

# THE SCOPE

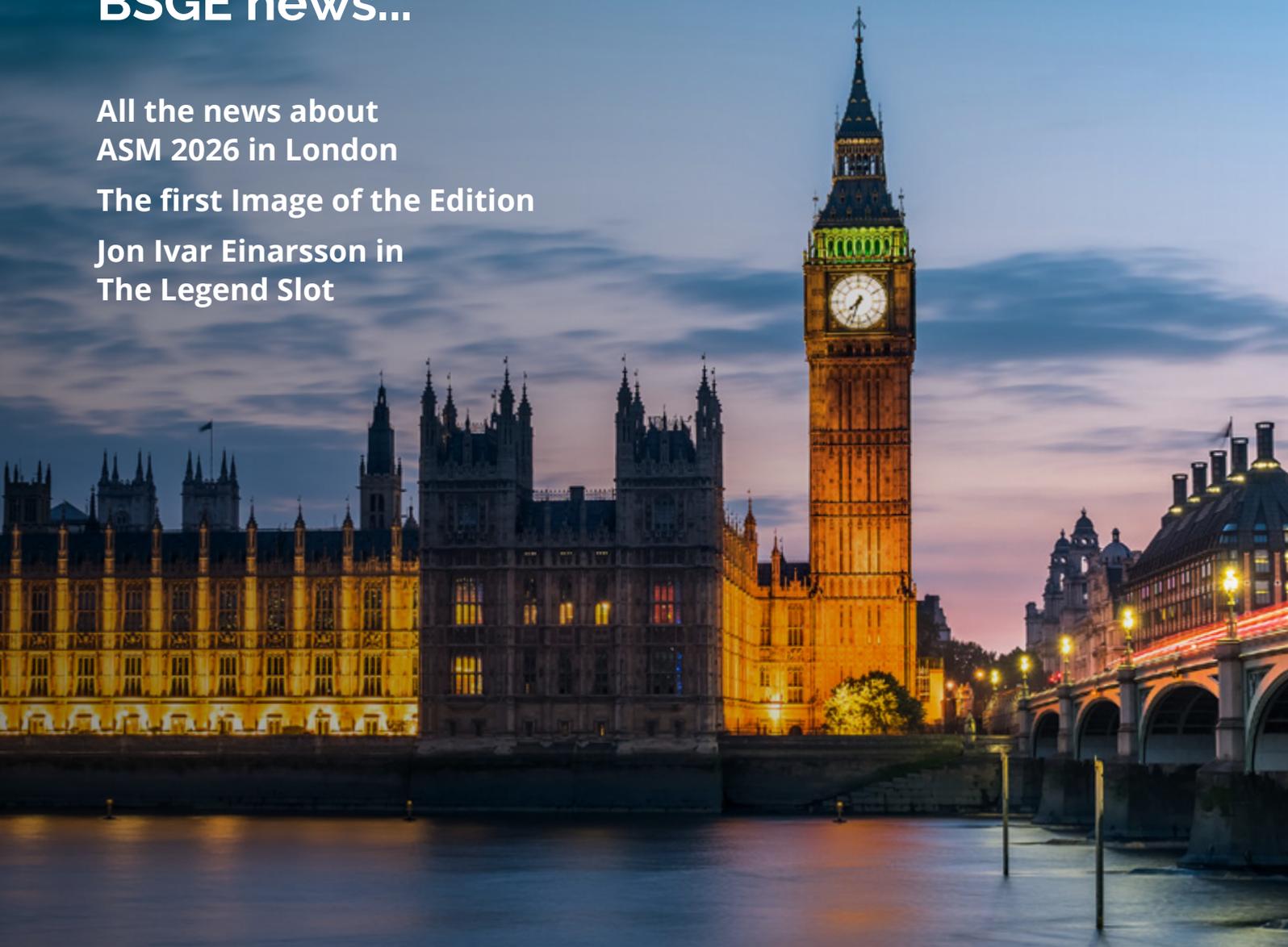
Newsletter of the British Society for Gynaecological Endoscopy

## BSGE news...

All the news about  
ASM 2026 in London

The first Image of the Edition

Jon Ivar Einarsson in  
The Legend Slot



Issue 28 | Spring 2026

# Welcome

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*Welcome to the Spring 2026 edition of The Scope.*



As we move into another busy and exciting year for the Society, this issue reflects both the momentum and the spirit that continue to define the BSGE. With ASM 2026 in London fast approaching, there is a palpable sense of anticipation for the most ambitious agenda in BSGE history delivered by Fevzi and his local organising committee. The scientific programme promises to bring together innovation, collaboration and world-class education, showcasing the very best of our specialty on an international stage. The social events also guarantee spectacular opportunities to experience the best of the capital city's most famous spots while networking with colleagues and catching up with old friends.

## Message from the editor

**Angharad Jones**  
Editor

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“

*The scientific programme promises to bring together innovation, collaboration and world-class education, showcasing the very best of our specialty on an international stage.* ”



Within this edition, you will find highlights from across our community—from advances in surgical education and training, to reflections on recent meetings and global engagement. It is particularly encouraging to see the continued growth of our educational initiatives, the strength of our trainee and nurse engagement, and the expanding reach of the BSGE both nationally and internationally. The BSGE sessions at both the ESGE in Istanbul and AAGL in Vancouver were special features for me, and it was an honour to catch up with Jon Ivar Einarsson for a motivating and inspiring interview for the “Legend Slot”.

“

*It is with great sadness that we acknowledge the passing of our long-standing web designer, Sallyann, who passed away last year. Sallyann played a vital role in production of the Scope over many years, bringing creativity to the pages of our publication.*

”



***In memory of  
Sallyann Smith***

However, alongside these triumphs, it is also important to pause and reflect.

It is with great sadness that we acknowledge the passing of our long-standing web designer, Sallyann, who passed away last year. Sallyann played a vital role in production of the Scope over many years, bringing creativity to the pages of our publication. Her work went on quietly behind the scenes, but its impact was seen and appreciated by us all. She was a valued member of the wider BSGE family, and she will be greatly missed. On behalf of the editorial team and the Society, I would like to extend our sincere condolences to her family, friends and colleagues.

As we look ahead, there is much to be excited about—particularly ASM 2026, which promises to be a landmark meeting for our society. I hope to see many of you there, and I encourage you to continue engaging with the opportunities the BSGE offers, whether through education, research, or service development.

Finally, thank you to everyone who has contributed to this issue. The Scope is very much a collective effort, and it would not be possible without your submissions, enthusiasm and support.

Best wishes  
**Angharad Jones**  
Editor, The Scope  
email: [bsge@rcog.org.uk](mailto:bsge@rcog.org.uk)

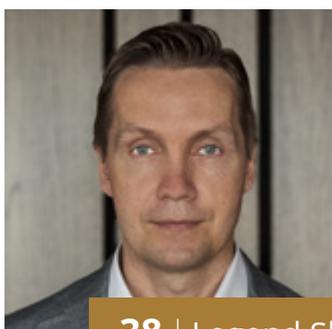




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# President's Address

***BSGE President Arvind Vashisht addressed the society in his seasonal message. This is adapted here:***



**Arvind Vashisht**  
*BSGE President*

As we race towards ASM 2026, it is time to pause for reflection and consider the year gone by for the BSGE. Indeed, it is never a bad time for any of us to stop, even briefly, to reflect on the year: on our successes and failures, and to recalibrate for the year ahead. In a world that seems to accelerate exponentially, these moments of reflection are precious and should not be missed.

This year we welcomed Zahra Amin and Oscar Barnick to Council, replacing Sam Kirkwood and Ben Mondelli. While stepping down from Council, Sam and Ben will undoubtedly continue to contribute to the Society. With elections approaching, I encourage members to consider standing for Council — it is a highly rewarding and responsible role representing our members, and one that plays a central part in shaping the future of the BSGE.

We delivered a full and varied educational programme, including courses for Endo CNS, hysteroscopy and laparoscopic training often supported by our partners from Industry, GESEA and the ever-successful RIGS programme. Our ASM in Leeds was a particular highlight — congratulations to Dorota Hardy, James Tibbott and the entire Local Organising Committee for a superb educational and sun-soaked meeting.

Beyond our hallowed shores, the BSGE has strengthened its presence internationally with dedicated sessions at Endo Dubai, ESGE and AAGL, and in 2026 we will go even further to attend the AGES conference in Auckland. Reciprocal arrangements with sister societies continue to open exciting opportunities for member involvement overseas.

“

*The BSGE has strengthened its presence internationally with dedicated sessions at Endo Dubai, ESGE and AAGL*

”



Diagnostics, innovation and research have evolved significantly, with the Scientific Advisory Group now integrated into the Research and Innovation portfolio. We delivered a successful online ultrasound study day and continue to work on initiatives to raise standards nationally. Collaboration with BIARGS is also progressing as robotics becomes increasingly embedded in gynaecological practice.

Training remains central to our mission, with growing trainee membership and a strong commitment to contributing to national discussions on the future of surgical training. Alongside this, we are developing nurse mentoring schemes and further integrating allied healthcare professionals into our work.

Our accreditation programme — a cornerstone of the BSGE — is undergoing important redevelopment for 2026. Thanks go to the Endocentres Committee for their extensive work in delivering a more modern, user-friendly system following widespread consultation with you all.

I would like to express my debt of gratitude to our management team who continue to keep the Society running smoothly, particularly during a challenging year that included the sad loss of our long-standing graphic designer, Sallyann Smith. Atia, ably assisted by Charis keep us functioning as the largest single-specialty women’s health society in the UK.

As we look ahead, excitement is already building for the ASM in London this April, which promises to be one of the finest global conferences of the year with an outstanding programme, hosting national and international speakers in a remarkable venue.

So, it has been a busy year for us at the BSGE, I look forward to seeing you in London in April.

“

*Training remains central to our mission, with growing trainee membership and a strong commitment to contributing to national discussions on the future of surgical training.*

”



# Vice President Update

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*I can't quite believe it is March already, and I am really looking forward to the year ahead. There are so many fantastic events planned by the BSGE, building on what has already been a strong start to 2026.*



**Rebecca Mallick**  
BSGE Vice President

January saw a hugely successful BSGE/Arthrex cadaver course in Solihull. Faculty from across the UK came together for a two-day cadaveric dissection course, welcoming 20 BSGE member delegates. The programme covered a wide range of core and advanced topics, including pelvic sidewall anatomy and dissection, hysterectomy techniques, suturing skills and the use of ICG, with excellent engagement and feedback throughout.

Our imaging portfolio also delivered the RCOG/BSGE virtual course on the diagnosis of endometriosis, which received exceptional feedback from delegates. The popular webinar series also continues to go from strength to strength, and watch this space for further developments, including plans for live surgery sessions.

I am very much looking forward to the BSGE ACN in Birmingham, and of course our flagship event of the year, the BSGE Annual Scientific Meeting in London. I am sure you are all as excited as I am. There are further details in this issue of Scope, and I look forward to seeing many of you there.

I would also like to draw members' attention to the range of BSGE awards and bursaries available, with full details on the BSGE website. I would strongly encourage anyone planning to undertake research, or keen to travel to centres to gain further experience, to consider applying. Supporting our members to achieve their learning objectives is central to BSGE's mission, and these awards play an important role in ultimately improving patient care.

**Rebecca Mallick**  
BSGE Vice President



# BSGE ASM 2026: One World, One Vision – Breaking Surgical Ground in Endoscopy

**ASM26**   
Annual Scientific Meeting



*The British Society for Gynaecological Endoscopy Annual Scientific Meeting (ASM) 2026 promises to be one of the most ambitious and internationally connected meetings in the society's history. Taking place in London from 29 April to 1 May 2026, with pre-Congress courses on 28th April, BSGE ASM 2026 will bring together over 1,000 delegates for three days of high-quality science, surgical innovation and unparalleled networking opportunities.*



Under the theme “**One World, One Vision: Breaking Surgical Ground in Endoscopy**”, the 2026 meeting will reflect both the global influence of London and the expanding international reach of gynaecological endoscopy.

Chair of the London LOC Fevzi Shakir spoke to the Scope about the exciting plans for the meeting. He said:

“ Our scientific programme will feature inspirational speakers from the UK and abroad as well as feature bespoke sessions for nurses and residents with a broad range of topics to stimulate and engage with all interests.

Attendees can also look forward to ten pre-congress workshops, five parallel scientific/networking streams, live surgery sessions, Interactive Innovation Zone, four vibrant networking events and much more!

”





“ We’re especially thrilled to be hosting this landmark event in London, a global hub of culture, science, and medical excellence. As one of the world’s most accessible and diverse cities, London offers an exceptional backdrop for international collaboration. From its rich medical history to its cutting-edge healthcare institutions, London provides the perfect environment for advancing the dialogue in minimally invasive surgery. The QEII Centre, located steps away from Big Ben, the Houses of Parliament, and Westminster Abbey, places delegates at the heart of the city’s vibrant energy and unmatched heritage.

