

THE SCOPE

Newsletter of the British Society for Gynaecological Endoscopy

All the news from ASM 2018

PLUS

London to Edinburgh
Cycle Ride Report

The Scope meets
David Redwine

A Tribute to First BSGE
President Alan Gordon



Welcome

Welcome to the Autumn edition of The Scope

Editor's Notes

Welcome to the latest edition of The Scope. Since the last issue, there have been changes in the Webcomms committee. It is now divided into two portfolios: The Website and Digital Governance portfolio will be chaired by Fevzi Shakir and the Membership Relations portfolio, which includes the role of editor of The Scope, of which I am chair.

I would like to start by thanking Shaheen Khazali for his invaluable contribution to The Scope, I am sure he has left big shoes to fill, but I am looking forward to the challenge and to his promised continued participation, albeit not as editor. I wish him well as Honorary Secretary of our society. I am also looking forward to working with the existing members of the subcommittee who continue to make excellent contributions to The Scope.

In my new portfolio of Membership Relations, I look forward to listening to ideas from members as to how they feel The Scope could improve their interaction with the BSGE. I am interested in views about communication with other members of the Society and also with other societies that share our view of propagation of minimal access techniques, for the benefit of our patients.

I hope you all agree that we had a fantastic time at the ASM in Scotland and are looking forward to our next meeting in Wales, building on the increasingly interesting and academic contributions to the meeting. This issue will feature some of the award-winning contributions from our last meeting.

I would like to take this opportunity to welcome all new council members and look forward to contributing to membership relations and maintain the vibrancy of The Scope.

Funlayo Odejinmi (Jimi)

Scope Editor and Member Relations portfolio chair
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Message from the President



It is an honour and a privilege to have been elected as the new BSGE President, but no society is run by one person alone. The president is simply the figurehead and behind him are a whole series of people. In our case, our lynch pin is Atia Khan. She is the BSGE's front-of-house but she is also a repository of all information and knowledge. I know I can rely on her support during my presidency.

Since the last election, the Council has changed and I would like to start this message by formally thanking some people. Firstly, Sameer Umraniker. Sameer has finished his term on council, where he held the laparoscopy training portfolio. During his time in office he has organised courses and made significant contributions to training. However, outside his portfolio Sameer has also made valuable contributions to the development of overseas membership. He has given us a lot of ideas that has culminated in the agreement at the AGM that we are going to introduce a new BSGE category of overseas member. Sameer's work there will continue on a more informal basis.

I would also like to say a formal thank-you to Thomas Ind, who demitted office as honorary treasurer a year ago. His post was taken over by Andrew Kent, who was welcomed at the ASM last year. Tom maintained fantastic fiscal control for the Society, which has placed us in a very healthy financial position. He also made contributions to training but his gargantuan task was getting to grips with the new data control legislation. We needed someone with his mind-set to do it and, he has put us in a very good position with regards to data control too. Finally, he authored and analysed the first membership survey, which is a piece of work that will continue on an annual basis.

I'd like to say thank-you to Mark Whittaker, who has served for two terms as honorary secretary during which time he held the lead for membership communications. Mark also made a major contribution to training and was enormously supportive of all our meetings.

I have saved my final thank-you for our outgoing president, Dominic Byrne. Dominic has held many positions within our society, but the one that will carry the most weight, long into the future, is his leadership of the Endometriosis Centre project. His work there has placed our Endocentre portfolio in a world-leading position. This culminated a few weeks ago in the publication of the largest data set of rectovaginal endometriosis treated surgically, in BMJ Open. That in itself is a huge achievement, but as president he also did a lot of background work that most members will never see. He supported all activities – and if you drill down on our website, you'll find standard operating procedures and job descriptions for all posts. Dominic single-handedly

wrote these, which helped place the Society on a very business-like footing and allows us to respond on the national and international stage. It is an investment of Dominic's time, from which the Society will reap rewards, for years to come.

I view Dominic as a model president. If I can come anywhere near reaching his stature and achieving his outcomes, I will be a happy person, at the end of my time in office. We have formally recognised Dominic's contributions by making him an honorary fellow of the Society.

We have welcomed four new members to the council. Donna Ghosh was a trainee representative and has now been elected to a senior position. I'd like to welcome her, Tom Smith-Walker and Funlayo Odejinmi, as the new senior representatives. Finally, Angharad Jones was elected as the trainee representative. I look forward to working with all four of them on council.

Moving on to our new officers: Shaheen Khazali was a council member and has now been elected as honorary secretary. I know that with his energy, his imagination and his dedication and hard work he will enhance the Society and move us forward, as he serves in his new position. Exactly the same sentiment, exactly the same words, exactly the same stature and exactly the same commitment to our specialty, also apply to Justin Clark. I am so pleased that Justin has been elected as Vice-president and that in two years-time, he will replace me as President of the Society.

Our society is enormously successful. We are financially viable and have over £770 000 in reserves. We made a profit of £160 000 last year. The profit element will vary from time-to-time, depending on our incomings and our outgoings, but Andrew will keep a close eye on that and ensure we maintain financial stability.

We are a vibrant, enthusiastic and inclusive society and I want that verve and that vibe to continue. It is how we are, it is how we work and it is how we deal with each other. The BSGE is increasing its inclusivity with the introduction of sub-committees. This will continue and the work of the sub-committees will grow as we devolve projects to them, so that they can be developed and incubated before release to the Society.

I would like to formally recognise the work of RIGS. RIGS came up from ground level, it started as a sub-group within our society, led by the trainees. They are doing great work and I want to encourage them to continue doing so and to keep contributing to the success of our society.

The BSGE will remain clinically focused. Our gold-plated product is the Endocentre project, which will continue to grow. BSGE SICS is another major development, with the potential to expand with use by new overseas members. SICS provides valuable data but it also offers a useful service for members in their day-to-day life, with regards to accreditation and audit.

The educational content of all our output is reviewed frequently, and we will continue to do so to ensure it remains relevant and informative. Training is a key activity for the BSGE, this will carry on. We offer ASM pre-congress courses and run courses in partnership with Olympus and Ethicon with the delivery of 48 fellowships a year. These are very well received, with universally excellent reviews. We hope to continue to build on this and, if possible, expand.

The Society has a close and warm relationship with the RCOG. Over time, we have become the go-to society for all areas of benign gynaecology. That is a recognition of the breadth and depth of our membership and the talent and intelligence we have within the Society. This sets us well to influence the national agenda.

Our relationship with the ESGE has been formalised with a corporate membership agreement. This has been made real with the introduction of the GESEA exam, led by Ertan Saridogan. This culminated in the recent examinations. We want to carry on with this and support Ertan in his ESGE activities, as well as using him as a conduit to get the best out of the European Society for our members in the UK.

The BSGE is influential. Our work with the RCOG has led to the development of joint guidelines and patient information leaflets. That influence continues nationally, outside the College. NICE recognises us and asks for our advice on guideline development and support with committee membership. NHS England also works with us directly and we're involved in specialist commissioning.

All of this pays testament to the current size and stature of the Society. What started out as a group of enthusiasts and like-minded surgeons in minimal access surgery, has grown into a society that is punching very hard indeed. Perhaps, when seen from the inside, we may be punching above our weight – but we're going to grow into that!

The future will involve more of the same, but we will expand the perimeter in which we work. We will continue to provide high-quality training. We will maintain our partnerships with industry to support meetings such as the ASM and through the continuation of our formal fellowship programme. We currently work with Olympus and Ethicon, but we are always open to others.

Our work with the RCOG is ongoing. We are working to get our Advanced Laparoscopic Surgery ATSM recognised for credentialing by the GMC. That is a piece of work that would test anyone's skill and patience, but it is a process that is already underway and we are getting some early positive responses. When achieved, it will be good for our society and very good for our trainees.

Our meetings will remain informative and relevant. We are going to champion minimal access surgery. Increasingly we are getting enquiries from the media, this will persist and we will also aim to increase our patient information output, as well as looking at novel ways of delivering this information, including more use of multimedia.

We will support research by creating an atmosphere where areas of research that further our aims and ambitions are encouraged. We can use our networking

influence and contacts to link research groups with people who make decisions about funding, so we can influence the direction of research to match our aspirations.

Our patient partnerships are important to the Society. Endometriosis UK is a key patient information group because of the interest area of our individual practices. We will build on this relationship and develop multimedia information packages that are accessible to our patients directly.

