THE SCOPE

Newsletter of the British Society for Gynaecological Endoscopy

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Issue 25 | Autumn 2024

BSGE

BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

Welcome

Dear colleagues and fellow BSGE members

Message from the Editor

Welcome to the end of Summer 2024 edition of The Scope with your new team of BSGE council. Firstly, I must extend a huge thank you and sad goodbye to our fantastic past Editor Jimi Odejimini who has worked tirelessly over the past 6 years to deliver high-quality Scope publications. Jimi has set the bar at such a high level; I hope I can learn the ropes quickly and emulate his informative and entertaining editing style. Another thank you goes to Jane Gilbert in recognition for her non-stop work, essential organisation skills and impeccable attention to detail in getting each edition ready for publication. I am looking forward to working with Jane and everyone in the WebComms team to create quality, interesting and engaging content for our BSGE member community.

In this issue we reflect on highlights of the fabulous ASM 2024 hosted in Belfast, meet the newly elected BSGE council members, including our new President Arvind Vashisht, and learn about his pledges for the next 2 years.

Belfast ASM 2024 was a focal point for me this year. It was great to see so many familiar faces, and meet new people, including many enthusiastic trainees attending the BSGE for the first time. The keynote lecture from Professor Joe Amaral was inspirational, focussing on "The Surgeon Gynaecologist as an Innovator". I was in awe of the talks from Ruth Duffy and Mr Jim McGuigan who recounted their experiences of the Troubles. I found myself reflecting on their stories as I took the tourist "hop on, hop off" bus around Belfast in the days following the ASM. The gala dinner at the impressive Titanic Museum was so entertaining, I only wish it had lasted longer! I don't think I have ever learned so much history at a medical conference as I did in Belfast.

Congratulations to all the riders who completed the annual BSGE bike ride in aid of Endo UK. It was wonderful to see this tradition continued with the finishers arriving at the ASM welcome drinks to a well-deserved round of applause and cold beverage. In this issue we hear from the bike ride organiser Edward Harrison and learn plans for the bike ride for the ASM 2025. I hope it'll inspire more members to dust off their Lycra and dig deep for such a worthy cause. With the theme as "Bringing new skills to your armoury" perhaps those new to the sport could arrive in Leeds 2025 with a brand-new skill?

Talking of ASM 2025, Jane Gilbert reports from the Leeds organising committee to learn more about their exciting plans, both educational and social. The sneak peek video presentation we viewed in Belfast showcased the highlights we have to look forward to. Leeds promises to live up to recent ASMs, which have all been such high-quality events and memorable meetings of friends and colleagues from all over the world. Make sure to stay up to date with deadlines for abstract submission and early-bird registration rates.

Keeping endometriosis awareness at the forefront of our priorities, members of Cambridge University Hospital shared their experience of delivering a successful educational day. Their efforts tie in with the recently published NCEPOD executive summary, which reviewed the quality of care provided to adult patients diagnosed with endometriosis. The recommendations include the importance of raising awareness, following best practice by assessing the impact on quality of life and by having a multidisciplinary approach to delivery of care. Please share the link to EndoUk and Cysters current research project focussing on delayed diagnosis of endometriosis among people of colour in the UK with patients, friends, and colleagues.

We have some interesting and informative reports from members of council, Mikey Adamcyk and Karolina Afors, who have attended and reviewed international conferences in Neuropelveology and the Study of Pain. It is wonderful to have insight from different branches of our specialty and the learning that can influence our practice.

The extremely popular BSGE Ambulatory Care Network Meeting dates for 2025 have been announced. Co-chairs Professor Justin Clark and Preth de Silva share their invitation for the Valentine's Day meeting which is always a highlight of the BSGE calendar.

Finally, in our "Scope Meets" interview reported by Mez Aref-Adib and Benedetto Mondelli, we are privileged to be introduced to David Toub, Senior Vice President of Medical Affairs at Gynesonics who produce the Sonata System for transcervical radiofrequency ablation of uterine fibroids. David is a true leader of innovation and has demonstrated how doctors can make a huge difference to patients' lives outside of being a practicing surgeon.

I hope you enjoy this edition of the Scope and would encourage anyone wanting to share their projects, experiences, or insights in minimally invasive gynaecology with the BSGE community to get in touch with the team. We intend to continue with old favourites such as noteworthy articles, "the Scope meets" and updates from portfolio leads, but also have exciting plans for new features. As we head into Autumn, the calendar becomes busy with international conferences, the start of the RIGS Hubs programme and BSGE courses. I look forward to reporting back with a jam-packed next edition!

Angharad Jones
Scope Editor
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President's Message

Before I start my President's Address, I'd like to acknowledge Shaun and the Local Organising Committee for Belfast 2024 who have really laid on a terrific scientific and social programme. I'm also thankful to many of you, BSGE members, friends and colleagues, who have offered lots of kind words, encouragement and support as I begin my time as President.

The Presidential address has no set agenda, it's really a blank canvas. I thought that we could talk about some of the things that interest me and some questions about the BSGE including: 'Where did it all start?' and 'Why are we here?'

I want to introduce you to some great thinkers and philosophers of our time. Firstly Sir Francis Bacon, a 16th Century philosopher and the father of empiricism. Empiricism is scientific knowledge that's based on reasoning and observations. So perhaps particularly pertinent to us as scientists. Also Gabrielle Suchon - a 17th Century French thinker who argued, quite revolutionary, thoughts that women deserved the natural rights of liberty, learning and authority. Thirdly, Galen, who was a Second Century Greek philosopher and great anatomist, physician and surgeon, which again, fits very well for our conference. Finally, Emilie du Chatelet an 18th century French woman who was a philosopher and mathematician who sadly died in childbirth. Rather than perhaps having these as abstract, philosophical contexts and concepts I've given it some reference to our Society. I think, pertinently for the Presidential address, I'll provide some explanation what we've achieved so far - and, importantly from me as, the President, deliver some ideas about where I think that we can go and where I'd like to take the Society.

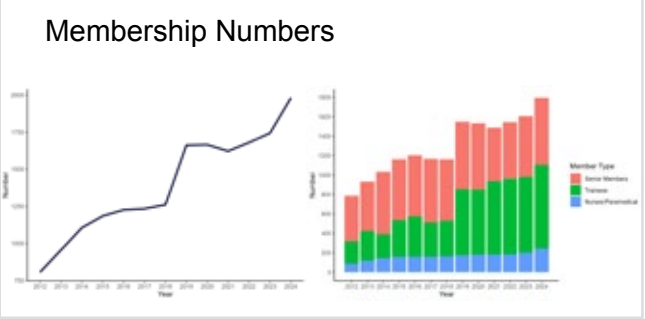
Now, I'll take you on a small trip down memory lane. BSGE was originally founded in 1989. Of course, the world was very much a different place then: the Union of Soviet Socialist Republics was one country and there was a, so-called, iron curtain that separated East and West Europe. It was a time of great change, perhaps most famously characterised by the felling of the Berlin Wall. Similarly, this was a time of significant change in surgery. There was a surgical revolution with the advent of minimal access surgery.

In 1989 some of us we may not have been born - but I was finding enlightenment in my gap year in Southeast Asia.

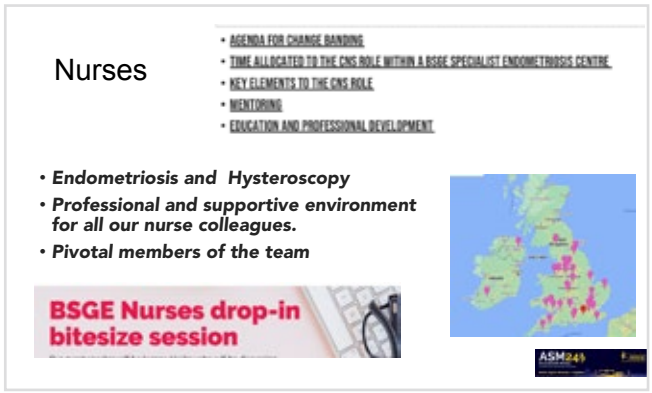
The original founders of the BSGE can be seen in this picture: Alan Gordon can be seen on the top left (he was actually born in Belfast) as well as Vic Lewis, Chris Sutton and Adam Magos who was the first BSGE Treasurer. Adam was a surgeon gynaecologist at Royal Free, where our current Treasurer Fevzi Shakir is from. These pioneers wanted to form a society to encourage the development of new minimally invasive surgical techniques.

They wanted to provide facilities for training and also monitor and prevent complications, areas that we have developed over the years since the original seeds were sown by our predecessors.

Whilst across the world there might be bigger society meetings and in mainland Europe, there may be some units that produce data on larger groups of patients - I think, as a society, we've developed a really collaborative and accessible approach to delivering high-quality care for women. We've built in quality assurance and governance and developed training opportunities - and we've done this on a national scale. I don't think that there is another society that's been able to equal the BSGE's achievements over that time.



You'll have heard that our membership numbers have been increasing. If we examine the breakdown of members (thanks to Johnny, my PhD fellow for putting this slide together) you can see that the chief rise in numbers has been through nurse specialist and trainee members. I think that's a reflection of their interest - and I hear a very clear message from the trainees and the CNS saying: 'We're here and we want to learn and we want to train.'



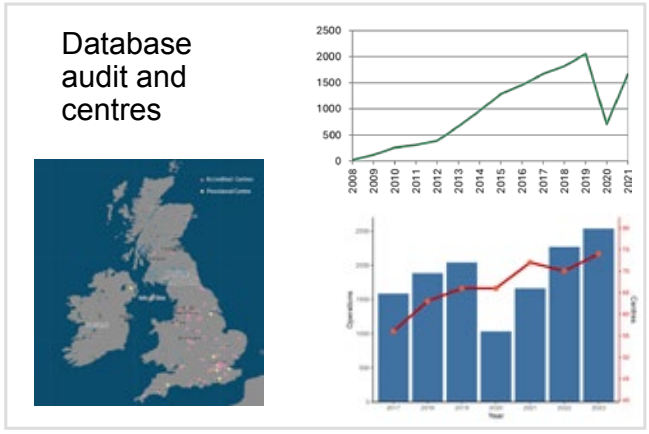
I think the increase in numbers is partly a reflection of what the BSGE has laid on to be inclusive and attractive as a society. We have expanded the nurse specialist portfolio, which is now represented in two ways with both endometriosis and hysteroscopy representatives. This map shows the hysteroscopy opportunities up and down the country. The BSGE has also endorsed recommendations to support the endometriosis CNS role in terms of agenda for change, banding and allocating a minimum of ten hours for the nurse specialist to be engaged in dedicated endometriosis work. There are key elements to the CNS role which include holding a clinic and being that pivotal member between the patients, the MDT and primary and secondary care. There's mentoring and there's educational and professional development - of course including having to attend the ASM every couple of years or so.

Our trainees are the clinicians of now and the clinicians of the future. This image shows a laparoscopic map of the UK which details all the regional and local laparoscopic training opportunities available.

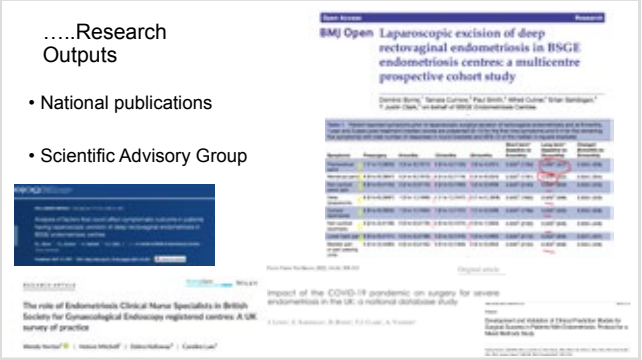
I'm sure we've all heard about the Registrars in Gynaecological Surgery - the so-called RIGS programme. To those of you who don't know, it's a centralised, standardised programme in the BSGE that's delivered through a series of webinars and hands-on workshops with different streams from basic, intermediate to advanced which aligns with the core curriculum. Of course, there are also national programmes and awards and we have links with our European partners as part of the very successful GESEA programme.

An area that's been very close to my heart has been the development and growth of the BSGE Endometriosis Centres. Following the original inception of the BSGE in 1989, this was, I think, the next big step for our Society. It was borne out of members deciding that they needed to take something to a different level. In this particular instance, it was a recognition that we needed to deliver better surgical treatment for our patients with severe endometriosis. This was going to be done in two ways: The concept of developing specialist centres and the concept of monitoring and auditing some form of outcome data.

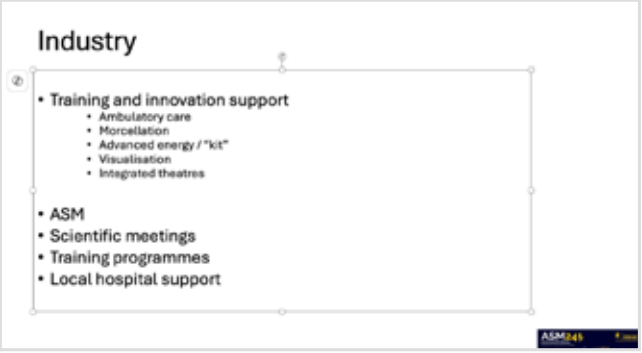
I think the Endometriosis Centres project established the concept of the continuum of care. Whilst we had many practitioners who were delivering terrific care and they were generating some form of noise, we moved towards a much more symphonic orchestral piece of music whereby all the important players were all working together to deliver the best possible care with the patient very much at the centre of things.



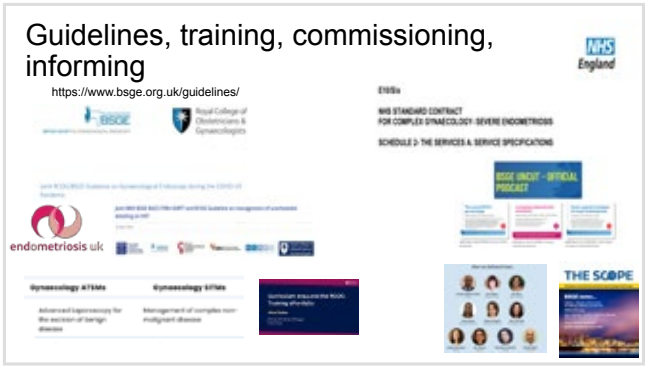
It has been a very successful project with increases in the number of patients that have been put on the database to the extent that we now have 2500 or so. Of course, there was a dip during the national pandemic. However, if we look at the number of Endometriosis Centres that have been established up and down the country, we're now up to around 75 which is a reflection of the interest and enthusiasm from grassroots teams to develop and produce these high levels of service.



From the Endometriosis Centres database, there have been several research outputs, perhaps best exemplified by Dominic Byrnes' paper in BMJ Open which showed the largest world series of data demonstrating the effectiveness and the symptom improvement in women undergoing surgery for the most severe forms of endometriosis.



We have built strong links with industry. This is a symbiotic and required relationship and we're grateful to our industry partners for taking forward so many innovations that were initially the brain child of clinicians. Industry helps put our ideas into practice. Ultimately we hope that innovations are translating into better and safer outcomes for women in terms of what we can offer in ambulatory care, tissue retrieval techniques and in progress within operating theatres. We couldn't run a successful ASM without industry's help and we know their input also trickles all the way down to the local support we get in our hospitals and within our individual services.

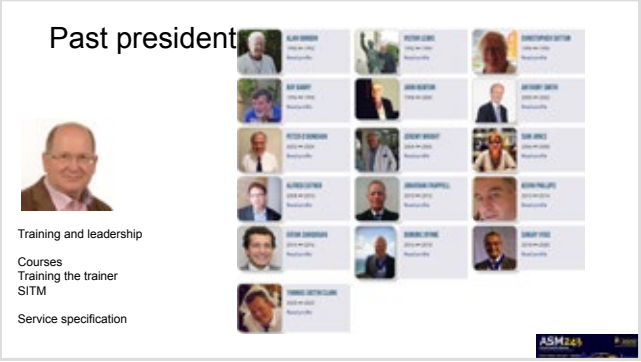


The Society has also been involved in guidelines, training, commissioning, and general information giving. We work with national bodies and charitable organisations to issue statements. We've also been involved with changes to the curriculum and some of the commissioning work initially back in 2013.

In terms of information giving, the BSGE podcast series has been a big success, this is another example of innovation. During the pandemic, we embraced the idea of taking on podcasts - but hey, so did many people. But the BSGE continues to produce some of the highest quality webinars and podcasts together with Instagram, Facebook, Twitter and other forms of information giving when many other societies or projects have fizzled away. We are still at the top table delivering the highest quality information. The Scope magazine that Jimi and Jane have been instrumental in maintaining from the initial works from Shaheen and the rest of his team.

