

THE SCOPE

Newsletter of the British Society for Gynaecological Endoscopy

**Details of BSGE
ASM 2018 inside**

**First BSGE London to
Edinburgh Cycle Ride**

**The Scope meets
Professor Horace Roman**



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Editor's Notes

Another year is drawing to close as our eighth issue of The Scope goes to press. As I reflect on the first edition, the newsletter really has gone from strength to strength (even if I say so myself!) It has improved communication, attracted attention and helped to demonstrate the vibrant face of the society. Putting each issue together involves an enormous amount of work from a team of people. The trainee representatives, the WebComms subcommittee, Dominic and the Portfolio Chairs and of course, Jane Gilbert who does a fantastic job putting it all together with the help of Atia and Sally Anne, our graphic designer. You can see many of their pictures on the back page. I'd like to thank them all for their diligence and attention to detail.

I was pleased to see that the members' survey showed that you value the BSGE's communication in general, and the website and The Scope, in particular. I'd like to encourage even greater member engagement. We live in the age of social media and we need to use these capabilities to get closer to some of the BSGE's aims, including improving training and sharing experiences with like-minded colleagues. The new Facebook page has been an immediate success, with more than 200 colleagues signed up. There have been many animated discussions and we would like to make it even more active, so can I encourage you all to register. If you're concerned about privacy, then consider setting up a private account so that no one can see your family pictures, or see Tereza's article later in The Scope for details on how to ramp up your security settings.

You can also join the debate by following @TheBSGE on Twitter, there's lots of comment and controversy from members, fellow professional societies and patient representative groups. At The Scope, we always welcome articles, stories and opinion pieces from members, so please get in touch on TheScope@BSGE.org.uk, it's your society, so you should shape the news.

May I wish you all a happy and successful 2018.

Shaheen Khazali

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PRESIDENT'S ADDRESS



Welcome to the latest edition of The Scope, I hope this update on BSGE activities is interesting and helpful.

I have previously reported about the growth in size of the BSGE, now it is worth drawing your attention to the growth in status of the BSGE. The society is a well-respected specialist society, judging by how frequently we are now consulted on matters relating to gynaecological endoscopy and how our views are valued. The BSGE is working continuously with the RCOG, ESGE, WES, NICE and NHS England on a variety of issues and enjoys good relationships with these organisations. It is clear that external organisations view the BSGE as a serious and professional specialist society, probably due to its responsive leadership, the clear processes we have introduced and the transparency that we show to the membership, and the public.

Examples of our openness include the fact that membership to BSGE Council positions is by open election from the whole membership, and all Council subcommittee chairs provide reports on their portfolio activities, which are published in The Scope, and on the website. All members of Council have published their declaration of interests on the website for members to see and all roles now have job descriptions and a clear remit. We seek membership views through our membership survey and act on the feedback. Council now has standard operating procedures and there are clear policies for a variety of tasks the society undertakes, such as joint meetings.

Recently we have expanded membership involvement in the leadership of the BSGE by enlarging the BSGE Council subcommittees. Appointments were made from the many applications we received to sit on the ten subcommittees. The current subcommittee membership can be seen in the chart shown on ([on page 16](#)). We hope that subcommittee members will grow in expertise and in time apply for Council positions; this in turn will provide some continuity and sustainability for the projects under development.

As you know, the main activity for the society is scientific meetings; we are currently running more scientific meetings than at any other time in BSGE history. In May we had a very successful ASM in Hull, with over 400 attendees, an excellent scientific programme and great Industry support. My thanks to Kevin Phillips, Atia Khan and all our meetings team for organising an excellent scientific meeting.

We have also held a very successful Benign Surgery ATSM, and Hysteroscopy ATSM joint meetings at the RCOG. My thanks go to Sameer Umranikar, Natasha Waters, Mary Connor and Stephen Burrell for their hard work. In addition, we held a one off joint meeting with the BSGI on endometriosis diagnosis and management in November; my thanks to Ertan Saridogan and Chris Guyer, who created an excellent programme for this meeting.

We are currently working hard on the planning of Edinburgh 2018 with Professor Andrew Horne and his Scottish Organising Committee. It is destined to be an even bigger ASM, held in a wonderful setting with a quality programme. We look forward to seeing you at 'Our Dynamic Earth' on 9th -11th May 2018. The pre-congress courses on 9th May include an ESHRE meeting with international faculty, a laparoscopic surgery training day at the renowned Cuschieri Centre in Dundee, a training day on editing surgical video, a dedicated meeting for patients, and our first venture into holding international examinations on endoscopic surgery, by introducing the GESEA Diploma examination.

The BSGE have been approved by the ESGE to be the UK examination centre for the Gynaecological Endoscopic Surgery Education and Assessment (GESEA) Diploma. To start the project, we plan to run a training programme for the practical Diploma examination on 22-24th February 2018, in Slough. This will allow delegates to practice the laparoscopic and hysteroscopic skills needed to pass the examination. There will be a dedicated team of trainers to provide guidance and feedback. This is essential training if anyone is planning to sit the Diploma examination. The first GESEA Diploma examination run by the BSGE will be held on 9th May 2018 in Edinburgh. More details will follow in due course but this is an exciting development and I am indebted to Ertan Saridogan and Karolina Afors, for leading and delivering this ambitious task. In future, we plan to run annual examinations alongside all the BSGE ASMs.

You may like to save on your travel costs and come to the Edinburgh ASM by bike! The BSGE are supporting Endometriosis UK in organising a sponsored cycle ride from London to Edinburgh for the ASM, see details on [this link](#).



PRESIDENT'S ADDRESS

Another area of BSGE training that has been an overwhelming success is the ST5+ laparoscopic immersion training that the BSGE run in partnership with Ethicon and Olympus. Both companies have developed high quality training courses for senior trainees to prepare them to undertake complex laparoscopic surgery. The BSGE selects the delegates in open competition and chooses the most deserving candidates for these excellent programmes. To date 72 trainees have been on these structured training courses, which include dry lab, animal lab and cadaver training as well as live surgery and mentorship. I am delighted to report that both Ethicon and Olympus will support this training in 2018 and take 24 delegates each. The training should be advertised on the website by the time you are reading this article. Closing date for applications is 12 January 2018; good luck.

The Trainees subcommittee under the leadership of Donna Ghosh and James McLaren will be organising some basic/ intermediate laparoscopic training during the course of 2018 and we look forward to hearing more, as this plan develops.

The BSGE has also worked hard to provide members with useful guidance and tools for their education and clinical practice. We have introduced data collection tools (BSGE SICS) for laparoscopy and hysteroscopy and this is proving popular, especially with hysteroscopy nurses. I would encourage all of you to look closely at this as it is ideal for your appraisal and reaccreditation needs; click [this link](#) to see more. This project is led by Justin Clark and Zahid Raza Khan. We have organised special training, and troubleshooting, sessions on BSGE SICS in the Edinburgh ASM for you to get the most out of this valuable tool.

We have now expanded the Guideline subcommittee remit to include patient information and the team, led by Fevzi Shakir, is currently working on more interactive methods of giving information to patients. They plan to use multimedia and more intelligent methodology to assess patient understanding of planned surgical procedures. We wait with great interest for their first product.

We have listened to members' feedback about the Awards and Bursaries and have made some changes. To make it easier to apply for an Award or Bursary we will now hold three awards judging meetings per year, instead of just one. Now members will be able to apply for an award (using the appropriate online application) at any time of the year. The application will be judged at the next meeting of the awards judging committee, so there will be little delay in hearing the outcome. We will shortly be publishing the details of how to apply, timing of awards judging committee meetings and details of how applications are scored. So, it will be easier to apply

and clearer on how to succeed. Finally, we have increased the budget from £20K to £30K annually for awards, so there is even more opportunity. My thanks to Kirana Arambage, who leads the awards subcommittee and Andrew Kent, who has helped develop these changes.

For a while we have been considering the option of overseas membership of the BSGE, for non-UK doctors and nurses who wish to be linked to the BSGE and gain from all the educational opportunities we can offer. A formal proposal is being worked up by Sanjay Vyas, Sameer Umranikar and Shaheen Khazali, for consideration at the next council meeting and for proposal to the membership at the forthcoming AGM. Our aim is to increase the international efforts of the BSGE and provide international connections for training overseas.

We are working with the RCOG on overseas training opportunities so we may pass on education and training in endoscopic surgery to developing countries in an affordable way. This project is in its infancy and if successful we will report on developments and plans in due course.

Many of the issues I have mentioned will be presented in further detail in this edition of The Scope, so read on and enjoy. As ever, my thanks to the wonderful WebComms team for this edition and all the hard work they do to create BSGE publications online, and in paper format. Well done to Shaheen Khazali, Jane Gilbert and the rest of the team.

I hope you will agree with me that the BSGE is a vibrant and exciting specialist society, full of ideas, which it subsequently turns into actions. It's great to be part of the society and I thank you for all your support.

Best wishes

Dominic Byrne, BSGE President.



ASM 2018 EDINBURGH

As 2017 draws to a close and we head into the new year, it's time to start planning your study leave for 2018. The BSGE ASM will take place from May 9th-11th in Edinburgh. Kirsty Munro, member of the Scottish Organising Committee (SOC), updated The Scope on how the plans are progressing and gave us a sneaky peak at what lies ahead.

