

# THE SCOPE

Newsletter of the British Society for Gynaecological Endoscopy

## BSGE news...

ASM24 - Details of the event,  
including our Insiders' Guide to Belfast

Fifth BSGE ACN Report

GESEA Course Report

The Scope meets...  
Professor Elizabeth Stewart

All the usual News, Portfolios,  
Survey Section and much more



# Welcome

*Dear colleagues and fellow BSGE members*

## Message from the Editor



Welcome to the special pre-congress edition of The SCOPE. As we gear up for an inspiring journey to Belfast, I am thrilled about the opportunity for us to aspire together towards new heights of achievement, embodying our motto of going “higher, faster, and stronger-together.”

This edition is packed with insights and previews of what awaits us in Belfast: from the meticulously planned scientific programme and pre-congress courses to curated suggestions for enjoying our after-hours in the city. Our focus is not only on professional enrichment but also on making the most of our collective experience.

In a highlight of this issue, Mez Aref-Adib presents an enlightening interview with Elizabeth Stewart, a vanguard in fibroid care. Elizabeth’s journey offers invaluable lessons in making impactful advances in research and the management of fibroids, a read that promises to inspire and guide us.

In our survey section, we feature a special request from my Whipps Cross team, inviting you to participate in our questionnaire aimed at updating the management of uterine fibroids. We hope your insights will help in the understanding of fibroid care

This issue pays homage to one of our esteemed past Presidents, Jonathan Frappell, celebrating his contributions and legacy within our community.

Moreover, Andrew, our current President, shares a compelling message alongside insightful portfolio reports, emphasizing the significance of our collective efforts and aspirations.

I eagerly anticipate what promises to be an exhilarating time in Belfast, filled with learning, networking, and growth. Together, let’s make this congress a memorable milestone in our continuous pursuit of excellence.

### **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

*As we look forward to our Annual Society Meeting in Belfast I am acutely aware that my time as BSGE President is drawing to a close and I will be passing the medal of office to Arvind Vashisht who will become the 18th President of the BSGE since the Society's inception in 1990.*

It is seven years since I became Honorary Treasurer during which time the BSGE has gone from strength to strength, weathered a pandemic and now numbers 2000 members. The Society was founded at its first meeting in Guildford, the Officers being elected from a core of 30 members with Alan Gordon (President), Victor Lewis (Vice President), Chris Sutton (Secretary) and Adam Magos (Treasurer). As we heard from Ray Garry last year it very nearly did not happen due to a very convivial lunch at Gunners Farm but duty prevailed. I joined the BSGE when I came to work in Guildford as Chris Sutton's Senior Registrar in 1995, taking over from him in 2001.

Needless to say we have grown from an association of enthusiasts, becoming a Charitable Trust in 1999, to the professional organisation we are today. We have seen in the last few years a significant increase in membership, with the largest attendance at an ASM last year in Manchester. The demands in running the Society have likewise grown considerably which has necessitated various changes over the last couple of years with an increase in council members and secretariat. We have also had to make some organisational changes to ensure that the Society is on a firm footing going forward.





For the first time last year we employed a Professional Conference Organiser (PCO) to work with the Secretariat and Local Organising Committee to deliver the ASM. It was not reasonable to allow the old status quo to continue with the ASM being run in house. Manchester was a great success and we have teamed up again with Outsourced Events to deliver what I am sure will be an ASM to remember in Belfast. So please if you have not already registered and made your travel arrangements put it on your to do list. Early bird registration ends just after Easter on 12th of April.

Registrations so far are strong and we have received the greatest number of abstracts submissions ever for an ASM at over 300. This is particularly encouraging. The best of these have been selected for presentation and the best of the best will be awarded prizes on the Friday afternoon. I have always felt that our annual meeting is worth the investment providing an opportunity to come together, to share our knowledge and have a good time. Judging on the academic and social programme that Shaun McGowan and the organising committee have put together, Belfast will not disappoint.

In the back room of the Society there have been some significant changes. Lesley Hill our longstanding membership secretary and book-keeper finally retired a couple of years ago which resulted in a major overhaul of our book-keeping, which has been moved to our accountants Haslers. In addition we are now VAT registered which was a necessity. I would like to thank Fevzi Shakir (Honorary Treasurer) for making this happen. On the membership side, many of these functions have been automated via the website, which as you may have noticed, has undergone a major upgrade over the last two years. This did alter the way by which annual subscriptions were collected, which took a while to sort out, so thank you for your patience with this. Again this has taken a lot of work with Akiko our webmaster working with Zahid Khan (website and digital governance) along with input from Atia, Charis and the Council.

Data protection and GDPR is now managed externally, overseen the BSGE Vice President. This is an incredibly complex area which needed expert input, what more can I say.

As with all things pandemic there have been some good things and not so good things. One of the former is our webinar programme which continues to perform strongly. We really were ahead of the game on this one with august societies such as the ESGE and AAGL still trying to catch up. We continue to engage with our latest 48th webinar on "The Uses of ICG in Gynaecology" attracting 140 participants. Any ideas or topics of interest for future webinars are always gratefully received and can be submitted by email to Atia at the BSGE for consideration.

The Endometriosis Nurses and Nurse Hysteroscopists are as active as ever and will be running dedicated sessions in Belfast parallel to the live surgery on Thursday morning. The Endometriosis Nurses will also be joining the live endometriosis surgery session on the Wednesday afternoon.

Our new International Relations portfolio along with Research and Innovations have already borne fruit. Our links with the AAGL are re-established having gone through the doldrums post pandemic and we continue to be the largest national group attending the ESGE annual congress demonstrating our continued engagement abroad.

RIGS along with GESEA and our other Hysteroscopy and Laparoscopy training programmes continue to deliver and provide training opportunities for all of our members. If you are joining us in Belfast, do have a look at the pre-congress courses which include robotics, live surgery, laparoscopy, hysteroscopy, gynae ultrasound and vNOTES. The day will conclude with a welcome drinks reception at the ICC to coincide with arrival of the cyclists, followed by the RIGS dinner and BBQ night.



At the time of writing there are still a few places available for these events-but not for long. If you miss out, do not despair, as we have ample space for the gala dinner which is a welcome reverse on last year. This should be a spectacular affair in the Titanic Building overlooking the slipways, where RMS Titanic was built, alongside her sister ship RMS Olympic. The theme is 'Dining in First Class, Dancing in Steerage!' There will also be an opportunity to visit the Titanic Galleries Exhibition prior to the dinner so the academic program will not be finishing late. The AGM is during the day on the Friday! Guests are more than welcome, so please look at the options when booking your tickets.



Those who are Endometriosis Centres, BSGE or NHS, will be aware of the revised Service Specification for the Surgical Management of Severe Endometriosis which is currently out for stakeholder testing. This has been a while in coming and has been a collaboration with NHS England Women and Children's Clinical Reference Group and the BSGE.

The remit was to build on the significant advances that have been made since the inauguration of NHS Commissioned Providers in 2013, making endometriosis care fit for purpose for the next 10-20 years. There has been significant input from the BSGE Officers, Endometriosis Centres, NHS England, and patient representatives. This collaboration will continue. In essence the aim is to create an Endometriosis Care Network with Commissioned Centres at the hub. It is anticipated that there will be a recognised upgrade in the level of work undertaken at the centres with the introduction of a limited number of thoracic centres to address this complex problem. Data collection and quality assurance will be simplified and at the moment continued by the BSGE. This is not going to happen overnight but the fact that we have got it this far is an achievement in itself. I am particularly grateful to Anthony Prudhoe, Head of Women and Children's Programme of Care NHS England, who has guided us through this process.

I probably have not covered everything but I think it fair to say that the Society has continued to deliver over the last few years for the benefit of its' members and our patients. I am most grateful to my fellow Officers and Council, who have made it happen, and Atia and Charis without whom nothing would happen. My father taught me that one of the marks of a good leader is to leave something better than you found it. I hope I have done that.



# BSGE ASM24 Belfast

We're counting down to the BSGE Annual Scientific Meeting 2024. For the first time the meeting is coming to Northern Ireland, taking place in Belfast on 2nd and 3rd May 2024, with pre-congress events on 1st May. Shaun McGowan, Chair of the Belfast LOC, said:

*"You will be welcomed to a beautiful, modern and resurgent harbour city. Belfast remains a city on the rise. The awards have been coming thick and fast over the last few years for Belfast, cementing the city's position as a global events destination.*

*You will have access to a rich cultural heritage, lots to see and do around the city and access to the beautiful Northern Irish countryside, if you want to extend your visit."*

## Faster, Higher, Stronger – Together

The 2024 conference theme is Faster, Higher, Stronger- Together. Reflecting the Olympic motto, the scientific programme will focus on efficiency, standards and innovation, resilience and multidisciplinary team working.

### Pre-congress courses

Delegates can get a flying start to the ASM by registering for one of the wide ranging pre-congress events. Pre-congress courses are held on May 1st and will finish in good time for the welcome reception and the evening social events.

This year there are even more options from which to choose. The team is running many conference favourites, together with popular robotics and Sonata sessions introduced in Manchester and some innovative new sessions including a live endometriosis surgery masterclass.



## Live Endometriosis Surgery Masterclass

This new, face-to-face and virtual, pre-congress event offers an extension to the main conference programme with an extra half day of live surgery.

The masterclass will demonstrate key anatomy and surgical landmarks with a robotic cadaveric dissection and a showcase of up-to-date surgical management in severe endometriosis.

