

THE SCOPE



Newsletter of the British Society for Gynaecological Endoscopy



**Join BSGE's Facebook page today
and be part of the discussions**



Make sure you review your Facebook privacy settings first.

CONTENTS

<u>WELCOME</u>	2
<u>PRESIDENT'S ADDRESS</u>	3-4
<u>BSGE ASM 2017</u>	5-14
<u>ASM 2018 EDINBURGH</u>	15
<u>PORTFOLIO REPORTS</u>	16-20
<u>LAUNCH OF BSGE SICS</u>	21-22
<u>BSGE/BSGI JOINT MEETING ON ENDOMETRIOSIS</u>	23
<u>ALAN GORDON TRAVELLING FELLOWSHIP REPORT</u>	24-26
<u>THE SCOPE MEETS...</u>	
<u>ARNAUD WATTIEZ</u>	27-28
<u>JOIN OUR FACEBOOK</u>	29
<u>FIND JOB VACANCIES ON THE BSGE WEBSITE</u>	29
<u>VIDEO LIBRARY</u>	30-31
<u>ENDOMETRIOSIS CNS NEWS</u>	32
<u>UPCOMING EVENTS AND MEETINGS</u>	33
<u>REPORT FROM RCOG WORLD CONGRESS 2017 IN CAPE TOWN</u>	34
<u>NOTEWORTHY ARTICLES</u>	35
<u>OBITUARY</u>	36
<u>BSGE WEB/COMMS TEAM</u>	37



Editor's Notes



Welcome to the latest issue of The Scope. When I look back to the time when I first proposed the introduction of a regular newsletter, at a BSGE Council meeting in 2015, I remember thinking 'what on earth have I got myself into?' I wondered if we would be able to deliver, or if it was going to be a complete failure. I am so pleased that we have now produced our seventh issue of The Scope, and although I admit I may be a little biased, I believe that each issue has become more interesting and richer than before. I am very optimistic that this will continue and it will go from strength to strength. This would not have been possible without the amazing, professional work of Jane Gilbert who has transformed the way the newsletter is produced. I would also like to thank past and present members of our growing web-communications sub-committee, the current team's pictures and names can be seen at the end of this issue.

It is important for our Society to communicate with the membership and get everyone engaged in discussion. This can enable members to share valuable experiences and opinions but can also help create a community of like-minded people. The community will meet up at least once a year at the ASM, which is an exciting social as well as academic event for BSGE members, but can stay in touch in-between meetings through the use of technology.

It is for this reason that we have intensified our efforts in the areas of communications and social media. The website is being regularly updated, streamlined and improved. Many of our activities have now changed to being fully online, with voting for the election and registration for this year's conference being carried out online for the first time. We have launched the BSGE Facebook page. Tereza Indrielle – Kelly has set up the BSGE group; so, join in and share your experiences, videos and anything else that may be of interest to your colleagues. We only have two rules: No patient identifiers and no politics, otherwise you can say what you want.

Finally, we always appreciate contributions from members. If you have anything that you think belongs on the pages of the newsletter, then please drop me a line and we will find a place for it in an upcoming issue of The Scope.

Shaheen Khazali

S.Khzali@me.com



PRESIDENT'S ADDRESS

The BSGE continues to grow in size and in stature. Membership has grown to over 1100, a rise of another 10% since the last ASM. I warmly welcome our new members and hope they will gain much from the BSGE and, in turn, will also contribute to the success of the BSGE during their membership.

Sadly, we have lost some members and old friends of the BSGE. We reported on the premature deaths of Ed Shaxted, who was both a founding member of the BSGE and a member of council, and the sad loss of Professor John Newton, who was an ex-president of the society. Our thoughts go out to their families. Obituaries were reported on our website and in The Scope and we received grateful thanks from some members who hadn't yet heard the tragic news. This reinforces that whilst the BSGE is a large specialist Society, it is like a family to its members. As we progress, we need to keep the balance between being a large society and being close to our membership.

One method of keeping in touch with the membership is a membership survey and I am indebted to Thomas Ind our treasurer for designing and running the latest survey. We received responses from a quarter of the membership. Looking at the proportions of those who responded, trainees were under represented and nurses slightly over represented. This may reflect the growing momentum the BSGE is having in nurse training and education in both endometriosis and hysteroscopy. Trainees may have been less likely to respond because our trainee subcommittee, lead by Fevzi Shakir and Donna Ghosh have set up a dedicated trainee forum through the recently established RIGS network. I hope that this will strengthen the link between the trainees and those who run the society. James McLaren takes over from Fevzi Shakir to continue this work.

Another popular and generous connection is the awards and bursaries the BSGE provides. These are currently run by Kirana Arambage, and have an annual budget of £20,000. This year applications were few, so Council are now considering changes to make the awards more attractive to the membership. I would encourage members to apply, as there is a very high success rate if the application process is followed correctly.

Our main connection with the membership is through our scientific meetings and these have grown in number and in attendees, suggesting that we are providing what people want. We continue to run our regular joint meetings with the RCOG to cover the hysteroscopy and the laparoscopy ATSM curricula. However as attendance at these meeting is no longer compulsory for the ATSM curriculum, we have to appeal to a wider audience and constantly update the presentations to make them an attractive offering. This has been achieved by

introducing a BSGE Meetings Convener, who is tasked with maintaining high quality BSGE meetings. Ertan Saridogan has taken on this role for the first year and has achieved excellent results, with the ATSM meetings continuing to attract large numbers. This is a reflection of both his work and the work of subcommittee leads Sameer Umranikar for Laparoscopy and Natasha Waters for Hysteroscopy. Ertan has kindly agreed to continue in this role while we advertise the position and ensure a period of handover for the next incumbent.

Our Annual Scientific Meeting now has consistently in excess of 400 attendees and is a major financial investment, and income source for the BSGE. It requires an enormous amount of work from the local organising team and I would like to thank Kevin Phillips and his team for this excellent event in Hull. We are ever grateful for the support from our Industry partners and the excellent work of Tyrone Carpenter as industry relations subcommittee chair in achieving record investment.

A meeting like this requires attention to detail, chasing up of commitments and double and triple checking. Some of this work is done by the Officers, but mostly by the indomitable Atia Khan. My ever grateful thanks to Atia for all her hard work for this meeting, and for her work and support throughout the last year. Thank you Atia.

We have recently introduced single topic meetings and the first example was the highly successful Fibroid Symposium at the RCOG in November last year. My thanks to Thomas Ind and Tyrone Carpenter for organising this. This year we will be running one on Endometriosis diagnosis and management in Surrey. It will be a joint meeting with the British Society for Gynaecological Imaging and we look forward to seeing how this progresses.

We also run an annual cadaveric anatomy course organised by Kirana Arambage and Mark Whittaker. My thanks to both of them for running a meeting that is always popular and always oversubscribed.

We partner with industry sponsors to run the ever popular ST5+ training programmes, which this year will train 48 senior trainees on a full programme of anatomy, dry and wet labs and surgical preceptorship. Again, heavily over subscribed and very popular.



We have recently completed the LapHyst pilot and you will have heard the results from Mark Whittaker in the first session of this meeting. We now look to learn from this and develop a robust training platform for laparoscopic hysterectomy in the future.

Our membership survey results will be reported in a forthcoming edition of The Scope, but essentially it showed a well-engaged membership, which valued what the BSGE is currently doing. Results were supportive of our scientific meetings, our corporate membership of the ESGE and the AAGL and of the journal of Gynecological surgery.

As a result we have chosen to renew our corporate agreement with ESGE, after some negotiation on the finer detail. I have written to members to explain this and the changes it brings. The journal will now be open access and available online only. This will impact on authors, as there are publication costs attached to open journals. However for up to 40 publications a year these costs will be covered by the ESGE as part of our corporate membership agreement.

I have already said that the status of the BSGE continues to grow and this is reflected in the increasing request for guidance and advice that we receive, including requests from the RCOG. We are now working more closely with the RCOG than ever before and hope to influence and guide training in endoscopic surgery as a result. We wish to evolve the ATSM curricula so they keep pace with clinical developments. In addition, we are working on improving Advanced Laparoscopic surgical training thanks to the work of Sanjay Vyas and Alfred Cutner, who are developing the potential to make this a subspecialty training programme.

In partnership with the College we are also about to publish the next joint guideline with the RCOG which will be on Laparoscopy in pregnancy, thanks to the hard work of Liza Ball and colleagues.

We have re-negotiated some aspects of our business with the college and consequently I have recently signed a partnership agreement with the RCOG, which provides mutual benefit to our respective organisations, both of which are charities.

As a charity we have obligations and responsibilities and it is imperative that we meet the rising standards of scrutiny. This means our documents; policies and procedures must be fit for purpose and up-to-date. Thomas Ind has done an excellent job in updating most of our existing polices and always filing the charity commission returns on time. As your President, I have now introduced the documents that were missing. These include role descriptions for officers and council and conflicts of interest policy, amongst others. These will help make the organisation more connected to the membership by making its processes more transparent.

Internationally we are developing plans to work with the RCOG to establish training programmes abroad. We are also planning to build on our HOT session training, so ably run by Karolina Afors, by offering the Laparoscopy diploma training and examination on behalf of ESGE. Finally, we have decided

to propose worldwide membership of the BSGE by developing affiliate membership for doctors and nurses around the world. The plans will be worked on over this year and put to the membership at the next AGM.

We are blessed, as a society, with having a superb Website and Webcomms team. The team is lead by Shaheen Khazali, who has consistently done a fantastic job. We now put almost everything through the website. Many things that were on paper are now online: elections, applications for courses, surveys, meeting registration and membership. This is a massive advance and is supplemented by the media provision of the video library and The Scope. These advances have resulted in a strong connection to our membership and the wider world. It is envied by many specialist societies and rightly so.

At this meeting, we are launching the BSGE Surgical Information Collection System, (BSGESICS) thanks to Zahid Khan and Justin Clark. This will provide a database app for all members (doctors and nurses) to record their hysteroscopies and laparoscopies. It will provide a record for the individual and collated data will provide baselines and evidence for the BSGE to inform standards and expectations in these procedures. It has been piloted and will now start. We expect modifications will be needed but want everyone to get involved so the improvements can come from the user feedback.