Preparations are already well under way for the meeting next May in Edinburgh. With the theme 'Learning together to transform lives' we've finalised an exciting programme with speakers coming from across the world. There will be state-of-the-art lectures, debates, educational demonstrations, cutting-edge research and four pre-congress masterclasses.

We have an amazing meeting location at Our Dynamic Earth, it's set in the beautiful landscape of Holyrood Park, yet still in the heart of the city. So, there will be plenty of opportunity to make the most of the capital.

Edinburgh has excellent transport links and a vast variety of accommodation ranging from Georgian serviced apartments, to historic hotels and quirky and affordable AirBnBs. There will, of course, be a wonderful Scottish welcome and plenty of opportunity to socialise as well as learn.

The social activities will include a welcome drinks reception, the annual RIGS Dinner and the BSGE Gala Dinner. The gala will take place in the stunning surroundings of the National Museum of Scotland. I don't want to give away too many of our secrets, but let me just say that there will be drinks, plenty of entertainment, fabulous food and, of course, a very Scottish theme. To find out more, you'll have to make sure you attend!



AN INSIDER'S GUIDE TO **EDINBURGH**

Whether you want to extend your visit, or you're planning to make the very most of your few days in Edinburgh, Kirsty has shared a few of the capital's hot spots:

The foodie capital

If you're imagining plates groaning with haggis, neaps and tatties-well, you'll find those in Edinburgh and a whole load more. The capital is overflowing with fabulous eateries for every price and palate.



Martin Wishart's at Leith

Michelin-starred fine dining in the historic port of Leith.



Rollo

Casual, intimate and atmospheric



Dine

For authentic and high-quality Scottish specialities



Chophouse

Some of the best grills and steaks in the city



Online

For fabulous fish and seafood

The great outdoors

Our Dynamic Earth is located in Holyrood Park, next to Arthur's seat. Take a hike, or a stroll, up to the top for breath-taking views of the castle and the city. It's an easy walk and the Scottish Organising Committee will be organising a group tour, for anyone who is worried about getting lost!



Scotland is known as the home of golf, and for good reason, there are no fewer than nine courses within easy reach of Edinburgh city centre.



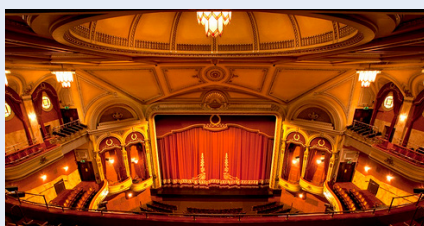
So, whether you want the challenge of the links at Bruntfield or the parkland of Prestonfield, you should find a course that suits. The SOC are planning to organise a BSGE members' golf session, so why not pack your clubs and head to the driving range in preparation?



AN INSIDER'S GUIDE TO **EDINBURGH**

Fringe benefits

The Edinburgh festival and fringe are world famous, with people flocking from across the globe to watch the world-class comedy, theatre, dance and music. But Edinburgh is an artistic hotspot throughout the year, not just in



August. So, if Hull 2017 awakened your inner culture-vulture, then don't miss all that Edinburgh has to offer.



Check out the Scottish National Gallery or visit one of the many theatres, concert halls and comedy clubs that offer diverse entertainment, from mainstream touring musicals to opera, ballet to burlesque.



A wee dram

Whether it's whisky or wine that whets your whistle, Edinburgh will have a venue that suits.



Tigerlily

A super-cool bar in a beautiful boutique hotel



The Dome

Located in an amazing building in central George Street in the heart of Edinburgh's New Town



Panda and Sons

A speakeasy, with a twist, enter via a secret library door



Bon Vivant

A bar and restaurant, with many champagnes by the glass. Perfect for BSGE members who enjoy the finer things in life

History and heritage

Although it is cosmopolitan and buzzing with energy, Edinburgh is a city that is steeped in history. From the splendour of Holyrood Palace, to the iconic Castle and the Royal Yacht Britannia in Leith there are glimpses of its heritage down every avenue and alleyway.

Have a look at Edinburgh's 101 Objects Itineraries. They suggest a curated list of objects located around the city, so that you can learn more about Scotland's capital and its history – exactly where it took place. There are suggested routes around the Old Town, the New Town, The Dark Side and there's even a pub crawl!

Keep an eye on the website, follow @TheBSGE on Twitter and sign up for our Facebook group for news on how to reserve your place and other updates on #ASM2018.





ON YOUR BIKE

BSGE member Lutfi Shamsuddin reports on the BSGE London to Edinburgh Cycle Ride, which will happen from May 5th next year.

Preceding the next ASM in May in 2018, a group of BSGE surgeons will be cycling their way to the meeting to raise funds for Endometriosis UK and increase awareness of patients with Endometriosis.

The idea was initially hatched before the meeting in Hull. I along with colleagues from Cardiff and Bangor had just cycled North to South Wales in aid of Jo's Cervical Cancer Trust raising over £10k in the process. Prior to this there were months of training, lots of sweat, tears and at times reluctance to get out on the bike, especially during the winter months. After the ride, I had a void in my life. I was scouring the internet for a new challenge. There was the initial thought of the LEJOG (Land's End to John O'Groats)—but 9 days of cycling and away from home would not be well received by my wife. A new plan was needed. How about London to Edinburgh? At just 4 days, I thought she'd understand- but I decided it was one to keep on the back burner....



BSGE Team Endo



During the ASM meeting in Hull, I met Emma Cox, CEO of Endometriosis UK. We talked briefly about the idea of the cycle ride but nothing was concrete, until my raffle ticket was pulled during the ASM dinner that evening and she announced to the hall that I was doing the cycle ride for Endo UK! I guess I was committed. After the dinner, there was excellent follow up from other BSGE cyclists keen to form a peloton and cycle up as a team. The project gathered momentum-we had to carry that forward and also find a way to tell the significant other half!



ON YOUR BIKE

The Route

Let me share a bit about the ride, with you: We are planning to cycle from capital to capital over 4 days. We will be cycling approximately 450 miles over that time, with a planned route is as follows:

Day 1: Saturday 5th May:

London to Spalding via Cambridge

Day 2: Sunday 6th May:

Spalding to York via Guisborough

Day 3: Monday 7th May:

York to Newcastle Upon Tyne

Day 4: Tuesday 8th May:

Newcastle Upton Tyne to Edinburgh

During the ride, we will be aided by Richard Penketh and Liz Bruen who will be our support and broom wagon, making sure we will arrive at our destination safely.

The ride is planned to be self-funded. All participants will share the costs associated with the ride and all monies raised will go directly to Endometriosis Society UK.



Information

If you are interested in joining us for the ride please email me Lutfi.Shamsuddin@wales.nhs.uk for more details. To organise logistics planning, please confirm your place by 31st December, 2017.

Why not make it your new year's resolution?

Places are limited and you will need to provide a deposit to cover initial expenses. You should be ready to ride from London on Saturday 5th May at 7.30am until Tuesday 8th May 2018. Once we arrive in Edinburgh, individual accommodation will need to be self-arranged as well as transportation of your bike back. Although we have not stipulated a minimum fund raising amount, we do expect you to be active in fundraising for this event and donations accrued to the team page.

Donate

Alternatively, if you would like to donate to our cause, our webpage is www.virginmoneygiving.com/TeamEndoUK. Help us achieve our target and thank you in advance for your donation and support. Do look out on the BSGE website and The Scope on our training progress throughout the year.





MEETINGS

ESGE CONGRESS 2018

Ertan Saridogan spoke to The Scope following the ESGE's 26th annual congress, in Turkey. As the ESGE Chair of the Scientific Programme for the annual congresses, Ertan was heavily involved in the organisation of the content and other members of the BSGE also had a dominant role to play, as speakers, during the event in Antalya.

This year's ESGE Congress was organised jointly with the ISGE (International Society for Gynaecological Endoscopy), the MESGE (Middle Eastern Society for Gynaecological Endoscopy) and the TSGE (Turkish Society for Gynaecological Endoscopy.) The congress theme was 'East meets West' reflecting the location of the meeting in Turkey, the acknowledged junction between Eastern and Western Europe. The title was also appropriate given the ESGE's current policy of opening up towards the east and developing links with the Middle East and Asia. 1400 delegates attended the meeting, with the biggest group being from Turkey as the host country, followed by big participation from both the UK and China. This, together with a range of speakers from across the globe also reflected the East meets West theme.

The programme was so rich that there were around ten parallel sessions running concurrently. This meant we were able to cover more or less anything that you could think of in the area of minimally invasive surgery. The main focus was on education and training, with education, training and testing sessions being run by the ESGE throughout the four days. The live surgical sessions and practical demonstrations proved particularly popular, with the cadaveric dissection being attended by hundreds of people.

The meeting reflected the way in which the activities of the societies in the field of endoscopic surgery offer guidance for professionals, as well as supporting education and training. We hosted the launch of the ESGE/ESHRE/World Endometriosis Society Guidelines for the Management of Endometriotic Cysts and Sameer Umranikar presented the joint BSGE/ESGE Hysteroscopy Fluid Management Guidelines.

The congress covered a wide range of subjects, but there were certainly some hot topics during the event. Discussions around adenomyosis proved very popular. When I visited the hall during one presentation, it was so full that many delegates were left standing. When it comes to adenomyosis, there are lots of unknowns and people are always interested in finding out about new information and approaches and discovering what their colleagues are doing. Endometriosis was another area of interest and debate, particularly on the controversial subject of nerve sparing surgery. There was also a lively discussion on endometriosis in adolescents.