Shaun McGowan, Chair of LOC, said that the ground-breaking masterclass is one of his anticipated highlights of the meeting:

*"I'm really looking forward to our endometriosis surgical masterclass. For the first time this is extending the live surgical offering and is including some amazing surgeons dealing with complex cases and sharing their tips and experience. It will include what we think is a world first- a robotic cadaveric dissection with Prof Mabrouk. This pre congress course can even be watched virtually. I'd encourage people to register and not miss out!"*

# ASM24

Annual Scientific Meeting

## Pre-congress Workshop Endometriosis Live Surgical Masterclass

For Consultants, Trainees, Nurses and Healthcare professionals interested in anatomy, endometriosis and minimal access surgery  
This pre-congress event offers an extension to our main programme with an extra half day of live surgery.  
This masterclass will demonstrate key anatomy and surgical landmarks with a robotic cadaveric dissection and a showcase of up-to-date surgical management in severe endometriosis.  
Offered as both face to face and virtual.



BRITISH SOCIETY FOR GYNAECOLOGICAL ENDOSCOPY

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### During the Masterclass

Delegates will get the opportunity to:

- See as live robotic cadaveric dissection recorded at state of the art IRCAD facility
- See live endometriosis surgery showcasing up to date surgical techniques
- Discuss interactively with leading faculty

### After the Masterclass

Delegates will aim to:

- Have an enhanced understanding of anatomy including retroperitoneal anatomy relevant to endometriosis surgery
- Understand the concepts and applied surgical techniques in endometriosis surgery

### Wednesday 1st May 2024

Start time: 12:00  
End Time: 16:00

**Registration fee: £80 F2F**  
Inclusive of refreshments  
**£70 Virtual**

**Address:**  
The Studio  
ICC Belfast  
2 Lanyon Place  
BT1 3WH

**Course organisers:**  
> Andrew Kent  
> Shaun McGowan  
> Michael Graham  
> Mohamed Mabrouk

[Register here](#)

### Faculty

- > Prof Tim Rockall
- > Mr Michael Adamczyk
- > Ms Natasha Waters
- > Mr Fevzi Shakir

### Moderators

- > Mr Angus Thomson
- > Ms Karolina Afors

Delegates will be able to claim 4 CPD credits for attendance.

## Pre-congress Workshop Endometriosis Live Surgical Masterclass

Includes a live cadaveric robotic dissection streamed from IRCAD with Professor Mabrouk.

[Register here](#)

## Pre-congress Course RIGS Intermediate Laparoscopic

This intensive practical simulation course covers key operative laparoscopic requirements within the RCOG curriculum.

[Register here](#)

## Pre-congress Workshop Da Vinci Surgery

This workshop offers consultants and trainees hands-on experience with the da Vinci Xi surgical system.

[Register here](#)

## Pre-congress Taster Workshop vNOTES

This is a taster workshop for vNOTES surgery aimed at consultants and Senior Trainees (ST6/7).

[Register here](#)





**Pre-congress Workshop**  
**Gynaecological Ultrasound for Minimal Access Surgery**

This workshop will provide lectures and case studies.

[Register here](#)

**Pre-congress Workshop**  
**Transcervical Fibroid Ablation (Sonata Treatment)**

Gain a deeper understanding of the science behind Transcervical Fibroid Ablation.

[Register here](#)

**Pre-congress Workshop**  
**Hysteroscopy**

A hands on session for both nurses and doctors. The workshop will combine lectures, case study discussion and practical stations.

[Register here](#)

**Pre-congress Workshop**  
**Endometriosis CNS Education Day**

Enabling CNS to develop the knowledge and skills required to enhance individual practice.

[Register here](#)

## Reflecting on The Troubles

Remembering the conflict the city has endured, Belfast 2024 will host a session on the impact of The Troubles on women’s health in the city.

Ruth Duffy and Jim McGuigan will give this Keynote Lecture entitled ‘NI Healthcare in the Troubles’ on Friday, 2nd May from 10.30-11 am in the main auditorium ahead of the AGM and new BSGE President Arvind Vashisht’s inaugural address.

## ICC Belfast

ICC Belfast, an award-winning venue in the heart of the city centre, will host BSGE 2024. The state-of-the-art conference centre has a reputation for innovation and delivering best in class event experiences.

The BSGE has exclusive use of this venue, ensuring that ASM24 can offer an increased scientific programme and a large space exhibition and event space that’s easy to navigate. The conference centre is within easy walking distance of a large number of excellent hotels, restaurants, bars and sights of interest.



## Gala Dinner and Social Programme

At BSGE 24 there are opportunities to work, learn and play. The social programme will allow you to connect with colleagues, relax and enjoy the city.

On May 1st, the team invites you to the BSGE BBQ Night and Annual RIGS dinner. The event will be held in the historic Half Bap / Cathedral Wuarter area with delegates meeting in the historic New Orpheus where there will be craic, music and lots of shared laughs.

The BSGE Gala Dinner, held on May 2nd from 18.30 to 01.00, promises to be a night to remember. Shaun says:

*"We offer a truly exceptional gala dinner experience as the social highlight of the BSGE year. Taking place in the historic Titanic building you will be met with a prosecco welcome, with access to the amazing Titanic museum galleries before sitting down to a sumptuous meal. After dining in first class, we look forward to dancing in Steerage!"*

Titanic Belfast is the stunning venue for the Gala Dinner. It is the world's largest Titanic visitor experience. The centre is situated on the city's renowned Maritime Mile, home to the iconic Harland and Wolff shipbuilders, the historic docks, the Titanic Slipways and Hamilton Graving Dock.

The dinner is £70.00 for delegates with ticket for additional guests/partners available for £100. Included in the price is the option to tour the galleries at the Titanic Museum before the drinks reception and dinner. The galleries will be open from 18.30 with last entry at 19.15. If you do not wish to attend the tour, you can arrive for the drinks reception at 19.30 with dinner served at 20.00.



## Getting to Belfast and getting about

Belfast has excellent links to the mainland UK and Ireland. Northern Ireland itself has three airports, there are sea crossings from England and Scotland, and a direct rail link from Dublin. Coming from further afield? No problem. You can fly direct to Belfast from over 20 European cities and a number of North American locations.

Once you arrive in Belfast, you'll find it's easy to get around. The city centre is safe and walkable, you can easily ramble around the city with great bus and rail options if you wish to go further afield.

"The BSGE Council and Local Organising Committee look forward to meeting you all for the 2024 Annual Scientific Meeting in the historic harbour city of Belfast. Check out our 'Insiders' Guide to Belfast for our top tips for travellers!"





# Joe Amaral to deliver the Sir Alec Turnbull Lecture

*Joe Amaral will deliver the prestigious Alec Turnbull Lecture at ASM24 in Belfast*

Sir Alec Turnbull was a Professor of Obstetrics and Gynaecology in Oxford and a key figure in the development of minimally invasive surgery in the UK. Every year the BSGE organises a key-note lecture at the ASM in his honour. The very first lecture was given more than thirty years ago by Professor Jacques Donnez in 1990.

Joe Amaral is an emeritus Professor of Surgery at The Warren Alpert School of Medicine Brown University. He is a member of 25 professional societies, author of over 100 clinical papers and book chapters, and has delivered over 400 national and international presentations.

Dr Amaral has more than 35 years of significant clinical and executive leadership in healthcare. As a technological innovator, his hallmark success was co-developing the Harmonic Scalpel at Ultracision.

The Harmonic Scalpel was the first ultrasonically activated cutting and coagulating surgical device. The globally used technology is considered one of the major advancements in surgical technology of the past twenty years. Joe Amaral MD was Global Vice President of Surgical Innovation at Ethicon where he developed industry-leading minimally invasive surgical strategies, technology investments and new product developments. He is currently Vice President of Medical Affairs at HistoSonics where he oversees global clinical development initiatives.

Joe Amaral was the highlight at the inaugural BSGE Seniors' Meeting. He is a highly charismatic and motivational speaker. His key-note session in Belfast is titled:

## **'The surgeon- gynecologist as innovator'**

The Alec Turnbull lecture will take place on **Thursday, May 2nd from 12:30-13:30** in the main auditorium.





# BSGE Cycle Ride 2024 for Endometriosis UK

*The Endometriosis UK BSGE cycle ride 2024 ride starts on the 29th April and finishes on 1st May to coincide with the start of BSGE ASM24. Riders will explore beautiful landscapes, connect with fellow cyclists and cover 250 miles from Manchester to Belfast.*

The event raises money for Endometriosis UK and also increases awareness of a disease that greatly impacts many lives.

The route will link the locations of ASMs in 2023 and 2024, taking in some dramatic scenery and some fabulous cities along the way. Over three challenging days, the ride will travel through Conwy, Holyhead and Dublin before a glorious finish in Belfast.

## **Ride organiser Ed Harrison said:**

*“Completing a long-distance cycle ride is an accomplishment worth celebrating. It’s a chance to push your limits, adopt a healthier lifestyle, and set a positive example for others. As is the theme of the ASM 24 - “Faster, Higher, Stronger - Together”*

Ed reports that the ride has an expected 30 riders. With double the number of participants of 2023 and a much bigger uptake from trainees and industry reps. Training is going well, with riders sharing their photos below. To date, they have reached 40% of their target to raise £15000. Show your support of these dedicated cyclists and Endometriosis UK by sponsoring the team on:

<https://justgiving.com/page/bsge2024cyclerride>



# Insiders' Guide to Belfast

*Belfast is a destination that confounds expectations and rewards curiosity. A city on the rise and one that looks after event delegates like family.*

A compact city, Belfast is perfect for conferences and walkable anywhere in 15 minutes. The city is home to over 80 amazing venues from the iconic Titanic Belfast, ICC Belfast and Queen's University through to new venues such as Banana Block, Waterman House, Game of Thrones Studio Tour and everything else in-between from a 19th century Gaol to stately homes, castles and luxury hotels. In Belfast, you'll find fascinating walking, bus and taxi tours, cultural escapes, scientific exhibitions and literary inspirations. Not to mention the superb shopping, beautiful landmarks and top class entertainment.