Join us for this landmark gathering- the premier minimally invasive surgery (MIS) event of the year as we come together to learn, connect, and shape the future of gynaecological endoscopy. We look forward to welcoming you to London!

”

The 2026 ASM theme: **One World, One Vision: Breaking Surgical Ground in Endoscopy** captures the spirit of collaboration and innovation that defines modern minimally invasive gynaecological surgery, as well as reflecting the society’s acronym.

As surgical technologies, training pathways and patient expectations continue to evolve, the need for shared standards, global dialogue and evidence-based innovation has never been greater. The scientific programme will explore:

- Advances in laparoscopic and hysteroscopic techniques
- Complex endometriosis surgery
- Robotics and emerging technologies
- Multidisciplinary approaches to benign gynaecology
- Education, training and simulation
- Service delivery and workforce development

With four parallel streams, dedicated sessions for Clinical Nurse Specialists, residents and allied healthcare professionals, and an interactive zone designed to encourage hands-on engagement and industry collaboration, the meeting will offer something of value to every member of the multidisciplinary team.

As BSGE President Arvind Vashisht notes, the ASM continues to grow in scale and popularity, delivering an educational and enjoyable experience for consultants, trainees and specialist nurses alike. He said:

“ Each ASM is getting busier and busier and more and more popular- so, I really hope that you take up the opportunity to join us in London. You won’t be disappointed- and I really look forward to seeing all of you there.

”



## The Venue: QEII Centre, Westminster

BSGE ASM 2026 will be hosted at the prestigious QEII Centre in the heart of Westminster.

With exclusive use of the venue throughout the meeting, delegates will benefit from:  
A central London location with excellent national and international transport links

- Capacity for over 1,000 delegates
- Modern lecture theatres and breakout spaces
- Stunning views across Westminster and the River Thames

Located moments from the Houses of Parliament and Westminster Abbey, the QEII Centre places the ASM at the centre of the capital's political and historical landscape, reflecting London's status as a global hub for medicine, research and innovation.

Fevzi said:

“ *The food within the venue is excellent, it's overseen by Danilo Barbagallo who has an enormous amount of experience and has even cooked for Queen Elizabeth and Princess Anne, the tastings were exceptional!* ”

The accessibility of the venue makes it an ideal location for both UK-based clinicians and international colleagues, reinforcing the meeting's global outlook.

London is home to internationally famous hotels but it's also packed with Airbnbs and cheaper venues, so there's something for everyone. Fevzi said:

“ *One of the London's best attributes is its accessibility and the vast selection of places to stay. There are excellent hotels a short walk from the venue in Westminster, Victoria or on the South Bank, but delegates can also choose more affordable options on the outskirts of the city, just an easy tube ride away. You can stay in Zone 4 and still get into Westminster in twenty minutes on the Jubilee Line!* ”

Please visit <https://www.bsge.org.uk/asm26/accommodation/> for nearby hotels and booking options.





## Scientific excellence and engagement

The 2026 scientific programme is shaping up to be both comprehensive and forward-thinking. Delegates can expect:

- A robust abstract programme showcasing cutting-edge research
- International faculty and perspectives
- Debate and panel discussions on contemporary challenges
- Dedicated streams for nurses and allied healthcare professionals
- An interactive zone fostering practical engagement and industry collaboration

The ASM has become an essential fixture in the professional calendar for those committed to advancing standards in minimally invasive gynaecology. London 2026 will continue this tradition, combining academic rigour with practical relevance.

Fevzi said:

“ We have had a record number of abstract submissions this year and the standard has been incredibly high. For the first time, BSGE ASM26 abstracts will now be cited in Facts, Views & Vision in ObGyn. A great opportunity to have your work published. ”



## Innovation at the ASM

### Interactive Zone

For the first time this year, there will be an interactive zone and a BSGE café with branded coffee, popcorn and other snacks. Fevzi said:

“ It'll be a place to meet and chat, watch videos, and also discuss and try new innovations and equipment. ”

*There's a cinema area and a theatre set-up. We're planning expert exchanges, round table discussions, demonstrations, debates and the opportunity for hands-on practice. That's where we'll hold the RIGS suturing competition- now known as 'The Great Stitch-Off!' So, don't miss that on Thursday afternoon.* ”





## Networking Events

The networking events are a highlight of the ASM- and with an extra day at London 2026 there's even more to enjoy. The stunning venues, internationally renowned chefs and, of course, many friends and colleagues mean that it's important to register as soon as possible. Fevzi said:

“ *The tickets for the networking events are selling incredibly well, get yours early to avoid disappointment* ”

There are multiple networking events set against the backdrop of iconic London landmarks and panoramic views of the Thames. These events are designed not only to celebrate the specialty but also to foster meaningful professional connections and catch up with old friends and colleagues.

### **BSGE Welcome Drinks Reception with Canapés**

28 April 2026 | 18:00 – 19:00 | QEII 5th Floor  
£15 per ticket

### **BSGE Welcome Networking Event (with RIGS Lecture & Dinner)**

28 April 2026 | 18:00 – 23:00 | QEII 6th Floor  
£100 per ticket



Fevzi said:

“ *Usually, we host two separate welcome dinners at the ASM- a RIGS dinner and a consultant dinner. This year we've integrated those into one event, with a RIGS educational lecture included. We wanted the networking and the conference in general to be about everyone working and socialising together- so, one venue makes sense. It's going to be a fantastic evening and a wonderful dinner prepared and presented by Will Devlin, a Michelin star chef. His food philosophy is all about seasonality, sustainability, and a deep, direct connection between the farm and the table.* ”





**BSGE Networking Reception – Tower Bridge**

29 April 2026 | 21:00 – 01:00 | Tower Bridge  
£85 per ticket

Fevzi said:

“ We’re very excited about this event with drinks, canapés and live music. Tower Bridge is one of London’s most iconic venues, with amazing views across the Thames and the Tower of London. It’s a chance to get together with old colleagues, make new friends and relax in stunning surroundings. ”



**BSGE River Networking Dinner – The Silver Sturgeon**

30 April 2026 | 19:00 – 03:00  
£150 per ticket  
£200 + VAT per guest ticket

This flagship yacht is the largest passenger vessel to cruise central London, sailing between Westminster and Greenwich. The large open top deck gives guests an unrivalled vantage point to take in the sights, including the London Eye, St Paul’s Cathedral and Tower Bridge. An incredible way to celebrate the last night of BSGE ASM 2026.



**A truly global meeting**

Fevzi Shakir, Chair of the London Local Organising Committee and BSGE Honorary Treasurer, highlights the significance of hosting the ASM in London- a city defined by its international outlook, innovation and connectivity.

BSGE ASM 2026 is set to be a landmark meeting – combining scientific excellence, surgical innovation and international collaboration in one of the world’s most iconic cities.

Live surgery has become a highlight of the ASM- and this year, there will be an international element. Fevzi said:

“ The surgery is planned to be live-streamed from one UK centre and one international centre- in keeping with the global feel of the ASM. ”

The BSGE is delighted to extend a special invitation to our international colleagues to join the BSGE Annual Scientific Meeting 2026 (ASM26) virtually, from 29 April to 1 May 2026. [Click here to learn more.](#)



# BSGE ASM 2026: Pre-Congress Courses



*Advance your knowledge and practical skills ahead of the main scientific meeting. The pre-congress courses at BSGE ASM 2026 will take place in London on Tuesday 28 April 2026. With a mixture of established favourites and new innovations the pre-conference programme is one of the broadest and best to date:*



## Hands-On Laparoscopic Myomectomy and Contained Morcellation

This advanced full-day practical workshop focuses on contemporary laparoscopic myomectomy techniques with particular emphasis on safe contained morcellation.

Delegates will refine suturing techniques, fibroid enucleation strategies, haemostasis optimisation and specimen retrieval using containment systems. The course also explores patient selection, consent considerations, risk mitigation and evolving regulatory guidance.

Hands-on simulation models and expert faculty supervision provide an immersive skills-based learning environment.

**Venue:** The Griffin Institute, Harrow

**CPD:** 7 credits

**Booking:** <https://www.bsgge.org.uk/asm26/pre-congress/pre-congress-laparoscopic-myomectomy-contained-morcellation/>





## Beyond the Scalpel -Redefining Peri/Post-Operative Pain Management

A forward-thinking multidisciplinary course examining modern peri-operative and post-operative pain strategies in minimally invasive gynaecological surgery. The programme integrates enhanced recovery (ERAS) principles, opioid-sparing analgesic protocols, regional anaesthesia techniques, and optimisation of prehabilitation pathways.

Sessions will include collaborative perspectives from surgeons, anaesthetists, specialist nurses and physiotherapists, highlighting practical strategies to reduce length of stay, improve patient experience and enhance functional recovery. Ideal for clinicians seeking to modernise pain pathways within endometriosis, fibroid and complex benign services.

**Venue:** QEII Centre, Westminster | CPD accreditation applied

**Booking:** <https://www.bsge.org.uk/asm26/>

## Endometriosis CNS Education Workshop

A targeted programme for Endometriosis Clinical Nurse Specialists and nurses working in endometriosis care. Sessions will focus on complex surgical care, imaging, fertility, physiotherapy and the evolving role of the CNS in multidisciplinary practice. Delegates will gain practical insights alongside expert speakers and be able to share experiences with friends and colleagues.

**Venue:** Peter Samuel Hall, Royal Free Hospital, London

**Time:** 09:00-16:30

**CPD:** 7 credits

**Booking:** <https://www.bsge.org.uk/asm26/pre-congress/endometriosis-cns-workshop/>



**Royal Free London**  
NHS Foundation Trust



## vNOTES Workshop

An interactive introduction to vaginal Natural Orifice Transluminal Endoscopic Surgery (vNOTES) aimed at consultants and senior trainees (ST6/7). The workshop includes presentations, videos and hands-on simulation with models under expert faculty guidance, ideal for understanding technique and instrumentation.

**Venue:** Burton Room, The QEII Centre, Westminster

**Time:** 09:30-13:45

**CPD:** 4 credits

**Booking:** <https://www.bsge.org.uk/asm26/pre-congress/vnotes-workshop/>





## Hysteroscopy Workshop

A comprehensive workshop combining lectures, case discussions and practical stations to develop competence in diagnostic and operative hysteroscopy. Includes hands-on practise with simulators and devices covering intrauterine pathology removal, tissue morcellation and electrosurgery.

**Venue:** Karl Storz Training & Technology Centre, Slough

**Time:** 09:00-16:30

**CPD:** 6 credits

**Booking:** <https://www.bsge.org.uk/asm26/pre-congress/hysteroscopy-workshop/>

## Transcervical Fibroid Ablation (Sonata Treatment) Workshop

Explore Transcervical Fibroid Ablation, a minimally invasive option for fibroid management. The course combines lectures on indications, patient selection and treatment planning with practical hands-on simulation including intrauterine ultrasound interpretation and local anaesthetic protocols.

**Venue:** Olivier Room, The QEII Centre, Westminster

**Time:** 10:30-16:30

**CPD:** 5 credits

**Booking:** <https://www.bsge.org.uk/asm26/pre-congress/transcervical-fibroid-ablation-workshop/>



**Royal Free London**  
NHS Foundation Trust

## Gynaecological Ultrasound for Minimal Access Surgery Workshop

Develop advanced ultrasound skills relevant to minimal access gynaecological practice, including assessment of adnexal and uterine pathology, early pregnancy complications, 3D imaging and non-invasive endometriosis evaluation.

**Venue:** Royal Free Hospital, London

**Time:** 08:30-16:30

**CPD:** 6 credits

**Booking:** <https://www.bsge.org.uk/asm26/pre-congress/gynaecological-ultrasound-for-minimal-access-surgery/>





## Da Vinci Surgery Workshop

An immersive day exploring robotic-assisted gynaecological surgery using the Da Vinci Xi/X platforms. With simulation, faculty-led demonstrations and plenty of hands-on practice, delegates will refine robotic technique, troubleshoot workflows and explore advanced procedures such as hysterectomy and endometriosis dissection.

**INTUITIVE**

**Venue:** Intuitive Surgical, Wokingham

**Time:** 08:00-16:00

**CPD:** 6 credits

**Booking:** <https://www.bsge.org.uk/asm26/pre-congress/da-vinci-surgery-workshop/>



## RIGS Hands-On Laparoscopic Workshop

A full-day laparoscopic skills course for residents and trainees aligned with RCOG core competencies, including simulated procedures under expert supervision. Places are limited and subsidised for BSGE Resident members.

**Venue:** RCOG Union Street, London

**Time:** 08:40-16:00

**CPD:** 7 credits

**Booking:** <https://www.bsge.org.uk/asm26/pre-congress/rigs-intermediate-laparoscopy-workshop/>

## Introduction to Clinical Research Workshop

A half-day course for clinicians and nurses wishing to enhance their understanding of clinical research methodology, trial delivery and critical appraisal. This session is valuable for those engaging in site-based research or considering research roles.



