ASM25

Annual Scientific Meeting

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

29th April | Pre-congress workshops

BSGE

BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

Endometriosis Centres Update – 2025

Angus Thomson, Worcester
Kirsty Munro, Edinburgh
Oli O' Donovan, Bristol
Jon Hughes, Worcester

Endometriosis Centres Committee 24/25

- **Expansion of Committee**
  - 11 Committee members – with Consultant, Nurse and Trainee members
  - New agreed terms of reference
  - Scientific Advisory Group – membership reviewed
- **Accreditation for 2025**
  - 3223 cases submitted on database
  - 82 Accredited Centres (inc 16 Private)
  - 6 Provisional Centres (inc 2 Private)
- **New Accreditation Criteria for 2026 (with annual confirmation statement)**
  - #Enzian classification
  - 12 cases per surgeon
  - Before / after photos rather than video (video for each surgeon of provisional centres)
  - Required 70% follow up rate at 6 months, 60 % at 12 months
- **(NHSE) Service Specification for Very Severe Endometriosis**
  - Under review with Clinical Priorities Advisory Group
  - Still expected 24 joint cases with other specialties per centre
- **Endometriosis Centres Session (at ASM) – Friday 2nd May 2pm**

Endometriosis Centres Sub-committee

Scientific Advisory Group

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Summary:

1. **Update on 2024 accreditation outcome**

2. **NEW Accreditation requirements – 2026**

3. **#Enzian Classification / Index cases**

4. **2026 – process for accreditation / re-accreditation**

5. **Database Platform Development**

6. **NHSE – service specification: Complex Gynaecology- severe endometriosis**

7. **Next steps**
   - **Circulate plans / SCOPE article / BSGE Webinar**
   - **Develop Database Platform**
   - **Database training and roll out**

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Summary:

1. **Update on 2025 accreditation outcome / data** **(Angus Thomson)**
2. **NEW Accreditation requirements – 2026** **(Kirsty Munro)**
3. **Enzian Classification / Index cases** **(Oli O'Donovan)**
4. **2026 – process for accreditation / re-accreditation**
5. **Database Platform Development** **(Jon Hughes)**
6. **NHSE – service specification: Complex Gynaecology- severe endometriosis**
7. **Next steps**
   - **Circulate plans / SCOPE article / BSGE Webinar**
   - **Develop Database Platform**
   - **Database training and roll out**

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UK 2025: 83 Accredited Centres
6 Provisional Centres

	England	Wales	Scotland	Northern Ireland	TOTAL
ACCREDITED CENTRES	75 (inc 13 ISP)	3 (inc 1 ISP)	4 (inc 1 ISP)	1	83 (inc 10 ISP)
PROVISIONAL CENTRES	5 (inc 2 ISP)	1	0	0	6 (inc 2 ISP)
ALL	**80**	**4**	**4**	**1**	**89**

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Centre Statistics (2022-24)

	Not Rx	Pararectal but no rectal surgery	Shave	Disc	Segment	Total Pararectal Dissection	Bladder	Ureter	Total
2017-21		34%	60%	1%	4%				
2022	41	765	1367	61	117	2351	29	251	2631
2023	54	786	1524	105	143	2612	27	295	2934
2024	69	909	1943	109	175	3205	35	479	3719
% 3 years	2%	28%	61%	3.4%	5.4%				

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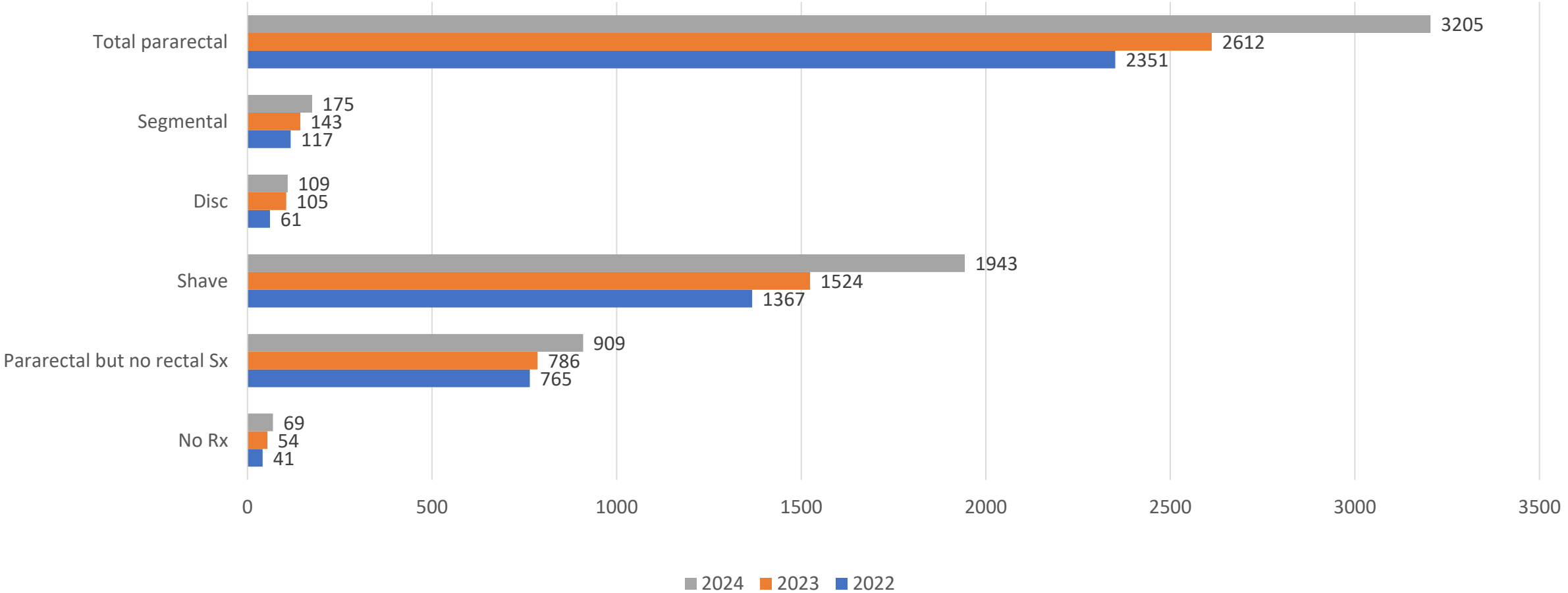
Trends in pararectal dissections and colorectal procedures (2022-24)



