

# THE SCOPE

Newsletter of the British Society for Gynaecological Endoscopy

## Featuring

### All the news from the ASM

*Including award winners, feedback from attendees and sponsors*

### Update on Thoracic Endometriosis

### The Scope meets... Emma Cox

### Details of the BSGE Surgical Video Competition 2021

### BSGE RIGS HUB National Training Programme

*See photos of event participants*

### And, find out how you can get involved with the BSGE



# Welcome

## *Welcome to this BUMPER edition of the @BSGE\_SCOPE*



### Message from the Editor

I for one am still 'recovering' from our amazing ASM, although it was our first virtual ASM it was packed full of goodies. There was enough virtual interaction to make up for the loss of the face-to-face aspect that we enjoy during conferences. I would like to congratulate the organisers and everyone who contributed to what in my opinion was a spectacular event. In the 'virtual space' I was able to take in and learn much more than I usually do in face-to-face conferences. Many thanks to our very own Atia Khan, Zahid (Zed) Khan and the organising team. A section in this Scope highlights your positive reactions and responses to the ASM and the vibrant social media buzz that surrounded the event. Mez Aref-Adib (the newest member of our webcomms team) highlights the prize-winning presentations and videos from the ASM. The on-demand ASM remains open for the next few months and eligible members can visit and relive the best moments, you can also view presentations, videos and posters etc.

The traditional Alec Turnbull lecture was an excellent delivery by past President Ertan Saridogan with a very apt quote from Oscar Wilde... 'the truth is rarely pure and never simple.'

Our President Justin Clark highlights in this issue the progress the BSGE is making. He also emphasises our strong participation in research projects at the BSGE as well as training issues and how the BSGE is helping promote training and education for trainees and the progress of RIGS.

As illustrated in Andrew Kent's last Treasurers report (he is now Vice President and President elect), the BSGE is growing from strength to strength, so now is a good time to get involved. In the issue we advertise vacancies to join subcommittees within the BSGE where you can make a difference. Please do not hesitate to apply.

The results of the BSGE elections announced at the AGM also feature in this issue with the photos of new Council members, so you can recognise them. Congratulations to Kirana Arambage and Fevzi Shakir who are now officers. Nadine Di Donato who is new on the council reflects on challenges and opportunities presented by the Covid-19 pandemic. I would also like to welcome Rebecca Mallick to the Council (she continues to highlight noteworthy articles for the SCOPE) and as Chair of BSGE Information Resources, she is taking over the responsibility for the magnificent BSGE webinar series. Congratulations also to Donna Ghosh and Mikey Adamczyk for being re-elected and Zahid Khan on his election as Chair of the Website and Digital Governance Portfolio.

Endometriosis and its management featured quite a lot at the ASM. In the issue, Martin Hirsch and Islam Gamaleldin point a spotlight on this problem, suggest possible plans for the future and float the idea of regional thoracic Endometriosis Centres.

We include in this issue interviews with Emma Cox from Endometriosis UK, and Tom Ind who highlights the journey to accreditation in robotic surgery.

Donna Ghosh, Chair of the Laparoscopic Training Portfolio, presents the results of the BSGE training survey in this issue. Donna highlights important considerations for the future of training in minimal access surgery and thoughts on revolutionising training in gynaecological endoscopy.

In order to streamline surveys for our members we have a special section highlighting all survey requests. Please take part in these surveys as every response makes a difference.

Finally, we are also looking forward to our next ASM in Birmingham - Worcester in 2022 hopefully in person (COVID permitting). Look forward to seeing you there.

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

Scope Editor and Membership Relations Portfolio Chair  
email: [bsge@rcog.org.uk](mailto:bsge@rcog.org.uk)



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# President's Message

*Dear all, Summer is upon us*

This pandemic has certainly brought home to us all the beauty of the natural environment. Simple pleasures to behold replacing our usual recreational areas and activities that Covid has temporarily denied. I am certainly enjoying the environment; birdsong, blossoming flowers, the smell of cut grass, kids on BMX bikes doing wheelies on the local golf course etc. I also have to admit that I have recently enjoyed the odd outdoor beer with friends albeit feeling a bit uncomfortable with the 'outside heater' provided (forgive me Greta, I didn't ask for it!).

I hope that you are all keeping well and rising to the mounting task of work and surgical / clinic waiting lists. So onto business:

Firstly, thank you all for supporting the virtual ASM which was a massive success and the material is available for delegates for the next few months. I was impressed with all the content provided and the interactions with delegates. It really drove home how important these interactions with colleagues are: to learn, to reassure, to advise, to share failures and successes, to innovate, to generate research ideas, to laugh etc etc. Thank you also to all who gave up their time and expertise to provide workshops, lectures, moderation and surgical demonstrations. We have a truly vibrant society full of talented doctors.

Time of course does not stand still so I am fully immersed with Donna Ghosh and the local team in organising the next f2f ASM 2022 in Birmingham and Worcester. We have a great programme on offer and great venues so watch this space and we will keep you posted! Dates for your diary 27th Feb arrival and welcome drinks, 28th Feb – 1 March ASM, 2 March post-congress workshops.

In BSGE news we have a council meeting this month with our new council representatives. Priorities for the next year will be restoring and improving training in gynae endoscopy, improving outcomes especially facilitating members to excel as consultants, expanding educational resources and interactions, quality assurance and supporting research.





Mary Connor and Stephen Burrell are running our established and popular Diagnostic and Operative Hysteroscopy Course, joint with the RCOG on 27th May. Other upcoming educational offerings include two upcoming virtual events that will hopefully be of interest to many of our members. I refer to the BSGE Ambulatory Care Network (Friday 18th June) and the joint BSGE/BSGI/BMUS meeting in endometriosis imaging and clinical management (Friday 9th July). Please see our website for details. We are shortly going to restart our monthly webinar series under the guidance of Rebecca Mallick and maybe some upcoming BSGE podcasts for you to listen to on a sunny mediterranean beach or given current restrictions more likely in a tent somewhere drizzly in the UK!

Training wise, the BSGE RIGS hub training programme has got off the ground and a huge thanks to our members for supporting and delivering this great initiative. Donna, Jess Preshaw, Mikey, Angharad, CP Lim and the team will be providing basic, intermediate and advanced level courses with certification. It was so lovely to see the pictures of our trainees practising exercises on box trainers from surgical skills centres from around the UK after the first event. I really felt a sense of community and shared desire which was truly heart-warming.

From a more strategic view point, Donna and Karolina have been liaising with the RCOG and contributing to the restoration of surgical training at a strategic level with the RCOG Curriculum Committee. We also have had our first productive meeting this month with the RCOG President (and BSGE member – Eddie is one of us!), Jo Mountfield (VP Workforce & Professionalism) and Sue Ward (VP Education) amongst other key people at the College. Certainly we are on the same page as regards reviewing current training, and planning the future delivery of O&G with an emphasis on optimising clinical and surgical outcomes with job plans supporting these aims.

Quality wise, Arvind plans to disseminate our BSGE Endometriosis annual data set report to BSGE EndoCentres allowing comparisons with the national picture, Nadine and I will encourage the use of our BSGE hysteroscopy questionnaire for benchmarking against national data (manuscript published in EJOG [<https://doi.org/10.1016/j.ejogrb.2021.01.028>]) and also encourage the use of Zahid's BSGESICS so we can collect enough anonymised procedural data to provide precise and meaningful audit standards to inform individual and unit practice. I think that the recent NICE consultation in both laparoscopic and hysteroscopic morcellation will necessitate the routine audit of feasibility and safety and the BSGESICS seems an ideal way to easily collect these data.

Finally, in research we have 4 major trials in laparoscopic surgery starting soon evaluating lap hyst (LAVA) and lap treatment of endometriosis (DIAMOND, EsPRIT and REGAL). We will be very keen for our members to support and participate in these important trials. In April we published a further paper from our BSGE Endometriosis database led by Dominic Byrne [DOI:<https://doi.org/10.1016/j.ejogrb.2021.04.007>] and I expect several more to come from BSGE member research groups who have applied to access the dataset to use these data to their full potential to enhance the care of our patients.

Thanks to Jimi , Jane and the team for another excellent edition of Scope which I trust you will enjoy reading.

With all best wishes, Justin



**Professor Justin Clark MD (Hons) FRCOG**  
BSGE President





# Treasurer's Report

*Andrew Kent is the outgoing Honorary Treasurer, BSGE Vice President and President elect. He reports on the Society's financial position in the light of the COVID-19 pandemic.*

What has the Society achieved in 2020? Needless to say, it's been a busy year for all sorts of reasons that none of us could have anticipated. As we entered the first wave of the pandemic, there was a requirement to rapidly reorganise our educational commitments going forward. We initially postponed the Manchester conference for a year, then the ongoing COVID crisis forced us to move it again and leapfrog Birmingham to 2023. We were able to successfully negotiate the movement of our financial commitments with minimal loss to the Society. The officers had to make decisions quickly, culminating in an enormous amount of work refunding registration fees and educational grants both to members and to industry. The changes couldn't have been managed without the fantastic support of Atia.

Overall the Society has responded well to the demands of the pandemic. The virtual ASM was a great success, attracting 626 delegates, a number consistent with the face-to-face ASMs at Hull (443), Edinburgh (547) and Celtic Manor (650). I think we should also be proud of our webinar program which was initially set up to in lieu of the ASM 2020. The webinars are going from strength to strength and hopefully that will continue going forward.

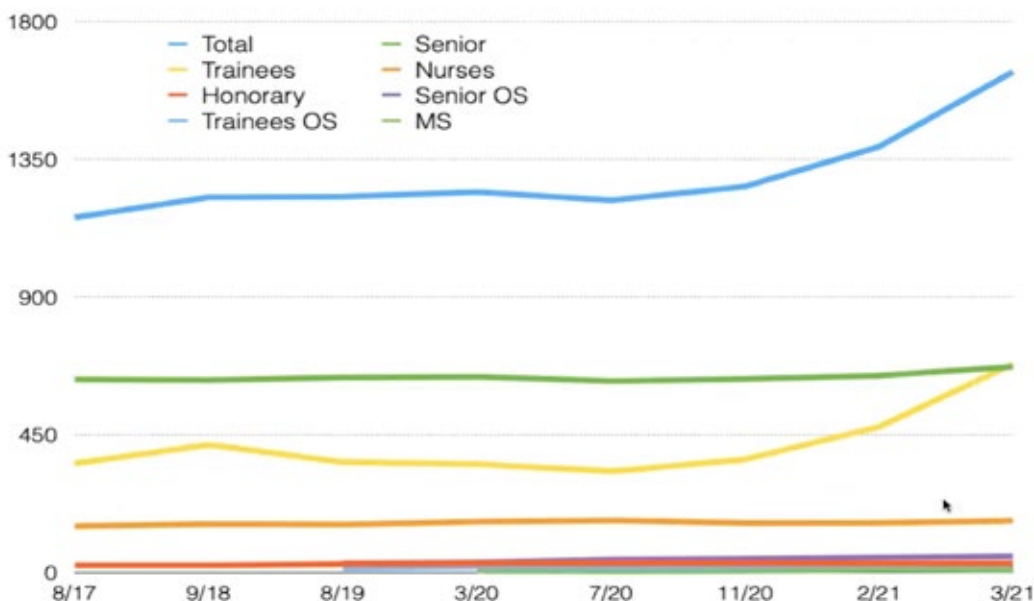
## Awards and bursaries

We increased the awards budget in 2019 and in 2020 we launched a new research award, with the first one for £3,000 recently awarded. The award is available on each four month cycle.

## Membership growth

I am pleased to announce that we have had an increase in membership by about 25% with membership exceeding 1600 for the first time. The increase is in a large part due to growth in trainee members due to the success of the RIGs group. The RIGs Hubs are going to come to come online this year. Membership subscriptions are a large part of our income, so we are expecting a rise in membership receipts in 2021.

### Membership graph



## Data protection and GDPR

We have had a big overhaul of our data protection. We've employed a specialist company called Evalian who have become our Data Protection Officers (DPO). We have also moved the responsibility for data protection to the Vice President. It was a potential conflict with the Treasurer being a data controller whilst also effectively monitoring themselves.

## Secretariat support

As ever, the support from Atia has been exceptional in a very busy and demanding year. We have appointed Barbara Babs Sanders who is assistant to Atia in the secretariat, providing support that's been long overdue. So, welcome Barbara, I'm chuffed to bits that she's now working with Atia albeit with a bit of delay as Babs was interviewed and appointed in the final week before the first lockdown in one of those old style meetings, a face to face interview!

## RCOG contract renewal

We have renegotiated our contract with the RCOG for another year. There was a temporary one that had been put in place on the move to Union Street and that has now been sorted on a more structured basis going forwards.

