

THE SCOPE

Newsletter of the British Society for Gynaecological Endoscopy

BSGE news...

A tribute to Chris Sutton

Our biggest issue to date including all the latest news...

ASM23 Roundup

Menstrual Health Coalition update

**The Scope meets...
Carla Cressy**

**Plus all the usuals,
events, portfolios
and more**



BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

Welcome

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

Message from the Editor



Dear fellow BSGE members, welcome to the 22nd edition of The Scope and our biggest issue yet!

I, for one, am still recovering from the very successful Manchester Annual Scientific Meeting. The conference did indeed bring technology and talent together. This fact is demonstrated by your feedback. As a society, the BSGE continues to grow from strength to strength.

In this issue of The Scope we include some excellent contributions from our members. Mez Aref-Adib presents the prize winners, Ihuoma Chizzy Kejeh, an ST4 trainee from Harrogate, presents 'The Gathering' highlighting her experiences at the congress, and Naomi Harvey from St Richard's Hospital, Chichester reports on the trends in presentations and abstracts.

Our President Andrew's address discusses where the BSGE stands on the recently proposed changes to training curriculum for our speciality. He also gives a well-rounded view of how good training should look.

Ranee Thakar, the recently elected RCOG president, gave the Alec Turnbull lecture featured in this issue, emphasising putting our patients at the centre of what we do, the need for lifelong learning, and developing a personal surgical toolbox.

The article on the 'In Memory of the Suffragettes' part of the congress is definitely worth reading. It reflects the perspectives of four gynaecologists and highlights the struggles of marginalised groups and where we should be heading in terms of gender equity and inclusion.

Our cover picture on this Scope celebrates the life, contribution and impact Professor Chris Sutton had on minimal access surgery in general and the management of endometriosis, in particular. Ray Garry, another leading light in minimal access surgery, gave a moving eulogy on Chris, one of the founding fathers of MAS and one of his best friends, during the congress, which is summarised in this issue.

Here at the BSGE, we put the patient at the centre of what we do. In this issue we feature an interview with Carla Cressy on her personal journey and the recent launch of The Endometriosis Foundation.

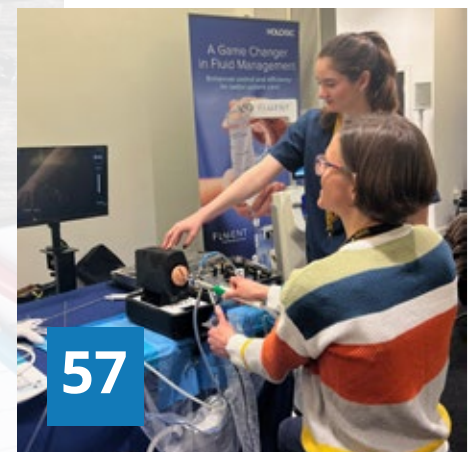
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President's Address

BSGE President Andrew Kent addressed delegates at ASM 2023 on training, the proposed changes to specialist training in gynaecology, and the importance of leadership. Delegates can watch his inspirational talk to the Exchange Auditorium online and the content is also included below:

In my address I'm going to focus on two subjects I am passionate about and that have really driven my career and my life; these things are training and leadership:

Training and training

At Raneer Thakar's Alec Turnbull lecture, she talked about training. In many ways, we're speaking from the same hymn sheet and that encourages me greatly because I'm hopeful that together we may actually be able to make changes going forward and actually improve surgical training in gynaecology from where we are now.

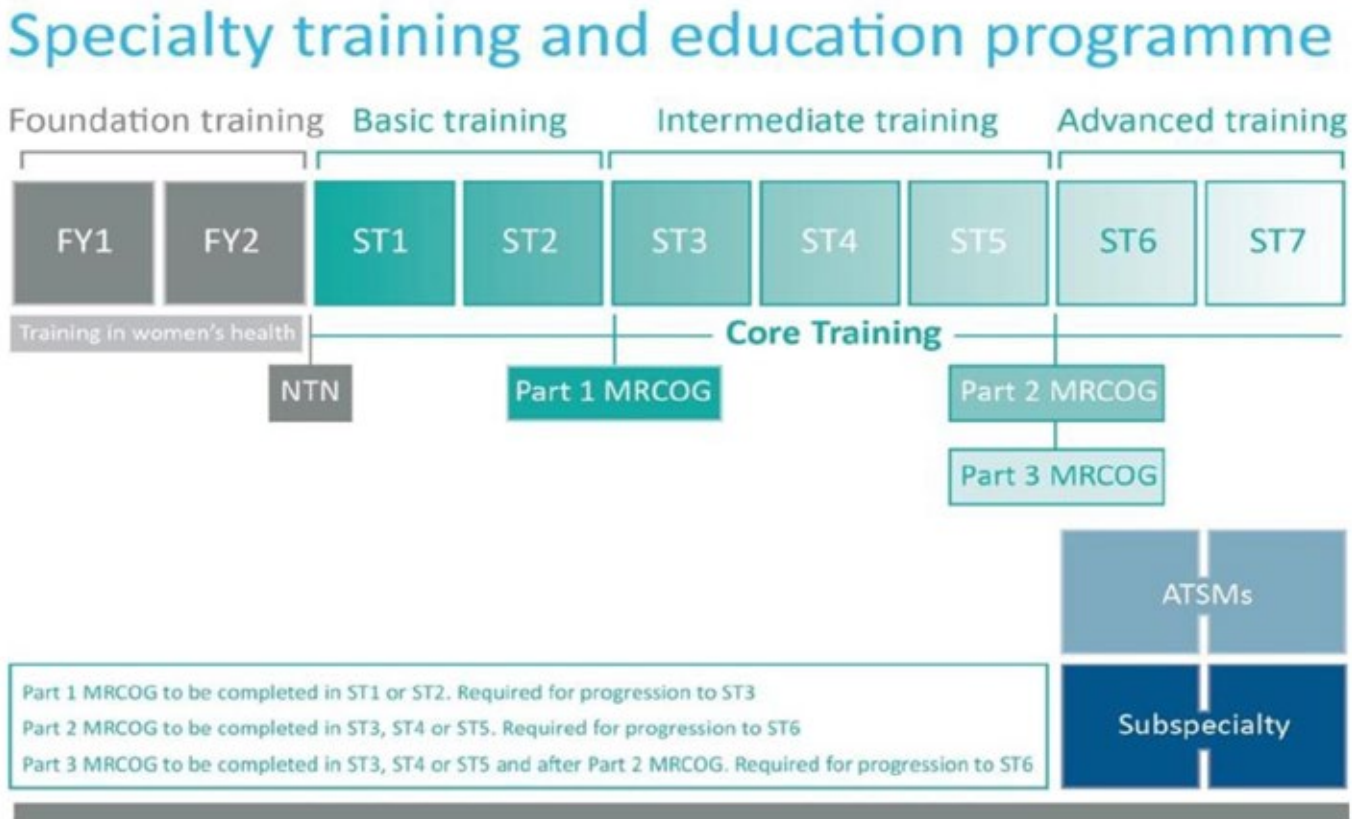
Training is important-and it's not just for trainees. It's training for the consultants, it's training for the trainers, and it's the trainers training the trainees. I've spent most of my career, particularly since I started at Guilford, training and teaching surgeons, paramedics, nurses, soldiers you name it.. It has been fascinating talking to everyone here in Manchester and discussing the proposed SITMs and the draft training programme. Many were unaware of the college proposals. So, I'm taking this opportunity to talk about specialist training.

[Find out more here](#)



This is what our speciality training education program is now:

Figure 1: The current structure of training in Obstetrics and Gynaecology



It's a run through from foundation training to ST1 up to ST7, with advanced training, the ATSMs, in the last two years -ST6 and ST7.

These are the current advanced training skills modules:

Gynaecology Advanced Training Skills Modules

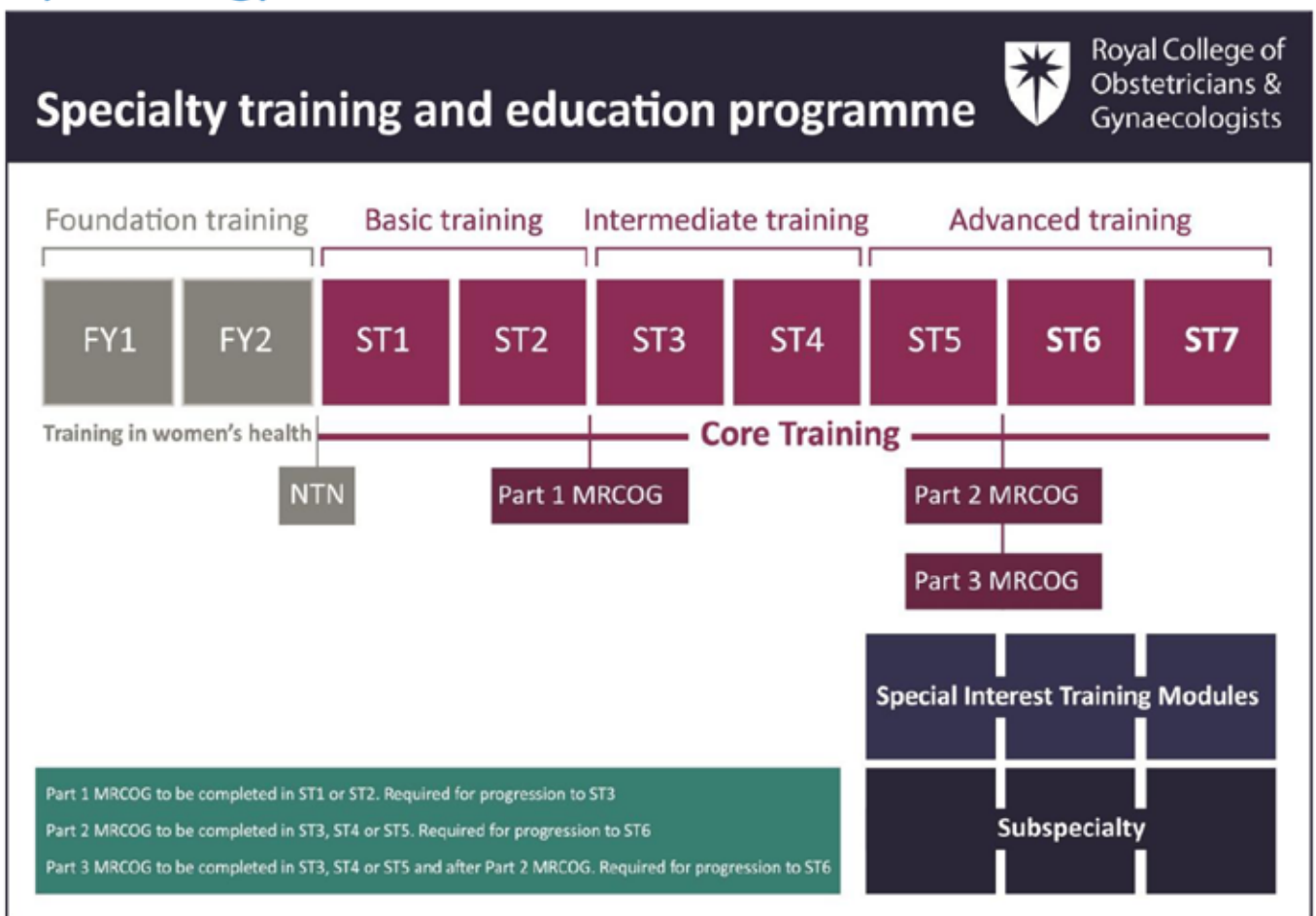
- Acute Gynaecology and Early Pregnancy
- Advanced Laparoscopic Surgery
- Benign Abdominal Surgery: Open and Laparoscopic
- Benign Abdominal Surgery: Hysteroscopy
- Colposcopy
- Menopause
- Oncology
- Paediatric and Adolescent Gynaecology
- Sexual Health
- Subfertility and Reproductive Health
- Urogynaecology and Vaginal Surgery
- Vulval Disease



What has always concerned me is that there are things in the ATSMs that are not really advanced training but actually basic or intermediate, particularly when it comes to surgical skills. I personally wouldn't regard some of the skills modules to do with laparoscopic and hysteroscopic surgery as advanced compared to, for example, complex surgery for endometriosis.

This is the new proposed structure for training and Obstetrics and Gynaecology:

Figure 2: The proposed structure of training in Obstetrics and Gynaecology



I think the basic training, ST 1 and ST2, is perfectly reasonable and the intermediate training, ST3 and ST4, makes total sense. Then you progress to advanced training -ST5, ST6 and ST7.

There has previously been talk about breaking the run-through, probably at the end of intermediate training before you move into advanced training, as happens in the Royal College of Surgeons and some of the other surgical colleges. There would be a break and you'd have to reapply for senior registrar posts with maybe streaming predominantly gynae or obstetric jobs depending on what you may ask. However, I understand that has been put on the back burner, for the moment, because the draft programme proposal is a little more complex and it's impossible to do everything at once.



Proposed changes to specialist training

The College are proposing that the ATSMs become Special Interest Training Modules or SITMs. For those who haven't seen the proposal, this is what featured in the draft document:

Gynaecology Special Interest Training Modules

- **Gynaecological Surgical Care** (includes skills and knowledge common to many areas of gynaecological practice, reflects the need for pre-operative planning consent, management of post-operative complications, includes Human Factors and the management of the theatre team, OSATS for both open and laparoscopic surgery; no major surgery as those aspiring to become gynaecological surgeons undertake either the Oncology Care, Endometriosis Care or Management of Subfertility SITM in addition to the Gynaecological Surgical Care SITM)
- **Endometriosis Care** (known as Advanced Laparoscopic Surgery)
- **Oncology Care**
- **Management of Subfertility**
- **Urogynaecology and Vaginal Surgery**
- **Management of the Endometrium** (known as Benign Abdominal Surgery: Hysteroscopy)
- **Paediatric and Adolescent Gynaecology**
- **Vulval Disease**
- **Colposcopy**
- **Menopause**
- **Safe Practice in Abortion Care** (already approved by the GMC and no changes made)
- **New: Complex Early Pregnancy and Emergency Gynaecology**
- **New: Chronic Pelvic Pain**
- **New: Robotic Surgery**

I think gynae surgical training has been weakened fairly consistently over the last decade or so. What concerns me is that the current proposals might actually weaken training further instead of strengthening things.

Looking at the SITMs in more detail: Gynaecological Surgical Care appears to hold a lot of content. Endometriosis Care (also known as Advanced Laparoscopic Surgery) is an interesting one- what about complex hysterectomy, for example? I assume Oncology Care is basically going to include the two-week rule care. Subfertility seems straightforward but I'm not sure about linking Urogynaecology and Vaginal Surgery. Let's face it, many of us that operate on endometriosis operate in the vagina, this may increase with vNOTES. As Raneer said in her talk yesterday, vNOTES is just vaginal surgery with a bit of laparoscopy thrown in! So, should that area be tucked away into just one discipline within our speciality?



Moving onto Management of the Endometrium (also known as Benign Abdominal Surgery: Hysteroscopy). That's even more interesting! Where's the myometrium, serosa, cervix and the fallopian tubes? The cervix will come into colposcopy-but not if you're removing all of it. When I looked into this in more detail, I think the myometrium was actually tucked away within Gynaecological Surgical Care- but there do appear to be some big gaps. One anomaly is the Robotic Surgery SITM. I've always regarded robotics as being like laparoscopic or hysteroscopic surgery; it's a generic tool, one of the skills we have in our surgical toolbox. You can use robotics in Gynaecology Surgical Care, Endometriosis Care, Urogynaecology and Management of the Endometrium. I wonder why robotics has been uniquely pulled out as a special interest module in its own right. I'm not against robots at all but it is a tool that can be widely used-I just wonder what these robotic surgeons are going to be doing?

