

THE SCOPE

Newsletter of the British Society for Gynaecological Endoscopy

All the latest from the BSGE

PLUS

Reports from BSGE
ASM 2019 at
Celtic Manor, Wales

The BSGE meets...
Adam Kay

New dedicated Nurse
and Paramedic
Portfolio section

All new Job and
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Welcome

Welcome to this Summer edition of The Scope

Message from the Editor



Dear members, welcome to this edition of The Scope. For those who attended the Annual Scientific Meeting at Celtic Manor I hope you will join me in congratulating the local organising committee for putting together a fun filled event, both academically and socially. I, for one, particularly enjoyed the 'fun' MIG wars; a competition of tasks on porcine frozen pelvises featuring surgeons from the UK against the rest of the world.

There was a standing ovation for the Alec Turnbull lecture 'The journey of uterine transplantation from open to laparoscopic surgery' delivered this year by Shailesh Puntambekar.

Lesley Regan the President of the RCOG talked about collaborations between the RCOG and the BSGE, she reminded us that women now spend more time after the menopause than they do in their reproductive years and we all have a responsibility of managing the transition of health care delivery to all areas of women's health, in line with the RCOG's national women's health strategy. Articles on both speakers are featured in this edition of The Scope.

On the academic front, prize winners will be highlighted later in this issue. There were great e-poster presentations and follow on reports from the BSGE supported : Madhvani, Krupa, Tamara Curnow, and Tyrone Carpenter. 'Route of hysterectomy: a retrospective, cohort study in English NHS Hospitals from 2011 to 2017.' BJOG 126.6 (2019): 795-802 and the recent RCOG publication: 'RCOG report on Patterns of benign gynaecology care in English NHS hospital trusts 2015/2016'. There were a good number of presentations on the changing route of hysterectomy in favour of minimal access hysterectomy the importance of which is highlighted by Sanjay in his presidential address.

There were also highlights on the management of uterine fibroids by minimal access methods. And the preliminary results from the HEALTH study, which I am sure many of us helped in recruiting patients, comparing laparoscopic subtotal hysterectomy with endometrial ablation.

Our Society collaborates with the RCOG, which is supported by members as illustrated in your feedback from the membership survey.

There is also a summary of activities from the ASM as well as portfolio reports and feedback from this year's memberships survey and what to look forward to next year at our meeting in Manchester.

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President's Message



Sanjay Vyas
BSGE President

This message, from BSGE President Sanjay Vyas, is his address from the ASM in Celtic Manor in May, 2019:

We last met at Edinburgh at Dynamic Earth, that was an enormously successful meeting and I'm glad to see that the 2019 meeting has been equally well received. This is due, in great part, to the hard work of the fantastic local organising committee and my co-chair Richard Penketh. We have received excellent face-to-face feedback and there will be a more formal feedback process. Please take part in this- your opinions on the new innovations at ASM 2019 and the conference, in general, will help mould the meetings of the future.

The year has been very busy, we have run six meetings, both as standalone BSGE events and in conjunction with the College. The cadaveric training has been successfully run for several years and will continue under the leadership of Kirana Arambage, who has also been returned to Council as Chair of the Awards and Bursaries portfolio. Our President-elect Justin Clark devised and oversaw the inaugural meeting of the Ambulatory Care Network in Birmingham in March. The feedback has been outstanding and I'm glad to say that Justin intends to continue running these sessions regularly. I'd like to thank him for this newest high-quality addition to the BSGE's activities. In the near future we are committed to running the RCOG/BSGE Benign Abdominal Surgery meeting and the RCOG/BSGE Diagnostic and Operative Hysteroscopy course, both in September, as well, of course, looking forward to ASM 2020 in Manchester in June.

The Council is aware that running meetings is time-consuming and demanding. They would be impossible to run without the many members who give up their time to act as faculty. We appreciate your commitment and dedication in supporting the training of others- but we want to recognise this input formally. Council has decided that going forward, anyone that acts as faculty on a BSGE run course, for a day or longer, will be rewarded with free ASM registration at the subsequent meeting. The value of the training you provide is immeasurable, but we hope this goes some way to showing the Society's recognition for your dedication.

The Society has been active in training. The two jewels in our crown are the Advanced Laparoscopy and TLH course run in partnership with industry, which are hugely oversubscribed. The course run with Olympus received 41 applications for 12 places and the course in conjunction with Ethicon had 55 applicants for 12 places. The courses are rigorous and intensive, but trainees on the course derive an immense amount of skills and knowledge from attending. The Society, together with Olympus and Ethicon believe that this is a very valuable training asset. The industry partners are currently going through their budgets, but we hope they will commit to the continuance of the programmes over the next few months.

Karolina Afors ran the GESEA training and certification session as part of the pre-congress masterclasses. Karolina has done an outstanding job running GESEA and making it part of the Society's established output; I'd like to thank her and the faculty that has supported the sessions.

The BSGE registrars' group continues to grow, with RIGS networks, regional representatives and intermediate laparoscopy courses run across the country. I'd like to thank them personally, they can be justifiably proud of the contribution that RIGS makes to the Society.

The landscape of training is changing. The Advanced Laparoscopic Surgery ATSM was developed by myself and Alfred Cuttner many years ago. It was out of sync with other ATSMs in terms of the work, time commitment and centralised selection process. We felt it was better aligned to sub-specialty recognition, but at the time the College did not approve this. We have kept a watchful eye on developments and the GMC have now moved towards a process called credentialing, as part of a move to recognise the importance of lifelong learning:

'Doctors may want to enhance their careers by gaining additional expertise in specialist areas and subspecialty training through formal and quality assured training programmes leading to a credential in that area.'

It's difficult to negotiate with the GMC; it's not really a two-way process! However, we have to be pragmatic and work within the paradigm to make advances and deliver high-quality training and clinical care. I've had meetings with the GMC and Janice Rymer from RCOG around credentialing. It's a new concept and we're all finding our way, whether the process will replace subspecialty training is still not clear. We'll work with them to develop the concept further, and I'm delighted to announce that the College is using the Advanced Laparoscopic ATSM as the pilot project for the RCOG to put through credentialing. I think this is a positive thing; there is a mismatch between our advanced ATSM and the others across the board, and through this process, it should get a higher level of recognition.

We've expanded our awards and bursaries activity this year. There has been a substantial increase in the budget from £20,000 to £30,000, and with the introduction of three sessions, there is more opportunity to apply. Thanks to the work of Kirana Arambage, applications are now online and, I'll let you into a secret, the chances of success are very high. You have nothing to lose if you apply, there's money available in the budget and we'd like to give it away! I'd particularly like to encourage applications from our nurse and paramedic members, who often struggle to access funds for training.

In communications, we can be very proud of the information leaflet on outpatient hysteroscopy. The document was jointly produced with the College and very well received. This collaboration highlights the value of the Society working in partnership with others, as we do with industry, RCOG, NICE and others. Our complementary skills, knowledge and resources enable us to produce a very high value of output.

Looking forward, we are planning to develop our patient information programme. Together with RCOG, we are harnessing technology and using multi-media and web-based applications to improve our communication output. There have been two issues of The Scope this year; I would like to give thanks to Jimi and Jane as editor and assistant and encourage all of you to contribute. There are no rules. If you would like to report on a story, publicise an issue, raise a debate, or discuss a controversy, please contact the team with your ideas so that we can make the newsletter even more relevant, interesting and useful for members.

The BSGE published and circulated a statement on outpatient hysteroscopy in December. It's available on the website and I'd urge members to read it, it talks about giving patients a choice during decision making for hysteroscopy, and may act as a timely reminder for your teams about best practice and how hysteroscopy should be managed. We've worked very hard with the College on developing consent advice and patient information on morcellation. Members will be very aware of the controversy and changing evidence base on morcellation of fibroids, in particular in relation to unsuspected uterine malignancy. We have produced an entirely evidence-based document, which will initially be released for consultation among members of the Society with special interest in the area and then more generally. It will be a very important document, and I would encourage you to keep an eye out for it.

We are changing our view of the arena in which we work. The Society has always welcomed international colleagues; Alec Turnbull lecturers and honorary fellows come from across the globe. Last year it was agreed that BSGE would introduce international membership. It has now been successfully launched, thanks to the hard work and attention to detail of our Honorary Secretary, Shaheen Khazali. Shailesh Puntambekar delivered a fascinating Alec Turnbull lecture and was awarded a BSGE fellowship,



he was overwhelmed by the honour he received and will spread the word about the work we do, the culture we carry and the success of the Society, both in India and across the world.

BSGE Endometriosis Centres are no longer a project; they are now meshed into NICE guidelines, specialist commissioning and clinical service provision across the UK. The next. Chairman of the Specialist Commissioning Clinical Reference Group for women's health is one of our own: David Rowlands. He intends to bring specialist commissioning for Endometriosis Centres and tertiary level endometriosis services to life, so that it becomes part of normal clinical care- similar to referral from cancer unit to cancer centre. The centre accreditation process has completed another cycle and is ongoing. The list of accredited and provisional centres is in the public domain and available through our website.

The Endometriosis Centres project is not standing still; it continues to progress and deliver a high-quality service. There has been patient concern about thoracic and diaphragmatic endometriosis. It's thought to be moderately uncommon, but we know that the more you look for something, the more you find it! We've set up a systematic review led by Islam Gamaleldin, with academic oversight from Professor Andrew Horne, to see if we can synthesise some sort of evidence base from the published literature. At the same time, Endometriosis Centre Chair Arvind Vashisht and Martin Hirsch have circulated a questionnaire about thoracic and diaphragmatic endometriosis. I'm grateful to those who have replied; it will help us discover what the service should look like and how it would work.

At Celtic Manor, Krupa Madhvani presented a BSGE-funded study into TLH rates in the UK. The results were far better than I had expected, demonstrating a rise in TLH rates over six years, mirrored by a fall in abdominal hysterectomies. This shows that the work the BSGE does, in terms of training, education, discussion and debate, has been translated into an improvement in clinical services for women. If we ever stop to wonder 'is it all worth it?' The slide showing these results (shown below) tells me that it is all worth it. I want to thank Krupa, Tyrone, the team and the BSGE membership for contributing to the results shown on this graph.

Our Honorary Treasurer Andrew Kent has confirmed that the Society is financially stable, despite the surplus wine chit I signed off at one o'clock in the morning at the ASM! We have over 1200 members, 500 of whom attended ASM 2019. As a society, we are inclusive, innovative and we have a culture of our own. Colleagues, visitors and partners in industry comment on how friendly the BSGE is. Justin Clark observed that anybody who does general gynaecology, is part of a gynaecology on-call service, or treats ectopic pregnancies has a good home in our society. The BSGE

is not just about complicated pelvic dissection for endometriosis; it is much more. So, my challenge is for you to go out, look at your departments and find a colleague that would benefit from the many high-quality activities the Society has to offer. If we each did that, the membership could double in size. It's worth it for them, and it will be worth it for us.

Our mission statement says:

'The British Society for Gynaecological Endoscopy exists to improve standards, promote training and encourage the exchange of information in minimal access surgery techniques for women with gynaecological problems.'

