THE SCOPE

Newsletter of the British Society for Gynaecological Endoscopy

All the latest including

ASM 2021

"Embracing Change, Maintaining Excellence"

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The Scope meets Andrew Kent

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MPs call for urgent Government action to support the 1.5 million women in the UK living with endometriosis

Issue 15 | Autumn 2020

BSGE

BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

Welcome

Dear members, welcome to the Autumn 2020 edition of The Scope

Message from the Editor

Understandably, this year has been a strange one with the lockdown, the phase 2 and phase 3 NHS recovery plans, and the resulting 'new normal.' Social distancing, in the form of Zoom and MS Teams meetings as well as telemedicine for patient consultations, can, on occasion, be as difficult as gynaecologists!

Apart from the social distancing and hand washing, the new normal has also brought new and innovative ways in which the BSGE has been able to interact with members. Our webinar series has allowed the Society to disseminate current and up to date knowledge on re-establishing gynaecological operating after the coronavirus peak. There was a good turn-out and high registration numbers for the webinars, highlighting the issues of coronavirus and emergency surgery, the lack of evidence of converting all cases to laparotomy and emphasising the safety of laparoscopy both in the elective and emergency setting. Hopefully, this allowed most of us to stay informed and 'get back to business.'

The webinar series also covered issues relating to reinstating hysteroscopic services after the pandemic's peak and what to do for women with abnormal uterine bleeding. There was also a session exploring how to maximise efforts to recover gynaecological services after the pandemic peak. The third in the trilogy of COVID webinars was on training, as many trainees were adversely affected by the pandemic due to changes in training opportunities. Our nurse webinars were also well-subscribed. If you missed these webinars, they are worth a watch and are available on our website.

During lockdown and recovery of services, the BSGE has continued to update guidelines relating to gynaecology and minimal access surgery. We have worked in conjunction with the RCOG, in line with government guidelines and updated literature emphasising the benefits of laparoscopic surgery over laparotomy while upholding the need for safety of patients, theatre practitioners and surgeons.

Johnathan Lord, in this issue, highlights BSGE involvement with NICE quality standard for heavy menstrual bleeding. Kevin Phillips, one of the past Presidents of the BSGE comments on BSGE involvement in the All-Party Parliamentary Group (APPG) on Endometriosis, which is currently topical in the news and hopefully will improve patient access and quality care for endometriosis.

Another report in the news is the Cumberlege report, emphasising flaws in the current approach to issues relating to patient safety. It is an important and interesting read for practising gynaecologists as it highlights the issues with pelvic mesh, sodium valproate and primidos. It also emphasises the need for practising gynaecologists to listen to women and collect data to enable women to make individual informed decisions and consent, should they need gynaecology related interventions. Collective working, data collection and registries may be the way forward.

Unfortunately, with the lockdown and the ban on mass gatherings, our meeting in 2021 is now off. The good news is that it is being replaced by an exciting virtual meeting entitled "Embracing Change, Maintaining Excellence" - a very apt theme for these times. I am looking forward to the virtual event. Hopefully, once the virus is behind us, we will meet again soon for face to face meetings.

In his address, Justin, our new President, talks about the difficulties in arranging the forthcoming BSGE meetings. Luckily, we will be able to meet virtually in March 2021. Please keep the date in your diaries and remember it is helpful to take study leave to take full advantage of the goodies on offer. Hopefully, COVID permitting, we will be able to meet together in 2022 onwards.

In this issue there are the usual portfolio reports, an interview with Andrew Kent our vice president and well as a review of current literature review by Rebecca Mallick. And as usual, if any member has any suggestions or contributions to The Scope, please get in touch.

Funlayo Odejinmi (Jimi)
Scope Editor and Member Relations Portfolio Chair
email: bsge@rcog.org.uk

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President's Message

I hope you are all keeping well and remain in good spirits. I am trying to stay motivated and hopeful, but at times, this is hard given the restrictions placed upon our lives by this viral pandemic and the lack of a clear end in sight. We have all had to be flexible and deal with the new challenges and ever-increasing demands imposed upon us professionally and, for many of our trainees, the frustrations of reduced surgical training opportunities.

There are reasons to be optimistic, though. Most of us have assimilated necessary new working practices and are back to our normal clinical jobs and elective operating. Our skills and compassion are still very much in demand and our patients value what we do in the face of adversity.

Since the lockdown in March, we have lost our usual opportunities to meet, especially the postponement of our ASM in Manchester and several of our BSGE training courses and meetings, as well as joint endeavours with the RCOG and industry. However, I hope you have enjoyed and valued the BSGE webinar series. I, for one, had never heard of 'Zoom' or 'Teams' etc. but now this is the part of the fabric of our new world. It's been great to engage with so many people through this virtual platform and realise the real opportunities of global connectivity. We aim to have a 6 pm webinar for you every month. The initial series concentrated upon the impact of COVID on our clinical practice and more recent webinars have returned to our core clinical and surgical areas of interest.

I was particularly pleased that our trainees ran a webinar on training issues and our nurse specialists in endometriosis and hysteroscopy. If you have any suggestions for themes or talks, then let us know. Going forward, I plan to deliver BSGE webinars around hot clinical topics, practical surgical 'tips and tricks' and important surgical research trials that we can all potentially contribute to.

Sanjay's timing was, as always, impeccable, handing over the presidency to me in April as a pandemic took hold! I expected the role to keep me busy but not in the ways that have transpired. Initially, I was involved with developing urgent clinical guidance for the BSGE and, where possible, jointly with the RCOG and other relevant societies such as the BGCS, the BMS and the RCGP. I think these guidelines have been broadly welcomed, and we have aimed to update them in line with the evolving situation and directives from our national public health and NHS bodies.

I have contributed, along with other specialist societies and royal colleges, to documents around restoration and recovery of our clinical work and more recently represented the RCOG in the development of frameworks for the clinical validation of surgical waiting lists and this month, the waiting lists for endoscopy and diagnostic procedures in conjunction with NHSE and other royal colleges. Eddie Morris, as RCOG President and a BSGE member, has been integral to keeping the BSGE engaged at the heart of decision making in gynaecology so we can represent the interests of our members and the women we care for, and we have all been glad to have the opportunity to contribute. I am grateful to all those of you who have provided sage advice and given up time to read through documents and drafts. I hope you have liked and will appreciate the outputs of this work to aid your clinical practice.

The latest government announcements have for many of us, further limited our freedoms. It was inevitable that the Manchester ASM, which we postponed initially by a year, could no longer go ahead in 2021. Indeed, outside of restrictions on meetings, the venue at Manchester Central is needed as a potential Nightingale Hospital for the foreseeable future. Therefore, we have put the Manchester ASM back to April 2023, and Birmingham will be the venue for our next face to face ASM in March 2022. Hot off the press, though, is the news that our 2021 ASM will be an all-singing and dancing virtual event.

We have developed a superb programme with many familiar features but also new, innovative ones. The platform is fantastic to provide an immersive and varied programme you can dip in and out of. The meeting will be a mixture of pre-recorded 'on demand' material and many 'live' real-time events. You will need to take your study leave, which is long overdue, escape from clinical work and enjoy our virtual ASM from your home, coffee shops, second homes (London BSGE members only!), the pub, the countryside, with your dog, cat etc. etc.

I am grateful to my BSGE officers and council members, Sujata, Zahid and Atia, for their help in pulling this together. We are determined to give you an experience you will want to engage with and give up your precious time. I can promise you a great educational event that will be well worth taking days off for.

We plan to run virtual pre-congress workshops and f2f GESEA workshops (COVID restrictions allowing) and a full day of live surgery from three operating theatres, including robotics. More details will follow shortly, including how to register and the detailed programme.

FOR YOUR 2021 DIARY:

The pre-congress workshops will be on Tuesday, 2nd March, the two-day ASM on Wednesday 3rd – Thursday 4th March and the bonus 3rd ASM day of live surgery Friday 5th March.

I can't begin to express to you how annoying it is for me not to see you all at our usual events; sharing experiences, discussing issues and being educated as well as laughing together. I am confident that we will resume these interactions in the near future, but for now, we must stay strong, be kinder to each other, value the talented people we work with and take solace in the good work we do despite the frustrations and challenges. Above all, enjoy your free time and loved ones as this can only make us all happier and better individuals, doctors and nurses.

I do look forward to "seeing you all" at the virtual ASM in March 2021. Oh, and don't forget we have a BSGE stream of great talks at the RCOG virtual Annual Professional Development Conference on Tuesday 17th November from 14:40-16:10.

Professor Justin Clark MD (Hons) FRCOG
BSGE President

Virtual ASM

March 3-5, 2021
"Embracing Change, Maintaining Excellence"

The BSGE has announced the ASM 2021 will be virtual for the first time in the Society's history. The ongoing COVID-19 pandemic, the restriction on mass gatherings, and Manchester Central's function as a Nightingale Hospital have meant that Council had to make the decision to postpone the Manchester conference until April 2023 and make ASM 2021 'an all-singing, all-dancing virtual event.'

Announcing the meeting, President Justin Clark said:

"We are excited to announce our first ever virtual BSGE Annual Scientific Meeting. We have developed a superb programme with familiar features but also new, innovative ones. The platform will provide delegates with an immersive 3-dimensional experience to explore the conference venue, accessing a wide variety of educational material."

We have developed an exciting, varied and interactive programme with 'something for everyone'. There will be plenty of 'live' real-time events as well as on-demand material. The ASM will run for two days from the 3rd to 4th March and will close with a day of live surgery on the 5th March. Pre-congress workshops will run on the 2nd March. Features to look out for are:

- **Immersive platform** – Have fun using the 3D 360° and 2D realistic graphics, which will allow you to navigate around the conference venue including entering auditoriums, meeting rooms and exhibition halls.
- **Live events** – Enjoy a varied programme of live streamed presentations and panel discussions with the opportunity for you to interact through Q&A functionality
- **On-demand material** – With no restrictions on space or timings, delegates can access a larger than usual amount of oral and video presentations and other educational material at your convenience
- **Poster hall** – Access posters and interact with authors
- **Networking areas** – Interact with colleagues with similar interests
- **Exhibition hall** – Learn about health technologies to aid your practice and interact with industry representatives in real time through chat, video or audio connections
- **Live surgery** – Dip into 3 surgical streams including robotics (Friday, 5th March)*
- **Pre-congress workshops** – Access educational, practical workshops most relevant to your needs, delivered virtually (and a face to face GESEA workshop if feasible)*

The live sessions are being planned and run by Vice President Andrew Kent. The Scope met Andrew to talk about his plans for the ASM and his thoughts about live surgery in general. Read his fascinating interview on the page 9. Justin encouraged members to book study leave, so they can kick back and enjoy all the ASM has to offer:

"You will need to take your study leave, which is long overdue, escape from clinical work and enjoy our virtual ASM from your home, coffee shops, second homes (London BSGE members only!), the pub, the countryside, with your dog, cat etc. etc.. We are determined to give you an experience you will want to engage with and give up your precious time. I can promise you a great educational event that will be well worth taking days off for."

