THE SCOPE

Newsletter of the British Society for Gynaecological Endoscopy

BSGE news...

ASM24 - Details of the event, including a Belfast bucket list

BSGE ACN 2024

New 'Opinion' section, Shaheen Khazali discusses the growth of AI

'Just a Period' campaign

All the usuals and much more

Issue 23 | Winter 2023

BSGE
BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

Welcome

Dear colleagues and fellow BSGE members

Message from the Editor

I extend a warm welcome to you for yet another substantial edition of SCOPE@TheBSGE. The Society's platform that aims to inform members of the goings on within the BSGE and highlight the activities of its members. I hope you enjoy this issue as much as the authors have enjoyed putting it together.

In this year-end issue, we bid farewell to another luminary of minimal access surgery, David Redwine, with a heartfelt tribute from Jeremy Wright. Also included is an archived interview with David Redwine by my predecessor as Editor Shaheen Khazali.

In my role as the Chair of the Membership Relations Committee, I take a moment to reflect on a year that seems to have returned to a semblance of normality after the challenges posed by COVID-19. We now have the ability to go to as many face-to-face minimal access conferences as possible. Our well-received congress in Manchester 'brought talent and technology together' with the historical addition of the suffragettes.

There has been a strong BSGE representation at international congresses this year. The ESGE congress in Brussels showcased outstanding presentations from BSGE members. One of the highlights for me at the ESGE congress was the Presidential address, which eloquently reflected the remarkable progress of minimal access surgery since the first laparoscopic salpingotomy for ectopic pregnancy in 1973 by Bruhat and Manhes. The video presentation of that historic surgery, complete with its antiquated instruments, was both fascinating and enlightening. I congratulate Lina Antoun on her well-deserved prize and invite you to read her experiences of ESGE 2023 as well as a report from Samantha Kirkwood in this issue.

The pinnacle of my year was representing Andrew Kent, our President, and the BSGE at the AAGL 2023 in Nashville. I had the privilege of meeting Michel Canis, the incoming President of the AAGL, who, in his capacity as the current Scientific Committee Chair, outlined the congress's themes. These themes emphasised sustainability in minimal access surgery, inclusion, and diversity. Michel underscored how faculty panels were chosen to represent the diverse membership of the AAGL. I shared with him that my representation of the BSGE was, in itself, an embodiment of inclusion and diversity.

During the general sessions at AAGL2023, MEDTALKS covered a range of topics, including "The History of Racial Disparity in Gynaecology" from Marion Simms to the present day. There was also a thought-provoking discussion on preserving wellness through micro habit changes, encouraging vulnerability and emphasising that it is acceptable not to be an "ironman" while still excelling as a minimal access surgeon. It was inspiring to witness presentations from BSGE members Krupa Madhvani from Barts Health in London and Mohamed Elherbiny from Manchester, showcasing our active participation at the Nashville congress.

Harry Riech, credited with the first total laparoscopic hysterectomy, ran a session in which he shed light on the early challenges faced by the pioneers of minimal access surgery.

The social aspects of the event included memorable evenings bonding with fellow BSGE attendees through country and western line dancing, southern fried chicken, and a bit of "moonshine".

CNS and BSGE Nurse Hysteroscopy subcommittee member Zway Magama shares her experience from a nurse's perspective and Sophie Strong an advanced minimal access fellow from Barts health shares her reflections from a trainee's view point. These pieces are enlightening and exciting reads.

Our patient experience insight in this issue is an interview with Dawn Heels talking about her fibroid journey and the "Just a period" campaign. Mez Aref-Adib interviews the current President of the RCOG Ranee Thakur, who shares her story and outlines her vision for our specialty.

I also hope you enjoy the reports from the Senior Meeting and news about the next Ambulatory Care Network meeting. If you haven't yet had the opportunity to attend these BSGE activities I hope to see you there next year-as well as seeing you all in Belfast the BSGE's own "Fly away" destination congress in early 2024.

Here is wishing everyone a restive festive season with family and friends. I hope you enjoy this issue of the SCOPE and as always suggestions and contributions welcome.

