

# THE SCOPE

Newsletter of the British Society for Gynaecological Endoscopy

## ELECTION SPECIAL

Plus all the latest news  
on ASM Manchester



Issue 13 | Spring 2020



BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

# Welcome

## *Welcome to this Spring edition of The Scope*

### Message from the Editor



Happy New Year. I hope everyone had a relaxing festive period and that you are coming to terms with New Year resolutions. Welcome to 2020.

In this issue we are looking forward to BSGE ASM 2020, which I believe will be on par if not even better than our last meeting in Wales. As well as looking forward, I would like to thank all those who contributed to the RCOG fibroid morcellation and patient information publication and the continued collaboration with the RCOG in relation to fibroid management emphasised in Tom Walker Smiths portfolio report, as there has been a lot of patient interest this area with of social media interest in the management of uterine fibroids particularly on Twitter.

The RCOG are also making strides with the late 2019 document for better women's health. Hopefully, as members of the BSGE, we will be able to contribute to women's health aspirations in this new decade. The HEALTH study has been published in the Lancet, showing subtotal hysterectomy to have superior clinical effectiveness compared to endometrial ablation in the management of heavy menstrual bleeding.

As Chair of the Membership Relations subcommittee I would like to thank all members of the team including Tereza Indrielle-Kelly and other members that have increased our footprint on social media, particularly the videos on our Facebook page. I would also like to thank Rebecca Mallick for her continued dive into world literature in relation to our speciality and Nadine Di Donato for keeping us up to date with MAS events around the world.

It would be great if all members attending scientific meetings related to minimal access surgery around the world could use this forum to highlight their experiences and share learning. The Scope welcomes reports, opinions and photos, so get in touch and share your story.

The BSGE continues to support and give awards and bursaries for travel. The Council continues to encourage members to apply as the odds of obtaining a an award are very good, as highlighted by Sanjay in his President's message. In this issue of the SCOPE we highlight reports from members' experiences on their travels to Bordeaux in France, Brisbane in Australia and Antwerp in Belgium, as examples of how members are able to take advantage of this BSGE initiative.

In this issue there is an election section, with photos and impressive statements from all of the nominees for Council. It's your Society, so please vote.

I look forward to seeing many of you in Manchester. Please feel free to suggest items for The Scope, so that we can work better reflect the membership.

#### **Funlayo Odejinmi (Jimi)**

Scope Editor and Member Relations Portfolio Chair  
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## President's Message

One of my BSGE highlights this year was Celtic Manor. It was wonderful to be involved as co-chairman of the of the Local Organising Committee with Richard Penketh. We had an exceptional team from Cardiff and Bristol who put on a great ASM. There was fantastic content and an excellent social program too. The feedback was universally high. The catering always draws some interesting comments...and once again that didn't disappoint!

We now look forward to ASM 2020 in Manchester. The programme, presentations and social events promise to be another very successful conference. The event is fully paperless, with the BSGE App helping with communication, feedback and increasing the Society's green credentials. Many thanks to Sujata Gupta and the Local Organizing Committee who have worked tirelessly. Anybody who takes on the challenge of hosting the event can only underestimate not just the amount of work but also the enormous satisfaction they'll get for putting on a successful meeting. I encourage anybody thinking about hosting a future ASM to get in touch with the Officers to find out more.

The last year has been a busy time for the BSGE as we continue with the regular work of the Society. The funding for Awards and Bursaries was increased a couple of years ago. We are awarding £30000, the application window has been opened up further, and we have made the procedure more transparent. This is one of the most important purposes of the BSGE; to ensure that we continue providing funding for training and teaching, driving standards and increasing the application of minimal access surgery in gynaecology.

The Society remains active in training. We continue to work in partnership with Ethicon and Olympus to deliver the ST 5+ programmes for senior registrars. This year, as always, they were hugely oversubscribed. The feedback for 2019 has been very good and they remain an enormously valuable training asset.

We have just finished the round of selecting the candidates for the next Ethicon / BSGE training programme. Justin and I have also had a meeting with Olympus; we are working together to revamp the Olympus programme and make more use of digital, web-based and multi-media learning tools. We're planning to make the learning resources available to all BSGE members, not just delegates on the training programme.

This is an exciting development for the Society and an opportunity for members to get involved in developing and making web-based training materials that will be accessible to all.

Over the course of 2019 I co-chaired a RCOG / BSGE task and finish group to produce a consent guideline on morcellation of fibroids and a Patient Information Leaflet. It was a reactive piece of work, because there was a lot of public concern around morcellation of presumed benign fibroids and undiagnosed sarcomas. The BSGE played a very active role in analysing the evidence base and synthesising the consent guidelines, which will be very useful for patients. The feedback after publication has been excellent.

The overseas membership category is now embedded in our constitution. We've got small numbers at the moment but it's a group that we should continue to encourage so that our international links become stronger. We've had several invitations for joint meetings and Shaheen Khazali is keeping a watch and negotiating where and when we should hold our first joint international meeting.

At the AGM in 2019 we changed our constitution to better reflect the membership and activities of the Society. We have created an extra place on Council for nurses by splitting the Nurse and Paramedic Portfolio to create two positions, one for endometriosis clinical nurse specialists and one for nurse hysteroscopists so we can deliver for both of these different constituencies. This is going to be key to resuscitating our nurse hysteroscopist training programme.

The advanced laparoscopic surgery ATSM is recognised by the College as requiring more intensive training than other ATSMs. We want to upscale the recognition of advanced laparoscopic surgery within gynaecology, and the BSGE and RCOG are as one in this view. Unfortunately, the GMC regulations have changed so



that they no longer recognize new subspecialties. The GMC has introduced a new category called credentialing. Currently there is a lot of ambiguity around what it is and how subject areas are recognized for credentialing. We've had joint meetings with the GMC and put forward a well-articulated case for advanced laparoscopic surgery to be one of the pilot subject areas for credentialing, but we are quite far down the batting order. It's important to keep arguing our case and hope that the new team in the BSGE and the RCOG (the new President is a BSGE member!) will continue to push for advanced laparoscopic surgery to be recognized for credentialing.

In the area of outpatient hysteroscopy, Justin Clark has set up an Ambulatory Care Network, which will have met twice by the time of our ASM. It is a forum for the exchange of ideas, teaching and for learning, which will improve standards in outpatient hysteroscopy.

The BSGE Endometriosis Centres project is now embedded in the gynaecological landscape. The latest development is that NHSE Specialist Commissioning teams are reviewing endometriosis centres, hopefully to commission services. The norm should be that units that aren't able to provide a specialist service refer patients with endometriosis involving the bowel, bladder or ureters to an Endometriosis Centre, just as we refer between a cancer centre and a cancer unit. The Endometriosis Centre database has now been anonymised to comply with GDPR, and I would like to thank Arvind Vashisht, who put in the many hours to make this happen.

Many of us have election fatigue - but can I remind you to brave the ballot box one more time! I'd encourage all of you to vote in the BSGE elections, this one really matters. The nominations are in this issue of The Scope.

I would also like to put out a call to all our members. Our membership has grown but there is potential for even greater expansion. My challenge is for you to look at your departments and find a colleague that would benefit from the many activities the Society has to offer. The BSGE provides access to bursaries, high-quality teaching programmes and an annual meeting that is the envy of other specialist societies. If each of you encouraged just one person to join we would double in size! This would be good for you, for the Society and for standards and training in minimal access surgery.

I took over the presidency from Dominic Byrne with whom my thoughts and beliefs resonated identically. He made the Society more organised and business-like, which allowed me to focus on other areas, to which I think I was better-suited. In turn, I am handing over to Justin Clark in Manchester. He's been a source of wisdom, support and infectious enthusiasm as Vice President. His desire to improve standards driven by data is exactly what the BSGE needs to be an important voice within the provision of gynaecological services. I have thoroughly enjoyed working with him and am confident that he's going to bring about change that will be for the better. I wish him all the very best for his tenure as BSGE President.

This is my final message to all my colleagues and friends at the BSGE. I have thoroughly enjoyed working with so many very talented people and would particularly like to express my thanks to the Council, the Officers Justin Clark, Andrew Kent and Shaheen Khazali and of course Atia, without whom the job couldn't be done. As a team they bring a huge amount of knowledge, skills and experience to running the BSGE. Being your President has been a great honour and I am incredibly grateful to you all.

**Sanjay Vyas**  
BSGE President

# BSGE Elections 2020

After Brexit and UK parliamentary elections, you may have election fatigue. However, the most important election is fast approaching. The BSGE has recently launched the 2020 Council Elections.



President Sanjay Vyas announced that vacancies were available for eight positions on Council. Positions include BSGE Vice President, four senior representatives, one trainee rep. and two nurse or paramedic practitioners.

Sanjay encouraged members to consider standing, saying:



*"Being a member of Council does involve a time commitment, but also adds to your job satisfaction! I urge anyone interested in becoming more involved with the BSGE to stand for election. If you are not sure, please speak to someone who is already on Council, or contact one of the officers".*

**Voting will be online in the dedicated members' section of the website. The vote will open on 18th February and continue until Wednesday, 18th March 2020 at 5 pm.**

The full list of nominated candidates are displayed over the next few pages (arranged alphabetically), together with information about their experience, credentials and ethos.

As always, the results will be announced at the AGM in Manchester on 23rd April, 2020. Please exercise your democratic right and make your vote count.

[Click here to vote](#)



## Nominations for Vice President

### Thomas Ind

Having served as an officer of the BSGE for over five years, I know that being VP and President is not a position of status but one of hard work and commitment. A VP needs to be someone of repute but also a person who rolls up his/her sleeves and grafts for the society.



I have a strong research commitment with over 80 publications, two books, numerous chapters, many grants, doctorate theses supervised and invitations to speak at conferences. I performed the UK's first single incision laparoscopic hysterectomy and first robotic hysterectomy. As an officer of BSGE I was involved in every aspect of the society from awards, endometriosis centres, meetings, annual scientific meetings, the lap-Hyst project, the anatomy course, the MAS courses, and the nurses hysteroscopy course. Furthermore, I wrote most of the governance documents of the society during my tenure in addition to representing the society for the LMS morcellation debate and at the specialist society liaison group of the RCOG. As treasurer, I put the society onto a sound footing with reserves increasing from just under £80,000 when I took over to £640,000 after my last financial year.

I have always believed that professional societies are there for every member not just the elite. As treasurer of the BSGE I pushed for equality between ordinary members and council so those who pay their membership fees are not subsidising the elite to attend meetings. Moving forward, I would like to see the monies spent on awards and bursaries increase; a further rise in our nursing & paramedic members; and increasing our relationship with ESGE and AAGL. Furthermore, I want to bring in other members of associated societies from fertility, oncology, urogynaecology, and robotics to make us truly the society of the gynaecological surgeon.

### Andrew Kent

I have been a consultant since 2001 and have over 23 years' experience as a minimal access surgeon. My skills set includes advanced laparoscopic and hysteroscopic surgery, particularly in relation to endometriosis, uterine disease and prolapse. I am Director of Gynaecological Surgery at the MATTU, Guildford.



Credentials: I have served on both ESGE and BSGE Councils, most recently as your Honorary Treasurer, a position that I have thoroughly enjoyed providing an excellent overview of the entire workings of our society. I have substantial experience in delivering training programs, and have over the years developed excellent relationships with industry, who continue to support the society and training for our speciality as whole. It is vital that we maintain and foster this support.

Ethos: It is important that we value and nurture our human resource, from which will flow excellent patient care. Whilst there has been significant progress in the development of gynaecological MAS there is a significant risk that this will be undermined unless we address the training deficits that are starting to develop in our speciality. It is imperative that the BSGE works to maintain standards and continues to provide training opportunities for all our members, particularly our trainees and nursing colleagues. Our society is a forum for like-minded individuals to come together, achieve great things and enjoy doing so. Long may it continue.

As your Vice President I would work tirelessly with the other Officers and your Council towards this aim and would welcome your support.





# Nominations for Senior Representatives

## Karolina Afors



I have been an active member of the BSGE for the past 5 years and am also a Gynaecologist at the Whittington Hospital in London, which is a BSGE accredited Endometriosis Centre.

My initial involvement in the BSGE stems back to the Jubilee ASM Meeting. I served on the organising committee and was responsible for arranging a pre-congress workshop on operative complications, in addition, to introducing Laparoscopic Hands on Training (HOT) workshops.

As one of the chief mentors for the Gynaecological Endoscopic Surgical Education and Assessment (GESEA) programme I have helped introduce GESEA certification to the UK, where together with the BSGE we have continued to run biannual certification sessions which continues to grow in popularity and receive positive feedback. I am also actively involved with ESGE where I serve as co-chair for the Young Endoscopic Platform and associate editor of ESGE vision.

