

# THE SCOPE

Newsletter of the British Society for Gynaecological Endoscopy



**Includes full details of the BSGE Silver Jubilee Meeting  
'Preparing for a Golden Era' 4-5 June 2015,  
Central Hall Westminster, London**



**BRITISH SOCIETY** for GYNAECOLOGICAL ENDOSCOPY

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# WELCOME

## Welcome to The Scope the newsletter for our BSGE

This year is a special one for the BSGE as we look forward to celebrating our Silver Jubilee in June. And, this year, also sees the launch of our new publication, The Scope.

We know how it feels to get bombarded by mass emails, even if it is from a trusted sender and we know how busy all our inboxes already are, so we decided to bring everything we want to tell you together in one quarterly newsletter and only use emails if there is an urgent message we want you to see.

We'll be keeping you up-to-date with the decisions made by the BSGE Council and updates from each portfolio, along with interesting articles, useful news and dates for your diary, all in one place.

In this first issue, you'll find all the information you need about our special 25th anniversary meeting in Westminster this June, along with an account of how the BSGE was formed from Professor Chris Sutton, a founding member who was the President of the BSGE between 1994-1996. You will also read a short interview with Atia Khan, who I'm sure you all know very well, at least by name. We thought it would be nice for the members to get to know her better. The rest, you can see for yourself.

If you like it and find it useful, the BSGE Council plans to turn this trial issue into a regular, quarterly publication, so we'd love to have your feedback.

If you wish to get involved (and please do, we are always looking for active contributors) or if there's something you think we should be covering, an event or new development you want to tell us about, or you simply want to get a point of view across, then let us know. You can email me directly at [s.khazali@me.com](mailto:s.khazali@me.com)

I would like to thank the Website and Communications team (the committee name not to be abbreviated!) who have worked hard to put this issue together. You can see their names, on the last page. I am particularly grateful to the council members who made this possible by their contributions and input.

I hope you enjoy the first issue!

**Shaheen Khazali**

Chair, BSGE website and communications



# **BSGE Silver Jubilee Meeting 'Preparing for a Golden Era' 4-5 June 2015 London**



## **British Society for Gynaecological Endoscopy Celebrates 25 Year Anniversary**

**Venue:** Central Hall Westminster, Storey's Gate, London SW1H 9NH

The ambitious scientific program should appeal to anyone with a general interest in gynaecological endoscopy and also offer much for those with particular subspecialist interests.

Sessions will be themed and will involve expert UK and International invited speakers presenting and discussing the latest developments in gynaecological endoscopy. We will cover our usual topics of advanced laparoscopic surgery for endometriosis, hysteroscopic surgery, fibroids and heavy menstrual bleeding.

For more information go to:  
[www.bsge.org.uk](http://www.bsge.org.uk)







# PRESIDENTS MESSAGE

## As the BSGE celebrates its milestone Silver Jubilee year, The Scope chats to BSGE president Ertan Saridogan about the future aims of the society.

Winston Churchill once said: *"It is always wise to look ahead, but difficult to look further than you can see."*

But BSGE president Ertan Saridogan certainly has a very clear vision of the future work he wants the BSGE to do.

A consultant gynaecologist at University College London Hospitals, and chair of the medical advisory panel for Endometriosis UK, as well as being BSGE president, Ertan started his career in Turkey, before moving to London in 1992.

He became a member of the BSGE around 15 years ago because of what he describes as a *"growing, major interest in minimal access surgery."*

Having become president in May 2014, Ertan says he feels lucky to hold the post for the society's 25th year.

*"It's a really special occasion," he says. "We're expecting a much bigger attendance for our annual meeting and we're looking forward to collaborating with colleagues from other UK specialist societies and from European sister societies."*

*"The event will be a celebration."* Ertan says that the BSGE is growing fast. *"When I first joined the council five years ago, we had around 400 members. Now we have 900 and I expect we will reach 1,000 by the end of my presidency in 2016."*

As well as that short-term goal, Ertan is very much focused on the long-term aims of the BSGE, to promote and enable minimal access surgery.



Central Hall Westminster, Storey's Gate, London. Venue for the British Society for Gynaecological Endoscopy 25 Year Celebration.



## BSGE Silver Jubilee Meeting 'Preparing for a Golden Era' 4-5 June 2015 London

**British Society for Gynaecological Endoscopy  
Celebrates 25 Year Anniversary**

*"Of course things have changed since I first started out. Then, there was a lot of training where open procedures were the norm," he says. "But there is still much to do to promote minimal access surgery so it is widely available because there are pockets where it is carried out, but it could be much wider."*

The BSGE takes a double-pronged approach, not just raising awareness of the benefits of keyhole surgery, but arranging practical training to equip healthcare professionals with the necessary skills. *"Our aim is to promote training at all levels, from trainees to established consultant programmes,"* says Ertan.

*"Where minimal access surgery isn't being carried out it's because of a lack of exposure and a lack of training because if you're trained by people who are not doing minimal access surgery, then that pattern continues."*

*"We've all been in different places and experienced different ways of carrying out surgery, but there's clear evidence that patients have less pain, better recovery and that they return to normal life much quicker with minimal access compared to open surgery. That's why our aims are so important going forward in future years."*

Ertan is also aiming to position the BSGE firmly at the heart of any future health policy decisions on minimal access surgery.

*"As a specialist society, we want to influence policies and future plans,"* he explains. *"We want to position ourselves in the UK health system as the brain behind relevant developments in our field. We're not just a society of people who enjoy minimal access surgery. We want to have real influence."*

Interview by **Elizabeth Hands**, journalist



**BRITISH SOCIETY** for GYNAECOLOGICAL ENDOSCOPY





# PORTFOLIO REPORTS

## Awards

In 2014/15 we awarded 10 trainees with Ethicon educational grants. These generous bursaries allowed hands-on, and theoretical training, in laparoscopic hysterectomy techniques.

In addition BSGE have awarded over £20,000 worth of grants this financial year to support consultants, non-consultant grade doctors, gynaecological trainees and nurses to visit other centres of international repute, attend courses and conduct research.

**Simon Jackson**

Awards Portfolio Chair



## Endometriosis Centres

The BSGE Endometriosis Centre project continues to go from strength to strength. Currently there are 46 BSGE accredited Endometriosis Centres and five provisional Endometriosis Centres ([www.bsge.org.uk](http://www.bsge.org.uk)).

We estimate, based on population statistics, that the UK needs 50 centres which treat 100 cases of severe rectovaginal endometriosis annually, and the project is well on the way to achieving this goal.

Endocentres are obliged to enter all cases of surgery for severe rectovaginal endometriosis that require dissection of the pararectal space onto the BSGE Endometriosis database. The number of cases entered continues to rise exponentially, with 1,105 cases being entered in 2014. As specialist commissioners direct patients to these centres the numbers will continue to rise and the database dataset will grow. The first analysis of the database has been undertaken by the Scientific Advisory Group and the first papers have been submitted for publication. The BSGE can be justifiably proud of producing a network of treatment centres for women with this distressing disease and of submitting the largest dataset for publication. Well done to all.

**Dominic Byrne**

Endometriosis Portfolio Chair



## Guidelines

We have two priorities: (1) start work on BSGE Guidelines and (2) set up a sustainable guideline group for the future.

Without further delay we would like to start on the guideline on laparoscopy in pregnancy. We are planning to extend it to surgical emergencies in pregnancy such as appendicitis, in conjunction with surgeons. It is envisaged that the guideline is a series of systematic reviews.

The plan is to conduct a scoping survey from BSGE members to determine subheadings and identify future guideline needs.

We have liaised with the RCOG guideline group and will get our guideline rubberstamped by the RCOG, rather than developing a joint guideline from scratch, which is more time consuming.

### Recognition and funding

We decided against seeking sponsoring by industry sources.

We aim publish the SR leading to the guideline in peer reviewed journals. We are likely to identify research needs leading to a multicenter trial.

We would like to seek limited funding from the BSGE for the systematic reviews.

### Sustainability of guideline group and research staff

I am in the process of recruiting a group of consultants to review and comment on the evidence and of getting together a pool of junior doctors with an academic interest to learn systematic reviewing and carry out the searches. This activity will be incorporated in future job descriptions.