Funlayo Odejinmi (Jimi)
Scope Editor and Membership Relations Portfolio Chair
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Seasonal Message from BSGE President Andrew Kent 2023

Continuing with my theme from last year here is a bauble of our 2023 highlights.

As you can see the Society goes from strength to strength delivering our charitable aims to improve standards, promote training and encourage the exchange of information in minimal access surgery techniques.

BSGE
Industry partners
GESEA Level 1 and 2 Certs
Ambulatory Care Network Meeting
BSGE/RCOG Hysteroscopy Meeting
Ethicon and Olympus training programs
Annual Scientific Meeting in Manchester
Benign Abdominal Surgery BSGE/RCOG
National RIGS Hub Training Program
CNS education days and workshops
2nd Seniors Meeting at Guildford
Webinar program
Live surgery
BSGE

Our Manchester ASM was finally realised over 19th - 21st April, a mere 3 years after it was originally planned. We ran a hybrid meeting in the end to allow as many of our colleagues to attend as possible, due to the unfortunate clash with Eid al-Fitr. My thanks to Sujata Gupta and her team for sticking with it and to all our members and industry partners for making it happen. It was our first ASM working with Outsource Events, our Professional Conference Organiser, who with Atia and her team delivered the biggest and arguably one of our most successful ASMs ever. Highlights included live surgery and cadaveric dissection supported by our Rhodium sponsors Karl Storz and Ethicon Endo Surgery and RCOG President Ranee Thakar who was this year's Alec Turnbull Lecturer. Feedback was excellent with particular regard to the program, venue, networking and catching up with colleagues. It was felt that some aspects of the catering could be improved but overall the significant majority of us were very happy and would come again!

So with that in mind next year is Belfast. It will be first time that the BSGE have held a meeting in Northern Ireland, something that is well overdue. The program is drafted and pre-congress courses planned with cadaveric and live surgery sessions on the Wednesday afternoon and Thursday morning. Shaun McGowan and his team have laid on a social program to rival the best. Dining in First Class in the Titanic Galleries and dancing in Steerage says it all. This year we have capacity for over 500 at dinner so partners and significant others will be most welcome. I said this about Manchester but this really will not be one to miss. Registration opens soon so have your abstracts ready and please put the dates in your diary and maybe plan a little extra time to enjoy Belfast and it's hospitality before or after the conference.

The ASM for 2025 has been awarded to Leeds again scheduled for early May. Planning has already started with visits to Leeds and the venues. Our local team is in Leeds is led by Dorota Hardy and James Tibbott who will be updating us in Belfast.

RIGS has been a growing success within the Society and our national training programme has entered it's 3rd year, organised centrally but delivered locally. The new format of single days for basic, intermediate and advanced has simplified the admin and travel as well as making attendance easier regarding study leave and faculty. This along with GESEA Certification and our hysteroscopy and laparoscopy courses run jointly with the RCOG provide a substantial portfolio of postgraduate training in minimal access surgery for our members.

Nurse members have been extremely active as part of, and outside of, the ASM with their own streams and workshops. The Endometriosis CNS study day in London was a real success and I am looking forward to the BSGE Nurse Hysteroscopy course in December.

At the time of writing we have just concluded the 2nd Seniors Professional Development Meeting at the MATTU in Guildford generously supported by Storz and Ethicon Endo Surgery. Joe Amaral, who was part of the team that developed ultrasonic energy devices for use in Minimally Invasive Surgery in the early 1990s, led an extremely stimulating session on the Thursday, with live surgery and lab skills on the Friday interspersed with a convivial dinner and networking on Thursday evening. There is more on this in the latest edition of Scope. Moving forward I hope that this meeting will become a fixture in the BSGE calendar delivering something different year on year.

Our relationship with Europe remains strong. Yet again the UK were the largest national group attending the ESGE held in Brussels. Travelling by Eurostar had the additional excitement this year of mixing with Scottish supporters on their way to Lille for the Rugby World Cup. The later trains I understand were slightly more lively than those early morning slots.You will find the conference reports entertaining. Next year the meeting is in Marseilles slightly later than usual towards the end of October.

As always my thanks to Atia and Charis, our secretariat, and of course my fellow officers and council members, who along with our BSGE faculty, make it all happen. It takes a lot of hard work and does not happen by itself but it is incredibly rewarding, so do think of getting involved. BSGE elections are just around the corner so why not give a it a go and put yourselves forward. You won't regret it.