BSGE Feedback to Proposed Speciality Training

As your Council and as your Officers we discussed the draft SITMs and fed back to the College. We came up with a proposal suggesting with slightly different groupings for the SITMs as follows:

Proposed SITMs by BSGE

1. Adnexal surgery including basic laparoscopy
2. Advanced MAS and endometriosis including advanced surgical techniques and robotics modules
3. Uterine disease including operative hysteroscopy
4. Outpatient gynaecology (scanning, hysteroscopy and associated techniques) including basic hysteroscopy
5. Colposcopy and vulval disease
6. Fertility
7. Menopause
8. Adolescent and paediatric gynaecology
9. Emergency gynaecology and complex early pregnancy
10. Safe practice in abortion care
11. Oncology unit specialist and 2 week rule
12. Urogynaecology unit specialist
13. Pelvic pain
14. Genitourinary medicine

I have no idea if anyone will take any notice of our feedback (THEY DID!), but it was reassuring speaking to Raneer Thakar. It looks as though, hopefully, there is going to be some engagement and we might be able to influence what finally comes out and goes forward (THEY HAVE AND I WAIT WITH INTEREST TO SEE WHAT COMES OUT OF IT).

We propose that basic gynaecology, laparoscopic surgery and hysteroscopic surgery should ideally be addressed in the core curriculum, but if not we should build them into adnexal surgery and hysteroscopy respectively.



Some of the skills based modules including advanced surgical techniques, vaginal surgery, open surgery, robotics, possibly pelvic pain are generic and by necessity fit into several SITMs. We proposed to remove SITM on robotic surgery altogether and include this as modules in other relevant SITMs.

It goes without saying that some of the SITMs are complementary including MAS/endometriosis and uterine disease or pelvic pain and outpatient gynaecology and colposcopy/ vulvoscopy.

Our general feeling was that while the actual content of the SITMs was very good, it is just they were arranged in an unusual and fragmentary way. Having been involved with surgical training for most of my career, I found it confusing and I know that one or two of the other Council members felt the same.

What should we be doing with surgical training in gynaecology?

This is where it becomes a bit personal. I feel that surgical training (I haven't looked at the obstetrics SITMs as it is not particularly relevant to this Society) should start as early as possible in our careers.

- 1. Basic training:** Basic training should be ST1 and ST2. It's only if you get exposed to specialist work early on that you'll develop a passion for it and want to take it further. I was really lucky both as an SHO and junior registrar. I ended up in the right places and by the time I'd completed year two as a registrar I was totally competent in transcervical resections of fibroids and the endometrium. There's always a little bit of luck, but there's a bit of planning too. You need to look at the jobs that you're going for, you need to identify the good opportunities and chase them.
- 2. Intermediate training:** You should be nailing intermediate skills in ST3 and ST4.
- 3. Advanced training:** Advanced training is ST5, ST6 and ST7. You're moving onto the more complex surgery, taking you up to the point where you can stand alone as a specialist.

Ranee talked about apprenticeships. At the moment we've lost the apprenticeship model to some degree. However, I'm a great believer in team building and leadership. I think we need to strive to bring those teams back together. You can build your skill set and learn a certain amount on trainers but at end of the day you need to stand with someone, learn it and do it. If you're standing next to a patient and doing an operation you need to be slick, you need to be efficient and you need to be safe.

What is actually possible? That's a tricky question, several things need to be sorted out if effective training is achievable within the time that we have available. I always tell trainees, who are serious in MAS or any speciality within gynaecology, that they need exposure to as much as possible in years one and two. Then you can work out what you want to specialise in ST3 and ST4. We've all been there, you've got to crack your obstetrics because that is going to be a significant part of our jobs, whether we like it or not! I only stopped doing obstetrics properly, 18 to 24 months ago. But you also need to decide where you want to focus.

Once you have decided what you want to specialise in, I don't think you have the time to do this in seven years working around 48 hours a week. I believe you need to take some time out- you could take a fellowship job or work overseas. Choose what you want to do, get the appropriate job and learn your craft and your trade. You can take time out before or after completing your training, there is really no rush to become a consultant.



Team Building and Leadership

When it comes to leadership, successful leaders have a style or a combination of multiple styles that they can adjust to the situation. Good leaders are capable of driving creativity. In essence, leadership is all about carrying people with you, so that they're working with you rather than against you. However, being an effective leader, doesn't always fit with being liked. Some leaders are loved by their teams, others are not but they can still be effective in getting things done. However, many leaders (and I'm sure you've seen some of them) are ineffective and use leadership styles that aren't suited to their persona and the people that they're trying to lead.

Leadership is often defined by results. We've all looked at results, how many operations you do, how quickly you're working through your waiting list. Leadership is about taking a group of individuals and turning them into a team that is capable of achieving results and reaching a common goal. You are given a command task and you need to pick up your team, sort them out and achieve the results. Effective leaders drive innovation and generally bring out the best in individuals and the group as a whole.

Leadership styles

I'm going to look at some different leadership styles to get you thinking about this fascinating subject:

Autocratic: The autocratic leader is aggressive, in control. They give little feedback but demand results. This style works well in the military, when decisions are about life and death. We work with life and death too, but I'm not sure this style is right for the NHS. However, it does have its place.

Laissez-faire: The complete opposite of autocratic leadership, with this style anything goes. The laissez-faire leader relies heavily on talent and the style lacks discipline and structure. Laissez-faire leadership can be great in creative environments.

Transformative: This can be an all-round effective approach. The transformative leader is charismatic, motivating and visionary. However, they require a good team to deliver results.

Hands-on: This style is collaborative and may sometimes involve the team too much. Hands-on leaders can get bogged down, so the style may not be effective when fast decisions required. However, when decisions are made they are often thorough and well thought through.

Transactional: These leaders lack the charisma seen in transformative leadership. The leadership is rewards based and results orientated. This straightforward leadership style often delivers consistent results.

I heard about the concept of Diminishers and Multipliers at a brilliant talk at the AAGL. Why not look at these leadership styles and see if they remind you of anyone?! You could also look at yourselves and see where you fit in.

The Diminisher

The Diminisher is an empire builder. They don't use the talent available because it's all about them. They can be tyrants that dominate the team and they can often stress people out. Diminishers tend to be know-it-all leaders who are bossy. They're usually the decision makers- it's definitely not a collaborative process, there's no debate and they micromanage every detail.

I'm sure we've all known leaders like that. I must admit, I've seen this in the NHS, the micromanager who does not have the ability to delegate and wants to control every detail. It definitely does not bring out the best in people and often pushes everyone away.



The Multiplier

In contrast, the Multiplier is a talent magnet. These leaders try and attract really good people and optimise their talent for the benefit of the team. They can be liberators who create space to allow people to develop. They may also act as a challenger to push and stretch the team's skill set.

I think this comes in to surgical training. As a trainer, you need to allow everyone to push that little bit further, while maintaining a backstop and not letting things go too far. I love it when I'm stretched in theatre because often you learn new things and you do new things.

The Multiplier may be a debate maker, they stimulate debate before making a decision, which can be effective but also slows things down. Another type is the investor who wants to give team members ownership, accountability and responsibility to do their job.

Finding your leadership style

When you're finding your leadership style, I think you need to focus on what you're doing and work hard to get returns. It's helpful to try different leadership styles in different circumstances, especially when you're starting out.

In surgery, you need to be really good at what you do. As a leader, you should aim to get the very best out of people. Be aware of your results and develop your leadership style just like you develop a surgical technique. You start out with a basic technique, then watch how other people do things and build your skills. Try a new technique, if you don't like it you can bin it. If you like it, you hang on to it. You can continue to develop your style and your surgical technique over your entire career.

To finish, I would like to think about what I would do now if I were a trainee. It's really difficult when you're working relatively short weeks, working in shift patterns and doing blocks of nights, and not really belonging to any particular team. There's no doubt that as a trainee In Obstetrics and Gynaecology, you definitely need to work hard to gain sufficient experience. However, there is a fair bit of time when you're not at work and there's nothing to stop you going in to theatre and watching stuff. I used to spend a lot of time doing that. The brilliant thing about what we do is that a lot of it is up on the screen. You can watch and learn just by being there.

I think you need to nail certain things when you're training, you've got to do the tick-box exercise. You have to go through that process, but you also need to be on the lookout for what is coming next and what you want to do with your career. Once you've got your basic and intermediate training under your belt, that's when you really need to focus. If you're particularly interested in learning your surgical craft, you need to consider taking some time out, focusing on what you want to do, and learning to do it to the best of your ability.

Thank you very much.



Mr Andrew Kent
BSGE President





ASM 2023 Manchester

‘Bringing Talent and Technology Together’

The BSGE Annual Scientific Meeting 2023 took place on April 20th and 21st in the thriving Lancashire powerhouse of Manchester. The Manchester meeting was initially scheduled for 2020; Conference Chair Sujata Gupta and her Local Organising Committee used true northern grit to battle through three years of COVID-related delays to hold what BSGE President Andrew Kent described as: ‘Probably the BSGE’s most successful ever ASM’.

The 2023 meeting put the pandemic firmly in the past and looked towards the future of minimal access surgery. The meeting saw a record number of delegates, over 700, including BSGE members and international colleagues working with industry partners to bring talent and technology together. As Past President Justin Clark said:

“Technology is key for surgery today. However good a surgeon you think you are, you need technologies to help you excel.”

Pre-congress courses

The conference theme, merging surgical skills and technological tools, was evident throughout the meeting. Many delegates got their conference off to an early start at the pre-congress workshops on Wednesday, 19th April. This year’s courses included robotic surgery with the DaVinci machine, fibroid ablation with the Sonata device, hands-on training workshops in laparoscopy for trainees and hysteroscopy for surgeons, GPs and nurse hysteroscopists and the very popular Endometriosis CNS training day.

Robotic workshop

The BSGE held the Society’s first hands-on robotic surgery workshop in Manchester. Sujata Gupta, Chair of the LOC, who organised the course, told The Scope that the session epitomised the theme of ‘Bringing talent and technology together.’

The faculty to delegate ratio was almost 1:1 ensuring that everyone got the opportunity to engage, learn and ask questions. Delegates got hands-on experience with the Intuitive DaVinci Xi surgical system. By the end of the day they were familiar with instrument use, handling, camera control, needle-driving, suturing and virtual reality dissections and simulations.





One of the delegates, Lisa Knight from Royal Devon and Exeter Healthcare NHS trust said:

“It was really good, actually, it was really intuitive. I thought it would be really clunky and hard to use but it feels natural. You just need to get your eyes, hands and feet working together. We’ve just procured a robot, so it was a great opportunity to learn more about the system.”



Transcervical Fibroid Ablation (Sonata Treatment)

There was an innovative workshop on Sonata treatment for the transcervical ablation of fibroids. Sonata is a device for volumetric, image-guided, radiofrequency ablation of a range of fibroid types and sizes.

The course combined lectures, videos, case discussion and rotational practical hands-on training including intrauterine ultrasound, image interpretation and procedure demonstration. The session helped delegates gain an insight into the science behind the treatment, patient selection, planning and the procedure steps.

Sarah Field from sponsors Gynesonics said:

“We were impressed with the enthusiasm and engagement of the delegates, with the lectures and demonstrations stimulating plenty of questions and debate.”





Other courses

You can see pictures and read about the other courses in this issue of The Scope. Click on the link for a short-cut:

- > [Hysteroscopy workshop](#)
- > [Endometriosis CNS training day](#)
- > [RIGs Intermediate laparoscopy workshop](#)



Live and Cadaveric Surgery at BSGE 2023

The conference opened with live surgery, streamed from two theatres in St Mary's Hospital, Manchester. Delegates observed the sessions in the main auditorium and online, and Sujata Gupta and Angus Thompson fielded questions and stimulated debate. In Theatre One, the session started with Andrew Kent operating on a woman with deep infiltrating endometriosis, an endometrioma and umbilical deposits. As delegates watched the live surgery, there was a lively debate about preferred equipment and techniques, including the question 'to stent or not to stent' the ureters. After the meeting, Andrew thanked the women who gave permission to live-stream their surgery and added:

“I am privileged to have been allowed to operate at St Mary's with such a highly professional theatre team. I am also very grateful to Storz and Ethicon who provided the tech to allow the transmission. The quality of the live feed in the auditorium was superb.”

On the final day of the meeting, there was live-streamed cadaveric surgery from Manchester Surgical Skills and Simulation Centre. Justin Clark and Angharad Jones moderated the session as Mohamed Mabrouk, Saikat Banerjee, and Sherif Mahgoub operated, answered questions and shared tips and tricks. ASM 2024 is in Belfast; after the success of Manchester, the team are planning to include even more live surgery at the next meeting.



Alec Turnbull Lecture

In the keynote 'Alec Turnbull' lecture, RCOG President Raneë Thakar stressed the importance of lifelong learning, developing your personal surgical toolbox and putting the woman at the centre of the care we provide:

“If your only tool is a hammer, then every problem looks like a nail.”



“Adapt, change and learn”

Raneë highlighted the importance of training and personal professional development throughout her talk. She encouraged surgeons to ‘understand the importance of being a lifelong learner- adapt, change and learn’ and to ‘avoid over reliance on familiar techniques.’

Raneë raised a laugh in the auditorium when she said: ‘When I trained, we only had one main tool- colposuspension. How can you have a subspeciality with only four sutures?!’

However, she clearly follows her own advice on lifelong learning; she told a story of how, at 55, she asked her registrar to teach her a simplified laparoscopic sacrohysteropexy. She said:

‘As consultants we need to retrain, refocus and refer,’ adding that it’s vital to ‘refine existing skills, acquire new skills and pursue education and training.’

A personal reflection on vaginal mesh

As a urogynaecologist, Raneë shared her very personal reflection on the vaginal mesh controversy:

‘This speciality had a car crash - and it happened with our eyes open.’

To help explain this ‘car crash’, Raneë took us through the FDA process and how devices come to market. Key to the mesh issue was its classification as a Class 2 Device. This means that the device is substantially equivalent to a ‘predicate’ device that is already on the market and, crucially, can be marketed without human studies, animal studies, outcome data, efficacy data and safety data.

Raneë related how mesh implants became the standard procedure:

‘This became the only hammer in our toolbox for incontinence in urogynaecology. We stopped doing colposuspension’ but added that ‘while the rate of implants was going up, what was also happening, unknown to us, was that there were increased rates of complications.’ She continued, adding ‘we were cruising along the way, totally unaware of what was happening.’

The problem only become fully apparent when women’s pressure groups drove awareness, and there was litigation and class action. Raneë’s reflection was that:

Personal reflection

- J and J began marketing TVT even before the RCT by Hilton was started and was completed and published results in 2002
- Ethicon declined to support a Register of TVT procedures
- Procedures conducted by doctors not adequately trained
- Worldwide, many doctors wrongly assumed that sufficient safety tests for the clinical use of transvaginal mesh implants had been carried out in advance by the FDA

Raneë finished her lecture by asking what we can do in the future to prevent similar problems:

“We need to put the woman at the centre of the care that we provide.”



BSGE Suturing Competition

The inaugural BSGE RIGS (Registrars in Gynaecological Surgery) suturing competition took place on day one in Manchester. It was needle holders at dawn as trainees battled it out in the head-to-head knockout challenge. The packed auditorium witnessed a fiercely fought battle of speed, precision, nerve and ability not to be distracted by the loud music and raucous crowd.

The winner, Dalia Meko, was presented with the Karl Storz Golden Needleholder. The competition was an absolute conference highlight. After the event, trainees were seen limbering up their fingers and discussing tactics for the next contest in 2024!



The winner, Dalia Meko, being presented the Karl Storz Golden Needleholder



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, the patient's perspective was portrayed in an innovative new way.

The Lancashire People's Theatre performed a play depicting and dramatizing life with endometriosis. The company was created by Neil Procter and Anthea Carpenter-Procter. Anthea lives with endometriosis, 'The Painful Reality' showed the impact of the condition on her physical and mental health, her relationships and her quality of life.