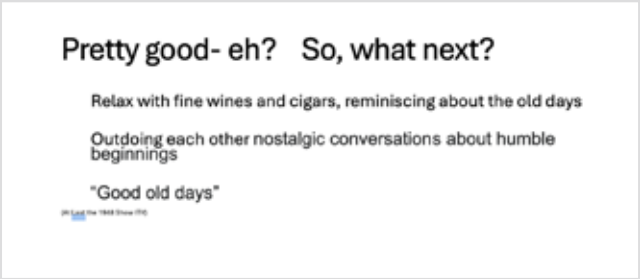
So that is your organisation. But of course, we couldn't have any discussion about the BSGE without mentioning Atia, who has been the absolute bedrock of everything that has happened within the Society over the years.

She's carefully steered the Presidents, the Council and all of us even when we've not had official BSGE roles. We really are exceptionally grateful to Atia for steering and supporting us so well. Atia is now also ably assisted by Charis Ayton - together they form a great team.



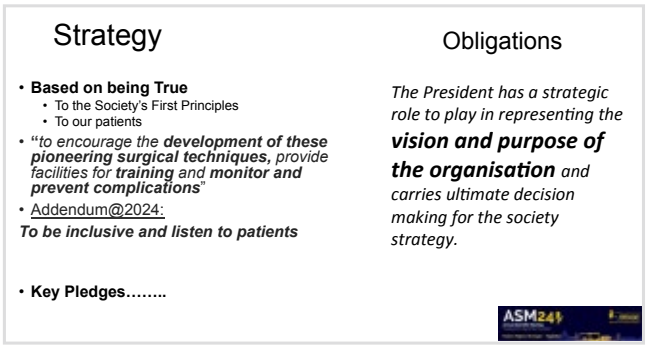
I think we are all indebted to our Past Presidents for navigating a direction from the early beginnings to where we find ourselves today. I am particularly indebted to my predecessor Andrew Kent, who has set the direction for training and leadership and has been instrumental in recent changes to the College curriculum. He has also helped drive the delivery of many courses and training opportunities including the new senior training course. Hopefully he will continue his involvement in the service specification (which happens slightly outside of the BSGE.)

This is a great opportunity to formally thank Andrew for his fantastic and diligent work as a Treasurer and as President - thank you!



So, what's next? We could relax, have some fine wines and cigars. We could reminisce about the old days and how great the times were before. We could talk about our humble beginnings - of course, there's nothing that consultants like more than that! This is exemplified in this clip from Monty Python's 'Four Yorkshiremen' in which they discuss the bad old days and how young people don't properly appreciate what their elders had to go through!

That is probably reminiscent of some surgeons' coffee rooms! But, in the BSGE, I think that we don't have that option. Indeed, in the President's document, my role is to have a strategic vision which represents the purpose of the organisation. In the rest of this address, I'd like to share that strategy, what I'd like to propose for the future of our Society and make some key pledges.



I've based our strategy on being true to the Society's first principles. If we cast our mind back to why the Society was originally started - it was for: the development of pioneering surgical techniques, to provide facilities for training, and to monitor and prevent complications.

I'd like to add an addendum for 2024, which is: to be inclusive and to listen to our patients.

Let's take those principles in turn:

When we talk about pioneering surgical techniques, I think the largest innovation and surgical tool has been the advent of robotic technology. I don't think we can sit back and observe this technology from afar. We have to immerse ourselves in it and embrace it.

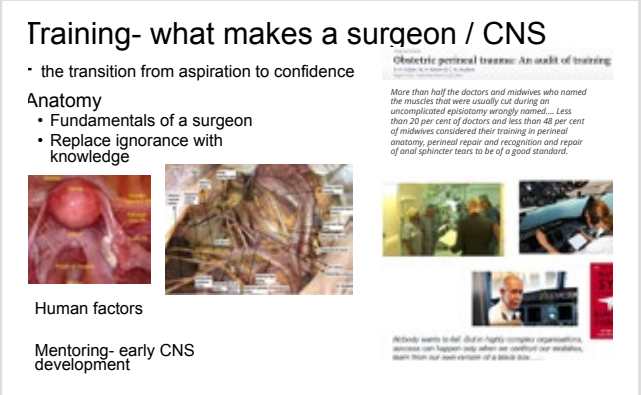
Although many of us, as surgeons, are well on our way with training and including robotic technology as a tool, as a Society, we haven't incorporated it as well as we could. We've got the infrastructure and we've got the membership to do this properly. So my first key pledge is to work with national societies, the College and industry to evaluate robotic technology and where it is going to fit into the surgical treatment of women with endometriosis and complex benign disease.

Pledge:

"Work with BIARGS, RCOG and Industry to adopt a collaborative approach to scope the role of robotic technology for the surgical treatment of endometriosis / complex benign gynaecology"

= guidance, training, mentoring, outcomes

What does that really mean? It means that we need to get involved in the guidance. We need to get involved with the training, we need to get involved in mentoring, and we need to look at the outcomes.



I'd also like to look at the concept of what makes a surgeon and what makes a CNS. I think all of us observe our colleagues and mentors, we may see their skills and think that we'd like to be like that person. The thing that often holds us back is a lack of confidence. That lack of confidence can come from fear or from ignorance. The way to resolve both of those issues is through training.

As a surgeon, I think one of the most fundamentally important factors is knowledge of anatomy. Surprisingly, as pelvic surgeons, we are sometimes not as aware of anatomy as we should be. And it's not just pelvic surgeons, in one study from 15 years ago, Abdul Sultan questioned obstetricians and midwives, who routinely performed episiotomy as their most frequent procedure. Despite this experience, less than half of respondents knew which muscles they were cutting during episiotomy, and the vast majority felt that their training in surgical anatomy was lacking.

I'd also like to look at the concept of human factors in surgery, which is another subject in which we're not particularly well trained. We need to consider why we think in certain ways, how we minimise complications, and how we manage ourselves during a complication or a difficult scenario.

We saw an excellent example of this during the pre-congress live endometriosis masterclass. I'm not sure what Mikey was told before the operation, but he was all set to perform a hysterectomy and maybe an ovarian cystectomy. Actually, when they started the operation, it was clear that the surgery was

much more complicated than it was originally billed. It was really good for me to see the surgical steps, but it was also fascinating to observe Mikey's thinking process when faced with unfamiliar territory, how his mind moved to asking what steps he should perform before reverting back to basics.

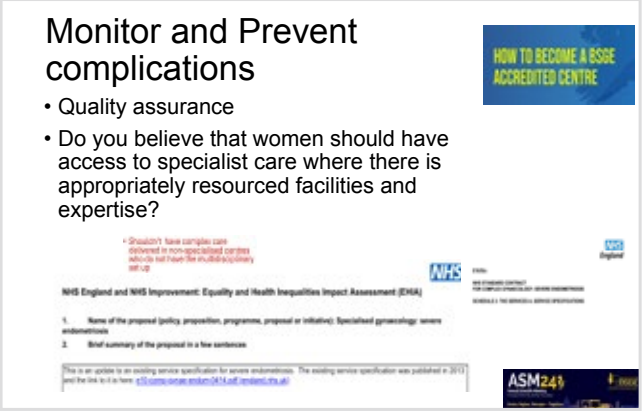
This form of thinking can be trained and we need to look at this area more as surgeons. The airline industry understands this training well. I think the reason they minimise risk and train how to manage crises is because if the plane goes down, they go down with it.

Pledge:

- To work with RCOG to incorporate surgical anatomy and human factors to be key parts of training
- To work with the RCOG and Industry to deliver mentorship / training via immersion programmes for endometriosis surgery
- To work with RCN to support a nursing mentoring programme and early skill development

We've got to develop that kind of mindset as surgeons and as nurse specialists, as well as developing mentoring programs.

Another pledge is to work with the college to incorporate surgical anatomy and human factors, via perhaps immersion programmes and a mentorship programme, into training.

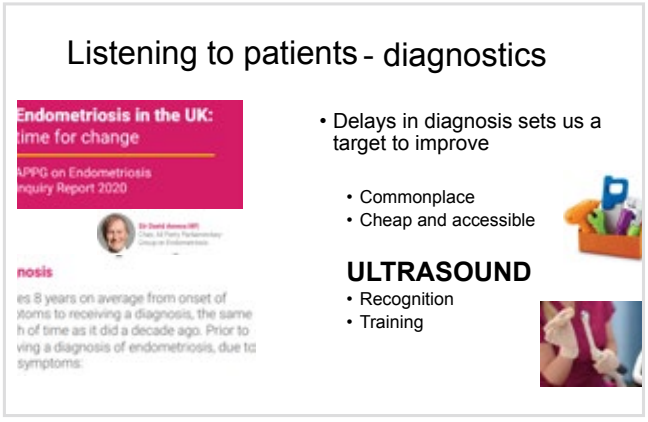


Monitoring and preventing complications speaks very much to what Angus Thompson has discussed in terms of the planned evolution in our Endometriosis Centres project with database and service specification changes. We need to make sure that we marry up the two processes of accreditation and the change in service specification. Let's get the database to a contemporary level, it was great for 2012, 2013, but now the questionnaire and the surgical classifications are a little dated and it's rather cumbersome in IT terms.

Pledge:

- To marry up our accreditation with future changes in service specifications
- To make our accreditation process contemporary (IT and database changes)
- To ensure that changes occur in an inclusive way to the benefit of patient care and current teams (care for all and networks)

We are going to work to produce something that's more fit for purpose and more suitable for 2024 and the future. We'll also have to change the way that we think about how we deliver care for women with endometriosis (Angus also touched on this in his Endometriosis Centre meeting). We need to look at the concept of much more collaboration and potentially explore network working.



The addition to the BSGE's core principles is to be inclusive and to listen to our patients.

What does that mean? Of course, we listen to patients as practitioners - but the all-party parliamentary group report in 2020 made for interesting and harrowing reading. It offered insights into the difficulties and negative impacts that endometriosis has on many sufferers. Many messages came out of the report - but the key theme was the delays in diagnosis. That's been a running theme for a long period of time which really gives us a target to improve.

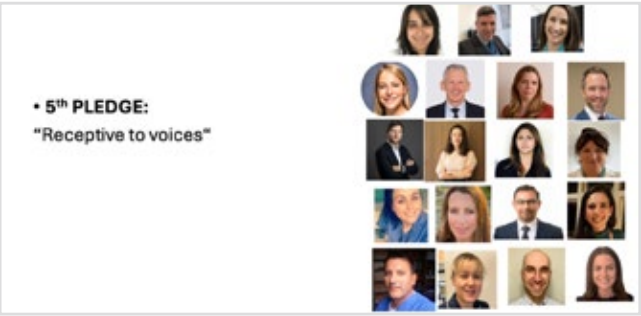
We have a tool that can help us improve, a tool that is commonplace, cheap and accessible. In my opinion, that tool is ultrasound. The problem we have is that whilst, selected few scan to a very high level, there is grassroots level of ultrasound delivered. We need to look at how we can shift that level up to improve the diagnosis of women with endometriosis.

Pledge:

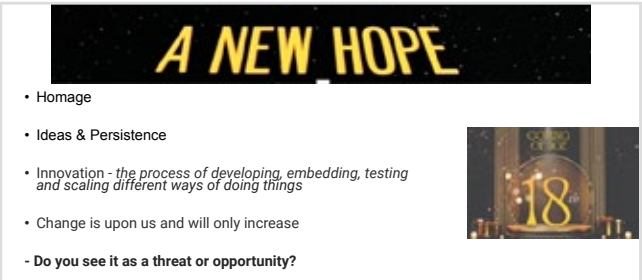
- Develop the skeleton / infrastructure of a basic guidance to improve the quality of endometriosis diagnosis by ultrasound
- Work with RCOG to implement this

We pledge to try and work with the College to try and implement some form of skeleton or infrastructure to deliver a higher quality of ultrasound scan.

These are the four key pledges that I plan to put forward, to achieve and to deliver. But this is not something that I can do alone. I will be ably assisted by the Council members all of whom have portfolios and, I hope, share my wish to deliver the ambitious vision that we have set.



But there is a fifth pledge - and that is to involve all of you, our members, friends and colleagues. Please make sure that you also engage in the process.



When your Officers or Representatives approach the College or industry, we have more impact if we can say that we represent and reflect the voices of 2000 professionals. We will be very grateful for your ideas, your feedback and your input in delivering our pledges. We have always been a very receptive and accessible Society, and we want you to feel that it's your Society and that you have a voice.

I hope you think it's right and proper that I paid homage to our predecessors - the pioneers who shaped the Society. They had ideas, just like you and I might have ideas. But they were bloody minded and persistent to make changes. We owe a debt of gratitude to them all.

I'm now going to be the 18th President, and 18 is an auspicious number. If we regard 1989 as the birth of the BSGE and the development of Endometriosis Centres as the 11 plus. We're now 18, we're ready for another big leap! We're in a dynamic, interesting time where there are new voices and new technologies. It's time for us to develop a seismic change in what we deliver as a Society.

We heard yesterday from our keynote speaker Joe Amaral about the concept of innovation and the surgeon/gynaecologist. Innovation is very much at the heart of what we do in the BSGE. All of these new techniques are available, there's no way that we can just simply sit back and reflect like those four gentlemen from yesteryear.

We have to see innovation as an opportunity rather than a threat. Of course, we're in a time where many of us struggle in our local hospitals, struggle with beds and with staffing. But this is the kind of paradox that's always been there for many, many centuries. The challenge is as true today as it was in the time Charles Dickens. I'd like to leave you with the opening line of 'A Tale of Two Cities.':

Thank you very much.

Which will you choose?

"It was the best of times, it was the worst of times, **it was the age of wisdom**, it was the age of foolishness, **it was the epoch of belief**, it was the epoch of incredulity**, it was the season of light**, it was the season of darkness, **it was the spring of hope**, it was the winter of despair, **we had everything before us**, we had nothing before us.."

BSGE ASM24

The annual ASM was held in Belfast from 2nd- 3rd May, 2024. The LOC, chaired by Shaun McGowan put on a memorable event, with a packed programme of lectures, live-surgery, demonstrations and debate.

More than 800 delegates attended the conference including consultants, trainees, clinical nurse specialists, students, international colleagues and industry representatives making ASM 2024 the Society's biggest conference ever.

Faster, Higher, Stronger – Together

The 2024 conference offered memorable scientific and social programmes. The meeting theme was Faster, Higher, Stronger- Together- echoing the Olympic motto. The scientific programme had separate strands reflecting each of the words making up the theme. The sessions focused on efficiency, standards and innovation, resilience and multidisciplinary team working.

Pre-congress courses

Belfast offered the widest ever range of pre-congress courses on 1st May, ahead of the ASM proper.

The sold-out sessions included masterclasses on robotic surgery, vNotes, gynaecological ultrasound and transcervical fibroid ablation together with a hysteroscopy workshop, an Endometriosis CNS study day and an endometriosis live surgery masterclass.

Live-streamed surgery

Live-streamed surgery is always popular with delegates and this year the meeting featured more live surgery than ever before. BSGE President Andrew Kent said that watching live surgery offers benefits over watching edited highlights:

"I always enjoy watching surgeons operate live. You will always learn something. Hopefully, it's all good, and things go well. You may observe new techniques and discover different ways of doing things. However, occasionally they don't because that's life. I find it fascinating to see how different surgeons react to this and see how they get themselves out of trouble. You learn an awful lot. As it is often, said you learn by your mistakes. It is also important to learn by others' mistakes and short-circuit the learning curve."

On May 1st, the BSGE ran its first Endometriosis Live Masterclass which showcased robotic cadaveric dissection with Prof Mabrouk, and a number of live-streamed surgical cases of endometriosis with surgeons including Mr Andrew Kent, Prof Tim Rockall and Mikey Adamczyk. The pre-congress course was also offered virtually so delegates tuned in from across the UK. Chair of the LOC Shaun MacGowan said:

"For the first time we extended the live surgical offering with an Endometriosis Live Masterclass- it included some amazing surgeons dealing with complex cases and sharing their tips and experience. It also featured, what we think is, a world first- a robotic cadaveric dissection with Prof Mabrouk"

The conference proper opened with a morning of live-streamed minimal access surgery from Belfast City Hospital. Cases included hysteroscopy and polyp morcellection, laparoscopic colposuspension and hysterectomy with lots of tips and tricks from the experts.

The surgeon-gynaecologist as innovator

Joe Amaral delivered the prestigious Alec Turnbull Lecture in Belfast. Professor Amaral is an emeritus Professor of Surgery at The Warren Alpert School of Medicine, Brown University.