2023 is now nearly over and I am officially senior! Not only that but my time as President is drawing to a close and I will be handing over to Arvind Vashist towards the end of our meeting in Belfast. The two years has just disappeared which runs true to the adage the time really does fly when you are having fun.

So once again as the holidays draw near I would like to wish you all the best for the Season and hope you will all get some time off with your families and friends. Here's looking forward to 2024. May it be an even better one.

BSGE ASM24 Belfast

The BSGE Annual Scientific Meeting 2024 is going to Northern Ireland for the first time.

This exciting meeting will take place in Belfast on 2nd and 3rd May 2024, with pre-congress events on 1st May. Chair of the Belfast LOC Shaun McGowan says:

"You will be welcomed to a beautiful, modern and resurgent harbour city. Belfast remains a city on the rise. The awards have been coming thick and fast over the last few years for Belfast, cementing the city's position as a global events destination. One billion pounds of investment in venues, experiences and accommodation has ensured Belfast as a city truly on the rise. Belfast is a place that looks after event organisers and delegates like family. You will have access to a rich cultural heritage, lots to see and do around the city and access to the beautiful Northern Irish countryside, if you want to extend your visit."

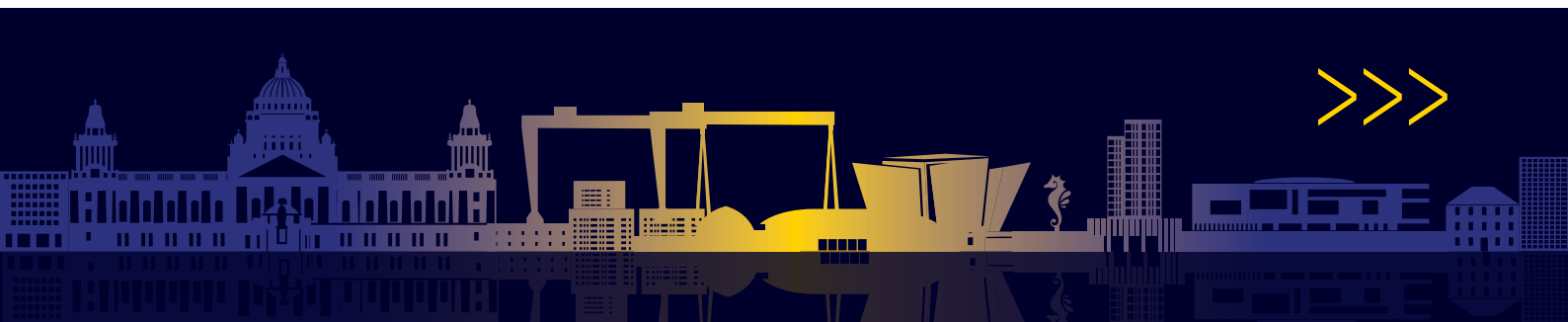
Faster, Higher, Stronger - Together

In an Olympic year, the 2024 conference theme echoes the Olympic motto of Faster, Higher, Stronger – Together. The scientific programme will reflect the motto, with a focus on efficiency, standards and innovation, resilience and multidisciplinary team working. The programme has more streams than at previous ASMs. There will be four streams, allowing coverage of a wide range of topics including other disciplines and patient input.

Maritime city

In years past, Belfast thrived as an industrial city, known for shipbuilding and as the birth place of the Titanic. Reflecting the city's maritime roots, Belfast's symbol is the hippocampus or seahorse.

The seahorse has strong links with Belfast's history and maritime past. The city's merchants printed the creatures on coins throughout the 17th century. Today, the seahorse remains on the city's coat of arms and is the logo for Belfast 2024.



Pre-congress courses

Delegates can get an early start to the meeting by registering for one of the extensive pre-congress events. Pre-congress courses are held on May 1st and, of course, will finish in good time for the welcome reception and the evening social events. This year there are even more options from which to choose. The team is running many conference favourites, together with popular robotics and Sonata sessions introduced in Manchester and some innovative new sessions including a live endometriosis surgery masterclass, this session will be an excellent start to an extensive programme of live surgery during the ASM at Belfast. Pick from:

Pre-congress Workshop Endometriosis Live Surgical Masterclass

Includes a live cadaveric robotic dissection streamed from IRCAD with Professor Mabrouk.

