

THE SCOPE

Newsletter of the British Society for Gynaecological Endoscopy

BSGE news...

All the latest news in
the run up to ASM23

Film review –
Below the Belt

A report on the
inaugural BSGE
Seniors Development
meeting in September

The Scope meets...
Professor Lilo Mettler

Plus all the usuals, events,
portfolios and more



Welcome

Welcome fellow BSGE members to our Spring 2023 edition of The Scope

Message from the Editor



Happy New Year fellow BSGE members.

I am certain that we all enjoyed the festive season and hopefully most of us were able to celebrate with family and friends. With the wane of Covid, It is probably fair to say 2022 was the year we were able to mingle again. We had a memorable BSGE ASM gathering in Birmingham and a bumper attendance of BSGE members at the ESGE in Lisbon . Andrew our President summarises BSGE activity in 2022 in his Christmas Missive and Natalie Cooper and Lina Antoun report on our activity in Lisbon later in this Scope.

In this issue, Mez Aref-Adib interviews one of the true icons and pioneers of minimal invasive surgery, Lilo Mettler. Her story is an inspiration to us all. She gives a really rounded view of what it was like to be not only a minimal invasive gynaecological surgeon back then but also a female one. She shares how she was able to meander through challenges as they presented themselves, it's a fascinating read.

I was fortunate to represent the BSGE at a Parliamentary round table discussion at the Houses of Parliament, organised by the Menstrual Health Coalition. In this issue, I summarise the event. Jane Gilbert our Associate Editor interviewed some of the other attendees whose views are also included in the article.

Following on from the increasing awareness and conversations promoting women's health. 'Below the belt' a new documentary on women's experiences of endometriosis had its premiere at Chelsea and Westminster hospital. Amir Raza was there and gives an overview. The documentary itself will be out later in 2023 and I hope we will all be able to see it.

Also included in this issue are the portfolio reports, reports from meetings including the new BSGE Senior Meeting and news about the increasingly popular Ambulatory Care Network (ACN.)

I hope we have all booked our places in what promises to be once again an exceptional BSGE ASM in Manchester. Take a look at Sujata's highlights to give you a taste of the meeting where 'Talent and Technology come together.'

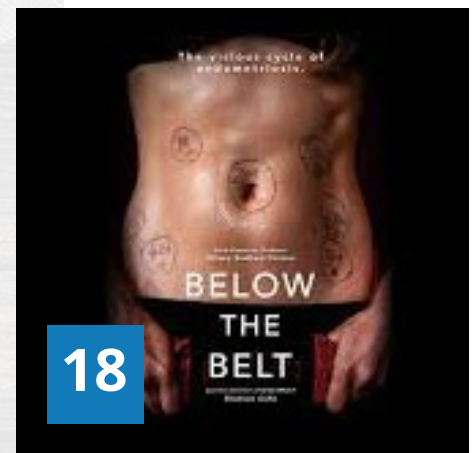
Funlayo Odejinmi (Jimi)

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President's Message

This festive season, BSGE President Andrew Kent released a message to the BSGE updating members on the highlights of the year and the events to look forward to in 2023.

I would like to draw on one of our family traditions of the 'Christmas Missive' which can take various guises but the creation of which is never, ever, left to myself so for that I am sorry!

2022 seems to have raced past but maybe that is just me getting older.

We started in the throes of another wave of the pandemic which has generally rumbled on in the background but the Society has had a good year with a slow but sure move back to normality. The range of educational and training opportunities on offer has been extensive. This has been driven in the main by the officers, council and members, past and present, with the unflagging support from Atia, the secretariat and our industry partners. For that I am most grateful. We were also able to run our first joint workshops in the new College premises at Union Street. Without being too exhaustive here is a summary of the 2022 highlights in no particular order:

The BSGE in 2022



BSGE Webinar program



Corporate Webinar program



GESEA courses and certification



CNS education days and workshops



Diagnostic and Operative hysteroscopy workshops



Both the Ethicon and Olympus training programs were oversubscribed





Inaugural Seniors Professional Development Meeting at Guildford was a great success.



National RIGS Hub Training Program ran in a slightly different format for the second year running.



Our hybrid ASM in Birmingham was a great success with over 400 delegates in attendance and around 160 online.



The ESGE in Lisbon was well supported by the BSGE and with over 250 UK registrations we were the largest single nationality.

This year we have said goodbye to Lesley Hill and Babs Sanders. Many of you will have seen the tribute to Lesley in the last edition of Scope. I am delighted to welcome Jane Le Roux and Charis Ayton to the BSGE team who have both now started as Administrators working with Atia.

Next year we have the long overdue ASM in Manchester to look forward to. Planning moves on apace but judging by the academic and social program it will not be one to miss. Registration opens soon so have your abstracts ready and please put the dates in your diary.

I am also delighted to announce that our ASM for 2024 has been awarded to Belfast and at the moment this is scheduled for early May. This is a first for the Society as we have never had an ASM in Northern Ireland so this is not before time.

So as the holidays draw near I would like to wish you all the best for the Season and hope you will all get some time off with your families and friends. Here's looking forward to 2023. May it be a good one.

Mr Andrew Kent
BSGE President



ASM 2023 Manchester

The Scope spoke to Sujata Gupta, Chair of the Local Organising Committee for #BSGE2023 . With the conference fast approaching, Sujata gave us a rundown of some of the social and academic highlights to anticipate in Manchester

Happy 2023, to all of you on behalf of the local organising committee, Manchester, BSGE ASM 2023. It is not too long before the ASM so let me tell you about some highlights, hot topics and crowd pleasers. As a hybrid event, you can join us in-person or online, so don't forget to book your study leave. The ASM runs on April 20th and 21st, with some exceptional pre-congress courses and a curry and karaoke night on April 19th to get you academically and socially warmed up ahead of the conference. I look forward to seeing as many of you as possible in the cool, cosmopolitan city of Manchester.

Bringing Talent and Technology Together

The theme of the conference is 'Bringing Talent and Technology Together' and the meeting will highlight the way technology can support a surgeon's skills, working together to improve women's health. Our pre-congress courses exemplify this.

Pre-congress Courses – 19th April 2023

Pre-congress workshop	Pre-congress workshop	Pre-congress course	Pre-congress workshop	Pre-congress workshop
Endometriosis Nurse Training Day	Hysteroscopy Workshop	RIGS Intermediate Laparoscopic Course	Da Vinci Surgery Workshop <small>For consultants and trainees who are interested in da Vinci surgery</small>	Transcervical Fibroid Ablation (Sonata Treatment)
			<small>Supported by Intuitive</small> 	<small>Supported by Gynesonics</small> 
Click here for more info	Click here for more info	Click here for more info	Click here for more info	Click here for more info



Robotic-Assisted Surgery Workshop

Sponsored by Intuitive, this exciting new workshop is the first BSGE robotic course. It offers hands-on experience with the da Vinci Xi surgical system. The workshop is surgeon-led, and will offer small groups a high level of interaction and hands-on simulation. With tuition on set-up, suturing, dissection, and other core skills applicable to robotic-assisted surgery, the workshop will utilise dry lab and simulation models.

Transcervical Fibroid Ablation Workshop

This innovative new workshop on Sonata treatment is sponsored by Gynesonics. It will help you gain an insight into the science behind the treatment, patient selection, planning and the procedure steps. The course will combine lectures, videos, case discussion and practical hands-on training. The Sonata Workshop will be held at St Mary's, Manchester, a reference centre for advanced fibroid treatment.

We are also running the regular, highly popular, pre-congress sessions:

- Endometriosis CNS Workshop
- Hysteroscopy Workshop
- RIGS Intermediate Laparoscopy Course



Live surgery

In an exciting ASM first, we are featuring live surgery streamed from St Mary's Manchester. The sessions will demonstrate tips and tricks, pelvic anatomy and the very latest techniques and technology. Delegates can observe lap hyst and more.

We will also stream live cadaveric dissection, with exploration of the retroperitoneal anatomy, tips and tricks on pelvic dissection, identification and dissection of the ureter and much more. I think it will be a must-see session.

'Living with Endometriosis' – live on stage

At each ASM, patient groups and representatives provide members with an insight into the experiences of women living with endometriosis. This year, women's perspectives will be portrayed in an innovative new way.

The Lancashire People's Theatre will perform a play depicting and dramatizing life with endometriosis. The company is based in Preston. It was created by Neil Procter and Anthea Carpenter-Procter to promote new writing and theatre in Lancashire. They have previously shone a spotlight on eating disorders in men, now they turn their attention to the silent condition of endometriosis.

Don't miss this moving and uplifting new addition to the ASM programme. Check out the ASM App for times and details.



BSGE Curry and Karaoke Night

We will welcome you to Manchester with an informal curry supper. The event will be held on Wednesday 19th April in the Impossible Bar. The venue features some of the best street food and curry in the city- as Manchester has a long tradition of serving some of the best curries in the country, it promises to be delicious. There will also be a variety of pan-Asian street food on offer.

The mezzanine level of the Impossible Bar features a hidden 'gin palace', with 84 gins from around the world, while a cryogenic freezer will freeze spirits to minus 74 degrees to form edible frozen cocktails.

The event is in the same location as the RIGS dinner, so that members can mix, sample the frozen gins and maybe take to the mike to belt out a banger or two!



Shout out for abstracts

I would like to remind you all that the last date for abstract submission is 23rd January.