I understand the commitment required to be a BSGE Council Member and feel I possess the energy and enthusiasm to serve the membership. If successfully appointed, I would aim to strengthen the links between the BSGE and our European counterparts. I am passionate about training opportunities in minimal access surgery and would hope to use this platform to set up recognised visiting training fellowships in specialist centres throughout Europe.

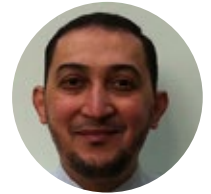
Analysing the variation in practice through national audits and more involvement of the gynaecological imaging into the BSGE function and aim for more collaboration between societies.

Practical and direct support of the trainees and investigate the obstacles in achieving confident skills at early stages of training

Supporting nurse colleagues as an important part of the society and further enhance their roles and engagement and work with the professional bodies to improve training experience.

Enhancing the role of the BSGE internationally and work with colleagues to develop a model of excellence in standardisation of techniques and appraise innovations.

## Ayman Ewies



I am consultant gynaecologist for 15 years, currently working at Sandwell and West Birmingham Hospitals.

I am also an Honorary Senior Lecturer, Lead for the Professional Development Activities Module and Deputy Academic Lead of year 3, Medical School, University of Birmingham. I am a nationally recognised expert in the field of gynaecology with 91 peer-reviewed publications and 58 abstracts presented in scientific meetings, and I am also associate editor for the Journal of Obstetrics and Gynaecology.

I lead a contemporary ambulatory hysteroscopy unit for the past decade which has progressed to "See & Treat" practice. I run hysteroscopy courses and masterclasses nationally to train consultants and trainees. I invented (published in 2015) the "Cattle Uterus Model" as a wet laboratory simulation tool for training in resection of septum, endometrium and SMF.

I serve on the e-Learning Board of the RCOG since 2012 and my term in office as the Editor-in-Chief is coming to an end in May 2020. I now aspire to take on a new challenge. The BSGE is an esteemed and instrumental specialist society and I would like to build on its achievements, help establish its values and ensure women have access to the best endosurgical care. I have the skills of chairing meetings attended by high profile members, delivering tasks before deadlines, effective communication with team members, ability to lead the change and bring new ideas to fruition. It is for these reasons, I would like to take the opportunity to serve as a senior council member.

## Oudai Ali



I am a consultant obstetrician and gynaecologist based in Cumbria. I care mainly for cancer patients and I successfully established diagnostic pathways in ambulatory gynaecology. I am active in training and teaching in many venues including the regional courses and the royal college. With my previous training in endometriosis and advanced laparoscopy I have developed the minimal access service in collaboration with colleagues across the region and standardised techniques and improved patient experience and outcome. I visited other units to connect, learn and share good practice. I wish to progress this network further and learn from events and incidences across the country through the BSGE and aim for:

Cooperation and listening to colleagues and encourage those working in a smaller unit to strengthen the connection with the BSGE and achieve a good representation.

Sharing lessons from our successful enhanced recovery program and disseminate the safe practice through the society committees.





# Nominations for Senior Representatives continued

## Chris Hardwick



I have been a Consultant Obstetrician and Gynaecologist in Glasgow for 16 years. My clinical areas of interest are benign laparoscopic gynaecological surgery and endometriosis in particular. I am fully appraised and revalidated including up to date training in equality and diversity. I have sat on national short life working groups on endometriosis management and networks. I am on the RCOG guideline development group for 'Safe Laparoscopy'.

My teaching interests are in laparoscopic surgery training. I am on faculty for the BSGE laparoscopic hysterectomy clinical immersion course having completed a 'train the trainers' course and am course director for a cadaveric laparoscopic hysterectomy course with the University of Newcastle which has trained a total over 100 delegates in the last 4 years. My teaching and training activity has led me to have good relationships with industry colleagues which is needed for the continued education of trainees and consultants as this appears to be the most practical UK model for the immediate future.

Much of my non-clinical time is related to governance Glasgow and Clyde Gynaecology Governance meetings. I am chair of the multidisciplinary NHS greater Glasgow and Clyde obstetrics and gynaecology theatre equipment group.

I have recently been a recruiter or PI for GAPP-2, ENABLE and the HEALTH study and also of laparoscopy consent and haemostatic agents.

With my beloved colleagues I fundraise for Endometriosis UK, taking part and leading the BSGE 2018 and 2019 cycle rides which have raised over 30K total.

For surgeons from my generation, it was not easy to learn endoscopic surgery and that is why I feel that our mission is to persist in improving and sharing knowledge with others. I have always been interested in establishing training programs through my role as a professor, as a consultant and recently as the president of the Middle East Society of Gynaecological Endoscopy.

I believe that the opportunity of playing an active role at BSGE would be for me not only a great honour, but mainly an outstanding chance to escalate and expand the passion for teaching surgery and training motivated health professionals.

If elected, I promise I will perform my role with energy, enthusiasm and integrity.

## Bronwyn Middleton



I have been an active member of the BSGE for 14 years and a regular attendee and participant at the annual conference. I would like to be elected to council to further support the society's vision to improve standards within the speciality of minimal access surgery.

I have been lead for Ambulatory Gynaecology in Western Sussex Hospital Foundation Trust since my appointment 7 years ago. I developed the successful Direct Access See-and-Treat outpatient hysteroscopy service soon after I was appointed. This involved close work with the CCG, local service users and managers. We currently have an outpatient hysteroscopy rate of 92% across the Trust and 97% of patients would rate the service as excellent when surveyed. I undertook the Diploma in Advanced Minimal Access Surgery at the University of Surrey and the ATSM in hysteroscopic surgery.

I have supported many trainees through the Benign Gynaecological Surgery and Hysteroscopy ATSM's and am actively involved in local training running ambulatory gynaecology training days for KSS deanery and local nurses. I was clinical director for Women's Health at WSHFT for four years at the time when we achieved a CQC rating of outstanding both within the Trust and the Women's and Children's Division.

I am passionate about improving women's health and advocating for patient safety and would welcome the opportunity to work in the BSGE team as a senior council member to improve standards, promote training and encourage the exchange of information in minimal access surgery techniques for women with gynaecological problems.

## Mohamed Mabrouk



I believe that, at the end of our professional careers, some of the important facts that will remain are the knowledge and research we have shared with our medical community and the individuals we have been able to train.

For the last 20 years, I have been privileged to receive training and work with world class pioneers in the field of Laparoscopy and Endometriosis Surgery. My own background includes several positions within different European academic institutes, organizing and teaching in many training activities across the world.

One of the most important lessons I learned is that the close contact and communication with motivated professionals is the best way to receive and transmit not only the knowledge and skills, but mainly good values and passion.



# Nominations for Senior Representatives continued

## Fevzi Shakir

It has always been a great privilege to serve on the BSGE council, representing our ever growing membership group.



The BSGE has evolved and matured tremendously since my time on council, initially as trainee representative and then as a senior council member since 2017. This comes with new challenges that are necessary to keep our society operating at such a high level and why it remains respected by other organisations and similar societies worldwide. During my time in council I personally founded the Registrars in Gynaecology (RIGS) platform. This has continued to gain popularity amongst trainees and still remains a popular feature at ASM's and together with the annual RIGS laparoscopy courses, helps to motivate young gynaecologists.

As a senior member and chair of the website and digital governance subcommittee our website continues to be modernised. I was personally responsible for introducing and launching the ASM APP thus making our 2019 ASM paperless. Based on feedback from the members, this APP has been improved significantly and I will be excited to share this updated version with you. It would be an honour to be re-elected onto council to continue to contribute to the BSGE, to improve the digital presence, website and APP that we have and with the highest standard and attention to detail that I so adhere to and greatly value.

## Arvind Vashisht

I am seeking your support to be re-elected as a senior representative on council. I am the current Endometriosis Centres Chair and along with the subcommittee members, have taken us through a difficult anonymisation process.



I am aware that there is so much more that we can do, making the database easier, more accessible and meaningful for the members and I hope that with your support we can shape the direction of this for the next decade. This remains unfinished business and I would be grateful for the opportunity to see the project through.

I am a keen and active contributor to Council and have been involved with other BSGE projects including the advanced laparoscopic training course run by the BSGE for trainees, co-written the new RCOG ATSM curriculum advanced laparoscopic surgery, and updated the NHS Digital coding for complex endometriosis surgery. I have previously been the Industry and Meetings Chair, and organised the BSGE Silver Jubilee meeting in London 2015.

My stated aim is to constructively make sure that the Society continues to appropriately integrate nurse specialists, trainees and consultants so that the BSGE remains an inclusive society ambitiously progressing the care of women, and training in the UK.

## Angus Thomson

As a consultant for 15 years in a busy DGH, I have always been passionate about advancing MAS surgery within gynaecology. The BSGE Worcestershire Endometriosis Centre is amongst the busiest in the country, striving to improve care. My other special interest is laparoscopic urogynaecology in our BSUG accredited Urogynaecology unit.



Since training in the North West and fellowship in Australia in 2003-5, I have had a keen interest in laparoscopic training and still assist with local, national and international courses each year. We also have an advanced ATSM trainee and have made laparoscopic surgery the default surgical route for gynaecology in our unit. My previous experience as Clinical Director and current role as Divisional Director has given me a broad understanding of the NHS and the challenges we face in training, governance, finance and specialist commissioning.

## Tracy L Jackson

My fascination with minimally invasive gynaecological surgery began when I met Ray Garry in Leeds in 1996. I was totally gripped by the laparoscopic approach, so good for women and so much fun as a surgeon. My research from 1997 to 1999 involved outpatient hysteroscopy and our research nurse Jean Black became one of the first nurse hysteroscopists. Through working with Ray and Graham Phillips in Middlesbrough and Leeds, I was involved in laparoscopic training courses and master classes including the consensus meeting on laparoscopic entry in 1999. I was clinical fellow in laparoscopic surgery with Graham Phillips in Middlesbrough then became a consultant with him in October 2002. I live in Leeds and the commuting became too much so I moved to Harrogate in 2008 then Leeds in 2016 where I am clinical and ambulatory lead.



I was a trainer on the RCOG/BSGE LapHyst Program. I run an annual laparoscopic cadaver course for Yorkshire trainees with CAD(aver)SIM(imulation) at Leeds University. We provide all of the gynaecology services for Leeds and the ambulatory unit at St James's is one of the biggest in the country. In collaboration with gynaecological oncology we have access to robotic surgery for those women requiring hysterectomy with very high BMI and co-morbidities.

I am a passionate advocate of choice and empowerment for women. They should be guaranteed access to the safest and least invasive diagnostic and treatment options gaining benefit from the latest technology. The BSGE is placed well to help make that a reality.

# Nominations for Nurse and Paramedic Representatives Endometriosis

## Gilly MacDonald

I have been in post as an Endometriosis Clinical Nurse Specialist at the Cornwall Endometriosis Centre since November 2016.



During this time, I have seen how the clinical nurse specialist is a fundamental part of a multidisciplinary team striving to achieve the very best care and service for our patients. As a member of the BSGE, I am aware of the society's continued commitment to facilitate education, guidance, standard setting and professionalism. An opportunity to be a council member represents an exciting opportunity to develop changes, which will improve care for all women with endometriosis. There is currently considerable variation in the CNS role and how nurses work providing the best service for our patients. I would like to see obstacles challenged and the nurse's role to continue to evolve, creating an environment where we can work to our full potential. To enhance the patient journey in providing expert, high quality care and also to have a voice as a practitioner, leading nurse led services.

The CNS role is extremely rewarding. I provide an independent nurse led service encompassing pre and post-surgical care, and, for patients choosing a non-surgical approach of care. I am a member of the MDT, maintaining strong links with the team. I maintain the database for Cornwall Endometriosis Centre, run a patient support group and am non-medical prescriber. My particular interest is in pain management and psychology of pain. I feel that my level of practice offers the opportunity to actively contribute to the BSGE council and I would be grateful of your support.

## Wendy-Rae Mitchell

It has been a great privilege representing our members as Chair of the Nurse and Paramedic Subcommittee, over the past three years. The dedication of the subcommittee team has been outstanding. We have all grown as a 'united body'. Our colleagues not only demonstrate passion and determination to provide the best possible care experience for women, but most importantly they're sharing their knowledge and experiences with others to enable progress within our organisation.



Membership has risen and members benefit from the opportunities provided with educational and networking events. The Council wholeheartedly supported our ideas. They have an understanding and appreciation of the important role nurses have to play within the organisation; ensuring we're able to provide a robust service by ensuring the best prepared and supported nursing team. We're delighted to initiate the next step by giving ownership to both specialities as separate identities within the BSGE; enabling a greater say in decision making within the organisation and within our own working environments.

