

THE SCOPE

Newsletter of the British Society for Gynaecological Endoscopy

Latest news including

ASM 2021

*"Embracing Change,
Maintaining Excellence"*

*Details of pre-congress
workshops and more...*

LAVA Trial

*Professor Justin Clark reports on an
important new trial comparing laparoscopic
and abdominal hysterectomy*

Endometriosis Research Update

And The Scope meets Mary Connor



Welcome

Dear fellow BSGE members welcome to this pre-ASM edition of The SCOPE



Message from the Editor

Like most of you I am sure, I wish that COVID will go away but unfortunately until maybe we are all vaccinated the pandemic will linger on for a while. Despite this current wave I hope you are all looking forward to our first Virtual Annual Scientific Meeting. Though it is always great to meet up physically during congresses, this may be the new normal for now. I am sure our virtual congress will be full of goodies and our Presidential address gives pointers as to what is in store for us.

During the pandemic, I have spent much of my time hopping from one webinar to another. In fact, the BSGE has laid on some remarkable informative webinars. One webinar in particular talked a lot about endometriosis research which was very impressive. I thought it was worth sharing the information, to give us all an opportunity to participate in research for the betterment of the quality of life of our patients. Thus, we have included a number of very interesting pieces on current research into endometriosis in this edition, so we can all as members of the BSGE get involved.

In this issue Jane Gilbert (our wonderful Assistant Editor) talks with Emma Cox from Endometriosis UK on the importance of the BSGE's continued participation in issues relating to patient care in endometriosis and restarting endometriosis provision after the pandemic peak. She also chats with Mary Connor in The SCOPE meets...on her recently published book on diagnostic and operative hysteroscopy.

This is also the season in which we ask you to kindly respond to the BSGE membership survey. This year, apart from the general question section, it is split into categories based on profession and seniority, thus there are questions for trainees, nurses and consultant level members. This will inform us of how you view the services supplied by the BSGE and how these can be improved. For those who have not filled it in here is the link again:

www.surveymonkey.co.uk/r/RBDBC67. There is also a link on our website and there will be reminders during the ASM.

Justin our President emphasises importance of the BSGE training agenda in his address, there are also our usual portfolio reports, which I hope you will find interesting.

Hope you enjoy this issue of The Scope and I look forward to seeing you virtually at the meeting and as usual please feedback any suggestions on how you feel we can make the newsletter better at editor@BSGE.org.UK

Funlayo Odejinmi (Jimi)

Scope Editor and Membership Relations Portfolio Chair
email: bsge@rcog.org.uk

Contents

IN THIS ISSUE

President's Message.....	04
LAVA Trial.....	06
BSGE Live Virtual Cadaveric pre-congress course.....	07
Virtual ASM 2021.....	08
Pre-congress workshops.....	10
Surgery at Virtual ASM.....	11
BSGE: Leading endometriosis services.....	18
Endometriosis Research Update.....	19
Comparing apples and pears.....	23
Endometriosis surgery workshop.....	24
The Scope meets... Mary Connor.....	25
BSGE News.....	27
Portfolio Reports.....	32
RIGS.....	34
Nurses and Paramedics.....	36
Noteworthy Articles.....	37
Upcoming Events.....	39
Facebook.....	40
BSGE Scope Team.....	42





President's Message

I hope you are all keeping well.

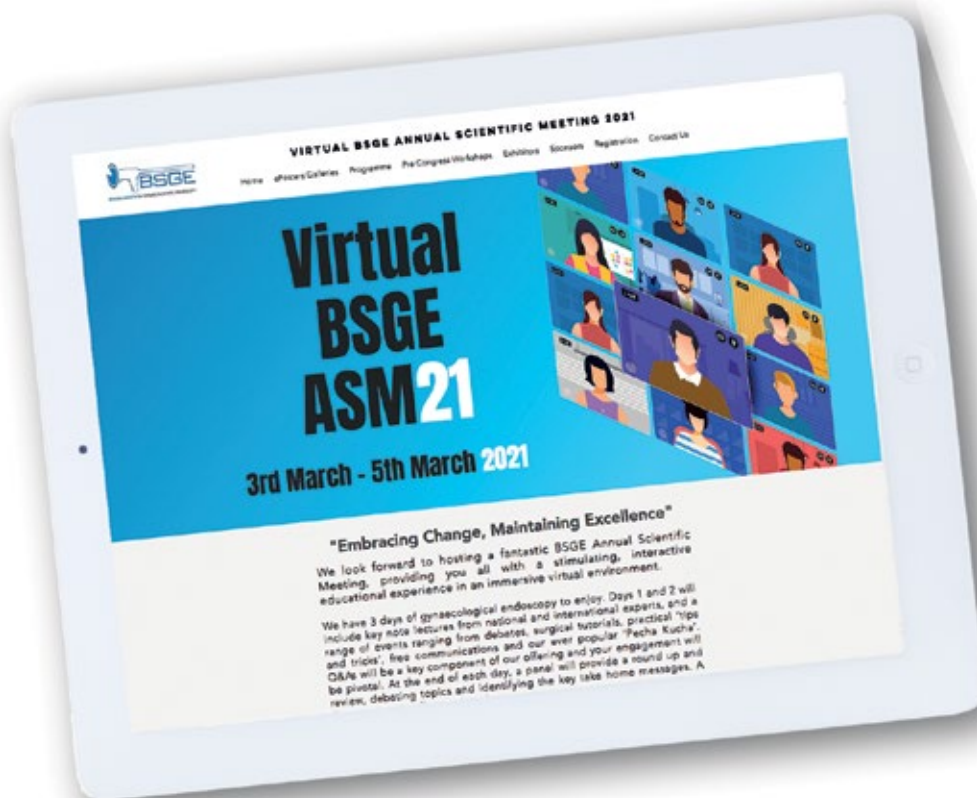
I write to you having just emerged from self-isolation after contracting SARS-COV-2 despite having the first Pfizer vaccine in Dec! Macron and the Europeans are welcome to that blooming Pfizer jab! On the plus side I appreciate that I have been very lucky, although I can't smell or taste anything so next week I am forgetting my usual 'packed lunch' and heading to sample the delights of my hospital canteen. Every cloud

On a more serious point, I know that many of you will have been affected by the pandemic individually, through family and in a professional capacity. I would like to express my love and condolences to those of you who have been impacted by the pandemic and especially those of you who have lost loved ones. I know that all of you will be making a big difference in all spheres of your lives. I do feel at this unusual time that it is important that you make sure to prioritise and value your free time with your loved ones. I also have found that it is even more important to be patient and tolerant of others needs and to be flexible, helping with whatever roles are demanded of us.

BSGE agenda

BSGE wise, in the next year I am keen to push forward the training agenda and the professional roles of our members. Donna Ghosh's survey has provided valuable data and allowed us to collate your views. This will help us to liaise more effectively with the College in order to have a productive discussion about the future of endoscopic surgery involving the uterus and the female pelvis. We need to train the best and allow them to excel. This requires more focused and intense exposure to endoscopic surgery in training for our most talented trainees, and job plans that allow for a sufficient case load to allow minimal access surgeons to develop and maintain these high level skills and importantly pass them on to the next generation.

In other news, Arvind Vashist and Dominic Byrne have developed a fantastic standardised dataset for BSGE Endocentres, to be sent imminently; centres will be able to benchmark themselves against national data presented in a tabulated format and more accessible, graphical way. Karolina and I are also wanting to provide updated national guidance in outpatient hysteroscopy, expected standards, consent and benchmarking materials to help your practice and optimise the experience of the patients we care for. Tom Smith Walker will be driving forward the monthly BSGE Webinar series. Olympus and Ethicon are running their most excellent advanced laparoscopic courses in conjunction with the respective BSGE faculties and Donna and Mikey will be rolling out the BSGE RIGS Hubs National Training Programme in basic, intermediate and advanced skills amongst other BSGE activities.



BSGE Virtual ASM, 3-5th March 2021

Our virtual ASM draws closer and we have a fantastic, diverse live programme and loads of presentations, posters and surgical videos to access at your leisure 'on demand'. We have exciting national and international invited speakers and high quality free communications covering a wide range of topics of interest to BSGE members. We have had brilliant industry support with an interactive virtual Exhibition Hall to learn about all the latest technologies.

I am delighted to see that we have had so many registrations thus far for our first virtual event. If you have not registered as yet, then please do so. I am very much looking forward to the event and joining and interacting with as many of you as possible. I would like to specifically thank Zahid Khan and our Atia for making this ASM possible. They have put a huge amount of work and expertise into this project and our society is truly blessed to have the talents and passion of people of such calibre.

BSGE elections

Please vote in the elections. I have been delighted to see such self-evidently able people applying to join council. I know that everyone putting their "heads above the parapet" can and will do a great job for our society. This is your opportunity to help me form the team you prefer. Have a look at elections page on the BSGE website, consider your decision and vote (<https://www.bsg.org.uk/bsge-elections-2021/>). Importantly, please consider standing yourselves in future; I am sure you could make a brilliant contribution.

Final note

I was honoured to be elected as the BSGE president and I have to say that the unforeseen challenges of the pandemic have kept me busy and have allowed me to work with some most excellent people. However, I miss seeing you all. I accept that 'zoom', 'teams' etc have been great and we have all from time to time enjoyed the convenience of using such IT. However, I still like meeting up and socialising and so I do hope that towards the end of 2021 we will be able to do so again.

The successful Celtic Manor ASM in 2019 seems an age away. So please do register for the virtual BSGE ASM 2021. A lot of work has been put into this endeavour to make it interesting, educational and accessible. I look forward to interacting with you all there.

Look after yourselves and keep well. Best wishes, Justin

Professor Justin Clark MD (Hons) FRCOG
BSGE President

LAVA Trial



Professor Justin Clark reports on an important new trial comparing laparoscopic and abdominal hysterectomy:
NEW TRIAL OPENING 1st JULY 2021

Laparoscopic Versus open Abdominal hysterectomy

The NIHR has funded a major study called LAVA comparing the major complications and recovery experienced by women after they have had an open or laparoscopic hysterectomy.

LAVA will recruit 3250 women over 3 years, beginning July 2021 from over 50 NHS hospitals.

Why does the trial need doing?

More abdominal hysterectomies are done for benign conditions each year in the UK than laparoscopic hysterectomies. This may reflect the lack of availability of minimal access surgical skills but also possible concerns over the relative safety of laparoscopic approaches and uncertainty about the overall advantages of such approaches, especially as regards recovery.

NICE recommends that clinicians should advise women that there is a higher risk of urinary tract injury and of severe bleeding associated with laparoscopic hysterectomy.

The Cochrane Library also identifies a higher urinary tract injury rate and concludes that the recovery advantages of laparoscopic hysterectomy may be offset by longer operating times.

Technologies, familiarity and training have improved dramatically over recent years such that these previous data are outdated and not generalisable to 2021. Moreover, previous trials may have been subject to bias from a lack of expertise in the then 'newer' laparoscopic approaches.

Thus, there is an urgent need for a large, definitive trial to better quantify the relative risks of major complications and, importantly for the first time, robustly examine the relative morbidity of post-operative recovery and the time to restoration of full pre-operative functioning.