In his keynote lecture 'The surgeon-gynaecologist as innovator' Joe Amaral described his experience as a technological innovator. He co-developed the groundbreaking Harmonic Scalpel, the first ultrasonically activated cutting and coagulating surgical device.

Joe said that this globally used technology, widely considered as one of the major advancements in surgical technology of the past twenty years, developed from:

"A doctor with a problem and an engineer with a solution coming together."

Joe gave every member of the packed auditorium an uninflated balloon- not as a party favour but as a metaphor. He said that, *like blowing up a balloon, the biggest difficulty with innovation is getting started. Too often innovation is thwarted by failure to launch."* He encouraged delegates to have a go saying: *"Innovation is about failure-taking a risk."*

He closed his inspiring lecture with the words: *"Make a difference, leave a dent"* - wise words from a surgeon who has spent his career following this mantra.

Belfast past and present

The modern and resurgent harbour city of Belfast was a fantastic host city and a beautiful backdrop to the conference. Remembering the conflict the city has endured, the meeting hosted a session on the impact of The Troubles on women's health in the city. Ruth Duffy and Jim McGuigan presented a thought-provoking keynote lecture entitled: 'NI Healthcare during the Troubles'. Delegates heard harrowing stories from doctors and nurses caring for patients during the Troubles. They reported that many medical staff felt wholly unprepared, practically and emotionally, to deal with the devastating injuries. They described experiences that were simply 'too horrific to forget.'

"I went in through casualty and there was total chaos, there was patients standing, sitting on the floor and no one seeming to organise."

Although The Troubles have had lasting negative effects on healthcare provision in Northern Ireland, it was also encouraging to learn that these experiences also resulted in new medical innovations including the development of titanium plates to repair skulls damaged by gunshot wounds.

Titanic Belfast

After years of virtual conferences during the pandemic, it was fantastic that all the delegates at Belfast 2024 attended in person. The Local Organising Committee put together an excellent social programme which offered plenty of Irish 'craic'. Titanic Belfast was the stunning venue for the BSGE Gala Dinner, which had a record-breaking 500 guests. It is situated on the city's renowned Maritime Mile, home to the iconic Harland and Wolff shipbuilders, the historic docks, the Titanic Slipways and Hamilton Graving Dock.

Guests wandered through the extraordinary Titanic museum galleries before dining in first class and dancing in steerage. Outgoing BSGE President Andrew Kent joined his wife on the stage to demonstrate traditional Irish dancing that was a huge hit with the audience, if not quite as proficient as his live-streamed minimal access surgery!

Ready, set, suture

The second annual BSGE RIGS suturing competition was a riotous affair. With enthusiastic crowds chanting and cheering on the competitors the event was more like a boxing bout than an operating theatre!

The fiercely fought battle rewards speed, precision and avoiding tissue damage. In the end, Averyl Bachi demonstrated nerve, skill and an impressive ability to ignore the distractions of the crowd to emerge victorious. She was presented with the Karl Storz Golden Needleholder and a free GESEA course. Sophie Strong came in second, winning a prize of £100 and the bronze winner was Ilias Lapis taking home £50.

We'll see everyone in Leeds in 2025 for a rematch!

Prize-winners

The Belfast team had a record number of abstract submissions, so the prizes were very hotly contested again this year. Many congratulations to the gold winners who are listed below:

Oral Presentation

Hannah Draper won Gold and £300 for 'A novel biomarker for the non-invasive detection of endometriosis: preliminary results from a prospective observational study.'

Amer Raza won Silver and £200 for 'Is there still a place for staging laparoscopy – minimising risk – An experience of a tertiary BSGE accredited centre of 2 years.'

Abinaya Talluri took bronze and £100 for 'Feasibility of Robot Assisted Surgery in Benign Gynaecology at a District General Hospital.'

Video Presentation for the Karl Storz Golden Telescope

Oudai Ali won the Gold Telescope and £300 for 'vNOTES hysterectomy and BSO; demonstrating the management of left broad ligament fibroid..'

Tabassum Khan won Silver and £200 for 'Laparoscopic Transabdominal Cerclage; A step by step guide.'

Kyle Fleischer took Bronze and £100 for 'Robotic-assisted Excision of Sciatic Nerve Endometriosis Encapsulating the Iliac Vessels and Invading the Obturator Internus.'

Video Poster Presentation

Averyl Bachi won Gold and £150 for 'Robotic assisted en-bloc removal of kidney, ureter and bladder wall for endometriosis.'

Kyle Fleischer took the Silver award and £100 for his poster 'Sidewall endometriosis with ureteric infiltration - when to re-implant and when to stent during excision surgery.'

Jyoti Sharma won Bronze and £75 for 'Robotic excision of intrinsic ureteral Endometriosis, bladder psoas hitch and ureterocystoneostomy : Steps of surgical management.'

E- Poster Presentation

Katherine Whitcher won Gold and £150 for 'The Effect of an Innovative Pelvic Pain Management Programme on Reducing Acute Pelvic Pain-Related Hospital Events.'

Joachim Ho gained the Silver and £100 for 'Will laparoscopic salpingectomy for ectopic pregnancy become obsolete? Pilot data from a prospective study of vNOTES vs conventional laparoscopic surgery for pregnancy of unknown location.'

Preet Chaggar took the Bronze and £75 for 'Development of deep pelvic endometriosis following acute haemoperitoneum: A prospective ultrasound study.'

RIGS Video Presentation

Samantha Kirkwood won the prize £250 for her video"SEE' ONE: TRY ONE - Why the intra-fascial technique for laparoscopic hysterectomy is Safe, Effective and Efficient for surgeons and patients.'

BSGE ASM24 Conference photos

Planning ahead for 2026 and 2027

The BSGE is inviting bids host the ASMs in 2026 and 2027. Sujat Gupta, Meetings Convenor and Chair of Manchester 2023 said:

"The BSGE is now bigger than ever and needless to say our conferences have grown correspondingly. Successful bids will be supported by the full resources of the BSGE and planning starts early.

Whilst, it is a considerable commitment to run an ASM, the BSGE has a well-structured and experienced team to help you organise and plan the meeting. We are looking for an energetic local organising committee to take on the challenge for 2026 or the following year. If this is for you and your colleagues, please complete application form explaining your plans if you were awarded the opportunity. At this stage it is not essential to have all the details for the conference venue, but please complete the other sections.

We are interested in as much practical detail as you can provide and some demonstration of previous experience at organising significant events. Enthusiasm is key but commitment, and ability to complete tasks in a timely manner are vital, as it will involve considerable effort over the year leading up to the meeting. However to host a successful meeting is a great badge of honour and gives you the opportunity to showcase your own department, hospital and locality."

If you would like to talk through a proposed application, one of the Officers would be more than happy to discuss it with you personally. If you're interested in submitting a bid- you can download application form here. Please submit application to bsge@rcog.org.uk by 30th September 2024.

Good luck!

Endometriosis UK Charity Cycle Ride

Ed Harrison, Post CCT Fellow, University Hospital Wales, Cardiff and Vale University Health Board reports on this year's intrepid sponsored cycle ride to Belfast ahead of the ASM

27 fearless riders, two heroic volunteers, 242 miles and over £15,000 donated!

This year saw the biggest ever turn out for the annual BSGE Endometriosis UK charity cycle ride! This year's goal was not solely to try and recruit more riders but to ensure we represented as many groups from our multidisciplinary team as possible; and that we did! We had a 27 strong, band of endo nurses, trainees and surgeons and a flock of industry reps from Cooper Surgical. Not to mention our two invaluable support crew Lizzie and Lutfi, bringing us our largest and most inclusive ride to date.

This year's event, although not the longest ride in the charity rides history, was logistically the most challenging by far. Not only did we have the stressful task of ensuring the safe delivery of a good chunk of the UK's endometriosis MDT, but we had to ensure we reached the ferry on time and cross the formidable Irish Sea! All of this to make the grand welcome in Belfast at precisely 18:45!

Having made the trip across the U.K. from as far as Glasgow, Cardiff and London we met in Manchester to break bread with the 2024 team. After some liquid carb loading and sharing stories of previous years' comical blunders the newbies were new no longer, and we were now one and the same; Team BSGE Endometriosis UK.

And we're off

Beginning at the location of the 2023 BSGE ASM, we congregated on the steps of Manchester's International Convention Complex, top to toe in canary yellow Endo UK lycra, ready to take on the bustling Manchester rush hour traffic.

We headed out in two packs and our fresh legs quickly chewed up the miles. Lizzie and Lutfi waited every 25 miles or so with an endless selection of sandwiches and treats. Before we knew it, we had crossed the border into Wales, climbed the Dee Valley hills and were looking back out over the Wirral. Although we had fallen victim to a fair few flat tyres and bike faults we cruised along the North Wales coastline making an early arrival in the picturesque seaside town of Llandudno. While most of us rested our weary feet and committed to 'rehydrating', Natasha, a team veteran, chose instead to relax with an icy sea swim!

In the early morning we set off for Holyhead, passports in hand for our lunchtime departure to Dublin. After a few miles of creaky knees and complaints about sore perineums, we worked together, like a professional peloton, with ominous black clouds chasing us down. Just as the skies opened, we made it aboard the ferry.

A Northern Irish welcome

We kept ourselves entertained on board with compulsory games of 'Who am I?' As we pulled into port, the Irish evening sunshine welcomed us. We rolled out onto some of the smoothest and beautiful stretches of road on the trip. After a three hour cycle into the dusk and a few navigational blunders we arrived at the hotel for some surprise welcome drinks; the Irish charm never failed to impress!

The third and last day was welcome but also sad because our trip was nearing an end. All 54 legs were feeling the miles, nevertheless, we stayed united, helping each other through the lows and relishing the highs. The stream of snacks and support from Lizzie and Lutfi was vital and with every pedal and push we crept closer and closer to Belfast, ready for the 2024 ASM; faster, higher, stronger – together.

After meandering through the stunning Irish scenery and regrouping for one last stop in Belfast, our new cycling family descended on mass to the ICC. The crowds of ASM delegates cheered and applauded us for a great feat! It was a huge accomplishment for the riders and another great success for the BSGE Endo UK charity ride!

Record fundraising

With the help of you, our generous donors, and industry sponsorship from Cooper surgical, Stortz and Kebomed, we raised over £15,000 for Endometriosis UK, an all-time BSGE charity ride record! And there is still time to donate at: https://justgiving.com/page/bsge2024cycleride.

This event would not be possible without the behind the scenes help from some dedicated helpers and we would like to say a particular thank you to Heidi Yule from Endometriosis U.K. and Atia Khan at the BSGE.

We would love for you to be a part of this fantastic cause and team and have already begun planning next year's ride so please join us!

Inspired? Click here to join us next year

Ultrasound at the BSGE

Susanne Johnson, Associate Specialist in Gynaecology and specialist in gynaecology ultrasound reports on training , education and discussion about ultrasound at the ASM

The theme for this year's BSGE ASM in Belfast was 'Faster, Higher, Stronger – Together'. I think we can all agree that this was easily achieved!

The ASM was remarkable for many reasons: there were pre-congress masterclasses, courses and hands-on training including: Robotic cadaveric dissection; Live-streamed surgery; RIGS intermediate laparoscopy course; Transcervical fibroid ablation workshop; Endometriosis Nurse CNS Education Day; Hysteroscopy workshop and a Robotic Surgery Workshop.

And this year, for the first time, there was also an ultrasound workshop, with special focus on the use of ultrasound for minimal access surgery.

Pre-congress ultrasound workshop

The day was organised by the BSGE Ultrasound Working Group- this was set up early in 2023 with the aim of demonstrating the value of ultrasound in the management of patients with endometriosis and to provide ultrasound training for BSGE members.

The workshop consisted of lectures on a wide range of topics. Tom Holland introduced the course and demonstrated a systematic technique to scan the pelvis. Donna Ghosh reminded us what a surgeon wants from the ultrasound and the report. Oli O'Donovan was inspirational in sharing with us how ultrasound had transformed his endometriosis service. And Lina Antoun elucidated the barriers to accessing ultrasound training, with some suggestions of how to overcome this.

The lectures then focused on Endometriosis. I demonstrated how to scan the posterior compartment with several 'as live' video clips. Techniques were shared on how to demonstrate the sliding sign, how to find the torus, how to scan the uterosacral ligaments, how to track the rectal muscularis layer and examine the posterior vaginal fornix. Tom Holland showed us to assess urinary tract endometriosis (and how to find those pesky ureters). Frances Bailey reminded us of the new classification for superficial endometriosis https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8530702/pdf/hoab029.pdf (everything not confined to the peritoneal surface is now Deep disease) and showed us how to assess the peritoneum in the POD for superficial disease. The results of the EsPrit2 study are enthusiastically anticipated - how good is transvaginal ultrasound at the diagnosis of superficial disease and whether surgical treatment is of clinical benefit to patients with isolated superficial disease?

After a short break, we listened to lectures on Adnexal pathology. Standing in for Rebecca Mallick, I showed how to evaluate the risk of malignancy in common ovarian cysts. Lizzie Bean gave a beautiful presentation on the diagnosis and management of adnexal torsion. Tom Holland finished the session with practical advice on the diagnosis and management of tubal and interstitial ectopic pregnancies.

Last but not least, the final session of the day was on uterine pathology. Joel Naftalin's talk illustrated how ultrasound can streamline your hysteroscopy service. Lizzie Bean taught us how to assess fibroids pre-operatively using ultrasound. Then it was back to Joel to demonstrate how and why the diagnosis of adenomyosis is so very important.

The workshop was fully subscribed with 40 delegates and the feedback has been great.

This ultrasound workshop will hopefully become a firm fixture in the pre-ASM calendar and the intention is to develop the course with live scanning demonstrations and hands-on scanning on simulators and mannequins.

Imaging stream at the ASM

After the success of the pre-congress workshop, there was another first –an entire session dedicated to imaging in the main ASM programme. There were lectures on 'How high quality ultrasound can improve your endometriosis service' (Tom Holland), an 'ABC of MRI for adenomyosis and endometriosis' (Chris Hutchinson) and 'The natural history of Endometriosis and what happens when you don't operate' (Lizzie Bean).

This session was very well attended with enthusiastic Q+A and great feedback.

What is the future of ultrasound within BSGE?

Arvind Vashisht opened his presidency an address to all delegates at the ASM in which he pledged to 'facilitate diagnostics.'

I recently spoke to Arvind about this pledge, he said:

"There is very little doubt that ultrasound scanning is effective in the diagnosis of endometriosis, and importantly, is a useful adjunct for treatment planning. We have high quality ultrasound services up and down the country, but I believe awareness and training needs to be improved to widen patient access and to raise the bar for diagnostic accuracy.

The BSGE has a key role in this and we have a newly introduced diagnostic portfolio to spread this message in terms of education and training for colleagues. With this, I would be confident that we will be going someway to reducing diagnostic times, and being able to start people on effective treatments sooner."

This passion for ultrasound was immediately translated into action – a new BSGE Council Portfolio was created. Lizzie Bean was elected onto BSGE Council and is now the Chair of this Diagnostics Portfolio, which will replace the Ultrasound Working Group. Membership of the sub-committee will be announced soon.

I spoke to Lizzie and she said:

"This is a fantastic opportunity to improve awareness of ultrasound and MRI for triage, earlier diagnosis and treatment planning for patients with endometriosis, streamlining patient pathways and optimising patient care.

It will be essential to liaise with other specialists such as sonographers and radiologists to improve awareness of the diagnostic yield of ultrasound and MRI. Working together with BMUS, RCR and RCOG will be crucial.

Together we can provide educational events, resources and training in the non-invasive diagnosis of gynaecological conditions.

Work in the sub-committee will generate educational events and resources for the BSGE communication platforms, will augment the diagnostics stream at the ASM and support training and engagement of BSGE members and allied health professions."

Lizzie also kindly added:

"Special thanks to Susanne Johnson for what she's already achieved in education about ultrasound diagnosis of endometriosis and for providing such an awesome plethora of educational resources on her YouTube channel https://www.youtube.com/c/GynaecologyUltrasound"

Finally Lizzie said:

"Improving diagnostics shouldn't just be a discussion - this should be a campaign!"

The theme for the 2025 ASM 2025 in Leeds is 'Bringing new skills to your Armoury'

They are surely talking about ultrasound ;)!

See you in Leeds!