Call for abstracts

The BSGE Officers have called out for abstracts for ASM 2021.

The virtual meeting offers more space and time than traditional conferences, making ASM 2021 a great opportunity to present and develop your CV. However, the Society will maintain its scientific standards and all entries will be peer reviewed.

BSGE members should submit the abstract of their work for oral or poster or video presentation. The content can include research, audit, service improvement, clinical experience, surgery or case-report. The best ones will be chosen for the live event, others that pass peer review will be accessible on demand. Honorary Secretary Shaheen Khazali said:

"All accepted work will be recorded in a ten-minute long video, which could be anything from a presentation to surgery. This simplifies the process, resulting in less confusion and the outcome will be a lot more exciting. It is a great opportunity for trainees, because many more will be able to stand in front of a camera and present their work"

The key dates are:

- Submission deadline, **Friday 8th January 2021**
- Review deadline, **Friday 22nd January 2021**
- Outcome notification date, **Tuesday, 26th January 2021**

The online submission page is: https://app.oxfordabstracts.com/stages/2166/submitter

Birmingham – Worcester ASM 2022

ASM 2022 is planned to take place in the Midlands. Co-chair Donna Ghosh reminds The Scope about plans for the meeting:

The Birmingham-Worcester ASM 2022 will be held at the International Convention Centre, Birmingham on 28th February - 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. After the virtual ASM in 2021, It will be great for us all to get back together to learn, share and socialise.

The Scope meets Andrew Kent

The BSGE is launching its first 'Virtual' ASM in March next year. The Society plans to include live surgery at the event, after a lapse of a few years. The Scope interviewed Vice President Andrew Kent, who will be running the programme, to get the low down.

Why is live surgery so popular?

The marvellous thing about live surgery is that basically anything can happen. That's particularly true with laparoscopy; surgery is like a box of chocolates you never know what you're gonna get! We try very hard to work-up the patients beforehand, but you still get surprises.

I always enjoy watching surgeons operate live. You will always learn something. Hopefully, it's all good, and things go well. You may observe new techniques and discover different ways of doing things. However, occasionally they don't because that's life. I find it fascinating to see how different surgeons react to this and see how they get themselves out of trouble. You learn an awful lot. As it is often, said you learn by your mistakes. It is also important to learn by others' mistakes and short-circuit the learning curve.

How does it feel as a surgeon operating live? Does it add an element of pressure?

I think it depends on the individual. If you are confident in your skillset and happy dealing with problems without getting flustered, operating live can actually be quite enjoyable. It is important to keep up a commentary explaining what you are doing, and it is useful to be able to take questions, which makes the whole experience interactive. It is essential to engage your audience.

Surgery can be challenging. One should always strive to do the best operation, live or not. Sometimes things go really well, but there are other occasions when it doesn't quite go as smoothly—commonly called 'the curse of the course'. Those can be the most interesting. I think the audience learns more when they're watching the surgeon work through a problem in front of them. We all learn from the experience.

There has been a move to surgical tutorials using pre-recorded surgery, and video is an integral part of learning. What advantages does live operating provide over these other approaches?

Recordings of surgery are invaluable in presentations and tutorials. As they say, a picture speaks a thousand words. Endoscopic surgery is perfect in this respect because everyone can see what you are doing even if you are linked from the other side of the world. The problem with a montage is that they are often hard edited so that you only see the essential bits. What you don't see are the little tips, tricks and nuances that go with live surgery. What can seem to be the smallest, almost insignificant bits of an operation can make all the difference. If you don't see those, you've actually missed out on quite a lot.

There has been a tendency recently to go for what is called 'as-live' surgery. This generally works out cheaper than a live feed and is easier to organise, but it goes without saying that it is more predictable. At the ASM, we're planning to show live surgery, but we will have an 'as live' back up if we are unable to stream from theatres due to unforeseeable circumstances.

What's the best and worst live surgery you've seen?

I'm not going to name names or conferences! I'll just say that the best live surgery for me is where you have a fantastic image, clear audio and interesting cases. I think it also depends on what level you are at as a surgeon. I remember watching live surgery as a trainee and everything looked amazing. As you become more ancient, you start to look at the surgery more critically.

Where will the ASM live surgery be performed?

We hope to stream the live surgery from Guildford on the Friday of the meeting, 5th March. We're aiming to have three theatres running, with one of them including robotics. The sessions will all be slightly offset in terms of timing, so that should always be something interesting to see.

At Guilford, we have quite a history of including live surgery in most of our courses. We can also link the MATTU so that we can stream nationally and internationally. The quality of the image and cases are absolutely crucial. I've seen live surgery where it hasn't worked with the commentary out of sync with the surgery and mouth (mask dependent)!

What are you hoping to include?

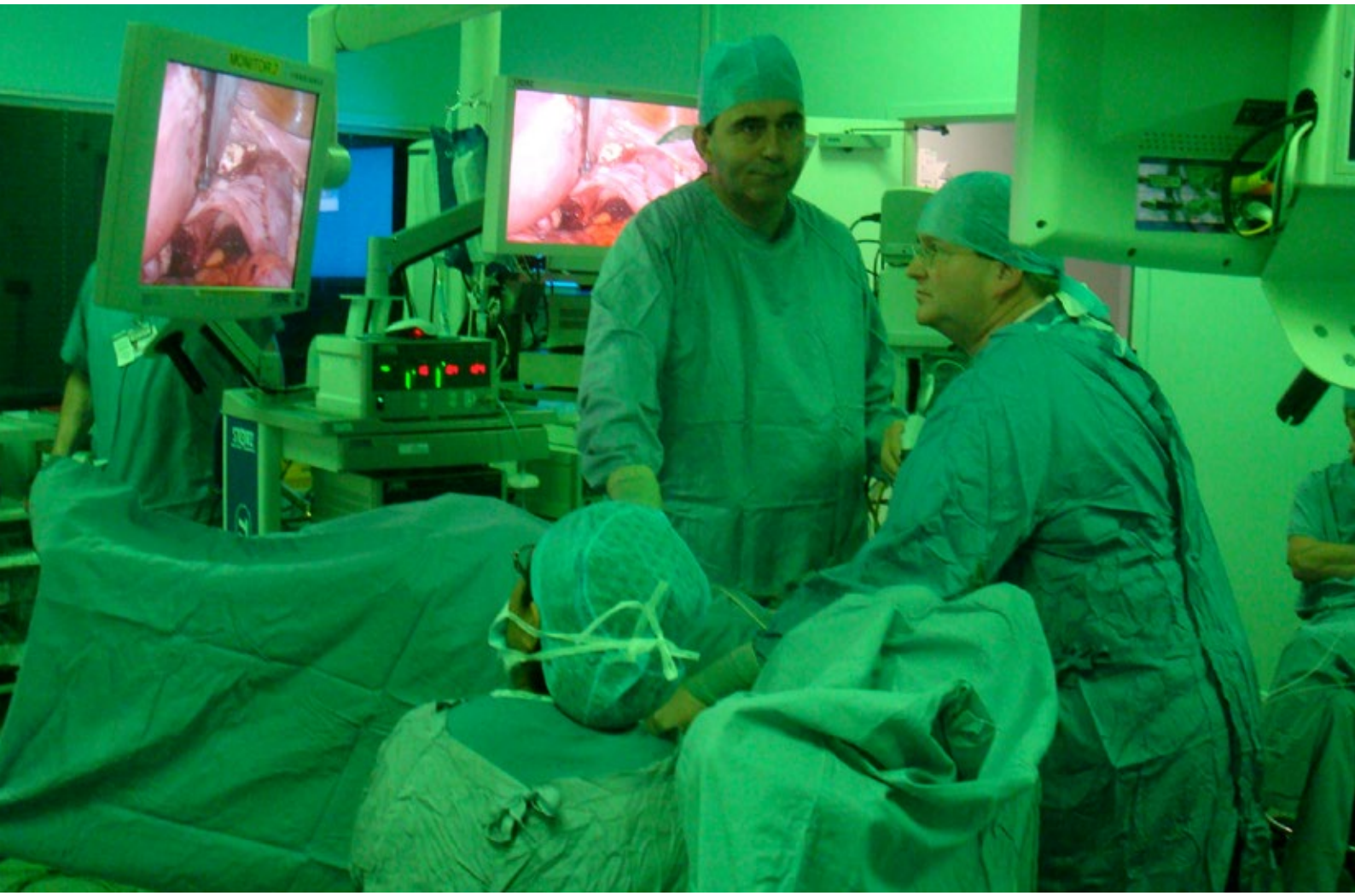
After all the disruption of the pandemic, I'm looking forward to getting back to doing some of the things that were routine. Case selection is important and needs to be matched to the surgeons. It is vital to have a degree of variety. You don't want a series of really simple cases, but equally, it's important to avoid cases where the surgeon gets bogged down. You want a degree of pace so that things move on and are interesting to watch.

I would certainly like to involve my colleagues from other specialities, for example, urology and colorectal, to show us something different that we do not usually experience. We will encourage the audience to make comments and ask questions. These will be posted remotely, and a moderator will ask the questions as they come in. Hopefully, they'll get a timely response from the surgeon.

How could COVID affect things?

My main concern with planning the live-surgery for the ASM is that the pandemic may stop routine surgery again. But if we don't plan, it won't happen. The virtual ASM has the potential to be really exciting. It's innovative and something new for the Society, which is great because I think we're all trying to find new ways to combat the impact of SARS-CoV-2 on our professional lives, our work and training.

The one real downside of a virtual meeting is that we won't be meeting all our friends and colleagues in person, which is such an essential part of the BSGE ASMs. It's an excellent opportunity to catch up. But we have to do what we can. It's about is making the best of the situation until we can get together again as a Society.



Endometriosis – Time for Change

MPs have called for urgent Government action to support the 1.5 million women in the UK living with endometriosis.

A new report shows there has been no improvement in diagnosis for a decade.

In 2018 the Government launched the All-Party Parliamentary Group (APPG) on endometriosis to raise awareness of the condition which affects one in ten women. The group brings together politicians from all parties. Led by Sir David Amess, the APPG debates the problems affecting people with endometriosis, and investigates how those who suffer from the condition can get the treatment and support they need.

