WHAT CAN ENDOSCOPIC SURGERY LEARN FROM MISHAPS?
Mettler, L.
University Hospitals Schleswig-Holstein, Kiel, Germany

Objectives
As a member of the association of European Experts in medical legal issues let me communicate to you my experience in the last five years.

Methods
The applications for medical expert reviews have risen from 2011 in our office with 3,730 cases to 2014 with 7000 cases. A small amount of those relates to laparoscopic surgery. As a witness you have to structure your duty, look into the opinion of both parties, you must not change the questions and answer the questions between the two parties. That means you have to look into: **Mistakes, mishaps**
- **Culpability** (could the guiltiness have been avoided)
- **Causation** (only for the case for avoidable mistake)

Results
The cases vary from laparoscopic bowel and vascular lesions to severe infections (clostridium perfringens infection = gas gangrene) till death on one side. On the other side we have to deal with accuse against bad surgery, with for the patient unforeseen outcome as colostomy, amenorrhea after ovarian surgery in the reproductive age and even the conversion to a laparotomy from a laparoscopy, a second look laparoscopy and a simple hysteroscopic perforation with consecutive laparoscopy. Even today burning skin alterations occur by using the most modern equipment and have to be mentioned in the pre-operative clarification to the patient.

Conclusion
With correct medical clarification prior to a surgery in written form the doctor is always on the safe side. It is of utmost importance to take time for this clarification as then the patient can not come back with any severe legal approach in case all the laceration possibilities within the planned surgical procedure have been explained prior to the surgery. Unfortunately, this maybe unpleasant for us doctors but it reveals to be of as much importance as the good surgical procedure itself.

A detailed description of possible complications in our field is given in a series of video snaps concerning vascular lesions, bowel and urinary tract lesions.