The meeting offers a great opportunity to showcase your work as an oral, video or an e- poster presentation. There are prizes to be won which will be announced at 12:30 pm after the President's address on Friday, 21st of April.

You can submit your abstract via <https://www.bsgge.org.uk/asm23/call-for-abstract-submission/>

Annual Drinks Reception and Gala dinner

On 20th April 2023 at 19:30-01:00

Halle @ The Edwardian Manchester

Free Trade Hall, Peters Street, Manchester M2 5GP



**Ticket
£50**

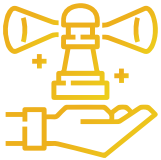
ASM23
Annual Scientific Meeting





2 days

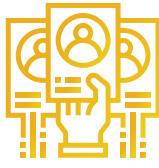
of bringing members right up-to-date with what's new and on the near horizon



1 Alec Turnbull lecture – a visionary presentation delivered by Raneer Thakar, RCOG President



29 innovative providers presenting and demonstrating their solutions



400+

BSGE members represented



Many forward-thinking decision makers proactively networking



50+ phenomenal speakers delivering insights and expertise



5 pre-congress courses for members to select and build their own tailored programme



2 live surgery demonstrations included in our ASM23 programme



4 Social Events, including Drinks Reception and Gala Dinner





RCOG President to deliver the Sir Alec Turnbull Lecture

Rane Thakar, RCOG President will deliver the prestigious Alec Turnbull Lecture in Manchester.

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

Rane Thakar is a Consultant Obstetrician and Urogynaecologist at Croydon Health Services NHS Trust and Honorary Senior Lecturer at St George's University of London. Before becoming RCOG President, she was Vice President of Global Health at the RCOG and is past President of the International Urogynecological Association.

As President, Rane has stated that she plans to listen to the voices and experiences of women and work with policy makers to improve the quality and safety of maternity and gynaecological care provided in this country and around the world. She also intends to ensure the College continues to provide excellence in training and education and remains a powerful advocate for women and their families.

The Alec Turnbull lecture will take place on Thursday, April, 20th from 14:00-14:30 in the main conference room.

ASM23

Annual Scientific Meeting

Thursday 20th & Friday 21st April | Manchester





**"Bringing talent
and technology
together"**





ASM23

Annual Scientific Meeting

“Bringing Talent and Technology Together”

MANCHESTER CENTRAL CONVENTION COMPLEX

MANCHESTER, UK

20th & 21st APRIL



BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

REGISTRATION
OPEN

BSGE Seniors Development Meeting

Ian Heath reports on the inaugural BSGE Seniors Development meeting that took place in the Minimal Access Therapy Training Unit within the University of Surrey

The e-mail arrived for the BSGE Seniors Development Course! What was this? Had I reached the end of my career already? Was I being invited to caddy for the bosses in on a weekend jolly? So, with intrigue I opened the e-mail and saw it was meant for me after all! The course was designed for senior registrars and newly qualified consultants 'passionate about laparoscopic surgery who wanted to enhance their professional skills and build professional relationships'.

Did it do this? It certainly did. It was an enjoyable and stimulating course and one I would recommend to those beginning their consultant career.

The course was held at the Minimal Access Therapy Training Unit (MATTU) within the University of Surrey and opposite the Royal Surrey County Hospital (RSH) in Guildford. It is an accredited centre of excellence and is run by the lovely Alison Snook, who ensured the smooth running of the meeting. The facilities were fantastic and spacious allowing simulation training, live surgery feeds and conference facilities.

On Day One, we were introduced to the faculty including Mr Andrew Kent (BSGE President, Director Gynaecological Surgery MATTU), Prof Jeremy Wright (BSGE Past President), Mr Fevzi Shakir (BSGE Treasurer) and the guest speaker, Dr Joe Amaral.

Dr Joe was the highlight on Day One. He is an emeritus Professor of Surgery at The Warren Alpert School of Medicine Brown University and recognised as a pioneer in minimally invasive surgery, innovation and technology development having recently been the VP of Surgical Innovation for Ethicon. He co-developed the Harmonic Scalpel! He is a very charismatic and motivating speaker and his session focused on advanced presentation skills, the development of inter-professional relationships and being a team leader.

The day ended with the delegates presenting and persuading the group to undertake or engage in a non-medical hobby or interest. This was very informal, well-received and fun. It enabled us to learn more about each other, improve our presentation skills and offered the opportunity to enrich our lives.

The hobbies and interests were varied, and the presentations were excellent with very different styles of delivery. There was a strong passion for food, wine, and coffee, together with F1, cycling, travel, pottery, wreath making and tax reduction!!

The conference dinner in Guildford was a well-received break to our academic day. The food, wine and company were excellent, and it was a lovely opportunity to relax and socialise with the faculty and delegates.





We were very lucky on Day Two to see some excellent live surgery from the Royal Surrey Hospital. Mr Kent and his team gave us an excellent demonstration of minimally invasive surgery, via the live link, which included a pelvic clearance with excision of a recto-vaginal nodule and a vaginal vault suspension in a patient with a previous cystectomy and ileal conduit formation.

There was lots of discussion around these cases, that was facilitated by Mr Fevzi Shakir and Prof Jeremy Wright who shared their wisdom and knowledge.

The meeting was sponsored by Ethicon and Storz and during the surgical downtime we had the opportunity to meet our industry colleagues and learn more about their products. There was a lot of excitement around the new Bigatti



Shave. We also had the opportunity to use the skills lab, to further develop our skills in suturing and operative laparoscopy using various energy devices and excellent pelvic models under the mentorship of the faculty.

I would say the course achieved its outcomes and I feel that little bit more confident as I start my consultant career. It was fun and an excellent way to network and meet new colleagues with similar career aspirations at the start of their consultant careers. Numbers were shared and a WhatsApp group started and I look forward to meeting my new colleagues in the future.



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KARL STORZ—ENDOSKOPE

ESGE World Congress 2022

Natalie Cooper and Lina Antoun report for The Scope on their experience of the ESGE World Congress in Lisbon

The word congress means 'the action of coming together to discuss ideas'; something that over the previous few years, many of us wondered whether we would ever again be able to do. However, earlier in the year, the BSGE congress in Birmingham had reminded us how a medical conference should be- friendly, inclusive, lively and 'in-person'. Not only that, but the Birmingham congress had also been a real triumph with great science and a lively social programme. So, it was with eager anticipation that we arrived in Lisbon on a sunny Sunday October afternoon for the 31st European Society for Gynaecological Endoscopy (ESGE) congress, wondering what it would have in store.

The Scientific Committee had planned a programme to promote excellence in gynaecological endoscopy, including pre-congress courses and practical training, live surgical sessions, GESEA certification exams and themed specialist sessions with presentations from internationally acclaimed experts. This really felt like the first busy congress since the COVID-19 pandemic; no masks, people enjoying socialising and with nearly 2000 delegates, and representatives from the multidisciplinary endoscopy team in attendance, there was ample opportunity to discuss advances in gynaecological endoscopy and contribute to continued learning.

Both of us are final year trainees, with varying experiences of attending ESGE. Natalie had first attended in 2008 as a brand-new research fellow, three months into the job, having never been to a medical conference before and not really knowing what to expect. She was lucky to be introduced to many of the speakers and

delegates from all over Europe, many of whom she has met time-and-time again over the years. She was very happy to see them again this year in Lisbon. Some have become research collaborators, others have taught her on courses and she has, in turn, presented her work to them at ESGE meetings. That networking at ESGE, early in her career, gave her many opportunities which she might not otherwise have been given.

Similarly, although Lina had only attended a couple of previous ESGE congresses, she could not have been more excited to reconvene with internationally recognised experts in the field of gynaecological endoscopy in the beautiful city of Lisbon. She embraced the opportunity to get out of her comfort zone, to be inspired by the latest surgical innovations, and enjoy a valuable networking opportunity with leading experts, researchers, and peers.



ESGE 31ST ANNUAL CONGRESS

2nd-5th October 2022 · Lisbon · Portugal

Excellence is a habit!
Gynaecological endoscopy at its best



www.esgecongress.eu

As a BSGE trainee representative, Lina was able to discuss the effect of the COVID-19 pandemic on gynaecology training with trainees from other European countries and compare this to our experiences in the UK.

There will always be somebody up for some sightseeing during a break, a quick drink or a trip to sample some local delicacies. Our initial concerns about a large programme gap in the middle of each day were soon abated when we realised that Lisbon could so easily be accessed. We were able to fit in a visit to the Belem tower and the Monument of the Discoveries during the break. Another afternoon, we spent hours on simulators and box trainers, exhausting our brains but figuring out new techniques in the knowledge that we could 'do no harm'.

Patients should always be at the centre of what we do, so we were pleased to see the successful relaunch of 'Women Like Me' – an online educational information platform developed by the ESGE working group. The platform aims to provide women with accurate and clear information about common gynaecological conditions and pathologies.

Natalie, with her clinical academic hat on, gets a little star-struck by seeing in person, the big names in benign gynae research. One of her favourite talks was given by Prof Keith Isaacson from Harvard Medical school. It was a fascinating talk about adenomyosis, with explanations of the work that he and his team had done on lab models to look at the pathogenesis of this condition. Identifying biomarkers of endometriosis in saliva samples was another interesting topic as well as the new advances in managing fibroids without surgery. For Lina, the highlights were the live surgical tutorials which were broadcast for three days during the congress. This virtual platform allowed expert surgeons to demonstrate surgical techniques. What was particularly beneficial was the intraoperative decision-making and the tips and tricks to help optimise surgical outcomes, particularly for patients with severe endometriosis.