Highlights of the LAVA trial

This one multi-centre trial will include more women than ALL previous 25 trials assessed by the Cochrane review put together

Randomisation is pragmatic. As a team of surgeons within your hospital, you decide which cases you are prepared to randomise

We will use an innovative personalised recovery tool

We will adopt an 'expertise – based design' this means that the type of hysterectomy will only be undertaken by surgeons with the relevant expertise in either laparoscopic or open hysterectomy (or both if appropriate)

Your hospital can participate as long as:

Both types of hysterectomy are offered

At least one gynaecologist is prepared to randomise (in equipoise)

- Note that 'expert' surgeons, say in laparoscopic hysterectomy, can participate by operating on women allocated laparoscopic hysterectomy even if they are not prepared to randomise themselves. It is of key importance that we get our best laparoscopic surgeons taking part as well as surgeons with proficiency in open abdominal hysterectomy.

For further information please contact

LAVA trials office: LAVA@trials.bham.ac.uk

Justin Clark: t.j.clark@doctors.org.uk

LAVA Trial:

<http://www.isrctn.com/ISRCTN14566195>



BSGE Live Virtual Cadaveric pre-congress course

Tuesday 2nd of March from 10am till 3pm.

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*

Overview

The BSGE cadaveric pre-congress workshop is an opportunity to observe cadaveric surgery streaming live from the NSTC centre in Newcastle. The course is designed to improve confidence in pelvic anatomy and pelvic sidewall structures, increase your knowledge of laparoscopic hysterectomy and provide technical tips and tricks, as well as complication management. Faculty will also provide an in-depth overview of patient preparation and equipment used for laparoscopic surgery.

Format

In this virtual course, Mr Tony Chalhoub will operate live with Mr Fevzi Shakir and Ms Donna Ghosh moderating questions and answers.

Who should attend

Trainees and consultants who wish to deepen their knowledge in advanced laparoscopic surgery and pelvic sidewall anatomy.

Programme overview

The step-by-step Laparoscopic Hysterectomy section will demonstrate the procedural steps, an overview of suturing materials and techniques, colpotomy and suturing the vagina.

A session on managing complications will cover open bladder, ureteric injury and repair, and bowel injury and repair. Supporting surgical videos prepared by Mr Fevzi Shakhir and Ms Donna Ghosh will offer greater insight into many of the techniques including myomectomy.

Find out more and register here





Virtual ASM 2021

"Embracing Change, Maintaining Excellence"

3rd – 5th March

Zahid (Zed) Khan, Consultant Gynaecologist in MIGS and co-opted Council member for Virtual BSGE ASM 2021 updates The Scope on plans for the meeting:

The challenges of 2020 and 2021 have given rise to the 'Era of Zoom and Teams'. As we continue our battles against our invisible enemy, conferences have been side-lined and many societies have now delivered an online event at the ultimate sacrifice of engagement and networking. As a future-ready society, the BSGE has learnt from the socially distanced events held throughout the year and we are excited to invite you to attend our Virtual Annual Scientific Meeting this year, starting on the 3rd of March.

It promises to be the first Scientific Meeting of its kind held using a virtual platform that will set a leading standard in a league of its own. We have designed an interactive three-dimensional world for you to explore and immerse yourself into, giving you the feeling of 'being there'.

Industry Exhibition Hall

A gargantuan thanks goes out to our Industry sponsors who have shown their incredible support, year after year, to the BSGE's Annual Scientific Meetings. They will be welcomed in a bespoke two floor Industry exhibition hall with interactive stands encouraging delegate engagement and attendance. You will also be able to acquire information about new and important technologies via live web, phone or video chat with the representatives. The hall will be gamified with prizes for a treasure hunt and the most enthused delegates being recognised as leaders in the conference leaders' board. We have even organised coffee breaks with real-world coffee ending up on your desk (as if by magic) to keep our busy minds caffeinated.



Packed three-day programme

We anticipate and expect a larger than normal attendance as our members across the world are keen to learn and can attend our virtual meeting with ease, at reduced cost and from the comfort of their homes or offices. We have 3 days of gynaecological endoscopy to enjoy. Days 1 and 2 will include sponsored key-note lectures from international experts, and a range of events ranging from debates, surgical tutorials, practical 'tips and tricks', free communications and our ever popular 'Pecha Kucha'. Q&As will be a key component of our offering and your engagement will be pivotal. At the end of each day, a panel will provide a round up and review, debating topics and identifying the key take home messages. On Day 3 we will provide an 'as-live' surgery extravaganza with a range of laparoscopic and hysteroscopic procedures from centres across the UK.

Greatest ever choice of presentations and events

We have put together three auditoriums and a poster-viewing room in our 3D world for you to access the largest choice of presentations and events that has ever been possible compared to previous ASMs and the content will be made available even after the event for replays and revision. If that is not enough, we have a choice of 6 pre-congress workshops to attend including hysteroscopy, endometriosis surgery, robotic surgery, cadaveric anatomic dissection, a RIGS intermediate laparoscopy course and an Endometriosis Nurse training day.

It has been a difficult twelve months, so, take a few professional days off and I urge you to attend the best Virtual Scientific Meeting you will ever attend. The BSGE will set a new standard with this online event, in preparation for a future where scientific conferences in general are more likely to be hybrid events rather than just traditional live meetings, bringing the ends of the world closer together. It promises to be fun, engaging, unique and informative, and with you there, it will be unforgettable.

*Socially distanced, of-course.
See you there!*



Pre-congress workshops

Endometriosis Surgery, A Practical Step-by-Step Approach Workshop

Saturday, 27th February 2021.

The workshop will be mostly delivered in an interactive, conversational style and will have a particular focus on surgical techniques and tips and tricks.

[Register here](#)



RIGS – Intermediate Laparoscopic Course

Sunday, 28th February 2021.

This virtual course aims to cover key operative laparoscopic requirements within the RCOG curriculum. These include laparoscopic salpingectomy, ovarian cystectomy, oophorectomy and retrieval of specimens. Furthermore, the day will consist of a re-cap of relevant anatomy and electro-surgery techniques.

[Register here](#)



Live Virtual Cadaveric Workshop

Tuesday, 2nd March 2021.

Increase confidence in pelvic anatomy and pelvic sidewall structures. Step by step laparoscopic hysterectomy. Laparoscopic suturing tips and tricks and management of complications during laparoscopy.

[Register here](#)



Robotic Surgery in Gynaecology Workshop

Tuesday, 2nd March 2021.

Fully booked.

Our aim is to offer hands-on introduction to robotic surgery training at the state of the art Intuitive training facility in Oxford. We appreciate that due to COVID-19 pandemic there might be restrictions and in the event of cancellation of hands-on training, we will deliver this course virtually.



Hysteroscopy Workshop

Tuesday, 2nd March 2021.

Panel of expert hysteroscopists will deliver short talks on relevant topics incorporating videos of surgical procedures. The lectures will address key topics such as innovation in ambulatory hysteroscopic surgery with guidance on how to provide and develop such services. Topics covered will include current and future developments in hysteroscopic procedures with emphasis on use of novel technologies and surgical tips and tricks. During this workshop there will be ample time for discussion and debate throughout the course of the meeting.

[Register here](#)



Endometriosis Nurse Training Day

Tuesday, 2nd March 2021.

An intensive training day to include a mix of workshops and key lecturers ensuring we offer up-to-date education and opportunities for participation and discussion.

[Register here](#)



www.bsgeasm21.com

Surgery at Virtual ASM

Andrew Kent and Shaheen Khazali update The Scope on plans for March 5th, the final day of ASM 2021.

On the final day of Virtual ASM 2021 we were planning for live surgery streamed from theatres, but the best laid plans and all that. We were always aware of the potential threat from SARS-CoV-2 and its' many variants. The second wave of the pandemic has again had major impacts on our ability to perform elective surgery and most hospitals are still only able to allow P1/2 procedures. This is unlikely to have changed significantly by 5th March.

The aim will be to deliver 'as-live' surgery without edits with the same surgical teams as originally planned, organised by Mr Andrew Kent and Mr Shaheen Khazali in the two auditoriums. The surgeons will narrate their operations and questions will be possible via moderators. We hope that on the whole you will see complete procedures, camera cleans, instrumentation glitches, the works! Andrew Kent previously told The Scope that watching live surgery offers benefits over watching the edited highlights:

"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."

"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 or 'as-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."

"As live' has some added advantages. We can plan the operating lists with a little more accuracy with a variety of cases and techniques, so there should be something for everyone between the two streams. There should be no overruns or cancellations of cases. We might even finish on time!"

Full details on the ASM website in due course. See you there.



Mr Andrew Kent



Mr Shaheen Khazali

Virtual BSGE ASM21

3rd - 5th March 2021

**"Embracing Change,
Maintaining Excellence"**

 **@TheBSGE | #BSGE2021**





TRANSFORMING GYNECOLOGICAL HEALTH TOWARDS MEASURABLY BETTER OUTCOMES

#HerHealthOurPriority
www.womenlikeme.eu

© 2021 Medtronic. All Rights Reserved.
21-emea-bsge-asm-a5-advert-5007490



Laparoscopic
Access & Instruments



Stapling



Hemostatic Patch



Sutures



Advanced
Energy Solutions



Hysteroscopic
Solutions



Visualisation

For more information
visit the **Medtronic booth**
at **BSGE ASM 2021**





Please visit our virtual booth:
<https://exhibitvirtual.online/gynaecologyvirtualstand/>

GYN 75 3.0 12/2020/A-E

Unique Combination

Intrauterine BIGATTI Shaver (IBS®) and ENDOMAT® SELECT as a suction and irrigation pump

- Purely mechanical resection of tissue
- Direct suction of resected tissue
- Unique fully reusable shaver system

STORZ

KARL STORZ — ENDOSKOPE

THE DIAMOND STANDARD

KARL STORZ SE & Co. KG, Dr.-Karl-Storz-Straße 34, 78532 Tuttlingen/Germany
KARL STORZ Endoscopy (UK) Limited, 415 Perth Avenue, Slough, Berkshire SL1 4TQ/United Kingdom
www.karlstorz.com



Symposium

Outpatient hysterectomy using Low Impact Laparoscopy

3rd March 2021

16:15 - 16:45

Auditorium 1

Prof Cyril Touboul
Gynecologist Créteil

and listen to Prof Touboul
discuss his experiences of
Low Impact Laparoscopy

www.lawmed.co.uk

Advancing surgical possibilities

LM60JAN2021

HOLOGIC®

Optimising Operative Hysteroscopy: Introducing the **Fluent® Fluid Management System**

You are invited to the Hologic Symposium
at the BSGE Annual Scientific Meeting

Thursday 4th March 2021
10:15-10:45am

Location: Auditorium 1

Chair: Mr Jonathan Lord, Consultant Obstetrician
& Gynaecologist, Royal Cornwall Hospital

Speaker: Mr Pandelis Athanasias, Consultant Obstetrician
& Gynaecologist, St Helier Hospital

www.gynsurgicalsolutions.com/fluent

**A Game Changer
in Fluid Management**

ADS-03154-EUR-EN Rev 001 © 2021 Hologic, Inc. All rights reserved. Hologic, Fluent, and associated logos are trademarks and/or registered trademarks of Hologic, Inc. and/or its subsidiaries in the United States and/or other countries. This information is intended for medical professionals and is not intended as a product solicitation or promotion where such activities are prohibited. Because Hologic materials are distributed through websites, eBroadcasts and tradeshows, it is not always possible to control where such materials appear. For specific information on what products are available for sale in a particular country, please contact your local Hologic representative or write to euinfo@hologic.com.