BSGE members have worked with the group to drive awareness and understanding of endometriosis. Past President Kevin Phillips said:

"This all party working group was set up some time ago. The charity Endometriosis-UK has been instrumental in progressing this agenda and deserves much credit for its continuing pressure on all agencies of influence in the management endometriosis."

"Following the formation and continued campaigning, a large survey of endometriosis sufferers (13 500) was performed through the BBC with 10 783 responses. The main findings probably do not surprise those involved in the management of endometriosis, but highlight the lack of progress in the management of this condition over the past decade."

Past President Kevin Phillips wrote about the APPG report and findings for The Scope:

In the APPG Report 'Endometriosis: Time for Change' there was the finding that some secondary care practitioners did not follow NICE guidance. The BSGE has been instrumental in setting up specialist centres, and the results from these centres are encouraging, but for the patient numbers and the lack of time either in clinic or theatre means that they cannot see all those with endometriosis. Please note only 19% of those with a diagnosis of endometriosis were seen in a specialist centre.

The cost to society for the lack of work, taxes and management of women is as much as 8 billion pounds per year. This figure must be of concern to Government.

Overall the fundamental problems highlighted by this survey and acknowledged at parliamentary level are the time taken to diagnose the condition, hence the need for more awareness and a simple method for diagnosis. This is likely to only come from national campaigns such as that by the BBC and further research into early diagnosis such as work on biomarkers. Unfortunately the money is yet to be there to pump prime the research required. About one fiftieth of the money available goes on endometriosis research as compared to diabetes research despite affecting similar numbers.

As gynaecologists we must capture this time and continue to press for better treatment and quicker diagnosis for women with endometriosis.

Kevin is presenting the APPG summary and actions at the next BSGE Webinar. The free session 'Hot topics in gynaecological endoscopy' will take place on November 24th at 6pm. See the news section for details on how to register.

APPG on Endometriosis Inquiry Report 2020

The report ' Endometriosis: Time for Change' was released on October 20th. It demonstrated delays in the diagnosis of endometriosis, failure to refer women to specialist Endometriosis Centres and a lack of psychological support.

The report highlights the devastating impact endometriosis can have on all aspects of a woman's life. The APPG urged Ministers to take bold action to ensure those with endometriosis have access to the right care at the right time.

RCOG President and BSGE member Eddie Morris took to Twitter to say:

'A real pleasure to support this phenomenal work. Because endometriosis affects 1:10 women this report is relevant to everyone. @RCObsGyn are committed to working with UK government to address the vitally important recommendations within @ endoAPPG @TheBSGE @EndometriosisUK'

Delays in diagnosis

The report shows that average diagnosis times for endometriosis have not improved in over ten years. It takes an average of 8 years to get a diagnosis. The inquiry found that women with symptoms usually presented to health care settings multiple times before being diagnosed with endometriosis. Over 58% visited their GP ten or more times with symptoms, 53% visited A&E with symptoms, and 21% saw doctors in hospital ten or more times with symptoms.

Delays in diagnosing and managing endometriosis can affect quality of life and result in disease progression. Streamlining the process and reducing diagnosis time will support those with the disease and could also save the NHS time and money with reductions in visits to GPs, hospitals and A&E.

Failure to access specialist care

The long-term study by the BSGE Endometriosis Centres Scientific Advisory Group and published in BMJ Open showed that laparoscopic surgery carried out in specialist centres can ease the pain of endometriosis and improve the quality of life for women living with the disease. However, the APPG report showed that, once diagnosed, only 19% know if they are seen in an endometriosis specialist centre.

54% of the people questioned were not very or not at all confident they could get an appointment with a gynaecologist about their endometriosis symptoms if they felt they needed to, even before the COVID-19 pandemic.

Psychological support

Endometriosis has impacts on women's physical and mental health. As well as impacting on physical health, 81% of women said endometriosis had affected their mental health negatively or very negatively, and 90% of women living with the condition would have liked access to psychological support, but were not offered this.

Commitment to change

Sir David Amess MP, Chair of the APPG on Endometriosis called for action:

'All UK Governments must take the recommendations in this report seriously and act to ensure that everyone with endometriosis has a prompt diagnosis, along with access to the physical and mental health support they need to manage their condition.' He added that 'The APPG will not rest until tangible improvements are delivered to all those who suffer from this condition'.

To support people living with endometriosis, the APPG has called on all Governments in the UK to commit to a series of measures including aims to:

- Reduce average diagnosis times, with a target of 4 years or less by 2025, and a year or less by 2030.
- Implementation of NICE Guidelines: Ensure a baseline for endometriosis diagnosis, treatment and management by implementing the NICE Guideline on Endometriosis Treatment and Management (2017). The BSGE was active in developing the Guideline, which has been adopted across the UK but not implemented.
- Call for NICE to ensure that care pathways for all locations of endometriosis are developed and implemented: Up to 10% of those with endometriosis will have disease outside the pelvic cavity. However, the NICE Guideline only provides a care pathway for endometriosis within the pelvic cavity. The APPG has called for an extension of the Guideline, starting with thoracic endometriosis.
- Invest in research: The APPG called for research to find the cause of endometriosis, better treatment, management and diagnosis options. They emphasised the importance of investigating and ending the ethnicity gaps in research for those from black, Asian and minority ethnic backgrounds.
- Increase awareness: Those with endometriosis have to recognise that what they are experiencing are symptoms in order to seek help. The APPG would like to see Menstrual Wellbeing included as compulsory in the school curriculums across the UK, as it now is in England, to overcome the taboo of talking about periods.

Emma Cox, CEO of Endometriosis UK, provided the Secretariat for the group. She said:

"This report should be the final warning to Governments and the NHS that action must be taken on endometriosis. Implementing the recommendations in the report will reduce diagnosis time and ensure access to a minimum level of treatment and support for all those with endometriosis – saving on GP, hospital and A&E visits, as well as enabling those with the disease to live the productive lives they want. The NICE Guideline produced in 2017 gives the baseline for care, but despite being adopted across the UK, it has not been implemented; it needs to be. Action is needed now, to ensure the next generation with endometriosis are not robbed of the future they deserve."

APPG Virtual Conference Series

The All-Party Parliamentary Group (APPG) on Women's Health has launched a series of webinars on women's health. Jackie Doyle-Price MP, Chair of the APPG invited BSGE members to dial into the Virtual Conference Series

Jackie Doyle-Price MP
Chair of the All-Party Parliamentary Group (APPG) on Women's Health

Invites you to the APPG's first virtual Conference Series with three separate webinars across the month of November to discuss prominent topics surrounding women's health.

1) **The Cumberlege Review: First Do No Harm – November 3rd between 2pm and 3pm**
A panel discussion with Baroness Cumberlege and other experts on the recommendations which came out of the Review and their implications for our health system and for women's care in particular.

2) **Menstrual Health and Endometriosis – November 18th between 10am and 11am**
A panel discussion with experts including Professor Dame Lesley Regan (member of the Menstrual Health Coalition's steering committee) and Emma Cox (Chief Executive of Endometriosis UK) on stigma, education and commissioning barriers.

3) **Menopause and Women's Health beyond Covid-19 – November 26th between 10am and 11:30am**
A panel discussion on menopause treatment and care with Sexual and Reproductive Health Consultant Dr Paula Briggs and other experts. Followed by a number of speeches on the future of women's health beyond Covid-19.

Speakers will include: Sarah Wilkinson (Chief Executive of NHS Digital) and the Minister with responsibility for Women's Health Nadine Dorries MP.

Dial in details for the event will be circulated and published on the website in due course.

To RSVP please email the Group's Secretariat emma@mailpbconsulting.com

BSGE News

International Winners Meeting

Karolina Afors reports on the first virtual Winners Meeting

The COVID-19 pandemic is likely to cause significant disruption in training, most notably in surgical specialties such as gynaecology. We have already seen fewer training opportunities with less operating, more emergency cases and a greater propensity for an open approach. It was therefore refreshing to be involved with the 7th Winners Meeting, which was held virtually for the first time on 10th October this year.

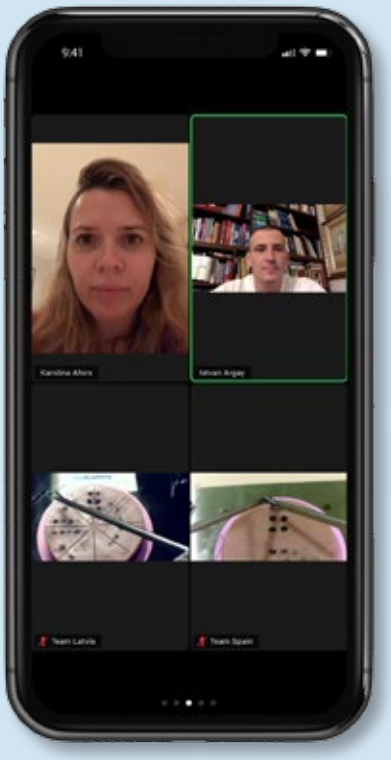
The Winners Meeting was initially developed in a bid to create a unique meeting, far removed from classic congress models, with an emphasis on training, bringing young endoscopists to the fold.

This year's meeting was a great success, bringing together international teams from 20 different countries competing in a variety of categories. Each team submitted a 15-minute lecture, 3-minute tips and tricks and a 10-minute unedited video of vaginal vault closure which were judged by a panel of experts.

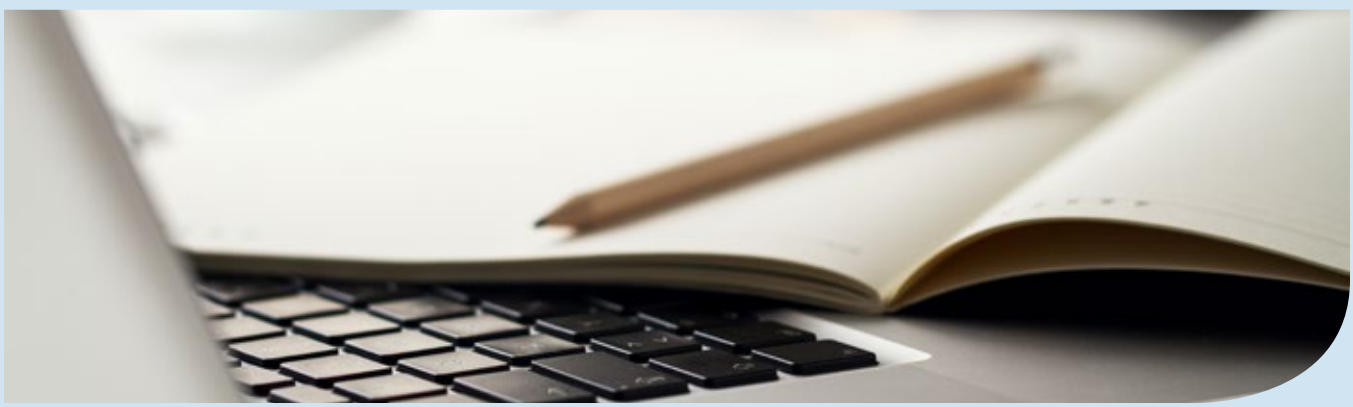
Winner's Meeting, Team Spain

Specific tasks were explained, and participants were judged on their accuracy, time and strength of intracorporeal knots. The suturing final consisted of Latvia versus Spain with Rocio for the Spanish team being crowned champion.