Ertan Saridogan

As at the BSGE ASM 2017, there was heavy coverage of the subject of Hysterectomy- looking at both Laparoscopic Hysterectomy and surgery in difficult circumstances. There was an interesting debate on Laparoscopic versus Vaginal Hysterectomy, with surgical experience of Vaginal Hysterectomy decreasing, does it still have a place or is it doomed to appear in the pages of the medical history books?

After a successful and enjoyable congress, the ESGE now looks forward to the next annual meeting, from October 7th-10th, 2018, in Vienna.





MEETINGS

BSGE/BSGI JOINT MEETING ON ENDOMETRIOSIS



The BSGE together with the British Society for Gynaecological Imaging recently held the first joint UK conference on endometriosis. The meeting at Mercedes Benz World, Surrey explored contemporary topics in the imaging and management of endometriosis. The conference was described as a 'great success' with delegate Ed Prosser-Snellings taking to Twitter to say:

"Really inspiring morning @TheBSGE and @BSGItweets joint meeting. Already prompted multiple changes to my practice from excellent speakers."

The event was very well attended and registration had to be closed before the meeting as there were no more space in the venue.

The course aimed to update the management of endometriosis, taking an across-the-board multidisciplinary approach. It covered improvements in non-invasive diagnosis and disease staging, changes in guidelines for surgical management and a discussion of the role of medical treatments.

On the second day, there was state-of-the-art ultrasound simulator training. Delegates practised the identification of a spectrum of pelvic pathologies, in particular severe endometriosis. There was also guidance for the interpretation of MRI and CT scans and a separate HOT laparoscopic simulation training session. Small groups gathered around experts and went through ultrasound videos and images, taking their skills to the next level.

There was also a laparoscopy workshop led by Karolina Afors and supported by Karl Storz where the delegates had the opportunity to practice suturing and hand-eye coordination.

Professor Nazar Amso, Mr. Chris Guyer, Mr. Ertan Saridogan and Mr. Saikat Banerjee had put a lot of effort in putting together this exciting program.

Saikat Banerjee told The Scope

"At the moment, scanning for endometriosis is very operator dependent. The deep infiltrative disease is often missed on ultrasound because it isn't looked for. In many places in Europe, ultrasound is an integral part of all gynaecologist's examination. It's cost-effective but more than that it means that women have to face one operation instead of two."

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

The faculty included international experts in endometriosis from the fields of minimally invasive surgery and ultrasound scanning. Prof. Simone Ferrero from the University of Genova discussed research into non-invasive diagnosis and management of endometriosis and asked what the future holds. Dr Caterina Exacoustos, from University of Rome Tor Vergata gave an overview of the use of ultrasound for the diagnosis and staging of deep endometriosis and Saikat Banerjee, offered a surgeon's perspective.

There was also a presentation on the new NICE guidelines for the management of endometriosis and there was a very lively and entertaining debate on whether endometriosis centre eligibility criteria should always include imaging in the management of endometriosis.

This was the first conference of its kind in this country. It has hopefully made a difference in the diagnosis, understanding and management of this complex condition.





BSGE MEMBER SURVEY

In 2017 the BSGE carried out the first survey of members to gain a greater understanding of opinion and satisfaction with the Society and its various functions and roles. The Scope spoke to Thomas Ind, who carried out the survey, together with BSGE President Dominic Byrne and President-elect Sanjay Vyas. They discussed the key findings in the report as well as reporting on the ways in which the Society is acting to positively respond to member feedback.

"This is the first survey we've done. It has proved very informative and we're delighted with the feedback it offers for future strategy and direction"

Dominic Byrne, BSGE President

The extensive and detailed survey was carried out in early 2017, with some 1150 members being canvassed for opinion through an online monkey survey. It offered an insight into the things that members value in the BSGE. Members can access the full results of the survey on the [website](#) but we will highlight some of the key areas in this report.

Getting your voice heard

218 totally completed surveys were received, which is a response rate of 19.7%. There were a significant number of responses from a diverse section of the membership, however in general trainees were under-represented and nurses were over-represented among respondents.

Dominic commented;

'The response rate could have been higher. Maybe the other eighty percent are silently content, but we cannot know this. It's important that people complete the survey as we can only listen to members who respond.'

Positives and negatives

Overall the survey results were extremely positive. The Society aims to build on the strengths and try and improve performance and perception in those 'could do better' areas.

The members who answered felt that the guidelines, the awards and bursaries and the education and networking opportunities that meetings like the ASM offer were among the most important parts of the BSGE's role. There was also wide support for continued access to the Journal of Gynaecological Surgery, ongoing association with ESGE and the AAGL as well as interest in developing international membership opportunities.

"Good value for money. Access to shared guidelines. Annual conference and opportunity to learn from specialists in the field. User friendly website"

"Collective ideas to pursue the optimum for women's health. Excellent links with fellow societies"

Guidelines

The guidelines are the best rated activity of the society, with 89% of people rating them well or very well. Over 95% of the membership use the RCOG/BSGE guidelines and many members were keen for the BSGE to provide more guidance documents.

"Brings together health professionals to share best practice and an opportunity to network. Good communication through the website, Scope and at the Conference. Excellent learning opportunities. Empowers health professionals to try and bring about change in their Trusts"

Meetings and Congresses

More than 90% of responding members have participated in, or attended, the ASM at some time, with the meeting being rated well by members as an opportunity to learn, debate and meet other members. The Pre-Congress Courses are also supported by members and there was significant interest in developing more topic orientated meetings, as well as looking into international meetings.

Awards and Bursaries

Members particularly value the bursaries given by the society and expenditure in this area was felt to be at about the correct level. The majority of those who had applied for an award had been successful, but the survey showed that most members have never applied for a bursary. Most people feel that the bursaries are fair, but that the process could be more transparent.

In response to these comments the BSGE is providing more detail about how applications are scored to increase transparency for members. In addition, Award and Bursary judging will be changed from annual to three times a year, so that hopefully more people will be encouraged to apply.

Increasing Engagement

One of the disappointing findings in the survey, was that a few members were concerned that their voices were not being heard. The Society is determined to increase engagement with all members and is already striving to improve communication and widen participation in the administration of the society.

"Sometimes I find it difficult to contribute to the society. It appears to me that you have to know someone at the council level to allow you to be actively involved in the matters of the Society. I do not want to see our Society turning in to a Club where it only looks after or run by only few people who are at the helm of that Club for many decades"

"Involve more people. The Website and Scope are dominated by a group of people; the same people dominate."

Making Changes

The Society has already acted to respond to this feedback. Portfolio sub-committees have been introduced so that more members can have a hand in the running of the BSGE. The RIGS group now have regional representatives from across the UK, to ensure that trainees from north, south, east and west have a point of contact. Sanjay Vyas said:

'We have increased transparency in the appointment of positions, with clear job descriptions, standard operating procedures and an election scoring system. Anyone who has issues and concerns should contact a member of the council, we will listen and take action whenever necessary.'

Dominic Byrne emphasised that the survey feedback has already helped to shape ongoing BSGE policy:

'In direct response to member demand we have negotiated ongoing membership of the ESGE and open online access to The Journal. We are also currently developing overseas membership, which will be discussed at the AGM for approval before being implemented.'

A simpler survey

The team conceded that the survey was long, detailed and time-consuming to complete. This could have deterred some members from finishing the form. People may be more likely to put pen to paper (or mouse to monkey survey) if they have a specific problem or an axe to grind, which could skew the data. In future surveys, the BSGE plans to offer a simple opt-out so that members can click and bypass most of the questions if they are generally happy with what the BSGE offers.

The Society exists for the benefit of members. This overwhelmingly positive survey has been encouraging, but it is only by encouraging feedback and debate that we can plan for an even stronger future. The BSGE editorial team called out for more members to get involved:

'The Scope and the website want to feature the widest possible range of people and places. We would welcome contributions, photos, news items and opinion pieces from all members. The vast majority of items forwarded to the editorial team have been published in The Scope or as news items online. We want to encourage member engagement, so please get in touch with me at thescope@BSGE.org.UK with anything you would like to see in the pages of the newsletter or on BSGE.com.'



BSGE SICS MOVING ON TO THE NEXT STAGE

The BSGE launched a revolutionary new method for the collection and collation of surgical information at the ASM 2017. Justin Clark, Chair of the Research and Audit Portfolio, together with tech whiz and Webcomms Sub-Committee member Zahid Khan, developed the BSGE Surgical Information Collection System, known as BSGE SICS. It is a secure registry for minimally invasive surgical procedures and looks set to change the way members can record and audit their operative practices.

Justin Clark said that since the launch in Hull there has been an enormous amount of interest and more than 200 users have already registered and used the system. He told The Scope:

"Feedback so far has been extremely positive, with lots of nurses in particular regularly using BSGE SICS to document their hysteroscopic practice. We are now ready to expand and hope to push forward and drive registrations so that we can achieve a snowball effect."

Quick and easy data input

BSGE SICS is a secure system that can be easily accessed on any platform, whether it's a smartphone, tablet or PC. Zahid Khan said that it was effortlessly simple, even for the technologically clueless!

