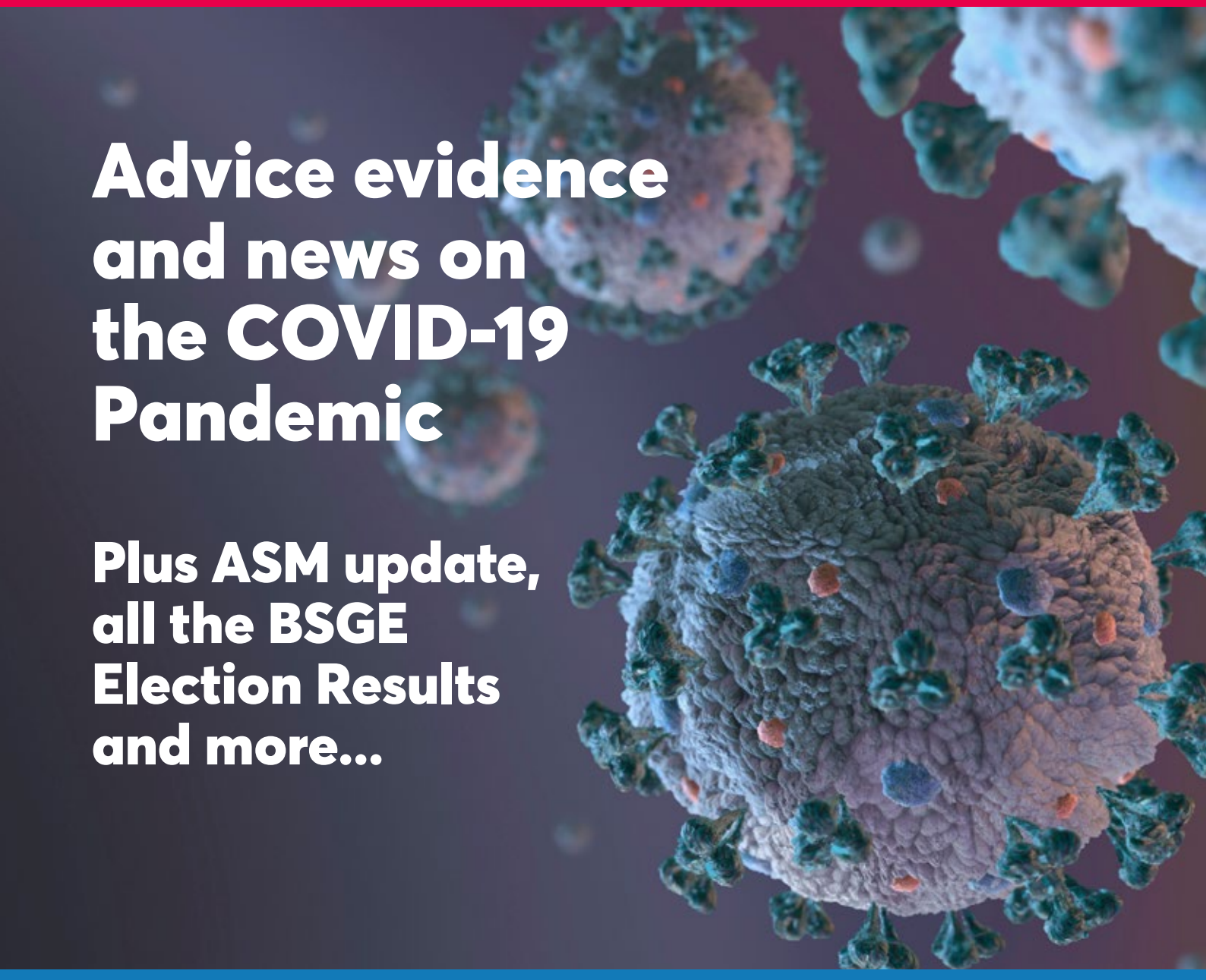
THE SCOPE

Newsletter of the British Society for Gynaecological Endoscopy



Advice evidence and news on the COVID-19 Pandemic

Plus ASM update, all the BSGE Election Results and more...

Issue 14 | Summer 2020

BSGE

BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

Welcome

Welcome to this special edition of The Scope

Message from the Editor

I hope we are all staying safe during this unprecedented time in our careers in the middle of this COVID-19 pandemic.

Unfortunately, due to the pandemic we will not be meeting this year in Manchester but look forward to our ASM early next year in Manchester in 2021

Condolences to all our colleagues both medical and all other front-line staff who have lost their lives prematurely during this pandemic. It is very likely that we will all personally know someone who has been affected by Covid-19.

Once the pandemic broke, there was a lot of discussion on social media around issues relating to endoscopic surgery with some societies, at the time, advocating the use of open surgery in favour of laparoscopy despite little evidence to support this. The BSGE Officers and Council members responded immediately by publication of guidelines surrounding the safe use of laparoscopy in this pandemic, jointly with the RCOG. These may be subject to change as we get to know more about this corona virus. It was the first guideline by a gynaecological endoscopic society followed closely by the ESGE and the AAGL. Following this we published "Covid-19 pandemic and gynaecological laparoscopic surgery: knowns and unknowns" in Facts, Views and Vision in OBGYN.

Rebecca Mallick as well as her usual piece on noteworthy articles summarises the minimal access guidelines and publications on Covid-19.

I would like to thank Sanjay our outgoing president for his tireless and invaluable service to the Society as President and congratulate Justin on his appointment as our new President. I would also like to congratulate members of Council who have been newly elected and look forward to the continued contribution of those who have stepped down.

I am sure, as minimal access surgeons, we all miss our usual theatre sessions. Most of us have had to settle for the odd Caesarean section. On our BSGE Facebook page there was a humorous video of how to use laparoscopic instruments to do gardening to while away the time during lockdown. On a more serious note there is a piece in this edition of The Scope "Reflections of an endometriotic surgeon during the Covid pandemic" written by Nadine di Donato, which most will identify with.

Hopefully, life as we know it will soon return to normal, once testing and tracing for Covid-19 becomes widely available. It is more than likely that we will gradually get going with operating, with the reintroduction of gynae surgery as part of the second phase of the NHS strategy against Covid, as outlined by the chief executive of the NHS Sir Simon Stevens.

I hope you enjoy this "Pandemic" edition of The Scope. It will be great to hear from members how they got on during the lockdown period; these hopefully will be included in our next edition.

Last but not least , though we would all love to be back operating, I would like to acknowledge our patients many of whom come out and clap for their NHS heroes every Thursday at 8 pm. They are truly heroes themselves, many of whom have had to delay surgery or consultations for chronic conditions. Sacrificing their individuality for the greater good of us all by "staying home".

Funlayo Odejinmi (Jimi)
Scope Editor and Member Relations Portfolio Chair
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President's Message

It is my great pleasure and honour to write to you for the first time as President of the BSGE. Under normal circumstances the hand over would have taken place at the BSGE AGM during our ASM in Manchester but in these unprecedented times it had to be a virtual acceptance of the chain of office from Sanjay via Skype (!).

I would like to start by thanking Sanjay for his fantastic leadership of our ever growing and influential society. His experience, industry and infectious enthusiasm have made his tenure a successful one. He has always been accessible, approachable and collegiate in his outlook and my fellow Officers and Council Members have benefited from these attributes and learnt a great deal from him. As has been the case with our previous Presidents, he has left the society in an even better place than when he took over. He will be a hard act for me to follow. I would like to thank him on behalf of all our members.

In other news…

Covid-19

I hope you and your loved ones are well at this difficult time. Like me, I suspect your work patterns have changed dramatically and life seems very different both at work and at home. The BSGE Officers have continued to engage fully with demands placed on us by national bodies such as the RCOG, PHSE and broader NHS organisations. I hope you have found the laparoscopy statement released jointly with the RCOG and the management of abnormal uterine bleeding statement co-badged with the RCOG and BGCS useful. They are available to download from the BSGE website.

Led by Andrew Kent , the officers have reviewed and provided rapid feedback to PHE regarding the necessity of appropriate PPE which has led to revision of draft publications for the better. We have also contributed, on behalf of The Academy of Medical Royal Colleges and NHSE to formulating guidance about surgical prioritisation (emergency, urgent <72 hours, <4 weeks and < 3 months) during the Coronavirus pandemic, which will have implications in the post-lockdown period in order to minimise the impact upon our patients awaiting surgery.

Annual Scientific Meetings

Whilst I think we are all having to get increasingly used to using these "virtual meeting" IT tools - Skype / Zoom / House Party etc. I think you will agree that nothing can beat the energy, enjoyment, science and conviviality of a face to face ASM and we are all sorry that this year it has had to be forgone. I do not underestimate the inconvenience this postponement has caused for both the organisers and you as members. However in better, post lockdown news, we are now going to visit Manchester Central– on Tuesday 2nd to Wednesday 3rd March 2021 with pre-congress courses taking place on Monday 1st March. We look forward to Sujata Gupta and the Local Organising Committee delivering the fantastic meeting that they had planned for us this year. Please put these dates in your diaries as I think a fantastic 100% attendance would be just the tonic for us all.

As always we are keen to receive abstracts once the call becomes open and in particular from those of you who submitted accepted abstracts for the now cancelled meeting, we would very much encourage you to resubmit these for consideration alongside any completely new work.

For those of you extremely organised diary-wise, I can tell you that the Birmingham-Worcester ASM originally scheduled for May 2021 has now been pushed back to February 28th -1st March 2022. I realise that both the Manchester and then Birmingham -Worcester ASMs are earlier than our usual April / May timing but the convention centres would only reschedule, without incurring huge financial penalties, in the same financial year, hence the need to agree to earlier dates.

Council meeting and BSGE AGM

Our Council Meeting scheduled for April 2020 has had to be cancelled for obvious reasons. The officers will make a decision about a suitable date for the next meeting as the Covid-19 emergency improves. As this will almost certainly be before our next ASM, the AGM will follow the Council meeting, on the same day. We will inform members of the date and venue.

Elections

Thank you to all those who voted. The results are as follows:

- Vice President: Andrew Kent
- Senior Representatives: Arvind Vashisht, Fevzi Shakir, Angus Thomson and Karolina Afors
- Trainees Representative: Angharad Jones
- Endometriosis CNS: Gilly Macdonald
- Nurse Hysteroscopist: Caroline Bell

We send our congratulations to all the successful candidates. There were a large number of extremely able and committed people standing for election, and I hope that those who were not elected will continue to contribute to the work of the Society and consider re-applying for Council. We need all these talented people. Sincere thanks also to Wendy-Rae Mitchell, Chris Guyer and Natasha Waters who have provided fantastic service to our Society, with their wisdom and experience, and who are now stepping down from Council. However, quality never goes away and I am sure that we will find many other ways to use their talents.

Future agenda

Our focus is now understandably concentrated on combating the Covid-19 crisis. However, post-lockdown I want to hit the ground running and advance a progressive agenda for endoscopic surgery in gynaecology. I am fortunate to have a talented council to represent you and to support me in driving forward the BSGE over the next two years. I am keen to address training deficiencies in gynaecological surgery and also to promote better surgical outcomes by tackling the dearth of high output gynaecological laparoscopic and / or hysteroscopic surgeons in the UK due to competing demands within job plans.