## Financial impacts of the pandemic

Our income has dropped dramatically over the last year, mostly due to the cancellation of courses. The ASM is a main source of income but other meetings were also cancelled, only the ACN meeting managed to sneak in just before the first lockdown.

Much of our expenditure is in fixed commitments, including our staffing costs such as secretarial and treasurer support. These have been ongoing, as have our affiliations with the AAGL and ESGE. Most of the monies for the ASMs in Manchester 2023 and Birmingham-Worcester 2022 have been spent, but have been moved over to another accounting year. It has therefore affected our cash reserves. What this boils down to in essence is that we have made a loss in 2020. This is the first time for many years.

The good news is that we made a reasonable profit in 2019 and were in a good financial position coming into the pandemic. Although we still have to see how 2021 plays out, I'm hoping with the success of the virtual ASM we're going to be in a better position this year (addendum – it was!).

## Treasurer report

2021

- Current bank balance healthy
- Membership up significantly
- Virtual ASM stunning success
- RIGS hubs
- Significant increase in affiliation fees (AAGL)
- Birmingham/Worcester 2022

So, where are we at the moment? Our current bank balance is healthy. The reason we are financially robust is because of the prudence of my predecessors in building up the Society's bank balance.

Our membership is up significantly and I really hope we can hold these gains and retain these new members going forward. I believe that they will see that the meetings we offer, the excellence of the ASMs, and the many training opportunities we provide including the new RIGs Hubs that are only available to members, as well as our educational grants and bursaries, make it worthwhile belonging to our Society now and in the future as we progress our careers.

There are going to be a couple of financial challenges. We've recently signed our agreement with the ESGE for the next three years and are in the process of renegotiating our affiliation fees for the AAGL. The AAGL have asked for a significant increase in our affiliation fee, so we will have to assess their response look at this going forward. We will also have the expense of running Birmingham and Worcester in 2022, although I'm sure it will be another great success so please do attend.

This is going to be my last report as Honorary Treasurer. It gives me great pleasure to hand over to Fevzi Shakir. I'm delighted he is going to take over and I'm sure he'll do a brilliant job.

I have certainly enjoyed the role, but would not have been able to do it without various key people. The Society just couldn't function without Atia, it's been a pleasure working with her and I look forward to continuing to do so as Vice President. Lesley is our book-keeper and the Treasurer's secretariat. She has made my life as Treasurer very easy, and again it would be impossible for the Society to function without her. Also thanks to Babs, who started in November and is a very welcome addition to the team.

I have to thank Tom Ind, my predecessor. Tom did a marvellous job as Treasurer and gave me a fantastic handover. I hope I have been able to do the same for Fevzi. I also want to thank my fellow officers, we work very well as a team, it's been a pleasure working with you and I look forward to carrying on doing so in my new role. Finally, thank-you to all the membership of the BSGE, it makes it all worthwhile.

## Andrew Kent

President elect





# Virtual ASM 2021

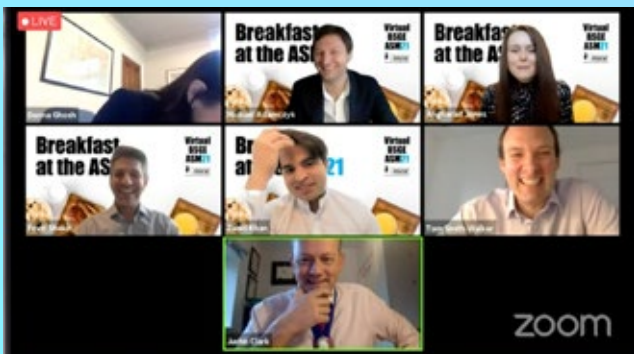
The BSGE held the Society's first virtual ASM from 3rd-5th March 2021. Zahid (Zed) Khan, co-opted Council member for Virtual BSGE ASM 2021 said:

*“Virtual ASM 2021 was the first Scientific Meeting of its kind. It was held using a virtual platform that set a leading standard in a league of its own. We designed an interactive three-dimensional world that delegates could explore and immerse themselves in, giving a feeling of ‘being there.’”*

President Justin Clark welcomed delegates and faculty from across the globe to the virtual event saying:

*“During the pandemic we have had to develop new techniques, protocols and pathways. The ASM theme of ‘Embracing Change, maintaining excellence’ reflects our new way of working.”*

There were three auditoriums and a poster-viewing room in the immersive 3D world. Delegates could access the largest choice of presentations and events ever available at an ASM. There were also new innovations including ‘Breakfast at the ASM’ in which a panel talked about the day ahead and each day finished with a lively edited highlights discussion in ‘Today at the ASM’. For the first time there were no problems with delegate sprinting between sessions, the content has been made available after the event for replays and revision.



More than 200 delegates joined the BSGE panel for breakfast at the ASM



Each day finished with a panel discussing the highlights and any subjects for debate

Delegates took to the dedicated ASM live-chat facility and to Twitter to comment and ask questions on the presentations.

James Duffy said:

*“The content related to reproductive surgery has been of high quality, engaging, and challenging.”*

Maria P said:

*“Great day. Amazing presentations. Congratulation to the faculty and all the people involved in making this ASM so real from home!”*

Shaun M said:

*“I think the on demand aspect in particular is fantastic to be able to revisit presentations.”*

Rebecca Mallick tweeted:



And Stuart J added:

*“Really impressed with the format - excellent day. So much work involved. Can we have a ‘Virtual’ pub next time?!”*

If you did not register for the Virtual BSGE ASM 21 and would like access to on demand presentations from the ASM, please register your interest [here](#).





# Alec Turnbull Lecture

Past BSGE President Ertan Saridogan delivered the prestigious Alec Turnbull Lecture at the virtual ASM 2021. Sir Alec Turnbull was a Professor of Obstetrics and Gynaecology in Oxford and a key figure in the development of minimally invasive surgery in this country. Every year the BSGE organise a lecture at the ASM in his honour.

President Justin Clark introduced Ertan Saridogan's keynote lecture saying:

***“I can't think of anyone in modern times who has contributed more to gynaecological endoscopy. He has quietly and efficiently pushed forward the agenda and revolutionised what we do.”***

Ertan Saridogan's talk was entitled 'The truth is rarely pure and never simple' a quote borrowed from Oscar Wilde. His presentation explored the history of endometriosis treatment, both medical and surgical.

He recalled attending a presentation as a fourth-year medical student that triggered his interest in endometriosis. The presentation by eminent Turkish gynaecologist Biberoglu described endometriosis and medical treatment with danazol. Ertan said:

***“Little did I know that that this condition was going to occupy most of my career.”***

The fascinating lecture took delegates through the evolution in treatment for endometriosis from early hormonal treatments with danazol, the use of which came to an end in the 1990s because of unacceptable androgenic side-effects, through the introduction of surgical treatment in the early twentieth century.

With reference to key surgical papers, many authored by Ertan Saridogan himself, and illustrative videos the audience travelled through a short history of endometriosis up to the creation of the BSGE and the introduction of Endometriosis Centres.

The original BSGE trust documents included the objective that the BSGE should promote research into gynaecological endoscopy for the public benefit. That includes comparing the relative effectiveness of surgery and medical treatments for endometriosis. He questioned whether it is time to get rid of the term 'gold-standard treatment' for endometriosis and move towards advocating patient choice.

Ertan closed by emphasising that the BSGE is currently leading major trials including the REGAL and DIAMOND studies, comparing medical and surgical treatments for endometriosis:

***“Why are we doing this? We are doing it because we need to find the appropriate approach for our patients. They deserve to be given the options understanding the advantages and disadvantages. We need to recognise that gynaecological endoscopic surgery might not be the ideal option for some- because the truth is rarely pure and never simple.”***



# BSGE Winners - ASM 2021



Mez Aref-Adib

## *Mez Aref-Adib presents an overview of the prize winners at BSGE virtual ASM 2021*

This year we saw an exceptionally high quality of abstracts submissions for the virtual ASM. This meant that deciding on the winners was both a challenge and a pleasure. Below is a list of the winners this year with a link to the presentation.

Each year over £1,550 of prize money is given to the winners. We look forward to many more excellent submissions and contenders at the next BSGE ASM.

### Video presentations

#### SILVER

##### **Abstract ID 53: LAPAROSCOPIC MANAGEMENT OF TYPE 2 ADVANCED CESAREAN SCAR PREGNANCY.**

**Natesan Gnana Sanker and  
S Nivedhitha**

Excellent video demonstrating laparoscopic management of an advanced caesarean scar pregnancy. The patient was a 32-year-old (2 previous caesareans), 14 weeks pregnant, with a type 2 caesarean scar pregnancy, with the pregnancy primarily infiltrating the UV fold. This is managed with additional uterine artery occlusion and vasopressin.

[Click here](#)

#### GOLD



##### **Abstract ID 170: Endometriosis of superior gluteal nerve and lumbosacral trunk – Laparoscopic Neurolysis and Excision**

**Shaheen Khazali, Michael Adamczyk,  
Benedetto Mondelli, James Nash and  
Marco Sinisi**

A brilliant video demonstrating the excision of superior gluteal nerve and lumbosacral trunk endometriosis from a 42 year old, presenting with hip, leg and pelvic pain, in addition to gluteal muscle weakness and right footdrop. Incredible, delicate and careful dissection demonstrated with some fascinating before and after clips from the patient and her foot drop.

Gold- Karl Storz Golden Telescope

[Click here](#)

#### BRONZE

##### **Abstract ID 111: Complications of Laparoscopic Surgery - Rectal Air Test and Repair of Rectal Injury**

**James Phillips and Amer Raza**

Detailed video showing the importance of safety checks and how to manage a complication effectively.

The patient underwent excision of rectovaginal endometriosis and was not noted to have a bowel injury until identified with a rectal air test. A 3.0 PDS was used to correct the defect and the patient made a good recovery.

[Click here](#)

## E-posters presentations

### SILVER

**Abstract ID 38:  
Diaphragmatic  
endometriosis treatment  
requires more than one  
expert and expertise**

**Nadine di Donato, Janet Berry, Matthew Dipper, Luiza Placintescu, Fady Atalla, John Richardson, Chukwumobi Ihezue, Lynn Januszewski, Sophie Munro, Valerio Celentano and Denis Tsepov**

Fantastic images of diaphragmatic endometriosis, highlighting the multidisciplinary requirement for these patients.

An additional bonus was provided with a link to a Youtube video demonstrating a multi-disciplinary approach to the excision of diaphragmatic endometriosis.

[Click here](#)

### GOLD



**Abstract ID 25: Can we stop women falling through the net? An assessment of preoperative haemoglobin optimisation for women with fibroids undergoing laparoscopic myomectomy using an 'Anaemia Pathway'.**

**Sophie Strong, Zwelihe Magama and Funlayo Odejinmi**

This beautifully designed poster demonstrated an audit of the implementation of an anaemia pathway for patients undergoing myomectomy. The audit showed that taking blood tests immediately at the time of booking allows for effective and prompt treatment of anaemia resulting in higher pre-and post-operative haemoglobin levels.

[Click here](#)

### BRONZE

**Abstract ID 30:  
Comparing Traditional  
Approach Versus  
Segmented 3D Haptic  
Model with Simulated  
Augmented Reality in  
Laparoscopic Surgical  
Management of  
Uterine Fibroids-Short  
Study with Experts**

**Samina Elahi, Peter Snow and Rui Loureiro**

A fascinating study looking into using augmented reality (AR) to assist fibroid localisation by fusing MRI images to a laparoscopic simulator enabled with haptic feedback. Participants (both expert and novice surgeons) used standard and fusion models and comparisons were made on experience, feasibility and difficulty. The AR arm was found to have higher positive experience and feasibility ratings but also higher difficulty.

[Click here](#)





## Oral presentations

### SILVER

#### **Abstract ID 183: Herlyn-Werner-Wunderlich Syndrome presenting with abdominal pain**

**Ahmed Abdelrahman, Oscar Barnick, Jody-Ann Taylor and Elias Kovoor**

A fascinating 5-minute video on elective surgery performed on a 16-year-old girl with the rare congenital disorder Herlyn-Werner-Wunderlich Syndrome characterised by uterus didelphys, unilateral hemivagina and ipsilateral renal agenesis. This video expertly demonstrated the excision of a redundant uterus and connecting a blind ending vagina to the functioning vagina.

[Click here](#)

### GOLD



#### **Abstract ID 27: How to diagnose deep endometriosis with transvaginal ultrasound**

**Susanne Johnson**

An excellent 9-minute video with images and videos of transvaginal scanning for endometriosis, dispelling the myth that endometriosis cannot be seen on ultrasound.