Finally we need to get more members involved in the running of the society and develop a process that sustains the expertise and experience of individual council members after they leave office. Consequently, we plan to develop the subcommittee membership and will soon advertise for vacancies on the subcommittees. We hope that you will get involved in the area that interests you and can make changes by informing the subcommittee chair, who will in turn, inform Council. We will be developing the portfolios so they remain relevant and the first development is to expand the guidelines portfolio to include patient and clinician information.

At the AGM, I formally thanked our leaving members of council and we warmly welcomed new council members. I look forward to working with Andrew Kent our new treasurer and to welcoming new members Wendy Rae Mitchell, Arvind Vashist and James McLaren. Arvind will take over industry relations and meetings subcommittee and Fevzi will be take over the expanded Information and Guidelines subcommittee.

It is a great privilege to be your President and I am grateful for all your support. I hope you will agree that much has been achieved and that the BSGE is in rude health.

My best wishes to you all.

Dominic Byrne, BSGE President.



BSGE ASM 2017

HOT TRAINING AT THE ASM

There were plenty of opportunities for trainees at the ASM in East Yorkshire. The BSGE ran one of the ever-popular Hands on Training sessions at Hull's state-of-the-art Clinical Skills Centre. The course was packed with members keen to test their laparoscopic suturing skills. Participants learned new techniques and were able to see how they rated against their peers.

From basic skills, to loading the needle and ipsilateral suturing, the course offered plenty of education and suturing simulation. Following a series of different validated exercises performed on pelvic trainers a prize was awarded to the top score achieved in the validated SUT+T (suturing training and testing) assessment.

Dr Zaid Hasafa won the prize, sponsored by Storz. As well as this, Prof Arnaud Wattiez, kindly offered Zaid a free anatomy course at the IRCAD centre in France, so a very successful day all round.



Course organiser Karolina Afors with Bassim Alsadi, and Sameer Umranikar at the BSGE HOT session



Mary Esmayot and Suzi Hutt at the HOT session



Winner Zaid Hasafa with Prof Wattiez and Karolina Afors

WEDDING BELLS FOR KAROLINA

Karolina Afors got married the weekend after the BSGE ASM. After her hard work at the meeting in Hull running the hugely successful pre-conference Hand-on Training session, she was able to really relax and enjoy her wedding in beautiful Portugal. Karolina is now back from her honeymoon and all at the BSGE wish her and her new husband a long and happy marriage.





BSGE ASM 2017

RIGS INAUGURAL DINNER

One year after its foundation in Cornwall, the Registrars in Gynaecological Surgery group held the very first trainee dinner at the ASM. The event was hosted by Prof. Arnaud Wattiez, who enthralled the audience with his talk on "Training in Laparoscopy & The Art of Being 'Prof.'"

With great food, plentiful wine and lively conversation it was a fitting start to the ASM and is sure to become a regular item on the RIGS calendar.



Professor Arnaud Wattiez



Karolina Afors





BSGE ASM 2017

WHERE WE ARE NOW AND WHERE WE ARE GOING...

INTRODUCTION

The BSGE Annual Scientific Meeting 2017 launched on a glorious May morning in Hull. The UK City of Culture was at its best in the sunshine, with the newly created dancing fountains marking the entrance to the conference venue. More than 420 delegates, from the UK and beyond, flooded up the magnificent marble staircase of the City Hall to be welcomed by Kevin Phillips, the Chair of the Local Organising Committee and his team.

Kevin, a BSGE past president, opened the conference, saying:

"Hull was the location for the founding ASM of the BSGE, twenty-five years ago, so it is an appropriate time to welcome everyone back and look at how much the BSGE has moved on, since those early days."

Introducing the conference theme of "Where we are now and where we are going..." he added that just one quick look at the industry room, filled with an enormous number of instruments and devices, served to demonstrate the huge technological advances in minimally invasive gynaecological surgery. He told *The Scope* that this meeting was an opportunity for the society to consolidate its current position as a thought leader in advanced laparoscopy and in hysteroscopy and also a chance to look forward.

With a packed programme of lectures, debates, demonstrations and presentations, the conference both reflected on the past and helped plan for the future. It was an interesting and illuminating couple of days, but if you couldn't make it *The Scope* hopes to keep you in touch with all the news from the meeting.

KEYNOTE SPEAKER AT THE ASM

Professor Arnaud Wattiez delivered the prestigious Alec Turnbull Lecture on the first day of the ASM 2017. Sir Alec Turnbull was a Professor of Obstetrics and Gynaecology in Oxford and a key figure in the development of minimally invasive surgery in this country. Every year the BSGE organise a lecture at the ASM in his honour. The very first lecture was given more than a quarter of a century ago by Professor Jacques Donnez in Hull in 1990, so this year it returned to its roots in East Yorkshire.

Professor Wattiez is a past President of the European Society for Gynaecological Endoscopy and a world-renowned minimally invasive surgeon. A pioneer in minimal access gynaecological surgery, for many years his work has been at the forefront of technical advances. He has developed widely accepted techniques in the treatment of pelvic organ prolapse, endometriosis, and gynaecological oncology. As well as his entertaining, educational and thought-provoking keynote lecture, Prof Wattiez also delivered a fascinating talk on difficult hysterectomies, sharing his tips and techniques on how to make the impossible possible.

Following his lecture, Arnaud was presented with an Honorary Fellowship of the BSGE by President Dominic Byrne. This is awarded to medical practitioners and others who have made a significant contribution to the specialty, traditionally including the person who gives the Alec Turnbull lecture at the annual meeting.

If you would like to read more about Arnaud, then check-out our interview with him later on in this edition of *The Scope*.





BSGE ASM 2017

WORKING TOGETHER – INDUSTRY SUPPORT AT THE ASM

A quick glance at the central space in Hull's City Hall clearly showed the strong working relationship the BSGE has with its industry partners. The area was buzzing with demonstrations and new equipment at the cutting edge of technology. Tyrone Carpenter, outgoing Chair of Industry Relations subcommittee said:

"Industry support for the ASM this year has been outstanding, so much so that we were unable to accommodate all those wishing to be involved in the event.

We endeavoured to include not only the large international companies but also the smaller, independent companies thereby ensuring delegates were able to see a full range of products and innovations available. This ongoing strong relationship with industry enables us to keep costs to delegates down ensuring the two-day meeting is one of the least expensive national medical society meetings in the UK."

The Scope spoke to the Platinum sponsors at the meeting:

"Olympus is once again proud to be a Platinum sponsor and to be part of where the BSGE is going."

Olympus

"Intuitive strives to make surgery more effective, less invasive and easier on surgeons, patients and their families. We're here to support the BSGE and increase awareness of our robotic-assisted systems."

Intuitive

"Medtronic improves the health and lives of millions of people. But no one can do it alone, that's why we're committed to partnering in new ways and developing powerful solutions that deliver better patient outcomes."

Medtronic

"Stryker are extremely proud ongoing Platinum sponsors of the BSGE. We share collective purpose to help improve standards, promote training and to encourage the sharing of best practice within minimal access Gynaecological surgery."

Stryker





BSGE ASM 2017

LAPAROSCOPIC HYSTERECTOMY – WHERE ARE WE NOW AND WHERE ARE WE GOING?

The meeting got off to a flying start when Krupa Madhvani presented a Hysterectomy rate trend analysis based on Hospital Episode Statistics (HES) data that the BSGE had obtained from NHS England. Krupa, an expert in population statistics analysed seven years of data from all UK hospitals, to explain “Where we are now and where we are going...”

Where have we come from?

NICE guidelines, from medical students to registrars and fellows dating from 2007, state that surgery should be second line management and that, when used, the first approach should be vaginal, followed by an abdominal approach. Clinicians have always been advised of the fact that there was an increased risk of urinary tract injury with laparoscopic hysterectomy.

These guidelines were influenced by Ray Garry's 2004 eVALuate trial. This demonstrated quicker recovery from surgery with lap hyst, but also a significantly increased danger of ureteric damage. However, Krupa emphasised that these complications could well have been due to the procedures being carried out by surgeons at the beginning of their learning journey. Their skills, along with the techniques and equipment, have evolved over the past decade.

Previous research has indicated that the UK lags behind the rest of the developed world when it comes to laparoscopic hysterectomy with approximately 20% being performed using some form of laparoscopic assistance. This compares to levels of around 30% in Finland, Germany and the USA.

Where are we now?

The survey, which covered the period from April 2010 to December 2016, looked at over three hundred thousand hysterectomies. When those for ovarian and cervical cancers and prolapse were excluded, the overall rate for laparoscopic hysterectomy had increased from a disappointing 16.4% in 2010 to a very encouraging 42% in 2016. The increase had been steady over this period and was mirrored by a corresponding decrease in abdominal procedures. The rate for failed laparoscopies increased from 1.3 to 2.0%, which was thought to reflect a willingness by surgeons to try more challenging cases. Even in fibroids the rate has more than doubled.

There were significant regional variations, which the researchers felt represented a true reflection of local differences. The largest proportion of laparoscopic procedures were seen in the South West, the South East and in Yorkshire and the North, including conference venue Hull, with the East Midlands consistently having lower figures.

Where are we going?

Krupa Madhvani extrapolated that if we continue on the current trajectory, later this year the scales should tip so that we will be doing more hysterectomies laparoscopically than abdominally. With a room packed with gynaecologists committed to minimally invasive surgery, it was an inspiring start to the conference and perfectly paved the way for Mark Whittaker's update on the BSGE's exiting LapHyst programme. The ambitious project aims to train four hundred gynaecologists in the UK to perform Total Laparoscopic Hysterectomy (TLH) so that patients across the country can have access to the many benefits of the procedure.

So far, a training the trainers course has been run, together with two pilot programmes run in 2016 by Olympus and Ethicon/ Storz. Post-training surveys showed that 86% of participants felt that the course had met their needs. Four trainees are already ready to submit their exemplar videos, with the others anticipated to do so later this year.

The way ahead?

Thomas Ind reported that a recent BSGE members' survey showed that currently less than half of all members perform TLH (NB: this includes nurses and non-surgeons), but more than fifty percent of those that don't are keen to learn. LapHyst was found to fit with the needs of the BSGE membership. He put forward a potential strategy that includes the BSGE arranging consultant training courses to get the numbers higher. He argued that there was too much training for trainees and not enough for those already in post. By training consultants, they can then pass on their skills and knowledge.