**Elizabeth Ball**

Guidelines Portfolio Chair





# PORTFOLIO REPORTS

## Hysteroscopy

In April 2014: NICE IPC publishes a guideline on hysteroscopic morcellation of fibroids, specifying that morcellation should be only performed in the context of research (special measures) due to risk of occult malignancy in the fibroid.

At the same time the FDA issued a warning on laparoscopic morcellation of fibroids and there seems to be confusion between hysteroscopic and laparoscopic morcellation, which was thought to be the same procedure.

Since then a guideline was withdrawn, new evidence on safety and benefit for patients were reviewed, expert comments were sought and reviewed by NICE IPC as well as comments from patient's groups. Moreover the FDA specifies that hysteroscopic morcellation does not impose the same risk as laparoscopic and maybe safer for the patients. A new guideline is due to be published at the end of Spring. Also results of a Dutch trial of safety of hysteroscopic morcellation of fibroids is expected in summer 2015.

On a polyp front, the results on non-inferiority trial on the management of polyps in the inpatient vs outpatient settings are awaited and a little birdy told me it will be published in the BMJ fairly shortly!

A survey of outpatient hysteroscopy services (produced by a BSGE hysteroscopy working group) is on the way and the results will be available for the BSGE Jubilee Meeting in June 2015. These questions and answers will help an enthusiastic budding hysteroscopist hoping to get new consultant jobs and make a real difference on how Hysteroscopy Services are conducted and how it will benefit patient care.

An exciting Hysteroscopy hands-on workshop will be running one day before Jubilee meeting (on 3rd of June 2015 at the RCOG), covering all existing operative and diagnostic techniques of hysteroscopy. You will be able to practice/see outpatient/inpatient techniques. See you there!!!!

**Natasha Waters**

Hysteroscopy Portfolio Chair



## Industry Relations

The BSGE continues to develop mutually beneficial relationships with many companies with an aim to support the objectives of the society.

Having had extremely positive feedback from the first cohort of delegates who undertook the laparoscopic hysterectomy programme last year, Ethicon have very kindly agreed to increase the places available for the second cohort. Information on this and how to apply are on the website and applications close on 28 February 2015.

The main focus at present is securing sponsorship for the Silver Jubilee meeting in June to allow us to keep prices to delegates as low as possible whilst putting on a first class meeting.

I am pleased to say this is going well with over £100k already pledged. All of the platinum sponsorship packages are now allocated to Ethicon, Karl Storz, Covidien and Olympus but the others are still available.

If you have contacts with any companies who may wish to sponsor the meeting information can be found at <http://bsge.org.uk/Exhibition-Sponsorship.php>

**Tyrone Carpenter**

Industry Relations Portfolio Chair





# PORTFOLIO REPORTS

## Laparoscopic Training

I took over the Laparoscopic Training Portfolio in December 2014. I have been involved in a RCOG / BSGE Pilot Training Program undertaking simulation based training for junior trainees at ST 1 and 2 level.



This pilot program involves an online e learning package with pre and post- test questionnaires followed by half day teaching program for the ST 1 and ST 2 trainees. The trainees then undertake the skills exercises either on a virtual reality trainer or a standard laparoscopic box trainer over a period of 3 months. Assessments are carried out using the Objective Structured Assessment of Technical Skills at the beginning and end of the 3 month pilot study.

This program has been rolled out across several Deaneries and I have been leading it in the Wessex Deanery. We have had a very good response from our trainees and some very useful feedback has been received so far. I have written a more detailed report in this issue of The Scope (see page 15). Once the pilot is completed I will give a summary of the findings of the study.

As portfolio lead I am also participating in the BSGE Workshop on Fresh Human Cadaveric Laparoscopic Anatomy and Advanced Gynaecological Laparoscopic Surgery 2015 to be held in March 2015.

I will also be participating in the Annual RCOG Benign Abdominal Surgery ATSM Course to be held at the RCOG in September 2015.

I would be happy to report the feedback from these courses with the permission of the course organisers.

**Mr Sameer Umranikar**

Laparoscopic Portfolio Chair

## Nurse and Paramedic

The 12th Annual Nurse Hysteroscopy Conference took place on the 30th January 2015 at the University of Bradford. The event was attended by many Nurse Hysteroscopists, both trained and in training.



Thanks to the hard work of Julia Pansini-Murrell, Kath Gale and the academic support staff at Bradford University the day was very successful. The agenda included audit presentations, workshops and latest equipment/device updates from industry, who generously supported the event.

I am currently undertaking an audit of Nurse Hysteroscopists, aimed at assessing the number of nurses performing outpatient treatments, the modalities being used and training undertaken.

The data has been collected and is currently being analysed, with the intention to present the results at the Silver Jubilee Meeting in June. A big thank you to everyone who has contributed.

The next module – Caring for Women with Endometriosis will take place on 7th – 12th September 2015 at The Royal Surrey County Hospital RSCH and the University of Surrey. This is a six day course and it will be an accredited course through the University, for more information please contact Wendy Mitchell [wendymitchell1@nhs.net](mailto:wendymitchell1@nhs.net)

The Endometriosis Nurse Project launch takes place on the 3rd March at the Royal College of Nursing headquarters, for more information please contact Cathy Dean [Cathy.Dean@rcht.cornwall.nhs.uk](mailto:Cathy.Dean@rcht.cornwall.nhs.uk)

**Gill Smith**

Nurse and Paramedic Portfolio Chair





# PORTFOLIO REPORTS



## Research and Audit

We are currently supporting four portfolio RCTs funded by the NIHR:

- **PRE-EMPT** – Preventing Recurrence of Endometriosis by Means of long acting Progestogen Therapy (recruiting in 6 pilot sites)
- **HEALTH** – Laparoscopic subtotal hysterectomy vs. endometrial ablation for HMB (recruitment opened in all core sites, expanding to 20 sites).
- **UCON** – Ulipristal vs LNG-IUS for HMB (recruitment to start spring 2015). Estimated first patient date March 2015, all sites identified.
- **GAPP** – Gabapentin vs placebo for chronic pelvic pain (recruitment to start 2015)

We have also supported three other portfolio studies. The OPT trial (Outpatient vs. day-case polypectomy) is accepted and awaiting publication in the BMJ subsequent to which the full HTA report will be available on line from the NIHR website.

The MEDAL trial (Can MRI replace laparoscopy in the diagnosis of pelvic pain?) is being analysed and the FEMME trial (UAE vs. myomectomy) will finish recruiting shortly. I plan to survey members again as I did in 2011 both suggesting and touting for some new benign gynaecology and MAS research ideas.



## Audit

We have developed an electronic database of laparoscopic hysterectomy to be used on a computer, tablet or smart phone. This is currently being piloted. The database records procedure details, complexity and complications. We hope that the database will be a useful tool for BSGE members and help provide quality assurance and inform annual job appraisals and revalidation. In time, as data accumulates, the norms for outcomes stratified by complexity will be established.

The provisional database is available at <https://lhdb.knackhq.com/bsgelhdb#home/> and you can sign up for an account there. If you want to play around with it first before obtaining your own account then put in the fake Email address [justinclark@gmail.com](mailto:justinclark@gmail.com) and the password (lower case) wba.

We plan to present some data at the 2015 ASM in London. Any feedback would be gratefully received at my real email address [t.j.clark@doctors.org.uk](mailto:t.j.clark@doctors.org.uk)

We also plan to develop similar databases for a suite of common MAS techniques in laparoscopy and hysteroscopy. I have developed an e-database for hysteroscopic sterilisation which will shortly be available. If you are interested in helping develop some of these applications then please contact me on the above email or come and speak to me at the ASM.

## T Justin Clark

Research and Audit Portfolio Chair



# PORTFOLIO REPORTS

## Trainees

As your trainee representatives we would like to know how laparoscopic training is going in your hospitals and regions. We would like to hear the good and the bad, along with your opinion on what could make things better. We are here to represent your views and improve training opportunities. We aim to conduct an online survey to enhance your involvement later on this year.