BSGE ASM24 Gala Dinner photos

Dorota Hardy

James Tibbett

ASM25

Annual Scientific Meeting

30th April – 2nd May | Royal Armouries, Leeds

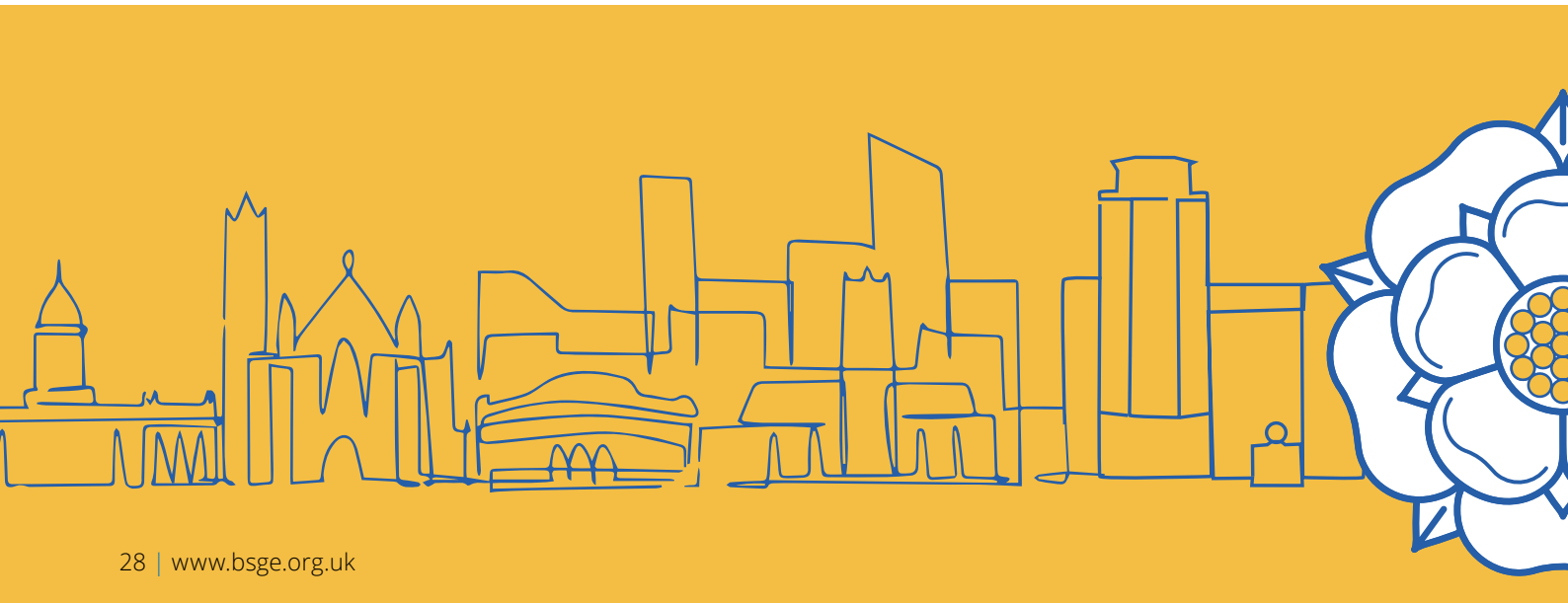
ASM 2025 in Leeds

The next BSGE ASM will take place in Spring 2025 in the vibrant and cosmopolitan city of Leeds. The unofficial capital of Yorkshire, Leeds has a rich history of medicine, innovation and culture.

The city is easily reached by road, rail and air and just moments away from the breathtaking scenery of the Yorkshire Dales. The LOC for Leeds 2025 look forward to giving you a conference to remember and, of course, a warm Yorkshire welcome.

The Scope found out more about the exciting plans for Leeds from Dorota Hardy and James Tibbett , co-chairs of the Leeds LOC. They said:

"Bringing BSGE to the City of Leeds will bring new skills to your armoury through learning, sharing experiences and socialising."



Dorota and James are not Leeds born and bred, but as adopted Yorkshire people they are best placed to tell you how fantastic Leeds is as a host city for ASM 2025. They said:

"In Leeds you will experience our cultural dynamism, diversity and heritage. All within one of the UK's most accessible cities, equidistant between London and Edinburgh, served by road, rail and air. Compact, walkable and everything within easy reach"

The ASM 25 in Leeds is themed:

'Bringing new skills to your armoury'

The Leeds team told The Scope that they have prepared a varied and impactful program to empower tomorrow's gynaecological surgeons. The team is collaborating with industry to introduce technical advances and new products putting emphasis on greener sustainable surgery and regeneration of surgical resources.

Dorota said:

"We have planned a very diverse, novel and ambitious programme."

Professor Adam Balen, former Chair of the British Fertility Society and the Royal College of Obstetricians and Gynaecologist's spokesperson for fertility is the Chair of the scientific programme. There are three streams that will all focus on empowering the gynaecological surgeons of tomorrow, these are:

- Enhancing UK's leadership in endoscopic surgery
- Fostering multidisciplinary collaborative work
- Applying state of the art technology

James and Dorota are anticipating many conference highlights, however some of their favourites include a Global Gynaecology session, which will explore endometriosis care in Kenya and setting up an international laparoscopy service. There will also be an exciting session covering fertility preservation techniques, which hasn't been covered at a previous ASM. In a packed agenda, there will also be live streamed surgery, debates, discussion, tips and tricks. We will share the full programme in the next issue of The Scope.

ASM 2025- more to enjoy

Responding to demand, in 2025, for the first time, the ASM will start on the Wednesday and run for two-and-a-half days ending at lunchtime on Friday 30th April, allowing delegates to extend their visit and enjoy a long weekend in Yorkshire, or get home in good time to return to their families. The overall schedule includes:

Tuesday, 29th April

Pre-congress workshops

Royal Armouries Oriental Gallery Drinks Reception

Wednesday, 30th April

Day One of Congress

BSGE Dinner and RIGS dinner in City Square- venue to be confirmed

Thursday, 1st May

Day Two of Congress

Gala Dinner at Queens Hotel

Friday 2 May

Day Three of Congress- a half-day session including live streamed surgery

Royal Armouries

ASM 2025 will be held in the magnificent Royal Armouries in the heart of Leeds. The museum is one of the UK's most important collections of arms and armour and includes the historic collections of the Tower of London, which served as the main repository of the British monarchy's arms and armour for centuries. With knives, shots, daggers, eye-watering tools of torment, and extraordinary animal armoury, the museum offers a unique insight into the development of weaponry and its impact on history and culture.

The Royal Armouries offers a distinctive and dramatic setting for the conference. Located within the striking surroundings of Leeds Dock, the museum has a unique blend of modern architecture and facilities and historic atmosphere, with a range of versatile spaces, including the impressive New Dock Hall and smaller, more intimate rooms that make it perfect for the many strands at ASM 2025.

Delegates can enjoy access to the museum's galleries, offering an inspiring backdrop of historical artifacts and exhibits. Dorota and James explained that the meeting will make full use of the unique location:

"Delegates will enjoy a drinks reception in the oriental gallery surrounded by exhibitions of the vast collection of weapons. In keeping with the theme, there will be a medieval village full of industry exhibitions."

They also teased about some fascinating challenges that are in keeping with the surroundings and the conference theme. Although there won't be jousting on horses, there will be a BSGE-style version:

'We will be accepting volunteers for our laparoscopic in-armour suturing competition. So far we have Andrew Kent and Arvin signed up. May the best surgeon win!'

Location, location, location

The newly renovated Queens Hotel will be the accommodation base for ASM 2025 and the venue for the gala dinner, always the social highlight of the BSGE year. The Leeds Co-chairs said:

'The Queen's Hotel is in the beating heart of Leeds. Occupying a landmark location in the City Square, you will be staying in an art deco space which was once enjoyed by Grace Kelly, Cary Grant and Nelson Mandela.'

The hotel is just minutes from the station. For ease of access, the Leeds organisers have also laid on water taxis to whisk you the ten-minute journey to the Royal Armouries, in the picturesque quayside area.

Within walking distance there are plenty of other accommodation options, hotels, guesthouses and AirBnBs at all price points.

Living it up in Leeds

Leeds is a vibrant city offering a mix of cultural, historical, and modern attractions. Its buzzing nightlife, diverse food scene, and proximity to the stunning Yorkshire countryside make Leeds an ideal destination for culture, history, and leisure. Dorota said that one of the advantages of Leeds is that it is so easy to get around:

"Leeds is a big and small city at the same time. Everywhere is walkable, so there are great social opportunities."

With an extra evening to enjoy the entertainment ASM 2025 offers a fantastic social programme with a Royal Armories drinks reception that promises plenty of surprises, BSGE Dinner and RIGS Dinners and a bumper Gala Dinner, which offers after-dinner tickets for the first time. The Gala Dinner at the Queens Hotel will host 400 guests, with 100 late tickets available for many more to join in for dancing, drinking and celebrating with friends and colleagues. If you want to continue partying, there will be plenty of opportunity. Dorata added:

"Delegates will be staying in the heart of the city, where the clubs and bars are open until late."

In the next Scope, we will share our insiders' guide to Leeds, with top tips from Leodensians - Dorota, James, the LOC and even The Scope editorial team.

Pre-congress courses

With eleven workshops and masterclasses, the pre-congress programme at Leeds offers a wide range of options. The sessions will take place ahead of the ASM on Tuesday, April 29th. The programme features plenty of old favourites and some exciting innovations. The new courses will include workshops on :

- Human Factors in acute gynaecology
- Pelvic Pain
- Advanced Urogynaecology

You can also revisit sessions that were very popular and sold out in Belfast, including:

- Cadaveric endometriosis live masterclass: A big hit in Belfast, Leeds will revisit this fascinating masterclass that demonstrates key anatomy, surgical landmarks and more.
- Operative Hysteroscopy Workshop – a hands one session for both nurses and doctors
- RIGs Intermediate Laparoscopy Course
- Da Vinci Robotic course
- V-Notes Course
- Gynaecological Ultrasound for Minimal Access Surgery Course: Newly introduced in Belfast, delegates will get another chance to attend this sold-out session.
- Sonata Transcervical Fibroid Ablation Course
- Endometriosis CNS training day:

Keep an eye on the website and in the next Scope for more details about the course content and to register for your place.

Register your interest for the BSGE Charity Ride 2025

If Ed's article has inspired you to get on your bike, you can register your interest in next year's charity cycle ride in aid of Endometriosis UK.

Join #TeamEndo for an incredible cycling experience riding 250 miles from Stranraer to Leeds in time for the BSGE ASM.

The ride will take place over three days from Sunday 27th April to Tuesday 29th April arriving in time for the precongress courses ahead of the BSGE ASM.

The ride will be supported, with vehicles carrying the luggage of riders. Stops will be scheduled approximately every 2 hours, until the daily destination is reached. The ride is completely self-funded and will cost approximately £300-£350pp and participants are also expected to fundraise.

The ride is limited to 30 participants on a first come first served basis- register your interest now to receive priority notice when booking opens.

When: 27th April, 2025 12:00 AM to 29th April, 2025 12:00 AM

Where: Stranraer to Leeds

How: Click here to Register your interest now

ASM25
Annual Scientific Meeting

BSGE Ambulatory Care Network Meeting 2025

Justin Clark and Preth de Silva Co-Chairs of the BSGE ACN announce plans for the two day Ambulatory Care Network Meeting on 13th -14th February 2025

We had a fantastic meeting over two days in Brum enjoyed by 215 delegates. As always, the meeting was interactive, inclusive educational and fun.

It is with great pleasure that we can announce and invite you all to the 2025 BSGE Ambulatory Care Network (ACN) meeting in Birmingham. The meeting will take place at the recently renovated and prestigious Grand Hotel in Birmingham and run over two days, from lunchtime Thursday 13th to lunchtime Friday 14th February.

I think we all agree that the pressure on waiting lists has really shone a light on ambulatory care and a recognition of the need to expand and invest in services within the NHS and private providers. You will all also be pleased to see that the joint RCOG / BSGE Green-Top Guideline for "Outpatient Hysteroscopy" has finally been published (https://obgyn.onlinelibrary.wiley.com/doi/10.1111/1471-0528.17907) so we will, as usual, have lots to talk about and discuss.

The ACN began in 2019 and has grown so that last year we had 200 attendees. We believe that the popularity of the meeting relates to its relevance; ambulatory interventions for diagnosing and treating uterine and genital tract problems with hysteroscopy, ultrasound, new pharmaceuticals and other novel technologies are of fundamental importance to contemporary gynaecological practice. Also, the discursive format, focusing on discussion and sharing of best practice allows for participation and a collegiate feel. We are also delighted to announce that Prof Sergio Haimovich, founder of the Global Congress of Hysteroscopy, will give our key-note lecture.

We had 200 attendees at last year's meeting and we hope for similar numbers or even more this time at this stunning venue. You will be pleased to know that Preth's son, Rami and side kick "monkey" (pictured) were the main decision makers with regards to the venue. We are sure that you all will be ready for a great meeting in Feb after dusting off the post-Christmas blues- and you can also be back home in time for a romantic Valentine's day meal!

We look forward to seeing you there!



BSGE AMBULATORY CARE NETWORK 2025

13th and 14th February

Learn

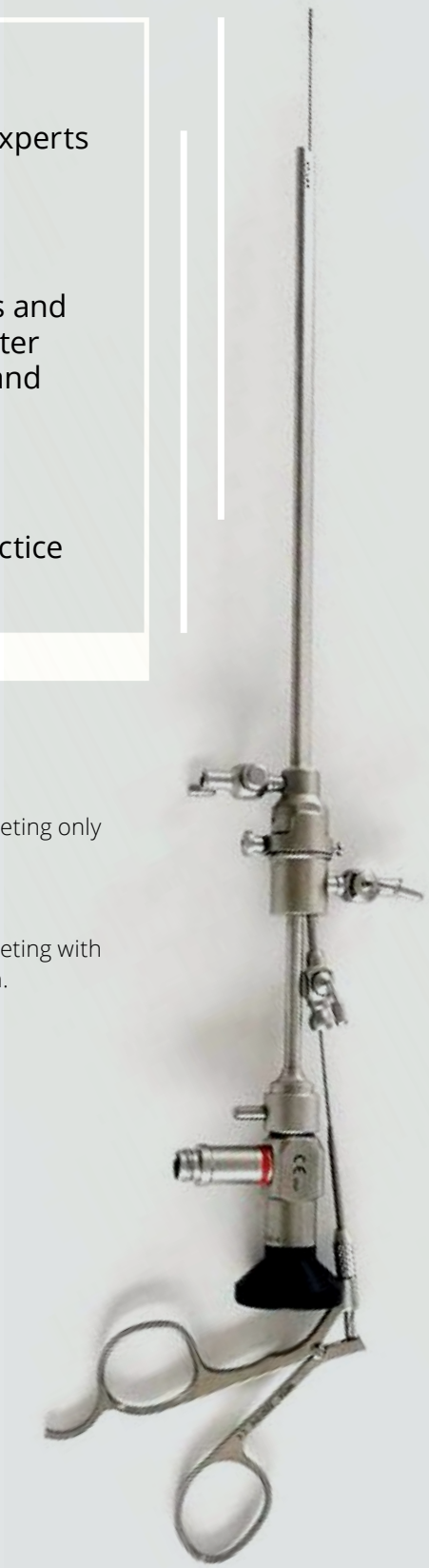
Presentations from national and international experts on topics relevant to outpatient hysteroscopy.

Discuss

Discuss interesting cases, address controversies and share ideas. Consider the changed landscape after Covid, learn about new innovations in practice and health technologies / pharma.

Collaborate

Be part of a national network, sharing good practice and filling gaps in evidence.



Register

£200 for BSGE member and £250 for Non-BSGE member for Meeting only with lunch and refreshments.
Register here

£300 for BSGE member and £375 for Non-BSGE member for Meeting with lunch and refreshments, networking dinner and accommodation.
Register here

Venue

The Grand Hotel, 1 Church Street,
Birmingham, B3 2FE

BSGE
BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

NCEPOD Endometriosis Report

Professor Andrew Horne and Emma Cox from Endometriosis UK were part of the team that launched the National endometriosis report in July 2024 with a live webinar

The review aimed to identify remediable factors in the quality of care provided to patients aged 18 and over with a diagnosis of endometriosis between the 1st February 2018 - 31st July 2020.

Andrew Kent represented BSGE in the review, which can be found together with other materials including infographics at: https://www.ncepod.org.uk/2024endometriosis.html

Andrew Horne said that the report, entitled 'Endometriosis: A long and painful road' had an overarching message, he said:

"Endometriosis is frequently treated as a series of acute episodes rather than as a continuous, chronic condition. This fragmented care model overlooks the necessity for ongoing, comprehensive management, which is crucial.

The NCEPOD report recognises the gaps in our current approach and provides important actionable guidance to drive improvements in endometriosis care."