Many of our colleagues have been recognised individually for the work they do and this highlights the benefit of working together as part of a greater organisation. It's exciting times and I feel my work is not quite done! Working in partnership, ensuring we have a voice is one of the most important parts of the work and I would appreciate the opportunity to continue with this work on your behalf, for a little longer.





# Nominations for Nurse and Paramedic Representatives Hysteroscopy

## Caroline Bell



Over the last three years I have had the privilege of being the nurse hysteroscopist on the sub-committee, being able to support my colleagues and share information as required. In this time I have also worked with the team at the University of Bradford, meeting the new hysteroscopy students annually introducing them to the BSGE. This has meant as a team we have been able to share guidelines, policies and networking opportunities as well as resources which they have felt would benefit them.

When it was realised nurse hysteroscopists could not be revalidated through the BSGE I was able to work with the nurse hysteroscopists and Professor Justin Clark to make recommendations for the website to support nurse appraisal by the employing trust. The introduction of the ambulatory care meeting has been a huge success and I am proud I have been able to be a part of this.

I would now like to progress my role further and have a chair position at the BSGE this would be a true honour to represent my colleagues in the nurse hysteroscopy field.

## Deborah Holloway



I have worked within gynaecology since I qualified in 1990 and as a nurse consultant in gynaecology since 2002. Within this role I have undertaken outpatient hysteroscopy since I qualified as a nurse hysteroscopist in 2004. I have a wide and varied role in the Outpatient Department and have successfully trained and supervised 2 other nurses and a GP through the hysteroscopy course, as well as regularly training and supervising junior doctors to improve their skills. We have developed our service from a twice weekly diagnostic clinic to a daily service now providing diagnostic and operative procedures.

I am passionate about advancing nursing practice within gynaecology and have just finished 9 years as forum chair for the RCN women's health forum, during which time we have developed many CNS statements aimed to guide nurses within those roles and publications to increase awareness. I believe this experience of committee work, along with sitting on the NICE guidance for menopause, shows my proven track record of my ability to lead and manage projects with multiple groups, including nurses, charities and medical staff to achieve useable outputs.

I have published numerous articles and 2 books and teach regularly, and am the deputy module lead for the Women's Health nursing course at Kings College London. I have a passion for education and supporting and mentoring nurses to develop, extend and enhance their roles.



# Nominations for Trainee Representatives

## Martin Hirsch



The BSGE represents an amazing organisation offering us as trainees the opportunity to learn, develop and teach endoscopic surgery. The wealth of skill and knowledge available within the members of the BSGE is immense and connecting motivated trainees with learning opportunities will be my primary goal as trainee representative. This would be by courses, greater collaboration with Industry (they are very keen to support us as trainees but need our input and guidance), sharing videos, tips and tricks, and widening opportunities for trainees to access high quality teaching resources.

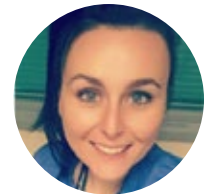
If successfully appointed to the post I will engage with trainees and work for a better quality of gynaecological surgery and ultrasound training in core posts. I plan to establish a trainee led structured research network delivering support and guidance to those wanting supervision to achieve peer reviewed publications or conference presentations.

I am currently undertaking the advanced laparoscopy ATSM at University College London Hospitals having completed an MD(Res) with many peer reviewed publications. I am passionate about training and have acted as a supervisor to medical students with an interest in gynaecology. I hope to expand this model of mentor led academic training in gynaecology across the UK. My aim is to help other trainees achieve their academic and clinical goals and to build the necessary skills to propel them to the most competitive posts.

Aims to achieve as a national trainee representative and a member of the council:

1. Promote the BSGE, its activities (including courses and awards) to trainees through social media, regional introduction at the deanery level and national trainees' events.
2. Expand the educational section of the BSGE website to offer instructional videos and documents of basic procedures
3. Promote interest in endometriosis imaging and the importance of its standardisation in the BSGE endometriosis centre accreditation criteria
4. Encourage research and academic activities through connection to the ESGE journal to help trainees stay up to date and contribute with their own research.

## Angharad Jones



It has been an honour to hold the position of trainee representative for two years. I am standing for re-election as I enjoy the role immensely and have far more to offer the BSGE if reappointed.

I have promoted the BSGE when attending and presenting at international meetings, networking to build bonds with affiliated societies and recruited world-renowned surgeons to participate in our ASMs. I took a lead role in coordinating the successful 2019 ASM scientific programme, initiating new features such as "Stump the Experts". This mammoth task demonstrated effective leadership, communication, commitment and teamwork.

I have been faculty for 3 RIGS intermediate laparoscopic skills courses, RCOG courses and led the BSGE workshop at the RCOG medical students day. This experience will enable me to continue to help deliver high quality BSGE trainee courses.

Winning prizes such as the RCOG World Congress 2019 best poster presentation, BSGE video competition and University Hospital of Wales "Above and Beyond Award" demonstrates my drive and enthusiasm to give my all to the task in hand, which I apply to my role as trainee representative.

I assure that if re-elected I would continue to strive to best represent the views and opinions of the trainee members on BSGE council to ensure trainees benefit from their membership by receiving the best possible support and opportunities in minimal access gynaecology training. I believe the continuity of another term would allow Mikey and I to continue to collaborate to drive progress for RIGS and the trainee portfolio.

## Tereza Indrielle-Kelly



I am a ST5 from the West Midlands. I have an interest in advanced endometriosis with a combination of ultrasound mapping and laparoscopy. Currently, I am finishing my PhD in ultrasound staging of this disease and planning to apply for the advanced laparoscopic ATSM/ fellowship in the near future. At an international level, I am one of the reviewers for the ESHRE Endometriosis guidelines update (2014) in the area of diagnostics.

My work in the BSGE: Whilst serving as a regional trainee representative, I promoted the BSGE and laparoscopic training through social media and websites. I helped with the initial 'mapping' project of laparoscopic opportunities in the region. As a member of the BSGE Webcomms committee, I helped establish and moderate the BSGE facebook group. A particular success of this, was the production and critical moderation of members laparoscopic videos. This platform provided a great source of education and debate.



# Ambulatory Care Network Meeting

The second Ambulatory Care Network (ACN) will be held at the Birmingham Hyatt hotel from February 27th-28th. The inaugural meeting in 2019 was a huge success, with overwhelmingly positive feedback. One delegate said:

***“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.”***

Incoming BSGE 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:

*“Much of contemporary gynaecological practice is being delivered in an ambulatory setting. The ACN is an interactive forum providing 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.”*

This year’s meeting will explore all issues relating to gynaecological ambulatory care. The programme was developed from the ground up in response to delegates.

*“The meeting content will be led by the attendees. They are all professional practitioners and are aware of the issues and challenges faced. The sessions will be discursive and evidence-led, an opportunity to share experiences and drive standards.”*

The meeting is heavily subsidised and the 170 places were rapidly filled. There is currently a waiting list for the event. If you missed out, the next Scope will report on the meeting and provide information on ACN 2021.







# ASM 2020

*The annual Academic Surgical Meeting is the highlight of the BSGE calendar. ASM 2020 will take place from 22nd - 24th April in the thriving Lancashire powerhouse of Manchester.*

*The Scope travelled across the Pennines to meet Sujata Gupta, chair of the local organising committee, as the team finalised preparations for the conference.*

## Meet you in Manchester

Manchester is a very modern city with a rich heritage. It has helped shape the world: in healthcare, industry, science, and culture. The northern metropolis has pioneered new ways of working and thinking and has, in doing so, transformed itself into a modern cosmopolitan city.

Manchester is a transport hub and benefits from excellent road, rail and air links. The city offers 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.

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



**Please click [here](#) to register  
before 20th March 2020 to  
take advantage of the  
early bee rates**

## Manchester Central



The conference will be held at Manchester Central, an award-winning venue in the heart of the vibrant city centre. Its vaulted arches and station clock have made Manchester Central an iconic city feature for over 130 years. The historic architecture and state-of-the-art facilities provide the perfect venue for BSGE 2020.



Manchester Central has spacious exhibition halls, a purpose-built convention auditorium, and many well-appointed breakout rooms. The facilities are all interconnected on a single compact site. Delegates can easily swap between rooms, allowing each BSGE member to get the most out of the meeting's educational and social opportunities.

The conference centre is situated in the heart of city centre, just a minute from the city's best restaurants and bars. You can enjoy the scientific programme at the City's hottest spots and sights.



**Please click here to register before 20th March 2020 to take advantage of the early bee rates**

## 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 the city's 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, Chair of the LOC called on all women in gynaecology endoscopy to attend BSGE 2020 Manchester, in the city that was at the centre of female emancipation. The meeting will host a session 'In memory of the Suffragettes.' It will explore issues affecting women surgeons. Three quarters of trainers in gynaecology are now women, so it's an important debate. The session will discuss tariffs for women's health procedures, operating table heights and equipment and hand size.

As Sujata said:

***"If a Society like the BSGE doesn't flag up these important issues, who is going to?"***

## Living with Endometriosis

At each ASM, patient groups and representatives provide members with an insight into the experiences of women living with endometriosis. This year, women's perspectives will be portrayed in an innovative new way.

The Lancashire People's Theatre will perform a play depicting and dramatizing life with endometriosis. The company is based in Preston. It was created by Neil Procter and Anthea Carpenter-Procter to promote new writing and theatre in Lancashire. They have previously shone a spotlight on eating disorders in men, now they turn their attention to the silent condition of endometriosis.

Don't miss this moving and uplifting new addition to the ASM programme. Check out the ASM App for times and details.





# “Manchester’s got everything except a beach.”

Ian Brown from the Stone Roses

If your image of Manchester is Coronation Street and dark satanic mills, then BSGE 2020 will challenge your preconceptions. The city is a modern cosmopolitan home to music, theatre, galleries and minimally invasive surgery

## Music and clubbing

Manchester is known for Oasis, The Smiths, The Stone Roses and the Madchester scene. The city remains a thriving hub for culture, clubbing and music.

The Hacienda is no more, but the Manchester spirit continues at clubs like The Warehouse Project. The Northern Quarter is bursting with hipster bars and Canal Street is one Europe’s busiest and best-loved gay villages.



## Culture

Whether you like Soaps, Sondheim or Sculpture Manchester has something to offer. Book a tour of Coronation Street, check out The Lowry at Salford Quays for world-class theatre and the largest collection of L S Lowry’s works, or go to the Frog and Bucket Club where Peter Kay and Johnny Vegas cut their comedy teeth.



## Sport

The city is home to two of the most renowned football teams in the world.

Check out the red and blue sides of the city at a stadium tour, or grab a match ticket if you can!

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.



## Home from home

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.

To help you plan your stay the BSGE has partnered with Marketing Manchester Convention Bureau to offer you preferential rates on local hotels.

**Click here to book your stay.**





## Time to work, learn and play

The ASM is an opportunity to exchange knowledge but it's also a chance to catch up with colleagues and have fun. The Manchester LOC has created a social programme that complements the scientific schedule:

### BSGE Curry Night

This informal dinner will welcome you to Manchester. The event will be held on Wednesday 22nd April in the Impossible Bar. It features the best street food in the city. Manchester has a long tradition of serving some of the best curries in the country. We look forward to dazzling your taste buds once again. There will also be a variety of pan-Asian street food on offer.



The mezzanine level of Impossible Bar features a hidden 'gin palace', with 84 gins from around the world, while a cryogenic freezer will freeze spirits to minus 74 degrees to form edible frozen cocktails.

The event is in the same location as the RIGS dinner, so that members can mix, mingle and sample the frozen gins!

[Click here to find out more](#)

### BSGE Gala Dinner

The annual Gala dinner is the social highlight of the BSGE year. The 2020 event will be held on Thursday, 23rd April at the iconic Midland Hotel.