The performance showed the pain, frustration and hopelessness of living with a so-called benign gynaecological condition- and also the challenges of getting effective treatment and care.

"I know it's not terminal but sometimes I wish it was. If I had cancer they'd have a plan' and 'nine out of ten times we're just dismissed or scorned."

The play clearly resonated with the audience, many members were visibly moved at the end. If you missed the performance, delegates can catch it online at the ASM on-demand sessions.



Multidisciplinary Meeting

BSGE members include consultants, trainees, nurse specialists, GPs and paramedics with an interest in minimal access gynaecology. There were exciting breakout programmes and pre-congress courses for RIGS, Endometriosis CNS and Nurse Hysteroscopists- with delegates of all backgrounds dipping in and out of the different meeting rooms to catch the sessions.

Presentations on advancing the role of endometriosis nurse specialists and nurse hysteroscopists demonstrated how far the groups have progressed over the past ten years. There were also discussions on hot topics including current research, thoracic endometriosis, troubleshooting in ambulatory hysteroscopy and the importance of monitoring and recording fluid balance in hysteroscopy and plenty of opportunities to network and share experiences and knowledge.





In Memory of the Suffragettes

Political activist Emmeline Pankhurst was born in Manchester and set up the women's union that became known as the Suffragettes in the city's Moss Side. Reflecting this link to female emancipation, the ASM hosted a session called 'In memory of the Suffragettes' exploring issues affecting women surgeons and women's healthcare.

Four inspirational women in gynaecological surgery, Sujata Gupta, Donna Ghosh, Mary Connor and RCOG President Raneer Thakar, presented on issues including female leadership, gender disparity in surgical training and the gender health gap.

Donna highlighted the fact that although 75% of gynaecology trainees are women, only 22% of registered endometriosis surgeons are female. She asked whether it was a question of ergonomics, work/life balance or gender bias and discrimination- but added that there were positive trends in women's participation across all surgical specialities.

What was made clear from the session was that women's healthcare is suffering disproportionately following the pandemic, together with the ongoing NHS capacity challenges, as was evident in the RCOG's 'Left for too Long' report. Raneer Thakar said:

“We have a health system designed by men for men- there needs to be a shift in the way gynaecology is prioritised.”



Gala Dinner

The BSGE annual drinks reception and gala dinner is the social highlight of the BSGE year. This year's event was held at the stunning Edwardian Manchester Hotel, a beautiful Grade II*-listed Free Trade Hall which has recently undergone a multi-million-pound redesign.

Guests got together with friends, discussed the debates and hot topics of the day, and enjoyed some delicious food and drink. Take a look at the photo collage and see if you can spot yourself!



Looking forward to ASM 2024

As the curtain falls on Manchester 2023, it's time to look forward to the next meeting. ASM 2024 will take place on 2nd-3rd May in the beautiful, modern and resurgent harbour city of Belfast.

The venue will be ICC Belfast, a purpose built, award winning conference centre. ICC is convenient, centrally located and has state of the art facilities. The venue will also host a range of pre-congress courses on 1st May, so make sure you book an extra day or three of study leave!

'Faster, higher, stronger, together'

As 2024 is an Olympic year, the theme of the meeting will be 'Faster, higher, stronger- together.' The Scientific programme will reflect the Olympic motto, with a focus on efficiency, standards and innovation, resilience and multidisciplinary team working. Following the success of the live-streamed surgery in Manchester, Belfast 2024 will also open with live surgery.

The vibrant city of Belfast offers so much to visitors: There are fantastic transport links, excellent hotels and great bars and restaurants- all at a very reasonable cost. Of course, your hosts in Belfast won't ignore the social side of the conference, there'll be plenty of opportunity to get together with friends and colleagues, mull over the conference and enjoy the city. The highlight will be a very special gala dinner in the stunning Titanic Galleries- you can dine in first class and dance in Steerage - and we can guarantee no icebergs!

Mark the date in your diaries and we look forward to seeing you in Belfast.



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

Faster, Higher, Stronger – Together


BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY





The Winners at the BSGE ASM 2023

Webcomms Subcommittee member Mez Aref-Adib reports for The Scope on the winners in Manchester

Once again, the BSGE Annual Scientific Meeting (ASM) captivated participants with a remarkable display of ingenuity and expertise in gynaecological endoscopy. As the number of high-quality abstract submissions increased, selecting the best among them proved to be a challenging task. Nevertheless, we proudly present a brief overview of the deserving winners and their inspiring presentations, which can be accessed through the provided links.

This year, thousands of pounds in prize money was awarded to these exceptional individuals, recognizing their fantastic contributions to the field. We eagerly await the next BSGE ASM and look forward to seeing you there.



VIDEO presentations

GOLD - KARL STORZ GOLDEN TELESCOPE

Abstract ID: 146 - Samantha Kirkwood

Green is Good: The use of Indocyanine Green (ICG) in laparoscopy to evaluate tissue perfusion in adnexal torsion

The winner of the Gold presentation showcased an excellent case that demonstrated the use of indocyanine green (ICG) in gynaecological laparoscopy. A 15-year-old girl with severe abdominal pain and peritonitis underwent emergency laparoscopy for a twisted mass near the ovary. By administering ICG, the surgeons were able to visualize the absence of blood flow in the twisted tube and its restoration after detorsion. This presentation provided valuable insights into the potential of ICG in gynaecological operations, highlighting the need for further research in this field.

Click here for more information >>

SILVER

Abstract ID: 13 - Sophie Strong

Caesarean scar ectopic pregnancy: A step-by-step laparoscopic approach

This fantastic video demonstrating the laparoscopic management of a caesarean scar ectopic pregnancy won the silver prize. Caesarean scar ectopic pregnancies occur in 1 in 2000 pregnancies, requiring timely diagnosis and surgical intervention to prevent complications such as severe bleeding and maternal death. The video presents a step-by-step approach for the laparoscopic procedure, emphasizing the importance of proficiency in both surgical evacuation and laparoscopic management. With rising caesarean section rates, it is crucial to enhance skills in diagnosing and managing these pregnancies promptly.

Click here for more information >>

BRONZE

Abstract ID: 36 - Ahmed Abdullahi

Achieving Optimal Exposure for Excision of Peritoneal Endometriosis - A Structured Approach

This video demonstrates the SOSURE technique for endometriosis surgery, which provides a structured approach to achieve safe and effective treatment. The technique involves Survey/Sigmoid mobilization, Ovarian mobilization, Suspension of uterus and ovaries, Ureterolysis, Rectovaginal and pararectal space entry, and Excision of all endometriosis. It offers a framework that surgeons can modify based on the surgical scenario. The video won a bronze award and highlights the importance of a structured approach in treating endometriosis due to its complexity.

Click here for more information >>



E-posters

GOLD

Abstract ID: 94 - Sania Latif

The impact adenomyosis and co-existing endometriosis on IVF/ICSI outcomes

This gold winning ePoster summarizes a study on reproductive outcomes in women with adenomyosis and co-existing endometriosis undergoing assisted conception. The study included 105 cycles and found a trend towards lower livebirth rates in women with both conditions compared to adenomyosis alone. Frozen embryo transfer showed slightly better outcomes. Further research is needed to evaluate the benefits of frozen embryo transfer in these patients.

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

SILVER

Abstract ID: 53 - Alison Amoah

Long-term rates of uterine-preserving treatments and hysterectomy reintervention after myomectomy or uterine artery embolisation in England: a national retrospective cohort study

This study, which won the silver prize for a poster presentation, aimed to investigate the rates of uterine-preserving procedures (UPP) and hysterectomy reintervention after myomectomy or uterine artery embolization (UAE) in a large cohort with up to 9 years of follow-up. Using data from the NHS Health Episode Statistics datasets, the study included 9,443 women who underwent myomectomy and 6,224 women who underwent UAE. The results showed a 2.4-fold increased risk of hysterectomy after UAE compared to myomectomy. The study's findings have important implications for pre-procedure counselling and emphasise the need for further research on outcome modifiers.

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

SILVER

Abstract ID: 167 - Felicity Watson

Persistence of the Patriarchy? Gender distribution at the BSGE ASM 2021 & 2022

This interesting silver winning poster analysed the gender distribution of presenters and authors at previous BSGE ASM events. It found that women held 48.5% of conference roles but only 27.6% of prestigious positions. Women comprised 47.4% of accepted abstract authors and were more likely to be middle or first authors. However, men were more often the last authors. Women also authored fewer video presentations (25.8%), while 60% of trainee abstract authors were female. The study suggests that female gynaecologists may face barriers in attending conferences and submitting work, potentially hindering their career development. It suggested efforts should be made to ensure greater female representation in future ASMs.

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

BRONZE

Abstract ID: 27 - Mickey Buckingham

Genetic polymorphisms associated with endometriosis: a systematic review and meta-analysis.

This study, which won the bronze prize, conducted a systematic review and meta-analysis to analyse genetic polymorphisms associated with endometriosis. The research identified several significant genetic variants related to detoxification, immune system function, and hormone pathways. These findings provide valuable insights for future research on screening tools and potential treatments aimed at modifying the inflammatory response in endometriosis patients.

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



VIDEO POSTER presentations

GOLD

Abstract ID: 63 - Vinu Krishna Das

Vaginal NOTES for ectopic pregnancy.

The video poster on Vaginal Natural Orifice Transluminal Endoscopic Surgery (V-NOTES) presents a gold-winning demonstration of a successful salpingectomy for an ectopic pregnancy. The video showcases the advantages of V-NOTES, such as quicker recovery, absence of abdominal scars, and a same-day discharge for the patient. The surgical procedure, performed through the Pouch of Douglas using conventional laparoscopic instruments, highlights the safety and efficacy of V-NOTES in emergency situations. Overall, this brief review emphasizes V-NOTES as a viable alternative for adnexal surgery, supported by its efficient operative time and minimal post-operative pain.

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

SILVER

Abstract ID: 86 - Louise Beard

An unusual presentation of endometriosis – the importance of management in a multidisciplinary setting.

This excellent video highlights the importance of a multidisciplinary approach in managing patients with deep invasive endometriosis. The case involves a 27-year-old patient with worsening pelvic pain and subfertility, who had undergone three previous laparoscopies. The surgery includes extensive adhesiolysis, ureterolysis, and excision of a cystic structure adherent to the bowel. There is a uterine defect which is repaired, and tubal patency is confirmed. The video demonstrates a step-by-step approach for challenging cases with unusual pathologies. Well worth a watch.

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

BRONZE

Abstract ID: 76 - Aditi Miskin

Modified Hasson Supraumbilical entry – A Safe and Quick Laparoscopic entry technique morcellation.

The Modified Supraumbilical Hasson Technique won the bronze. This clear video demonstrates the technique, which offers a safe and effective entry method that reduces the risk of bowel injury, especially in patients with previous caesarean sections or midline incisions. The author highlights the absence of increased hernias associated with this approach.

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



ORAL presentation

GOLD

Abstract ID: 9 - Amr Moneib

Psychosexual Counselling for Women with Endometriosis: Exploring the Benefits and Role in Holistic Management

Endometriosis affects 1 in 10 women. Psychosexual counselling is a valuable component of treatment, addressing psychological issues and improving quality of life. This gold-winning video highlights its benefits for patients and healthcare professionals, promoting active participation and well-being.

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

Abstract ID: 7 - Amr Moneib

Endometriosis and Nutrition: Exploring Dietary Options and the Role of an Individualized Approach

This excellent presentation, created by Amr Moneib, won another gold. Endometriosis affects 1 in 10 women, causing pain and fertility issues. Alongside medical treatment, dietary adjustments can help. The film educates patients on dietary options like gluten-free, soy-free, lactose-free, and Mediterranean diets. It emphasizes healthy eating habits and consulting a dietician. By empowering patients, it promotes a personalized approach to managing endometriosis through nutrition.

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

Abstract ID: 77 - Gemma Bentham

Light at the end of the tunnel: Outcome data 18 months post-initiation of North Bristol Trust, Persistent Pelvic Pain Programme.

This gold prize-winning presentation highlights the outcome of a Persistent Pelvic Pain (PPP) programme on PPP which affects 1 in 6 women. PPP is the main reason for gynaecology referrals and greatly affects quality of life. While generic pain management programs exist, they don't address PPP challenges. Only two UK centres offer PPP-focused programs. The North Bristol pelvic PMP outcomes show significant improvements in quality of life, pain management, and well-being. Participants seek new information, alternative therapies, and validation through shared experiences.

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

SILVER

Abstract ID: 35 - Lina Antoun

Same day discharge following total laparoscopic hysterectomy: realistic target or utopian thought?

This study provides valuable insights into the implementation of a same-day discharge protocol for laparoscopic hysterectomy. The study assessed the feasibility and safety of a same-day discharge (SDD) enhanced recovery after surgery (ERAS) protocol for patients undergoing laparoscopic hysterectomy. Out of 120 eligible patients, 29% were discharged on the same day, while 60% were discharged within 23 hours. The main reasons for overnight stay were pain, nausea, and urinary retention. The overall complication rate was 3.3%, with one intraoperative complication. Readmission rate after SDD was 2.8%. The study concludes that SDD is feasible and safe, and further research is needed to determine key factors affecting same-day discharge.

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



BRONZE

Abstract ID: 103 - Charlotte Ruscoe Price

Gynaecological surgical training – how do trainees rate their expertise?

The bronze winner was a very interesting review of the challenges facing trainees in meeting surgical training objectives. A survey was conducted with 60 trainees to assess their gynaecological surgical skills pre and post an integrated laparoscopy course. Results showed that confidence and skill levels were highest for simple procedures, but decreased as the complexity of procedures increased. Post course showed improvement for all training levels. While surgical training is recovering post-COVID, emphasis should be placed on providing sufficient surgical exposure and training, especially for advanced trainees pursuing complex gynaecological procedures.

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

RIGS

Abstract ID: 2 - Averyl Bachi

Simplifying ureterolysis for the young trainees: lift, pat, grab and cut!

This outstanding teaching video centred on demonstrating the safe steps involved in performing ureterolysis. The steps are broken down using four concise words: lift, pat, grab, and cut, effectively capturing the essence of the process. There was also inclusion of a segment showcasing how to adapt these steps for robotic-assisted surgery.

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

RIGS Suturing

Karl Storz Golden Needle

Dalia Meky

Winner of the laparoscopic suturing competition demonstrated a combination of skill, precision, and speed in performing laparoscopic suturing techniques. Well done!



RIGS Suturing ASM23





ASM23 Abstracts

Naomi Harvey, ST5 in Obstetrics and Gynaecology at St Richards Hospital, Chichester reports on the abstracts presented in Manchester

ASM 2023 attracted more than 700 delegates from a wide range of disciplines and roles, with a passion for advancing knowledge and understanding of how endoscopic approaches can aid diagnosis and treatment. 338 contributing authors submitted their work in a variety of platforms including video, oral and e-poster formats.

Many prominent themes emerged and unsurprisingly, the impact of the pandemic was a topic of discussion. The establishment of simulated training techniques to ensure trainees continued development in the midst of dwindling operating skills was a hot topic nationally. In Haywards Heath, 'Integrated simulation training- a model for the future' (abstract ID 87) and 'Gynaecological surgical training- how do trainees rate their expertise?' (Abstract ID 103) highlighted how reduced surgical exposure was affecting trainee confidence and provision of laparoscopic box trainers significantly tackled this affect.

This was echoed in Belfast, 'An Innovative approach to the provision of laparoscopic training in the aftermath of a global pandemic' (Abstract ID: 160), where a 'Laparoscopic Club' built trainee skills through simulation skills.