I think this address shows that we are currently fulfilling every aspect of that goal and meeting the high standards set by the pioneers who formed the Society. None of this is possible without the hard work and dedication of many people. I want to thank my fellow officers Justin Clark, Andrew Kent and Shaheen Khazali, the creative and sometimes challenging input from Council and the highly valued reciprocal relationship with our industry partners. No presidential address would be complete without heartfelt thanks to Atia Khan. Her workload is immense and her knowledge is extraordinary. I'd like to think she is so proud of where the Society is today because she is a big part of the reason we got here.

I would like to close by saying thanks to you, the BSGE members, for giving me the great honour of being your President. It's been hard work, but it has been enormously rewarding and I am eternally grateful. This is my last Presidential address, next year I will hand over to Justin Clark, who I'm sure will take us to a bigger and better place. I wish him all the best in the role and express my personal thanks to you all.

Sanjay Vyas
BSGE President

Tour de Endocentres

An intrepid team of surgeons and BSGE supporters cycled to Wales for ASM 2019



The cyclists visited BSGE Endometriosis Centres en route to South Wales, raising awareness about endometriosis and money for Endometriosis UK.

Team Endo took on a challenging 240-mile course over just two days. It started in London and followed a route taking in BSGE-approved Endometriosis Centres in London, across the south of England and in Wales.

The route wound through some beautiful landscapes, both urban and rural. It included climbs and cruises through the Surrey Hills, Box Hill, the South Downs, the New Forest, Stonehenge, Bath city centre and the Severn Bridge. After a well-deserved overnight pit-stop in Salisbury, the ride finished in Wales ahead of ASM 2019.

Paul Lewis from Karl Storz shared some fantastic images of the ride as they crossed stone circles, canals and bridges.

Endometriosis UK took to Twitter to celebrate the success of Team Endo and to express their thanks for the generous supporters and sponsors, tweeting:

They did it! A big well done to our amazing team of cyclists. There's still time to support them:

https://uk.virginmoneygiving.com/team_endo_uk

Thanks also to our event sponsors: #Aquilant @KARLSTORZUK @kebomed @MedtronicUK @OlympusMedUKIE @ThePlasmaJet



BSGE ASM 2019

‘Croeso i Cymru’ Welcome to Wales

A sell-out group of delegates was given a very Welsh welcome to BSGE 2019, at Celtic Manor. The conference was a collaboration between teams from Bristol and Cardiff. Co-chairs Sanjay Vyas and Richard Penketh said how much they had enjoyed working together on the venture and the successful teamwork was evident throughout the meeting. The venue was stunning, accessible and easy to navigate. There was a packed schedule of stimulating debates, ground-breaking research and interactive sessions, and a magnificently memorable gala dinner.

‘Prudent healthcare through innovation, technology and excellence.’

The conference theme was about providing prudent healthcare through innovation, technology and excellence. Richard Penketh explained the ethos:

“Prudent healthcare embodies co-production, effective use of resources, doing only what is needed and reduction of inappropriate variation using evidence-based practice. Minimal access surgery innovates continuously with new technology as it strives for excellence and has a fantastic track record of improving patients’ lives as a result.”

From the new BSGE app to the Dragon’s Den session and the competitive robotic MIGS wars, new technology and innovation were at the heart of the scientific programme. But technology doesn’t replace teamwork. BSGE is, and always has been, a multi-disciplinary society, and this year the nurse conference was integrated into the programme:

“We moved away from the nurse/doctor split in the programme. Members of every sort were able to learn from and contribute to the sessions together, reflecting the joint manner in which we all spend our working lives. It is this sort of teamworking that results in excellence in patient outcomes.”

With the latest research, debates on hot topics and plenty of opportunities to share experiences, skills and social time with colleagues, BSGE 2019 was a meeting to remember.

BSGE App launched for BSGE 2019

An innovative BSGE app was launched in time for the ASM, meaning that the conference was totally paperless for the first time. The technology was developed by the Society’s website hosting company together with Website and Digital Governance Portfolio Chair Fevzi Shakir. Fevzi said that the app was better for the environment and delegates:

“The app is fully secure with excellent functionality. Delegates could access the schedule, ask questions, vote, and immediately see if there were changes to rooms or timings. It was an exciting project that helped members get even more out of the conference.”

With floorplans, abstracts, news, seminar voting, and social media links the app is clear and user-friendly. The app also allowed members to upload images to share with colleagues, helping facilitate greater interactivity and engagement.

There was a live voting function, allowing delegates to vote in debates and competitions, which added an extra touch of competition and drama to the sessions!

The BSGE ASM app was available to download from both the Apple and Play stores. The BSGE editorial team used the app throughout the conference and found it quick, easy and intuitive.

The technology can be adapted for future meetings, so it is likely to become a firm fixture on members’ smartphones. If you haven’t tried it yet, don’t panic, Fevzi reassured members saying that:

‘it is very simple, and I am sure most of you will work it out!’



Modern Menstrual Health and the ASM

The theme of BSGE 2019 was 'Prudent healthcare through innovation, technology and excellence'- but throughout the conference, there was a strong focus on the menstrual health and wellbeing of women and girls across the UK. From the opening lecture from co-chair Richard Penketh on developing a strategy for endometriosis care in Wales, through Professor Lesley Regan's talk on the RCOG and BSGE working together, to presentations from patient groups Endometriosis UK and Fair Treatment for the Women of Wales (FTWW), there was an emphasis on the importance of education about normal menstrual health.

"Women's health is about far more than incubating babies and delivering them."

Professor Lesley Regan, President of RCOG, presented an inspiring talk about how the College and the BSGE could work together on a National Women's Health Strategy to significantly improve the health of girls and women across the country. Menstrual health disorders can have a huge impact on women and girls' physical and mental wellbeing. The problem is ongoing taboos around menstrual health, combined with a lack of easily accessible information, mean that many women and girls are suffering from painful conditions without seeking help.

Heavy and painful periods can affect education, work and wellbeing. Physical discomfort, tiredness and certain medications can distract women from their daily activities, resulting in diminished quality of life and hindered productivity at work. Today, women represent 51% of the UK population and 44% of the workforce. They play a very influential role in the nation's health, but they are disproportionately affected by inequalities in access to and quality of care.

There is a need for much greater awareness of menstrual health conditions among all healthcare professionals and women. Professor Regan requested help from the BSGE, as one of the college's most important specialist societies:

"We need help from the BSGE to shape future meetings on menstrual health, period problems, and period poverty."

Part of the problem is the existing taboo about discussing menstrual health. Emma Cox from Endometriosis UK said:

"Stop treating periods like a dirty secret, teach menstrual wellbeing in schools. If girls know what's normal, they're more likely to seek treatment when there's a problem."


Too many girls and women don't know that their pain or their periods are not normal. Richard Penketh highlighted the need for a proper education strategy:


"Young girls have little education about what are normal periods and what is unacceptable pain. We need to develop an education programme about normal menstruation."


There is currently a 7.5 year gap before Endometriosis is diagnosed. To reduce the time before the diagnosis of endometriosis and other menstrual conditions, Emma Cox said:

"We need women to know they've got symptoms, we need GPs to understand endometriosis, and we need to raise awareness in children by talking about menstrual health in an age-appropriate, supportive, non-scary way."

Professor Lesley Regan is part of a Women's Health taskforce that has been launched to improve women's health. They are aiming to:

 **Smash taboos:** All women and girls should feel empowered and able to talk about their menstrual health openly and honestly. A new blood drop emoji has been created, representing menstruation and aiming to break the stigma around periods.

 **Raise awareness and provide accessible information** for healthcare professionals and women. The NHS UK website needs to become the world's best source of information for women and girls.

 **Improve the access, quality and experience of care** for girls and women and provide easy pathways to menstrual health specialists.



Postcode lottery

There is inequality of healthcare across the UK. Richard Penketh presented his experience of developing a strategy for endometriosis care in Wales. There's a different health economy in the principality, with primary and secondary care integrated. This leads to a formalised postcode lottery. At the moment there's only one BSGE approved Endometriosis Centre in Wales. Women outside Cardiff and Vale struggle to access specialist treatment for endometriosis.

"Women with endometriosis living in Wales suffer greatly from their condition, and this suffering is linked to the suboptimal healthcare they believe they receive."

One woman's prolonged battle with endometriosis and the health system in Wales inspired her to drive for change. Debbie Schaffer started the group Fair Treatment for the Women of Wales (FTWW) and produced a report 'Making the Case for Better Endometriosis Care in Wales' detailing delayed diagnosis, inadequate numbers of specialist centres and inappropriate treatment such as ablation. This prompted the Chief Executive of the NHS in Wales to establish a Task and Finish group to review endometriosis services. Richard Penketh was the group's chair and worked with FTWW to assess the current provision and make comprehensive recommendations to revolutionise the service. The report showed:

"The current care pathway is not efficient, and attracts additional costs to the national health service in Wales through physical disease progression and through additional health services to manage suffering (e.g., depression, pain management) and potentially through other lost opportunities."

Debbie, Natalie, and Lottie from FTWW Wales shared their moving and inspiring personal perspectives on endometriosis care.

"You look perfectly well. Nobody can see your scars, they're hidden away, nobody can see your pain, and you wear a mask all the time- you tell people that you're fine."

"I felt as invisible as this disease that was ruining my life."

They talked of suffering, invisibility, and suboptimal healthcare but also about learning to cope and growing personally. The report strongly supported:

"Further investigation of the care pathways for endometriosis in Wales, more research into development of educational resources for doctors about endometriosis and young girls about menstrual health and development of support tools for women with endometriosis."

The women from FTWW are hopeful that the new proposals will mean that women in Wales won't face the challenges they experienced to get a diagnosis and effective treatment.

Mr Penketh said that progress on starting implementation was slow, but that the Welsh had been keen to engage and fully embraced the report. Richard was cautiously optimistic that they could develop a robust care pathway, with safe, sustainable endometriosis care.

"I think eventually we'll get there."



GESEA Exams at ASM 2019

GESEA examinations were held at Celtic Manor during the pre-congress sessions ahead of ASM 2019. The BSGE, in collaboration with the ESGE, runs the Gynaecological Endoscopy Education and Assessment (GESEA) Programme in the UK.

GESEA is a structured training programme set up by the ESGE and the European Academy of Gynaecological Surgery. Ertan Saridogan and Karolina Afors have worked together to lead and deliver this ambitious programme. The first GESEA Diploma examination, run by the BSGE, was successfully held at ASM 2018 in Edinburgh. During this exam session, 16 candidates sat either the level one or two examination, having completed an e-learning module provided by the Winners Project.

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. 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."

Aarti Lakhani who had just completed the exam said:

"The exam follows training including e-module lectures, computerised training and simulation sessions in the hospital during your own time. Overall I think it was better than expected."

Aarti and fellow candidate Caroline Mc Mahon both said that they found the training extremely valuable:

"The lectures, in particular, were time-consuming- but the training has been very worthwhile. It's great to have a really structured programme for laparoscopic training in gynaecology."