Many of the recommendations in the report were already in the NICE Guideline on Endometriosis, which haven't been implemented. You can see them in full here, in summary, they include:

- Treat endometriosis as a chronic condition like diabetes and asthma
- Raise awareness in patients and the public
- Improve training for healthcare professionals
- Ask patient's about the impact on their quality of life as well as physical health, and support them to access the care they need
- Set up endometriosis multidisciplinary teams and clinical networks to facilitate appropriate care – currently 16% of hospitals that are not specialist BSGE Endometriosis Centres provide this
- Provide pain management support
- Formalise a care pathway for patients including follow up.

Emma Cox, CEO of Endometriosis UK, said:

"NCEPOD's 'A Long and Painful Road' clearly evidences the issues faced today by those with endometriosis, and the recommendations show how improvements can – and must - be made. Implementing these will not only reduce suffering for those with endometriosis, it will also save the NHS time and resources.

A Long and Painful Road' provides new research but highlights long standing issues; those with endometriosis have faced delays in accessing treatment and care for far too long. The report comes at a perfect time, we have a new Government who have committed to no longer neglect women's health, and to prioritise women's health as the NHS is reformed."

EXECUTIVE SUMMARY - ENDOMETRIOSIS

Endometriosis occurs when tissue similar to the lining of the uterus is found in places outside the uterus. These deposits can bleed in response to hormones, causing pain and scarring in the pelvis. A delay in diagnosis is a significant issue as it can lead to prolonged suffering, ill health, and risks to fertility. Delays occur due to a perception that pelvic pain and heavy vaginal bleeding can be normal, and because healthcare professionals do not always consider the presenting symptoms to be endometriosis - there may be many symptoms, not just cyclical pain and heavy bleeding.

FOR MORE INFORMATION ON ENDOMETRIOSIS VISIT: Endometriosis UK

Endometriosis is often treated as multiple episodes of acute care, instead of on a continuum like other chronic conditions, such as diabetes or inflammatory bowel disease. This approach needs to change to enable appropriate pathways of care, holistic and medical management, discharge planning and follow-up.

IN THIS STUDY

The pathway and quality of care provided to patients aged 18 years and over with a diagnosis of endometriosis was reviewed. The sampling period of 1st February 2018 to 31st July 2020 was used and data were included from 623 clinician questionnaires, 167 organisational questionnaires and the assessment of 309 sets of case notes. In addition, a patient survey was completed by 941 respondents and a clinician survey by 137 respondents.

1. Endometriosis is a chronic condition

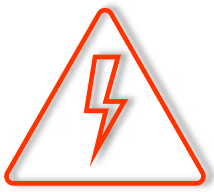
Unlike other chronic conditions, such as diabetes, there is no pathway for endometriosis.

36/136 **(26.5%)** patients had a **delay in initial referral to gynaecology** and in 25/36 patients this impacted on the quality of the care they received.

124/238 **(52.1%)** patients experienced **recurrence or persistence of endometriosis symptoms** following laparoscopy. 32/124 **(25.8%)** patients had a **delay in being reseen**.

2. Endometriosis has symptoms and signs that need earlier recognition for appropriate timely management

Signs and symptoms of endometriosis need to be recognised and not just seen as troublesome periods.



Presenting symptoms were most often **painful/irregular/heavy periods** or painful intercourse in 220/234 **(94.0%)** patients. But **also bowel** in 34/234 **(14.5%)** and **urinary/bladder** symptoms in 14/234 **(6.0%)** patients, or an **inability to conceive in** 12/234 **(5.1%)**.

546/941 **(58.0%)** patients surveyed **had multiple visits to the GP** before any investigations were undertaken or treatment initiated.

3. Endometriosis affects quality of life. All patients should be asked about the effect of disease on their life

Access to supportive services would enable patients with endometriosis to manage their condition.

Failure to refer to supportive services resulted in **less than best practice** for 70/309 **(22.7%)** patients.

420/941 **(44.6%)** of survey respondents stated that they were **not asked at any point about the impact of symptoms on their quality of life**.

4. Endometriosis requires holistic, joined-up, multidisciplinary care

Multidisciplinary care is essential to ensure patients with endometriosis have all their care needs met.

Only 73/167 **(43.7%)** of **hospitals reported MDT meetings** were held for patients with endometriosis.

Reviewers found that only 27/242 **(11.2%)** patients were **formally discussed in an MDT meeting** and 28/215 **(13.0%)** patients who were not discussed **should have been**.

Beyond the Stigma: Raising Awareness for Endometriosis at Cambridge University Hospital

Dr Dipankar (Ron) Chowdhury, Senior Clinical Fellow, Endometriosis and Advanced Laparoscopy, Hannah Caviel, Gynaecology Practice Development Nurse, and Katie Keane, Clinical Nurse Specialist – Endometriosis report on an endometriosis awareness day at Cambridge University Hospital

The Cambridge Endometriosis Endoscopic Surgery Unit (CESS-U) is a leading specialist unit at Cambridge University Hospital (aka Addenbrooke's Hospital). It offers comprehensive treatment and support to women with endometriosis. As a designated BSGE endometriosis unit, CESS-U provides holistic care tailored to each patient's individual needs.

As BSGE members will be only too aware over 1.5 million people assigned female at birth in the UK, and nearly 200 million globally suffer from endometriosis. There is hope on the horizon but no current permanent cures. 52% of women have recurrence after laparoscopy (NCEPOD 2024).

Ever since she started working as an endometriosis clinical nurse specialist (CNS) Katie Keane had encountered patients who also worked at the hospital who found it challenging to openly discuss their condition with colleagues and supervisors. Many patients felt uncomfortable disclosing their endometriosis diagnosis when absent from work due to symptoms, often opting for a less specific reason like "diarrhoea and vomiting." Katie and Hannah (practice development nurse) recognized the need to improve understanding of endometriosis within the hospital's support systems and were committed to increasing awareness.

They applied for a grant from Addenbrooke's Charitable Trust (ACT) to fund the Endometriosis UK Endometriosis Friendly Employer Scheme. During their meeting with ACT representatives, they were enthusiastically supported due to their understanding of endometriosis and its impact. Recognizing the potential benefits for patients, staff, and visitors, ACT agreed to fund the scheme. In practical terms, this means staff suffering from endometriosis will have their voices heard, be supported in flexible workplace arrangements and can also advocate to change the attitude by being ' endometriosis champions'. Our managers will know how to best support staff by receiving professional training. We decided to launch our scheme by organising the 'Endometriosis Awareness Day' event.

We collaborated with the Addenbrooke's communications team to make staff aware of the even. It was included in the staff bulletin and we placed posters across the hospital- in staff rooms, the careers office and outpatient areas. We joined forces with BSGE who kindly promoted our event on their website. ACT charity granted funding for a 'Gynae @ CUH' roller banner which was an eye-catching piece on the stall.

Hannah and Katie partnered with the CUH chaplaincy team to enhance the Endometriosis Awareness Day. The team, a vital support system for staff of diverse beliefs, enthusiastically embraced the event. Their presence provided a comforting space for staff to share their experiences and feelings. This proved invaluable, as many visitors to the stall felt heard and understood.

Our Endometriosis Awareness Day was held on 13th August 2024. We chose the concourse of Addenbrooke's hospital, an area with high foot traffic, as the launch location.

The day was a resounding success! Our stall was packed with helpful resources, from pelvis models showing endometriosis's anatomical location to informative leaflets, QR codes to learn about BSGE centres and a detailed breakdown of our services for women with endometriosis. Staff from across the hospital, including endoscopy, cancer outpatients, porters, and administrative services, came together to learn about endometriosis, and receive and show their support.

A remarkable 55 staff members pledged to become Endometriosis Champions, committing to biannual training on supporting colleagues with the condition.

Moving forward, we aim to sustain this momentum by expanding the line manager cohort of champions and enhancing the visibility of endometriosis within the workplace. By becoming an endometriosis-friendly employer, we join a distinguished group of organizations including British Airways, Heathrow Airport, and Network Rail to name a few, paving the way for a more supportive and understanding environment for women with endometriosis.

2024

Monday, 4th & Tuesday, 5th November

BSGE Endometriosis CNS 2 Day Education Event

'Foundations of Endometriosis Care for the Specialist Endometriosis Nurse'

This will be an exciting 2 day event which will include networking opportunities, talks on diagnosis and management of endometriosis from surgery to complementary and integrated therapies, the latest research developments, the role for the ANP and CNS, advice on business planning and promoting the development of your roles

Registration fee:

BSGE members - £175

Non-BSGE members - £235

Registration fee will include access to two day meeting, refreshments and lunch plus network dinner on Monday, 4th November at a restaurant booked by the BSGE.

Nearby Hotel: Premier Inn, Slough West (Slough Trading Estate), 40 Liverpool Road, Slough, Berkshire SL1 4QZ

Karl Storz Training and Technology Centre,
415 Perth Avenue,
Slough,
Berkshire,
SL1 4TQ

Course organisers:

Gilly Macdonald, Claudia Tye, Jenny Shaw, Zway Magama and Rosie McCluskey

A maximum of 12 CPD credits may be claimed for learning achieved at this meeting. The rate of claim is 1 credit per hour excluding breaks.

BSGE
BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

CLICK HERE TO REGISTER

BSGE News

BSGE Election Results 2024

The results of the BSGE elections were announced at the AGM, held in Belfast

This year there were lots of positions up for election, with members voting for a new Vice President, who will after two years become BSGE President, Honorary Secretary, five Senior Council Members and vacancies for a Senior Trainee Representative ST5-ST7 and a Junior Trainee Representative.

The results are as follows:

Council Officers

Vice President:
After her successful tenure as the Information Resources Portfolio Chair, Rebecca Mallick from University Hospitals Sussex NHS Foundation Trust was elected to be Vice President, following which she will become the next President of the BSGE.

Honorary Secretary:
Donna Ghosh from Worcestershire Acute Hospitals NHS Trust has been Trainee Representative and co-founder of the transformational RIGS group and Chair of the Laparoscopy Training Portfolio,she now becomes the Honorary Secretary.

Senior Representatives

Following the elections, President Arvind Vashisht made changes to the portfolios to better fit with the future work and focus of the Society and the key pledges made during his address in Belfast. The new Portfolio Chairs are:

Chair of Laparoscopic Training:
Lina Antoun from Birmingham Women's NHS Foundation Trust was elected as a Senior Representative following on from her role as a Trainee Rep.

Chair of BSGE Robotics:
Tony Chalhoub from Newcastle on Tyne NHS Trust was elected to Council and takes on the exciting new robotics portfolio. Tony introduces himself and his subcommittee in the portfolio reports later in this issue.

Chair of BSGE Diagnostics:
Lizzie Bean from UBarking, Havering and Redbridge University Hospitals NHS Trust will chair the new diagnostics portfolio. You can find out more about Lizzie and this innovative new development for the Society in her portfolio report and in Susanne Jones' article on Ultrasound and BSGE.

Chair of BSGE Information Resources & Editor of The Scope:
Angharad Jones from University Hospital of Wales, Cardiff replaces Jimi Odenjimni as Scope Editor. Angharad was previously a Trainee Representative. Learn more about Angharad's plans for The Scope in her first Editor's Message at the beginning of this issue- welcome Angharad from the rest of the team!

Hysteroscopy Portfolio Chair
In addition Nadine di Donato was successfully re-elected as a Senior Council Representative. Nadine will continue her excellent work has Hysteroscopy Portfolio Chair.

Trainee Representative

Junior Trainee Representative:
Florence Britton from St George's University Hospital Foundation Trust joins Senior Representatives Samantha Kirkwood and Ben Mondelli as trainee reps, working together to continue the fantastic job of the RIGS group.

BSGE News

Delayed diagnosis of endometriosis among people of colour

Cysters Group and Endometriosis UK are working together to investigate the delayed diagnosis of endometriosis among people of colour in the UK

They are inviting people of colour who have suspected or diagnosed endometriosis to take part in a survey to gather insights into the experiences of marginalised communities.

Despite progress in healthcare data collection, there is still a gap in representing the experiences of marginalised groups, particularly for those impacted by conditions and diseases like endometriosis.

Decision-makers in Parliament and the NHS often rely on data and statistics to inform policy and resource allocation. However, these datasets may not accurately reflect the experiences of marginalised communities.

A recent report from Endometriosis UK that gathered data on the experiences of being diagnosed with endometriosis in the UK found that whilst the ethnicity of respondents who identified as 'white' was proportionate to the data collected in the Census 2021, the remaining data was not illustrative of the ethnic diversity of the UK, with 15% of respondents choosing not to respond to the ethnicity question.

Neelam Heera-Shergill, Founder of Cysters, said:
"We know that the current statistics are not inclusive of all communities, particularly marginalised groups.

By encouraging those from marginalised communities to share their experiences through this survey, they will be helping us to advocate for the changes that are needed, backed by evidence from their communities. In addition to delving into the diagnosis journey for people of colour and the unique barriers they encounter. We aim for this research and findings to pave the way for additional funded research on all menstrual-related conditions affecting people of colour."

The survey seeks to gather insights into the experiences of marginalised communities, particularly concerning conditions and diseases like endometriosis.

The survey is anonymous and takes approximately 15 minutes to complete. Participants are not required to provide any personal or contact details that could identify them.

The team said:
"Please take part or share with your patients to help Cysters and Endometriosis UK ensure that all voices are heard in discussions about healthcare policy and initiatives, especially those from marginalised communities."

You can find out more or take part here.

The next issue of The Scope we will feature an interview with Emma Cox from Endometriosis UK to learn more about this important project.

BSGE News

RCOG publishes update to Green-top Guideline on Outpatient Hysteroscopy

The updated Green-top Guideline on Outpatient Hysteroscopy is now live on the RCOG website

The guideline aims to support the provision of evidence-based, high quality care with particular reference to minimising pain and optimising the patient experience. This guidance will supplement the already published Good Practice Paper.

The updated guidance recommends women are provided with information about outpatient hysteroscopy including the benefits and risks, possible pain relief options as well as alternative care settings, prior to their clinic appointment. It also states that women should be able to choose to reschedule an appointment, once they have received all of the information to allow more time for decision making.

Since the last guideline was published, the scope has been widened to include information around effective pain relief options, informed consent, training, standards of care provision and clinical documentation.

This guidance will supplement the already published Good Practice Paper, and will be followed by an updated patient information resource on this topic, providing a whole suite of guidance to ensure high quality service provision, as well as person-centred clinical care.

Prof Justin Clark, Co-Chair of the BSGE Ambulatory Care Network (ACN) said:

"Outpatient hysteroscopy is a pivotal intervention in contemporary gynaecology, used to diagnose and treat benign and malignant uterine conditions that adversely impact upon quality of life.

This much awaited, extensively revised and updated guideline will support best practice for this common procedure, helping to optimise clinical outcomes and patient experience. This evidence-based guideline is informed by extensive systematic reviews of the available research supported by wide consultation with practitioners. Clear recommendations are made and a novel audit tool included to quality assure practice.

I hope many clinicians across the world will benefit from assimilating the recommendations in this "green top" joint BSGE / RCOG guideline into their day to day practice of outpatient hysteroscopy."

The ACN will be discussing the Green-top Guideline at their two-day meeting in Birmingham in February 2025.

Find out more and book your place at:
https://www.bsge.org.uk/product/bsge-ambulatory-care-network-acn-2025/

https://www.rcog.org.uk/news/rcog-publishes-update-to-green-top-guideline-on-outpatient-hysteroscopy/

BSGE News

Application Deadline for Awards and Bursaries Extended

Applications for the second round of BSGE Awards and Bursaries 2024 are open. BSGE Honorary Secretary Donna Ghosh said:

"The awards offer financial support that can transform your professional and academic journey with opportunities for courses, degrees and travel. The deadline is 5pm on Sept 20th."