Currently the BSGE has been actively involved with colleagues in Europe and, through the ESGE ([www.ESGE.org](http://www.ESGE.org)), a group called the Young Endoscopic Platform (YEP). We have a whole day parallel session at our Silver Jubilee meeting in June 2015.

This is an open forum so trainees across the EU can share their experiences and exchange ideas. This could lead to some exciting opportunities and developments for the future.

We are developing a web-based procedure-specific simulation programme to improve the knowledge and skills of standard laparoscopic and hysteroscopic procedures for ST1 – ST7 trainees in UK. This will go hand-in-hand with the RCOG core curriculum and ATSMs. We are hoping to go live later this year.

We are fully aware of the difficulties in funding courses or other educational projects you may wish to pursue. That is why we are trying to increase the already fantastic array of awards and bursaries available to you.

In addition, we have secured generous grants from our sponsors to keep your course fees to a minimum. (eg : Laparoscopic Fresh Cadaveric course at Oxford) or in some cases completely funded (Ethicon Laparoscopic Gynaecology Training Programme for ST5+ – increased to 24 participants this year). Furthermore we are continuously liaising with our sponsors to bring new and exciting completely funded courses, which we aim to introduce later on this year.

The video library is ever expanding and we urge you to use this resource but also to contribute to it, videoing and editing your procedures is an excellent way to review your progress, and learn at the same time.



We meet with the BSGE council about four times a year so if you have any pressing business you would like addressing, we would be happy to discuss and take it forward on your behalf. We look forward to hearing from you soon.

**Kirana and Fevzi**  
Trainees Portfolio Chair

## Website and Communications

It has been an extremely busy few months for the Website and Communications Committee.

I say committee but this has really been a committee of one. My predecessors, Saikat Banerjee and Tyrone Carpenter managed

to do an excellent job single handedly but as the list of tasks grew, it became apparent that we need a team, rather than a person to do this. I am very grateful to Atia, Natasha, Tom, Mark, Fevzi, Kirana and Chris who kindly offered to help and joined the committee.

The decision to start a newsletter has been another highlight. It certainly has been a lot of work, much more than I envisaged! And wouldn't have been possible with the help of Liz Hands, our journalist and Sallyann Smith, our graphic designer.

We have run two live webcasts in 2014, one on endometriosis and another on hysterectomy and myomectomy. Thanks to the excellent panel members who made the webcasts interactive, interesting and informative, we have received very positive feedback. Just last month, we ran our third webcast, covering the endometriosis nurse specialist event at RCN. This was moderated by Tom Smith-Walker. You can read about this event on page 12.

This has been a new experience for us and I look forward to continuing to run these webcasts in the coming months.

Please get in touch with any suggestions or if you want to get involved.

**Shaheen Khazali**  
Website and Communications Chair





# MESSAGES

## Message from the Honorary Secretary to the BSGE

Dear BSGE Members

I am now well into my second year as Honorary Secretary to your Society. We are going from strength to strength and the BSGE Council has welcomed new membership following last year's elections. If you would like to help any particular portfolio council member in their duties, then we would welcome you contacting the society and we can put you in touch with that particular portfolio lead. We would like as many members as possible to help the society to grow. The BSGE is committed to help train gynaecologists at all stages in their career. The number of training courses for junior members is increasing and we will soon be pleased to announce further sponsorship arrangements with companies that will increase places available to junior members from 2015 onwards. The BSGE is also embarking on a major project to develop a national training package for laparoscopic hysterectomy.

We will be learning from the Royal College of Surgeons and try to replicate the enormous success they have achieved from their LapCo project to improve surgery for colon cancers. The laparoscopic hysterectomy project will be available to all members of the BSGE and more information will be available in June at the ASM meeting in London. This meeting will be our Silver Jubilee Meeting and we will be inviting other specialist societies to join us in celebrating our successes over the last 25 years.

We appreciate your continued support and, as we approach our silver jubilee, we hope to grow your Society and provide more opportunities for you all to develop and teach endoscopic gynaecology for the benefit of our patients.

**Mark Whittaker**

Honorary Secretary to the BSGE



## Message from the Honorary Treasurer to the BSGE

There is no surer way to make a reader's eyes glaze other than mentioning finances. The long and short of it is that we are in a good position financially with £399,279.12 in our bank accounts as of 6 March 2015. We currently have 872 members which includes 86 nurses and 269 trainees.

Although the figure currently in the bank sounds a lot, the society tries not to keep reserves. The society is registered by the Charity Commission and although that has tax benefits, this means that we have to continue with charitable activity and turn-over our income. The principal objective of the charity is 'to improve standards, promote training and encourage the exchange of information in minimal access techniques in gynaecological endoscopy'. Our charitable activity is wide ranging. We 'improve standards' through endeavours such as the BSGE Endometriosis Centres and the engagements we have been having with NHS commissioners. We also collaborate with the RCOG on guidelines and participation on committees. Our educational roles include laparoscopy courses, hysteroscopy courses, our annual meeting, and an anatomy course. Officers and members are working currently on a hysterectomy training project, and BSGE members receive associate membership to ESGE and AAGL. In addition, the BSGE is extremely generous with bursaries and travel scholarships.

With so much activity occurring, the society needs to run an office at the RCOG. All of the above fixed expenses means that we have to continue to bring money into the society to keep up the work that we do. Over the last year, membership brought in £96,418 and we made our largest ever profit (£88,140.68) at the annual scientific meeting mainly as a result of an excellent showing from industry. Other sources of income include the various courses we organize and in total our expenditure was £217,247 against an income of £249,813. This discrepancy is predominantly due to the better than expected meeting in Norwich and if we balance the books in London we will have a small capital expenditure to make.

In summary, the sun is shining but we must not rest on our laurels. We must continue with our excellent relationships with industry, maintain membership, and continue to have good meetings.

**Thomas Ind**

Honorary Treasurer to the BSGE







# MESSAGES



## ENDOMETRIOSIS NURSE PROJECT

### BSGE Members' Database and Accounts Administration



Hi Everyone,

Many of you know me; I have run the members' database and accounts for 20 years this May. I love the work and am usually able to respond to any query the same day even when on holiday! If I do not know the answer I know a "man" who does.

I have seen many changes to the Secretariat and have worked with Atia for six years.

We are a great team, working together and providing an efficient service for the benefit of our members.

#### Are you paying the correct membership fee?

Every six months, I have asked trainees to let me know if they have now qualified. I need a reply so that I can put the wheels in motion to increase the direct debit in time for the next renewal.

In December, all members were advised that fees would be increased from 1 January (this is the first increase since 2008). This includes a new rule for trainees whereby their fees will be automatically increased to the qualified rate after TWO years paying the trainee rate UNLESS I am advised otherwise.

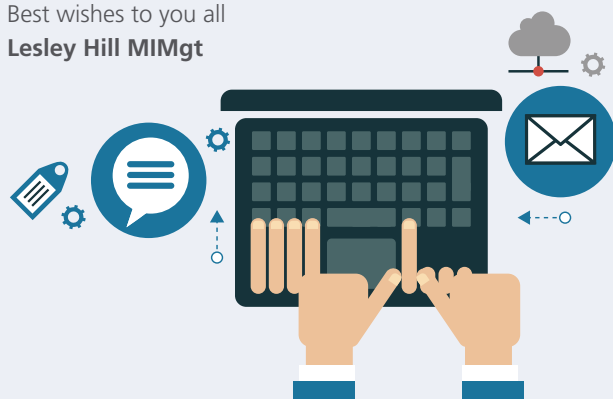


The new fees are: Nurses: £50 pa, Trainees, £80 pa and Qualified members £160

Contact me on: [BSGEharmony@btinternet.com](mailto:BSGEharmony@btinternet.com)

Best wishes to you all

**Lesley Hill MIMgt**



A PROJECT set up to define the new role of endometriosis clinical nurse specialist (CNS) has been officially launched at a special event.

Work carried out by the Endometriosis Nurse Project was presented on March 3rd at the Royal College of Nursing at Cavendish Square, London.