BSGE ASM 2017

PECHA KUCHA

The ASM saw the launch of the first novel and exciting BSGE Pecha Kucha session. Pecha Kucha is the Japanese term for 'chit-chat' and it is a simple presentation format in which speakers present 20 slides, which advance automatically every 20 seconds. This ensures a fast-paced, concise and exciting presentation.

There were presentations from five competitors, all at non-consultant grade.

Each pitched their controversial, original and thought-provoking ideas live to a rapt audience. The audience then voted for the overall 'Pecha Kucha' prize-winner, who thanks to the generosity of Stryker, won an HP Simulator.

Donna Ghosh

BSGE Trainee Representative



Donna Ghosh



The Scope Review

As The Scope reporter in the room for the first BSGE Pecha Kucha session, I was impressed by the diversity of the material, the confidence of the presenters and the imagination of the slides. From 'Back to the Future' to 'Mission Impossible' through pie charts and puppies, the talks were an audio-visual treat. The audience was engaged and involved throughout, despite the hot and packed auditorium.

The well justified winner was Oliver O'Donovan from University College Hospital, London. His presentation on "Whatever you think best doctor" really stimulated thought and debate about decision making and consent in the era of information explosion. He spoke confidently and with assurance, urging us to adopt a more leisurely Netflix approach to consent rather than the current Countdown-like rush. This viewer along with many others started to reassess the way we communicate with patients.

Although all the presentations had their merits, I was also particularly impressed by medical student Alex Robbins, currently in his fifth year at UCL, who asked "What's a steady hand worth?" His well-prepared talk belied his relative inexperience, as he argued that appointments for surgical trainees should include aptitude testing. Alex also held his own under some stiff questioning from the audience and was rewarded with many raised hands during the vote, bringing him in a very close second.

It was a great start to a new addition to the ASM. I'm sure the Pecha Kucha session will become a favourite fixture in future meetings. You've got 11 months to think about your talk for Edinburgh 2018!



Oliver O'Donovan



BSGE ASM 2017

CLINICAL NURSE SPECIALIST CONFERENCE 2017

The Specialist Endometriosis Nurse Conference 2017 took place in a dedicated room in Hull City Hall on Thursday, May 18th. More than 70 nurses attended and the auditorium was consistently packed. This reflected the development of the specialties and the value the meeting offers in education, debate and networking, as well as sharing experiences and offering support.

Local organiser, Tamara Wilson, together with outgoing BSGE council member, Gill Smith, and help from Cathy Dean, compiled an agenda designed to respond to the specific needs and wishes of the delegates. Gill told the news team that the morning session aimed to be relevant to both hysteroscopy and endometriosis advanced nurse practitioners. The programme included ways to define the specific roles, how to approach getting work published and presentations on current important papers and research findings. The sessions were all about fulfilling the CPD requirements and being relevant and interesting to both specialities.

Tammy told the news team that in the afternoon they used the central conference theme to try and answer the questions: "Where are we now and where are we going?"

"We wanted a programme that would take endometriosis nursing forward and allow us to define and develop the role."

Sessions addressed the issues of consent, fertility, psychological interventions and a report on the recent BSGE survey on the Endometriosis CNS role.

As Gill observed, there was barely an empty seat in the room from the first welcoming words to the closing comments, which really tells you all you need to know about the success of the meeting.





BSGE ASM 2017

BSGE GALA DINNER

In the evening, BSGE members strolled through the cobbled streets of Hull's Old Town to the beautiful Guildhall for the annual Gala Dinner.

Guests sipped champagne, serenaded by a jazz duo before moving into the elegant dining room. With fantastic food, free flowing wine and extremely lively conversation, a wonderful time was had by all.





BSGE ASM 2017

BSGE COUNCIL MEMBERS

The results of the recent BSGE council elections were announced at the annual general meeting at the ASM in Hull.

It seems that despite Brexit, Trump and June's snap election, BSGE members haven't got election fatigue. There was lots of interest in the recent vote with Andrew Kent being announced as Treasurer, James McLaren as new Trainee rep and Wendy Rae Mitchell taking over as the Nurse and Paramedic Representative.

Fevzi Shakir, Chris Guyer, Arvind Vashisht and Natasha Waters were all elected to be Senior Reps, ensuring that the council is ready for the excitement, opportunities and challenges ahead.

President Dominic Byrne expressed his appreciation to those members leaving the council. Thomas Ind is stepping down as treasurer, having overseen a period of sustained financial growth and increasing stability at the BSGE. Thanking Thomas, Dominic described him as:

"Competent and hardworking, a safe pair of hands" adding that "thanks to him we can look the charity commission in the eye!"

Tyrone Carpenter is also stepping down after a successful tenure, leaving at a time when industry relations are stronger than ever. Lisa Ball is handing over the position of Guidelines representative, having recently completed a fantastic guideline on laparoscopy in pregnancy. Dominic joked that the guidelines had been very demanding:

"with a gestation that is longer than a baby's, but about to be delivered!"

Finally, Gill Smith is leaving the post of Nursing and Paramedic Chair. Saying goodbye, Dominic praised her ability to do a fantastic job at balancing the many demands of the role.





BSGE ASM 2017

PRIZES AT THE ASM

At every ASM, the BSGE hands out well over a thousand pounds in prizes. At the 2017 meeting, the gold award winners received a special edition Hull Monopoly to go with their cheque. The awards for video, oral, poster and video poster presentations are always hotly contested and this year was no different, with a very high standard of entries overall.

Abstract Prize Winners

Rebecca Mallick	Gold Oral Presentation Prize .. £200
Zahid Raza Khan	Silver Oral Presentation Prize .. £150
Sharleen Hapuarachi	Bronze Oral Presentation Prize .. £100
Shaheen Khazali	Gold Video Presentation Prize .. £200
Dipak Limbachia	Silver Video Presentation Prize .. £150
Keren Orly Huff	Bronze Video Presentation Prize .. £100
Oudai Ali	Gold Video Poster Presentation Prize .. £150
Nadine Di Donato	Silver Video Poster Presentation Prize .. £100
George Goumalatsos	Bronze Video Poster Presentation Prize £75
Marlin Mubarak	Gold Poster Presentation Prize .. £100
Melody Taheri	Silver Poster Presentation Prize £75

In the oral presentation category, Rebecca Mallick won gold and the £200 prize for her abstract on a single centre prospective study on Laparoscopic Myomectomy.

Shaheen Khazali was presented with the prized golden telescope award for his video presentation of a Laparoscopic Ureteroneocystostomy for intrinsic ureteric endometriosis – the value of the human robot. Dr Dipak Limbachia won the silver prize, having travelled from India to participate in the meeting.

The gold prize for the video poster was awarded to Oudai Ali for his presentation asking whether lighted stenting protects the ureters.

In the final section, Marlin Mubarak collected gold and £100 for the poster presentation "*Clinical outcome-based prospective study following Laparoscopic excision of deep infiltrating endometriosis.*"

BSGE Video Competition

The prize for the sixth BSGE video competition was announced and presented on the final day of the conference. Shaheen Khazali won in the Consultant category, receiving one year's free membership of the BSGE. Oliver O'Donovan, Angharad Jones and Nadine Di Donato all won in the trainee section, with Nadine being recognised for two of her video submissions. The trainees all received certificates plus £250.

Consultant Category

Shaheen Khazali

Trainee Category

Oliver O'Donovan

Nadine Di Donato

Angharad Jones

Nadine Di Donato





ASM 2018 EDINBURGH

As the curtain closes on ASM 2017, we can start to look forward to next year's meeting in beautiful Edinburgh. The conference will be held at the stunning Dynamic Earth centre from 9th-11th May, 2018.

The BSGE exists to improve standards, promote training and encourage the exchange of information in minimal access surgery techniques for women with gynaecological problems. With next year's meeting called 'Learning together to transform lives' it is the perfect opportunity to drive that ethos forward.

With a great meeting location, excellent transport links, fantastic accommodation and a wonderful Scottish welcome, Edinburgh is going to be an unforgettable setting for BSGE 2018.

The Scottish organising committee have put together a packed programme that includes state-of-the-art lectures, debates, educational demonstrations and research. There will also be four pre-congress masterclasses and plenty of social activities.

So, put the date in your diary and keep an eye on the website, @TheBSGE on Twitter and the BSGE Facebook page for more news and information on how to book your place. The Scope will be heading to Scotland in August to check out the venue (and catch some of The Fringe) so we'll report back with lots more details.





PORTFOLIO REPORTS

Treasurer's Report

It is with great sadness that I write this - my final report as Treasurer for the BSGE. It seems like yesterday that I was in Brighton at my first Annual Scientific Meeting as BSGE Treasurer. This time five years ago, I was having reservations as to what I had taken on. The Grand Hotel was trying to charge us for a pianist who was performing to a group of anthropologists in the hotel bar while we were having pre-conference drinks in the ballroom. This was one of many situations that day that resulted in Atia having to comfort me, as unexpected bill after unexpected bill was coming in. However, the conference was a success both academically and financially and proved to be a great start to my tenure. I was the man of little faith.

In Brighton, my then twelve-year old daughter (Emily) accompanied me. I did not realise that the role of Treasurer at a meeting was so onerous and she had to be left to her own devices if I was going to do my job. Everyone in the society took her under their wing and she was treated like a princess. Trainee after trainee entertained her, perhaps not realising she was only 12! The rep at the Aquillant Surgery stand took a liking to her and gave her a cuddly toy. Yes, only the BSGE could have a soft toy in the shape of a uterus with eyes and a mouth being given away at a stand. Emily named this toy 'Cuterus' which is a name that stuck. Now, if you google 'Cuterus' you will find the same cuddly toy that Emily named.

Since Brighton, we have gone from strength to strength. We have had Norwich, London, Cornwall and of course the most recent event in Hull, one of the best conferences ever.

Over the last five years the Society's bank balance has increased five-fold from £93,856 in 2011 to £452,849 in 2016. This has been accompanied by an increase in turnover and expenditure but we have provided a sound footing for the future. We have spent money on a modernised website; become associate members of the AAGL; contributed to the ESGE working party on leiomyosarcoma morcellation; developed a pilot laparoscopy hysterectomy project; given away over £100,000 in bursaries; developed further the BSGE endometriosis project; organised numerous meetings; supported the ESGE and the Journal; and been involved in too many other projects that I can either recall or would have room to mention.