COVID also provided inspiration for gynaecologists to innovate standard operating practice and numerous authors focused on establishing same day discharge post total laparoscopic hysterectomy. In Birmingham, their abstract 'Same day discharge following total laparoscopic hysterectomy: realistic target or utopian thought?' (Abstract ID: 35) highlighted the safety of this approach which was fortified by findings in other centres in Stockton-on-Tees, 'Audit - Day Case Laparoscopic Hysterectomy: A viable solution to combat healthcare resource crises during future pandemics?' (Abstract ID: 85), Worcester 'Same Day Discharge Laparoscopic Hysterectomy: GIRFT Quality Improvement Initiative' (Abstract ID: 139) and Chichester 'Day Case Hysterectomy Pathway - Supports Delivery of Service Independent of Bed Status' (Abstract ID:73).

Each unit recognised the importance of multidisciplinary working with revision of anaesthetic and surgical techniques in embedding this initiative.



The strongest theme throughout the presented work was the ongoing advancement in treating Endometriosis. Indocyanine Green (ICG) use diagnostically for tissue perfusion post adnexal detorsion was hypothesised by the team in Guildford, 'Green is Good: The use of Indocyanine Green (ICG) in laparoscopy to evaluate tissue perfusion in adnexal torsion' (Abstract ID:146). They also presented a surgical video reflecting ICGs use to identify ureters laparoscopically, 'Indocyanine green (ICG) in the per-operative assessment of ureteric viability' (Abstract ID:144).

The improvement of ultrasound technique to accurately diagnose endometriosis is a dynamic field. In Bristol, 'Specialist Transvaginal Ultrasound Assessment for Endometriosis: accuracy in a single Endometriosis Centre' (Abstract ID:15) they retrospectively compared findings at laparoscopy with preoperative scan findings for deep infiltrating endometriosis. Furthermore, UCLH presented 'An ultrasound study of the prevalence of deep and ovarian endometriosis in pregnancy' (Abstract ID:102), with Endometriosis present in almost 5% of early pregnancy scans and suggesting these patients require specialist antenatal care.

The weight placed on a holistic approach to Endometriosis and the importance of a multidisciplinary approach was evident. Whipps Cross Hospital, London, presented orally on the role of Psychosexual Counselling, 'Psychosexual Counseling for Women with Endometriosis: Exploring the Benefits and Role in Holistic Management' (Abstract ID:9) and on nutrition, 'Endometriosis and Nutrition: Exploring Dietary Options and the Role of an Individualized Approach' (Abstract ID:7). By implementing patient videos to provide information and coping techniques, the team individualised holistic care and improved patients quality of life.

Endoscopic approaches in early pregnancy and fertility were also strongly represented. The team at Darent Valley Hospital provided a surgical video demonstrating Vaginal Natural Orifice Transluminal Endoscopic Surgery (V-NOTES) as a safe and successful use to perform a salpingectomy, therefore avoiding any abdominal incisions, 'Vaginal NOTES for ectopic pregnancy' (Abstract ID: 63). V-NOTES was also employed by the team at Epsom and St Helier when dealing with an acutely ruptured ectopic with haemoperitoneum 'Surgical treatment of Acutely ruptured ectopic pregnancy via v-notes surgery, demonstration of the technique and managing significant hemoperitoneum' (Abstract ID:162).

Evolving techniques in hysteroscopy to reduce pain and repeat procedures were strongly featured. Barts Health Trust, London presented retrospective findings suggesting an operative hysteroscopic tissue removal system in the outpatient setting would reduce the need for GA hysteroscopy, 'Trust-wide Outpatient Hysteroscopy Audit and Indicators for a General Anaesthetic Hysteroscopy' (Abstract ID: 57). Interestingly, their counterparts at Kingston hospital, London, presented on the use of the Hysteroport, 'Hysteroport: a new device to transform outpatient hysteroscopy' (Abstract ID:39). Hysteroport is a thin stainless- steel funnel shaped tube that can be slid over the hysteroscope once the uterine cavity is entered which reduces outpatient pain and allows complete 'no touch' outpatient technique.

Simulation in hysteroscopy training was also focused on, with the team at Swindon developing a multidisciplinary team simulation for hysteroscopic emergencies, 'Point of care high fidelity multidisciplinary team simulation in an outpatient hysteroscopy setting' (Abstract ID:67).

Robotic emergence could not be denied, with a variety of abstracts promoting this modality. The combined operating team at St Peters Hospital and The Lister Hospital provided a fascinating surgical video showing 'Robotic assisted en-bloc removal of kidney, ureter and bladder wall and wedge resection of a full thickness sigmoid endometriotic nodule' (Abstract ID: 123).



Many centres advocate for the use of robotic hysterectomies as a standard safe procedure. In Manchester, 'Robotic Hysterectomy: Standard Surgical Technique' (Abstract ID:118), presented a surgical video on robotic hysterectomies evidencing that they reduce operating time with increased surgical efficacy. This was reinforced by the team at Newcastle, 'Technique to make Robotic Hysterectomy a reproducible, safe & efficient procedure' (Abstract ID: 127) and also at Chelsea & Westminster in gender affirming procedures, 'Same-day discharge robotic gender-affirming hysterectomy - a single centre experience' (Abstract ID: 119).

In addition, the team at Chelsea questioned the ability to train in robotics, 'Robotic surgical training: can the general O&G registrar become an independent robotic surgeon within one year?' (Abstract ID:121). They provided 6 months of in-depth robotic training to senior residents with a dedicated in-house robotic programme whereby all were competent in robotic gynaecology procedures on conclusion.

On a final note, the ASM 2023 hosted a session 'In memory of the Suffragettes' which explored the issues affecting women surgeons. 75% of trainers in gynaecology are now women which the ASM recognised and provided a platform for discussion. A presentation from Glasgow provided an interesting abstract entitled 'Persistence of the Patriarchy? Gender distribution at the BSGE ASM 2021 & 2022' (Abstract ID: 167). They reviewed the representation at previous ASMs and found that women had been under-represented, particularly as invited speakers and chairs. On review of the 46 chaired sessions at BSGE ASM 2023, 17 were chaired by women with 2 of the keynote addresses given by women. This accounts for 38% of prestigious roles at the ASM compared to 27% of previous years. The goal is to increase this percentage for Belfast 2024!



Manchester Central registration ASM23





The Gathering – a trainee's perspective of ASM 2023

Ihuoma Chizzy Kejeh, ST4 Harrogate District Foundation Trust, known as Chizzy reports on a trainee's experience at BSGE 2023

Attending the BSGE ASM in Manchester felt as exciting as going to a reunion. I had attended a few conferences previously but this was my first post-pandemic meeting and the most meaningful because it was in the speciality in which I want to build my career.

As a new member, it was my first BSGE conference. I was privileged to participate with another trainee colleague, Dr Chukwujama. We both prepared an abstract video presentation, a rare and valued opportunity which was passed to us on a platter by Mr Winstin Justin-one of our trainers at Harrogate Hospital. Now, I'd like to take you on a journey through my thoughts and exciting experiences at the congress.

Pre-congress Courses

There was a wide array of pre-congress courses ranging from Endometriosis CNS study day to Robotic Surgery and the BSGE RIGS Intermediate Laparoscopic Course, which I attended.

Although there are similar laparoscopic courses available at the Deanery level for intermediate trainees, meeting and interacting with fellow trainees at different levels from other Deaneries does have a different feel. It was a very valuable day. The course was packed with activities- and at the end I really knew where I was with my skills, what needs improving and how exactly to refine my technique.

Day One of the ASM started early, almost the same time as elective theatre- but this time the surgery was live streamed. We registered quickly, drank an essential morning wake-up cup of coffee and quickly scanned the stands for suites to visit later on in the day. We then settled into the main auditorium to watch the fascinating live surgery session on the big screen.

The valedictory address by Prof Ray Garry was one of the many inspiring yet emotional highlights of the conference. Listening to Chris Sutton's life and career showed the way in which our profession transitions through many phases including learning, mentoring and co-working and most often ends in friendship.



This was reflected in my experience at the meeting- my colleague and I met Mr Odejinmi because our trainer introduced us to him as someone who trained him. I also met Miss Sujata Gupta, the Local Organising Committee Chair, and commended her efforts in organising this excellent event.

Later in the day, I had an opportunity to interact with some representatives from various companies and had a go at using some simulators; including the fascinating experience of trying the Davinci robots.

Fast-forward to the evening's Gala Dinner- even writing about raises a smile. I was fortunate to share a table with many warm-hearted people. We shared experiences, fun and, later, our contact details. It was a star-studded evening, and the dance floor was graced by many.

I remember Dr Chukwujama joking:

“Who would believe that everyone here can perform surgeries!?”

I understood what she meant, there was so much buzzing, joyful laughter and people singing along to the music from the live band.

The next day, which sadly was the last day of the congress, the activities and the excitement continued, maybe with even greater force. Ideas and skills were showcased and new opportunities offered. During the suturing competition and the best video presentation awards, the values of training, support and mentorship were again evident. People presented work they had done with robotics, such as hysterectomies and vaginal natural orifice transluminal endoscopic surgery (vNOTES). The overwhelming response from the delegates was of enthusiasm. The questions and contributions from the audience were nothing short of impressive; they were as inspired as I was!

I went home with a compelling message written on the tablet of my mind: There is room for everyone. Find your niche, diligently work towards it, engage with all the tools the networking opportunities the ASM presented and use them. I have returned from Manchester with increased zeal to do more, engage and improve. I look forward to the next meeting!





Delegates' ASM23 feedback

Funlayo Odejinmi (Jimi), Scope Editor reports

What did delegates think of the ASM?

All delegates liked the congress venue

Most delegates:

- > Felt the congress offered value for money
- > Liked the presentations
- > Thought there was good interaction with industry
- > Were happy with the customer service
- > Were happy with activities during the ASM
- > Would recommend it to a friend

Delegates feedback of ASM23 Manchester

■ Satisfied ■ Neutral ■ Dissatisfied

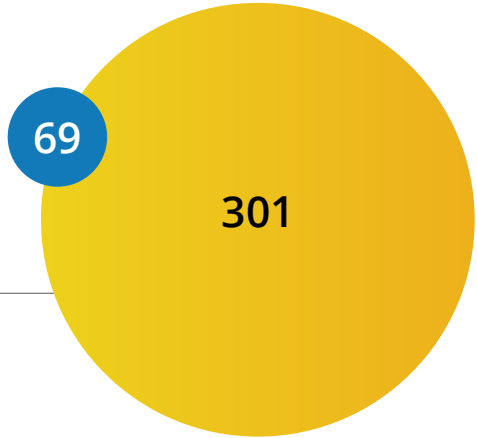
Venue	100		
Value for money	88	12	
Duration of Congress	97	3	
Auditorium 1 Presentations	93	5	2
Booking Process	95	3	2
Satisfaction with Venue	100		
Recommend to colleague	95	4	1
Auditorium 1 Presentations	79	19	2
Customer Service	98	2	
Satisfaction with Swapcard Platform	78	21	1



In person vs online

Did you attend BSGE ASM 23, Manchester in person or virtually?

■ In person ■ Virtually



Additional feedback

Sponsored lectures attended



Favourite Speaker



Favourite Session



Most liked about the conference





Pre-congress hysteroscopy workshop

Nadine di Donato, Hysteroscopy Portfolio Chair reports on the Hysteroscopy pre-congress course at ASM 2023 in Manchester

As BSGE members, we promote training and education and high standards of care. We organised the hysteroscopy pre-congress course, with space for 20 delegates in total, the course became fully booked very quickly. We had seven hysteroscopy nurses registered which was very good.

We highlighted the importance of the nurse hysteroscopy logbook developed by BSGE to support Nurse Hysteroscopists who have completed the diagnostic hysteroscopy course. The aim of the log book is to support qualified Nurse Hysteroscopists in their progression from diagnostic hysteroscopy to operative hysteroscopy.

The day was intense and full of opportunities to fulfil the educational need for nurses and doctors. We had speakers with key lectures on troubleshooting in ambulatory and the importance of monitoring and recording fluid balance in hysteroscopy.

Dr Susanna Johnson, Associate Specialist in Gynaecology in Southampton described the role of ultrasound in ambulatory clinics. Her presentation was very educational, she discussed the endometrium, uterine shapes including what is normal and what is abnormal, and the importance of the ultrasound in adding further information to the hysteroscopy findings.

The day had an intense rotation with hands-on opportunities to use different tissue removal systems, to use grasper and scissors for operative hysteroscopy, and to understand multiple types of endometrial ablation. We also enjoyed an interactive session with real clinical cases to discuss, including how to manage complications like uterine perforation.

Delegates had the opportunity to use the resectoscope on frozen potato model, which were prepared the day before with the help of local faculty. I would like to say thank you to Sujata Gupta and her team who helped us to deliver the workshop. The local faculty worked very hard to ensure everything was ready on our arrival, from the large potatoes to the apple corer for the resectoscope station!

We are planning to organise a workshop specifically for nurses on the 12-13th December 2023 in Guilford. Please save the date!



My ASM experience

I spent five days in Manchester at the BSGE ASM and the place and people made the experience amazing, congratulations to everyone involved in organising and running the meeting.

I loved Manchester city which looked very vibrant and full of nice restaurants and shops. The conference was very well organised and the programme was fresh and dense of hot topics. I was asked to moderate the robotic session with Tony Chalhoub and we had three amazing speakers talking about endometriosis surgery and oncology cases in gynaecology.

I had the opportunity to show some of the surgical techniques on how to avoid bleeding complications during my presentation. My videos were demonstrating the additional help of new technology such the robot to enhance surgeon skills.

But my most memorable part of the Manchester experience was the gala dinner at The Edwardian Manchester. I met again with many friends and colleagues and we had so much fun! We were dancing and singing for hours.

I learnt so much at the ASM, I had so much fun and I met new and old friends and colleagues. Looking forward for the next BSGE ASM in Belfast.



Manchester Central entrance ASM23



In Memory of Chris Sutton

6th October 1941-25th March 2023

One of the most moving presentations at BSGE 2023 was a valedictory address by Prof Ray Garry in honour of past BSGE and ESGE President Professor Chris Sutton

Chris Sutton died peacefully at the Royal Surrey County Hospital in March 2023.

“He was one of the founding fathers of the BSGE, a true pioneer of minimal access surgery and a giant of gynaecological laparoscopy.”

Ray’s eulogy was sad, funny and, above all, inspirational- a story about a man who lived life to the full and had a lasting impact on the profession that he loved.

For those who were not at the meeting, you can read Ray’s eulogy below:

May I begin by thanking Andrew and the Society for the honour of asking me to give this eulogy and to thank those who helped me prepare it: Jeremy Wright and particularly Chris’s daughters Camilla and Vanessa.

This is both one of the saddest and yet one of the proudest moments of my professional life. It is the greatest privilege to honour, not only the memory of one of my best friends, but also one of the friends of so many of you in this auditorium and one of the best friends of this society of which he was so proud. I have struggled with how to reflect the many sides of this man in the context of a BSGE meeting. Much of what follows is my very personal reflections but I hope this give some insights into both his nature as well as into some of his many achievements.

Founding father of BSGE

Chris was one of the founding fathers of the BSGE along with Adam Magos, Alan Gordon and Victor Lewis. These four convened a meeting to establish the society in 1989. To those of us fortunate enough to be there, this event revealed much of the charismatic character of Chris. Almost inevitably the founding meeting of the society was held in Guildford. Much of the gathering was concerned with the heavy details of organising the rules and constitutions of the new society but with typical panache, Chris and Fanchon hosted such a memorable lunch that the society’s birth was almost still born by tempting us to forgo the formalities of the afternoon and continue imbibing. Fortunately duty prevailed, and we returned to ensure the society was correctly and formally established but in a spirit of relaxed and supportive friendship. Chris, as the third President between 1994-96, and I know he was immensely proud of what the society has become. We should all be grateful for the leading role Chris played in the establishment of the BSGE.