The quality of the science was varied, with much of it of good quality, including some key randomised controlled trials which will shape future clinical practice. We were both proud to share our own work with free communication and poster presentations. The fact that trainees and experts rub shoulders so closely without intimidation, is a credit to the nature of the meeting; nobody feels left out. The UK was the best represented country and this may partly be due to the fact that many BSGE members are actively involved in the ESGE, not only as members of the advisory boards, special interest and working groups but the President Elect is our previous BSGE President, Mr Ertan Saridogan and the joint chair of the Young Endoscopists Platform is Ms Karolina Afors, also a BSGE Council member. It is inspiring for us to witness the contribution made by our senior colleagues.

The abstracts this year reflected the latest innovations in minimally invasive surgery. Many abstracts focused on ambulatory and day case procedures which have played an important role in endoscopy especially during the COVID-19 pandemic. More than 30 abstracts about gynaecologic robotic surgery were accepted, many of which challenged current clinical practice by exploring controversial issues in advanced endometriosis surgery and fibroids.

On a practical level, this felt like the first meeting where surgical robots had become mainstream equipment, where there was competition between manufacturers and where we could start to see which benefits of robotic surgery could be advantageous to us and our patients. There was a word of caution though: Arnaud Wattiez, in his compelling keynote lecture 'Gynaecological surgery: redefine the future' reminded us that not all advances turn out to be beneficial and that just because we can do something, it doesn't mean that we should do it.

These glimpses of futuristic methods are why we go to conferences, why we get excited and passionate about our work and why sharing this with other doctors and nurses who feel the same way that we do is so satisfying. So, were there any downsides? Well, our hotel was at the top of a very steep hill which wasn't always welcomed at the end of a busy day but not surprising once we learnt that Lisbon was built on seven hills. The congress party was nowhere near as good as the BSGE dinner in Birmingham, although any event would struggle to complete with that.

This experience has inspired us to strive to excel in our own practice as endoscopic surgeons and academics, and we encourage our peers to attend future ESGE congresses and benefit from all that they have to offer.

The abstract book
can be accessed here



Natalie Cooper



Lina Antoun



Below the Belt

Amer Raza updates The Scope on a ground-breaking film about the experiences of women living with endometriosis

“Below the Belt’ is not just a film but the true reflection of millions of women who suffer through pain, disease and challenges every step of the way from early adulthood. Thanks to Shannon Cohen (executive producer) and everyone associated with this ground-breaking film to bring this issue in the mainstream.

Endometriosis is an issue that has been overlooked, ignored and dismissed for so long. These women’s stories, which have been brought to the screen will cause a sea change in public knowledge of endometriosis.

The statistics are overwhelming – more than 200 million women around the world suffer from endometriosis. It often takes up to eight doctors and specialists before women are diagnosed. It takes up to an average of eight years to get diagnosis with endometriosis. It’s so maddening that so much of women’s health is still not given the attention it deserves. There is still a lot more needed to raise visibility of this disorder, so that we can buckle down and provide more support.

The film ‘Below the Belt’ is a catalyst to demand more resources for clinical care, diagnosis, treatment and research. We are indeed fortunate to have the world

class NHS but given the current economic pressures, all efforts need to focus on devoting more resources for this debilitating disease which effects all aspects of life, through all ages of women.

Chelsea and Westminster Hospital premiered the first film showing. At the premier, we brought together all the organisations including patients groups, Endometriosis UK, BSGE, RCOG and politicians to discuss these challenging issues.

‘Below the Belt’ will hopefully bring much-needed public awareness and, by bringing about the issues into the open, will reduce the taboo that exists about discussing menstrual health. I’d like to thank all the brave women in the film, who shared their painful experiences and allowed endometriosis to be dragged out of shadows to enable us to help more people.





Meeting of the Menstrual Health Coalition

The Scope Editor Funlayo Odejinmi represented the BSGE at the Menstrual Health Coalition hosted parliamentary roundtable in Portcullis House. Jimi reports on the meeting

The aim of the parliamentary round table with the Menstrual Health Coalition was to discuss inequity of access to women's healthcare and the Government's recent health strategy document. The group aimed to work together to highlight weaknesses and identify points that could be improved on. The group included health professionals, patient representatives and charities promoting women's health. The meeting was also attended by representatives from NHSE as well as from industry.

From my point of view it was great to meet a diverse group of people rooting for the same goal: equity of access to women's health. It was particularly insightful to listen to Sarah Champion MP detailing the way government processes work and what the next steps should be as a collective

The lived experiences of patients was particularly powerful in the room. Tanya from the Adenogang talked about the difficulty accessing health care and the fact that services that are supposed to be available to all, were not always available and accessible. Tanya said:

'I represented the 'Adenogang' at the Parliamentart Round Table with the MHC. Adenogang is an organization that I set up to

support other people living with adenomyosis. When I was diagnosed, the health professionals were very offhand, very blase. Oh, you've got adenomyosis- and that was really it. I started to research and then began to support and advocated for people that are in the same position as myself.

'Adenomyosis is a bit of a Cinderella condition, lots of women haven't even heard of it. There is no page on the NHS England website, so we're campaigning as an organization for more information about menstrual health and adenomyosis, more research and more recognition. With no NHS web page it's easier for employers to dismiss a condition that is very problematic and can really affect quality of life.

'I was very happy to be at the parliamentary round table, because it's hard as the average person to get to be in these meetings, to have your voice heard. Overall, it was a good meeting, very informative and the health professionals around the table had a lot of positive things to say and could see where the inequalities in menstrual health lie.



Unfortunately, in my opinion it wasn't long enough but I will be very interested to see the ten action points when they are released. They will be very important. I hope that it can make a difference to awareness for women and health professionals.

'When it comes to doctors treating people with menstrual problems the most important thing is to take women seriously, their symptoms shouldn't be dismissed and too often they are. I wish more GPs really understood adenomyosis, or took time to learn. Research and information are so important for women and for health professionals about adenomyosis and other aspects of menstrual health. And of course, the NHS also needs to improve the gynaecology waiting list, which went up so much during Covid

'I have adenomyosis and endometriosis, and during my journey I've always been told to go to a BSGE clinic for treatment. So I'm so happy to be at the meeting with BSGE representatives and to actually be talking to people associated with the BSGE. As an average person, it gives hope to everyone in the community because we can be heard.'

We heard the voices of Anne Connolly a GP with special interest in gynaecology and Chair of the MHC. Anne emphasised the segmentation and fragmentation of pathways within the NHS, she reported how difficult it is for patients to access holistic care. Anne, a long time BSGE member, spoke to The Scope about the MHC, the Round Table and the Women's Health Strategy:

'The MHC aims to raise awareness, reduce inequalities, use a multi-disciplinary approach, engage voluntary advocates and organisations, and act as a voice for women with menstrual problems.

'One of the key messages from the meeting was the problem with relevant, safe and appropriate health information. We have been promised updated NHS material on menstrual health for many years, but nothing has happened. Women don't know where to look, many don't know what's normal so don't know if they have a problem, and they don't feel empowered to get



help. How can we make the information better and how can we make it easier for women to find and access the right information?

Organisations like Endometriosis UK and Fibroid Trust provide fantastic information, but women need to know what's wrong to find it.

'We then need to improve and streamline the pathways to get the right treatment at the right time from the right person.

'Unlike Scotland and Wales, who are making some progress, the women's health strategy for England doesn't include menstrual health. That is despite menstrual health as one of its top priorities coming number one as a priority in the women's health survey. The focus is on the menopause, because advocates for menopausal health are shouting louder.

'The MHC and BSGE have a place and a voice to recognise the problem, advocate for menstrual health, drive change and make sure this important issue doesn't slip off the radar.'

Dr Nighat Arif a GP with special interest in gynaecology and extensive experience emphasised the need for provision of education and information to include women from marginalised groups including teenagers. Janet Lindsay, Chief Executive of Wellbeing of Women, emphasised the lack of funding for women's health research.



I representing the BSGE amongst other things brought up the issue of lack of data collection in women's health and that the available data seems to focus on numbers rather than quality outcomes. I emphasised the need for funding for local population research to drive the best evidence based practice for women.

My overall summary and the message from all participants is that we all felt that the strategy for women's health should have at its centre compassionate individualised care:



“The right woman should have the right treatment, at the right time, for the right reason, by the right well-informed practitioner based on evidence to achieve the right outcome.”

The Menstrual Health Coalition

The Menstrual Health Coalition (MHC) is dedicated to raising the profile of menstrual health. It is a coalition of patient and advocate groups, life sciences industry, leading clinicians and individuals who have come together to discuss and make recommendations around menstrual health.

The MHC aims to raise the profile of menstrual health on the political and policy agenda, to reduce the stigma around talking about periods, and campaign for change to help women adversely affected by their menstrual health.