The Scope spoke to the teams from the LOC and Visit Belfast to find out how you can get the very best out of Belfast and the surrounding area. LOC Chair Shaun McGowan said: *"Belfast is very well connected to other places in Northern Ireland and you are a very short drive to some amazing places. See the breath-taking Giants Causeway and see some of the scenes made famous in Game of Thrones- have a coffee in Ursa Minor at Ballintoy as you walk down to the harbour!"*

## LOC member, Kathy Niblock shared her top five tips:

### Drink at the Duke of York

The Duke of York is a historic pub where you'll, arguably, find the best Guinness in Belfast. Nestled along a famous cobbled alleyway in the historic Cathedral Quarter area, the Duke is famous for a warm Belfast welcome, great craic and live music.

The Duke of York is a traditional Belfast bar crammed with original mirrors and memorabilia, the largest selection of whiskeys in Ireland and live music Thursday to Sunday. There are lots of other great bars nearby all within five minutes' walk including the Spaniard, the National and the Dirty Onion.



### Discover Belfast with DC Tours

As a compact, walkable city, the best way to explore Belfast and its history is by taking a walking tour.

The number one rated tour in Belfast is DC Tours and definitely the one to book. They offer a general city tour and a tour that explores the troubles. The tour allows you to explore and understand the most turbulent period in Belfast's recent past and what it was like to grow up and live here during the Troubles. Whilst walking through the Cathedral Quarter and finishing on the banks of the River Lagan, the tour will also explain the peace-building process and demonstrate the reconciliation and regeneration which has taken place in the city since the ceasefires in the 1990s.



## Taste and Tour

The award-winning original Belfast Food Tour takes you on a 4-hour fun and food filled guided walk to some of Belfast's best food and drink spots across the city centre. They also run a range of tours from the Belfast Gin Jaunt, Belfast Whiskey Walk and Belfast Wine wander. For details and to book visit <https://tasteandtour.co.uk/our-tours>



## Foodie Heaven

Belfast offers fabulous dining options for gourmets and gourmands alike. Try one, or more, of these dining hotspots:

**OX Belfast** – OX is a Michelin starred restaurant that offers relaxed dining overlooking the River Lagan and just 5 minutes from the conference centre. They have a great two course lunch for £40 or three courses for £45. <https://oxbelfast.com/>

**Yugo** – Warm, contemporary eatery serving Asian fusion seafood & vegan plates with great cocktails. <https://yugobelfast.com/>

**James Street South** – Great all-rounder restaurant owned by Niall McKenna, who has represented NI in the Great British Menu. <https://www.jamesst.co.uk/>

**Deane's Love Fish** – Great seafood, light and informal restaurant great for lunch or dinner. <https://www.michaeldeane.co.uk/love-fish/>

Others to check out include **Howard Street** and **Waterman House**.

## ASM23 delegate offers

The LOC has worked with their friends at Visit Belfast to offer a fantastic range of delegate offers and discounts across Belfast which you can check out at:

<https://businesseventsbelfastandni.com/exclusive-delegate-offers/>

## LOC member Mark McComiskey added some Belfast top tips:

### Taxi Tour

Take a political black taxi tour around the streets of Belfast. Departing from city centre, the knowledgeable drivers will entertain and educate their passengers in equal measures regarding the chequered history of Belfast. Trips last approximately 90 mins and cost around £20. It's a unique experience, not to be missed.

### Take in The Titanic

The stunning Titanic Exhibition Centre is the venue for the BSGE Gala Dinner- but visiting the museum itself is a world class experience. You can learn about the building, sailing and sinking of the ship - there are many interactive exhibits and recreations of parts of the iconic Belfast-built ship.

I'd also recommend calling in at the bar in the Titanic Hotel, it's across the road from the centre. The bar is built in the actual drawing room where the ship was designed and is truly a memorable experience. Prices are from £25 - not including Guinness!





## LOC member Colm Coyne added his favourite Belfast haunts:

### Sip at the Sunflower

An iconic Belfast bar with a unique aesthetic within the city. Upon approach to the bar immediately noticeable is a security cage which, while not needed, does provide an interesting talking point within the historical Belfast pub scene. It is a location upon which a public house has stood for over 100 years. It has an inviting atmosphere and features a beer garden that welcomes all for a pizza and a pint served fresh from its woodfired pizza oven. It is well known for its live music soothing the weary pub goer seven nights a week.



### St George's Market

A staple of the Belfast food scene. This institution, just a stone's throw from central Belfast has been serving up fresh local cuisine to many a hungry patron for over 100 years. It is a vibrant meeting place that has a multitude of gastronomic options to suite all tastes while also providing a space for our local artisans to showcase their talents. It was named UK's best large indoor market in 2023 and the recognition is well deserved. It is open Friday-Sunday and is well worth the visit.



### Belfast at a click

Still hungry for more information? The experts at Visit Belfast have collated a list of articles so that you can find out the best of Belfast at a click of your smartphone.

<https://visitbelfast.com/article/craft-beer-in-belfast/>

Belfast is experiencing a surge of specialist ale producers and new microbreweries. This blog shares a few pubs with great craft beers.

<https://visitbelfast.com/article/a-guide-to-belfasts-music-scene/>

Discover why Belfast was named a UNESCO City of Music and check out Belfast's vibrant music scene.

<https://visitbelfast.com/article/24-hours-guide-to-belfast/>

If you're extending your stay in Belfast, use this blog to make the most of your time.

<https://aws.visitbelfast.com/app/uploads/2024/02/22165244/VB-City-Guide-Spring-2024-22938-WEB.pdf>

All that is happening this Spring in the city.



# ASM24 Sponsors

BSGE wish to thank all of our Sponsors for their support

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# Fifth BSGE Ambulatory Care Network Meeting

*The organising team from the ACN meeting 2024  
report on the meeting which took place in Birmingham  
from Thursday 29th Feb to Friday 1st March*

We had a fantastic meeting over two days in Brum enjoyed by 215 delegates. As always, the meeting was interactive, inclusive educational and fun.

We enjoyed major support from industry and pharma for which we are grateful. Without such collaboration and innovation, the development of this area of practice, a field gaining increasing importance in contemporary gynaecology, would not have been possible. The BSGE Ambulatory Care Network or 'CAN' annual meeting is now the biggest meeting for the BSGE outside of our annual ASM.

The ACN is not just a 'meeting' however, it is a collaborative group. It is a network that promotes better quality of care in this field through education, sharing of best practice and ideas and the development of quality assurance projects and generation of important, relevant research. To this end we have developed and published:

- A standardised outpatient hysteroscopy patient satisfaction survey: OPH-PSS - DOI: 10.1016/j.ejogrb.2021.01.028 )
- Qualitative data about patient experience of outpatient procedures DOI:<https://doi.org/10.1016/j.ejogrb.2023.07.009>
- A novel audit tool to evaluate clinician and unit practice against evidence-based standards – the latter soon to be published in the updated joint BSGE / RCOG Green Top Guideline 59 addressing "Best Practice in Outpatient Hysteroscopy".





The patient questionnaire is available on the BSGE website at <https://www.bsge.org.uk/committees/hysteroscopy/>. It is also on the BSGESICS app / webpage at <https://www.bsgesics.com/>. We hope to create an app and / or link to the BSGESICS for the novel hysteroscopic procedural audit tool if we can acquire strategic / financial support from the BSGE or elsewhere.

The meeting highlights included a masterclass in hysteroscopic techniques, discussion in controversial areas such as abnormal bleeding on HRT, a 'stump the experts' session, a session evaluating the increasing synergy / role of ultrasound in ambulatory care and a fun debate on the place of hysteroscopy (if any!) in an outpatient setting. Our keynote international speaker was Luis Alonso Pacheco who gave a superb exposition on 'understanding the uterus' including the various types of uterine contractility to promote conception / implantation, parturition and menstruation. The images and surgical instructional videos were amazing. The ACN only invites the leading practitioners and we were really grateful for Luis, a man very much in demand, to participate. The social side was brilliant as always – networking and a lovely evening gala meal.

We look forward to continuing the development of QA innovations and generation of research trials / funding in this area to improve the care we offer our patients.

We hope to see you in February 2025

**Prof T Justin Clark**, Co-chair BSGE ACN

**Mr Preth de Silva**, Co-chair BSGE ACN

**Dr Zeyah Sairally**, Local Organising Committee



Learn



Discuss



Collaborate



## GESEA Course

*Karolina Afors, BSGE Council Representative and Gynaecological Endoscopic Surgical Education and Assessment (GESEA) programme Chief Mentor reports on the recent GESEA course*

We recently held a BSGE accredited GESEA course and 74 certified assessments were performed between January 2023 to April 2024. These courses are run biannually on a regular basis. The GESEA (Gynaecological Endoscopic Surgical Education and Assessment) course is a comprehensive programme designed to provide training in gynaecological endoscopic surgery. It covers a wide range of topics, including both laparoscopic and hysteroscopic techniques. The course curriculum is structured to enhance both theoretical knowledge and practical skills through lectures, hands-on training, and surgical simulations.

The GESEA workshop places a strong emphasis on developing and refining manual dexterity and fine motor coordination among participants. In gynaecological surgery, these skills are paramount for manoeuvring delicate instruments and performing intricate procedures with accuracy and efficiency.

A hands-on approach is adopted, providing participants with ample opportunities to develop and refine their manual dexterity and fine motor coordination.



Through simulated surgical scenarios, participants practice using laparoscopic and hysteroscopic instruments to perform a variety of procedures under the guidance of experienced faculty.