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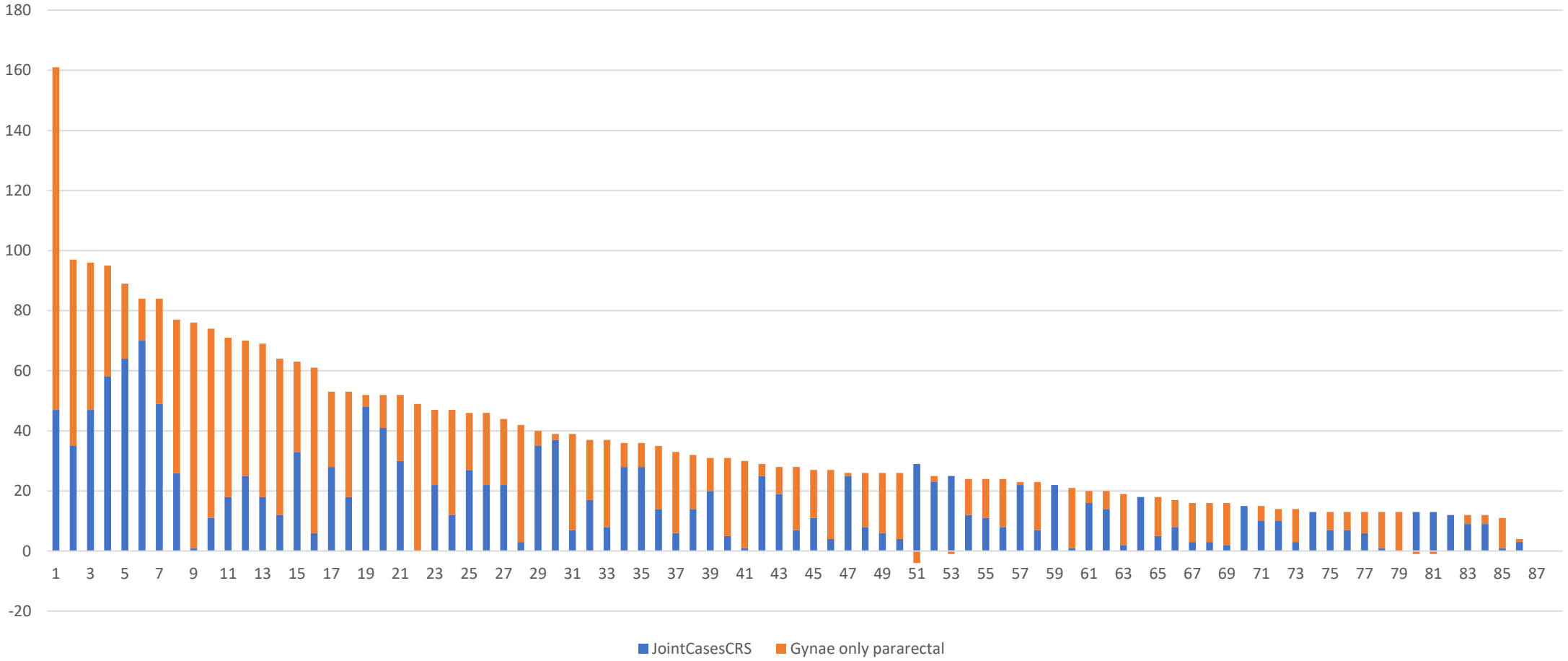
Pararectal dissections: joint colorectal & Gynae only



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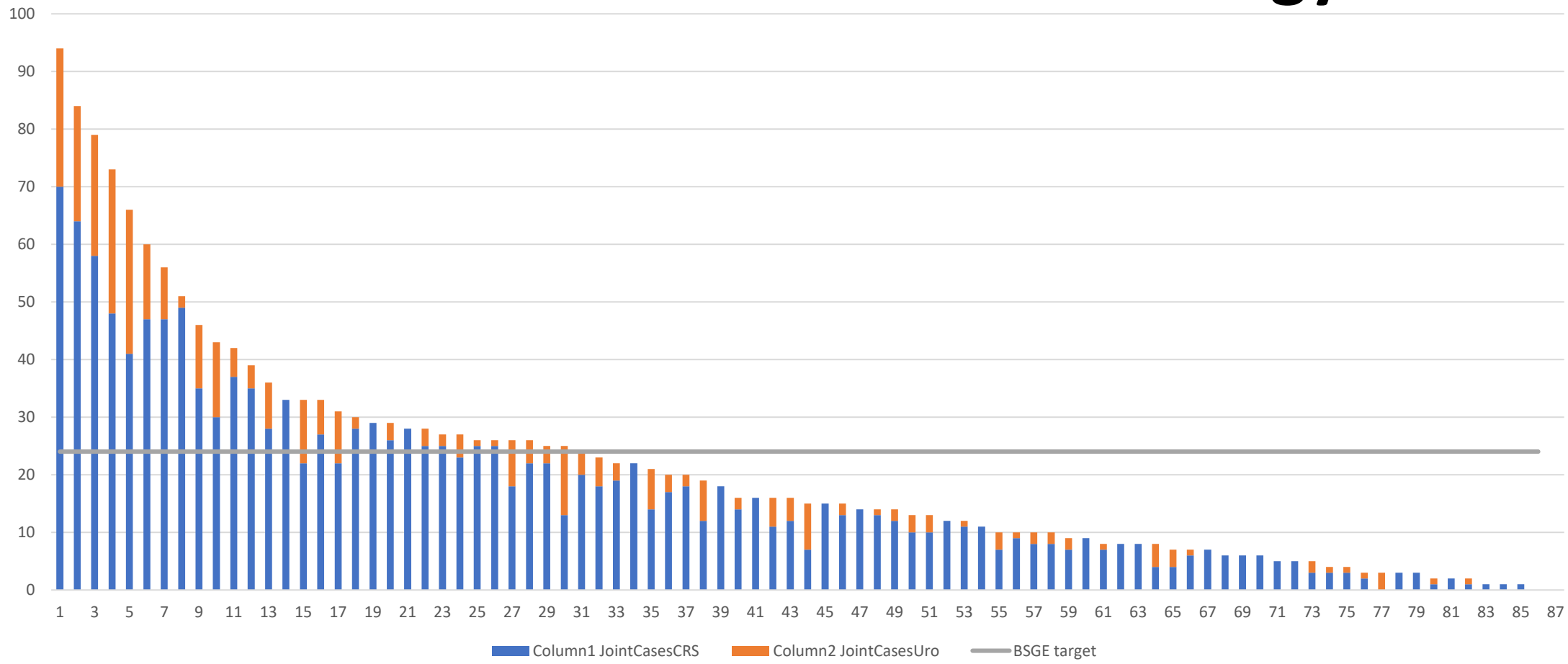
Joint cases: Colorectal & Urology



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QoL / PROM Follow up rates for 2023:

Baseline	6 months	12 months	24 months
2,887 (100%)	1,213 (42%)	1,048 (36%)	148 (5%)

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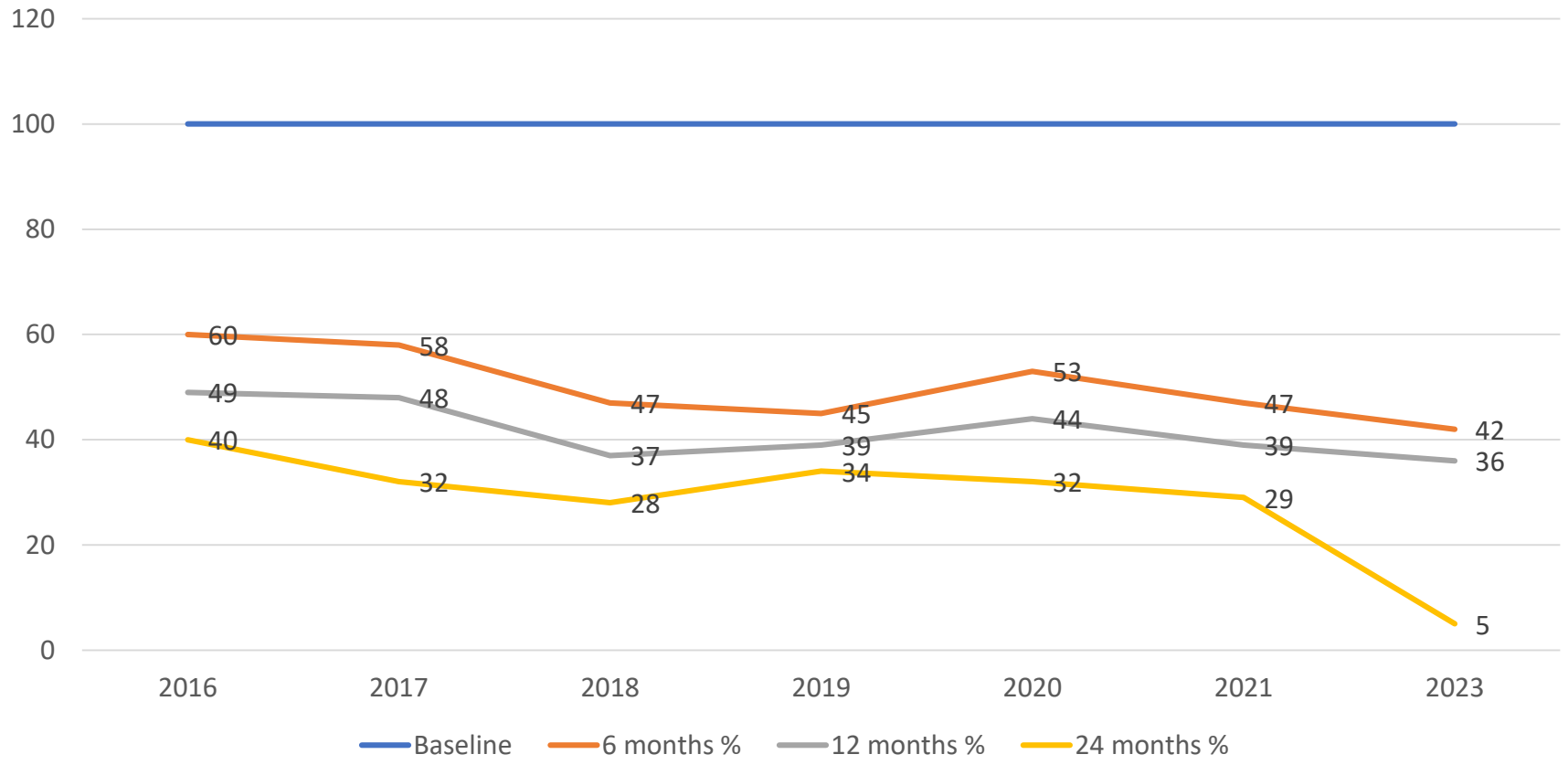
Trends in follow up rates