**Venue:** The QEII Centre, Westminster

**Time:** 12:00-16:15

**CPD:** 4 credits

**Booking:** <https://www.bsge.org.uk/asm26/pre-congress/pre-congress-introduction-clinical-research/>





## Hands-On Laparoscopic Myomectomy and Contained Morcellation Workshop

Designed to advance laparoscopic myomectomy skills and safe contained morcellation technique — key competencies in contemporary fibroid management. Includes hands-on practice with models and expert teaching.

**Venue:** The Griffin Institute, Harrow

**Time:** 08:30-16:45

**CPD:** 4 credits

**Booking:** <https://www.bsge.org.uk/asm26/pre-congress/pre-congress-laparoscopic-myomectomy-contained-morcellation/>



**Most courses have limited places and require early registration — book through the official ASM26 course pages linked above.**





# An Insider's Guide to Westminster: Pubs, Walks and Hidden Corners



*While Westminster's major landmarks like the House of Parliament and Westminster Abbey are unmissable, the area also hides quieter corners, secret spots and delicious local eats just waiting to be discovered.*



## **Start with Coffee: The Regency Café**

The BSGE will have its own café at the QEII centre, but if you fancy a change, a 10–12 minute stroll from the conference centre sits one of London's most iconic cafés: the Regency Cafe.

This classic art deco café is instantly recognisable thanks to its black-and-white tiled interior and no-nonsense menu. It's been featured in films and television from *Pride* to *Layer Cake*, but its loyal customer base is largely local workers and Westminster regulars.

Order a traditional full English breakfast or a bacon sandwich with tea and take a moment to soak up the atmosphere. It's the kind of place where MPs, police officers and builders all queue together.



## Westminster's Pub Life

Westminster has some remarkable historic pubs, many with strong connections to Parliament.

### The Red Lion

The Red Lion on Whitehall is a favourite with MPs and political journalists. Dating back centuries, it once hosted parliamentary debates when MPs were barred from speaking inside the chamber. Today it remains one of the closest watering holes to the Palace of Westminster.

### The Two Chairmen

A little further along lies the Two Chairmen, widely regarded as Westminster's oldest pub, dating back to around 1729. It's compact, traditional and wonderfully atmospheric, with a reputation for good ale and lively after-work conversations- whether it's politics or minimal access surgery!



### The Clarence

Near the conference centre you'll find the elegant Clarence, a Victorian pub popular with civil servants from nearby government departments. It's ideal for a quick sharpener before heading out to the networking events.

### St Stephen's Tavern

This tavern opposite the Houses of Parliament, is one of the best spots to people-watch. The ornate interior of St Stephen's Tavern and its terrace overlooking Parliament Square make it a classic Westminster stop.

### Attractive Walks Around Westminster

Despite being the political centre of the UK, Westminster offers some lovely walking routes.

### St James's Park Loop

Just a few minutes away is St James's Park, one of London's most beautiful royal parks. A stroll around the lake offers classic views of Buckingham Palace and the London skyline.

### Along the Thames

Walking along the river between Westminster Bridge and Lambeth Bridge provides some of the best views of the Palace of Westminster and Big Ben, particularly at sunset.

### Dean's Yard

Tucked behind the abbey is the tranquil courtyard of Dean's Yard, part of the historic precincts of Westminster Abbey. It's a quiet hidden corner that many visitors never discover.



## A Short Westminster Walking Tour

In just 45 minutes, starting from the QEII Centre you can hit all the historic hotspots:

### 1. Parliament Square

Step outside the QEII Centre into Parliament Square. Statues of political figures surround the square, including Winston Churchill and Nelson Mandela.

### 2. Houses of Parliament

Walk toward the spectacular Palace of Westminster, the seat of the UK Parliament. Don't forget to look up at the famous clock tower housing Big Ben.

### 3. Westminster Abbey

Just across the road stands Westminster Abbey, the coronation church of British monarchs for nearly 1,000 years.

### 4. St James's Park

Continue along Birdcage Walk and enter St James's Park for peaceful views across the lake.

### 5. Horse Guards Parade

Head north toward Horse Guards Parade, where ceremonial troops still stand guard.

### 6. Whitehall

Finish your walk along Whitehall, home to key government buildings and the Cenotaph war memorial, before returning to Parliament Square.



*What makes Westminster special is the blend of political theatre, historic architecture and everyday London life. One moment you're standing outside Parliament; the next you're sharing a pint in a centuries-old pub where political history may well have been made. We look forward to seeing you there.*

# BSGE ASM 2026: BSGE's First Post-Congress Workshop



*For BSGE members, the ASM is always a highlight of the professional calendar. But this year, the learning doesn't end when the conference doors close. Instead, the society is holding its first Post-Congress Workshop, a highly focused cadaveric training day designed to take advanced surgical understanding to the next level.*



## A day of cadaveric surgical learning

Taking place on Saturday 2 May 2026 (08:30-17:00), the workshop will be hosted at the Manchester Surgical Skills and Simulation Centre within the Stopford Building at the University of Manchester on Oxford Road in Manchester.

Designed specifically for consultants and senior gynaecology trainees, the course offers the opportunity to explore complex pelvic anatomy through hands-on cadaveric dissection in a small group learning environment. With just 12 places available, the workshop is intentionally intimate, allowing participants to spend meaningful time refining their technique under expert supervision.

And notably, the £950 registration fee is significantly subsidised by the Society, a fraction of the cost typically associated with cadaveric surgical training programmes.





## Learning from a global pioneer

One of the workshop's biggest draws is the international faculty. Delegates will learn directly from Shailesh Puntambekar, a globally respected gynaecologic oncologist and the pioneer behind the Pune Technique for Wertheim's hysterectomy.

Professor Puntambekar gained international attention following India's successful uterine transplant programme and remains a leading voice in complex pelvic surgery. Many BSGE members will remember his memorable presentation at the 2019 Annual Scientific Meeting in Celtic Manor, where his keynote Alec Turnbull lecture "Uterine transplant is the Mount Everest of fertility-enhancing surgery" received a standing ovation.

For delegates attending the workshop, this is a rare opportunity to observe and learn directly from the renowned surgeon himself.



**Shailesh Puntambekar**  
*Gynaecologic Oncologist*



**Sujata Gupta**  
*Consultant Gynaecologist*

## Expert local leadership

Supporting the international faculty is local faculty lead Sujata Gupta, consultant gynaecologist and endometriosis specialist. Alongside a highly experienced teaching team, she will help guide participants through complex anatomical planes and surgical techniques, ensuring the day remains highly practical and clinically relevant.

## Tailored approach to learning

Participants will be invited to submit their personal learning objectives in advance, enabling faculty to shape the day around the areas most relevant to the group. For surgeons keen to build confidence in advanced pelvic and retroperitoneal surgery, the curriculum can include focused training on topics such as:

- Identification of ureters
- Ureterolysis
- Dissection of pararectal spaces
- Parametrial dissection
- Ligation of the uterine artery at origin
- Internal iliac artery ligation
- Pelvic lymph node dissection
- Para-aortic node dissection
- Pelvic nerve dissection
- Laparoscopic uro-gynaecology procedures

In short, it's a chance to refine techniques that are difficult to practise in routine theatre settings.





## Not in Manchester? Join virtually

Recognising that not everyone can attend in person, BSGE is also offering a virtual attendance option (£250).

Remote delegates will be able to watch the retroperitoneal dissection live as it is performed and taught by faculty, with the opportunity to submit questions during the session. For those unable to join on the day, recordings will also be available to watch at a time that suits.

As the first post-congress workshop organised by BSGE, this event marks an exciting step towards extending the society's educational offering. With a world-class faculty, hands-on cadaveric training and personalised learning objectives, the workshop promises to deliver an immersive day of surgical education designed to deepen anatomical understanding, sharpen laparoscopic precision and build confidence in retroperitoneal surgery,

With only 12 hands-on places available- register early to guarantee your place. Find out more at <https://www.bsge.org.uk/event/asm26-post-congress-cadaveric-workshop/>



# ACN26

## Ambulatory Care Network



*The BSGE Ambulatory Care Network (ACN) Meeting 2026 was held at The Vox, Birmingham on 26th - 27th February.*

The popular two-day meeting focused on ambulatory interventions for diagnosing and treating uterine and genital tract conditions, particularly those involving hysteroscopy, ultrasound, and new technologies.

Highlights included a keynote lecture by Professor Attilio Di Spiezio Sardo, a world-renowned figure in gynaecology and hysteroscopy.

As always, the ACN followed an interactive format with plenty of case studies, troubleshooting, innovative techniques and very lively discussions and debate. The meeting feedback was excellent with delegates praising the venue, interactivity and the organisation of the event.





**Professor Justin Clark**  
*Consultant Gynaecologist*

Professor T Justin Clark reported for The Scope on the seventh annual ACN meeting:

The 7th BSGE Ambulatory Care Network (ACN) has just finished. This was our biggest yet with over 260 attendees. To accommodate the increasing demand we moved for the first time just outside Birmingham City Centre to the Vox Conference Centre. A beautiful facility with plenty of space to mingle and light beaming through the huge windows.

As always the ACN aimed to provide a mix of practical advice and important updates in ambulatory clinical practice, novel technologies / innovations, research and quality assurance. The focus was on all things ambulatory but especially hysteroscopy and ultrasound.

Highlights included our keynote speaker, the world-famous hysteroscopist Prof Attilio di Spiezio Sardo who regaled us with his "25-year journey in the world of hysteroscopy: from UK to UK". An informative and educational debate about whether biopsy should be routinely performed even if the endometrium at hysteroscopy looked inactive saw Tracy Jackson (Leeds) and Lina Antoun (Birmingham) on terrific, combative 'mid-season' form, with a narrow victory for the Leeds based gynae oncologist (and sadly Leeds United supporter). Other sessions covered fertility, oncology, fibroids, accreditation and our ever popular 'stump the panel' session with interesting cases posed and presented. Audience interaction through polls, and questions via our app or from the floor was a key component of the meeting as always; the goal to share opinion and practice and debate in a safe, friendly and open environment.

We are very grateful to our 16 industry partners who sponsored and exhibited the ACN allowing us to keep prices as low as we can and afford a fit for purpose amazing venue.





The gala meal was great fun with short talks from myself and Angharad Jones. And in response to last year's feedback we had a disco – well music played through the ACN's co-chair Preth de Silva's laptop – with hindsight the sound was as dodgy as my dancing so next year we will invest in a proper DJ or band! I was particularly impressed with the turnout the next morning as 'fortuitously' the conference centre hosts an all-night Casino – Of those who ventured in, a few claimed to be winners but the blackjack and roulette was less kind to most others!

All in all, it was another superb meeting and the support and contribution of everyone who came is what makes this BSGE meeting so special. Special thanks to our local organising committee and faculty. Roll on 2027.

BSGE Vice-President Rebecca Mallick shared her thoughts:

“ Last week I had the pleasure of attending the BSGE Ambulatory Care Network meeting in Birmingham and once again, it was amazing! This network has gone from strength to strength and remains one of my favourite educational events in the UK calendar. There is something uniquely energising about bringing together clinicians who are genuinely committed to improving ambulatory gynaecological care. So much interesting discussion and healthy debate!

*Ambulatory care is not just about efficiency- it is about access, dignity, safety and experience. When done well, it transforms services for women. Huge credit to everyone involved in organising and contributing. Already looking forward to next year.*

*Thank you as always to the great industry support.*





The BSGI took to Twitter to say:

“ *A fantastic start to Day 1 of BSGE ACN 2026 in Birmingham. We were proud to see BSGI Past President Mrs Leena Gokhale chair an excellent session on “Managing the Patient with Premalignant/Malignant Disease. Together with session facilitators Justin Clark and Paul Smith, the session explored proliferative endometrium and current practice in endometrial hyperplasia, stimulating discussion on evolving approaches to endometrial pathology.* ”

Suzanne Taylor, Lead Nurse for Gynaecology, Bradford Teaching Hospitals NHS Foundation Trust said:

“ *The BSGE Ambulatory Care Network meeting was, as always, a fabulous event. Informative, educational, a chance to network and share ideas all with the joint aim of achieving excellence in patient care whilst also continuing to improve and advance procedural and surgical skill in outpatient hysteroscopy roll on the ASM. Big thanks to the organising committee for a great event.* ”



# AAGL Global Congress 2025 in Vancouver

## Embracing AI, Debate, and a Global Community

*Rebecca McMurray, ST7 and Advanced Laparoscopy Fellow, Barts Health NHS Trust reports from the AAGL Global Congress in Canada.*



**Rebecca McMurray**  
ST7 and Advanced  
Laparoscopy Fellow,  
Barts Health NHS Trust



“ Artificial intelligence will not replace surgeons, but surgeons who embrace AI will replace those who don't. ”

### ChatGPT

Arriving in Vancouver for the 2025 AAGL Global Congress, with the congress's very own theme song "Van-City" ringing in my ears - "Rolling into Van-City, AAGL's the place to be, global surgeons gatherin' in November for the spree" - I was quickly reminded what a privilege it was to be back in my other motherland, surrounded by incredible colleagues, mentors, and friends.