Shaping ESGE

Chris also played a role in shaping the ESGE. He was an early President and I was the Secretary. Together, we had the role of taking over the secretariat from the great endoscopic pioneer and super organised Professor Bruhat with his extensive administrative support and bringing the office back to our English bases. Admittedly we rather bumbled our way through the next two years but in his own way Chris succeeded in helping set the future of that great society too.

Back to the beginning

Chris was born on 6th October 1941, a true war baby. His middle name James was chosen to honour an uncle who was a spitfire pilot who was killed during the war and Gabert a traditional family name already passed on to Titus his first grandson. Chris's mother, Ivy was a nurse from Abergavenny in Wales and his father Joseph an estate agent from Cheshire in the North of England. He had two younger brothers Robert and Peter. From the age of 8 he was sent to the prep school Smallwood Manor and subsequently to Denstone College an Independent school near Uttoxeter.

From student to surgeon

Chris gained admission to Trinity College Cambridge in 1960 an event of which he was legitimately proud. He never stopped reminding us of the, possibly apocryphal, fact that his college had produced more Nobel prize winners than any other. He subsequently completed his medical training in St Mary's London. This diverse background all contributed to the man we came to know. The Celtic start gave him romanticism and a love of rugby, Cheshire gave him northern grit and the dubious right to support Manchester City (at least in their later glory days), the Midland schooling probably encouraged a capacity for persistence and hard work, Cambridge added the culture and intellectual refinements he

always demonstrated, while London provided the area of slight superiority those from the capital seem to possess. Altogether a formidable portfolio to take him into his chosen career.

He loved his life in Cambridge and, as well as being a passionate skier, he became a skilled canoeist. He became Commodore of the CUCC and led the Cambridge Greenland Kayak Expedition. He became the first man to cross the English Channel in a Kyak. He also took part in a Cambridge expedition to the Nilgiri Hills in India to study the Toda tribe. Thus adventure was instilled deep into his DNA. This was further exemplified by his taking up the opportunity to spend a year as a GP in British Columbia close to the fast running water and mountains he loved. After time as a registrar in University College Hospital, his yearning for adventure took him further still, to Fiji where he served as a medical officer for 3 years. All who knew him realised, from the sheer number of times he repeated his stories of adventures there, how thrilling and important this period was to him and his family. He then completed his training as a Senior Registrar back in England rotating between St Mary's and Cambridge. These jobs gave him the opportunity to work with some of the most influential British Gynaecologists including Sir George Pinker, the then Queens Gynaecologist, in London and Professor Charles Douglas in Cambridge. Their supervision helped turn Chris into the meticulous and skilled surgeon he was.

He was appointed as consultant to the Royal Surrey County Hospital where he devoted the rest of his professional life to the women of this area. He was happy working in Guildford and gained the respect of the local community, his colleagues and the staff who worked for and with him. He took pains to acknowledge their contributions. After some years as a generalist, Chris gradually developed an increasing specialised interest in Gynaecological Endoscopy.



Raise a laser

This slide is of Chris at the height of his power brandishing the green beamed KTP laser. After a highly successful Raise a Laser campaign he got one, then two, then three. Gosh, how he loved lasers: CO2, NdYAG and of course the KTP which reflected his personality of flashy but highly effective. There are countless women with pain and infertility who are grateful for these skills. But it did not start here.

It was the appreciation that ugly crude and often scarring procedure of cone biopsy for potentially life threatening cancers could safely be replaced by utilising the recent improvements in optics and light sources combined with the new precisely directed laser beams to treat as effectively with less morbidity and better outcomes. That was the starting point in endoscopy for Chris, myself and many others.

Chris was an early adopter of this approach. I first met him at the BSCCP AGM in Guildford. Chris had already become an officer of that society.

This appreciation of the potential of new innovations would remain with Chris for all his professional life. From the cervix, the therapeutic journey up the genital tract seemed self-evident: hysteroscopy and endometrial ablation, laparoscopy and ectopics, simple cysts and minor endometriosis seemed obvious incremental approaches.



Chris Sutton and Ray Garry

Making a difference for MAS and his patients

There are countless women who are directly grateful for his work in relieving their pain and infertility and many more who benefitted indirectly from his unselfish teaching of his hard won knowledge to other gynaecologists.

This work accelerated when we met Harry Reich, again in Guildford, where he had been invited to perform the first Total Laparoscopic Hysterectomy in the UK. Harry was as brilliant at teaching as he was at innovation and he opened our eyes to the further possibilities of MAS. This meeting also formed the basis of a long term professional and social group between us.

But one of the things that marked Chris out was that he did not just develop these techniques, but wrote extensively about them. According to ResearchGate he contributed to 128 publications and was cited on over 3000 occasions. His magnum opus was Endoscopic Surgery for Gynaecologists. This epic work is a who's who of gynae endoscopy with a 117 authors contributing to 69 chapters. I know of no-one who has the contacts and confidence to persuade virtually everyone in the field to contribute (for free!). Yet another tribute to this remarkable man. In addition to his clinical work he wrote extensively about historical matters and became a leading authority on the history of all aspects of Hysterectomy. For some of us his recent foray into fiction writing was perhaps a little less successful.

Even more importantly, Chris also attempted to prove that his new approaches really worked in the best way he could. He is perhaps best known in the wider medical field for his paper on the randomised double blind trial of laser laparoscopy in the treatment of endometriosis illustrated with typical Chris humour with this make-up of another of his iconic slides (Thanks Vanessa).

This pioneering paper was considered by the World Endometriosis Society to be one of the most important papers on endometriosis of the preceding decade.

Friends and rivals

It is true Chris and I were sometimes rivals, if just of the joking schoolboy type. I remember well a time in Hong Kong where we had been operating together. At the faculty dinner after I had need to leave the meal for a 'comfort break' at a critical moment. When I returned there was a dish full of the largest, most ugly fish head imaginable. Chris duly informed me that it was, to the Chinese, the greatest honour they could pay a guest to present him with the finest part of the meal. Horrified I gagged and struggled until relieved by the laughter from the guests who could no longer suppress their mirth. That was Chris I remember playful, warm and ultimately enormously kind.

We travelled all over the world together and he was always the most entertaining of companions. It was not just what Chris had to say but also how he said it. Chris was a superb lecturer and, as Bernie Leigh, stated a great showman. His talks were always funny and he had a beautifully timed delivery. He gave an honorary lunchtime lecture at the AAGL in Florida that was so appreciated that he received an unprecedented standing ovation. He was in demand all over the world to give such orations. In his life, as in his lectures, there was so much humour. Chris's response to my lectures was much less flattering in that he almost invariably sat in the front row and fell asleep as soon as I started. I became slightly less offended when he offered the same sleep pattern to almost everyone else!

Wherever he went he would inevitably have arranged an interesting trip or visit tacked on the side to take full advantage of the location. One of these involving a dozen of us. After a meeting in Bordeaux, Chris arranged an outing. A mini-coach was hired and we were to be driven by our leader. We recognised the vehicle by the label Groupe Sutton on the windscreen. Thus was this long lasting informal travel club born. Everywhere we went Chris would arrange the restaurant, the transport, the menu's etc and we were happy to be led by one with such enthusiasm. In Bordeaux,

however, this organisational drive was perhaps a little excessive. We set off on a beautiful day to some friend's house just outside the city, we stopped for Fanchon to buy some provisions and we had a delicious French-Style lunch in a wonderful garden in the shade of trees drinking the excellent local produce. A perfect day but not for Chris, we were soon gathered up to visit a 'site' and drove 100 k or so to row small boats on some scenic inland waterway system. Thrilled by this new afternoon discovery we were preparing for the journey home when our leader announced that we should then travel a further 100K to the coast for a Michelin Starred Fish Restaurant Dinner. We arrived in the dark, the restaurant was about to close and some of the passengers were feeling car sick. Undeterred we ate and then our gallant captain drove us back through the night having fitted three days activity into one. This is The Chris I remember.

In our mutual competitiveness our lives followed similar paths. We worked in the same clinical areas, published similar things and got our personal chairs at the same time.

Family man

Chris was an indefatigable enthusiast who was naturally curious and inventive. He lived life well and to the full. He sought out adventure and was a keen skier, windsurfer, hiker, cyclist and canoeist. He loved the good things in life, travel, culture, music, story-telling, laughter, friends but above all his family.

Chris met his beloved Françoise 'Fanchon' Keller in Cambridge where she was studying Medieval History in 1961. He married her in 1965 when she had become a history and geography teacher at the French Lycee in London. They remained devotedly married for 57 years. They have three daughters Natalie who is now a French and Spanish Teacher, Vanessa a fashion designer and Camilla, a property consultant. His girls were his absolute pride and joy-the most important aspects of his very full life.



In his latter years, Chris gained much satisfaction and pride from his eight grandchildren who all deeply adore him.

It is to all the members of this particularly close family that I extend, on behalf of this society, our deepest condolences.

The end of an era

I feel particularly sad because I feel we have not only lost a dear friend but have also reached the end of an era. Today, for me at least, marks the end of the exciting period of innovation and development when minimal access surgery first became a clinical reality. Chris played an enormous leading role in the drama, the uncertainties, the challenges, the triumphs and disasters of these pioneering days. His passing brings this pioneering phase to an end.

I learned of Chris's death while in Sydney airport in transit to visit our mutual friend Peter Maher, who himself is quite unwell. What was already looking like a difficult visit turned even worse with the news. Shocked, we pondered what to do, perhaps sit in a darkened room and drink tea or what. After a moment we decided that the only real option that would please Chris was to search out the most expensive bottle of red we could find and toast to his memory.

Please join in these sentiments and remember with joy and gratitude the life and work of Chris Sutton, a man who lived life to the full both professionally and in his private life and which everything was always an adventure.

As a postscript, when thinking of Chris please think of the phrase Fanchon suggested "Behind every successful man is a very surprised woman."



Chris Sutton photographed with his family



Zeyah Sairally



Preth De Silva

BSGE Ambulatory Care Network (ACN) Meeting 2023

Zeyah Sairally and Preth De Silva report on the ACN Meeting which took place in Birmingham from 16th-17th February 2023

The fourth BSGE Ambulatory Care Network Meeting was held over a two-day period in the Fry Suite at the Edgbaston Park Hotel, nestled in the heart of the University of Birmingham, Edgbaston Campus.

The venue was spacious and boasted a cool, contemporary decor suitable for the actual conference during the day but also able to accommodate the relaxed and enjoyable evening meal allowing everyone the chance to socialise, something that was greatly missed during the Covid era of virtual meetings.



Thanks to our sponsors



The event was attended by 130 delegates and 20 industry sponsors, despite it being during the half-term period in certain parts of the country. Professor Justin Clark did a good job putting together a programme which was both exciting and topical. It covered a broad range of topics from the recently updated Green Top Guideline and the RCOG Good Practice Paper to controversies in outpatient hysteroscopy as well as the chance to hear about the latest novel development and research in the field.

The meeting was advertised as 'interactive' giving the audience the opportunity to participate and debate important ideas, learn from one another and find areas where more targeted research might be needed- it certainly did not disappoint. The online Q&A and polling platform "Slido" was used which allowed for real time audience interaction through individual mobile devices.

Dr Ursula Cantena from the Gemelli Hospital in Rome was our guest overseas speaker this year. She is a tour de force of hysteroscopy: running training courses, doing live surgeries and heading the ESGE Special Interest Group in Hysteroscopy. She spoke to us about 'Office hysteroscopy: is there still a place for forceps and scissors?' She demonstrated superb hysteroscopic surgery and the use of electrosurgical modalities and mechanical tissue removal systems.

One of the other highlights of the meeting was undoubtedly the debate between Professor Ertan Saridogan and Dr Richard Penketh, two well-known and respected hysteroscopists on the removal of submucous fibroids in the outpatient setting. This was a fun way of ending the meeting with some healthy banter and camaraderie between colleagues while stimulating intellectual discourse and critical thinking.

Overall, even though we might be slightly biased as part of the local organising committee, this is an excellent annual meeting not to be missed if your interest lies in ambulatory gynaecology.





Parliamentary Round Table of the Menstrual Health Coalition – an update on outcomes

The Scope Editor Funlayo Odejinmi represented the BSGE at the Menstrual Health Coalition hosted parliamentary roundtable in Portcullis House in December 2022. Jimi reported on the meeting in the last issue of The Scope. Here he updates on the recommendations made following the meeting

Background to the Menstrual Health Coalition meeting

The Menstrual Health Coalition, or MHC, 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 aim of the MHC is 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.

In December 2022, the MHC hosted a parliamentary roundtable focusing on the inequalities within menstrual health with the backdrop of the Women's Health Strategy. The roundtable focused on the disparities in menstrual health across the country, looking at differences in outcomes for women based on a variety of factors. Following the roundtable, the MHC has produced a series of recommendations asks that the group would like to see from the Government and the Department of Health and Social Care. These include...



“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.”

MHC Recommendations

1. Women and girls should be empowered to make informed decisions about their care, and this starts with school-age education on menstrual health -implement SRE.
2. The MHC is calling for the NHS website to be updated to include more up to take information in easy-to- understand language, including videos in different languages to help those who have low literacy or do not speak English.
3. The Government should focus on the recruitment, retention and training of healthcare professionals with an interest in women's health in the Workforce Strategy.
4. The MHC would like to see women's health included in the Quality and Outcomes Frameworks (QOFs) to incentivise healthcare professionals to fund training courses in the area.
5. The MHC is calling on the Government to collect data on ethnicity and age. It is known that data collection can help drive forward outcomes for women and girls, it can also help to better understand how women and girls access their care.
6. The Government and Department of Health and Social Care should outline the steps they are taking to promote early intervention and prevention for menstrual health conditions.
7. is a lack of research into women's health research projects in England. The Government should review its plans to announce funding for research projects into menstrual health.
8. The MHC would like to see the Government join up budgets and commissioning for sexual and reproductive health and women's health to reduce the number of women slipping through the system and improving care outcomes.
9. The MHC is calling on the Government to roll out Women's Health Hubs across the country to join up care for women and girls.
10. Women's Health conditions are often labelled as benign, which ignores the patient's quality of life. The MHC would like to see the Government take a strategic approach to how services for menstrual health are delivered to reduce the number of gynaecological patients on waiting lists.

The MHC also called out to the Government and the Department of Health and Social Care to engage with the coalition on the subject of menstrual health. They had two key asks:



MHC Asks

1. Will you agree to meet with the Menstrual Health Coalition's Steering Committee to discuss the asks and recommendations in more detail?
2. Will you attend a meeting of the Menstrual Health Coalition to discuss the progress made to implement the recommendations in the Strategy on menstrual health?

Dr Anne Connolly MBE, Founder of the Primary Care Women's Health Forum, Chair of the MHC's Steering Committee and long-time BSGE member said:

"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 specialist.

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."

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.

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



The Scope meets... Carla Cressy

Carla Cressy is the founder of The Endometriosis Foundation, a UK charity dedicated to raising awareness, providing trusted and transparent information, education, and support for people with endometriosis. Their mission is to create a future where Endometriosis is recognised and understood.

Misdiagnosed for more than ten years as having irritable bowel syndrome, Carla was eventually diagnosed with Endometriosis in January 2016, at the age of 25. During an emergency lifesaving laparotomy, surgeons found stage four Endometriosis and a frozen pelvis. Carla's late diagnosis resulted in irreversible multi-organ damage and sadly, infertility. Following her diagnosis, Carla was referred to the UCLH BSGE Endometriosis Centre and has been under their care since 2018. In 2020, Carla had further surgery to re position her bladder and insert ureteric stents together with a radical hysterectomy and bowel resection leaving her with an temporary ileostomy and forcing her into surgical menopause at just 29 years old.

Carla spoke to The Scope about her endometriosis journey, her mission and The Endometriosis Foundation:

Endometriosis can cause enormous suffering but remains understudied, under-funded, under-diagnosed and often misunderstood.