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Proposed Accreditation Criteria for 2026

(and beyond)

BSGE BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

1. Appropriately trained gynaecologist(s) with named lead
2. Endometriosis Clinical Nurse Specialist
3. Named Colorectal Surgeon(s)
4. Other named clinicians
5. MDT requirements
6. Endometriosis Clinic
7. Workload
8. Data Entry
9. Service sustainability commitment / planning
10. Quality control and audit

Proposed Accreditation Criteria for 2026

1. Consultant Gynaecologist(s) with appropriate specialist training and expertise to provide care for severe endometriosis.

There should be a lead consultant gynaecologist, ideally working with a team of gynaecology consultants who run the service and these will be the named consultants accredited to run a BSGE Endometriosis Centre. Each consultant gynaecologist should be a member of BSGE.

Gynaecologists specialising in the surgical treatment of complex endometriosis should have achieved specialist training in advanced minimally invasive surgery. The training / expertise of each gynaecologist must be specified and can be attained by:

- ❑ Completing RCOG recognised advanced laparoscopy training modules (ATSM / SITM) or
- ❑ Equivalent post graduate university degrees (eg. MSc in Advanced Gynaecological Endoscopy) or
- ❑ An equivalent fellowship for a minimum of 2 years under an experienced gynaecologist in advanced minimally invasive surgery in an endometriosis centre or
- ❑ An experienced gynaecologist who is already working in an endometriosis centre with a proven track record in Endometriosis.
- ❑ Obtaining equivalent training under a senior gynaecologist in performing complex endometriosis surgery in a specialist centre.

Gynaecologists working within endometriosis centres should participate in professional development (CPD) within the field of endometriosis and laparoscopic surgery with attendance at an appropriate course or conference at least bi-annually.

Proposed Accreditation Criteria for 2026

2. *Endometriosis Clinical Nurse Specialist*

Having an Endometriosis CNS is a requirement and improves the quality of the service for the patients.

Endometriosis specialist nurses should be banded at Agenda for Change (AFC) Band 7 or above, or as AFC Band 6 with a clear pathway to progress to AFC 7. It is expected that each centre has a CNS with at least 15 hours per week protected time dedicated solely to the endometriosis CNS role. The amount of protected hours would increase in line with the size/activity of the BSGE Endometriosis Centre and the number of specialist consultants within the service. Eg. For centres required to submit more than 24 cases annually it is expected that increased specialist nursing time is required, ideally minimum 1 whole time equivalent

It is essential for Endometriosis CNSs to participate in professional development (CPD) within the field of endometriosis. It is expected that the CNS attends the BSGE nurses' day or BSGE Annual Scientific Meeting or an equivalent face to face update at least bi-annually.

A dedicated endometriosis nurse specialist clinic should be in place. It is the expectation that patients should have access to appointments directly with the endometriosis CNS. However, it is acknowledged that some centres run joint clinics, whereby consultants and nurses see patients together.
The above points must be demonstrated as part of the annual re-accreditation process.

Proposed Accreditation Criteria for 2026

3. Supporting Colorectal Surgeon

At least one named colorectal surgeon is required to support the service. It is expected that they will contribute pre-operative clinical reviews, MDT discussion input and attend complex surgery involving the bowel, operating with the centre's gynaecologists. The partnership will allow patients to receive the best advice, surgery and follow up where the pathology extends to the bowel.

It is acknowledged that management of Endometriosis is different to other conditions. Therefore the number of Colorectal surgeons named in each centre should reflect the caseload of the centre, ensuring adequate participation and expertise with Endometriosis surgery.

For joint surgeries the name of the Colorectal surgeon involved will be recorded on the database.

Proposed Accreditation Criteria for 2026

4. Other supporting clinicians

A support network is required which includes urologists and pain management specialists who declare that they will provide active support to the service when needed. This may involve intra-operative support or outpatient support. It is expected that the names of consultants from these specialties will be recorded on the centre's staff list. It is expected that every BSGE centre will have the following named individuals in addition to the Gynaecology endometriosis specialists and Colorectal surgeons:

- Urologist
- Radiologist
- Fertility Specialist
- Pain Specialist
- Ultrasound Lead (may be gynaecologist, radiologist, radiographer or CNS)

Some centres will also involve additional clinicians as required – eg. Plastic Surgery surgeons, Cardiothoracic surgeons, Upper GI surgeons.

Clinicians should have adequate time in job plan for the activities required to support the centre.

Proposed Accreditation Criteria for 2026

5. Multi-disciplinary Team Meetings (MDTs)

To be an accredited centre the service must have scheduled MDT meetings which are expected to be planned at least monthly and should take place a minimum of 6 times per year. Cases where deep bowel, bladder or ureteric disease are suspected before treatment should be discussed in the MDT, as well as any cases where MDT discussion would be helpful.

The MDT meetings should include a core membership of:

- All gynaecologists listed within the centre
- Endometriosis clinical nurse specialist
- Colorectal surgeon
- Radiologist

Other members can join meetings to discuss specific cases as required.

The MDT meetings should have recorded outcomes that are communicated with patients and GPs.

Pre-operative MDT discussion (or not) will be recorded on the database when recording operative data.

Proposed Accreditation Criteria for 2026

6. A dedicated specialist endometriosis outpatient clinic

This is a clinic, which is specifically devoted to endometriosis patients and accepts referral for this named condition. Ideally, it is recorded as such for any respective referrer; whether they be primary or secondary care clinicians. The clinic should have the word ‘Endometriosis’ in the title of the clinic with locally agreed referral criteria. The clinic should run at least monthly, but in many centres such clinics will be required much more frequently

The Endometriosis clinic may be Gynaecology only or Multidisciplinary including other surgical specialties, and should have access to Endometriosis CNS support. Some centres will have CNS led clinics. The purpose of specialist clinics is to ensure local patients and clinicians are aware of the endometriosis clinic and the advantages it will offer them.