Members of the Menstrual Health Coalition's Steering Committee



Dr Anne Connolly MBE

The Royal College of General Practitioners' Clinical Champion in Women's Health



Emma Cox

CEO of Endometriosis UK



Katharine Gale

Chair of the Royal College of Nursing's Women's Health Forum



Janet Lindsay

Chief Executive of Wellbeing of Women



BSGE ACN 2023

Justin Clark reports on plans for the Ambulatory Care Network meeting in Birmingham in February 2023

The BSGE Ambulatory Care Network or 'ACN' 2023 meeting will take place in Birmingham between Thursday 16th and Friday the 17th of February. The team has booked the new Edgbaston Park Hotel, a great new venue in the heart of the University of Birmingham Campus. There's a rapid and regular train service that whisks you from Birmingham New Street to the University station in just seven minutes. The hotel is a ten minute walk or a short cab ride- alternatively there's parking for anyone earning enough to still afford fuel!

As usual, we aim for an enjoyable, informative and interactive meeting. We'll share best practice in outpatient hysteroscopy and related ambulatory procedures. It's a great opportunity to keep up to date, discuss topical issues and develop quality assurance and research ideas.

By the time of this year's meeting the updated Green Top Guideline will be published, as will the RCOG Good Practice Paper in outpatient hysteroscopy, so they may be hot topics for discussion.

The programme will run from Thursday lunchtime to Friday lunchtime to aid your travel plans and avoid eating into your weekend. We will have a convivial conference meal on Thursday so be prepared to glam up! We have acquired industry support and will use these funds to subsidise the meeting, to make it attractive and accessible to everyone and optimise attendance.

Our last virtual meeting was attended by 200 delegates was but I very much look forward to us all getting together in person again -the last time we did this as an ACN was right at the end of February 2020, just before the pandemic.

We'll share more details in due course, but please save the date and I look forward to seeing as many of you there as possible.



Learn



Discuss



Collaborate



BSGE AMBULATORY CARE NETWORK 2023



Learn

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



Discuss

Discuss interesting cases, address controversies and share ideas. Consider the changed landscape after Covid, learn about new innovations in practice and health technologies / pharma.



Collaborate

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

Register

£125 for BSGE member and £175 for Non-BSGE member for Meeting only with lunch and refreshments:

[Register here](#)

£225 BSGE member and £275 for Non-BSGE member for Meeting with lunch and refreshments, Networking dinner and Accommodation

[Register here](#)

16th & 17th February 2023

Venue: Edgbaston Park Hotel,
53 Edgbaston Park Road,
Birmingham B15 2RS



The Scope meets... Professor Lieselotte (Lilo) Mettler

Mez Aref-Adib and Ben Mondelli had the pleasure of talking to Professor Lilo Mettler, one of the pioneers of laparoscopic surgery.

Lieselotte Mettler was born in Vienna, Austria. After finding a love for obstetrics and Gynaecology in the Peruvian jungle, she conducted her medical studies, doctorate, gynaecological specialist training, and professorship in Tübingen, Vienna, and Kiel. Prof Mettler was one of the first to perform laparoscopic hysterectomies in Europe. She was Deputy Director of the Department of Obstetrics and Gynaecology at the University Hospitals Schleswig-Holstein, Director of the Kiel School of Gynaecological Endoscopy and Head of the Kiel Gynaecological Endocrinology and Reproductive Medicine Division.

Professor Mettler has been General Secretary of the International Academy of Human Reproduction and the only female President of ESGE. Her main fields of activity are reproductive medicine, gynaecological endoscopy, and gynaecological endocrinology. Prof. Mettler actively participates in many societies and organisations. She has written over 700 publications, 20 books and nine textbooks. Since 1973, Lilo has attended nearly all major endoscopic and IVF conferences worldwide. She has won an Excel Award from the Society of Laparoscopic and Robotic Surgeons. Her private life has been no less exceptional, with an Olympic bronze for swimming in the 1960 Olympics and a remarkable love story described in her book 'Long, long ago'.

Lilo made time in her hectic schedule to talk to the BSGE about her experiences:

“I just returned last night from Dubai and am now back in Kiel where we started an endoscopy training course today -so even at my age I’m still with it!”

Tell us about your career path from your early medical school days.

After studying medicine, I went for three years to a jungle hospital in Peru - this was a missionary hospital, which is now a Peruvian state hospital and is still running near one of the branches of the Amazon River. My friends and family liked me going as it was an interesting experience, I saw the importance of life and medical treatment, and I have returned many times. It's not so isolated anymore. After this, I applied for a position at Kiel hospital as my boyfriend at the time worked in the pathology department. I applied to the paediatric, gynaecology, and general surgery departments and received a nice letter from my later chief, Kurt Semm, who had just joined as chairman. Kurt said:

“If you are in the jungle, you don’t need papers - just come and join us!”

Kurt Semm is the one that really developed endoscopic surgery in gynaecology and many other areas. When I joined him, people were asking what kind of person would want to do minimally invasive surgery, and people didn't like it, so he asked me if I would join his party, and I said of course.



What do you most enjoy about your work?

Endoscopic surgery developed, and there was a lot of aggression against minimally invasive surgery. People thought you needed longer or horizontal cuts in the abdomen, so when Kurt Semm had this idea of minimal small cuts and viewing on the video screen, people didn't accept it. But I enjoyed joining him, and in this way, we developed the surgery together. I had performed a lot of bowel surgery in Peru, so I did a lot of bowel corrections because the general surgeons would not even support us.

We formed a good team.

A breakthrough came when we did the first appendectomies in 1981. It was a hard time until the surgery was accepted. At that time, I had been with Kurt for 11 years. At first, the surgeons said this was not a decent thing to do. Today minimal access surgery has been accepted, which is absolutely amazing.

We started with gynaecological surgery - myomectomy, ovarian surgery, tubal pregnancy surgery, all these gynaecological surgeries before the appendectomy - we could well handle. In Kiel, there was a club of laparoscopy-damaged patients - those patients got together and had more minor issues of infection and other little things - and Kurt Semm said I should deal with this as he didn't have the patience. For seven years, I attended these meetings and the patients asked questions. Initially, the public believed you could do surgery only under direct vision, not on the video screen.

We read that you faced a lot of criticism for what you did. Is this true?

Yes, we had many threats - people invaded the clinic. The feminist group 'Red Zora' said what we were doing to women was bad. We had a lot of death threats, with police protection in the house for some time. We also had lots of problems in our own department. Kurt Semm had to undergo a CT scan - he was dragged from the operating theatre to the neurosurgery department to have a CT scan as they thought his brain was not working well. They also threatened to throw us out of the Society of Obstetrics and Gynaecology. It all calmed down eventually - people saw that you could see even better with small entries, and the development of endoscopic surgery has proved that.

Kurt Semm was not one for statistics, so I started to collect the patients' data. Initially, the publications were refused. I wrote a paper on 125 laparoscopic ovarian cystectomies for the American Journal, which was rejected. But doctors visited us, and the paper was finally accepted; it was very carefully done. Slowly the insurance companies came to accept techniques, but we had to use tricks to get the same amount of money for a laparoscopy compared to a laparotomy. The threats did give internal tensions with the team, but being convinced it was something good meant I never gave up.

Did you experience sexism in your career?

I have experienced this a great deal. Even my chief Kurt Semm - if he could get any male interested in the work, he would always prefer that. It took years for him to understand that females can do the same thing and that it's about dedication - neither female nor male - one can do the same if they take anatomical knowledge and are persistent.

You were of the pioneers of endometriosis treatment - you wrote that it took you 20 years to understand, but you could not solve each endometriosis case with surgery - can you explain?

Endometriosis is a very particular female disease; still, the aetiology is not quite understood. It causes cellular alterations in the genital tract and beyond that leads to nerve compression, blood vessel infiltration, pain and anxiety in patients - so this disease needs good recognition. So far, we're still standing between doing nothing and just living with it or getting medical management like dienogest and progesterone. But still, the major result is operative treatment, but we have the options of doing nothing, medical pharmaceutical agents and operative treatment. It needed time to understand this. Endoscopic surgery particularly benefited endometriosis - diagnosis and treatment. Endoscopic surgery has small cuts, so the healing process is shorter. We also have more than ten times augmented vision, so we can see smaller lesions that we can not see at laparotomy, especially small endometriotic lesions. Now we have new colour detections, meaning lesions can be augmented for even better vision.

How do we need to create political awareness for endometriosis?

Patients often suffer from the beginning of their periods and don't know what it is, so we need to guide them. When they have typical pain, we need to inform them. We need to find the endometriosis and where it is. The finding depends on the vision as we still don't have blood markers to diagnose it. When patients have the typical symptoms - we can test their symptoms with the pill to see if it calms down their symptoms. Today we don't operate on patients in the early years and only do it when necessary.

You previously wrote that doctors working in the same fields often work together. Why is this important?

Luckily, in our medical world, we have national world societies, so we can exchange ideas with publications and correspond. Even in Covid times - we had webinars and exchanged views in publications and conferences. This is very, very necessary to stay up-to-date. I see what people have developed to get new strategies for treatment.



Of all your travels, which has had the most significant impact on your life and career?

We learn the best in our relationship with our patients because of the knowledge we exchange through publications, research and meetings. I have not learned the most in any one country; it's global. If it's meetings in Germany - or Europe - we went to ESGE last month, and next week I am going to Denver; we can discover the newest developments from industrial companies and other technical innovations. We discuss ethical questions - it all works together. One country has not impacted me; it's a global understanding and exchanging ideas.

I have had an excellent impact on visiting Britain and the BSGE in many meetings and European, Asian and American meetings.

Can you tell us about your book 'Long Long ago'?

