

# THE SCOPE

Newsletter of the British Society for Gynaecological Endoscopy



Includes details of the  
**BSGE Annual Scientific Meeting 2017 Hull**



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BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

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## A Message from the Editor

This is the fifth issue of The Scope and it has now been over a year since our first publication. Putting it together hasn't always been easy, but we've had so much positive feedback that it has definitely been worth it. With Jane helping as assistant editor, the process has become much more professional and a little more pain-free for council members.

The website development project is still ongoing. Although most of the new functions and features are up and running, we are constantly making changes and improvements. The registration for ASM 2017, in Hull, will be completely paper-free and all awards applications for 2016 were done online, so the new site is already making life easier for members.

Going forward, we would like to ensure that all the information on the website is as accurate as possible. So, please take a moment to check your personal profile and ensure it is up-to-date. It's a good idea to add a picture too, this can help put a name to a face and will appear when you take part in any discussions in the forum or make comments on the video library. The video library function is being fine-tuned. In the next few weeks, the team will be concentrating on this part of the website, posting videos and tidying up what we already have. While I'm on that subject, I'd like to welcome Suzi Shears-Hutt and Nadine Di Donato to the WebComms Editorial Board. They will be contributing to the discussion forum and the video library and making sure they are lively and active, don't forget to check-in and add to the debate.

We are always looking for new ways to communicate and connect with members. Our Twitter account is already active on @TheBSGE and we are currently planning a mobile group on an app called Telegram, that can be downloaded for iOS and Android devices. Telegram is currently being trialled among council members and if that proves successful it will be rolled out to the whole membership.

Finally, in every issue of The Scope we like to feature an interview with a non-BSGE member as part of our The BSGE Meets... series. In the summer Scope we spoke to Fabio Ghezzi and in this issue we were fortunate to interview Professor Marc Possover who is a pioneer in neuropelvicology and had lots of interesting things to say about this fascinating subject.

Don't forget, The Scope is for you. If you have any articles, events, issues or opinions that you would like aired, then please get in touch via the website. With more member engagement, we can help to provide the news and views that you would like to read.

**Mr. Shaheen Khazali MD MRCOG MSc**

Chair, BSGE website and communications – S.Khazali@me.com

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# PRESIDENT'S END OF YEAR MESSAGE



**Dominic Byrne**  
President

Developments at the BSGE continue apace. Now we have another edition of the excellent Scope magazine (thank you Shaheen, and team) there is a chance for me to keep members up to date with developments.

The BSGE ASM in Cornwall received excellent feedback from our Monkey Survey to delegates who attended, with 97% satisfied or very satisfied with the ASM overall. The Scientific content met the educational needs of 81% of respondents and the venue, catering and organisation were rated extremely highly as well. Overall 80% would have recommended the conference to a friend, or colleague. Well done to the Local Organising Team, chaired by Susie Bates aided, of course, by the unflappable Atia Khan.

The breakout sessions and 'Meet the expert' sessions were especially well received. We have passed all the feedback and suggestions onto Kevin Phillips and his team so that it can be used to develop an excellent programme for the 2017 ASM in Hull (City of Culture). We have recently announced that Prof Arnaud Wattiez will be the Alec Turnbull lecture for the ASM and we will announce other stimulating speakers and exciting session developments, as the programme unfolds. Please book your study leave now for 17th -19th May.

The new BSGE website went live at the Cornwall ASM (thanks Shaheen) and is now fully up and running. We will be using online application for all our future activities and the advanced programming of our new website has given us the platform to achieve modern interaction with our members. The webcomms team are constantly busy with adding content and keeping the site lively and interesting (thanks, Jane Gilbert).

The next exciting development is the 'SICS' project. This is the new app based Surgical Information Collection System that is being developed by Justin Clark and Zahid Khan for BSGE members. It will be available through the website, or as a download to BSGE members and will enable you to record all your surgical procedures. There are preset pages designed to collect your own data on hysteroscopic and laparoscopic procedures. Drop down choices make data entry easy and you can complete all, or selected sections (pre-op, operation, post-op recovery, complications) as you wish. The data will be secure,

but also free of patient identifiers; so will be safe to retain. Cross checking for audit will still be possible and central data comparisons by the BSGE to provide anonymous referencing to individual members will follow on. This app will allow you to record data for a variety of needs; for your own appraisal, study, interest, patient feedback or counselling etc. We hope to have this piloted in Jan 2017, so watch the website for updates.

Regarding pilots; the LapHyst Pilot continues with our first 12 delegates having been through the majority of their modular training. They are approaching the preceptor phase and we watch with interest to see how this stage progresses. I am indebted to Mark Whittaker who is leading the pilot project and to Jim English who developed the concept as well as all the online training literature. The pilot is planned to complete in March, so the outcome findings can be presented in May at the 2017 ASM.

Other laparoscopic training opportunities are available, as we have recently agreed expansion of the very popular ST5+ Laparoscopic training programme. As some of you know in 2016 both Ethicon and Olympus ran individual and separate programmes for 12 delegates to train in advanced laparoscopic surgery. The courses included a combination of dry and wet lab training, anatomy teaching, cadaveric surgery, live surgery masterclass and preceptorship. The applications for these programmes were heavily oversubscribed and the successful 24 delegates were appointed by competitive selection run by the BSGE. In 2017 we have just agreed a total of 48 places on two separate programmes; one run by Ethicon and one run by Olympus. The adverts for application will be appearing on the BSGE website soon (if not already published by the time you read this), so be vigilant and apply, if you are suitable and interested. The training that is offered is exceptional, and entirely funded by industry. Our grateful thanks go to Ethicon and Olympus for their continued support of education and training in laparoscopic surgery.





## 2017 BSGE ASM

The abdominal and laparoscopic surgery ATSM training at the RCOG this year was enhanced with an extra day of dry lab training, thanks to the hard work of Sameer Umranikar and Ertan Saridogan, plus support from many BSGE council members. The hands on training 'HOT' sessions were superbly run by Karolina Afors yet again (thank you Karolina for all your hard work), they were very well received and we plan to include these next year, so book early. Under the expert guidance of Ertan Saridogan, we will be developing the lecture content so the course remains relevant and attracts members who may have attended previously. We also plan to run a laparoscopic suturing HOT session at the Hull ASM, so keep an eye out for this.

The Hysteroscopy ATSM was, as ever, oversubscribed. It is popular and well run thanks to the hard work of Stephen Burrell, Mary Connor and Natasha Waters. The hysteroscopy HOT sessions are very popular and mean we will need to repeat the programme to accommodate everyone.

Our trainee representatives have set up the RIGS platform for Registrars in training (thanks, Fevzi and Donna) and have recently appointed regional RIGS representatives. They hope this will further build the connection between trainees and the BSGE and ensure all BSGE trainee activities remain relevant and attractive.

The RCOG has a new leadership team and we are working hard to build strong links between the RCOG and the BSGE, so we can form decisions on education and training in endoscopic surgery, rather react to changes produced by others.

All in all, an exciting year for the BSGE lies ahead and I hope you will encourage any of your colleagues who are not yet members, to join our vibrant and active specialist society. Existing members, I encourage you to apply for council and help form decision-making, or join one of the portfolio subcommittees and help guide decision making.

**I wish you all a happy, healthy  
and prosperous 2017.**





# BSGE ASM 2017

As 2016 draws to a close, it's time to start looking ahead to 2017. It's going to be a big year for Hull, not only are they the UK City of Culture, but they're also the hosts of the BSGE's Annual Scientific Meeting.

The City of Culture award is given every four years to a city that demonstrates a belief in the transformational power of culture. The arts and cultural programme for the year will celebrate the unique character of Hull, its people, history and geography. So it's an exciting time to visit this Yorkshire city.

With excellent transport links, great meeting locations and a wonderful Yorkshire welcome, it's the perfect host city. Organiser, past BSGE president Kevin Phillips has put together a packed programme of lectures, debates, education, research and of course the odd chance to socialise and party too.

There will be three pre-congress masterclasses, including simulation training on laparoscopic emergencies and outpatient hysteroscopy training. These always prove to be popular and book out quickly, so keep an eye on the website and follow @TheBSGE on Twitter for news and updates, so you don't miss out.