Anyone wishing to enroll for GESEA certification can click to find out more about the pathway to become a Master in Invasive Gynaecological Surgery.



Pre-congress Courses

Celtic Manor buzzed with activity a day ahead of the ASM, with many members choosing to make an early start to the conference and take part in the pre-congress courses.

The Outpatient Diagnostic and Operative Hysteroscopy course was packed with delegates benefiting from the opportunity for hands-on-training. The programme was put together and overseen by Mary Connor and Caryl Thomas, with Liz Bruen co-ordinating the pre-congress hysteroscopy course and integrated nurses programme.

The one-day workshop provided both theoretical knowledge and practical training on how to develop outpatient operative hysteroscopy skills. There were tips and tricks on how to set up an outpatient hysteroscopy suite, the equipment required, and hands on training on both diagnostic and operative hysteroscopic procedures.

The opportunity to use different devices was a highlight for delegates. Karen Coombe, nurse hysteroscopist from Colchester said:

"The best part of the day was playing with the instrumentation, learning how the devices work, really getting our hands-on and using the equipment."

Mary Connor was delighted with the success of the course, which they run regularly twice a year:

"The delegates have been very responsive, enthusiastic and engaged. They've worked well with our excellent faculty."

Mary also emphasised her appreciation of the BSGE's industry partners for their support, saying: *"We could not have put this course together without the incredible support from industry. Paul Lewis and the team from Storz came to our rescue by providing extra equipment this morning. We also had great help from Hologic, Boston Scientific, Inovus Medical, Medtronic, Olympus, Lina, Mini Touch and June Medical."*



Alec Turnbull Lecture

The Alec Turnbull Lecture is the keynote talk of the ASM. Held on the first day of the conference, it is always a highlight, and this year's lecture was no different. Gynaecological surgeon Shailesh Puntambekar from Galaxy Care Hospital in Puna, India, gave an inspirational address about the 'Journey of uterine transplants- from open to laparoscopic surgery,' receiving a well-deserved standing ovation for his presentation.

“Uterine transplant is the Mount Everest of fertility-enhancing surgery.”

In 2017, Shailesh made a promise to a woman who was unable to have a baby. Impulsively he promised someone with absolute uterine factor infertility that he would allow her to carry and deliver a baby. At the stroke of midnight on the 18th October 2018, just a year and two months later, he delivered that promise.

For women with absolute uterine factor infertility, transplant is the answer to complete motherhood. It opens the doors when the others remain shut, offering legal, genetic, and gestational maternity. The first successful baby born from a transplanted uterus was delivered in Sweden by Mats Brännström. Following news reports on the birth, Shailesh reflected on the transplant process, asking himself several key questions:

“Why were 14 hrs spent on the surgery? Why only uterine vessels, why were the ovarian vessels not considered? Why put the patient through 14 hours of anaesthesia? What about the risks of ischaemia? And then the crux of the matter... Why can't it be done by laparoscopy?”

He initiated the ground-breaking, Indian minimally invasive uterine transplant programme in 2015. The team practised laparoscopic retrieval on cadavers for two years, then continued to trial bench surgeries to understand the blood supply for the uterus fully. They discovered that performing anastomosis on one artery was sufficient to maintain perfusion.

The laparoscopic uterine retrieval proved to be over six hours shorter than the open procedure, as performed in Sweden. Blood loss and ischaemic time both compared favourably with the open retrieval.

The team planned the transplant to be temporary, a means of facilitating motherhood. As a non-vital organ transplant, the womb is removed after successful live birth, meaning there is no need for long-term immunosuppression and the associated risks and complications.

Dr Shailesh Puntambekar and his team performed the world's first laparoscopic uterine retrieval in January 2018, but the most significant step came on 18th October 2018, when a healthy baby girl was born from her mother's transplanted womb. Shailesh said:

“Creating life out of a transplanted organ is the biggest medical feat we have achieved.”

So far six transplants have been successfully completed, with eight more planned for 2019. In addition to the live birth, two more women are pregnant.

“What seemed an impossibility has been achieved. We as technology-givers are trying to bring cheer to their lives and making it happen.”

The lecture reflected the theme of ASM 2019, which was 'Prudent healthcare through innovation, technology and excellence.'

Following the talk, Shailesh Puntambekar was awarded an honorary BSGE fellowship; he said that he was thrilled to have been invited by the BSGE:

“I feel honoured to be invited to present the Alec Turnbull lecture. When I look at the previous lecturers, they really are doyennes in the field.”



Industry at the ASM

The BSGE's strong relationship with industry goes from strength to strength. Industry partners sponsored debates, lectures, and pre-congress courses and were also an integral part of the innovative programme at BSGE 2019. Chris Guyer, Meetings Convenor and the Chair of Industry Relations portfolio said:

"This year's ASM was a great success for the BSGE and our industry partners. The Society and industry worked very closely together. I spent a great deal of time talking to our sponsors. They unanimously said that they felt very involved in the meeting and had huge amounts of footfall this year. The theme of the meeting, together with changes to the programme, such as the Dragon's Den and the MIGS Wars, allowed us to incorporate industry into the programme. Hopefully, this will galvanise our relationship even further."

"Industry and delegates both commented that there were more opportunities to get 'hands-on' with more workshop experiences. There was a lot of positive feedback, which is something that we should consider when looking ahead to next year. The good news is that there is already a high level of enthusiasm ahead of BSGE 2020 Manchester."

There were four lead platinum sponsors: Intuitive, Medtronic, Karl Storz and Boston Surgical. The Medtronic team were active on Twitter and at the conference, they said:

"Medtronic is at the BSGE ASM to demonstrate different technologies for laparoscopy and hysteroscopy. It's a great opportunity to meet new and existing customers and to highlight TruClear, the smallest operative hysteroscopy system."

Paul Lewis from Karl Storz took part in the gruelling Tour de Endocentres and was one of the dragons in this year's Pecha Kucha. He said:

"BSGE 2019 is a fantastic opportunity to interact with consultants and trainees in our chosen field. This year there has been particularly good programme content, it's excellent to see a surgical society presenting and promoting innovative technologies."

Intuitive's DaVinci robotic device was used in the competitive new MIGS wars session. They said:

"We're delighted to be at the ASM promoting the use of robotics, which is a developing market. As a society, BSGE is a good match for our goals, which is to solve complex healthcare challenges by innovating for minimally invasive care."

Boston Scientific was new to the ASM in 2018 and were platinum sponsors again this year. They said:

"We feel privileged to be welcomed into the BSGE community. The 'Prudent healthcare through innovation, technology, and excellence' theme is one that rings extremely close to our ethos. We look forward to demonstrating this through our existing and future technologies in the months and years to come."

The strong relationship with industry helps the BSGE to minimise costs to ASM delegates. The two-day meeting remains one of the least expensive national medical society meetings in the country.



Prize Winners at ASM 2019

The BSGE hands out over two thousand pounds in prizes at the ASM. The awards for video, oral, poster and video poster presentations are always hotly contested, and at Celtic Manor the competition was fierce.

Matthew Izzett won gold and £300 for his oral presentation. Dorota Hardy was awarded silver and £200 and Neerja Gupta took the bronze and £100 in prize money.

There is always stiff competition for the video prizes. The winner is awarded the prestigious Karl Storz 'Golden Telescope'. As well as the trophy, they also receive a Karl Storz supported BSGE bursary to attend a course of their choosing, within Europe, at any Karl Storz supported centre. This year a new rule has been enforced. Any video that has won a prize in a previous BSGE competition, cannot be entered as a video presentation at the ASM. Jeffrey Ahmed won gold and £300 in the video presentation, with Rhian Gisby taking silver and £200. Charlotte Goumalatsou won £100 and the bronze award. The Trainee Video presentation prize was awarded to Martin Hirsch, who won £100.

In the Video Poster category, Zaid Hasafa was awarded gold and £150 pounds, with Nadine di Donato and Mihai Gherghe taking silver and bronze and £100 and £75 respectively.

Following the success of using digital technology for poster presentations at Edinburgh 2018, poster presentations at Celtic Manor were displayed electronically. As well as direct entries, abstracts that could not be accepted for oral or video presentation, were automatically considered for e- poster presentations. It was a tough and competitive category. Natasha Abdul Aziz won gold and £150, Sophie Strong was awarded £100 and the silver and Fevzi Shakir was awarded bronze and £75.

Further prizes included Zaid Hasafa, who was the winner of the fascinating Dragon's Den Pecha Kucha. Zaid won a one night stay at Celtic Manor, the fabulous venue for the ASM. The first-ever Stump the Experts session was a big hit with delegates. The auditorium was packed with delegates keen to see the panel of BSGE experts negotiate their way through challenging clinical conundrums. The winner was Francesca Hogg from Cardiff, taking £100.

ASM Prize winners

Martin Hirsch , E Bean, J Lewis, E Saridogan	University College London Hospital	RIGS Trainee Video Competition winner £100	Ultrasound guided hysteroscopic lysis of intrauterine adhesions
Zaid Hasafa , Dominic Byrne	Royal Cornwall Endometriosis Centre, Truro,	GOLD- Video poster £150	Abstract ID no: 52- Organ suspension using a laparoscopic port closure device.
Denis Tsepov, Janet Berry, Valerio Celentano, Nadine Di Donato	Southern Endometriosis Centre, Queen Alexandra Hospital NHS Foundation Trust	SILVER- Video poster £100	Abstract ID no: 17- Ureteral endometriosis: a case of nephrectomy and bowel resection for severe endometriosis.
Konstantinos Papadakis, Mihai Gherghe , Karina Datsun	Queen Elizabeth University Hospital, Glasgow	BRONZE- Video poster £75	Abstract ID no: 172- Ovarian cryopreservation and transplantation
Natasha Abdul Aziz , Gabriella Yongue, Thai Ying Wong, Margaret Pikovsky, Suraiya Abdi	West Middlesex University Hospital, London & Queen Charlottes Hospital, London	GOLD- E-poster £150	Abstract ID no: 27- The cost of living: a cost benefit analysis of instrument choice when performing laparoscopic salpingectomy
Sophie Strong , Zwelihle Magama, Shahrazed Rouabhi, Funlayo Odejinmi	Whipps Cross Hospital, London	SILVER- E- poster £100	Abstract ID no: 33- Is it time for established fibroid centres?
Paul Hardiman, Fevzi Shakir , Gonzalo Mezquita	Royal Free Hospital, London	BRONZE- E- poster £75	Abstract ID no: 186- Ovarian cryopreservation and transplantation



ASM Prize winners continued

Matthew Izett , Dana Aldabeeb, Anthony Kupelian, Rufus Cartwright, Alfred Cutner, Simon Jackson, Natalia Price, Arvind Vashisht	University College Hospital, London	GOLD- Oral presentation £300	Abstract ID no: 44- Is laparoscopic mesh sacrohysteropexy safe?
Dorota Hardy , Sarah Croft, Sarah Carter, Pinky Khatri, Graham Phillips	James Cook University Hospital, Middlesbrough	SILVER- Oral presentation £200	Abstract ID no : 119- Influence of up to 17 years of treatment with GNRH analogues and HRT add-back on symptoms and bone density in Patients with varying Stages of Endometriosis with chronic pain
Neerja Gupta, Yatin Thakur , Mohammed Hassaballa, Sophie Macdonald, Suzy Nicolls	Basildon University Hospital	BRONZE- Oral presentation £100	Abstract ID: 129- Minitouch Outpatient Endometrial Ablation for HMB-It is the way forward!
Jeffrey Ahmed , Amelia Thomson, Mona Oswal, John Bidmead	King's College Hospital Endometriosis Centre, London & King's College Hospital, London	GOLD- Video presentation £300	Abstract ID no: 81- Nerve- sparing excisional surgery for rectal endometriosis: a simplified, reproducible approach
Rhian Gisby , Tom Holland	Guy's and St Thomas' NHS Foundation Trust, London	SILVER- Video presentation £200	Abstract ID no: 72- Six Steps in Easy Laparoscopic Myomectomy
Charlotte Goumalatsou , Gillian Coyle, Andrew Kent	Royal Surrey County Hospital, Guildford	BRONZE- Video presentation £100	Abstract ID no: 153- Surgical approaches to endometriomata



BSGE Gala Dinner 2019

After last year's Ceilidh, the BSGE 2019 gala dinner also had a very Celtic flavour. The melodic harp music, stunning setting, and delicious menu welcomed the delegates to Wales. Before the dinner, BSGE members and their guests sipped wine, mingled with industry sponsors and listened to the soaring voices of a male voice choir.