That's a very personal question because it reflects my life story. The book, besides my love story, also contains the early development of IVF when I was working in Cambridge for six months with Bob Edwards in 1976. We had the first ectopic pregnancy after IVF, and then in 1978, we had Louise Brown born as the first IVF baby worldwide. It also contains the development of endoscopic surgery with my teacher Kurt Semm and my love story. I was happily married for 55 years to my husband with three children; he died about 17 years ago. Then ten years ago, I married an American boyfriend of my younger years - we are now married and both 83 years old. The book describes how we met again after 45 years, that's why the book is called 'Long Long ago'.



You worked extensively in reproductive surgery. What role does minimal access surgery play?

In Germany in 1975, the treatment of infertility by laparoscopic surgery was taken up by insurance companies - so infertility treatment surgery was getting ahead but also stagnated -so when IVF came around in 1978, and we had the first test tube baby in 1981, a rivalry between medical therapy and surgery developed.

Today we have all kinds of treatments for patients who want to get pregnant, including surgical corrections with endoscopic surgery and artificial reproductive technologies with embryo transfers. These two technologies, IVF, developed majorly in Britain and reproductive surgery, developed primarily in Germany and the USA. Studied by Kurt Semm, our early endoscopic surgery was all reproductive - tubal correction, tubal patency improvement surgery, ovarian cystectomies and so on. We now have a wide spectrum to help patients who want to get pregnant. Now we have many techniques that

can benefit and helps to improve baby rates which have gone down in many countries, maybe all around the world. We need a younger generation to support a longer-living older generation!

You've written about uterine sarcomas - do you think there is a role for power morcellation?

There has been aggression against the tissue that you take out in fibroids. If you do a subtotal hysterectomy or remove a fibroid, you can never be 100% sure that there's no tendency to a malignancy. The question is how to differentiate this so you can do morcellation. This discussion is critical. Today we are trying to understand if there's any tendency to malignancy pre-operatively. If that is the case, we should not make the tissue into pieces. Today we morcellate in contained bags, so we don't increase the risk of spreading malignancy when it has not been recognised. It is better to put it in a bag and stop it from spreading. Today in our course in Kiel, we did two myomectomies and used endobags - it takes a little longer but is excellent.

You've written papers on robotics. What is the place for the robot?

Robotic surgery is the most modern development of endoscopic surgery. It's just a model of development and will go further. At present, the machine (the Da Vinci) is big and costly. In Kiel, we have a centre for conventional laparoscopic and robotic surgery. We also have trainers for the Da Vinci, Cambridge and Swiss robots. Today we compared these, and Da Vinci still leads the way in ease of management and softer movements. In the next 15 years, there will be smaller machines, better development, three-dimensional vision and forced feedback. In the past, laparotomy went to laparoscopic surgery - this new development will offer more precision and better results. We have to go with technological development.

As one of the pioneers of laparoscopic surgery, you perform many different operations - what do you think is the most difficult?

In gynaecological oncology, we have these different layers when we do nerve-sparing surgery. We get into the retroperitoneum and see the vessels and the lymph nodes, and today we also see the nerves, which we couldn't visualise 20 years ago. It is possible to do this today - we have a much better chance to do good surgery and treat our patients with modern technology. A study for cervical cancer showed that open surgery offered longer survival and less recurrence. However, other papers have shown that actually, the outcomes are similar. We found the reason why this occurred. In addition, endometriosis surgery is complicated, so these two would be the most challenging ones.



You have many publications - what is the most important study you have done?

This would take too long to reflect! Perhaps the study I did investigating the origin or aetiology of endometriosis. We compared different patients and their stories. That really provided some understanding of how endometriosis can start - it also went into a good journal!

How will minimal access surgery change in the next ten years?

It will be THE surgery for everyone; there will be few operations where we do big cuts. Imaging will be brought into the body, so we can really understand the tissue behind what we can see. We can perform a more precise excision, which is crucial in cancer and endometriosis surgery.

This IS artificial intelligence and augmented reality. We can see and understand what we need to leave in to be least aggressive but do the best excision required. We need to keep the physiology but remove the pathology.

How do you encourage trainee development?

This starts in medical school. In Kiel, 80% of students go into training in the endoscopic department for urology, gynaecology and surgery. This is not a special field but a general study as it shows you your manual skill. Students can decide whether they want to do more conservative or surgical treatment - it allows recognition of their potential.

What tips and tricks do you have for us to improve as surgeons?

We have to really train and look at videos and see how we can get the results. It is necessary to look at your mistakes and understand what you did so you don't repeat them.

Our intelligence can bring us ahead in medicine, but surgery is also about manual skill. Some have it; some don't! You can improve-but some can't and shouldn't even try!

You have achieved many wonderful things in your career. What is the achievement of which you are most proud?

My children! But also my students. The present director of our department was actually my student - Dr Alkatout. He is such a clever, good, and practical surgical boy. I'm proud to see him succeed; I find it like having trained one of my children. None of my children went into medicine - they all went into law! So, teaching my students is my proudest achievement.



Mez Aref-Adib
Interviewer



Ben Mondelli
Interviewer



BSGE News



BSGE Elections 2023

It's BSGE election time again! Launching the 2023 elections BSGE President Andrew Kent said:

“The planning for our ASM in Manchester is moving on a pace thanks to Sujata and her team. The Society Annual General Meeting is scheduled for the Thursday evening, which is when I will announce the new or returning members of BSGE Council.”

This year there are three senior positions available for election, along with two positions for specialist nurse representatives -Nurse Hysteroscopist and Endometriosis CNS and one post for a trainee representative.

Current holders are eligible to reapply, apart from the trainee representative position. Andrew encouraged members to apply and use their votes wisely:

“Please consider putting yourselves forward. Alternatively please vote when the time comes. It is your Society so please help influence its future.”

Nomination forms are available to download on the BSGE website. Please return completed forms by email to bsge@rcog.org.uk arriving by midday Monday, 6th February 2023.

With your nomination form, please submit a digital photograph and a short statement (maximum of 250 words) about why you are a suitable candidate and what your plans are for the post. These will be displayed on the website and sent by email to all BSGE members.

The important dates to remember:

Online elections start on Monday, 13th February

Election closes on Monday, 13th March

Results to be announced at the BSGE AGM 2023 on 20th April

Andrew Kent, BSGE President



Portfolio Reports

Information resources portfolio report

I have worked with the Information Resources subcommittee members: Gina Michel, Ben Mondelli and Mo Al Kharfan to increase engagement and drive information sharing.



Webinars

The corporate and BSGE webinars remain very popular. We hold monthly sessions usually on the last Wednesday of the month between 6-7pm. We have had 140 – 750 delegates registering with BSGE Webinars. Episode 20- ESHRE Endometriosis Guideline 2022 - What's new? And BSGE/ F&S Webinar- Episode 22- Non-invasive diagnostic approaches for endometriosis attracted the highest number of registrations. Between 66 – 418 login and watch live with the highest number being the session on the ESGE Endometriosis Guideline 2022. The sessions are subsequently available on the website for members to access, so check out the site if you missed one. For 2023 we plan to continue to run a monthly programme and have lots of exciting topics and speakers lined up!

Podcast

“BSGE Uncut” will be re-launched with the new podcast team of Ben and Mo in April 2023. They are in the process of recording and plan to release a podcast every month. The sessions will feature interviews, journal club, debates and discussion.

Social Media

Our Instagram @theBSGE has been really well received so far, with over 1200 followers and continuing to grow. In April we had three Instagram live events with patient support groups, we released informative videos and will continue to develop and grow our presence in 2023.

Please get in touch with suggestions for webinar and podcast topics and any themes or contacts for combined webinars.

LinkedIn

The BSGE now has a LinkedIn page. Please join us on <https://www.linkedin.com/company/thebsge>

Join the Information Resources subcommittee

We are looking to recruit a consultant member to the Information Resources Subcommittee. We are looking for a BSGE member who is keen to organise and co-host the webinar programme as well as develop the podcast. Contact bsge@rcog.org.uk if you're interested in joining the team.

Rebecca Mallick MBChB MRCOG

Chair – Information Resources



Portfolio Reports

Laparoscopic Training

I have worked with my excellent subcommittee members:

- Jessica Preshaw
- CP Lim

We also recruited two new members, who I'd like to welcome to the portfolio:

- Angharad Jones
- Helene Hoyte

Helene has now completed her training in the UK and has returned home to Trinidad. We are very jealous. We thank you for your hard work during your short time as sub-committee member and wish you the best for a career in O&G in the Caribbean.

In 2022 we ran the Joint RCOG/ BSGE Benign Abdominal Surgery Course on 11/12th May and 17/18th May. It was a success with 98.2% of delegates reporting that the course met their personal development needs, a figure > 5% higher average than the average for all 2020 RCOG courses. 87.5% of delegates felt their practice would change as a result of attending this course (> 5% higher average than average for all RCOG 2020 courses to date)

We plan to run the next course on 20-21st and 26-27th Sept 2023

Addressing RCOG training

We represented the BSGE on the RCOG committee developing 'Lap Sim model' to help support deanery level training programme development, currently under review at RCOG.

RIGS Hubs National training programme

The 2022 RIGS Hubs training was very successful, we now look forward to an equally rewarding 2023 where we again hope to run the



programme for the 3rd consecutive year. I look forward to catching up with as many of you as possible in Manchester in April.