Kevin, who is now Chief Medical Officer, of Hull and East Yorkshire Trust, told The Scope that the main theme of ASM 2017 will be the questions of where we are currently and where we are heading in gynaecological endoscopy. The BSGE are moving to paperless registration this year and the good news is that fees for delegates have been frozen at 2016 rates with discounts for early booking.

## PROFESSOR ARNAUD WATTIEZ TO DELIVER THE ALEC TURNBULL LECTURE

It has just been announced that Professor Arnaud Wattiez will deliver the prestigious Alec Turnbull Lecture at the ASM.

Professor Wattiez is the former President of the European Society for Gynaecological Endoscopy and a world-renowned minimally invasive surgeon. His work is at the forefront of technical advances in endoscopic surgery. Over the years he has developed widely accepted techniques in the treatment of pelvic organ prolapse, endometriosis, and gynaecological oncology. So, it should be a fascinating lecture.

Sir Alec Turnbull was a Professor of Obstetrics and Gynaecology in Oxford and a key figure in the development of minimally invasive surgery in this country. Every year the BSGE organise a lecture at the ASM in his honour. The very first lecture was given more than a quarter of a century ago by Professor Jacques Donnez in 1990. That was in Hull, so this year it is going right back to its roots in East Yorkshire.

**The rest of the programme for the ASM is being finalised, so make a note in your diary. BSGE ANNUAL SCIENTIFIC MEETING 2017, HULL from the 17th to 19th May, 2017.**

**And remember to keep an eye on the website and follow @TheBSGE on Twitter for more news and information on how to book your place.**





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# TEN THINGS YOU DIDN'T KNOW ABOUT HULL

With next year's ASM taking place in Kingston upon Hull, The Scope has discovered some of the Yorkshire city's secrets. So here are ten things you probably didn't know about Hull.

1



## Medical Marvels

Hull was the birthplace of over-the-counter staples like Bonjela, Lemsip and Gaviscon. It all goes back to 1856 when Thomas James Smith opened a chemist's shop in Hull and started selling cod liver oil to hospitals. Business prospered and is now Smith and Nephew, a FTSE 100 company and a successful billion-pound global medical devices business.

## Perfect puddings

You probably know that the Sunday Roast stars Yorkshire puddings hail from

Yorkshire, let's face it, the clue is in the name. But did you know that Hull has got the world's largest Yorkshire pudding factory, producing a staggering 500 million every year? So if last year's ASM was all about the pasty, this year's will be about the pudding, with plenty of gravy.

2



3



## Musical Heritage

This year we said goodbye to the great David Bowie. Ziggy was definitely not a Yorkshire boy, but the Spiders from Mars were Hull born and bred. There's even a legendary nightclub in the city named after them, although it may not be the top nightspot for BSGE members to visit during the meeting.

4



## Deep and meaningful

Hull has the world's only submariu called the Deep. It's a stunning contemporary building overlooking the Humber. It's one of the biggest and best aquariums in the world, with deeper tanks that house more than three and a half thousand species including fabulous rays and sharks.

## Freedom fighter

One of Hull's most famous sons was William Wilberforce, the great politician, philanthropist, and leader of the movement to abolish the slave trade in the British Empire. He managed to live just long enough to see his life's work make a difference, dying in 1833, just after the act to free slaves in the British Empire passed through the House of Commons.

5





# 10

# TEN THINGS YOU DIDN'T KNOW ABOUT HULL

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## Rebels and Republicans

Don't worry, I'm not talking about President Elect Trump, I don't think he's a Yorkshire lad. Hull has a history of rebellion, King Charles I was actually forbidden from entering the city. This rule was made back in 1642 in a room that's now known as the Plotting Parlour and it eventually led to the English Civil war.

9



## It's good to talk

When you look at the phone boxes in Hull, you may be surprised that they are cream instead of the usual red. That's because Hull is the only city in Britain with its own phone network company. It's called KC, previously Kingston Communications. What would famous Hullensian, Maureen Lipman who famously played Beattie in the BT adverts think?

7



## Ship shape

As a waterfront city, Hull has a great ship-building heritage that goes back centuries. HMS Bounty, of mutiny fame, was built in the city. The vessel was purchased by the Royal Navy for £1,950 and set sail for Tahiti, the rest, is history.

8



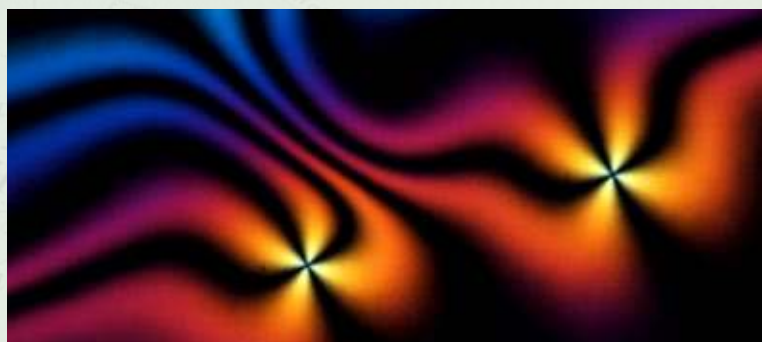
## Sweet talk

The boiled sweet was invented in Hull by city company Needler's.

## Techno town

The phone in your pocket and the screen on your wall are both possible due to a key technological discovery made by boffins in Hull University. Liquid crystals, provided the starting point for LCD displays, the foundation for today's laptops, smartphones and flat-screen TVs.

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<http://www.bsgge.org.uk/>



Visit Hull and  
East **Y**orkshire

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

# Where we are now and Where we are going...



**BSGE Annual Conference 2017**  
**17-19th May 2017**







# THE SCOPE MEETS...

**In this issue, The Scope was privileged to talk to Professor Marc Possover about the new discipline of Neuropelveology.**

Professor Possover is the Director of the Possover International Medical Center in Zürich and is a Professor for Neuropelveology at the University of Aarhus. Marc is also the founder and President of the International Society Of Neuropelveology.

**Professor Possover, thank you for accepting our invitation for this interview. For many of us gynaecologists, the term “Neuropelveology” is a tongue twister. An exciting term with lots of question marks around it. What is “Neuropelveology”?**

“Neuropelveology” is the discipline dealing specifically with the pathologies of the pelvic nerves and plexuses (1). Clinical neuropelveology combines knowledge and diagnostic methods from different pelvic specialties. The neuropelveological assessment include an adaptation of clinical neurology to the pelvic nerves, especially with the exploration of the pelvic nerves by vaginal or rectal examination and sonography (2).

**Why, specifically, is neuropelveology relevant to gynaecologists with an interest in pelvic pain?**

Chronic pelvic pain syndrome (CPPS) is, despite its name, a condition, not a disease or syndrome. CPPS is often associated with chronic low lumbar pain (LLP) which has a very high prevalence in the general population. Both pain conditions are commonly encountered by the gynaecologists with a high prevalence rate varying between 10 and 39% of the population. Most patients have further associated problems including bladder or bowel dysfunctions, sexual dysfunction, and other systemic or constitutional symptoms.

These patients often see several healthcare professionals and are given confusing advice. These healthcare professionals aim to “control” the pain and other symptoms without removing the “cause” of the problems. Such conditions are usually classified depending on the specialty of the doctor seeing the patient as “Chronic Prostatodynia”, “Interstitial Cystitis”, “Vulvodynia” or “Irritable Bowel Syndrome” etc. With such diagnoses, patients are passed from one specialty to another and have to accept medical pain and antidepressant treatments and their side effects and dependence for the rest of their life.



Study of the pelvic nerves and plexuses may explain such “unknown pain conditions” and “associated” pelvic organs dysfunctions. Pathologies of the pelvic somatic nerves may produce neuropathic pain in the lower back, the pudendal areas and the lower extremities but also pelvic organs dysfunction as in CPPS.

For gynecologists, the more the patient reports on different pain locations and associated pelvic organs dysfunctions and “non-gynecologic” symptoms, the more confusing the situation becomes. For the neuropelveologist, the more information the patient gives, the easier the diagnosis will become. For example, a patient presenting with diurnal vulvodynia, burning sensation on micturition and urinary imperiosity, lower back pain and distal burning pain in the low extremities, constitutes a real diagnostic/therapeutic challenge. For a neuropelveologist, the diagnosis is clear: the patient suffers from a sacral radiculopathy S2-S4 as the result of a neurovascular conflict (3).