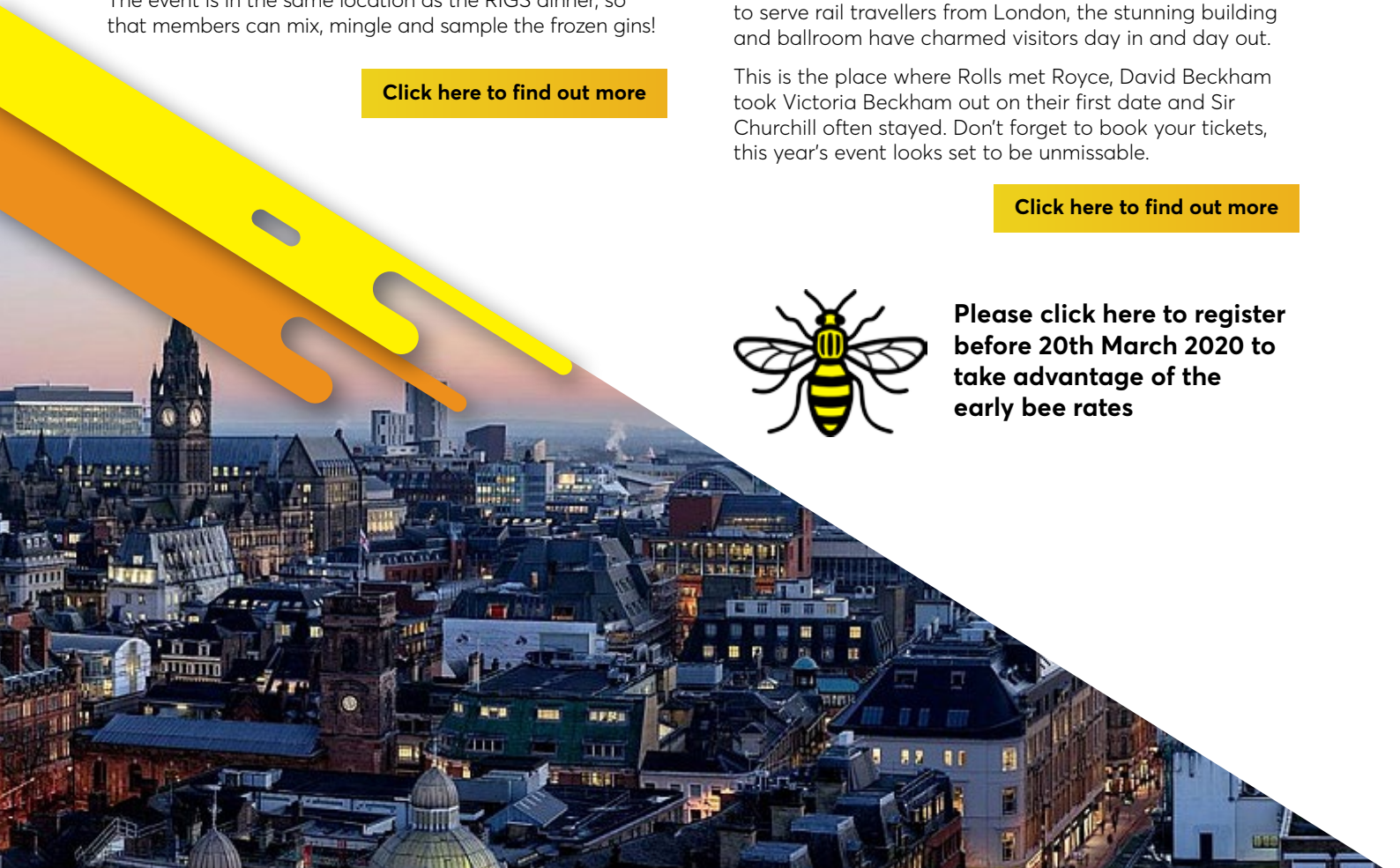
First opened in 1903, The Midland Hotel has been delighting guests from the very beginning. Originally built to serve rail travellers from London, the stunning building and ballroom have charmed visitors day in and day out.

This is the place where Rolls met Royce, David Beckham took Victoria Beckham out on their first date and Sir Churchill often stayed. Don't forget to book your tickets, this year's event looks set to be unmissable.

[Click here to find out more](#)



**Please click here to register before 20th March 2020 to take advantage of the early bee rates**



## Pre-congress Courses

There will be five pre-congress workshops on 22nd April for members who wish to make an early start to the ASM and capitalise on the learning opportunities. The courses provide the chance to fine-tune techniques and learn new skills.

Delegates will get tips and tricks from some of the best practitioners in the country. Members will work in small groups; between two and three people will be supported by an expert mentor using simulation and practical models. The courses are filling up fast, so click here quickly to find out more and secure your place.

[Click here to find out more](#)

## BSGE GESEA Exams

The BSGE in collaboration with the ESGE runs the Gynaecological Endoscopy Education and Assessment (GESEA) Programme in the UK. This is a structured training programme set up by the ESGE and the European Academy of Gynaecological Surgery.

## Robotic-Assisted Surgery Workshop

This exciting new workshop is the first BSGE robotic course. It offers trainees hands-on experience with the da Vinci Xi surgical system. The workshop is surgeon-led, and will offer small groups a high level of interaction. With tuition on set-up, suturing, dissection, and other core skills applicable to robotic-assisted surgery, the workshop will utilise dry lab and simulation models. The Intuitive-sponsored course has proved hugely popular and sold out within two weeks.



**Please click here to register before 20th March 2020 to take advantage of the early bee rates**

## Hysteroscopy Workshop

For nurses, consultants and trainees in gynaecology who are interested in hysteroscopy. The workshop will offer hands on training in both diagnostic and operative hysteroscopy. Training will be delivered by some of the best experts in the country.

## Endometriosis Nurse Workshop

The Nurse and Paramedic subcommittee are delighted to offer the first Endometriosis nurse pre-congress training day. This initiative is aimed at addressing the balance between the current nurse hysteroscopy and endo nurse training offered by the BSGE.

## RIGS Intermediate Laparoscopic Course

This intensive practical simulation course is arranged jointly by BSGE with RIGS. The aim of the course is to cover key operative laparoscopic requirements within the RCOG curriculum. These include laparoscopic salpingectomy, ovarian cystectomy, oophorectomy and retrieval of specimens.

## Don't book the early train home

The program for BSGE 2020 Manchester is packed with quality lectures, presentations and discussions. From the conference launch by past BSGE President Chris Sutton who will give a very Mancunian history of hysterectomy, through hot urogynaecological debates on whether Laparoscopic colposuspension is the gold standard surgical treatment for stress incontinence and live-streamed laparoscopic surgery, the schedule is varied and thought-provoking.

One of the final sessions is by renowned laparoscopic surgeon Marc Possover from the Possover International Medical Centre in Zurich. Marc is a pioneer in the field of Neuropelveology, the discipline dealing specifically with the pathologies of the pelvic nerves and plexuses. His presentation on 'Laparoscopic approach to pelvic nerve entrapments' will be one of the highlights of the final day of the conference.





# BSGE Bike Ride

*#TeamEndo has finalized plans for the 2020 BSGE Bike Ride from London to Manchester. The challenge will take place ahead of the ASM and will raise money for the vital work of Endometriosis UK.*

The route will cover 220 gruelling miles. The intrepid cyclists will leave London on Saturday 18th April at noon and will arrive in Manchester on Monday 20th, ready to make the most of the academic opportunities at the ASM! Organiser Lutfi Shamsuddin said:

*"So far we have 16 committed souls (BSGE & Industry members) to this cause, each ready to burn their legs as well as over 2500 calories each day to reduce their carbon footprint and attend the ASM.*

*Please make our efforts worthwhile, dig deep and input your long card number, expiry date and 3 digit security code on the website below. As in previous rides, all the monies go directly to Endometriosis UK. All costs and expenses associated with the ride are shared by the riders- along with the pain and prolapses that may come our way! We all hope it will be worth it"*

BSGE Cycle Team Endometriosis 2020 added:

*"We'd like to thank BSGE members in advance not only for this year's donation, but also for the generous support for previous rides. We look forward to seeing you at the finish line!"*



[Click here to donate on the team fundraising page](#)





## It shouldn't happen to a gynaecologist

If your fingers are still hovering over the button, Tom Aust, Consultant Obstetrician and Gynaecologist, Wirral University NHSFT, reports for The Scope on his top twenty experiences as a member of #TeamEndo. Here are the wild, wonderful and downright weird things that happened when he cycled over 200 miles for Endometriosis UK with a load of gynaecologists.

1. Finding yourself discussing gear ratios, carbon frame stiffness and saddle design flaws with someone you only met that morning.
2. Appreciating that when you ride past Buckingham Palace, Stonehenge or the Severn Bridge you experience it in a totally different and more immersive way than when you drive past them inside the protective box of a car.
3. Enjoying a pile of cake, sandwiches and endless processed carbohydrates totally free from guilt.
4. Learning that a downward-facing dog is a great pre-ride carpark stretch but is not compatible with cleated shoes.
5. Stopping at the top of Box Hill, surrounded by Surrey's finest lycra-clad warriors, smugly knowing that while they are having a little local tootle round, you are doing a proper century ride.
6. Smiling at the irony that a farmer towing a huge teetering trailer of hay bales has just given you the finger because he thinks YOU are getting in the way of the traffic!
7. Finding yourself discussing the effectiveness of laparoscopic adhesiolysis, intermittent priapism and perineal hygiene with someone you only met that morning.
8. Enjoying a massive slap-up full English breakfast (with toast and muffins to follow) guilt-free.
9. Sleeping like an anaesthetised sloth with a self-satisfied grin only available to those who have spent the whole day exercising.
10. Experiencing the scenery change from city to rural, from inland to coastal, from country lanes to suspension bridges as your legs turn and the gears whirr as the kilometres tick off gradually to the finish.
11. Waving at a tank driver as they idle on Salisbury plain.
12. Feeling the camaraderie that goes with any joint effort in which a group has a common goal; whether that is to raise money for charity, to ride a long way or just an excuse to make new friends.
13. Helping a couple fix their puncture on a cycle path and watching their reaction when you tell them they have been aided by a set of pedalling keyhole gynaecologists.
14. Seeing your future self as you watch one of the older riders go behind a bush for their 19th urination-break of the day.
15. Arriving at a BSGE Endometriosis Centre knowing that it means you are almost at your destination and being greeted by a cheering crowd armed with cream cakes, crisps and soup (yet again, all wonderfully guilt-free).
16. Sharing your musings on arrogant general surgeons, the British ladies track-cycling team banning pubic shaving, and guessing which hotel in Salisbury is favoured by visiting Russian undercover agents who are impressed by the 123m spire with someone you only met that morning.
17. Watching someone track-stand at traffic lights without putting their foot down with admiration (but also slightly hoping they might fall over).
18. Knowing that no matter how much your hands, feet, quads, calves and pudendal contact points hurt, they will get better as the days go by. Also thinking that for many of our patients their pain may take months or years to improve. Or sometimes may never settle.
19. After over 200 miles of pushing yourself and your new friends from one side of the country to another sinking the tastiest beer, standing under the heavenliest shower and demolishing the loveliest dirty curry you've ever tasted. Did I mention that they were all guilt-free?
20. And, most of all, doing it with a bunch of people who you know you will meet again and laugh, cry and brag over all the points above.



# BSGE News

## New Lap-Hyst LAVA Trial

A team from the BSGE are launching a big new trial into Laparoscopic Hysterectomy. The LAVA, or Laparoscopic versus Abdominal Hysterectomy, trial is being run by Justin Clark, Kevin Cooper, Ertan Saridogan and Paul Smith. The trial has been awarded a grant by NIHR to comprehensively compare the procedures in 3250 women.

The LAVA trial differs significantly from the eVALuate study, published in 2004 by Ray Garry. The trial will compare and evaluate TLH compared to abdominal hysterectomy when performed by experts. Justin Clark told The Scope:

*"In contrast to Ray Garry's eVALuate trial, we are using an expertise-based design. Surgeons will self-select the technique in which they are most proficient. Surgeons will only operate on women who have been randomised to have*

*a hysterectomy using the procedure in which the surgeon has declared themselves to be most skilled. This should provide an insight into the recovery and complications of the procedures when performed by expert hands."*

The study will use an innovative recovery assessment tool. Renowned Dutch surgeon Frank Willem Jansen told The Scope that the tool could revolutionise the monitoring of surgical outcomes:

*"The most important thing is to manage the quality of surgery. In the past that was difficult, but with the new QUSN, we have the mechanism to monitor the quality of hysterectomy surgery."*

As the project progresses, members will be able to find out more about LAVA trial on the BSGE website, at the ASM and in future issues of The Scope.

## National Hysteroscopy Survey

The BSGE developed a patient satisfaction survey for women having outpatient hysteroscopy. Project leader Justin Clark told the Scope that the team had received data from more than 5,000 women in 30 different centres during October and November 2019. The survey aims to provide greater insight and understanding into the experiences of women undergoing the procedure.

The standardised questionnaire was created from existing surveys from Society members across the UK and with patient involvement. It was given to women immediately following the procedure, once the consultation had finished. BSGE Vice President Justin Clark stressed that every woman that had an outpatient hysteroscopy was given the questionnaire, regardless of outcome:

*"The key thing was to give the survey to every woman having an outpatient hysteroscopy regardless of whether the procedure failed, was painful, was operative etc. We need 'warts and all' data from consecutively collected data."*

The survey was generally well received by consultants, hysteroscopists and patient groups. The results are currently being collated to provide averages and reference ranges to allow benchmarking. This means that in the future when members use the survey, they will be able to assess the individual or unit practice against national data. This will help inform job appraisals and hospital audits.