Upon completing the rigorous training offered by the GESEA course, participants undergo a comprehensive assessment process designed to evaluate their proficiency and competence in gynaecological surgery. At the heart of this assessment are three validated tests:

- LASTT (Laparoscopic Surgical Skill Testing)
- HYSTT (Hysteroscopic Surgical Skill Testing)
- SUTT (Suturing Surgical Skill Testing).

These tests serve as benchmarks through which participants' skills are measured against their own experience, providing invaluable insights into their growth and development as surgical practitioners.

Those who successfully complete Level 1 and 2 and exhibit a desire to share their expertise with others are invited to join the GESEA faculty. Faculty members are encouraged to engage in ongoing professional development, pursue advanced training opportunities, and stay abreast of the latest advancements in endoscopic gynaecological surgery. By sharing knowledge, skills, and experiences, faculty members play a pivotal role in shaping the future of surgical training.





# BSGE News



**The British Menopause Society has prepared a new guideline on the management of unscheduled bleeding on hormone replacement therapy (HRT) in partnership with the BSGE together with the British Gynaecological Cancer Society, Faculty of Sexual & Reproductive Healthcare, Getting It Right First Time (GIRFT) and the Royal College of Obstetricians and Gynaecologists.**

The BMS said that the guidelines were prepared *'In response to the significant increase in women presenting with unscheduled bleeding on HRT.'*

Professor Justin Clark, Consultant Gynaecologist, Birmingham Women's Hospital and past BSGE President was a member of the guideline development working group. He said:

*'PMB services are under unprecedented pressure and we know bleeding is a common side-effect of HRT. This guideline will hopefully find the balance between over and under investigating women with unscheduled bleeding on HRT and take the pressure off NHS services. This guideline has also brought into focus important areas of much needed research in post-reproductive women's health.'*

## The guideline includes a number of key messages, these include:

### Assessment of women presenting with unscheduled bleeding on HRT

- When women present with unscheduled bleeding on HRT, clinical assessment should start with a comprehensive review detailing bleeding patterns, HRT preparations and individual risk factors for cancer. Offer an examination (abdominal, pelvic) and, where relevant, initial investigations such as cervical screening, lower genital tract swabs and body-mass index (BMI).

### Endometrial cancer risk factors in women taking HRT

- Risk factors for endometrial hyperplasia and cancer, independent of HRT, should be identified. Major risk factors are BMI  $\geq 40$  and hereditary conditions such as Lynch or Cowden syndrome. Minor risk factors include BMI 30-39, diabetes and polycystic ovarian syndrome (PCOS). Optimisation of modifiable factors can, in themselves, reduce episodes of unscheduled bleeding on HRT and endometrial cancer risk.
- A monthly progestogen dose, in proportion to the estrogen dose, is recommended in women with a uterus.
- In women using sequential HRT (sHRT), offer a minimum of 10 days norethisterone (NET) or medroxyprogesterone acetate (MPA), or 12 days of micronised progesterone, per month.
- Women taking a sequential preparation (sHRT) over the age of 45 should be offered, after five years of use or by age 54 (whichever comes first), a change to continuous combined (ccHRT).



# BSGE News

## When to investigate unscheduled bleeding on HRT

- In the absence of risk factors for endometrial cancer, offer adjustments in the progestogen or HRT preparation, for 6 months in total, if unscheduled bleeding a) occurs *within* six months of starting HRT or b) is persisting three months after a change in HRT dose or preparation.
- If unscheduled bleeding continues in low-risk women, after six months of adjustments, discuss the options of an urgent ultrasound (within six weeks) versus weaning off HRT and consideration of non-hormonal alternatives (to avoid invasive investigations).
- For those women who elect to stop HRT, if the bleeding has settled at a 4-week follow-up, and continued cessation of HRT is acceptable, no further investigations are required. If the bleeding has settled at a 4-week follow-up and there is a preference to restart HRT, offer adjustments in HRT for six months and then an urgent ultrasound if bleeding is heavy / persistent during the 6 months or, is continuing after this interval.
- Offer an urgent TVS (within 6 weeks) if the first presentation with bleeding occurs more than six months after initiating, or three months after changing, the HRT preparation.
- Offer an urgent TVS (within 6 weeks), irrespective of interval since starting, or changing, HRT preparations if a) bleeding is prolonged / heavy or, b) there are 2 minor risk factors for endometrial cancer.
- Offer an urgent suspicion of cancer pathway (USCP) referral to women with one major or three minor risk factors for endometrial cancer – irrespective of bleeding type or interval since starting or changing HRT preparations. Adjustments to the progestogen, or stopping HRT, should be offered whilst awaiting assessment.

## How should unscheduled bleeding on HRT be investigated

- Women with unscheduled bleeding, in the presence of a uniform endometrium which is fully visualised, and measures  $\leq 4$  mm with ccHRT or  $\leq 7$  mm with sHRT, can be reassured that the risk of endometrial cancer is low. Offer HRT adjustments for 6 months and then offer endometrial assessment, on an urgent pathway, if bleeding increases during the 6 months or, is continuing after this interval.
- Women with a thickened endometrium on TVS ( $> 4$  mm for ccHRT or  $> 7$  mm for sHRT) should be offered referral to the urgent suspicion of cancer pathway (USCP) for endometrial assessment (biopsy and / or hysteroscopy).
- In the presence of a normal endometrial biopsy, discuss adjustments in the progestogen and provide reassurance for three months. If hysteroscopy *and* biopsy are normal, reassurance can be provided for six months.



# BSGE News

## Adjusting HRT to reduce unscheduled bleeding episodes

- Assess adherence and understanding of how to use the prescribed preparation including dose and duration of progestogen – for example, would a combined patch or pill reduce administration errors when compared to a separate estrogen and progestogen component.
- Offer all women a 52 mg LNG-IUD; this preparation reduces episodes of unscheduled bleeding when compared to all other preparations.
- Oral preparations provide higher rates of amenorrhoea when compared to transdermal preparations and could be offered, if there are no risk factors for thrombosis, as a) a first-line therapy or b) to women who have recurrent unscheduled bleeding with transdermal preparations.
- Offer vaginal estrogens if there are atrophic findings on examination<sup>1</sup>.

## The working group emphasised the significance of the new guideline, saying:

*“This is an important document for all healthcare professionals to read and absorb and it should be shared as widely as possible.”*

The full guideline can be downloaded from the BMS website at:  
<https://thebms.org.uk/wp-content/uploads/2024/04/01-BMS-GUIDELINE-Management-of-unscheduled-bleeding-HRT-APRIL2024-D.pdf>

<sup>1</sup> <https://thebms.org.uk/publications/bms-joint-guidelines/management-of-unscheduled-bleeding-on-hormone-replacement-therapy-hrt/>



**BSGE Annual  
Drinks Reception  
and Gala dinner**



BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

**ASM24**  
Annual Scientific Meeting  
Thursday 2nd & Friday 3rd May | ICC, Belfast







## Nurse Operative Day

### *Caroline Bell reports on the inaugural Nurse Hysteroscopy Operative Day, which took place in Guildford in December 2023*

The successful session was run by Caroline together with BSGE Council members Nadine Di Donato and Oudai Ali.

As you are all aware, going forward when nurse hysteroscopists have completed the Bradford training programme, they will need to complete the BSGE Operative Hysteroscopy Workshop before they perform any operative hysteroscopic procedures.

We recommend that a nurse should initially complete 12 months of performing diagnostic procedures first. However, if an individual is completing a large number of cases and feel confident to move on to operative procedures, they can book a place to attend.

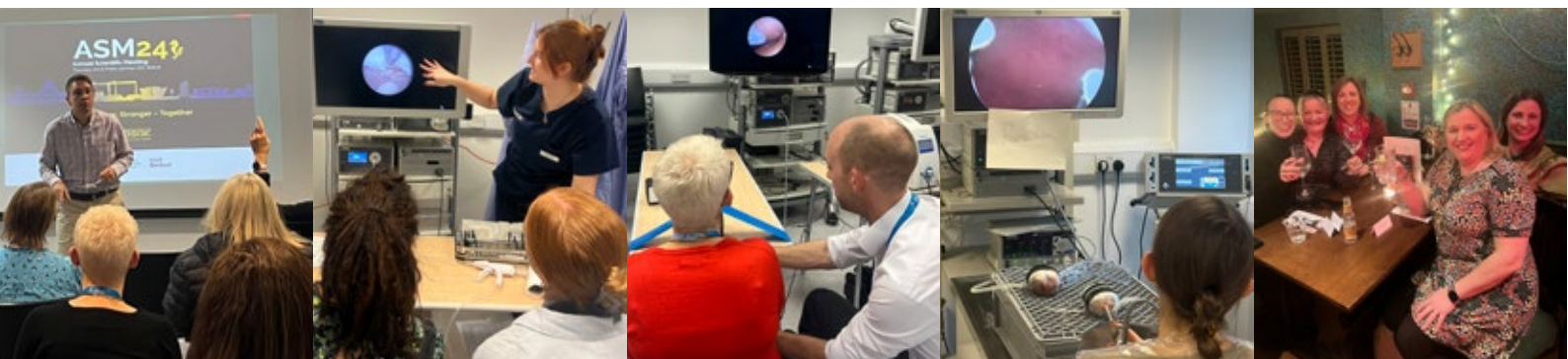
The first official operative workshop took place in Guildford in December 2023. The course was a sell-out with 20 delegates.

Nurses had travelled from across the UK and Ireland, one nurse even travelled from New Zealand to attend this operative training.

The course aims to provide both theory and hands-on sessions for all operative hysteroscopy modalities. After completion of the course the nurse can use the BSGE logbook to record their cases before being signed off as competent by their assessor in their own hospital.