Setting up a charity was never something I intended to do. It all started from a campaign I started to increase awareness of endometriosis in schools. I strongly believe if I'd heard of endometriosis years ago when my symptoms first started, things could have been very different for me. At the time I was diagnosed, I found the information available to me was incredibly limiting, especially for people like me who are in the late stages of endometriosis with severe symptoms and suffering severe consequences. I felt there was a huge gap in information, support and guidance. That's what led me to think outside the box. I got in touch with Sir David Amess, who was my local MP, he championed my campaign which led us to registering the Endometriosis

All Party Parliamentary Group and together we decided to set up the charity.

Ultimately I want the Endometriosis Foundation to be everything I never had.

A condition as common as asthma and diabetes shouldn't take 7-8 years to diagnose.

The problem is, a lot of people, including myself, suffer from symptoms of endometriosis for a long time before diagnosis. I suffered symptoms for eleven years but the average is between seven and nine years.

When I was 14, I was under the care of gynaecology for my endometriosis symptoms- but it was still missed for more than ten years. It's not that I didn't know that there was a problem. I was persistent- but I was still dismissed for over a decade and told to get on with it.



For me, the most important thing is raising awareness of endometriosis. I want to help young people identify the signs sooner, to avoid the condition progressing like mine where the next step and the best step forward is pelvic clearance surgery. Endometriosis is more than just painful periods; it has other severe and serious consequences and I feel strongly that people like me need to be understood.

Often we hear endometriosis is merely painful periods, which can be damaging to people who, like me, have gone through such an ordeal where the condition has cost us our education, relationships, fertility and so forth. I don't want to scare people, but it's important to show what untreated or poorly treated endometriosis can lead to. It's important we highlight the symptoms including the bowel issues, the bladder problems, thoracic endometriosis and the potential effects on fertility and emotional wellbeing. The delay in diagnosis doesn't just cause pain, it can be life changing. It was for me.

I often wonder if there had been a poster in my GP surgery, or anywhere, I might have looked at it and thought that sounds like me. But there was nothing, which is quite frankly terrifying considering how common endometriosis is and how life changing the condition can be.

The Endometriosis Foundation has a board of trustees that includes renowned specialists and BSGE members who were part of Carla's endometriosis journey. BSGE Past President, Alfred Cutner, is a trustee, he told The Scope:



"I became involved with The Endometriosis Foundation after I was approached by Carla. I was impressed by her journey, how she dealt with the challenges, and her positive approach to help other women with endometriosis.

The Foundation supports women with endometriosis, ensuring they receive a good level of care and also preserving their future fertility. It is highly focused on changing the availability of ovarian preservation- no other endometriosis organisation is aimed in this direction.

The Foundation team can also provide support for people with endometriosis, providing accurate information and even accompanying some women to consultations."



The Endometriosis Foundation launch

Carla explained that the trustees have been one of The Endometriosis Foundations points of difference, helping to ensure the information provided is evidence led and reliable. The trustees have also played an important role in her life:

I'm incredibly grateful to have support from professionals including Alfred Cutner, Manish Chand and Oliver O'Donovan, these amazing specialists who have had a personal professional relationship with me throughout my journey and my treatment and who are willing and happy to help others. On our Board of Trustees, we also have Dr Srividya Seshadri, who froze my eggs, and Dr Joseph Davis, a fertility specialist from the USA, who reached out to me via Twitter in 2015 and told me about the BSGE accredited Endometriosis Centres, otherwise I would not have known. I never knew what endometriosis was, it took me some time to even pronounce the name. I'd never heard of it, and I certainly wasn't aware that there were specific centres and surgeons who specialised in treating endometriosis.

A viral Facebook post that Carla shared after her surgery generated headlines in the UK and across the world

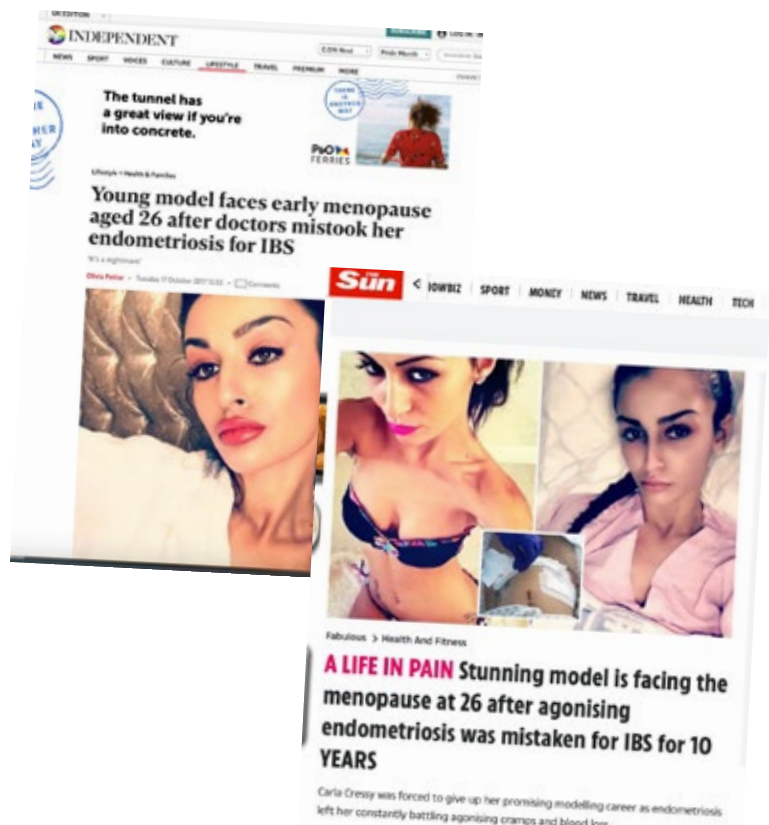
I used to model, my parents put me into modelling aged 8 so I had a tiny little platform, but even so the response I had totally shocked me. I woke the next morning to find that the post had gone global, it was in the papers, in Newsweek in the USA, ZeeNews in India, everywhere. I had this influx of letters, emails and messages from people from all over the world who were in a similar situation to me. I knew I had to do something.

“Following the blog publicity, I was invited to Israel, New York, and Stanford University, California. I was meeting surgeons and experts all over the world, spending time in the operating room and learning about endometriosis and sharing my story. And from that I realised that I needed to do more and more.”

That single blog opened up opportunities for Carla to learn about endometriosis and also to influence change. Carla used this platform to start a charity to support people with endometriosis, to increase awareness and to campaign for greater availability of fertility preservation procedures

“We started The Endometriosis Foundation to really focus on providing information, support and education. Time is not always on our sides with endometriosis, especially when it comes to fertility. We aim to bring specialists and patients together and providing that specialist patient introduction so that people can get the right information, without waiting three or four years to get it from their own doctor.”

There is a real need for the help we offer. When I was first diagnosed, I reached out to a number of organisations, but they didn't have any information or practical or emotional support for me. Actually one of the organisations told me that endometriosis was a gynaecological condition and had nothing to do with my bowel!



I was waiting to have a colostomy bag fitted and still being told that it had nothing to do with my bowel. Unfortunately a lot of people do still believe that it's just a period condition. We want to get the right message out there, to increase endometriosis awareness. I think you hear about it a tiny bit more- but people say 'oh yeah I've heard of that- but I don't actually know what it is' so the message is still blurred.

One of the biggest challenges people with endometriosis face is accessing the right information and care. There needs to be a focus on awareness and quicker diagnosis, but we also need support for people who have been neglected for all that time. I found that there's nothing available out there; no emotional support, no physical support. It's difficult, and waiting times are so long. It was never great before the pandemic. Because of COVID, financial constraints and NHS strikes - they all have a roll-on effect. We're working to try and fill that gap and to try and encourage change.



Carla has worked with Rebecca Mallick the BSGE Information Resources Portfolio to run a very popular patient webinar for people living with endometriosis:

I was host of a patient webinar with the BSGE, which was great. People got to ask questions and I was able to bring in a little bit about my own personal experiences. I think that's helpful because it's something that people can relate to.

I'm certainly not shy talking about bladder and bowel movements. There's a huge taboo about talking about these issues- but endometriosis is a condition that's as common as asthma or diabetes. It shouldn't take people like me to have to share such private and intimate experiences for it to be taken seriously.

But unfortunately that seems to be the way it has to go. People are hungry for information, they're desperate for it.

I genuinely believe that more than one in ten women has endometriosis. Hopefully, with more awareness, more people will come forward and we'll have a better idea of the true extent of the problem.

I just want to stop other women having to go through what I've been through.



From left to right: Endometriosis fellow Tom Bainton, Carla Cressy; Gynaecological surgeons Ms Manou Manpreet Kaur and Mr Amer Raza

And what does Carla want in the future?

We need more capacity to diagnose and treat people with endometriosis and more conversations around lifestyle changes and future fertility. The BSGE Endometriosis Centres are excellent. My team has been amazing, Mr Arvind Vashist of UCLH saved my life and changed my life. But there is so much demand, I had to wait for a year to get seen, during this time it was discovered I had stage 4 endometriosis and frozen pelvis, I was stapled across the lower part of my abdomen and left to wait.

We need more specialist surgeons, I'd like to see the BSGE training or accrediting some specialist surgeons who are outside BSGE Endometriosis Centres. The surgical care can be so poor, and it can have serious consequences. Through the charity we see some people who have had repetitive ablation surgeries, sure the ablation method has its place, but we see some who have had 10 or more ablation surgeries. Why are we paying for this? Instead we could have the right surgeon perform excision surgery, which would be better for the patient and more cost-effective too.

Raising money for the Endometriosis Foundation

Rebecca Mallick is taking on the mammoth National Three Peaks Challenge to raise money for the Endometriosis Foundation. She worked with Carla on the BSGE patient webinar and was inspired to support their work. Rebecca said:



“As a Consultant Gynaecologist and Endometriosis specialist I see the day-to-day struggles patients with endometriosis face - the access to specialist care, the delays in diagnosis and the misinformation to name a few.

The Endometriosis Foundation does such an amazing job raising awareness and provides a much needed trusted resource for patients.

I am honoured to be raising funds to support such a fantastic organisation and can't wait to take on this challenge!”

The National Three Peaks Challenge involves climbing the three highest peaks of Scotland, England and Wales, often within 24 hours. The total walking distance is 23 miles (37km) and the total ascent is an impressive 3064 metres (10,052ft).

[Click here to support Rebecca](#)





Global Congress of Hysteroscopy

T Justin Clark reports on the Global Congress of Hysteroscopy which took place in Sitges, Spain from 26-28 April, 2023

I think this was the 5th 'GCH' – Global Congress of Hysteroscopy, all previously being held in Barcelona or on-line during the pandemic. GCH is organised by the excellent Luis Alonso Pacheco, Sergio Haimovich and Attilio di Spiezio Sardo. I have to say, when it started, the GCH invited old farts like me-but whilst I agreed to deliver some hot air, I really wasn't sure if a congress dedicated to one specific type of endoscopy could be sustained. However, credit to the organisers because they have harnessed a truly global group of passionate hysteroscopists and the feeling of comradeship was palpable throughout my stay. The GCH is now also gaining greater traction politically and academically, for example contributing to the recent [nomenclature guidance on hysteroscopy published in FVVO and JMIG](https://fvvo.eu/assets/959/FVvinObGyn-13-287.pdf) (<https://fvvo.eu/assets/959/FVvinObGyn-13-287.pdf>).

This year, the BSGE had a dedicated stream with talks from myself, on expanding the role of hysteroscopy and superior talks from Liza Ball on a novel video to inform patients about outpatient hysteroscopy, Shilpa Kohle showing us how to comprehensively assure the quality of our hysteroscopic practice and Mary Connor helping us decide between the tried and tested resectoscope or the 'new kid on the block' - mechanical tissue removal systems' for removing fibroids. Our session was well attended by delegates from Europe, Australasia, America and Africa.

Despite my speaking and chairing duties, you will be pleased to know that I did manage to fit in a walk along the beach (the smell of jasmine was sublime), not to mention a paella or two and some rioja, which blew away my planned 'intermittent fasting' diet!

I do think that the GCH has established itself as a really useful and enjoyable conference for those who love all things hysteroscopy. I would fully recommend the meeting to our members with this interest.



BSGE News

Adenomyosis webinar for patients



Rebecca Mallick, Chair of the Information Resources Portfolio reports on a new BSGE patient information initiative

As part of raising awareness of important gynaecological conditions, the BSGE is planning to run a patient webinar on adenomyosis. This follows on from the very successful patient webinar on endometriosis on March 22nd this year.

We are planning to run the session on June 28th between 6-7pm via zoom. We will have a panel of patients, activists and health professionals. The final details are still being confirmed but could include:

- > **Tanya Simon-Hall** - a women affected by adenomyosis who formed The Adeno Gang, a group who are petitioning for more research into Adenomyosis

[Find out more here](#)

- > **Dr Anita Mitra** - Gynae Geek who provides no nonsense information on 'down-there' healthcare.
- > **Jenny Shaw** - Endometriosis Clinical Nurse Specialist
- > Specialist involved in the scanning and diagnosis of adenomyosis
- > Specialist gynaecologist advising on the treatment options.

As always, the webinar will be open to all and available to watch afterwards. So, please recommend the webinar to your patients and share on social media so that we can get as many women as possible engaged and informed.



BSGE News

BSGE Elections 2023

The results of the recent BSGE elections were announced at the AGM, held on Thursday April 20th in Manchester.

Due to the increased membership and increased business of the BSGE, President Andrew Kent proposed increasing the three senior positions available for election to five. At the meeting after a debate, it was agreed that the available positions should be filled by the candidates already up for election. The results are as follows:

Senior Representatives

Sujata Gupta

After a successful ASM, Chair of the Manchester LOC, Sujata Gupta from Stockport NHS Trust was elected to Council. Sujata becomes Meetings Convenor and Industry Relations Portfolio Chair.



Michael Adamczyk

from St Peter's Chertsey was elected as a senior Council member. Mikey is the new Rewards and Bursaries Portfolio Chair, moving on from his hard work with RIGS as Trainee Representative.



Oudai Ali

from Epsom and St Helier University Hospitals NHS Trust was also successfully elected to Council. Oudai chairs a newly formed portfolio Research and Innovations, he has previously been very active as a subcommittee member in Hysteroscopy.



Angus Thomson,

from Worcestershire Acute Hospitals NHS Trust was successfully re-elected as a senior Council member, he now replaces Vice President Arvind Vashisht as Endometriosis Centre Portfolio Chair.



Karolina Afors,

from Whittington Hospital, London, was also re-elected and continues her hard work as GESEA Programme Chief Mentor.



Nurse Specialist Representatives

Gilly Macdonald from Cornwall Endometriosis Centre was re-elected as Endometriosis Nurse Specialist Representative and Caroline Bell was also re-elected as Nurse Hysteroscopist Representative, both Gilly and Caroline have already had successful tenures on Council and were elected to continue their great work.



Caroline Bell



Gilly Macdonald

Trainee Representative

Samantha Kirkwood from Royal Surrey County NHS Foundation Trust joins Lina Antoun as Trainee Representative, together they will continue the excellent service in the RIGS group.



Samantha Kirkwood

Portfolio Reports



Information resources portfolio report

I've worked with my great subcommittee team of Ben Mondelli, Gina Michel, Mo Al Kharfan to continue the very popular BSGE webinar series:

- > Open to all to attend live and BSGE members can view anytime on the website
- > Held on the last Wednesday of the month from 6-7pm, they're a great way to collect CPD!
- > We've covered a variety of topics ranging from laparoscopic colposuspension to robotic surgery to imaging and endometriosis
- > Additionally we have run a corporate sponsored webinar series with the support of Hologic, Gynesonics.
- > In our latest webinar, we ran a really successful acute gynae webinar covering ectopic pregnancies and tubo-ovarian abscesses with 200 people attending live, and more watching the session on the website later.