Prof Clark will present the findings on day one of the ASM in Manchester.



# BSGE News

## ASM 2021

Even before the curtain opens for Manchester 2020, we can already start to look forward to next year's meeting. The venue for ASM 2021 has been announced as the vibrant Midlands city of Birmingham.

The Birmingham-Worcester meeting will be arranged by a team from the two West Midlands cities. It will be hosted by incoming BSGE President Justin Clark and Laparoscopy Training Chair Donna Ghosh.

The theme of the meeting is 'Standing tall after the fall' and will look at managing complications of gynaecological endoscopy. The BSGE exists to improve standards, promote training and encourage the exchange

of information in minimal access surgery techniques for women with gynaecological problems. The meeting is the perfect opportunity to drive that ethos forward.

Birmingham is Britain's second largest city and the geographical heart of the country. With excellent transport links, fantastic conference facilities and a warm Brummie welcome, Birmingham will be the perfect setting for BSGE 2021. The meeting will run from 19th to 21st May. Put the date in your diary and keep an eye on The Scope, the website, @TheBSGE on Twitter and the BSGE Facebook page for more news and information on how to book your place.

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## BSGE Overseas Membership

The BSGE has introduced a new category of overseas member. Honorary Secretary, Shaheen Khazali oversaw the launch of this exciting development and membership is now open to colleagues across the globe.

A number of senior doctors, trainees and nurses have already joined. 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](http://www.BSGE.org.uk) to join 





# BSGE Video Competition 2020

*The BSGE has launched the 2020 Video Competition for Doctors in Training, Consultants, SAS doctors, General Practitioners, Nurse Hysteroscopists, paramedic members and the overseas members of the Society. The overseas members of the Society are invited to submit their surgical videos for this competition for the first time.*

## **There will be 3 prizes of £300 for each category including:**

1. Doctors in Training
2. Nurse/Paramedics
3. Consultants/SAS doctors/GP doctors.
4. Overseas members (from any category)

Winning the video competition is highly prestigious. It will enhance your CV and provide the same CPD points as publishing a paper in a journal. Kirana Arambage, Chair BSGE Awards and Bursaries subcommittee said:

*"The judging panel will consider the content of summary, surgical skills demonstrated, educational value and the quality of the surgical videos during the scoring process. The panel will choose the winners based on the total scores and that will be the final decision."*

## **The deadline for entries to the competition is midnight 2nd March 2020. Carefully follow the guidelines to ensure your entry is considered:**

1. Upload your video following the instructions.
2. Complete and submit an online application form.

The winners' names and videos will be published on the BSGE website. The length of time videos will remain on the website may vary. Some of the unsuccessful videos may also be published on the video library at the editor's discretion.

## **What kind of videos will be considered?**

It is not all about demonstrating exceptional surgical skills. If you think your fellow members will find your video useful and educational, then it is a good video to submit. For example, a well-edited video of salpingectomy for ectopic pregnancy that demonstrates the standard technique shows the anatomy well, uses appropriate graphics and is accompanied by a well-written summary is a video that may win a prize. Other examples include a demonstration of simple tips and tricks, complications and their management, challenging or rare cases, anatomical variations, demonstrating new surgical equipment as well as more advanced techniques. Videos using simulators may also be submitted.

The description of the video is very important and is considered carefully by the judges. A well-written educational summary of less than 250 words is likely to increase your score.

The video must be completely anonymised, both for the surgeon and the patient. It must only contain views of internal organs or a simulation exercise.

## **How to submit your surgical video**

It's important to ensure that you have a good fast connection prior to commencing the submission process. The MP4 video uploaded should not exceed 6 minutes or 1GB. Use the encrypted cloud space WeTransfer to upload your files. You can find more information on the [website](#). Submission of multiple videos is permitted, but each needs a separate application forms and only one prize can be awarded in each category per applicant.

If you haven't received any confirmation email, please email [bsge@rcog.org.uk](mailto:bsge@rcog.org.uk) to check your video has been successfully submitted. Good luck with your entry.

[Find out more here](#)

# Portfolio Reports

## Endometriosis Centre Portfolio Report



It has been a particularly busy and productive time for the Endo Centre Portfolio.

Many of you will be very aware of the transition to anonymisation of the database. This has been an absolute requirement given some of the changes in terms of patient confidentiality and GDPR regulation. This has been a particular challenge given the sophistication of the database and has been implemented by our partner Ice ICT (Conor Byrne), with guidance from my colleagues in the Endometriosis Centre Portfolio. I have been indebted to Atia Khan who has been coordinating much of the above.

As I write this we have made the transition to anonymisation and I do hope that you are finding the process relatively smooth. I am sure that there will be quite a few initial teething problems but I hope that we are able to overcome these quickly and easily.

I am grateful for your patience during this process. I'm also grateful for the efforts made to input the cases onto the database and to have submitted your videos in a timely fashion. I know how much hard work this is. I will shortly be writing to all the centres informing them of the outcome of the year's accreditation assessment .

The database has gone from strength to strength and the data has helped produce further research ideas that are benefiting us and patients with respect to counselling and understanding the surgical management of severe disease. We continue to look at ways of improving our accreditation process be it by looking at the number of cases performed, the type of surgery, the value of video imaging, and follow-up rates. This is an area that I'm particularly keen to try and improve on but I am very aware of the administrative problems in getting follow-up data.

Another big change has been overseas centres and accreditation. No longer supporting overseas centre accreditation was a difficult decision to make by the committee and senior representatives but ultimately it was felt to be too difficult a task for us to currently fulfil. I do hope however we are able to continue our collaboration with overseas centres and this remains a key area of interest for us.

I wish you all a successful year in 2020 and look forward to updating you about exciting evolving developments through the year.

**Arvind Vashisht**

Endometriosis Centre Portfolio Chair

## Awards and Bursaries Portfolio Report



The Awards and Bursaries subcommittee completed three rounds of awards for 2019 with an impressive overall budget of £30,000. Many thanks to Subcommittee members Tony Chaloub, Ying Cheong and Donna Gosh for their invaluable help and support..

We are currently working to implement changes in response to survey feedback. We aim to improve the Awards and Bursaries and drive applications. In particular, the team have taken measures to improve awareness among paramedics, GPs and nurses, to increase applications.

We have improved the online applications, and a robust structured scoring system was developed in 2018, which makes the process clear and consistent. The deadline for round two in 2020 will be on 23rd April, so I would like to encourage you to get your application in. If you submit quality application, fulfilling the strict criteria, the chances of winning an award is excellent, more than seventy percent.

**Kirana Arambage**

Awards and Bursaries Portfolio Chair

## Patient information and Guidelines Portfolio Report



We are looking into developing a joint guideline in the pre-operative and intraoperative management of fibroids. The RCOG has been in touch with the BSGE, along with many other organisations in UK, about fibroids, which is a hot topic at present. A task group has been formed by the RCOG to produce a patient leaflet on morcellation, which is in the final stages. The BSGE will work together with the RCOG on the fibroid guidelines.

The initial drafts for the Greentop Guideline for the Management of Adnexal Masses have been completed, This now needs review and finalising.

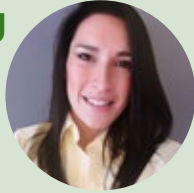
The Society has also been looking at having a public access page with all relevant patient information in one place. We aim to develop more patient information resources including leaflets and video content, to make it easier for women to get reliable and understandable information about gynaecological health and minimal access surgery.

**Tom Smith Walker**

Patient information and Guidelines Portfolio Chair

# Portfolio Reports

## Laparoscopic Training Portfolio Report



The joint RCOG/ BSGE benign abdominal surgery course ran in September 2019. This course was redesigned with new lectures, introduction of interactive sessions including managing complex and unusual cases with expert panel opinion. The panel included our BSGE president Mr Sanjay Vyas who kept the session relevant and evidence based. The practical third day was fully booked. It focused on skills required to perform total laparoscopic hysterectomy and included workshops on vessel sealing, colpotomy, morcellation and suturing.

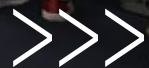
The course feedback was extremely positive. 98% of delegates felt the course met their educational needs and 97% felt that the content of the programme was up to date.

We look forward to delivering this course in 2020, again with excellent speakers and workshop faculty.

RIGs Intermediate laparoscopy courses are continuing to run under the BSGE trainee representatives Angharad Jones and Mikey Adamczyk. A course was held in November in the MATTU Guildford and will again run as a pre congress workshop in Manchester.

### Donna Ghosh

Laparoscopy Training Portfolio Chair





# Portfolio Reports

## Meetings Convener and Industry Relations Portfolio Report



The Society continues its commitment to training. An Oxford/Warwick cadaveric course is running early this year and we look forward to the upcoming ASM in Manchester. The dates of the conference have changed, the meeting is now running from 22-24 April to accommodate venue change to the excellent Manchester Central conference centre.

Due to the success of Celtic Manor 2019, it has been suggested that future ASM venues should be within larger conference facilities to comfortably accommodate people in a single venue and attract numbers. I'm delighted to announce that ASM 2021 will be held in Birmingham, a city in the heart of the country with excellent transport links, superb facilities, and also home to the incoming BSGE President.

We continue to work well with industry. Celtic Manor ASM was very successful for industry sponsors. There was very positive feedback from the majority of sponsors who remain committed to Manchester and other future events. The Dragons' Den format with industry participation was particularly welcome and a similar session will be held in Manchester Central.

I am pleased to announce that SRA Developments Ltd, Karl Storz, Medtronic, Intuitive and Ethicon are all Platinum sponsors at Manchester 2020. In addition, there are 6 gold, 4 silver and 10 bronze sponsors ensuring the industry room will be interesting and educational for all delegates.

Sponsorship is being continued for the registrar fellowship programme and there is also potential for Hologic to sponsor similar programme for operative hysteroscopy.

### Chris Guyer

Meetings Convener and Industry Relations Portfolio Chair

## Website and Digital Governance Portfolio Report



It's been a year of change and developments for the Website and Governance Committee. We merged the main website and ASM site. This has streamlined the sites and will avoid errors during the registration process of events. The visuals have been updated, refreshed and refined on the website and the ASM 2020 APP which will be launched imminently.

The visuals of the new site and ASM 2020 APP are attractive, eye-catching and user-friendly. The ASM will be paperless again this year. Any bugs identified at Celtic Manor have been corrected and feedback given to me by members has helped guide our APP upgrades, from which we will all benefit. The APP is better for the environment and for delegates. It facilitates debate, allows interaction and the sharing of pictures and comments. Abstracts can be displayed via the APP in pdf format.

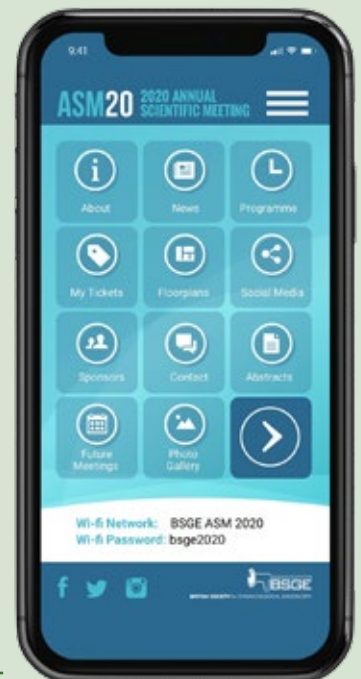
SICS continues to evolve with the hard work of subcommittee member Zahid Khan. It has reached the milestone of 10,000 surgical procedures on the database. The iOS App has been approved by Apple last month and is now available to download in the App Store. The Google Play Store App remains available for Android users.

BSGE Outpatient Hysteroscopy Patient Satisfaction Surveys have been introduced and allow procedural data and patient's satisfaction responses to be integrated. This is a first in the world of information collection.

I look forward as ever to seeing you all at the ASM in April 2020 and if you have any suggestions for our website or APP please do not hesitate to contact me.

### Fevzi Shakir

Website and Digital Governance Portfolio Chair





# Nurse and Paramedic Portfolio

*Wendy-Rae Mitchell, Chair of the Nurse and Paramedic Portfolio  
provides an update on exciting changes within the portfolio*

2019 has been another incredible year of achievements for our nurse and paramedic members. We are delighted to share these new exciting initiatives with all our BSGE colleagues.

We listened to our members and took note of feedback submitted from the 2019 ASM, hosted at Celtic Manor enabling us to work towards establishing a robust BSGE education and training programme, providing options, which all of our members are able to access at different times of the year as well as attending the ASM.