Proposed Accreditation Criteria for 2026

7. Workload

It is essential that there is sufficient workload throughput to maintain surgical skills for the most complex cases. Whilst all degrees of severity of endometriosis may be treated within the service, it is a requirement for each surgeon to have at least 12 cases of deep endometriosis invading bowel, bladder or ureter according to Enzian classification (see below), treated by surgery each year. This is 12 cases per gynaecological surgeon annually per centre that they work in (irrespective of job plan or less than full time working). So the accreditation for a centre with one named gynaecologist will be 12 cases, whereas a centre with two named gynaecologists will be 24 cases, with three gynaecologists 36 cases etc.

An index case is defined by a procedure to remove disease that is graded on the #Enzian grading as A1-A3 and /or B3 and /or C1-C3 and /or FB and /or FU and/or FI (ie deep disease affecting rectovaginal space, rectum, bladder, ureter or intestines) (see appendix 1). The cases must be recorded on the BSGE database to qualify as an index case. Whilst this can include open surgery it is expected that this will usually be undertaken laparoscopically or Robotically. The route / type of surgery will be recorded on the database (eg laparoscopic / robotic / open).

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Proposed Accreditation Criteria for 2026

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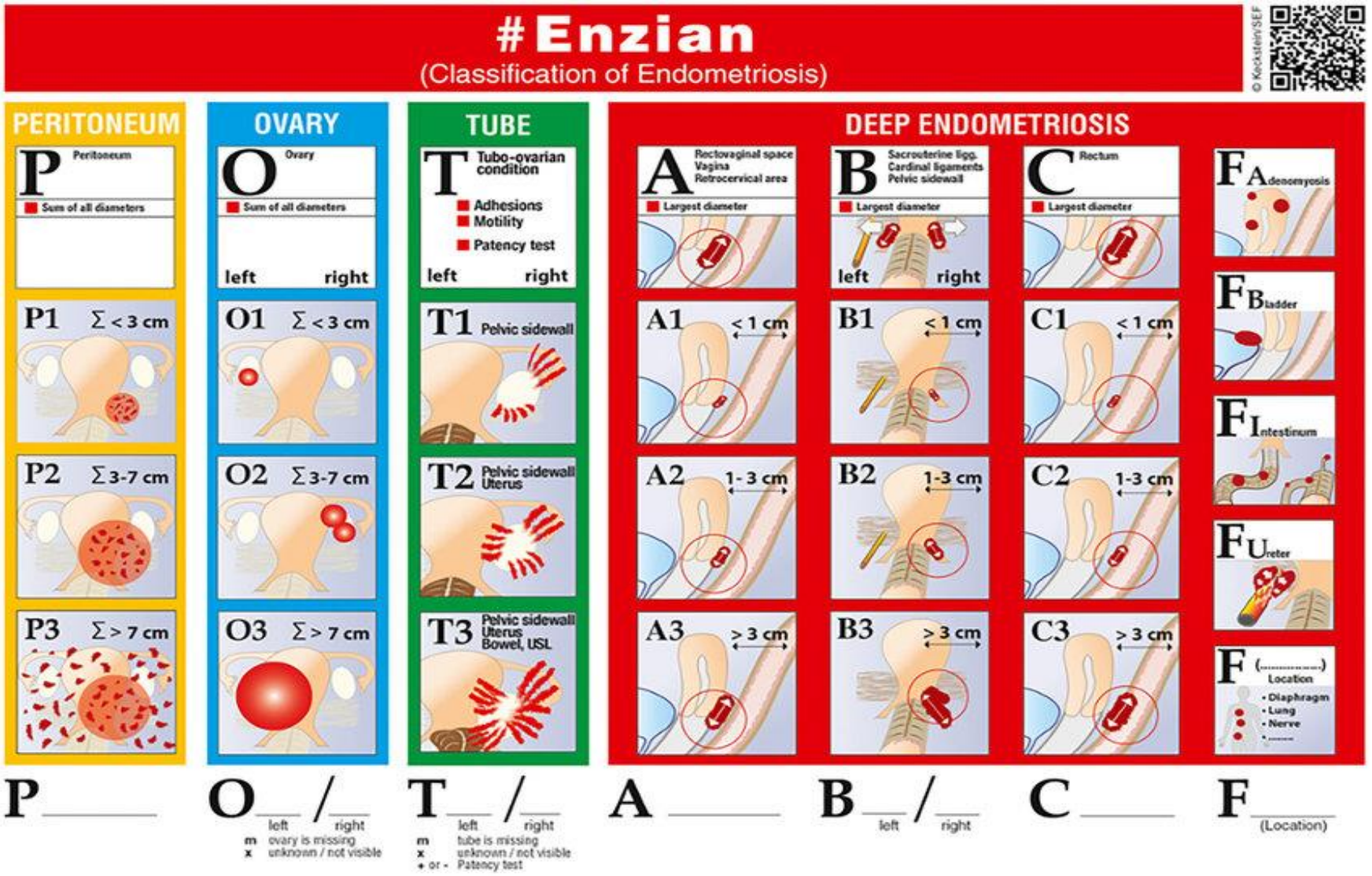
#Enzian grading of:

- A1-A3 and / or
- B3 and /or
- C1-C3 and /or
- FB and /or
- FU and/or
- FI

(ie deep disease affecting rectovaginal space, rectum, bladder, ureter or intestines)