For me, the highlights definitely do not include the day myself, Ertan Saridogan, Mark Whittaker, and Dominic Byrne volunteered to teach at the Oxford Anatomy course. Seeing the opportunity for an impromptu officers' meeting we huddled into a small room. What we did not realise is that the mortuary shut at 18.00 and it was the highest security cadaveric facility in the country. We were due to attend a college dinner in Oxford; Dominic and I risked missing it to spend the night trapped in a building with thirty-six freshly prepared dead bodies. Luckily Mark Whittaker led the escape committee and we broke out in time to attend the dinner.

I have had the privilege to serve as Treasurer under three Presidents and two Secretaries. I have also sat on council with so many council members that if I mention any I risk missing someone out. It is such a friendly society that I cannot give examples without offending those not cited but I am grateful to the kindness and support that I have received from everyone. Everyone knows what a star Atia is and it has been a privilege to work with her. I am certain that she is instrumental to the success of the society. She has not just been an employee of the society but also a wise counsel in so many ways. Atia, thank you.

Finally, I have to mention Lesley. She has been an absolute rock and will be a real asset to our future treasurer. She keeps our books, liaises with our accountants, helps with the Charity Commission returns, is the Treasurer's support, and so many other things.

When we look at the bank balance, we are rich, rich beyond our wildest dreams! However, the turnover of the society is so large that we have to remain prudent and ensure that our regular annual expenditure remains below our annual income. However, there will be an opportunity to spend some one off capital on charitable activity next year and this will be the creative part of the society.

It now just falls on me to congratulate our new Treasurer, Andrew Kent, on his appointment and wish him all the best for the future. I'm sure the role and the BSGE's funds are in very safe hands.

Thomas Ind

Outgoing Honorary Treasurer



PORTFOLIO REPORTS

Awards Portfolio

The recent round of awards and bursaries has been successfully completed with more than £6,000 allocated to a number of excellent complete applications. Funds were awarded for the BSGE Alan Gordon Travelling Fellowship, the BSGE Trainee Travelling Fellowship and the BSGE Bursary for courses and degrees. Unfortunately, this year there were no applications for the BSGE Paramedic, Nurses and GP Hysteroscopist Travelling Fellowship, in the future we plan to take measures to advertise better among paramedics, GPs and nurses to ensure the money does not go unspent. We also created awards to fund other courses, including BSGE/Ethicon scholarships, BSGE/Olympus scholarships and awards for the BSGE Laparoscopic Pelvic Cadaveric course.

We judged the Surgical Video Competition, the results of which can be seen in this issue of *The Scope*.

The awards cycle has been a great experience. There was tight competition for most of the awards and excellent applications from members who are passionate about endoscopic surgery. I would like to thank Tom Ind, Fevzi Shakir, Sameer Umranikar, Sanjay Vyas, Mark Whittaker and Saikat Banerjee for joining me for selections and assisting with the judging process.

In the future, we plan to launch the BSGE 'Key Hole Innovation' Awards. This will run in conjunction with Innovation forum Oxford. This is to promote innovation projects in all aspects of endoscopic surgery and link up with all stakeholders in the field, such as investors, patent specialist and start-up experts. It would support consultants, trainees, GPs, nurses and paramedics, indeed all BSGE members.

Kirana Arambage

Awards Portfolio Chair



Endometriosis Centres

The Endometriosis Centres project continues to gain momentum. The end of year data collection confirms that we currently have 51 accredited centres and 11 provisional centres for 2017.

Exemplar videos were introduced in 2016 and have now been embedded in accreditation. The accreditation process is evolving and a minimum of 10 hours Endo Clinical Nurse Specialist time per week will now be required for centre accreditation.

We have developed a joint meeting with the British Society of Gynaecological Imaging (BSGI) to be held in Surrey on 10th November, 2017. We will use this as an opportunity for those working in accredited and provisional centres to network and there will be a session to allow presentations from centres to showcase the work they are currently doing. This will be a fantastic opportunity for people to share ideas.

NICE have been in contact with us about their guideline on endometriosis. The centres will be featured within this, as they see them as an opportunity to deliver a specialist service nationally which could prove to be more cost effective and beneficial to patients.

There is hope that a publication relating to outcomes from data submitted over the last 5 years from accredited centres will be accepted for publication this year. I look forward to updating you on this both on the website and in a future edition of *The Scope*.

Chris Guyer

Endometriosis Centres Portfolio Chair





PORTFOLIO REPORTS

Guidelines

This will be my final report as the Guideline Portfolio Council Representative. It has been a challenging but very rewarding role. We have created the document "How to Write a Guideline" and compiled a directory of motivated future contributors, so that in future the process will be more straightforward and streamlined.

The BSGE guideline on Laparoscopy in Pregnancy is now very close to completion following a peer review process. We are liaising with RCOG, RCS, RCA with respect to adoption of the guidelines.

This year, we have also advised NICE on ESSURE and were involved with pre-grant work for the endometriosis app study. The BSGE survey showed that members really value the guidelines, placing guideline development at the top of their list of priorities. I wish my successor all the best in their future role and look forward to using the guidelines they create.

Elizabeth Ball
Guidelines Portfolio Chair



Laparoscopy Training

Laparoscopic training is one of the key functions of the BSGE. We successfully held the Benign Abdominal ATSM Course in September 2016, with eighty-one delegates, good feedback and profits made to continue training and education.



Preparations are already in progress for this year's event and the course details are almost finalised. It will run on 18-20th September and will comprise a two-day theory and one day practical course that covers the essential aspects of intermediate laparoscopic and open surgery.

The practical sessions on the third day will provide training on essential skills of equipment and stock management as well as video editing and hands on dry laboratory training under supervision of expert faculty. The delegates will be required to register for the third day separately.

This meeting is recognised for the 'Benign Abdominal Surgery: open and laparoscopic' and 'Advanced Laparoscopic Surgery for the excision of benign disease' Advanced Training Skills Modules (ATSM).

Keep an eye on the website for more details about the faculty, pricing and how to reserve your place.

Sameer Umranikar
Laparoscopy Training Portfolio Chair

Industry Relations

This is my final portfolio report for The Scope, as I step down to let another member take on this interesting and rewarding role. During my time in post I have seen the BSGE's relationship with industry develop and grow. Working symbiotically allows the society to stage first class scientific meetings as well as introduce the advanced training programme in laparoscopic hysterectomy supported by both Ethicon, Olympus and Storz.



The ASM in Hull was another big success. We ensured maximum possible sponsorship for meeting, and no more space was available. We also co-convened the BGSE / RCOG Symposium on Fibroids to provide additional income and diversify sources of income.

It now falls to me to hand over the job and wish Arvind Vashisht the next Industry Relations Portfolio Chair all the best.

Tyrone Carpenter
Industry Relations Portfolio Chair



PORTFOLIO REPORTS

Nurses and Paramedics

This is my final report.....the last three years have flown by. Looking back, it has been a time of enormous growth and evolution.

Nurse Hysteroscopists

As the number of practising Nurse Hysteroscopists continues to grow, the focus of the last three years has been around ensuring that practice is underpinned by continuing professional development with additional training and support for nurses performing outpatient treatments and developing a robust process for accreditation and re-accreditation.



Endometriosis Clinical Nurse Specialists

The Endometriosis Clinical Nurse Specialist role has become more established. The priority, over the last three years, has been around standardising and developing the role nationally, as well as ensuring an ongoing commitment to continuing professional development. We also aim to support research to compare the role to RCN framework.

Audits

During my time in the role I have performed and presented two national audits, surveying Nurse Hysteroscopists to assess how many are performing treatments, what treatments they are performing and what training they have undertaken and an audit establishing the national variations within the role of CNSs working in BSGE accredited Endometriosis Centres or Provisional Centres

Building on the national audit, Wendy Norton a Senior Lecturer in Health and Social Care (Sexual Health) at De Montfort University has secured research money to undertake a survey of the endometriosis CNS role in BSGE centres. The study will survey all the CNSs and then carry out more detailed telephone interviews with approximately 10 CNS with a range of experience in the role, to compare their role remit and the extent to which this matches the RCN CNS framework.

Caring for Women with Endometriosis – University of Surrey Module

There have been two successful modules, facilitated by Wendy Mitchell. With both groups eager to learn and share their knowledge. Wendy has now retired, however, she is planning to continue to support the module and nurse training.

With the growing success of the Clinical Nurse Specialist Conference 2017, with the conference rooms consistently full, the Nurse & Paramedic Portfolio is in good health, and I wish my successor all the very best in the future.

Gill Smith

Nurses and Paramedics Portfolio Chair



PORTFOLIO REPORTS

Research and Audit

It has been an exciting year for the BSGE in both research and audit. The BSGE Endometriosis Centres data set has been extensively re-analysed and redrafted by the Scientific Advisory Group. We have submitted the manuscript "Laparoscopic excision of deep rectovaginal endometriosis in BSGE Endometriosis Centres: A multicentre prospective cohort study of over 5,000 women" to BMJ open in May.

The publication of the world's biggest laparoscopic surgical series from our flagship collaborative BSGE Endometriosis project will have hugely positive reputational implications for the BSGE and will enhance our ability to seek research funding for ongoing research projects in advanced endometriosis surgery.

In audit, we developed and launched the innovative BSGE Surgical Information Collection System (BSGE SICS) at the ASM in Hull. This new system will enable members to collect operative data in a way that is useful for quality assurance, information for job appraisals and revalidation, as well as in supporting training and providing documentation. A longer report on BSGE SICS, including how to sign up to use the system, is included in this issue of The Scope.

T. Justin Clark

Research and Audit Portfolio Chair



Trainees

It has been one year since the RIGS group was formed at the conference in Cornwall, since then it has become an important and integral part of the BSGE. Following an election process, we have appointed 13 RIGS trainee regional representatives. The RIGS allows each representative to feedback concerns regarding training in their area. We plan to use this as a platform to improve training in each deanery.

We have completed the Laparoscopic training survey, the results of which have been forwarded to the RCOG trainee committee. We hope to further develop the RIGS laparoscopic course dependent on the needs of trainees.

The first RIGS Acute Gynaecology and Laparoscopic Suturing course took place earlier this year. The feedback has been extremely positive and we aim to develop courses with a similar structure through BSGE/RIGS locally at deanery level.

We have continued to support the RCOG with BSGE workshops at the Junior Doctors Careers Day and the Medical Students Day, helping to build awareness and improve communication with students and doctors embarking on their careers.