**It is all very intriguing but also very complex and very different to what we are used to.**

In neuropelveology, it is essential to adopt a “neurological way of thinking.” Standard medical training imparts the concept that the location of the pain and its etiology correspond to the same area. In pathologies of the pelvic nerves, however, the location of the patient’s pain (dermatomes) and the senso-motor dysfunction of the pelvic organs and the lower extremities reveal which nerves are involved in pain process, whereas the etiology is mostly located on the path from the dermatome to the brain. A neuropelveological workup serves to determine which



# THE SCOPE MEETS...

nerves at which level are involved in pain generation and always follows four steps in the following subsection:

1. Determination whether the pain is visceral or somatic
2. Determination of the nerve pathways involved in the relay of pain information to the brain
3. Evaluation of the neurological level of pain (Central vs Pelvic vs Peripheral)
4. Establishment of a potential etiology
5. Confirmation of and therapy for a potential etiology.

Steps 1 to 3 are achieved by the patient history, while the neurological examination with the direct transvaginal/rectal digital palpation of the pelvic somatic nerves may confirm the diagnosis. Modern imagery and/or laparoscopic approach may offer an effective etiologic diagnosis and in most patients a treatment plan to remove the etiology can be formulated.

It is obvious that management of pelvic nerves pathologies requires good integration and knowledge of all pelvic organ systems, neuro-functional pelvic anatomy and other systems including musculoskeletal, neurological, but also psychiatric systems; The neuropelveology combines all this knowledge. Because the neuropelveology is accessible for all physicians (ISO-N-E-learning program!), it is no longer acceptable to ignore the pathologies of the pelvic nerves. In accordance with all faculties' members of the ISO-N from all continents, it is our obligation on behalf of all patients suffering from intractable CPPS, to advise all pelvic physicians on the need of a proper knowledge in neuropelveology at least for recognition of neuropelveologic conditions.

## **Ok, let's suppose we have made a "neuropelveological" diagnosis. What about treatment? What can be done?**

Neurosurgical procedures techniques are well established in nerve lesions of the upper limb, but pelvic retroperitoneal areas and surgeries to the pelvic nerves are still difficult to access and unusual for neurosurgeons. Laparoscopy gives us a unique microsurgical access to all pelvic nerves and plexuses, providing the necessary visibility with magnification of the structures for adequate neurofunctional procedures.

For treatment for neuropathic pelvic pathologies, a series of laparoscopic neurosurgical pelvic procedures have been developed for treatment for: (4)

- Pelvic nerves endometriosis
- Fibrotic and vascular entrapment of the pelvic nerves

- Postoperative pelvic nerve injuries
- Pelvic neural tumors (schwannoma, teratoma)
- Piriformis syndrome
- Pelvic bone tumors (osteochondrosarcome.)

## **It sounds like Neuropelveology goes beyond gynaecology. What can other specialties gain from this discipline?**

- For orthopedists, operative treatment of tumors in the sacroiliac area is among the most challenging of musculoskeletal tumor surgeries. In posterior approach, because first elevation of the sacrum allows dissection of presacral structures, the risk of damaging intrapelvic structures and massive hemorrhage are high. Primary laparoscopic dissection of the pelvic organs and securing of the pelvic vessels not only protects patients from such a high morbidity, but also permits a precise selection of the level of sacral resection with macroscopic tumor-free margins.
- Colo-proctologists are aware about the necessity for neuropelveological diagnosis in patients with postoperative neuropathic pains and are involved in development of nerve-sparing procedures. One interest is also the LION procedure (Laparoscopic Implantation Of Neuroprosthesis) to the pelvic nerves for treatment for pelvic organ dysfunction. Laparoscopy is the only surgical approach that enables selective placements of electrodes to all pelvic nerves and plexus. This technique permits the control of most neurogenic pain syndromes and dysfunction of pelvic organs. So the LION procedure to the pudendal nerve (5) or to the dorsal nerve of the penis/clitoris (procedure also called GNS-therapy, a much more easy procedure reproducible for all gynecologists since the implantation is obtained within the Retzius space below the pubic bone) opens new therapeutic ways for treatment for overactive bladder and irritable bowel syndrome, urinary and fecal incontinence and sexual disorders.
- Neurosurgeons have a great interest not just in the laparoscopic approach to the pelvic nerves for treatment of pelvic neural tumors, but also in the LION procedure to the pelvic somatic nerves in spinal cord injured people (SCI). We recently reported unexpected findings in 18 spinal-cord injured people, who underwent such a procedure for functional electrical stimulation (FES)-assisted locomotor training and continuous low-frequency electrical stimulation of the pelvic somatic nerves.





Fifteen patients were paraplegics and three were low tetraplegics. All were fully dependent on a wheelchair. After a training period of at least one year, all patients started with electrical assisted standing/stepping using a walker or crutches and twelve patients are currently capable of weight-bearing, standing and stepping with crutches by simultaneous electrical stimulation (the best of the series for 2.6km). The patients of the series also developed some progressive supraspinal control of voluntary movements below the lesions: Six of them are capable of walking several meters (the best of the series for 400m) without electrical stimulation (6).

Pelvic nerve stimulation might induce changes that affect both the upper and the lower motor neuron, allowing supra- and infraspinal inputs to engage residual spinal and peripheral pathways for recovery voluntary motion of the legs in chronic paraplegics (7).

### Video-SCI-peoples:



If, like the Scope editorial team, you are interested in learning more about this fascinating subject then check out [www.possover.com](http://www.possover.com)

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# PORTFOLIO REPORTS

## Awards

The BSGE offers a number of awards and bursaries for members who have been with us for at least twelve months. We award Ethicon educational grants, which are generous bursaries allowing hands-on and theoretical training, in laparoscopic hysterectomy techniques.



In addition we have awarded thousands of pounds worth of grants in the financial year to support consultants, trainees and nurse specialists in education, research and travel.

Applications for the latest round of BSGE awards and bursaries have just closed. This year the process was changed to become easier and more user friendly. There was a move to online application forms, with the facility to upload supportive documents.

Applications were received from medical and paramedical BSGE members. Bursaries were available to support educational courses relevant to Gynaecological Endoscopic Surgery. Nurse and GP hysteroscopy courses, MSc courses in Gynaecological Endoscopic Surgery & nurse endoscopic surgical assistant/practitioner courses were all eligible for consideration.

Travel awards were also available to enable doctors to visit other centres of excellence, either in this country or overseas. With categories for consultants/SAS, doctors in training, paramedics and GP hysteroscopists. There was something for most BSGE members.

The details of all the awards and bursaries are available [here](http://bsge.org.uk/awards-bursaries/). Last year the BSGE awarded a fantastic £12,000 and the results for this round will be announced just before Christmas. Good luck!

Here's a little advance notice of one of the BSGE's most popular contests. This year's video competition which will open on 1st February 2017 and closes on 15th March 2017. Cash awards will be available for 4 trainee winners and one year free membership for a senior member. Full entry details will follow soon, so watch this space.

Find out more and keep up-to-date with application deadlines on the website at <http://bsge.org.uk/awards-bursaries/>

### Kirana Arambage

Awards Portfolio Chair

## Guidelines

In the Guidelines Portfolio we have worked hard to encourage greater engagement and collaboration. We have been developing the laparoscopy in pregnancy guidelines. Researchers from across the UK were drafted to form expert working groups. As Portfolio Chair I have travelled the country from Darlington



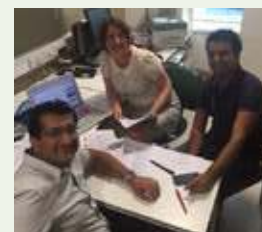
to Orpington and collated, sifted and assimilated the information together with the team. We named each specific guideline after the village where we held the meeting, the latest being The Lyndon Guidelines. We have worked closely with the RCOG throughout. The College and of course Atia Khan, have been hugely supportive and supplied us the Garden Room in Sussex Place, to meet and drive the guidelines forward. The Guidelines draft has now been completed and following submission to RCOG for Green Top Guideline Group review, is undergoing BSGE peer review. We will then incorporate all the useful feedback and comments and make the information available nationally to help educate and improve standards in laparoscopic surgery in pregnancy. The process is anticipated to be completed by the end of the year.