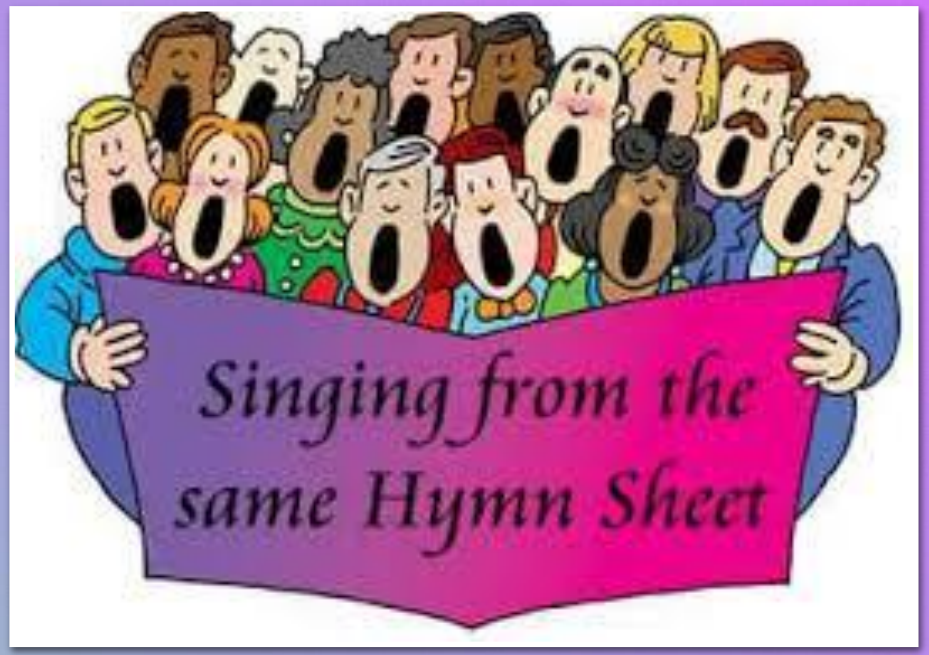
#Enzian for BSGE database

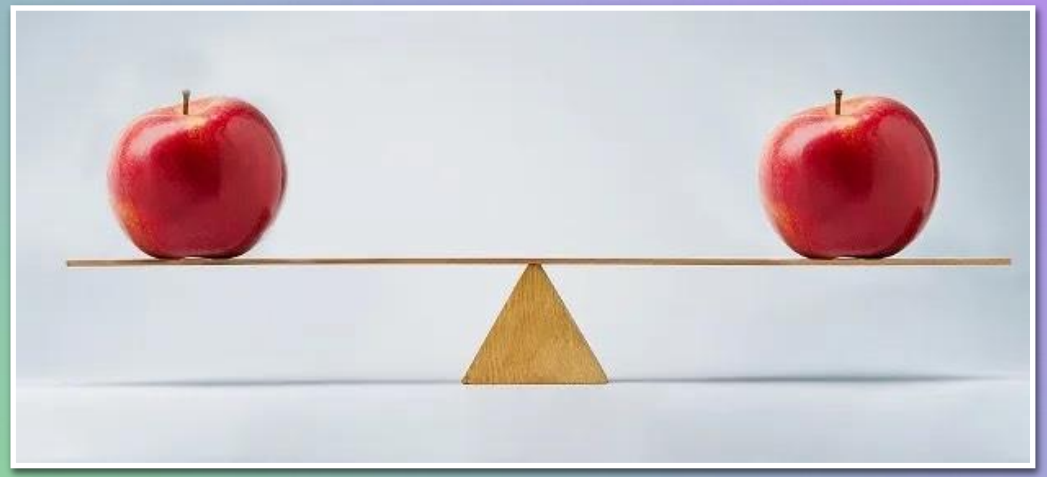
BSGE Endometriosis Centres meeting leeds ASM 2025
Mr Oli O'Donovan (University Hospitals Bristol and Weston)
on behalf of BSGE Endometriosis Centres Subcommittee

Why do we need a classification?

- Clarify, standardise and improve documentation of findings (surgical and radiological) and surgery performed
- Communicate between MDT/units/centres
- Assess and compare centres/practice/outcomes
- Research- internationally recognised and validated classification
- Defining inclusion criteria/index cases for database

Communication





#Enzian

- Clear, descriptive explanation with pictorial explanation
- At first glance complicated, but actually simple (only 10 fields, current database 19)
- Correlation between extent and symptoms (Haas 2013, Mutuku 2016)
- Correlation between extent and complexity of surgery (Mukutu 2021, Roman 2016)
- Internationally used and recognised
- Can be carried out surgically, TVUSS and MRI (NB subscript s/u/m)

#Enzian

Received: 6 September 2020 | Revised: 9 December 2020 | Accepted: 11 January 2021

DOI: 10.1111/aogs.14099

AOGS
Acta Obstetricia et Gynecologica Scandinavica

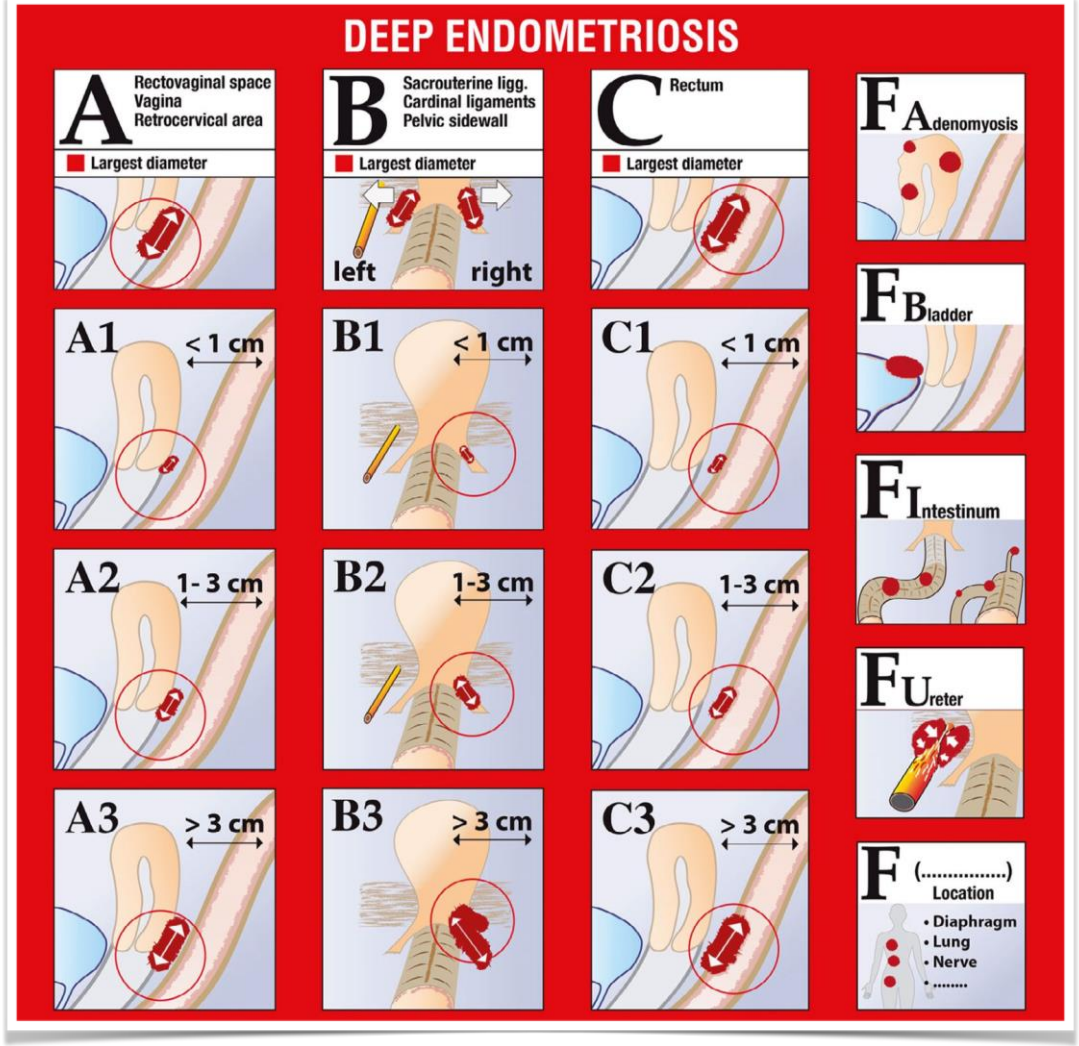
COMMENTARY

The #Enzian classification: A comprehensive non-invasive and surgical description system for endometriosis

Jörg Keckstein[1,2,3] | Ertan Saridogan[4] | Uwe A. Ulrich[1,5] | Martin Sillem[1,6,7] | Peter Oppelt[1,8] | Karl W. Schweppe[1] | Harald Krentel[1,9] | Elisabeth Janschek[1,10] | Caterina Exacoustos[11] | Mario Malzoni[12] | Michael Mueller[1,13] | Horace Roman[14] | George Condous[15] | Axel Forman[16] | Frank W. Jansen[17] | Attila Bokor[18] | Voicu Simedrea[19] | Gernot Hudelist[1,20]

Deep endometriosis

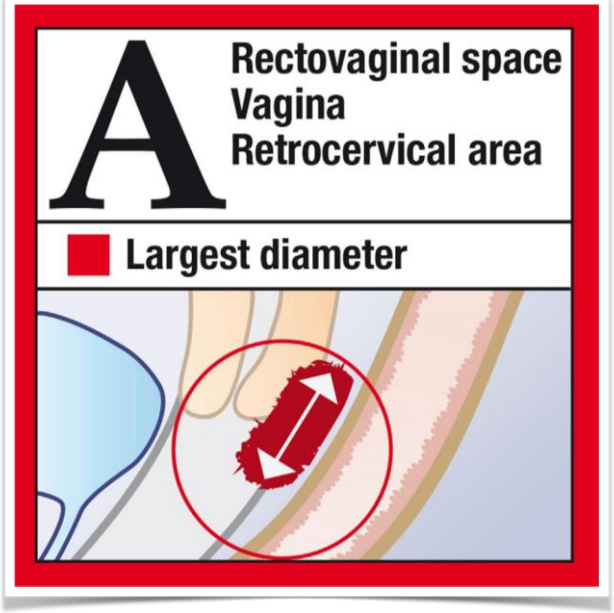
- Subperitoneal invasion of >5mm
- Most measurements done on pre-op imaging