Revellers enjoyed delicious food and wine, with a wonderful Welsh twist. The BSGE has a tradition of comical interludes after the meal has been appreciated. Many members recall Pedro and the toothbrush salesman from past events. This year, successful comedian, writer and ex doctor Adam Kay was the after-dinner speaker. His anecdotes raised lots of laughs and a few eyebrows too.

The Scope spoke to Adam about his experiences and his opinions about the NHS and being a junior doctor, find out more in The BSGE meets... later in this issue.





ASM delegate report

Webcomms committee member, Nadine di Donato, reports on her experience of BSGE 2019. The Scope is always keen to publish members' experiences and opinions; if you have attended a meeting, please submit a report and pictures and share it with other members.

I had a wonderful time at the ASM this year. Celtic Manor provided a magnificent location. The conference venue had glorious rooms equipped with a balcony with a spectacular panoramic view.

There was a high quality of speakers and presentations, and we had fun! I particularly enjoyed the debate about neuropelviology between Fevzi Shakir and Shaheen Khazali. Neuropelviology represents a new understanding of the pelvis and the possibility to explain more about pelvic pain and its aetiology. The debate highlighted the fact that research is still limited on the topic and that neuropelviology and its innovation still needs to be carefully evaluated; however, the discussion proved to me that it merits our interest and deeper knowledge to understand its potential role better.

The scientific program was very dense with excellent talks and discussions, mixed with an interesting social programme. We all had amazing time at the BSGE meeting and enjoyed the opportunity to spend time together and share experiences with colleagues and friends.



BSGE ASM 2020

*It all starts in Manchester 22-24 April 2020, at
Manchester Central Convention Complex*

As the sun sets on Celtic Manor, it's time to look forward to BSGE 2020. Next year's meeting will take place from 22nd -24th April in the thriving northern powerhouse of Manchester. The Scope spoke to Sujata Gupta, chair of the local organising committee:

Manchester is a city that has helped shape the world: in healthcare, industry, science, and culture. The Lancashire city has pioneered new ways of working and thinking and has, in doing so, transformed itself into a modern cosmopolitan city.

“Bringing talent and technology together.”

The theme of BSGE 2020 Manchester is “Bringing talent and technology together.” Manchester was the world's first industrial city, the home of the first computer with memory and the place in which the atom was first split. It continues to lead in many aspects of science and was designated European City of Science 2016, so it is a location that embodies the ethos of the meeting.

The conference will be held at Manchester Central, an award-winning venue in the heart of the vibrant city centre. Its historic architecture and state-of-the-art facilities provide the perfect venue for BSGE 2020. The spacious exhibition halls, purpose-built convention auditorium, and well-appointed breakout rooms are all interconnected on a single compact site, making it easy for delegates to get the most out of the meeting's educational and social opportunities.

Suffragette city

Political activist Emmeline Pankhurst was born in Manchester. She set up the women's union, that became known as the suffragettes, from her parlour in Moss Side. Last year, one hundred years after women were first given the vote, she was honoured with a statue in St Peter's Square. Sujata called on all women in gynaecology endoscopy to attend BSGE 2020 Manchester, in the city that was at the centre of female emancipation.

Find out
more here





Meet you in Manchester

Located in the centre of the UK, Manchester benefits from excellent road, rail and air links, which allow easy access for BSGE members from the UK and across the world. The city's trams and free Metroshuttle bus system offer a fast and efficient way to navigate around.

From luxury accommodation to boutique hotels, serviced apartments and AirBnBs, Manchester offers a full range of accommodation at every price point, with many within easy walking distance of the conference venue.

The Gala Dinner will be held at the iconic Midland Hotel where Mr Rolls met Mr Royce, and Rolls-Royce was born. A great place for great minds to meet.



Mills, music and minimally invasive surgery

Known for Oasis, the Stone Roses and the Madchester scene, the city remains a thriving hub for culture, music and, of course, sport – as home to two of the most renowned football teams in the world. With the conference venue conveniently located in the heart of the city, delegates will be able to explore all the museums, bars, clubs and galleries that Manchester has to offer.

The Manchester organising committee is putting together a packed programme that includes cutting-edge lectures, masterclasses, debates, demonstrations, and some fabulous social activities.



So, put the date in your diary and keep an eye on the website, @TheBSGE on Twitter and the BSGE Facebook page for more news and information on how to book your place at BSGE 2020 Manchester.



Ambulatory Care Network Meeting

The inaugural meeting of the BSGE Ambulatory Care Network was held in Birmingham on 28-29th March this year

BSGE Vice President Justin Clark heads up the group, which includes gynaecologists, GPs and nurses. He developed the network and the meeting because of the increasing demand for diagnostic and therapeutic interventions in an outpatient setting. Justin told The Scope:

"Advances in technology combined with the enthusiasm of clinicians and the demands of our patients has resulted in much contemporary gynaecological practice being delivered in an ambulatory setting. This new interactive forum provides an exciting opportunity for doctors and nurses with a passion for ambulatory care to learn from each other, share ideas, improve quality, direct research and innovate within this expanding field."

The meeting explored all issues relating to gynaecological ambulatory care, including protocols and pathways, referral criteria, analgesia and preparation. The group shared practice and explored, from experience, what works and what doesn't.

Highlights for delegates included the sessions on pain-relief techniques to optimise the patient experience, clinical management and quality assurance. Feedback for the meeting was excellent, with the great majority of delegates saying that they were very satisfied with the content and would attend again. Delegate comments included:

"I have left much more knowledgeable regarding outpatient hysteroscopy and has been a great opportunity to network with other experts and colleagues and benchmark practice."

"Excellent meeting, especially for the nurses, who felt included. Timings of the meeting were excellent. It was the best meeting/ conference I've been to in ages. I would happily have paid to go, if funding wasn't available!"

Much of the time in each session was allowed for discussion and debate. This strategy was welcomed by members of the network. Suggestions for future meetings include more breakout discussions, the use of technology to show voting patterns and the development of nationalised referral pathways for conditions such as post-menopausal bleeding.



Clinicians who attended the meeting said that it was likely to change their practice, with one delegate commenting:

"Absolutely fantastic great to pick out some of the variation in practice - needs to lead to a consensus statement as a minimum. I should probably give up resection with monopolar and buy a morcellator."

The second ACN meeting will take place on 27-28 February 2020 in Birmingham. Keep an eye on the website, Twitter and the Facebook group for more details. The quality of our meetings and training opportunities is one of the great strengths of the Society. As one non-BSGE attendee said:

"Thank you for a well programmed two day event. Very useful and well worth the two day trip to Birmingham. I will also join the BSGE as a result."



BSGE News

Membership survey

The Scope Editor and Member Relations Chair Jimi Odejinmi reports on the recent membership survey:

I'd like to thank members who responded to the membership survey. The results will undoubtedly help in the evolution of our society. Though there were fewer respondents than the last survey more of the questions were completed by members. Consultant members were more likely to respond than nurses. Trainees unfortunately were the least likely to respond this probably means that we need to engage our trainees more in the affairs of our society.

The responses overall indicate that members are happy with BSGE activities such as the website and the annual scientific meetings and joint BSGE guidelines and our affiliation with the ESGE and the AAGL. Though responders who are aware of our video library liked it, 30% of

responders were not aware of its existence. Members would like to see an increase in BSGE training programmes in the areas of hysterectomy, early pregnancy and endometriosis. Most members were not aware of, or have not used our bursary facility. Kirana Arambage who is the sub-committee chair for bursaries continues to encourage members to apply. We also need to improve our Facebook and Twitter presence and there were numerous ideas on how to improve our presence in the responses from the membership hopefully in response you will notice improvements and hopefully contribute.

Applications invited to host ASM 2021 and 2022

The Society has invited applications to host the BSGE Annual Scientific Meeting in April or May 2021 or 2022. Members with an interest in hosting the prestigious event and the motivation to develop an excellent meeting, were encouraged to apply.

BSGE Manager, Atia Khan said:
"Whilst, it is a considerable commitment to run an ASM, the BSGE has a well-structured and experienced team to help you organise and plan the meeting."
"We are looking for an energetic local organising committee to take on the challenge for 2021 or the following year."

Members with the vision and dedication to take on the task should complete a form explaining their plans for the conference. At this early stage it is not essential to have all

the details for the conference venue, however the team are interested in as much practical detail as possible. It's also a good idea to demonstrate previous experience in organising significant events. As Atia said:
"Enthusiasm is key but commitment, and ability to complete tasks in a timely manner are vital, as it will involve considerable effort over the year leading up to the meeting."
Hosting a successful meeting is a great badge of honour and gives members the opportunity to showcase their own department, hospital and locality.
The Society's Officers are happy to provide advice for any members interested in developing a bid, please contact Atia to schedule a chat. Applications should be submitted to bsge@rcog.org.uk by Friday, 6th September 2019.



BSGE News

Elections and Electoral Changes at AGM

The results of the recent BSGE Council elections were announced at the AGM in Wales.

There were elections for two new Council members ahead of BSGE 2019. At the AGM, President Sanjay Vyas announced that Kirana Arambage had been successfully re-elected and will continue to chair the Awards and Bursaries portfolio. There was also a vacancy for a trainee representative, following James McLaren's emigration to Australia in September. Michael Adamzyck won the Council election to become the new trainee representative.

Many congratulations to Michael and Kirana.

Sanjay also announced a change to the constitution, that was ratified at the AGM. It was agreed that Nurse and Paramedic Portfolio representation on Council would increase, with an additional member to reflect the different needs of the portfolio. Nominations and elections will take place in early 2020, with the result to be announced in Manchester in April, at the next annual general meeting.