All the most commonly performed minimally invasive procedures are covered including diagnostic laparoscopy, laparoscopic hysterectomy, myomectomy, adhesiolysis, diagnostic hysteroscopy and many, many more.

Inputting the data is designed to be intuitive and the system quickly adapts to each individual surgeon's preferences and needs. It will identify any common answers and autofill boxes so that there's no need to repeat yourself and no time wasted.



Justin Clark



Zahid Khan





BSGE SICS MOVING ON TO THE NEXT STAGE

Research and audit opportunities

Collecting operative data is important for education, audit and benchmarking. BSGE SICS makes the process simple, providing information for quality assurance, job appraisals and revalidation, as well for training support. Justin said that members could choose to use the system in the way that best suits their practice. Individuals could choose to record all procedures, which would be particularly useful for trainees to show to their supervisors and progress through training. Consultants may choose a specific procedure and generate reports based on safe appraisal and validation guidelines. He added:

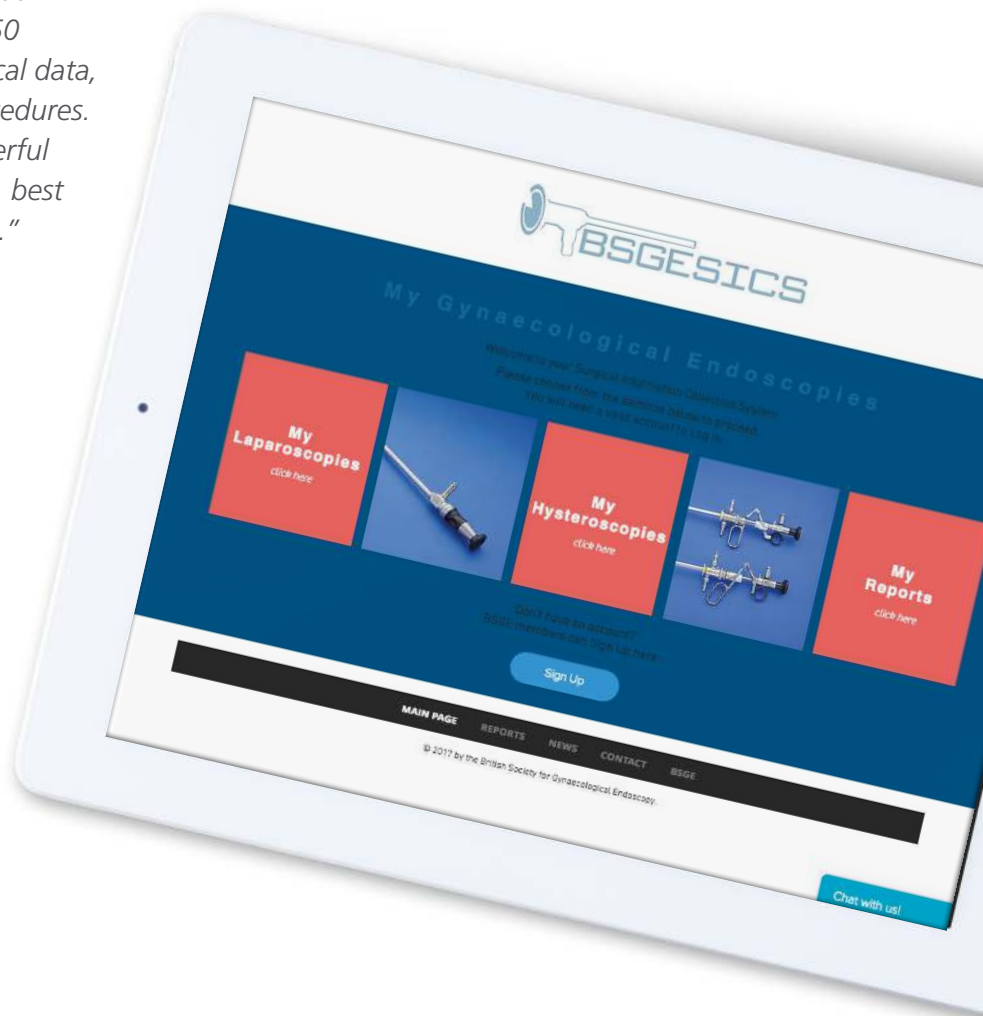
"BSGE SICS is useful for individual members because the information can help with the audit of their personal operative practice and the monitoring of peri and post-operative complications. However, what is particularly exciting is the potential for research. The BSGE has around 1,150 members. If everyone inputs their surgical data, we could look at huge numbers of procedures. This would provide important and powerful data that could help to inform research, best practise and benchmarking information."

Member benefits

BSGE SICS is a perk available exclusively to BSGE members. It is simple to sign up at <https://www.bsgesics.com>. Within twenty-four hours your application will be approved, you will be issued with a user name and password and you're ready to start.

BSGE SICS is a huge step forward, making the collection and analysis of surgical data simpler and less time-consuming and it's free for BSGE members. Justin encouraged members so sign up, saying:

"Following the launch, BSGE SICS has been fine-tuned and streamlined in response to user-feedback. The system is designed to adapt to members' needs and will offer a useful way of auditing your operative practice."





PORTFOLIO REPORTS

NEW SUB-COMMITTEES LAUNCHED

The BSGE has introduced new sub-committees within each portfolio, with the intention of widening involvement and increasing support for the portfolio chairs. These new positions will also allow members to learn more about the activities of the Society, so that they may consider putting themselves up for Council election in the future.

Portfolio	Chair	Subcommittee members
Endometriosis	Chris Guyer	Tom Aust Tom Smith-Walker Justin Clark
Awards and Bursaries	Kirana Arambage	Tony Chalhoub Donna Ghosh – Trainee Rep Ying Cheong
Patient Information and Guidelines	Fevzi Shakir	Oli O'Donovan Manpreet Kaur
Industry Relations and Meetings	Arvind Vashisht	Tyrone Carpenter Suruchi Pandey
Nurse and Paramedic	Wendy-Rae Mitchell	Deb Panes (Endometriosis CNS) Caroline Bell (Nurse Hysteroscopist) Liz Bruen (Theatre Nurse/ODP)
Laparoscopy Training	Sameer Umranikar	Karolina Afors James McLaren Ilias Nikolopoulos
Research and Audit	Justin Clark	Dharani Hapangama Hema Nosib
Trainees	Donna Ghosh James McLaren	CP Lim Yadava Jeve Georgiois Grigoriadis Tereza Indrielle Ras Bharathan Mageed Abdelrahman Ilyas Arshad Jessica Preshaw Mark Pickering
Website and Communications	Shaheen Khazali	Jane Gilbert Donna Ghosh Pille Pragmae Nadine Di Donato Zahid Khan Teresa Indrielle Rebecca Mallick Suzi Hutt Tom Holland
Hysteroscopy	Natasha Waters	Mary Connor Stephen Burrell Jonathan Lord





PORTFOLIO REPORTS

Laparoscopy Training Portfolio

The Joint RCOG BSGE ATSM meeting was held from the 18th -20th of September 2017. The meeting was entitled Benign Abdominal Surgery and Hands on Practical Course on Laparoscopic Psychomotor Skills, Suturing and Energy Modalities. It was held over the course of three days, with the final day being dedicated to practical surgical training.

More than seventy delegates attended the meeting and, as organisers, we were delighted to receive excellent verbal feedback. The course featured a number of eminent national and international speakers, with the keynote lecture being given by Professor Horace Roman from Rouen, France. He spoke about the use of Plasmajet energy in his practice and also of his surgical technique in managing patients with severe recto-vaginal endometriosis. Professor Roman's lecture offered an excellent insight into the different modalities and techniques that can be used when managing such difficult cases.

The first two days of the course were lecture-based with breakout sessions, which were very popular. The third day was totally practically oriented. The delegates had an opportunity to undertake the LASTT and SUTT exercises developed by the European Academy. There was a practical demonstration of the different energy modalities commonly in use in current practice, from basic energy to advanced bipolar energy and ultrasonic energy. There was also a practical demonstration of the Plasmajet energy which proved popular with delegates.

We will continue to develop the content and format of the meeting, in response to delegate feedback.

Next year's meeting will be held at the College from 17-18th September, 2018. Please put the date in your diaries.

We have established the Laparoscopy Training sub-committee, with Karolina Afors, James McLaren and Ilias Nikolopoulos making up the team. There was one post available and a number of excellent applicants applied. To make it transparent and objective, Sanjay Vyas and myself developed a scoring system and on the basis of several criteria, the candidate was chosen. Our inaugural meeting was held at the college course in the autumn, with many more to come in the new year.

Sameer Umrani

Laparoscopy Training Portfolio Chair



Endometriosis Portfolio

The main focus of the Endometriosis Centres since the ASM in May has been to ensure the accreditation process for centres is being adhered to. The video submissions in May showed a great deal of uniformity amongst centres which

is very encouraging and we aim to share the videos through the BSGE website in the future. There remains some difficulty for some centres in providing videos for the ASM and this is particularly the case for provisional centres for whom we have given additional time this year. We will look carefully at the accreditation process at the end of this year as it is becoming more complex and clearly needs to be streamlined.