Scanning for endometriosis requires appropriate skill and is essential for women with the disease in order that they can have the appropriate treatment, in the right place, by the right person and ultrasound can provide more accurate information regarding the location of nodules than laparoscopy itself.

[Click here](#)

### BRONZE

#### **Abstract ID 189: Stenosed cervix at out-patient hysteroscopy - myosure**

**M Gherghe, Kirstin Sweeney and Mohammed Allam**

A novel technique helpful in achieving outpatient hysteroscopy in a patient with a stenosed cervix, after hydrodistension failed. No additional analgesia is used and a Myosure 5.5 Reach device is used, allowing the stenotic endocervical tissue to be cut and access to the cavity gained, to perform a safe polypectomy.

[Click here](#)



## Oral presentations

### SILVER

#### Abstract ID 52- Successful Laparoscopic Utero - Neovaginal Anastomosis - lessons from seven consecutive cases

**Natesan Gnana Sanker**

An excellent presentation on 7 cases of cervicovaginal agenesis in adolescent girls presenting with cyclical abdominal pain. After a detailed work-up they were planned for a staged repair. The first stage was laparoscopic assessment, treatment of endometrioma and formation of a neovagina. A vaginal mould was placed for 5 days and then removed with patients undergoing self-dilatation. The second stage involved creating of a utero-neovaginal anastomosis laparoscopically. 6 months of oestrogen was given post operatively. The third stage involved a hysteroscopy to check patency of the anastomosis.

[Click here](#)

### GOLD



#### Abstract ID 201- Pipelle endometrial biopsy and hysteroscopic biopsies perform similar in triaging patients for unit vs. cancer centre care in the surgical management of endometrial cancer

**By Dominic Blake, S Sit, Angela Ralte, Rob Walker and Rachel O'Donnell**

An insightful overview into the evidence-base for the management of endometrial cancer and a retrospective observational study of all endometrial cancers in Gateshead over 10 years. The study found a 96% concordance with initial biopsy and final histology. In addition, there was no difference between pipelle or hysteroscopic biopsy and final histology.

[Click here](#)

### BRONZE

#### Abstract ID 24- Exploring the delays to diagnosis of endometriosis in the United Kingdom; a triphasic mixed-methods study

**By Babu Karavadra, Gabrielle Thorpe, Andrea Stockl and Edward Morris**

A very important presentation of a three-part study exploring delays in diagnosis of endometriosis: an online questionnaire, semi structured interviews with endometriosis patients and focus groups with health care workers. An insight into health seeking behaviours, coping mechanisms and multiple factors causing a delay in diagnosis is given with a view to collaboration in making a pre-diagnostic tool.

[Click here](#)





## Pecha Kucha presentation

### Streamlining the clinic experience in complex gynaecology and endometriosis

Shaun McGowan

'A sat nav to remove a paper road map'. A fantastic innovative platform to optimise clinic experience for patients and clinicians. ESS (Endometriosis Synthesis Platform) is the concept: a cloud-based platform that allows detailed analysis of patients' history. The patient has a unique access code, log in, and enters data to the device before the clinic appointment. The data is retrieved by the clinician with some excellent visual summary presentations formed. This maximises time for clinician in the clinic setting with significant advantages for both patients and clinicians. The platform can also be used to compare quality of life scores pre and post treatment and in the collection of research data.

[Click here](#)



## RIGS Video presentation

### Beyond the simple ectopic the use of vasopressin for an isthmic ectopic pregnancy

Samuel Oxley

A very safe and effective laparoscopic technique for management of an interstitial ectopic is demonstrated. A 30-year-old patient, 7 weeks pregnant was diagnosed with a left sided ectopic with a BHCG of 15902. Vasopressin (20iu in 20mls) was used- injected into the ectopic itself and the myometrium to help achieve minimal blood loss and excision of the tube and ectopic.

[Click here](#)





# Industry Exhibition Hall

*The Society's sponsors hosted bespoke virtual stands in a magnificent virtual two-storey exhibition hall.*

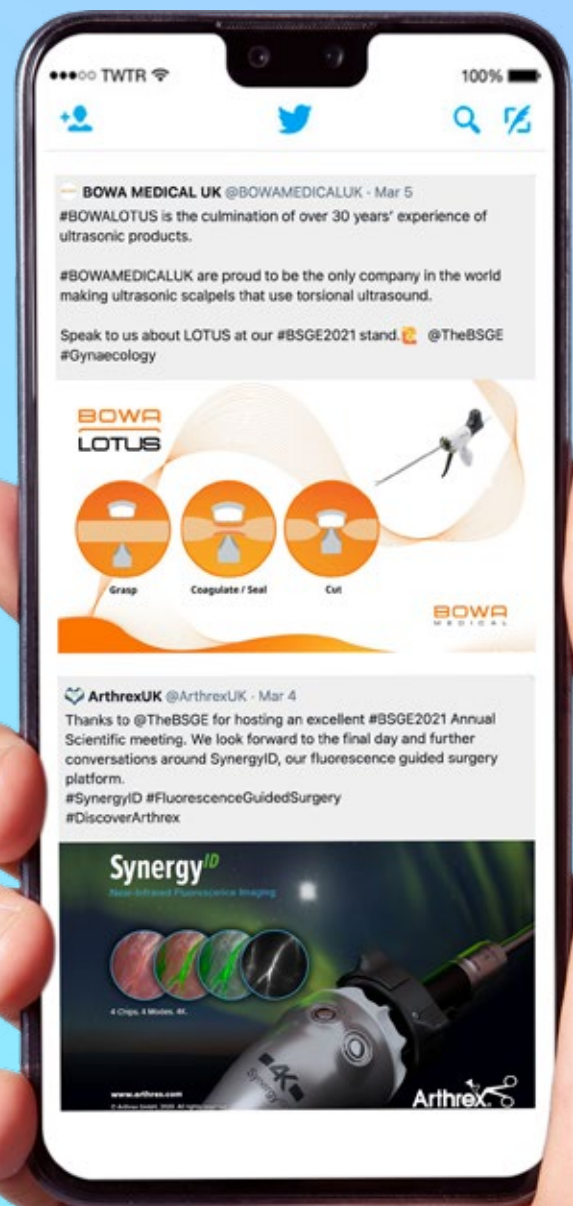
*The interactive stands featured video presentations and delegates met and chatted with industry representatives about new and important technologies via live web, phone or video chat.*

Delegates competed in a treasure hunt, with the winners getting Costa Coffee vouchers to keep their systems fully caffeinated! Zahid Khan said:

*“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.”*

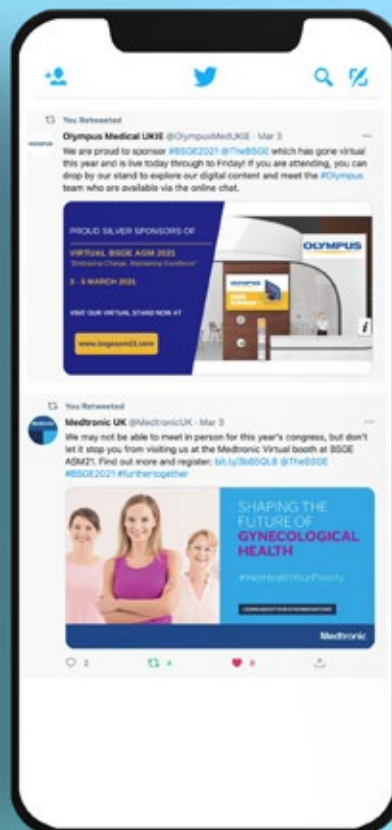
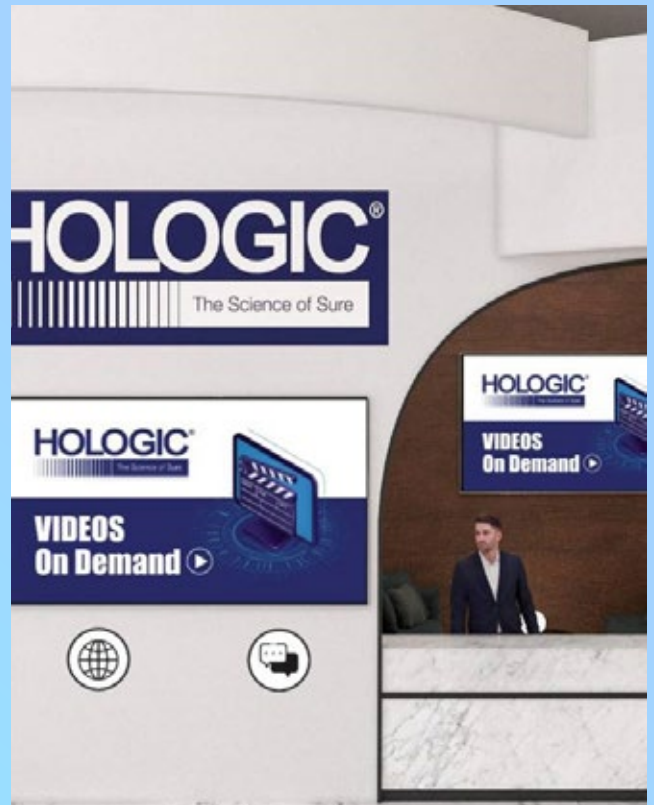
**John Flanagan**, UK Business Manager – Gynaecology for KARL STORZ Endoscopy (UK) Ltd said:

*“It was a great pleasure for KARL STORZ to be a sponsor, and myself being virtually present at this year’s BSGE ASM21 that featured a line-up of expert speakers from both the UK and overseas. Following the BSGE ASM21, we are delighted to announce that our Virtual Booth will stay open for you to explore. Please click on this link: [bit.ly/3b1d0kV](https://bit.ly/3b1d0kV)”*



**Sarah Smith**, Surgical Marketing Manager UK for Hologic said:

*“Hologic were delighted to support the BSGE ASM; engaging with healthcare professionals to provide education for minimally invasive gynaecology and our GYN Surgical product portfolio. As gold sponsors we had the opportunity to sponsor a lecture which featured Mr Jonathan Lord providing his experience of the importance of adhering to the BSGE Fluid management guidelines and sharing his clinical practice to improve patient experience for outpatient hysteroscopy. Mr Pandelis Athanasias provided an overview of his clinical practice for outpatient operative hysteroscopy as one of the first UK sites to introduce the NEW Fluent fluid management system and the benefits this has delivered to his service. Visit: [www.gynsurgicalsolutions.co.uk](http://www.gynsurgicalsolutions.co.uk) for more information and resources.”*







# BSGE Training Survey

*There were thought provoking sessions at the ASM on the challenges of training the gynaecology workforce. Dr Jo Mountfield, RCOG Vice President Workforce, discussed top tips about training and the future of training, saying ‘it’s not working at the moment.’ This was reflected in Donna Ghosh’s presentation of the results of her BSGE training survey in her session ‘Revolutionising gynaecological endoscopy, training the best and allowing them to excel.’ She summarises the survey findings for The Scope.*

There are current problems with gynaecology training. For the trainee, there is limited access to gynaecological training in the UK. The analysis of the 2019 TEF data, showed that only 50% of Advanced Laparoscopic ATSM trainees and only 54% of Benign Abdominal surgery trainees felt they had adequate training sessions to fulfil their competencies

The causes are multifactorial, we know there is a loss of the traditional apprenticeship model of training, which has been worsened by the European working time directive. As a result, trainees are getting less consistency in working with the same trainer. In addition, there is a change in surgical practice within gynaecology and a shift towards non-surgical management of patients. There is an increasing focus on the obstetric workforce and obstetric service delivery. This has taken away gynaecological opportunities from trainees and, of course, COVID-19 has had a recent impact on surgical training.

The consultant experience can also affect the trainee. The problems for the consultants are that newer consultants are less surgically experienced, they often have a greater obstetric service component to their job plan, and informally there is the impression that there is increasing dissatisfaction with consultant job plans.

We conducted a BSGE survey, which was sent to all members in October 2020. The purpose of the survey was to evaluate gynaecological job plans, assess surgical practice and competency for both the consultant and the trainee, and look at training opportunities. We received 64 trainee-completed responses, and 139 from consultants.

## Trainee survey

We asked trainees about their number of theatre sessions per week. The majority of trainees had two or fewer sessions a week and approximately a third of trainees were having less than one theatre session per week. Furthermore, there was little difference when we selectively looked at ST6+ trainees. Although, in that group, slightly more trainees were having two sessions, in general the trend was similar for all trainees.

We looked at ST6+ independence for performing laparoscopic procedures including diagnostic laparoscopy, simple laparoscopy and intermediate laparoscopy. Despite ST6 trainees being at a level where they should be competent to perform diagnostic and simple laparoscopy independently, approximately half of the trainees at ST6 level felt that they weren't independent in performing them.