Changes to the voting technique were agreed at the AGM. There will be a return to a first past the post system next year. This a move away from the single transferrable voting method which was perceived as over-complicated by BSGE members.



BSGE Overseas Membership

At the 2018 AGM, a proposal to introduce a new BSGE category of overseas member was agreed. Honorary Secretary, Shaheen Khazali oversaw the introduction of this exciting development and membership has now been opened up to colleagues across the globe.

If you have a friend or colleague who may be interested in joining the Society, here are details of all that the BSGE can offer members.



Join the BSGE today
Membership **now open** to those living outside the UK

Benefits include:

- ✓ Discounted registration fees to BSGE meetings
- ✓ Access to BSGE video library
- ✓ Access to selected lectures from previous BSGE Annual Scientific Meeting
- ✓ Receive BSGE newsletter, "The Scope"
- ✓ Dedicated awards and competitions for overseas members (details to be confirmed. These may include video competitions & distant mentorships by UK experts)
- ✓ Access to the BSGE SICS database

*Voting in and standing for BSGE elections and corporate membership of sister societies are restricted to UK members only

Go to www.BSGE.org.uk to join 



BSGE News

BSGE GESEA examination

The BSGE runs the Gynaecological Endoscopy Education and Assessment (GESEA) Programme in the UK together with the ESGE. It is a structured training programme combining e-learning modules and simulation training, followed by Level 1 and 2 assessments of practical skills and theoretical knowledge.

GESEA was originally set up by the ESGE and the European Academy of Gynaecological Surgery and has now become an established part of the BSGE's training output.

The next GESEA Diploma examination will be held on Friday, 13th September 2019 at Karl Storz Training Centre. Candidates that are interested in entering can find out more on the website. All candidates wishing to enrol for GESEA certification are required to complete the e-learning module provided by the Winners Project.

Karolina Afors (who runs the GESEA programme for the BSGE together with Ertan Saridogan) is running a preparation course GESEA on 10th – 12th September. It is an independent course and details are available on the website.

The GESEA Programme is recognized by various organisations and countries worldwide including European Board College of Obstetrics and Gynaecology (EBCOG), European Network of Trainees in Obstetrics and Gynaecology (ENTOG), and ESHRE.

[Find out more here](#)



BSGE SICS

Zahid Khan and Justin Clark, the brains behind the innovative BSGE Surgical Information Collection System, updated The Scope on the progress of BSGE SICS

Zahid said: The BSGE Surgical Information Collection System has been through significant changes over the last year. We now have 319 active members contributing to SICS on a weekly basis and fast approaching the grand milestone of 10,000 surgical procedures on the database.

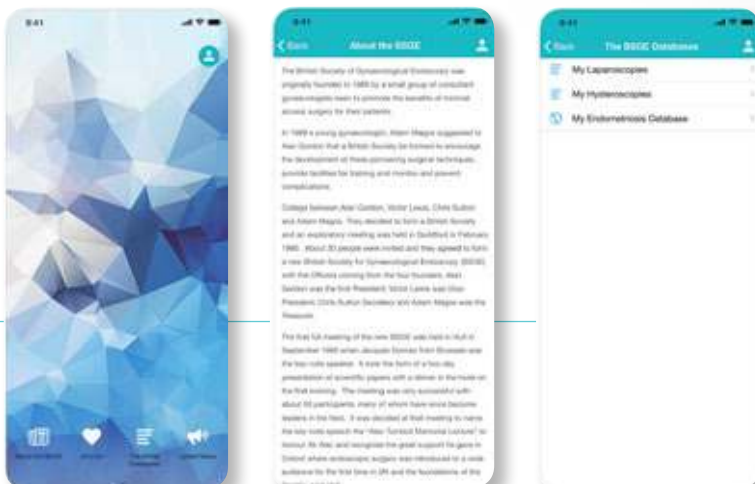
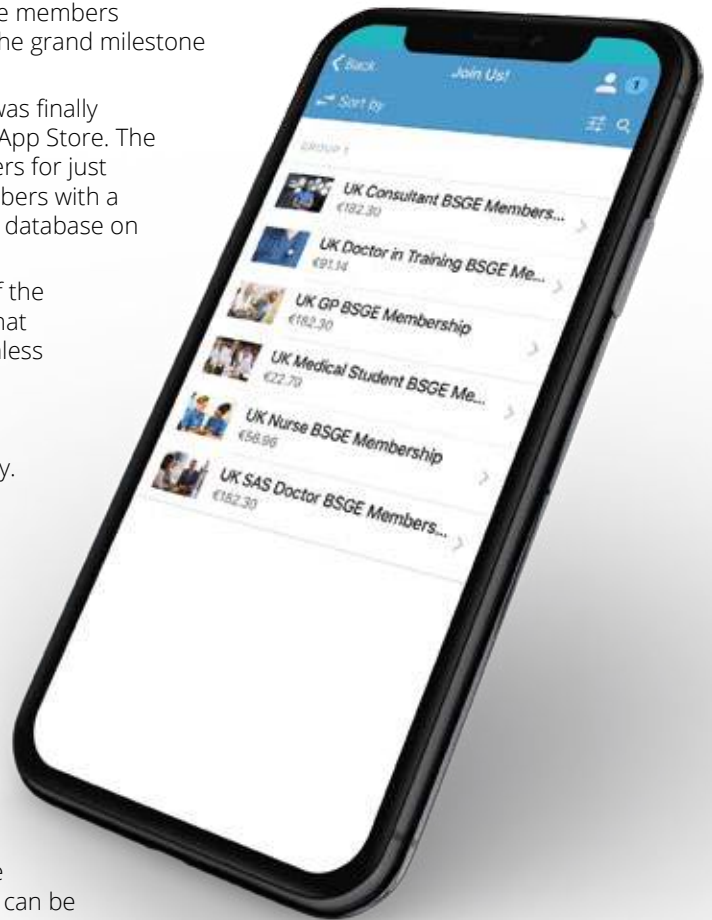
This year we have been busy developing the iOS App, which was finally approved by Apple last month and can be now found on the App Store. The Google Play Store App has been available for our Android users for just over a year now. These apps will encourage more BSGE members with a predilection for the smartphone or the tablet to log on to the database on a regular basis.

Developments before the end of 2019 include the addition of the BSGE Outpatient Hysteroscopy Patient Satisfaction Surveys that were introduced at the first BSGE ACN Meeting to allow seamless integration of procedural data with the respective patient's satisfaction responses. This will be a first in the world of information collection, allowing easy correlation between the procedure performed and the patient's experience on the day.

More and more users are using the BSGESICS Hysteroscopy Suite to generate their surgical operation notes as most trusts in the NHS move towards a paper free model of information collection. The future of the NHS is digital and with the BSGESICS, as a gynaecological endoscopist, you are a step ahead. 2019 will be the year of the trainee as a drive to encourage trainee engagement with the BSGESICS will bring more trainees and their data to the SICS.

BSGE Vice President Justin Clark added:

I would like to thank Zahid for his hard work and commitment to the BSGESICS project and in particular for developing the BSGESICS app. We hope that this will enhance the ease of access to the electronic database. Collecting data can be a hassle for all of us due to lack of time. The beauty of the BSGESICS means that for a small amount of effort, you can produce reliable, prospective dataset to support your training (ARCP, ATSMs etc) and annual job appraisals.



[Click here to link](#)



BSGESICS and NHS Improvement

The program aims to harness routinely collected Hospital Episode Statistics (HES) and transform that data into a digital product with the aim of driving improvement in patient care. Clinicians can use the summarised metrics within annual practice appraisals.

We are in a digital age and the longer term plan is to create a single point of access to source your whole practice data. This will include information from private practice and registries such as the BSGESICS. Thus, data from the BSGESICS will become increasingly important to validate and contextualise HES data and contribute to professional development.

If you haven't registered for your account yet, go to www.bsgesics.com and become part of the revolution, today.



The BSGE meets... Adam Kay

Adam Kay was an obstetrics and gynaecology trainee until he hung up his scalpel as a burnt-out, overworked senior registrar. He has since fronted sell-out comedy tours and seasons at the Edinburgh Fringe, gaining a cult following.

In 2017 Adam published his deeply-confessional memoirs on his experiences as an obs and gynae trainee. 'This Is Going To Hurt' became a best-seller. Adam's dark humour and sharp insight into the reality of life as a junior doctor have gained him widespread praise and numerous awards, including the Sunday Times Humour Book of the Year.

The Scope collected questions from BSGE members and posed them to Adam ahead of his after-dinner speech at ASM 2019.

What's the toughest gig- a room full of comedy critics or a room full of gynaecologists?

I like performing to non-medics because I can bang my gong about what it's like to be a junior doctor- but equally, I prefer speaking to a home crowd. I think it's very easy to think that you're the only person who has negative thoughts about your job and the only person in your hospital that is struggling. Just hearing that someone else say not only that this is my story- but also that I get lots of messages saying that it's their story, personally I get a lot out of that.

Just comedy I get little out of. It's my party trick; I can make people laugh by telling silly stories. But if I can make people think, that's more rewarding to me.

In the book, you talk about the consultant covering you on labour ward:

'You don't see Prof Carrow during the day; you don't phone him at night - he's far too important for all that nonsense. When he appears on the ward this evening, I can only assume that he's got lost or one of his first-degree relatives is currently giving birth. It all falls into place as a documentary film crew show up behind him, cameras rolling.'

'Talk me through the labour ward board' Carrow says to me, which I do. He nods along for the cameras. 'Sounds like you've got it all under control, Adam. But if you've got any problems at all during the night, just call me.'

'The crew have what they want and stop recording. Prof doesn't miss a beat before saying, 'Obviously, don't.'



Do you think things have changed since your days in practice?

Things have changed in two directions. Obviously, the pressures of the profession are greater than they've ever been. We're short of a hundred thousand staff in the NHS, there are over ten thousand vacancies in medical posts- a system that was already stretched thin is stretched so, so, so thin. It's almost meaningless for a culture to be more understanding and more human if at the same time, everyone is carrying three bleeps. Nothing will stop people from burning out because the workload has increased.

It's a very big ship to steer, the concept of changing the culture of medicine. The whole 'You're a doctor, you better bloody get on with it!' sort of thing. I think some specialities are better than others, some hospitals are better than others- but I think the green shoots are showing.

We're losing one in three trainees, and it's usually the good ones, how can we encourage them to stay?

Ultimately it's not in the gift of the consultants; ultimately it's a problem with the system at the moment that is under-resourced and understaffed. The best people will burn out. There was a recent BMA survey that looked at the proportion of doctors with a high risk of burn out, and it was absolutely extraordinary. There's nothing you can do about that- but you can foster as much of a team as possible. Going out for a bowl of pasta with your juniors, not using your surname-why do any consultants use their surname and then expect that they'll have their juniors opening up to them? And let them know that it's okay not to be okay. And it's okay to cry. And it's okay to struggle.

Establishing a pastoral rapport is probably the most important part of the training. It isn't about: 'Great, I've done my four hundredth Caesarean section or my three hundredth cystoscopy or whatever' your function as a consultant is as a man-manager as much as anything else- and they're not trained in that.