The course proved to be a great success and there are already people on the waiting list for December 2024.

This year's course will be held on 11th and 12th December in Slough, if you would like to reserve a place please contact the BSGE Secretariat.





## In memory of Jonathan Frappell

*BSGE Past President Jonathan Frappell sadly died in February 2024, aged 70 at home with his family after a short illness.*

*"I am sorry to have to inform you that Jonathan Frappell, past President of the BSGE (2010-2012), died early on Thursday morning, 22nd February.*

*Lovely, kind, humble and a true gentleman describe Jonathan to a tee. He was a great surgeon at the forefront of MAS in gynaecology working as a consultant in Plymouth. Although retired he continued to maintain his contact with the Society.*

*Jonathan had sent me an email the day before to let us know, that due to illness, he would be unable to join us in Belfast for the ASM. He will be sorely missed."*

### **Tim Hookway, Consultant in Obstetrics and Gynaecology in Plymouth, pays tribute to his friend and colleague: Jonathan Frappell MB BS FRCS FRCOG**

It was with great sadness that we received the news of Jonathan's death. He was a past president of this Society, a great colleague, mentor and friend.

He became unwell shortly after Christmas and was diagnosed with a recurrence of his cancer and died peacefully at home early in the morning of 22nd February.

After attending Blundell's School, Tiverton, Devon, he studied medicine at St Bartholomew's Hospital, graduating in 1977. He trained in both O&G and surgery, becoming a Fellow of both Colleges. After working in the UK and internationally, he was appointed to a Consultant post in Plymouth in the 1980s – alongside Tony Falconer, John Friend and Bob Freeman – colloquially known as the 'Four Fs of Gynaecology.'

Together they modernised gynaecology in Plymouth and the South West, with Jonathan a great pioneer in the new era of gynaecological endoscopy, establishing the Derriford Endometriosis Centre. He was pivotal in the development of one of the early advanced energy devices, the LOTUS ultrasonic scalpel, which is still to this day manufactured locally in Devon.

He was nationally and internationally recognised as a leading expert in the field of endoscopic gynaecology, with invitations to present, speak and teach coming from all corners of the globe. He was an active member of this Society and served as President from 2010-2012.



Alongside laparoscopic surgery, he also developed the Plymouth procedure (Double Z-Plasty with V-Y advancement) which is now used across the UK in the treatment of perineal pain.

Jonathan was heavily involved in the societal aspects of medicine, through the Plymouth Medical Society, one of the oldest medical societies in the UK. He was President from 2009-2010, taking a keen interest in the achieve collection of the society, theatre visits and invited lectures from all areas of society. He remained Honorary Secretary up until his death earlier this year.

He was an accomplished sailor, with a passion for racing and regularly competed in the NHS regatta and other competitions. Many have fond memories of his competitive nature, often finding themselves in the wake of his boat, but he was always humble in victory and gracious in (rare) defeat. He and his merry band of sailors were always great company in the clubhouse afterwards.

Jonathan was married to Susie, a local nurse and they had four children, with an ever-growing number of grandchildren to whom he was an adored grandfather.

A true gentleman, a giant of gynaecology and a pillar of society. It may well be a cliché, but nobody ever heard him say a bad word about anyone – and he never said a bad or unkind word about anyone else. He will be sorely missed by all.



*Jonathan Frappell FRCS FRCOG, worked for 25 years as an O&G consultant at Derriford Hospital, Plymouth*





## The Scope meets... Professor Elizabeth Stewart

*Dr. Elizabeth A. Stewart, M.D., is a prominent gynaecologist renowned for her expertise in the field of fibroids. She completed her medical training, residency and fellowship at Harvard Medical School programs. Dr. Stewart is board-certified in Obstetrics and Gynaecology as well as in Reproductive Endocrinology and Infertility.*

Professor Stewart's clinical practice focuses on infertility evaluation and management, along with the diagnosis and treatment of uterine fibroids and adenomyosis. Additionally, she is deeply involved in research and education, serving as the Fellowship Director for Reproductive Endocrinology and actively training residents and fellows.

Dr. Stewart's research interests span various aspects of fibroids, including epidemiology, economics, genetics, and innovative treatment options. She has received significant funding from the National Institutes of Health for her research endeavours. Her research aims to develop novel treatment strategies for uterine diseases, particularly fibroids, with a long-term goal of establishing prevention strategies.

In her professional capacity, Dr. Stewart holds primary appointments in Obstetrics and Gynaecology, along with joint appointments in Surgery, Endocrinology, and Biomedical Engineering. She is a Professor in the Department of Obstetrics and Gynaecology, with additional academic ranks in various departments.

Dr. Stewart's educational background includes a fellowship in Reproductive Endocrinology, residency in Obstetrics and Gynaecology, and an internship at Magee Women's Hospital. She also pursued clinical and research experiences at prestigious institutions such as the National Institutes of Health and Vanderbilt University.

Dr. Elizabeth A. Stewart is a leading figure in gynaecology, particularly in the realm of fibroid research, clinical care, and education. Mez Aref-Adib interviewed her for The Scope:

### **Can you tell us about your career path that led to where you are now?**

I was always interested in science. I majored in molecular biology, which was pretty unusual in the late 70s/early 80s. It's one of the reasons I went to Vanderbilt because at that time many places weren't offering majors in molecular biology and I was always interested in the biology of reproduction. So that was one of the nice things about medical school- I had some extra elective time to take some courses and study the biology of reproduction.



So I ended up doing my residency training and OB GYN and my fellowship training in reproductive endocrinology. I was able to bring together molecular biology and the art of doing reproductive medicine.

I enjoy doing something different every day. I think I would be bored if I did the same thing every day. It's nice to be spending one day not talking to anyone and editing a manuscript, and then spending the next day in the clinic talking to a dozen different patients.

### **What inspired you to focus on both gynaecology and then particularly in fibroids?**

I went into gynaecology because I liked taking care of women and I liked relatively healthy problems. I didn't like when we were in the ICU if there was a young person there that was rapidly going into multi system failure. That was just so frustrating for me.

I liked problems that we could address and make people better and I kind of fell into fibroids. I can't say that was a long term master plan. There were other people doing fibroid research and so for my fellowship research, I ended up doing a basic science project. Sometimes these decisions have big implications. So, if you don't clinically like taking care of women with chronic pelvic pain, you'd better think twice about doing the basic science project on endometriosis because once you start to publish in the area, people say, 'he's the expert, or she's the expert' and start sending patients. So it turned out to be a great accident for me that I liked fibroids, clinical care as well as the biology. I can't say I intentionally went to study fibroids, but it was very fortunate for all of us.

### **Tell us about the work that you've done on fibroid management.**

I've done a lot of different things and much has involved working collaboratively: With geneticists understanding the genetic basis, with health economists to understand the economics of fibroid care, and with epidemiologists to understand the demographics of fibroids.

I've been really lucky to have amazing collaborators all along the way. I think that different people look at the disease process in different ways.

### **What do you think the utopia of fibroid management is?**

Prevention. I think when you've got a disease that recurs after conservative procedures, as frequently as fibroids, that even if you have the best minimally invasive technique, you're not going to have as much power as you can, as if you can come up with a risk algorithm and prevent them.

If you think back to the 1950s and cardiovascular care when people thought about cardiac care units. If they'd stopped there instead of saying, let's see what's related to heart disease and preventing heart attacks by controlling blood pressure and lipids and all of those things? I think that's really where we need to go with gynaecological diseases and fibroids. We don't know how to prevent fibroids right now. That's where we have to move. I mean, there are some things that are associated in epidemiologic studies with decreased fibroid risk. So diet plays a role - vitamin D appears to play a role. Others have advocated for use of green tea to decrease risk of fibroids but there really haven't been much in the way of prevention trials.

### **What minimally invasive fibroid therapies do you think are the best?**

I think that certainly having a whole host of minimally invasive options has been really important. When I first started practising, all we had was surgery. Then, in the 90s, uterine artery embolization gave us another tool, then we focused on ultrasound ablation, and then radiofrequency ablation. I think all of that is really important. I think oral GnRH antagonists combinations have the potential to really change fibroid care, especially since the newer research is suggesting that they're effective, no matter the extent of disease.



I think that that's a real step forward. I've been surprised that they haven't been more widely used and I don't understand whether it's a cost barrier or not. Some providers are scared of them because they have a black-box warning against thrombosis.

But if you look at thrombotic risk there weren't any thrombotic events in the clinical trials. The overall risk appears to be significantly lower than oral contraceptives, which we use all the time. So I think that that there's some provider level barriers.

### **Why do you think gynaecology has dealt with issues like endometriosis and hysterectomy, but not as much with fibroids?**

I would love to get more providers interested in caring for these diseases. I think the fact that care has always been confined to gynaecologists for fibroids and endometriosis has really caused the predominance of surgical and interventional therapies because that's what we're good at and that's what we trained to do. So, I think that there's a role for other primary care providers, women's health providers to be more aggressive in screening and early treatment of these diseases. Sometimes when women get to a gynaecologist all they're offered is surgical therapy. They walk out the door and then they come back five years later when their disease is significantly more extensive. I think broadening the base of care is important. There are multiple interacting issues related to fibroids specifically that I think we have over relied on hysterectomies for control of the disease, and that's caused a lot of problems for women who develop disease

I think there's still a misperception that fibroids are primarily a disease of African and African-American women. I think that there are some prejudices that lead that to not being prioritized as a disease. But as one of my colleagues says, yes, they're more prevalent, more severe, in women of African descent, but given that that makes up a small proportion of the population, there are many more Caucasian and Asian women with fibroids.