FLUENT®
Fluid Management System

DAVINCI | by Intuitive™

Beyond the Technology

Your trusted provider in education, training, and research



The da Vinci X®, da Vinci Xi® and da Vinci Si® Surgical Systems are class 2b medical devices.
Refer to complete mandatory statements available on the booth.

©2018 Intuitive Surgical, Inc. All rights reserved. PN 1053386-EU RevA 10/2018



JOIN US AT THE VIRTUAL BSGE 2021
**DISCOVER A NEW EVOLUTION
IN VAGINAL SURGERY**

MARCH 4 | 2:30 - 3:00 PM (GMT)
KEYNOTE LECTURE WITH PROF. DR. JAN BAEKELANDT

Visit our virtual booth to learn more



© 2021 Applied Medical Resources Corporation. All rights reserved. 352112-EN-EUR-A



Enseal™

More
Efficient^{1,2*}

ENSEAL™ X1 Curved Jaw

- More tissue per bite^{1,2**}
- More secure grasping^{3#}
- 360° shaft rotation to enable access to targeted tissue^{4,5}

Contact us here



REFERENCES

**ENSEAL™ X1 Curved Jaw Tissue Sealer can capture, seal and transect a longer length of tissue per single activation due to a 90° for 3.6mm longer jaw (p < 0.000) and a 150° for 3.5mm longer cut length (p < 0.000) compared to LigaSure™ Maryland (USPTO: 64503-200000) EMCA. **Based on metrology data ENSEAL X1 Curved Jaw Tissue Sealer has a 90° for 3.6mm longer jaw than LigaSure™ Maryland (USPTO: 64503-200000) EMCA. ENSEAL X1 Curved Jaw Tissue Sealer has a 90° for 3.5mm longer jaw aperture than LigaSure™ Maryland (USPTO: 64503-200000) EMCA. #Grasping force measured as the maximum amount of force required to pull porcine jejunum from the distal tip of device jaws. Comparison of ENSEAL X1 Curved Jaw to LigaSure™ Maryland (USPTO: 64503-200000) EMCA & Ethicon, Project Froid Claims Meeting Report, June 2010, PRC0795640 (USPTO: 20000000) EMCA, MFO4-2000029 EMCA. 2. Ethicon, Froid Research Claims Meeting, June 2010, PRC09823M-4562-2000000 EMCA, MFO4-2000029 EMCA. 3. Ethicon, Froid Research Claims Meeting, June 2010, PRC09823M-4562-2000000 EMCA. 4. At Per Instructions For Use (IFU) 05046-200909 EMCA & Ethicon, DOC23232A, A Froid Claims Memo – Industrial Design, July 2010, Data on File (05046-200909) EMCA.

ETHICON

Sonata[®]
SYSTEM

The **ONLY** incisionless,
transcervical
approach for
the treatment
of most
fibroid types.

For more
information about
Transcervical Fibroid Ablation
with the Sonata[®] System visit our **Virtual Booth**.

gynesonics[®]

OLYMPUS

Looking for live
virtual seminars
and educational
workshops?

Introducing the Olympus Virtual Hub

Discover now
www.olympus-virtualhub.co.uk



The LEXION System

The only unidirectional heated, humidified
Insufflator with closed system smoke evacuation



The AP 50/30 Insufflator maintains pneumo regardless of leak or instrument exchange for any laparoscopic or robotic surgery and utilises real-time intracavitary pressure and flow sensing technology to deliver optimum pneumo throughout the entire surgery.

By heating and humidifying pneumo to 95°F / 95% humidity, the LEXION System reduces the instance of cell desiccation resulting in:

- Less hypothermia
- Less peritoneal damage
- Less post-operative pain
- Decreased amount of pain medication
- Shortened recovery room stay
- Improved patient satisfaction

Contact BOWA MEDICAL UK to request a meeting
with your local Area Sales Manager:

T: 01364 652 426 E: uk.support@bowa-medical.com
bowa-medical.co.uk



BOWA
MEDICAL

The InsuflowPort® uses real time pressure monitoring at the port site to enable continuous gas flow.

PneuView® XE Active Smoke Eliminator offers ULPA filtration, which filters down to 0.01 micron eliminating all harmful contaminants associated with combustion, including viral particles.



LOW
PRESSURE
SURGERY





Established in 2006 by Jeremy Taylor LiteOptics specialise in Gynaecological Endoscopy and in particular Hysteroscopy. LiteOptics has now become one of the leading suppliers of Ambulatory Hysteroscopes in the UK. Our products consist of;

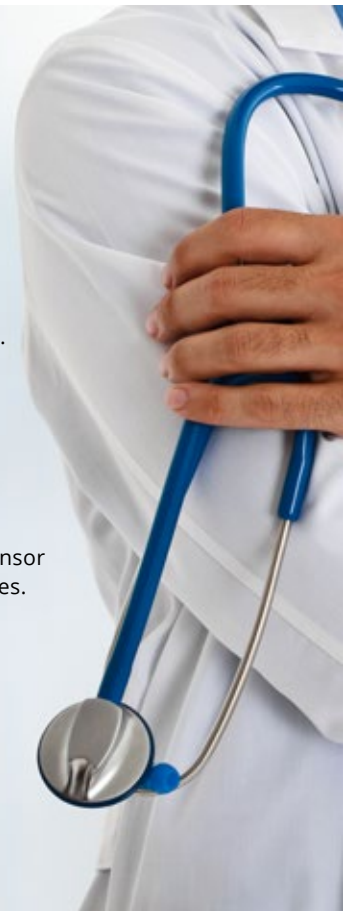
- Small diameter diagnostic and operative hysteroscopes based around a 1.9mm telescope.
- A range of forceps and plasma electrodes (for use with the Versapoint Generator).
- Standard definition (SD) and high definition (HD) camera systems.
- Optical and video Colposcopes.
- Full repair service for all our equipment as well as Hysteroscope repairs for all other manufacturers.

LiteOptics are 100% committed to supporting our customers in every way possible with our knowledgeable and responsive team of professionals. LiteOptics have been a dedicated sponsor of the BSGE since 2013 and help to support local and national training workshops and courses.

Having already been accredited with ISO 9001-2015 we are pleased to announce further accreditation for ISO 13485-2013 and EC Certification for the manufacture of LiteOptics Ambulatory Hysteroscopes. In addition all of our products are NHS Supply Chain Approved and on the respective NHS Frameworks.

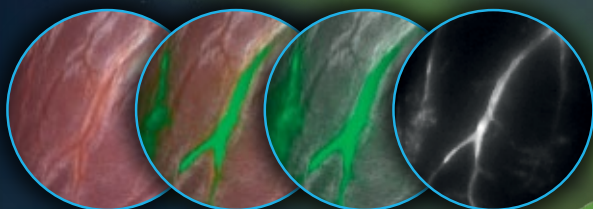
Visit us at our virtual booth during the BSGE 3rd-5th March 2021.

Thank you for looking and if you require any further information please feel free to get in contact: 01799542716, enquiries@liteoptics.com



Synergy^{ID}

Near-Infrared Fluorescence Imaging



4 Chips. 4 Modes. 4K.

www.arthrex.com

© Arthrex GmbH, 2020. All rights reserved.



Arthrex®



BSGE: Leading endometriosis services

Emma Cox, CEO of Endometriosis UK reports for The Scope on the AAPG report into endometriosis and the role of the BSGE. Endometriosis UK will have a virtual stall at ASM 2021, members can drop in to find out more about their important work and buy raffle tickets to support fundraising.

The leadership role of the BSGE and its members has never been more vital to ensure that, as and when the NHS starts to return to a new normal, those with endometriosis get appropriate treatment and support, in the right place, at the right time.

A recent report led by the All Party Parliamentary Group (APPG) on Endometriosis, supported by Endometriosis UK, found that the average length of time to diagnosis in the UK is 8 years – the same it was a decade ago. Of the 10,000 respondents, prior to diagnosis and due to their symptoms:

58% had visited their GP over 10 times

43% visited doctors in hospitals over 10 times

53% had been to A&E

Everyone in the NHS is working hard to do what is best for their patients, however without awareness of symptoms, or knowledge and skills around treatment, those with endometriosis are let down. Driving down diagnosis times will save time and resources, with fewer unnecessary visits to GPs, A&E and the wrong specialty in hospitals. With such long waiting lists caused by the pandemic, streamlining care pathways will bring benefits all round.

BSGE centers provide patients with high standards of expertise and care. But 80% of those with endometriosis are seen in non-specialist settings. With no central planning for Endometriosis Specialist Centre coverage across the UK, access is a post code lottery. Patients with the knowledge, education and perseverance can navigate the system, but many can't, exacerbating inequality in access.

The APPG report highlighted changes that the Government should make in order to improve care. As we move forward towards hopefully resuming endometriosis services and elective surgeries, we hope that the Government will make strides towards improving care for all by committing to drive down diagnosis time, build NHS capacity to appropriately diagnose those with endometriosis, and ensure the NICE Guideline and Quality Standard Guideline on Endometriosis are implemented. Delivering these will require the expertise and leadership of the BSGE, to shape new and improved pathways for endometriosis care, working with non-specialists gynecology and primary care.

You can read the APPG report in full at: <https://tinyurl.com/endometriosisappg>

If you can think of ways Endometriosis UK could improve our support to patients, please let us know.





Endometriosis Research Update

1.5 million women in the UK live with endometriosis. The cost to society is estimated to be as much as 8 billion pounds every year. The APPG on Endometriosis Inquiry Report '*Endometriosis: Time for Change*' demonstrated delays in the diagnosis of endometriosis, failure to refer women to specialist Endometriosis Centres and a lack of psychological support. In this special Scope report Lucky Saraswat, consultant gynaecologist at Aberdeen Royal Infirmary and lead for the Aberdeen Endometriosis Centre reports on the latest news on endometriosis research projects with details on how BSGE members can get involved.

Endometriosis is a challenging condition with no known cure. It has a variable clinical presentation, a lack of pathognomonic signs and symptoms and there is poor correlation of symptoms with the stage of disease. The challenges for researchers and gynaecologists treating women with endometriosis include reducing the delay in diagnosis, finding the best approach to treating superficial and deep endometriosis, and discovering ways to prevent and treat recurrence.

There are several HTA multicentre randomised trials underway to help improve the diagnosis and treatment of endometriosis:

- **REGAL:** Recurrence of Endometriosis- long-term GnRH Analogues versus repeat Laparoscopic surgery
- **PRE-EMPT:** Preventing Recurrence of Endometriosis by Means of long- acting Progestogen Therapy
- **DIAMOND:** Deep infiltrative endometriosis: management by medical treatment or early surgery
- **ESPrIT2:** Effectiveness of laparoscopic treatment of isolated Superficial Peritoneal endometriosis for the management of chronic pelvic pain in women: a multicentre randomised controlled trial.



REGAL

Recurrence of Endometriosis – long-term GnRH Analogues versus repeat Laparoscopic surgery.



Following surgical ablation or excision of endometriosis, pain returns in up to 30-50% of women within five years. Scottish data over a period of 30 years has shown that nearly two out of three women with a new diagnosis of endometriosis had repeat surgery and 45% had two or more operations. There is uncertainty about how best to treat women with recurrence of endometriosis associated pain, particularly those who wish to preserve their fertility. Observational studies have shown that the risk of repeat surgery is lowest in women who have had oophorectomy and hysterectomy. However, oophorectomy and hysterectomy is not a viable or acceptable option for young women.