Our next challenge will be to create a guideline to writing a guideline. We had a few belly flops in developing the early guidelines but have learned from our experiences. The process is now more streamlined, collaborative and efficient. We hope that by creating a new guideline document we can pass this down to future council members. We are planning to prepare an Endometriosis app in conjunction with Endometriosis UK, Andrew Horne and others. We hope to develop a formula to help GPs and patients screen for endometriosis using LUNA and MEDAL data.

We then hope to communicate to GPs, exactly which patients would benefit most from surgery using the knowledge gleaned from the BSGE database. It has been a productive year for the guidelines team, and we are looking forward to more of the same in 2017.

### Elizabeth Ball

Guidelines Portfolio Chair







# PORTFOLIO REPORTS

## Nurses and Paramedics

The process for BSGE accreditation and re-accreditation for nurses performing diagnostic hysteroscopy and hysteroscopic treatments continues to be an issue.

I have written a proposal document outlining the training process and proposal for future management of the accreditation and re-accreditation process. However, to date there is still no agreement to how this process will be managed.

Consequently, there are currently a number of Nurse Hysteroscopists practising without any accreditation from the BSGE. The council is working through the recommendations and it is hoped that an agreement about the process will be reached soon.



## Endometriosis Centre Re-accreditation requirements for Endometriosis Clinical Nurse Specialists (CNS)

At the ASM in Cornwall I presented the findings from the national audit of Endometriosis CNSs that I had performed. The results of the audit identified a huge inconsistency in the Endometriosis CNS role. There followed a lively discussion about what should be the minimum requirements for CNSs, for a centre to achieve accreditation as a BSGE Endometriosis Centre. The process outlined below was discussed and there was a consensus agreement with the proposal.

To achieve yearly accreditation Endometriosis Centres must produce the following evidence every year.

Requirement	Evidence	Confirmation
CNS appointed	Job description	
Minimum of 10 hours per week dedicated to endometriosis	Job description/Job plan	
The CNS must be a fully paid up member of the BSGE	BSGE registration	
The CNS must attend a training day/ASM once every three years	ASM/training day certificate	
The CNS complete a minimum of 5 hours of professional development associated with endometriosis every year (Can be linked to NMC re-validation requirements)	Certification/ reflection	

We look forward to driving forward these changes in 2017

Building on the national audit, Wendy Norton, Senior Lecturer in Health and Social Care (Sexual Health) at De Montfort University has secured some research money to undertake a survey of the endometriosis CNS role in BSGE centres. The proposed study will survey all the CNSs and then carry out more detailed telephone interviews with approximately 10 CNS with a range of experience in the role, to compare their role remit and the extent to which this matches the RCN CNS framework. Wendy is currently applying for ethical approval and we will look forward to hearing more about this project as it develops.

**Gill Smith**

Nurses and Paramedics Portfolio Chair





# PORTFOLIO REPORTS

## Endometriosis Centres

The endometriosis centres project continues to gain momentum and strength and I was encouraged with the attendance we had for the breakout session at the recent ASM in Cornwall. This enabled us to discuss a number of issues, importantly the accreditation criteria that will be applied for centres from 2017.

The use of exemplar videos for accreditation was introduced this year and this process has now been completed. I believe this is a useful exercise as it allows us to have a more objective assessment of the surgery being performed. On the whole there is reasonable uniformity for centres doing pararectal space dissection but there were a handful of centres who were not able to adequately demonstrate this and the status of those centres has been altered as a consequence. I hope this will be taken in a positive way and encourage those centres to seek help and guidance from others in order to regain centre status. This can only improve the quality of care we are offering women with endometriosis and strengthen the network of centres across the UK.

Moving forward we will be introducing a minimum case load of 12 cases per surgeon from the beginning of 2017 and ensure that the role of the specialist nurse is adequate. With this in mind we will be asking all centres to provide job plan evidence for their nurse specialist and ensure that the individuals in post have been able to attend the annual scientific meeting at least once every 3 years. This will form part of the accreditation criteria for this year. The video submissions will remain but I am sure will be an evolving process of which we will keep you updated.

New projects for 2017 will be piloting a new endometriosis scoring system devised by Shaheen Khazali. We plan to have this added to the database for selected units and if it proves successful will roll it out to all provisional and accredited centres. We are in the process of contacting 10 pilot centres to use the VNESS scoring system and plan to have this in place for the first quarter of next year. We are also making an application to NICE to have them recognise the database which will give it greater strength should it become part of their guidance in future.

Those at this year's ASM will have heard Dominic Byrne's presentation about the data currently held on the database. This has been discussed through the Scientific Advisory Group and we remain hopeful that a peer review publication will result from this. Many have asked about data for your own units and this is available in raw form if requested by individual centres. The analysis and use of this data is at the discretion of each unit and I hope that many of you will use this for both audit purposes and perhaps presentations or publications of your own.

I have no doubt that 2017 will be a busy year for the project once again and I hope you will all be able to provide continuing support to it.

Looking ahead, I have no doubt that 2017 will be a busy year for the project once again. We plan to have the first BSGE Endometriosis study day in November. Keep an eye out for more details on this exciting new event, and I hope you will all be able to provide support for the Endometriosis Centre project.

**Chris Guyer**

Endometriosis Centres Portfolio Chair







# PORTFOLIO REPORTS

## Laparoscopy Training

The BSGE – RCOG Benign Abdominal ATSM meeting was held in September earlier this year. The course was held over 3 days. On the first 2 days there were lectures and breakout sessions and on the third day a successful and popular Hands on Training



practical course was held at the college. There were more than 80 candidates, supported by 14 Faculty members helping to support and provide guidance during the course. Candidates rotated through 4 stations, LASTT, SUTT, Energy and 3 further smaller substations. We received excellent support from Storz, Stryker, Ethicon and Lotus. Very good feedback was received following course completion.

Simulation training continues to grow. This has been recognised at a National level and incorporating simulation training in the early part of training was approved by the Heads of School. The GMC had endorsed this and laparoscopic simulation is now included in the core curriculum in the training matrix. This requires ST1 and ST2 trainees to undertake an assessment on a simulator before they progress to ST3. The simulation involves undertaking basic laparoscopic skills either on a box or virtual reality trainer. Continued practice on a simulator will help trainees develop their psychomotor skill more quickly with a shorter learning curve in developing their skills to undertake laparoscopic surgery.

There are several opportunities for trainees to undertake BSGE supported educational courses and I would highly recommend trainees to apply for these courses which are very competitive.

### Future plan:

- To have a sub group of BSGE members looking at, and contributing to laparoscopic training.
- To developing joint working groups with the SIM Net members of the RCOG.

**Sameer Umranikar**

Laparoscopy Training Portfolio Chair

## BSGE Meetings Convenor Report

It has been an interesting and active start to my tenure as the new BSGE meetings convenor. The Benign Abdominal Surgery: Laparoscopic and Open Meeting took place in its new format over three days this year. The numbers were up from last year with over 80 delegates and it was an interesting and well received course, with the Hands on Training day proving particularly popular.



The BSGE Symposium on Contemporary Management of Fibroids Meeting had over 100 delegates and faculty members. There was much to interest and challenge BSGE members. The course covered topics including current and future developments in hysteroscopic and laparoscopic procedures, fertility, the medical management and the controversial question of morcellation.

The Hysteroscopy ATSM Meeting remains popular, the practical day is already fully booked and registrations are being taken for a repeat course, so apply quickly to avoid disappointment.

We are looking forward to a stimulating and successful 2017. The BSGE 2017 ASM is in Hull from 17th to 19th May, 2017 and preparations are well under way, and as this issue of The Scope goes to press, a site visit will be taking place in Yorkshire.

We are also planning a joint BSGE/BSGI meeting on contemporary management of endometriosis next year, discussions are under way so keep an eye on the website to find out all the latest news and details.