## Training quality comparison

We asked about trainers and trainees ATSM quality comparison. We questioned each of these groups about their perception of their ability to teach components of the relevant ATSM, looking at the laparoscopic components of the Benign Abdominal Surgery and the Advanced Laparoscopic Surgery ATSM and the hysteroscopic components of the Benign Abdominal Surgery and Hysteroscopy ATSM. Trainers' and trainees' views were fairly similar across the board, except for the Advanced Laparoscopy ATSM where trainees' perceptions are often higher than the trainer overall. However, trainers within BSGE Endometriosis Centres felt much more able to teach all of the components of the ATSM compared to trainers as a whole.



*“In terms of satisfaction with gynaecological surgical training, approximately 60% of trainees felt dissatisfied or very dissatisfied with the surgical training to date and sadly, only 8% of trainees felt they were fully prepared for the consultant position for which they would like to apply.”*

With regards to additional training in minimal access surgery, we compared the trainer's view against the trainee's view. A high majority, 87% of trainers, felt that the selection process for additional training in minimal access surgery should be based on aptitude and professionalism. A very similar percentage was seen within the trainee group. A smaller majority (57%) of trainers felt that additional training should be for selected trainees, whereas 70% of trainees felt that additional training should be for interested trainees as opposed to those who are selected.

The majority of trainers (although only 35%) felt that two years' additional training should take place at ST6 level; whereas the majority of trainees felt that this should take place at ST5. This suggests that trainers believed that additional years of training were required in minimal access surgery.

## Consultant survey

We asked consultants about gynaecological operating and how many gynaecology theatre sessions per week on average consultants were doing. 54% of all consultants were performing one theatre session per week, that's equal to four hours. A quarter of all consultants had less than one theatre session per week on average.

Interestingly, when we subdivided those who had been consultants for less than five years and those who have been consultants for more than five years, there was an increasing trend towards more operating. Junior consultants were more likely to do obstetrics on call, 76% had one operating session a week or less and a great majority (82%) said they would like to operate more. In contrast, senior consultants tended to operate more, were less likely to do obstetrics and were the likely 'go to' assistants for complex gynaecological procedures. Advanced gynaecologists took on cases of greater complexity and were more confident surgically and as trainers.



There was a notable difference between BSGE or advanced laparoscopic surgeons and general gynaecologists or those with an interest in laparoscopy. The former were significantly more likely to perform complex cases and operate more frequently. Unsurprisingly, those that performed more advanced laparoscopic cases were more confident in dissecting out the pelvic spaces.

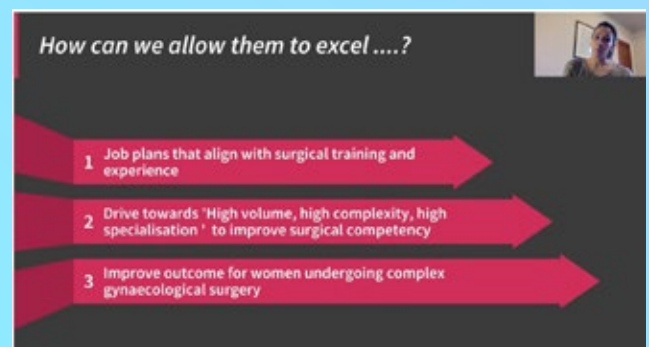
## How can we make excellent minimal access surgeons?

How can we make a difference? We need to identify qualified trainers who perform a high number of complex cases, develop a structured competence-based training programme and select a small cohort with the needed aptitude to complete the programme.



## How can we allow them to excel?

In the future we need to develop job plans that align with surgical training and experience. There should be a drive towards higher volume, high complexity and high specialisation to improve surgical competency. By making changes we can improve performance, improve job satisfaction and ultimately improve outcomes for women undergoing complex gynaecological surgery.



# BSGE News

## BSGE Election Results 2021

The results of the BSGE 2021 Council Elections for Officers and Council Representatives were announced at the virtual AGM. Announcing the results President Justin Clark thanked outgoing Honorary Secretary Shaheen Khazali for his excellent service to the BSGE.

He also showed his appreciation to all the applicants, saying:

*“I really respect anyone who puts themselves forward for election. The quality of the candidates was humbling; I could have worked with any of them. I would encourage everyone to try again. Your commitment, contributions and talents are hugely appreciated.”*

Fevzi Shakir and Kirana Arambage were elected without contest to the Officer posts of Honorary Treasurer and Honorary Secretary respectively. Justin said:

*“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

**There were five senior representative vacancies on Council and one trainee representative vacancy. The successful candidates were:**



**Nadine Di Donato**  
New Hysteroscopy  
Portfolio Chair



**Donna Ghosh**  
Re-elected to Laparoscopy  
Training Portfolio Chair



**Zahid Khan**  
New Website and Digital  
Governance Portfolio Chair



**Rebecca Mallick**  
New Information Resources  
Portfolio Chair



**Funlayo Odejinmi**  
Re-elected as Scope Editor and  
Member Relations Portfolio Chair



**Mikey Adamczyk**  
Re-elected as Trainee  
Representative

# BSGE News

## Webinar on abdomino-pelvic pain management

The next BSGE Webinar will take place on the 30th June, The session is called 'Focus on: Abdomino-pelvic pain management' and will feature two talks from professionals highly-experienced in pain control and self-management.

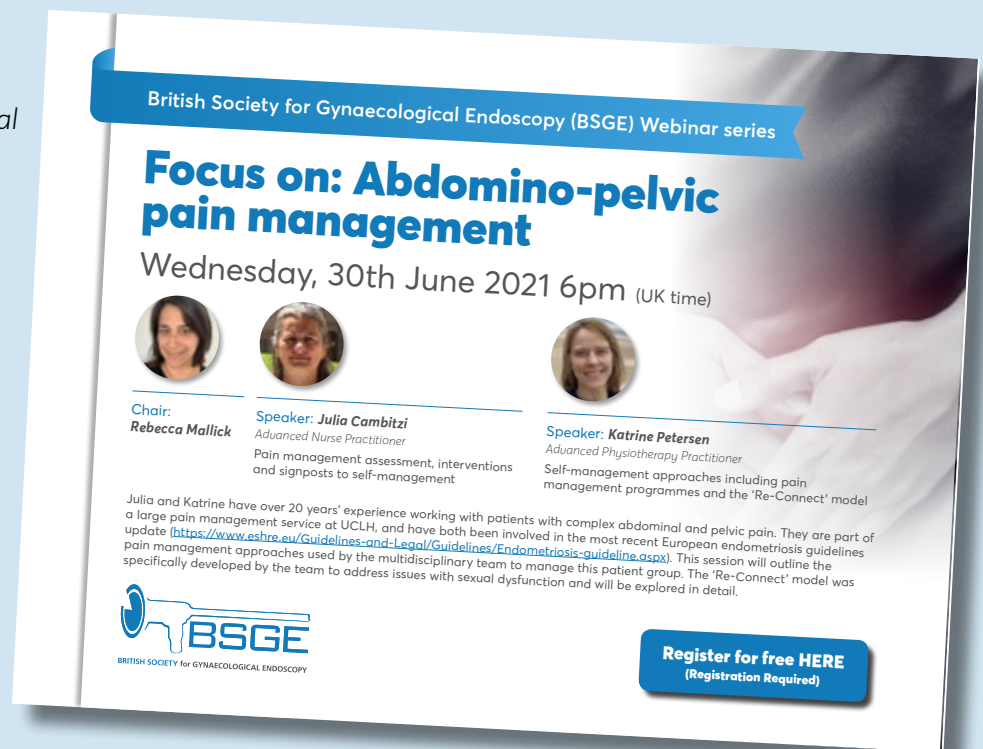


**Talk 1 is by Julia Cambitzi**, Advanced Nurse Practitioner, and will cover pain management assessment, interventions and signposts to self-management.



**Talk 2 is by Katrine Petersen**, Advanced Physiotherapy Practitioner, and will focus on self-management approaches including pain management programmes and the 'Re-Connect' model.


Julia and Katrine have over 20 years' experience working with patients with complex abdominal and pelvic pain. They are part of a large pain management service at UCLH, and have both been involved in the most recent European endometriosis guidelines update. The webinar will outline the pain management approaches used by the multidisciplinary team to manage this patient group. The 'Re-Connect' model was specifically developed by the team to address issues with sexual dysfunction and will be explored in detail.




British Society for Gynaecological Endoscopy (BSGE) Webinar series

### Focus on: Abdomino-pelvic pain management


Wednesday, 30th June 2021 6pm (UK time)



**Chair:**  
**Rebecca Mallick**



**Speaker: Julia Cambitzi**  
Advanced Nurse Practitioner  
Pain management assessment, interventions and signposts to self-management



**Speaker: Katrine Petersen**  
Advanced Physiotherapy Practitioner  
Self-management approaches including pain management programmes and the 'Re-Connect' model

Julia and Katrine have over 20 years' experience working with patients with complex abdominal and pelvic pain. They are part of a large pain management service at UCLH, and have both been involved in the most recent European endometriosis guidelines update (<https://www.eshre.eu/Guidelines-and-Legal/Guidelines/Endometriosis-guideline.aspx>). This session will outline the pain management approaches used by the multidisciplinary team to manage this patient group. The 'Re-Connect' model was specifically developed by the team to address issues with sexual dysfunction and will be explored in detail.

**Register for free HERE**  
(Registration Required)

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[www.esgecongress.eu](http://www.esgecongress.eu)





# BSGE News



Susanne Johnson

## *Virtual workshop on Imaging for Endometriosis*

Susanne Johnson won the Gold Award for Video poster at the ASM with her [video of transvaginal scanning for endometriosis](#), dispelling the myth that endometriosis cannot be seen on ultrasound. She reports for The Scope on an upcoming BSGE/BSGI/BMUS virtual course on imaging for endometriosis:

The BSGE together with BSGI and BMUS are running a one-day virtual workshop in July. The course is a great opportunity to hear international experts discuss various aspects on the diagnosis of endometriosis on ultrasound and MRI.

The meeting is aimed at healthcare professionals, from GPs to general gynaecologists to endometriosis surgeons, bowel surgeons, nurses, specialist endometriosis nurses, sonographers, radiologists and sonologists – in fact anyone who is involved in the diagnosis and care of women with endometriosis.

Highlights of the course are the internationally renowned speakers, experts in the field of endometriosis, all 'virtually' in one place on one day. There will be lectures, 'As Live' demonstrations, an 'As Live' MDT session and an opportunity to ask questions with Live Q+A.

Speakers will discuss how to recognise endometriosis on imaging and how the different professional groups can work together, with the patient, to enable them to have the best, personalised, holistic care.

This workshop offers the opportunity to learn what endometriosis looks like on ultrasound and MRI. No more false negative ultrasounds, no more 'you can't see endometriosis on ultrasound'. Yes you can.

The dissemination of this knowledge has the potential to dramatically reduce the time interval from symptoms to diagnosis from the current 8 years. This is truly a 'Call To Action' - in future, imaging could replace diagnostic laparoscopy in the majority of patients with pelvic pain; detailed knowledge of the anatomical location of disease will enable accurate planning of surgery, including the potential need for a bowel surgeon. No more surprises.

# BSGE / BSGI / BMUS VIRTUAL WORKSHOP: IMAGING FOR ENDOMETRIOSIS

## Friday 9th July 2021

*Learning from each other:  
A meeting for imaging specialists  
and endometriosis surgeons.*

Bringing imaging specialists and endometriosis surgeons together to improve patient outcomes.

This course will be of value to gynaecologists, endometriosis surgeons, nurse specialists, sonographers and radiologists involved in the care of women with endometriosis. The course will be interactive and provide practical advice about the contemporary use of imaging to enhance the diagnosis of endometriosis, inform treatment planning and optimise treatment outcomes.

[www.bsge.org.uk/bsge-bsgi-bmus-imaging-for-endometriosis-2021/](http://www.bsge.org.uk/bsge-bsgi-bmus-imaging-for-endometriosis-2021/)

Course fee: £25



In collaboration with





# Birmingham - Worcester ASM 2022

*Following the success of virtual ASM 2021 we can look forward to getting together face to face at next year's meeting in the West Midlands. The Birmingham -Worcester meeting will be co-chaired by BSGE President Justin Clark and Laparoscopy Training Chair Donna Ghosh with a dedicated local organising committee.*

ASM 2022 will be held at the International Convention Centre, Birmingham between 28th February - 1st March 2022. Delegates should arrive on 27th February for welcome drinks. The post-congress workshops will be held at the Charles Hastings Education centre in Worcester on 2nd March.