We will keep in touch with our members through an annual survey. It will keep the officers and council members in check and make sure members are happy with the direction the Society is travelling. It will act as a good sense check, and ensure we are responsive to your wishes, desires and ambitions.

The BSGE is our society. It is your society and I urge you to get involved in all the activities we have to offer. The BSGE has an open door. Feel free to send us your ideas, they will all be considered and any good ones will be developed further. The ingenuity of 1226 members cannot be underestimated, nor can it be replicated by four officers and a dozen council members. The combined power of your imaginations is immense, and we'd like to tap into that. So, please get in touch.

I'm acutely aware of the honour and privilege of being elected as your president and am grateful for the warmth with which I've been received. I shall do everything within my power to discharge the responsibility that goes with this office, to the best of my abilities.

Sanjay Vyas

BSGE President



London to Edinburgh BSGE cycle ride

An intrepid group of BSGE surgeons cycled from London to Edinburgh ahead of ASM 2018. The cyclists travelled from capital to capital over four days. They covered around 450 miles and increased awareness of endometriosis along the way. The team raised over £15,000 for Endometriosis UK. Chris Hardwick, a member of Team Endo reports for The Scope on his experiences:

A sunny early morning outside the RCOG set the scene for the first meeting of Team Endo, who would cycle from London to the BSGE ASM in Edinburgh. Lutfi Shamsduddin and the team from Cardiff arranged this cycle ride to raise money for Endometriosis UK, and myself and the rest of the group jumped at the chance to get involved.

We all signed up and paid for the trip well in advance, thanks to the impressive organisational skills of Heidi Yule and Emma Cox from Endometriosis UK. We are all (now!) very grateful that they let us cycle for them. In the excitement of our achievement, it is important not to forget the aim of the endeavour was to raise cash for Endometriosis UK and to increase awareness of endometriosis. By the end of the ride we had approached £16,000. We are hugely grateful to our sponsors, both personal and industry shirt sponsors for their generosity. Check out our kit in the photos!

We all corresponded frequently before about training, saddles and mudguards and realised that most of us were in the same boat. We had never cycled 200 km in a day, and never managed a total of 720 km (about 450 miles) in

consecutive days. It would be an enormous challenge. We shared the same anxieties about fitness, health and what would fail us along the way. We all did it.

The RCOG were very accommodating, allowing us to store bikes and equipment, so we were ready to leave sharply and on time in the morning. We were supplied with official ride kit with front and back sponsors, we looked like a professional team as we set out into the throng of raphia-clad racing snakes circuiting Regent's Park. Turning left it was at the 50 m mark we realised we had set off in the wrong direction! We turned around and set off again, therefore avoiding getting to Newport one year early.

The extensive preparation by the Cardiff team meant that we had perfectly planned routes for each day. These led us through country lanes and fantastic scenery, avoiding major roads. Only once we had to take a little detour, which involved climbing down rocks, carrying bikes, as sunbathing locals looked on from their barbecues. During our journey, we got greetings and cash donations from country folk in German convertibles and jokes and guidance from van drivers on ring roads- all advice was welcomed!

The back-up and planning were excellent and we were spoilt by our amazing support team. They drove vans, cars and campers and provided food, drink, lifts to bike shops and chemists, photo opportunities and shelter from the wind as we climbed through the borders. Hotels and dinner were booked and delicious breakfasts were delivered from a van. The cyclists simply had to get to the destination in time for a refreshment. At all our stops, Lizzi had food, drinks and chat for us, so we knew we never had more than two hours on the road before a short break. We quickly became dependent on the support team and our total reliance became apparent when we couldn't find Lizzie on the last day and mutiny quickly started. Once fed and watered we had to make rapid apologies to our angel in a camper van for our grumpy behaviour!

We were very fortunate with the conditions. The sun shone and the weather was dry until we hit Scotland. We expected some Scottish rain-but Pete reminded us that it would always be sunny in Edinburgh. Friends, family and colleagues were ever present -the ride would have been much harder without their support. Natasha helped us with yoga outside on the grass in the dew. Bar owners, takeaways and hospitals let us use their facilities and gave us gifts and cash donations in return for photos and a tweet or two. Bike shops gave us replacement wheels. I would like you to take the time to visit the Endometriosis UK Twitter feed and website to see a list of sponsors and the names of those who kindly helped us along the way.

So, what next? The BSGE ASM 2019 starts in Newport on 21st May. It's around 422 miles from Dynamic Earth in Edinburgh to Celtic Manor and Team Endo may ride again. I would recommend getting involved to anyone who will listen. Get in touch and join the team.

Anyone that wants to express an interest or make any enquiries should contact chris.hardwick@nhs.net or tweet him on @chrishardwick69.





ASM 2018

'Learning together to transform lives.'

With a stunning venue, a packed programme of lectures and debates and a sell-out group of delegates with a passion for minimally-invasive surgery, ASM 2018 was a huge success. BSGE members heard the latest research, debated the hottest topics and learned the ways in which colleagues from across the world improve the health and wellbeing of women.

The conference theme was 'Learning together to transform lives.' Through education and the sharing of information and experiences, consultants, nurses, trainees GPs and paramedics worked together to find ways of improving lives of the women.

With several rooms running concurrent programmes, delegates dashed between the suites to get the very best out of the conference. Andrew Horne and the Scottish Organising Committee did a fantastic job balancing the scientific sessions and the social schedule, all with a wonderfully warm Scottish welcome.



Specialist Nurse Conference

This was the ninth year of the Nurse Conference and, over the years, it has grown and evolved to fit with the developing needs of hysteroscopy and endometriosis specialist nurses. This year, the Edinburgh team produced two stimulating and thought-provoking days. Working on the conference theme 'Learning together to transform lives'.

On the Thursday, the nurse hysteroscopist training programme echoed the ASM theme by presenting audits looking at how different units arrange their services and discussing what's next for the Nurse Hysteroscopist. A meet the expert session provided guidance on the BSGE SICS system, of which nurse hysteroscopists have been enthusiastic early adopters.

On the Friday, the endometriosis nurse programme offered debate on the continual development of the CNS role and the effective management of endometriosis pain – ***'The earlier pain is treated the better the outcome.'*** Delegates also heard patients' perspectives on living and working with endometriosis.

BSGE Nurse and Paramedic representative Wendy-Rae Mitchell said *'The whole meeting has been inspirational. Everyone has made*

a commitment to come to the ASM, not just to tick an educational box, but to get together to share skills and experiences, to feel valued and part of a group.' She emphasised how important the conference was to nurse specialists *'Being a CNS endometriosis nurse can be isolating and many nursing colleagues don't understand the demands. Supporting patients with endometriosis takes time and dedication. We all have a passion to give as much as we can for the women in our care.'* The conference provides an opportunity to learn together. Wendy added *'There has been lots of initiative and lots of women working together from all around the country. It's our main chance to get together as nurses, it's amazing and I'm very proud to be part of it.'*

There was so much interest in the programme that the conference was moved to a separate venue in

the heart of Edinburgh's Royal Mile. This provided excellent facilities and the venue was packed, however Wendy felt that a combined event would offer greater interaction and information exchange between surgeons, paramedics and nurses. Wendy, together with the local organising teams for the conferences are all working to provide a better experience for fellow nurses and for the patients they care for:

'Last year's meeting was about defining the CNS role, this year it's about developing it. The conference continues to go from strength to strength. Next year we have exciting plans to introduce pre-congress masterclasses to run alongside those at the ASM.'

Click on the website or read the next issue of The Scope for updates on plans for the meeting in Newport next May.



Honorary Fellowships awarded at ASM 2018

People who have made a significant contribution to the specialty or the Society can be made Honorary Fellows of the BSGE. To date, twenty-two fellows have been honoured with this prestigious award, including BSGE past presidents, some of the great pioneers and advocates of minimally invasive surgery in gynaecology and the annual ASM Alec Turnbull Lecturer.

Fellowship for Fabio Ghezzi

The Alec Turnbull Lecture, is the keynote talk of the ASM. It is held on the first day of the conference and is always one of the highlights on the schedule. This year the lecturer was Fabio Ghezzi, a pioneering Italian endoscopic surgeon, from Università degli Studi dell'Insubria, Varese.