A less invasive treatment is monthly or three-monthly injections with Gonadotrophin Releasing hormone analogues (GnRHa) which mimics oophorectomy but is reversible. While effective in reducing pain, GnRHa are only licensed for 6 months because of the hypoestrogenic side effects and concerns about osteoporosis. However, research suggests that giving small doses of hormone replacement therapy with GnRHa can reduce the side effects and protect bone mineral density, thereby prolonging efficacy and safety of GnRHa.

The REGAL trial is funded by the National Institute for Health Research (NIHR) and led by the team from the University of Aberdeen. The trial will assess the clinical and cost-effectiveness of long-term GnRHa with add-back HRT for two years compared to laparoscopic ablation/excision of endometriosis in women with recurrence of pain following previous laparoscopic treatment of endometriosis. Women with all sites and stages of endometriosis are eligible.

The outcomes include EHP-30 pain domain, quality of life, costs and adverse effects at 24 months. Women in GnRHa and add-back HRT arm will also have DEXA scans at baseline, 12 and 24 months to evaluate bone mineral density.

Members can find out more here

Get involved by contacting: regal@abdn.ac.uk

PRE-EMPT

Preventing Recurrence of Endometriosis by Means of long-acting Progestogen Therapy

The PRE-EMPT trial is a research study that aims to address the question, 'Do progesterone containing contraceptives reduce the recurrence of pain following initial surgery to remove endometriosis, and if so, which is better – the contraceptive coil, injection or pill?'

Endometriosis occurs in 6-10% of women of reproductive age. It is painful and can have a serious impact on the lives of women living with the condition. Many women need surgery to remove areas of endometriosis and relieve pain. However, symptoms of endometriosis tend to return and women require repeated surgical intervention.

Drugs which reduce oestrogen levels can prevent endometriosis regrowth. Previous research has indicated that medicines containing other hormones such as progestogens can reduce the chances of symptoms returning. However, these studies were done with small numbers of participants and were unable to provide definitive results.

PRE-EMPT is a large randomised controlled clinical trial in which women undergoing surgery for endometriosis will be randomly allocated to take long acting progestogens (either as three monthly injections (depo-provera) or as an intra-uterine device), or long term treatment with the oral contraceptive pill. The trial will provide information on which treatment is the most effective in terms of symptom relief, side-effects, acceptability and costs. This information will be vital in terms of future clinical decision making in an area of uncertainty.

Kevin Cooper



DIAMOND

Deep infiltrative endometriosis: management by medical treatment or early surgery

What is the clinical and cost-effectiveness of laparoscopic surgery (with or without adjuvant medical treatment) versus medical management alone in women with deep endometriosis?

Deep endometriosis (DE) is a severe form of the condition where endometrial deposits are found more than 5 mm under the peritoneum or any of the following locations: between the rectum and vagina, the Pouch of Douglas, uterosacral ligaments, bowel, appendix, ureter, bladder, uterovesical fold and pelvic side wall.

Laparoscopic excision of endometriosis has been shown to improve pain symptoms in DE. However, surgery for deep endometriosis is complex with significant risks of surgical complication. Medical treatment is less risky, but can cause side-effects such as menopausal symptoms, and is incompatible with conception. A recent review of observational studies suggests that long-term hormonal treatment could be a viable alternative to surgery, but there are no randomised controlled trials to provide conclusive evidence.

DIAMOND is a multi-centre randomised controlled trial comparing early planned laparoscopic surgery with medical management alone in women with deep endometriosis. It compares the clinical and cost-effectiveness. The outcomes include condition specific quality of life measured using the pain domain of the Endometriosis Health Profile 30 and incremental cost per QALY gained at 18 months after randomisation. Secondary objectives include comparing pain, need for further medical treatment, gynaecological surgery, discontinuation of randomised treatment, serious adverse events, occupational outcomes and reproductive outcomes, indirect costs due to loss productivity and long term modelled cost effectiveness.

The trial will recruit from BSGE accredited endometriosis centres in the UK.
Justin Clark and Kevin Cooper



ESPrIT2

Effectiveness of laparoscopic treatment of isolated Superficial Peritoneal endometriosis for the management of chronic pelvic pain in women: a multicentre randomised controlled trial

Dr Lucy Whitaker, Clinical Lecturer and Professor Andrew Horne, Professor of Gynaecology and Reproductive Sciences, University of Edinburgh and EXPPECT Endometriosis service report for The Scope

To treat, or not treat, that is the question

Despite the ongoing challenge of COVID, 2021 represents exciting times for endometriosis research, and in particular surgical trials to inform, and perhaps change, our practice. This year, three NIHR-funded multicentre trials begin assessing the role of surgery in the management of superficial peritoneal, deep and recurrent endometriosis: ESPrIT2, DIAMOND and REGAL, respectively. Herein, we discuss the ESPrIT2 trial which aims to determine the effectiveness of laparoscopic removal of isolated superficial peritoneal endometriosis (SPE) for the management of chronic pelvic pain in women.

Whilst it is now widely accepted that there are three subtypes of endometriosis (1), the evidence to support our management of the superficial peritoneal subtype in clinical practice is not informed by subtype-specific studies. The NICE guidelines on endometriosis suggest surgeons 'consider' surgical treatment of SPE (2). This recommendation is supported by the 2014 Cochrane meta-analysis on surgical management of endometriosis by Duffy et al (3). This meta-analysis states that surgical treatment is more effective than diagnostic laparoscopy alone at both six and twelve months, but the evidence for six month outcomes was based on only three randomised controlled trials (RCT) (a total of 171 patients), was not specific to one particular subtype of endometriosis, and only one RCT (69 patients) measured pain at 12 months. Furthermore, the quality of the evidence included was considered moderate and low, respectively. The authors' 2020 update of this review (4) included 14 studies in their analysis but for the outcome of pain excluded all but one RCT (only 16 patients), and for quality of life included one RCT (only 39 patients). With regard to surgical approach, there remains no conclusive evidence from meta-analysis to support excision over ablation to reduce overall pain or other associated symptoms (4, 5)



Additional data from other non-RCTs would suggest that surgical treatment is not curative. Recurrence of pain following surgery is reported at up to 50% at five years (6), and a recent survey conducted by Endometriosis UK reported persistent or recurrence of pain in 87% of women who had undergone surgery for endometriosis at two years (L Saraswat, personal communication). Moreover, data linkage studies have found that at least 50% of women who have undergone a surgical treatment for endometriosis will have repeated surgeries (7).

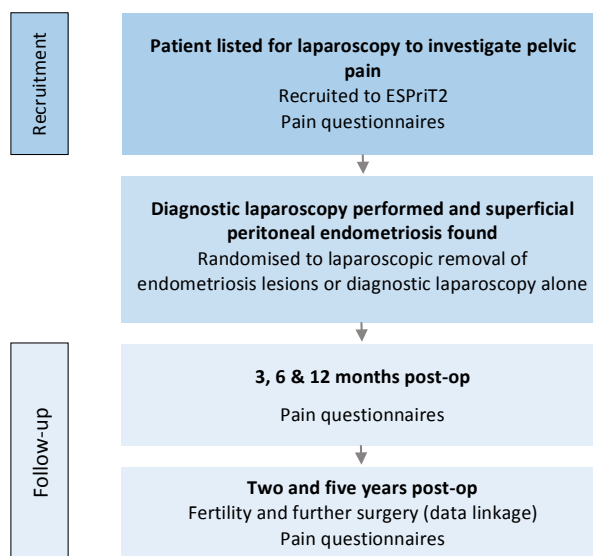
Given that the evidence for treating SPE is based on small, short-term studies of an amalgam all subtypes of disease and that symptom recurrence following surgery is high, how should we be advising our patients who are to undergo laparoscopy to assess for possible SPE? Should they be advised to have their SPE removed, and if so, which treatment approach is best? The need to address these uncertainties is recognised by bodies such as NICE and NIHR, was one of the Top 10 Endometriosis Research Priorities identified by the James Lind Alliance (8), and in the recent All Party Parliamentary Group on Endometriosis (9).

We hope to answer these questions in ESPriT2, a UK-wide RCT comparing surgical removal of SPE versus diagnostic laparoscopy alone. The trial commences on the 1st April 2021 and our target is to randomise 400 women. Women with undergoing diagnostic laparoscopy for the investigation of chronic pelvic pain will be recruited from both BSGE centres and general gynaecology departments. Prior to surgery participants will be asked to complete a panel of questionnaires, including the well-validated, endometriosis-specific EHP-30.

At the time of laparoscopy, if isolated SPE is found (in absence of endometrioma, deep disease or other significant pelvic pathology) the participants will undergo an on-the-table randomisation to either surgical removal of the SPE or diagnostic laparoscopy alone. Patients will then complete the same questionnaire panel at three, six and 12 months post-surgery. They will also be consented for further follow-up at two and five years, and for data linkage studies to assess fertility outcomes and the need for repeat surgical interventions.

If the trial demonstrates that surgical removal of lesions at the time of laparoscopic diagnosis is effective, we hope that it will identify the lesion subtypes that will most benefit from surgery and which treatment modality is most efficacious. This has implications for service delivery, particularly in the context of the APPG recommendation to reduce diagnostic time to one year by 2030 (9). If the trial demonstrates that surgical removal is not effective for SPE, it is possible that, in the absence of a robust biomarker, a woman with chronic pelvic pain may ultimately choose to avoid diagnostic laparoscopy, assume a presumptive diagnosis of endometriosis and opt for early targeted pain management (10).

In conclusion, we believe that we urgently need a more robust, subtype-specific evidence base to inform the role of surgery for the management of endometriosis-associated pain in women with SPE. Studies need to be appropriately powered to offset subtype heterogeneity and sufficient duration of follow-up to account for uncertainties in the natural history of disease. We hope that the ESPriT2 trial will address these important questions and allow us to both appropriately stratify our services, and more importantly, inform our patients.



Members can find out more here

1. Horne AW, Saunders PTK. SnapShot: Endometriosis. *Cell*. 2019;179(7):1677-+.
2. Kuznetsov L, Dworzynski K, Davies M, Overton C, Comm G. GUIDELINES Diagnosis and management of endometriosis: summary of NICE guidance. *Bmj-British Medical Journal*. 2017;358.
3. Duffy JM, Arambage K, Correa FJ, Olive D, Farquhar C, Garry R, et al. Laparoscopic surgery for endometriosis. *Cochrane Database Syst Rev*. 2014(4):CD011031.
4. Bafort C, Beebejaun Y, Tomassetti C, Bosteels J, Duffy JMN. Laparoscopic surgery for endometriosis. *Cochrane Database of Systematic Reviews*. 2020(10).
5. Burks C, Lee M, DeSarno M, Findley J, Flyckt R. Excision versus Ablation for Management of Minimal to Mild Endometriosis: A Systematic Review and Meta-Analysis. *J Minim Invasive Gynecol*. 2020.
6. Guo SW. Recurrence of endometriosis and its control. *Hum Reprod Update*. 2009;15(4):441-61.
7. Saraswat L, Ayansina D, Cooper KG, Bhattacharya S, Horne AW, Bhattacharya S. Impact of endometriosis on risk of further gynaecological surgery and cancer: a national cohort study. *Bjog-an International Journal of Obstetrics and Gynaecology*. 2018;125(1):64-72.
8. Horne AW, Saunders PTK, Abokhras IM, Hogg L, Setting EP. Top ten endometriosis research priorities in the UK and Ireland. *Lancet*. 2017;389(10085):2191-2.
9. Amess S, Cox E. All Party Parliamentary Group on Endometriosis. 2020 2000.
10. Horne AW, Daniels J, Hummelshoj L, Cox E, Cooper KG. Surgical removal of superficial peritoneal endometriosis for managing women with chronic pelvic pain: time for a rethink? *Bjog*. 2019;126(12):1414-6.