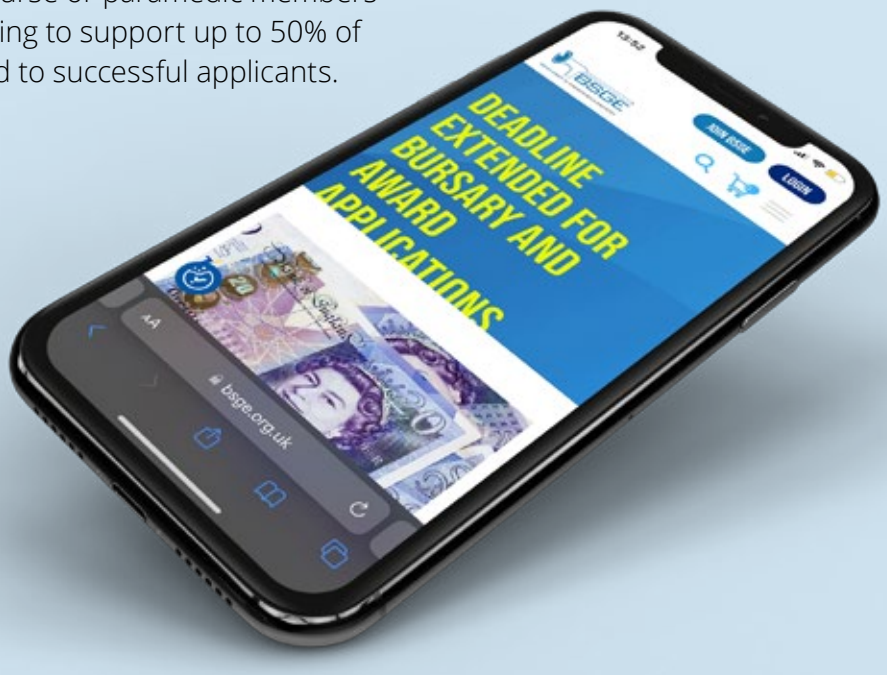
Previous rounds of applications have demonstrated that members that carefully follow the process, adhere to the specified entry criteria and submit all the required documents before the relevant closing date have a high chance of success.

The current awards available are:

- BSGE Alan Gordon Travelling Fellowship
- BSGE Travelling Fellowship and Bursaries for Consultants, SAS doctors and GP Hysteroscopists
- BSGE Travelling Fellowship and Bursaries for Doctors in Training
- BSGE Travelling Fellowship and Bursaries for Nurses and Paramedics
- BSGE Clinical Research Grant

Bursaries are awarded annually to support education in Gynaecological Endoscopy. The Bursaries are open to doctor, nurse or paramedic members currently employed in the UK. Funding to support up to 50% of the education costs can be awarded to successful applicants.

Find out more and apply here



BSGE Webinar Series

BSGE Vice President Rebecca Mallick, who was instrumental in starting the webinar programme, reports on upcoming sessions

Our popular BSGE webinar series is continuing to grow from strength to strength and we hope members are enjoying the diverse range of subjects on offer. Just a reminder that BSGE webinars are open to all, but members can access them all on demand, any time, via the BSGE website. The sessions are also great for CPD.

Looking to the future we will be focusing on a variety of new and exciting topics covering all aspects of gynaecological endoscopy including our robotic series and collaborative webinars with national and international societies including ESGE. Please do get in touch if you have any ideas on future topics and speakers.

Upcoming dates for the diary:

18th September 2024
Training in gynaecology – how to get the best out of your training and BSGE membership

20th October 2024
BSGE/Turkish society of reproductive medicine and surgery combined webinar – Diagnosis and management of uterine anomalies

27th November 2024
Decoding Diagnostic Hysteroscopy: How Can We Better Understand What We See

11th December 2024
BSGE/ESGE joint webinar on intra-uterine adhesions

29th January 2025
Part 3 robotic webinar series – Robotic surgery and neuropelveology

26th February 2025
Imaging and endometriosis

26th March 2025
How best to avoid and manage complications in gynaecological surgery

30th April 2025
GIRFT and same day discharge – the future of gynaecological surgery

IASP 2024 World Congress on Pain

Karolina Afors, BSGE Senior Council member and GESEA Programme Chief Mentor reports from the IASP Conference in Amsterdam

I recently had the pleasure of attending the International Association for the Study of Pain (IASP) conference in Amsterdam. My primary motivation was the growing recognition of pelvic pain as a distinct area of study and treatment within the broader field of endometriosis management. Additionally, I aimed to expand my knowledge and skill set to better serve patients who often develop symptoms refractory to medical and surgical management, frequently as part of a complex pain syndrome. The conference provided an excellent platform for doctors and healthcare practitioners to come together, fostering collaboration and knowledge sharing.

Key takeaways on pain types

1. **Nociceptive Pain:**
   - Results from actual or potential tissue damage
   - Often associated with inflammation or mechanical factors
   - In pelvic pain, may be related to endometriosis lesions or muscle dysfunction
2. **Neuropathic Pain:**
   - Caused by damage or dysfunction in the nervous system
   - May persist even after the initial injury has healed
   - In pelvic pain, could be due to nerve compression or damage from endometriosis or surgical interventions
3. **Nociplastic Pain (previously known as neuroplastic):**
   - Arises from altered nociception despite no clear evidence of tissue damage
   - Involves changes in pain processing in the central nervous system
   - Emphasized as a crucial concept in understanding chronic pelvic pain
   - Influenced by epigenetic factors

IASP 2024 WORLD CONGRESS ON PAIN
Amsterdam, Netherlands • 5-9 August

Key conference insights

1. Prevalence and Complexity: Chronic pelvic pain is more common and complex than previously thought, often underreported due to its heterogeneous nature.
2. Multifactorial Mechanisms: Pelvic pain involves various factors, including muscle dysfunction, neurological aspects, inflammatory markers, and psychological elements.
3. Psychological Impact: Pain-related fear and catastrophizing significantly affect pain processing, highlighting the need for psychological interventions.
4. Holistic Approach: Management should focus on patient-centered care rather than solely on treating visible lesions, recognizing that chronic pain in conditions like endometriosis is not limited to organ-specific issues.
5. Multidisciplinary Collaboration: The conference brought together various specialists, emphasizing the need for collaborative efforts in addressing pelvic pain.

Upcoming initiatives

1. RCOG Pelvic Pain Special Interest Training Module: Launching in October, this program aims to provide a comprehensive understanding of pain pathophysiology and management within a multidisciplinary model.
2. BSGE Pre-Congress Meeting: Will focus on holistic, patient-centered approaches to pain management, including novel therapeutics and digital health tools.

Conclusion

Pelvic pain often becomes a medical issue without a clear "home" in terms of specialties. Colleagues and trainees passionate about women's healthcare may unintentionally marginalise patients with pelvic pain when there's no obvious identifiable anatomical abnormality. It's crucial to look beyond this and provide frameworks for a better understanding and treatment of pelvic pain, allowing us to better appreciate the patient journey.

As the field continues to evolve, we must ensure the integration of innovative approaches, adopt digital health solutions, and collaborate with colleagues to provide a multidisciplinary, patient-centred approach. This offers hope for improved outcomes for patients suffering from pelvic pain.

The Scope meets... David Toub

Mez Aref-Adib had the pleasure of talking to Dr David Toub, Senior Vice President of Medical Affairs at Gynesonics

We were delighted to interview Dr David Toub for the BSGE Scope. Currently Senior Vice President for Gynesonics, Dr Toub received his AB and MD degrees from the University of Chicago. He then completed postgraduate medical training in obstetrics and gynaecology at Brigham and Women's Hospital, Massachusetts General Hospital, and Albert Einstein Medical Center. Following this, he completed a fellowship in pelvic surgery at Graduate Hospital under the mentorship of Harry Reich and Francis Hutchins, Jr.

Dr Toub also earned an MBA from Drexel University. He is a Fellow of the American College of Obstetricians and Gynecologists, a Diplomate of the American Board of Obstetrics and Gynecology, and an Associate of the Royal College of Obstetricians and Gynaecologists in the UK.

In his professional career, Dr Toub served as an attending physician at Pennsylvania Hospital and held faculty appointments at both Thomas Jefferson University and the University of Pennsylvania. A laparoscopic and pelvic surgeon with a special interest in providing alternatives to hysterectomy, Dr Toub has been a faculty member and speaker at numerous conferences.

He was a workgroup participant in the FIGO Menstrual Disorders Committee, which focused on fibroid classification, and was part of an international group that developed a core outcome set for studies of abnormal uterine bleeding. He is widely published and authored a chapter on the fundamentals and applications of radiofrequency ablation in gynaecology for a hysteroscopy textbook and serves as a special editor for the journals Clinical Obstetrics and Gynecology Reports and the Journal of Clinical Medicine. We hope you enjoy this interview as much as we did.

Can you tell us about your early life?

I was born and raised in New Jersey but went to college and medical school at the University of Chicago. In 2008, I started at Gynesonics as its medical director. It appealed to me because it offered an elegant hysterectomy alternative. When I was in practice at Pennsylvania Hospital in Philadelphia and elsewhere for many years,

I was heavily involved in offering hysterectomy alternatives to women, regardless of their interest in childbearing or age. I've been at Gynesonics now for over 16 years, since we started brainstorming what has now become a very accepted, prevalent, and important first-line treatment for women suffering from uterine fibroids, especially in the United Kingdom, EU and the United States.

Do you still practise as a gynaecologist?

My work at Gynesonics is easily enough for two of me - it's a full-time job for certain. Regrettably, I don't practice anymore. I miss it very dearly. I loved operating, teaching registrars, and taking care of patients. On the other hand, this allows me to hopefully make a difference through working with a wonderful team on both sides of the Atlantic, making a difference for many more women than I would have as a solo gynaecologist in the Philadelphia area.

How did you get into Obstetrics and Gynaecology in the first place?

My father, who was not a physician, had this romantic concept of obstetrics as delivering babies. When I went to medical school, I assumed that's what I wanted to do. I didn't realize how much I liked surgery and operating. I liked delivering babies, and it was certainly fun for a while. I made my own decision to go into obstetrics and gynaecology based on what I saw. I thought it was a good combination of surgery and medicine, but also taking care of a very underserved population, namely, women. I grew into it and gravitated more towards the surgical end, which is why I did my fellowship. My feeling was that I couldn't see myself waking up one morning and saying I can operate better than I ever will or better than anyone on this planet. I like the idea of always learning and trying to do things better, and in surgery, you're always trying to improve. You're never going to be a complete master of surgery in obstetrics.

I gravitated more towards surgery, and I was fortunate to work with not just gynaecologic surgeons but also general surgeons and urologists during my fellowship. They taught me a lot. I fondly remember a general surgeon from Iran who taught me to do hand-sewn bowel anastomoses. When I mentioned using a stapler, he insisted on teaching me to do it elegantly, comparing it to driving a Mercedes instead of a Ford. I learned a lot from that perspective.

How did you become a leader at Gynesonics?

I was always part of the management team from the start as the medical director. It evolved into a more senior title in terms of running medical affairs, but it was essentially a department of one—me. It was more of a title change than a change in role, which has always been managerial.

I was approached by a recruiter on LinkedIn who was looking for gynaecology colleagues interested in a startup developing a hysterectomy alternative. I thought it was a shame I wasn't looking for a job and that it was on the other coast of the United States. But they encouraged me not to discount it due to the distance, and it has worked out well.

Can you elaborate on the fundamentals and applications of what you do at Gynesonics, Sonata, radio frequency ablation?

The Sonata device that we have is a really elegant device to treat most women with uterine fibroids in a transcervical fashion. There are no incisions - it's like undergoing hysteroscopic surgery, except this is not a hysteroscopic procedure. It's a single device that integrates intrauterine ultrasound, which is fairly novel for us gynaecologists, with radiofrequency electrodes to treat and ablate fibroids all in a single device.

This has several advantages. For one thing, it's natural orifice surgery. We're going through the cervix to get to the endometrial cavity. We're not ever in the abdominal cavity. We're not making any incisions. There's nothing to suture, which is hugely advantageous for patients. We're closer to the pathology from an ultrasound perspective, so the resolution is actually better than when we do transvaginal ultrasound.

It allows us to treat so many more types of fibroids than we could safely treat with hysteroscopic surgery. I love hysteroscopic surgery, but it really limits us gynaecologists to treating submucous fibroids.

How do you think it's going to evolve?

I think the technology has already evolved significantly. We've reduced the ablation size from 2 cm by 1.3 cm to 1.6 by 1.2 cm. While that might not sound like much, it's almost 40% smaller in volume. The time for our smallest ablation has decreased from 1 minute to just 15 seconds, maintaining the same safety and capabilities of the Sonata system. This allows for even smaller ablations than before. There are more developments on the horizon, but I can't disclose details as my team would not be pleased!

Even with the current advancements, we can consider treating women earlier than we normally would. As gynaecologists, we can't predict well which fibroids will become symptomatic or grow. There have been few studies, and results have been inconsistent, indicating our limited understanding. However, for younger women with a smaller fibroid burden, treating them earlier could prevent more invasive procedures later on.

As fibroids grow larger and more numerous, there's often less willingness from some colleagues, especially in the United States, to consider anything other than hysterectomy. While it's not true that hysterectomy is the only option to treat very large fibroids, it does require expertise to perform those operations and is riskier for the patient than when treating a smaller fibroid burden. Treating patients earlier with Sonata offers significant advantages. It doesn't involve large incisions or necessarily require general anaesthesia. The United Kingdom has been a pioneer in using paracervical blockade for this procedure, which could be hugely beneficial for treating women before their fibroid burden becomes significant.

In the United States, we've sometimes treated up to 12 fibroids in one episode of care because we don't stage patients. I think 10 fibroids is a sensible upper limit because it becomes challenging to keep track of which fibroids have been ablated. While there's no harm in ablating the same tissue twice, it doesn't make progress since you've already treated it. For women with a very high number of fibroids, like 60 or 100, ablation might not be the best approach. In such cases, other treatments like myomectomy or embolization are more appropriate. Fortunately, having such a high number of fibroids is uncommon.

You mentioned being interested in alternatives to hysterectomy. Why was that your focus?

It was a combination of factors. One of my colleagues during my fellowship was interested in hysterectomy alternatives, even for women who were done with childbearing. He taught me a different attitude, which wasn't common at the time and still isn't in many cases. I also enjoyed the challenge. I remember performing a multiple myomectomy on a 48-year-old woman with about 60 fibroids. A colleague questioned why I wasn't doing a hysterectomy. I explained that the patient didn't want it and that it wasn't necessary. I invited him to watch and learn, showing that it could be done with less blood loss than a typical hysterectomy.

While there are occasional cases where a hysterectomy might be surgically appropriate, they are uncommon. Hysterectomy should be a woman's choice. I've had patients who, after discussing alternatives, chose hysterectomy because it was their preference, often influenced by family history. Ultimately, it's about providing options and respecting the patient's decision.

The decision to undergo a hysterectomy should not be the gynaecologist's choice. If a woman doesn't want a hysterectomy, she shouldn't have to have one.

In the United States, the main surgical gynaecology textbook, Te Linde's Operative Gynecology, states that it's rare for a hysterectomy to be surgically required to treat fibroids. However, it's the procedure most gynaecologists are comfortable with, which is why they gravitate towards it. This implies that we may not be skilled enough to do what's best for the patient, which I find insulting as a surgeon. I was determined not to resort to that unless it was the patient's choice.

You were part of a working group for the FIGO Menstrual Disorders Committee. How do these international collaborations impact global gynaecological practice?

International collaboration is crucial. When I was invited to participate in the FIGO meeting in Vancouver in 2018, it was a wonderful opportunity to collaborate with gynaecologists worldwide. Everyone practices gynaecology differently, so we learn from each other. It's important for the global community of gynaecologists to work together to establish best practices and standardization. For example, Natalie Cooper has led efforts to standardize how we report menstrual bleeding outcomes. Without standardized outcome measures, it's difficult to compare studies and determine the best practices. FIGO's work and initiatives like Natalie's are vital for advancing gynaecological care.

You mentioned that women are often underserved. Why is that, and what can we do?

It's a complex issue with many factors, including basic gender bias. Gynaecology has traditionally been male-dominated, and even today, leadership positions are often held by men. Although this is changing, with more women in leadership roles and younger female gynaecologists entering the field, there's still work to be done. Historically, the field was referred to as "boys with toys" due to its male dominance and machismo. However, with increased diversity and inclusion, the specialty is evolving. We need to continue supporting and promoting women in gynaecology to ensure that women's health is prioritized and that they receive the care they deserve. In terms of surgical gynaecology, there has been quite a change for the better. But there's still more work to be done. I do hear grumbling every now and then from colleagues at various conferences in the United States. Oddly enough, never in Europe, but in the United States for sure. Some ask why we're talking about disparities in care at a surgical conference. My response would be that if we didn't still have disparities in surgical care in terms of who's getting hysterectomies, we wouldn't need to discuss it.

It's not just gender bias. It's also an ethnicity bias. Black women are much more likely to be offered hysterectomy than white women for the same problem. They are also much more likely to be offered a non-minimally invasive option, like open surgery, compared to white women. If we didn't have these disparities in a surgical field, we wouldn't need to be talking about it at a surgical conference, but we have a long way to go. So I'm glad they're having those discussions.

How do you think surgical innovation will affect gynaecology?