Looking forward we plan an endometriosis webinar in July, Endocentre update, surgical masterclasses, live surgery webinars and much more.

Increased patient engagement

- > The Instagram account for patients @theBSGE continues to grow- please share with your patients, there are lots of useful resources!
- > We ran a recent patient webinar with Medtronic and ESGE hosted by Carla Cressy (The Endometriosis Foundation) – the session was really well received. You can read Carla's story in this issue of The Scope.

Over the rest of 2023, we plan monthly Instagram lives and will continue to share resources. We are also planning a patient webinar on adenomyosis in late June.

I look forward to welcoming you to our team!

Rebecca Mallick MBChB MRCOG

Chair – Information Resources

Social media

Follow us and stay in touch on:

- > LinkedIn - @BSGE (NEW!!)
- > Twitter - @theBSGE
- > Facebook – BSGE group
- > Instagram - @theBSGE



Join the Information Resources team

The Information Resources Portfolio is looking for a new subcommittee member. If you're interested in communications and increasing your profile within the Society this is a great opportunity.

We are particularly looking for a team member with an interest in Podcasts to take this on and re-invigorate and retouch BSGE uncut. You would also help with co-ordinating, organising and hosting webinars.

Please let me know a little about you, send a summary of at least 200 words by the 30th of July 2023 telling me what you can offer and details of any social media, writing and communications experience- but remember that above all we want someone who is committed and enthusiastic.

bsge@rcog.org.uk

Information Resources
Rebecca Mallick
Subcommittee – Ben Mondelli, Gina Michel, Mo Al Kharfan

Monthly Webinars

- Open to all to attend live and BSGE members can view anytime on the website
- Last Wednesday of the month 6-7pm, great way to collect CPD!
- Variety of topics ranging from laparoscopic colposuspension to robotic surgery to imaging and endometriosis
- Additionally corporate sponsored webinar series (Hologic, Gynesonics)
- 2023 – Endometriosis update, surgical masterclasses and much more...

Increased patient engagement

- The Instagram account for patients @theBSGE continues to grow- please share with your patients! Lots of useful resources!
- Recent patient webinar (with Medtronic and ESGE) hosted by Carla Cressy (The Endometriosis Foundation) – really well received!
- 2023 – monthly Instagram lives and share resources.

Social media

- LinkedIn - @BSGE (NEW!!)
- Twitter - @theBSGE
- Facebook – BSGE group
- Instagram - @theBSGE

#bsgeasm23



Portfolio Reports

Endometriosis Centre Portfolio Report

We had an endometriosis centres meeting in Manchester. Thank you for all of those who were able to attend, it certainly was a very fruitful discussion.

In essence, we have been planning to revamp the database which is a response to patients' and your wishes, as well as a long overdue update to make the database more contemporary and fit for purpose.

We have acknowledged the work of the pioneers in setting up the endometriosis database/centres project and this has borne many fruit including publications on the largest data series worldwide on outcomes following surgery for rectovaginal disease, as well as raising the bar for treatment for women across the UK.

The main areas of the change that we have looked at are:

1. Modifying the database to remove and add certain key questions.
2. Adding a surgical classification system and we have given very strong consideration to the Enzian one
3. Changing the end-user experience of the database, such that it will be much more patient and healthcare professional friendly with the use of smart logic and drop-down menus, and hopefully something that can be used on a phone. Apparently this is something we spend a lot of time on these days.

All of this is work in progress, and by no means a fait accompli, although we do need to make changes, and progress will invariably not suit everyone. There will always be pros and cons to each of the modifications, but change we must.

I have been indebted to a very hard-working and dedicated team on the subcommittee of Neelam Potdar, Lucky Saraswat, Oliver O'Donovan, Justin Clark, and Jon Hughes, all of whom have given their own time and very considerable expertise into drafting changes.

Arvind Vashisht

Ongoing Endometriosis Centre Portfolio Chair



As well as coming up with a generally agreed set of changes, it will be very important that these are aligned with some of the service specification changes that were introduced and outlined by Anthony Prudhoe, and our President Andrew Kent at the meeting. It is essential that we iron out the ongoing unsatisfactory situation of accredited centres not tallying with specially commissioned centres, and we aim to make the two processes very similar.

In summary, in the Endometriosis Centre Portfolio over the past year we successfully completed the accreditation process for 2022. Our aspirations and future plans include:

- > Improving the interface of the database – “end-user friendly.”
- > Revamping the questionnaire / data entry.
- > Incorporating a surgical classification system.
- > Matching accreditation to commissioning via NHSE.

I will be stepping down from my role as Chair of the Endometriosis Centres to Angus Thomson. Angus will undoubtedly seamlessly oversee the above. I would like to thank you all for the patience shown with the annual accreditation process, to Conor Byrne and team for IT support and to the incredible machine that is Atia. Atia keeps us all together and is the real star, behind the scenes, overseeing accreditation. I hope to maintain the momentum and be part of the ongoing changes, and remain committed to getting the modifications over the line, which I think will re-enthuse us all, reinject the purpose of the Endocentres project, and preserve its position as the jewel in our BSGE crown.

Portfolio Reports

Hysteroscopy Portfolio Report



The Hysteroscopy Portfolio has been busy, as ever. We have run two successful BSGE/RCOG diagnostic and operative hysteroscopy workshops in June and October 2022 together with the pre-congress hysteroscopy course at the ASM on the 19th April 2023 which included expert lectures. You can read my report on the session in this Scope.

The Nurse Hysteroscopy Logbook is now complete and available for download. It aims to support qualified Nurse Hysteroscopists in their progression from diagnostic hysteroscopy to operative hysteroscopy. In the future, we plan to continue to offer BSGE/RCOG diagnostic and operative hysteroscopy workshops and lectures with the expert team including subcommittee members Amelia Davison and Shilpa Kolhe. We are also planning to organise a workshop specifically for nurses on the 12-13th December 2023 in Guilford. Please save the date!

Following the successful workshop at ASM 2023, I would like to say a big thank you to my organisers Caroline Bell, Nurse Hysteroscopist in Cumbria, who has been amazing in liaising with the industries and local faculty to make sure the day was running smoothly and with everything needed. Thanks also to Mr Oudai Ali, Consultant Gynaecologist in Epsom, who worked hard to collect new interesting clinical cases for live discussion on the day. Thanks too to Hani Shuheibar who ran everywhere to collect the hospital equipment needed to run the course and to Amelia Davison and Shilpa Kohle who are part of the BSGE hysteroscopy portfolio and helped to run the hysteroscopy workshop.

Finally, a particular thank you to Mary Connor, Consultant Gynaecologist in Sheffield who presented on the topic of operative hysteroscopy and different tissue removal system. Mary, together with Stephen Burrell have organised hysteroscopy courses and workshops for many years.



Nadine Di Donato

Chair of Hysteroscopy Subcommittee



Portfolio Reports

Awards and Bursaries Portfolio Report

The portfolio's achievements in 2022 and 2023 to date include:

- > Increasing the amount eligible to nurse/paramedic members and doctors in training from £500 to £1000. The amounts available for research has increased from 50% of modules over £1000 to 75% for these groups. Funding for Consultant / GP / SAS doctors remains fixed at £500 and 50% of research modules.
- > Work currently in progress includes enabling flexibility of funding such that if all the funding for one membership group is not utilised, this can then be made available for the other membership groups. The goals for the rest of 2023 and 2024 includes working to increase nurse / paramedic member applications.



I am now moving to become the new International Relations Portfolio Chair.

I would particularly like to thank my extremely hard working and valued subcommittee members.

Thanks to:

- Ilyas Arshad who has supported the portfolio since 2021
- Kerry Mitchell
- Rebecca Karkia
- Tony Chaloub was has been part of the subcommittee since 2019



Ilyas Arshad

Consultant
Gynaecologist,
Liverpool University
Hospitals NHS
Foundation Trust



Kerry Mitchell

Advanced Nurse
Practitioner



Rebecca Karkia

Clinical Research Fellow



Tony Chaloub

Consultant
Gynaecologist
The Newcastle upon
Tyne Hospitals NHS
Foundation Trust

I wish my replacement Mike Adamczyk all the best in his new position, I know he'll do a great job.

Martin Hirsch

Outgoing Awards and Bursaries Portfolio Chair



RIGS has had another successful year. We have completed the RIGs Hubs national training programme receiving a very positive feedback with an additional 70+ trainees joining BSGE. The RIGs Hubs training programme for 2023 has been announced and applications will open later this year. We also had a great RIGS Dinner and a successful RIGS Intermediate Laparoscopy Workshop at ASM 2023. Here is an update on our activity and ways to get involved with RIGS.

RIGS Intermediate Laparoscopy workshop

We ran the pre congress RIGs intermediate laparoscopy workshop for the BSGE ASM 23 with overwhelming positive feedback. The workshop covered key operative laparoscopic requirements within the RCOG curriculum. There were opportunities for delegates to complete OSATs assessments of their choice using the laparoscopic simulators.



RIGS Suturing Competition

We introduced a suturing competition through the RIGS training programme. At the ASM, 16 participants competed for the STORZ Golden Needle Holder trophy. The winner was Dalia Meki in a closely fought battle. You can read more about the competition in the ASM report in this Scope.



New Trainee Council Representative

Mikey Adamczyk has now moved to become a Senior Council Representative. Thanks to Mikey for all his hard work with RIGS and good luck in his new position as Awards and Bursaries Portfolio Chair. Welcome to Samantha Kirkwood who was successfully elected as the new Trainee Representative.



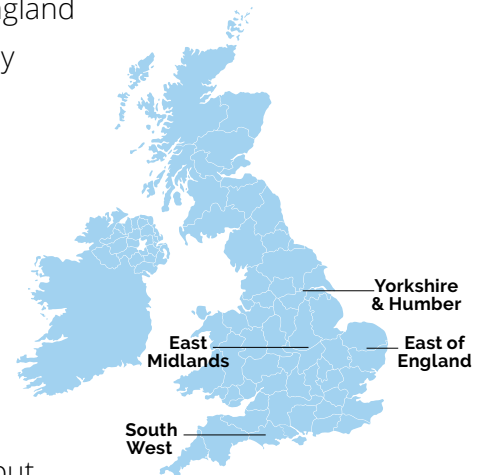
RIGS Representative vacancies

BSGE RIGS is inviting applications for four regional representatives to cover the following deaneries:

- East Midlands
- South West
- Yorkshire and Humber
- East of England

Trainee regional reps play an integral role within the BSGE and RIGS. They provide useful feedback and opinions, which can be incorporated into training. All regional reps feature on the website and actively participate in the evolution and development of RIGS, providing a support network to BSGE trainee members in the deaneries. The RIGS regional rep is a key link between trainees and the BSGE; it is important in your role to be proactive and accessible to ensure trainees have the best experience. Reps will be required to provide quarterly written updates on training opportunities within their deanery and volunteer to help with BSGE trainee activities such as courses or webinars.

A RIGS regional trainee rep can be of any level (ST1-ST7 or SAS doctor) but must be a fully paid member of the BSGE. If you are interested in this role, please email BSGE at bsge@rcog.org.uk with a brief biography, a summary of why you wish to represent your deanery (max 250 words) and a photo of yourself.



BSGE RIGS HUB National Training Programme 2023

We are excited to soon be commencing the 2023 BSGE RIGS HUB National Training Programme.

The practical training will run over 3 dates in 2023.

- > 12th September 2023 – Basic
- > 19th October 2023 – Intermediate
- > 14th November 2023 – Advanced

Three Educational webinars will also support the programme (dates TBC)

We will be finalising the application process for faculty in order for you to book any required leave. If you are interested in becoming faculty for the BSGE RIGS HUB National Training Programme, please complete the online form. All applicants for the programme must be BSGE members.

Faculty applications will close online at 5pm on 16th June 2023.

Please contact the BSGE RIGS representative in your region for further details via <https://www.bsge.org.uk/rigs-regional-reps/> or contact trainees@bsge.org.uk

We hope you become part of the BSGE RIGS HUB National Training Programme!

RIGS
Online
Form

BSGE RIGS HUB National Training Programme Committee

Donna Ghosh (BSGE Chair for Laparoscopic Training)

Jessica Preshaw, CP Lim and Angharad Jones (BSGE Laparoscopic Training Sub-committee)



Lina Antoun and Samantha Kirkwood (BSGE Trainee Representatives)

Nurse Specialists

Nurse Hysteroscopy Portfolio Report

Dear colleagues, I hope you are all well. It has been lovely seeing so many of you this year. We have achieved so much:

The Ambulatory Care Network meeting in Birmingham was very well received. This was the first year where the Bradford team picked one of the best audits from a student on the course and the student was able to present their audit at the ACN meeting, with hotel, travel and ACN ticket all supplied by BSGE. We hope to continue this annually. We thank Justin and his team for continued support and for a wonderful event.

We have completed the BSGE Operative Hysteroscopy Logbook- this is now available for download. It can help hysteroscopists progress from diagnostic to operative hysteroscopy

The pregress hysteroscopy workshop was also very well received, with both nurses and consultants as delegates. You can read a report on the course and see some pictures in this issue of The Scope.

The ASM also went really well, we had some fantastic speakers. I'd like to say thanks to all the nurses who spoke. It was wonderful to meet Joanna Knight, consultant from New Zealand who informed us all that they have their second cohort of nurse hysteroscopists in New Zealand and the programme is going well.

If any of our nurse members have topics or ideas to include in 2024 conferences, please let me know.

We continue to look at webinars/drop in sessions, please get in touch if you have ideas on talks or subjects that would be useful to cover.

I would like to take this opportunity to thank Dennis Casayuran and Michelle Clarke for all their hard work. They are stepping down from the subcommittee, their help and support to the BSGE over the past three years has been second to none.

Also a big thanks to Suzanne Taylor who, I'm glad to report, is going to be staying on the subcommittee for another three years.

I feel it is only right that we also thank Rae Nesbitt. Rae and Suzanne Taylor continue to deliver the programme at Bradford. They are continually ensuring the course is up to date and have more students than ever before. Going forward, they are looking to open the course up to two intakes annually.

Aims for the next year

- > Continuing with BSGE/RCOG hysteroscopy workshops, including a dedicated nurse hysteroscopy workshop on the 12-13th December 2023 in Guilford. So, please put the date in your diaries.
- > Ensuring the Operative Logbook is rolled out, so all members are aware of its use.
- > Planning theory and practical workshops on the use of the logbook.

Join the Nurse Hysteroscopist Portfolio

The Nurse Hysteroscopist Portfolio is looking for two new subcommittee members. If you're interested in hysteroscopy, the work of the BSGE and increasing your profile within the Society this is a great opportunity.

Please let me know a little about you, send a summary of at least 200 words by the 30th of July 2023 telling me what you can offer and details of any experience.



Caroline Bell

Nurse Hysteroscopists
Portfolio Chair

Email: Caroline.Bell@ncic.nhs.uk



Nurse Specialists

Endometriosis CNS Portfolio Report

The Endometriosis CNS subcommittee has continued to facilitate, support and provide opportunities to develop for all Endometriosis CNSs. Our key achievements over the past year include:

Achievements:

- > Establishing a mentor register to support Endometriosis CNSs
- > Run biannual CNS education days
- > Developing greater social media networking with Facebook and WhatsApp groups established
- > Continuing the Bitesize informal drop-in sessions

Looking forward to the next year, we aim to carry on the good work. Our targets include:

- > Continuing our work to deliver high quality education
- > Developing the Endometriosis CNS section of the BSGE website with further resources for education and research
- > Developing a patient 'tool kit' to provide patient information and links for self-help including pain management, nutrition, exercise and mindfulness.
- > Please save the date for the BSGE Autumn Endometriosis CNS Education Day on 25th September 2023 at the Hallam Centre, London.