Donna Ghosh

Laparoscopy Training Portfolio Chair

Endometriosis Centre Portfolio Report

Arvind Vashisht, Endometriosis Centre Portfolio Chair updates The Scope on developments:

It has been a busy time of the year for the Endocentres Portfolio, particularly as the work around data and video collection reaches a crescendo towards the December 31st deadline. The work of case analysis and video reviews is now ongoing and I hope that there are many successful accreditation awards. I know quite a few centres have struggled with caseload this year due to restrictions on practice and consideration is being given to this.

Very soon, we will be undergoing what is likely to be one of the biggest shake-ups of the database for many years with a revamping of the questionnaire. All of this has been put together with some considerable time, effort and thought by the subcommittee members, Justin Clark, Neelam Potdar, Oli O'Donovan, Jon Hughes, Dominic Byrne, and Lucky Saraswat.

We hope to announce these changes at the forthcoming ASM along with other exciting Endocentre matters. I look forward to seeing many of you in Manchester.

Arvind Vashisht

Endometriosis Centre Portfolio Chair



Portfolio Reports

Hysteroscopy Portfolio Report

2022 was a busy year for the portfolio. We organised a BSGE Hysteroscopy workshop on 9th and 10th June at the Karl Storz Training Centre in Slough. I worked together with the new course organisers Amelia Davison, and Shilpa Kolhe. We also ran BSGE/RCOG Hysteroscopy course on 13th October (virtual lecture day) and 20th October 2022 at RCOG, London.



We communicated about the GIRFT program which attracted some social media attention from the Campaign Against Painful Hysteroscopy group, who are concerned that our GIRFT national report for maternity and gynecology (2021) mandates for hysteroscopy to be performed in an outpatient setting. We have supported the NHS England and the GIRFT program with the following statement:

GIRFT hysteroscopy position statement

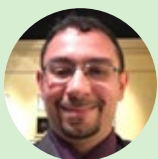
We are aware of the concerns of the Campaign Against Painful Hysteroscopy group over a recommendation relating to hysteroscopy procedures in the Getting It Right First Time (GIRFT) national report for maternity and gynaecology services (2021). We'd like to make it clear that while our report recognises the national shift to an outpatient setting for hysteroscopy procedures, we fully support and align with the current advice of the Royal College of Obstetricians & Gynaecologists (RCOG) and British Society for Gynaecological Endoscopy (BSGE) that all patients should be offered from the outset the choice of having their hysteroscopy performed as a day case under general or regional anaesthetic. Our national report was written in consultation with a range of professional stakeholders, including RCOG and BSGE, to help improve women's choice and their experience of the NHS. It illustrates levels of activity which could be achieved in the most appropriate setting for hysteroscopy and other procedures, but does not make those levels mandatory. While some GIRFT recommendations may be adopted as national policy, our key aim is to provide helpful guidance to NHS staff dedicated to improving the delivery of services.

In 2023 we are running:

- Hysteroscopy pre-congress at Manchester 2023 on the 19th April 2023
- Hysteroscopy workshop dates for 2023 (June and October)

The Hysteroscopy portfolio subcommittee

I am happy to welcome new subcommittee members to the hysteroscopy team, I would like to thank them all for their support and hard work.



Oudai Ali
Consultant at
Epsom and St Helier
University Hospitals



Rowena Sharma
Consultant
Obstetrician and
Gynaecologist Aneurin
Bevan University
Health Board



Amelia Davison
Consultant, Homerton
Healthcare NHS
foundation Trust



Shilpa Kolhe
Consultant
Gynaecologist,
University Hospitals
of Derby and Burton



Caroline Bell
BSGE Nurse
Hysteroscopy Chair
and the lead for
hysteroscopy for
North Cumbria



Portfolio Reports

BSGE Hysteroscopy Web Page

The team has worked hard to update the Hysteroscopy Portfolio information on the website to ensure it contains all the details of the team, the portfolio, BSGE statements, key research, courses and lots of pictures of hysteroscopy training in action!

BSGE statement on outpatient hysteroscopy

Outpatient hysteroscopy is a commonly performed investigation and offers an invaluable advantage of direct visualization of any abnormality within the uterine cavity. It's a safe, simple, and quick technique which is well accepted by most of the patients.

There are also hysteroscopy services organised to enable progression to 'see-and-treat' in a single setting which allow treatment of endometrial pathology and spares patients major surgical intervention.

However, it is extremely important that women are offered, from the outset or during the procedure, the choice of having the hysteroscopy performed as a day case under general or regional anaesthetic.

In any case, we need to ensure that hysteroscopy is performed to the best practice, including detailed information of the procedure to the patient with discussion of the possible alternatives, administration of appropriate analgesia and reduce the discomfort to the minimum with mini hysteroscopes and using a 'no-touch' approach called vaginoscopy.

BSGE is driven to improve quality in the hysteroscopy service, looking at patient experience and satisfaction and had an essential role in developing a women-centred outpatient hysteroscopy patient satisfaction survey.

You can download Outpatient Hysteroscopy – Patient Satisfaction Survey Questionnaire in pdf by [clicking here](#).

National data has been collected to benchmark outpatient hysteroscopy in the UK with the aim to optimise women's experience and improve the quality of the service.

**EJOG paper- Benchmarking services in outpatient hysteroscopy (OPH):
A quality improvement project is available in pdf to download by [clicking here](#).**

BSGE – hysteroscopy workshops

BSGE focuses on promoting training in minimally invasive surgery and gynaecology and provides several workshops and a lecture day on hysteroscopy every year. Those are generally planned in May/ June and October/ November.

The lecture day covers a range of theoretical and practical demonstrations of both diagnostic and operative hysteroscopic surgery. This includes current and future developments in hysteroscopic procedures, new energy forms, innovative ambulatory surgery and the role of hysteroscopy in the management of abnormal uterine bleeding and fertility. The workshops cover diagnostic hysteroscopy; endometrial polypectomy using mechanical instruments including fine scissors, snares, graspers and hysteroscopic tissue shavers; resection of endometrium and sub-mucosal fibroids; global endometrial ablation using non-hysteroscopic devices.

Portfolio Reports

BSGE – Hysteroscopy Gallery



Research – standard – benchmarking

Courses – in May/ June & October/ November. This last one includes a day of lectures

BSGE Sub committee – Oudali / Shilpa / Amelia / Rowena

Statement and GIRFT update

Contact – if have ideas and you want to be part of the sub committee,
please contact Nadine.didonato@gmail.com

Nadine Di Donato

Chair of Hysteroscopy Subcommittee



Portfolio Reports

GESEA Certification Report

I continued to work closely with my subcommittee members: Ertan Saridogan, GESEA director UK and Andrew Pearson.

We ran a GESEA course and certification from Nov 21st to 23rd. Going forward we plan to hold four courses a year. We will map the courses out with industry for 2023 and hope to hold the courses at either DLCU Storz training facility or the Hallam Conference Centre.

GESEA robotic pathway has now been introduced and is being led by Prof F Fanfani. It comprises of GESEA level 1 and 2 certification, similar to the laparoscopic pathway. For level 2 we have introduced some specific robotic exercises. The pathway is being run in conjunction with SERGS.

GESEA was recently awarded €2 million European grant for laparoscopic simulation training. GESEA serves as a good metric for simulation training, is validated and widely recognized. In view of this I plan to investigate the potential for applying for future grants in UK to help support GESEA certification and laparoscopic gynaecology simulation training in the UK.

Karolina Afors

Chair – Subcommittee, reports on progress in GESEA Certification



Ertan Saridogan



Andrew Pearson

Awards and Bursaries Portfolio Report

In the Awards and Bursaries committee we have been successful at increasing the subcommittee size and representation. We would like to welcome Kerry Mitchell (Advanced Nurse Practitioner) and Rebecca Karkia (Clinical Research Fellow).

Wishing everyone a very happy new year!

Martin Hirsch

Awards and Bursaries Portfolio Chair



Kerry Mitchell
Advanced Nurse
Practitioner



Rebecca Karkia
Clinical Research
Fellow

Portfolio Reports

Website and Digital Governance Portfolio Report

Zahid Khan, reports on developments within the portfolio:

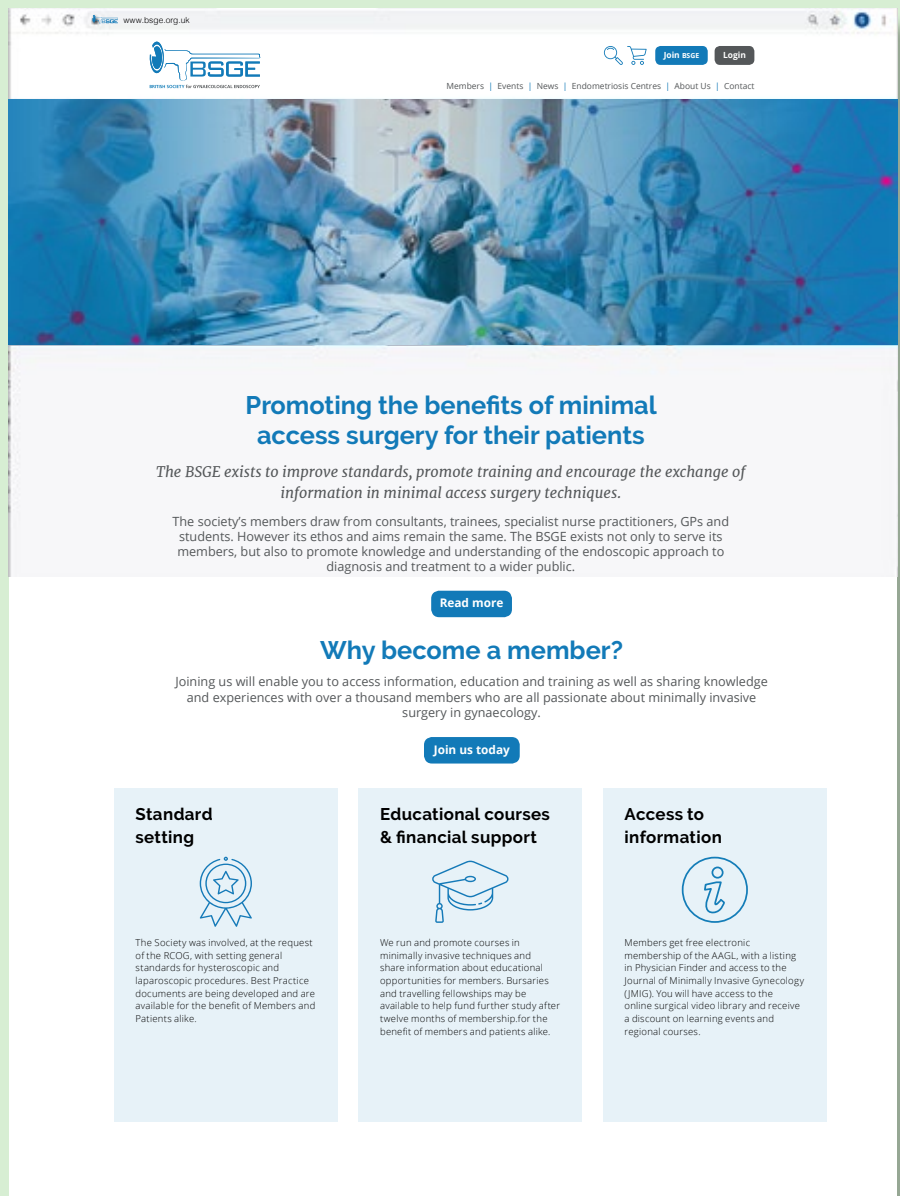
I have worked together with Atia and Colin Porter from Akiko to finalise the infrastructure of the new BSGE website. We have also had meetings with Sallyann, the BSGE graphics designer, to imagine the look and styling of the new BSGE website. The BSGE Brand Guidelines have been drafted and will be finalised shortly.

Going forward, Atia Khan and Fevzi Shakir and I will meet with Akiko to draw a roadmap of deadlines to be met before the launch of the new website. We hope to launch the new BSGE website soon in the new year, in time for the Annual Scientific Meeting in Manchester.

Zahid Khan

Chair – Website and Digital Governance

Proposed design in line with BSGE Brand Guidelines using consistent fonts, graphics and imagery to match all BSGE literature





The RIGS team is hard at work preparing for ASM 2023 in Manchester. In keeping with the conference theme we'll be 'Bringing talent and technology together' at the RIGS courses and sessions.

We will have trainees dedicated sections of the ASM 2023 and also the courses like the RIGS intermediate laparoscopy pre-congress workshop on Wednesday 19th April, this will be followed by the RIGS dinner at the Impossible Bar in Manchester, where we'll have a renowned speaker.

RIGS Dinner

The BSGE RIGS dinner is always popular. This year it takes place at Manchester's Impossible Bar, a whimsical nightspot serving Asian street food-inspired pub grub. It's on 19th April 2023 from 19.15-00.00 and tickets are subsidised, costing just £25 a head.

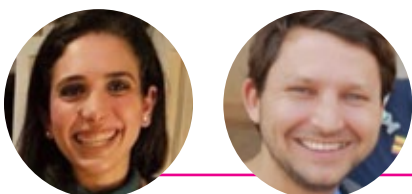
The BSGE dinner is on the same night, so after dinner we can all get together, enjoy cocktails and maybe challenge our colleagues to a karaoke contest!

Suturing competition

We are excited to run the suturing competition for the first time at the BSGE ASM 2023 with the aim of strengthening training in minimal access surgery amongst trainees. The winner of the competition will be awarded the Golden Needle Holder.

In addition, we are running the trainee video presentation during RIGS session at the BSGE ASM 2023. This will give trainees a platform to showcase their own surgical skills on a national level.

A promotional poster for the RIGS Dinner at ASM23. It features the RIGS logo at the top, followed by 'ASM23 RIGS DINNER' in large blue and pink text. Below this, it states 'On 19th April 2023 at 19:15' followed by 'Followed by Karaoke at 21:00' and 'At Impossible Manchester, 36 Peter St, Manchester M2 5QR'. A 'Guest speaker: Prof T. Justin Clark' is mentioned with the quote 'Expanding the horizons of ambulatory gynaecological surgery'. A circular inset shows a photo of Prof. Clark. Another circular inset shows the interior of the Impossible Bar. A blue circle with white text says 'Ticket £25'. At the bottom, logos for BSGE (British Society for Gynaecological Endoscopy), ASM23 (Annual Scientific Meeting), and Impossible Bar are displayed.



*Lina Antoun and Mikey Adamczyk
BSGE Trainee Representatives*



Nurse Specialists

Endometriosis CNS Portfolio Report

Hello 2023, we all look forward to new opportunities, experiences and challenges!

We faced many of these in 2022 which has seen services returning and becoming more accessible whilst establishing processes to address long waiting lists and implementing services to support girls and women whilst they wait. Some changes implemented due to the impact of the pandemic do remain and have enabled new ways to deliver services and care closer to home.

Through the leadership of Gilly Macdonald, the Endometriosis CNS subcommittee have continued to facilitate, support and provide opportunities to develop for all Endometriosis CNS's. The ASM 2022 pre congress study day was well attended, and the feedback was so positive that this enabled a further study day in London in September 2022. This again was very well attended. Nurses travelled from England, Scotland, Wales, Northern Ireland and we met the very first Endometriosis CNSs from Dublin, Ireland. The day was full and varied covering many topics and ideas to implement into practice. As well as these days the Bitesize online events continue which gives us opportunities to network, discuss cases, focus on specific topics and just be there for each other.

In Wales the role of the Endometriosis CNS to develop services for care and pathways through Primary and Secondary care continue to be well received. Each Health Board in Wales has an identified CNS and all have implemented new clinics and supported girls and women with access to services and information. This service development can only improve with the Welsh Government's 10 year Women's Health Care plan, due soon.

Through 2022 we saw implementation of BSGE endometriosis CNS role recommendations from 2021 to support the Endometriosis CNS role. These covered aspects of banding, time commitment for service development and delivery, supporting NICE and RCN guidelines for this role and continuation of the mentorship programme. These recommendations identify core and advanced skills and knowledge of this complex role and further implementation of this will be our focus for 2023.

Please feel free to become more involved. There are opportunities to share your knowledge and experience by submitting papers and presenting at the ASM in Manchester. There are also opportunities with the Bite Size sessions, study day events and the many local, national and international research projects.

Please feel free to contact any of us. We welcome ideas/suggestions of how we can help and support our colleagues, and, also let's share our achievements and what we have done well!



Gilly Macdonald
Endometriosis CNS
Portfolio Chair



Claudia Tye
Endometriosis CNS
Guys and St Thomas
NHS Trust



Liz Bruen
Endometriosis
Nurse Specialist,
Cardiff, Wales



Jenny Shaw
Endometriosis CNS,
Swansea, Wales



Nurse Specialists

Nurse Hysteroscopy Portfolio Report

I worked closely with my great team of subcommittee members:

- Suzanne Taylor
- Dennis Casayuran
- Michelle Clarke

I am pleased to announce that the BSGE Operative Hysteroscopy Logbook is now available. I'd like to say a special thanks to Atia Khan for her support in achieving this.

The team continues to support the University of Bradford course, giving two presentations and helping on the practical station. This engagement is very useful because not only do we get new members, but also the students get to learn about the BSGE and what it has to offer.

We continue to support the excellent BSGE RCOG hysteroscopy workshops.

Our plans for 2023 include preparing for the pre congress hysteroscopy workshop in Manchester on April 19th. We'll be bringing 'Talent and technology together' in line with the conference theme.

We also aim to ensure the Operative Logbook is rolled out, so all members are aware of its use, we are also planning theory and practical workshops.



Caroline Bell

Nurse Hysteroscopists Portfolio Chair





BSGE Survey Section

Same day discharge following laparoscopic hysterectomy

Lina Antoun introduces a survey into discharge following laparoscopic hysterectomy

We're conducting a short survey looking at same day discharge (SDD) following laparoscopic hysterectomy which we hope will illustrate some common practices, differences and potentially even heated debate about how to optimise this Quality Improvement Initiative in the years to come.

Your input would be appreciated.

Click the button below to start the survey. Thank you for your participation!