Team Mexico won the best lecture on hysteroscopy and pregnancy, Team Poland won the best tips and tricks for bowel monofocal endometriosis, and Team Portugal won the best-unedited video of laparoscopic suturing of the vaginal vault.



Karolina Afors judging the suturing final



BSGE News

BSGE Webinars

The BSGE launched a series of free webinars during the COVID-19 pandemic. The live Zoom sessions are for members and other interested parties, with recordings available exclusively for BSGE members on the website. BSGE Honorary Secretary Shaheen Khazali announced the innovative new programme, saying:

"These webinars will be free for all (non-BSGE members are welcome), so feel free to forward this to your colleagues who may be interested. BSGE members will be able to access the recording of these webinars via the members' area of the BSGE website."

The introductory session on Friday, 5th June was the first in a series of three webinars on 'Getting back to business' following the first COVID-19 peak.

The early sessions featured presentations from Justin Clark, Andrew Kent, Angus Thomson, Rebecca Mallick and Funlayo Odejinmi. They explored restoration of benign gynaecological practice, management of women with abnormal uterine bleeding during the pandemic, considerations for restarting non-cancer surgery, hysteroscopy, laparoscopy and optimising our recovery from COVID-19. The final webinar offered broader insight. Justin Clark said:

"We broadened our perspective to include discussion around what we now know about infection risks to health care workers as well as wider Society. The webinar provided updates on the understanding of viral transmission and the ongoing issues we face about what constitutes appropriate PPE. We also addressed what this all means for restoring our outpatient, ambulatory and inpatient workload."

The whole 'Getting back to business' webinar series is now available on the website for BSGE members only. Justin said the sessions had been beneficial:

"All the talks were excellent and generated many questions. In particular it was great to have the perspectives of an acute medic and an infectious disease expert."

Subsequent webinars have focused on training, which has been impacted by the pandemic. There have also been two well-subscribed webinars dedicated to Endometriosis Nurses and Nurse Hysteroscopists, with the most recent session on 20th October exploring the challenges of hysteroscopy during the pandemic. It explored risk assessment, triage, new ways of outpatient hysteroscopy and clean hospital theory.

The Society plans to continue the webinars, which have proved popular with members. Participants will need to register using the link on the website. They will then be sent the link to join the webinar and will receive a CPD certificate after the meeting.

Members can access all sessions by clicking this website link

BSGE News

British Society for Gynaecological Endoscopy (BSGE) Webinar series

Join us to discuss hot topics in Gynaecological Endoscopy

Tuesday, 24th November 2020 6pm (UK time)

Register for free HERE (Registration Required)

The All-Party Parliamentary Group (APPG) on Endometriosis Report: Summary and actions

Kevin Phillips

What research questions need answering to improve the care of women with pelvic pain and endometriosis?

Lucky Saraswat

How do we make excellent minimal access gynaecological surgeons and how do we allow them to excel?

Donna Ghosh

Guidance for outpatient hysteroscopy

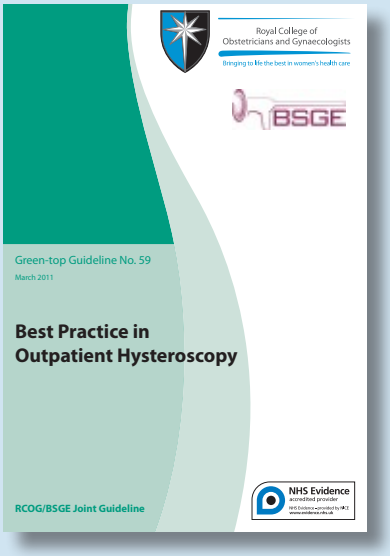
Preth de Silva updates The Scope on guidance for outpatient hysteroscopy

As you may be aware, we are in the process of updating the current Green-top guideline on "Best Practice in Outpatient Hysteroscopy" that was published nearly a decade ago, in 2011 (https://www.rcog.org.uk/globalassets/documents/guidelines/gtg59hysteroscopy.pdf).

In light of new research and rapid advances in hysteroscopic innovation, we felt that to ensure we are providing the best possible level of care to women based on relevant and contemporary evidence in units nationwide; this guideline should be updated.

We have performed five out of ten systematic reviews that will inform the updates guideline over the last 12 months. These reviews have appraised the literature to find the optimal analgesic, local anaesthetic and hysteroscopic approach, as well as evaluate the type, temperature and pressure of distension media and whether cervical preparation has a role in enhancing feasibility and reducing pain associated with outpatient hysteroscopy.

We aim to have completed the other five reviews on conscious sedation, optimal instrumentation for diagnostic hysteroscopy and therapeutic hysteroscopy, the role of antimicrobial prophylaxis for the prevention of infection and training/standards in outpatient hysteroscopy in 2021. Watch this space!



BSGE News

Heavy Menstrual Bleeding Quality Standards

Jonathan Lord reports on the updated NICE Quality Standards on HMB, published on 16th October 2020

NICE published their Quality Standards on Heavy Menstrual Bleeding on 16th October [link]. The BSGE were involved as stakeholders, and the clinical representatives on the NICE committee are active BSGE members. The quality standards build on the underlying NICE guideline on heavy menstrual bleeding, with which the BSGE was closely involved.

Quality standards tend not to be as well known to clinicians as the clinical guidelines. They set out the priority areas for quality improvement, and concentrate on areas which stakeholders identify as having significant variations in quality and where best practice is not widely adopted in the NHS. They tend to be adopted by commissioners and regulators, and often get incorporated into service specifications and contracts.

For heavy menstrual bleeding, three areas were identified:

1. To ensure that women who would benefit from investigation and/or treatment are quickly identified by ensuring that a focussed history includes the impact on their quality of life. Although this mainly applies to primary care, it may also be relevant to general gynaecologists.
2. That women with suspected polyps, submucosal fibroids or endometrial pathology are offered outpatient hysteroscopy. There is an emphasis on ensuring best practice is followed, including the use of techniques and equipment that minimise pain. The use of benchmarked patient-reported outcome measures, including pain scores, is recommended as a quality measure, with the BSGE outpatient hysteroscopy survey given as an example.
3. Ensure that all treatment options are discussed. This was to ensure that women are neither denied more conservative treatments nor prevented from accessing definitive surgical treatment where their symptoms and choices make hysterectomy a suitable option. For those of you where access to hysterectomy is restricted, this clarification should be useful evidence that it should be available and is recommended as a first-line treatment in the situations given.

NICE only permits standards where there is a strong evidence base, and a clear 'offer' recommendation in the underlying guideline which is why the standards are fairly brief – this is not an area that benefits from a broad evidence base. For example, it was not possible to include the route of hysterectomy despite the known variations in the NHS in the availability of minimal access or vaginal surgery. However, for those needing evidence for a business plan to get better equipment and resources, or who simply want to ensure they are following best practice, the standards offer a useful resource.

NICE
National Institute for Health and Care Excellence

BSGE News

National Patient Satisfaction Survey of Outpatient Hysteroscopy

The BSGE performed a survey of patient satisfaction of outpatient hysteroscopy towards the end of 2019. Ayesha Mahmud reports on the key findings

Assessing women's experience of outpatient hysteroscopy (OPH) is an integral part of providing safe and effective, high-quality care. The lack of a uniformly accepted OPH tool to assess women's experience precludes valid assessment of this common procedure, especially when it comes to the comparative effectiveness of interventions such as surgical techniques and pharmacological agents in reducing pain and optimising women's experience.

To evaluate women's views and experience of OPH and to generate data for benchmarking OPH services, a team led by BSGE President Justin Clark has unveiled a new OPH-Patient Satisfaction Survey (OPH-PSS).

This was developed in consultation with BSGE experts and 30 women undergoing OPH at two NHS trusts as part of a quality improvement project. The new tool encompasses elements of Good practice guidance in hysteroscopy (the RCOG GTG No.59) with content from existing surveys from members across the UK and represents women's OPH journey.

This tool was disseminated via email and through the BSGE website across the UK over a two-month period (October and November 2019) to assess women's perspective of their experiences of the OPH and to generate data to benchmark OPH practice with the ultimate aim of improving OPH services and optimising the women's experience.

We have been delighted to receive 5151 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.

As a snapshot, we can share some of our findings: Diagnostic hysteroscopy was the most commonly performed procedure (3193, 76%). Most women (4485, 87%) received adequate information regarding OPH. 4581, 89% of women agreed that they were given an opportunity to discuss analgesia and (5033, 97%) of women felt involved in their care. Women commonly reported pain (4490, 87%) with more than half regarding this as slight. 1 in 10 admitted to feeling anxious, and 1217 (26%) women experienced feeling faint.

Overall, more than 90% (4,867) of women considered the OPH service good with the mean score rating for the overall level of care was considerably high (9.7/10). Comparative pain scores for OPH compared with the worst pain felt during a menstrual period showed OPH to be less painful, with the exception of endometrial ablative procedures (P=<0.001).

Overall, 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 women's experiences 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 currently under review for publication in a medical journal. We will disseminate the report and the benchmarking data later this year.

The survey is currently being revised slightly in response to feedback received.

The original version is available for download here

Travelling Fellowship Report

BSGE Travelling Fellowship Award 2019/2020

Alison Montgomery, ST6 Obstetrics & Gynaecology, reports on a wonderful year in Aotearoa, New Zealand.

I had the incredible opportunity of taking time out of my programme of training during my ST5 year, aided by the BSGE and the Travelling Fellowship Award. I am very grateful to the BSGE for aiding this brilliant training experience.

I worked at North Shore Hospital in Auckland, New Zealand, in their busy obstetrics and gynaecology department for one year from July 2019 to August 2020. My supervisor was Dr Prathima Chowdary, a renowned minimal access gynaecologist in Auckland.

The Waitemata District Health Board serves a population of over 700,000 people and is the largest in New Zealand. It also has the second-highest gynaecology diagnostic cancer rates in the country. New Zealand is also known for its exceptionally high rates of obesity. According to the WHO, New Zealand is ranked 28th in terms of their obesity levels, with the UK coming in 40th (the USA ranks at 20). It was therefore not uncommon to find patients with BMI 50+ on an operating list, in clinic or on labour ward.