Concluding remarks

This current situation will gradually come to an end. I have to say that whilst not being an avid monarchist, I was struck by the resonance of the Queen's Coronavirus speech of the 5th April:

"I hope in the years to come everyone will be able to take pride in how they responded to this challenge. And those who come after us will say the Britons of this generation were as strong as any. That the attributes of self-discipline, of quiet good-humoured resolve and of fellow-feeling still characterise this country. The pride in who we are is not a part of our past, it defines our present and our future."

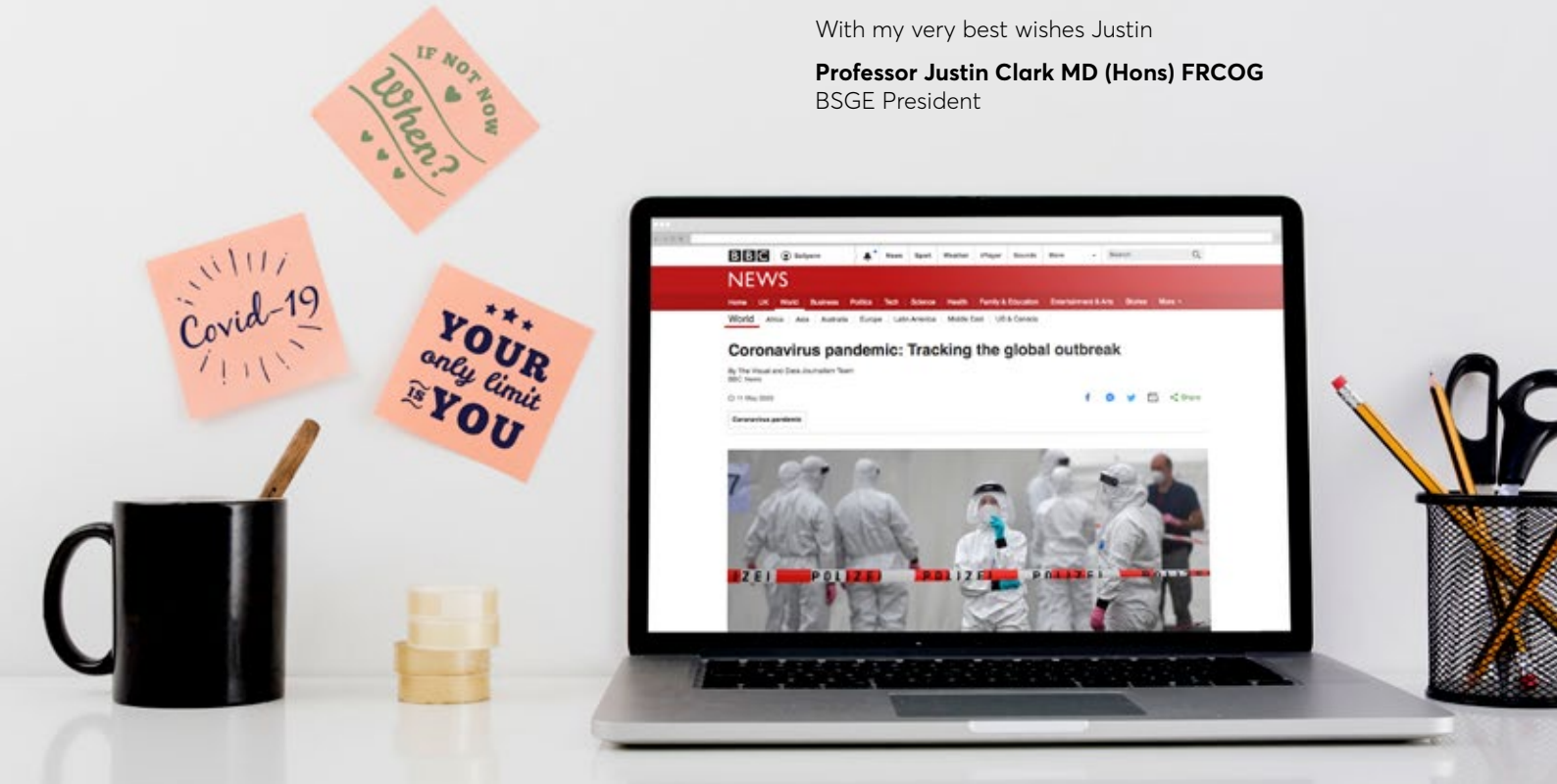
I know our membership will be stepping up.

In the meantime, on behalf of the officers, members of Council, Atia and Lesley, I send you my very best wishes as you exercise your own leadership, employ your skills for your patients, support your trainees, maintain your resilience and protect your families. I look forward to meeting up in happier times.

Wishing you and your loved ones the best of health

With my very best wishes Justin

Professor Justin Clark MD (Hons) FRCOG
BSGE President



Honorary Treasurer Report

Over the past couple of months we have had to respond swiftly to protect the Society and our investment in the Manchester 2020 ASM and also Birmingham 2021.

Our preparations were complete and many of you had registered for what was to have been a fantastic ASM organised by Sujata Gupta and her team. Instead Manchester Central is currently home to the NHS Nightingale North West Hospital with a capacity for 750 beds.

The good news is that all being well with the world, we now plan to visit Manchester in March 2021 with Birmingham being slipped to March 2022. By delaying our decision until the government restrictions, we were able to invoke the "clause majeure" in our contract with Manchester Central, effectively allowing us to negotiate a move to 1-3 March 2021 with no significant financial penalty. We have not requested any refund for monies paid out in respect of the Manchester meeting and we have left all the financial arrangements in place. However, with no income to offset the expenses at present we will see an adjustment in the bottom line at the end of the year which will be carried over into 2021.

Atia Khan, our Manager, who is now based at the RCOG in Union Street, has been tireless in negotiating with our other providers, allowing us to postpone the meeting in its entirety. So, you will get Manchester, albeit in 2021. Our industry sponsors have been most understanding with many keen to move their support to 2021.

We took the decision to refund all delegate registrations to keep it simple and allow us to start with a clean sheet later in the year. I am sorry if any of you were out of pocket in regards of pre-booked travel and accommodation but if my own experience was anything to go by the travel companies and hotels have been most understanding. Never have I been so well prepared for a conference so ahead of time!

ICC Birmingham have been helpful in allowing us to move to 2022 but were also keen to keep the proposed ASM within the respective financial year, so Birmingham 2022 is now scheduled to start on Monday 28th February with post congress courses on the Wednesday.

The downside of not having an ASM this year is that usually it provides a significant boost to the annual income of the Society of around £100K, although this was slightly lower in 2019 as Celtic Manor was a rather expensive venue.

On the upside, delegate registrations were up and our industry sponsorship also increased. The feedback from yourselves and industry was excellent. When this has all played out and assuming that all goes to plan, I anticipate our 'losses' overall will be around £100-120K which is effectively the result of no income from the ASM and possibly other courses scheduled for later in the year.

The Society has sufficient funds in reserve to weather this storm, much in part to the prudence of my predecessor Tom Ind and Past Officers. We will continue to invest in the future, but with no other meetings happening at present, we will be existing on our membership subscriptions as income for the time being. It could have been very much worse.

At present there is no intention to increase BSGE membership rates but we may have to consider a slight increase in the rates for the ASMs in 2021/22.

Regarding our other conferences over the past year. The inaugural Ambulatory Care Network meeting, convened by Justin Clark, was a great success and cost neutral. Joint meetings with the RCOG continue to provide modest income as do GESEA and RIGS. We were slightly down financially on the Warwick Cadaveric meeting, due to an unanticipated reduction in sponsorship. It was however, very successful in the new venue having moved from Oxford. We hope that it will be repeated in 2021.

Running costs of the Society have increased slightly over the last year as expected and we have continued our investment in the website. GDPR is a complex problem and not our area of expertise.

We have therefore opted to use a company called Evalian to manage our compliance. Evalian will be responsible for the compliance of all BSGE activities including the endometriosis database. This will be overseen in the future by the Vice President. We will continue to use Haslers as our auditors and for the preparation of our annual accounts and report to the Charity Commission. The audited accounts for 2019 are available on the website for those who are interested.

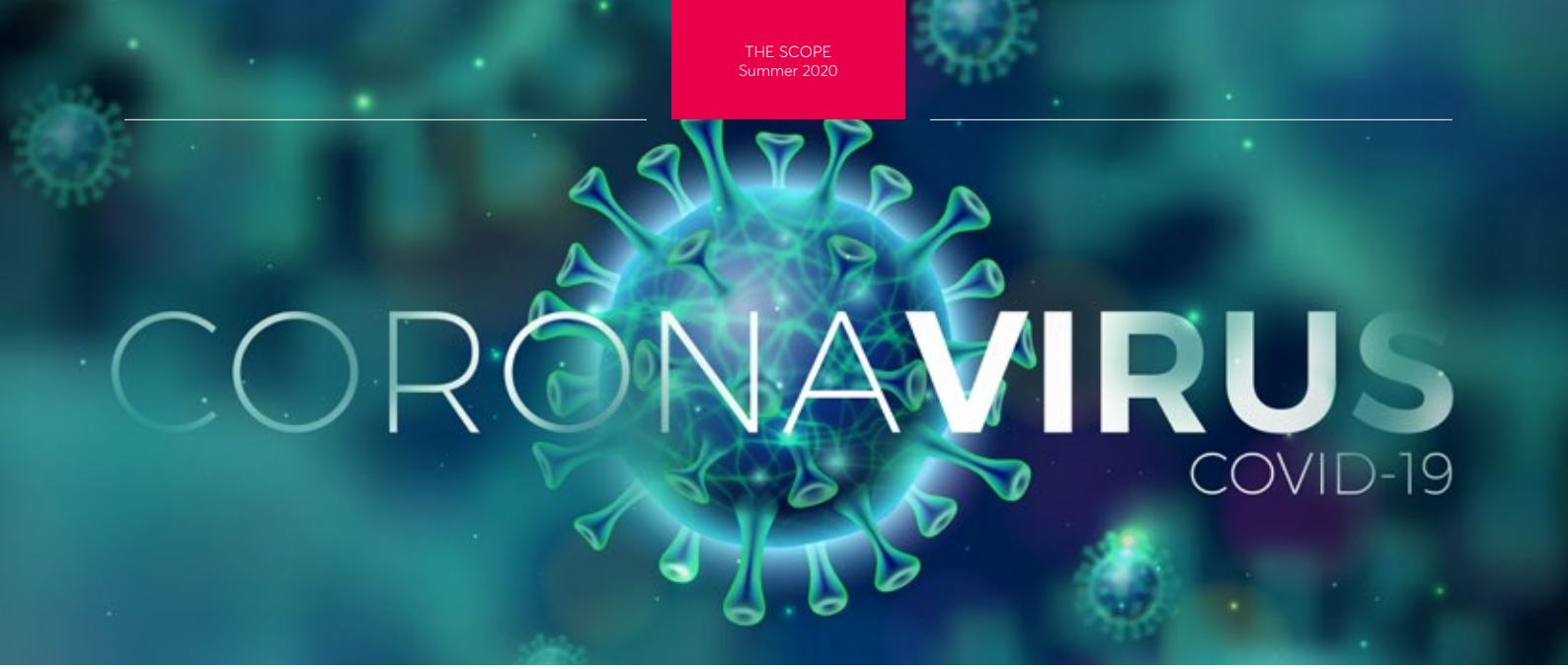
In conclusion, the Society remains in good financial health and continues to adapt and function in these tricky times.