The scientific programme explored, with real panache, how AI is already being used to enhance minimally invasive gynaecological surgery and what this might mean for the way we deliver care. Examples included intra-operative tools that can identify key anatomical landmarks in real time, even in the presence of anatomical distortion, supporting safer dissection in complex pelvic surgery. The growing field of AI radiomics was also discussed as a way to help differentiate benign fibroids from leiomyosarcoma on imaging - an area with clear implications for patient counselling and surgical planning.

One of the highlights of the week was a lively and thoughtful debate titled "**Ovaries in endometriosis surgery: preserve or remove?**" led by Dr Ally Murji and Dr Sarah Maheux-Lacroix. The discussion balanced evidence, experience, and patient-centred decision-making, and captured the spirit of the meeting: challenging established thinking while recognising the nuance required in real-world practice.

The BSGE symposium, opened by The Scope's very own Editor-in-Chief Miss Angharad Jones, provided a welcome platform for UK perspectives, and Miss Sophie Strong's talk, "**AI-enabled Early Diagnosis of Endometriosis,**" sparked discussion about how digital systems could support earlier recognition and referral pathways for patients within the National Health Service.

Outside the lecture halls, the social programme offered just as many highlights. The President's Gala at the Vancouver Club was a standout evening - elegant, fun, and a great opportunity to meet colleagues from across the globe. Being hosted by Dr Maged Bakhet and his wonderful family made our group feel instantly at home and opened the door to insightful conversations about life as an OBGYN in British Columbia.

There was also time to embrace some distinctly Canadian experiences. An ice hockey match between the Vancouver Canucks and Winnipeg Jets delivered fast-paced entertainment and a steep learning curve in the finer points of the rules. A trip up Grouse Mountain offered spectacular views over the city, although the much-anticipated bears were, sadly, already in hibernation.

As the congress drew to a close, what stayed with me most was the balance between innovation and connection. From AI-driven diagnostics and surgical support to robust debate and international collaboration, AAGL 2025 felt focused as much on the future of our systems as on the future of our skills. For the BSGE community, the emphasis on structured development, equity, and thoughtful adoption of new technologies felt especially resonant - a timely reminder that progress in minimally invasive gynaecology is as much about how we work together as how we operate. The AAGL global congress is one not to miss and I would encourage all residents to attend for a week surrounded by gynaecological innovation and excellence.



# Raising the bar in Gynaecological Endoscopy: BSGE–Arthrex Advanced Gynaecological Laparoscopy Cadaveric Course

*The BSGE–Arthrex Advanced Gynaecological Laparoscopy Cadaveric Course marked a significant step forward in high-fidelity surgical education, offering delegates a rare opportunity to refine advanced laparoscopic skills in a realistic, immersive, and supportive environment.*



**Lina Antoun**  
Chair of Laparoscopic  
Training



**T Justin Clark**  
Professor of Gynaecology



Delivered in collaboration with Arthrex, this cadaveric course was specifically designed to bridge the gap between theoretical knowledge, simulation training, and live surgery. The use of fresh-frozen cadaveric models allowed participants to explore pelvic anatomy in unparalleled detail, practise complex surgical steps, and gain confidence in advanced laparoscopic techniques and technologies—free from the pressures and time constraints of the clinical setting.

The course targeted senior trainees, fellows, and consultants with an interest in advanced benign gynaecological surgery. The programme was carefully structured to progress from foundational concepts to advanced laparoscopic challenges, ensuring both depth and relevance for experienced surgeons.

Core sessions included:

- Crucial retroperitoneal pelvic anatomy for gynaecological surgery, reinforcing safe dissection planes and key anatomical landmarks
- Fundamental skills for laparoscopic ovarian cyst surgery, with emphasis on precision, tissue handling, and haemostasis
- Key steps in laparoscopic hysterectomy, including strategies for managing the challenges posed by the fibroid uterus
- Essential principles of endometriosis surgery, covering superficial, ovarian, and deep disease
- The use of indocyanine green (ICG) and other adjuncts to enhance safety and efficiency in gynaecological surgery
- Practical tips and tricks for managing difficult laparoscopic cases, drawing on real-world experience and problem-solving strategies

The faculty brought together an exceptional breadth of expertise, combining national and international leaders in minimally invasive gynaecological surgery. Faculty included Justin Clark, Mohamed Mabrouk, Fevzi Shakir, Lina Antoun, Rebecca Mallick, and Donna Ghosh, who provided high-quality instruction, mentorship, and open discussion throughout the course.

The course dinner, held in the Arthrex café, provided an ideal setting to continue conversations initiated during the day. Delegates and faculty shared experiences of advanced laparoscopic practice, discussed innovation and technique, and exchanged ideas around training and service development. Bringing together surgeons at different stages of their careers, this informal interaction encouraged peer learning and fostered professional networks that extend well beyond the course itself.



Cadaveric training courses such as the BSGE-Arthrex programme play an increasingly vital role in modern surgical education. As case complexity rises and operative training opportunities become more limited, immersive, high-quality educational experiences are essential to support skill development while maintaining patient safety.

The success of this course highlights the importance of continued investment in innovative surgical education. The BSGE remains committed to supporting programmes that equip surgeons with the skills, confidence, and expertise required to deliver the highest standards of care in advanced gynaecological surgery.



# Learning From One Another: Why GESEA Works

*January usually has a reputation problem. Broken resolutions, lukewarm enthusiasm, and a general sense of why did I agree to this? And yet, the first GESEA course of 2026 in Slough managed to do the opposite, it was energising.*



**Karolina Afors**  
Consultant Gynaecologist

What unfolded was not just a training course, but an atmosphere of support and curiosity, with a quiet competitive edge in exactly the right way. Not who is the best, but how can we all get better, faster. A subtle but important difference.

One of the most powerful, and sometimes overlooked strengths of GESEA is its people. It creates a rare environment where learning from one another is not a by-product, but the point. Trainees at different stages, from different units, arrive with different habits, techniques, and ways of thinking. Very quickly, learning stops flowing only top-down and starts moving sideways too.

And faculty benefit just as much. There is something uniquely satisfying about watching a delegate crack a suturing task after a peer shares a small tip, or seeing how a tiny ergonomic tweak suddenly makes everything smoother, faster, and far more comfortable. Sometimes progress really is just one adjustment away.

From “See One, Do One, Teach One” to “Train, Measure, Master”

GESEA has always been about repetition with purpose, objective assessment, and training within a safe environment. Confidence is built here not bravado, but the kind that transfers directly to the operating theatre.

This January, however, marked a step forward, which brings us neatly to the headline news...





## The Next Chapter: Two New AI-Powered GESEA Training Modules

Hot on the heels of the 2026 course, we are delighted to announce the acquisition of two new AI-enabled GESEA training modules. This is not AI for the sake of buzzwords or box-ticking. These systems actively analyse instrument handling, economy of movement, precision, and error patterns, providing real-time, objective feedback.

In simple terms, progression is tracked over time, turning practice into measurable improvement.

No judgement. No raised eyebrows. Just data.



## Why AI and Gynaecological Endoscopy Are a Good Match

Endoscopic surgery is visual, metric-rich, and all about fine motor control, making it ideal for AI-supported training. These tools allow us to:

- Standardise training quality across centres
- Reduce variability in assessment
- Shorten learning curves without compromising patient safety
- Spot trainees who need targeted support earlier

Just as importantly, AI fits the reality of modern training: limited theatre time, increasing service pressures, and a generation of surgeons who expect feedback that is immediate and personalised.

## The Human Bit Still Matters (A Lot)

Lest anyone worry that AI automation is replacing mentors rest assured, they are not. Faculty expertise, peer learning, and shared laughter remain central to the GESEA philosophy. AI does not replace trainers, it amplifies them. It frees faculty to focus on higher-order coaching while ensuring no repetition is ever “just going through the motions”.

In a world where training time is precious and professional isolation is increasingly common, GESEA offers a timely reminder that the future of surgical education is not only smarter, but more collaborative, and dare I say it FUN!

**The next GESEA course will be held in Glasgow, Scotland on 22nd-24th June 2026**

# This is Endometriosis

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**BSGE Endometriosis Centres Chair Angus Thomson shares his thoughts on the award-winning short film 'This is Endometriosis.'**



**Angus Thomson**  
Consultant Gynaecologist

The Endometriosis Centres sub-committee were delighted to see the success of **'This is Endometriosis'** winning **'Best British Short Film'** at the 2026 BAFTA Awards. Georgie Wileman and Matt Houghton's film vividly portrays Georgie's experience of living with endometriosis and adenomyosis and the devastating impact it has had on her life and the lives of so many. The film is intimate, hard hitting, thought provoking, expressive and upsetting. If you have not seen it, you really should. Whilst this film mainly focusses on one person's lived experience, it shines a spotlight on the symptoms that affect so many.

The BSGE and our Endometriosis Centres Network welcome anything that raises the profile and recognition of endometriosis and adenomyosis. We are well aware that we must continue to improve the services available to people suffering from this condition – focussing on diagnosis, support, access to services and improved treatments. With 10% of the population affected and with the time to diagnosis reaching almost 10 years, we must also recognise that improvements in care must extend far beyond the c.90 endometriosis centres around the UK. Wherever patients present they should be heard, believed, appropriately assessed, investigated and signposted to support and specialist services where needed.

Georgie's film and acceptance speech highlight the difficulties that people living with endometriosis face. It is incumbent on all of us to use our clinical skills, knowledge and influence to help improve this. March is Endometriosis Awareness and Action Month – this BAFTA award certainly helps us raise awareness! I hope everyone is taking some action!?!

## About Georgie Wileman

Georgie is a spoken-word, poet, journalist, photographer and film-maker. She is also a woman living with endometriosis. She won a BAFTA for her short film 'This is Endometriosis' which aimed to improve awareness of endometriosis and show that it's not simply painful periods:

Georgie said of her BAFTA win:

“ *It's had a real big impact on the community, most doctors don't even know what endometriosis means. It's a brutal disease and the pain is worse than child labour, it can disable you, it's so challenging, yet the general awareness is that it's a disease of painful periods and that's just not true. Being believed, understood in what you go through, is so important.*

*This is a film made of all volunteers and no budget, just a whole lot of passion and dedication. We weren't expecting this, it's incredible. I can't tell you what it would've meant to see a film like this at the start of my journey. I was homebound and my neighbours mistook me for terminally ill. But when I looked online all it is is painful periods, the imagery was stock photographs of women with full makeup on [holding] their abdomen. You spend so much of your life being called a liar as someone with endometriosis, as with different conditions.*

”

# BSGE News

## BSGE Elections 2026

***Voting for BSGE elections for 2026 has now finished. Honorary Secretary Donna Ghosh thanked the outgoing council members for their exceptional service to the BSGE:***



**Donna Ghosh**  
Honorary Secretary

“ Our society continues to grow year on year, and the BSGE plays an increasingly pivotal role in supporting members to deliver expert gynaecological care to patients. This success is largely due to the enormous effort and commitment of our Council and its subcommittees. I would like to take this opportunity to thank all Council members and their subcommittees for their outstanding contributions and to wish them every success in their future endeavours. Arvind has led the society as an exceptional President, with passion and a clear strategic vision that has delivered significant progress and success. As his term as President comes to an end, I would like to extend our collective thanks for his outstanding leadership. ”

Members voted for a new Vice President, with Fevzi Shakir and Angus Thomson standing for the position. The successful candidate will also succeed Rebecca Mallick as President of the society following their tenure as VP.

Members also voted for four Senior Council Representatives. There were 13 nominations including Mostafa Abdalla, Oudai Ali, Sujata Gupta, Dorota Hardy, Mohamed Mabrouk, Suruchi Pandey, Amer Raza, Jo Sandwell, Inna Sokolova, Sophie Strong, Caryl Thomas, Denis Tsepov and Cal Wilson.

There were four nominations for a single trainee council position with members electing between Ghada Badran, Max Hayden, Sina Mathema and Shawn Soares.

As the sole candidate, Claudia Tye was automatically selected as Nurse Endometriosis Representative and Kerry Mitchell, Shawn Marie Robinson and Suzanne Taylor all stood for the position of Nurse Hysteroscopy Representative.

**The election results will be announced at the 2026 BSGE AGM in London.**



**Fevzi Shakir**  
Consultant Gynaecologist,  
Royal Free London



**Angus Thomson**  
Consultant Gynaecologist,  
Worcester & Deputy CMO  
Herefordshire &  
Worcestershire ICB

British Society for Gynaecological Endoscopy (BSGE) Corporate Webinar series

# Unravelling Complexity in Endometriosis Surgery: Robotic Dissection, Pelvic Anatomy, and Live Case Discussion

Wednesday 25th March 2026 at 6:00 pm (UK time)

Supported by

# Medtronic

This session will provide a step-by-step walkthrough of female pelvic anatomy, with a focus on safe retroperitoneal dissection. The demonstration will highlight how robotic assistance can support controlled tissue handling and clear anatomical exposure. We will also explore practical use cases for ICG to enhance visualisation of key structures and support safer surgical decision-making.