## Standing Tall after the Fall

The team promises a fantastic scientific programme with the theme 'Standing Tall after the Fall'. Co-chair Donna Ghosh said:

*“The meeting will focus on the management of complications surrounding gynaecological endoscopy with emphasis on minimising risk, striving for surgical excellence and changing practice for the better. We will bring together surgical and academic experts in this field to deliver an exciting, forward-thinking and relevant scientific meeting in the wonderful cities of Birmingham and Worcester.”*

Birmingham is Britain's second largest city and the geographical heart of the country with many theatres, the famous Electric Cinema and a diverse collection of canal-side bars and restaurants. The beautiful cathedral city of Worcester, famous for Royal Worcester Porcelain and Lea and Perrins sauce offers tranquil walks being a stone's throw from the scenic Malvern hills. With excellent transport links, fantastic conference facilities and a warm Midlands welcome, Birmingham-Worcester will be the perfect setting for BSGE 2022. Donna added:

*“We will offer a vibrant and dynamic social programme. After the virtual ASM in 2021, It will be great for us all to get back together to learn, share and socialise.”*

Put the date in your diary and keep an eye on The Scope, the website, @TheBSGE on Twitter and the BSGE Facebook page for more news and information on how to book your place.



[www.bsge.org.uk/asm](http://www.bsge.org.uk/asm)





# BSGE Surgical Video Competition 2021

*The BSGE has launched the BSGE Video Competition for 2021. Karolina Afors, portfolio chair for awards and bursaries announced the competition saying:*

*“Winning the video competition will enhance your CV and will provide the same CPD points as publishing a paper in a journal.”*

The competition is open to consultants, SAS doctors, General Practitioners, Nurses, paramedic members and overseas members of the Society. Overseas members of the Society are invited to submit their surgical videos for this competition for the first time.

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



**Doctors in Training**



**Nurse/  
Paramedics**



**Consultants/SAS doctors/  
GP doctors**



**Overseas members  
(from any category)**

To enter the competition, members need to complete and submit the online application form and upload their video file midnight, 12 July 2021. The winners' names and videos will be published on the BSGE website. The length of time videos will remain on the website may vary. Some of the unsuccessful videos may also be published on the video library at the editor's discretion.

## What kind of videos will be considered?

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

The description of the video is very important and is considered carefully by the judges. A well-written educational summary (less than 250 words) is likely to increase your score. The video must be completely anonymised, both for the surgeon and the patient. It must only contain views of internal organs or a simulation exercise.

It's important to ensure that you have a good fast broadband connection prior to commencing the submission process. Submitted surgical videos should be less than six minutes long and less than one Gigabyte (GB) otherwise it will be rejected. All videos should be uploaded in mp4 format.

Submission of multiple videos by the same person is permitted but only one prize per applicant can be awarded in each category.

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

[Find out more and apply here](#)

# Ambulatory Care Network Meeting 2021

The BSGE has announced that the third annual Ambulatory Care Network meeting will take place on Friday 18th June 2021. President Just Clark launched the virtual event saying:

*“It is with great pleasure that we invite you to the 2021 BSGE Ambulatory Care Network (ACN) Meeting, for the third year running, to be held on Friday 18th June 2021. The meeting this year will be virtual, however, we will still endeavour to maintain the discursive format that has made this meeting incredibly popular since its inception three years ago.*

*This year’s theme revolves around “Redefining Standards in Outpatient Hysteroscopy,” where we will be unveiling draft versions of the Joint BSGE/RCOG Consent, Expected Standards and Green-top Guideline (GTG 59) in Outpatient Hysteroscopy. Delegates will be invited to share their opinions and adapt and shape this important guidance, which will be disseminated nationally.”*

The ACN meeting is an interactive forum for doctors and nurses with a passion for ambulatory care to learn from each other, share ideas, improve quality, direct research and innovate within this expanding field.

[Click here for the meeting flyer, programme and registration details](#)

Justin Clark added:

*“We would also like to take this opportunity to invite you to be part of a small faculty for each session. When you sign up to the meeting, you can select sessions you would like contribute as a faculty member. We will try our best to facilitate all requests, although will be limited to only a few faculty members per session.”*

## BSGE AMBULATORY CARE NETWORK 2021

### VIRTUAL MEETING



#### Learn

Presentations from national and international experts on topics relevant to outpatient hysteroscopy.



#### Discuss

Discuss and shape upcoming BSGE / RCOG guidance.



#### Collaborate

Be part of a national network, sharing good practice and filling gaps in evidence.

**Friday 18th  
June 2021**



**Cost:** £40 for BSGE Consultant/GP member, £20 for BSGE Trainee/Nurse member  
£55 for Non-member Consultant/GP, £35 for Non-member Trainee/Nurse

[www.bsge.org.uk/bsge-ambulatory-care-network-virtual-meeting-2021/](http://www.bsge.org.uk/bsge-ambulatory-care-network-virtual-meeting-2021/)



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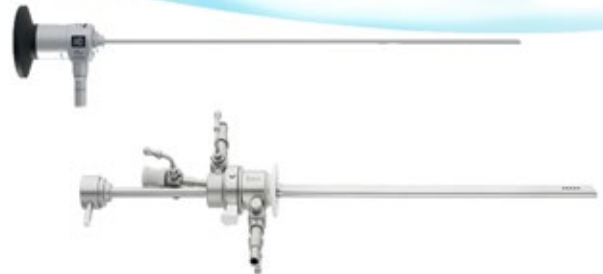


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	 <p>Visualisation</p>	<p>For more information visit the <b>Medtronic booth</b> at <b>BSGE ASM 2021</b></p> <p><b>Medtronic</b> Further. Together</p>	



### Learn

Presentations from national and international experts on topics relevant to outpatient hysteroscopy.



### Discuss

Discuss and shape upcoming BSGE / RCOG guidance.



### Collaborate

Be part of a national network, sharing good practice and filling gaps in evidence.

# Friday 18th June 2021

# Get involved with the BSGE

## Join The Scope and Webcomms team

The Scope and Webcomms team are looking for a new subcommittee member. If you're interested in communications, writing and increasing your profile within the Society this is a great opportunity.

The new team member will be responsible for reviewing scientific content, contributing to interviews and finding expert contributors for opinion pieces. Please submit a statement of at least 250 words by the 30th of June 2021 telling me what you can offer and details of any research, writing and communications experience.

I look forward to welcoming you to our team! **Jimi**

**Funlayo Odenjimni**, Scope Editor and Member Relations Portfolio Chair – [bsge@rcog.org.uk](mailto:bsge@rcog.org.uk)



## Join the Website and Digital Governance subcommittee

This is an exciting time to become part of the Digital Governance subcommittee!

I am excited to be recruiting up to 3 BSGE members to deliver incredible changes to our Website, our Google Play and Apple App Store Apps, our social media pages on Facebook and Twitter and the BSGE databases! We will also develop our Vimeo and YouTube presence in the upcoming years.

BSGE members with experience in website and app development, computing languages, database management, information technology, networking, internet security and data governance will be ideal for these shoes. Please also boast about your social engagement skills and how many followers you have on Instagram and how many subscribers you have on YouTube, if that is your key strength. It is almost inevitable that any future Scientific Meetings will have a hybrid flavour to them with a significant virtual component for global engagement, so if you are keen to get involved to support the virtual development of future events, do apply as well!

The future is zeros and ones, so apply today! Please submit a statement of at least 250 words by the 30th of June 2021 telling me why you are right person for the BSGE's Website and Digital Governance subcommittee and I will be in touch. My email address is [zahidrazakhan@me.com](mailto:zahidrazakhan@me.com).

**Zahid Khan**, New Website and Digital Governance Portfolio Chair



## Join the Laparoscopic Training Sub-committee

The Laparoscopic training sub-committee at the BSGE is currently made up of Jessica Preshaw and CP Lim who have both been integral in supporting the development of recent initiatives, including the BSGE RIGs Hubs National Training Programme.

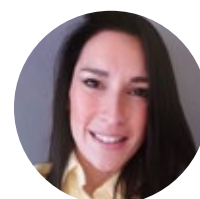
I am looking for 2 additional members (consultant or trainees) who have an interest and enthusiasm in training and can support our team.

### Job Role

- ✓ Meet regularly (virtual) to plan, discuss and coordinate current training programmes
- ✓ Get involved with organisation and delivery of the BSGE National Training Programme
- ✓ Get involved with the organisation and delivery of the BSGE/RCOG benign abdominal surgery course
- ✓ Work closely with the trainee portfolio to facilitate RIGs programmes
- ✓ Be involved in RCOG activities
- ✓ Provide BSGE website and Scope updates regarding subcommittee activity

Please submit a statement of at least 250 words by the 30th of June 2021 telling me what you can offer if you join our team and details of any training experience.

Many thanks, **Donna Ghosh**, Laparoscopy Training Portfolio Chair – [bsge@rcog.org.uk](mailto:bsge@rcog.org.uk)







# Robotic Certification

*Thomas Ind is the Head of Department of Gynaecological Oncology at the Royal Marsden and Medical Director of private care. He is a highly experienced laparoscopic surgeon and a pioneer of robotic surgery having performed the first robotic gynaecological procedure in the UK.*

Tom is a longstanding BSGE member and past Honorary Treasurer. He is currently President elect of the Society of European Robotic Gynaecological Surgery (SERGS), he updates The Scope on his experience of robotic surgery and current developments for SERGS robotic training and certification in Europe:

I first sat on a robot in November 2006, it was the old two armed DaVinci Standard. I remember telling my life later that it was better than sex! The following July 2007 I went with John Shepherd for training on the DaVinci standard with the late Michael Pitters in Newark. By the following November we did the first DaVinci gynaecological lymphadenectomy in the UK using the new DaVinci S followed in December by the first hysterectomy using the DaVinci S. The Robotic programme at the Marsden was then put back about two years after the Marsden fire which at the time was the largest fire in London since the second world war.

Unable to use the robot I experimented with single incision laparoscopy and did the first SILS hysterectomy in the UK in 2008 but stopped using SIL after 40 cases as I thought it was clumsy and the reintroduce the use of the robot. I then developed the programme doing the first radical hysterectomy, the first cases with the then new DaVinci Si and then with my newly trained colleague at the time (Marielle Nobbenhuis) the DaVinci Xi. In March 2015 Marielle and I did our first Sentinel Lymph node dissection using the DaVinci Xi and ICG in a case of endometrial cancer. To date I have done 1042 robotic procedures.

The future of robotic surgery is really exciting. We are currently on the fifth generation of robots. The current platforms are completely different from the one I started on in 2007 and there's a greater choice with Intuitive, Hugo from Medtronic, Avatari, Versius from CMR Surgical and Stenhan all available.

## SERGS

SERGS, Society of European Robotic Gynaecological Surgery, aims to provide better access to minimal invasive surgery for women needing a gynaecological operation, through promotion of safe and efficient use of computer assisted surgery. The Society is the acknowledged independent society for education, certification and registration of surgeons and their teams. SERGS liaises and collaborates with sister societies, that educate and train gynaecologists in open and laparoscopic surgery. SERGS has a Memorandum of Understanding (MoU) with ESGE and BIARGS and works together with fellow societies to raise standards and improve care.

## SERGS Certification

There has been an enormous increase in robotic procedures in gynaecology. It is no longer a minority sport, the majority (27 out of 40) of gynaecology cases in cancer centres now use robotics. As a result, there is a need for guidance in training to guarantee safe care of optimal quality. SERGS promotes initiatives for training in robot assisted surgery to comply with general health regulations in Europe and to provide directives for standards of training.

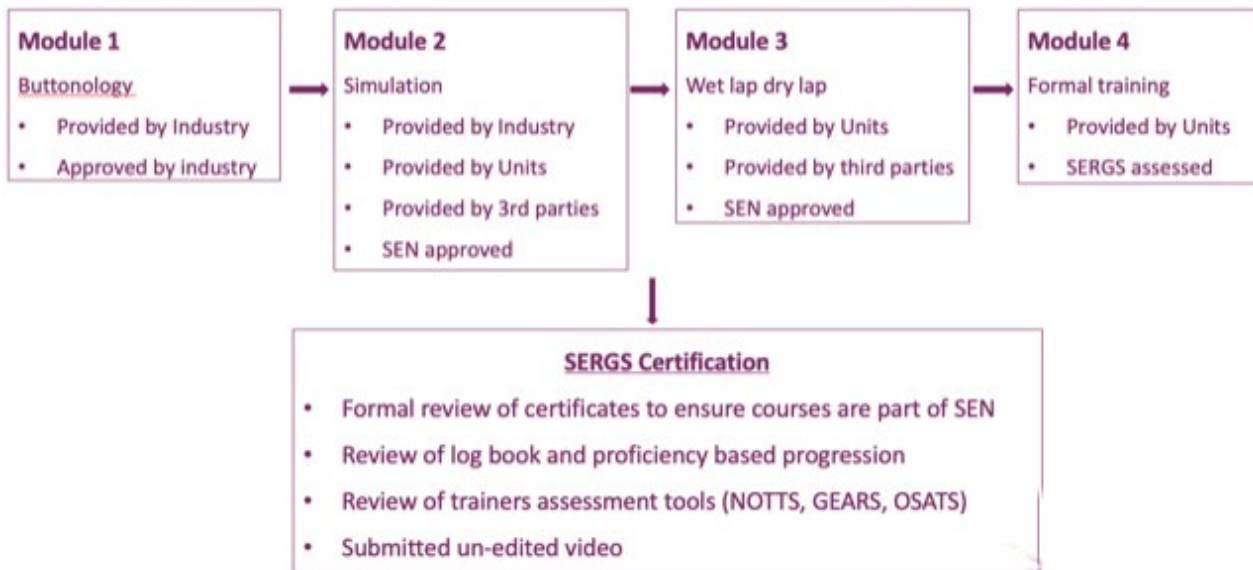
There are three aspects to training:

- Certification
- Grandfathering
- Credentialling

The syllabus crosses platforms and provides a validated process to getting robotic certification on any platform. However, the certificate is specific for the platform on which you are trained and tested.