Comparing apples and pears

James Duffy Clinical Fellow, King's Fertility reports for The Scope on developing a minimum data set, known as a core outcome set, for future endometriosis research.

As a clinician, I was frustrated by endometriosis research that did not seem pertinent to my clinical practice. It was equally frustrating to implement clinical guidelines that were based on expert opinion, not high-quality research. Opinions are exactly that – someone's viewpoint. Research, however, can generate conclusions that can be backed up by science and evidence. The problem comes, though, when outcomes reported by individual studies cannot be compared or combined. The effect of this is to mute the clinical guidelines and, in the absence of best practice, there is the danger of unwarranted variation in clinical practice and of women with endometriosis being harmed.

I drew my inspiration from observing my grandfather's experiences of rheumatoid arthritis. This is an area where they have developed a minimum data sets, known as core outcome sets, on the back of comparative health research. These outcomes are now routinely monitored internationally, and it has transformed clinical practice, not least for my grandfather.

I thought the same approach could improve the care women with endometriosis receive.

Working with healthcare professionals, researchers, and women with endometriosis across the globe, we have developed a core outcome set for future endometriosis research. We are now working together to support implementation in research and clinical settings. We have also collaborated with over 80 journals which regularly publish endometriosis research and they have committed to ensuring endometriosis research reports the same common outcomes.

Research is fundamental for developing novel treatments that can be used in clinical practice to help us deliver high-quality, compassionate care. As an academic I have to make sure my research delivers the most it can. Good research needs to be relevant, easily understood, and comparable. Core outcome sets are a reasonably cheap way to ensure that future studies will contribute to good, big data projects; that our research will be more appropriate to patients; and that it will answer my questions as a clinician, as well as questions from my colleagues, from women with endometriosis and others, ultimately leading to informed, evidence based good practice across the board.

[Find out more here](#)





Endometriosis surgery workshop

Saturday, 27th February 2021

Shaheen Khazali updates The Scope on an endometriosis pre-congress masterclass taking place ahead of Virtual ASM 2021.

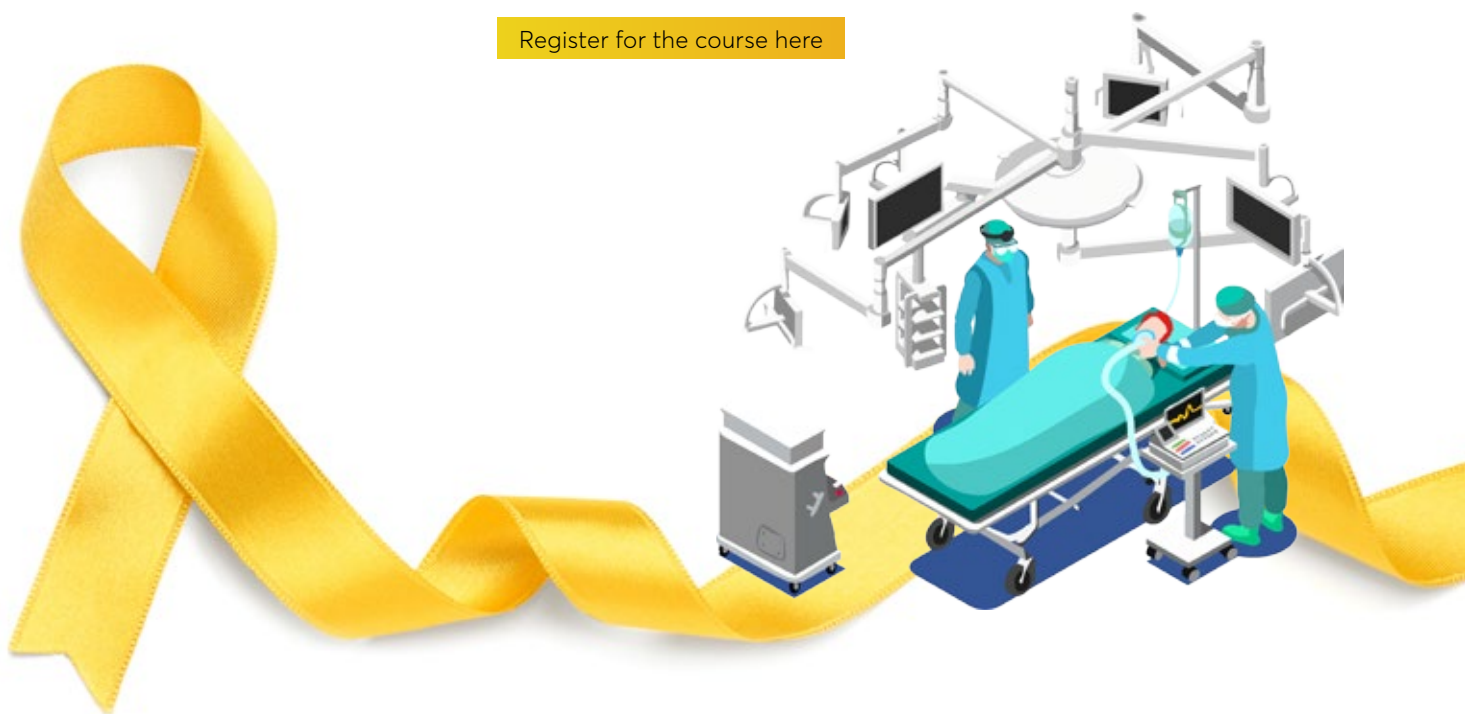
This year we are having a whole day course dedicated to endometriosis surgery. The workshop, Endometriosis Surgery workshop- Practical Step-by-Step Approach will take place on Saturday, 27th February 2021. It will be run by myself and Mohammed Mabrook and will also feature national and international experts. We are pleased to have Renato Seracchioli (Bologna, Italy), Marc Possover (Zurich, Switzerland) and this year's Alec Turnbull lecturer Ertan Saridogan (London, UK) as well as Sue Freeman (Cambridge, UK).

This workshop is aimed at gynaecologists of all levels who wish to further expand their surgical skills in excision of endometriosis. The workshop will cover some basics required for all levels but will also include surgical techniques and tips and tricks for advanced endometriosis surgery, such as pelvic nerves and urinary tract endometriosis.

The workshop will be interactive and feature talks, discussions and many surgical videos. In my experience, single topic workshops are particularly successful. The delegates are interested and focused on the subject and there is enough time to cover everything in more detail.

We are very much looking forward to the whole day event. It's not as good as meeting in person, but it will keep us connected until we can all get together again.

[Register for the course here](#)





The Scope meets... Mary Connor

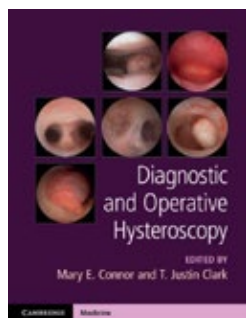
Mary Connor is co-editor of the recently published book 'Diagnostic and Operative Hysteroscopy.' She is a Consultant Gynaecologist at Sheffield Teaching Hospitals, NHS Foundation Trust, and Honorary Senior Lecturer at the University of Sheffield.

Mary has extensive experience in performing hysteroscopic procedures. She joined a thriving outpatient diagnostic hysteroscopy service as a new consultant 'many years ago' and was later instrumental in developing an outpatient hysteroscopy treatment service. Mary has a long-standing interest in research and teaching and has developed and run hysteroscopy courses locally, nationally and internationally. As a member of the BSGE, and for several years the Honorary Secretary, she has contributed to the development of hysteroscopic services nationally.

'Diagnostic and Operative Hysteroscopy' is an expert guide exploring the role of hysteroscopy in managing a range of gynaecological problems. The book covers the diagnosis and treatment of endometrial and uterine anatomical abnormalities associated with abnormal uterine bleeding and impairment of reproduction. Contemporary hysteroscopic techniques are described allowing the reader to understand how to perform both inpatient and outpatient procedures. Blackwell describes the book as:

"An ideal companion for health care professionals looking to provide best clinical practice and optimal patient experience."

The Scope met Mary to learn more about the project.



How did the book come about?

Cambridge University Press were interested in a comprehensive book on hysteroscopy. It is based on the annual RCOG/BSGE Diagnostic and Operative Hysteroscopy training course for which Stephen Burrell and I are responsible. It's intended to support and supplement the course and includes sections on training in, and monitoring of clinical practice.

I worked on the project with Justin Clark, we've taught together on many hysteroscopy courses and Justin is responsible for much of the research into hysteroscopic procedures, so we worked well as a team. We wanted to provide a reference book for clinicians, whether medical or nurse hysteroscopists who are keen to develop their diagnostic and operative hysteroscopy skills.

How long did it take?

It's been a long project, taking six years overall. We found experts from across the UK and Europe to contribute, but we also wrote some chapters ourselves. We gathered contributions from colleagues of Justin and myself, together with experts from the BSGE, ESGE, and Professor Tin Chiu Li, who is currently in Hong Kong. It's been a real international collaboration. There are always challenges combining full-time clinical work, research and writing, so the process was very time-consuming but very rewarding. We are immensely grateful to all the contributors for their hard work and expertise.



The release of the book is certainly timely. Currently, it's a period of increased demand and change in hysteroscopy. The delays also meant that we were able to include changed recommendations and guidelines and the latest research.

What does the book cover?

The book covers all the necessary requirements for hysteroscopy with an emphasis on the underlying techniques for successful hysteroscopy, both for outpatient and inpatient procedures.

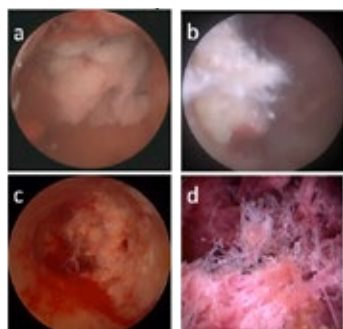
It's intended to be a comprehensive guide covering all the fundamental topics such as equipment, energy modalities and operative set up. The book also explores ambulatory surgery and hysteroscopic interventions in the operating theatre.

I think that the book's images are key to the success of the project. They really help to bring it alive. We used still photos together with videos. Justin and I provided many of the images between us, with invaluable support from industry. However, around fifty per cent of the illustrations were from Spanish gynaecologist and ESGE colleague Luis Alonso Pacheco, who made a significant contribution. Lotte Clevin, O&G consultant in Denmark, provided some of her trademark illustrations; she had worked from the outset with Stephen Burrell and myself in developing the hands-on workshops at the RCOG. She introduced the lamb heart model for practising resection of endometrium and submucosal fibroids.

There's plenty of technical guidance and also practical tips. I had a bit of fun because I took some photographs of things that I haven't seen elsewhere. For instance, there are photographs of different sizes of speculums, I've found the smaller ones (originally sourced by a retired colleague of mine and known to us as a 'Miss Brown speculum') can help minimise discomfort and pain. I also took pictures to illustrate outpatient facilities, and transfer platforms to help women with limited mobility transfer safely from the wheelchair seat to the couch.