The project, a joint initiative by the BSGE, Royal College of Nursing and Endometriosis UK, was set up following service commissioning consultations which identified the need for complex endometriosis cases to be managed at dedicated specialist centres.

To be accredited by the BSGE, each centre must meet specific criteria, including having an endometriosis CNS in place.

That's why the project team has put together a document to outline exactly what the role of endometriosis CNS involves, what skills are required and what opportunities for career advancement the post will provide.

*"It's really exciting to help define the role and make sure the best people get into post to provide the best possible care," said Tom Smith-Walker, who has represented the BSGE on the project team.*

*"We want the role of clinical nurse specialist in endometriosis to be recognised so nurses are allowed time within their job plan for education and research, not just service delivery, so they can be allowed to develop and work together to provide the best care for patients. A lot of the burden of patients' worries falls at the door of a nurse because, in clinic, you'll often get the abridged version from a patient and they'll then go and pour everything out to a nurse about their quality of life. So there's a huge amount of work to do for a nurse specialist and it's the aim of the project to highlight exactly what is required."*

As well as defining the role of nurse specialist for nurses and commissioners, the project team has also put together an awareness-raising leaflet in a bid to improve diagnosis of endometriosis.

The condition affects one in 10 women in the UK, yet research shows it often goes undiagnosed because of a lack of awareness among healthcare professionals. The new fact sheet will provide an at-a-glance reminder of endometriosis symptoms for healthcare providers who come into contact with women.

Both documents were launched at the March event, where there were keynote speakers and a panel discussion.

**More details are available from**  
[tomsmithwalker@doctors.org.uk](mailto:tomsmithwalker@doctors.org.uk)



# THE SCOPE MEETS...

## ... ATIA KHAN



As specialist societies co-ordinator for the BSGE, Atia Khan is the first point of contact, and something of a Girl Friday, for BSGE members. Born in India and raised in Pakistan, 45-year-old Atia moved to England as a child and now lives in east London. She talks to The Scope about her role.

### **Tell us about your role at the BSGE**

I've been at the BSGE for six years. I'm based at the Royal College of Obstetricians and Gynaecologists and I do a bit of everything; processing membership forms, paying finances, dealing with membership enquiries; helping BSGE officers and council members with admin tasks; helping with book keeping, keeping membership records up-to-date, resolving any problems and, of course, making teas and coffees.

### **How did you come to work for the BSGE?**

I was providing maternity cover for the British Society of Urogynaecology (BSUG) and that period was up. The BSGE needed a secretary and the office was based at the college too, so it made sense to bring my BSUG skillset to BSGE.

### **And before that?**

I was a housewife and mother for a long time and was also with a muscular dystrophy charity called Parent Project UK, which is now Action Duchenne, for three-and-a-half years.

### **How have things changed since you joined the BSGE?**

When I joined six years ago, there were 400 members and now there's a fully-paid membership of more than 800. It's a very active society and there's always something going on.

### **What are the most challenging parts of your current job?**

I'm part time but I end up doing lots of odd hours because BSG officers and council members are doing this in their own time, so you have to facilitate that. It's difficult trying to fit everything in and it can be challenging to utilise the time properly.

Sometimes, I end up working at the weekend. But, my kids are grown up now. My son is studying sports science at Brunel University and my daughter has another year at college and is hoping to become a paramedic. So, I have more time now than when they were little.

### **What are you looking forward to most this year?**

Our Silver Jubilee conference. I find myself thinking about it during my time off, about how I'm going to organise everything, all the pre-conference workshops and the delegate registrations. I need to be in touch with the venue, the sponsors and the exhibitors. But, it will all be worth it. Last year was very successful. We had 300 members meeting in Norwich and the Silver Jubilee meeting will be even bigger. It's going to have more of an international feel this year as we're hoping to attract lots of European members and the venue is stunning. The more you see Westminster Hall, the more you fall in love with it.

### **What advice would you give to members to get the most out of the BSGE?**

Visit the website. We put a lot of information there and I send out lots of emails to members. That might be about awards or bursaries or new NICE guidelines. I like to keep members well informed and, if there's something I can't answer, I'll find someone who can.

### **How do you unwind outside work?**

My life revolves around my family, my husband, my kids and mum and dad. I enjoy cooking and we all get together once a week for a family meal.



# SILVER LINING



## This year's BSGE annual meeting is set to be extra special as the society is celebrating its silver anniversary.

Taking place on 4-5 June, the Silver Jubilee meeting will be held at the stunning venue of Central Hall Westminster, London, which has hosted some of the leading figures in world history, including Winston Churchill, Martin Luther King and Mahatma Gandhi. So, BSGE delegates will be walking in impressive footsteps.

While the yearly BSGE meeting usually attracts between 300 and 400 people, chair of the event's organising committee Arvind Vashist is hoping numbers will swell this time round.

*"We're hoping, and we believe we should, surpass that because of the extensive programme we've put together, because of the venue and because it's a special anniversary,"* he says.

A varied programme has been put together with home-grown and international keynote speakers, including Elizabeth Pritts, an obstetrician-gynaecologist who co-founded the Wisconsin Fertility Institute, and Hans Brolmann, professor of gynaecology and endoscopy at VU University Amsterdam.

Themed sessions will cover the topics of advanced laparoscopic surgery for endometriosis, hysteroscopic surgery, fibroids and heavy menstrual bleeding. But, there will also be a series of parallel sessions to cover an array of further gynaecological conditions including uro-gynaecology, the pelvic floor, fertility, ultrasound, paediatric and adolescent gynaecology, and gynaecological oncology.

There will also be a comprehensive programme for trainees, including two-hour, hands-on sessions with laparoscopic box sets, and for nurse specialists along with pre-congress masterclasses on June 3rd at the Royal College of Obstetricians

and Gynaecologists, the Royal Veterinary College and at the Education Centre at University College Hospital.

Central Hall sits at the heart of London, opposite Westminster Abbey and next to Big Ben and the Houses of Parliament so delegates should also be able to take the opportunity to see some of the capital.

Arvind and his team have been working for months to organise the special silver anniversary event and hope its impact will be felt for years to come.

*"The thing that's different this time round is the further integration between the various societies, who are all involved in laparoscopic work, whether that is in oncology, pelvic floor, paediatric gynaecology or fertility, they're all using laparoscopic techniques,"* says Arvind.

*"What I'm really looking forward to is delegates coming and seeing this is going to be a progressive, all-encompassing event which reaches out to all sub specialities and should lay out a platform for working closely together in the future."*

### **Arvind Vashist**

Chair of local organising committee

Registration fees range from £150 to £400 depending on whether you are a nurse, trainee or senior, and discounts are offered for advance bookings.

More information is available at the BSGE website or by emailing [bsge@rcog.org.uk](mailto:bsge@rcog.org.uk)





# RCOG SIMULATION PROJECT

Training in Laparoscopic surgery has evolved over the years. The traditional see one, assist one and do one principle should not be practised in the modern era of training.

Laparoscopic surgery requires the development of specialised surgical and psychomotor skills.

To get training in these aspects of skills, simulation training has become one of the foremost methods of surgical education. Simulation training has shown significant improvement in surgical skills and improves the safety of patients.

The Royal College of Obstetricians & Gynaecologists (RCOG) has developed a Simulation Group for laparoscopic surgery with support from the British Society for Gynaecological Endoscopy (BSGE). This group has developed and is undertaking a pilot study assessing the development of basic laparoscopic skills for ST 1 / 2 trainees across several Deaneries in the UK.

The pilot study is looking at developing basic skills for junior trainees and the feasibility of implementing a simulation training programme, with the aim of improving their psychomotor skills at the very beginning of their training.

The study involves an online e learning package with pre and post-test questionnaires and a half day of study to highlight some of the basic principles of laparoscopic surgery. This is followed by practising the skills on a Laparoscopic Virtual Reality (VR) trainer or Laparoscopic box-trainer

The assessments will be carried out using the Objective Structured Assessment of Technical Skills or the VR simulator before, and at the end of, the study period.

Skills that are assessed are camera navigation, instrument navigation, co-ordination, and lifting and grasping

The trainees have a set of exercises for each of these skills to practice. They are expected to practice at least for an hour each week for a period of three months. The trainees will receive tutor feedback after four to six weeks of commencing the study.