## Journey for a credentialed robotic surgeon



**Module One** is known as Buttonology. It is an online module that teaches what button to press to achieve your aim.

**Module Two** is simulation training in which you have to achieve certain levels on a range of exercises and be signed off by a trainer. There is increasing availability for simulation, the module can be completed in your own unit, at a SERGS course or at any SEN approved course by another provider.

**Module Three** is wet lap/dry lap. Module three is usually completed on 3-day courses by SEN approved providers. Units at Northwick Park, Newcastle, Orsi and Strasbourg all offer cadaveric training.

**Module Four** is proctoring. You need to perform a number of cases under proctor supervision. Progression is proficiency based, so an experienced surgeon may complete the module in only a handful of cases, whereas a trainee may need to perform many more cases before being assessed as competent to progress.

## Journey for a credentialed robotic surgeon



## The other two components of the SERGS Curriculum are:

- **Grandfathering:** This is a designated period of time during which you can apply to be grandfathered based on experience. The process for grandfathering and the end date hasn't been confirmed yet but is likely to include evidence of attendance at a robotic related conference in the last three years, one year of data, the number of cases you have completed and the number of grade three complications.
- **Credentialling:** This process works similarly to the that for BSGE Endometriosis Centres. Every year surgeons will have to submit details of the number of cases and complications.

Nahid Gave from BIARGS has worked in collaboration with SERGS to develop Advanced Skills Training Module (ATSM) Robotics assisted surgery programme for Gynaecology. Further procedural tasks will be developed in subspecialty of Gynaecological oncology, advanced Endometriosis and urogynaecology.

The syllabus has been defined based on evidence after pilot work and Delphi projects in robotic training.

SERGS are not aiming to make money from this process. It's about clinical governance, improving standards and optimising results for women. We will work with all fellow societies including BIARGS, ESGE and, of course, the BSGE to support training and facilitate certifications.

[Find out more here](#)

[Click here to view BIARGS- RCOG Robotic training Curriculum for Gynaecological surgical ATSM](#)







# The Scope meets... Emma Cox

*Emma Cox is the Chief Executive Officer of Endometriosis UK. She joined the charity in 2016, working to increase awareness of the condition, improve the lives of people affected by endometriosis and to decrease the impact it has on those with the condition and their families and friends.*

## The all action parliamentary group did a report last year into endometriosis. What were your opinions on the findings?

I wasn't surprised with the findings, they were generally what we had expected. The average time to diagnosis is still eight years and it has been that for a decade. We're still unfortunately seeing people going to multiple different appointments before they get the right diagnosis. But the thing that surprised me was the number that went to an Accident and Emergency department; 53 percent of people go to A and E with symptoms once and 27 percent of people attend three or more times with symptoms. That really drove home to me the seriousness of the problem and the desperate way that people need to get help. Frustratingly too many people are not getting the treatment they need.

## Are too many doctors are not aware about endometriosis?

I think too many doctors are not aware- 58% of people visited their GP ten or more times with symptoms before getting a diagnosis. But it's also true that too many people don't have an understanding of normal menstrual health, they may live with pain for many years without seeking medical help.

The other thing the report shows, which I'm sure BSGE members will be aware of, is the impact endometriosis has on the individual's whole life.

**95%** said that endometriosis affected their wellbeing negatively or very negatively and 90% would have liked access to psychological support but weren't offered it.

**89%** of people with endometriosis felt isolated- and this is pre-COVID.

## How have you found that women have been affected during the pandemic?

COVID has definitely exacerbated the problems by stopping all non-urgent care and surgery, particularly in the first lockdown. We've had our busiest ever year at Endometriosis UK- but I think it's really interesting because everything is not black and white. We know that, for some people, having to work from home has helped them manage their condition. For others it's been harder to manage. Waiting lists times have increased and there's a lot of concern about what's going to happen in the future. People may have been waiting for surgery since last February, and while they understand the demands of COVID on the NHS, it's difficult when you're having a really tough time and can't really work because of symptoms and don't know how to access care.

I think one of the things the NHS could do better is informing patients about what's happening. Even if it's a 'you're still on the list, we will get to you. People worry that they've been forgotten.

On the other hand, having phone appointments has been really good. If it's something that you don't need an examination for, they can be really reassuring. And of course, it saves a lot of time and effort and concern about going into hospital. However, they don't work for everybody. And so certainly we've had some feedback from some communities that it can be difficult if you're in a culture where you're uncomfortable talking about menstrual conditions.



At the moment I think there is particular concern for people who were hoping to start their fertility journey. And I think for those people who were thinking they may need surgery before trying to get pregnant a year's delay can be very worrying.

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.

### What do you think the key messages are in endometriosis care going forward?

In my opinion there are several things to consider over the next few years:

1. There should be a commitment to driving down the diagnosis time to an average of a year or less by 2030.
2. The NICE Guidelines should be fully implemented.
3. The NICE Guidelines should be updated to include thoracic endometriosis.
4. All 4 UK nations should include menstrual wellbeing included in the school syllabus.
5. There should be workplace support for people with endometriosis. Endometriosis UK have developed an Endometriosis Friendly Employer's Scheme to break the taboo and stigma about talking about menstrual health and possible practical adjustments that could be of benefit to employees living with endometriosis and other menstrual problems.

Delivering these will require the expertise and leadership of the BSGE, to shape new and improved pathways for endometriosis care, working with non-specialists in both gynaecology and primary care.

### There's a feature on thoracic endometriosis in this Scope, what extra challenges does this provide?

Up to 10% of people have endometriosis outside the pelvic cavity. The problem is, by viewing endometriosis as only a gynaecological condition, we have not put in any NHS pathways to support those who have it outside the pelvis. I recently read a case study of someone who's had endometriosis in their lungs for around 20 years and struggled to get diagnosis. The symptoms often aren't typical and may not be cyclical. I think the BSGE could have an important leadership role in liaising with other experts in the management of endometriosis outside the pelvis.

### What are your hopes for the future?

I hope to see implementation of the NICE guidelines in the UK so that we can drive down diagnosis time. In the future I really hope that for my daughters or the next generation we find out what causes this condition and what cures it. There are so many unanswered questions. I don't want everyone else to suffer in the same way.



# Thoracic endometriosis

## *Scope of the problem and plans for the future*



**Martin Hirsch**

Consultant Gynaecologist;  
Oxford University Hospitals



**Islam Gamaleldin**

Consultant Gynaecologist;  
Southmead Hospital

This must start with a thank you to the patients who have had to fight to get a diagnosis of thoracic endometriosis (TE). The struggle and hardship many have had to endure to get a diagnosis is quite unbelievable. For these patients to then find out there is no dedicated centre of excellence for the treatment of this condition was so upsetting it prompted an open letter from over twenty such patients to The British Society for Gynaecological Endoscopy BSGE (BSGE).

The BSGE specialist endometriosis centres lead the world with an example of nationally regulated safe management of rectovaginal endometriosis. The remit for these centres does not currently include the management of endometriosis outside the pelvic cavity, including TE, and the patient message was clear and loud, they wanted improved, organised, and structured care for this rare form of the disease.

Thoracic endometriosis describes the presence of endometrial-like glands or stroma within the lung parenchyma, trachea-bronchial tree, pleural surface or diaphragm. The most common site for extra-pelvic disease is TE which is right sided in 85% of cases and associated with pelvic endometriosis in approximately 80% of cases. It has four main clinical presentations: catamenial pneumothorax, catamenial haemothorax, catamenial haemoptysis and pulmonary nodules. Collectively, this is known as thoracic endometriosis syndrome (TES). Recently, Bobbio et al. proposed expanding this classic definition of TES to include endometriosis-related diaphragmatic hernia, catamenial chest pain, and endometriosis-related pleural effusion.

### **Scope of the problem**

The true prevalence and age incidence of TE remains unknown and while it is thought to be rare this may represent a largely underdiagnosed disease with little research existing beyond case reports. The diagnosis and management of patients with TE is challenging with delays in diagnosis commonly experienced. This is due to the lack of awareness of the condition among clinicians (gynaecologists, thoracic and general surgeons, radiologists, and accident and emergency doctors) and the absence of national / international recommendations or guidelines to support clinicians in the diagnosis and management of this group of patients. The lack of national guidance was highlighted in the APPG report on endometriosis 2020 where they urged NICE to ensure that care pathways for those with endometriosis outside the pelvic cavity are developed and implemented, starting with TE. In response to the patients' call for help, we have established an international working group under the supervision of past president Sanjay Vyas and in collaboration of the World Endometriosis Society. This working group, including clinicians, researchers, and patients with TE aims to address the problems highlighted to the BSGE and make sure the results are disseminated appropriately. The aim of this project was three fold:

1. Establish an understanding of current practice in the UK.
2. Develop a clinical care guideline for the diagnosis and management of TE.
3. Establish a clear national pathway for the management of TE.





## **Establish an understanding of current practice in the UK**

In 2019 we surveyed BSGE members asking questions on screening, diagnosis, management, and service provision. The findings from this experienced cohort were interesting and over a third had never managed a case of TE, only 4% would regularly ask about symptoms of TE, and less than 70% would always assess the diaphragm at the time of laparoscopy. The management strategies varied, and the majority of respondents recommended regional or national centres for the management of TE. The variation in diagnostic and treatment modalities offered is a reflection of the paucity of available evidence-based treatment guidelines.

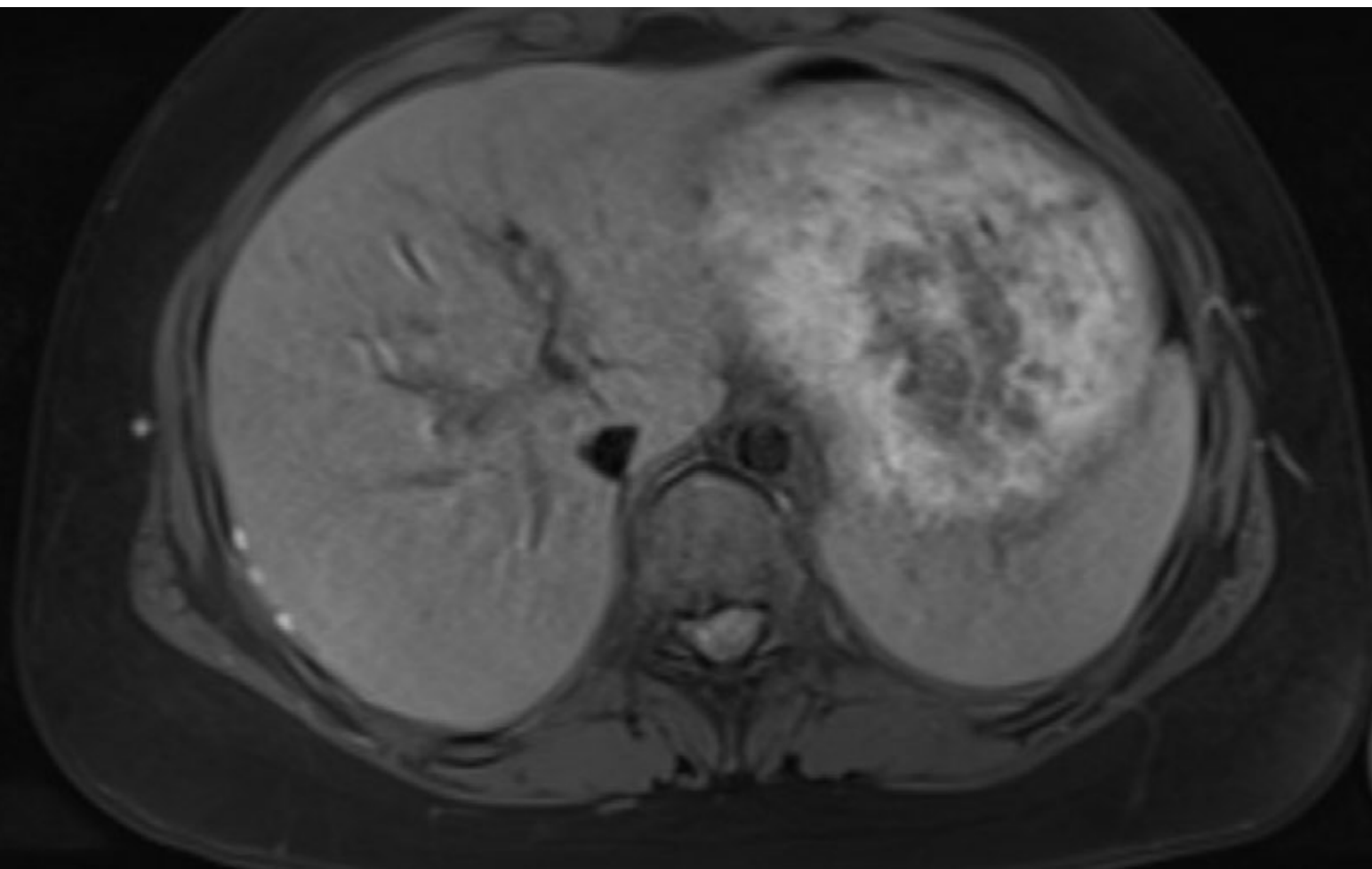
## **Develop a clinical care guideline for the diagnosis and management of TE**