I think that the combination of it not being deemed an important disease and then on the other hand, just saying, 'Well, why not have a hysterectomy' has really caused us to not be as innovative.

### **Can you share your insights into the long term consequences of hysterectomy?**

We've written a number of papers on this topic. When I was still working in Boston, the primary focus of my career was innovating new treatment options, but when I came to Mayo Clinic, I had a group of collaborators who had been studying the long term sequelae of hysterectomy. They had really been coming at it from the pelvic medicine point of view, looking at things like prolapse and second surgeries for retained ovaries. When I gave lectures on alternatives to hysterectomy, there was always some guy in the back of the room that said:

*'I need to put my kids through school -why shouldn't everybody have a hysterectomy? It's good for me.'*

In our Rochester epidemiology project after 20 years of follow up, we've shown that women who undergo hysterectomy with bilateral ovarian conservation, have substantially increased risk of hyperlipemia, cardiac arrhythmias and a 33% increased risk of coronary artery disease compared to women that have no surgery and adjustment for differences between groups. That worries me because again, women who are undergoing hysterectomy with ovarian conservation are typically in their 30s and 40s. So they're not at the peak cardiovascular risk. So if you've seen these kinds of risks at 20 years, what are you getting to see at 40 years and 60 years? We've seen cardiovascular risk increase, we've seen mood disorders increase and we have also seen an increased risk of mortality in the women undergoing hysterectomy before age 35.

Now, women who choose a hysterectomy may be different in other ways. So we don't discount the possibility that patient factors may be at play. We also know things like uterine fibroids tend to go along with hypertension.





And so again, is there some muscle cell disorder that predisposes you to both fibroids and cardiovascular risk? It may be some of both, but it certainly causes us to stop and say let's talk about hysterectomy.

There was a really worrisome study that was published last year that looked at women in the US who had commercial insurance. In the States, one of the problems is that some women may not have access to alternatives to hysterectomy, so maybe they want a Mirena or a UAE but they can't get it.. This was a study of a commercially insured population so the women had access to care. They took women who had hysterectomy for benign disease and looked at who had alternatives to hysterectomy in the preceding two years- over 60% of women did not have any alternative to hysterectomy. It could be that we're doing such a bad job earlier in the disease process that women have been suffering so much they just say 'no, I'm going straight to hysterectomy'. I see women who are in their 30s with an eight centimetre fibroid who've been told by somebody else that you should have a hysterectomy. They actively want kids.

### **How do you approach patient education and counselling with regards to hysterectomy for women with fibroids and adenomyosis?**

I'm a big proponent of educating yourself before you meet with your healthcare provider. I like it when women say they've read about the condition. I think educating yourself with high quality data is important. I think that trying to understand what's motivating the woman and where they're headed is important. So again, that when I'm talking to somebody, I'm usually thinking through and asking them explicitly, what are your symptoms and can you live with the bleeding if you're not anaemic? I think it's also important to figure out what adverse things have happened to patients. If a patient says, 'I don't want a hysterectomy' and I ask them what their concerns are I've heard things such as 'well, you know, my mother had a hysterectomy and died on the table.'

### **Could you discuss any recent findings or breakthroughs in your research on the effects of fibroids?**

I think genetics is underappreciated in fibroid care. I think that the very rare but very serious fumarate hydratase germline mutation still isn't recognized by gynaecologists. They are associated with a genetic syndrome (HLRCC) that is associated with a very aggressive renal malignancy and, in some cohorts, it seems they may be associated with an increased risk of sarcoma. So, recognizing this is as important as recognizing Lynch syndrome. If you ask most of the trainees, they won't know this. So, I think that's really an important issue, especially now that many institutions are using immunohistochemistry on surgical specimens to identify FH deficient fibroids. They could be sporadic somatic mutations. But if you have a germline FH mutation, you really need genetic counselling and surveillance for renal cell cancer.

I was hoping that understanding the somatic mutations that underlie fibroids would give us new medications and new ways of treating them but I think there are two big problems. One is that because fibroids are independent clonal events, you can have multiple genetic subtypes in the same uterus. Smaller fibroids may have MED12 mutations and larger ones may have HMGA2 mutations. I was excited at the beginning that maybe we could get gene specific treatments, but I don't think we're there yet.

### **Can you tell us about the COMPARE-UF study?**

COMPARE-UF was a study that was done in eight centres around the US. My colleague, Evan Myers at Duke, was the principal investigator and it was really meant to give us real world evidence about fibroid treatments. So now there's probably about a dozen papers that we've published looking at short term and longer term outcomes of procedures. A lot of them are focused on hysterectomy versus myomectomy.



I think one of the frustrations of that study is that we were hoping we were going to have the power to look at other treatment options, like uterine artery embolization and focused ultrasound, but the numbers were so small that really, analysis of that has not been possible. So it's been a great project and we're still working on the papers.

Another big project is going to be launched in the next couple of months. NIH has funded two specialized centres in uterine fibroids and health disparities and we will have one of the centres. So, trying to understand the health disparities of uterine fibroids is going to be on the agenda for the next five years. There are three research projects, a communication and education core and an administrative core that includes pilot project grants, so it's really a multi-pronged assessment and investigation of an issue.

### **Do you think registries like that are useful? Should the UK have its own?**

I think that would be wonderful. Practice patterns differ in different places. I think in many ways the States is an outlier, because we tend to have fewer guidelines and we have the problems of access due to insurance coverage. Patient populations are also different. So again, because of our decentralized healthcare system, at least in the multinational clinical trials I've been involved in, the extent of diseases is more severe in the States. I think in understanding what works when you present earlier for disease is a key role and perhaps that can be done in the UK.

### **How do you navigate between clinical practice, research and educational responsibilities?**

I think the first key is getting them to synergize. It is hard to do research in one area and have your clinical expertise in another. The last couple of years, I've also been the fellowship director and advising trainees on these things is important. Keeping a detailed list of what needs to be done and what the deadlines are is important.

It's also essential to make the most of your time; if my appointment cancelled at 10 o'clock then I will use that hour to do something else. You also want time for yourself and the other things that are important in life. Oftentimes, I'm working on the plane going somewhere so that when I'm there, I can enjoy my time away.

### **How do you prioritize your research projects?**

It varies on the research project and who else is involved. If you have a medical student, it's going to take a lot more of your time than if you have a collaborator in another discipline, but the goal of training the next generation is an investment.

I think the highest priority is something new and something that's high impact but I think it's also important to do other things. Sometimes, a review article doesn't seem like it's a high priority, but if it's going to be in the hands of people who need to know that information, again, it can be an important thing to do.

### **What do you think the most important piece of research you've been involved in is or what are you most proud of?**

I think there's no one thing-but I think the fact that people now think about fibroids and what the options are, what the symptoms are, and trying to get to something that meets the patient centric needs is important.

When I finished my training, I thought I knew everything about fibroids, but I think it's a much more complex issue. I think trying to see what long-term health consequences arise from fibroids and what the long-term health consequences that arise from fibroid treatments, is important.

### **How do you think minimal access surgery will change in the next ten years?**

I'm not sure how it's going to change. I think we've seen some technological innovation, but also there tend to be waves. I was around for the first wave of endometrial ablation when we were doing roller balls.



Then there was a whole profusion of devices and many of them are now gone. There are likely to be new energy sources. Now we've gone through Focused Ultrasound ablation and RF ablation. I think what will be most powerful is if we can get to more procedural interventions that don't require surgery, because I think that's easier for patients.

So, maybe we'll be going in the direction where you can synergize treatment, for example- medication administered intravenously that would track to the fibroid and then the combination of the energy and what was in the fibroid could potentially give you even more complete ablation.

### How do you encourage trainee development and involvement in minimal access surgery?

We have some simulation now for trainees that can help them hit the ground running and developing skill sets through simulation has been important. For people who are moving further in their career, deciding what they want to do is important. I think that it doesn't make sense to have every trainee doing a six-hour robotic endometriosis case. The goal should be trying to get the people who want to be doing that, doing more of it and the people who despise it, doing less of it.

### What advice would you offer to aspiring gynaecologists or researchers who want to pursue a career in women's health?

I'd advise you to find a topic that interests you and can stay with you. Many people fall into a project because they like the principal investigator or it's easy because the last fellow did the project and so they fall into it. But if you don't like the hypothalamus and neuroendocrinology, then is doing that kind of research going to be the setup for a rewarding career? No.

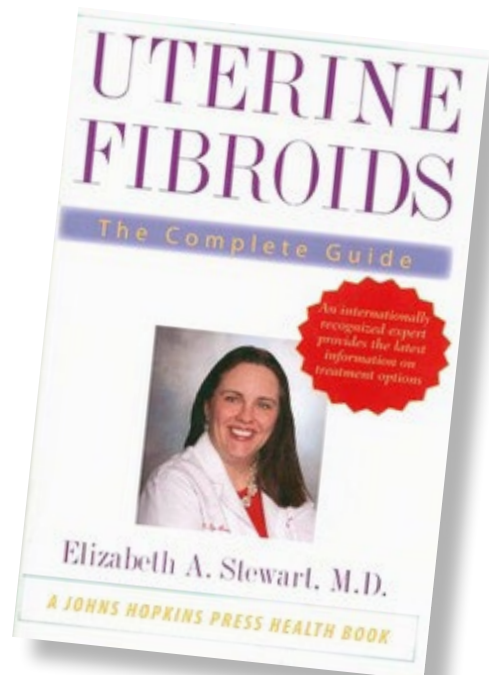
### What would you tell yourself after graduating medical school if you had the chance?

I think I would do a similar thing career wise- but I think especially when I was younger that I overemphasized the career things and missed some of the things at home that I wish I had done. I would say that over the course of a lifetime, that there's time to prioritise your family and also build your career. That's not something that women often hear.