It's intended to be a comprehensive guide to setting up and running a service. I wrote one of the chapters 'Infrastructure and instrumentation for hysteroscopy' with consultant colleague, Priya Madhuvrata and Gill Smith, a nurse hysteroscopist. Gill provided a different perspective from Priya and myself, which was very useful. We covered the rules that we're supposed to follow when we're setting up a clinic: the RCOG standards; advice on how to stand and sit to maintain health and avoid injury; administration; and setting up the clinic team successfully.

Chronic placental remnants



Chronic retained products of conception may follow any pregnancy, whether an early loss, normal term delivery or even caesarean section. Women may be symptomatic with abnormal uterine bleeding. Spontaneous resolution is common, but hysteroscopic removal is useful if bleeding persists or there is a large volume of tissue. (Source of images: (a) and (c) Mary E. Connor, (b) T Justin Clark and (d) Luis Alonso Pacheco.)

Pain and hysteroscopy is a hot topic. What approach does the book take?

The book and the course offer evidence-based information on managing pain, including hysteroscopy techniques to minimise pain. Natalie Cooper wrote the chapter on Analgesia and Anaesthesia for Hysteroscopy, she had worked with Justin and is the author of several key papers that have been published on pain in hysteroscopy. It includes accurate and detailed information about what local anaesthetics are available and the safe amounts to use. I ensured that a section on conscious sedation (intravenous sedation and analgesia) was included because that's something that I think receives insufficient attention. However, giving intravenous sedation in outpatients is not something I am prepared to consider providing myself, as that would be inappropriate because it's impossible to focus properly on two things at the same time. Instead, with anaesthetist support it offers a useful alternative to general anaesthetic and another approach for painless hysteroscopy.

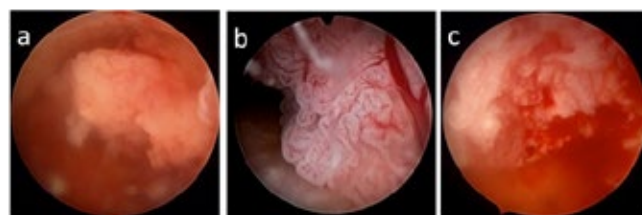
In addition, we have had much success with Entonox in the outpatient setting. We all use Entonox a lot on the labour ward, so it's readily available, and I think it helps and supports the hysteroscopy service. It allows the individual to relax, as well as providing some pain relief. Just the other day, we saw a very anxious lady; she knew she could opt for an inpatient investigation, but with a combination of Entonox, local anaesthetic, and the team's support and encouragement she left smiling.

We spend a lot of time describing the art of hysteroscopy: how to do it well and with a gentle approach, particularly but not only in an outpatient context; what equipment to use; txsmall instruments; keeping pressures low; and how to navigate through the cervical canal to minimise pain. The book places emphasis on the practical skills that we teach during the course.

When will hysteroscopy courses resume?

With the ongoing pandemic, we're looking into developing virtual platforms for education and training. I think the book will be helpful to support that. Our next courses are planned for May and November 2021 and we're looking at providing some lectures online, at least for May. We are also looking at ways of supporting trainees, with hands-on skills in particular, and some online virtual skill training will likely be an important part of that. We hope that the vaccine, together with rapid testing, might help us get together in real life in the not too distant future.

Endometrial cancer



Examples of endometrial cancer in three women, showing disordered, frond-like endometrium with increased vascularity. (Source of images: (a) and (c) Mary E. Connor, (b) Luis Alonso Pacheco.)

BSGE News

BSGE Elections

BSGE 2021 Council Elections for Officers and Council Representatives closed on February 15th. Announcing the elections President Justin Clark said:

"The BSGE is the pre-eminent specialist gynaecological society. We are the go-to organisation for national policy and decision makers, and it is essential that our leadership is as strong and talented as possible."

Fevzi Shakir and Kirana Arambage have been elected without any contest to the officer posts of Honorary Treasurer and Honorary Secretary respectively. Justin added:

"Congratulations to Fevzi and Kirana who have both been significant contributors to the BSGE over recent years and I very much look forward to working with them as fellow Officers."



Fevzi Shakir
Honorary Treasurer



Kirana Arambage
Honorary Secretary

As Fevzi and Kirana have vacated Senior Representative positions on BSGE Council there are now five Senior Representative vacancies on Council and one Trainee Representative vacancy.

Senior candidates:



Oudai Ali



Nadine Di Donato



Ayman Ewies



Donna Ghosh



Sujata Gupta



Zahid Khan



Rebecca Mallick



Joel Naftalin



Funlayo Odejinmi



Tom Smith Walker

Trainee candidates:



Mikey Adamczyk



Ahmad El-Zibdeh



Tereza Indrielle-Kelly

The election is a first past the post system for all posts. Each member is asked to vote for up to five candidates.

Each vote has equal value, and the successful candidates will be the five with the highest number of votes.

Members that feel they can only vote for one, two or three candidates in any category can go ahead – each vote will count.

The results will be announced at the Virtual AGM on 3rd March at 6.30 pm.



BSGE News



New endometriosis research project *Lucky Saraswat reports on an EU research project that* *Aberdeen, Edinburgh and Oxford are engaged in.*

The research and innovation programme 'Finding Endometriosis through Machine Learning' (FEMaLe) is led by Mette Nyegaard from Department of Biomedicine and Dorte Rytter from Department of Public Health at Aarhus University and has been awarded an EU H2020 grant for 5.9 million Euros. Ulrik Bak Kirk from Department of Public Health at Aarhus University and Research Unit for General Practice will be the project leader. FEMaLe has several work packages based on a framework of 'P4 Medicine' (predictive, preventative, personalized, participatory) to develop a platform that converts multi-dimensional population datasets into a personalised predictive model to improve the continuum of care for women with endometriosis. The FEMaLe project builds bridges across disciplines and sectors by translating genetic and epidemiological knowledge into clinical tools that support decision-making aimed at both general practice and highly specialised endometriosis clinics – all via machine learning and artificial intelligence.

FEMaLe will get valid estimates on the extent and geographical distribution of debilitating pelvic pain in women. By linking this information with existing registry-based information on diagnoses of endometriosis, healthcare use, other somatic and mental health as well as socio economic indicators, using a big data approach, it will be possible both to get an estimate of the health related and social consequences of diagnostic delay, but also to develop a phenotype description of women with endometriosis to help achieve early diagnosis and treatment of endometriosis with pelvic pain.

Further, FEMaLe will facilitate high resolution stratification of people with endometriosis, making it possible to identify subtype-specific risk factors and gain insight in possible new drug targets or drug repurposing opportunities. This will enable shared decision making in both primary and secondary care as part of a personalised pathway, raise awareness, health literacy, and empowerment with an ultimate objective to improve quality of life in women with endometriosis.



BSGE News



BSGE AGM

The next Annual General Meeting (AGM) of the British Society for Gynaecology Endoscopy (BSGE) will be held virtually on Wednesday, 3rd March at 6.30 pm at the end of the first day of virtual BSGE ASM 2021.

Announcing the meeting Honorary Secretary Shaheen Khazali said:

"During the AGM, you will hear from the BSGE officers and will get an update on the achievements of each BSGE portfolio and their plans for the future."

BSGE members can register for the BSGE AGM 2021 via Zoom [here](#)

Shaheen added:

"I sincerely hope this will be over soon and that we can meet in person instead of virtually for the next meeting. Look after yourselves and your families"

Virtual Endo24 The Global View

March 20-21st 2021



The ISGE is holding a unique virtual 24 hour conference on Endometriosis on 20th and 21st March 2021. The meeting features experts from across the globe including presentations from BSGE past President Ertan Saridogan and Honorary Secretary Shaheen Khazali.

The event will have 3 separate 8-hour time zones for the convenience of delegates from across the world. International experts in endometriosis will discuss key and emerging concepts in endometriosis management. There will also be strong patient involvement.

BSGE Members will qualify for a discounted fee.

[Find out more here](#)



BSGE News



BSGE Webinar Series

Tom Smith Walker, Patient information and Guidelines Portfolio Chair, reports on the monthly BSGE webinar series which he is running:

Following on from the fantastic success of our webinar series it has been decided to run monthly webinars. This is a great opportunity to showcase the great things going on within our society and outside, provide a platform for people to demonstrate their skills and impart their wisdom and a offer an excellent source of regular educational opportunity!

We started with a webinar on our Endometriosis Centres. The session covered the current expectations, requirements and challenges the centres face to deliver the best service.

Following on from that, the plan is to run monthly webinars with a variety of content to cater to the wide demographic of the membership. The sessions will aim to provide information and education through 'live' surgery, debate and comment on current topics relevant to our practice, which we hope you all will find informative and entertaining. If you have a burning topic you would like to see discussed/demonstrated or you would like to take part in one of our webinars please do get in touch.

British Society for Gynaecological Endoscopy (BSGE) Webinar series

Being a BSGE Endometriosis Centre

Thursday, 11th February 2021 6pm (UK time)

An update on BSGE endometriosis centres, discussing the requirements to be a centre, the expectations, what has been achieved and the future ambitions for the endometriosis centres from our endo centre lead, Mr Arvind Vashisht. Gilly Macdonald, our BSGE Endo CNS representative will update us on the work she has been doing to develop the role of our endometriosis nurses and Mr Tim Hookway, from Plymouth Endometriosis Centre, a recent endometriosis centre lead will talk us through some of the challenges he has faced having recently set up a service.

Moderator:



Mr Tom Smith Walker
BSGE Patient information and
Guidelines lead, Consultant
Gynaecologist, Royal Cornwall Hospital

Presenters:



Mr Arvind Vashisht
BSGE Endometriosis
Centre lead, Consultant
Gynaecologist UCLH



Gilly Macdonald
BSGE Endometriosis CNS
representative, Endo CNS,
Royal Cornwall Hospital



Mr Tim Hookway
Endometriosis lead Plymouth,
Consultant Gynaecologist,
Derriford Hospital

Members can access all sessions
by clicking this website link



BSGE News

BSGE Member Survey 2021

The BSGE has launched its latest membership survey. The survey is a two-yearly questionnaire that enables the BSGE to sample the opinion of its membership and evaluate services provided by the society.

Announcing the survey, Scope Editor and Member Relations Portfolio Chair Funlayo Odejinmi said:

'In 2020 the world has been hit by the COVID-19 Pandemic. Therefore, as well as evaluating the services provided by the BSGE the aim is to inform how members of the society fared during the peaks and troughs of the pandemic and how the BSGE can actively help members with their needs after the pandemic or during subsequent peaks. I know that time is precious especially during these pandemic times but I would be grateful if you could kindly spare a few valuable minutes to fill in this questionnaire'

Results will be available in the next issue of The Scope.

**The survey can
be accessed by
clicking here**



Advanced Laparoscopic Training Online Programme

Zahid (Zed) Khan, Consultant Gynaecologist in MIGS updates The Scope on the an innovative Advanced Laparoscopic Training Online Programme.

The Advanced Laparoscopic Training Online Programme is the ultimate web-based solution to training in Minimally Invasive Gynaecological Surgery. It is the first training programme of its kind in the UK and Europe and was first successfully launched in October 2020 with a full attendance.

The ALTO is an 8-week programme for senior registrars and consultants in Gynaecology wishing to extend their laparoscopic experience and improve their skills in intracorporeal suturing.