A systematic literature review and critical appraisal of the literature is the gold standard in considering evidence for guidance production. However, with little research existing beyond case reports, there is insufficient evidence available to draw conclusions on the diagnosis and management of these patients. Expert opinions and consensus-based methods offer a pragmatic approach for developing guidance on knowledge gaps and the steps needed to develop the evidence for determining best diagnostic and treatment practices and, perhaps most importantly, to increase awareness of this condition and its impact as scientific evidence is established.

## **Establish a clear national pathway for the management of TE**

A lack of widespread experience of managing TE amongst endometriosis specialists was highlighted by our survey. This is likely to be a manifestation of the rare nature of the disease combined with poor screening. To minimise variation in care and aid the generation of future research centralised care has been suggested. In the UK, NHS England commissions highly specialised services for those selected centres managing rare or complex diseases to a small number, usually no more than 500 patients a year. There are currently 76 such services commissioned in the UK with examples including choriocarcinoma service (two national centres), fetal spina bifida service (one national centre) and gender identity service (two national centres) allied to our speciality. The extrapolation of our survey data suggests that the estimated number of cases of TE requiring intervention in the UK annually is likely to be between 245-545.

These results call for the development of a dedicated referral and treatment pathway for patients with TE in national or regional specialised centres. This supports the concentration of clinical experience and the management of poorly understood disease is standardised, equitable, multidisciplinary, and cost effective. The BSGE has a unique opportunity to once again lead the field with centralised TE care generating large scale data to guide clinicians globally.



# Making changes during the pandemic

*Webcomms committee member Nadine di Donato reflects on the challenges and opportunities during the pandemic*

It is now more than 13 months since all the Covid-19 reality started.

We all feel very tired, with no extra resources to re-fill our energy level. Nowadays, it has been common for everyone to speak on a negative tone about this past time during the pandemic.

I am sure it has been very hard for everyone to put on hold onto your "normal" life, your passions, your routine job and at the same time continue to offer support to your patients.

I am going to focus attention on the positive side of this unique period of time. I would like to share my experience during the lock down last year. As the elective gynaecological activity was reduced, I had the opportunity to concentrate and focus my energies on my 'robotic' dream and I finally put together the business case for robotic surgery in benign gynaecology.

In Queen Alexandra Hospital, Portsmouth we are lucky to have two robots that we share with the other surgical specialities. Our colorectal, urology and upper GI team are mainly robotically trained and all of them believed in the progression of the endometriosis service into robotic surgery.

I focused my business case on complex benign gynaecology and the need of robotic surgery for endometriosis, with the view to maintain the essential collaboration with our surgical colleagues. Endometriosis surgery is based on the combination of experienced surgeons able to produce a very tidy, detailed surgery aimed to remove the endometriosis disease and improve quality of life of our patients.

I believe the robot with its magnified view, its controlled view (without the need of an unexperienced assistant), its stable and defined articulated movements has large potential in endometriosis surgery. In Portsmouth we have now completed the surgical training and we have recorded 30 cases robotic cases.



# Portfolio Reports

## Information resources portfolio report



The webinar education series restarted in May. Regular sessions will take place on the last Wednesday of the month between 6-7pm. The first session was on the 26th May. It was entitled 'Tips and Tricks: Endometriosis Surgery and Laparoscopic Myomectomy' and featured presentations from Shaheen Khazali and Funlayo Odejinmi.



In the future, lots more great topics are planned including retroperitoneal anatomy and pelvic nerves, pelvic pain, diet and acupuncture, nurse hysteroscopy service development, laparoscopic cerclage and much more. There will be also be more interactive sessions and debates. We will email details to all members and share information and topics on social media sites.

On a separate note, as part of the information resources committee we are planning to start a BSGE podcast. We will include interviews and panel discussions with follow up reports in the Scope. It's an exciting project with lots of potential! Please get in touch if you have any ideas for features or webinars.

**Rebecca Mallick MBChB MRCOG**  
Chair – Information Resources

## Laparoscopic Training



The BSGE RIGs National Training Programme has commenced! 400 trainees will be attending a series of 'hands-on' workshops and a webinar series throughout the year. The programme is delivered virtually by a central BSGE faculty. This ensures a high quality and standardised programme is delivered, through 17 regional hubs that are fully equipped with the necessary materials and instruments. This programme is supported by our industry sponsors Medtronic, Olympus, Storz and Innovus.

The Basic Stream started in March. Trainees across the UK attended their regional Hub where local faculty provide expertise for simulation training. The hubs are managed locally by regional RIGs representatives, who form the subcommittee of the BSGE Trainee portfolio led by Mikey Adamczyk and Angharad Jones. Jessica Preshaw delivered the first of the Basic programmes which included the theory surrounding theatre set up, patient selection and understanding instruments and equipment. This was followed by practical tasks designed to practice hand eye coordination, depth perception and eliminate hand dominance.

In April the first Intermediate session was delivered by Mikey and Angharad. This covered operative laparoscopy. Theory included laparoscopic sterilisation, ovarian drilling, and management of ectopic pregnancy. The practical tasks included performing both salpingostomy and salpingectomy as well as other well-designed tasks to develop laparoscopic skills.

The Advanced programme will start in April. We also look forward to the Webinar series which will commence on the 8th June, where all trainee members of the BSGE can attend. This is led by CP Lim who is developing the content, which will of course be relevant and stimulating for all trainees.

The BSGE council hope this training programme will help support our trainee members to achieve their training goals and of course improve the skills that have been increasingly hard to obtain throughout the pandemic.

**Donna Ghosh**  
Laparoscopy Training sub-committee Portfolio Chair





## Regional Representative Vacancy

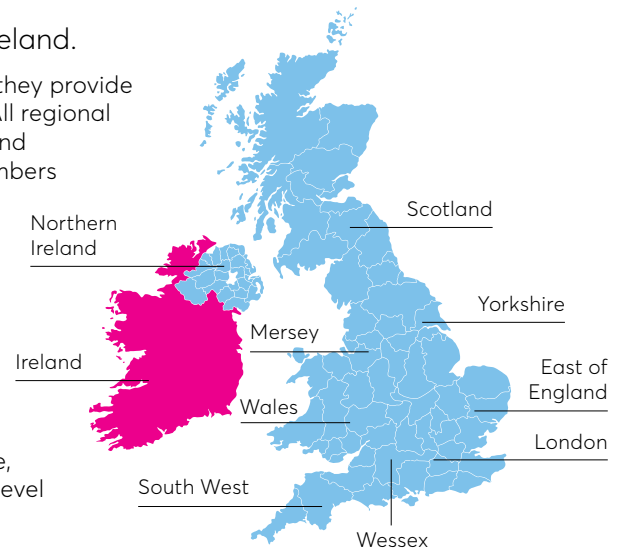
RIGS has a vacancy for a regional representative to cover Ireland.

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 are in post for two years and help to coordinate the RIGS Hubs national training programme within their deaneries. 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](mailto: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. Deadline Monday, 28th June.



## RIGS at Virtual ASM 2021

RIGS were very active at ASM 2021. The annual Pecha Kucha feature was a high point at the meeting. This year's session had the theme of 'The Apprentice' with four shortlisted presentations of novel ideas, concepts and innovations.

Sabrina Butt presented a training tool for optimal camera orientation in laparoscopy. The title 'A workman never blames his tools, but he can blame his assistant!' may have struck a chord with many of the RIGS members in the audience!

Shaun McGowan presented an interesting innovation to streamline the clinic experience in complex gynaecology and endometriosis. He emphasised that *"We're not aiming for robot doctors! We're looking to enhance not replace."*

In *"Should our instructors have stop pedals, too?"* Emily Wright advocated that trainers have stop pedals during electrosurgery like driving instructors so that they have the option of performing an emergency stop.

Finally, in 'Surgical Innovation- Bridging the Gap' Monica Trczynska-Palmer suggested an innovation surgical fellowship to improve and create surgical equipment and technologies and improve patient care. Angharad Jones complimented the high quality of the entrants, saying:

***"There were four fabulous presentations with really thought provoking ideas"***

However, there could only be one winner with Shaun McGowan taking the honours.

Five trainee videos were selected to be presented in the trainee video competition in the virtual ASM. Sam Oxley won for his video 'Beyond the simple ectopic, the use of vasopressin for an isthmic ectopic pregnancy.'



It demonstrated a safe and effective laparoscopic technique for the management of an interstitial ectopic. A 30-year-old patient, 7 weeks pregnant was diagnosed with a left sided ectopic. Vasopressin was injected into the ectopic and the myometrium to help achieve minimal blood loss and excision of the tube and ectopic.



***We enjoyed meeting you virtually at the event, and look forward to getting together in person next year.***

You can see the video here



## BSGE RIGS HUB Webinar

# Session 1: BASIC LAPAROSCOPY

Tuesday, 8th June 2021 at 19.00 (UK time)

The BSGE RIGS invite members to register for the first of the series of RIGS HUB National Training Webinars. This first webinar will focus on basic laparoscopy. It is expected that all competitively selected delegates registers and attends as part of the program. All other trainee members will also be able to access the webinars for free if you register.



**BSGE Moderator:**  
**Mr C P Lim**  
Consultant Gynaecologist  
Lister Hospital Stevenage, East and  
North Hertfordshire NHS Trust



**BSGE Moderator:**  
**Mr Parveen Verasingam**  
Laparoscopic Fellow  
Royal Cornwall Hospitals NHS Trust

### Time, Topic and Speakers:



**Prof Omer Devaja**  
Maidstone and Tunbridge  
Wells NHS Trust



**Mr Tom Aust**  
Wirral University  
Teaching Hospital



**Mr George Goumalatsos**  
Basingstoke Hospital, North  
Hampshire NHS Trust

**Discussion  
and Q&A**  
Moderators

**End**

Sponsored Talk:

**OLYMPUS**

Working in Laparoscopic  
Theatres and New  
Technologies

**Laparoscopic  
Entries and Diagnostic  
Laparoscopy**

**Electrosurgery**

**Register for free HERE**  
(Registration Required)



# BSGE RIGS HUB National Training Programme

We are excited to announce that the new BSGE RIGS HUB National Training Programme is now up and running. 400 trainees will attend 'hands-on' workshops and a webinar series throughout the year.

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 high-quality, standardised BSGE programme, that is delivered through a series of hands on workshops at laparoscopic hubs within each deanery and online webinars. Each workshop is facilitated by appointed RIGs regional reps, along with a BSGE faculty within each hub. The programme is supported by our industry sponsors Medtronic, Olympus, Storz and Innovus. Each of the 17 regional hubs are fully equipped with the necessary materials and instruments.

There are 3 programme streams (Basic, Intermediate and Advanced) and the content aligns with the requirements of the core RCOG curriculum. The programme will complete over a maximum period of 12 months.



To find out more about the National Training Programme, please [click here](#)







*Angharad Jones and Mikey Adamczyk  
BSGE Trainee Representatives*

# Nurses and Paramedics

## Endometriosis CNS

Welcome to 2021, it's been a challenging twelve months for us all, but we continue with our drive and focus on the projects of the BSGE Nurse portfolio.