Some of the examples of the training exercises are shown in the following pictures:



*Showing ST trainee Emma Grimshaw using a Box trainer*



*Using instrumentation for grasping a small object*



*Using two instruments to transfer objects from each other*



*Using instruments to grasp objects and put over pegs*



**RCOG / BSGE Simulation Group:** Alison Gale, Mark James, Christy Burden, Ertan Saridogan, Sameer Umraniyar, Kirana Arambage



# THE FOUNDATION OF THE BRITISH SOCIETY FOR GYNAECOLOGICAL ENDOSCOPY



Chris Sutton

This Summer we celebrate the 25th Anniversary of the British Society for Gynaecological Endoscopy (BSGE) with our Annual Meeting on 4-5 June taking place in the Central Hall Conference Centre in Westminster in the heart of London.

The idea to form a society for endoscopic surgery arose from a conversation between Alan Gordon and myself as we chatted socially over a glass of Champagne during the lunch interval at an International Conference on Endoscopic Surgery in early June 1989 organized by the late Professor Maurice Bruhat in Clermont Ferrand in France. Champagne is not usually served at these meetings, even in France, but a refill was kindly given to us by a French delegate in an attempt to get us to join the French Gynaecological Endoscopy Society that had been set up the previous year. We read their pamphlets and looked at the posters displayed at their booth and felt that it was high time to form a similar society in the UK although Alan, as expected from his Scottish ancestry, made it clear that there would be no free Champagne on offer.

The society formally came into being a few months later when we invited Victor Lewis and Adam Magos to form a steering committee at a meeting in the President's House at the Royal College of Obstetricians and Gynaecologists in Regent's Park. Since we had no money in the kitty to provide any travel expenses we decided to invite people from the Home Counties apart from Alan who had to travel from Hull but, as he was involved in other College business and could claim travel expenses, we were able to coincide the first meeting with one of these visits.

Alan Gordon seemed to be the obvious choice for President of the society since he had the longest experience in this new type of surgery and had visited Kurt Semm in Kiel in Northern Germany and had started using the techniques he learned there to perform minor and intermediate surgery including laparoscopic sterilisations under local anaesthesia. Victor Lewis had set up a department of endoscopic surgery in Watford and

seemed to be the obvious choice for Vice President and would automatically become President after two years. I had started using the laser down the laparoscope to vapourise deposits of endometriosis and to lyse pelvic adhesions in October 1982 and was appointed as the first Honorary Secretary and Adam Magos, the first Consultant to use minimal access surgery in the London teaching hospitals was a good choice for Honorary Treasurer. These last two positions would be up for re-election at the first annual meeting after the society had been established.

We drew up a list of the relatively few surgeons who were practicing operative laparoscopy and hysteroscopy at that time and I was asked to contact them and invite them to the Foundation Meeting of the BSGE which would be held in Guildford on the 10 February 1990. I had booked a room at the

Inn on the Lake just outside Godalming for lunch and had invited anyone who wished to partake of a stiff pre-prandial gin and tonic to come to our farm just outside Guildford.

I recall having to go to Heathrow to pick up Ray Garry, who I had first met at the Clermont Conference and was, several years later, to prove one of our most illustrious Presidents. His flight was delayed so when

I arrived back at Gunners Farm a party was in full swing on my front lawn and even though it was February it was warm enough to drink outside.

I have only a hazy memory of the number of people who attended that first meeting but luckily my wife is a lover of making lists of visitors and we found her notebook of that year which names the people who attended that foundation meeting as follows: Alan Gordon (President), Ray Garry from Teesside. Others included Pat Murphy, Ed McKenzie and Rob Beard.

Atia Khan who works as the Specialist Societies Co-ordinator at the RCOG and looks after our interests there has been unable to trace these three in the BSGE Members Register so any help in tracing them would be welcome. I am certain that Jeremy Wright was there representing our neighbouring hospital in

*"from tiny  
acorns sturdy  
oaks will grow"*

Wombless Woking but for some reason his name does not appear in the book. Last, but not least, we were honoured to have from Birmingham, the champion hammer thrower Mike Emens, and to add a little academic credence, Professor John Newton.

I feel sure there were more people than I have mentioned and some may have gone straight to the Inn on the Lake and I have a recollection of a gathering of about 30 people so if I have left anyone out please e-mail me at [chrislaserstutton1@btinternet.com](mailto:chrislaserstutton1@btinternet.com) since we are keen to get as accurate a record as possible of this foundation meeting of the BSGE.

After a fine lunch with excellent wine we adjourned to a separate room to try to form a set of objectives, attempt to set up a draft constitution and discuss matters such as a register of complications, training and possible accreditation to perform endoscopic surgery in much the same way as had been done by the British Society for Colposcopy and Cervical Pathology.

Allan Gordon took the Chair and first sought approval for the members of the Executive Board that we had informally appointed during our earlier meeting at the College. A show of hands indicated unanimous approval and as Secretary I had the rather daunting job of taking the minutes of the meeting.

I am not good at this kind of thing at the best of times but with the volume of fluid consumed before and during lunch I soon felt the need to seek relief and handed over the task to Mike Emens who was sitting next to me. Unfortunately when I return from the loo I found him slumped over the writing pad fast asleep with a pencil still in his hand. Those original minutes are missing and later the combined talents of Alan Gordon and John Newton managed to draw up a more robust constitution which was presented at the first Annual Meeting which was held in Hull and organised and hosted by Alan Gordon.

Professor Jacques Donnez from the Catholic University of Louvain, which for reasons of religious division in Belgium is actually sited in Brussels rather than in Protestant Leuven, was the first Alec Turnbull Lecturer and Honorary Member of our new society and gave a memorable lecture and impressed us all with his superb command of the English language. Since we had both started using the laser as the energy source for laparoscopic surgery independently and at much the same time, we had often visited each other's hospitals and were firm friends. I had elected to drive him back to Leeds-Bradford Airport for his connecting flight to Brussels via Heathrow. Those that know me well will remember that I have a poor sense of timing and distances and I felt we had enough time for me to show him the beautiful Gothic Abbey at Beverley, some 50

miles out of our way and also show him how the people of God's Own County brew their Thwaite's Ale and serve a real Yorkshire Pudding with the Roast Beef. He then reminded me that it was vital to catch his plane because otherwise he would have to wait for a flight on Monday and, more importantly, he would miss his son's birthday. For some reason Yorkshire folk like to hog the fast lane going at the legal speed limit which permits no overtaking so we arrived at the perimeter of the airfield to see his plane taxiing to the runway almost ready for take-off.

The only possible solution was to press the button as hard as possible to the floor and hurtle down the M1 at up to 140 mph in my turbo-charged BMW happily in the days before what Jeremy Clarkson calls "the invention of the devil" meaning the average speed check cameras which now litter the motorway. Luckily we made it in time to get him on his connecting flight to Brussels otherwise I would have had to drive him there albeit at a slightly slower pace.

Thus was the BSGE started and "*from tiny acorns sturdy oaks will grow*" we move on with a membership of over 850 to celebrate our Jubilee this Summer in London.

#### **Chris Sutton**

Co-founder and President 1994-1996



Alan Gordon



Victor Lewis



Ray Garry



**BRITISH SOCIETY** for GYNAECOLOGICAL ENDOSCOPY





# BSGE PAST PRESIDENTS

## Blast from the past...

As it's our silver jubilee year, we thought it appropriate to catch up with the BSGE's past presidents, who have helped to make the society all it is today. So, here's a quick run through BSGE presidential history, along with what the former presidents we managed to talk to are doing now...

### Alan Gordon 1990-1992

The BSGE's first president retired from the NHS in 1992 and worked with the ESGE and ISGE for the next six years. Illness forced him to stop work in 1998. Happily, he is now recovered and, at the age of 85, enjoys a good quality of life with his wife Mary and the couple's Lhaso Apso dog Leo.