I would like to thank my fellow Officers and all members of the BSGE Council, past and present who have made the role of Honorary Treasurer so enjoyable over the past few years, and in particular my thanks to Atia Khan (BSGE Manager) and Lesley Hill (Membership and Accounts) who have made my tenure in the role so much easier than I anticipated at the outset.

On a personal note, I am honoured to have been elected as your Vice President, which would normally vacate the role of Honorary Treasurer with immediate effect. However, due to the unusual circumstances that we find ourselves in, and the complexity of our financial position, it has been decided that we will defer elections for the new Honorary Treasurer until later in the year, which means that I will continue to hold the two posts concurrently for the time being.

As our service switches back on, I suspect that we will all be working rather hard over the next few months responding to the tsunami of work that has been put on hold during the COVID- 19 pandemic. By March next year I suspect we will all be in need of some rest and recuperation, so please put the dates for Manchester in your diary and all being well 2021 will be a good one. I look forward to catching up with you all again soon.

Andrew Kent
BSGE Honorary Treasurer and Vice President



Joint RCOG / BSGE Statement on gynaecological laparoscopic procedures and Covid-19

Royal College of Obstetricians & Gynaecologists

BSGE
BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

The BSGE and the RCOG released a joint statement on the safety of gynaecological laparoscopic procedures and Covid-19. Sanjay Vyas, the BSGE President at the time of the statement, said:

"We have been aware of concerns about the transmission of Covid-19 to health care practitioners in the operating theatre during the recent emergency. The BSGE and RCOG have produced a joint statement which aims to be unambiguous and evidence based, as far is as possible with limited data.

I hope that you find it useful in your practice, at this difficult time. Inevitably, there will be rare and unusual circumstances that are not covered by this statement. If that is case, I would suggest that you use this statement as your basic template and then modify it according to the opinion of your own local clinical governance networks."

The BSGE full statement was sent to all members on Thursday, March 26th. It was the first guideline by a gynaecological endoscopic society, followed closely by the ESGE and the AAGL. The guideline, included in full here and available for download below, is current at the time of publication of this Scope, May …., 2020. However, it may be subject to change as we understand more about Covid-19. Members can find out any updates on the website and through the BSGE Twitter and Facebook accounts.

Click here to download the full statement

Our members have asked us to investigate possible increased risks of transmission of Covid-19 during gynaecological laparoscopic surgery, particularly related to the potential generation of Covid-19 contaminated aerosols from CO2 leakage and the creation of smoke from the use of energy devices.

The risk of generating contaminated aerosols may potentially be lower with laparotomy[1]. However, to our knowledge, with the current few data, there is no evidence of an increased risk of Covid-19 transmission when Personal Protective Equipment (PPE) is used.

Covid-19 has been found in faeces presumably thorough transmission from the naso-pharynx with ingestion into the gastrointestinal tract (29% of cases) and in blood samples in approximately 1% of cases[3]. Thus, operations involving the bowel may have different implications than in gynaecology.

Laparoscopic surgery is associated with reduced morbidity, shorter hospital stays and quicker return to daily activities[2], all of which will benefit the patient, and make better use of hospital resources, particularly at the time of the current pandemic.

In the absence of evidence that Covid-19 transmission is increased by the generation of contaminated aerosols during gynaecological laparoscopic surgery, the BSGE recommends:

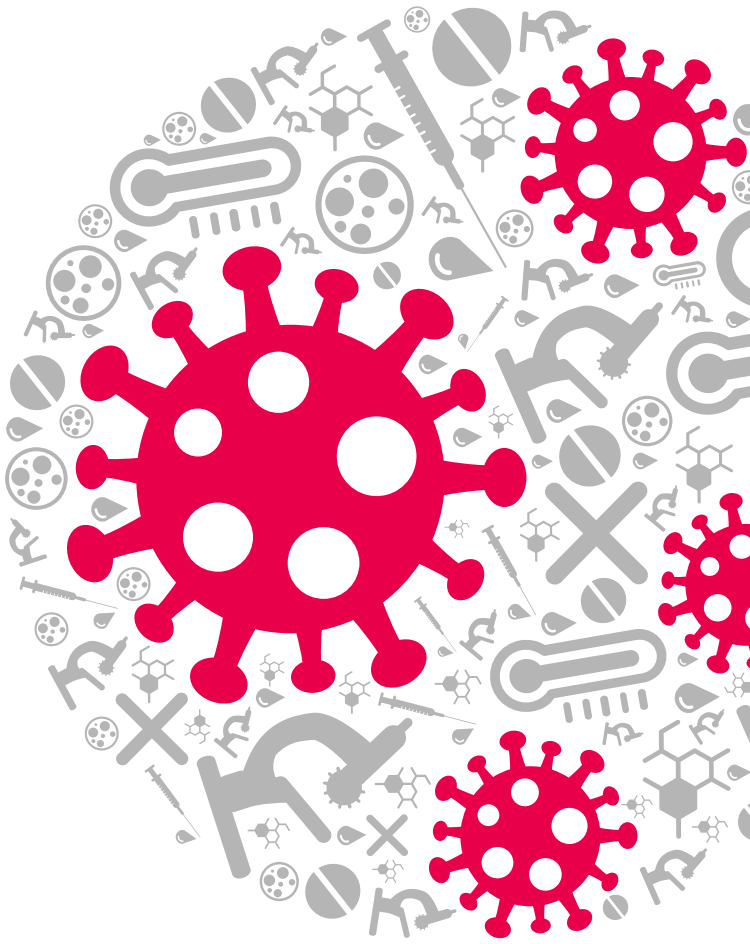
- All theatre staff should use PPE during all operations under general anaesthetic whether by laparoscopy or laparotomy and infection control practices should be followed, as determined by local and national protocol.
- Non-surgical methods of treatment should be actively recommended to reduce the risk of COVID-19 transmission to health care workers, and reduce the need for hospital admission, provided they are a safe alternative (for example but not limited to methotrexate for unruptured ectopic pregnancy).
- Gynaecological operations that carry a risk of bowel involvement, however small (for example but not limited to tubo-ovarian abscess), should be performed by laparotomy.
- Elective gynaecological operations that have a risk of bowel involvement (for example but not limited to excision of recto-vaginal endometriosis, adhesiolysis) should be deferred.
- For other gynaecological laparoscopic operations (for example but not limited to ruptured ectopic pregnancy, ovarian cyst accident) the port positioning and instrument choice should be according to the surgeon and hospitals usual practice to minimise time in theatre and the risk of operative complications.
- Suction devices, smoke evacuation filters, retrieval devices and swabs should be used to:
  - prevent aerosol transmission: remove smoke, aerosol and the CO2 pneumoperitoneum during operations
  - prevent potential droplet transmission: avoid explosive dispersion of body fluids when removing trocars and retrieving specimens.
- There is a high risk of explosive dispersion of body fluid when the uterus is removed from the vagina at total laparoscopic hysterectomy. Swabs, suction and retrieval devices should be used to minimise droplet transmission and consideration should be given to performing an open hysterectomy, on a case by case basis.
- Only evacuate surgical smoke via the tap on ports when attached to a smoke evacuation filter and / or by direct suction using a vacuum suction unit.
- Only evacuate the pneumoperitoneum via direct suction using a vacuum suction unit.

References

1. Alp E, Bijl D, Bleichrodt RP, Hansson B, Voss A. Surgical smoke and infection control. J Hosp Infect. 2006; 62:1-5.
2. Snyman L, Makulana T, Makin JD. A randomised trial comparing laparoscopy with laparotomy in the management of women with ruptured ectopic pregnancy. S Afr Med J 2017;107: 258-263.
3. Wang W, Xu Y, Gao R, Lu R, Han K, Wu G, Tan W. Detection of SARS-CoV-2 in Different Types of Clinical Specimens. JAMA 2020 Mar 11. doi: 10.1001/jama.2020.3786.

The RCOG and the BSGE emphasised:

"This statement has been produced rapidly to meet a need without undergoing the usual level of peer review scrutiny due to the current emergency. It does not form a directive but should be used by individual health care practitioners to inform their practice."



Management of women with abnormal uterine bleeding during the Covid-19 pandemic

The BSGE together with RCOG and BGCS have published new guidance for the management of abnormal uterine bleeding in the evolving Coronavirus (Covid-19) pandemic.

Outgoing BSGE President Sanjay Vyas wrote to all members of the Society saying:

'The Coronavirus pandemic means that we have to rethink how services are provided. Abnormal Uterine Bleeding (AUB) forms a major part of our work, and we need to see whether we can safely manage patients in a way that reduces the risk of person to person transmission to a minimum and also make the best use of scarce human and physical health care resources.'

The BSGE, RCOG and BGCS worked in partnership to produce guidelines for the management of women with abnormal uterine bleeding during these difficult times.

Sanjay encouraged members to look at the guidelines and to share them with any practitioners involved in the management of AUB, he said:

"Our aim was to produce a clear, evidence based guideline, that recognises the continuity between primary and secondary care. Please feel free to share the guideline with your colleagues."

The guideline was initially released on the 30th March, then updated on 31st March, in response to feedback. The updated statement is published in full below:

Click here to download the full statement

This consensus statement provides a framework for the management of women with abnormal uterine bleeding (heavy menstrual bleeding (HMB), inter-menstrual (IMB), postmenopausal bleeding (PMB) or post coital bleeding (PCB)) during the current pandemic. These are frequent symptoms that raise concerns about gynaecological cancer.

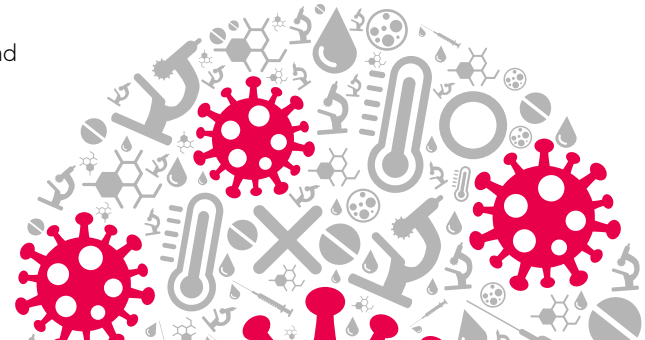
It provides national guidance for contingency planning for individual health care practitioners, service managers and commissioners to mitigate the effects of reductions in human and physical resources on our service.

Our objectives are:

1. To reduce the risk of person to person (horizontal) transmission of the virus SARS-CoV-2, which causes Covid-19.
2. To make the best use of very limited human and physical resources.