The surgery exemplar video submission date will be changing from April each year to December each year, so all accreditation activities are achieved within the calendar 12 months. The change will take place during 2018. Details of how this will be introduced will be sent to Endocentre teams shortly

The next challenge is to ensure that all EndoCentres have provided job plans for their CNS. There should be a minimum of 10 hours devoted to endometriosis and the variety of roles will be reviewed in due course. Tom Smith-Walker has been involved with the RCN along with Wendy Mitchell and we will work together as a team, to develop this role for the future.

The first joint BSGE/BSGI Endometriosis meeting took place in November and we had the opportunity to hold a business meeting for the endometriosis centre leads outside of the ASM. There is a detailed report on the scientific meeting in this edition of The Scope, but it was very interesting and informative and was well received by delegates. Hopefully it will become a regular fixture on the BSGE calendar.

Finally, we have appointed three members to make up the Endometriosis Centre Subcommittee: Tom Aust, Tom Smith-Walker and Justin Clark will form the team and have specific roles within it. Tom Aust will be responsible for the management and development of the database with the aim of making this a useable resource for all centres. Tom Smith-Walker will continue with his input with the CNS role and links with the RCN and in addition be our link with patient support groups like Endometriosis UK. Justin Clark's role remains as the chair for the Scientific Advisory Group.

Chris Guyer

Endometriosis Centres Portfolio Chair





PORTFOLIO REPORTS

Awards and Bursaries Portfolio

More than £19,000 was allocated during the 2016 round of Awards and Bursaries.

There were a number of excellent complete applications, so that funds were able to be awarded for the BSGE Alan Gordon Travelling Fellowship, the BSGE

Trainee Travelling Fellowship and the BSGE Bursary for courses and degrees. There was tight competition for most of the awards and we received impressive applications from members who are passionate about endoscopic surgery. There were, however, a disappointing number of incomplete applications, which despite having merit were unable to be considered.

If you follow the process, adhere to the specified entry criteria and submit all the required documents before the relevant closing date, you have a high chance of success. Last year, you had a more than 50% of chance of winning an award on average.

As we start to enter the next cycle of awards and bursaries, I would encourage more members to apply and to check the fine detail, to ensure that they have the very best chance of winning. Our future plan also includes taking measures to improve awareness among paramedics, GPs and nurses. There are a number of awards available and during this round we received only one nurse application out of 22. This has disappointingly resulted in some of the funds, around £1000, being unspent.

Looking forward we are planning to run an audit on previous awards and bursaries rounds to learn from the previous experience. We will share the findings with the membership and hope this will encourage quality applications for the next round of awards.

In response to feedback and in order to best serve members we are increasing the budget for awards and bursaries, particularly those available for nurses. We aim to reach more members, consultants, trainees, paramedics, GPs and nurses, so watch the website and The Scope for updates. Instead of judging applications just once per year, we will now be holding three judging committee meetings each year. This means you can apply all year around. Closing date for the next round is 5pm on 11th December 2017. We are also explaining our scoring system, to allow greater transparency.

I am pleased to welcome Tony Chalhoub, Ying Cheong and Donna Ghosh to the Awards Subcommittee. The BSGE survey reported in this Scope showed that members value the work of this portfolio.



Finally, the annual budget for Awards and Bursaries has been increased from £20,000 to £30,000, (with around a third of funds being allocated at each award judging meeting) which is further good news for BSGE members.

Kirana Arambage

Awards and Bursaries Portfolio Chair

Patient Information and Guidelines

The BSGE members' survey featured in this newsletter underlines the value that BSGE information and guidelines add for members. Work on the Pregnancy and Laparoscopy guideline is being completed by my predecessor Liza Ball. The guideline has been ratified by experts, all reference grades are checked to quality standard of NICE and it was presented at the RCOG and at the recent ESGE meeting in Turkey. The Guideline will be uploaded to the BSGE website for membership peer comments and will be shown to RCS before a final presentation to the green top team.

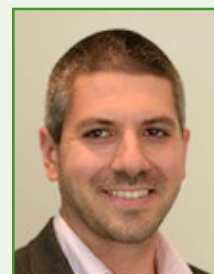
Currently we are finalising information on morcellation for hysterectomy and myomectomy patients, as well as creating an additional consent for morcellation document. I am also liaising with RCOG about the revision of the RCOG/BSGE Guidelines on the Management of Suspected Ovarian Masses in Premenopausal Women.

Looking to the future we are planning to develop initial patient information documents for a number of commonly performed minimally invasive procedures. We plan to present the information in a way that is easy to digest, using infographics and videos to improve communication and understanding.

Following this, we will aim to provide information on patient conditions, which will link up to the procedures and other patient information already in existence. I am pleased to announce that we now have an active Sub-Committee, with Oli O'Donovan and Manpreet Kaur joining me to meet the challenges ahead.

Fevzi Shakir

Patient Information and Guidelines Portfolio Chair





PORTFOLIO REPORTS

Nurse and Paramedic Portfolio

I'm delighted to be representing my nursing and paramedic colleagues on the council and grateful for the assistance of the subcommittee.

Caroline Bell: Hysteroscopy Nurses

Liz Bruen: Theatre Nurses and ODPs

Deb Panes: Endometriosis Nurses



The subcommittee are dedicated to working with colleagues to improve access to training and role development. We are particularly keen to promote the role of the theatre nurses and ODPs within the endometriosis multidisciplinary team. We have a lot to learn from each other and perhaps a link colleague could be identified to facilitate good communication and shared learning experiences. Liz Bruen is enthusiastic about development in this area and we would be interested to hear from members regarding this potential pathway.

Deb Panes reported that the endometriosis nurses are positive about development of their role. Many appreciated the opportunity to expand their skills, especially in the field of diagnosis and scanning, at the recent BSGE/BSGI meeting at Mercedes Benz World, Surrey.

Caroline Bell says that the nurse hysteroscopists continue to work together to ensure they maintain the standard of training and development for members. Caroline is currently co-ordinating with Michelle Clarke (Nurse Hysteroscopist – Scotland), Helen Dewart and Jennifer Devlin (Edinburgh) on the BSGE ASM 2018 Nurse Hysteroscopy meeting.

The programme for the BSGE ASM 2018 nurse training is progressing well with Helen and Jennifer putting together a varied and stimulating programme. I would like to thank them for their commitment in ensuring all of our colleagues attending will have the opportunity to participate in sharing knowledge, skills and expertise in the delightful setting of Our Dynamic Earth, Edinburgh.

Since my appointment I've met with the RCN as part of the CNS endometriosis project review meeting. We discussed Wendy Norton's audit, highlighting the dual and often triple role of the endo CNS and the BSGE-recommended minimum of ten working-hours per week. The RCN documentation (endometriosis fact-sheet and clinical nurse specialist in endometriosis) will now be reviewed in the New Year, as it was agreed to await the publication of the NICE Endometriosis Guidelines, in September, before reviewing. Tom Smith-Walker (BSGE Team representative) is keen to work towards a structured

learning module, which will be explored at the next meeting. The RCN proposed a management module to assist with the requirement for the potential advanced practitioner role, which Liz Bruen highlighted as a potential way forward.

NICE Endometriosis Guidelines

Cathy Dean and I were appointed to the guideline committee. It was a privilege to work so intensely with our colleagues to ensure we are able to support women with endometriosis through their journey. It was challenging work with an immense feeling of responsibility, not only to our patients but also to our nursing colleagues who will be working towards providing the best care possible.

Obviously, we had challenges to overcome with regards to mutual agreement on important points and being mindful of the limitations set by NICE and the stakeholders. However, we felt that the role of the endometriosis specialist nurse was recognised and valued during the process. The guidelines should enable women to be signposted to the most relevant pathways and hopefully this will shorten the time for diagnosis as well as providing a robust information and support network.

We look forward to meeting our colleagues at the BSGE ASM 2018 in Edinburgh. Nurse hysteroscopists will be able to access the training morning on Thurs 10th May and the Endometriosis Nurses training day is on Friday 11th May. Endometriosis UK and EXPECT are also providing a patient information day Wednesday 9th May.

Wendy-Rae Mitchell

Nurse and Paramedic Portfolio Chair

Research and Audit Portfolio

Since my last report there has been significant progress and a number of developments within the Research and Audit portfolio.

In research, the BSGE Endometriosis Centres paper "Laparoscopic excision of deep rectovaginal endometriosis in BSGE Endometriosis Centres: A multicentre prospective cohort study of over 5,000 women" has now been submitted to BMJ open. We await the outcome. Successful publication would be the world's biggest series from our flagship collaborative project and, as such, would have massive positive reputational implications for the BSGE. It would also substantially enhance our ability to seek research funding for ongoing research projects in advanced endometriosis surgery.





PORTFOLIO REPORTS

We are also at the early stages of looking into a RCT comparing medical and surgical treatment of deep recto-vaginal endometriosis. Opinions regarding viability and enthusiasm are currently being sought with a view to a potential grant application via the NIHR.

In audit, the BSGE Surgical Information Collection System (SICS) was launched to BSGE members at the Hull ASM in May. There was wide enthusiasm for the project, we already have more than 200 signed-up members and we are now looking to expand usage and increase registrations. The system is simple to use, intuitive and user-friendly. I'd encourage members to read the detailed report in this issue of the Scope to learn about how BSGE SICS can help with auditing their own individual operative practise as well as providing powerful data that will help with benchmarking as well as informing best practice and the development of guidelines.