As mentioned we rely on feedback from our members to enable progress to be made. This can sometimes appear to be painfully slow, but I must admit that the support we have received from our President Sanjay Vyas, Vice President Justin Clark and the whole Committee has been so encouraging. I feel that we have been listened to and given every opportunity to put our member's views forward, which is why we've managed to progress so much over the past few years we have all worked together. So thanks to everyone, it has certainly made the job of chair worthwhile!

## Training opportunities

The 2020 BSGE Education and Training Calendar for our Nurse and Paramedic members offers the following opportunities:

The second BSGE "Ambulatory Care Network" meeting - 27th-28th February 2020

As with the 2019 inaugural meeting this event will be hosted by Justin Clark, and the Team at the Hyatt Hotel in Birmingham. This meeting offers all practitioners interested in ambulatory gynaecology, the opportunity to attend a specialist event dedicated to managing women's health conditions in an outpatients setting. (Details and Registration via BSGE website)

## BSGE ASM Manchester

**22nd Pre-Congress Training Days** available for Nurse Hysteroscopist and Endometriosis Nurses

**23rd-24th April ASM** (please access the BSGE website for details of both of these events)

**1st-4th September – Annual Endometriosis Training Module – Guildford, Surrey**

(please contact [wendymitchell1@nhs.net](mailto:wendymitchell1@nhs.net) for details)



## Nurse and Paramedic Team

As we look forward together to another exciting year, I'm sure many of our members would wish to join me in congratulating our nurse and paramedic committee for their commitment and hard work over the past three years:

### Caroline Bell (Nurse Hysteroscopy Lead)

Thanking her for her dedication, hard work and passion in continuing to drive this service forward with the Team at the University of Bradford. Caroline was instrumental in the debate and successful change in the constitution to enable a second nurse to join the BSGE Committee and Chair the Nurse Hysteroscopist subcommittee. This has been a major development for our members and truly a great strive forward. So I'm sure our members will join me in congratulating her on this achievement. Caroline has been involved in so many projects on our members behalf and this has led to an increase in interest from nurses who are seriously considering nurse hysteroscopy training, knowing they will be well supported and valued in their role.



### Deb Panes (Endometriosis Lead)

Thanking her for being approachable and supportive to so many newly appointed and established endo nurses. Sharing her experience and knowledge of the day to day work, it's great for them to have a named person to contact. Many members may also remember Deb and her South West endo nurse colleagues establishing a regional meeting, which offers the opportunity to meet and discuss their work and concerns they may be experiencing within the role. This is such an important networking opportunity initiated by Gilly McDonald from the Royal Cornwall Hospital, Truro and together with Michelle Perry, Jane Burton and Rachel Baily they meet quarterly. This is certainly something worth considering within your regions as we are all aware how isolating this work can be sometimes!



### Liz Bruen (Paramedic Lead)

Who like our other intrepid committee members works quietly in the background networking and spreading the word on behalf of our Nurse and paramedic members. She has put an incredible amount of energy into 'battling' to provide a robust endometriosis service to the women in Wales. This has resulted in funding for endometriosis nurses to be appointed though out all regions ensuring women in Wales are also receiving the best care and the nurses will receive the best education and support from Liz and her colleagues. We must not forget that Liz tirelessly supports the ASM annual cycle fundraising and awareness events; driving her camper van all over the UK, providing life-saving nourishment and treatment for those members 'suffering in the saddle' on our patients behalf and raising much needed funds for EUK!



## Council Elections

BSGE Council elections are currently under way, this will give all members the opportunity to shape the Society and choose Council representatives that will continue the work to improve nurse training, development and patient care within a progressive supportive organisation.

In the future there will be two representatives on Council representing a specialist in endometriosis and hysteroscopy. The nominees are featured in this issue of The Scope. Please vote and get involved in the work and running of the Society. Meanwhile the current Nurse and Paramedic committee will continue to work on behalf of our members and look forward to meeting those attending the ASM in Manchester

### Wendy-Rae Mitchell RN BSc KCL



From L-R: Rae Nesbitt and Suzanne Taylor from University of Bradford with Caroline Bell

## Hysteroscopy Update

2019 has been a very productive year. We have seen resources for nurse hysteroscopists uploaded onto the BSGE website, which outline diagnostic and operative hysteroscopies nurses should be performing, as well as quality assurance and educational opportunities.

I have been able to support the University of Bradford with the nurse hysteroscopy programme and we are all very thankful to Rae Nesbitt and Suzanne Taylor at the university for their hard work and dedication sustaining the course. It is nice to meet the new hysteroscopy students annually so they are aware there is support available once they have qualified. I have been able to share resources with nurse hysteroscopists across the country, working as a team so we all have the resources we need to serve our patients whether this be guidelines, patient information or help and support.

When it was realised nurse hysteroscopists could not be revalidated through the BSGE, we were all able to work together with Professor Justin Clark to make recommendations to support nurse appraisal by the employing trust. You will find this available on the [BSGE website](#).

I am very thankful that I have been invited to speak across the UK to promote this role and nurse-led services. I would like to thank everyone who took part in my national audit and hope to have all the results and data to share with you all soon. The Ambulatory Care Network meeting was a huge success in 2019, we are looking forward to the second conference and we are pleased we have been able to increase our numbers for this event as it was so well received last year. We hope 2020 is a good year for you all.

### Caroline Bell





*The RIGS group is one of the most active and involved parts of the BSGE. The trainee representatives work with subcommittee members from across the country.*

## RIGS Intermediate Lap Skills Course

The fourth RIGS intermediate laparoscopic skills training course took place in November at MATTU in Guilford, led by Mikey Adamzyck, KSS regional representative and council trainee representative. Many thanks to the faculty who contributed to the programme- feedback was excellent.

The course was a sell out, with participants learning laparoscopic skills via interactive lectures followed by hands on lab sessions. On the final day Mr Kent delivered some excellent live surgery displaying the studied laparoscopic skills in action.

As always, a huge thank you to our friends and colleagues in industry. Without their generous support and expert advice we would not be able to deliver such a high quality course at a competitive delegate rate.

The next 2-day RIGS intermediate lap skills course is due to run in the autumn of 2020. We would like to ensure the course is as accessible to all UK trainees as possible. If you are up for a challenge and think your area would be a suitable location for the next course, please get in contact with Angharad, Mikey or your regional RIGS representative.





## Pecha Kucha at Manchester 2020

The ever-popular trainee session Pecha Kucha will feature in the ASM programme in Manchester. Our President Mr Vyas will be BSGE's own Alan Sugar and consider each proposed MAS business idea before selecting his own BSGE Apprentice winner. Trainee reps Angharad Jones and Mikey Adamyck will play Mr Sugar's aides Karen and Claude. Be sure to catch the session in the main auditorium on day one of the ASM.

## RIGS Dinner

This year's RIGS dinner will take place on the opening night of the ASM at Impossible Bar. It will provide trainees with an ideal opportunity to network with colleagues from around the country and BSGE council members.

Our theme of Italian legends continues. After an incredibly inspiring talk from Atilio Di Spezio Sardo of Naples at Celtic Manor last year, Marcello Ceccaroni from Verona is attending as guest speaker in Manchester.



Marcello Ceccaroni – nicknamed the Che Guevara of surgery

The event is yet again generously sponsored by Karl Storz, whose on-going support has allowed us to continue to deliver an annual trainee focussed social learning and networking event.

Marcello is a leader in minimal access gynaecologic surgery, internationally renowned for his research and author of numerous publications in peer-reviewed journals. He is president, founder and chairman of the International School of Surgical Anatomy, Verona, Italy and a member of the board of directors of the AAGL. He delivered the keynote talk of the AAGL 2018 Global Congress and we feel honoured to welcome him into the BSGE.

[Click here to find out more](#)

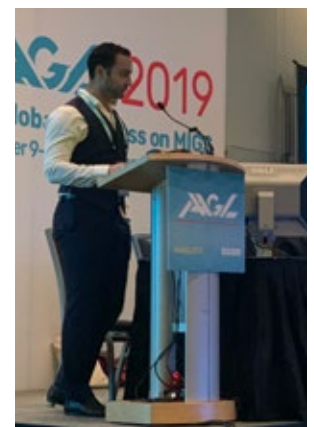


## AAGL Vancouver

The AAGL global congress 2019 in Vancouver saw participants from 80 countries. The event was well attended by BSGE members, with many featuring in the main programme. The Vancouver Convention Centre provided a perfect setting with a stunning backdrop of beautiful surroundings.

As usual the Americans put on a great show, with entertaining features and live surgery captivating the audience and showcasing some of the best minimal access surgeons in the world. The theme of the meeting was "becoming a surgical multiplier" which focussed on improving leadership and teamwork.

A particular highlight was "A Game of Zones", a surgical skills competition based on the popular TV series a Game of Thrones where expert surgeons such as Mark Possover battled in fancy dress to win the Iron Throne for best surgical skills! The entertainment factor kept everyone fully engaged and, despite the novelty, allowed both aspiring minimal access surgeons of the future and established surgeons to learn top tips from the stars.



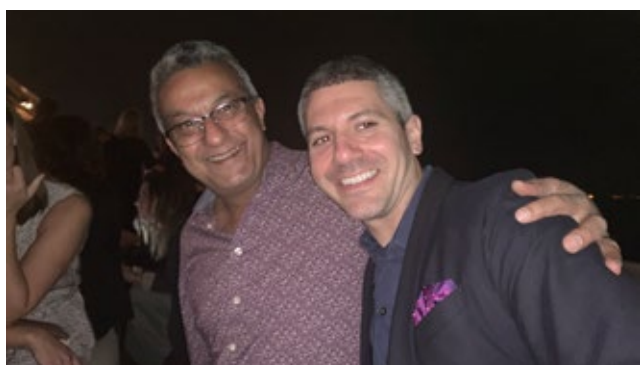


## ESGE Thessaloniki

The ESGE in Thessaloniki provided some welcome autumn sunshine and a high quality scientific programme with the theme "Primum non nocere: Maintain safety while pushing the boundaries".

The UK saw the highest number of attending delegates (171 out of 1,700 participants!) which ensured lots of opportunity to showcase BSGE members' research and time to catch up with friends old and new.

The scientific chairs Prof Ertan Saridogan, Prof Attilio Di Spezio Sardo and Prof Protopapas delivered an evidence based scientific programme full of esteemed speakers and thought-provoking topics, as well as an excellent social programme culminating with the gala party held at the Shark club. We look forward to seeing our European friends again in Lisbon 2020.







# Travelling Fellowship Report

*Dr Shamitha Kathurusinghe reports for The Scope on a BSGE supported fellowship in France in Autumn 2019*

I would like to thank the BSGE for granting me a Trainee Travelling Fellowship towards my training in gynaecological endoscopic surgery. I had the wonderful opportunity to visit endometriosis expert Professor Horace Roman at his endometriosis centre in Bordeaux, France, from September to October 2019.

During this fellowship, I had the opportunity to immerse myself in advance laparoscopy dedicated to endometriosis under the guidance of Professor Roman and his specialised multidisciplinary team. I was able to conclude my visit by fulfilling my travelling fellowship goals which included networking with many international colleagues.

During my visit, I was very interested in observing and learning about how the Bordeaux team apply the usual practices that are conducted in any operating theatre setting. I observed some variation in practice in comparison to the health services I worked in the UK and Australia. For example, there was variation in practice to patient's skin antiseptis preparation. Following induction of general anaesthetics, the Bordeaux theatre nursing staff would first wash the patient's abdomen and extremities with soapy liquid wash and once the skin is dry, would apply alcoholic betadine, taking care to wash the umbilicus multiple times and even carefully scrub the umbilicus without harming skin integrity, when any visible dirt is seen. The skin preparation is allowed to dry, and then a second coat of alcoholic betadine is again applied. Once the second coat is dry, then the patient is draped. The vulva and vagina are also washed with non-alcoholic betadine. Then just before inserting the urinary catheter, another non-alcoholic betadine soaked gauze is used to clean the urethral meatus again before insertion of the catheter. A urine sample is also taken at the time of catheterisation for every patient to rule out infection before surgery.

There is extensive care taken for antiseptis by Prof Horace's theatre team. This allowed me to reflect on my current practice and the practice within my health service and whether there was an opportunity to improve. I am an investigator in a recent randomised control trial that investigated the surgical site infection (SSI) rates following

the use of different antiseptis regimes in gynaecological laparoscopy. The overall rate of SSI according to Centres for Disease Control (CDC) was 15% in our study, with follow up till 30 days following surgery and up to 30% in high-risk surgery such as hysterectomy procedures.

