

Report on the Visit to the Institut Franco-Européen Multidisciplinaire d'Endométriose, Bordeaux, France – October 2024

Introduction

In October 2024, I had the privilege of visiting the **Institut Franco-Européen Multidisciplinaire d'Endométriose** in Bordeaux, France with the generous support of a BSGE Travelling Fellowship. As a senior trainee in Obstetrics and Gynaecology based in London, specialising in endometriosis, the visit offered an invaluable opportunity to observe and learn from world-leading experts in the field. With my consultant post imminent, and a desire to further endometriosis research at my own institution, this experience allowed me to gain essential knowledge in advanced surgery, multidisciplinary patient management, and research integration.

The visit had several key objectives:

1. To observe world expert surgeons in advanced endometriosis surgery.
2. To witness a variety of surgical interventions, including colorectal, urological, deep parametrial, neuropelvic, and diaphragmatic disease.
3. To gain insights into focussed patient care pathways and clinical flow.
4. To understand how the institute involves patients in research and collects long-term outcome data.
5. To compare the institute's multidisciplinary surgical model with traditional UK approaches and assess its application in an NHS teaching hospital setting.

Overview of the Institut Franco-Européen Multidisciplinaire d'Endométriose

The **Institut Franco-Européen Multidisciplinaire d'Endométriose** (IFEM Endo) is internationally renowned for its comprehensive, multidisciplinary approach to treating endometriosis. It is led by inspirational expert surgeons Prof Horace Roman, Dr Benjamin Merlot and Dr Thomas Dennis with the support of a team too numerous to name here, save for Mylene, the inimitable and dedicated specialist surgical assistant and Isabelle, the surgeon's aide-de-camp and lubricating wheel of the operation. Every person I met save none was unfailingly kind, extremely generous with their time, and genuinely interested to impart their knowledge and experience to me and other visiting doctors. The IFEM Endo stands out for its expertise in complex cases of deep invasive endometriosis. The institute's integration of highly specialised surgeons, cutting-edge surgical platforms, singular focus on patient outcomes and a strong commitment to research makes it a model centre for endometriosis care.

I was particularly impressed by their multidisciplinary ethos, which is more integrated than typical UK models, and their ability to manage extremely complex cases with a focus on advanced surgical techniques. Having the opportunity to observe and assist in these complex surgeries was a truly magnificent experience. The friendships and connections I have made there will I hope continue long into the twilight of my career.

Expert Surgeon

One of the primary goals of my visit was to observe some of the world's leading endometriosis surgeons in action. The institute is known for tackling some of the most challenging cases. The surgery I observed included colorectal, urological, and diaphragmatic resections, as well as

complex cases involving the deep parametrial tissues and pelvic nerves. The systematic approach to these cases and the reproducibility of surgical steps despite varying levels of anatomical distortion is testament to the surgeons great skill and deep understanding of the disease. Given the institutes focus on the most severe cases, often refractory to previous surgery or referred from other hospitals due to complexity they were uncompromising in their approach to leaving residual disease. Patients were travelling from far and wide (including distant French territories in South America during my visit) and the team wanted to ensure they were treated comprehensively. I saw a higher rate of combined hysterectomy and bowel disease excision likely as a result of this patient selection and it was a pleasure to see so many NOSE (natural orifice specimen extraction) technique bowel resections, retrieved both vaginally and rectally.

Deep Parametrial and Nerve Involvement

Endometriosis involving the **deep parametrial tissues** and the **pelvic nerves** presents unique surgical challenges. These cases often require specialised nerve-sparing techniques to avoid long-term complications such as neuropathic pain or loss of pelvic organ function. I was particularly interested in these cases, as nerve involvement is one of the most difficult aspects of endometriosis surgery. The institute's surgeons used precise dissection techniques to minimise damage to the pelvic autonomic nerves while ensuring that all visible endometriotic tissue was removed. This fine balance between complete excision, nerve preservation and awareness of operative risk in these deep retroperitoneal spaces is one of my most significant takeaways.

Diaphragmatic Endometriosis

An aspect of the surgical program at the institute is their experience with **diaphragmatic endometriosis**. I observed a case where the surgical team performed a full thickness diaphragmatic excision at multiple sites in a patient who had had previous ablation of what was considered superficial diaphragmatic disease at previous surgery causing diffuse diaphragmatic adhesion. The approach was meticulous and required great patience and skill in mobilising the liver from the adherent diaphragm, a cautious approach needed close to the middle hepatic vein(!), and surgical experience and confidence of the team, including the anaesthetist, when performing a full thickness resection. Seeing the intra-thoracic view: phrenic nerve, pericardium and structures far from the usual remit of a jobbing gynaecologist, was extraordinary. The sheer normality of this for Prof. Roman, performing the surgery, belies his vast experience and quiet, confident skill set.