### Ray Garry 1996-1998

Ray spent 22 years as a consultant in obstetrics and gynaecology in Middlesbrough and Leeds, before heading to work as professor of O&G at the University of Western Australia in Perth. In both roles he had a special interest in minimal access surgery, developing endometriosis treatment centres. He has been a board member and holder of various offices in ESGE, AGES and BSGE, as well as editing Gynaecological Endoscopy. He now describes himself as a "grey nomad of the obstetric world," working as a locum in rural Australia as well as for Mediciens Sans Frontieres in Sierra Leone, Nigeria and Ethiopia.



### Victor Lewis 1992-1994

Victor has now retired from practice and spends winters in the desert in Southern California. In summer, he returns to London to enjoy the museums and theatres, and to attend Retired Fellows Society events at the Royal Society of Medicine.



### John Newton 1998-2000

### Anthony Smith 2000-2002

Continuing his clinical research in Manchester, Anthony has a personal chair in urogynaecology at Manchester University. He is also involved in the provision and development of services for women with childbirth injuries in Uganda.



### Christopher Sutton 1994-1996

Chris is a visiting professor at the University of Surrey. He still gives the occasional lecture and is asked to write review articles and book chapters. He no longer operates on humans but was recently asked by the University of Amsterdam to demonstrate the laparoscopic use of argon neutral plasma energy on pigs, which he says he found much more difficult.



## Peter O'Donovan 2002-2004

Working as a consultant gynaecologist at Bradford Teaching Hospitals, Peter is also Professor of Medical Innovation at Bradford University. He is president of ESGE for a two-year term, starting 2014.



## Alfred Cutner 2008-2010

Alfred is a Consultant at University College Hospitals, London and is currently the vice Chairman of the British Society of Urogynaecology



## Jeremy Wright 2004-2006

Jeremy retired from the NHS in 2011 and, since then, has been working in Ethiopia. Currently, he is an obstetric fistula surgeon at Hamlin Fistula Ethiopia, predominantly in Addis, but also travelling to far-flung rural areas to operate in satellite hospitals.

In his spare time, he runs a laparoscopy service to teach Ethiopian gynaecologists about minimally invasive procedures.



## Jonathan Frappell 2010-2012

Working part-time as a gynaecologist at Derriford Hospital, Plymouth, Jonathan is also lead consultant for the Plymouth Endometriosis Centre. He is on the RCOG council and will be going to China with the college in May to teach laparoscopic surgery. Jonathan is also an external examiner for the MSc course at Surrey University.



## Sian Jones 2006-2008

Living in Hebden Bridge, Sian celebrated her 60th birthday in Venice last year, taking her NHS pension before returning to work three days a week at Bradford.

She also joined the NHS e-Referral Service as a national clinical lead and works one day a week for them.

Sian recently upgraded her motorhome and plans to spend long weekends travelling the country and the rest of her spare time "growing things in my greenhouse, raised beds and field".



## Kevin Phillips 2012-2014

The BSGE's immediate past president became a member of the BSGE council more than 10 years ago and has seen the society grow over the years. He started as a junior council member, before serving as secretary, vice president and president. He described it as a privilege to be part of a society which has developed alongside progress in endoscopic procedures in gynaecology. While his lists now hardly ever have open procedures, Kevin says there is still work to do to ensure all women have access to minimally invasive gynaecological procedures. Since moving on from the BSGE presidency, he has continued to progress his endometriosis practice and to sell the message that complex endometriosis needs treatment in specialist centres.

He is now one of four trust medical directors at Hull and East Yorkshire Hospitals NHS Trust and has been "more than occupied" by trying to keep non-cancer surgery flowing with pressures on beds and accident and emergency departments.





# CREDIT WHERE IT'S DUE

The history and development of the BSGE Endocentres project is probably well known to all, but if you need the background history please visit the Endometriosis drop down tab on the BSGE Website ([www.bsge.org.uk](http://www.bsge.org.uk)). Here, you will also find the names and details of currently accredited Endocentres and Provisional (aspiring) Endocentres.



As a result of a great deal of hard work within all the Endocentres and centrally by the BSGE Endocentre chairman, Atia Khan and the Council a great deal has been achieved in recent years. We now have a very well organised system for approval and accreditation of Endocentres. Hospitals applying to be an Endocentre have to first be a Provisional Endocentre and the Chief Executive and Medical Director of each hospital is informed of the application to confirm it is in accordance with hospital governance procedures. Then the Provisional Endocentre Lead is issued with access passwords to the database and can start entering data. A contract between the Endocentre and the BSGE is signed confirming all cases of severe rectovaginal endometriosis which require dissection of the pararectal space will be entered onto the BSGE Endometriosis database. If at the end of the year of application a Provisional Endocentre meets the accreditation criteria it is accredited from the subsequent January. Each year all Endocentres are audited based on their workload. If they meet the criteria accreditation is renewed. If not accredited, Endocentres become Provisional and are given a further year to achieve the criteria or be de-registered and unsuccessful Provisional Endocentres are removed. There is now an appeals policy in case loss of accreditation is challenged.

The summary data for each centre is published to all Endocentres, so comparative workloads can be seen. It is expected that some of this data will be published on the BSGE website soon.

There has been an exponential growth in the number of cases entered onto the database since 2009. In 2015 there were 1,105 cases entered from 30 Accredited and 20 Provisional Endocentres. Most Provisional Endocentres achieved accreditation in 2014, so there are 46 Accredited BSGE Endocentres for 2015 and currently five Provisional Endocentres.

There has been an exponential growth in the number of cases entered onto the database

We have modelled the population and expect that the UK requires 50 Endocentres each treating 100 cases of severe rectovaginal Endometriosis.

The data collection is increasing so it is now possible to perform some meaningful analysis. A Scientific Advisory Group was formed from Endocentre leads which entered the largest number of most complete data onto the database. This group has now carried out research on data from 2009-2013 and two papers have been completed and submitted for publication.

These papers report the largest dataset in the world and have the advantage of coming from a network rather than a single centre. Analysis of the database showed the completeness of follow up data was poor and we need to improve this to produce higher quality publications in future. To solve the issue the database has been upgraded.

All data entry on the database is now mandatory, so incomplete data cannot be entered. In addition we have auto reminders for patient follow up dates. On 14 April 2015 we will introduce a system which allows patients to enter their own data by secure weblink sent to them by email. The data they submit will automatically populate the database and the Endocentre can administer the system. We are introducing Endocentre data managers and will soon start a programme of online training to improve quality of data and full use of the database. There will be updates for users at the forthcoming BSGE Silver Jubilee Meeting in June. These advances will hopefully improve the quality of data and make the BSGE Endometriosis dataset the world's leading evidence on surgery for severe rectovaginal endometriosis. This has been a great deal of hard work but it is a credit to all involved. It is a project that the BSGE membership can be truly proud of. Well done to all.

**Dominic Byrne**  
BSGE Endocentre Portfolio Chair





# OXFORD COURSE REPORT

## BSGE workshop on Fresh Human Cadaveric Laparoscopic Anatomy and Advanced Gynaecological Laparoscopic Surgery – 2015

This was a two-day course and brainchild of my co-organiser Kirana, your trainee representative on council, with my involvement originally at the time as your Laparoscopic training representative. It was set up with the objective and kindly supported by the BSGE council, to provide members of the Society the opportunity to get back to the anatomy laboratories and re-learn pelvic anatomy via a laparoscopy in the dissection laboratories. The course is almost entirely sponsored and was underwritten by the BSGE with a nominal fee of £200 per delegate, to ensure that this precious opportunity was not squandered.



The original concept was a one off course, with limited space that was run in March 2014. Given the unprecedented demand with the course being filled with 24 hours of advertisement and a waiting list as long as your arm, it was re run this March 2015 with the same popularity.

The course was held in the anatomy laboratories of Oxford University. I would like to start with a very special thanks to Emeritus Professor of Anatomy, John Morris and his team who provided their valuable time, invaluable expertise, as well as facilities with no personal gain other to pass on their knowledge.



The course was a two-day course with a mixture of time in the lecture room learning the relevant anatomy before then taking the opportunity to spend time dissecting a fresh frozen cadaver in the dissecting room, entirely laparoscopically. Spaces were limited, with only three to four candidates to a station and each station was always manned by an experienced laparoscopic preceptor.