Register here

Pre-congress Course RIGS Intermediate Laparoscopic

This intensive practical simulation course covers key operative laparoscopic requirements within the RCOG curriculum.

Register here

Pre-congress Workshop Da Vinci Surgery

This workshop offers consultants and trainees hands-on experience with the da Vinci Xi surgical system.

Register here

Pre-congress Taster Workshop vNOTES

This is a taster workshop for vNOTES surgery aimed at consultants and Senior Trainees (ST6/7).

Register here

Pre-congress Workshop Gynaecological Ultrasound for Minimal Access Surgery

This workshop will provide lectures and case studies.

Register here

Pre-congress Workshop Transcervical Fibroid Ablation (Sonata Treatment)

Gain a deeper understanding of the science behind Transcervical Fibroid Ablation.

Register here

Pre-congress Workshop Hysteroscopy

A hands on session for both nurses and doctors. The workshop will combine lectures, case study discussion and practical stations.

Register here

Pre-congress Workshop Endometriosis CNS Education Day

Enabling CNS to develop the knowledge and skills required to enhance individual practice.

Register here

Reflecting on the impact of The Troubles

Remembering some of the conflict the city has endured, Belfast 2024 will host a session on the impact of The Troubles on women's health in the city, while looking forward to the future with a broad programme including sessions on efficiency, innovation, resilience and MDT.

International Experts

Renowned international speakers have been invited to share their knowledge and skills at Belfast 2024. Mario Malzoni, Sergio Haimovich, Attilio Di Spiezio Sardo and Pille Pargmae will join many of our homegrown talents to provide a diverse and thought-provoking scientific schedule.

Location, Location, Location

ASM 2024 will be held at the ICC Belfast, an award-winning venue in the heart of the city centre with a reputation for innovation and delivering best in class event experiences.

The BSGE has exclusive use of this venue, ensuring that ASM 2024 can offer an increased scientific programme and a large space exhibition and event space that's easy to navigate.

The conference centre is within easy walking distance of a large number of excellent hotels, restaurants, bars and sights of interest.

Gala Dinner and Social Programme

At ASM 24, the LOC certainly hasn't forgotten the social aspect of the meeting. There are plenty of opportunities to meet with colleagues and enjoy the city. The social events complement the scientific programme.

On May 1st, the team invites you to the BSGE BBQ Night and Annual RIGS dinner. The event will be held in the historic Half Bap / Cathedral Quarter area with delegates meeting in the historic New Orpheus where there will be craic, music and lots of shared laughs.

The BSGE Gala Dinner, held on May 2nd, promises to be a night to remember. Shaun says:

"We offer a truly exceptional gala dinner experience as the social highlight of the BSGE year. Taking place in the historic Titanic building you will be met with a prosecco welcome, with access to the amazing Titanic museum galleries before sitting down to a sumptuous meal. After dining in first class, we look forward to dancing in Steerage!"

Getting there and getting about

Belfast has excellent links to the mainland UK and Ireland. Northern Ireland itself has three airports, there are sea crossings from England and Scotland, and a direct rail link from Dublin. Coming from further afield? No problem. You can fly direct to Belfast from over 20 European cities and a number of North American locations.

Once you arrive in Belfast, you'll find it's easy to get around. The city centre is safe and walkable, you can easily ramble around the city with great bus and rail options if you wish to go further afield.

"The BSGE Council and Local Organising Committee look forward to meeting you all for the 2024 Annual Scientific Meeting in the historic harbour city of Belfast. Check out our Belfast Bucket List on page 12 for things to do when you get here!"

BSGE Cycle Ride 2024 for Endometriosis UK

The deadline to sign up to the Endometriosis UK BSGE cycle ride 2024 is soon approaching, with applications closing on December 18th

The ride starts on the 29th April and finishes on 1st May, covering an impressive 250 miles from Manchester to Conwy, on to Dublin and finishing in Belfast to coincide with the start of BSGE ASM 2024. Riders will explore beautiful landscapes, create lasting memories, and connect with fellow riders.