A Multidisciplinary Surgical Model

Another distinctive aspect of the institute's approach is its **multidisciplinary surgical model**, which differs from the traditional UK system. At the institute, the primary surgeon is considered more of a '**pelvic surgeon**', skilled in performing not only gynaecological procedures but also **colorectal, thoracic and urological surgery**. This surgeon takes on a more central role in managing complex endometriosis cases involving multiple organs, with dedicated specialists—such as colorectal and urological surgeons—providing input for their respective parts of the procedure where required, but not to the same level as many UK centres, in my experience.

While this model works well in many cases, with the French approach offering a more **integrated** and **holistic** perspective, I reflect that replicating this model in an **NHS setting** may be challenging due to differences in staff turnover, limiting rotas, the high number of trainees and more limited experience of gynaecological surgeons in some settings.

Team Efficiency and Focus on Endometriosis

One of the most striking observations during my visit was the **high level of efficiency and coordination** within the surgical and theatre team. The entire team—from surgeons to nursing staff and anaesthetists—was well-drilled and focused specifically on the management of complex endometriosis. This level of specialisation ensured that surgeries were performed with absolute precision, efficiency and with a laser focus on patient outcomes from the whole team.

In comparison, I reflected on the **NHS environment**, where staff turnover, trainee involvement, and rotating schedules can make it more difficult to maintain this level of continuity and focus. In larger NHS hospitals, the involvement of multiple trainees from different specialties, and the varying levels of experience among surgical and anaesthetic teams, can sometimes lead to a more fragmented approach.

However, the success of the institute's model highlighted the importance of developing a **dedicated team** within our model, dedicated to managing complex endometriosis cases. The introduction of our own **robotic surgical programme** has already made inroads into achieving this, and with extra effort, an even more cohesive team could be established, even within the constraints of a larger teaching hospital. So much of this is dependent on the presence of such dedicated and charismatic experts to lead change, as I witnessed at the institute.

Patient Care Pathways and Research

The institute's **patient care pathways** are designed to ensure smooth patient flow from diagnosis to surgery and post-operative care. The integrated approach I observed, where patients were seen by a multidisciplinary team, ensured that all aspects of their disease were considered, including pain management, fertility goals, physiotherapy and long-term outcomes. This continuity and wholistic model of care is something I hope to replicate in my future practice.

Research and Patient Involvement

The institute places a strong emphasis on integrating **research** with clinical practice. The **National Observatory for Endometriosis** system they use allows for the collection of valuable data on pain, quality of life, and fertility outcomes over time. Patients are actively involved in the research process, providing data that is used to monitor the long-term effectiveness of treatments.

The BSGE offers a similar system, although the detail and volume of data collected is different. It is difficult to strike a balance between how much information to ask for and collect, particularly for a national model, the IFEM Endo was even considering reducing the burden of some post operative data collection, which even for their highly specialised and well motivated patient cohort was quite time consuming to complete with consequent reduced data at long term follow up.

Implications for Future Practice

The knowledge gained from my visit to the Institut Franco-Européen Multidisciplinaire d'Endométriose has had a profound impact on how I plan to structure my future practice and research in endometriosis. The **advanced surgical techniques** I observed, particularly in robotic

surgery, and the institute's approach to **multidisciplinary care**, offer valuable lessons that can be applied in an NHS setting, with appropriate adaptations.

Although replicating the institute's model in a larger NHS hospital may present challenges, particularly due to staffing and logistical issues, the creation of a **dedicated team** focused on complex endometriosis cases is achievable. With the introduction of our **robotic surgical programme**, we are already moving towards a more streamlined approach to managing these challenging cases. Involvement of all endometriosis patients in prospective data collection and follow up, on top of those metrics already recorded by virtue of BSGE Centre accreditation, would be invaluable to help us understand more about this complex condition where the symptom burden does not correlate well with surgical complexity of disease.

Conclusion

My visit to the Institut Franco-Européen Multidisciplinaire d'Endométriose was an invaluable experience that has significantly shaped my understanding of the complexities involved in managing advanced endometriosis. The expertise I gained in surgical techniques, patient care pathways, and research integration will be crucial as I transition into my consultant role. While the institute's model may be difficult to fully replicate in an NHS setting, the lessons learned can be adapted and applied to improve endometriosis care and research back home. The visit has reinforced my commitment to building a dedicated team and enhancing the research profile of my institution, ultimately improving outcomes for women suffering from the most severe forms of this debilitating condition.

I am so extremely grateful to the BSGE for awarding me a Travelling Fellowship to allow me the opportunity to undertake this visit. I would recommend this opportunity to anyone in my position. The experience has further confirmed my view that visiting other centers, particularly overseas, has been an invaluable part of my training and should be afforded to as many as possible, whatever stage of career they may be.