The morning started with a quiz on anatomy to demonstrate to myself at least my lack of insight into my apparent knowledge. An introductory lecture by the Professor was then followed by two days which were broken up into four digestible sessions. Each session is covered by a surgeon specialist in operating in that space and then opportunity is given to the candidates to explore structure in that area laparoscopically.

The first morning is for a general overview and then dedicated to the anterior pelvic compartment. The afternoon is a heavy session led by our Gynaecological Oncologists on pelvic side wall anatomy with the opportunity to run all the way down to the sciatic nerve roots. The following morning is dedicated to the central space and uterus with an afternoon with the assistance of our colorectal colleagues looking into the posterior compartment and completing the dissection required for a low segmental bowel resection, nerve sparing of course. To spare these nerves ones needs to positively identify them.

I would like to thank the candidates who are a mix of consultants and senior trainees for their enthusiasm and making this a really fun course.

As a result we may well be rerunning the course next year and any advice is appreciated ([s.banerjee@surrey.ac.uk](mailto:s.banerjee@surrey.ac.uk)). Again a big thanks to the Oxford Laboratories who have given up their time and expertise, for which this course would have been impossible.





Many thanks to Stryker and also Covidien for both sponsorship to keep the fee to an unrealistically low level but also time and effort in providing the necessary laparoscopic equipment and technical expertise that as surgeons, we need, use and often forget.

Finally I would like to make a big thanks to the BSGE Council for supporting this venture and wanting to provide a service for her membership. The BSGE not only brought together experts in their field in one place to provide a high standard of teaching, but also underwrote the meeting so it could be run on a purely educational rather than financial basis.

This unique offering is only possible thanks to our society. It was a privilege to have such expertise available for free on this course. The fact people remained behind after each session bears testimony to the value of the course, which we intend to run for a third time next year. If you are interested then watch this space! ([www.bsgge.org.uk](http://www.bsgge.org.uk))

#### **Saikat Banerjee**

Consultant Gynaecologist

## Faculty members

- Mr Tom Cosker, Director of department of Anatomy, University of Oxford
- Mr Kirana Arambage - John Radcliffe Hospital, Oxford BSGE Junior Representative, Course co-ordinator
- Mr Saikat Banerjee, Consultant Gynaecologist, Ashford & St Peter's Hospital, Course Co-ordinator
- Mr Christian Becker, Consultant Gynaecologist, John Radcliffe Hospital
- Mr Dominic Byrne, Consultant Gynaecologist, Royal Cornwall Hospital; BSGE Vice President
- Mr Thomas Ind , Consultant Gynaecological Oncologist, Royal Marsden NHS Trust; BSGE Treasurer
- Mr Simon Jackson), Consultant Gynaecologist, John Radcliffe Hospital
- Mr Oliver Jones, Consultant Colorectal Surgeon, Oxford
- Mr Shaheen Khazali, Consultant Gynaecologist, Ashford & St Peter's Hospital
- Prof John Morris, Emeritus Professor in Anatomy, University of Oxford.
- Mr Jimi Odeojimi, Consultant Gynaecologist, Whipps Cross University Hospital
- Mr Pubudu Pathiraja, Consultant Gynaecological Oncologist, Churchill Hospital
- Ms Natalia Price, Consultant Gynaecologist, John Radcliffe Hospital
- Mr Ertan Saridogan , Consultant Gynaecologist, University College London Hospital, BSGE President
- Mr Roberto Tozzi, Consultant Gynaecological Oncologist, Churchill Hospital
- Mr Sameer Umrani, Consultant Gynaecologist, Prince Ann Hospital BSGE Laparoscopic Training representative
- Mr Dilip Visvanathan, Consultant Gynaecologist, Whipps Cross University Hospital
- Mr Mark Whittaker, Consultant Gynaecologist, Gloucestershire Royal Hospital; BSGE Honorary Secretary







## NEWS



## BSGE TRAVEL FELLOWSHIP RECIPIENT REPORT

### Current BSGE News

There are some important BSGE events coming up in the next few months. The main event is the Silver Jubilee Meeting which is being held from the 3-5 June 2015.

Call for abstracts closed on 30 March.

Please encourage your fellow BSGE members and especially junior staff to register for the meeting. It promises to be a very exciting celebration of the BSGE's 25 year history and will launch us into the next 25 years full of optimism for the future of gynaecological surgery.

The Early bird registration closes on 17 April and so do take advantage of this discount. Those presenting at the meeting will need to confirm their registration by 28 May.

There are several interesting pre-congress workshops running on Wednesday the 3 June 2015. Full details are available on the website at [www.bsgge.org.uk](http://www.bsgge.org.uk) What a great opportunity to pick up some new tricks and tips for your surgical practice.

At the SJM we will be able to announce the results of the pending Council election and congratulate those chosen for the Ethicon Training programme. We look forward to a large attendance at the AGM where the exciting projects we are working on will be discussed with membership.

Later in the year we will be planning for the BSGE/RCOG Benign Abdominal Surgery meeting (21-22 October 2015) and the BSGE/RCOG Diagnostic & Operative Hysteroscopy meeting (1-3 December 2015).

The BSGE remains a busy and active Society working to develop and improve service we offer to our patients. Your help and support in this mission is valued and essential.

**Mark Whittaker**

Honorary Secretary BSGE



I am really grateful to the BSGE for giving me this excellent opportunity to be with one of the world's best MAS surgeons.

Professor Wattiez has a perfect team including two personal assistants and a team of six fellows. They all welcomed me and made me feel as part of their team. The fellows are from different countries across the world and although they have no funding or income they have multiple surgical opportunities and participation in research, publications, courses and conferences.

They collaborate with excellent colorectal and urologist surgeons that do almost all of gynaecology related operations laparoscopically; although Professor Wattiez can do most of them anyway. It was a great experience to see their multidisciplinary approach and compare it with ours in the UK.



Professor gets referrals for surgical treatment of endometriosis within and outside France. It was a great experience to see how he trains his fellows and in general their endometriosis management. It was even more interesting to compare with the respective training and management in the UK but also how they collect data from cases to compare their outcomes.

IRCAD is an amazing training centre that is sponsored by Karl-Storz and Covidien and has branches in Brazil and Japan. There are multiple training courses for all the surgical specialties. The available resources were unbelievable, including audio-visual department and graphic designers which produce perfect videos, photos and drawings of different surgical steps and anatomy.

Strasbourg is a small graphic city near the German border. It is very beautiful with friendly people, great history and culture.

I strongly recommend to all the UK MAS trainees to take opportunities like the BSGE travel fellowship to explore centres outside the UK.

**Andreas Stavroulis**





# EVENTS

## Gynaecological endoscopic workshops in UK (BSGE, RCOG and Other)

1. **BSGE Hysteroscopy Workshop (Pre-Congress SJM, London)**  
Date: 3 June 2015  
Venue: RCOG, London
2. **IT'S COMPLICATED! – Managing complications, and their aftermath – Prof A. Wattiez (Pre-Congress SJM, London)**  
Date: 3 June 2015  
Venue: UCLH Educations Centre, 1st Floor, 250 Euston Road, London NW1 2PG
3. **BSGE Hands-on Laparoscopic Training course in Animal Laboratory (Pre-Congress SJM, London)**  
Date: 3 June 2015  
Venue: Royal Veterinary College, Camden, London
4. **BSGE Gynaecology Ultrasound for Minimal Access Surgery (Pre-Congress SJM, London)**  
Date: 3 June 2015  
Venue: UCLH, London

5. **RCOG/BSGE – BENIGN Abdominal Surgery for ATSM candidates**

Dates: 21-22 September 2015

Venue: RCOG London

6. **RCOG/BSGE Diagnostic and Operative Hysteroscopy**

Dates: 1-3 December 2015

Venue: RCOG London

7. **For all Non-BSGE courses please click here**

## Gynaecological endoscopic workshops in Europe

1. **Title: Modern Hysteroscopy Course**  
Dates: 25-27 March 2015  
Venue: +he Academy – LEUVEN
2. **2nd International Winners Meeting**  
Dates: 12-14 June 2015  
Venue: Troia, Portugal
3. **A to Z Laparoscopic Suturing Course**  
Dates: 11-13 November 2015  
Venue: Cyprus – Nicosia





# NOTEWORTHY ARTICLES

You can click on the title to go to the article abstract.