**Ertan Saridogan**

BSGE Meetings Convenor



# PORTFOLIO REPORTS

## Research and Audit

2016 has proved to be an interesting and active year for the Research and Audit Portfolio, and this promises to continue into 2017. On the research side, four randomised controlled trials are currently recruiting in our speciality area, all of which have been received research funding in excess of £1 million. These include:

- PRE-EMPT (Preventing Recurrence of Endometriosis by Means of long acting Progestogen Therapy) – RCT of LARCs vs COC/nil post laparoscopic endometriosis surgery (CI Sildatiya Bhattacharya)
- HEALTH – RCT of short stay laparoscopic subtotal hysterectomy vs second generation endometrial ablation (CIs Kevin Cooper / Sildatiya Bhattacharya)
- UCON – RCT with mechanistic assessment of Ulipristal acetate vs LNG-IUS for HMB (CI Hilary Critchley)
- GAPP2 - RCT of Gabapentin vs placebo for chronic pelvic pain (CI Andrew Horne)

PRE-EMPT has recruited over 200 patients, however, 12 registered centres have yet to recruit their first patient. HEALTH is recruiting well – 580/648 – and efforts are currently being made to enhance the completeness of the 12 month follow up data.

UCON started slowly and but recruitment is now picking up and an extension to the recruitment period is being applied for. 74 patients have been recruited to date. New centres are still welcome.

GAPP2 recruitment is getting underway; with 37 patients randomised so far from 15 centres.

The BSGE sponsored RCOG Clinical Studies Group has a new Chair, Jane Daniels as of September 2017 after I stepped down from a 5-year tenure. Jane is committed to developing the research portfolio in our speciality area and her experience in running a Clinical Trials Unit will be of great benefit to the work up of clinical trials in endoscopy. Any research questions are, as always, warmly welcomed to be submitted. All documentation is accessible via the BSGE or RCOG CSG webpages.

Dominic Byrne has led on a re-analysis of the BSGE Endometriosis Centre database. The paper is almost complete and will hopefully be submitted to a high impact medical journal in the near future.

In audit, the programming of the BSGE Surgical Information Collection system (SICs) is being finalised. The final programming is taking a fair amount of time and is being led by Zahid Khan with my input. We have almost completed the hysteroscopic procedures and hope to have completed the laparoscopic ones by the next Council meeting. We had planned to complete the pilot by the end of January. This target is still feasible if we can complete the programming by the end of November. Hopefully our attention to detail at this stage will minimise any 'tweaks' required after the pilot. Information governance issues were raised at the last Council meeting and are being looked into and I will update on progress in this area in the new year.

### **T. Justin Clark**

Research and Audit Portfolio Chair







# PORTFOLIO REPORTS

## Industry Relations

The BSGE has worked very well with our industry partners in 2016 and we look forward to an equally successful 2017. We have already invited industry to support the ASM, 2017 in Hull and although it is still early, we have been pleased with a high level of interest and commitment.

Ethicon are continuing their support of 24 delegates for the Trainees' laparoscopic hysterectomy course, with a 4 phase program akin to this year's structure.

Olympus have increased their sponsorship for the ST format of the Trainee's laparoscopic hysterectomy course from 12 to 24 delegates. They plan to complete the course in one week next June with July to visit the units.

Karl Storz have offered use of their training facility in Slough for a new course proposed by Fevzi and Donna from the Registrars in General Surgery Group (RIGS).

If members have contacts and relationships with industry, please make them aware of the ASM and invite them to consider sponsorship.

**Tyrone Carpenter**

Industry Relations Portfolio Chair



## Trainees

The newly formed Registrars in Gynaecological Surgery group (RIGS) has gone from strength to strength. Following the inaugural session held at the ASM in Cornwall, the group has now got a new logo, lots more information has been made available on the trainee section of the website and we're continually working to increase the group's reach and responsiveness.

As BSGE Trainee Representatives, we are keen to represent the views and opinions of members and have recently successfully completed the process of appointing eleven regional trainee reps. These will play an integral role within RIGS and the BSGE to provide useful feedback and opinions which can hopefully in time be incorporated into training. The representatives will all feature on the dedicated trainee section of the website.

Regular meetings will take place together with the BSGE trainee representatives and all regional reps will feature on the website and actively participate with the evolution and development of RIGS. Regional rep selection will occur annually, giving more people the chance to become involved.

## Training Opportunities

Looking forward, there are plenty of opportunities for education, training and career development. We are planning to develop an RIGS laparoscopic training course in conjunction with Storz and we are planning a Pecha Kucha session, at the ASM in Hull. This will promote 'the art of concise presentation' and offer trainees an opportunity to discuss topical issues rather than academic work. There will also be RIGS breakout session content including a video session, where trainees can submit videos of interesting cases or techniques. Also look out for our Medical Students' day in February, where a BSGE workshop will be run with laparoscopic box simulators and structured tasks to complete. Keep an eye on the website for more information and, if you have any further questions, please contact Fevzi and Donna.

**Fevzi Shakir and Donna Ghosh**

BSGE Trainee representatives

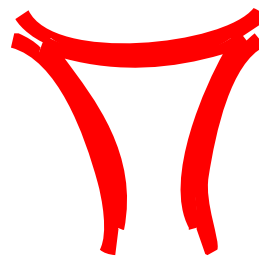


**Fevzi Shakir**



**Donna Ghosh**





# RIGS

## Introducing your Regional Reps



**Karina Datsun**  
Scotland



**C.P. Lim**  
North East



**Antonios  
Anagnostopoulos**  
Mersey and North West



**Georgios Grigoriadis**  
Yorkshire and Humber



**Linda Kwasnicka**  
Wales



**Tereza Indrielle**  
West Midlands



**Yadava Jeve**  
East Midlands



**James McLaren**  
London



**Jessica Preshaw**  
South West



**Mark Pickering**  
Wessex

## Registrars In Gynaecological Surgery Training and Support in Endoscopy





# LAPAROSCOPIC SURVEY SUMMARY 2016

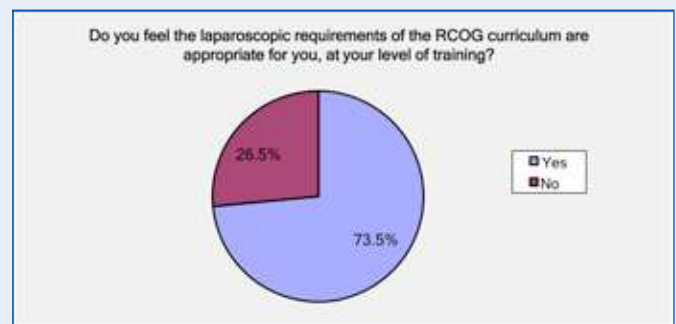


Donna Ghosh

A laparoscopic training survey was sent out via the RCOG trainee newsletter, by e-mail to BSGE members and direct to trainees across a number of deaneries. The aim was to evaluate access to training opportunities in laparoscopy and confidence of trainees performing the procedures required of them at each level of training. We received 166 responses across all deaneries and training grades.

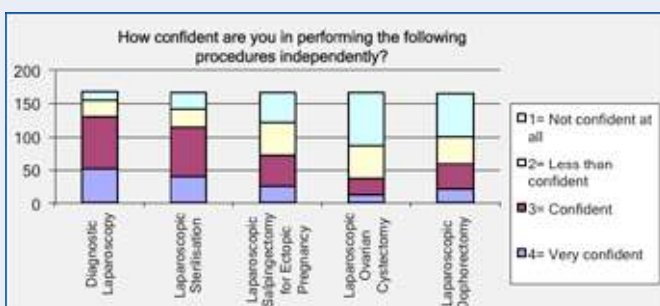
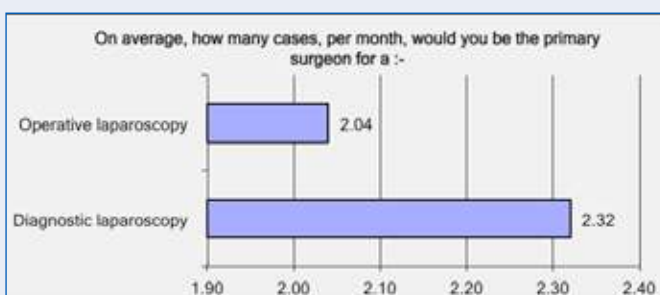
## Training and competency