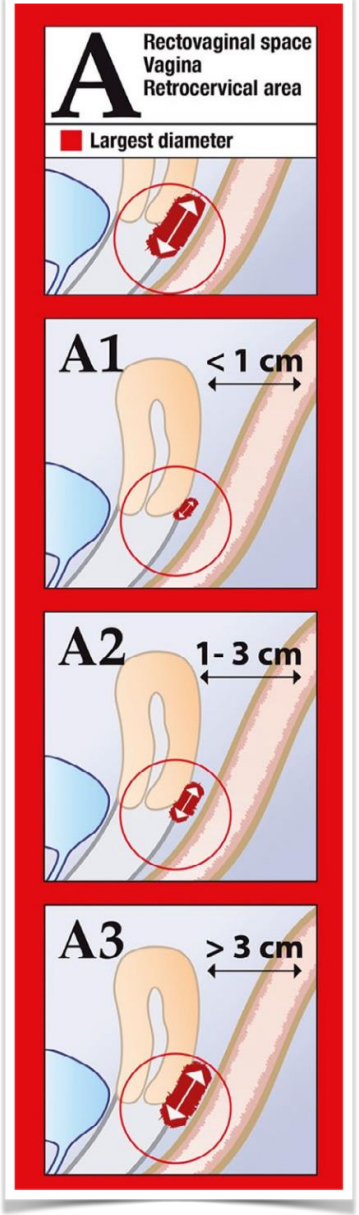


Compartment A. -RVS

- Posterior vaginal fornix and rectovaginal space

- Maximum diameter in sagital/midline section
- If vagina and RVS, then max diameter of whole lesion
- A1, A2 and A3 count as index cases

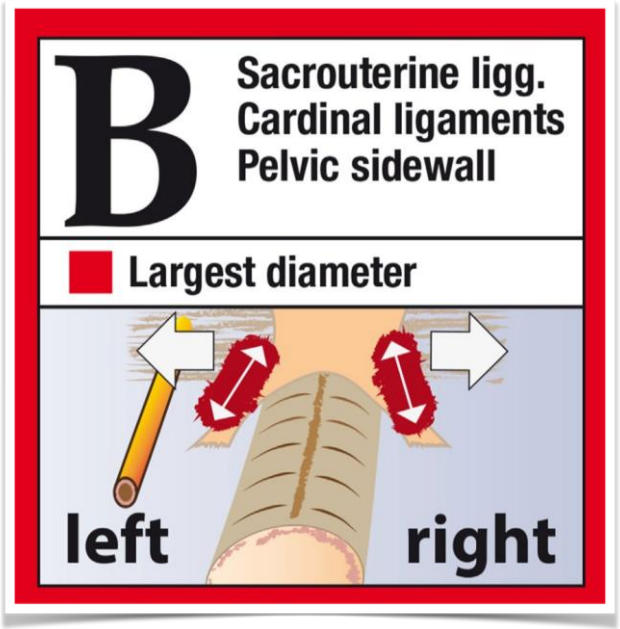


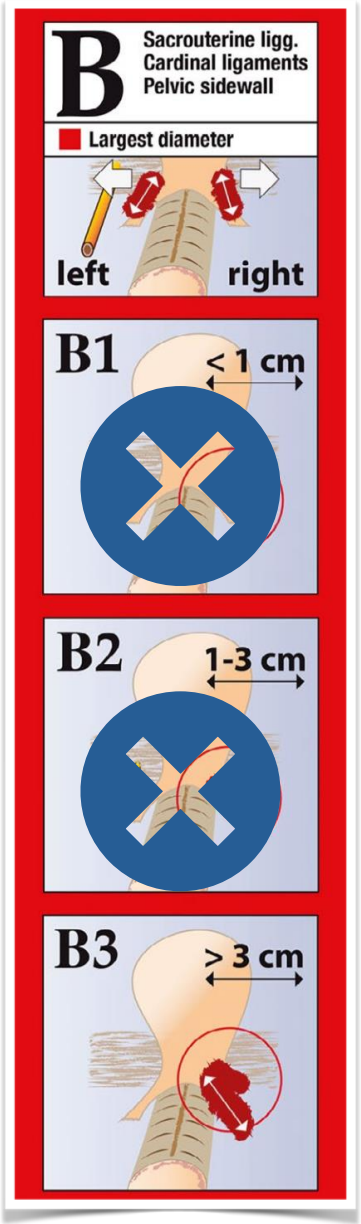


Compartment B.

- USL and parametrium

- Maximum diameter
- (sum of if more than 1)
- B3 only counts as index case

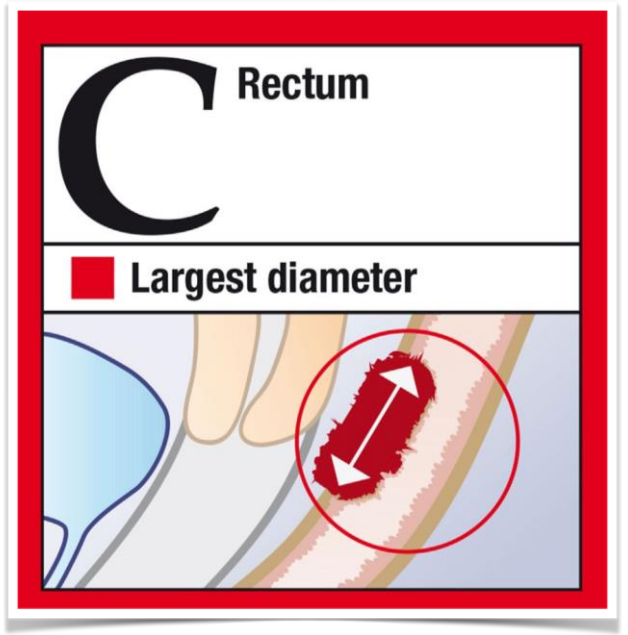


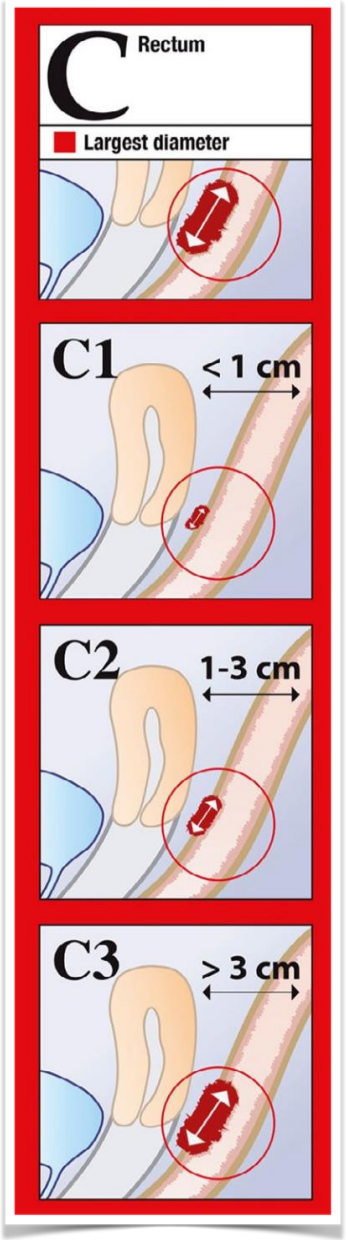


Compartment C.