The problem is that the people that are asking 'what can I do more to help my juniors?' They're almost certainly doing everything they possibly can. It's the ones that it hasn't occurred to them that they need to ask people how their day was that are the problem.

When describing a school careers fair, you said

'Christ knows we need people to go into it with both eyes open. So I told them the truth: the hours are terrible, the pay is terrible, the conditions are terrible; you're underappreciated, unsupported, disrespected, and frequently physically endangered. But there's no better job in the world.'

Since leaving medicine, your career has gone from strength to strength – do you ever have any regrets? Have any developments or changes ever tempted you back into the profession?

All the time. I miss the job hugely. The reason you go into it in the first place is to help people and that never goes away. We can convince ourselves of the value of the arts, and of course, the arts are hugely valuable, but it's so many steps away from literally saving a life.

My little sister is doing a subspecialty in fertility, she's got her exam and is an obstetric reg. If I speak to her, I always spend too long asking about work, what happened, and how her shift was last night. And I ...sort of ...do miss it...I definitely do.

So, it's not just seeing amazing things on the news about a development. It's just that...oh, that was the thing that I spent so long doing, and I got alright at- and now I don't do it.

Do people still ask you for medical advice?

Yes, although decreasingly so. I warn them that I've been out of the game for the best part of a decade and been drunk the entire time continuously, so it's their own roll of the dice if they want to listen!

Many medics use black humour it to deflect from the stresses of the job- do you think you took that further?

Yes. I think humour was all I had as a coping mechanism. We're not taught to cope with stress. Our medical school was such a traditional old-school place that there was no mention of feelings or emotions- but there was this silly Soiree (an annual comedy revue) which was the closest you're taught to a pressure release valve. I embraced that. I've always been the class clown. I've always enjoyed that. If I did that enough, I didn't have to think of all the sad stuff.

It was clear from the book that you cared very much for patients. Do you think that commitment was a strength and a weakness- missing weekends and nights out, was that you or the job?

Yes, I was an over-worrier. Medicine stops being a job and becomes your entire life. You're not really meant to question that; it's allowed to take over your life.

Your book is going to be made into a BBC 2 series, which medical TV programme that's closest to the truth do you think?

The most enjoyable for me is Scrubs, which I adore. It's not realistic, it doesn't try to be realistic, but it's an amazing world, and I love spending time in that world. The most realistic are probably Jed's shows, Cardiac Arrest and Bodies.

I was watching Dr Foster with my partner, and there was a scene in a surgery and I thought the medical stuff was really spot on, but how did she have enough time for all these dinner parties as well as running a vigilante detective agency? I think these days medical dramas get the medical side of it very right, but not necessarily the human aspect.

Hopefully, my book will present the version that isn't seen as much, which is medicine's effect on the human being. I wanted to write a book that would fairly represent the lot of a junior doctor.

Have your parents got over your career change?

I think they'd still rather I was a doctor. When I was a TV writer for the sort of programmes that they wouldn't watch, it was all a bit abstract what I did. But now they understand, the Sunday Times bestseller list is within their world, so they can say 'he's got a proper job now' and stop worrying!

Portfolio Reports

Endometriosis Centres

There is a great sense of pride that more centres than ever have applied for accreditation in 2019. BSGE accreditation has been enthusiastically taken up in the UK and internationally, there were increasing requests from across the world. We have to achieve a balance between accreditation, encouraging and setting standards for good practice and what the BSGE can realistically oversee. At this moment in time, international accreditation has been put on hold. However, the Society stands by the standards that we have set and would encourage international colleagues to set standards for the appropriate care of women with endometriosis. Potentially we can revisit a form of overseas accreditation in the future.

We have made significant in-roads into anonymising the data on the database, as per GDPR guidance. Over the summer, we are removing all identifiable patient data and, going forwards, patient data will be entered anonymously. The steps will be clearly set out, and a letter sent to all Endometriosis Centre leads. We expect the data managers to be in charge of coordinating this process and would encourage all centres to identify a data manager clearly, and to ensure that they're aware of this process.

We are working to improve follow-up data collection, which to date has not been rigorously set as a standard. Over the next year, we aim to encourage and may mandate specific follow-up ratios.

Arvind Vashisht

Chair for Endometriosis Centres



Hysteroscopy

Hysteroscopy is going through a fascinating time, with technology developing fast. Virtual simulators allow nurses, doctors, and paramedics to perfect their techniques, reduce the need for speculum insertion, and improve the comfort for women undergoing the procedure.

The new NICE recommendations emphasise the importance of hysteroscopy as the first-line investigation for heavy menstrual bleeding, so there will be a big increase in the number of hysteroscopies performed. But we need to focus on patient comfort, awareness, and understanding of the procedure. The BSGE has just published patient information leaflet, developed in conjunction with the RCOG Patient Information Committee and reviewed by the RCOG Women's Network and by the RCOG Women's Voices Involvement Panel. This will explain everything about outpatient hysteroscopy, so that women's education, understanding, and choice starts well before they meet the clinician that will be performing the investigation. The clinician is the final step; they're not being prescriptive they are offering guidance on the medical decision. It's a very exciting step forward.

Looking forward, we plan to use the power of multimedia to create videos to further inform women about hysteroscopy.

The BSGE is proactive in training clinicians in this minimally invasive technique, including the annual Diagnostic and Operative Hysteroscopy Course at RCOG and the pre-congress masterclass at Celtic Manor (reported on in this Scope) so that women will have a better, more comfortable experience.

Natasha Waters

Hysteroscopy Portfolio Chair



Website and Digital Governance

The portfolio's main project this year has been the design and development of the BSGE conference app. There was integration of electronic ticketing for registration and functions of the meeting. The app was a great success. It allowed delegates to have all the conference information at the press of a button and increased interaction and engagement by facilitating voting on debates and competitive sessions. There is a full report in this issue of The Scope.

We will continue to develop the app to improve functionality and features. In the future, we will look into modifying the app to become the BSGE APP, in general, with the conferencing function to be added, as and when required. We could also consider ongoing conference modifications of the app to be sponsored by companies, whose logos could then be displayed on the app.

Fevzi Shakir

Website and Digital Governance Portfolio Chair



Portfolio Reports

Patient Information and Guidelines



Many guidelines are available for members on minimally invasive surgical procedures, consent, and investigations. The BSGE has been actively involved in setting standards for hysteroscopic and laparoscopic procedures, with guidelines available for members to download.

Several guidelines are currently being developed or are under review, before release. These include RCOG guidelines on Laparoscopy in Pregnancy, Morcellation and a guideline on Laparoscopic Injuries. We plan to generate information for the surgical management of fibroids in conjunction with ESGE.

In the near future, the Patient information and Guidelines team will develop patient information using new media and technology. We will support and build multimedia patient information for both hysteroscopy and laparoscopy as well as facilitating information access for patients online. We also plan to develop surgical procedure information videos for both trainees and patients.

Tom Smith- Walker

Chair of Information and Guidelines Portfolio

Awards and Bursaries



The main feedback received from the BSGE annual survey of members was that the membership felt that the chance of winning an award or a bursary was small. Therefore they felt discouraged from applying. However, as chair of the portfolio, I want to say that based on the 2018 figures, we awarded 32 awards to a total of 38 applicants. A total of £29,400 was allocated out of an overall budget of £30,000. So, I'd like to assure members that if they submit a good quality application, fulfilling the strict criteria, the chances of winning an award is excellent- seventy percent plus.

We have other projects in the pipeline. Moving forward, we are working on introducing an award for quality improvement and innovation, developing a research fund which could provide small research grants or facilitate a research fellowship in the future.

Overseas membership has been successfully launched. We have worked on potential overseas awards and bursaries. However, we will wait to see how the uptake of membership develops before introducing them. Currently, it's a project for the future.

Kirana Arambage

Awards and Bursaries Portfolio Chair

Laparoscopy Training



The BSGE/ RCOG Benign Abdominal Surgery course will be held at the RCOG on the 16-18th September 2019.

This year we are bringing a new and exciting theoretical programme focusing on the challenges of benign abdominal surgery followed by a one-day hands-on practical course to develop essential skills for performing laparoscopic hysterectomy.

The course has been redesigned to incorporate interactive sessions giving the opportunity for case-based discussion, management of the complications as well as video demonstrations of surgical techniques. Delegates who register will have the opportunity to bring forward interesting and challenging cases for discussion by panels of experts in the field of laparoscopic and open benign gynaecological surgery with extended sessions on hysterectomy, menorrhagia and endometriosis management.

The practical element of the course will break down the key components of laparoscopic hysterectomy and include workshops on pelvic sidewall dissection, vessel sealing and techniques for colpotomy. We hope that delegates can develop different suturing skills for vault closure, including interrupted intracorporeal and extracorporeal suturing and continuous vault closure.

For more information on the course and how to register, please visit

<https://www.rcog.org.uk/en/departmental-catalog/Departments/atm/2226---benign-abdominal-surgery---joint-rcogbsge-meeting-2019/>

We hope to see you in September.

Miss Donna Ghosh and Miss Jessica Preshaw

(Course organisers)



Wendy-Rae Mitchell
Nurse and Paramedic Portfolio Chair

Nurse and Paramedic Portfolio

With increasing growth and engagement from nurse and paramedic BSGE members, The Scope has introduced a dedicated page for the portfolio. We'd welcome all your news, opinions and pictures.

The specialist nurse meeting at ASM 2019 was a great success

It had been integrated into the conference so that nurses, paramedics, consultants and trainees were all able to share information and learn from each other. There were full rooms, lively debates, and also hands-on training at the first CSN pre-congress masterclass.

One big breakthrough this year was the unanimous agreement at the AGM that the Nurse and Paramedic portfolio would have a second Council member. This will take the form of a nurse hysteroscopist chair, allowing the endometriosis and hysteroscopy CNSs an equal voice on Council. Nominations will take place next year, and hopefully, at next year's AGM, the Society will announce the new portfolio chair.

The first pre-congress training course was well received. Six nurse hysteroscopists joined doctors in the hands-on session. Even highly experienced clinicians found the course very rewarding. It was an excellent opportunity to get their technique validated, try new equipment, receive tips and hints from faculty and share experiences and knowledge.

In the future, we hope to expand endometriosis CNS training opportunities. We plan to provide a two-day training course. The ASM is excellent, but we're trying to provide everything for everyone's needs in a short time. The nurse hysteroscopists benefited from the Ambulatory Care Network course in Birmingham, and we would like to provide equivalent training for endometriosis nurses.

I continue to work closely with my supportive sub-committee colleagues: Deb Panes in endometriosis, Caroline Bell as nurse hysteroscopist and Liz Bruen representing paramedics. We want to encourage more paramedic members. With the new NICE guidelines, there will be a demand for more hysteroscopists. The BSGE can offer education, training, and networking for any clinicians involved.

The team continues to work hard to improve the experiences of nursing colleagues and patients. If you have any ideas or suggestions for the team, please contact wendymitchell1@nhs.net.