**Brown, J. & Farquhar, C., 2014.**

Endometriosis: an overview of Cochrane Reviews. Cochrane database of systematic reviews (Online), 3, p.CD009590.

**Dunselman, G.A.J. et al., 2014.**

ESHRE guideline: management of women with endometriosis. Human Reproduction....

**Healey, M., Cheng, C. & Kaur, H., 2014.**

To Excise or Ablate Endometriosis? A Prospective Randomized Double-Blinded Trial After 5-Year Follow-Up. Journal of Minimally Invasive Gynecology, 21(6), pp.999–1004.

**Hoo, W.L. et al., 2014.**

Does ovarian suspension following laparoscopic surgery for endometriosis reduce postoperative adhesions? An RCT. Human Reproduction, 29(4), pp.670–676.

**Muzii, L. et al., 2014.**

The effect of surgery for endometrioma on ovarian reserve evaluated by antral follicle count: a systematic review and meta-analysis. Human Reproduction, 29(10), pp.2190–2198.

**Stratton, P., 2014.**

The association of clinical symptoms with deep infiltrating endometriosis: the importance of the preoperative clinical assessment. Human Reproduction, 29(8), pp.1627–1628.

**Haber, K. et al., 2015.**

Hysteroscopic Morcellation: Review of the Manufacturer and User Facility Device Experience (MAUDE) Database. Journal of Minimally Invasive Gynecology, 22(1), pp.110–114.

**Lönnfors, C., Reynisson, P. & Persson, J., 2015.**

A Randomized Trial Comparing Vaginal and Laparoscopic Hysterectomy vs Robot-Assisted Hysterectomy. Journal of Minimally Invasive Gynecology, 22(1), pp.78–86.

**Nezhat, C.R. et al., 2015.**

Robotic-Assisted Laparoscopy vs Conventional Laparoscopy for the Treatment of Advanced Stage Endometriosis. Journal of Minimally Invasive Gynecology, 22(1), pp.40–44.

**Pritts, E.A. et al., 2014.**

Outcome of occult uterine leiomyosarcoma after surgery for presumed uterine fibroids: A systematic review. Journal of Minimally Invasive Gynecology.





## Recently added Videos to the Library

[1st BSGE Webcast Endometriosis, April 2014](#)  
[2nd BSGE Webcast Hysterectomy, October 2014](#)  
[3rd BSGE Webcast Endometriosis Nurse Project, March 2015](#)  
[Structured resection of rectovaginal endo \(Byrne, UK\)](#)  
[Excision of RVN and rectal resection \(Byrne, UK\)](#)  
[Excision of RV and vaginal endometriosis \(Byrne, UK\)](#)  
[TLH \(Eskandar\)](#)  
[Cadaveric dissection of Internal Iliac artery. \(Ind, UK\)](#)  
[Laparoscopic Radical Trachelectomy \(Ind, UK\)](#)  
[Salpingotomy \(James Clark, UK\)](#)  
[Salpingotomy and HSG \(James Clark, UK\)](#)  
[Tonsil Swabs for bladder reflection \(Khazali, UK\)](#)  
[Bladder Nodule Resection \(Khazali, UK\)](#)  
[Uterine Suspension for Endometriosis Surgery \(Khazali, UK\)](#)  
[Ligation of Uterine Artery \(Khazali, UK\)](#)  
[TLH tips and tricks \(Malzoni, Italy\)](#)  
[Laparoscopic pelvic lymphadenectomy \(Malzoni, Italy\)](#)  
[Frozen pelvis hysterectomy endometriosis \(Malzoni, Italy\)](#)  
[Resection of Bladder Endometriosis Nodule \(Malzoni, Italy\)](#)  
[Myomectomy with bilateral uterine artery ligation \(Shervin, Iran\)](#)  
[Technical approach in treating endometrioma \(Shervin, Iran\)](#)  
[Management of multi-organ Endometriosis \(Shervin, Iran\)](#)

## Trainees' corner

[Adhesiolysis \(Ma, UK\)](#)  
[Laparoscopic Myomectomy \(McLaren, UK\)](#)  
[Rudimentary horn pregnancy excision \(Minas-Aust UK\)](#)  
[Lap Subtotal hysterectomy\(Najdy, UK\)](#)

## BSGE Video Competition winners 2014

### Trainee Video winners

[TLH-Ligasure vs Bipolar \(Goumalatsos,UK\)](#)



**George Goumalatsos**  
ST6-7

[Posterior colpotomy \(Lim, UK\)](#)



**CP Lim**  
ST6-7

[BSO post TAH \(Holland, UK\)](#)



**Tom Holland**  
Advanced ATSM fellow

[Ovarian dermoid cystectomy \(R Sreekumar, UK\)](#)

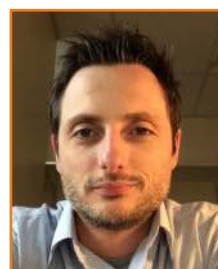


**Rajiv Sreekumar**  
Advanced ATSM

### Non Trainee video winners

[Extraperitoneal Colposuspension \(Wael Agur, UK\)](#)

[Developing pararectal and rectovaginal space](#)

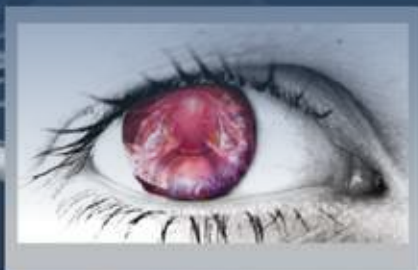


**Dimitrios Miligkos, UK**



# IT'S COMPLICATED!

Managing complications, and their aftermath



**Wednesday 3<sup>rd</sup> June, 2015**

**UCLH Education Centre, 1st Floor, 250 Euston Road, NW1 2PG**

**Pre-congress workshop with Prof. Arnaud Wattiez**

This workshop will focus on complications in laparoscopy, including lectures and interactive sessions addressing techniques, controversies and management of complications. Videos will be used to illustrate real life scenarios. A mock court case will highlight potential pitfalls in managing complications, with a prominent legal expert and leading surgeons addressing issues in everyday practice.

**Who should attend?**

- All Obstetric & Gynaecology trainees and Consultants with an interest in minimal access surgery
- Consultants interested in the management of laparoscopic complications
- Trainees, Consultants and Nurse Specialists interested in the medico-legal aspects of laparoscopic surgery



European  
**+the Academy** of  
Gynaecological  
Surgery



# Laparoscopic LAST+T & SUT+T

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Get Trained  
Get Proficient  
Get **Certified**

**BSGE Silver Jubilee Meeting**

**4<sup>th</sup> & 5<sup>th</sup> June, 2015**

**Westminster Hall, Aldersgate Room, London**

*Places are limited, please book early by emailing [bsge@rcog.org.uk](mailto:bsge@rcog.org.uk)*



European  
**+theAcademy** of  
Gynaecological  
Surgery



**WINNERS  
PROJECT**



# BSGE NEWSLETTER TEAM

## Introducing the Newsletter Editorial Team



**Shaheen Khazali**  
*Editor*



**Elizabeth Hands**  
*Journalist*



**Sallyann Smith**  
*Graphic Designer*



**Atia Khan**  
*News/Admin*



**Tom Smith-Walker**  
*Videos/Papers*



**Shaz Salim**  
*Videos*



**Mark Whittaker**  
*Portfolios/News*



**Kirana Arambage**  
*Trainees/Events*



**Fevzi Shakir**  
*Trainees/Papers*



**Natasha Waters**  
*Discussion forum*

**BSGE Silver Jubilee Meeting 'Preparing for a Golden Era'**  
**4-5 June 2015, Central Hall Westminster, London**



## Contact Information

BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

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Please note that the BSGE Office is not able to provide medical advice or answer any medical questions.

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