- The average number of diagnostic laparoscopy procedures performed per month average is 2.3 across all trainee levels
- The average number of operative procedures performed per month average is 2 across all trainee levels
- Confidence levels of trainees in performing laparoscopic procedures varied depending on the level of training
  - ST1-2 8/35 (23%) trainees felt at least confident to perform diagnostic laparoscopy
  - ST3-4 25/32 (78%) trainees felt at least confident to perform diagnostic laparoscopy
  - ST5 29/33 (88%) trainees felt at least confident to perform laparoscopic sterilisation, 3/33 (9%) felt at least confident to perform laparoscopic ovarian cystectomy
  - ST6-7 35/48 (73%) trainees felt at least confident to perform laparoscopic salpingectomy for ectopic pregnancy, 20/48 (42%) felt at least confident to perform laparoscopic ovarian cystectomy



ATSM trainees (n=6)

- 6/6 trainees felt at least confident to perform all operative procedures including ovarian cystectomy, oophorectomy and salpingectomy
- The average number of diagnostic laparoscopy procedures performed per month average is 3.7 (2.3 across all levels)
- The average number of operative laparoscopy procedures performed per month average is 4.2 (2 across all levels)

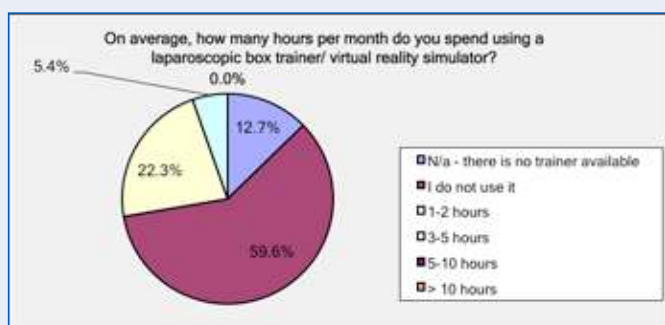




# LAPAROSCOPIC SURVEY SUMMARY 2016

## Laparoscopic simulation

- 133/166 (80.1%) trainees reported that they have access to a laparoscopic box or virtual reality simulation trainer
- 99/166 (60%) do not use the trainer, 46/166 trainees use the trainer (22% 1-2 hour per month average, 5% 3-5 hours per month average)



## Laparoscopic Courses

- 85/166 (51%) of trainees have attended a laparoscopic course outside of their deanery
- 136/166 (82%) of trainees would prefer to attend a nationally standardized laparoscopic course run within their deanery

## Opinion of training received

- 116/166 trainees (70%) of trainees felt that laparoscopic training in their deanery was insufficient for their needs

## Comments in response to whether laparoscopic training in their deanery is sufficient for their needs

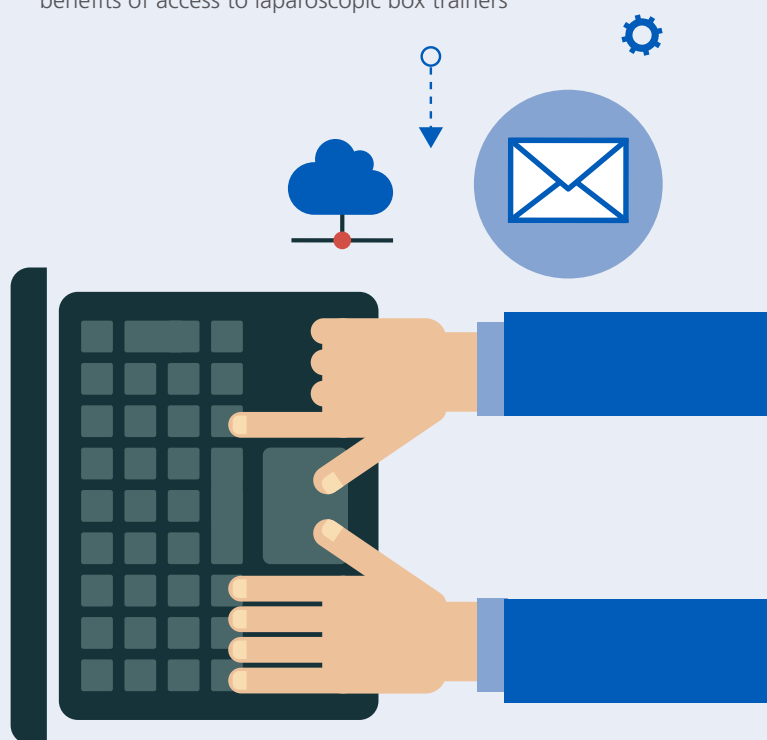
- 'As always, the issue is lack of trainees/rota gaps. The opportunities are available in theatre, but frequently the registrars are sent to help consultants in clinic, and SHO is left to assist consultants in theatre'
- 'More structured lap simulation training is needed so when trainees get the opportunity to operate on a patient they have the skills/confidence to safely perform the procedure'
- 'The surgical log book appears too advanced for the requirements of career obstetricians'
- 122/166 trainees (74%) felt that the RCOG curriculum requirements were appropriate for them at their level of training

## Comments in response to whether the RCOG curriculum was appropriate for them at their level of training

- 'I think being able to independently perform laparoscopic salpingectomy for ectopic pregnancy should be an ST3 competency'
- 'I think there is a complete miss match in the training we receive for obstetrics and gynaecology. We receive excellent exposure and training in obstetrics at the opportunity cost to gynaecology. This needs to be addressed at higher level'
- 'I do not feel that a laparoscopic cystectomy should be necessary for an ST5'

## Conclusion

- Despite the requirements of the RCOG curriculum, many trainees are not confident to perform the procedures independently at the level they are expected to
- There is a clear discrepancy between having access to a laparoscopic box trainer and trainees making use of it
- We aim to work with the BSGE and the RCOG to improve deanery-led laparoscopic training opportunities and the benefits of access to laparoscopic box trainers





# NEW PUBLISHED GUIDELINE

The BSGE is consistently active in the development and publication of guidelines to share information and improve standards.

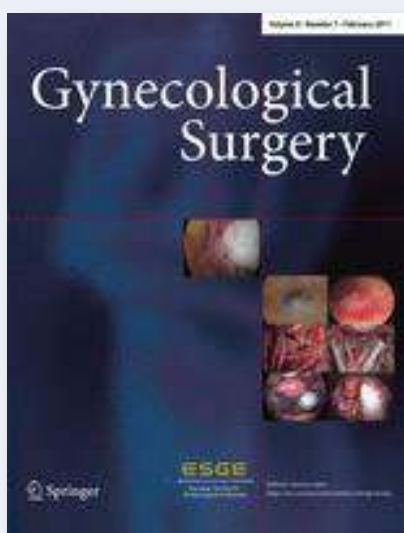
A new BSGE and ESGE guideline on Hysteroscopic Fluid Management has now been published as an 'Online First' in the journal Gynecological Surgery and is available for members to read and download.

The aim of the guideline is to provide clinicians with up-to-date, evidence-based information regarding management of distension media in operative hysteroscopy, with particular reference to prevention and management of complications that may arise from fluid overload.

The guideline is fully accessible to all users at libraries and institutions that have purchased a SpringerLink license.

For further information and to access the article click [here](#).

You can view pdf version of the guideline [here](#).



# LET THE CONVERSATION BEGIN

At every meeting, course or symposium, BSGE members can be heard discussing the current hot topics in gynaecology and minimally invasive surgery.

The conversations can be equally avid whether they're in the chamber or in the bar.

We would like to replicate and extend this exchange of ideas and knowledge in The Scope and on the website.

In every issue of The Scope we would like an opinion piece to interest, inform or even irritate members. If you feel strongly about a current issue within our field, then please share it with us and get your voice heard. We will publish rights to reply in subsequent issues, so that all sides can be considered.

But if you can't wait to debate, then you don't have to hang around until the next issue of The Scope, get online. [The BSGE Discussion Forum](#) is up and running, use it to discuss cases, compare notes or chat about techniques and recent research.