Each delegate will be provided the Inovus Medical® pyxus® Pro Move laparoscopic training package for the duration of the programme and will be expected to attend all seven Zoom based online modules (lead by expert surgeons and senior members of the BSGE) and complete seven web-based tasks by online video submission. All delegates will also be invited to attend a Minimally Invasive Gynaecological Surgery Masterclass at the University Hospitals of North Midlands, normally held twice a year.

As a delegate you will also receive lifetime membership to the ALTO Programme's members area on the website which boasts a comprehensive library of surgical videos and course material.

Spaces on the programme are very limited and BSGE members and trainees get first preference.

The next iteration of the course starts on the 25th March 2021. There are limited spaces available, sign up now at www.alto.org.uk



Register your interest here



Portfolio Reports

Endometriosis Centres

There was an inevitable downturn in the number of cases each Centre was able to perform last year. We made a decision not to use the numbers as part of the accreditation process. That being said, despite such adversity many centres were able to get through a good number of cases, and we even welcomed new Centres who fulfilled the criteria following provisional registration.

I am sorry that we have had a further difficult start to this year. We will be closely following the national picture and will have to come to a further decision regarding the accreditation process for this year. Whilst COVID has had such a detrimental impact on the population and industries, as healthcare workers we have witnessed the absorption of resources and staff for the frontline with the consequent delay of the care that we have been able to offer our women with the most severe form of endometriosis.

For surgeons, there have been challenges to the maintenance of skills and trainees have been hindered in skill acquisition and development. Individual Centres and surgeons are using local guidance for ways of resuming surgical practice, for example by means of joint operating, or alternative forms of mentoring. All of these will remain hot topics of conversation and I am sure we will have an opportunity to discuss them further at the forthcoming ASM albeit virtually.

We have now come up with a minimum dataset for already accredited Centres, which I hope you will agree, alongside the publications, is one of the best outputs of the database.

We have introduced meaningful snapshots of each Centre's activity, presented in the form of funnel plots and a table with individual Centre's data alongside the national references. This will be invaluable for future peer reviews and commissioning of service, and I hope you all find it a useful tool to review and spark reflections of your activity. I am indebted to Dominic Byrne and Justin Clark for their efforts in moulding this dataset, and particularly to Tamara Curnow who has almost single-handedly processed the data so passionately and put it into such a meaningful presentation.



I aim to further add to this dataset with a section on follow-up performance data. Follow up rates are going to be published once the window of 2020 follow-up closes (end of February 2021). Conor Byrne from ICE ICT will send me this data. I hope that by highlighting follow up, we will all double up our efforts to improve the numbers and rates as this ultimately is the best way of ensuring our data meaningfully evidences how are patients are doing.

Just before signing off, no Endocentres report could be complete without a sincere debt of gratitude and recognition of Atia. She tirelessly fields your queries, and makes sure that registration and accreditation documents are in order, with timely reminders to me, our colleagues in IT and to all of us regarding deadlines and process. All to make sure that the Endocentres project continues as an emblem of our Society's commitment to delivering high quality care for women with severe endometriosis.

Arvind Vashisht

Endometriosis Centre Portfolio Chair

Patient Information and Guidance

Recently I've been asked to take on organising a programme for BSGE Webinars. This is an exciting prospect, the next session on Endometriosis Centres took place you can find out more about the sessions in the News section of this Scope.

In the Patient Information and Guidelines Portfolio there have been recent discussions with colleagues from the ESGE and BSGE. There is a cross society group looking at developing guidance on the management of fibroids, we look forward to the development of this guidance and will update you as this progresses.

Tom Smith Walker

Patient Information and Guidance Portfolio Chair



Portfolio Reports

Awards and Bursaries

I would like to thank our subcommittee members Prof Ying Cheong, Mr Tony Chaloub and Miss Donna Ghosh for their untiring input to the success of the activities of the subcommittee we have achieved together. They continue to involve in selections and introducing new awards and bursaries.



Achievements in the last five years.

- 1) Change the structure of the annual plan for awards and bursaries – runs 3 x rounds a year from 2017/18 therefore, the membership is able to apply for A&Bs at any time of the year
- 2) Appointed a subcommittee with members with different expertise.
- 3) Annual budget has been increased from £20000 – £50000
- 4) Converted the applications to an online format
- 5) Changed the rules and regulations to encourage quality applications
- 6) Introducing new awards like BSGE Clinical Research Grants and Overseas members awards and bursaries
- 7) Consultant members have received the same access to bursaries and travelling scholarships like other members (they had only Alan Gordon travelling fellowship per year until 2017.)
- 8) Continue to standardise the selection processes for surgical video competition and annual Ethicon and Olympus surgical training programmes to make it fairer and equitable.

Future plans/projects for the next year

- 1) 78% of the respondents of the recent BSGE survey have mentioned that they have never applied for a bursary – We suggest to organise an interactive webinar on 'How to improve your chances of winning BSGE awards?'
- 2) Aiming to help improve engagement of medical students, FYs and ST-2 by introducing another grant to facilitate their training in gynaecological surgery. Two new subcommittee members (Mr Ilyas Arshad and Miss Medha Sule) have expertise in medical education and will explore it further.
- 3) Overseas awards and bursaries have been withheld due to low membership – try to improve the engagement of overseas members.

Kirana Arambage

Awards and Bursaries Portfolio Chair

Laparoscopic Training Portfolio

Benign abdominal surgery meeting

The first virtual RCOG BSGE Benign abdominal surgery meeting took place on the 1-3rd February. Sadly, due to Covid restrictions we had to convert the practical workshop to a practically-focused day which included real-time pre-recorded surgery, along with other useful lectures and videos to help describe surgical techniques. Despite the virtual format the numbers exceeded 120 delegates. We hope to convert back to practical TLH workshops in September 2021, however considering the success of the virtual platform for lectures, it may allow opportunity for increased delegate capacity for the practical day 3 workshop. We hope to see you there.



BSGE RIGS HUB National Training Programme

The BSGE are excited to invite applications for the BSGE RIGs Hub national Training programme. This is a centralised, standardised BSGE programme, that is delivered through a series of hands on workshops at laparoscopic hubs within each deanery and online webinars.

Each workshop will be facilitated by appointed RIGs regional reps, along with a BSGE faculty within each hub. There are 3 programme streams (Basic, Intermediate and Advanced) and the content aligns with the requirements of the core RCOG curriculum. We anticipate training to commence in March 2021 (Basic), April 2021 (Intermediate) and May 2021 (Advanced) and the programme will complete over a maximum period of 12 months.

If you are a BSGE consultant member and are interested in becoming part of the faculty to deliver practical training within your deanery hub please register your interest with the BSGE.

Application for the programme will close online on 19th February 2021. Delegates will be informed of their place on 1st March 2021.

All applicants for the programme must be BSGE members.

To apply for the BSGE RIGs Hub National Training Programme click here: <https://www.bsge.org.uk/rigs-hubs-national-training-programme/>

Donna Ghosh

Laparoscopy Training Portfolio Chair



BSGE RIGS HUB National Training Programme applications open

Most of our energy has been focussed on the new BSGE RIGS HUB National Training Programme. We are excited to announce that applications are now open. The committee is made up of Donna Ghosh (BSGE Chair for Laparoscopic Training), Jessica Preshaw and Chou Pay Lim (BSGE Laparoscopic Training Sub-committee) together with RIGS reps Angharad Jones and Mikey Adamczyk.

The programme is a centralised, standardised BSGE programme, that is delivered through a series of hands on workshops at laparoscopic hubs within each deanery and online webinars. Each workshop will be facilitated by appointed RIGS regional reps, along with a BSGE faculty within each hub. There are 3 programme streams (Basic, Intermediate and Advanced) and the content aligns with the requirements of the core RCOG curriculum. We anticipate training to commence in March 2021 (Basic), April 2021 (Intermediate) and May 2021 (Advanced) and the programme will complete over a maximum period of 12 months.

To apply for the BSGE RIGS HUB National Training Programme and for further information click here

Applications will close online on 19th February 2021 and delegates will be informed of their place on 1st March 2021. All applicants for the programme must be BSGE members based in the UK or Northern Ireland and should have a national training number (NTN) with the RCOG. Applicants holding a non-NTN post will be considered if spaces are available but may be offered an alternative programme stream.

If trainees are approaching CCT it is recommended that the programme is completed within 6 months of their CCT date. Applicants on maternity leave or out of programme, but holding NTN, will be eligible to apply.

To join the BSGE please click here

New regional representatives

In other news, we have appointed new regional representatives who will be in post for two years and will help coordinate the RIGS Hubs national training programme within their deaneries.

We had a high number of applications, all of a very good standard which is really encouraging that so many people are so passionate about minimal access gynaecology surgery and promotion of training. It was inspiring to hear of the efforts and achievements of trainees all over the UK. Those who weren't successful, I would encourage to make contact with their regional rep to get involved in delivery of the RIGS Hubs training programme practical skills sessions.



East of England:
Babu Karavadra



London:
Sarah Wali



Mersey:
Smitha George



Northern Ireland:
Shaun McGowan



Scotland:
Laura Beatty



South West:
Parveen Kumar Verasingam



Wales:
Monica Tryczynska



Wessex:
Lauren Standing



Yorkshire:
James Tibbott



New regional representative vacancies

RIGS has vacancies for five regional representatives to cover East Midlands, North East, Thames Valley, West Midlands and Ireland.

Trainee regional reps play an integral role within the BSGE and RIGS 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 deanery and volunteer to help with BSGE trainee activities such as courses or webinars.

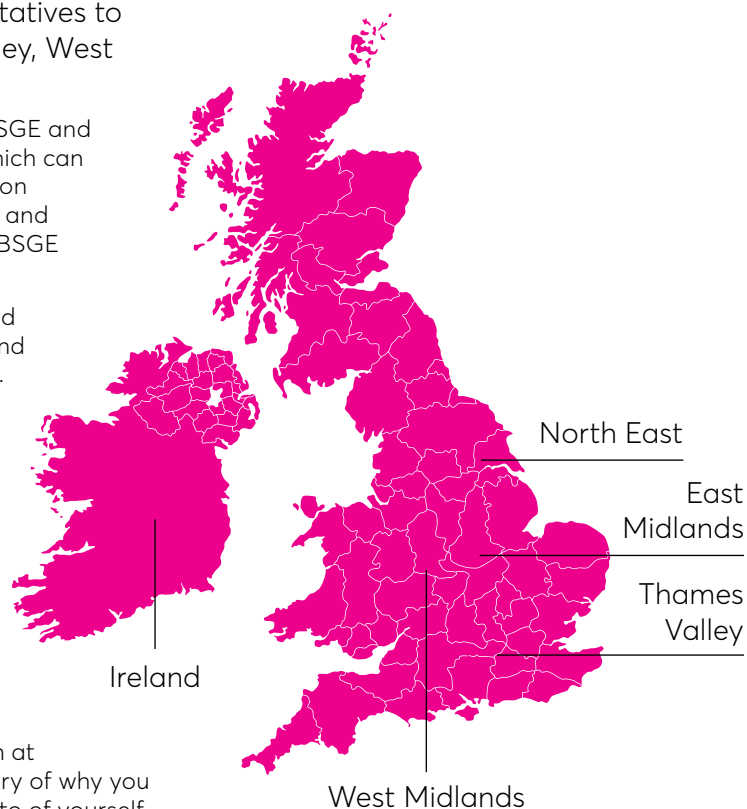
If a RIGS regional rep fails to engage with the responsibilities of their role, they will forfeit their position.