- Rectum

- Length of lesion in anterior wall of rectum
- Up to 16cm from anal verge

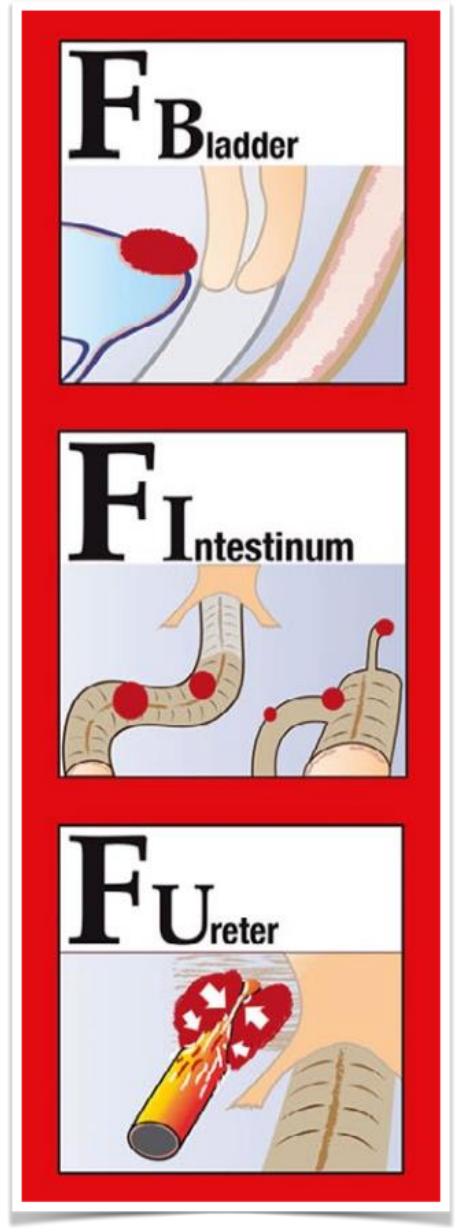




F.

- Extragenital <u>deep</u> endometriosis

- FB- deep lesion of bladder involving muscular layer
- FI- deep endometriosis of other intestinal structures
- FU- obstruction related dilatation (USS >6mm diameter) with or without hydronephrosis



Coding

P_____ **O** __ (left) / __ (right)
m ovary is missing
x unknown / not visible

T __ (left) / __ (right)
m tube is missing
x unknown / not visible
+ or - Patency test

A _____ **B** __ (left) / __ (right) **C** _____ **F** _____ (Location)

(A) surgical coding only

peritoneal lesions, sum < 3 cm

USL/card.lig., size of lesion - left: 1 - 3 cm / right: no pathology

#Enzian(s) P1, O1/0, T3-/0+, B2/0, Cx, F(diaphragm)

(s) = surgical

left adnexa: T3, tube not patent/
right adnexa: no adhesions, tube patent

distant location of deep endometriosis, e.g. diaphragm

left ovary: endometrioma < 3 cm
right ovary: no pathology

x = rectum not assessable

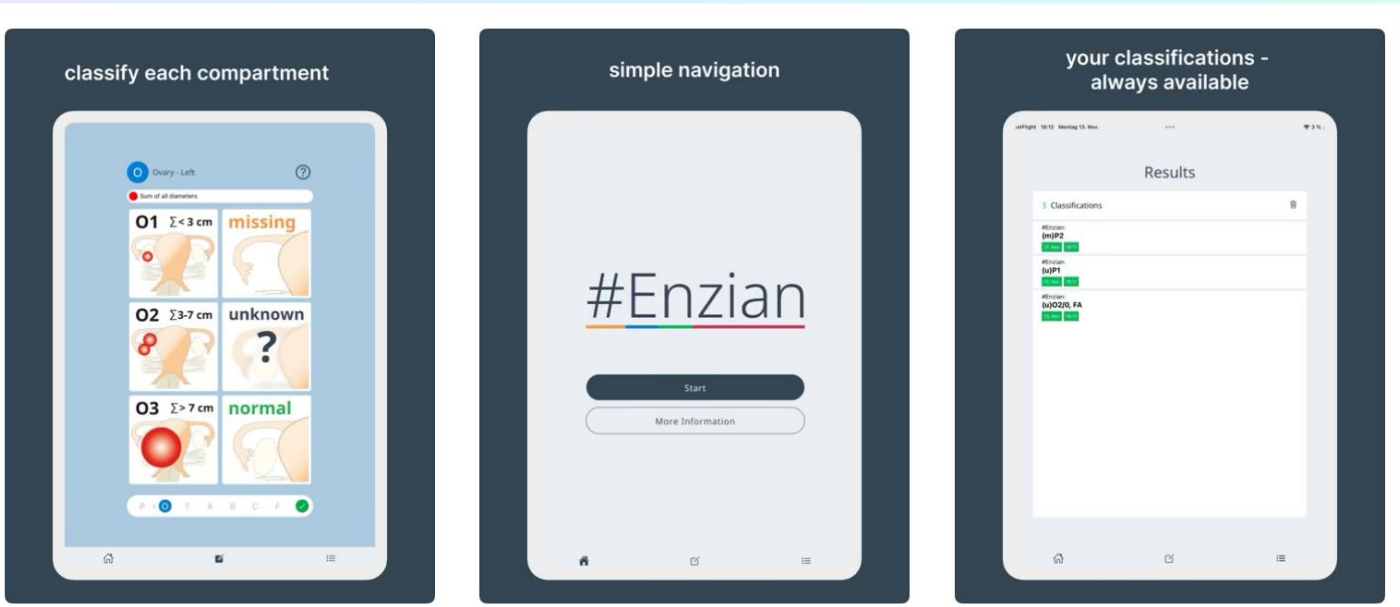
(B) surgical coding including ultrasound findings

#Enzian(s) P1, O1/0, T3-/0+, B2/0, $C1_u$, FA_u, F(diaphragm)

rectal endometriosis < 1 cm

adenomyosis

subscript $_u$ = optional code for ultrasound findings that were not represented by surgery



Proposed Accreditation Criteria for 2026

8. Data collection

An agreement from the lead gynaecologist in the Centre that all cases of surgical excision of DEEP endometriosis affecting rectovaginal space, rectum, bladder, ureter or intestines will be entered on to the database, and will be followed up for at least 12 months following surgery.

The index cases to be entered on that database should include any cases fulfilling the #Enzian grading as A2-3 and /or B3 and / or C1-3 and /or FB and /or FU and/or FI (ie deep disease affecting rectovaginal space, rectum, bladder, ureter or intestines). (see appendix 1)

All patients must give written consent to be added to the BSGE database and have completed baseline symptom and quality of life questionnaires. It is expected that every centre will achieve follow up questionnaire rates, entered on the database - 70% at 6 months and 60% at 12 months. Centres are encouraged to collect follow up data at 24 months which can also be entered on the database but this is not mandated or monitored.

Proposed Accreditation Criteria for 2026

9. Service sustainability and resilience

The BSGE wishes to ensure that patients suffering with endometriosis are treated as effectively and consistently as possible. All centres should be aiming to have more than one registered gynaecologist to ensure continuity of the service at times of extended leave, sickness, parental leave, retirement etc. Every centre must demonstrate that there are plans for service sustainability at each annual re-accreditation. Failure to do this may jeopardise re-accreditation.