As the time starts counting down to the ASM 2017, we will be employing a messenger app called [Telegram](#) in Hull. It's a way of helping delegates communicate and connect and was trialed with great success at the recent EMIG in Tehran.

So download it onto your smartphone today so that you don't miss out on the opinions or the banter.





# REPORTS FROM RECENT MEETINGS

## Benign Abdominal Surgery Meeting

The BSGE and RCOG Meeting on Benign Abdominal Surgery: Open and Laparoscopic, took place at the College in October. The meeting was a huge success, with the practical Hands on Training day proving to be a particular hit with attendees. It was the first time the BSGE has run a dedicated practical day on the Benign Surgery course. With eighty delegates and four parallel training rooms developing different skills through the use of simulation technology, it was an extraordinary achievement in organisation and co-ordination.

BSGE and RCOG members and trainees on the Benign Abdominal Surgery: Open and Laparoscopic ATSM, developed their psychomotor skills, the use of energy, suturing and management of the stack. With the GMC now advocating that simulation should be a mandatory part of surgical training, the BSGE really is ahead of the game. Sallie Nicholas, head of the Joint Committee of Surgical Training said that "If you're looking at patient safety then we think there's a very strong link between simulation and patient safety."

Course Organiser Sameer Umranikar agrees, saying that the HOT courses "Offer participants the chance to get their hands dirty and develop the psychomotor skills that are so important in a competent laparoscopic surgeon."





Sameer reported that the course had evolved remarkably since the trial last year, with a change to the format in response to feedback from delegates. Instead of the breakout practical sessions, there was a dedicated practical course so that participants got value for money and didn't have to miss any of the lectures.



BSGE President Dominic Byrne congratulated Sameer and co-organiser Saikat Banerjee as well as BSGE Meetings Convenor Ertan Saridogan on the success and smooth running of the course, saying: *"This is just one example of how the quality and reputation of the BSGE continues to grow and it is thanks to the hard work of individual council members and volunteers from our membership."*





# REPORTS FROM RECENT MEETINGS

## Symposium on the Modern Management of Fibroids

On the 4th November the BSGE ran its first 'stand-alone' joint meeting with the RCOG. The 'Symposium on the modern management of fibroids' was a great success with over 100 delegates and faculty members and a good representation from industry partners. The symposium covered surgical, medical and radiological treatment options for fibroids, as well as outlining the pathophysiology of the condition.

The day was spent delving into open, laparoscopic, robotic and hysteroscopic approaches to surgery. There were also excellent talks on the medical management of fibroids as well as complications of fibroids and fibroids in pregnancy.

The controversial subject of fibroid morcellation was presented along with a more 'measured' management protocol proposed by the ESGE / BSGE.







The faculty was second to none, with world-renowned speakers from the UK as well as international experts from Belgium and France. Stars included Professor Jacques Donnez and Dr Nicolas Bourdei speaking on Ulipristal and augmented reality surgery respectively.

Following on from the success of this meeting, the BSGE plan to continue in this vein by convening one-off meetings on topical areas in minimal access surgery. These will be advertised on the BSGE website and reported on the news pages and Twitter, so click back regularly and follow @TheBSGE so stay up-to-date.





BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

## LAPAROSCOPIC GYNAECOLOGY TRAINING PROGRAMME FOR ST5+

The Clinical Expertise Laparoscopic Gynaecology Programme, established by Ethicon in partnership with The British Society for Gynaecological Endoscopy, offers training designed to allow trainees to practice the skills to perform a total laparoscopic hysterectomy and the knowledge to set up a laparoscopic service and develop skills as a laparoscopic surgeon. The Training programme is split over 5 days with training events at the MATTU in Guildford; the NSTC in Newcastle and ESI in Hamburg as well as a day in a UK centre observing a faculty member.

### LIVE SURGERY MASTERCLASS - MATTU

The first two day course is held at the MATTU Centre in Guildford and will comprise live surgery, a dry lab skills workshop including suturing techniques and operating theatre set-up.

### SKILLS TRAINING (CADAVER LAB) – NSTC, NEWCASTLE

This one day course will be at the NSTC in Newcastle and will comprise of a single day of anatomy and laparoscopic dissection on a cadaveric model.

### SKILLS TRAINING (WET AND DRY LAB) – ESI, HAMBURG

The next two day course is held at the European Surgical Institute in Hamburg. The first day will include discussion on setting up a laparoscopic service, dry lab training including laparoscopic suturing. The second day will take place in the wet lab performing a variety of laparoscopic procedures under close supervision.

### ON-SITE TRAINING SESSION

The final part of the training will be a day in theatre with a faculty member at their hospital, observing cases and theatre set up.

### GENERAL INFORMATION

This laparoscopic gynaecology programme will be for 24 BSGE Trainees, selected by Ethicon and a committee of BSGE members. Two programmes will run throughout the year, each with 12 delegates.

All flights, meals during the course and accommodation will be sponsored by Ethicon.

Final faculty for each event to be confirmed at a later date.

Any queries please contact Vikki Gibbs, Professional Education Manager, Ethicon. [Vgibbs1@its.jnj.com](mailto:Vgibbs1@its.jnj.com) or 07824 626452 or Atia Khan, BSGE Secretariat, [bsge@rcog.org.uk](mailto:bsge@rcog.org.uk) or 0207 772 6474.

# ETHICON

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CLINICAL  
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### 2017 COURSE DATES

#### PROGRAMME 1, EACH WITH 12 DELEGATES

1. 6th & 7th April
2. 21st June
3. 5th & 6th September

#### PROGRAMME 2, EACH WITH 12 DELEGATES

1. 27th & 28th April
2. 22nd June
3. 12th & 13th September

Multiple dates and UK venues TBC

### REGISTRATION

You can apply via BSGE website.

[www.bsge.org.uk](http://www.bsge.org.uk)

Please note, this programme is for fully paid trainee member of the BSGE.

To complete online application for this training programme, you will need to upload a two page CV, a letter of recommendation from your mentor (PDF copies only) and a supporting statement explaining why you should be considered for this training programme (1000 words maximum).

**Closing date for registration is Friday  
6th January 2017.**

Agenda content & timings may be subject to change  
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<http://bsge.org.uk/bsge-ethicon-laparoscopic-gynaecology-training-programme/>



# ESGE 26<sup>th</sup> ANNUAL CONGRESS

18<sup>th</sup> – 21<sup>st</sup> October 2017

Sueno Hotel Belek & Convention Center  
Antalya, Turkey



[www.esgecongress.eu](http://www.esgecongress.eu)



See you  
in Antalya  
2017!

incorporating

in cooperation with



## East Meets West





# A REPORT FROM EMIG CONGRESS IN TEHRAN

On behalf of the UK-based faculty, Russell Luker has written about their experience in Tehran, during the recent Endometriosis and Minimally Invasive Gynaecology (EMIG) congress in October.



**Russell Luker**

In the last edition of the Scope, Saikat Banerjee wrote about his experience visiting ACEMIG (Avicenna Centre for Endometriosis and Minimally Invasive Gynaecology) in Iran for the first time. In October, a group of 23 from the UK, Portugal, Greece and Italy accepted Shaheen Khazali's invitation to form the international faculty, which, together with their Iranian colleagues delivered the 1st International Congress in Endometriosis and Minimally Invasive Surgery (EMIG) in Tehran.



*Closing ceremony*





ACEMIG fellows Atefeh Gorgin, Roxana Kargar, Khadijeh Shadjoo (1st, 2nd and 3rd from right) and Roya Padmehr (5th from right) were the stars of the show.

Colleagues from across Europe, ranging from a past president of BSGE to specialist nurses, consultants and trainees met colleagues from across Iran. They provided lectures, workshops, simulator training, masterclasses and live surgery not to mention the all important social interaction. An impressive total of 850 delegates registered for the four-day conference. Four activities were going on simultaneously in two auditoria, a smart oval conference room for masterclasses and a drylab.