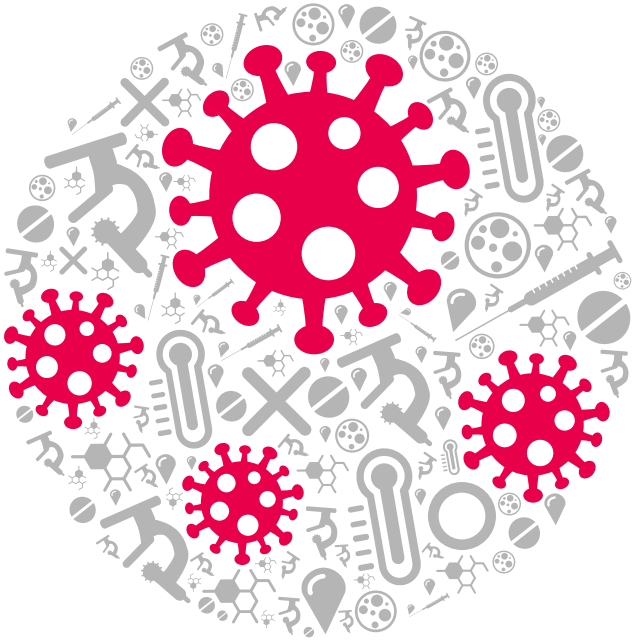
Heavy Menstrual Bleeding

- Women with HMB should initially be managed by remote communication. They should be reassured that the risk of malignancy is negligible[1].
- A relevant clinical history should be taken to elucidate the severity of the symptoms, the possibility of anaemia and the likely cause.
- If there are no symptoms of anaemia, or if present anaemia is likely to be mild, oral medication should be prescribed after exclusion of contraindications[2].
- Women should be referred to secondary care for further management if:
  - The HMB is torrential and / or prolonged.
  - Ongoing HMB that has been resistant to NICE recommended oral treatments and is considered unmanageable by the woman.
  - Severe anaemia is suspected.
- Women referred to secondary care should have the following examination and investigations:
  - A pelvic examination to identify rectifiable causes (e.g. prolapsed cervical fibroid) and detect significant uterine fibroids and genital tract cancer.
  - An endometrial biopsy to exclude endometrial cancer or atypical endometrial hyperplasia.
  - A full blood count to diagnose anaemia.
- Women referred to secondary care should be managed according to the likely cause and their preferences. Consider:
  - Oral or intravenous iron infusion according to the severity of the anaemia and associated symptoms.
  - Tranexamic acid and a course of high dose oral progestogens to rapidly supress acute bleeding.
  - NICE recommended medical treatments that have not been used including the levonorgesterol-releasing intrauterine system.
  - Gonadotrophin releasing hormone (GnRH) analogues for refractory bleeding despite use of recommended NICE medical treatments and / or in the presence of significant uterine fibroids. Consider moving to a 3-month duration injection once patient tolerance of GnRH analogues has been established or delivery via the nasal route (nafarelin acetate spray). Addback hormone replacement therapy (HRT) should be considered, once HMB is controlled if GnRH analogue treatment is to be continued beyond 3-6 months.
- Endometrial hyperplasia and cancer should be managed according to local protocols and national guidance.



Intermenstrual Bleeding

- Women with IMB should initially be managed by remote communication. Women should be reassured that IMB is common and symptoms often spontaneously resolve and that underlying cancer is rare[1].
- A relevant clinical history should be taken to elucidate the severity of the symptoms and the likely cause. Pregnancy should be excluded.
- Where the likelihood of sexually transmitted infection or genital tract cancer is considered negligible, then management options to discuss include:
  - Reassurance.
  - Observation with phone follow up to see if the IMB subsides.
  - Change in hormonal contraceptives in current users.
  - Trial of hormonal contraceptives in non-users.
- Women should only be asked to come for a pelvic examination, preferably in primary care, if:
  - There is a risk of sexually transmitted infection (take genital tract swabs).
  - Cervical cancer is suspected because of associated post-coital bleeding and / or offensive vaginal discharge.
- Women should be referred to secondary care for further investigation if:
  - Cervical cancer is suspected on pelvic examination.
  - Endometrial cancer is suspected because of persistent IMB (i.e. occurring for at least consecutive months) in women over 40 years of age who are not using hormonal contraceptives[3].
- Women referred to secondary care may have the following investigations:
  - A cervical biopsy.
  - A pelvic ultrasound scan and blind endometrial biopsy.



Postmenopausal bleeding

- PMB is a red flag symptom because 5 - 10% of women will have endometrial cancer[3]. Clinical management of PMB should be focused on identifying cancer.
- Women with PMB should initially be managed by remote communication to:
  - Confirm the symptom.
  - Determine if they have any symptoms of Covid-19.
  - Be informed that a 2 week wait referral to secondary care will be made.
  - Highlight women who have suspected or confirmed Covid-19 and inform them that they will not be seen in secondary care until they are no longer infectious (14 days from the onset of symptoms) to avoid horizontal transmission.
  - Assess whether hospital assessment can be deferred for Covid-19 vulnerable patients (for example but not limited to women above 70 years old and women with underlying health conditions) to reduce the risk of horizontal transmission. This risk needs to be balanced against the risk of delay in diagnosis or exclusion of a gynaecological cancer on a case by case basis.
- In secondary care:
  - A speculum examination should be performed because a normal cervix on speculum examination in women who have a negative cervical smear excludes cervical cancer.
  - Measurement of the endometrial thickness (ET) by transvaginal ultrasound scan (TVS) should be the first line test in accordance with local protocols and national guidance[4] .
  - An endometrial thickness (ET) of < 4mm on TVS excludes endometrial cancer, and these women can be discharged[4] .
  - Blind endometrial biopsy alone should be preferred to hysteroscopy if the ET is > 4 mm4 because hysteroscopy requires specific skills and greater use of human and material resources, including cleaning and sterilising of equipment.
  - A blind endometrial biopsy that produces an "insufficient sample" can be considered as normal provided the biopsy device was inserted more than 4 cm beyond the cervical canal[4] (and ideally more than 6cm), although this conclusion should be considered on a case by case basis, taking into account individual patient risk factors and ultrasound findings. Women should be told to contact their GP if their bleeding symptoms recur so that further referral and investigation can be promptly arranged.

- Hysteroscopy may be necessary as part of diagnostic work up for suspected endometrial cancer where a blind endometrial biopsy has failed or is non-diagnostic, or to obtain a directed biopsy or conduct an endometrial polypectomy. These decisions should be made on a case by case basis.
- Hysteroscopy, blind endometrial biopsy and polypectomy using electrosurgical or tissue removal systems do not pose an increased risk of transmission of SARS-CoV-2 to health care workers because the virus has not been identified in the genital tract in women with Covid-19 . Best practice should be followed to minimise contamination from blood, urine, genital tract fluids and faeces when conducting any genital tract procedure.
- Infection control practices, including the use of personal protective equipment (PPE) during diagnostic and operative hysteroscopy procedures should comply with local and national protocols.
- Whilst all women should be offered a choice of anaesthesia and treatment settings for hysteroscopic procedures, they should be aware that an outpatient setting avoids hospital admission, thereby minimising the risk of exposure to SARS-CoV-2. Where an inpatient procedure is to be undertaken, consider the use of conscious sedation and regional anaesthesia rather than general anaesthesia to prevent the generation of aerosols.
- Consideration should be given to insertion of a LNG-IUS at the time of blind endometrial biopsy or hysteroscopy where there is considered a high risk of endometrial hyperplasia or cancer. This decision should be made on a case by case basis.
- Minimise the number of attendances at health care facilities for women with postmenopausal bleeding, by offering TVS, clinical history taking, pelvic examination, outpatient hysteroscopy and / or blind endometrial biopsy at the same visit.
- Defer endometrial surveillance for non-atypical endometrial hyperplasia in women without abnormal uterine bleeding because the risk of progression to endometrial cancer is low.
- Women in whom a cancer is diagnosed should be referred to a gynaecological oncology MDT for further management.
- Women in whom a cancer is diagnosed should be sensitively informed of the diagnosis. Ideally, this should be in a face to face consultation. However, the extent of the pandemic and patient factors may make it necessary to do so in a non-face-to-face consultation.

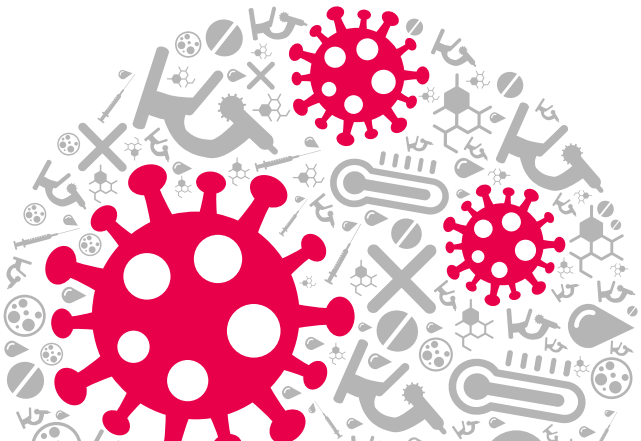
Post coital bleeding

- Women with PCB should initially be managed by remote communication to:
  - Reassure them that a cervical cancer is extremely unlikely if they have an in-date negative cervical screening test[5].
  - Elucidate whether they have any risk factors for a sexually transmitted disease. If such risk factors exist, they should be seen in primary care or a Sexual Health Clinic for further investigation and management.
  - Women who do not have an in-date negative cervical screening test need to be seen for a speculum examination to exclude cervical cancer and for a smear to be taken; depending on local circumstances, this could be in primary or secondary care.

References

1. Pennant ME, Mehta R, Moody P, Hackett G, Prentice A, Sharp SJ, Lakshman R. Premenopausal abnormal uterine bleeding and risk of endometrial cancer. BJOG 2017; 124: 404 – 411.
2. National Institute for Health and Care Excellence (NICE) 2018. Heavy Menstrual Bleeding: Assessment and Management. NICE NG88.
3. Gredmark T, Kvint S, Havel G, Mattson L. Histopathological findings in women with postmenopausal bleeding. BJOG 1995;102:133-136.
4. https://www.bgcs.org.uk/wp-content/uploads/2019/05/BGCS-Endometrial-Guidelines-2017.pdf
5. Shannon-Lowe, C.; Long, H.; Sundar, S.; Taylor, G. Potential for SARS-CoV-2 Virus Exposure During Gynaecological Procedures. Preprints 2020, 2020030451 (doi: 10.20944/preprints202003.0451.v1). https://www.preprints.org/manuscript/202003.0451/v1

"This statement has been produced rapidly to meet a need without undergoing the usual level of peer review scrutiny due to the current emergency. It does not form a directive but should be used by individual health care practitioners to inform their practice."