### Will the general election in the USA affect women's health?

I think it has a powerful effect who's leading the country. In fact, just today in the news there's a new bill that signs prioritizing women's health and women's health research. The Centers for Health Disparities came from a specific announcement that the NIH put out, designating money for this specific purpose.

Women's Health is important because not only are there specific diseases for women like endometriosis and fibroids that really have not gotten the attention they need, but heart disease, for example, is also different in women. Renal disease is different in women. So, I think that understanding that leadership at a governmental level is important and building the scientific base that we need in women's health is critically important.





### What's next on the horizon for you?

Building the new NIH-funded Center is my most important short-term goal. I think the other thing that's really been of interest for me over the last couple of years is adenomyosis. It's an even less understood disease than fibroids. It's almost where fibroids was when I started out. One of the key things I often say in lectures is that I think of all the epidemiology we have right now, of adenomyosis, this is really the epidemiology of hysterectomy.

Because if you're depending on hysterectomies to diagnose it, you're only seeing a subset of women who allow themselves to have a hysterectomy. Now we're seeing more women, a lot more women with adenomyosis who have recurrent implantation failure or recurrent pregnancy loss and it may be a very different disease. Finally, playing a bigger role in international medicine is a key goal. Women worldwide deserve state of the art fibroid care.



**Mez Aref-Adib**  
Interviewer

# Portfolio Reports

In this special pre-ASM issue of The Scope, Council members and Subcommittee Chairs will look forward to this year's Annual Scientific Meeting in Belfast and share their anticipated highlights as well as updating on any important developments within their portfolios:

## Honorary Secretary's Report

Kirana Arambage reports on the work of the Society ahead of the AGM in Belfast:

At the AGM in 2023 in Manchester we agreed to make changes to the BSGE constitution. Due to the growth in membership and increased business of the BSGE, two extra senior Council positions were agreed. These two new committees are already making improvements to the work of the Society:



**International Relations:** The aim of the committee is to improve links, share knowledge and training with colleagues from across the globe and build the international profile of the BSGE. Under Martin Hirsch we are already developing relationships and making progress. We are looking into working with international societies for education and mutual support, with the aim of arranging joint scientific meetings in the future.

**Research and Innovation:** The Research and Innovation sub-committee aims to appraise surgical innovation, novel concepts and new techniques in gynaecologic surgery and ambulatory gynaecology and produce an advisory based on the current evidence and research. Under Oudai Ali the subcommittee is interested in the human factor in surgical performance, and the definition of surgery project through the Delphi process.

Trainees continue to play a very important role in the BSGE. The success of RIGS and their training programmes has resulted in exponential growth in trainee members, we will continue to facilitate and support training and education for our trainee members. Awards and Bursaries have been under-utilised since the pandemic. Looking forward we want to make them much more accessible and user friendly for trainees and all BSGE members. Remember if you follow the process, adhere to the specified entry criteria and submit all the required documents before the closing date, you have a very high chance of success.

I hope to see many of you soon at our ASM. It's a great place for knowledge exchange and networking. I am particularly looking forward to visiting the city of Belfast. After 20 years in the UK this will be my first visit to Northern Ireland and I'm excited to see all the sites recommended by the LOC.

### **Kirana Arambage**

Honorary Secretary's Portfolio Chair

# Portfolio Reports

In this special pre-ASM issue of The Scope, Council members and Subcommittee Chairs will look forward to this year's Annual Scientific Meeting in Belfast and share their anticipated highlights as well as updating on any important developments within their portfolios:

## Endometriosis Centre Portfolio Report

Angus Thomson, Chair BSGE Endometriosis Centres Subcommittee and Consultant Gynaecologist, Worcester reports on development in the Endometriosis Centres and how 2024/25 will be an important year for endometriosis care in the UK:



This year, March was again 'Endometriosis Awareness Month' across the UK with many events organised across the country to raise funds and awareness about this condition.

Over 1,000,000 women in the UK are currently suffering with endometriosis. March was also the month when NHS England circulated the proposed 'Service Specification for Severe Endometriosis' for stakeholder feedback and comments. The document has taken over 18 months to reach this stage and has now been circulated to a host of interested parties including patient groups, charities, the leads of all the BSGE Endometriosis Centres in England and all the commissioning bodies within England (the ICBs – Integrated Care Boards). Although this service specification is not automatically implemented in Scotland, Wales and Northern Ireland, we would hope that similar improvements will be seen across the whole UK.

The BSGE is quite rightly at the forefront of helping service design and members of the BSGE Council have been involved with the service specification. However, it should be noted that this is only a specification for the management of the most complex surgical cases. We also have an desire and obligation to try to optimise the care of ALL women suffering due to endometriosis – not only the most complex cases, which are the tip of the iceberg. The Endometriosis Subcommittee has been eagerly awaiting the service specification to ensure that developments made to the BSGE database are easy to align to any new specification. With this in mind we are keen to make improvements to the database staging system (hopefully #Enzian), Quality of life tool (hopefully EHP-5) as well as improved mechanisms of data-entry and collection of patient questionnaires.

At the ASM in Belfast we will have an Endometriosis Centres meeting on Friday morning first thing (so please be up early after the amazing gala dinner). We look forward to updating you on:

- Accreditation outcomes for 2024,
- Service Specification stakeholder feedback,
- Planned improvements to the database,
- A proposal for networked endometriosis care for the future.

We look forward to seeing as many of you there as possible.

### Angus Thomson

Endometriosis Centre Portfolio Chair



# Portfolio Reports

In this special pre-ASM issue of The Scope, Council members and Subcommittee Chairs will look forward to this year's Annual Scientific Meeting in Belfast and share their anticipated highlights as well as updating on any important developments within their portfolios:

## Research and Innovation Portfolio Report

Oudai Ali, Research and Innovations Portfolio Chair, reports on activities in the subcommittee:



Dear Colleagues,

The ASM is getting very close. We look forward to this event as an opportunity to meet people and share ideas and research concepts. I personally will be there supporting two pre-congress workshops to start with and later will join you to be at the event, and it will be a great opportunity to talk about training, education, innovation and future possibilities.

I am grateful to my subcommittee, Inna Sokolova and Jack Williams, who will also be in Belfast. We love to interact with BSGE members and help to take any of your ideas and suggestions forward. We are particularly interested in the human factor in surgical performance, and we are still working on the definition of surgery project through the Delphi process, and I welcome your support.

We are also interested in strengthening the understanding of advanced concepts in surgical anatomy, ultrasound in gynaecology and governance framework papers for new techniques and I hope to have discussions about potential future courses and events. We can't wait to meet you soon.

### Oudai Ali

Research and Innovation Portfolio Chair

## Endometriosis CNS Nurses drop-in bitesize session

Our guest speaker will be Joanne Hanley who will be discussing Endometriosis UK and her role within the charity, as well as her ACP role within NHS/endometriosis service in Manchester.



**Moderator:**  
Gilly Macdonald



**Moderator:**  
Jenny Shaw



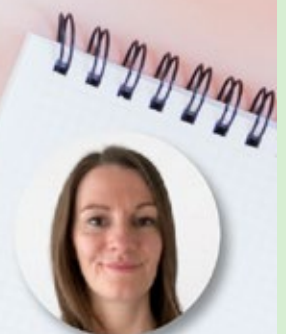
**Moderator:**  
Claudia Tye



**Moderator:**  
Zway Magama



**Moderator:**  
Rosie McCluskey



**Speaker:**

**Joanne Hanley**

Advanced Clinical Practitioner,  
St Mary's Hospital & Specialist  
Advisor at Endometriosis UK

**ENDOMETRIOSISUK**

On **Tuesday 23rd April 2024 at 1pm**

**All Endometriosis CNS are welcome to join us**



# Nurse Specialists

## The Insiders' Guide to ASM24

In this special pre-ASM issue of The Scope, Council members and Subcommittee Chairs will look forward to this year's Annual Scientific Meeting in Belfast and share their anticipated highlights as well as updating on any important developments within their portfolios:



## Endometriosis CNS Portfolio Report

**Gilly Mcdonald updates on the Endometriosis Specialist Nurse Portfolio:**

Welcome to the Spring update of the Endometriosis CNS portfolio.

We are very much looking forward to the 2024 BSGE ASM in Belfast and the pre-congress endometriosis CNS Education Day.

The Local Organising Committee have once again, organised a very high-quality event with the theme echoing the Olympic motto of Faster, Higher, Stronger – Together.

The programme for the CNS Education Day will include morning sessions on psychosexual aspects of physiotherapy for women, physiotherapy for persistent back pain, imaging, fertility issues as well as an overview of the Irish endometriosis CNS team. Nurses are invited to the live surgery session for the afternoon.

We have endometriosis focused presentations on day 1 of the ASM as well as planned workshops to facilitate some lively discussion of common themes and challenges in our practice.

There will also be a very exciting social aspect of the ASM with many activities arranged for us all to sample some of what Belfast has to offer!

We look forward to seeing you all!

**Gilly Macdonald**, Endometriosis CNS Portfolio Chair



## Nurse Hysteroscopy Portfolio Report

**Welcome to the Spring update of The Scope. I hope you are all well.**

Our first official Nurse operative day went really well. It was held in December 2023, with 20 delegates. One nurse flew in from New Zealand for the training and the other nurses were from the UK and Ireland.

It was a fun course, very informative and including excellent hands-on workshop stations. The next nurse day will run on 11th and 12th December, 2024. If you would like to reserve a place please get in touch with the BSGE Secretariat.

I also want to remind you all that we have the BSGE Hysteroscopy Nurses' Forum on the website. If you would like to ask a question or help others, please have a look on there, it is available for BSGE members only.