The BSGE Pre Congress Nurses Day in March was a great success. Thank you to everyone involved in making the day such a high quality event. I strongly believe that education and shared learning is a lifelong commitment to being the best we can be, which ultimately enables us to provide the best care we can for our patients.

The BSGE ASM was a fine example of what can be achieved when faced with the challenges of a global pandemic. Thank you to everyone involved.

We launched our CNS mentoring system at the beginning of the year. Thank you for everyone's support and input with this. It has been very well received with many partnerships already set up to provide support to anyone who needs it.

The BSGE Nurse subcommittee of Claudia, Liz and Jenny join me in welcoming ideas for further growth and development. Our focus remains on; education, creating an informative and resourceful website, standardisation of the nurse role, patient information and documentation templates, and, creating a professional and supportive environment for all our nurse colleagues.

We are looking forward to developing an education programme, facilitating more webinars and continued work to improve the resources available on the website.

We look forward to an exciting year ahead!

**Gilly Macdonald**

Endometriosis Nurse Representative



## Nurse Hysteroscopy

Firstly I hope you are all well. The annual scientific meeting was a great success the online platform was outstanding, it enabled integration for all members. It was lovely to see so many of you there, the chat function was very useful.

The pre-congress hysteroscopy workshop was also well received, even highly experienced clinicians found the course very rewarding. We now look forward to the ambulatory care network meeting on Friday 18th June 2021 a copy of the draft programme can be found [here](#), with a cost of £20 to nurses.

The Nurse resources on the BSGE webpage have recently been updated. Please see [this link](#) for more details. We are trying to add useful articles and research to the nurses' page. If you see anything which you feel would be of benefit please send it to us at [nurses@BSGE.org.uk](mailto:nurses@BSGE.org.uk) so we can upload to the nurse hysteroscopy page. I continue to work closely with my supportive sub-committee colleagues, Michelle Clarke, Suzanne Taylor and Dennis Casayuran and thank them for their contribution. We are in progress of planning the next webinar and the sub-committee have some great ideas. If you have anything you would like discussed or if you would like to present anything which you feel would be of benefit to everyone please get in touch.

**Caroline Bell**

Nurse Hysteroscopist Representative

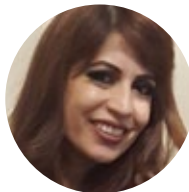






# BSGE Survey Section

## LAGGS “Laparoscopic skills Acquisition in obstetrics/ Gynaecology and General Surgical trainees”



*Zaibun Khan, ST4 in in the north west deanery reports on her survey into laparoscopic skills training.*

I am an ST4 in Obstetrics and Gynaecology and the chief investigator of a study comparing the experience and proficiency of trainees in laparoscopic surgery in Obstetrics and Gynaecology and General Surgery.

We want to identify optimal training pathways. We know that psychomotor skills are difficult to acquire and trainees wishing to become laparoscopic surgeons face a steep learning curve. The training requirements in general laparoscopic skills for CCT are comparable in both O&G and General Surgery, but the training pathways differ significantly. Specifically, General Surgical trainees receive earlier exposure to laparoscopy with a greater volume of laparoscopic work than O&G trainees.

This study is divided into two parts; one evaluates the laparoscopic proficiency of trainees through a range of simulated laparoscopic tasks and the other part involves surveys to both consultants and trainees from gynaecology and general surgery. In particular, we are interested in exploring consultant's perception of what they regard as important laparoscopic skills at CCT and comparing it with the trainee's perceptions. This information will provide insight into training standards.

**If you are a consultant please follow click here to complete the survey**

**If you are a trainee please follow click here to complete the survey**

If you would like more information on the LAGGS study please visit our website: <https://www.surgicalbridges.co.uk/laggs> or contact: [zaibunkhan@gmail.com](mailto:zaibunkhan@gmail.com).







## Survey on extrapelvic endometriosis

*Shamitha Kathurusinghe, Kirana Arambage and Bryn Kemp from Oxford University Hospital, United Kingdom are working with Horace Roman from Bordeaux, France, Catarina Ang from Royal Women's Hospital Melbourne, Australia, Dilip Visvanathan, Bart's Health Hospital, Uri Dior, Hadassah Medical Centre, Israel and Saikat Banerjee, Cambridge University Hospital.*

The presence of endometriosis outside of the uterus, ovaries and uterosacral ligaments is defined as extrapelvic endometriosis. A patient may experience symptoms up to 7-12 years prior to being diagnosed with endometriosis. We suspect patients with some types of extrapelvic endometriosis may have a much longer interval to a diagnosis.

However, extrapelvic endometriosis may also not be as uncommon as once assumed. Therefore, we hope this survey will help collate all our individual experiences in this area and shed light on the unknown. We also hope this survey will quantify the need for future resources and guidelines on patient management.

Thank you for taking the time out of your busy schedule to complete this survey. We value the time you have taken to share your own clinical experiences with us. This survey should take approximately 8 minutes to complete.

[Complete the survey here](#)

If you are interested in working with us towards improving our shared understanding and management of extrapelvic endometriosis, then please email us at [extrapelvicendo@gmail.com](mailto:extrapelvicendo@gmail.com).

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## Survey into the management of retained products of conception



*Kiran Devgun, ST3 in Obstetrics and Gynaecology from King's College Hospital introduces a survey into the management of retained products of conception postpartum which aims to find out practice in different units across the country.*

[Members click here and complete the short questionnaire](#)





## *Survey into closure in laparoscopic surgery*

*Frances Freer, Foundation Doctor at the Essex, Bedfordshire and Hertfordshire Deanery reports on a national research project which needs input from laparoscopic surgeons.*

We would like to invite you and your team to participate in our national research project aimed at understanding routine practice for sheath and skin closure in laparoscopic surgery. We are seeking input from surgical trainees and consultants who perform laparoscopic surgery on a regular basis. The survey requires filling in a short anonymised questionnaire and allows the opportunity for participation in a national surgical audit. All data from responses will be confidential and will not be used to identify individuals.

[Please click here to complete the survey](#)





# Upcoming Events

*Nadine di Donato suggests some dates for your diary*

## ISGE (The International Society for Gynaecologic Endoscopy)

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

## BSGE Ambulatory Care Network meeting 2021

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

## BIARGS 11th ASM

Virtual  
 24-25th June 2021  
[Click here for more info >>](#)

## ESHRE 2021

27-30 June 2021 Paris France  
[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

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

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

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

## The International Federation of Gynaecology and Obstetrics (FIGO)

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

## 30th Annual congress European Society for Gynaecological Endoscopy (ESGE)

Oct 2021  
 Rome and Virtual  
[Click here for more info >>](#)

## 14 Congress of the European Society of Gynaecology (ESG)

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

## 50th Global Congress on MIGS – (AAGL 2021)

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

## The IXth Asian Conference On Endometriosis (ACE)

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

## BSGE ASM 2022

28 February-1 March 2022  
 Birmingham - Worcester  
[Click here for more info >>](#)



## Hysteroscopic Resection Course 22nd - 23rd July 2021

It gives us great pleasure to invite you to register for our first hands-on Gynaecology course in the MATTU since the SARS-CoV-2 pandemic shutdown.  
 Tel: +44 (0) 1483 688691 / Email: [alisons@mattu.org.uk](mailto:alisons@mattu.org.uk) [www.mattu.org.uk](http://www.mattu.org.uk)







# Noteworthy Articles

*Webcomms team member Rebecca Mallick has searched the journals and picked out some key articles to keep you informed and up-to-date.*

**Byrne et al. Analysis of factors that could affect symptomatic outcome in patients having laparoscopic excision of deep rectovaginal endometriosis in BSGE endometriosis centres. Eur J Obstet Gynecol Reprod Biol. 2021;261:17-24**

Nice sub-analysis of BSGE endometriosis centre data highlighting the benefits of surgical excision of deep endometriosis in specialist centres. Interestingly the data suggests women should be advised to stop smoking and consider pre-operative ovarian suppression to improve outcomes.

[Read more](#)

**Jones BP et al. Uterine Transplantation. BJOG. 2021. Epub ahead of print.**

The future? Fascinating scientific impact paper published on behalf of the RCOG summarising the evidence so far, the surgical and ethical considerations as well as a framework for the future.

[Read more](#)

**Okoth K et al. Risk of cardiovascular outcomes among women with endometriosis in the United Kingdom: a retrospective matched cohort study. BJOG. 2021. Epub ahead of print.**

Population-based cohort study assessing the cardiovascular disease risk in women with endometriosis. Interesting results which highlight that women with endometriosis are at an increased risk. Key point to note when counselling patients.

[Read more](#)

**Leonardi et al. Self-management strategies to consider to combat endometriosis symptoms during the COVID-19 pandemic. Hum Reprod Open. 2020;2020(2): hoaa028**

Well worth a read if you missed it first time around. Helpful self-management strategies to share with patients; so useful with the ongoing COVID-delays and surgical backlog.

[Read more](#)

**Sairally et al. Prioritisation of outpatient appointments and elective surgery in gynaecology. Best Pract Res Clinic Obstet Gynaecol. 2021. Epub ahead of print.**

[Read more](#)

**Ball et al. COVID-19 in Women's health: Pre-operative gynaecological assessment and shared decision making. Best Pract Res Clinic Obstet Gynaecol. 2021. Epub ahead of print.**

[Read more](#)

**Odejinmi et al. COVID-19 in Women's health reducing the risk of infection to patients and staff during acute and elective hospital admission for gynaecological surgery. Best Pract Res Clinic Obstet Gynaecol. 2021. Epub ahead of print.**

[Read more](#)



## These selections of articles are well worth a read; they collectively tackle the pertinent points of safeguarding the return to "normal" gynaecological services post COVID-19.

**COVIDSurg Collaborative. SARS-CoV-2 vaccination modelling for safe surgery to save lives: data from an international prospective cohort study. BJS. 2021. Epub ahead of print.**

Another noteworthy paper by the COVIDSurg group assessing pre-operative COVID-19 vaccination and COVID related deaths in patients undergoing elective inpatient surgery. This paper highlights the significant peri-operative COVID mortality risk reduction with vaccination and concludes surgical patients should be prioritised. Important factor to consider when re-prioritising benign gynaecology cases.

[Read more](#)

**Mallick et al. The impact of COVID-19 on obstetrics and gynaecology trainees; how do we move on? Facts Views Vis Obgyn, 2021;13 (1): 9-14**

This survey really highlights the negative impact of COVID-19 on gynaecology surgical training and discusses potential systems to safeguard training in the future. Topical subject, particularly at the recent ASM.

[Read more](#)

**Moawad et al. Colorectal endometriosis: ample data without definitive recommendations. Facts Views Vis Obgyn, 2021;13 (1): 3-7**

Another topic subject; when to shave and when to resect bowel endometriosis. Nice review paper which summarises all the up-to-date evidence and suggests a useful algorithm based on expert opinion.

[Read more](#)

**Bryant-Smith et al. Life in the laparoscopic fast lane: evidence-based perioperative management and enhanced recovery in benign gynaecological laparoscopy. The Obstetrician & Gynaecologist 2021; 23: 113– 123.**

Interesting TOG article and well worth a read. This paper reviews in detail the evidence surrounding peri-operative management and enhanced recovery pathways.

[Read more](#)

**Annreiter C et al. A Systematic Review of the Treatment of Uterine Fibroids Using Transcervical Ultrasound-Guided Radiofrequency Ablation with the Sonata® System. JMIG. 2021. Epub ahead of print.**

A systematic review assessing the use of the Sonata system to treat uterine fibroids. A 63.2% total fibroid volume reduction was observed following treatment and 87.2% reported a meaningful reduction in bleeding after 12 months. Interesting results, however long term data, fertility outcomes and cost-effectiveness data is still lacking. Worth reading in conjunction with recently published NICE advice. (<https://www.nice.org.uk/advice/mib255/chapter/summary>)

[Read more](#)





OLYMPUS

## JOIN US LIVE

### BSGE/ Olympus TLH Masterclass Seminar

Tuesday 8 June 2021

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#### Agenda

18:00	Welcome & introduction	Mr Mohamed Mabrouk
18:05	Set up to Survey	Miss Jessica Preshaw
18:15	Division to colpotomy	Miss Jessica Preshaw & Miss Smruta Shanbhag
18:30	Closure to time out	Miss Smruta Shanbhag
18:45	Live Q&A session	All
19:00	Close	Mr Mohamed Mabrouk

#### Faculty

Mr Mohamed Mabrouk	Cambridge University Hospitals NHS Foundation Trust
Miss Jessica Preshaw	North Bristol NHS Trust
Miss Smruta Shanbhag	University Hospitals Coventry & Warwickshire NHS Trust



# BSGE Scope Team

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BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

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