Gynaecological Laparoscopy in the Time of Coronavirus

As the NHS faces unprecedented challenges from the Covid-19 pandemic, patients continue to suffer from other conditions. Surgery for gynaecological emergencies and cancer was ongoing throughout, and over the coming days and weeks we should see the return of more routine surgery. However, surgeons and theatre staff face additional difficulties reducing the risk of viral transfer and maintaining their safety and that of their patients. BSGE Editor Jimi Odejinmi said:

"The basic message is to stay safe and follow guidance to ensure the safety of surgeons and patients during this pandemic." He added:

"The BSGE officers and Council members responded immediately by publication of guidelines surrounding the safe use of laparoscopy in this pandemic jointly with the RCOG. This may be subject to change as we get to know more about this coronavirus. It was the first guideline by a gynaecological endoscopic society followed closely by the ESGE and the AAGL"

Rebecca Mallick, Jimi Odejinmi and President Justin Clark have recently published a paper exploring the knowns and unknowns. In an ever-evolving situation, Rebecca has summarised some of the current key recommendations and compiled a list of noteworthy articles.

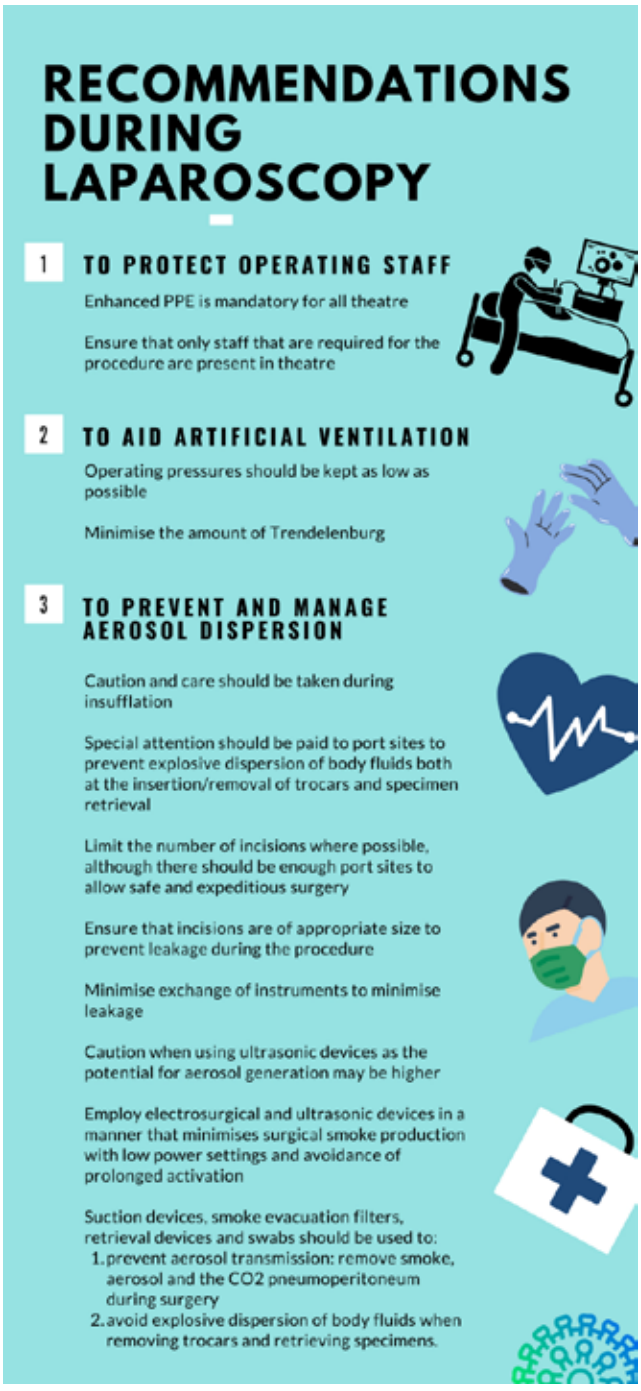
Mallick et al. Covid 19 pandemic and gynaecological laparoscopic surgery: knowns and unknowns Facts Views Vis Obgyn, 2020, 12 (1): Epub ahead of print

Despite the widespread cancellation of elective work, emergency gynaecology and cancer surgery continues and it is imperative all theatre staff are protected from the risks of SARS-CoV-2 viral transmission when operating on asymptomatic, suspected or confirmed COVID 19 patients.

This paper was created as a result of a rapid response review of all the up to date evidence, including experiences from China and Italy, to help guide the safe management of such patients when undergoing gynaecological procedures and aid safe decision making.

Full paper can be accessed here

Quick glance guide



Recommendations during laparoscopy

To protect operating staff:

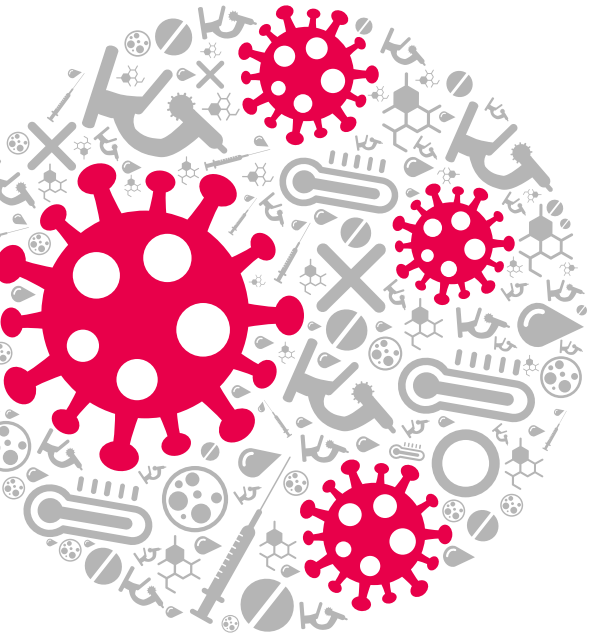
- Enhanced PPE is mandatory for all theatre
- Ensure that only staff that are required for the procedure are present in theatre

To aid artificial ventilation

- Operating pressures should be kept as low as possible
- Minimise the amount of Trendelenburg

To prevent and manage aerosol dispersion

- Caution and care should be taken during insufflation
- Special attention should be paid to port sites to prevent explosive dispersion of body fluids both at the insertion/removal of trocars and specimen retrieval
- Limit the number of incisions where possible, although there should be enough port sites to allow safe and expeditious surgery
- Ensure that incisions are of appropriate size to prevent leakage during the procedure
- Minimise exchange of instruments to minimise leakage
- Caution when using ultrasonic devices as the potential for aerosol generation may be higher.
- Employ electrosurgical and ultrasonic devices in a manner that minimises surgical smoke production with low power settings and avoidance of prolonged activation.
- Suction devices, smoke evacuation filters, retrieval devices and swabs should be used to: (1) prevent aerosol transmission: remove smoke, aerosol and the CO2 pneumoperitoneum during surgery and (2) avoid explosive dispersion of body fluids when removing trocars and retrieving specimens.



Other recently published papers:

Morris et al. Understanding the "Scope" of the Problem: Why laparoscopy is considered safe during the Covid-19 pandemic. JMIG 2020; epub ahead of print.

Click here to read the full paper

Recommendations

- The surgical team should minimize exposure to airborne virus during intubation and extubation and OR personnel should don adequate PPE including face shields, N95 filtered masks if available, gowns and gloves.
- Performing laparoscopy with lower intraabdominal CO2 pressures and minimizing the use of energy will limit the production of surgical plume and pneumoperitoneum.
- The use of a smoke evacuation/filtration system allows for controlled release and filtration of the surgical plume is recommended.
- Ideally, gas and plume evacuation and filtration is accomplished with the use of ultralow particulate air filter (ULPA) rated to screen particles of 0.1 micron in diameter (e.g., the ConMed Airseal or Stryker Pneumoseal).
- In conjunction with tightly fitting laparoscopic ports, an evacuation/filtration system can be used to minimize release of potential airborne virus into the operating room environment, while simultaneously evacuating the surgical smoke actively or passively.
- It is important to avoid sudden release of the pneumoperitoneum.

In summary, laparoscopy remains the preferred surgical approach for gynecologic patients during the Covid-19 pandemic for most surgical indications. The theoretical risk of airborne SARS-CoV-2 from an abdominal source at the time of surgery has not been substantiated. There is no current evidence that infection of OR personnel occurs via laparoscopy any more so than laparotomy surgery. However, given the paucity of data, it is prudent to take precautions in the operating room given that viral particles can be aerosolized during intubation and extubation.

Cohen et al. Perspectives on Surgery in the time of Covid-19:Safety First. JMIG 2020; Epub ahead of print

Click here to read the full paper

Recommendations

- In patients who are Covid-19 positive, unless they have a life-threatening emergency that requires surgery, we advocate for non-operative treatment and delay of surgery until recovered.
- If surgery cannot be delayed for a Covid-19 positive patient, a laparotomic operation should be performed.
- In patients with unknown Covid-19 status, preoperative testing is ideal when available.
- Laparoscopy can be performed in a Covid-19 unknown status patient if the entire operating room team has access to necessary personal protective equipment and extreme care is taken to prevent release of pneumoperitoneum into the operating theatre.

Carugno et al. Covid-19 pandemic. Impact on hysteroscopic procedures. A consensus statement from the Global Congress of Hysteroscopy Scientific Committee. J Minim Invasive Gynecol. 2020. Epub ahead of print.

Click here to read the full paper

Useful consensus paper on hysteroscopy and the potential risks during Covid-19 times.

Zheng et al. Minimally invasive surgery and the novel coronavirus outbreak: lessons learned in China and Italy. Ann Surg. 2020. Epub ahead of print.

https://journals.lww.com/annalsofsurgery/Citation/9000/Minimally_Invasive_Surgery_and_the_Novel.94629.aspx

One of the first papers on minimally invasive surgery and Covid-19 transmission to be published in the literature. This interesting paper reflects on the experiences of colleagues in China and Italy with succinct safety recommendations.

Published College and Society Covid-19 guidance and statements

Joint RCOG/BSGE Statement of gynaecological laparoscopic procedures and Covid-19 (March 2020)

Click here to read the full statement

Joint RCOG/BSGE/BGCS Guideline on the Management of women with abnormal uterine bleeding during the Covid-19 pandemic. (March 2020)

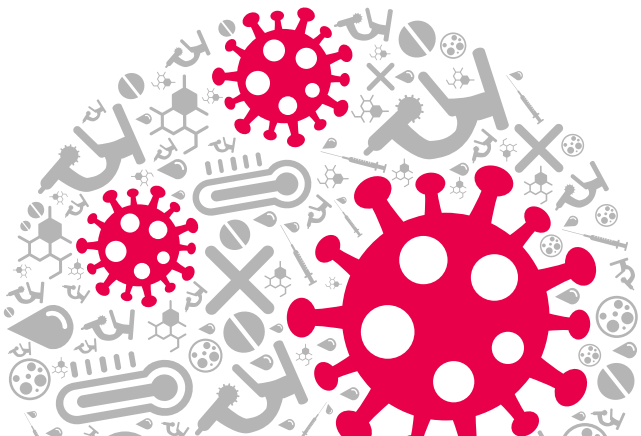
Click here to read the full statement

ESGE Statement - Recommendations on Gynaecological Endoscopic Surgery during Covid-19 Outbreak (March 2020)

Click here to read the full statement

AAGL Joint Statement on Minimally Invasive Gynecologic Surgery During the Covid-19 Pandemic (March 2020)

Click here to read the full statement



Covid-19 Experiences and opinions

Reflections of an endometriosis surgeon during the COVID 19 pandemic by Nadine Di Donato

The current Covid-19 pandemic has changed the way we live and work. Webcomms committee member Nadine di Donato reflects on her experiences working in the NHS during the crisis.