There was a RIGS Breakout Session at ASM on 19th May. We were able to update members on RIGS activities and receive and respond to feedback from all the trainee representatives.

Following successful election, Fevzi is now moving on to become a Senior Council representative. We'd like to thank him for all his hard work and welcome James McLaren as the new Trainee Representative.

Fevzi Shakir and Donna Ghosh

BSGE Trainee representatives



Fevzi Shakir



Donna Ghosh



LAUNCH OF BSGE SICS

The BSGE has made a big step forward in the collection and collation of surgical information.

Justin Clark, Chair of the Research and Audit Portfolio, together with 'tech whiz' Zahid Khan, launched a revolutionary new system at the ASM. The BSGE Surgical Information Collection System, is a registry for laparoscopic and hysteroscopic procedures and is known as BSGESICS for short.

Explaining the background for the innovation, Justin Clark said that feedback from the College and the Society confirmed that members appreciated guidelines, but that there was a recognised need to collect operative data in a way that was useful for quality assurance, information for job appraisals and revalidation, as well as to support training and provide documentation.

The project was a long time in the making, developing from a hysterectomy surgical information collection proforma produced by Justin Clark at the BSGE ASM in Norwich, back in 2014. Zahid Khan provided the technical skills and know-how to develop the platform and the electronic database. After pilots, feedback and revisions the system is now live.

What is BSGE SICS?

BSGE SICS is a secure, cloud-based database system for all gynaecological endoscopies. It can be accessed securely through BSGESICS.com and was described as easy and user-friendly even for the technologically clueless!



Justin Clark



Zahid Khan

Your home screen



LAUNCH OF BSGE SICS

Inputting the data is designed to be intuitive and the system will identify any common answers, so that there's no need to repeat yourself. Post-operative data can be added at a later stage and there is a live-chat option for support and advice.

Zahid reassured members that all data was safe, with a well-established and secure hosting service, data encryption at every stage and no patient identifiable data online. It utilises the Amazon web service which has proved to be reliable and resilient.

Information at your fingertips

The information can be accessed from any device or smart-phone and is designed to be intelligent, intuitive and adaptable. Users can generate reports based on safe appraisal and validation guidelines. Data can also be exported into an Excel spreadsheet for more sophisticated analysis.

BSGE benefits

BSGE SICS is a BSGE member exclusive benefit. Members can apply and will be approved by a council member, they will then be issued with a user name and password to get started. Apps are available for download at the App Store.

The system is still being fine-tuned and streamlined and both Justin and Zahid said that they would value feedback. Further information about BSGE SICS, including news on usage and updates will be posted on the website and in future editions of The Scope, so watch this space.



You're
secure



You're
connected



You're
supported

Choose your procedure

Add the details





BSGE/BSGI JOINT MEETING ON ENDOMETRIOSIS

The BSGE, together with the British Society for Gynaecological Imaging, are holding their first joint conference in November this year. The meeting will be held at Mercedes Benz World, in Surrey, on 10th and 11th November. It will explore contemporary topics in the imaging and management of endometriosis.

The Scope spoke to organiser Saikat Banerjee who, as a minimally invasive surgeon with a fellowship in scanning, has a foot in both camps.

"At the moment, scanning for endometriosis is very operator dependent.

The disease is always missed on ultrasound because it isn't looked for. In Europe, it is the method of choice. It's cost-effective but more than that it means that women have to face one surgery instead of two.

I want surgeons, scanners, GPs and nurses to attend so that we can all get a mutual understanding. We need to integrate the care. For a multi-disciplinary approach to work, we need to have multi-disciplinary meetings.

In my experience, ultrasound can be used not just to diagnose endometriosis, but also to stage the disease, so that the surgeon is able to properly plan the surgery and counsel the patient."

The meeting will cover:

- Non-invasive diagnosis and disease staging
- Presentation and discussion of new guidelines on the management of endometriosis

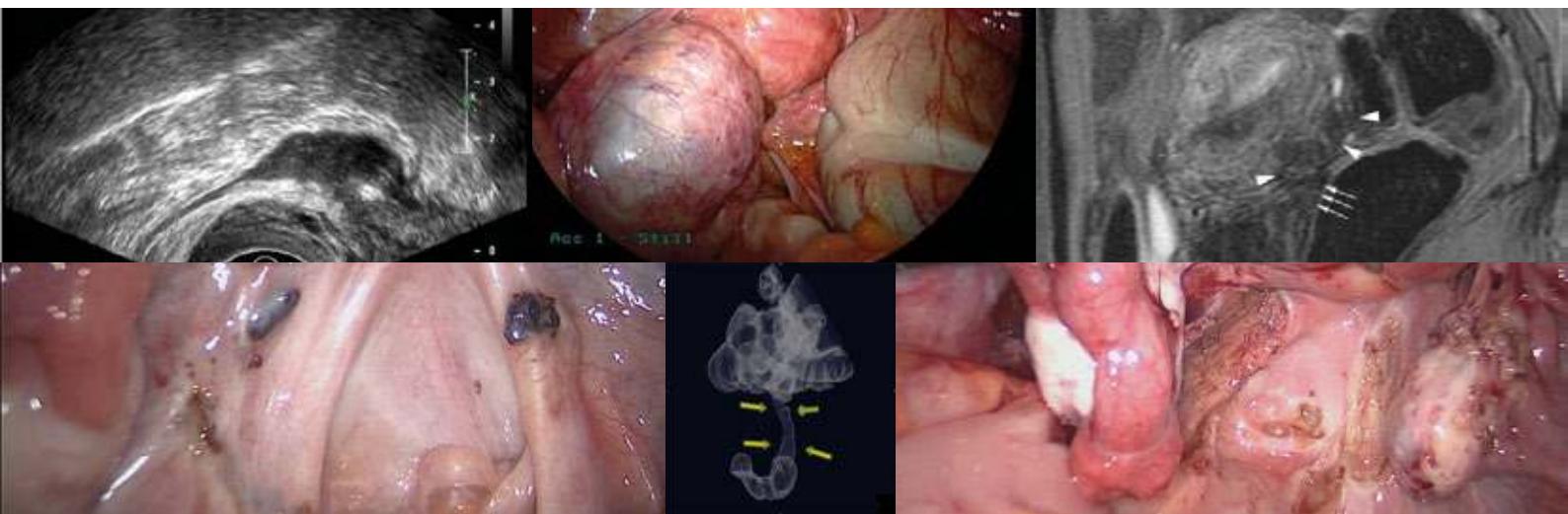
There will be a post-meeting half-day on the Saturday, with limited places. This will offer state-of-the-art ultrasound simulator training for the imaging of severe endometriosis and interpretation of MRI and CT scans. There will also be laparoscopic simulation.



Keep an eye on the [website](#), Twitter and Facebook for updates and news on how to book your place.



Saikat Banerjee



British Society for Gynaecological Imaging

www.bsgi.org.uk



BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

www.bsge.org.uk



NEUROPELVEOLOGY

ALAN GORDON TRAVELLING FELLOWSHIP REPORT

Shaheen Khazali reports on his formal training in Neuropelvology under the mentorship of Professor Marc Possover, at the International School of Neuropelvology. Part of his training was supported by the Allan Gordon Travelling fellowship. Shaheen said:

"I am very grateful for the BSGE's financial support through the Alan Gordon travelling fellowship. One more great reason to join the BSGE, if you haven't already"

Members can find out more information about all the awards and bursaries available on the [website](#).

What on earth are 12 gynaecologists from 5 continents doing in Viborg, Denmark, watching an operation on a paraplegic young man? He has the wrong chromosomes and the wrong condition for a gynaecologist! Have they gone completely crazy? They have flown from Brazil, Australia, the US, Turkey, India and Europe to be in this little Danish town for this. Some of them have spent 26 hours in the air and changed four flights. They are certainly not here to collect CPD points. I know many of them as opinion leaders and keynote speakers in the field of gynaecological endoscopy. When the paraplegic man's leg extends in response to the neurostimulator implanted on the femoral nerve, there is extended applause and then a meaningful silence. As if everyone is pondering. I know I am. I started studying neuropelvology to fill a very specific gap in my skills as an endometriosis surgeon. I was used to dealing with very severe endometriosis involving pelvic structures, including the bowel, bladder and the ureters and I was routinely exposing and preserving hypogastric nerves but I considered bigger nerves to be at a whole different level. I wanted to become confident in excising endometriosis invading or pressing on sciatic, femoral and sacral nerve roots. I had only read about endometriosis of sciatic nerve and then I saw chocolate material coming out of the sciatic nerve when I went to assist Professor Marc Possover in Zurich a couple of years ago. I had referred a lady to Marc who couldn't walk properly every time she had a period, not to mention the incredible shooting pains that she had and the difficulty in sitting. I went to Zurich for the procedure and only then I believed what I had read in Marc's publications! Isolated endometriosis of the sciatic nerve, when the rest of the pelvis is almost normal at laparoscopy.

Since then, I have been seeing an increasing number of pelvic pain patients who show signs and symptoms of sciatic or femoral or sacral nerve root involvement/entrapment. I am sure these patients were there before but I wasn't asking the right questions. I used to switch off when my patients started talking about their leg pains and problems sitting on a chair. I didn't

care how they walked into the room and whether they had an unusual gait, they should talk to an orthopaedic surgeon or a neurosurgeon about those problems, right? I never used to ask my patients about their vegetative symptoms, lack of energy, sweaty hands etc. I didn't know the relevance.

Many surgeons routinely perform oncological and endometriosis procedures, taking care not to sacrifice important pelvic nerves where possible but Neuropelvology reaches far beyond nerve-sparing surgery. It is the study of disorders of and surgery on nerves of the pelvis. This is a discipline in its infancy and currently we have many more questions than answers but I am convinced that it may be able to offer better understanding and effective treatment for many conditions. Vulvodynias, pelvic pain after mesh insertion and other pelvic procedures, overactive bladder, so called "idiopathic" chronic pelvic pain and even spinal cord injuries.

Dr. Jon Einarsson, from Harvard Medical School in Boston and the current AAGL president is also doing his level 2 with us. He tells me his take on Neuropelvology. He believes the discipline has opened new horizons and is dedicating courses in their next AAGL meeting to this field. Prof. Prashant Mangeshikar, the past president of the ISGE and a founding member and past president of APAGE calls it "magical". He was one of the first to pursue his studies in Neuropelvology and knows Marc from the early 90s. He tells me how Neuropelvology can fill in the gaps in our knowledge to help many of those patients with chronic pelvic pain that we used to categorise as idiopathic or psychogenic.