Please feel free to contact us if you have any suggestions of how we can help and support our colleagues, and, also let us know if you have any news. It's great to be able to share our achievements and what we have done well!

Get involved with the Endometriosis CNS Portfolio

We are looking for a new subcommittee member to help with the work of the Endometriosis CNS Portfolio. The team works closely together to develop the role of Endo CNSs, support our work and facilitate training, networking and the exchange of information.

If you're interested in joining our friendly team please get in touch, telling us what you can offer and details of any relevant experience.

gilly.macdonald@nhs.net



Gilly Macdonald
Endometriosis CNS
Portfolio Chair



Nurse Specialists

Endometriosis CNS Training Day at ASM 2023

The ASM 2023 pre-congress study day was very well attended, the room was absolutely packed, so it was a relief when everyone moved into a larger space after lunch. There was excellent engagement from delegates throughout the day, which was full and varied and covered many topics and ideas to implement into practice.

There were many excellent speakers covering subjects from an update on current research to thoracic endometriosis, psychosexual aspects of endometriosis and the management of nerve pain. There was a fascinating talk from Debs Holloway on how the role of the Endometriosis CNS has evolved over the years- we've all come so far. Emma Cox, Chair of Endometriosis UK attended the meeting and spoke to delegates. She told The Scope:

“It was inspiring to see so many engaged and informed Endometriosis CNSs, who are often the first point of contact for people diagnosed with endometriosis. The meeting has really grown and developed since I last attended three years ago- and there was so much interesting information, I definitely learned something.”

There was applause followed by hugs and tears following Jenny Shaw's very personal story about being an Endometriosis CNS who was redeployed to ITU during the Covid pandemic. Her powerful presentation 'The elephant in the NHS' talked about her own harrowing experience of anxiety, depression and PTSD, which left her unable to work or function on any level. Jenny was also all too aware, that she is not alone- she highlighted the mental health crisis affecting NHS workers in general, and nurses in particular:

“Nursing takes a lot out of you, she later added that ‘everyone affected thinks they’re the only one.’”

Jenny's talk really resonated with many of the people in the room, who talked about their own mental health challenges both during the discussion and, later, during the break.

Jenny closed with these wise words:

“If you're struggling, please, please get some help, admit it to yourself, admit it to a colleague and look after yourself.”



Nurse Hysteroscopy Operative Workshop 23

Start: 12th December at 12:30

End: 13th December at 16:00

MATTU, Guildford

Save
the
date

Objectives:

- 1) To be familiar with operative hysteroscopy
- 2) Understand how to use different operative equipment
- 3) For nurses to understand the operative logbook
- 4) To provide lectures to cover ambulatory setting, troubleshooting, basics of operative hysteroscopy and analgesia.

Description:

The workshop will combine lectures, case studies discussion and practical stations. There will be practical rotational stations with hands-on removal of uterine pathology using different types of tissue removal devices and scissor & grasper and resectoscope

The practical sessions will use both models and simulators. The stations will include improving camera skills and hand-eye co-ordination in:

- 1) Operative hysteroscopy
- 2) Tissue removal devices
- 3) Resectoscope
- 4) Endometrial ablation

A particular station will be for case studies discussion on management of difficult situations such as failed hysteroscopy, complications, emergencies and more. The case studies will include videos and hysteroscopic images.

**To register your interest:
please email bsge@rcog.org.uk**

Who should attend?

Nurses who have qualified in hysteroscopy and want to move on from diagnostic to operative procedures.

We do recommend you have 12 months and feel confident with diagnostic procedures before attending this workshop.

Course organisers:

Nadine Di Donato, Caroline Bell and Oudai Ali.

Registration fee will include access to two day meeting, refreshments and lunch, network dinner plus one night accommodation at Holiday Inn, Guildford booked by the BSGE.

Strictly for 20 delegates only.



BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY





BSGE Survey Section

Survey on return to surgical practice as a consultant gynaecologist after a break

Donna Ghosh, Laparoscopic Training Portfolio Chair, invites members to complete her short survey:

Have you ever had a break from surgical practice as a consultant gynaecologist?

Whether you have had a longer break due to parental leave, career break or sickness, or a shorter break due to the Covid-19 pandemic we would like you to complete this short survey.

At the BSGE we are aware of many reasons for a consultant having a break in their surgical practice and that the return to operating can be daunting, and potentially unsafe, if the correct support is not in place. The British Medical Association recently published a guidance document 'Returning to Clinical Practice after Absence' and trainees have access to a dedicated programme called SuppoRTT, which was developed specifically to enable trainees to have a safe, supported return to work.

As the largest gynaecological surgical society in the UK we hope to use the information collected to produce more specific guidance to support consultant surgeons on their return to clinical work after a break in clinical practice.

Please click below to complete the survey.
This should take you approximately 2 minutes.

Many thanks

Donna Ghosh, Laparoscopy Training Portfolio Chair

[Access the survey here](#)





BSGE Survey Section

Survey on antibiotic prophylaxis for laparoscopic surgery

Felicity Watson, Locum Consultant in Obstetrics and Gynaecology at QEUH Glasgow asks members to complete this short survey:

We would like to understand “usual practice” in antibiotic prophylaxis for laparoscopic surgery. There does not seem to be an agreed standard and so would be very grateful for literally 30 seconds of your time anonymously completing the following google form.

Thanks in advance.

Felicity Watson and Chris Hardwick, Consultant Gynaecologists, QEUH, Glasgow

[Access the survey here](#)





Noteworthy Articles

Rebecca Mallick, Chair of the Information Resources Portfolio rounds up some of the top articles to keep your reading up to date. In memory of Professor Chris Sutton, Rebecca opens with one of his landmark papers:

Sutton et al. Prospective, randomized, double-blind, controlled trial of laser laparoscopy in the treatment of pelvic pain associated with minimal, mild, and moderate endometriosis. *Fertil Steril.* 1994;6:696-700

Looking back at this landmark paper published in 1994. A seminal publication, authored by Professor Chris Sutton, is a must read for all gynaecologists, and highlights the benefits of laser laparoscopic treatment of endometriosis

[Read more](#)

Sewell et al. Does virtual reality technology reduce pain and anxiety during outpatient hysteroscopy? A randomised controlled trial. *BJOG.* Epub ahead of print

Really topical at the moment. This RCT assesses the use of virtual reality technology in reducing pain and anxiety during outpatient hysteroscopy. The results suggest that while this type of technology may be useful in reducing anxiety, it does not appear to help with pain during outpatient hysteroscopic procedures.

[Read more](#)

Manobharath N et al. Excisional endometriosis surgery with hysterectomy and bilateral salpingo-oophorectomy versus excisional endometriosis surgery alone for pelvic pain associated with deep endometriosis. *FVVO.* 2023;15:35-43.

Interesting study comparing the improvements in symptoms and quality of life in patients undergoing excisional endometriosis surgery (EES) versus EES combined with hysterectomy + BSO. The latter appears to have greater pain benefits (chronic pelvic pain, dyspareunia, bowel and bladder pain) even when controlled for adenomyosis.

[Read more](#)

Khazali et al. Indocyanine green tattooing for marking the caudal excision margin of a full thickness vaginal endometriotic nodule. *FVVO* 2023;15:89-91

Fascinating video article highlighting another potential use of ICG in gynaecology and in particular endometriosis surgery.

[Read more](#)



Yoong et al. vNOTES (vaginal Natural Orifice Transluminal Endoscopic Surgery): is this the future of gynaecological surgery? The Obstetrician & Gynaecologist 2023;25:97-100

Great summary article on vNOTES and its current place in gynaecological surgery. This paper covers a variety of topics ranging from surgical techniques to cost-effectiveness and training.

[Read more](#)

McDougall et al. Towards a clinical consensus on the management of pregnancy and birth after laparoscopic and open myomectomy: A survey of obstetricians and gynaecologists. Eur J Obstet Gynecol Reprod Biol. 2023;284:82-93

Well worth a read and very topical! A comprehensive survey assessing clinicians thoughts and recommendations on pregnancy and delivery following myomectomy.

[Read more](#)

Goswami et al. Premenstrual disorders including premenstrual syndrome and premenstrual dysphoric disorder. The Obstetrician & Gynaecologist 2023;25:38-46

Really nice summary article on premenstrual disorder. Definitely a must read for all studying for MRCOG.

[Read more](#)

Amoah et al. Uterine-preserving treatments or hysterectomy reintervention after myomectomy or uterine artery embolisation: A retrospective cohort study of long-term outcomes. BJOG 2023;130:823-831

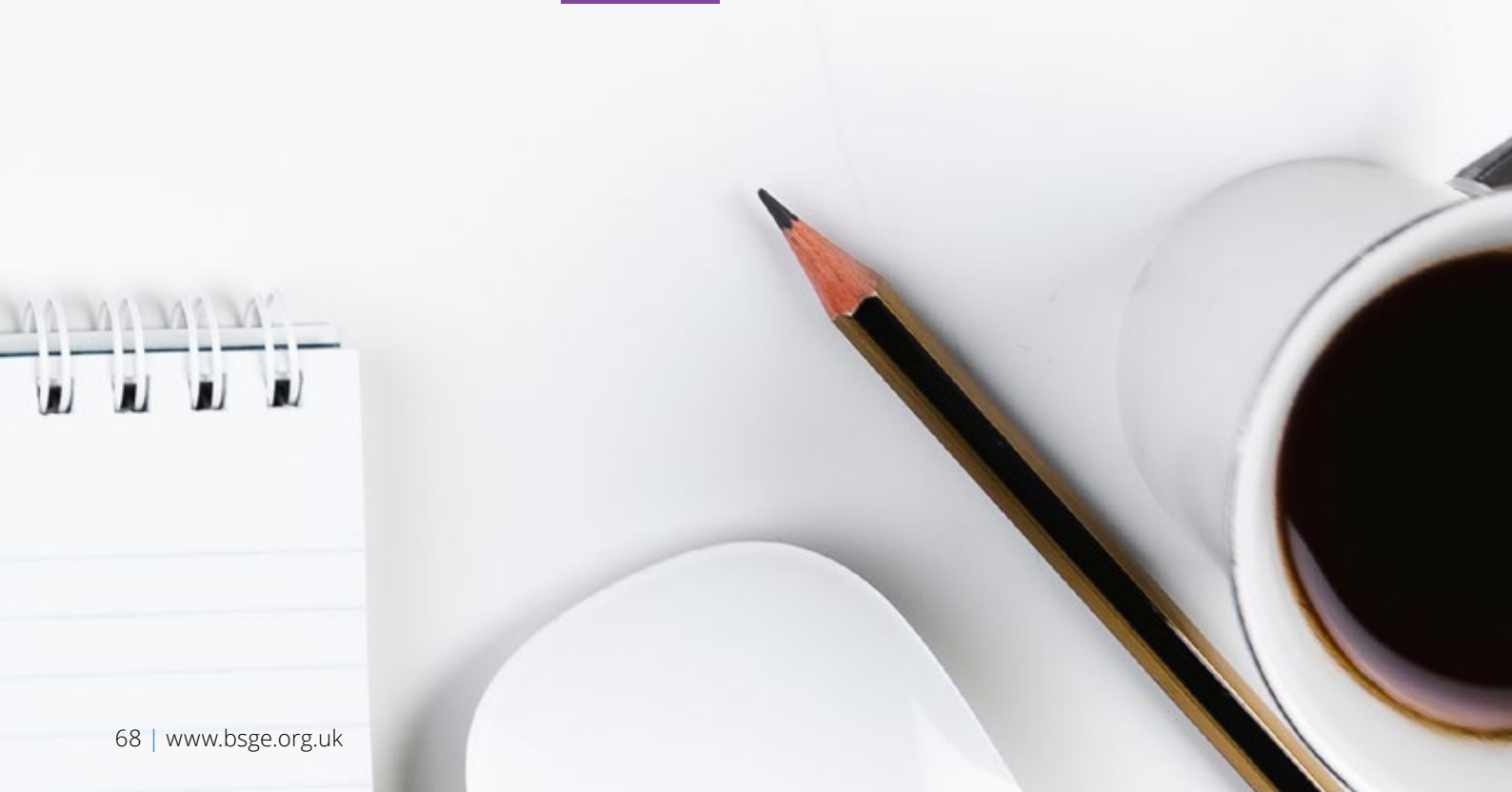
Fascinating retrospective cohort study comparing rates of reintervention following myomectomy or UAE. Interestingly re-intervention rates appear to be significantly higher following UAE – useful stats for patient counselling.

[Read more](#)

Lewin et al. Impact of the COVID-19 pandemic on surgery for severe endometriosis in the UK: a national database study. FVVO 2022;14:309-315

Lewin and colleagues present a large observational study highlighting the impact of COVID-19 on surgery for severe endometriosis. As expected this study highlights the significant reduction of surgical procedures performed for endometriosis during the pandemic and highlights the slow recovery at local and national levels.

[Read more](#)





Upcoming Events

Nadine di Donato gives a round-up of the courses and conferences to put in your diary.

Please note that the BSGE courses are highlighted in blue.

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

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

Olympus & BSGE Module 6 - Complication Avoidance & Management with Hysterectomy 2023

Start Date: 18 July 2023
End Date: 18 July 2023
Where: Webinar

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

Joint RCOG/BSGE Challenges of Benign Abdominal Surgery Theory Course

Start Date: 20 September 2023
End Date: 21 September 2023
Where: RCOG

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

Joint RCOG/BSGE Challenges of Benign Abdominal Surgery Practical Course- 'Essential skills for laparoscopic hysterectomy'.

Start Dates: 26/09/2023 or 27/09/2023 (1 day course)
End Dates: 26/09/2023 or 27/09/2023
Where: RCOG

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
Start 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

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

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 >>](#)

RCOG/BSGE Diagnostic and Operative Hysteroscopy Workshops

Start Date: 10 October 2023
End Date: 19 October 2023
Where: RCOG 10-18 Union Street London SE1 1SZ UK

[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 >>](#)

31st World Congress on Controversies in Obstetrics, Gynecology & Infertility (COGI)

Start Date: 23 November 2023
End Date: 25 November 2023
Where: Hilton Vienna Park Am Stadtpark 1
Vienna, A – 1030 Austria

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

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

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

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

BSGE Nurse Hysteroscopy Operative Workshop SAVE THE DATE

Start Date: 12 December 2023
End Date: 13 December 2023
Where: MATTU, Guildford

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

ASM24 Annual Scientific Meeting

Thursday 2nd & Friday 3rd May | ICC, Belfast

BSGE ASM 2024 SAVE THE DATE

Start date: 2 May 2024
End date: 3 May 2024
Where: ICC Belfast

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





Olympus & BSGE Module 6 - Complication Avoidance & Management with Hysterectomy

Date: July 18, 2023 | Venue: Digital Education Experience

Time	Programme	Presenter
06:00 PM	Welcome and Introduction	Mr Mohamed Mabrouk
06:05 PM	Peri-operative prevention and management of complications	Miss Smruta Shanbhag
06:25 PM	Intraoperative prevention and management of complications	Mr Mohamed Mabrouk
06:45 PM	Live Q&A	All Faculty
07:00 PM	Close	



Faculty

Miss Smruta Shanbhag

Consultant Gynaecologist & Gynaecological Oncologist
University Hospital Coventry and Warwickshire

Mr Mohamed Mabrouk

Consultant Gynaecologist
Cambridge University Hospitals NHS Foundation Trust

online registration

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.

BSGE Scope Team

Meet our dedicated team...



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Editor



Jane Gilbert
Assistant Editor



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BSGE Manager



Charis Ayton
BSGE Administrator



Rebecca Mallick
Noteworthy Articles



Mez Aref-Adib
The Scope meets...



Nadine Di Donato
Events



Lina Antoun
Trainees



Samantha Kirkwood
Trainees



Ben Mondelli
Interviewer



BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

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