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.



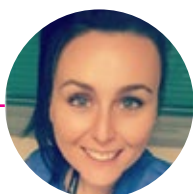
The deadline for applications is 9am on Monday, March 8th.



RIGS at Virtual ASM 2021

We have selected four successful abstracts from trainees to present at the annual Pecha Kucha trainee feature of the virtual ASM. This year's session has the theme of "The Apprentice".

Also five trainee videos have been selected to be presented in the trainee video competition in the virtual ASM. We look forward to meeting you virtually at the event.



Angharad Jones and Mikey Adamczyk



Nurses and Paramedics

Gilly Macdonald reports

What a year it has been, we have had to adapt how we work to rise to the many challenges we have faced in such unprecedented times, what an achievement, well done to everyone!

Looking ahead, we are delighted to offer the first endometriosis nurse virtual pre-congress training day, on Tuesday 2nd March from 9am-4pm. We have listened to our nurse colleagues feedback regarding education and training opportunities and have put together an intense day of presentations and workshops which we hope will be of great value and interest to us all.

The endometriosis nurse subcommittee and I have been very focused on providing recommendations to support the CNS role. I am pleased to say that resources are now available on the BSGE website detailing these recommendations and we plan to discuss them in more detail on the nurses' workshop training day in March.

[You can access the resources here](#)

As part of our commitment to provide continued support, we have launched a mentor/ buddy system to provide support for newly appointed CNSs to the role. We have had very supportive feedback acknowledging this will be of great value and so thank you to those who have volunteered for this new role.

We look forward to the 2021 ASM. Networking will take a different form this year but please be assured that I along with the subcommittee are available via email or telephone.

With very best wishes

Gilly and the endometriosis nurse subcommittee.

Gilly Macdonald

Endometriosis Nurse Portfolio Chair





Noteworthy Articles

Stay up to date with this selection of articles that caught Rebecca Mallick's eye. Rebecca is a consultant at BSUH and at the newly BSGE accredited Brighton and Sussex Endometriosis Centre.

Solano et al. Nitrous Oxide vs Lidocaine vs No-analgesic for In-office Hysteroscopy: A Randomised Clinical Trial. BJOG. Epub ahead of print.

A topical subject at the moment. This RCT suggests nitrous oxide is as effective in pain control as lidocaine and better tolerated with no adverse effects reported.

[Read more](#)

Sukur et al. Multiple myomectomy to aid fertility treatment – surgical and fertility outcomes: a retrospective cohort study. Facts Views Vis Obgyn, 2020, 12 (4): 283-289

Retrospective cohort study assessing fertility outcomes following open myomectomy. Findings suggest women have good fertility outcomes following open myomectomy and authors highlight the role of hysteroscopy to detect intra-uterine adhesions prior to fertility treatment to improve outcomes.

[Read more](#)

De Silva et al. Cervical dilatation and preparation prior to outpatient hysteroscopy: a systematic review and meta-analysis. BJOG. 2021. Epub ahead of print.

This detailed systematic review and meta-analysis is well worth a read especially for hysteroscopists. The authors concluded that cervical preparation reduced pain and operating time and was also associated with improved hysteroscopic entry and easier cervical dilatation. However increased adverse effects such as genital tract bleeding and abdominal pain were noted.

[Read more](#)

De Silva et al. A Systematic Review of the Effect of Type, Pressure, and Temperature of the Distension Medium on Pain During Office Hysteroscopy. JMIG. 2021. Epub ahead of print.

Another detailed systematic review assessing the various approaches to instilling distension media on pain when undertaking an outpatient hysteroscopy. The authors suggest normal saline instilled at the lowest pressure should be used to minimise pain. Pressures less than 40mmHg were associated with less pain, however warming saline was not of any benefit.

[Read more](#)

Hirsh et al. The management of women with thoracic endometriosis: a national survey of British gynaecological endoscopists. Facts Views Vis Obgyn, 2020, 12 (4): 291-298

Interesting survey conducted amongst senior members of the BSGE highlighting the differing and varied approach to managing thoracic endometriosis within the UK. A collaborative approach with tertiary referral specialist services are discussed.

[Read more](#)



**Ryan et al. Lynch syndrome for the gynaecologist.
The Obstetrician & Gynaecologist 2021; 23: 9–20.**

Nice review article detailing Lynch syndrome – a must read for all MRCOG candidates.

[Read more](#)**Burks et al. Excision versus Ablation for Management of Minimal to Mild Endometriosis: A Systematic Review and Meta-Analysis. JMIG. 2021. Epub ahead of print.**

Always a talking point – excision versus ablation of superficial endometriosis. This systematic review and meta-analysis suggested no difference in post-operative pain symptoms between the 2 groups.

[Read more](#)**Dvash et al. Increase rate of ruptured tubal ectopic pregnancy during the COVID-19 pandemic. Eur J Obstet Gynecol Reprod Biol 2021. Epub ahead of print.**

Interesting read highlighting the collateral damage of COVID-19. This study found a 3 fold increase in ruptured ectopic pregnancy rates during the pandemic.

[Read more](#)**Strong S.M et al. Waiting for myomectomy during the COVID-19 pandemic: The vicious cycle of psychological and physical trauma associated with increased wait times. Int J Gynecol Obstet 2020; 151: 303-305**

Another casualty of the COVID-19 pandemic – patients awaiting elective gynaecological surgery. This study highlights the psychological and physical trauma on patients waiting for surgery delayed due to the pandemic.

[Read more](#)**Yoong et al. Developing situational awareness ('helicopter view'). The Obstetrician & Gynaecologist 2021; 23: 60– 66.**

Not just important for those on labour ward. Situation awareness is key to running a safe and effective theatre. Really interesting read especially for those interested in human factors.

[Read more](#)



Upcoming Events

Nadine di Donato suggests some dates for your diary.

14th World Congress on Endometriosis (WCE2021)

Dubai
24 – 27 February 2021
[Click here for more info >>](#)

BSGE ASM 2021

Virtual
1 – 3 March 2021
[Click here for more info >>](#)

Endometriosis 2021

Rome Italy
8 – 11 May 2021
[Click here for more info >>](#)

7th Society of Endometriosis and Uterine Disorders (SEUD)

Stockholm, Sweden
12 – 15 May 2021
[Click here for more info >>](#)

BSGE Ambulatory Care Network meeting 2021

Virtual
18 May 2021
[Click here for more info>>](#)

RCOG/BSGE Diagnostic and Operative Hysteroscopy-

RCOG, London
25 – 27 May 2021
[Click here for more info>>](#)

ISGE (The international society for gynaecologic endoscopy)

Croatia
6 – 9 June 2021
[Click here for more info >>](#)

ESHRE 2021

Paris France
27 – 30 June 2021
[Click here for more info >>](#)

BSGE/BSGI/BMUS Imaging for Endometriosis

Virtual
9 July 2021
[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

Verona, Italy
13 – 16 July 2021
[Click here for more info >>](#)

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

Prague, Czech Republic.
23 – 26 October 2021
[Click here for more info >>](#)

The International Federation of Gynaecology and Obstetrics (FIGO)

International Convention Centre
Sydney – ICC Sydney
24 – 29 October 2021
[Click here for more info >>](#)

30th annual congress European Society for gynaecological endoscopy (ESGE)

Portugal
October 2021
[Click here for more info >>](#)

14 Congress of the European Society of Gynaecology (ESG)

Venice Italy
10 – 13 November 2021
[Click here for more info >>](#)

50th Global Congress on MIGS – (AAGL 2021)

Austin, Texas
14 – 18 November
[Click here for more info >>](#)

The IXth Asian Conference On Endometriosis (ACE)

Asian Society of Endometriosis and Adenomyosis, 2021 Sri Lanka
Postponed
[Click here for more info >>](#)



Facebook

Tereza Indrielle-Kelly acts as administrator and facilitator

Social media has been particularly important during the Covid-19 pandemic, helping BSGE members communicate and stay in touch with colleagues.

The BSGE Facebook group now has over a thousand members from across the world.

Facebook posts regularly reach in excess of 600 group members. Recent posts include Donna Ghosh sharing RIGS Hub training, information about Virtual ASM 2021, a VirtualEndo24 debate between Hugh Taylor and Tamer Seckin and whether medical management is necessary for the treatment of endometriosis.

In a time when conferences, meetings and routine surgery have been cancelled, it has been an excellent way of sharing knowledge, techniques and experience. Group members are increasingly posing surgical conundrums and challenges for members to debate. Hassan Morsi recently asked the question:

'In women who have had excisional surgery for deep endometriosis and successfully fell pregnant spontaneously 6 months later, would you recommend increased surveillance in pregnancy in view of the data suggesting increased risk of obstetric complications e.g. abnormal placentation, preclampsia, fetal growth restriction, prematurity etc?'

The post reached nearly 700 members and stimulated 36 replies. If you've not joined the Facebook Group yet, then please sign in, sign up and become part of the debate. The group is for health professionals only, with no patient members.



Tereza Indrielle-Kelly

Advert

Fellow in Advanced Gynaecologic Laparoscopic Surgery

Advanced (RANZCOG Training Program year level 5-6)

Hospital/Region: Epworth Hospitals, Frances Perry House, Cabrini, Melbourne, Victoria, Australia

Start Date: 1 February 2022

End Date: 31 January 2024

Closing date for application: 30 May 2021

AGES accredited 2-year Fellowship in Advanced Laparoscopic and Hysteroscopic surgery. Work mostly in the private sector under Assoc Prof Alex Ades, Dr Philip Thomas and Dr Chin Yong at Epworth Hospitals, Frances Perry House and Cabrini. The work involves several surgical lists a week, outpatient clinics, dry lab training, research, teaching, practice audit and data collection.

Suitable for specialists and senior trainees. Suitable for RANZCOG Advanced Training.

Minimum requirement 5 years of RANZCOG specialist training or equivalent.

A brief over view of Melbourne, Australia:

Melbourne enjoys a four season climate and has the greatest concentration of research and technology universities in Australasia and is the sport and cultural centre of the nation.

Ranked among the top 10 cities in the world, Melbourne has one of the most multicultural of environments in Australia. Consisting of various cuisines, outdoor lifestyle, wonderful parks, cultural activities to please every taste and beautiful beaches surrounding Port Phillip Bay.

For further information and to apply:

Assoc Prof Alex Ades

Web: <https://www.agoracentre.com.au/medical-education>

Email: admin@agoracentre.com.au

(T) +613 9421 2533

(F) +613 9429 7407



BSGE Scope Team

Meet our dedicated team...



**Funlayo Odejinmi
(Jimi)**
Editor



Jane Gilbert
Assistant Editor



Atia Khan
BSGE Manager



Barbara Sanders
BSGE
Administrator



Lesley Hill
BSGE Membership
and Accounts



Rebecca Mallick
Noteworthy
Articles



Tereza Indrielle-Kelly
Facebook



Nadine Di Donato
Events



Angharad Jones
Trainees



Mikey Adamczyk
Trainees



BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

Contact Information

Correspondence address:

BSGE, 10-18 Union Street, London, SE1 1SZ

Tel: 0207 7726474 Email: bsge@rcog.org.uk



The BSGE



www.bsge.org.uk