We have never before seen such an ambitious programme of live surgery. We broadcast three simultaneous operating theatres, each with its own camera crew. Occasionally chaotic, as conflicts in critical phases in surgery arose, the programme was deftly presented by Adam Moore and Keith Louden. 6 procedures were performed during the live surgery day, including a TLH using 3-mm instruments (Fabio Ghezzi), a lap

radical hysterectomy and lymph node dissection (Roberto Tozzi and Hooman Soleymani Majd), a severe endometriosis excision (Adel Shervin), a lap myomectomy and in-bag morcellation (Hossein Asefjah and Russell Luker), a lap sacrocolpopexy (Natalia Price) and a segmental bowel resection for recto-vaginal endometriosis (Shaheen Khazali and Hossein Yousef-Fam).

During the opening ceremony in the impressive congress venue, an emotional and professionally made clip, using an actress, was shown. It demonstrated the deep understanding of the producers and organisers of the impact of endometriosis on a woman's life. You can watch the clip [here](#).



Alfonso Rossetti (Rome), Helder Ferreira (Porto), Mohamed Mabrouk (Bologna), Adel Shervin (Tehran) and Shaheen Khazali (Chertsey) delivered the severe endometriosis masterclass. Mohamed also delivered a fantastic keynote lecture on anatomy and was asked by the audience to repeat the lecture after the closing ceremony.



A traditional bazar in North Tehran





*Live Surgery day, Natalia Price (Oxford) assisted by Adam Moors (Southampton), Khadijeh Shadjoo, Atefeh Gorgin, Roxana Kargar and Amirali Azizi*



*Live surgery day; Roberto Tozzi (Oxford), Hooman Soleymani Majd (Oxford) and Lamiese Ismail (Oxford), helped by Nasim Kalantari. They mean business!*

For many, the congress was a personal and professional step into the unknown. Political tension between the west and Iran has meant that we in the west are automatically victim to negative press about Iran and its people. We are often victims to an arrogance with which we expect to find standards elsewhere in the world below that which we expect. The reality was refreshing. We found that our hosts were practising at the highest international standards and despite some restrictions they followed international scientific development closely. We found medical facilities that often exceeded those in the UK. During the congress, scientific debate was rigorous – occasionally it didn't conform to those views held in Europe resulting in lively discussion! But, isn't this the very essence of an international congress?

Consequently a number of new collaborations, techniques and investigations are already underway.

We must mention Shaheen Khazali for special commendation. With the support of his team he spent months on the mammoth task of organising world class facilities, speakers, flights, visas



*Front row, left to right: Professor Akhondi, (Conference president), Dr. Zali (President of Iranian medical council) and Professor Ashegh at the opening ceremony*



*Dr. Shadjoo, Prof. Ashegh and Mr. Tsepov chairing Basic laparoscopic skills workshop*





*Trying authentic Persian cuisine*

and accommodation, not to mention putting together an ambitious scientific program. In addition he skilfully negotiated local tensions and even harnessed the national media.



*Adam Moors, Jeremy Wright and Karen Ballard checking out Persian handicraft*

Persian hospitality is only matched by its generosity. Perhaps the only shadow that was cast on our visit was the truly appalling traffic in Tehran! Persian society is fascinating and welcoming. On meeting a British visitor Iranians first offer a broad smile and then lots of questions mostly to ensure that you are enjoying your stay. Far from being an oppressed society (as we had expected) Iranians and especially Iranian women are free to express themselves, with highly educated and often highly influential positions. Don't be fooled by conservative dress codes and a requirement to wear a headscarf – Persian ladies take a deep pride in fashion and their own presentation. Nowhere else in the world have we seen high heeled theatre shoes!

The BSGE members who took that step into the unknown reflected on the trip with unanimous approval.

What an experience!



*Ultrasound masterclass*

# UPCOMING EVENTS AND MEETINGS



## RCOG WORLD CONGRESS

20 to 22 March 2017

The RCOG World Congress 2017 is being held from 20-22 March 2017 in Cape Town, South Africa.

You can join colleagues from around the world for what the College describe as the ultimate international event for Obstetric and Gynaecology professionals.

There will be the opportunity to hear from leading experts, attend exciting plenary sessions and enjoy a cutting-edge scientific programme with contributions from many of the UK's Obstetric and Gynaecology Specialist Societies.

Cape Town is the southern-most city of the African continent. It has one of the most extraordinary displays of nature and culture that you'll find on the continent. Home to the world-famous Table Mountain, golden beaches, sophisticated restaurants and excellent local wines, it is a proudly multicultural city that should provide a stunning environment for the RCOG World Congress 2017.

Members interested can find out more about the scientific programme and register here.



## BSGE ANNUAL SCIENTIFIC MEETING 2017, HULL

17 to 19 May 2017

They are all available here.



BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

## BSGE Workshop on Fresh Human Cadaveric Laparoscopic Gynaecological Anatomy

4th Annual **Hands-on Human Cadaveric Course** hosted at the University of Oxford for BSGE members who want hands-on training in laparoscopic female pelvic anatomy and dissection.

21st and 22nd March 2017

**Venue:** Medical Sciences Teaching Centre (MSTC),  
University of Oxford

**Course Fees:** £300 (subsidised rate)

**Course Organisers:** Mr Kirana Arambage (Oxford),  
Mr Saikat Banerjee (Chertsey) and Mr Mark Whittaker  
(Gloucester and BSGE Honorary Secretary)

### **Extensive faculty including:**

Prof. John Morris, Emeritus Professor of Anatomy,  
University of Oxford

Asst. Prof. Mohamed Mabrouk,  
Bologna University, Italy.

**Further information and online application  
available at [www.bsge.org.uk](http://www.bsge.org.uk)**

Closing date for applications: 15.01.2017

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Dr. J. K. Kim

- Mallick R, English J & Waters N. Total laparoscopic hysterectomy versus total abdominal hysterectomy in the treatment of benign gynaecological disease: a retrospective review over 5 years. Gynecol Surg 2016 doi:10.1007/s10397-016-0990-0
- Xie et al. Single-Port vs Multiport Laparoscopic Hysterectomy: A Meta-Analysis of Randomized Controlled Trials. JMIG 2016; 23 (7) 1049-1056
- Afors et al. Segmental and Discoid Resection are Preferential to Bowel Shaving for Medium-Term Symptomatic Relief in Patients With Bowel Endometriosis. JMIG 2016; 23 (7) 1123-1129
- Uccella et al. Laparoscopic Versus Open Hysterectomy for Benign Disease in Women with Giant Uteri ( $\geq 1500$  g): Feasibility and Outcomes. JMIG 2016; 23 (6) 922-927
- Thomin et al. Maternal and neonatal outcomes in women with colorectal endometriosis. BJOG 2016 DOI: 10.1111/1471-0528.14221.
- Nair R, Killicoat K, Ind TEJ. Robotic surgery in gynaecology. The Obstetrician & Gynaecologist 2016;18:221-9. DOI: 10.1111/toq.12277



## A close-up portrait of a middle-aged man with short, wavy white hair and thin-rimmed glasses. He is smiling warmly at the camera, with his right hand resting under his chin. He is wearing a light-colored, possibly yellow or cream, shirt. The background is a soft-focus outdoor scene with green foliage and a hint of a white structure, suggesting a park or garden setting.

<https://www.justgiving.com/fundraising/edshaxted>





## Advertising on the Website and Newsletter

Advertising with the BSGE, in 'The Scope' or on the website, can help your business reach a specific target group of gynaecological consultants, trainees and specialist nurse practitioners.

'The Scope' is delivered quarterly to more than a thousand members and is also available to download online on our newly relaunched website. Back issues are still accessed and read by members and casual clickers.

If you would like to find out more please email Atia Khan at [bsge@rcog.org.uk](mailto:bsge@rcog.org.uk)

Members can advertise their courses for free on the BSGE website. The only stipulation is that it is within the BSGE Website and Communications WebComms Chair's discretion as to which courses may be deemed acceptable and that submission of a course is by organisers who are themselves members to the Society. Please complete the BSGE Website Advertising form and email it to BSGE Secretariat at [bsge@rcog.org.uk](mailto:bsge@rcog.org.uk) to advertise on our website. Thank you.

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Newsletter – final pages	£1500 full page £1000 ½ page

Please feel free to drop Assistant Editor Dr Jane Gilbert an email if you have any interesting news, photos or events to share with our members on [drjanegilbert@hotmail.com](mailto:drjanegilbert@hotmail.com)





# BSGE WEB/COMMS TEAM

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BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

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**The BSGE**

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