As an endometriosis surgeon during the COVID 19 pandemic there are times when I have felt lost and unable to help my patients. So many professionals have been moved into different roles and departments. Many of us have had to stop operating completely, which, although I understand the reasons and the rationale, can still make me feel depressed and unimportant.

Like many other gynaecologists, I have started to help in obstetrics. It's an area in which I haven't worked for years. I've spent days performing Caesarean sections and days calling patients from my office, frustrated at being unable to see them in person. I've lost my routine at work. I've been told that I may be asked to help in the medical ward. I may be moved into different areas if needed. The uncertainty and the unusual, invisible tension has made work very challenging.

As an endometriosis surgeon, I miss the long, all-day operating lists. I miss the challenge of complex surgery. I miss the surprise that the disease of endometriosis always gives me. But I particularly miss the collaboration with all my colleagues, the people I'm used to working alongside and learning from, such as the teams from urology, colorectal and upper GI surgery.

I think we all understand the significant extra workload that the Covid-19 pandemic has added to the NHS. As well as those who are fighting the virus, we have to consider the pool of patients whose health is being affected every day: patients already waiting for an appointment, new referrals waiting to be reviewed, patients on the pre-COVID long waiting-list for surgery, patients who will require surgery who are still waiting for the first appointment. All these patients have been cancelled. Surgery for endometriosis is considered a non-urgent 'elective' surgery, and this means that there will be an increased delay in treatment for our patients.

Like many endometriosis surgeons, I sometimes feel frustrated because of my temporarily lost role, sad because of the added delay in treatment for my patients and concerned that my patients are suffering ongoing pain. However, it's also important to try and see where we can make a difference. Sometimes, we're so busy with the day-to-day work of the Endometriosis Centres that there's no time to make changes. Maybe now is the time to improve the running of our Endometriosis Centres? By acting early, we can keep patients informed and plan to re-open the activities in a more efficient way.

We've made changes in the running of the Southern Endometriosis Centre in Portsmouth, here's a list of modifications for other centres to consider:

- **Telephone appointments:** We have phoned all our patients to reduce the need for face-to-face appointments. We have discussed the current situation and the implications for patient care. We have reassured them that we will review them as soon as we're able to re-start our activities. Some of them have been also discharged as they were happy with their symptoms and their treatments. The majority of the patients were reassured with the explanation.
- **Follow-up appointments:** We have called anyone was waiting for histology or awaiting a follow-up consultation after surgery. We have discharged patients when possible.
- **New patient appointments:** All patients waiting for an appointment in our Endometriosis Centre have had a telephone consultation. We have taken a detailed history and evaluated current symptoms and complaints. In each case, we have reviewed the current medication and the latest imaging. We have changed medication and started further medical treatments as required.
- **Prescription:** We have been able to collaborate with GPs to issue electronic prescriptions. Where this has not been possible, we have sent prescriptions directly to the patients to avoid delays in treatment or in changing of medication.
- **Future surgeries:** We have triaged surgeries according to clinical urgency. With more urgent surgeries including those in which disease infiltrates the ureter, disease infiltrating the muscle layer of the rectal wall, and increased size of ovarian endometriosis.
- **Referral system improvement:** We have been thinking of new ways to see and triage our patients. We are currently evaluating an initial remote consultation for our new patients where we will be able to ask for history and to review investigations and medical treatments. The patient according to her history and symptoms will be booked under our endometriosis ultrasound clinic run by a consultant or referred for other investigations if needed.
- **BSGE case follow ups:** For women with Stage IV endometriosis with opening of para-rectal spaces we are planning to expand the use of remote consultations. All our BSGE cases will have remote follow-up at 3, 6, 12, 18 and 24 months.

Despite this difficult time, we can work to improve our endometriosis service and take the time to reflect on the current practice and use the challenges of COVID 19 to change how we manage our endometriosis patients.

Optimising our recovery from Covid-19

Angus Thomson, newly elected Council representative and Industry Relations and Meetings convener explores ways in which we can emerge from the global pandemic with enhanced and more efficient working practices.

It is perhaps too soon to predict when the world will be out of the grip of this new infection that has so dramatically changed everything we do. It is certain that every aspect of life has been affected and that the wounds and losses experienced by so many will not be forgotten.

However, as we talk of 'lockdown' lifting, re-commencing life and re-introduction of services there is an understandable desire to ensure that we make the very most of any positive changes that we have seen. Undoubtedly we have seen sweeping changes in the way we do things throughout all aspects of life and medicine, some of which have been very effective and productive and could improve our care of patients in the future.

What has been startling is the rate of change. The historical barriers to change and progress seem to have been torn up and thrown away – rigid job plans, difficulties of team working, financial constraints, organisational red tape, reliance on face to face everything. Many organisations have seen more optimisation of working processes in the last 10 weeks than in the last 10 years.

If asked for the 5 changes we have liked the most but which will unfortunately not continue, we might all say:

- Less traffic on the roads – so commute to and from work is easier
- Car parking in hospitals is miraculously easier
- Preferential shopping in supermarkets
- Still getting paid whilst so many others are sadly facing financial catastrophe
- The public perception of the NHS is soaring (despite the fact that many of us feel we are working less hard than usual)

Across all NHS organisations, institutions and teams we are now planning for the post-Covid era. Everyone agrees that we must not return to all previous practices unless there are very clear benefits in doing so. We have challenged our teams to think of the top 5 things that they should not change back after Covid. All answers are valid and will have different resonance in each of our practices or organisations.

For a moment please excuse me some apparent naivety as I strive for a utopian NHS - here are my 'top 5 things I don't want to change back':

1. **The way we deliver care** – remote working with telephone and video consultations, using patient centred questionnaires and quality of life indicators. Adopting the default that we only see patients face to face where there is clear need or benefit. This makes us more efficient and is what many patients want.
2. **The way we work** – although face to face meetings are still useful at times, many of us have been surprised how effective and efficient remote meetings can be. We have learnt to work as teams who do not see each other as frequently as before. Also, through the stresses and changes during covid, we have managed our days more flexibly with alteration in start and finish times, making the most of our '1 hour of exercise' each day and focussing on our resilience – ensuring that we take leave and time off where needed and look after the psychological and physical wellbeing of ourselves and the teams around us.
3. **Collaborative working** – working more closely within teams, within departments and across organisations. Through Covid people have been prepared to work outside their comfort zone, supported and taught by colleagues in other areas. We have realised that care can be delivered just as effectively in different ways and by different members of the team – it works for patients and it works for us. Doctors and nurses from wide ranging specialties have worked cohesively and effectively in a supportive manner and it has felt good!
4. **Understanding prioritisation** – historically we have worked to fairly blunt targets – 4 hours, 28 days,18 weeks. Working through this we have identified better ways to breakdown 'prioritisation' so that it becomes more patient centred than target driven. Although we know that there will be some return to 'targets' we need to ensure that this is done in a clinically appropriate way. Should the same target apply to every operation we do or are there times when one clinical scenario, despite not being 'cancer' is higher priority than another?
5. **Streamlined decision making** – agile leadership and decision making has helped us make more progress than usual through the rapid agreement of a specific goal, swift collation of views and information to support options and timely implementation and dissemination of decision. Although it is sometimes difficult to keep up, the speed of change has sometimes been dazzling. The caveat to this is that decisions may have unintended consequences, but the beauty of the rapid decision process is that by monitoring and swift feedback all decisions can be altered and modified when necessary.

It is incumbent on all of us to ensure that we optimise our recovery from this pandemic and hope that we learn from the experiences it has afforded us. We must ensure that we are always learning, always developing, always improving.

ASM 2020 cancelled

In mid-March, the BSGE announced the cancellation of ASM Manchester 2020 in light of the global Covid-19 pandemic and the demands on the NHS. The Society took swift action, ahead of lockdown and the ban on mass gatherings. Sanjay Vyas, the BSGE President at the time of the announcement, spoke to all members saying:

"It is with great regret that I am writing to inform you that the Officers and Local Organising Committee have decided to cancel our ASM in Manchester on 22 – 24 April, due to recent events. We feel that cancelling an event that would take away hundreds of healthcare professionals from the NHS at the time they may be greatly needed, is the right decision."

He added:

"I know that many of you will have been looking forward to the ASM, but I hope that you understand that this decision has been taken due to events outside of our control. I hope we can make our ASM in 2021 a huge and magnificent one. Thank you as always for your support."

Manchester 2021

ASM 2021 is now planned to take place from March 1st-3rd at the original venue for 2020, the magnificent Manchester Central conference venue. The Scope spoke to Chair of the Local Organising Committee Sujata Gupta. She admitted that the committee had faced some challenging times:

"In the light of the pandemic we made the decision to cancel ASM 2020. It was very disappointing for the team, as all the hard work and organisation was done. However, we now look forward to next year's event, which we can assure you, will be bigger and better than ever"'

Although the content and theme of the conference are still being developed, Sujata said that it would reflect the pandemic:

"There will be a change to the ASM content to reflect the Covid-19 pandemic, its impact on minimally invasive surgery, and the Society's response. We will also look at the way our practices have changed and how the different regions have dealt with the crisis."

She emphasised that meetings with peers and colleagues are vital for the work of the Society. They allow information exchange, sharing best practice and social support. However, the committee are also exploring innovative ways of offering remote log-ins for delegates unable to travel to Manchester, as well as streamed sessions. The BSGE APP, introduced by Fevzi Shakir and his team in 2019 and further developed in preparation for Manchester 2020, may help to facilitate this.

Manchester 2021 will run from March 1-3rd, so put the date in your diary.

Birmingham-Worcester ASM 2022

Donna Ghosh, co-chair of ASM 2022 updates The Scope on plans for the meeting:

In light of COVID-19 sadly forcing the Manchester ASM to move to 2021, the Birmingham-Worcester ASM will now be held at the International Convention Centre, Birmingham on the 28th Feb- 1st March 2022. The congress workshops will be held at the Charles Hastings Education centre in Worcester.

We promise a fantastic scientific programme. The theme of the meeting is Standing Tall after the Fall. The meeting will focus on the management of complications surrounding gynaecological endoscopy with emphasis on minimising risk, striving for surgical excellence and changing practice for the better.

We will bring together surgical and academic experts in this field to deliver an exciting, forward-thinking and relevant scientific meeting in the wonderful cities of Birmingham and Worcester.

The cities provide a mix of classic enlightenment and modern culture. You could visit a number of theatres, the famous Electric Cinema, or see the City of Birmingham Symphony Orchestra or the Royal Ballet.

At the end of the day delegates can catch up and relive the best bits of the conference amongst a diverse collection of canal side bars and restaurants.