In terms of fibroids, I think we already have some very good options. I think we can do better. One thing that's been out there for some time is focused ultrasound. The attractive thing about focused ultrasound is that it's not just minimally invasive, it's non-invasive. You're using ultrasound waves to treat fibroids from outside the body. On a concept level, that's very attractive and amazing. It just doesn't work very well. It doesn't shrink fibroids very well. Durability is not where it should be. The late Stephen Quinn in London did a wonderful systematic review years ago looking at fibroid volume reduction across focused ultrasound, embolization, and radiofrequency ablation. Focused ultrasound fared worse. Embolization was middle of the road, getting around 40 to 50% reduction. RF ablation, including Sonata, was the leader of the pack, usually around 60% or so fibroid volume reduction at 12 months.

So the evidence is not on the side of using focused ultrasound for fibroids. I do think there's still room for even more innovation in terms of fibroids. I think we still have more things we're going to be doing with Sonata that will be very important and exciting. So please stay tuned. There is more on the way. But I think we can do much better with fibroids, even beyond what we're doing now.

What do you think some of your key challenges and milestones in Sonata and Gynesonics have been?

In the United States in particular, because we don't have quite the same enlightened healthcare system that people in most other developed countries do, our first big challenge was really getting reimbursement - getting coverage for our device and treatment. We still have medical assistance plans in certain states here in the United States that do not cover it, whereas commercial insurers do cover it in the same state. So right there, there's a huge disparity of care, because most people who are on medical assistance are obviously those who can't afford commercial insurance, and they are very often people of colour, so there are huge disparities there. That has been a challenge. We've met that challenge - we now have over 300 million covered lives in the United States. We've done really well with commercial payers to get coverage across the board. There are very few commercial payers in the US who don't cover use of Sonata, which is excellent. We need to work on convincing the non-commercial payers, the public assistance payers, that they need to cover this. Some do, but it varies by state. The only difference is that in Europe, we tend to see more single-payer coverage, which we don't really have in the US. We're basically negotiating with countries or their health services, where we don't have to worry about individual payers as much, which is an advantage, I think.

How do you think OB/GYN is going to evolve in the next decade?

I can only speak for my country, the United States. But I think there are some things where a lot of us have been speaking to one another behind the scenes at various conferences. We recognize there are some real gaps in surgical training. For example, in the US, gynaecology originally was a subspecialty of general surgery. A lot of the people who pioneered gynaecologic oncology were not obstetricians in any way - they were general surgeons who specialised in gynaecology early in the 20th century.

Obstetrics and gynaecology merged into one specialty in the United States, and that's been both good and problematic. It's good because all gynaecologists know how to deliver babies and understand the reproductive life cycle. But at the same time, in my country, residency training is only 4 years, so you've got to learn obstetrics, including high-risk obstetrics, and also learn a fair amount of surgery. It's hard to do both well.

I think what a lot of us are starting to think is, maybe we need to split this in some way. Maybe have a common year or two, but then have different tracks. Someone who wants to do obstetrics predominantly can keep training in obstetrics, and someone who wants to do a more surgical practice can focus more on gynaecologic surgery.

What advice would you give to aspiring leaders?

That's really hard! My advice would be to never give up, but it's not going to happen very quickly. Sometimes there's serendipity - that's how I learned of Gynesonics and was invited there. Unfortunately, even in 2024 most jobs, whether in healthcare or non-healthcare, come from contacts - someone who can put in a good word. The reality is companies are deluged with resumes, and they will always prefer someone where someone can at least vouch for that person. So that's just the reality.

How do you balance life and work?

Well, people at Gynesonics think I don't sleep. I never know which time zone I'm in. I think it is important to balance. Part of it is that I've gotten very used to dealing with a lot of things in Europe before I'm even fully awake. We have a wonderful team in Europe, including the United Kingdom. I can't say enough about them - every day I work with them is a really good day. And then we have a really great team here in the United States as well. It is important to find balance, and I work pretty hard to try to find that.

What are your professional and personal goals going forward?

My professional goals are to really become more involved with growing this great device across both continents. Basically, working to provide even more of a presence for medical affairs as a department across the continents. Making sure that all of our team, especially people who are forward-facing with gynaecologists, are really expert in gynaecology. They're not going to be gynaecologists - you and I took many years to train - but they should at least know the language, the concepts, and be able to explain very concisely the real benefits of Sonata, in a very evidence-based fashion. Evidence is key, in my opinion. So those would be my professional goals in that regard.

Personally - obviously I always want to be a better parent and a better husband. But I'm also a composer, and I went to Juilliard when I was in high school. I still compose. I joke that gynaecology is a hobby, but my wife reminds me that if we relied on my composing for our living, we wouldn't make it, given I've only made about $200 from it. But I do write music, and I have an album coming out soon that was recorded recently in Brussels. My album will be on Bandcamp and likely Spotify and other streaming services.

How do you want to continue making an impact in leadership in the field?

I'm not young, and I'm aware that I'll soon reach retirement age. But I still want to have an impact and be involved with various conferences. I want to ensure that women know they don't need a hysterectomy for fibroids. I don't care which treatment they choose, but I want physicians to offer multiple choices, including Sonata, and to do so skilfully.

What advice would you give your younger self if you were starting out again?

Oh, that's hard. I think one of the things I really regret not having done is keeping up with languages. I never learned German, and I spend a lot of time in German-speaking countries like Switzerland, Germany, and Austria for work. I wish I spoke their language better. My German is probably better than my Dutch, but it's hard to learn the accent. Every time I try to speak Dutch in the Netherlands, they respond in English because it's obvious I'm not really Dutch. I wish I'd learned German because it would have been very helpful for me!

Mez Aref-Adib
Interviewer

BSGE Seniors Professional Development Meeting

7th and 8th November 2024

The aim of this meeting is to bring together a cohort of individuals at the start of their consultant careers who are passionate about minimal access in gynaecology and who wish to enhance their professional skills and build relationships that will last a lifetime.

MATTU,
The Leggett Building,
Daphne Jackson Road,
Guildford, Surrey,
GU2 7WG

Registration fee: £350

Strictly for 24 BSGE members only

Click here to register

Who should attend?

ST7 and Junior Consultants within 1 year of appointment.

Provisional agenda

Thursday 7th November

11:30-12:30 – Arrival, Registration, Lunch

12:30-17:30 – Dr Joe Amaral

19:30 – Conference Dinner

Friday 8th November

08:30 – Arrive

09:00 – Live link to theatres and skills lab (Limbs & Things Simulators, suturing, Advanced Energy)

15:30 – Close

Registration fee includes access to two day meeting, refreshments and lunch, network dinner plus one night accommodation at Holiday Inn, Guildford booked by the BSGE.

Faculty

Mr Andrew Kent
BSGE Immediate Past President, Director Gynaecological Surgery, MATTU

Dr Joe Amaral
Professor of Surgery(Emeritus), The Warren Alpert School of Medicine Brown University

Mrs Alison Snook
Manager, MATTU

Prof Jeremy Wright
BSGE Past President

Mr Ben Mondelli
Consultant Gynaecologist, Royal Surrey Hospital

BSGE
BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

A maximum of 13 CPD credits may be claimed for learning achieved at this meeting. The rate of claim is 1 credit per hour excluding breaks.

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Insights from the International Society of Neuropelveology Conference

Mikey Adamczyk, new Chair of the Website and Digital Governance Portfolio reports on the International Society of Neuropelveology Conference 2024 in Paris

My journey to the International Society of Neuropelveology (ISON) Conference this summer was a thrilling adventure. It almost didn't happen, as I underestimated the long queues at Luton Airport. A petite French woman, clearly distressed, rushed past me and asked if she could move to the front of the line. She explained that she was flying to Paris, so I let her pass. Smiling, I told her, "Me too." She turned to me, puzzled, and asked, "And you're not worried?" It was at that moment I realised we both had to run. Long story short, we were the last passengers to board the plane, sweaty and out of breath but relieved to have made it.

The two-day event was precisely what one would expect from a neuropelveology conference—full of thought-provoking ideas and eye-opening advancements in medical care. Despite the sweltering heat, it was also lovely to see so many of our BSGE members in Paris!

Some highlights that caught my attention included research from our German colleagues (gynaecologists and neurosurgeons) on their multidisciplinary approach to neuropathic pelvic pain. Their research on patients with chronic pelvic pain utilising the LION procedure (deep nerve stimulation) was truly inspiring. As we all know, there are patients where endometriosis has been ruled out, there is no neurovascular compression or any other pathology, and yet they suffer from debilitating pain with no known cause. Listening to the German team present their LION procedure data was uplifting; it proved that there is indeed light at the end of the tunnel for specific patients.

The conference underscored the need for continued education and collaboration between specialists. As members of the British Society of Gynaecological Endoscopy, we play a crucial role in integrating these insights into our practice.

This ensures that our patients benefit from the latest developments in this field. Attending the ISON Conference was a powerful reminder of the importance of staying at the forefront of medical innovation.

The knowledge and techniques shared in Paris will undoubtedly influence my work and help us provide more comprehensive care to patients suffering from complex conditions.

The next ISON conference will be held in Oslo. It's a wonderful city in the summer, so I hope to see you there!

BSGE Video Competition

The BSGE has launched the 2025 Video Competition. Vice President Rebecca Mallick announced the competition saying:

"We are thrilled to announce that applications for the esteemed BSGE Surgical Video competition are now open! This annual event presents an exceptional opportunity for participants to showcase their skills and expertise in endoscopic surgery through captivating videos."

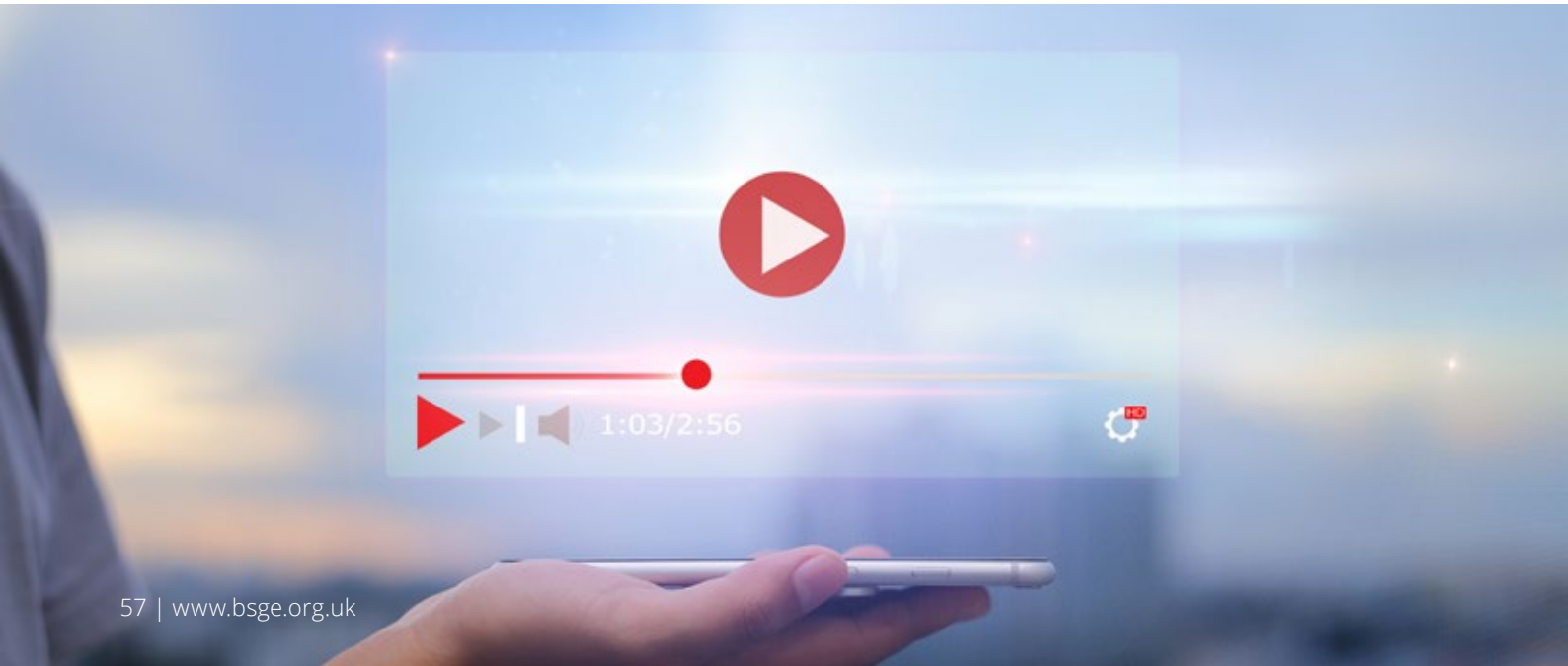
There are three prizes across the following categories on offer:

- Doctors in Training
- Nurse/Paramedics
- Consultants/SAS doctors/GP doctors
- Overseas members (from any category)

Rebecca encouraged BSGE members to enter saying:

"This competition serves as a platform to acknowledge and celebrate excellence in the field. Don't miss the chance to win the £300 prize! Ensure your video submission is received before the approaching deadline on 15th November. We look forward to receiving your submissions and witnessing the impressive surgical videos that will be presented."

To enter and exhibit your abilities, Click here now



Portfolio Reports

Hysteroscopy Portfolio Report

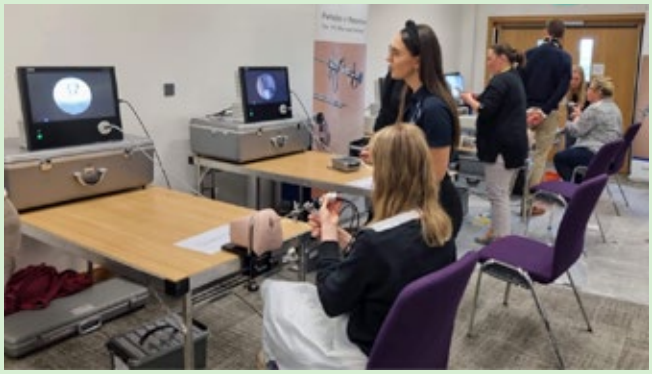
Pre-congress hysteroscopy workshop

The pre-congress course on hysteroscopy was a success with 20 delegates, the perfect balanced number to maintain the quality of the training, preserve interactions between faculty and delegates and maximise the precious hands-on training time.

We had invited national speakers who delivered important presentations on hysteroscopic hot topics. These included: Troubleshooting in hysteroscopy, which helped delegates understand how to solve technical problems with camera, scope, instruments, the use of morcellators for removal of retained product of conception. There was a very interesting talk on failed hysteroscopy with key messages on tips and tricks. The challenge to remove fibroids in the outpatient environment, its limitations and innovations.

I'm proud to say we that we introduced a talk on the role of ultrasound in ambulatory care to select patients who really benefit from hysteroscopy and reducing unnecessary referrals but as well to have the information needed for a correct treatment planning.

The hands-on session offered delegates the opportunity to try different types of endometrial ablation and different types of morcellators on models or using a virtual platform. There was also a dedicated session with resectoscopes, with everyone practising resection on frozen potatoes! There was also plenty of discussion of interesting and challenging cases. The quality of the faculty and speakers in Belfast was amazing, I'd like to thank them all for delivering a top quality course.



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Portfolio Reports

Hysteroscopy Portfolio Report continued

Upcoming courses

The next pre-congress hysteroscopy workshop will be in Leeds in 2025 before the ASM-please save the date 29th April 2025

We will also be delivering a further hysteroscopy course in October 2024 (1st October for the lecture day, with hands-on training on 9-10 October 2024) and soon we will share the dates of two further workshops in June and October 2025 with October also offering a dedicated lecture day. Keep an eye on the website, or my update in the next Scope for further details.

On the 10-11th December 2024 we're holding a nurse hysteroscopy course in Slough. Delegates can look forward to two intense days with lunch at the start and at the finish, Lots of training and a delicious and fun dinner too!

Nadine Di Donato
Chair of Hysteroscopy Subcommittee

Website and Digital Governance Portfolio Report

As the new Chair of the BSGE Website and Digital Governance portfolio, I am thrilled to take on this role and bring my enthusiasm to it.

One of my immediate priorities is to revamp our surgical library, a crucial resource for our community. This overhaul will ensure that surgical videos are easily accessible and navigable for all our members, making each of you an essential part of our community's progress.

In addition, I'm incredibly excited about our ongoing work on the BSGE National Traveling Observership Program (NTOP). This short observership initiative will foster knowledge sharing in minimally invasive gynaecology across the UK. We'll develop a comprehensive UK map highlighting participating centres, helping applicants find information on what each unit offers, including various procedures from endometriosis and fibroids to hysteroscopy, robotics, and neuropelveology.