Fabio was clearly a big draw at the conference, on the first morning he gave a step-by-step guide to total laparoscopic hysterectomy. The room was packed, with members spilling into the corridors and peeking through windows to catch the fascinating presentation.

Introducing the Alec Turnbull Lecture, Dominic Byrne described Fabio Ghezzi as *'a true friend of the BSGE'* and emphasised the prestige of the keynote speech: *'It's a special lecture given by a special person.'*

The thought-provoking lecture asked *'What is the path to excellence?'* saying that it's not about being perfect: *'Excellence is being the best we can be at something, in that place, at that moment.'*

Fabio recommended that surgeons approach what they 'always do' with fresh eyes. He added *'You can reach the highest level of surgery if you want to. You need knowledge, commitment and to have belief in yourself.'*

This seemed to echo the core ethos of ASM 2018, where all delegates were learning together to transform lives. After the session, Fabio was presented with the fellowship in recognition of his contribution to the meeting, the specialty and The Society.



Honours for past presidents

Historically, no more than two honorary fellowships have been awarded in any one calendar year. It is a reflection on the incredible growth in size, stature and impact of the Society that this year two very influential ex-presidents of the BSGE were honoured.

Dominic Byrne and Ertan Saridogan have both made extraordinary contributions to the Society, as Presidents, on council and as members. Under Ertan's guidance the BSGE grew by over twenty percent, easily surpassing targets and the Society grew stronger and more active under his leadership. Recently he has taken the role of meetings convenor and has been the driving force behind the new GESEA programme.

Outgoing BSGE President, Dominic Byrne helped the BSGE become a more professional and prominent society, with the power to influence change. He introduced standard operating procedures for council and role descriptions for all BSGE positions. Dominic also introduced the Endocentre project and oversaw its growth and evolution. It is now an internationally recognised network of specialist endometriosis centres.

The Society is indebted to them for their hard work, dedication and talent. As Sanjay Vyas said: *'They have converted the BSGE from a society that was doing well into a society that means business.'*

Industry at the ASM

The diverse and dynamic industry room at ASM 2018, clearly reflected the BSGE's strong relationship with industry. Industry partners sponsored debates, lectures and pre-congress courses. Delegates valued the opportunity to catch up on new developments and product launches. Arvind Vashisht, BSGE council member and Chair of Industry Relations subcommittee said that *"Industry support for the ASM has been excellent again this year. We always look forward to learning from industry partners at the meetings and at other BSGE events throughout the year."*

New BSGE President Sanjay Vyas talked about interaction with industry in his opening address, saying: *'We are a vibrant, enthusiastic and inclusive society, a view shared by our partners in industry today. That was how they described us. I want that verve and that vibe to continue. It is how we are, it is how we work and it is how we deal with each other.'*

There were three lead platinum sponsors, Stryker, Medtronic and Boston Surgical. The team from Stryker said that they were *'Excited to be at the ASM, supporting the BSGE again and meeting with so many committed and enthusiastic surgeons. We are looking forward to sharing the future of visualisation with new fluorescent imaging.'*

The Medtronic team were active on Twitter and at the conference, they said: *'Medtronic improves the health and lives of millions of people every year- but we can't do it alone. That's why we're proud to be at the ASM again, working together with the BSGE to deliver better patient outcomes.'*

New supporters Boston Scientific were impressed with their first BSGE meeting, saying: *'This is Boston Scientific's first year at the BSGE ASM because we are new to the field of minimally invasive gynaecological surgery. We've been excited to meet such a dynamic and committed Society and to announce the launch of our new hysteroscopic resection device'*



The conference's gold sponsors included many long term BSGE supporters. The Society runs courses in partnership with Olympus and Ethicon and Karl Storz. Other gold sponsors included Braun, Kebomed, Conmed, Hologic and Bowa Lotus, many tweeted updates, information and photos using #BSGE2018.

@KARLSTORZUK had three busy days demonstrating many different gynaecology products at the @TheBSGE annual scientific meeting and workshops.

The team from Olympus took to twitter to say goodbye to delegates: Goodbye from #BSGE2018 We've loved listening to #WhatIsImportantToYou over the last couple of days and want to wish you a pleasant journey home!

This strong relationship with industry allows the BSGE to keep costs to ASM delegates down. The two-day meeting continues to be one of the least expensive national medical society meetings in the country.



Prizes at the ASM

At every ASM, the BSGE hands out well over a thousand pounds in prizes. The awards for video, oral presentation, poster and video poster presentations are always hotly contested. The BSGE has been a keen adopter of innovation and technology. This year poster presentations were shown electronically, on a number of tablet devices. They were then available to view on the website, so that members that couldn't make it to Edinburgh could also enjoy the e-posters.

Award winners



Vishalli Ghai
Video poster – Gold +
Karl Storz 'The Golden
Telescope' Award.
£150



Gemma Clemente
Video poster – Silver
£100



Shaheen Khazali
Video poster – Bronze
£50



Mez Aref-Adib
Oral presentation –
Gold
£300



Jessica Preshaw
Oral presentation –
Silver
£200



Babu Karavadra
Oral presentation –
Bronze
£100



Vishalli Ghai
Video – Gold
£300



Shaheen Khazali
Video – Silver
£200



Vicky Minns
Video – Bronze
£100



Emily Sapsed
eposter – Gold
£150



Vishalli Ghai
eposter – Silver
£100



Jessica Preshaw
eposter – Bronze
£50



The Trainee Video presentation prize was awarded to **Matthew Dipper**, who won a place on the 'Advanced Gynaecology Laparoscopic Course' in Berlin sponsored by BBraun.



Young talent at ASM Pecha Kucha

The second BSGE Pecha Kucha session took place at the ASM in Edinburgh. Pecha Kucha is the Japanese term for 'chit-chat', it's a short, snappy presentation format in which speakers present 20 slides, one every 20 seconds to create a concise and exciting presentation.

The 'Rage against the machine' themed session was presented by BSGE trainee representatives Donna Ghosh and James McLaren. The competition was open to any medical student or junior doctor. Five presenters, from all over the country, pitched their ideas to a lively and engaged audience. Presentations included 'Minimally invasive surgery, past, present and future, never good enough?', 'Numb thumb-time to overcome?', 'Shooting the simulator' and 'The balancing act.' The audience voted a team of medical students from St George's University Hospital as overall prize-winners. Their presentation on 'Surgical excision of endometriosis-is it time to rethink our approach to tackling this disease?' was both fascinating and thought-provoking.

The victorious team included Noah Strang, Melissa Haddleton, Emily Sapsed and supervisor Suruchi Pandey. Suruchi said:

'Endometriosis is an enigmatic disease. Current treatments aren't working; we need to look at it at an immunological level and change our approach and target inflammation. The team presented a great argument. They are really enthusiastic, as doctors we can sometimes lose that youthful passion, they have gone out of their way to go that extra mile. It's amazing what they have achieved and I am very proud of them.'

As well as the Pecha Kucha, for which they won an Innovus simulator, the team also won two gold awards at the meeting, they were also recognised as best E-Poster for Non-Puerperal Uterine Inversion. One of the presenters, Melissa Haddleton, said that they 'were slightly nervous initially, but about thirty seconds in we really started to enjoy it' Noah Strang agreed 'It was intimidating, there were no other medical students, the only other people we met before the session were two professors!'

Their assured presentation, belied their relative inexperience- the students still haven't started their gynaecology placements. With this flying start, their future looks exciting and we anticipate hearing more in BSGE ASMs for years to come.



Ceilidh, pipes and acrobats – this year's BSGE gala dinner was one to remember. Held in the stunning surroundings of the National Museum of Scotland, the evening had a very Scottish flavour. Delegates were piped into the venue and mingled in the atmospheric cellars before ascending into the extraordinary crystal palace structure of the great hall.



BSGE Gala Dinner 2018



BSGE Gala Dinner 2018

Revellers enjoyed delicious food and wine overlooked by a majestic stag sculpture. The event was full of surprises. Acrobats descended from the ceiling on silk drapes and in a rather less agile, but equally entertaining display, delegates reeled and jigged into the small hours.



BSGE Gala Dinner 2018



Everyone who attended reported that it was a very special highland fling!



ANNUAL SCIENTIFIC MEETING 2019

21-23 MAY

CELTIC MANOR NEWPORT



As the curtain fell on ASM 2018 in Edinburgh, thoughts turned to next year's event. ASM 2019 will maintain the Celtic flavour, being held in the resort hotel of Celtic Manor in Newport, Wales.