When the ISON (International Society of Neuropelvology) was founded in 2014, Professor Possover set up a formal training program which was just what I needed. There are 3 levels. The first level is torture and delight at the same time (sounds a bit like 'Fifty Shades of Grey' which I haven't read by the way!). I had to learn neuroanatomy and neurophysiology which I tried to avoid during medical school. For level 1, I had to learn about spinal cord injury and schwannomas. I don't even know how to spell the latter and had to google it. The sources are Marc's textbook on Neuropelvology and tens of lectures that you can



Shaheen Khazali

watch online. There is a very difficult exam at the end of it and you can't cheat because it is timed and because cheating is wrong.

I went to Denmark for the second level. "LION's procedure and nerve sparing surgery". The first two days were dedicated to 4 live surgery cases of LION's procedure (Laparoscopic Implantation of Neuroprosthesis) on paraplegic patients, where we learnt how to find the femoral nerve, the lumbosacral trunk, the sciatic nerve, the pudendal nerve and so on. This was in Viborg, which is a town in western Denmark with an impressive centre for spinal cord injury.

We then travelled to Aarhus for the rest of the program. On the third day, we had series of lectures on anatomy, neurophysiology, neuropharmacology and a couple of lectures by Professor Possover and Professor Forman on nerve entrapments and LION procedure. We also watched another live case of release of vascular nerve entrapment.

The last day was dedicated to cadaveric pelvic nerve dissection. The facilities were clean and uncluttered. It was so clean and shiny and odourless that I probably wouldn't have objected to having the food served in the dissection room to be able to spend some more time playing with the nerves! The anatomists had taken out the bowel and the thawing of the fresh cadavers had been done in a way that everything was incredibly similar to a live patient. Each pair of us had a cadaver, meaning each of us had one side of the pelvis to dissect the femoral, sciatic, sacral nerve roots, splanchnic nerves, pudendal nerve and more.

On the way back to London, I was thinking about the LION's procedure and its potential life changing effects for paraplegic patients. The idea is that with these neurostimulators, patients can stand up with help. They will build up muscle mass, avoid pressure ulcers and osteoporosis and have significant improvement in their overactive bladder. Up to this point, it is sort of understandable and possible to digest. The extraordinary thing is that Marc recently published a report on 18 of his patients, who can now walk with crutches with neurostimulation and six of them can walk several meters (best of series



Professor Possover demonstrating how far a finger can reach on the anterior surface of the sacrum during a neuropelvic examination



Our first experience with sciatic nerve dissection for endometriosis at CEMIG, Chertsey, UK in April 2017. The structure that scissors are pushing laterally to the left is the left sciatic nerve. The left pudendal nerve would be just behind the Johann's in this picture. This young lady had clear sciatica on the left. She also had a very large rectovaginal endometriotic nodule involving the sacral nerve roots and pushing on the left sciatic. It was also invading into and visible from vagina. She had suicidal ideation from the extreme neuropathic pain despite maximum dose of strong analgesia and neuromodulators. She had "Erythema ab igne" which is a word I learnt today! meaning blotching from constant use of hot water bottles. Just 8 days post op, when our CNS called her, she was in a nail saloon and off all analgesia. She remains completely pain free.



Ahmet Kale (Turkey), Taner Usta (Turkey), Prashant Mangeshikar (India), Shaheen Khazali (UK), Soyini Howkins (US), Vito Chiantera (Italy), Jon Einarsson (US), Axel Forman (Denmark), Danny Chou (Australia), Cesar Britto (Brazil)

400m) without the help of the neurostimulator. Yes, without. How? There are some potential explanations but we don't really know how the spinal cord injury site is being bypassed.

If you are thinking this sounds too good to be true, you are not alone. Had I heard this from anyone else, I would have immediately ignored them and put them in the voodoo doctor/healer category. Prof. Vito Chiantera has known Marc for 15 years or so and has previously worked with him in Cologne. Vito said:

"I know it is difficult to believe but I can't unsee what I have seen with my own eyes. I have been involved in the first ones of this series."

Everybody, including Marc himself, agrees that we need more data. That we need animal studies and we need a plausible explanation for this phenomenon. That is why Aarhus University is now about to start a randomised controlled trial with 30 paraplegic patients in three arms. One group will have the LION's procedure, another will have external stimulation of the muscles and the third group will continue with the usual care. Dr. Soren Elmgreen, a neurologist at Viborg Centre for Spinal Cord Injuries, is doing his PhD on this subject. Professor Axel Forman from Aarhus University and the Vice President of the International Society of Neuropelvology explained to me why the spinal cord injury centre in Viborg and the University of Aarhus is a very suitable home for this trial. I really hope that this RCT can verify Marc's findings. I will be eagerly waiting to see the preliminary results.

For me, the Denmark trip was more than a workshop. I learnt a lot and got more than I bargained for. I made great new friends from across the globe, all at the top of their games, who shared my passion. We had lots of fun and drank and ate, perhaps a bit too much. But above all, it was a thought provoking trip for me. I look forward to multiple day-trips to Zurich during the coming months to learn more.



Right knee extension just after laparoscopic implantation of neuromodulation in a paraplegic man



THE SCOPE MEETS... ARNAUD WATTIEZ

The Scope were privileged to talk to French endoscopic surgeon, Arnaud Wattiez, former President of the ESGE, ahead of his inspiring presentation to delegates at the ASM.

His English is impeccable now, with an irrepressible French flair, but that wasn't always the case. We chatted about everything from Lap Hysts to language problems and surgical egos...

About his English he joked: I did my fellowship in California and for the first six months it was more about learning English than learning surgery. With time, I became known as the only French endoscopic surgeon with any mastery of the language, so I was invited to speak at many meetings and conferences. Even if my speech was not clear, I think people thought, "This guy is so smart, I don't understand what he says" – I think my language helped to build my career!

The Scope: The theme for this year's meeting is "Where we are now and where we are going." Can you tell us your take on "where we were before?"

In my time as a surgeon I have seen big changes. Laparoscopy is not a new technique, from diagnostic laparoscopy in the forties to the first try for operative laparoscopy by Kurt Semm in the sixties. In the seventies, they were visualising ovarian abscesses and in '73 ectopic pregnancy. So, this is not a recent technique, but what is recent is that now we really do surgery. And to come to that point, it takes time and we have had to front lots of obstacles.

From the seventies until 1988, which was a very important date in the development of laparoscopy, we were not doing surgery. We were observing, moving, stretching, coagulating a little bit - but that's it. We had to wait until Harry Reich's first hysterectomy in 1988 to understand that we were able to control major vessels. We were not able to dissect them but the fear we had of big vessels disappeared. So, I think that 1988 was a major revolution, all the rest is an evolution. Now we move from hysterectomy, to radical hysterectomy, to prolapses and endometriosis. But before 1988, people were saying that you cannot learn surgery by laparoscopy, you have to get trained traditionally and then move to laparoscopy. Today, because of all the work that has been done, we know that we can learn all surgery by laparoscopy and probably even better than we did by laparotomy.

The first laparoscopic removal of the gall bladder was performed at around the same time, in 1988.

In three years, almost a hundred percent of gallbladders were done laparoscopically. Why are we different? It's a little like the adoption curve: you have the early innovators which are 2.5% of the population, then the first adopters which make up about 13.5%, then you have the early and late majority and then the rest lagging behind! It's the same with iPhones and with surgery; to get to the early majority you need to get to 15-18% adoption. This happened with gallbladder surgery, it moved to early majority quickly, probably 40% in the first year. **The people who did not adopt laparoscopic cholecystectomies were out of a job within three years. If you compare this with hysterectomy or even something as simple as ectopic pregnancy, you will see a much slower trend. Why?**

There are some big discrepancies. Most general surgeons only do laparoscopic gallbladders. We gynaecologists were the first, and now we are almost the last. We are slow to adopt.

The Scope: What about endometriosis surgery in particular?

On the subject of endometriosis surgery, I think we have made a lot of improvements, but there are still a lot of limitations. The improvements we have made are very clear now, we know what to do. Now we know that excision is much better than coagulation or ablation. Excision should be the rule for the peritoneal implant, for the ovary, for the bladder and for the bowel too. **And so, if we still have the discussion on the bowel shaving versus discoid versus resection, it is just because we are gynaecologists. If we were colorectal surgeons we would just do segmental bowel resections and wouldn't take years to understand this is the best treatment. If you look at the teams that work with the colorectal surgeons, they do a lot of resections, something like 94% in some cases. In my team, we do 19% segmental bowel resections, because we choose our cases.**

We do economical radicalism. We were talking twenty years ago about post-op bowel dysfunction after resection for benign endo. We have adjusted it to do an economical resection. You make a 5cm resection, you leave the normal sigmoid. The patient has perfect follow up, perfect function – they have some constipation for a few weeks because of the denervation, but that's it.





THE SCOPE MEETS... ARNAUD WATTIEZ



Left to right: Nadine Di-Donato, Arnaud Wattiez, Karolina Afors, Suzi Hutt, Shaheen Khazali

We come to this economical radicalism in everything, including the ovary, because probably the most important discussion recently has been about the ovarian reserves. We know that we were very destructive towards ovarian reserves, so we became a little bit more protective to the ovary. Cystectomy should be done very meticulously.

We talk about doing more and more, but doing more and more surgery is sometimes about the hypertrophy of the surgical ego rather than the patient. The fact that we can do something doesn't mean that we should. It worries me that some surgeons do extremely extensive nerve dissections showing all the sacral nerve roots for a very small endometriotic nodule. We are extremely efficient in pain and fertility but we should not destroy these good results. People like me have to raise our voice and say no more. This is crazy!

I find that I am now seeing more severe disease in endometriosis, and in younger patients. There is no epidemiological data, but that is my impression. This poses a problem because we address more and more pain and less infertility. Now we are dealing with pain and preservation of fertility in these young patients. The main factor of the recurrence rate after surgery is the age, so if you treat a patient with surgery by 24, the risk of recurrence is very high. Even if you are good.

The Scope: What would you say to our younger colleagues?