In comparison, Prof Horace's patients have an overall infection risk of 10%. My reflection is that careful attention to skin preparation has contributed to a lower infection rate for such high-risk surgery where bowel viscus and vagina are often breached. There was also no overall variation in antibiotic regimes in his patients, compared to our study patients. Along with skin preparation, the surgical drape used by his team for surgery is a single drape that exposes the abdomen area and covers the patient from top to bottom in one single drape action, with an excellent adhesive band around the exposed margins. The use of a single drape may also reduce the chances of contamination that can occur with the application of multiple drapes at the start of the procedure. Furthermore, the use of airseal low-pressure pneumoperitoneum may also contribute to improved surgical outcomes.

Professor Horace is an excellent surgeon; however, he can achieve such excellence as a result of his dedicated team. The theatre team function very well, and all members are treated with absolute respect. The team display magnificent teamwork, that is the envy of any operating theatre in the world. There is also a mutual trust between everyone that they are all working well towards providing excellent patient care. Prof Horace is supported in theatre by the same wonderful scrub nurse for every single case, every day. The scrub nurse is highly skilled and very proactive and predicts every move Prof Roman makes and is ready to hand instruments and sutures every time. Prof Roman has high respect for his theatre team, and if the theatre team questions anything concerning the surgery, he takes the time to ensure to listen and consider their questions and feedback, which acts as a safeguard for the patient.



Patients recover very well from the general anaesthetic following major surgery such as advanced endometriosis excision with bowel surgery which may include resections and stomas. Patients have excellent pain control and usually, mobilise early and even get discharged home soon afterwards. Other than excellent surgical practices, another contributor to proper pain management and early mobilisation is the pain management protocol that the anaesthetic staff use for endometriosis patients.

The pain protocol ensures that the patient has good baseline pain relief which is then titrated with prn medications. Opioid based analgesia is not the primary pain relief component. The numerical rating score (NRS) is used to guide patient and nursing staff to administer analgesia promptly to avoid exacerbation of pain. This pain protocol is accurately followed by all anaesthetic staff which ensure consistency in the prescription and administration of pain relief.

Many gynaecologists from all around the world come to see Professor's work. During my time working in his clinic, I had the opportunity to network with colleagues from Paris, Israel, Jordan, Turkey and Morocco. It was an absolute pleasure to exchange notes in each other's areas of expertise and share ideas and discuss interesting concepts in gynaecology. I have built friendship and professional networks which will no doubt become a valuable future asset.

I also had the opportunity to write up some research for professor Roman during my visit. Professor has extensively published in the area of bowel endometriosis. He has been using double disc resection to treat endometriosis nodules that are too large for single resection or when the

integrity of the anastomotic suture of single disc requires strengthening. To date he has completed 22 such cases. Therefore, with his current fellow, I had the opportunity to review the data and analyse it and write an article for submission.

I enjoyed reading further into bowel endometriosis and analysing his results against the current published evidence. I hope to continue to do more research with his team in the long term.

Professor Horace is very humble and genuine to everyone. He is very respectful in his approach and would never lose his temper or speak disrespectfully to the staff or patients. He is continuously innovating his practice. He is keen to learn and hear ideas and opinion from everyone, but most importantly, he shares his wisdom and knowledge with us. He performs live surgery regularly, and if he has a complication, he is transparent about it and takes careful measures to manage the complication by ensuring the patient is getting the best possible care. He is an excellent example of an excellent surgeon, and it was an absolute pleasure to do my travelling fellowship with him. I had the opportunity to learn many advance dissection skills and surgical procedure techniques from him and his team.

In conclusion, I received a great overview of the practices of a centre of excellence for endometriosis. I was able to reflect on not only the advance surgery aspects, but more importantly, primary surgical and patient care practises that I can improve on for my health service. I leave his unit with the hope of returning in the future.





# Travelling Fellowship Report

*Dr Lisa Knight reports for The Scope on her fellowship in Australia. A 4-week observership in Brisbane following the practice of two consultants: Dr Michael Wynn-Williams and Dr Chris Maher.*

Dr Michael Wynn-Williams is a Senior Consultant in Minimal Access and reproductive endo-surgery in Brisbane and the clinical director of Eve Health in Brisbane. He works between the Royal Brisbane Hospital, the Mater Private and Public Hospitals and The Wesley Private Hospital. He teaches and demonstrates advanced laparoscopic surgery all over the world and is an accredited AGES (Australasian Gynaecological Endoscopy & Surgery Society) trainer for the advanced laparoscopic fellowship. He has also founded the first public dedicated Persistent Pelvic Pain Clinic at the Mater Hospital in 2017.

Dr Chris Maher is a Professor of Advanced Urogynaecology in Brisbane and is senior trainer in the Australian Urogynaecology Sub-speciality Fellowship. He is currently the chair of the Urogynaecology Society of Australasia (UGSA). He works across Brisbane at the Royal Brisbane Hospital, the Mater Private Hospital and The Wesley Private Hospital. I wanted to observe Professor Maher's practice within the field of laparoscopic urogynaecology, in particular that of laparoscopic colposuspension, hysteropexy, colpopexy and the removal of mesh from the bladder.

The plan was to spend 4 weeks with both consultants, attending their theatre lists, clinics and post-operative follow-up patients. I was hoping to observe advanced skills and approaches in endometriosis surgery; observing the structure of a multi-professional team in endometriosis management; observing the set-up of a persistent/chronic pelvic pain clinic.

From Professor Maher, I was particularly interested in learning his approach to selection of patients suitable for laparoscopic colposuspension (given the pause on the use of mesh in the UK); his approach to removal of mesh, both vaginally and laparoscopically; and also to gain an overall improvement in my urogynaecology surgical knowledge.

## Exposure and Learning

My 4 weeks in Brisbane were spent approximately 50:50 between both consultants' clinical activities. Operating days were long, often starting at 7am and finishing around 8pm, particularly in the private sector. This allowed for a great deal of surgical exposure to many different surgical procedures and challenging cases.

## Specific Clinical And Surgical Learning Points Benign Gynaecology & Endometriosis Surgery

### Persistent Pelvic Pain Clinic

- The importance of a robust multi-professional team of a dedicated 'pain' anaesthetist; physiotherapy support; pain psychologist and nurse.
- Use of book: "Endometriosis" by Susan Evans. An excellent resource for patients.
- Use of the website 'Pelvic Floor Association of Australia' which advises patients on how to understand their pelvic floor symptoms and home stretches they can try.
- The use of ultrasound in the clinic to assess anterior bowel mucosa for higher attenuation associated with an endometriotic nodule.
- Do not necessarily need to down-regulate patients prior to surgery. Michael's experience is that this can make the tissue more scarred and difficult to obtain surgical planes.
- Use of pelvic floor Botox for pelvic floor pain symptoms resistant to physiotherapy. Michael has great success for his patients with this procedure, which uses 15mls of 300IU Botox. Do not allow anaesthetist to paralyse patient; using a nerve stimulator, inject 5mls bilaterally into each obturator muscle, 2.5mls into pubococcygeus muscle bilaterally. Procedure finishes with a pudendal block.

### Endometriosis Surgery

- Avoid down-regulation prior to surgery – no evidence.
- Get used to using monopolar on 'cut' 50 + bipolar rather than ultrasonic devices
- Use suction only during surgery, constant washing out of the pelvic makes tissue oedematous
- Use four ports.
- Use of Coviden 'Clarify' to clean scope
- Use of AGES surgical performance database – which enables logging of surgical procedures and performance in terms of readmissions/surgical complications etc. Also acts as a national audit for AGES.
- Dissection of uterine vessels via pelvic sidewall. Finding the 'healthy' plane as high as the pelvic brim and following the course down into the pelvis. Use blunt dissectors.
- V-lock for vault closure



### Laparoscopic Hysterectomy

- Vaginal morcellation: Once uterus is detached, place Alexis 'orthopaedic' bag in vagina and place uterus inside; pull ring of bag out of vagina, use long-handled blade to 'cork-screw' uterus out

### Laparoscopic Myomectomy

- Open pelvic sidewall over ureter, identify internal iliac and uterine vessel passing over.
- Use 'escalap vascular bulldogs' to clamp and note time of application
- Open over fibroid with bipolar and use scissors to open
- Once capsule visible use myomectomy screw to shell out fibroid
- 0/0 PDS for repairing defect in uterus in 3-layers
- 2/0 PDS for uterine serosa
- In-bag morcellation

## Urogynaecology

### Clinics

- Ask patient to complete the Australian Pelvic Floor Questionnaire – a useful tool for the patients to complete pre-visit to gain a more specific understanding of their pelvic floor issue. Also, a useful tool for primary care physicians in terms of ascertaining the patient's main complaint and how to direct their referral.

### Surgery: Uterine Prolapse

- Always consider a sacrospinous fixation post-hysterectomy for prolapse.
- Laparoscopic-assisted hysterectomy: continue dissection to level of US-ligaments then continue vaginally
- SSF: 2 capio sutures, right side
- Posterior repair and perineorrhaphy will make a real difference to sustainability of prolapse.
- Cystoscopy post-op: Indigo-carmin 20mg/5mls given 15mins approximately before the end of the procedure.

### Surgery: Vault Prolapse

- Suggest colpopexy and colposuspension
- Mesh is folded over the anterior and posterior wall: 2 sutures front leaf and 2 over the posterior leaf. Important to have no strain on the mesh. Maher et al., randomised controlled trial.
- Close peritoneum

### Surgery: Colposuspension

- Use medial umbilical ligament as landmark and open retropubic space 'champagne space'
- Retract bladder
- Palpate within vagina to identify urethra and push to one side
- 0-0 ethibond suture, two throws and extra-corporeal tie. Two either side of urethra 'Adams-Tamargo technique'

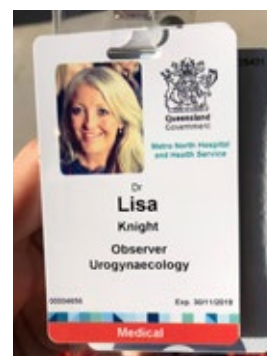
### Surgery: Mesh Removal

- Gabapentin prior to surgery 75mg BD for 1/12
- Pre-op counselling: 5% transfusion; 50% improvement in pain (following an initial escalation in pain); 5% risk of organ damage
- Mesh removal from bladder involves laparoscopically opening bladder, teasing out mesh, 2/0 vicryl to repair bladder in two layers.



## Gynaecology Surgery In Australia: Reflections

Exposure to both the private and public sectors of work in Australia was incredibly interesting from both a clinical and a practical perspective. Observing how the consultants work just 1-2 days a week within the public sector means a certain degree of separation from them and the consultant body. The department benefit from their expertise and training of junior staff but not as much benefit is gained from their experience on a leadership and management front. The private sector however, appears to be an efficient system offering much wide-ranging clinical services than private hospitals in the UK, including emergency and intensive care. The private system is paid for by those above a certain income threshold and appears to be an efficient system. Interestingly, the private consultants need to be their own promoters and many referrals are received by word of mouth and reputation. Many have fantastic websites and have joined reputable 'private groups'. The benefits are; copious operating lists and clinics; state-of-the-art equipment from the laparoscopic stack to the port cleaning devices; continual development of skills and training of junior staff and financial rewards. On the down-side, it appears these were long days of operating (often starting at 7am and finishing at 9pm) and long clinics (often 40 patients come through in an all-day clinic with one consultant). I wonder if this may have an impact on work-life balance and also patient care following such long lists which will inevitably lead to clinician fatigue. The private consultant teams at the private hospitals appeared to form consortiums in which the consultants met to agree on management approaches, but as a business first and foremost, most of these appeared financially driven. I did witness some exceptionally supportive practice between the gynaecology consultants however, who despite working as individuals primarily in the private sector, did take time to support one another. The more junior consultants calling upon the senior team members for support happened on occasion and they were happy to attend cases when needed.





# Travelling Fellowship Report

## *Samina Manzoor reports for The Scope on her fellowship in ETCA-ZNA Campus Stuivenberg-Antwerp -Belgium*

I am extremely grateful to the BSGE for the award of this travelling scholarship. It enabled me to visit the department of gynaecological surgery in Antwerp Belgium for around one month. The place is a very renowned centre for advanced laparoscopic surgery by leading surgeon Professor Herendael.

Prof Herendael is a pioneer, he has trained many gynaecologists from all around the world both in laparoscopy and hysteroscopy. He is the author of many books and has contributed to the evolution of hysteroscopy.

The training schedule during my visit was as follows:

- Each Monday there was theatre endoscopy at the ZNA Campus Stuivenberg with Professor van Herendael and his fellows.
- On Tuesdays there were theoretical courses at the ZNA campus combined with hands on training.
- On Wednesdays I took part in practical training at the Training Centre at the Middelheim hospital with Dr Bart De Vree.
- On Thursdays: Lab Hands on ZNA campus Stuivenberg.
- On Fridays there was theatre endoscopy in ZNA campus Middelheim with Dr. Bart De Vree.