View from Northshore Hospital, Auckland - looking out over Lake Pupuke & Rangitoto

Highlights and challenges

A common complaint of obstetrics and gynaecology training from the GMC survey is difficulty in getting enough training in gynaecological surgery. New Zealand trainees work on average 62 hours/week, on-call days are 15 hours long, and they are strongly supported to develop their skills, even on the most challenging cases. For example, I was able to perform as many total abdominal hysterectomies over the course of a year as I had during the whole duration of my training in the UK. Debriding an infected wound was not uncommon – something I had never had the opportunity to do during my UK training. I recorded 300 logbook cases during the year, despite reduced volume during lockdown for COVID-19. I was also able to build on my experience of multiple laparoscopic entry techniques, an essential skill with high BMI patients. Performing a TAH, a cone biopsy, or even a hysteroscopy in women with BMIs over 50 is technically highly challenging. Still, I was able to gain valuable learning experiences during my year in New Zealand.

One of my main interests is in gynaecological oncology and I am currently doing the oncology ATSM. New Zealand has a higher than average incidence of endometrial cancer in women under 40 years old, primarily due to their increased rates of obesity. It was fascinating to see the different ways in which they manage endometrial cancer. For instance, one of my first operating lists involved two women with BMIs 55-65 in their twenties with stage 1A endometrial cancer. They were being managed conservatively with megestrol, Mirena coil and hysteroscopic surveillance. The FEMME Trial was recruiting during my time there and will report in the next year or two to observe outcomes in women like this.

New Zealand introduced the ACC programme in the 1970s – the Accident Compensation Corporation. Although unpopular with some lawyers and patient advocacy groups, a no-blame culture has some merits in the handling of medical injury and complications. For instance, a woman who returns to theatre for a surgical site infection will get swift compensation and ongoing support from ACC. As a result, private indemnity insurance even for obstetrics is less than £1,000 per year.

Research

I managed to conduct a multicentre retrospective study during my stay in Auckland. Although the 'unfortunate experiment' is part of New Zealand's medical legacy, the ethical approval process for research was efficient and straightforward. Therefore, it only took six weeks to design and gain approval for the study.

The study reviewed the use of negative pressure wound therapy (NPWT) following gynaecological oncology surgery and was performed under the supervision of Dr Lois Eva and Dr Cecile Bergzoll. As BMI increases, so do the rates of open surgery and the risk of surgical site infection (SSI). NPWT research to date has been very heterogenous with mixed results. Contrary to perceived wisdom, this initial study has shown higher rates of SSI when NPWT is used. These findings will be published soon and a subsequent randomised control trial in New Zealand is currently being planned.

In addition, having previously completed an acute gynaecology and early pregnancy fellowship, I was able to help with the VINO trial at North Shore Hospital. The study is assessing the use of vinorelbine as an oral treatment for ectopic pregnancies. I recruited patients for this novel phase 2 drug trial. Recruitment should end this year with results due out next year. Currently, no oral treatment for ectopic pregnancy exists.

Observerships in Gynaeoncology and Bariatric surgery

I was also able to undertake two separate observerships during my time in Auckland. This included a week spent with the Auckland City gynaecological oncology team with whom I designed my study. They are only one of three gynaecological oncology centres in New Zealand, accepting patients from a vast geographic area of the North Island. I observed several complex operations, attended their clinics and MDTs. I was also able to see their strategies in dealing with the COVID-19 pandemic.

A real challenge to me working in New Zealand was how to adapt my surgical technique to deal with bariatric cases. Obesity rates are rising globally and will, therefore become an increasing challenge in the UK. Consequently, I arranged to join the bariatric surgeons at North Shore Hospital to see how they tackle extreme obesity. It was interesting to see how they utilised the direct optical entry in the left upper quadrant for all their entries. This was similar to the gynaecology team who favour the veress entry in the same place (lower than Palmer's point). I was able to see the bariatric instruments they used which included a specialised bariatric LigaSure and a bariatric Endo Close device, which I have subsequently used.

Thank you

My huge thanks to the BSGE for this travelling fellowship. I learnt so much in my year working in New Zealand, from clinical skills to research to novel therapies. I hope to return one day on a post COVID trip.

Auckland, New Zealand

Portfolio Reports

Awards and Bursaries

I'd like to open my report by encouraging members to apply for the BSGE's wide range of awards and bursaries. Last year out of the £30,000 we had available, we only allocated 50%. The main reason was simply a lack of applications, which is disappointing. There is money available, we accept applications throughout the year, and there are three rounds of allocations. So, it has never been easier to apply. If you make a correctly completed application, your chance of success is 75%, which is very high. Read Alison Montgomery's report on her work in New Zealand, supported by a BSGE Travelling Fellowship Award for inspiration.

During the pandemic, the Awards and Bursaries Portfolio remains open for business. I would like to thank my Subcommittee members Tony Chaloub, Ying Cheong and Donna Ghosh. They have given their time, made excellent suggestions and done a great job over the past three years to help develop the portfolio. I would also like to thank Dilip Visvanathan and Ilyas Arshad, who have also provided invaluable support.

I am delighted to announce that the BSGE are planning to launch a Clinical Research Fund for the first time in our history. The BSGE Research Fund aims to support endoscopic surgical research in gynaecology. The award will be able to be used to cover the funding of small research studies or to cover specific aspects of a larger research endeavour which already has funding from other sources.

Clinical Research Fund conditions:

- Open to Consultants, SAS doctors, Junior doctors (trainees) and GP Hysteroscopists who are current members of the BSGE.
- The maximum research grant award is £3000.
- Funding must be used within one year of the award or will be forfeited.
- The Awards Committee of the BSGE will judge applications, and the committee decision will be final.
- Award winners will be notified by the Awards Committee chairman, and published on the website.
- Successful applicants must supply a written report of their research to the BSGE Awards Committee within two months of acceptance to publish by a peer-reviewed medical journal or if peer-review publication not sought within two months of the project finishing.
- Successful applicants may be asked to make a presentation of their research work to the Annual meeting of the BSGE.

The BSGE Awards Committee reserves the right to require further details about the applicant and research team.

Finally, I would like to close with a reminder to all members to consider applying for our awards and bursaries. Please get in touch if you have any suggestions on the barriers that may prevent applications, and how we can make the process even more easy and accessible.

Keep an eye on the website for the launch date and details of how to apply for Research Fund awards.

Kirana Arambage
Awards and Bursaries Portfolio Chair

Patient Information and Guidance

The website page currently provides links to current the MIS/endometriosis patient information resources as well as other useful web links you and your patients might find useful. Our continuing aim is to put all of the relevant useful information relating to MIS together in one place. Please do look and let us know if you feel there are any sources of information that we should be featuring.

As I'm sure you are aware, there has been an ongoing webinar series which has given us all excellent guidance and provided a good discussion about how we should be proceeding with our procedures in these difficult times. If you've not had a chance to watch them, do take some time to look at them and put the forthcoming instalments in your diary!

Tom Smith Walker
Patient Information and Guidance Portfolio Chair

Portfolio Reports

Endometriosis Centres

It has been great to see that some elective work has resumed, this is apparent looking at the database entries. Of course, for many of us those numbers have been curtailed. This guided us to the inevitable decision of deferring centre accreditation for this year. All current centres who are accredited will remain so. Any provisional centres could similarly remain so, although if they wish, and if a minimum number of cases have been achieved, then full accreditation will be considered.

There is a minimum of 12 cases per surgeon per year (irrespective of application submission date) and an exemplar video will need to be submitted before 31st December 2020. There are examples of exemplar videos required on the website. Please see website for further guidance and requirements. If you are planning to be considered to full status, then please notify Atia at akhan@rcog.org.uk

It remains important for Endometriosis Centres to enter their cases for this year as they will be presented as usual. We will be making further adjustments to the database to continually refine it and ensure it remains as fit for purpose as possible, as a repository for research projects, as well as a valuable reference for surgical practice.

I am grateful to Atia and the IT team for smoothing over the transition to anonymisation this year and recognise all of your patience and versatility in adopting the new system.

For the future we are looking at making sure that the Endometriosis Centre teams are as multidisciplinary as possible, and include appropriate support for the nursing roles. We are designing a key outcome dataset that I am sure all of you will find invaluable for your individual trusts and there will be more on this to come.

Thanks again to my subcommittee members and to all of you for your participation in helping shape the best possible standards of care for women with endometriosis.

Arvind Vashisht
Endometriosis Centre Portfolio Chair

Laparoscopic Training Portfolio Report

At the BSGE, we are passionate about supporting our individual members to achieve their career goals.

Over the last few years, we have been involved in performing detailed analysis of gynaecological surgical training in conjunction with the RCOG using the Trainee evaluation form. This evidenced the inherent problems with access to training. There are a number of factors that have impacted surgical skill acquisition, progression and competency of trainees. EWTD, loss of the traditional apprenticeship model of training, advances in non-surgical treatments and, of course, the Covid-19 pandemic, to name a few.

Minimal access surgery is increasingly becoming the default for gynaecological procedures due to the well- evidenced advantages for the patient. Many BSGE members will be undertaking or have completed ATSMs (or equivalent) that have allowed them to develop additional advanced skills in laparoscopic or hysteroscopic surgery and may have completed one or more of several advanced training programmes such as those provided through the BSGE. It would be expected that such surgical skills obtained will be utilised in the day to day practice of the consultant gynaecologist they become. Unfortunately, this is not always the case.

We are currently surveying our membership. I encourage all members to complete the survey. They are designed to obtain detailed information regarding gynaecological surgical training received and its correlation to the current job plans of practising consultants, and the aspirational consultant posts of our senior trainees

If you are a trainee or in a non-consultant grade post please complete survey here

If you are a consultant (including locum consultant) please complete survey here

At the BSGE, we believe our patients should be receiving the highest quality of surgical care, which can only be delivered by those with the appropriate level of surgical training. We hope this survey will help us move towards implementing strategies to knit the skills and aspirations of trainees with the high-skilled consultant posts of the future.

We want to train the best and allow you to excel as a consultant. This means ensuring excellent training as a junior doctor and then providing consultant posts with job plans that play to the skills you have and the patient's we look after deserve.

Donna Ghosh
Laparoscopy Training Portfolio Chair

RIGS

Registrars In Gynaecological Surgery
Training and Support in Endoscopy

We are now selecting trainee regional reps for the following deaneries

Trainee regional reps play an integral role within the BSGE and RIGS (Registrars in Gynaecological Surgery) as they provide useful feedback and opinions, which can be incorporated into training. All regional reps feature on the website and actively participate with the evolution and development of RIGS, providing a support network to BSGE trainee members in the deaneries.