The event raises money for Endometriosis UK and also increases awareness of a disease that greatly impacts many lives.

Ride organiser Ed Harrison said:

"We had such great feedback following the last ride, which took us 425 miles from London to Edinburgh, over four days, culminating in the World Endometriosis Congress, raising a huge £10,860 for Endometriosis UK!"

"Riders participated from as far as New Zealand and Poland, in a team comprised of consultants, nurse specialists, trainees, friends, family and avid Endo UK Supporters."

The route will link the locations of ASMs 2023 and 2024, taking in some dramatic scenery along the way. The finer details of the route have yet to be confirmed, but the planned ride is:

Day 1 - Manchester to Conway (approximately 80 miles)

Day 2 - Onto Holyhead and across to Dublin by Ferry (approximately 50 miles)

Day 3 - Up to Belfast (around 125 miles).

Ed encourages new riders to sign up for the exciting event:

"This year our ride will be a touch shorter- phew! At 250 miles over three days we are hoping to draw in some new faces and in particular try and recruit even more trainees, nurses and allied health professionals into the mix!"

"I know sometimes the distances can be a little daunting but don't worry, if you just want to join for part of the trip that would be fantastic too! The more riders, the more exposure, the better! We do have a couple of support vehicles who set up the most incredible rest stops every couple of hours, so you don't have to worry about carrying kit or refuelling."

What experience is needed?

There is a wide array of experience levels in the group so riders shouldn't feel intimidated. Some cycling experience is needed to make sure the group stay as safe as possible but there will be experienced riders in the pack who will help guide newbies on the roads. Ed said:

"If you have done any sportives, this will be perfect for you. For the unsure amongst us please know we are not about speed, we cycle together and help each other out."

Joining the ride will raise money and awareness for Endometriosis UK and also offer adventure and camaraderie, plenty of networking opportunities and an enormous sense of personal achievement and satisfaction.

"Faster, Higher, Stronger – Together"

Completing a long-distance cycle ride is an accomplishment worth celebrating. It's a chance to push your limits, adopt a healthier lifestyle, and set a positive example for others.

This perfecty fits with the theme for Belfast 2024, as riders we will cycle faster, climb higher and be stronger together!

You can find out more and secure your spot by signing up on the website: Click here.

How to get involved

Spaces are limited, so try to get in early to avoid disappointment. If you want to do a particular leg of the trip or are keen to volunteer, register your interest to and let the team know which leg.

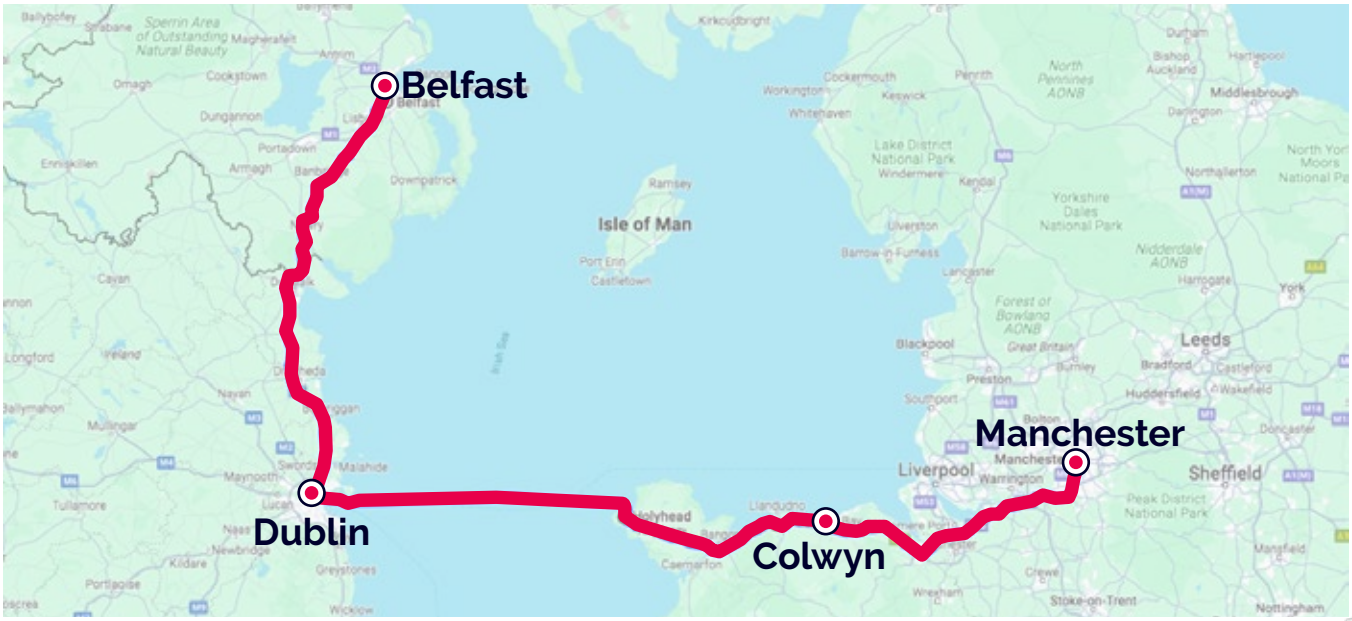
The costs are estimated to be £350 per person – but the more people that sign up, the cheaper it will be. Accommodation, food, ferry to Dublin, sponsored riding jerseys, three days of fun and a good few days of aching are all included.