The Portfolio received strong applications for membership of the subcommittee. Dharani Hapangama and Hema Nosib were selected. Dharani is a Senior Lecturer & Consultant involved with the BSGE Endocentre and is a University academic so brings much needed research expertise. Hema is a DGH Consultant from Bedford and brings national and local audit and clinical management experience. We look forward to working together in 2018.

T Justin Clark

Research and Audit Portfolio Chair

Industry Relations and Meetings Portfolio

Industry provides a vital source of information and support for gynaecologists with an interest in minimally invasive surgery. The BSGE has developed strong and symbiotic links with our industry partners and we hope to continue to build on those strong foundations over the next year.

As the new portfolio chair, I have introduced myself to all the key members of Industry who have previously recently collaborated with BSGE and have met with Olympus to review our partnership and their support of the BSGE Senior Trainee National Program.

I am delighted to announce that my predecessor Tyrone Carpenter has joined the Sub-Committee, which should ensure a smooth handover and he has been joined by Suruchi Pandey.



Together we are working to ensure great support at the ASM in Edinburgh and throughout 2018.

Arvind Vashisht

Industry Relations and Meetings Portfolio Chair

Meetings Convenor Portfolio

The joint BSGE/RCOG Benign Abdominal Surgery: Laparoscopic and Open ATSM Meeting was held at the college from 18th-20th September. It was organised again as a two-day theoretical meeting and a one day hands-on practical course, similar to the event in 2016. We had approximately 80 delegates on the first two days and 60 delegates on the third day. We plan to continue the programme with further improvements next year.

The first BSGE/BSGI Endometriosis Meeting took place from 10-11th November 2017, with excellent support from industry sponsors. Over 120 delegates attended the meeting which proved to be a great success. We plan to organise similar 'single theme' meeting annually in coming years.

The BSGE/RCOG Hysteroscopy Meeting, has just finished as this issue of The Scope goes to press, this continues to be very popular with members and financially successful for the Society.

The BSGE ASM 2018, will take place from 9-11 May 2018, in Edinburgh. Preparations are ahead of schedule this year with the draft programme complete and invitations sent out. Members can find out more in this Scope, but now would be a good time to mark the date in your diary and book your study leave.

Ertan Saridogan

BSGE Meetings Convenor





Donna Ghosh



James McLaren

Trainees

RIGS is continuing to grow and evolve. With the introduction of the regional representatives, communication and involvement has improved, with the BSGE offering excellent support, training and social opportunities for trainees across all deaneries.

On behalf of the BSGE we would like to welcome all the new ST1 Obstetrics and Gynaecology Trainees. Historically, trainees don't realise the benefits of BSGE membership until late in their training. We would like to encourage all members to emphasise the importance of early training in endoscopy and introduce them to the social, training, and collegiate opportunities our society has to offer.

New to the 2018 ASM

We are developing the second RIGS break-out session at the BSGE ASM. Not only will we have expert speakers on training issues but we will be introducing the inaugural trainee video presentation session. This will give trainees of all levels, a platform to showcase their own surgical skills. We will be selecting video abstracts that show a trainee's ability to perform a procedure or demonstrate a technique, appropriate for their level. Preference will be given to interesting and well-demonstrated cases rather than to more advanced laparoscopic procedures.

This is a heads-up to trainees to press record on that camera, brush up on your video editing skills and get ready to show us how well you can operate!

Return of the Pecha Kucha



The Pecha Kucha is back! This year's title 'Rage against the machine' should not only elicit frustration and anger, but importantly, healthy solutions. The topic is your choice, be it training, the NHS, robots or kit we want to hear your interesting discussion through 20, 20-second slides. Any medical student or junior doctor can enter. The live audience in Edinburgh will decide the prize-winner.

Other trainee events and developments

The RIGs committee is working hard to develop more for its trainee membership. Following the success of the inaugural acute gynaecology and laparoscopic suturing course, we are very excited to announce the RIGs course will run again in March 2018. This time it will focus on intermediate laparoscopic skills. The course will be subsidised and preference will be given to ST3-5 trainees.



RIGS dinner 2018

The RIGs dinner will take place on the 9th May for RIGs members. This will be held in a fabulous venue, with lots of great food, drink and a well renowned after-dinner speaker. There may even be some Ceilidh dancing! Look out for your invite and book early as we expect a sell-out!



Donna Ghosh and James McLaren
BSGE Trainee representatives



HAVE YOU JOINED US ON FACEBOOK?



Tereza Indrielle-Kelly

ST4 trainee, Tereza Indrielle-Kelly, reports on how members can use social media to stay in touch.

The last year has been very exciting and full of new projects. The RIGs group was established in 2016 and the last annual scientific meeting has seen the 'birth' of our Facebook group. Out of all the social media it seemed to be the most established and widely used network.

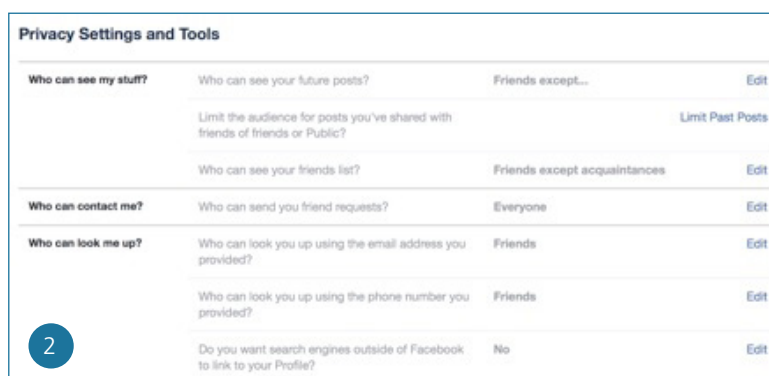
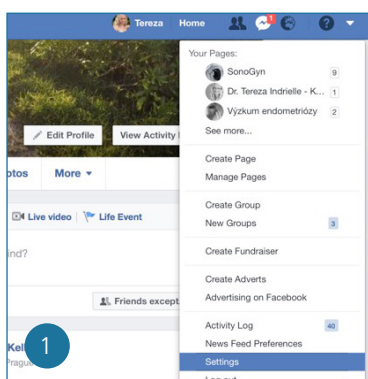
Within the first three months we welcomed over 250 members from several countries and the community is still growing. We have not limited the group membership to BSGE membership to ensure everybody with an interest in endoscopy can join and see the benefits for themselves. It has been a great platform for sharing videos, events and puzzling questions.

You don't have a Facebook profile?

Are you among the people who don't trust social media? Are you worried your private life will get exposed if you sign up at Facebook? Let me explain how I look at things.

Facebook and a mobile phone are very similar (I'm using phone as an example since everybody has a phone). It can give you freedom or it makes you a slave. The 'slave' users answer every single call, reply to every message within ten minutes and show signs of neuroticism when the battery runs out. Most of us use our mobile phone wisely and we choose when to answer a call or when to switch the whole thing off.

Facebook is similar. You are not obliged to put any information about yourself and what you share there is up to you. One day our dog requested my friendship on Facebook, so I knew immediately that my sister finally got my mom to sign up. Since nobody could guess her new 'nickname' she had the freedom to add friends and people she knew and with no obligation to post anything she just uses to keep in touch. If you however fall for the traps of social media and you wanted to get more active, make sure you adjust the privacy settings.



1. In the right upper corner there is an icon to change settings of your account.
2. If you click on it on the settings you find detailed privacy settings where you can adjust who can see your posts and information.

Many of us have among friends our true friends and then acquaintances from work etc. (people sometimes take it personally when you don't befriend them on Facebook). In such cases, you can allocate every person on your Facebook into a group – close friends, friends, acquaintances etc. Your posts, pictures and information can then be limited to the very few you consider close friends.

Although we love our new Facebook group, we are aware of its addictiveness. The social media addiction is a hot topic in research and more and more evidence shows that we get dopamine 'rewards' through Facebook.

I will write about it in the next Scope – don't miss out!

ST4 Tereza Indrielle-Kelly



AWARDS AND BURSARY WINNERS



Nadine di Donato

In each issue of The Scope we include a report from one of the many members who have been given an award. Nadine di Donato reports on her BSGE bursary experience in Gemelli Hospital Rome.

The Gemelli University Hospital (Italian: Fondazione Policlinico Universitario Agostino Gemelli) is a large general hospital in Rome, Italy. With 1558 beds, it is the second largest hospital in Italy, the largest hospital in Rome and one of the largest private hospitals in Europe. The hospital provides free medical assistance as part of the Italian national health system as well as paid-for "private" assistance in dedicated hotel-style wards. The gynaecological – oncological Department under Professor Scambia carries out an average of 2,500 annual interventions and is considered a third referral hospital for the diagnosis, surgical and medical treatment of women suffering from oncological gynaecological disease.

I attended the gynaecology – oncology service under Professor Scambia in June 2017 and it has been an excellent professional experience. I had the occasion to observe several oncological surgeries such as surgery for cervical, endometrial and ovarian cancer. Gemelli Hospital is a high specialized center with also the availability of the robotic surgery. During the theatre sessions, I had a full explanation of all cases from the surgical indication, clinical history to the type of surgery. In particular, I found extremely interesting the robotic surgery (as in our center there is not the availability of a robot) and I had a better understanding of indication, patient positioning, theatre setting,

insertion of laparoscopic trocars, type and control of the robotic arms and its end-effectors.