The RIGs regional rep is a key link between trainees and the BSGE; it is important in your role to be proactive and accessible to ensure trainees have the best experience.

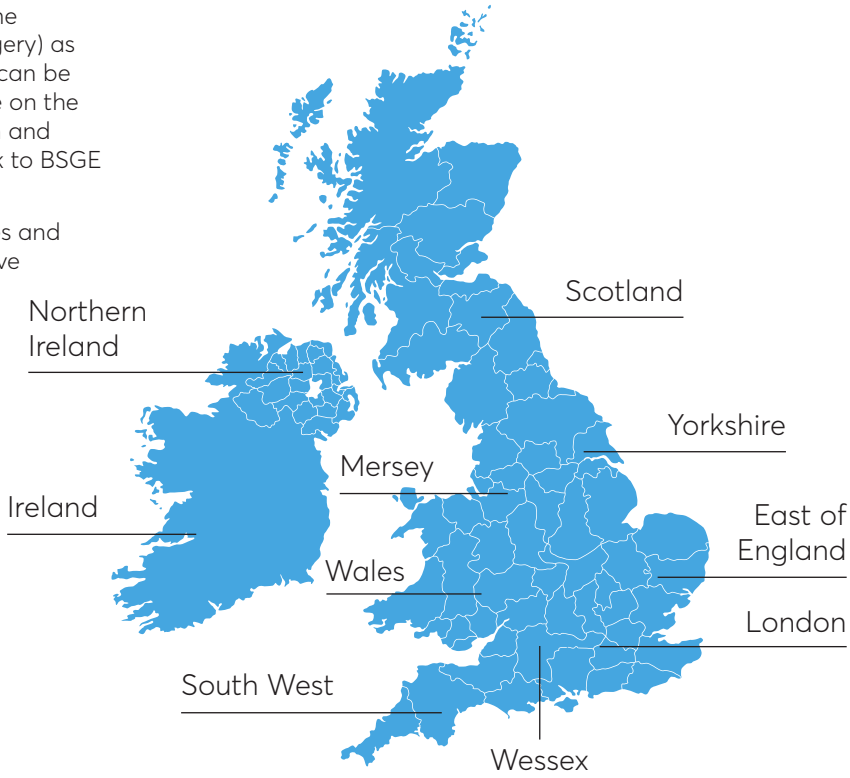
Reps will be required to provide quarterly written updates on training opportunities within their denary and volunteer to help with BSGE trainee activities such as courses or webinars.

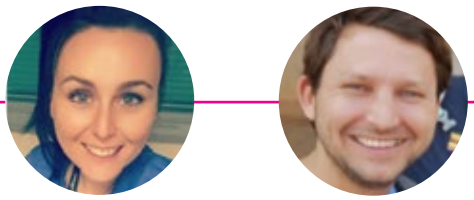
If a RIGS regional rep fails to engage with the responsibilities of their role, they will forfeit their position.

A RIGS regional trainee rep can be of any level (ST1-ST7 or SAS doctor) but must be a fully paid member of the BSGE.

If you are interested in this role, please email Atia Khan at bsge@rcog.org.uk. Include a brief biography, a summary of why you wish to represent your deanery (max 250 words) a photo of yourself and details of which region you wish to represent.

The deadline for applications is 9am on Friday 30th November.





Angharad Jones and Mikey Adamczyk

Training Webinar

The webinar held on 29th July addressing training issues in the COVID-19 climate featured RCOG Vice President for Education Sue Ward, and our very own Trainee Representative Mikey Adamczyk.

It was well subscribed by trainees and trainers alike and provided insight and clarity into difficulties arising in gynaecology training during the global pandemic.

Sue Ward delivered an update on training and assessment in gynaecology and the impact of COVID-19, which was reassuring to understand that the college is aware of the troubles faced by both trainees and trainers in these challenging times.

Mikey presented an excellent and inspiring talk on optimising training in gynae endoscopy as we recover from COVUD-19. The main points raised from his talk were:

- Acknowledgement of reduced opportunities in minimal access training
- Final year trainees are mostly affected by COVID-19.
- ST6-7, subspecialty trainees and fellows should take priority
- Six points on how to make the most of the current situation
    1. Practical Training
    2. Self Education
    3. Surgical Exposure
    4. Medical Expert
    5. Planning
    6. Collaboration

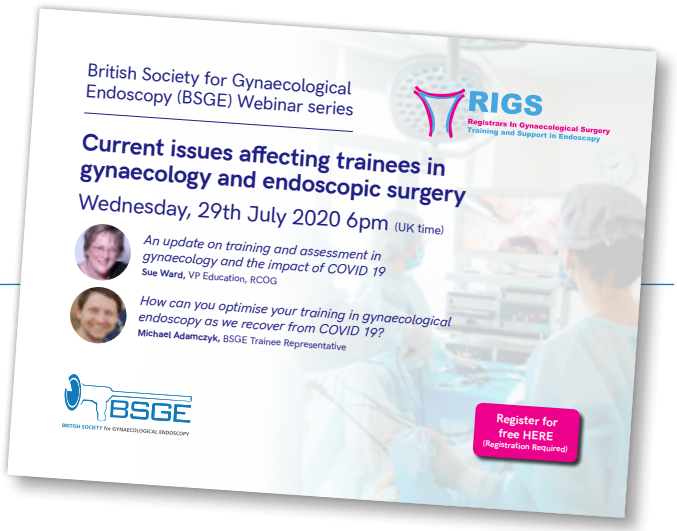
We would encourage any trainee experiencing difficulties in accessing training to contact their regional RIGS representative for help and advice.

Whilst unable to engage in 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 / WebSurg e-learning tutorials (https://europeanacademy.org/e-learning/)
- Webinars (lots advertised via BSGE Facebook page)
- Online surgical videos (BSGE video library, AAGL SurgeryU, WebSurg)
- 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)

Sue Ward

Mikey Adamczyk



Nurses and Paramedics

Endometriosis Nurse Portfolio

Liz Bruen, a member of the Endometriosis Nurse subcommittee reports on providing an endometriosis service during the COVID-19 pandemic

COVID-19 has changed how we are, how we act, what we do and how we function. We have, however, continued to provide a service as best we can. We have continued to learn, develop, identify improvements in service and share knowledge. It's been interesting and will forever have an impact on future clinical practice, education and patient experience.

From a personal point of view, I had to shield due to a dodgy lower left lobe in my weary lungs. Vulnerability has never been my thing, but I have to admit it made me realise I valued my life and wanted to protect my health. So, I stayed at home, watched the news and wondered what was going to happen to me.

That lasted a day. Then I wondered if I was feeling like this, whilst otherwise well, how were our patients coping? Like many others, I examined my practice, how I deliver care and how I could change this to ensure the continuation of service. I got a laptop, an iPad, cleared the kitchen table, filled the cafetière, designed a proforma and picked up my phone.

Many of us have now entered the world of virtual clinics. The good points I have found are:

- No DNAs although you may have to ring a few times and there are no disturbances so greater time efficiency.
- So far, the majority opt for telephone rather than FaceTime, so those of us with limited technology skills can cope without anxious moments.
- Reports can be put directly into letter format to send to GP with less pressure on secretarial support.
- Assessment and management plan can be implemented with prescription direct to patients home, and no hospital visit required.

The disadvantages have been minimised as we adapt. Efficiency in sending prescriptions and reviewing management has been reliant on hospital-based colleagues who may well have been allocated different roles. Listing for surgery has been severely restricted, and delays are expected to be significant. Access to ultrasound and physical assessment has not been available, but this will change. Although VC is essential, it expands the waiting list resulting in excessive delays in surgery, which is what the majority of our clients need. Access to theatre is severely limited, and the possibility of funding for extra session particularly locally is unlikely to be realised.

What does it mean for our clients? From my own experience, they are pleased that we are communicating with them and have set up access for them to reach us. At the end of this, surgical delays are going to have a severely adverse effect on their quality of life and wellbeing. It is difficult to repeat the length of expected delays and not hear their distress.

Nurse Hysteroscopy Portfolio

So far, 2020 has proved to be a challenging year for us all. We have had to adapt to a new way of working under unforeseen circumstances. The BSGE has been working behind the scenes helping members adapt to the new way of working. We hope you have all found the educational webinar sessions useful.

I just wanted to update everyone. A summary of the recommendations to support nurse hysteroscopists is available on the BSGE webpage. Following the completion of the diagnostic hysteroscopy Bradford programme, clinicians need to attend the relevant device training supported by industry then complete the appropriate logbook for that device. Clinicians must then show the logbook to their line manager and go through the trust process of acceptance.

If you have any unanswered questions, please do not hesitate to get in touch. We rely on feedback from our members to enable progress to be made and welcome any suggestions.

The support we have received from our President Justin Clark has been very encouraging. I feel we have been listened to and given opportunities to put our members' views forward. I'm also grateful for the help of the hysteroscopy subcommittee. I would encourage you to read the reports on how the pandemic has affected the team.

Caroline Bell
Nurse Hysteroscopy Portfolio Chair

Training in hysteroscopy

Suzanne Taylor, Lead Nurse Hysteroscopist/Colposcopist/CSPL and ward manager of the Women's Health Unit at Bradford Royal Infirmary and BSGE Nurse Hysteroscopist Subcommittee member reports on training during the pandemic.

I joined the BSGE as subcommittee member in 2020 intending to maintain a link with the University of Bradford and the BSGE for the PG Cert in Outpatient Hysteroscopy and Therapeutics. I am a guest lecturer and joint course lead with Rae Nesbitt. We are about to run our third course together since taking over from Julia Pansini Murrell and Professor Jones.

2020 has been a challenging year for all of us with COVID-19. As you will have read in the news, the education sector is having to find new ways of teaching and practising. We are using ways we would never have anticipated doing previously.

This September's intake of trainee hysteroscopists had their first week of training delivered virtually. We provided a comprehensive and, hopefully, enjoyable introduction to outpatient hysteroscopy. The sessions featured guest speakers who focused on the core gynaecological issues affecting women within the hysteroscopy service, including heavy menstrual bleeding and NICE guidance, uterine fibroids, infertility, ovarian cysts, endometriosis and chronic pelvic pain, the cervix and vulval issues. The students learned about the importance of a good medical history, informed consent, safety aspects of outpatient hysteroscopy and also developed problem-solving skills through reviewing case presentations and images of the cavity.

