

Greetings from the Endometriosis Clinic in Bordeaux
Ilyas Arshad Consultant Gynaecologist, John Radcliffe Hospital, Oxford, UK

With great excitement I drove to Bordeaux, in my trusty Honda, to spend a month immersed in deeply infiltrating endometriosis surgery. I must thank my Clinical Director, Ingrid, from Oxford to allow me to pursue my quest for further knowledge.

The trip to Bordeaux was both enlightening and beautiful. I took a picturesque route through the towns of Folkestone (Eurotunnel), Calais, Abbeville, Rouen, Le Man, Tours, Poitiers, Royan (by ferry) Surlac- sur- Mer to finally arrive in Bordeaux.

Professor Horace Roman's hospitality and kindness showed no bounds. He had, at any given time any number of fellows and teams visiting him from all around the world. All with the same aim, to advance their knowledge of endometriosis surgery. During my stay, I met surgeons from the greats to the future of endometriosis surgery from Australia, Denmark, Italy, Jordan, Romania and of course the UK.



One of my aims was to see how Horace tackles severe endometriosis surgery of the colon, bladder, vagina, deep splanchnic nerves and the Diaphragm. I also wanted to gain an insight into the types of data he collects that allows him to make such a useful contribution to endometriosis research.

Horace uses advanced surgical equipment to excise all deep infiltrating endometriosis. I could see the significant improvement in depth perception with the aid of 3D laparoscopy especially when dissecting and excising rectovaginal nodules.

The Plasmajet was able to create planes making ureterolysis and rectovaginal shaving look so effortless. The other advantages being ablation of endometriosis from bowel surfaces with minimal thermal spread and depth penetration. I also developed a deeper understanding of the delicate decision making when considering whether to carry out a disc excision, Rouen excision or when a segmental resection would be more appropriate.

Another learning point included the management of endometriomas, to minimise ovarian reserve damage. Horace would first drain the endometrioma and wash it out. He would then instil 95% alcohol within the endometrioma for 10-15 minutes. He explained, alcohol sclerotherapy destroys the epithelial covering of the cyst by coagulation necrosis, fibrosis covers the inner cavity and prevents reformation of the endometrioma in 91% of cases after 3 years follow up, whilst maintaining a natural pregnancy rate of 57%. The other technique is to drain the endometrioma evert the cyst wall and ablate this entirely with the Plasmajet. Both methods avoid damage to the ovarian cortex and oocytes.



Bordeaux is a very pretty and exciting city to visit. I was able to attend a music and food festival. I enjoyed a night out with a team of surgeons from Italy. The whole experience was uplifting and inspiring. I returned to Oxford with a great desire and enthusiasm to implement positive changes to the management of endometriosis.