I had also the opportunity of a survey of the Department. I visited the DH of Oncology Gynaecology which allows chemotherapy drugs, positioning and removal of central venous catheters and follow-up visits. I visited the post-operative and admission wards and the different gynaecological outpatient service such as colposcopy, psycho-oncology and ultrasound. Il CLASS Ultrasound Clinical Center for Ultrasound Gynaecology is represented by a team of experts working together, ensuring optimal diagnostic activities, medical therapy and follow-up of oncologic gynaecological disease, providing each patient with an appropriate treatment in agreement to the latest scientific evidence and guidelines.

In conclusion, it has been a great experience in highly specialized Hospital and I hope it will be the start to create international experience exchange to improve the quality of service offered in the UK.

If you have won an award or bursary and would like to share your experiences with BSGE members, please get in touch at TheScope@BSGE.org.uk



VIDEO LIBRARY UPDATE

The video library has had some excellent technique demonstrations submitted since the last issue, in particular a technique for uterine artery ligation at the origin without insertion of a uterine manipulator and also pelvic side wall dissection with en-bloc pelvic lymphadenectomy.

We are still looking for more videos. Have you seen a particularly interesting case? Perhaps you have developed a new technique? Submissions are also open to trainees who want to demonstrate good techniques or tips for intermediate procedures. All videos will be peer reviewed by a Consultant and trainee before being accepted. Please make your videos as educational as possible and ideally less than 10 minutes long (though we appreciate that occasionally a great case needs longer!)

Please ensure that there is no patient identifiable data and that your video runs at real time. Send your submissions through via Dropbox to suzi.hutt@gmail.com



Suzi Hutt



NOTEWORTHY ARTICLES



Rebecca Mallick

If surgery, study and your social life are interrupting your reading, don't worry. Webcomms team member Rebecca Mallick has done all the hard work, she's sifted through the journals and picked out some key articles to keep you up-to-date.

- Alalade A, Maraj H **Management of adnexal masses in pregnancy** The Obstetrician & Gynaecologist. 2017; 19:317-25
Useful review article on the diagnosis and management of adnexal masses in pregnancy. Particularly of interest to those preparing for the MRCOG.
<http://onlinelibrary.wiley.com/doi/10.1111/tog.12417/full>
- Estadella J et al. **Laparoscopy during pregnancy: Case report and key points to improve laparoscopic management.** European Journal of Obstetrics and Gynecology and Reproductive Biology. 2017;217:83 – 88
Noteworthy case report and review article on the challenges of laparoscopy during pregnancy – a good read for all.
[http://www.ejog.org/article/S0301-2115\(17\)30383-4/fulltext](http://www.ejog.org/article/S0301-2115(17)30383-4/fulltext)
- Tehranian et al. **Effects of salpingectomy during abdominal hysterectomy on ovarian reserve: a randomized controlled trial.** Gynecol Surg (2017)14:17
Interesting randomised controlled trial assessing the effects of routine salpingectomy performed during hysterectomy on ovarian reserve
<https://link.springer.com/content/pdf/10.1186%2Fs10397-017-1019-z.pdf>
- Jefferis H, Price N, Jackson S. **Pregnancy following laparoscopic hysteropexy—a case series.** Gynecol Surg (2017)14:16
Case series assessing the effects of laparoscopic hysteropexy on pregnancy outcomes with reassuringly favourable results.
<https://link.springer.com/content/pdf/10.1186%2Fs10397-017-1017-1.pdf>
- Lyttle M, Fowler G. **Cystoscopy for the gynaecologist: how to do a cystoscopy.** The Obstetrician & Gynaecologist. 2017; 19:236-40
Nice tips and techniques article on performing a cystoscopy. Must read for all trainees undertaking the advanced laparoscopy ATSM
<http://onlinelibrary.wiley.com/doi/10.1111/tog.12396/full>
- Murji et al. **A Multicenter Study Evaluating the Effect of Ulipristal Acetate during Myomectomy.** JMIG 2017. (Epub ahead of print)
Topical subject and widely discussed at the most recent BSGE ASM.
[http://www.jmig.org/article/S1553-4650\(17\)31252-9/fulltext](http://www.jmig.org/article/S1553-4650(17)31252-9/fulltext)
- NICE Guideline(NG 73). Endometriosis: diagnosis and management. September 2017
Newly published guideline on the diagnosis and management of endometriosis. A must read for all gynaecologists and specialists with an interest in endometriosis.
<https://www.nice.org.uk/guidance/ng73>
- Saraswat et al. **Impact of endometriosis on risk of further gynaecological surgery and cancer: a national cohort study.** BJOG 2017. (Epub ahead of print)
Large, high quality cohort study giving valuable insights into the long-term risks of ovarian cancer in patients with endometriosis.
<http://onlinelibrary.wiley.com/doi/10.1111/1471-0528.14793/full>
- Jayaprakasan K, Becker C, Mittal M on behalf of the Royal College of Obstetricians and Gynaecologists. **The Effect of Surgery for Endometriomas on Fertility.** Scientific Impact Paper No. 55. BJOG 2017. (Epub ahead of print)
Topical scientific impact paper assessing the effects of surgery for endometriomas on fertility outcomes.
<http://onlinelibrary.wiley.com/doi/10.1111/1471-0528.14834/full>
- Huff et al. **Returning to work after laparoscopic myomectomy: a prospective observational study.** Acta Obstet Gynecol Scand 2017. (Epub ahead of print)
Useful article to use when counseling women, undergoing laparoscopic myomectomy, regarding recovery and return to work.
<http://onlinelibrary.wiley.com/doi/10.1111/aogs.13246/abstract>
- Limei J, Lanying J, Min H. **Laparoscopic Myomectomy with Temporary Bilateral Uterine Artery Occlusion Compared with Traditional Surgery for Uterine Fibroids: Blood Loss and Recurrence.** JMIG 2017. (Epub ahead of print)
Temporary uterine artery occlusion: perhaps a new technique to consider in laparoscopic myomectomy? This randomised controlled trial certainly gives favourable results.
[http://www.jmig.org/article/S1553-4650\(17\)31156-1/fulltext](http://www.jmig.org/article/S1553-4650(17)31156-1/fulltext)



THE SCOPE MEETS... PROFESSOR HORACE ROMAN

The Scope met keynote speaker Professor Horace Roman at the recent BSGE/RCOG Benign Abdominal Surgery Meeting. Horace is Professor in the Department of Gynaecology and Obstetrics at Rouen University Hospital. He focuses on minimally invasive gynaecologic surgery, and particularly on the surgical management of endometriosis. He spoke about everything from complex endometriosis to coffee as well as covering training, scanning, nerve sparing surgery and what continues to drive him professionally.

The Scope: Thank you very much for the excellent talk at the Benign Abdominal Surgery meeting. We all enjoyed that. Can you tell our readers a bit about your typical day at work? How do you fit it all in 24 hours?

Professor Roman: First I am a surgeon and after that I am a professor. Three days a week I spend all the day in the operative room, so from 8 o'clock in the morning to 5 o'clock in the afternoon. On those days, I come to the hospital at 6 or half past 5 because spontaneously I wake up very early. I spend this time on clinical research, so all the residents or PhD students who work with me know that they have to wake up early. Once a month we meet 6 o'clock in the morning to check the progression of their work. The hospital is quiet, nobody calls me, the phone does not ring. I think it is the best part of the day when you can work-and have coffee of course!

Two days a week I start at 9 o'clock because I bring my daughters to the school. I never finish earlier than 6 o'clock or 7 o'clock in the evening because in France, the problem of a professor is overcrowded, they have to accomplish administrative tasks, university tasks and from clinical tasks.

The Scope: We were talking earlier about your surgical workload. What do you think is the minimum number of rectovaginal endometriosis cases a surgeon should do in a year to progress and maintain their skills?

Professor Roman: That is a very good question. When I started the surgery of deep endometriosis in 2005, I felt comfortable with this disease after 50 or 60 cases. So, I think that a surgeon who does not perform at least 15 cases of colorectal endometriosis a year cannot be called a skilled surgeon in this area. If you consider the need for training others, you will have to add another 15 or 20 to this. The truth is, as you said at the meeting today, we don't treat nodules or disease but patients. The patient's characteristics may change our strategy, even though the nodule has the same localization in different patients.



The Scope: How many procedures for advanced endometriosis do you do in a year?

Professor Roman: I usually schedule two patients with colorectal endometriosis each day and I have three operative days a week and I can add a third patient with a small endometriosis, so usually I manage 6-7 patients a week, except for weeks when I am at congresses, meetings or on holiday. In total, I manage around 200-240 patients a year and the majority are colorectal endometriosis. I work with a team of four young surgeons. They perform small endometriosis procedures, so if I see a patient with small endometriosis I refer them to one of my colleagues. If they see a patient with colorectal endometriosis that they are comfortable to manage by themselves, they will. If they are not, they refer it to me. Usually I only see women with deep endometriosis involving the rectum, the ureter or the bladder both in my public and private consultations.



The Scope: For complex endometriosis it's necessary to work together with other specialties, particularly with colorectal surgery and urology. In France, do other surgeons get exposure to endometriosis during their specialty training?