For those fancying a quieter break, Worcester, famous for Royal Worcester Porcelain and Lea and Perrins sauce, is a beautiful historic cathedral city offering tranquil riverside walks being only a stone throw from the scenic Malvern hills. Whatever your choice, we offer a vibrant and dynamic social programme.

Planned venue for ASM 2020 repurposed as Nightingale Hospital

Manchester Central, the planned venue for BSGE ASM 2020, has been converted into a temporary hospital. The conference venue was repurposed to help the NHS cope with the Covid-19 pandemic.

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Manchester Central Convention Centre or GMEX covers 190,000 square feet. Its vaulted arches and station clock have made Manchester Central an iconic city feature for over 130 years. The military were drafted in to convert the conference space into a hospital with up to 750 beds. The Central Hall of the conference centre has been divided into 18 wards, each containing 36 beds.

The Manchester Nightingale was designed to follow a different working model from the one in London's ExCel Arena. It aims to treat patients as they begin their recovery from Covid-19, admitting people who are recently relocated from critical care. Equipment, drugs and specialist staff are available to support respiration, when required. However, the focus will be on recovery and rehabilitation prior to discharge.

Jackie Bird, Chief Nurse for NHS England and NHS Improvement North West, told Medscape:

"The Nightingale programme, really shows what the NHS and its partners can achieve when it pulls all the stops out. It's been very heartening to see so many people and different organisations pulling together to create an entire hospital in the space of a fortnight to care for our population. It's an incredible feat."

As The Scope goes to press, the overflow capacity the Nightingale Hospitals offered has not been needed. However, as gynaecologists are all too aware, much of the normal vital business of the NHS has been put on hold during the pandemic. As the numbers of patients in hospital fall, the challenge now is understanding how to provide a comprehensive service, make the most of the facilities and professionals available, and keep staff and patients safe from infection.

BSGE Election Results 2020 Announced

New BSGE President Professor Justin Clark announced the results of the recent Council elections in an email to members on April 23rd, 2020.

The election was paperless, with online voting in the dedicated members' section of the website. Vacancies were available for eight positions on Council, including positions of BSGE Vice President, four senior representatives, one trainee rep. and two nurse or paramedic practitioners.

Justin thanked members for voting and announced the results as follows:

Vice President

Andrew Kent, who also continues his role as Honorary Treasurer, and will succeed Justin Clark as President in 2022.

"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 will work tirelessly with the other Officers and your Council towards this aim."

Senior Representatives

Arvind Vashisht – Endometriosis Centres

"I want 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."

Senior Representatives continued

Fevzi Shakir –
Website and Digital Governance

"It is 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."

Angus Thomson –
Industry Relations and Meetings Convener

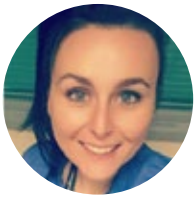
"I am delighted to join the BSGE Council and will aim to keep the BSGE at the forefront of innovation and patient centred care. I will aim to make the educational programme as relevant and progressive as possible."

Karolina Afors - Hysteroscopy

"I 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."

Trainee Representative

Angharad Jones



"I will 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."

Nurse and Paramedic Representatives

Endometriosis CNS:
Gilly Macdonald

"Being a BSGE 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. 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."

Nurse Hysteroscopist:
Caroline Bell

"Over the last three years I have had the privilege of being the nurse hysteroscopist on the sub-committee. Being elected as a member of the BSGE Council is a true honour and I look forward to representing my colleagues in the nurse hysteroscopy field."

Justin congratulated the successful candidates, expressed his appreciation for outgoing Council members and encouraged those not elected to consider reapplying in the future:

"We send our congratulations to all the successful candidates. There were a large number of extremely able and committed people standing for election, and I hope that those who were not elected will continue to contribute to the work of the Society and consider re-applying for Council. We need all these talented people. Sincere thanks also to Wendy-Rae Mitchell, Chris Guyer and Natasha Waters who have provided fantastic service to our Society, with their wisdom and experience, and who are now stepping down from Council. However, quality never goes away and I am sure that we will find many other ways to use their talents."

Ambulatory Care Network Meeting

This year's ACN meeting took place in Birmingham in February. It explored issues relating to gynaecological ambulatory care, with a discursive and evidence-led programme developed in response to delegates.

Paul Smith and Preth De Silva from the local organising team reported on the meeting for The Scope.

We are delighted to report that the second Ambulatory Care Network Meeting, held in Birmingham on the 27th and 28th of February, was a great success. This was thanks to the speakers and 170 delegates from across the UK who came together in one of the last national meetings to be held before the Covid-19 crisis.

The aim of these meetings is to create interactive sessions and debate in the field of ambulatory care. This style of meeting relies greatly on the contribution and knowledge of the delegates. We heard many great ways in which delegates are striving to improve the patient experience and consent process. There were thought-provoking debates about how training could be improved and open discussions on the management of complex cases. There was also invaluable input from our keynote speaker, Henrik Skensved, who shared his insightful experience of performing hysteroscopy in Denmark.

Our meeting provided the first opportunity to share the results of the BSGE survey of patient satisfaction for hysteroscopy. The response to the survey exceeded our expectations with 77 units providing over 5000 responses. The finalised results of this survey can be used as a benchmark to drive improvement in our hysteroscopy services.

A detailed conference report has been produced giving details of the insights and discussions of each session which will be disseminated and put up on the BSGE website shortly. There is no doubt that many of the ideas discussed during the meeting will go on to direct future research, governance and training.

We would like to thank everyone for their attendance and input in helping to make this years' meeting a success. We hope to look forward to seeing you all again next year!





National Survey of Outpatient Hysteroscopy

The BSGE developed a patient satisfaction survey for women having outpatient hysteroscopy. Project leader and BSGE President Justin Clark provides an update on progress.

For a two-month period (October and November 2019) we disseminated via email and the BSGE website to download, a patient satisfaction survey for women undergoing outpatient hysteroscopy. This was developed from existing surveys from members across the UK and with patient involvement.

We have been delighted to receive 5153 patient responses from 77 different hospitals across the UK, covering a range of diagnostic and operative outpatient hysteroscopic interventions. The data were presented at the 2nd annual Ambulatory Care Network Meeting (ACN) in Birmingham in February of this year.

The results have been very encouraging, hugely informative and will be extremely useful for providing 'norms' and ranges of outcomes relating to patient care before, during and after outpatient hysteroscopy. These metrics can be used to benchmark your current and future performance and allow units and individuals to identify areas of strength and weakness and then explore reasons for any variance. Deficiencies can be addressed and best practice can be implemented and shared to improve patient experience and outcomes. The idea is that you can use the survey whenever you choose to audit your hysteroscopy service year on year.

The report is being finalised and we hope to publish the data also in a medical journal. We will disseminate the report and the benchmarking data later this year.

Justin Clark

The patient satisfaction tool is available to download from the BSGE website or as part of the BSGESICS platform (www.BSGE.com)...

...or app (google play or app store).

Available on the App Store

GET IT ON Google Play

Portfolio Reports

Laparoscopic Training Portfolio Report

The Benign Abdominal Surgery course in 2019 had many new speakers as well as a new practical day focused on laparoscopic hysterectomy. The collated feedback from the RCOG showed that 98% and 94% of delegates felt the format and content and the information of speakers met their educational needs, respectively. Both scores, when benchmarked, are greater than the score for the RCOG 2016-19 events average.

I am in the process of organising the next course which will be held on the 14-16th September 2020 and hope that this is again a sell-out. Please see the RCOG website for details.

CP Lim and Jessica Preshaw, both consultants with a special interest in minimal access surgery, join myself and Ilias Nikolopoulos on the laparoscopic training subcommittee. Both CP and Jessica were previous RIGs representatives in their training deaneries and have already contributed significantly in a number of BSGE/ RIGs initiatives. We are together working on a number of exciting projects to bring more to our members over the next year.

If you have any ideas that you would like to discuss please contact me at the BSGE.

Donna Ghosh
Laparoscopy Training Portfolio Chair

Website and Digital Governance

During the current Covid-19 pandemic, digital technology and communication are increasingly important. The BSGE website was updated, and is an excellent source of guidelines, videos and news about the Society.

The ASM APP was successfully upgraded, with improved functionality. We look forward to using it for the rescheduled ASM in Manchester 2021 and other future meetings.

I would welcome any suggestions from members as to what features they would like to see that could help user experience and participation.

Fevzi Shakir
Website and Digital Governance Portfolio Chair

Endometriosis Centre Portfolio Report

I am sorry that we were all unable to meet in Manchester for the annual meeting. This is often a good opportunity to update with respect to endometriosis centres and the database.

This year will understandably be a challenging one with respect to accreditation. I'm sure many people are questioning how and whether they will have achieved the appropriate number of cases but rest assured that the current crisis will be factored in to decision-making. We will be considering the whole area of full and provisional accreditation for 2020 in light of the national pandemic. I will give further updates during the course of the year as the situation becomes clearer.

On a more positive note I am very pleased that most of us have been able to master the new anonymised entry into the database. This has now made us more fit for purpose with respect to GDPR regulations.

I also wanted to let you know that there have been some positive changes for assessing follow-up rates for centres and again I will let you know more about this in the near future.

Work is in progress for further publications from the database and indeed many of you have separately applied for database access to complete projects and studies via the Scientific Advisory Group.

We have been working on a minimum dataset that will be useful and required in the future for external review of endometriosis centres. There will be more details to follow.

In the meanwhile we will look forward to the safe return of our elective work and resuming the good work that we all do in our respective centres.

Arvind Vashisht
Endometriosis Centre Portfolio Chair

Portfolio Reports

Industry relations and meetings convener

Having been elected to represent the BSGE as a member of Council, I join at a challenging time for the Society, the NHS and the country. With the cancellation of the ASM and current restrictions on mass gatherings, it is difficult to predict when meetings and conferences will be restarted. However, we will continue to build our strong relationships with industry and work to ensure future meetings follow safety guidelines.

I think that the BSGE and RCOG response to COVID-19 has been incredibly measured, pragmatic and helpful on the ground - keeping the interests of both patients and staff at the centre. Although there have been changes with advancing time and evidence, the guidance has been as easy to follow as possible, given the huge uncertainties surrounding COVID. I wish the same could be said for all colleges or PHE, where information and guidance has been frequently confusing, conflicting and sometimes, unintentionally, has made provision of patient care extremely challenging.

Although it is difficult to see positives, I think that the 'silver lining' from this whole debacle will be that from the rapid changes we have had to make - we have shown that some previous barriers to change and progress have now vanished. The exciting part is to think of how we can change our future services compared to previous models of care. I accept that the changes within a 'surgical specialty' may be less obvious but I would hope and expect that we will all 'do things differently' in the future.

Angus Thomson
Industry Relations and Meetings Convener Portfolio Chair

Awards and Bursaries

The work of the awards and bursaries portfolio continues, although travel and group meetings are curtailed due to the ongoing Covid-19 pandemic.