This program has the potential to transform the way we network and share ideas and expertise, and I'm eager to witness its impact.

I'm also excited to broaden the spectrum of the BSGE Website & Digital Governance portfolio. If you're passionate about these areas, have ideas to share, or are interested in joining the subcommittee, I'd love to hear from you! Please email me at mikey.adamczyk@gmail.com.

Looking forward to an exciting journey ahead!

Angus Mikey Adamczyk
Chair of Website and Digital Governance Portfolio

Portfolio Reports

Laparoscopy Portfolio Report

Benign abdominal surgery meeting

The BSGE/ RCOG Benign Abdominal Surgery course will be held at the RCOG on the 24-25th September 2024.

This year we are bringing a new and exciting theoretical and practical programme that will be delivered by panels of experts in the field of laparoscopic and open benign gynaecological surgery. The programme will focus on the challenges of managing benign gynaecological conditions including dissection of pelvic side wall, management of endometriosis, menorrhagia and the role of robotics in managing benign conditions. We will also include case based discussion for interesting cases, and cover management of complications. The theoretical element will be followed by a one-day hands-on practical workshop to develop essential skills that will allow delegates to practice key steps of laparoscopic hysterectomy including dissection, vessel sealing, colpotomy, and vault closure using interrupted intracorporeal and extracorporeal suturing in addition to continuous vault closure.

The practical days of the course are now fully booked, however, there are still places available for the virtual component.

For more information on the course and how to register, please visit: https://rcog.eventsair.com/gynaecological-abdominal-surgery-2024

BSGE RIGS HUB National Training Programme

This a centralised, standardised BSGE programme, that is delivered through a series of hands on workshops at laparoscopic hubs within each deanery and online webinars. Each workshop will be facilitated by appointed RIGs regional reps, along with a BSGE faculty within each hub. There are 3 programme streams (Basic, Intermediate and Advanced) and the content aligns with the requirements of the core RCOG curriculum.

Applications for the BSGE RIGs Hub National Training programme are now closed for this year with a substantial increase in the number of applicants compared to previous years.

The BSGE are excited to start the National Training Programme for 2024/2025 in September 2024. The practical training sessions will be held on 12th September 2024 (Basic), 17th October 2024 (Intermediate) and 21st November 2024 (Advanced). In addition, there will be 3 webinars to compliment the theoretical aspect of the programme.

We are planning to have a subcommittee of BSGE members looking at redesigning the courses in the future to incorporate the upcoming changes in the RCOG Special Interest Training Modules (SITMs), and contributing to promoting minimally invasive gynaecological surgery by increasing our engagement with industry and other international societies.

Lina Antoun
Chair of Laparoscopy Portfolio

Portfolio Reports

Diagnostics Portfolio Report

Timely and accurate diagnosis of gynaecological pathology, in particular endometriosis, is fundamental for empowering women to make choices about their care and supports planning of treatment.

Our new President highlighted 'facilitating diagnostics' as one of his pledges during his Presidential address at our ASM this year. Belfast 2024 also gave us a diagnostics stream in the main scientific programme and a pre-congress workshop on ultrasound for minimally invasive surgery. I am delighted to introduce the Diagnostics Portfolio as a new addition to the BSGE in 2024. Our objectives are to improve awareness of the yield of different diagnostic modalities and provide resources for training in non-invasive diagnosis of gynaecological conditions.

Our advert for subcommittee members has attracted lots of interest and we received many fantastic applications. We look forward to advertising some of our planned activities in the coming months and continuing to develop the programmed diagnostics sessions for the ASM in Leeds 2025..

Lizzie Bean
Chair of Diagnostics Portfolio

Robotic Surgery Portfolio Report

I am deeply honoured to have been elected by the BSGE as a senior Council member and the Chair for the new Robotic Surgery Portfolio. I am truly grateful for the overwhelming support and enthusiasm shown by the subcommittee members (Antoun Lina, Barnick Oscar, Di Donato Nadine, Kirkwood Samantha, Koukouli Hara, Mabrouk Mohamed, Mondelli Ben, Otify Mo, Suruchi Pandey and Tsepov Denis) and colleagues across the UK. I extend my sincere thanks to each one of you. This role presents a significant challenge, but it is one that I embrace with enthusiasm. I look forward to working together to develop high-quality training programmes, underpinned by strong governance and assurance frameworks, all guided by the latest evidence.

Robotic surgery has significantly advanced the field of gynae-oncology and complex benign gynaecology in the UK, transforming the approach to complex procedures. The adoption of robotic platforms has expanded further post Covid 19 era and become an integral part of gynaecological surgery practice. These technological advancements have not only enhanced surgical accuracy but also contributed to a growing emphasis on patient-centered care, ensuring that women receive the most effective and least invasive treatments available. As training programmes and clinical evidence continue to evolve, the role of robotics in UK gynaecology is set to become even more fundamental to the future of women's healthcare. I am excited about the journey ahead as we work together to advance the field of robotic surgery within UK gynaecology. The unwavering support and dedication from each of you—our subcommittee members and colleagues—fuel my optimism for what we can achieve. As we collaborate with our President, Arvind Vashisht, our collective efforts will drive the transformation of robotic surgery into a cornerstone of women's healthcare. Together, we will ensure that our training programmes and clinical practices continue to set the highest standards, delivering exceptional care to the women we serve. Thank you for your trust and commitment as we embark on this important mission.

Tony Chalhoub
Chair of Robotic Surgery Portfolio

RIGS
Registrars In Gynaecological Surgery
Training and Support in Endoscopy

RIGS Webinars

Basic principles of laparoscopic surgery

Join us at our 1st webinar of the BSGE RIGS HUB National Training Programme 2024. The webinar will cover fundamentals of laparoscopic surgery including anatomy, safety and troubleshooting, in addition to key steps in diagnostic laparoscopy and endometriosis management. Attendance is mandatory for delegates selected to be part of this year's national training programme but the webinar remains open to all BSGE members.

Register for free HERE (Registration Required)

Monday 9th September 2024 at 18:30-19:30 (UK time)

Intermediate: Core skills in laparoscopic surgery

Join us for this unmissable webinar where we will discuss three fundamental topics for surgeons beginning their journey into laparoscopic surgery. We will cover the importance of having a deep knowledge of anatomy and ergonomics in surgery. We will conclude our webinar with a lecture on one of the first laparoscopic procedures you will be able to perform independently: the treatment of ectopic pregnancy. During the webinar, you will have the opportunity to interact with our speakers and ask questions.

Register for free HERE (Registration Required)

Monday 7th October 2024 at 18:30-19:30 (UK time)

Advanced: Advances in minimally invasive surgery

Join us for the 3rd and final webinar for this year's RIGs HUB training programme. Three renowned speakers will cover a range of renovations in minimally invasive surgery, Prof Justin Clark will talk about hysteroscopic management of fibroids, and Prof Ertan Saridogan will cover the laparoscopic aspect of management. We also have Prof Andreas Hackethal from Hamburg, Germany who will share his experience and provides tips for laparoscopic hysterectomy.

Register for free HERE (Registration Required)

Monday 11th November 2024 at 18:30-19:30 (UK time)

Noteworthy Articles

Naomi Harvey, ST7 at Princess Royal Hospital, Haywards Heath has trawled through the journals to bring you some of the most interesting and thought-provoking papers

Morris et al. Endometriosis and subfertility. The Obstetrician & Gynaecologist 2024;26:32–43.

Comprehensive review of the tricky management options when presented with endometriosis and subfertility. Very informative especially on the effect of endometriosis and endometriomas on oocyte activity and endometrial receptivity. The authors discuss the benefits of using a scoring system specifically for patients whom desire fertility- the endometriosis fertility index (EFI). Great article- full of facts and figures- so may be useful if preparing for part 2 MRCOG!

Uchida et al. Association between endometriosis and perinatal complications: a case-control study. BMC Pregnancy and Childbirth 2024;24:537.

An interesting large case control study based in Japan comparing pregnancy outcomes for patients with endometriosis vs control. Nearly 3,000 patients outcomes were assessed with a statistically significant risk of developing placenta praevia and surprisingly, gestational diabetes.

Eder et al. Transgender and non-binary people's experience of endometriosis. Journal of Health Psychology; 2024:1-15

Small but thought-provoking study into the experience for transgender and non- binary patients who are diagnosed with endometriosis. The article highlights how suffering from endometriosis with delayed diagnosis can increase the sensation of 'unhomelikeness' a gender diverse person may experience.

Strong et al. Current opinion on large-scale prospective myomectomy databases toward evidence-based preconception and antenatal counselling utilising a standardised myomectomy operation note. Facts, Views and Visions in Obstetrics and Gynaecology; 2024:16;59-65.

Topical article whereby consultants throughout London, Kent, Sussex and Surrey completed a questionnaire on their thoughts on a standardised myomectomy operation note to aid the development of a pregnancy- outcome database for patients after myomectomy.

Cooper et al. Opportunities for change and levelling up: a trust wide retrospective analysis of 8 years of laparoscopic and abdominal myomectomy. Facts, Views and Visions in Obstetrics and Gynaecology ;2024:16;195-201.

Continuing the myomectomy theme! Seven-year study of all myomectomies performed in a large NHS trust to established if many open procedures could have been laparoscopic. The results support that over 30% of open myomectomies could have been performed laparoscopically, whilst conversely, 15% of laparoscopic procedures should have been open. The potential improvement in patient case, lower costs and hospital stay are emphasised.

Chen et al. Diagnosis and treatment of disseminated peritoneal leiomyomatosis implanted in the trocar site of a previous laparoscopic surgery. International Journal of Gynaecology and Obstetrics; 2024:00:1-3.

More fibroids! Case report with some fascinating images of fibroids that have spread throughout the abdomen following morcellation and adhered to a previous trocar site.

Harder et al. Assessing the true prevalence of endometriosis: A narrative review of literature data. International Journal of Gynaecology & Obstetrics: 2024:00:1-18.

Extensive narrative review of published peer- reviewed articles on endometriosis. From this, the authors were able to establish a world map of endometriosis prevalence and global lifetime prevalence. Very interesting read!

Furui et al. Endometrial congestion is the only hysteroscopic finding indicative of chronic endometritis. PLoS One;2024: 19(6).

Research article on the hysteroscopic findings to support a diagnosis of chronic endometritis and the link with endometrial congestion. Interesting review of the literature available and the importance (and limitations) of histopatholoical diagnosis.

Pavone et al. Robotic platforms in gynaecological surgery: past, present and future. Facts, Views and Visions in Obstetrics and Gynaecology;2024:16(2):163-172.

With the increasing adoption of robotic surgery in clinical practice, this article offers an in-depth overview of existing robotic platforms and those in development. It critically assesses the available technology and heralds the increasing accessibility of robotic platforms with the shift in cost reduction.

Lee at al. Charting Proficiency: The Learning Curve in Robotic Hysterectomy for Large Uteri Exceeding 1000 g. Journal of Clinical Medicine; 2024:13:4347.

Retrospective analysis of the safety of undergoing a robotic hysterectomy for a significantly larger uterus and the learning curve for the surgeon is also explored. Their findings suggest that after the 20th case, proficiency is achieved.

Gurumurthy at al. Prophylactic ureteric catherisation during complex gynaecological surgery: A systematic review and meta-analysis. BJOG; 2024: 131:1341-1351.

Interesting systematic review including three randomised controlled trials and seven observational studies to gather robust evidence on recommending perioperative ureteric catherisation or stenting in complex gynaecological surgery. Useful as the review encompasses nearly 9,000 operations with surprisingly no statistical difference in outcome whether the ureter was stented or not.

Capezzuoli et al. Conservative surgical treatment for adenomyosis: New options for looking beyond uterus removal. Best Practice & Research Clinical Obstetrics & Gynaecology; 2024: 95:102507

This article explores uterus conserving surgical treatment for adenomyosis such as adenomyomectomy, the triple flap method, hysteroscopic resection and also radiofrequency ablation. Interesting suggestions when approaching treatment for patients who desire to retain fertility.

Chekol et al. Spontaneous umbilical endometriosis: Rare occurrence in nulliparous women - Case report & literature review. International Journal of Surgery Case Reports;2024:122:110115

Case report of a very rare presentation of isolated endometriosis in the umbilicus of a nulliparous patient. Useful case if ever presented with an umbilical swelling in terms of work up and differentials.

Upcoming Events

Nadine di Donato lists upcoming events 2024-2025

Please note that the BSGE courses are highlighted in blue.

34th World Congress on Ultrasound in Obstetrics and Gynaecology (ISUOG 2024)
Date: 15-18 September 2024
Where: Budapest, Hungary
Click here for more info >>

12th Asian Congress on Endometriosis (ACE) 2024
Date: 20-24 September 2024
Where: Bali, Indonesia
Click here for more info >>

RCOG World Congress 2024
Date: 15-17 October 2024
Where: Muscat, Oman
Click here for more info >>

ASRM Scientific Congress 2024 (The American Society for Reproductive Medicine
Date: 19-23 October 2024
Where: Denver, Colorado, USA
Click here for more info >>

ESGE 33rd Annual Congress 2024
Date: 27-30 October 2024
Where: Marseille, France
Click here for more info >>

XIX Annual Meeting of the Mediterranean Society for Reproductive Medicine 2024
Date: 31 October – 3 November 2024
Where: Antalya, Turkey
Click here for more info >>

53rd Global Congress AAGL 2024
Date: 16-19 November 2024
Where: New Orleans (LA), USA
Click here for more info >>

BSGE Nurse Hysteroscopy Operative Workshop 2024
Date: 10-11 December 2024
Where: Karl Storz Training and Technology Centre, 415 Perth Avenue, Slough, Berkshire, SL1 4TQ
Click here for more info >>

Endometriosis: a holistic perspective (ESHRE Campus) 2024
Date: 12-13 December 2024
Where: Leuven, Belgium
Click here for more info >>

Joint BSGE/RCOG/BMUS course in ultrasound diagnosis of endometriosis
Date: 29 January 2025
Where: Online
Click here for more info >>

BSGE AMBULATORY CARE NETWORK 2025
Date: 13-14 February 2025
Where: The Grand Hotel Birmingham, 1 Church St, Birmingham B3 2FE
Click here for more info >>

10th Edition ENDO DUBAI 2025
Date: 20-22 February 2025
Where: Dubai, United Arab Emirates
Click here for more info >>

Congress ESGO (European Congress on Gynaecological Oncology) 2025
Date: 20-23 February 2025
Where: Rome, Italy
Click here for more info >>

AGES XXXV Annual Scientific Meeting (Australasian Gynaecological Endoscopy & Surgery) 2025

Date: 27 February – 1 March 2025

Where: Perth, Australia

Click here for more info >>

Annual Meeting of the Society for Reproductive Investigation (SRI) 2025

Date: 25-29 March 2025

Where: Charlotte (NC), USA

Click here for more info >>

AGCES Conference (American and Global College of Endometriosis Specialists) 2025

Date: 28-30 March 2025

Where: Atlanta, Georgia

Click here for more info >>

Global community hysteroscopy 2025

Date: 23-25 April 2025

Where: Barcelona, Spain

Click here for more info >>

14th Congress of the European Pain Federation (EFIC) 2025

Date: 24-26 April 2025

Where: Lyon, France

Click here for more info >>

Endometriosis and uterine disorders (SEUD) 2025

Date: 24-26 April 2025

Where: Prague, Czech Republic

Click here for more info >>

BSGE Annual Scientific Meeting 2025

Date: 29 April – 02 May 2025

Where: Leeds, United Kingdom

Click here for more info >>

WCE 2025 | World Congress on Endometriosis 2025

Date: 21-24 May 2025

Where: ICC Sydney 14 Darling Drive Sydney, NSW 2000, Australia

Click here for more info >>

37th ISGE annual meeting in conjunction with 28th AGOTA national congress 2025

Date: 21-24 May 2025

Where: Zanzibar - Tanzania

Click here for more info >>

GYNITALY 2025

Date: 27-29 May 2025

Where: Venice (Italy)

Click here for more info >>

BSGE/RCOG Hysteroscopy Workshop 2025

Date: 11-12 June 2025

Where: The Royal College of Obstetricians and Gynaecologists 10-18 Union St, London SE1 1GH, United Kingdom

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ESHRE 41st Annual Meeting (European Society of Human Reproduction and Embryology) 2025

Date: 29 June – 2 July 2025

Where: Paris, France

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Society of European Robotic Gynaecological Surgery (SERGS) 2025

Date: 5-7 June 2025

Pisa, Italy

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XXV FIGO World Congress of Gynaecology and Obstetrics 2025

Date: 5-9 October 2025

Where: Cape Town International Convention Centre

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The Scope meets

BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

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