The conference will be jointly organised by teams from Cardiff and Bristol. The event was launched with a fantastic [film](#), which promised a dynamic, interactive and informative programme. The LOC have secured preferential rates at the Celtic Manor, and with all accommodation on site there will be plenty of time to chill in between scientific sessions.

With superb facilities, beautiful accommodation and fabulous social events all under one roof, BSGE 2019 promises to be a memorable event. So, put the date in your diary and click on the [website](#) to find out more.

Prudent healthcare through innovation, technology and excellence.



A Tribute to Alan Gordon

It is with great sadness that the BSGE reports the death of Alan Gordon, who passed away peacefully on 25th August, 2018, after a period of illness.

Alan Gordon was a founder member and the first president of the BSGE, he is part of the Society's DNA. Alan founded the British Society for Gynaecological Endoscopy in 1989 with a small group of like-minded consultant gynaecologists keen to promote the benefits of minimal access surgery for their patients, encourage the development of pioneering surgical techniques and provide facilities for training.

BSGE President Sanjay Vyas said:

"Alan was a pioneer of gynaecological endoscopic surgery, at a time when this advance in the care of women was not universally accepted. Those of us that have come after him can scarce imagine the opposition that Alan and his generation faced, nor an era in which minimal access surgery was not the norm. In addition to altering his own practice, Alan was a founder and then first President of the BSGE. By laying the foundations of a society that now numbers over 1000 members, he ensured that skills and knowledge were shared for the benefit of our patients. Our members and our patients have much to be grateful for to Alan. In recognition, his name will continue in BSGE history in the form of the Alan Gordon Travelling Fellowship; I would like to think that he would approve."

Alan George Gordon was born on October 26, 1929 in Belfast, Ireland. He studied medicine at Queen's University, Belfast, 1953 and became a Fellow of the Royal College of Surgeons in Edinburgh in 1962, subsequently becoming a Fellow of the RCOG in 1974.

Alan worked as part of the Royal Army Medical Corps. In Hong Kong from 1955 to 1958 then returned to his native city to work as assistant lecturer, then lecturer at Queen's University, Belfast. In 1965 he moved to Hull, taking up the position of consultant at the Princess Royal Hospital, where he worked from 1965 to 1992.

Alan Gordon was instrumental in making Hull a centre for minimally invasive surgery. He published popular books on laparoscopy, hysteroscopy and gynaecological endoscopy and remained a passionate and influential advocate of minimally invasive surgery in gynaecology throughout his career and in retirement.

Kevin Phillips, Hull Gynaecologist and past President of BSGE paid this tribute to Alan:

"Today we may see minimal access surgery (MAS) as the norm, but it was not considered such in the late 80s and 90s. Alan rightly so, should be considered as a pioneer in this field. I am proud to work in Hull and to have followed Alan in ensuring MAS continues to grow in this city and well beyond. It was a pleasure to bring the ASM to Hull in 2016 when our society had grown from the original few to a thriving society of more than a thousand members"



As well as his tenure as President of the BSGE from 1990-1992, Alan was also president of the International Society Gynaecological Endoscopy, from 1993 to 1995 and president of the European Society Gynaecological Endoscopy from 1992 to 1994, being made honorary member of these societies. He was part of the fellowship selection committee and the ethics committee for the RCOG. His name lives on at the BSGE in the Alan Gordon Travelling Fellowship, which he endowed.

Outside work, Alan loved association croquet, walking and spending time with his family. He married Mary Naylor in 1963 and leaves her and their three children: Catherine, Claire and Patrick.

A funeral for Alan Gordon is to be held on Friday 7th September, and following the cremation there will be a service of thanksgiving at Stokesley Parish Church at 12 noon followed by a reception.

Since Alan's death, the BSGE has received many messages of condolences and tributes from across the world. This reflects the high esteem in which he was held both personally and professionally. These have been passed onto the family, however here is an example from past BSGE Honorary Secretary, Mary Connor.

"Alan Gordon played an important role in my minimal access training. Though I had never worked with him he provided support and mentoring and enabled me to begin my journey as a laparoscopic gynaecological surgeon. Along with many other colleagues I am immensely grateful for his role in setting up the BSGE and enabling so many of us to develop and refine our minimal access skills and improve the care we can give to our patients."



A new President for the BSGE

Sanjay Vyas takes over as BSGE president, starting an exciting new era for the Society.

Dominic Byrne handed over the presidency of the BSGE to president-elect Sanjay Vyas at the Annual General Meeting in Edinburgh.

Dominic has overseen a hugely successful period for the BSGE. The Society has become more professional, more prominent and more credible during his tenure. The BSGE now works with national and international organisations to influence policy change and improve women's health. The financial figures, the individual portfolio reports and data from the important Endometriosis Centre data set all confirm that the society has grown stronger and more inclusive under his leadership.

Before handing over to Sanjay Vyas, Dominic opened a slide from ASM 2016, in Cornwall. At the time, he pledged to focus on training, data collection and improving communications during his presidency. With a greater number of educational courses and meetings, BSGE SICS, Endocentre data, more issues of The Scope and increased website capability it is clear that he has achieved all this, and more.

Dominic thanked all the council members and *'the unflappable, capable and reliable'* Atia Khan and the *'hardworking and essential'* Lesley Hill for all their support, saying that all BSGE members are indebted to them.

Dominic has had an excellent relationship with Sanjay and is confident and excited about the future of the Society:

'I know that Sanjay will take good care of what has been achieved and also bring his own philosophy, flavour and individual flare to make the next developments happen. I would like to thank him for his support during my presidency and wish him all the best as he embarks on his.'

With the Presidential medal, safely around his neck, Sanjay's first role as President was to thank the outgoing leader for doing a fantastic job.

'Dominic hasn't got big feet but he has left ginormous shoes to step into. I hope I can do his legacy justice.'

With plans to continue the BSGE's growth in influence and stature as well as forging greater international links, the future of the Society appears to be in safe hands.



Dominic and Sanjay



Dominic thanks Atia



Dominic thanks Lesley

BSGE election results

The results of the recent BSGE council elections were announced at the ASM in Edinburgh.

Following the elections for new BSGE officers and council members, Justin Clark was elected as Vice President of the Society. He will work together with Sanjay over the next two years and then succeed him as President in 2020. Justin has been a senior council representative and Chair of the Research and Audit portfolio. He has been instrumental in setting up the innovative BSGE SICS system and was one of the lead researchers in the ground-breaking BMJ Open paper on the Endometriosis Centre data.



Justin Clark



Shaheen Khazali

Shaheen Khazali was elected to take over the position of Honorary Secretary. Mark Whittaker stepped down from the post, having acted as a strong and reliable BSGE Secretary for the last 5 years. Shaheen is also an existing Council member as well as acting as Chair of the Web-communications portfolio. During his time in Webcomms, Shaheen has transformed the way the BSGE communicates with members. He started The Scope newsletter, launched the Society on social media and oversaw the launch of the new BSGE website.

There were also vacancies for three senior council representatives. This increased from a single position, following the election of Justin and Shaheen as higher officers. Sameer Umraniker completed his second term on the Council and stood down having made an excellent contribution to the Society. Donna Ghosh was elected to be his replacement. Having been appointed in Worcestershire, Donna stood down as trainee representative. She made a valuable and enthusiastic contribution to the portfolio, being instrumental in the creation and development of the RIGS group.



Donna Ghosh



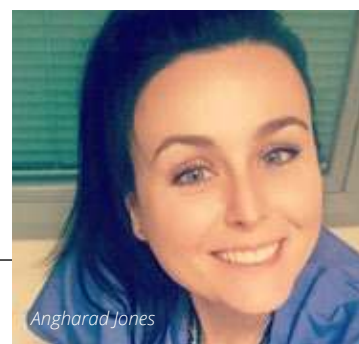
Tom Smith-Walker



Funlayo Odejinmi

Tom Smith-Walker from Royal Cornwall Hospital and Funlayo Odejinmi from Whipps Cross Hospital will also become senior council representatives.

Angharad Jones from University Hospital of Wales was elected as trainee representative.