[Access the survey here](#)





Upcoming Events

Nadine di Donato rounds up the courses and conferences to put in your diary

8th Edition ENDO DUBAI 2023

Start Date: 24 February 2023
End Date: 26 February 2023
Where: Dubai, United Arab Emirates

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

2023 Best of ESHRE and ASRM

Start Date: 02 March 2023
End Date: 04 March 2023
Where: Dubai, United Arab Emirates

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

Endometriosis and uterine disorders: Strategic management & challenges in the new millennium (SEUD 2023)

Start Date: 16 March 2023
End Date: 18 March 2023
Where: Dubai, United Arab Emirates

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

Molecular Fingerprints of Endometriosis: Translation for a New Standard of Care

Start Date: 01 April 2023
End Date: 02 April 2023
Where: Einhorn Auditorium, Lenox Hill Hospital, NYC

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

BSGE ASM23 Pre-congress workshop Endometriosis Nurse Training Day

Start Date: 19 April 2023
End Date: 19 April 2023
Where: Private Room 4, The Edwardian, Manchester Hotel, Peter Street, Manchester, M2 5GP

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

BSGE ASM23 Pre-congress workshop Hysteroscopy Workshop

Start Date: 19 April 2023
End Date: 19 April 2023
Where: Charter Room 4, Manchester Central, Petersfield, M2 3GX

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

BSGE ASM23 Pre-congress course RIGS Intermediate Laparoscopic Course

Start Date: 19 April 2023
End Date: 19 April 2023
Where: Charter Room, Manchester Central, Petersfield M2 3GX

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

BSGE ASM23 Pre-congress workshop Da Vinci Surgery Workshop

Start Date: 19 April 2023
End Date: 19 April 2023
Where: Charter Room, Manchester Central, Petersfield M2 3GX

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

BSGE ASM23 Pre-congress workshop Transcervical Fibroid Ablation (Sonata Treatment)

Start Date: 19 April 2023
End Date: 19 April 2023
Where: Charter Room, Manchester Central, Petersfield M2 3GX

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

BSGE Annual Scientific Meeting 2023

Start Date: 20 April 2023
End Date: 21 April 2023
Where: Manchester Central

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



4th Global Congress on Hysteroscopy (GCH)

Start Date: 26 April 2023
End Date: 28 April 2023
Where: Barcelona, Spain

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

35th International Society of Gynaecology Endoscopy (ISGE 2023) Annual Meeting + 10th Indonesian Gynaecology Endoscopy Society (IGES)

Start Date: 24 May 2023
End Date: 27 May 2023
Where: Bali, Indonesia

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

15th World Congress on Endometriosis (WCE 2023)

Start Date: 3 May 2023
End Date: 6 May 2023
Where: Edinburgh, Scotland

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

GYNITALY 2023

Start Date: 07 May 2023
End Date: 10 May 2023
Where: Rome, Italy

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

15th Annual meeting on robotic gynaecological surgery (SERGS 2023)

Start Date: 8 June 2023
End Date: 10 June 2023
Where: Athens, Greece

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

RCOG World Congress 2023

Start Date: 12 June 2023
End Date: 14 June 2023
Where: London, UK

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

European Society of Human Reproduction & Embryology - 39th Annual Meeting (ESHRE 2023)

Start Date: 25 June 2023
End Date: 28 June 2023
Where: Copenhagen, Denmark

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

11th Asian Conference on Endometriosis (ACE 2023)

Start Date: 25 September 2023
End Date: 26 September 2023
Where: Manila, Philippines

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

24th European Gynaecological Oncology Congress (ESGO 2023)

Start Date: 28 September 2023
End Date: 1 October 2023
Where: Istanbul, Türkiye

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

XXIV FIGO World Congress of Gynaecology and Obstetrics (FIGO 2023)

Start Date: 9 October 2023
End Date: 12 October 2023
Where: Paris Convention Centre

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

79th ASRM Scientific Congress & Expo (ASRM 2023)

Start Date: 14 October 2023
End Date: 18 October 2023
Where: New Orleans, LA USA

33rd World Congress on Ultrasound in Obstetrics and Gynaecology (ISUOG 2023)

Start Date: 16 October 2023
End Date: 19 October 2023
Where: Seoul, South Korea

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

ESGE 32nd Annual Congress (ESGE 2023)

Start Date: 1 October 2023
End Date: 4 October 2023
Where: Brussels – Belgium

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

52nd Global Congress on MIGS (AAGL 2023)

Start Date: 5 November 2023
End Date: 9 November 2023
Where: Nashville, Tennessee

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

15th Congress of the European Society of Gynaecology (ESG 2023)

Start Date: 29 November 2023
End Date: 2 December 2023
Where: Amsterdam, Netherlands

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



2023 Ethicon BSGE Laparoscopic Gynaecology Program for ST5+

2023 Ethicon BSGE Laparoscopic Gynaecology Program for ST5+

Overview

The Laparoscopic Gynaecology Programme, established by Ethicon in partnership with The British Society for Gynaecological Endoscopy, offers a pathway designed to allow trainees to enhance the skills of a laparoscopic surgeon, including knowledge and techniques to perform advanced laparoscopic procedures and refine professional/leadership skills. To continue to deliver high quality education in 2023, a large proportion of the program will use digital and virtual technologies. There will be 12 places nationally.



Module 1: Clinical Skills Masterclass
MATTU, 30th - 31st March, 1.5 days

This first session will focus on establishing your key learning objectives and refining your Leadership & Professional Skills. We will also provide workshops on the science and clinical evidence of surgical products and equipment and dedicated laparoscopic suturing practice.

You will also have exclusive access to live surgery on techniques in GYN surgery and discussions on managing complications.



Module 2: Virtual Practical Skills
TBC - April to May

You will be provided with high fidelity Inovus Augmented Reality simulators for a 6-week period to practice laparoscopic and suturing skills. We will also give you access to a learning schedule and online materials/tutorials to support this self-guided learning.



Module 3: Cadaver Masterclass
NSTC, 22nd June, 1 day

Cadaveric surgery to deepen knowledge of laparoscopic gynaecological procedures, techniques, disease states and managing complications. Assessment and feedback from faculty on Inovus lap skills and technical knowledge.



Module 4: Ongoing Support and Mentoring

You will be partnered with one of the faculty for ongoing mentoring – culminating eventually with an Ethicon proctorship when you begin your consultant career. You will also be given priority for future Ethicon educational courses and initiatives and introduced to your local rep who will support you with ongoing local product training.

Application

This programme is for fully paid trainee members of the BSGE. Please send all applications through to jralph1@its.jnj.com by **Friday 27th January 2023**. Successful candidates will be notified **WC 30th January 2023**. The BSGE and Ethicon would like to make this programme available to as many trainees as possible. Therefore, if you have attended an Ethicon/BSGE or Olympus/BSGE ST5+ programme in the past you are not eligible to apply for this programme. We receive over 100 applications per year for this program so unfortunately we will not have capacity to provide individual feedback for unsuccessful candidates.

For your application to be considered you must provide us with the following via email titled "Ethicon BSGE Program 2023":

- A covering letter stating why you should be considered for the course (1000 words max)
- Your current detailed CV
- A letter of recommendation from your current supervisor

ETHICON

*Travel & accommodation expenses will be subject to T&Cs which will be later communicated

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OLYMPUS



Advance your Knowledge & Skills: Hands-on Learning Pathway for Laparoscopic Hysterectomy & Retroperitoneal Surgery

Apply now for a place on this multi-modular education programme

Time	Programme	
Module 1: 25 April	Online Evening Seminar: Introduction to Faculty & Essentials of Anatomy Webinar	Open to all BSGE Members
Module 2: 3 May	Online Evening Seminar: Hysterectomy - A Personalised Approach	Open to all BSGE Members
Module 3: 16-17 May	Suture & Dry Skills Day in Olympus UI HQ	Programme Participants Only
Module 4: 6 June	Online Evening Seminar: Tips & Tricks for Successful TLH	Programme Participants Only
Module 5: 21-22 June	Hands on Cadaveric Training with focus on Retroperitoneal Surgery	Programme Participants Only
Module 6: 18 July	Online Evening Seminar: Complication Avoidance & Management with Hysterectomy	Open to all BSGE Members



Faculty

Dr Chris Hardwick
Queen Elizabeth University
Hospital Glasgow

Ms Smruta Shanbhag University
Hospitals Coventry & Warwickshire
NHS Trust

Mr Mohamed Mabrouk
Cambridge University Hospitals
NHS Foundation Trust

Mr Fevzi Shakir
Royal Free London NHS
Foundation Trust

Miss Jessica Preshaw
North Bristol NHS Trust

Mr Shaun McGowan
Belfast Health & Social Care Trust

Dr Veenu Tyagi
Queen Elizabeth University Hospital
Glasgow

This programme is for fully paid trainee members of the BSGE. Please complete the online application form by Tuesday 31 January 2023. Successful candidates will be notified by Friday 24 February 2023. Delegates when applying must have approval from their Trust to attend this programme and have the relevant study leave approved in principal. Delegates must be available for all of the above dates. Attendance at all modules is mandatory. The BSGE would like to make this programme available to as many trainees as possible. Therefore if you have attended an Ethicon/BSGE or Olympus/ST5+ programme in the past you are not eligible to apply for this programme. If you have any queries about the programme please contact sarah.seilly@olympus.com

Applications should include:

- A covering letter stating why you should be considered for the course (1000 words max) and your commitment to complete all home learning elements of the course
- Your current two page CV as a PDF
- A letter of recommendation from your current supervisor as a PDF

OLYMPUS CONTINUUM

Disclaimer - NMBI approve CPD (short or online) courses and may allocate a number of Continuing Education Units (CEUs) for courses, as appropriate. This approval is based on the information provided by the applicant. NMBI does not take responsibility for the quality of the content at the point of delivery/ implementation. It is the responsibility of the course providers to ensure that academic governance and standards are reflective of NMBI requirements for their courses, in accordance with the organisation's policies and procedures which underpin evidence based practice.

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