**Moderator:**

**Nadine di Donato**

Consultant Gynaecologist,  
Portsmouth Hospitals  
University NHS Trust



**Moderator:**

**Angharad Jones**

Consultant Gynaecologist,  
University Hospital of Wales,  
Cardiff



**Speaker:**

**Mohamed Mabrouk**

Consultant Gynaecologist,  
Cleveland Clinic London Hospital

BSGE members can click to view a recording of this webinar

# The Legend Slot: Jon Ivar Einarsson

*Ten years after we embarked on an exciting observership placement in Boston, Caryl Thomas and I caught up with our host; ex AAGL president, laparoscopic surgeon and innovator Jon Einarsson, who inspired us to pursue careers in minimally invasive gynaecological surgery.*



**Angharad Jones**  
Editor



**Jon Ivar Einarsson**  
Legend

## AJ & CT

Thanks so much Jon for taking time out of your schedule.

I guess we'll start with when you were in school. Were you always really focused and did you have a goal to become a surgeon?

## Jon Ivar Einarsson

No, not really. I mean I wanted to be a doctor since I was six. I don't know why, as there are no doctors in the family. The only other thing I thought about was becoming a movie director, but that's a little bit more of a risky path and so I decided to just take the safe route.

But then I think surgery, I knew I always wanted to do that. I was bored out of my mind during some of the internal medicine rotations, with endless rounding and stuff like that. So surgery definitely fit my character better. And then gynaecology- I hadn't even considered it my rotation where I realised they were doing a lot of cool surgery there, so that's when I decided to do that.

## AJ & CT

Did you attend medical school in Iceland and then work as a doctor in Iceland before you went to the US?

## Jon Ivar Einarsson

Yes, I went to medical school in Iceland and then I worked there for three years as a junior doctor. You can get that evaluated as part of your specialisation training if you go to Scandinavia, which most Icelandic doctors do for their specialisation.

I did consider that, and I actually had an offer to go to Norway, but I just didn't feel too excited about that. So I decided to go to the US instead. But in the US you have to kind of start over. You don't really get any credits for what you've done already, but in a way that was good, because I was much more experienced than my co-residents. But it is a shorter residency. So it's only four years in the US as opposed to five to six in Europe, so it kind of evened out in a way.

**AJ & CT****How hard was it to get a residency opportunity in the US coming from Iceland?****Jon Ivar Einarsson**

It was quite difficult. You're a foreign medical graduate, which puts you at a disadvantage and you're basically put in a pot. You're just a foreigner, and it doesn't matter where you're from, you're just not from the US. You have to take these USMLE tests, and you must score quite high. They're standardised tests so they look at that very critically for a medical graduate.

But I kind of got a bit lucky there. And this is, you know part of like you make your own luck in a way. But I had contacted a couple of the programmes that I was really interested in and asked if I could just visit one day because I was in the neighbourhood. So I met with some of the folks, like at Baylor in Houston, which was, and still is probably one of the better programmes in the country, and that actually helped me to get a position there later.

But yeah, it was quite competitive and it's a long road to get into the residency programme in the US, but it's worth it. It's really great training.

**AJ & CT****Did you go directly into OBGYN with the residency training? Or did you have to do some other work beforehand?****Jon Ivar Einarsson**

So a lot of people do that, they do some research for a year or two. I was fortunate that I was able to get in and I think it's one of the things that I've learned is, don't listen to people who try to talk you down. I had a few people tell me this was impossible, that there's no chance. I guess it's because they had that experience. But it doesn't necessarily mean that same experience would apply to everyone. And again, it's a little bit of luck in there too, but you need luck sometimes and assertiveness to get what you want.

**AJ & CT****And you really aimed for the top, as you went straight to Harvard? Was that always a plan to push yourself to be the best of the best? Or did it just happen?****Jon Ivar Einarsson**

I think that we all tend to create our own glass box, and set our own limitations. But if somebody had told me that I would be a Professor at Harvard, and run the division at the Brigham, which is the number one division in the US, I would say no, there's absolutely no way this would ever happen, right? So I did not set out with this as a goal. It was never my goal because I didn't think that was achievable. I didn't think it was realistic, but again a little bit of luck helped me.

When I was at Baylor during the residency, I realised that MIGS was up and coming. They started a fellowship in 2001, then I graduated in 2002 and so we actually started our own fellowship there. Basically I organised it along with some of the attendings. So again, I made it happen myself, otherwise it wouldn't have happened. And then I said I want to do it over two years, because at the time, there were only one-year fellowships, and I wanted to do an MPH. Thankfully they said yes.

I wanted to do more clinical research because I felt when you're in surgery, most of us, most of the surgeons don't really do a lot of clinical research. I wanted to move the field forward. They asked- "well you want to do an MPH, where do you want to do that?" to work as an attending for two years.

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*I was fortunate that I was able to get in and I think it's one of the things that I've learned is, don't listen to people who try to talk you down.*

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So I said “well, I’d like to do it at Harvard” and they’re and they were like, “OK, you can do that, but then you have to pay for it yourself”. So I did. I mean, I took out a mortgage on my car that was my prize possession. But then I applied for some grants, got them and ended up getting some of it paid through grant money and then actually, finally, the programme at Baylor paid for a little bit of it too. So it all worked out.

But that opened doors in Boston, because when I was in Boston then I actually sought out Keith Isaacson and a few others. And I asked if I could join them in the operating room. I got to know them so that there was sort of a face to the name and a little bit of connection made. Again being persistent and advocating for myself. I think that’s a maybe a common theme here.

So I did that, I did the MPH master of public health there and then I went back to Iceland to work as an attending for two years.

I saw an advert in the Green Journal on December 23rd. I remember exactly where I was because when I saw that, starting a division at the Brigham for minimally invasive surgery, was my dream job. The chairman at the time had realised that they were kind of behind the times, as their abdominal hysterectomy rate was like 70% but they had huge volumes- over 1000 hysterectomies a year. So I applied and I really think all the pieces of the puzzle helped me. I’d done the residency at Baylor, which is a good residency programme. I had the Harvard MPH. I knew some of the people in Boston already that could sort of vouch for me. I really didn’t think I would get that job because there were so many applicants. But again, I think that the cards aligned. They wanted somebody hungry and fairly young, and somebody they didn’t have to pay too much! So I think that worked out.

#### AJ & CT

**From there, how did your role within the AAGL develop and lead to becoming the President?**

#### Jon Ivar Einarsson

The AAGL was a very exciting organisation for me and where I got the idea of doing the fellowship, because I when I was in residency, I went to the AAGL residents meeting in Dallas. I drove up there and I was introduced to this AAGL world and thought, wow, people are doing amazing things. Things I didn’t really know that you could do laparoscopically, and that sort of sparked my interest. So going to AAGL it’s like networking, you meet like-minded people and you try to befriend them and learn from them. You guys know that, right?

And then, just like anything, I think if you look at anybody who has been successful, there’s always some losses as well, right? So the first time I ran for the AAGL board in 2009, I lost and then I ran again in 2011 when I was elected to the board. Once you’re off the board, (you’re on the board for two years), then you can run for President. So I did that pretty soon after, and I was able to win that election. So it was, I would say, a pretty rapid ascent, but then when you’re at the top of your game. And inevitably, what goes up, comes down. So, then you’re off the board, but I think that’s great because then you get new people and new ideas coming through. You always have Linda Michaels and those folks there all the time to steer the ship long term. But it was a great experience.

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*I drove up there and I was introduced to this AAGL world and thought, wow, people are doing amazing things. Things I didn’t really know that you could do laparoscopically, and that sort of sparked my interest.*

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*... many of the American residents that I was with, they were quite smart, but they just looked at residency like a means to an end. They just wanted to get out of residency and get a job and start making money.*

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**AJ & CT**

**Being the President of such a massive organisation comes with challenges. Was there any part that you found difficult or would have done differently?**

**Jon Ivar Einarsson**

Well, the only thing that was difficult was at the very end of my Presidency in 2017, I misjudged the content of a presidential address. I was disappointed to have upset anyone and learned that I could have been more thoughtful about what I put in that presentation. But that's a little bit typical of me. I think that we all have our faults and my fault is I'm not very detail oriented. I'm much more kind of 30,000 feet view and see the path and have goals. But the finer details maybe sometimes are not my focus. So I had some responsibility there for sure. I didn't appreciate the impact that something that to me felt completely innocent could be interpreted in a different way. But now I can see how it was inappropriate and I'm sorry it happened.

**AJ & CT**

**In these roles you do have to have careful situational awareness as well as being an exemplar clinician and everything else. It must be challenging to have different roles and to be in the spotlight so much. It's almost like being famous?**

**Jon Ivar Einarsson**

Yeah, I think you know in that little pool of gynaecologic surgeons, then you become a famous person, you're a big fish in a small pond. I mean, I took my kids to a couple of these meetings when they were younger, and they knew that I was the president.

They came at the tail end of one meeting and we stayed at the same hotel. When we walked around and nobody was recognising me anymore because the conference is over, and they're like "what's going on? I thought you were the President?" They really thought I was a big deal, but I really wasn't.

**AJ & CT**

**You were a much younger President than what had been before. Do you feel that maybe more senior people had fixed ideas and resistant to change? Do you feel like you had to convince a lot of people to do things differently?**

**Jon Ivar Einarsson**

Yeah, I think that is true. I mean, I was quite ambitious, right? And I really pushed the boundaries. This had been my goal and I wanted to get there, but in retrospect I think maybe it wouldn't have been such a bad idea if it had happened a little bit later in my career. But on the whole, it was a great time.

**AJ & CT**

**With the current political environment as it is in the US, has that been difficult? A lot of the AAGL presidents and ex-presidents seem to be immigrants to the US, and that doesn't seem to sit with how the political climate is going. Do you feel this will influence the AAGL in the future?**

**Jon Ivar Einarsson**

I don't think so. I think that about 20% or so of people who are in residency in the US are foreigners, and it is hard to get there. You must put a lot of effort into it. So those people are generally ambitious and at the top of the game from their respective countries. They realised- wow, what an opportunity this is? I certainly did. And you know, many of the American residents that I was with, they were quite smart, but they just looked at residency like a means to an end. They just wanted to get out of residency and get a job and start making money, etcetera.

I looked at it as an opportunity of a lifetime. I think that's why a lot of people who come there as immigrants put more effort in and then they reap the benefits of that.

I think that's one of the really great things about the US. There are many faults too, but it's a very merit merit-based system. So if you work hard, it doesn't matter what colour you are or where you're from, at least this is my experience, If you bring value and you're ambitious and you make them look good, they're going to want to hire you. They don't look at like- "Oh, how long have you been here? Oh, you've been here 15 years. Well, he's been here 25 years so we're going to hire him instead" or something like that. Which sometimes I feel happens in in Europe where you have to wait for the top guy or woman to get off the stage and then there's room for the next person. So I think that's one of the strengths of the US. The current administration is maybe not very friendly to this environment. But you know the president's come and go.

#### AJ & CT

#### **You're back in Iceland now, working there?**

##### **Jon Ivar Einarsson**

Yes. So actually I completely retired from the Brigham about a year ago. I was there for 18 years and then I was in a hybrid situation where I started this private practice here in Iceland just to spend more time with my family. It was an experiment because it's a socialised healthcare system and this was a private practice, but then it turned out that there were a lot of unmet needs here in Iceland. It has been going well and right from the start it's been the highest volume centre in in Iceland.

I also have a medical device company that I founded in 2017 around devices that I have invented along the way, and that has also been growing. So it was time to let something go.

I had to let my former dream job go. But it was sort of time, right, like everything has its time and it's different now that I'm not in academic medicine, so I'm not doing a lot of research anymore. I had built a research team, and we published a lot because we had a great team that that did a lot of work. But now I'm more focused on just doing surgery. And then on my medical device company, which is also a lot of fun.

#### AJ & CT

#### **It seems a lot of surgeons who get to the top of their game go off into inventing things and developing products. Do you think it's the fact that you feel like you've done as much as you can clinically and it's that extra challenge?**

##### **Jon Ivar Einarsson**

Yeah, you know, people often talk about burnout, and I understand that you can burnout if you're in a really demanding job. But I think what works for me is to find new challenges and to learn something new. Surgery has always been there- I've always loved that. I still do. But there was a lot of teaching initially, and then a lot of research, and then I went into the innovation stuff. I think if you continually reinvent yourself, it makes life more exciting and because of this I've thankfully never really had that issue of being burned out.