Ordinarily, the students would have had practical training in bimanual examinations and speculums on manikins. Also, in a wet lab, they would have had practice setting up and handling the hysteroscope and using simulators to practise outpatient hysteroscopy. Sadly, this component cannot be provided at present, so it's vitally important that the students are supported from the basics upwards when they return to their mentors. The trainee logbook will be critical in mentors assessing student development.

Trainees, I strongly advise you to make good use of the sessions observing your mentor for 10 cases. Spend time with the clinic scrub nurses and learn how to handle the scope, its set up, fluid management and some of the cores of problem-solving.

Mentors, I urge you to be kind and patient as the students make that move to sit in the hot seat and undertake their first few scopes. At the university, we will be banging the drum for vaginoscopy as a recognised practice that reduces the pain of outpatient hysteroscopy- so don't be surprised if they want to learn that technique from the get-go!

We hope to see the students in person in November for a 3-day course. They will learn IUS insertion; they will be taught by the wonderful Dr Anne Connolly, present some student-led teachings on uterine polyps, endometrial hyperplasia, endometrial cancer, CIN and cervical cancer and the menopause. We hope to have wet labs and representatives from industry to demonstrate different IUS and provide training devices for the students to practise. The sessions will also showcase treatment modalities for the management of uterine polyps, submucosal fibroids and endometrial ablation. The students will also present a case study and audit proposal, so we can ensure that the students are working to masters level.

In March, again, we hope to see the students face-to-face. They will sit the MCQ exam, simulate case management and identify core pathologies OSCE style so that we can be assured that the students are progressing well through the course. We will provide training and academic support, as required. The students will also have talks on histopathology and radiology during this attendance.

The Bradford course accepts applications from nurses and doctors alike. To pass the course, students must work to Masters level and pass the MCQ exam, six case studies and an audit. Students must have logbook sign-off from their mentor and course. They are expected to have undertaken and documented:

Diagnostic Hysteroscopy

- 10 - 20 observed cases as a supernumerary in the clinic
- 50 – 100 cases managed under direct supervision
- 50 – 100 cases managed under indirect supervision
- Before OSCE record cases managed independently

IUS / IUD Insertion or Removal

- 5 observed cases as a supernumerary in the clinic
- 10 cases managed under direct supervision
- 10 cases managed under indirect supervision
- Before OSCE record cases managed independently

Mentors will also be expected to confirm levels of competence in preliminary skills including: history taking, speculum exams, the hysteroscopic examination, the normal cavity, the abnormal cavity, practical skills, managing complications, administration, communication audit and clinical governance. Mentors are provided with a handbook, and the students have a logbook in which to document all their clinical competencies. Mentors are recommended to undertake monthly meetings with their students for support and to track progress.

Both Rae Nesbitt and I are absolutely passionate about this training programme and are continually looking at ways to improve and develop the course. If any members of the BSGE would wish to discuss the course in more detail or feel any other subjects should be included in the curriculum, we'd love to hear from you. Viva outpatient hysteroscopy!

Nurse hysteroscopy in the time of coronavirus

Dennis Casayuran, Nurse Hysteroscopy Sub-committee member, shares his personal experience of catching coronavirus and working through the pandemic.

In April 2020, I tested positive for the COVID-19 swab test and suffered from the symptoms, it was unpleasant, and my return to work upon recovery was slow. There were days that I could not explain the fatigue and body aches and pains; even now, I still suffer from these unusual and lasting side-effects.

On my return to work, there was uncertainty and often a lack of PPE to use. The Government briefings and Trust communications changed daily. Even at the height of the pandemic, urgent referrals still came through. However, patients had to attend their appointments in the outpatient department. With testing in short supply, we had no idea whether the patients were asymptomatic carriers of the COVID-19 virus. All we could do was wear a face covering or surgical mask, take their temperature and ask them to complete a short questionnaire.

The BSGE webinars were beneficial in providing advice about how to deal with COVID during our daily routine.

The NICE guideline 'COVID-19 rapid guideline: arranging planned care in hospitals and diagnostic services' laid out some guidelines but, on balance, I didn't find it helpful.

It remains somewhat difficult to ascertain whether our patients have carefully followed the advice to ensure comprehensive social-distancing and hand-hygiene measures before their appointment. However, we continue to do the best we can to follow the rules laid out by the Government and our Trust to keep ourselves safe by wearing the appropriate PPE.

Despite having had the virus and been fortunate to recover from COVID-19, I still feel scared, even paranoid at times. What if I contract the virus again? What if I pass it on to somebody else? No matter how careful we are, we are not immune to this virus. Stay safe, everyone.

Reducing PMB waiting times during COVID-19 pandemic

Michelle Clarke from the nurse hysteroscopist subcommittee reports on an innovation to improve attendance for post-menopausal bleeding during the COVID-19 pandemic.

Through a combination of Innovations NHS Ayrshire & Arran were able to continue to provide a post-menopausal bleeding (PMB) one-stop service operating at full capacity.

Through this approach, the overall waiting times were reduced significantly, and patients reviewed in a timely manner despite the challenges of finding new ways of working in difficult times for our NHS.

A pre-clinic triage process was created.

Clinicians, consisting of seven consultants and one nurse hysteroscopist, were allocated patients from the waiting list (approx 300 patients) and contacted each patient by telephone before their scheduled clinic appointment.

A detailed history and risk factors were identified, allowing a more timely prioritising of appointments. The history was uploaded to the hospital clinical portal system, thus reducing time spent in person at the clinic. Patients were given the opportunity to ask questions to their clinician, helping to reduce patient anxieties.

Shielding patients who did not wish to attend for their scheduled appointment were placed on a deferred waiting list and contacted at an agreed later date. They were given contact numbers for the team should they wish to attend sooner. Patients were counselled to the nature of their referral and encouraged to attend despite shielding.

The advantage of this approach was a timely triage of urgent cancer suspect patients, an extremely low "did not attend" (DNA) rate, relationships established between the patient and clinician prior to the scheduled appointment at PMB clinic and where appropriate treatment commenced by primary care practitioner before the appointment at clinic.

This innovation by Ayrshire and Arran has been published by Health Improvement Scotland as an example of good practice – click here

Upcoming Events

The COVID-19 pandemic has affected meetings and conferences. Nadine di Donato lists the events that you can attend remotely and suggests some dates to pencil in your diary for next year.

Due to the coronavirus pandemic, many of the annual meetings have been postponed, cancelled or changed to virtual events. Here is a list of the major events scheduled for the end of 2020 (online) and for the next year 2021. Please bear in mind that they are subject to change and cancellation. We all hope to see each other soon.

49th AAGL Virtual Global Congress on MIGS

Happening Virtually
6 - 14 November 2020
Click here for more info >>

ESGE Live Event 2020

Virtual
6 - 8 December 2020
Click here for more info >>

BSGE/RCOG Benign Abdominal Surgery and Hands-on Practical Course

1 - 3 February 2021
RCOG, London
Click here for more info >>

14th World Congress on Endometriosis (WCE2021)

Dubai
24 - 27 February 2021
Click here for more info >>

BSGE - ASM 2021

2 - 5 March 2021 Virtual
Click here for more info >>

ISGE (The international Society for gynaecologic endoscopy)

Virtual Endo 2021
20 - 21 March Virtual
Click here for more info >>

Endometriosis 2021

8 - 11 May 2021
Rome Italy
Click here for more info >>

7th Society of Endometriosis and Uterine Disorders (SEUD)

12 - 15 May 2021
Stockholm, Sweden
Click here for more info >>

RCOG/BSGE Diagnostic and Operative Hysteroscopy

25 - 27 May 2021
RCOG, London
Click here for more info >>

ESHRE 2021

27 - 30 June 2021
Paris France
Click here for more info >>

2nd International School of Surgical Anatomy (ISSA) Intensive Master in Basic and Advanced Laparoscopic Surgical Anatomy of Female Pelvis and Techniques

13-16 July 2021
Verona, Italy
Click here for more info >>

22nd European Gynaecological Oncology Congress of the European Society of Gynaecological Oncology (ESGO)

23 - 26 October 2021
Prague, Czech Republic
Click here for more info >>

The International Federation of Gynaecology and Obstetrics (FIGO)

24 - 29 October 2021
International Convention Centre Sydney - ICC Sydney
Click here for more info >>

30th Annual Congress European Society for gynaecological endoscopy (ESGE)

October 2021
Portugal
Click here for more info >>

14 Congress of the European Society of Gynaecology (ESG)

10 - 13 November 2021
Venice Italy
Click here for more info >>

The IXth Asian Conference On Endometriosis (ACE)

Asian Society of Endometriosis and Adenomyosis 2021 Sri Lanka
Click here for more info >>

Nadine di Donato

Johnson & Johnson INSTITUTE

BSGE

Course Descriptor

BSGE Ethicon Live Virtual Cadaver Course

Tuesday 3rd November 2020
Start: 10:00 BST
End: 15:00 BST

Live streaming from NSTC
Access Virtually
REGISTER AT: bsge.org.uk/bsge-ethicon-live-virtual-cadaver-course

Faculty

Mr. Tony Chalhoub
Clinical Lead & Consultant Gynaecologist
RVI & Freeman Hospital, Newcastle

Mr. Fevzi Shakir
Consultant Gynaecologist
Royal Free Hospital, London

Ms Donna Ghosh
Consultant Gynaecologist
Worcestershire Royal Hospital

Please visit

https://www.bsge.org.uk/bsge-ethicon-live-virtual-cadaver-course/

& log is as a BSGE member to register for this event

ETHICON

Overview

This virtual course is an opportunity to observe cadaveric surgery streaming live from the NSTC centre in Newcastle. The course is designed to deepen your knowledge of laparoscopic gynaecological procedures, techniques and disease states.

The objective of this course is to increase confidence of gynaecological and pelvic anatomy, technical tips and tricks of laparoscopy and complication management. Faculty will also an in-depth overview of patient preparation and equipment used for laparoscopic surgery.

Course Format

Mr Tony Chalhoub will be operating live with Fevzi Shakir and Donna Ghosh moderating Q&As remotely. The 12 BSGE Ethicon delegates who have already been selected for 2020 will have exclusive access to ask questions; all other attendees will be able to observe only.

Delegate Criteria

You must be an active member of BSGE.

Program Overview

Full agenda of course to follow – the topics and techniques covered will be based on learning objectives provided by the 12 Ethicon BSGE pre-selected group. This will be communicated ASAP (by 9th Oct latest).

The course will also provide CPD points.

ESGE Live Event 2020

Ertan Saridogan updates us on ESGE Live which runs from 6th - 8th December 2020

This year the annual ESGE event will take place online under the name of ESGE Live 2020. It will offer the opportunity to experience the latest developments in the field of gynaecological endoscopy.