Angharad Jones

BSGE Council and portfolio changes

Following the recent elections, there have been significant changes to BSGE Council portfolios. Announcing the alterations, BSGE President Sanjay Vyas said: *'These were made necessary following the results of the recent elections, and the officers also used this as an opportunity to look at the portfolios to ensure that they remain relevant and fit for purpose.'*

BSGE Council portfolio	Led by
Awards & Bursaries	Mr Kirana Arambage
Website & Digital governance	Mr Fevzi Shakir
Laparoscopic Training	Dr Donna Ghosh
Hysteroscopy	Dr Natasha Waters
Editor of Scope and Membership relations	Mr Funlayo Odejinmi
Industry Relations & Meetings	Mr Chris Guyer
Patient Information and Guidelines	Mr Tom Walker-Smith
Endometriosis Centres	Mr Arvind Vashisht
Nurse & Paramedic	Ms Wendy-Rae Mitchell
Trainee representative	Dr James McLaren
Trainee representative	Dr Angharad Jones

Each portfolio is led by a member of Council, and supported by a sub-committee. As a result of this reorganisation, some sub-committees will be disbanded and others will need to be formed. The Society will be communicating with members in the near future to ask for applications for these new sub-committees.

This is an exciting development for the Society and Sanjay encouraged members to apply to join a sub-committee and also to engage with the Council saying:

'This is an experienced and dynamic team, which will ensure that the BSGE continues to flourish. Please feel free to contact them via bsge@rcog.org.uk on any matters that relate to their areas of responsibility.'

BSGE overseas membership

At the Annual General Meeting, a proposal to introduce a new BSGE category of overseas member was agreed. This would increase BSGE membership, further forge contacts with international colleagues and facilitate greater co-operation and shared learning.

Honorary Secretary, Shaheen Khazali is overseeing this exciting new development for the BSGE. He said that membership will be priced realistically to drive interest and Society growth. Benefits for international members would include:

- ✓ Discounted registration fees to BSGE meetings.
- ✓ Access to BSGE video library.
- ✓ Access to selected lectures from previous BSGE annual scientific meetings.
- ✓ Receiving the BSGE newsletter "The Scope."
- ✓ Dedicated awards and competitions for overseas members.
The details of these are to be confirmed but may include video competitions and distant mentorships by UK experts.
- ✓ Access to the BSGE SICS database.

Voting in BSGE elections and corporate membership of sister societies will be restricted to UK members only.



Shaheen Khazali



Portfolio Reports

Following the election and subsequent changes in Council structure, many of the new portfolio chairs are getting to know their new roles. The portfolio Chairs will all be writing updates over the next couple of issues of the Scope and on the website, so check back in if you want to stay informed about any planned developments, news and changes in the Society.

Laparoscopy Training Portfolio



I am delighted to have been elected to senior council. I will be taking over as chair of the

Laparoscopic Training portfolio from Sameer Umranikar who has done a fantastic job over the last 3 years in this role.

The BSGE has provided exceptional opportunity for training in advanced laparoscopy over the years, especially with the development of the Ethicon and Olympus ST5+ courses. Within my role as laparoscopic training chair I aim to try and help improve the delivery of laparoscopic training courses at deanery level so that quality of teaching, equipment and models are standardized.

Myself and James McLaren, under the trainee portfolio, introduced an Intermediate Laparoscopy course aimed at st3-5 trainees to help develop their skills in ovarian cystectomy, salpingectomy and oophorectomy. I look forward to running this course again on the 18-19th October at Worcester Royal Hospital. This will be advertised soon so if you are interested please check the BSGE website and email updates from Atia.

The joint RCOG/ BSGE meeting on Benign Abdominal Surgery will be running again on the 17-18th September, followed by the hands on practical course on the 19th. I hope to see some of you there.

If you have any particular ideas regarding laparoscopic training and how I can help improve opportunities for all members, please get in touch.

Donna Ghosh

Laparoscopy Training Portfolio Chair

Awards and Bursaries



The annual budget for awards and bursaries has been increased to £30,000 and, to increase accessibility, we now hold three judging committee meetings each year. Members can apply all year around, with the closing date for the next round set at 5pm on 10th September. Any late applications will be rolled over for consideration at the next meeting.

We are working hard to reach many more members, with awards allocated to consultants, staff grades and GPs, doctors in training and nurses and paramedics.

My tips to improve your chances of succeeding are:

- Check the fine detail.
- Stick to the criteria.
- Forward all the relevant supporting documents.
- Chat to previous award winners to find out what they did.
- Apply. There is a high success rate for properly completed applications, so you have an excellent chance of succeeding.

Kirana Arambage

Awards and Bursaries Portfolio Chair

Nurse and Paramedic Portfolio



The specialist nurse meeting at ASM 2018 was a huge success. There were full rooms, debates and fascinating talks from patients, surgeons and specialist nurses. In line with the conference theme, delegates were learning together to transform lives.

In the Nurse and Paramedic portfolio, I work closely with my sub-committee colleagues: Deb Panes in endometriosis, Caroline Bell as nurse hysteroscopist

And Liz Bruen representing paramedics. All the team continue to work hard to improve the experiences of nursing colleagues and patients.

Listening to our members is vital to ensure we meet their needs with regards to training and fair representation.

I will facilitate the Endometriosis Nurse Training Module 3 – 7th September in Guildford

For details please contact: wendymitchell1@nhs.net. Liz Bruen is also working hard with her nursing colleagues in Wales and Bristol to ensure we have an exciting and thought provoking ASM in May 2019 at Celtic Manor Newport, so put it in your diaries now.

Wendy Mitchell

Nurse and Paramedic Portfolio Chair



Registrars In Gynaecological Surgery Training and Support in Endoscopy

It is a busy time of year for BSGE trainees. The benefits of becoming a BSGE member are becoming widely known. This has resulted in an increase in trainee membership over the last year from 352 to 417. Much of this can be attributed to the activity of Registrars In Gynaecological Surgery (RIGS).

The RIGS subcommittee was established in 2016 with the aim of increasing trainee representative within our Society. We now have 12 RIGS Representatives spread throughout the UK, with our most recent appointments in Scotland, Wales, and East of England. We will soon be advertising for RIGS Representative positions for those in place coming to the end of their term and/or been recently successful in Consultant appointments. If you are interested, or know of someone who would be suitable for the role in your Region, keep an eye out for our email and update on the website.

The Edinburgh ASM saw a successful return of Pecha Kucha. St George's Medical students; Melissa Haddleton and Noah Strang stole the show with their novel approach to endometriosis. This year was the first Trainee Breakout session with fantastic talks from Justin Clark, Fevzi Shakir, and Tom Aust along with a trainee video session. The video session offered a platform for trainees to present interesting cases targeted at their level of training. Experienced members of the audience actively participated with constructive feedback and surgical tips. Mathew Dipper won the prize with his concise video on oophoropexy. We encourage all trainees to get in the habit of recording all of their procedures. Often you don't realise how interesting a case is until it's all finished!

The RIGS Annual Scientific Dinner was held at the Ghillie Dhu with guest speaker Prof Benoit Rabischong. The dinner gave trainees an opportunity

to eat, drink, and socialise before the ASM in Edinburgh formally begun.

There are a number of courses on endoscopy throughout Europe and UK. RIGS Intermediate Laparoscopic Course was held in March at the Storz Centre in Slough. This course was adapted following the feedback received from our suturing course last year. It focuses heavily on acute gynaecology procedures such as salpingectomy, ovarian cystectomy, and pelvic abscesses. The next course will be 18-19th October in Worcestershire Royal Hospital. BSGE ran the first GESEA exam at the Edinburgh ASM and we are pleased to announce the second GESEA Course will take place 10-12th September, with Level 1 and 2 exams taking place on the 18th September. There are a number of industry sponsored courses and it is worthwhile liaising with your industry representatives in your hospitals. For senior registrars and junior consultants, the GETTUP course in Rome is one to look out for.

We have developed a guide to assist the introduction of a basic laparoscopic training programme at Trust level. We would encourage anyone interested in improving the level of basic laparoscopic training at their hospital to download the guide from the trainee section on the website. Jessica Preshaw has been working with RIGS Representatives to map the endoscopic training opportunities across the UK. This will be a valuable resource for trainees interested in endoscopy when ranking their preferences during the allocation process.



James McLaren



Angharad Jones

We would like to take this opportunity to thank Donna Ghosh for her contribution to RIGS. Donna steps down as Trainee Representative and has been successfully re-elected to Council as the Laparoscopic Training Portfolio Lead. She has been invaluable to RIGS and is sure to continue to work towards enhancing endoscopic training in the UK.