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*... there were a lot of unmet needs here in Iceland. It has been going well and right from the start it's been the highest volume centre in in Iceland.*

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*It's exciting to see people use something that you invented, it's really cool.*

”

## AJ & CT

### Can you tell us what you've invented?

#### Jon Ivar Einarsson

The first device, which is now FDA approved is a 2mm needle like device, which is basically an optical trocar, but two millimetres. You insert it like a Veress needle, but it functions like an optical trocar. It basically gives you a much safer entry, and can also be used in a lot of different ways, for example to look into the thoracic cavity, into joints. You can do a lot of cool things with other types of procedures. If you're tapping ascites in the ER, you can use it for that for rather than doing a blind puncture. Many other applications, so that's the first product. Second one is not as exciting, I guess, but it is I think a really nice device and is a semi-disposable hysteroscope that will compete with all these disposable ones out there as it's much more environmentally friendly and cheaper.

Then we have a new way of treating stress incontinence without mesh, for which we're doing a clinical trial this year. So we'll see how that comes out before I say anything more about that one!

## AJ & CT

### Do you come up with these ideas, or have you got a team of inventors?

#### Jon Ivar Einarsson

So these are all my ideas initially, and the initial patents were just in my name, but now we have a whole team. It has become a real company with a full time CEO and many employees and we've been able to raise a good amount of money. That's the only way really to make this work. You can't, as a clinician, do this on your own. You can start, but you need a lot of the other types of expertise that you don't have, like in engineering, law, patents and all this stuff. It's exciting to see people use something that you invented, it's really cool.

## AJ & CT

### You're obviously a fantastic laparoscopic surgeon. You never got tempted to go into robotics?

#### Jon Ivar Einarsson

Not really. We did a few studies, maybe 3 randomised trials on different applications for robotic surgery, you know, endometriosis, hysterectomy. And then a few other trials comparing myomectomies, and at least in in our hands, it didn't really have much of a benefit to the patient. Of course, now the systems are better than they used to be, but I still don't think if I'm so used to doing this laparoscopically and now, for example, I'm in a private practice, where the situation is such that I pay the amount of anything I use, like a suture or a trocar or whatever, it's deducted from what I get paid. There's a very strong incentive on my part not to use unnecessary stuff. So in that situation using a robot is not viable really. Of course, there are certain scenarios probably where it's a little bit easier to use a robot, you know, like diaphragmatic endometriosis, maybe sciatic nerve. But you can do all that straight stick, and you can do it safely.

I do think the robot is cool though. If you're in an academic practice and you can just afford to do 2 cases a day and you can do cool things with your robot, be on Instagram while you're doing surgery or whatever!

No, I mean, I think it's a great tool and I think there's a lot of innovation going on now with all these different companies entering the field. So it's an exciting time but it's also a very chaotic field. It'll be interesting to see what happens because you have all these companies coming in and they're not all going to survive. I mean, Intuitive will because they're so strong and have such a lead. But some of the other ones are probably not going to not going to make it.

**AJ & CT**

**You've done Harvard professor, you've been the AAGL president, you've won all the prizes, you've become an inventor. What will be the next challenge? Or are you going to wind down after this?**

**Jon Ivar Einarsson**

Well, right now I feel like I'm in the middle of this project with my company. So I think it's going to be a couple more years before that fully becomes a success. Either it'll be bought or sold to another company, or will it'll go public. And then I can rest on my laurels! It may not happen, but I think we're much closer and the risk is much smaller than it used to be. With one FDA approved product and there will be another FDA approved product most likely this year. I hope that continues to be successful and I'll ride that wave probably for the next 10 years or so. And then I'll just retire!

But also here in Iceland, just a side note is that you know I'm taking care of a lot of these endometriosis patients, and I would like to contribute to the training of some of the younger surgeons here because I will not be doing this forever. I want these patients to have access to good surgical care, and we all know that endometriosis surgery is quite challenging. This is probably the most challenging type of surgery that we do, so it takes many years to get comfortable with. So that's another goal of mine.

**AJ & CT**

**How have you fitted everything in over the years? It seems like you've squeezed so much into your career so far. How did you balance it all?**

**Jon Ivar Einarsson**

There are many factors. Probably the most important thing is that I was very quick to realise early on that if you form a team and you work within a group of like-minded people, that's when you become much more successful and so I did that in all in all facets of my professional career.

For publications, as soon as I started at the Brigham, I'd already published a few things, but at the Brigham there was greater opportunity. I made a database of all our cases, I hired the statistician, and we formed this team that was quite active. It's like finding other folks that have similar interests and trying to harness their power too. So everybody benefits from that. This last venture, Freyja, which is my medical device company that I founded. It was me and a couple of other people initially and we raised a little bit of money. But then you have to find the right people to fit the team. We've had some challenges along the way, and then maybe there's a bad apple here and there. But now we have this really great team that everybody's functioning at a very high level.

I am also very stubborn and so that helps quite a bit I think- so persistence is key. You know that Angela Duckworth book, "Grit"? You know that persistence has been shown to be more important than being intelligent? You can't give up and you have to make your own destiny. I really believe that. My ancestors used to believe in these three witches that were spinning a web. Then whenever you were going to die, they would pluck a thread out and then you died. So they believed that destiny was not in their hands at all. But I don't. I don't believe that. I think you make your own destiny.

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*I would like to contribute to the training of some of the younger surgeons here because I will not be doing this forever.* ”

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*People always say follow your passion. I mean, yes, of course. I guess it's strategy in a way, but how you implement it is more important and that takes a lot of work and a lot of dedication. You're not really going to get much without putting some effort into it.*

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### AJ & CT

**Do you have any pearls of wisdom for aspiring surgeons that are coming through training now in the BSGE? Because I think I think morale is quite low amongst this group.**

#### Jon Ivar Einarsson

There are a lot of pearls of wisdom, but what I'm thinking about that comes to mind first. Seek out people who are like minded and advocate for yourself.

Having an attitude that you want everything given to you or fed to you- it doesn't work. You make your own destiny. You must push a little, but be respectful and try to find people that you can work with. Together you can be better and more productive.

I think those principles have worked for me quite well. Put yourself out there a bit, you know, but again in a respectful way.

People always say follow your passion. I mean, yes, of course. I guess it's strategy in a way, but how you implement it is more important and that takes a lot of work and a lot of dedication. You're not really going to get much without putting some effort into it.

### AJ & CT

**Our last legend Justin Clarke left a question for you and its along the same lines of what we have already covered. He asks, "In your career is there anything you would have done differently?"**

#### Jon Ivar Einarsson

I would say overall, no I don't think so. And the reason is that I think it's what's done is done. You know you want to look back, and you want to learn from the past. But you must live in the present and prepare for the future. I think that's a good rule to have. You learn from the past and then you move on as a better person.

## Get to know Jon

**Star sign:** Scorpio

**Favourite colour:** Hot pink

**Dogs or cats:** Both- all animals

**Favourite food:** Leg of lamb prepared by my Mom

**Favourite cocktail:** Pina Colada

**Karaoke song:** Common people by Pulp

**Favourite holiday destination:** Japan

**Ski or snowboard:** Ski

**Football team:** Liverpool



# Nurse Specialists

*The BSGE is celebrating Nurse Hysteroscopists and Endometriosis Nurses across the UK.*

*The BSGE innovation awards will highlight the vital role of endometriosis nurses and nurse hysteroscopists and honour individuals that have introduced innovations or changes - big or small – to improve patient care.*



**BSGE**  
BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

## Nurse Hysteroscopy Innovation Award

The BSGE are running a nurse hysteroscopy award to celebrate the vital role of the Nurse Hysteroscopist. We are seeking innovations/changes or contribution to teaching - big or small that have made a difference in healthcare.

You can apply yourself for this award or you can nominate a colleague (can be from a different trust). Please fill out the application form, no more than 500 words, and return it to the [bsge@rcog.org.uk](mailto:bsge@rcog.org.uk) by 5pm, Friday 27th March 2026.

1st prize Golden hysteroscope supplied by JYDZL +£50  
2nd prize £50

If you've improved pathways, launched clinics, or supported training, share your impact.

The Deadline for the Nurse Hysteroscopy Award has now passed- but keep an eye on the next Scope to see the winners.

You can still apply for or nominate a deserving colleague for the Endometriosis Nurse Innovation Award. Please fill out the application form in no more than 500 words, and return it to [bsge@rcog.org.uk](mailto:bsge@rcog.org.uk) by 5pm on Tuesday 7th April 2026.



**BSGE**  
BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

## Endometriosis Nurse Innovation Award

The BSGE are running the popular innovation award again to celebrate the vital role of endometriosis nurses. We're seeking innovations or changes – big or small – that have improved patient care.

Whether you've introduced a new clinic process, pathway, or team approach, we want to hear about it.

This award highlights the everyday improvements nurses make that often go unrecognised, allowing us to learn from and celebrate each other's achievements in endometriosis care.

**Please fill out the application form, no more than 500 words, and return it to [bsge@rcog.org.uk](mailto:bsge@rcog.org.uk) by 5pm on Tuesday, 7th April 2026.**

The winner will be announced at the BSGE ASM26 Pre-congress Endo CNS Education Workshop on 28th April 2026!

1st prize £100  
2nd prize £50

# Reflection on Six Years as Chair for Nurse Hysteroscopy BSGE Council

*It has been a great privilege to serve as chair for Nurse Hysteroscopy on the BSGE council over the past six years. This role has provided an invaluable opportunity to contribute to the advancement of nurse hysteroscopy and to promote excellence in practice, education, and professional development within our field. Throughout this period, I have been continually inspired by the dedication and innovation of colleagues across the nurse hysteroscopy community.*



**Caroline Bell**  
*Chair for Nurse  
Hysteroscopy*

I would like to extend my sincere gratitude to the BSGE Presidents under whom I have served- Mr Justin Clark, Mr Andrew Kent, and Mr Arvind Vashisht- for their exceptional leadership and steadfast support of nurse hysteroscopy. Their encouragement and strategic vision have been instrumental in embedding the nurse voice within the wider work of the society. I would also like to thank all members of the Nurse Hysteroscopy Subcommittee, past and present, for their commitment, expertise, and collaboration. The progress we have made over recent years would not have been possible without their hard work and shared purpose. Special thanks to Atia and Charis for their invaluable support in ensuring organisation and delivery of all events.

During my tenure, several key initiatives have been developed and delivered. These include the creation of dedicated nurse hysteroscopy resources, the establishment of the operative course to support advanced skills training, and the introduction of an online nurse forum, which has become a valued platform for professional engagement and peer support. Each of these developments has strengthened the infrastructure for nurse education and practice within the BSGE and beyond.

The COVID-19 pandemic presented significant challenges, particularly in relation to training and service delivery. However, it also served as a catalyst for innovation. The rapid introduction of webinars and virtual learning opportunities enabled continued education and collaboration during a period of unprecedented disruption. These digital initiatives have since become a lasting feature of our educational offer, ensuring greater accessibility and flexibility for members.

I would also like to acknowledge and thank the team at the University of Bradford for their continued commitment to nurse hysteroscopy education and training. Their partnership and dedication have been integral to supporting nurses training in hysteroscopy.

As I reflect on the past six years, I am deeply proud of what has been achieved collectively, the nurse hysteroscopy community has grown in strength, visibility, and confidence, and I am certain that this momentum will continue to drive further progress in the years ahead.

# Residents in Gynaecological Surgery: This Year and What's Next

## Ten Years of RIGS

This year marks the ten-year anniversary of RIGS, which was first set up at the ASM in Cornwall in 2016 by Trainee Representatives Fevzi Shakir and Donna Ghosh.

Since that time RIGS has gone from strength to strength, providing invaluable support, training and networking to residents in gynaecological surgery across the country.

We are pleased to launch our new RIGS logo, reflecting our expanding national role in simulation and skills training for residents.

The refreshed design captures what RIGS stands for: practical, hands-on learning, high-quality teaching, and building surgical confidence in a supportive environment.



## RIGS Training Update

One of the highlights of the year has been the continued growth of the RIGS training programme, with more residents taking part across the UK.

We delivered Basic, Intermediate and Advanced hands-on laparoscopic courses, supported by short pre-course webinars, across all 16 UK deaneries. Attendance was strong and feedback from residents was consistently positive. The hands-on training was supported by Inovus, who provided advanced simulation models, and the consultant-led talks were a real strength of the programme.

We're also very grateful to the faculty who gave up their time to teach and support residents throughout the year. The ongoing enthusiasm for these courses highlights the importance of accessible, high-quality laparoscopic training at every stage of residency.



## What's Next? Imaging Training on a National Scale

Building on this momentum, we're excited to be developing two new national imaging initiatives for launch in the coming year.

### **RIGI – Residents in Gynaecology Imaging**

RIGI has grown out of a common issue raised by residents: access to ultrasound training varies widely depending on where you work. The focus is on improving access and reducing regional variation by taking a more coordinated national approach and supporting local training.