The event will start with an all-day 'Live Surgery Marathon' on Sunday 6th December from a number of centres and will continue with an enhanced programme to include keynote lectures, surgical tutorials and plenary lectures on endometriosis, adenomyosis and other 'hot topics' in gynaecological minimally invasive surgery. Best selected oral video and poster presentations will be presented and compete for awards.

ESGE Corporate Societies (BSGE, AGE, SEGI and SCCP) will also organise breakout webinars on the afternoon of 8th December 2020 in their own language.

The event will be free to register for BSGE members.

For registration, please click here

Noteworthy Articles

If you've fallen behind on your reading, don't worry. Webcomms sub-committee member Rebecca Mallick has checked out the journals so that you can go straight to the research that matters

Horne et al. Gabapentin for chronic pelvic pain in women (GaPP2): a multicentre, randomised, double-blind, placebo-controlled trial. Lancet 2020;396:909-917

Highly anticipated results of the GaPP2 trial (assessing the efficacy of Gabapentin in women with no obvious pelvic pathology), published recently in the Lancet. The multicentre RCT concluded that Gabapentin did not significantly reduce pain scores in patients with chronic pelvic pain while highlighting its high side effects profile.

Read more

Odejinmi et al. Getting back to business: considerations for restarting non- cancer gynaecological surgery following the COVID-19 peak Facts Views Vis Obgyn, 2020, 12 (2): 119-127

Topical viewpoint paper touching on many of the challenges the NHS now faces with the reintroduction of benign gynaecological services following the COVID-19 peak. Up to date review of all the clinical guidance.

Read more

Elnasharty et al. How to deal with challenges in laparoscopic hysterectomy. The Obstetrician & Gynaecologist 2020. Epub ahead of print.

Useful tips and tricks paper. A must-read for all laparoscopic surgeons – new and old!

Read more

Mayonda et al. Uterine-Artery Embolization or Myomectomy for Uterine Fibroids. N Engl J Med 2020;383(5):440-451.

The long-awaited results of the Femme trial assessing the quality of life scores following myomectomy and uterine artery embolisation. Well worth a read and useful paper to aid patient counselling and consent.

Read more

Protopapa et al. Adenomyosis: Disease, uterine ageing process leading to symptoms, or both? Facts Views Vis Obgyn 2020;12(2):91-104

Review article detailing the aetiological theories and pathological features of adenomyosis. Nice summary paper reviewing all the up to date evidence.

Read more

Leonardi et al. SonoPODography: A new diagnostic technique for visualising superficial endometriosis. Eur J Obstet Gynecol Reprod Biol 2020;254:124-131

A step forward in the non-invasive diagnosis of superficial endometriosis? Interesting article by Leonardi and colleagues detailing a new technique, using a variant of saline-infused ultrasonography, quoting a sensitivity and specificity of 69% and 100% respectively.

Read more

Morton et al. Operative laparoscopy in advanced pregnancy beyond 20 weeks. The Obstetrician & Gynaecologist 2020. Epub ahead of print.

Another useful tips and tricks paper summarising key steps and considerations when undertaking laparoscopic procedures in advanced pregnancy.

Read more

Russo et al. Considerations for The Surgical Management of Diaphragmatic Endometriosis. JMIG 2020. Epub ahead of print.

Nice video article detailing anatomical considerations as well as surgical treatment options for the management of diaphragmatic endometriosis.

Read more

Shah et al. Mental health amongst obstetrics and gynaecology doctors during the COVID-19 pandemic: Results of a UK-wide study. Eur J Obstet Gynecol Reprod Biol 2020;253:90-94

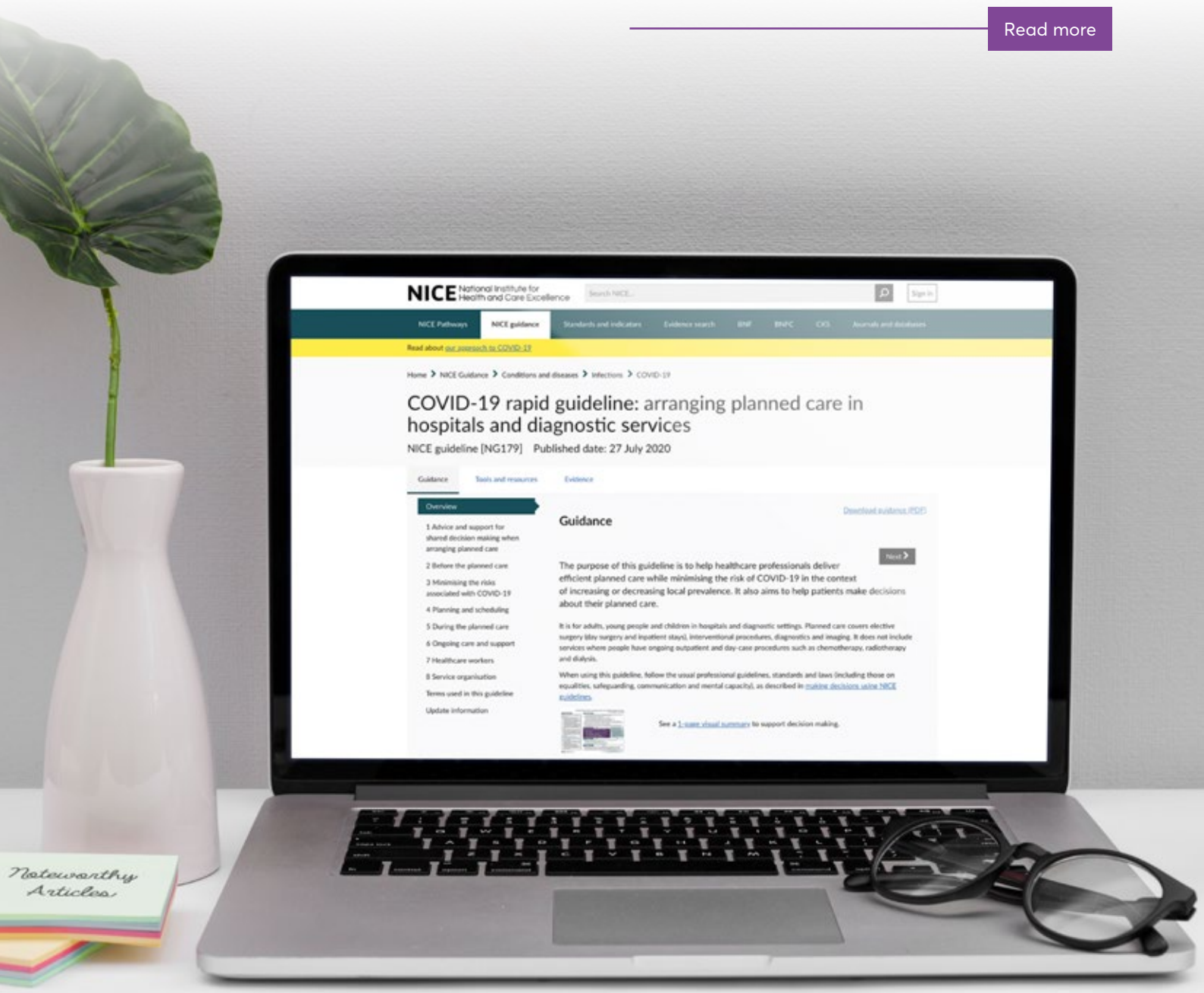
Thought-provoking survey. The results highlight the high prevalence of mental health conditions within the O&G medical profession and negative mental health consequences of the COVID-19 pandemic. Important considerations, especially with the potential of a second wave looming.

Read more

NICE. COVID-19 rapid guideline: arranging planned care in hospitals and diagnostic services. NG 179. 2020.

Recently updated NICE guidance detailing recommendations for elective surgery, diagnostics and imaging to aid the safe reintroduction and continuation of NHS services while reducing the risks of COVID-19.

Read more



Facebook Update

The Facebook group now has over 1000 members from across the world. Posters share videos, surgical conundrums and topics for discussion.

Webcomms subcommittee member Tereza Indrielle-Kelly acts as administrator and facilitator and, together with BSGE Secretary Shaheen Khazali, has been instrumental in the growth and success of the group. Here Tereza reports on changes to the rules and conditions for entry.

Stricter rules for members' contributions

When we started our Facebook group more than two years ago, we didn't really know what to expect. Initially, we were happy for almost anyone to join while we were trying to keep the news feed going by our own contribution- something that Shaheen Khazali still sticks to today!

As the number of members grew, more people were keen to share their experiences and knowledge, and the group started to have 'a life of its own'. This took one burden off admin's shoulders but added another. Some members mistook the group for a place for self-promotion or advertising products. Occasional patients slipped through the admin net and posted non-professional queries etc.

Every little mistake we have made has helped us refine our entry criteria for new members and develop stricter rules for members' contributions. When we started, we said there should be 'no patient details and no politics', now we have moved to the following guidelines:

1. **Be kind and courteous:** We're all in this together to create a welcoming environment. Let's treat everyone with respect. Healthy debates are natural, but kindness is required.
2. **Contribute to the group:** Contribute by posting comments, videos, questions and sharing your experience, trainees and junior colleagues in particular. Your post doesn't need to be groundbreaking or cutting-edge material to be educational.
3. **Strictly no identifiable patient information.**
4. **No marketing of equipment or drugs and no spam:** Anyone posting these will be immediately removed from the group.
5. **No election campaigning.**
6. **English only:** All discussions and posts must be in English only. This includes announcements of conferences and webinars etc. These events must be in English too.
7. **Only post relevant to the group topic:** Please do not bring politics or other unrelated issues into the group.
8. **Refrain from re-posting announcements:** Re-posting important notifications such as BSGE conferences, events and elections are reserved for group admins.
9. **Make sure you have answered the screening questions:** This is a closed group, and we need to make sure those who request to join are healthcare professionals with an interest in gynae endoscopy. No answer means automatic rejection.

We hope that the new set of rules will effectively filter all inappropriate members and their contributions. But since our Facebook space is a lively, constantly changing environment, it is likely there may be new challenges around the corner. Please, work with us, and if you spot an inappropriate post or comment on our Facebook wall before we do, contact one of the admins. In this way, we can maintain the high standards of our Facebook community, making it even more attractive to prospective members.

Tereza Indrielle-Kelly

BSGE Web/Comms Team

Meet our dedicated team...

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Editor

Jane Gilbert
Assistant Editor

Atia Khan
News/Admin

Rebecca Mallick
Noteworthy Articles

Tereza Indrielle-Kelly
Facebook

Nadine Di Donato
Events

Angharad Jones
Trainees

Mikey Adamczyk
Trainees

BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

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