RIGS has come a long way in just two years and we feel a real sense of momentum. Now is the time to get involved. Encourage your peers to become BSGE members and feel free to contact us, or your RIGS Representative with any matters relating to training.
(trainees@bsge.org.uk)

James & Angharad



Facebook update



Tereza Indrielle-Kelly

Tereza Indrielle-Kelly, ST4 West Midlands reports on the BSGE Facebook group:

This year's ASM must have been one of the most interesting meetings ever. Our Facebook page turned into a sports fan group for a short while watching our cycling group on their journey to Edinburgh and just like with Frodo and the ring everybody hoped they would get there on time.

While we waited for the videos from ASM presentations to be available on the website, members of the Facebook group already posted some interesting videos, including Shaheen Khazali's partial vaginectomy and rectovaginal nodule shaving, which sparked quite a discussion. Prior to that we had series of oncogynaecological operations from Hooman Soleymani Majd, which were very educational with detailed descriptions. We are hoping to see more videos in the future.

To encourage contribution from all Facebook members we are preparing a little competition together with Karl Storz so keep an eye on the Facebook feeds! Because where else can you learn, socialise and win something nice?



Click here to to join our Facebook group



BSGE launches new state-of-the-art endoscopic practical skills course

The BSGE has been at the forefront of training in endoscopic surgery since its foundation in 1989. The Society has a long history of providing excellent simulation training to trainees, consultants and nurses. The BSGE Council has now taken the decision to initiate a structured simulation programme in the United Kingdom and reached an agreement with the European Society for Gynaecological Endoscopy to provide the Gynaecological Endoscopic Surgery Education and Assessment (GESEA) programme.

Announcing the second GESEA course, BSGE meeting's convener Ertan Saridogan said: 'Simulation training has become an essential component of training in gynaecological endoscopic surgery. It is now clear that future endoscopic surgeons should possess objective measurable theoretical knowledge and practical skills, prior to undertaking procedures to ensure patient safety.'

He added that 'The GESEA programme aims to standardise strategies and regulations for training in endoscopy throughout Europe. It is supported by extensive scientific research resulting in a validated programme of exercises for acquiring and testing endoscopic psychomotor skills.'

The course is open to all members at trainee and consultant level, interested in laparoscopic and hysteroscopic surgery. However, places are strictly limited to 20, so early registration is recommended. The course will cater for both Level 1 and Level 2 GESEA exams, which will take place at the RCOG on 18 September 2018.

As the Scope goes to press, it may be too late to register. However, more course are planned.

Further information about the GESEA courses and examinations can be found here, on the [BSGE Website](#). The components of GESEA programme are explained in the pictogram via this and members can register for the GESEA Course by clicking [here](#).



The BSGE meets... David Redwine

Until his recent retirement in 2012, Dr. David Redwine headed the world-renowned and award-winning Oregon Institute of Endometriosis at St. Charles Medical Center, Bend, Oregon. He operated on thousands of women with endometriosis from all across the USA, Canada and beyond. Shaheen Khazali talked to David about his career, training and endometriosis surgery.

Thank you very much David for your time. Let's start by looking at the beginning of your career. What made you choose this field?

After each clinical rotation at Baylor College of Medicine, I was certain I'd found my specialty. But on ob/gyn, I noticed that all the doctors were happy. My parents had always said to do something that makes you happy and, apparently, I had found it because in ob/gyn I could be everything I thought I'd wanted to be, practising abbreviated versions of paediatrics at birth, internal medicine in the office, and surgery. All while caring for a population that seemed to take care of themselves.

What was the environment like back then? You must have faced lots of challenges.

I worked up to 120 hours a week in a rotating internship at the University of Oregon Health Sciences Center in Portland. My ob/gyn specialty training began in 1975 and did the usual things residents do. Surgery came very naturally and very quickly to me. Laparotomy was done for most things although I did learn diagnostic laparoscopy and bipolar tubal interruption. After completing specialty training I knew I wanted to have a short commute so in August, 1978, I entered general ob/gyn practice in Bend, Oregon, some 130 miles from the nearest Interstate highway, population then 15,000, and sometimes snowbound in winter. I had no special training in laparoscopy or endometriosis.

I was accompanied to Bend by a wife with endometriosis that I'd been forced to diagnose myself in medical school on the basis of tender cul-de-sac nodularity after her physician trivialised her pain and stated her exam was normal. We had to beg for laparoscopic diagnosis which confirmed my suspicions. No surgical treatment was done. She had been on birth control pills without symptom relief, so danazol was prescribed. I began reading about endometriosis and realised the focus was on infertility, yet the case before me was one of several types of pain. When we arrived in Bend, the first time I descended Neff Road to the hospital, I was swept by the profound feeling that I was going to do something special in medicine. Danazol wasn't helping, so we had to beg for another surgery, this time with the mandate that the endometriosis be excised. Her gyn was resistant to performing such a radical-sounding surgery: "You mean you want me to remove the disease from her body?"

Yes! That's it! Remove the disease from her body. What surgeons have done for over 5 millennia!

The difference in her symptoms was immediate and dramatic. An observational series of one. Around the same time, I had seen a couple of local patients with symptoms and signs of endometriosis. After failing



to respond to my attempt at laparoscopic monopolar coagulation, which was new at the time, I re-operated on both and was shocked to see that it didn't look like I'd done anything at all to the lesions that I was CERTAIN I'd destroyed. It was at that moment, sometime in 1979, that I decided I couldn't trust what was said about endometriosis, I couldn't trust the profession to make a relatively simple diagnosis, I couldn't trust medical therapy, I couldn't trust electrocoagulation. The only thing I could trust was my own judgment and opening the abdomen and excising all endometriosis, which seemed to immediately provide symptom relief. Now the series was three.

Along the pelvic pain highway, I'd biopsied subtle lesions that weren't supposed to be endometriosis, but turned out to be just that under the microscope. I found that endometriosis can change in appearance over time and that the classic black, powder-burn lesion was in the minority.

I also wanted to see if the pelvis filled up with endometriosis over time as predicted by Sampson's theory, so I developed a pelvic mapping system which I tabulated on my CPA wife's paper spreadsheets. I reasoned that older patients would have more widespread disease and recurrence after surgery would approach 100%. Of course, that was not what I found and I've spoken against that theory ever since. By the mid-1980's I'd taught myself dBase code and continued data collection on a Mac, writing hundreds of programs and constructing dozens of databases. Ask Jeremy Wright.

Meanwhile, satisfied patients were sending friends, and the friends of those friends came from Eugene, then Portland, then Canada. Laparoscopic excision was effective but slow using cold 3 mm scissors. My work as an electrician wiring houses informed my knowledge of electricity and prompted me in 1991 to reject the prevalent mandate of the time "Do not use monopolar electro-surgery during laparoscopy". My surgery times plummeted to about a third of what they were with cold scissors alone. I was a full-on electro-surgeon.

I performed triple-puncture laparoscope with only a lightly-used scrub assistant for uterine manipulation or blind irrigation through a right lower port. I did not use a monitor or routinely record surgeries. I looked directly through the eyepiece down the optical channel with my right hand pulling the eyepiece against the nose bridge of my right eye while controlling the 5 mm graspers with my left hand. With the table at maximum height, I could comfortably push, pull, and turn the tip of the scissors using my head and my hand.

I felt complete surgical freedom since nobody could see what I was doing. I was free to exercise my best and perhaps often audacious judgment of what would be best for each patient. Each week I would wonder what new laparoscopic procedure I would invent using my simple little system. By the time I retired, I was using the same laparoscope and scissors combo that I'd used in the beginning. I missed several technological waves: laser, harmonic scalpel, robotics. But I could perform any surgery necessary for endometriosis laparoscopically because I also had surgical privileges in bowel and urinary tract surgery. This protected the patient from the risk which follows urologists or surgeons hijacking a difficult gyn case. There are many YouTube videos showing the use of my simple technique.

We know deep infiltrating endometriosis is, well, deep! And the tissue destruction caused by 'ablation' techniques only deals with the tip of the iceberg. Despite this, people are still asking the question of ablation vs excision. Even national guidelines fall short in addressing this issue, which leaves patients confused. Why do you think that is?