During my visit I had the opportunity to observe surgical techniques and to perform advanced hysteroscopy theatre sessions both in ZNA Stuivenberg and ZNZ Middelheim. I also participated in outpatient hysteroscopy sessions at ZNA Middelheim.

It was an amazing experience to participate in the hands on and the virtual reality (a new innovative computer technology) hysteroscopy training sessions in the ETCA lab at the ZNA Stuivenberg on a daily basis. This helped me to achieve my skills in basic to advanced hysteroscopy training for a range of 'nearly live' hysteroscopic procedures i.e polypectomy, transcervical resection of endometrium, submucosal fibroid resection (benign to complicated) with bipolar resectoscope. In addition, I achieved training in the use of Bagatti shaver as a resection device.



I also learnt the use of the 'Hamous Endomat Suction and Irrigation Pump system' for hysteroscopy. This is the most appropriate technique to perform this procedure safely without fluid overload and its complication with enhanced patient satisfaction rate and positive feedback. This technology was a new concept for me and not many people are well versed with this in UK.







The theoretical courses were tailored to the needs of the trainees on the subjects with strong emphasis on the economic consequences of endoscopic surgery in comparison with classical surgery. The risks of adhesion formation were discussed and compared with classical surgery and minimal endoscopic tissue handling. The risks of the pneumo-peritoneum and the use of adhesion barriers were cornerstones of the way of thinking of the endoscopic surgeon.



I found my experience extremely useful. It was truly invaluable to observe a different healthcare system and be exposed to laparoscopic and hysteroscopic surgical techniques with new innovations. It has certainly provided me with a different approach to patient management. This is especially true in hysteroscopy, learning new concepts which will benefit women in the UK. I would highly recommend this experience to any other gynaecological surgeon and would once again like to thank BGSE for their support in providing me this opportunity.





# Meetings and Events

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

## 5th Edition Endo Dubai 2020

27 - 29 February 2020  
Dubai, United Arab Emirates  
[Click here for more info >>](#)

## (Ages XXX) Australasian Gynaecological Endoscopy & Surgery Society Annual Scientific Meeting 2020

5 - 7 March 2020  
Sydney, Australia  
[Click here for more info >>](#)

## ENDOMETRIOSIS 2020: Re operative Endometriosis

14 - 16 March 2020  
Alexandria Centre, New York City  
[Click here for more info >>](#)

## BSGE Annual Scientific Meeting

22 - 24 April 2020  
Manchester, United Kingdom  
[Click here for more info >>](#)

## Endometriosis 2020

26 - 29 April 2020  
Mario Malzoni group, Rome  
[Click here for more info >>](#)

## 14th World Congress on Endometriosis (WCE2020)

8 - 11 May 2020  
Shanghai, China  
[Click here for more info >>](#)

## 6th Society of Endometriosis and Uterine Disorders (SEUD)

27 - 30 May 2020  
Stockholm  
[Click here for more info >>](#)

## The International Society for Gynaecologic Endoscopy (ISGE)

28 - 30 May 2020  
Split - Croatia  
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## RCOG/BSGE Diagnostic and Operative Hysteroscopy Workshops Only

11 - 12 June 2020  
RCOG, London  
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## ESGO 2020 European Society of Gynaecological Oncology State of the Art Conference

17 - 19 June 2020  
Copenhagen, Denmark  
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## 36th Annual Meeting of ESHRE

5 - 8 July 2020  
Copenhagen, Denmark  
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## RCOG/BSGE Benign Abdominal Surgery and Hands-on Practical Course on Essential skills for Laparoscopic Hysterectomy

14 - 16 September 2020  
RCOG, London  
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## 2nd World Congress in Neuropelvelogy

17 - 19 September 2020  
Aarhus, Denmark  
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## 5th CanSAGE2020 - Annual Conference of the Canadian Society for the Advancement of Gynaecologic Excellence

24 - 26 September 2020  
Saskatoon, Canada  
19th International congress | of endocrinology  
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## ESGE European Society for Gynaecological Endoscopy

11 - 14 October 2020  
29th Annual Congress  
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## The 9th Asian Conference On Endometriosis (Ace2020)

5 - 7 November 2020  
Sri Lanka  
[Click here for more info >>](#)

## 49th AAGL Global Congress on MIGS

15 - 19 November 2020  
Denver (CO), USA  
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## RCOG/BSGE Diagnostic and Operative Hysteroscopy

24 - 26 November 2020  
RCOG, London  
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# ENDOMETRIOSIS BOOTCAMP

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*from A to Z*



Course directors

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# Noteworthy Articles

*Behind on your reading? Webcomms Committee member Rebecca Mallick has checked out the journals, so that you can go straight to the research that matters*

## **Farkland et al. Endometriosis and Risk of Adverse Pregnancy Outcomes. *Obstet Gynecol* 2019;134(3):527-536**

An interesting cohort study highlighting the potential links between endometriosis and adverse pregnancy outcomes specifically pregnancy loss, gestational diabetes and hypertensive disorders.

[Read more](#)

## **El-Sayed et al. Safe use of electrosurgery in gynaecological laparoscopic surgery. *The Obstetrician & Gynaecologist* 2020; 22: 9– 20.**

Great summary article detailing the safe use of electrosurgery in laparoscopic surgery. A must read for all, especially those preparing for the MRCOG.

[Read more](#)

## **Cooper et al. Laparoscopic supracervical hysterectomy versus endometrial ablation for women with heavy menstrual bleeding (HEALTH): a parallel-group, open-label, randomised controlled trial. *Lancet* 2019;394(10207):1425-1436**

A large RCT comparing laparoscopic subtotal hysterectomy versus endometrial ablation for HMB. This study concluded hysterectomy was superior to endometrial ablation in terms of clinical effectiveness and had comparable complications rates. Useful study for patient counseling and to aid informed consent

[Read more](#)

## **Asgari et al. Ultrasonographic Features of Uterine Scar after Laparoscopic and Laparoscopy-Assisted Minilaparotomy Myomectomy: A Comparative Study. *J Minim Invasive Gynecol.* 2020 Jan;27(1):148-154**

An interesting article assessing uterine integrity following myomectomy, comparing laparoscopic suturing versus open. No ultrasonic difference was noted between the 2 groups highlighting.

[Read more](#)

## **de Milliano et al. Ulipristal acetate vs gonadotropin-releasing hormone agonists prior to laparoscopic myomectomy (MYOMEX trial): Short-term results of a double-blind randomized controlled trial. *Acta Obstet Gynecol Scand.* 2020;99(1):89-98.**

The first RCT to be published comparing ulipristal acetate (UPA) versus GnRH analogues prior to laparoscopic myomectomy. This study highlights a higher blood loss and longer suturing time with UPA pre-treatment. GnRH analogues were more favourable in terms of fibroid volume reduction, intraoperative blood loss and suturing time.

[Read more](#)





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**Zaami et al. Medicolegal Issues in Power Morcellation: Cautionary Rules for Gynecologists to Avoid Unfavorable Outcomes. J Minim Invasive Gynecol. 2020 Epub ahead of print**

Though provoking read summarizing the medicolegal issues predominantly faced in the USA when using power morcellation. This remains a controversial topic...

[Read more](#)

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**Rahkola-Soisalo et al. Hysterectomy provides benefit in health-related quality of life: A ten-year follow-up study J Minim Invasive Gynecol. 2019 Epub ahead of print**

Stimulating article highlighting the favourable long-term health related quality of life effects of hysterectomy particularly when performed in the context of fibroids, abnormal uterine bleeding and endometriosis.

[Read more](#)

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**Dehbashi et al. Effectiveness of ovarian suspension in preventing postoperative ovarian adhesions in patients with severe pelvic endometriosis—a case-control study. Gynecol Surg 2019; 16:10**

A double blinded RCT assessing the effectiveness of ovarian suspension in reducing post-operative ovarian adhesions following the excision of endometriosis. This study concluded a significant reduction in adhesions with ovarian suspension.

[Read more](#)

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**Potdar et al. Management of ovarian cysts in children and adolescents. The Obstetrician & Gynaecologist 2020. Epub ahead of print.**

A detailed article summarising the approach to ovarian pathology in children and adolescents. Often managed by our paediatric surgical colleagues, this is an excellent refresher for all.

[Read more](#)

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**Wild et al. Medical management of deeply infiltrating endometriosis - 7 year experience in a tertiary endometriosis centre in London. Gynecol Surg 2019;16;12**

A large tertiary endometriosis centre's experience of using medical management to treat symptoms of DIE over a 7-year period. Interestingly over 50% of patients with DIE were successfully managed with medical treatment alone. Useful data to utilise when counseling women.

[Read more](#)

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# Facebook update

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

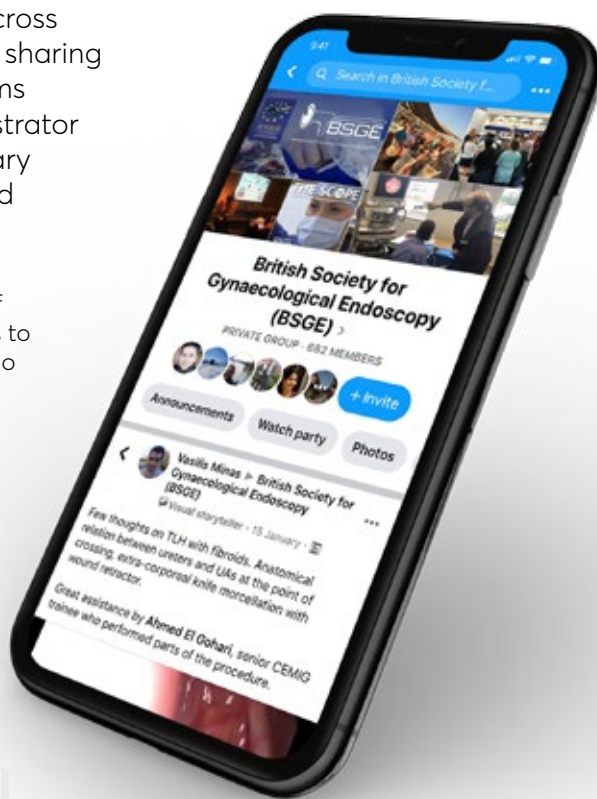
The Facebook group now has over 600 members from across the world. It has become increasingly active, with posters sharing videos, conundrums and hot topics for debate. Webcomms Committee member Tereza Indrielle-Kelly acts as administrator and facilitator and, together with BSGE Honorary Secretary Shaheen Khazali, has been instrumental in the growth and success of the group.

Recently, the most popular topic tags have been conference, training, hysteroscopy and laparoscopy, which perfectly reflects the interests of the Society. Facebook offers another way for healthcare professionals to engage and network. The group is for health professionals only, with no patient members. There are only two important rules for posters: No patient identifying information and no politics!

Recent posts include a video from group member Vasilis Minas. The post was entitled 'Few thoughts on TLH with fibroids. Anatomical relation between ureters and UAs at the point of crossing, extra-corporeal knife morcellation with wound retractor.'

There were several questions and comments from fellow surgeons and group members.

Members also shared courses, papers and surveys. If you've not joined the Facebook Group yet, then please sign in, sign up and become part of the debate.



April 26 | 29 - 2020

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- Live Ultrasound Scans
- Symposia
- Debates

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Rasile Marianna

## Precongress Courses

- Laparoscopic sutures techniques "The Coliseum":  
Gladiators back home.
- Ultrasound in Endometriosis.
- Evaluation and management of infertile  
patients with endometriosis.

## Tentative list of Faculty

Achour Mohamed (Morocco)  
Andou Masaaki (Japan)  
Angioli Roberto (Italy)  
Arduini Domenico (Italy)  
Ayrosa Paulo Augusto (Brazil)  
Bastu Ercan (Turkey)  
Benedetti Panici Pierluigi (Italy)  
Bergamini Valentino (Italy)  
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Candiani Massimo (Italy)  
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Greco Ermanno (Italy)  
Guerriero Stefano (Italy)  
Hummelshoj Lone (UK)  
Keckstein Joerg (Austria)  
Khazali Shaheen (UK)  
Kho Rosanne Marie (USA)  
Kondo William (Brazil)  
Koninckx Philippe (Belgium)  
Maiorana Antonio (Italy)  
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Setubal Antonio (Portugal)  
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Todua Irakli (Georgia)  
Torcia Francesco (Italy)  
Ubaldi Filippo Maria (Italy)  
Uccella Stefano (Italy)  
Ussia Anastasia (Italy)  
Usta Taner (Turkey)  
Valentin Lil (Sweden)  
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*Meet our dedicated team...*



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Noteworthy  
Articles



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BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

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**The BSGE**



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