Clinical Nurse Specialist regional meeting

Deb Panes, Endometriosis Clinical Nurse Specialist at St Michael's Hospital, Bristol, reports on the first Clinical Nurse Specialist regional meeting.

On Saturday 27th April 2019, five endometriosis clinical nurse specialists (CNS) from across the South West came together for their first regional meeting. The idea was first conceived by Gilly Macdonald from the Royal Cornwall Hospital, Truro as she knew she was unable to attend this year's ASM in Newport and would miss out on the annual opportunity to network with colleagues and update on current topics in endometriosis care.

Gilly visualised a local meeting where a small number of nurses could get together on a regular basis to share ideas on role & service development and undertake reflective practice in a safe and supportive environment. Gilly Macdonald, Deb Panes, Michelle Perry, Jane Burton, and Rachel Bailey came together at the first meeting, held at the central location of The Royal Devon and Exeter. It was a fantastic brainstorming session where ideas were collected on the potential scope of the meetings. The group found it valuable to share specifics on their individual and unique roles, the workings of their services and educational opportunities. The group will meet quarterly and also set up a secure Facebook forum page where they can safely communicate.

I presented to the nurses at this year's ASM in Newport on the 'benefits of building endometriosis networks' and shared how the first ideas of the regional forum were sowed and the value of us coming together. It has been fantastic to see other CNSs recognise that this would be a useful opportunity to adopt in their local area and could greatly enhance their practice.

We look forward to meeting again on July 20th and welcoming any new nurses in the South West who feel they would benefit from joining the forum.

Setting up an outpatient hysteroscopy service

At BSGE 2019 Debra Holloway, consultant nurse hysteroscopist at Guy's and St Thomas's Hospital Trust, talked to delegates about the challenges of setting up a hysteroscopy service. She shared her experiences with The Scope:

There are many challenges when you're setting up a service: finance, setting job descriptions and job titles, and other nurses! You can go on a course to learn hysteroscopy skills, but no university course can teach you how to get the service and finances together and how to get others to buy into the idea.

My practice is mainly outpatient procedure based, predominantly hysteroscopies, but I also co-lead a menopause service and a clinic for women with bleeding disorders together with medical consultants. I also run a telephone helpline for women who have been using gynaecology services and are worried about symptoms, chasing up results, or checking on medication changes.

The BSGE has been proactive in developing structured hysteroscopy training, and that is great. It's the other bits involved in setting up a service that can be lacking. The challenge is putting a value on the nursing team, knowing our own worth and recording information that can demonstrate that value. A supportive or reassuring phone call to a hysteroscopy patient can take a long time. That's true with endometriosis patients too. But in that call, a woman could confide fears of a speculum or share their experience of abuse. Without that call, they could fall through the gaps, they might not turn up for their appointment. The problem is that it's very difficult to categorise that time and its benefit in an audit.

This can disproportionately affect nurse hysteroscopists because patients tend to perceive us as more approachable and less intimidating. They may be happier to pick up the phone to a nurse than have to go through a consultant's secretary or a receptionist.

For nurse consultants, and ANPs and CNSs, it's about knowing our worth. It's about recording that phone call and understanding its value. It may not have got an income for the trust, but it may have sorted out a woman's pain, her fears, or her medication. We need to empower nurses to be more proactive.



Specialist Nurse Conference

This was the tenth year of the Nurse Conference

The Scope spoke to Caroline Bell about this year's meeting on the theme 'Prudent healthcare through innovation, technology and excellence' and her work on the nurse hysteroscopy subcommittee:

'The location of BSGE 2019 was fantastic, Celtic Manor could accommodate all delegates under one roof. The nurses' conference was wonderfully organised, with interactive sessions with the audience, ensuring that delegates got what they wanted from the meeting.

'The programmes were more integrated this year, which was absolutely fantastic. The scheduling was very well done, so that interesting sessions didn't overlap and people were able to move between rooms easily, without having to travel to distant buildings.

'The BSGE nurse hysteroscopy subcommittee is currently working together with Bradford University to look at revalidation, recommendations for trusts and setting standards for maintaining competence. At the meeting, we had a vote and set standards for numbers of diagnostic and operative hysteroscopies that need to be performed annually, which will hopefully be ratified at the next Council meeting.

'At the moment, there is no post-menopausal bleeding guidelines in the UK. I am currently doing a UK audit at the moment, which is sitting with Council currently. I previously did an audit on nurse hysteroscopists and found that there was quite a big divide on what we are doing. There's no standardisation in care. I hope the audit will give us a clearer idea so that we can work towards developing a national guideline.'





RIGS continues to grow and develop. We had a very successful ASM, with breakout RIGS sessions, RIGS dinner, and a new ‘Stump the Expert’ presentation. Over the next year, we aim to continue the established RIGS activities and also encourage the development of new RIGS initiatives from the newly appointed regional representatives.

RIGS reps

New Regional RIGS representatives were appointed in February by competitive application-congratulations to the new members of the committee.

We are looking forward to working together to improve access to minimal access to gynaecological surgery training for all trainees across the country. If you have any questions or ideas for your deanery, please contact your rep via the “contact” section of the BSGE website.

A special congratulations to Michael Adamzyck who won the council election to become our new trainee representative, replacing James McLaren who emigrated to Australia in September.

RIGS reps 2019

- Mersey- Hannah Wright
- East of England- Emily Gelson
- South West- Islam Gamaleldin
- North East- Nicola Ramshaw
- Northern Ireland- Chris Skelly
- Ireland- Majeed Abdelrahman
- Scotland- Kirsty Brown & Wojciech Szubert
- London- James Phillips
- Wessex- Matthew Dipper
- West Midlands- Aarti Lakhiani
- KSS- Michael Adamczyk
- Thames Valley- Alexandros Grammatis
- East Midlands- Rekha Pillai
- Yorkshire- John Dalton
- Wales- Angharad Jones

Careers Fair at RCOG, 9th February 2019

Angharad Jones, Lizzie Bruen, and Natasha Waters represented the BSGE at the RCOG medical students day. A hands-on workshop was well attended and one of the most popular attractions at the College. Students and foundation doctors were given the opportunity to use box trainers and take part in a sweet stacking competition with certificates awarded to those scoring highly.

RIGS Intermediate Lap Skills course

The third RIGS intermediate lap skills course was delivered at WIMAT in Cardiff as a condensed one-day event at the ASM pre-congress. Many thanks to industry for their continued support by providing simulators, models, and energy devices. Without such enthusiasm and hard work from our colleagues in industry the course would not deliver such a high standard of training. Delegates received a combination of informative lectures followed by intense skills training including salpingectomy, cystectomy and laparoscopic suturing. Keep your eyes peeled for the next course, which will be visiting a new venue in the UK this autumn.

Pecha Kucha

This year’s Pecha Kucha ‘Dragons’ Den’ echoed the ASM theme of ‘Prudent healthcare through innovation, technology and excellence.’ The top-scoring abstracts were pre-selected and presenters faced with a panel of dragon clinicians and experts from industry. Congratulations to Zaid Hafsa who impressed the dragons with his presentation ‘Virtual Reality, Haptics, and Metrics’. He won a night’s stay and dinner at the Celtic Manor.





RIGS Dinner

Following al fresco welcome drinks at the Celtic Manor the 3rd annual RIGS dinner was held at the 2010 Ryder Cup Clubhouse, where the Welsh sun shone for a fantastic start to the ASM social calendar. A huge thank you to Paul Lewis from Karl Storz for his continued support of the event and such generous sponsorship allowing a heavily subsidised ticket price for all attendees.

Guest speaker Attilio Di Spezio Sardo from Naples, Italy delivered a passionate and inspiring talk on 'The Learning Curve in Hysteroscopy' which was a perfect warm-up for the ASM scientific programme.

This year the event was open to all attendees of the ASM, not only trainees. We aimed to create a relaxed environment where trainees could interact with senior BSGE members, Council and invited speakers- not separating trainees but integrating them into the BSGE multidisciplinary network. We already have ideas for next year's guest speaker and look forward to planning the event in Manchester.

Stump the Experts

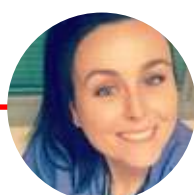
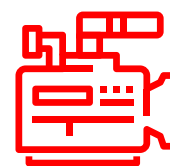
This new trainee feature in the ASM programme was well-received as an interactive and entertaining section allowing audience participation. Three intriguing pre-selected cases were skilfully presented to a panel of expert clinicians. Based upon their vast clinical knowledge and experience, the expert panellists guided the presenters through diagnostic and operative pathways to reach the correct diagnosis or outcome. The prize for stumping the experts went to Francesca Hogg who demonstrated the old adage 'common things are common' with her case of chronic retained products of conception.



ASM trainee video competition session

I would encourage all trainees attending the ASM next year to submit a video for the trainee video session. This year only two videos were presented due to low submission rates. My main tip would be- stick to the rules as this was the only reason for any videos being declined this year. We are not looking for highly advanced surgical skills or procedures- a surgical video that is well-edited, logical and shows clear learning points will score highly in the selection process.

I will be uploading a presentation of tips and tricks for surgical video production via the trainee section of the website to provide some pointers. The BSGE video library is also an excellent resource for guidance and learning. Congratulations to Martin Hirsch on winning this year's prize for his video: Ultrasound-guided hysteroscopic lysis of intrauterine adhesions



Angharad Jones
BSGE Trainee Representative



Michael Adamzyck
BSGE Trainee Representative

Making the most of training opportunities as a trainee BSGE member

The BSGE currently has 346 members in training. The Society offers reduced rates as well as training and social opportunities for trainee members. The RIGS group is an active and dynamic part of the Society- but how do you make the most of the BSGE training opportunities? Donna Ghosh, current Laparoscopy Training Portfolio Chair, ex-trainee representative and one of the founders of RIGS, shared her tips at the ASM:

Make the most of the BSGE ASM:

There are enormous opportunities for trainees at the ASM. Attend the meeting and get involved, you can get new knowledge, and you can network. Think about entering videos, submitting abstracts, taking part in the 'Pecha Kucha' or presenting a clinical case that could 'Stump the Experts.' Keep a record of interesting cases during the year and use the platform that the BSGE offers.

Video stars:

Look at the BSGE video library and the videos on the Facebook page. Within the Laparoscopy Training Portfolio, we are looking to develop exemplar videos, and we also encourage people to submit videos of all kinds. There is a BSGE annual video competition, with a doctors in training category. There are three prizes of £300, and a win will also boost your CV.

Awards, bursaries and competitions:

The Society has increased the budget for awards and bursaries and allocations are now made every four months. Among other prizes there is a travelling fellowship for trainees of up to £1000, a BSGE bursary for a formally recognised course in gynaecological endoscopy of £500 per course or 50% of a university module if the cost exceeds 1k. My advice is to read the rules, stick to the rules, think about the relevance of your application and, above all, APPLY!

Fine-tune your CV:

Keep your CV to 2 pages. Keep the content relevant to minimal access surgery and include audit, research, and evidence of commitment to MAS. Think carefully about what you have done and achieved.