Surgeons who don't excise may think that all disease is superficial, so justifying their use of 'ablation', whatever that is. No sane individual claims that 'ablation' can treat deep disease. The correct question is twofold:

1. How is superficial disease identified? Part of the answer to that depends on identification of normal peritoneum, because all else is abnormal.
2. How deeply does ablation destroy tissue? I know, it's quite variable which is part of the problem. People writing guidelines must therefore believe that proper identification of superficial disease is occurring throughout the profession and that ablation can destroy such disease. If evidence exists to support those two contentions, fine. If not, then I wonder if some bylaws or perhaps statutes involving the public good have been violated.

How about the age-old question of shave vs disc vs segmental resection? After many years, we are still asking this question. I wonder if this is the right question to ask regarding treatment of rectovaginal endometriosis.

In my opinion, the use of the circular stapler on the anterior colonic wall has made this a moot point for lesions 1 – 3 cm in size by visualization and palpation, although I can't fault surgeons for doing it the old-fashioned way. So yes, the correct question would be why more aren't done with stapling of the anterior wall where endometriosis is patterned to occur? For very large or multiple lesions, a segmental resection seems best.

Do you think endometriosis surgery should become a sub-specialty?

Yes, because the surgery is the most difficult surgery which is commonly done in the body. Specialization status for endometriosis surgery may be resisted by national societies, for the reason that endometriosis may be the last thing many ob/gyns feel that they can treat surgically.

What would your advice be for the budding endometriosis surgeon?

Read widely, looking critically at as many publications as possible. I'd recommend looking at my papers, watching my videos and browsing www.endopaedia.info.

Surgery already exists for all presentations of the disease. Be bold. Identify and remove endometriosis aggressively without apology. Always do what's best for the patient. Don't listen to industry.

In the 34 years of your practice, what are the two most important changes (both positive and negative) you have seen in the way we practise?

The positives are that more excision is done and more authors support an embryonic origin of endometriosis, as I have since 1988. (1)

The negatives include the facts that there is more intrusion by government and corporations into the practice of medicine, with expense of money and loss of time as a result but not necessarily with better outcomes, with corresponding loss of freedom by physicians.

There is also continued reliance on the theory of reflux menstruation as the origin of endometriosis. Abandonment of this theory completely and all that has flowed from it would be the best single action that could be taken to improve quickly the lives of endometriosis patients. And it's free.

References:

Redwine DB. Mulleriosis: the single best fit model of origin of endometriosis. J Reprod Med 1988;33:915-920.



Meeting report

Minimally-invasive surgery in Moscow



Nadine di Donato

Webcomms committee member Nadine di Donato reports on a memorable meeting in the Russian capital Moscow in April 2018.

Mr Denis Tsepov, Consultant Gynaecology Minimally Invasive Surgery, organised the first Joint British-Russian Seminar on Minimally Invasive Access in Gynaecological Surgery and Endometriosis for young endoscopic surgeons.

It was held in The Scientific Research Institute in Moscow, which, under Professor Alexander Popov, is the regional referral hospital for complex cases in endometriosis and oncology. I was fortunate to attend the meeting, which was a great success and I had an amazing experience.



I attended with a group of doctors from the UK: Mr. Denis Tsepov from Queen Alexandra Hospital, Mr. Christopher Lindley from Royal Hampshire County Hospital, myself and two junior doctors Dr. Jennifer Davis and Dr. Lauren Standing made up the British delegation. The trip lasted 5 days with a structured program for the first three days in the hospital. This included live surgery, pelvic training and teaching sessions followed by two days for tourist tours and fun.

Each day we started the program with hands on training in a dry laboratory. Everyone showed a real interest in learning different techniques of suturing with both internal and external knots. After that, we observed and assisted in theatre with cases including bowel resection for deep infiltrating endometriosis, complex hysterectomy for adenomyosis and large fibroids, laparoscopic colposuspension, laparoscopic colposacropexy and oncology cases. All the oncology cases were performed using the Da Vinci Robot. There were also some minor cases for endometriosis and fertility with two particularly interesting cases of laparoscopic cervical cerclage and the excision of a large adenomyotic cyst within the myometrium. Impressively, three theatre sessions were run concurrently by Professor Popov and his team.

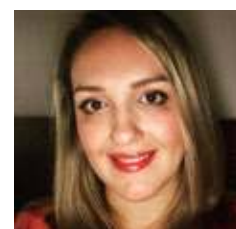
In the afternoon, we had an intensive program of teaching and presentations. These covered different topics from endometriosis and fertility, discussion about bowel resection and shaving in cases of severe endometriosis. We also learned about ultrasound in endometriosis and tips and tricks in laparoscopic surgery. One of the most interesting features of the sessions was the contrast between British practise and Russian practise. Each topic was presented by the UK Team and by the Russian Team, the comparison offered an opportunity for an exciting discussion in the audience.

In the evening, there was also time for fun. We tried different restaurants and enjoyed a taste of the Moscow culture. The food was delicious and we sampled Russian soft drinks, wine and of course vodka! We went on a guided tour to the Kremlin and Red Square and had an incredible time on the river trip "Radisson" dock hotel Ukraina.

It was an extraordinary experience academically, surgically and socially and I would recommend it to any BSGE member.



BSGE Video Library



Suzi Hutt

The BSGE video library features lectures from the ASM, inspiring, educational videos of surgical techniques and complex case reports. Recent additions to the library include some prize-winners from the ASM and the video competition, so that members can observe and learn from their success.

Many congratulations to the winners of the BSGE Surgical Video Competition 2018. In the Consultants/SAS/GP category, these were:

- **Jon Hughes** – Laparoscopic excision of full thickness lower segment “niche” defect
- **Fevzi Shakir** – Laparoscopic management of a Complex Ovarian Torsion
- **Nadine Di Donato** – Mutual support in treating severe endometriosis. Laparoscopic case of ureteric re-implant in presence of parametrial endometriosis.
- **Kingsley Mahendra** – Frozen Pelvis: Bowel Resection for Severe Endometriosis

Doctors in training category:

- **Mohamed Shahin** – Demonstration of Laparoscopic Surgical Treatment of Caesarean Scar Ectopic Pregnancy.
- **Michael Wilkinson** – Laparoscopic Radical Trachelectomy and Sentinel Lymph Node Dissection.
- **Tereza Indrielle-Kelly** – Deep infiltrating endometriosis of the bladder – ultrasound, MRI and laparoscopy

We are always looking for new content. If you want your video considered for inclusion, please contact us on email: Suzi.hutt@gmail.com to submit a video, or for comments and suggestions for ways to improve the library.





Noteworthy Articles

If too many meetings and minimally-invasive operations have left you behind with your reading, don't worry. Webcomms team member Rebecca Mallick has searched the journals and picked out some key articles to keep you informed and up-to-date.



Rebecca Mallick

Louie et al. **Uterine weight and complications after abdominal, laparoscopic and vaginal hysterectomy.** Am J Obstet Gynecol 2018. Epub ahead of print.

Key piece of work highlighting the benefits of laparoscopic hysterectomy for the large uterus, including a reduced complication rate when compared to the open approach. One of the largest studies to date using prospectively collected data.

[https://www.ajog.org/article/S0002-9378\(18\)30531-3/fulltext](https://www.ajog.org/article/S0002-9378(18)30531-3/fulltext)

Yu et al. **Irrigation after laparoscopic power morcellation and the dispersal of leiomyoma cells: a pilot study.** JMIG 2018. Epub ahead of print.

A potentially controversial topic! This study looks at the dissemination of myoma cells pre and post non-contained electro-mechanical morcellation and highlights the importance of post-procedure irrigation, rather than contained morcellation.

[https://www.jmig.org/article/S1553-4650\(18\)30078-5/fulltext](https://www.jmig.org/article/S1553-4650(18)30078-5/fulltext)

Yamamoto et al. **A prospective cohort study of meat and fish consumption and endometriosis risk.** Am J Obstet Gynecol 2018;219(2)178.e1-178.e10

A large prospective study, of over 3800 cases of endometriosis, assessing the consumption of animal products and endometriosis risk. Noteworthy conclusion suggesting red meat consumption may be a modifiable risk factor.