My message to younger gynaecologists is very simple. **Nowadays you cannot be a gynaecologist without laparoscopy. This is not a choice.** In laparoscopy, the devil is in the detail. Very simple things make your life difficult and miserable, so you need to know more than we did when we were doing laparotomy. More anatomy, more detail because now you don't look from outside. You'll only recognise what you know. This requires special training, but first you need the knowledge, and this is easy to acquire. You can go on the internet, watch videos, learn the anatomy on video, learn the energy from books and gain the suturing techniques on boxes. You do not need to be in the operating room to get your knowledge - but then after you need to understand. The passage from knowledge to understanding requires a mentor. The BSGE is perfectly placed to train mentors. Surgical education is not only surgical science; it is much more. You need to know why you do something. If you know and understand why, you will do it. Training, knowledge and time are important, it takes a lot of time.

The Scope was grateful to Prof. Wattiez for sharing his time as well as his wit, wisdom and charm with BSGE members.



JOIN OUR FACEBOOK

The BSGE is striding ahead on social media, first on [Twitter](#) at [@TheBSGE](#), and now **Tereza Indrielle-Kelly** has set up a new closed [Facebook](#) group for BSGE members. In less than two weeks it has already swelled to a group of nearly a hundred and the board has been very active with events, clinical conundrums and videos being shared, opinions being aired and subjects being debated.

The page is for BSGE members together with carefully chosen and vetted international experts. To ensure security, anyone keen to join will need to click on the link and have their application okayed before gaining access. There are only two rules: **No patient identifiers and No politics**. The debate should be relevant and professional. So, sign in and sign on to join the discussion.



Tereza Indrielle-Kelly



Make sure you review your Facebook privacy settings first.

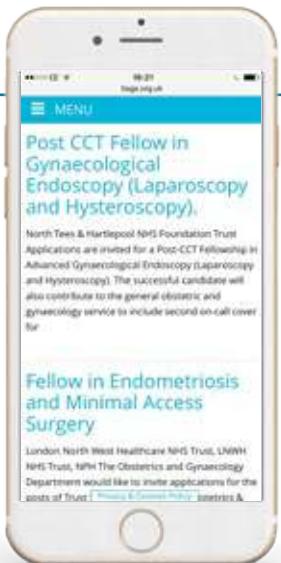


FIND JOB VACANCIES ON THE BSGE WEBSITE

The Job section of the website is designed for members to advertise fellowships and other positions. Keep an eye on this page for vacancies and also to publicise jobs for the BSGE membership to see and apply. Here is a recently added advert. By posting the position online and in The Scope, the advert will be seen by thousands of BSGE members and casual clickers alike.

The BSGE are seeking applications for one Assistant Editor and two members for the Editorial board of the journal "Gynecological Surgery".

The successful applicants will represent the BSGE on the board of the journal and will work with other Editorial board members from Europe. BSGE President Dominic Byrne said that he hoped talented academics within the membership would be inspired to take on these important roles and work to further build the quality and status of the journal 'Gynecological Surgery'. If you are interested in this role, log in to find out more details on the [Job](#) section of the BSGE website. Submit the application by email to the BSGE Secretariat, Atia Khan at bsge@rcog.org.uk by 5pm on Friday, 30th June 2017.





VIDEO LIBRARY

NEW VIDEOS ADDED TO THE VIDEO LIBRARY

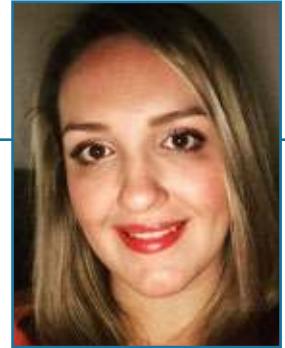
Suzi Hutt is heading up the video library for the Webcomms Team.

Speaking to The Scope she said:

"We are working to make the video library more interactive. Video is a great way to learn about technique, whether it's good, bad or something new. We always encourage new submissions, so please get your videos in.

A new innovation is going to be a regular 'Editor's Choice' which will be awarded monthly to one video to drive discussion and get people involved. You can watch, submit and comment on videos [here](#).

This month we are sharing videos that were presented at the ASM 2017 in Hull. So, log on to watch the winners, as well as the other submissions."



Suzi Hutt

Hull oral video presentations

- Value of two stage uterine suspension in surgery for deep infiltrating endometriosis invading the vagina
Nadine Di Donato
- Laparoscopic management of large multiple parasitic fibroids – morcellation in the bag
Ilyas Arshad
- A Video presentation on the use of and laparoscopic insertion and removal of abdominal cervical cerclages
Oliver O'Donovan
- Laparoscopic ureteroneocystostomy for intrinsic ureteric endometriosis – the value of the human robot
Shaheen Khazali, Winner of the Golden Laparoscope
- Complications of laparoscopy – a decade of experience
Dipak Limbachia
- Laparoscopic repair of bowel injury during laparoscopic myomectomy
Theo Manias
- Laparoscopic retrieval of a foreign body (broken surgical knife) from retroperitoneal space. An interesting case
Dipak Limbachia, Silver prize winner

- Laparoscopic cervical cerclage – technique by using GORETEX suture and Stamey needle
Nadine Di Donato, Silver prize winner
- Surgical management of large parasitic fibroid by pre-operative embolisation and laparoscopic myomectomy – a case report
Theo Manias
- The almost ureteroneocystostomy – intrinsic vs extrinsic endometriosis
Suzi Hutt
- Tips and tricks for segmental bowel resection in deep infiltrating endometriosis
Nadine Di Donato
- A 13 cm pelvic mass – how to avoid a large scar
George Goumalatsos, Bronze prize winner
- Subtotal hysterectomy for the very large uterus; a technical video
Rebecca Mallick
- Laparoscopic reversal of sterilisation
Dipak Limbachia
- Pregnancy in a non-communicating rudimentary horn. Discussion of diagnosis and laparoscopic management based on our case report
Ahmed Zaima
- Laparoscopic removal of TVT mesh extrusion from the bladder neck
Ilyas Arshad
- Does performing endometrial ablation prior to hysteroscopic sterilisation increased the chance of tubal perforation
Clare Marsh
- Laparoscopic removal of periurethral fibroid
Ilyas Arshad

Hull video posters

- Laparoscopically assisted, ultrasound guided evacuation of caesarean scar pregnancy
Benjamin Manchester
- Hysterectomy tips and tricks when huge uterus and fibroids
Nadine Di Donato



VIDEO LIBRARY

- Does lighted stenting protect the ureters. Ureteric injury despite prophylactic catheterisation of ureters with illuminating stents during laparoscopic hysterectomy for big fibroid uterus
Oudai Ali
- Intracorporeal suturing to repair a serosal bowel injury following uterine perforation during transcervical resection of fibroid in a patient with Crohn's disease
Ian Simpson
- Surgical management of interstitial ectopic pregnancy using Modified Palmer's Point (MPP) and Modified Dillons; Infiltration (MDI) – A series of 6 cases
Visha Tailor
- Hysterectomy with thunderbeat and importance of skeletonization of pelvic structures
Shaheen Khazali
- The value of articulating Enseal in single access laparoscopic hysterectomy, illustration of technique and demonstration of benefit in well selected cases
Oudai Ali
- Malignant transformation in ovarian mature cystic teratoma; intraoperative findings
Zahid Khan
- Ovarian fibroma; laparoscopic features, tips for retrieval of solid masses in laparoscopy
Zahid Khan

- Illustration of the benefit of temporary ureteric stents in ureterolysis; Case of hysterectomy with severe adhesions and big retroperitoneal cervical fibroid
Oudai Ali, Gold prize winner
- Laparoscopic management of big ovarian mass via single access; demonstrating the technique
Oudai Ali

Forum

The new interactive BSGE forum was launched in 2016, but even the most loyal webcomms team member would have to admit that it has had tumbleweed blowing across it ever since! **Suruchi Pandey** spoke to The Scope to try and increase participation.

"The forum will only work if members click on it. The BSGE has a uniquely talented and informed membership. We need to share this wealth of knowledge and experience with other members. Please ask questions, click regularly to see the hot topics of debate and get involved."

The forum requires your log-in to access and will not be open to the general public or the media. If you'd like to discuss these thorny issues, or if you've got something else on your mind just [click here](#) log in and get talking today.





ENDOMETRIOSIS CNS NEWS

Endometriosis specialist nurse Liz Bruen contacted The Scope to let members know about a couple of exciting new developments.

The Endometriosis CNS have set up a Facebook forum to provide support and information for all endo nurses, as well as offering a place to share experiences.

All are welcome to join, so [click here](#) and join the discussion.



SPONSORED CYCLE RIDE PLANNED FROM THE RCOG TO ASM 2018

Plans are afoot to cycle from RCOG London to arrive at BSGE ASM Edinburgh 2018 to raise funds for Endometriosis UK.

We are looking for fellow cyclists and fundraisers to be involved.

Please email Lutfi.shamsuddin@wales.nhs.uk to express interest!!

More information will follow in the next issue of The Scope and on the BSGE website.





UPCOMING EVENTS AND MEETINGS

Whether they're at home or away, Nadine di Donato has compiled a list of the meetings that matter. Now all you need to do is book your study leave.



Nadine di Donato

(The Asia Pacific Association for gynecologic endoscopy and Minimally invasive therapy) Workshop - Endometriosis: Clean & Clear (Cadaveric Hands-on)

23 Aug-25 Aug 2017

Thai – German Multidisciplinary Endoscopic Training Center 8th floor, Juthaduch Building, Siriraj Hospital, Bangkok, Thailand

<http://www.apagemit.com>

SLS Minimally Invasive Surgery Week 2017 Annual Meeting

6-9 September 2017

San Francisco, CA 94102 United States

<http://sls.org/>

Endometriosis 2017 From diagnosis to medical and surgical management: a stocktaking international experts' meeting

September 14-16, 2017

Castel dell'Ovo - Naples (Italy)

<http://www.endometriosis2017.com/>

RCOG/BSGE Benign Abdominal Surgery

18 September-20th September 2017

RCOG, London

ESGE 26th ANNUAL CONGRESS

18-21 October 2017-03-27

ANTALYA, TURKEY

<http://www.esge.org/annual-congress/>

BSGE/BSGI Meeting on Endometriosis

10th November 2017

Mercedes-Benz World, Surrey

46th AAGL Global Congress on MIGS

November 12-16 2017

Gaylord National Resort and Convention Center

National Harbor, Maryland, Washington, DC

<https://www.aagl.org/c4a/>

RCOG/BSGE Course on Diagnostic and Operative Hysteroscopy

28th November – 30th November, 2017

RCOG, London

The 25th World Congress on Controversies in Obstetrics, Gynecology & Infertility (COGI)

November 30 – December 2, 2017

Vienna, Austria

<http://cogi-congress.org/>





REPORT FROM RCOG WORLD CONGRESS 2017 IN CAPE TOWN

More than 2,300 delegates from 77 countries packed into the Cape Town International Convention Centre for the Royal College of Obstetricians and Gynaecologists (RCOG) World Congress in March this year. In excess of 155 internationally renowned experts presented at the annual event on a wide range of issues affecting women's healthcare globally. The cutting edge scientific programme, saw experts share the latest developments, current challenges and new technologies in their fields.