Numbers of clinicians should be in line with the workload. For gynaecologists the minimum number of registered cases per gynaecologist is 12 per year and there is no maximum. There should be only two named colorectal surgeons for centres with up to 36 database cases. Beyond 36 cases a third colorectal surgeon may be required and named for the centre. This is to ensure resilience in the colorectal support whilst ensuring that colorectal surgeons gain adequate experience and expertise to maintain skills in endometriosis surgery.

Proposed Accreditation Criteria for 2026

10. Compliance with BSGE quality assessment

To ensure the quality of surgical care provided within BSGE centres centres are expected to:

1) Provisional Centres will need to submit exemplar videos for each registered gynaecologist before 31st December of their 'Provisional' year. The videos will need to fulfil the following criteria:

- Maximum 3 minute normal speed completely anonymized video (with centre number at start of video).
- Case of deep infiltrating endometriosis affecting rectovaginal space – demonstrated by panoramic view at start of video.
- Demonstration of deep pararectal dissection and complete excision of disease – demonstrated by panoramic view at end of video.
- Case should NOT involve a hysterectomy as these are difficult to assess complete resection

(NB – from 2025 there will no longer be an annual video submission from accredited centres unless quality concerns have been raised for other reasons)

2) Inclusion of 'before' and 'after' still surgical photos of deep disease for at least 50% cases on database (reviewed at random by the Scientific Advisory Group at time of re-accreditation)

3) Review of outcome data and complication rates (reviewed at random by the Scientific Advisory Group at time of re-accreditation)

Proposed Accreditation Process from 2026

Application to become a Provisional BSGE Endometriosis Centre

BSGE CENTRE ACCREDITATION FORM

To be updated

NB – Accreditation framework will be reviewed every 3 years (2028)

Proposed Re-Accreditation Process from 2026

ANNUAL BSGE CENTRE UPDATE FORM

Please complete and return to AKhan@rcog.org.uk by 31st December

Proposed Re-Accreditation Process from 2026

Name of BSGE centre: _____

Year BSGE centre status achieved: _____

Named team members:

Number of gynaecological endometriosis surgeon(s): _____

Name(s): _____

Endometriosis nurse specialist: _____

Number of nurse hours/week: _____

Colorectal surgeon(s): _____

Urologist(s): _____

Fertility specialist: _____

Pain specialist: _____

Radiologist/Imaging specialist: _____

Proposed Re-Accreditation Process from 2026

Cases:

Number of BSGE database cases in the past 12 months:

Surgeon 1: _____surgeon 2:_____ surgeon 3: _____

6 month follow percentage to date: _____

Frequency of MDT Meetings: _____

Service:

Any CPD concerns for medical/nursing team members? _____

Any predicted team member absences for the year ahead? _____

Do you have plans in place for prolonged team member absence? _____

Declaration:

I hereby declare that I do not foresee any issues with our BSGE centre maintaining our accreditation in the forthcoming year ahead:Signature: _____ Print name: _____

New Database

- **Specification / Procurement / Set up of new Database through 2025**
  (delivery by November)

- **Database Requirements:**
  - **NHS spine compatible**
  - **User friendly and mobile device accessible**
  - **Patient entered PROMS** (with automatic reminders)
  - **#Enzian – Radiological / Surgical surgical staging easily entered**
  - **Image capture incorporated**
  - **Reports & Analysis easily produced** (patient care / accreditation / research)

NHSE Service Spec

(24 cases joint surgery)

- **NHSE will be ending / ICBs will be amalgamating**

- **Work will continue with DoH / Regions / ICBs**
- **Service Spec Document is completed – NHS steps to go through**
- **CPAG (Clinical Priorities Advisory Group)**
- **When / If agreed will be commissioned / implemented at ICB level**
- **Compatible with BSGE database**
- **Naming not decided (? Centres and Units ?)**
- **Encourages development of Endometriosis Networks**

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Next Steps

BSGE BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

- **Spread the word – New Accreditation Requirements:**
  - Send to all Centre Leads and Endometriosis Nurses
  - Publish on BSGE Website
  - BSGE Webinar
  - SCOPE article
- **Develop Database Platform**
  - Specification / Procurement / Delivery
- **Database training and roll out**
- **Update Accreditation / Re-accreditation documentation**
- **Scope Articles:**
  - Database Stats 2024
  - New Accreditation
  - Coding for Endometriosis Surgery
  - Endometriosis Networks

BSGE

BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

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Registered Charity 1077892

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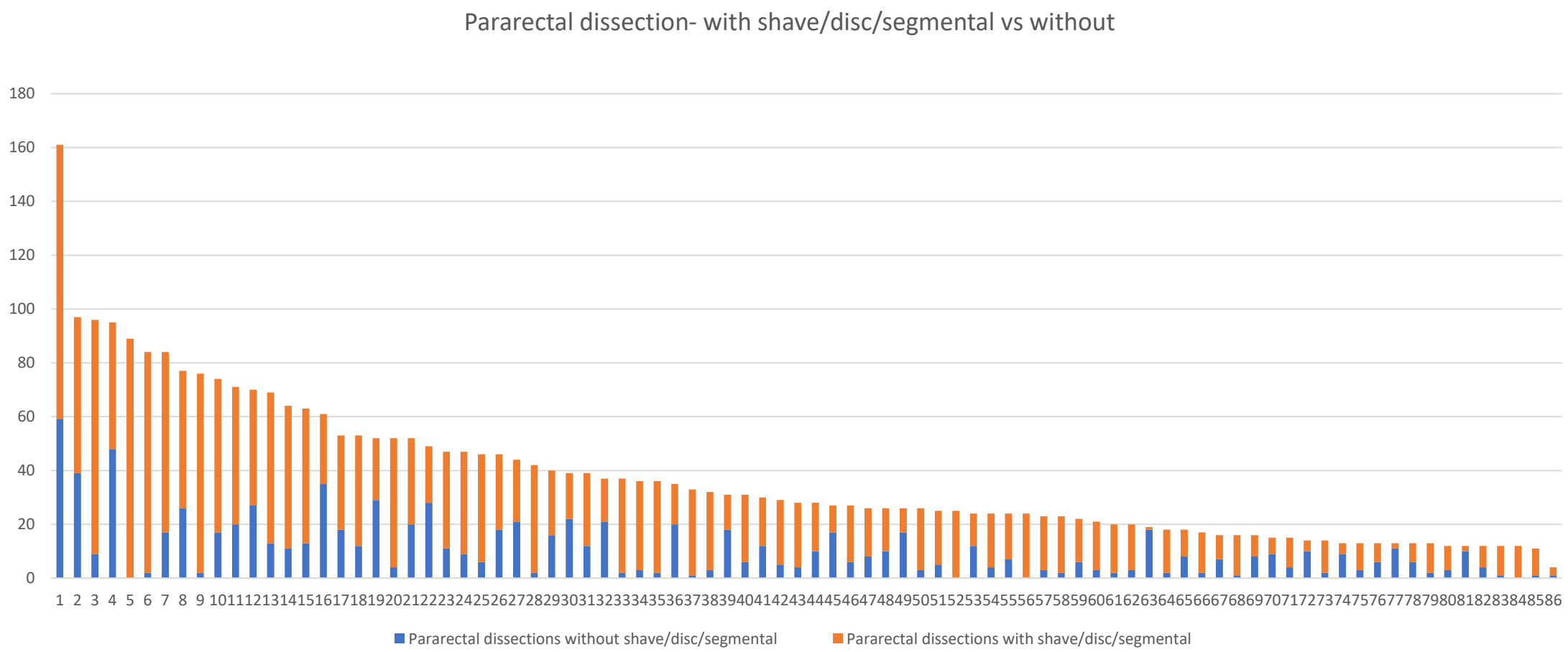
Annual Scientific Meeting

BSGE
BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

Pararectals with shave / disc / segmental



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Shaves vs Discs vs Segmentals