### **IGNITE – Imaging in Gynaecology: National Initiative in Training & Education**

IGNITE will provide a structured ultrasound training pathway, using a mix of online learning, simulation and clinical experience. It has been designed to sit alongside the RCOG curriculum and to support residents in building confidence and competence in imaging.

Together, these projects aim to improve ultrasound training nationally and support residents as they develop these essential skills.



## ASM London 2026

RIGS will feature prominently at the London ASM, with a strong focus on skills training and opportunities for residents to get involved.

As part of the ASM programme, the RIGS pre-ASM laparoscopic skills workshop will offer a dedicated, hands-on training day for 20 ST5–ST7 residents, providing concentrated time to develop and refine advanced laparoscopic skills.

Residents attending the ASM can also take part in a suturing competition, now known as 'The Great British Stitch Off.' There are some excellent prizes available- including a bursary for GESEA by Karl Storz.



Beyond the skills programme, the London ASM will include a full social schedule, with highlights including a joint residents' and consultants' evening.

The event will bring together all attendees into one unified dinner, creating a unique opportunity to connect across the entire community, with spectacular views of London from the 6th floor of QEII.

The evening will also include a RIGS educational talk from Ms Susan Alexander, orthopaedic surgeon and inspiring speaker on maximising potential.

## National Medical Student Essay Competition

We have launched the BSGE Medical Student Essay Competition, a new initiative aimed at engaging and inspiring medical students with an early interest in gynaecology, providing early exposure to the specialty and its breadth of opportunity.

RIGS invite medical students interested in surgery, innovation, and the future of training to submit an essay on the subject:

**“ From Simulation to Surgery:  
The Role of Technology in Training the Next Generation”**

To be eligible to enter the competition, authors must be medical students enrolled in a medical school located in either England, Scotland, Wales, Northern Ireland or the Republic of Ireland at the closing date.

There are fantastic prizes available including cash, BSGE memberships and the opportunity to have their essay published in The Scope magazine.

**The deadline for entries is Friday 10th April at 12pm (BST).  
Good luck to everyone entering!**

### Prizes

#### 1st Prize



- £150 cash prize
- One-year BSGE membership

#### 2nd Prize



- £50 cash prize
- One-year BSGE membership

Certificates will be presented at the BSGE Annual Scientific Meeting which is being held at Queen Elizabeth II Centre in London (29th April – 1st May 2026) and the winning essay will be published in The Scope – the official newsletter of the BSGE.

Please submit your essay to [BSGE@rcog.org.uk](mailto:BSGE@rcog.org.uk)

Submission deadline **Friday 10th April 2026 at 12.00pm (GMT).**

## Looking Ahead

In addition to ASM-related activity, further projects are already in development, including:

# Medtronic

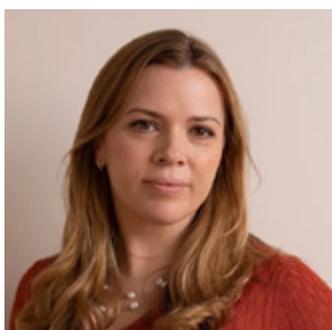
### Medtronic Laparoscopic Cadaveric Course (Coventry)

An exciting cadaveric laparoscopic course has been confirmed in collaboration with Medtronic and will be held in Coventry in June (dates to be confirmed). The programme will begin with an evening of talks and a sociable dinner, followed by a full day of hands-on laparoscopic skills training.





# BSGE Survey



**Karolina Afors**  
Consultant Gynaecologist

## VTE risk on COCP

Karolina Afors asks for BSGE member support in completing a short survey that aims to explore current knowledge, attitudes, and real-world practice regarding the peri-operative management of CHC (combined hormonal contraceptive) in patients undergoing major surgery or procedures associated with prolonged immobilisation.

Combined Hormonal Contraception (CHC) refers to contraceptive methods containing both an oestrogen and a progestogen, most commonly taken as an oral pill, but also available as a transdermal patch or vaginal ring.

### **Purpose:**

To identify variation in understanding of guidance, inconsistencies in clinical practice, and areas of uncertainty around CHC cessation, VTE risk stratification, and peri-operative contraception advice.

### **Target audience:**

Healthcare professionals involved in surgical pathways, including surgeons, anaesthetists, pre-operative assessment clinicians, GPs, pharmacists, and others involved in peri-operative decision-making.

### **Expected duration:**

Approximately 5 minutes to complete.

Rationale: Despite existing guidance, practice around stopping and restarting CHC before surgery remains variable, with competing concerns about VTE risk, unintended pregnancy, bleeding, and unclear ownership within care pathways. Understanding current practice is essential to inform clearer, evidence-based, and patient-centred guidance.

Thank you very much for your time and participation. I look forward to sharing the results with you in due course.

[Access the survey here](#)

## What is the optimal pneumoperitoneum?

You are invited to participate in an important survey examining the choice of intraabdominal pressure to achieve hysterectomy using standard multiport laparoscopy for managing uterus sizes of 14 weeks adenomyosis but endometriosis. As medical professionals, your insights are crucial to advancing our understanding and developing best practices for these complex procedures considering the physiological aspects of the surgery.

### Purpose of the Survey:

This survey aims to gather data on the preferred intraperitoneal pressure healthcare practitioners.

### Significance:

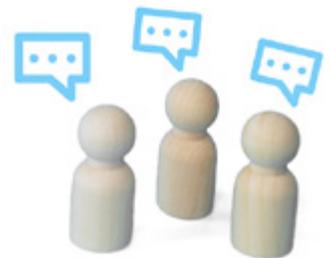
Understanding the preferred modalities and their effectiveness will significantly contribute to improving surgical patient care, and safety. Your participation will help us to bridge knowledge gaps and foster advancements in gynaecological surgery.

### Anonymity Assurance:

We are committed to ensuring the confidentiality of all participants. Your responses will be collected anonymously and will be used solely for research purposes. No personal or identifying information will be associated with your

You can access the survey at:

[surveymonkey.com/r/5JNYB3S](https://surveymonkey.com/r/5JNYB3S)



**Ouda Ali**

*Consultant Obstetrician*

## Hysterectomy Surgeons' Survey

Preferred Hysterectomy Modality for Uterus Size 14 Weeks for the indication of adenomyosis with BMI less than 35

Oudai Ali invites you to participate in an important survey examining the choice of hysterectomy modalities for managing uterus sizes of 14 weeks and above. As medical professionals, your insights are crucial to advancing our understanding and developing best practices for these complex procedures.

### Purpose of the Survey:

This survey aims to gather data on the preferred modality of hysterectomy preferred by healthcare practitioners.

### Significance:

Understanding the preferred modalities and their effectiveness will significantly contribute to improving surgical training, patient care, and healthcare resource allocation. Your participation will help us to bridge knowledge gaps and foster advancements in gynaecological surgery.

### Anonymity Assurance:

We are committed to ensuring the confidentiality of all participants. Your responses will be collected anonymously and will be used solely for research purposes. No personal or identifying information will be associated with your data.

Thank you for contributing your valuable expertise to this study.

You can access the survey at:

[surveymonkey.com/r/5CFWWJS](https://surveymonkey.com/r/5CFWWJS)

# Image of the Edition

*Sian Mitchell from the Diagnostics Portfolio introduces the first 'Image of the Edition'.*



**Sian Mitchell**  
*Diagnostics Portfolio*

The 'image of the Edition' is a new addition to The Scope. Readers were invited to submit an interesting case with an image(s) (USS/MRI) of interest and a summary of the case.

Entries were assessed by the diagnostics committee and the winning entry – "Diffuse Cystic Endosalpingiosis Mimicking Disseminated Peritoneal Disease: An Unusual Laparoscopic and Histological Diagnosis by Joseph T Gleeson, Carl Chow and Andrew Pooley is published below.

The Diagnostic Portfolio invite entries for the next edition, see the blue infographic for rules, deadlines and prizes.



**Image of the Edition**

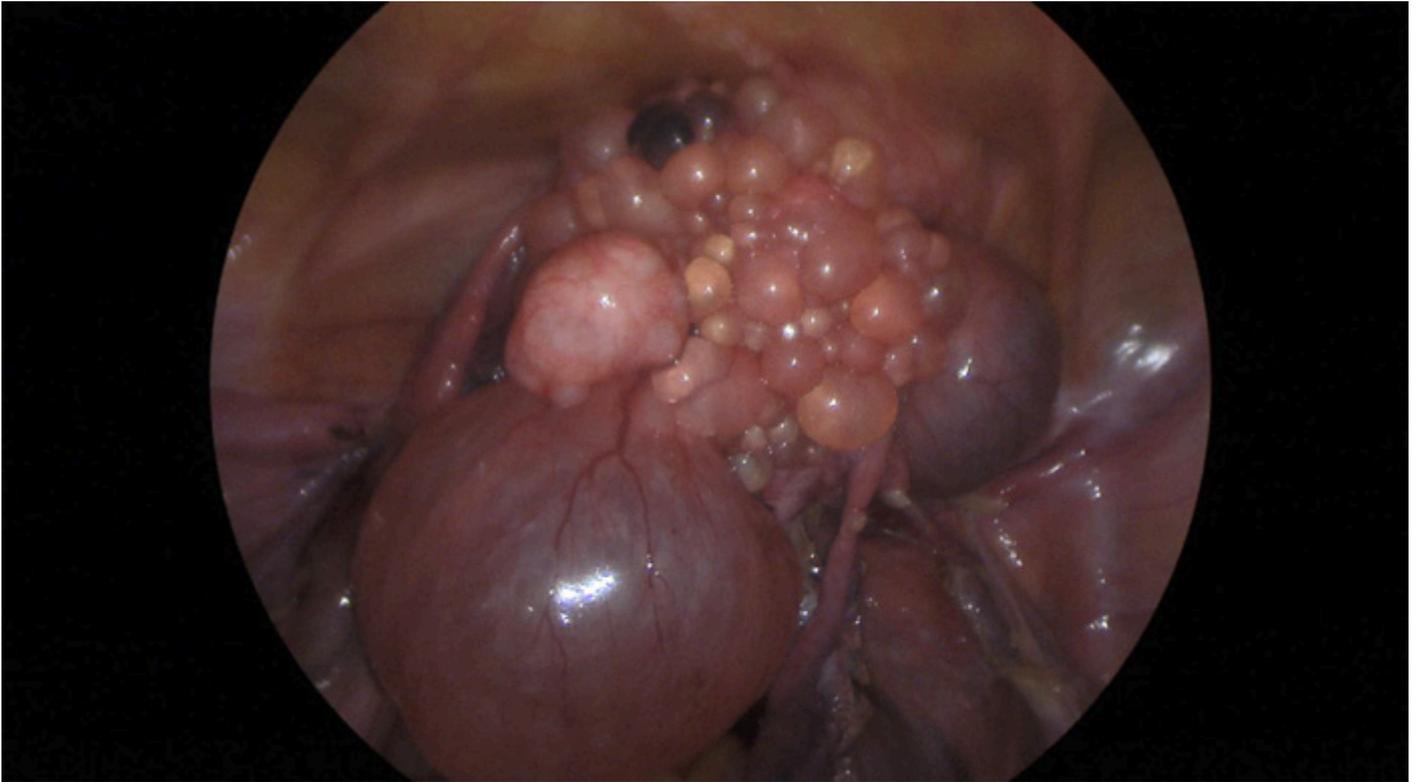
**Win £150 and be published in The Scope**

**Submit your interesting diagnostic image-  
Ultrasound, MRI or other. Please include:**

- Title
- Authors
- Case summary
- At least one learning point
- No more than 500 words excluding references

**Send your submission as an A4 PDF to  
diagnostics@BSGE.org.uk  
Deadline: 30/6/2026 at midnight**

## HD Image



## Diffuse Cystic Endosalpingiosis Mimicking Disseminated Peritoneal Disease: An Unusual Laparoscopic and Histological Diagnosis