We also plan to hold a bite-size drop-in session in July, keep an eye on the website and The Scope-the date will follow shortly. If anyone has any ideas as to how we could improve things such as educational events and improving members' experiences, please get in touch.

We look forward to seeing those of you who are going to the next ASM in Belfast. If anybody would like any help with anything, which they do not want to add to the forum please email me.

Best wishes, **Caroline Bell**, Nurse Hysteroscopists Portfolio Chair / Email: [Caroline.Bell@ncic.nhs.uk](mailto:Caroline.Bell@ncic.nhs.uk)





## Trainee Representative Lina Antoun and Samantha Kirkwood look forward to exciting scientific, social and surgical opportunities for trainee BSGE members in Belfast

### RIGS workshop

RIGS will be running a pre-congress RIGS Intermediate Laparoscopic course which is designed for trainees at ST3+ level. This practical workshop will cover the theory and practice of intermediate level gynaecological procedures including salpingectomy, cystectomy and an introduction to laparoscopic suturing.

This course was first established in 2018 and has been an extremely popular course for O&G trainees intending to improve their laparoscopic skills in gynaecology

### RIGS Dinner

The popular RIGS trainee dinner will take place on the evening before the ASM on 1st of May at 19:15. The event will take place at the New Orpheus, Belfast. The stylish venue is a stunning monument to one of Belfast's lost architectural treasures. It serves colourful, vibrant and creative food.

### Trainee reps Lina and Samantha told The Scope:

*"The RIGS dinner provides an ideal opportunity to mingle with minimal access gynaecology trainees from across the country. At this year's RIGS dinner, the after-dinner speaker will be Prof Ertan Saridogan with a talk titled 'Preventing complications of endometriosis surgery: are we doing our best?' Tickets are just £35 but are limited, so please book with your registration to avoid disappointment. Dinner tickets are only available to delegates who register for the ASM."*

### RIGS Suturing Competition

During the ASM will be running the suturing competition for the second year. The competition is scheduled to take place on Thursday afternoon and the winner will be awarded the impressive Golden Needle Holder. It'll be a tournament-style format, and the top two contenders will go to the final round.

If you haven't registered for the BSGE ASM24 it, please make sure you do it!







**Registrars In Gynaecological Surgery  
Training and Support in Endoscopy**

# ASM24 RIGS DINNER

**On 1st May 2024 at 19:15**  
**New Orpheus** Half Bap /  
Cathedral Quarter area, Belfast

Come to Belfast for ASM24  
and attend RIGS dinner.  
Limited tickets left.

**Guest speaker:**

**Prof Ertan Saridogan**

*"Preventing complications of  
endometriosis surgery:  
are we doing our best?"*



**Ticket  
£35**



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**STORZ**

KARL STORZ—ENDOSKOPE

**ASM24**   
Annual Scientific Meeting

[Register here](#)



# BSGE Survey Section



## *What is Surgery?*

Jack Williams asks members to contribute to a new survey for the BSGE Research and Innovations portfolio:

Currently, there is no singular, unified definition of “surgery”. Multiple definitions have been proposed- none have been universally agreed upon.

“Surgery” encompasses a wide range of interventions, techniques, and procedures. Despite its pivotal role in patient care, there is a concerning lack of a universally accepted definition of the word itself. This ambiguity has far-reaching implications, impacting not only the way medical professionals communicate with their patients but also the complex medico-legal landscape within which healthcare operates.

As the second stage of our Delphi process, we aim to receive valuable feedback from BSGE consultant surgeons, prior to gaining feedback from consultants from a wide range of specialties.

We invite you to share your valuable feedback on our proposed definition through a brief questionnaire. All data collected will remain anonymous.

Please find the link on Survey Monkey:

[Access the survey here](#)





# BSGE Survey Section



## *Minimal Access Simulation Training in Gynaecology – A questionnaire for trainees in the UK*

Dr Hara Koukouli, Urogynaecology and Minimal Access Fellow, University College London Hospitals asks BSGE trainee members to complete a survey on MAS simulation training:

Dear Colleague – We are conducting this national survey on behalf of the BSGE to better understand the training opportunities in gynaecological surgery currently available to trainees in the UK.

We hope that the answers that you provide will help us plan and shape training opportunities and direction for the future. Thank you in advance for your contribution and for taking the time to complete this questionnaire, by clicking on the link below:

[Access the survey here](#)



## *Fibroid Management Update UK 2024*

Natalie Cooper, Jimi Odejinmi and Mez Aref-Adib, Consultant Gynaecologists, Whipps Cross Hospital ask BSGE members to complete a short survey into fibroid management.

Management of fibroids can be complex. Women with fibroids experience different combinations of symptoms and vary in their fertility wishes. In addition, there are multiple potential treatment options available and new interventions coming to market.

We have developed this short questionnaire to explore current UK practice and explore attitudes towards future organisation of fibroid services. We would be very grateful if you would take 5-10 minutes to answer the questions. Answers are anonymous but if you would like to help us with future work then please provide your email address at the end of the questionnaire. Please answer the questionnaire based upon your NHS practice.

[Access the survey here](#)

If you have any queries or are interested in helping us further please contact [natalie.cooper17@nhs.net](mailto:natalie.cooper17@nhs.net)





# Upcoming Events

*ASM24 and much more – Nadine di Donato updates on all the key events for 2024*

*Please note that the BSGE courses are highlighted in blue.*

## **HARTUS 2024 (Global Community Hysteroscopy)**

Date: 22-24 April 2024  
Where: Auditorium della Tecnica | Rome (Italy)

[Click here for more info >>](#)

## **Endometriosis and uterine disorders (SEUD 2024)**

Date: 18-20 April 2024  
Where: CIGG, Geneva, Switzerland

[Click here for more info >>](#)

## **ASM24**

Annual Scientific Meeting

## **BSGE Annual Scientific Meeting 2024**

Date: 02-03 May 2024  
Where: The ICC, Belfast

[Click here for more info >>](#)

## **The International Society for Gynecologic Endoscopy (ISGE 2024) - date TBC**

## **21th World Congress Gynaecological Endocrinology (ISGE 2024)**

Date: 08-11 May 2024  
Where: Florence, Italy

[Click here for more info >>](#)

## **GYNITALY24**

Date: 28-31 May 2024  
Where: Salerno (Italy)

[Click here for more info >>](#)

## **BSGE/RCOG Hysteroscopy Workshop**

Date: 04-05 June 2024  
The Royal College of Obstetricians and Gynaecologists, 10-18 Union St, London SE1 1GH

[Click here for more info >>](#)

## **The European Endometriosis Congress (EEL 2024)**

Date: 6-8 June 2024  
Where: Bucharest, Romania

[Click here for more info >>](#)

## **Society of European Robotic Gynaecological Surgery (SERGS 2024)**

Date: 06-08 June 2024  
Where: Madrid, Spain

[Click here for more info >>](#)

## **ENDO 2024**

Date: July 4-6 July 2024  
Where: Seoul, Korea

[Click here for more info >>](#)

## **ESHRE 40th Annual Meeting 2024 (European Society of Human Reproduction and Embryology)**

Date: 7-10 July 2024  
Where: Amsterdam, The Netherlands

[Click here for more info >>](#)

## **World Congress of Epidemiology (WCE 2024)**

Date: 24-27 September 2024  
Where: Cape Town, South Africa

[Click here for more info >>](#)

## **Asian Conference on Endometriosis (ACE 2024) dates TBC**

[Click here for more info >>](#)

RCOG World Congress 2024 (RCOG 2024)

Date: 15-17 October 2024  
Where: Muscat, Oman

[Click here for more info >>](#)



### **OBSGE/RCOG Hysteroscopy Workshop & Lecture Day 2024**

Lecture day:  
1 October 2024 (online)  
Workshop  
09-10 October 2024  
Where: The Royal College  
of Obstetricians and  
Gynaecologists, 10-18 Union  
St, London SE1 1GH

[Click here for more info >>](#)

### **33rd World Congress on Ultrasound in Obstetrics and Gynaecology (ISUOG 2024)**

Date: 6-9 October 2024  
(Pre Congress courses on  
5 October 2024  
Where: Dubai, United Arab  
Emirates

[Click here for more info >>](#)

### **ESGE 33rd Annual Congress 2024 (European Society for Gynaecological Endoscopy 2024)**

Date: 27-30 October 2024  
Where: Marseille, France

[Click here for more info >>](#)

### **ASRM Scientific Congress 2024 (The American Society for Reproductive Medicine - dates TBC)**

[Click here for more info >>](#)

### **FIGO World Congress of Gynaecology and Obstetrics October 2024 - dates TBC**

### **AAGL 2024 (53rd Global Congress on MIGS)**

Date: 17-20 November 2024  
Where: New Orleans,  
Louisiana

[Click here for more info >>](#)

### **Annual Conference of British & Irish Association of Robotic Gynaecological Surgeons (BIARGS 2024)**

Date: 22-23 November 2024  
Where: Liverpool, UK

[Click here for more info >>](#)

### **Congress of European Society of Gynaecology (ESG 2024)**

Date: November 2024 (TBC)  
Where: Amsterdam,  
The Netherlands

[Click here for more info >>](#)



# BSGE Scope Team

*Meet our dedicated team...*



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**Jane Gilbert**  
Assistant Editor



**Atia Khan**  
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**Charis Ayton**  
BSGE Administrator



**Rebecca Mallick**  
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**Mez Aref-Adib**  
The Scope meets...



**Nadine Di Donato**  
Events



**Lina Antoun**  
Trainees



**Samantha Kirkwood**  
Trainees



**Ben Mondelli**  
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BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

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