? If so, what you would like to add into this new version?*

**Dr. Istre:** I have no plan for the second version of this book at the moment. But if there would be a new version, I would add something about the medical issue of malignancy as well as further development in the diagnostic technique.

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