Riders need to commit to fundraising through sponsorship. Every contribution counts towards the endometriosis cause. The team is hoping to hit the target of £15,000.

Sign up by December 18th to guarantee yourself a spot on the annual BSGE ride.

The BSGE Cycle team says:

"We hope to see you on the road, ready to embrace this exciting challenge!"

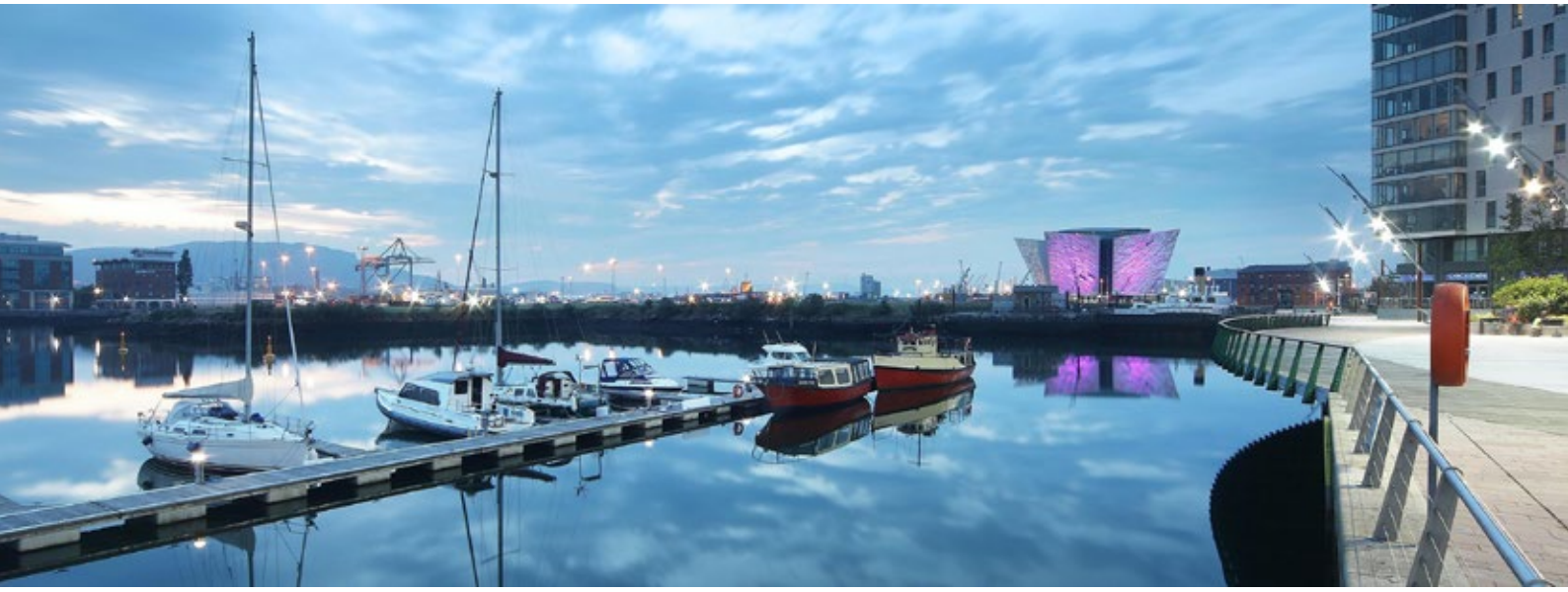


Your bucket list for Belfast 2024

Whether you're staying for the two days of the ASM or planning on a longer trip you'll find plenty to entertain and enjoy in Belfast

There are fascinating walking, bus and taxi tours, cultural escapes, scientific exhibitions and literary inspirations. Not to mention the superb shopping, beautiful landmarks and top class entertainment.

Here are some ideas for your Belfast bucket list:



Walk the Maritime Mile

Explore Belfast's Maritime Mile, it's a historic dockside wander from the Sailortown area to Titanic Belfast and the expansive Thompson Dry Dock.

Immerse yourself in the city's renowned maritime history, home to the iconic Harland & Wolff shipbuilders and the birthplace of the RMS Titanic. The Maritime Mile, developed by Maritime Belfast Trust, offers a captivating stroll through award-winning exhibitions and historic docks, unveiling the fascinating stories of Belfast's maritime past.

Dance at the Titanic

Don't miss the opportunity to visit Titanic Belfast, the stunning venue for the BSGE Gala Dinner 2024. Titanic Belfast is the world's largest Titanic visitor experience. It's situated beside the Titanic Slipways, Harland and Wolff Drawing Offices, and Hamilton Graving Dock.

Titanic Belfast offers a self-guided Titanic Experience that spans nine interactive galleries, delving into the history of the Titanic from its conception in Belfast to its maiden voyage.

Book tickets to visit Titanic online at www.titanicbelfast.com or join us at the Gala Dinner!

Kiss the fish

Get up close to this statement sculpture on the Maritime Mile. The 10-meter salmon sculpture was commissioned in 1999 to celebrate the regeneration of the River Lagan.

