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Editorial

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Will there still be a need for preparation in Gynecology and Obstetrics for the general surgeons and vice-versa?

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The development of the various surgical specialties and their respective training programs, together with some shortening in the duration of the residencies, has led to their separation from what we might call the mother speciality, General Surgery. In some cases, like Gynecology and Obstetrics, at least in my country, this has become total, with reflexes in the hospital clinical practice.

Similarly, the training in General Surgery has been emptied from surgical exposure to other organs, systems and anatomical areas, with an increasing focus on digestive tract pathology and emphasis on laparoscopic approaches, which may make the general surgeon himself feel less prepared for acute gynecological or obstetric pathology.

Although, in elective surgical practice, there tends to be an approach between the General

Surgery and Gynecology teams, with the establishment of close collaborations, especially in the treatment of peritoneal dissemination of ovarian neoplasias, it is in the context of urgency that there is more to be done. In my case, during a clinical practice of more than 30 years as a general and emergency surgeon, it was not unusual to be called to operating rooms, sometimes peripheral, in the context of cesarean sections, to help solve complex situations, almost always of hemorrhagic nature. Among these, the lesions of the uterine arteries, during the incision of the uterus, and those of the inferior epigastric vessels, artery and veins, because of the retractors, especially in transversal incisions of the abdominal wall, these with the particularity of not being easily identifiable, because they produce essentially retroperitoneal bleeding, with a somewhat late clinical expression. Due, mainly, to the associated coagulopathy, it was

necessary, many times, a strategy of damage control [2], with initial abbreviated surgical intervention.

They are - without forgetting many others, like those of the digestive tract or ureters - situations of enormous gravity and in young women that should lead to a greater reflection from both sides; either on the part of obstetricians, in terms of reintroducing General Surgery training in their respective formative programs, or, vice versa, on the part of general surgeons linked to the emergency, not always familiar with them.

[2] This strategy consists of an initial abbreviated surgical intervention, with the sole purpose of resolving hemorrhage and contamination; having started in abdominal trauma, it quickly spread out of the abdomen and the context of traumatic pathology.