Opening her first Congress as President of the RCOG, Professor Lesley Regan said many of the priorities that she wants to achieve during her time in office are reflected in the Congress programme.

"Our commitment to providing high-quality care across the life course, from adolescence, through the reproductive and childbearing era, and then to women's post-reproductive years, will be reflected in the enormous diversity of topics represented over the next three days."

One of the congress highlights included the live streaming of laparoscopic surgeries from the Chris Barnard Memorial Hospital in Cape Town and the bestowal of the RCOG Fellowship Award on Her Excellency, the First Lady of Kenya, Margaret Keyatta. The First Lady received this honorary accolade for her efforts to reduce maternal and child mortality in Kenya.

The RCOG World Congress 2018 will take place in Singapore from 22 to 24 March.

For more information, please visit www.rcog2018.com



Some of the BSGE members enjoying the sunset at the beautiful Camps Bay – after a busy day at the conference of course! Left to right: Renata Hutt, Rebecca Mallick, Bronwyn Middleton Bell, Kirsty McKiddie, Lou Melson, Shaheen Khazali, Michael Adamczyk, Suzi Hutt



NOTEWORTHY ARTICLES

If work, play and the ASM mean that you've been falling behind on your reading, don't panic. New webcomms team member Rebecca Mallick has ploughed through the journals and picked out some key articles to interest and inspire you.

- King S et al. Laparoscopic uterovaginal prolapse surgery in the elderly: feasibility and outcomes. *Gynecol Surg*. 2017;14(1):2. Interesting retrospective review assessing patient outcomes in the elderly population following laparoscopic prolapse surgery.
<http://link.springer.com/article/10.1186/s10397-017-1000-x>
- Meurs E et al. Comparison of Morcellation Techniques at time of Laparoscopic Hysterectomy and Myomectomy. *JMIG* 2017. (Epub ahead of print)
Hot topic surrounding morcellation techniques.
[http://www.jmig.org/article/S1553-4650\(17\)30289-3/fulltext](http://www.jmig.org/article/S1553-4650(17)30289-3/fulltext)
- Pundir et al. Laparoscopic excision versus ablation for endometriosis-associated pain – Updated systematic review and meta-analysis. *JMIG* 2017. (Epub ahead of print)
Noteworthy, high quality meta-analysis reviewing the controversial topic of ablation versus excision in the treatment of endometriosis.
[http://www.jmig.org/article/S1553-4650\(17\)30263-7/fulltext](http://www.jmig.org/article/S1553-4650(17)30263-7/fulltext)
- Mehta A et al. Patient, surgeon, and hospital disparities associated with benign hysterectomy approach and perioperative complications. *Am J Obstet Gynecol* 2017;216:497.e1-10.
Interesting article assessing the effects of patient and hospital demographics and operative techniques on peri-operative outcomes in a large study of 5660 patients undergoing a hysterectomy.
[http://www.ajog.org/article/S0002-9378\(16\)46209-5/pdfSummary](http://www.ajog.org/article/S0002-9378(16)46209-5/pdfSummary)
- Possover M. Five-year follow-up after laparoscopic large nerve resection for deep infiltrating sciatic nerve endometriosis. *JMIG* 2017, doi: 10.1016/j.jmig.2017.02.027.
Large case series from a tertiary specialist centre on the outcomes following surgical resection of sciatic nerve endometriosis.
[http://www.jmig.org/article/S1553-4650\(17\)30260-1/pdf](http://www.jmig.org/article/S1553-4650(17)30260-1/pdf)
- Ripperda CM et al. Anatomic relationships of the pelvic autonomic nervous system in female cadavers: clinical applications to pelvic surgery. *Am J Obstet Gynecol* 2017;216:388.e1-7
Fascinating anatomical article detailing the pelvic autonomic system and useful surgical landmarks using cadaveric specimens. Must read for all pelvic surgeons.
[http://www.ajog.org/article/S0002-9378\(16\)32171-8/pdf](http://www.ajog.org/article/S0002-9378(16)32171-8/pdf)
- Hoo W-L, Hardcastle R, Louden K. Management of endometriosis-related pelvic pain. *The Obstetrician & Gynaecologist* 2017;19:131–8. DOI:10.1111/tog.12375
Useful review article on the management of endometriosis. Must read for trainees and those preparing for the MRCOG.
<http://onlinelibrary.wiley.com/doi/10.1111/tog.12375/full>
- Bean E et al. Laparoscopic Myomectomy: A Single-center Retrospective Review of 514 Patients. *JMIG* 2017;24 (3) 485 – 493
Large case series published from the UK assessing intra-operative and post-operative outcomes following laparoscopic myomectomy.
[http://www.jmig.org/article/S1553-4650\(17\)30042-0/fulltext](http://www.jmig.org/article/S1553-4650(17)30042-0/fulltext)



Rebecca Mallick



OBITUARY

A sad farewell to Professor John Newton.

Past BSGE president Professor John Richard Newton passed away after a long illness on 11th March 2017 at the age of 79. He was Emeritus Lawson Tate Professor of Obstetrics and Gynaecology at Birmingham University from 1979 to 2000. Alan Gordon shared this obituary.

John obtained his MBBS from London University in 1962 having trained at Barts, and his MD in 1972. He passed his MRCOG examination in 1967 and was elected FRCOG in 1980. He was a Foundation Member of the Faculty of Family Planning and Reproductive Health Care and was awarded Honorary Fellowship in 2002. He was also LLM from Cardiff University in Law related to Medical Practice. He published over 200 peer reviewed papers in addition to numerous other papers, chapters in books and six books of his own.

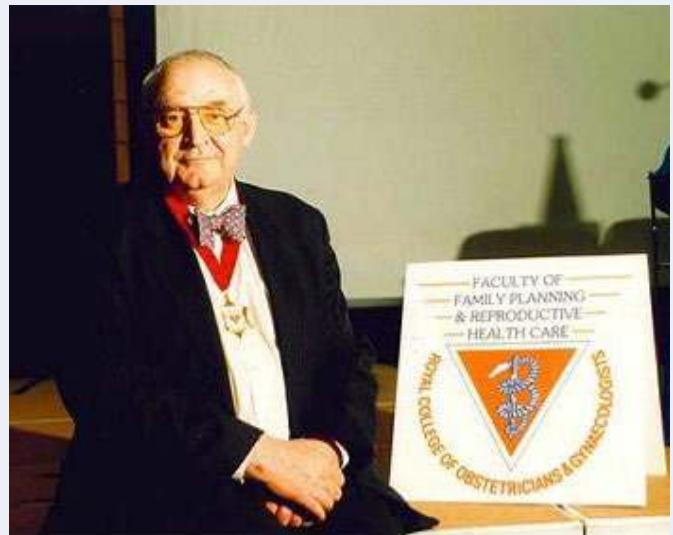
His research has mainly been in human reproduction, minimal access surgery and medico-legal aspects of gynaecological practice. He was also involved in undergraduate education and was Assistant Dean from 1979 to 1989.

In addition to a busy clinical practice, he served on a number of committees. He was an elected Member of the RCOG Council, Honorary Secretary of the British Fertility Society, a Foundation Member and Former President of the BSGE and served on committees for the ESGE, ISGE and WHO.

John retired from his University commitments in 2000 but stayed busy, acting as visiting Professor at the University of Surrey where he was on the Faculty of the MSc in Advanced Endoscopic Surgery.

In spite of his heavy work-load, he remained a practical gynaecologist. Nothing gave him more pleasure than teaching gynaecological surgery or working with the Faculty of Family Planning. He was a meticulous administrator who will be remembered for his kindness, hard work and his involvement in family planning and endoscopic surgery. John continued to carry out committee work even though he officially 'retired' nearly 20 years ago.

He leaves his wife, Tricia, his two daughters and their children. A third child, Simon, sadly predeceased him at the age of six. Until ill health curtailed his activities, he enjoyed skiing, sailing, walking in the English Lake District and being with his friends beside the sea at Sandbanks. He was an avid reader, mainly of historical books, and enjoyed life with his family and friends and, of course, his two daschunds.



Jeremy Wright also shared his memories of John's influential involvement with the BSGE:

"John was very active in the Society and was president over the time I was treasurer. At that time the society was moving from a 'club' of interested people, to a society with significant assets, but the affairs of the society and its accounts were in some disarray. With his organisational skills and legal knowledge (He qualified LLB) he reformulated the constitution of the society and guided it toward charity status, something that we achieved together. He brought the society into the international arena being the organising chairman for both a meeting of the European and the International Gynaecological Endoscopy meetings, so he is owed a great debt by the society whose success is in no small part due to his industry. He was a formidable committee man."

On a lighter note, he was responsible for the design of the BSGE tie, including the bow tie which was his trade mark neck apparel. He also used his contacts in the Birmingham jewellery quarter to have the president's medal and the past president's miniature medal caste. So, his memory lives on whenever it is worn.



BSGE WEB/COMMS TEAM



Shaheen Khazali
Editor



Jane Gilbert
Assistant Editor



Atia Khan
News/Admin



Pille Pargmae
Social media



Donna Ghosh
Trainees



Rebecca Mallick
Noteworthy Articles



Suzi Hutt
Video Library



Zahid Khan
Technology



**Tereza
Indrielle-Kelly**
Facebook



**Nadine
Di Donato**
Events



Tom Holland
Opinion



James McLaren
Trainees



BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

Contact Information

Correspondence address:

BSGE Secretariat, Royal College of Obstetricians & Gynaecologists,
27 Sussex Place, Regent's Park, London NW1 4RG

Tel: 0207 7726474 **Fax:** 0207 7726410 **Email:** bsge@rcog.org.uk



www.bsge.org.uk