Professor Roman: Certainly not. The colorectal surgeons are not trained in endometriosis surgery during their residency. They never use shaving or disc excision in the treatment of other diseases and that is why they are most likely to perform only colorectal resection every time they are called to help manage a woman with colorectal endometriosis. The same with the urologists because they are not trained in the treatment of endometriosis, each time we call them, they propose a ureteral re-implantation into the bladder because they are not used to doing ureterolysis or short resections with end-to-end anastomosis. This is the strength of an expert centre; the management strategy can be more varied and adapted to each patient. This is because the other specialists consider their gynaecology colleague, who is expert in endometriosis, and are willing to listen to advice.

The Scope: In the UK, we don't have enough people who can do ultrasound scanning to the level that can diagnose rectovaginal endometriosis. Is this a problem in France as well?

Professor Roman: In France, all the residents in Obstetrics and Gynaecology have to accomplish a training in ultrasound and this training is very difficult. However, 90% of this training concerns Obstetrics. So, the number of gynaecologists or radiologists who are able to diagnose deep endometriosis with vaginal ultrasound is very low. That is why I am much more comfortable when the patient has an MRI and brings me the disc, because I can read it and diagnose the patient myself. Properly training gynaecologists in ultrasound in endometriosis is a major concern and may be the way to improve the early diagnosis of deep endometriosis.



The Scope: When somebody finishes residency in France what level are they at, what kind of endometriosis can they deal with laparoscopically?

Professor Roman: It strongly depends on the hospital where the resident was trained. At some centres, like ours, residents will have attended many cases of deep endometriosis and are able to dissect the pararectal space, then resect small uterosacral nodules. After one year, they are able to schedule on their own programme of colorectal endometriosis. Residents, who are trained in other departments may be unable to do to this but may be more skilled in other pathologies like oncology or urogynaecology.

The Scope: Let's get to the question of nerves. Endometriosis of the pelvic nerves and the sacral nerve roots is a relatively new subject. Do you think it's an area for development or nonsense?

Professor Roman: That's a very challenging question because during the last twelve years, I have seen that the endometriosis in the patients I manage has become more and more severe. I am sure that some of patients I treat today, I could not have managed in 2010. At that time, I had not seen such large nodules. Since 2014 I have started to treat big, deep endometriosis lesions with contact on the pelvic wall and pelvic nerves. I manage one or two patients a month, where the complete resection of the nodules requires a full dissection of sacral roots. Today, I have a series of 25-27 patients with full dissection of sacral roots and shaving or even dissection into the sacral root.

The Scope: Thank you very much for a fascinating talk at the meeting and for sharing your thoughts, knowledge and experience with readers of The Scope.



UPCOMING EVENTS AND MEETINGS



Nadine di Donato

Can't wait for the ASM? Nadine di Donato has identified the courses and congresses that are coming up over the next few months.

If you have information about a course or event that you would like featured in The Scope, please e-mail the details to thescope@BSGE.org.UK

Essentials and Intermediate Laparoscopic Skills for Gynaecological Trainees

05/12/2017 – 07/12/2017

Cuschieri Skills Centre, Ninewells Hospital, Dundee

<https://cuschieri.dundee.ac.uk/courses/gynaecology-courses/essentials-and-intermediate-laparoscopic-skills-gynaecological-trainee-1>

Hysteroscopy, Hysteroscopic Surgery and Endometrial Ablation Course

08/12/2017

Cuschieri Skills Centre, Ninewells Hospital, Dundee

<https://cuschieri.dundee.ac.uk/courses/gynaecology-courses/hysteroscopy-hysteroscopic-surgery-and-endometrial-ablation-course/fri>

Pelvic Anatomy and Gynecologic Surgery Symposium 2017 (PAGS 2017). The Cosmopolitan of Las Vegas

14-16 December 2017

<http://www.globalacademycme.com/conferences/pags/pelvic-anatomy-and-gynecologic-surgery-symposium>

MATTU COURSE Basic Laparoscopy Course with an Introduction to Basic Hysteroscopy

17th – 19th January 2018

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

USF Minimally Invasive Gynecologic Surgery and Cadaver Course 2018. USF Health Center for Advanced Medical Learning and Simulation.

Tampa 13 – 14 January 2018

<https://cmetracker.net/USF/Files/Brochures/342156.pdf>

61st All India Congress Of Obstetrics And Gynecology 2018 (AICOG 2018). Janata Maidan. Bhubaneswar

17-21 January 2018

<http://www.aicog2018.org/>

Update in Gynecology and Minimally Invasive Surgery 2018 Sheraton Maui Resort & Spa. Lahaina

6-10 February 2018

<https://ce.mayo.edu/women-s-health/content/6th-annual-collaborative-symposium-update-gynecology-and-minimally-invasive-surgery#group-tabs-node-course-default2>

Total Laparoscopic Hysterectomy Masterclass & Workshop

12-13/02/2018

DELTA Centre, Royal Derby Hospital

<https://bsge.org.uk/event/total-laparoscopic-hysterectomy-masterclass-workshop-6/>

4th EMEL Meeting on Endometriosis and Uterine Disorders Dubai, UAE

22 – 23 February 2018 <http://www.endometriosisuae.com/>

And, if you're planning next year's study leave, don't forget:

BSGE ASM

9/5/2018-11/5/2018 at Dynamic Earth, Edinburgh

RCOG/BSGE Hysteroscopy workshops

14/06/2018- 15/06/2018 at RCOG, London

RCOG/BSGE Benign Abdominal Surgery

17/09/2018- 19/09/2018 at RCOG, London

RCOG/BSGE Diagnostic and Operative Hysteroscopy

27/11/2018- 29/11/2018 at RCOG, London



OBITUARY

Dr Mark Roberts, born 19th March 1963
– died 11th September 2017

Mark Roberts, BSGE member and Editor in Chief, The Obstetrician and Gynaecologist died on 11th September 2017 following a diagnosis of metastatic pancreatic cancer. Mark had a short fight against the disease which proved to be too widespread and overwhelming. He died peacefully and with dignity supported by his close family and friends.

Before paying tribute to Mark's considerable clinical and academic achievements I am sure Mark would have wanted to be remembered first and foremost as a loving husband to Karen and father to his five children Stephanie, Amanda, Daniel, Oliver and Dylan. Mark was the cornerstone of his family, putting their wellbeing above all other concerns. His wife and children were always at the front of his mind. His love for them was never more crucial to the family than in 2014 when his son Oliver died. Mark was the rock for his family to lean on and it was without doubt Mark's finest hour.

Mark was born in 1963 and went to Medical school in Liverpool graduating in 1986. He moved to the North East to complete his postgraduate training and has remained in the Newcastle ever since. Mark obtained membership of the Royal College of Obstetricians and Gynaecologists (RCOG) in 1991. Having completed an MD with commendation in Obstetric Medicine it was a career in Gynaecology that was to be Mark's defining clinical achievement. He was the Gynaecology cancer lead for Newcastle Upon Tyne NHS Foundation trust for 18 years. During that time he built up a team of dedicated doctors and nurses whom he led, supported and mentored with his own unique style. Never content to sit back, Mark was always looking to innovate. In 2014 he developed robotic surgery within gynaecology. Alongside the clinical service, Mark ran training programs to share his experience and expertise with other consultants and the events were always full. But it's not the targets he met or the outstanding clinical results that he achieved that define Mark as a clinician. No, it is the fact that he really cared. He took the time to listen to the women he cared for and his feedback from his patients was always overwhelmingly positive. Whatever the time or wherever he was, his totally holistic approach to patient care, coupled with his considerable skill as a surgeon is what will define his clinical legacy.

Mark was also a great teacher. There have been generations of medical students and junior doctors who he has inspired through an enthusiasm for teaching. Whether it was your first day at medical school or you were an advanced gynaecological trainee Mark always took the time to teach. The trainees in the North East recognised Marks contribution to education in 2016



Mark Roberts in the Newcastle Surgical training Centre doing what he loved most – teaching.

when he was awarded the Tony Lavin Award for his contribution to postgraduate medical education. When I first met Mark, he was College Tutor at the RVI and training program director in the Northern Deanery Postgraduate School of Obstetrics and Gynaecology. The program still continues today based on many of the principles of trainee rotation that he established 12 years ago. In 2007 Mark also produced the syllabus and modules for the Basic Practical Skills Course for the RCOG which is still running today. Mark was always keen to innovate. His most recent achievement was the piloting of a unique cadaveric surgical training course for Gynaecology. Such was the popularity of this course with the trainees that the School of Obstetrics and Gynaecology will be naming the course in Mark's honour.

Mark has also worked extensively for the RCOG. Despite his many other committee and examination roles he may be known to most Obstetricians and Gynaecologists as the Editor in Chief of TOG (The Obstetrician and Gynaecologist). Mark took over as Editor in Chief (EiC) in October 2015 having joined the board in 2012 and been CPD (Continuing professional development) Editor for 3 years. He clearly enjoyed the work and led the board with a light touch approach that allowed other board members strengths to come through. Liked and respected by all he will be a very tough act to follow.

There will be few individuals who will have influenced the lives of so many and who knows what Mark would have gone on to achieve had his life not been cut so tragically short. Whether it be through clinical care, teaching and training or simply as a friend and colleague. He will be sorely missed.

Jason Waugh

Clinical Director Women's Health NuTH NHS Trust
Head of School of Obstetrics and Gynaecology. HEE NE
Emiratus Editor in Chief TOG



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BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

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