**Authors:** *Joseph T Gleeson, Carl Chow, Andrew Pooley*

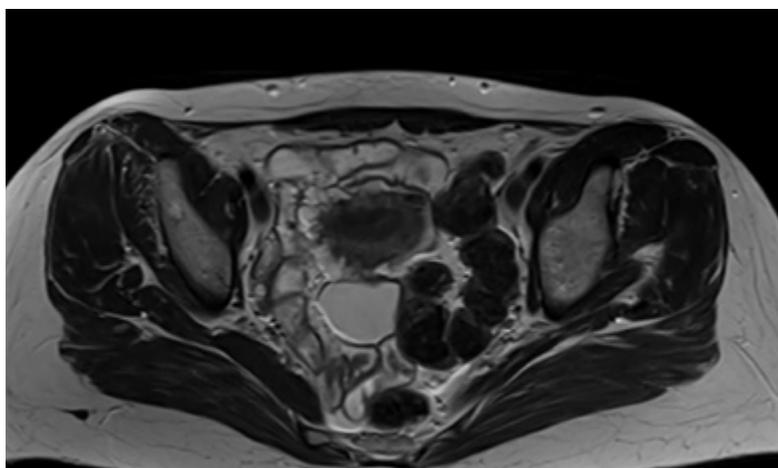
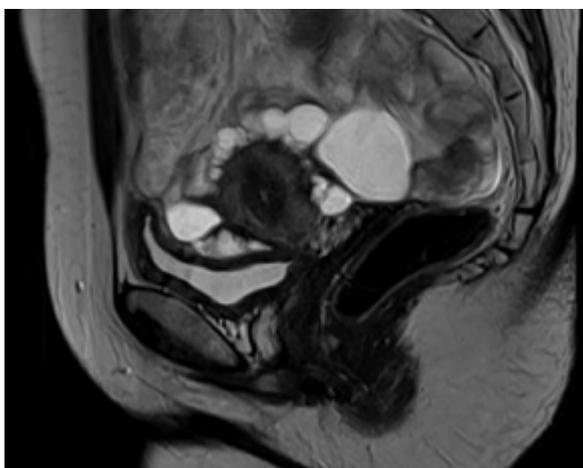
A 51-year-old premenopausal woman presented with intermittent left iliac fossa pain. Initial transvaginal ultrasound and pelvic MRI demonstrated a benign-appearing unilocular paraovarian cyst (53 mm) with no suspicious solid components and a normal endometrium (2 mm). Serum CA-125 was reassuring at 12. Ultrasound also described serpiginous cystic foci encasing the uterus, initially interpreted as pelvic varices. She was listed for laparoscopic ovarian cystectomy. At diagnostic laparoscopy, unexpected widespread vesicular lesions were seen covering the uterine serosa, ovaries, and pelvic peritoneum. The appearances raised concern for disseminated peritoneal pathology. Intraoperative second opinion was sought, and biopsies were taken from uterine and ovarian lesions. Histological review demonstrated Müllerian-type tubal epithelium lining benign cystic structures, consistent with cystic endosalpingiosis. Ovarian biopsies showed inclusion cysts without atypia. MDT discussion highlighted complex papillary metaplastic changes within the endometrium, prompting recommendation for further endometrial surveillance. Repeat MRI showed stable appearances with no progression. The patient proceeded to total laparoscopic hysterectomy and bilateral salpingo-oophorectomy. Intraoperatively, her uterus was approximately 6-week size with a multi-cystic serosal surface. Both ureters were identified and preserved. Surgery was uncomplicated with estimated blood loss <30 ml. Final histology confirmed cystic endosalpingiosis involving subserosal uterine cysts lined by tubal-type epithelium, alongside a benign endometrial polyp and ovarian inclusion cysts. No atypia or malignancy was identified.

Cystic endosalpingiosis is a rare condition characterised by the presence of ectopic tubal epithelium<sup>1</sup>. Endometriosis is found to coexist in 34.5% of endosalpingiosis patients<sup>1</sup>. One study<sup>2</sup> showed that premenopausal women with endosalpingiosis have OR 10.3 for developing gynaecological malignancies and also that there is no strong link between endosalpingiosis and pain or infertility.

#### Learning Points:

- Cystic endosalpingiosis is a rare benign condition that may mimic disseminated peritoneal malignancy at laparoscopy and pelvic varices at ultrasound.
- Unexpected vesicular peritoneal lesions warrant biopsy and MDT review before definitive surgery.

## MRI Images



#### References

1. Zangmo R, Singh N, Kumar S, Vatsa R. Second Look of Endosalpingiosis: A Rare Entity. J Obstet Gynaecol India. 2017 Aug;67(4):299-301. doi: 10.1007/s13224-016-0960-5. Epub 2016 Dec 7. PMID: 28706372; PMCID: PMC5491413.
2. Prentice L, Stewart A, Mohiuddin S, Johnson NP. What is endosalpingiosis? Fertil Steril. 2012 Oct;98(4):942-7. doi: 10.1016/j.fertnstert.2012.06.039. Epub 2012 Jul 20. PMID: 22819185.

# Upcoming Events

*Here are the important meetings, conferences and courses for your diary. Please note that the BSGE courses are highlighted in blue.*



## BSGE/Medtronic Webinar EP.72

**Start date:** 25/03/26  
**End date:** 25/03/26  
**Location:** Zoom

[Find out more](#)



## MIS Academy Congress 2026- Understanding and Tackling Pelvic Pain

**Start date:** 16/04/2026  
**End date:** 18/04/2026  
**Location:** Porto Palácio Hotel by The Editory, Porto, Portugal

[Find out more](#)



## vNotes Study Day

**Start date:** 19/04/2026  
**End date:** 19/04/2026  
**Location:** North Middlesex University Hospital, London, N18 1QX

[Find out more](#)



## 4th International iNOTES's Congress

**Start date:** 27/04/2026  
**End date:** 27/04/2026  
**Location:** Royal College of Obstetricians and Gynaecologists, 10-18 Union Street, London SE1 1SZ

[Find out more](#)



## BSGE ASM26 Pre-congress Endometriosis CNS Education Workshop

**Start date:** 28/04/2026  
**End date:** 28/04/2026  
**Location:** Royal Free Hospital, Pond Street, London NW3 2QG

[Find out more](#)



## BSGE ASM26 Pre-congress vNOTES Workshop

**Start date:** 28/04/2026  
**End date:** 28/04/2026  
**Location:** Burton Room, The QEII Centre, Broad Sanctuary, Westminster, London SW1P 3EE

[Find out more](#)



**BSGE ASM26 Pre-congress Hysteroscopy Workshop**

**Start date:** 28/04/2026

**End date:** 28/04/2026

**Location:** Karl Storz Training and Technology Centre, 415 Perth Avenue, Slough, Berkshire, SL1 4TQ

[Find out more](#)



**BSGE ASM26 Pre-congress Beyond the Scalpel: Redefining Peri/Post-Operative Pain Management Workshop**

**Start date:** 28/04/2026

**End date:** 28/04/2026

**Location:** Victoria Room, The QEII Centre, Broad Sanctuary, Westminster, London SW1P 3EE

[Find out more](#)



**BSGE ASM26 Pre-congress Transcervical Fibroid Ablation (Sonata Treatment) Workshop**

**Start date:** 28/04/2026

**End date:** 28/04/2026

**Location:** Olivier Room, The QEII Centre, Broad Sanctuary, Westminster, London SW1P 3EE

[Find out more](#)



**BSGE ASM26 Pre-congress Gynaecological Ultrasound for Minimally Invasive Surgery Workshop**

**Start date:** 28/04/2026

**End date:** 28/04/2026

**Location:** Royal Free Hospital, Pond Street, London NW3 2QG

[Find out more](#)



**BSGE ASM26 Pre-congress Da Vinci Surgery Workshop**

**Start date:** 28/04/2026

**End date:** 28/04/2026

**Location:** Victoria Room, Intuitive Surgical Ltd, 710 Wharfedale Rd, Winnersh, Wokingham RG41 5TP

[Find out more](#)



**BSGE ASM26 Pre-congress Digital Frontiers in Robotic Gynaecologic Surgery Workshop**

**Start date:** 28/04/2026

**End date:** 28/04/2026

**Location:** Medtronic, 230 City Road, London EC1V 2QY

[Find out more](#)



### BSGE ASM26 Pre-congress RIGS Hands-on Laparoscopy Workshop

**Start date:** 28/04/2026

**End date:** 28/04/2026

**Location:** Room 104 & 105, RCOG, 10-18 Union Street, London SE11SZ

[Find out more](#)



### BSGE ASM26 Pre-congress Transvaginal Radiofrequency Ablation for Uterine Fibroids Workshop

**Start date:** 28/04/2026

**End date:** 28/04/2026

**Location:** inomed UK Office, One Lyric Square, Hammersmith, London W6 0NB

[Find out more](#)



### BSGE ASM26 Pre-congress Introduction to Clinical Research Workshop

**Start date:** 28/04/2026

**End date:** 28/04/2026

**Location:** Albert Room, The QEII Centre, Broad Sanctuary, Westminster, London SW1P 3EE

[Find out more](#)



### BSGE ASM26 Pre-congress Hands On Laparoscopic Myomectomy and Contained Morcellation Workshop

**Start date:** 28/04/2026

**End date:** 28/04/2026

**Location:** The Griffin Institute, Northwick Park and St Mark's Hospital, Y Block, Watford Road, Harrow, Middlesex, HA1 3UJ

[Find out more](#)



### Practical Gynaecology Laparoscopic Training Course

**Start date:** 28/04/2026

**End date:** 28/04/2026

**Location:** Newham University Hospital, Glen Road, Plaistow, London, E13 8SL

[Find out more](#)



### ASM26 Post-Congress Cadaveric Workshop

**Start date:** 28/04/2026

**End date:** 28/04/2026

**Location:** Manchester Surgical Skills and Simulation Centre, Stopford Building, 3rd Floor University of Manchester, Oxford Road, Manchester, M13 9PT or Virtual

[Find out more](#)



### 4th International Conference on Gynaecology and Obstetrics

**Start date:** 28/04/2026  
**End date:** 28/04/2026  
**Location:** AC Hotel by Marriott Kuala Lumpur, 09, Off, Jalan Lumut, Jalan Ipoh, 50400 Kuala Lumpur, Wilayah Persekutuan Kuala Lumpur, Malaysia

[Find out more](#)



### Reproductive Medicine Symposium

**Start date:** 05/06/2026  
**End date:** 05/06/2026  
**Location:** Microsoft Teams

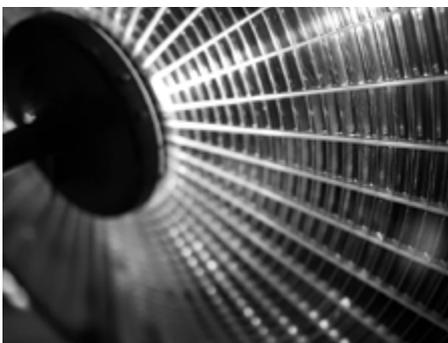
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### ENDO Forum Poland 2026- From Prevention to Perfection: Mastering Endometriosis Care

**Start date:** 17/06/2026  
**End date:** 17/06/2026  
**Location:** Polin Museum, Warsaw, Poland

[Find out more](#)



### Intermediate and Advanced Gynaecological Laparoscopic Surgery

**Start date:** 07/09/2026  
**End date:** 10/09/2026  
**Location:** Surgical Skills Centre, Ninewells Hospital, Dundee

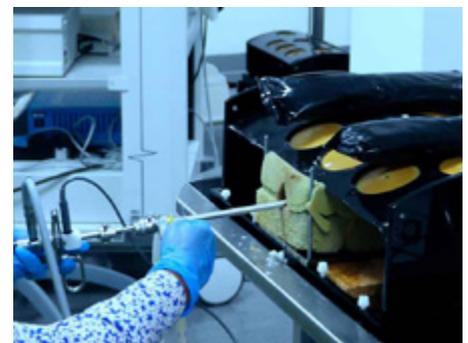
[Find out more](#)



### Robotic-Assisted Gynaecology SITM

**Start date:** 11/09/2026  
**End date:** 11/09/2026  
**Location:** ICENI Centre Colchester Hospital, Turner Road, Colchester CO4 5JL

[Find out more](#)



### Hysteroscopy, Hysteroscopic Surgery and Endometrial Ablation

**Start date:** 11/09/2026  
**End date:** 11/09/2026  
**Location:** Surgical Skills Centre, Ninewells Hospital, Dundee

[Find out more](#)



### 6th International Conference on Gynaecology and Obstetrics

**Start date:** 16/11/2026

**End date:** 17/11/2026

**Location:** Grand Mercure Bangkok Atrium, 1880 New Petchburi Road, Bangkapi, Huay Kwang, Bangkok, 10310 - Thailand



### 3rd International Conference on Gynecology and Women's Health

**Start date:** 16/11/2026

**End date:** 17/11/2026

**Location:** Dubai, UAE MD Hotel - By Gewan



### Laparoscopic Hysterectomy using Thiel Cadavers

**Start date:** 30/11/2026

**End date:** 01/12/2026

**Location:** Surgical Skills Centre, Ninewells Hospital, Dundee

[Find out more](#)

[Find out more](#)

[Find out more](#)

# ASM26

Annual Scientific Meeting



# BSGE Scope Team

Meet our dedicated team...



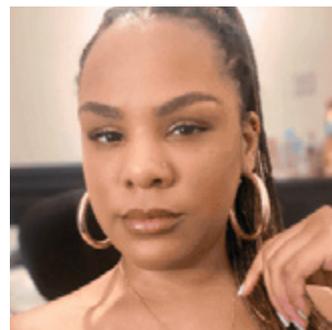
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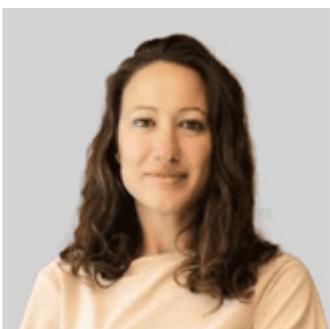
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