I am pleased to announce the results of the 2020 BSGE Surgical Video Competition:

- Consultant/SAS/GP doctors category: Albert Jung
- Consultant/SAS/GP doctors category: Kingsley Mahendra
- Consultant/SAS/GP doctors category: Lisa Knight
- Doctors in Training category: Maribel De Gouveia De Sa.
- Doctors in Training category: Michael Graham

The judging panel considered the content of the summary, the surgical skills demonstrated, the educational value and the quality of the surgical videos during the scoring process. The standard was very high and I would like to congratulate the worthy winners, who win a cash prize of £300. Winning the video competition is highly prestigious, enhancing the CV and providing the same CPD points as publishing a paper in a journal.

Looking forward, we aim is to build up a BSGE research fund with the new President, Justin Clark and the elected Council. This has been agreed by the subcommittee.

I wish you all the best, Kirana

Kirana Arambage
Awards and Bursaries Portfolio Chair

RIGS

Registrars In Gynaecological Surgery
Training and Support in Endoscopy

As a trainee the clock always seems to be ticking from one ARCP to another. When starting a new academic year there feels to be an eternity of opportunities ahead for completing assessments, attending courses and collecting CV points.

If you're anything like me, before you know it spring arrives and the panic starts to set in with a mad rush to tick all the boxes. This year not only have we had to get our heads around the complexities of a new RCOG e-portfolio, but now the huge disruption to training and life in general with Covid-19.

Covid-19 has caused anxiety and insecurity for all at home and at work. For trainees it has meant redeployment for some, social isolation for many and the focus changed from training to service provision for everyone. For O&G trainees, the impact on training has hit the hardest in gynaecology with clinics, elective operating, courses and our BSGE ASM cancelled. It is important during this time of uncertainty to seek support if feeling overwhelmed, stay safe, keep up to date with RCOG / BSGE guidance and to remember that it may be impossible to achieve what you set out to achieve at the beginning of the year. There will be special no fault outcomes at ARCP for those whose training has been disrupted by Covid-19 to allow extra free time for training and completion of competencies once normal activity resumes.

Education and training

Whilst unable to access certain traditional learning opportunities, there are methods by which you can supplement your knowledge and skills in gynaecology. These can be used to complete assessments with your trainers or add reflections to your ePortfolio. Here are some suggestions:

- RCOG eLearning
- Winners project / GESEA e-learning tutorials (https://europeanacademy.org/e-learning/)
- Webinars (lots advertised on BSGE Facebook page)
- Online surgical videos (BSGE video library, AAGL SurgeryU)
- Zoom meetings / teaching sessions with other trainees (discuss a paper, a guideline, a case, a surgical technique, host a quiz)
- Laparoscopic box training (try making your own box if you don't have one!)
- Create a surgical video using previously recorded footage (demonstrate a technique, anatomy, complications, a teaching video for juniors)

Please contact your RIGS regional representatives for further advice and support in your local deanery. A list is available on the BSGE website.

ASM 2021

The exciting plans we had for the ASM in Manchester will be resumed in 2021 and I can guarantee we will have the biggest celebration to make up for the disappointment of missing out this year. Keep your eyes peeled for abstract submission deadlines for trainee features in the main programme. Stump the Experts, Pecha Kucha and the trainee video presentation sessions are excellent opportunities to showcase your work to an international audience.

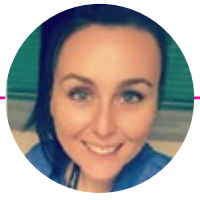
RIGS regional representatives

As part of the trainee portfolio at the BSGE we have a team of RIGS regional representatives to support and promote training in gynaecological endoscopy within each deanery. We currently have vacancies for Mersey, London, Ireland and Scotland deaneries.

A RIGS regional representative can be of any level (ST1 – ST7) and must be a fully paid member of the BSGE. The role requires effective communication with the Trainee Representatives on council with regular updates of opportunities offered by your deanery. All regional representatives must actively participate in the evolution and development of RIGS providing a support network to BSGE trainee members.

If you are interested in the role, please email Atia at bsge@rcog.org.uk a brief biography and how you would fulfil the position (max 250 words) by Friday 5th June 2020.

Find out more here



Thanks, Angharad Jones and Mikey Adamczyk

Nurses and Paramedics

Following BSGE Council elections there are now two representatives for nurses and paramedics on Council. A specialist in both endometriosis and hysteroscopy will continue the portfolio's hard work to improve nurse training, development and patient care within the BSGE. If any members would like to feature something on this page, or elsewhere in The Scope please get in touch.

Endometriosis CNS

I would firstly like to say how delighted I am to have this opportunity to be a Council member, to work with you all and continue the excellent work of the BSGE.

Under normal circumstances, we would have been meeting up at the ASM in Manchester and I would be saying this in person but obviously, this was not to be the case this year. So, our channels of communication may be a little different for a while.

I would like to say a huge thank you to Wendy for all her hard work and commitment over the past three years in supporting us all and taking the nursing and paramedic roles forward. I look forward to working with Caroline Bell to maintain this commitment.

As the Council navigates its way forward under such unfamiliar circumstances due to Covid-19 and I start my journey as the nurse representative, I am delighted to have this opportunity to support my colleagues.

We have all had to make changes in our practice and how we manage our patients due to Covid-19. Here in Cornwall, my face-to-face clinics have been replaced by telephone clinics for the time being. Being "old school", I am now more aware of how much of my assessment relies on visual cues from the patient. I am learning how to be more descriptive in my questioning and listening even more intently to uncover key details that may otherwise get overlooked. This is especially important when treatment delay inevitably causes increased frustration and anxiety for our patients. We are all working hard to provide that much-needed support during these times of uncertainty.

Once restrictions start to lift and we attempt to resume services, inevitably we will need to evaluate how changes in our practice due to Covid-19 could or should continue and be the new norm. One example of this is how the use of communication technologies can continue to be used in our everyday practice in patient consultations, peer to peer interactions, education and so on.

If you have any points for discussion regarding current changes in service delivery or practice, please feel free to get in touch.

Best wishes, **Gilly Macdonald**
gilly.macdonald@nhs.net

Nurse Hysteroscopy

I hope you are well during these difficult times. I would like to take this opportunity to thank Wendy Mitchell for her hard work on the BSGE Council, especially her success in securing two seats for nurses and the dedication she showed to us all. We have big boots to fill!

I am delighted to have been voted onto the Council as nurse hysteroscopist. I look forward, in the near future, to forming a subcommittee from those of you who are interested in becoming involved in the work of the BSGE.

The pandemic in practice has been challenging. In Cumbria we have still been performing hysteroscopy in the outpatient setting. Those patients who were booked for general anaesthetic were contacted to let them know their pathways would be delayed- but all patients chose to try the procedure awake and they all managed this really well.

All non-two-week-wait pathway clinics have been moved to telephone consultation, except for those patients who need to be seen. I have enjoyed the telephone clinics. As a lot of my patients were self-isolating, they were pleased to have a chat and I was able to allay any fears during this time.

I now look forward to some sort of normality in the future. I hope I can meet the new hysteroscopy students at Bradford in September and see you all in Manchester in 2021.

If we can help in any way please do not hesitate to get in touch.

Best wishes, **Caroline Bell**

Noteworthy Articles

Even in the time of a pandemic there are interesting articles that are not corona-related. Rebecca Mallick has complied a list of some of the latest research and reviews.

Working group of ESGE, ESHRE and WES. Recommendations for the surgical treatment of endometriosis Part 2: deep endometriosis. Facts Views Vis Obgyn 2019;11(4):269-297

Nice detailed summary article delving into the technicalities of deep endometriosis surgery. The paper summarises pre-operative assessment and detailed anatomical considerations as well as the different approaches to surgery depending on the location and extent of disease.

Read more

Breirley et al. Vascular injury during laparoscopic gynaecological surgery: a methodological approach for prevention and management. The Obstetrician & Gynaecologist 2020. Epub ahead of print.

Very interesting TOG article tackling vascular injury during laparoscopic surgery. This paper details risk factors as well as techniques to manage such injuries. A must read for all laparoscopic surgeons.

Read more

Li et al. Multidisciplinary treatment of abdominal wall endometriosis: a case report and literature review. Eur J Obstet Gynecol Reprod Biol 2020. Epub ahead of print

Useful review article appraising the evidence on the management of abdominal wall endometriosis.

Read more

IJsselmuiden et al. Hysteropexy in the treatment of uterine prolapse stage 2 or higher: laparoscopic sacrohysteropexy versus sacrospinous hysteropexy. A multicentre randomised controlled trial (LAVA trial). BJOG 2020. Epub ahead of print.

An interesting laparoscopic urogynaecology article. This multicentre randomised controlled trial compares the efficacy of laparoscopic sacrohysteropexy to sacrospinous fixation.

Read more

Jijon et al. Factors Associated with Burnout and Frustration among Minimally Invasive Gynecologic Surgery Fellows. J Minim Invasive Gynecol. 2020. Epub ahead of print.

Thought-provoking survey of minimally invasive fellows from the US highlighting the high prevalence of anxiety and burnout amongst trainees and the lack of access to emotional and psychological support. This paper highlights the importance of trainee support especially during this Covid-19 pandemic.

Read more

Farella et al. Pregnancy outcomes in women with history of surgery for endometriosis. Fertil Steril 2020 Epub ahead of print.

Retrospective study assessing pregnancy outcomes of 569 women who had undergone previous endometriosis surgery. Interesting results suggesting such women are at a higher risk of SGA and preterm labour.

Read more

Misra et al. Laparoscopic ablation or excision with helium thermal coagulator versus electrodiathermy for the treatment of mild-to-moderate endometriosis: randomized controlled trial. BJOG 2020. Epub ahead of print.

Fresh of the press! This RCT compares helium thermal coagulation versus electrodiathermy in the treatment of mild to moderate endometriosis. Results suggest electrodiathermy is superior with regards to reducing cyclical pain and dyspareunia.

Read more

Facebook update

During the current Covid-19 pandemic, people have increasingly turned to social media to communicate and stay in touch. The BSGE Facebook group now has over 850 members from across the globe.

The Facebook group has shared Zoom meetings on urogynaecology and pelvic ultrasound in endometriosis, surgical videos and the latest papers. In a time when conferences, meetings and routine surgery have been cancelled, it has been an excellent way of sharing knowledge, techniques and experience.

Facebook offers another way for BSGE members to engage. The most popular topic tags have been conference, training, hysteroscopy and laparoscopy. This month members have shared live webinars on the laparoscopic management of large masses, Shaheen Khazali shared a video of a segmental bowel resection, complete with voiceover and Kenneth Ma showed how to keep up your surgical skills by doing a little light laparoscopic weeding!

If you've not joined the Facebook Group yet, then please sign in, sign up and become part of the debate. 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.

Find out more here

Tereza Indrielle-Kelly

BSGE Web/Comms Team

Meet our dedicated team...

Funlayo Odejinmi (Jimi)
Editor

Jane Gilbert
Assistant Editor

Atia Khan
News/Admin

Rebecca Mallick
Noteworthy Articles

Tereza Indrielle-Kelly
Facebook

Nadine Di Donato
Events

Angharad Jones
Trainees

BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

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