BSGE Courses:

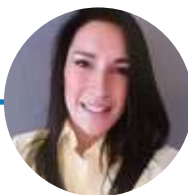
The Society offers excellent training courses. The affiliated courses sponsored by Olympus, Ethicon, and Karl Storz have been developed over ten years. They are very competitive but a fantastic opportunity- so go for it, if you don't apply you won't succeed. I have seen people getting in after three unsuccessful years, so don't give up.

When I was a trainee representative, we noticed a gap in training between ST3-5. We developed a special intermediate RIGS course, keep an eye on the website to book your place. There is also the BSGE cadaveric course, BSGE meetings in benign abdominal surgery and joint meetings with the College and other societies. Find out more on the website.

GESEA course:

GESEA is a very well-structured diploma. It is assessed formally and certified through ESGE together with the BSGE. You can get a skill and a way to sell yourself in the future.

Above all, I would urge you to get involved, get your face known, and get networking. The BSGE has fantastic resources for trainees. Use the website, the RIGS handbook, and join the Facebook page. Become an active member of the Society. Tell us what ideas you have, get involved with RIGS and local events, help out on the junior doctor or medical student careers day. All of this will boost the CV and help with getting jobs in the future.



Donna Ghosh

Laparoscopy Training Portfolio Chair

Facebook update

Tereza Indrielle-Kelly, ST4 West Midlands is a member of the webcomms subcommittee and administrator for the BSGE Facebook page

The Facebook group now has over 500 members from across the world. The page has become increasingly active over the last six months. Members have shared rare cases, interesting videos, and debated subjects from surgical technique to Chinese Herbal Medicine!

Members of the Facebook group have posted questions and shared videos, including Mohamed Mabrouk's 'Leyomiomatosis peritonealis disseminata associated with ovarian endometriosis in a patient submitted to hysteroscopic myomectomy,' and Argentine based Gynesurg shared a video of '20-year-old patient with vaginal uterine agenesis, a neovagina is performed with rectosigmoid colon, using the pedicle of the superior hemorrhoidal artery.'

Shaheen Khazali is an active contributor and administrator for the Facebook group. He posted about the newly launched BSGE overseas membership and received interest from people across the globe, demonstrating the power of social media.

If you've not joined yet, I can reassure you that our security settings are high. Anyone keen to join will need to click on the link and have their application okayed before gaining access. So sign in and sign on to join the discussion.

You can find us at <https://www.facebook.com/groups/1857704554555932/?ref=bookmarks>



**Click here to to join
our Facebook group**



Tereza Indrielle-Kelly
BSGE Facebook Representative



Meetings and Events

Nadine di Donato has compiled a list of the other important upcoming meetings and events

8th Asian Congress on Endometriosis (ACE2019)

28 – 30 August 2019
Pattaya, Thailand

[Click here for more info >>](#)

RCOG/BSGE Benign Abdominal Surgery

16-18 September 2019
RCOG, London

[Click here for more info >>](#)

European Society of Gynaecological Oncology

2-5 November 2019
Athens, Greece

[Click here for more info >>](#)

11th Congress of the European Pain Federation

4 – 7 September 2019
Valencia, Spain

[Click here for more info >>](#)

RCOG/BSGE Diagnostic and Operative Hysteroscopy

24-26, September 2019
RCOG, London

[Click here for more info >>](#)

48th AAGL Global Congress on MIGS

9 – 13 November 2019
Vancouver, Canada

[Click here for more info >>](#)

MIGS: East Meets West (1st Regional Meeting of ESGE & APAGE)

4-17 August 2019
Metro Manila, Phillipines

[Click here for more info >>](#)

28th ESGE Annual Congress

6-9 October 2019
Thessaloniki, Greece

[Click here for more info >>](#)

BSGE 2020 Manchester

BSGE ASM
22nd -24th April 2019
Manchester Central, Manchester

[Click here for more info >>](#)

State of the Art Endoscopic Practical Skills Course (GESEA Levels 1 and 2)

10-12 September 2019
Slough

[Click here for more info >>](#)

13th European Society of Gynaecology (ESG) Congress

16 – 19 October 2019
Austria Centre, Vienna

[Click here for more info >>](#)

14th World Congress on Endometriosis (WCE2020)

8 – 11 May 2020
Shanghai, China

[Click here for more info >>](#)



Nadine Di Donato
Events

Video Library

The BSGE video competition always attracts a high calibre of entries, many congratulations to the winner listed below:

Technique for transcervical resection of a fundal fibroid.	James Phillips	Doctors in training
Laparoscopic management of a live caesarean scar ectopic pregnancy using intraoperative ultrasound as an adjunct.	Angharad Jones	Doctors in training
A novel laparoscopic technique for total removal of mid-urethral polypropylene slings causing urethral erosion.	Emily Claire Carter	Doctors in training
Beyond Surgery: Exploring the patients experience.	Wendy-Rae Mitchell	Nurse and paramedic
A case of utero-sacral ligament and vagina endometriosis- pay attention to the ipsilateral ureter.	Nadine Di Donato	Consultant

The 2019 winners are now available on the video library, so take a look at the videos and see what it takes to get the prize.

The BSGE video library will also show highlights from the ASM, including winning videos of surgical techniques and interesting case reports. Please sign in to the page, comment, and join the debate. The library will only grow and develop with your engagement and support, so also submit your videos. We are always looking for new content.



[Click here to view winners videos](#)

Noteworthy Articles

Stay up to date with this selection of articles that caught Rebecca Mallick's eye.

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

Brincat et al. The diagnosis and management of interstitial ectopic pregnancies: a review. *Gynecol Surg* 2019;16:2

A detailed review article on the diagnosis and management of interstitial ectopic pregnancies. Useful for those simply wanting an up date, but essential reading for those preparing for the MRCOG.

[Read more](#)

Smith et al. Vaginoscopy Against Standard Treatment: a randomised controlled trial. *BJOG* 2019; 126: 891– 899.

A particularly topical issue. This large randomised controlled trial involved over 1500 women and compared the vaginoscopic approach to standard hysteroscopy with significantly positive results.

[Read more](#)

Sandberg et al. Immediate versus delayed removal of urinary catheter after laparoscopic hysterectomy: a randomised controlled trial. *BJOG* ; 126: 804– 813.

Nice RCT comparing immediate versus delayed removal of the urinary catheter following a laparoscopic hysterectomy. Potentially practice changing...

[Read more](#)

Aref-Adib et al. Preventing adhesions in laparoscopic surgery: the role of anti-adhesion agents. *Obstet Gynecol* 2019. Epub ahead of print.

Another topical subject! An easy to read review paper covering both the pathophysiology of adhesions as well as the effectiveness of anti-adhesions agents and their cost implications.

[Read more](#)

Stevens et al. Prediction of unsuccessful endometrial ablation: a retrospective study. *Gynecol Surg* 2019;16:7

Interesting retrospective study assessing potential negative predictive factors when considering an endometrial ablation. Useful for pre-operative patient counseling.

[Read more](#)

Martin-Hirsch et al. Survival of women with early-stage cervical cancer in the UK treated with minimal access and open surgery. *BJOG* 2019; 126: 956– 959.

Following the controversial NEJM publication concluding poorer outcomes with the minimally invasive approach, the greatly anticipated UK data from 8 national centres is reviewed.

[Read more](#)



Shi et al. Prevention of postoperative adhesion reformation by intermittent intrauterine balloon therapy: a randomised controlled trial. BJOG 2019. Epub ahead of print.

A nice RCT highlighting the potential benefits of using an intrauterine balloon to prevent the recurrence of post operative adhesions.

[Read more](#)

Oxley et al. Laparoscopic Myomectomy: An Alternative Approach to Tackling Submucous Myomas? JMIG 2019. Epub ahead of print.

Retrospective cohort study evaluating the complications and perioperative outcomes between standard laparoscopic myomectomy and those performed for sub-mucous fibroids.

[Read more](#)

Fourquet et al. Disparities in healthcare services in women with endometriosis with public vs private health insurance. Am J Obstet Gynecol 2019. Epub ahead of print.

Thought-provoking article on the continuing disparity and healthcare inequalities with regards to endometriosis treatment. An American article with wide reaching ethical issues.

[Read more](#)

Wilson et al. Hysterectomy status and all-cause mortality in a 21-year Australian population-based cohort study. Am J Obstet Gynecol 2019;220:83.e1-11.

A large population based cohort study assessing whether hysterectomy with oophorectomy before the age of 50 increases mortality with interesting results.

[Read more](#)

Bougie et al. Influence of race/ethnicity on prevalence and presentation of endometriosis: a systematic review and meta-analysis. BJOG 2019. Epub ahead of print.

Detailed systematic review assessing the influence of race and ethnicity on the prevalence of endometriosis.

[Read more](#)



Rebecca Mallick
Noteworthy Articles

Jobs and Opportunities

Welcome to a new Scope section.

If you have a job or opportunity, in the field of minimal access gynaecology, that you would like to share with BSGE members, please send it to BSGE@RCOG.co.uk for inclusion in the next issue and on the website.

External Examiner for Postgraduate Certificate Outpatient Diagnostic Hysteroscopy and Diagnostic Service Development programme

The School of Allied Health Professionals and Midwifery at the University of Bradford is looking for a dedicated individual to undertake the role of external examiner for their Postgraduate Certificate Outpatient Diagnostic Hysteroscopy and Diagnostic Service Development programme, to commence immediately.

The programme is for experienced nurses and healthcare practitioners who have the opportunity to take on challenging roles in women's outpatient services, working across professional boundaries to meet the change in management of Gynaecological services. This programme is focused on a work-based curriculum that has key distance learning elements so enabling a national profile of students within each intake. The course team work closely with the (BSGE) to ensure their best practice standards are achieved.

Role and responsibilities include:

- Confirming the comparability of standards of student performance at University of Bradford with those of similar modules at other UK Institutions of Higher Education;
- Confirming that the assessment process in its entirety is sound, and has been fairly conducted with full regard to justice to students;
- Reporting and advising on the above by means of approving coursework and examination papers and providing an annual report to the University;
- Moderating a sample of work and attend Boards of Examiners as appropriate.

Applicants should have appropriate expertise/experience in the areas of outpatient diagnostic hysteroscopy, be able to undertake a role in the assurance of academic standards in Higher Education and should be aware of modern developments in the design and delivery of the flexible curriculum.

Applicants should not hold more than one other UK Higher Education External Examiner post at the start of the contract and be qualified to at least the level of the programme to be examined.

Further information about the School and programmes can be found at:

<https://www.bradford.ac.uk/courses/cpd/outpatient-diagnostic-hysteroscopy/>

For further information about the role please contact:

Rae Nesbitt at M.R.Nesbitt1@bradford.ac.uk or telephone 01274 236483

Interested candidates should submit a CV to Laura Baxter at:

l.baxter1@bradford.ac.uk by 16 August 2019.

BSGE Web/Comms Team

Meet our dedicated team...



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Jane Gilbert
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Atia Khan
News/Admin



Rebecca Mallick
Noteworthy Articles



Tereza Indrielle-Kelly
Facebook



Nadine Di Donato
Events



Angharad Jones
Trainees



BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

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The BSGE



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