[https://www.ajog.org/article/S0002-9378\(18\)30444-7/fulltext](https://www.ajog.org/article/S0002-9378(18)30444-7/fulltext)



Noteworthy Articles

Bendifallah et al. **Impact of hospital and surgeon case volume on morbidity in colorectal endometriosis management: a plea to define criteria for expert centres.** Surg Endosc 2018 32:2003-2011

As highlighted by the recently published BSGE endometriosis centre data, this study from France further emphasises the importance of dedicated specialist endometriosis centres and surgeon workload in reducing morbidity and improving patient outcome.

<https://link.springer.com/article/10.1007%2Fs00464-017-5896-z>

Harb H et al. **Caesarean scar pregnancy in the UK: a national cohort study.** BJOG 2018. Epub ahead of print

The largest population based study to date assessing the incidence, clinical outcomes and complications of the caesarean section scar pregnancies.

<https://obgyn.onlinelibrary.wiley.com/doi/abs/10.1111/1471-0528.15255>

Umranikar et al. **BSGE/ESGE guideline on the management of fluid distension media in operative hysteroscopy.** The Obstetrician & Gynaecologist 2018;20; 197-200

Updated BSGE/ESGE guidelines – a must read for all undertaking operative hysteroscopic procedures and trainees preparing for the MRCOG exam.

<https://obgyn.onlinelibrary.wiley.com/doi/10.1111/tog.12503>

Bryant-Smith A et al. **Laparoscopic myomectomy: a review of alternatives, techniques and controversies.** The Obstetrician & Gynaecologist 2018. Epub ahead of print.

Useful review article on all aspects of laparoscopic myomectomy; another must read for trainees.

<https://obgyn.onlinelibrary.wiley.com/doi/abs/10.1111/tog.12520>

Hanley et al. **Extending the safety evidence for opportunistic salpingectomy in prevention of ovarian cancer: a cohort study from British Columbia, Canada.** Am J Obstet Gynecol 2018;219(2)172.e1-172.e8

Large observation study adding weight to the growing body of evidence supporting opportunistic salpingectomy.

[https://www.ajog.org/article/S0002-9378\(18\)30429-0/fulltext](https://www.ajog.org/article/S0002-9378(18)30429-0/fulltext)

Williams et al. **Risks of ovarian, breast and corpus uteri cancer in women treated with assisted reproductive technology in Great Britain, 1991-2010: data linkage study including 2.2 million person years of observation.** BMJ 2018; 262:k2644

Large cohort study assessing the links between assisted reproduction and cancer. Interesting results highlighting a potential increased risk of in situ breast cancer and borderline ovarian tumours.

<https://www.bmj.com/content/362/bmj.k2644>

Meetings and events



Nadine di Donato

BSGE GESEA Endoscopic Practical Skills Course

10/9/2018 – 12/9/2018

Karl Storz Endoscopy, Slough

<https://www.bsge.org.uk/bsge-gesea-programme/>

RCOG/BSGE Benign Abdominal Surgery meeting

17/09/2018 – 19/09/2018

RCOG, London

<https://www.rcog.org.uk/en/departmental-catalog/Departments/atms/2032---benign-abdominal-surgery---joint-rcogbsge-meeting/>

BSGE GESEA Exam

18/09/2018

RCOG, London

<https://www.bsge.org.uk/bsge-gesea-exam/>

BSGE – RIGS Intermediate Laparoscopic Course

18/10/2018 – 19/10/2018

Worcester Hospital

<https://www.bsge.org.uk/bsge-rigs-intermediate-laparoscopic-course/>

RCOG/BSGE Diagnostic and Operative Hysteroscopy meeting

27/11/2018 – 29/11/2018

RCOG, London

<https://www.rcog.org.uk/en/departmental-catalog/Departments/atms/2036---diagnostic-and-operative-hysteroscopy---joint-rcogbsge-meeting/>

BSGE Contemporary management of heavy menstrual bleeding (HMB) in primary and secondary care meeting

07/12/2018

RCOG, London

<https://www.bsge.org.uk/contemporary-management-of-heavy-menstrual-bleeding-hmb-in-primary-and-secondary-care/>

ASM 2019

21/5/2019 – 23/5/2019

Celtic Manor, Newport

<https://www.bsge.org.uk/bsge-asm-2019/>

Find out more about these courses from other providers, on the BSGE website:

MESGE in Beirut

13/9/2018 – 15/9/2018

Hilton Beirut Habtoor Grand.

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

PG Cert. Diagnostic Hysteroscopy and Therapeutic Management

15/09/2018

University of Bradford

Intermediate level Laparoscopy & Hysteroscopy (Hands on)

24/09/2018 – 25/09/2018

DELTA Centre, Royal Derby Hospital

1st World Congress on Neuropelveology

“Exploring The Mystery of the Pelvic Nerve Interactions”

27/09/2018 – 28/09/2018

Zurich

ESGE 27th Annual Congress

7/10/2018 – 10/10/2018

Vienna, Austria

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

Total Laparoscopic Hysterectomy Masterclass & Workshop

08/10/2018 – 09/10/2018

DELTA Centre, Royal Derby Hospital

Meetings and events

22nd Figo World Congress of Gynaecology And Obstetrics 2018

14/10/2018 – 19/10/2018

Rio De Janeiro Brazil

<https://figo2018.org/>

How to apply for a consultant post workshop

22/10/2018

DELTA Centre, Royal Derby Hospital,

Advanced Laparoscopic Surgery Course (hands on)

01/11/2018 – 02/11/2018

Clinical Anatomy Skills Centre, The University of Glasgow

Laparoscopic Hysterectomy Course

01/11/2018 – 02/11/2018

Cuschieri Skills Centre, Ninewells Hospital, Dundee

47th American Association of Gynecologic Laparoscopists (Aagl) Global Congress on Minimally Invasive Gynecologic Surgery (Migs)

11/11/2018 – 15/11/2018

Las Vegas, Nevada

5th World Congress on Nursing & Healthcare

12/11/2018 – 14/11/2018

Toronto, Canada

2018 ISRS Annual Conference with Hands on workshop

15/11/2018 – 16/11/2018

DELTA Centre, Royal Derby Hospital

Female Genital Mutilation De-Infibulation Master class...

17/11/2018

DELTA Centre, Royal Derby Hospital

Advanced Gynaecological Laparoscopy

20/11/2018 – 22/11/2018

Iceni, Colchester

Essentials and Intermediate Laparoscopic Skills for Gynaecological Trainees

4/12/2018 – 6/12/2018

Cuschieri Skills Centre, Dundee

Hysteroscopy, Hysteroscopic Surgery and Endometrial Ablation

07/12/2018

Cuschieri Skills Centre- Dundee

Total Laparoscopic Hysterectomy Master class & workshop

11/03/2019 – 12/03/2019

Delta Centre, Royal Derby Hospital

Intermediate level Laparoscopy & Hysteroscopy (Hands on)

25/03/2019 – 26/03/2019

DELTA Centre, Royal Derby Hospital

SASREG-ISGE-ESGE Congress 2019

14/04/2019 – 17/04/2019

Cape Town ICC – South Africa



Contemporary management of heavy menstrual bleeding in primary and secondary care: How does the new NICE guideline affect our practice?

An all day meeting for healthcare professionals involved in the care of women with HMB

7 December 2018 – RCOG, London

HMB is one of the most common symptoms requiring investigation and treatment. The NICE HMB Guideline first produced in 2007 has been substantially revised in line with recent innovations and the accumulated evidence. The updated NICE guideline was published in February 2018 and impacts on clinical practice in both primary and secondary care. Some of the new recommendations have been considered controversial.

The BSGE has put together this meeting to cover the contemporary management of HMB and its implementation within the context of the new NICE guideline.

The meeting includes a range of speakers: Some who contributed to the guideline, some who criticised it and others who have provided major contributions to the scientific literature in HMB.

Who should attend?

- General Practitioners
- Gynaecology Consultants and trainees
- Community Gynaecologists
- Nurses in primary care and hospitals who are involved in the care of women with HMB

Venue:

Royal College of Obstetricians and Gynaecologists,
27 Sussex Place Regent's Park, London, NW1 4RG, UK

For more information, programme and registration details please see:

www.bsge.org.uk/contemporary-management-of-heavy-menstrual-bleeding-hmb-in-primary-and-secondary-care/

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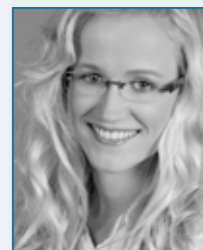
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BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

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The BSGE



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