Located near the Lagan Lookout, the contemporary artwork by John Kindness features ceramic tiles depicting scenes from Belfast's history, inviting visitors to capture a selfie and explore the city's narrative.

Have a Belfast Bap at St George's Market

St George's Market is one of Belfast's oldest attractions and is renowned as one of the UK and Ireland's best markets.

The market is housed in a charming Victorian building refurbished in 1997. It offers a diverse array of fresh produce and serves as a colourful destination for locals and tourists alike.

Treat yourself to a belly-busting Belfast Bap. It's a big crusty white bread roll often eaten as part of a traditional Ulster fry up. St George's is open on Fridays, Saturdays, and Sundays, why not pop in on the morning after the Gala Dinner for a restorative breakfast or brunch?

Step into the Seven Kingdoms

If you're a GoT fan, then the official Game of Thrones Studio Tour is unmissable. Located at Linen Mill Studios in Banbridge, just 30 minutes from Belfast, the tour offers an immersive journey into the world of Game of Thrones.

Embark on a voyage that explores iconic sets, costumes, and the artistry behind the beloved TV series, providing an epic experience for fans.

Find out more at:
https://www.gameofthronesstudiotour.com/guest-info/tickets/

Lions, witches and wardrobes

CS Lewis was born in Belfast and his work is commemorated at CS Lewis Square. The square is an enchanting display of public art, open 24/7. It features bronze sculptures from 'The Lion, The Witch and The Wardrobe.' Take a stroll through the Chronicle of Narnia, free of charge.

Ulster Museum

Explore Northern Ireland's treasures at the Ulster Museum, set within the beautiful Botanic Gardens of Belfast.

The museum is home to rich collections of art, history, and natural sciences. It offers free admission and provides insights into Ancient Ireland, global histories, the Troubles, and more.

Find out more at: ulstermuseum.org.

Go directly to Gaol

Take a tour of the Crumlin Road Gaol, a 19th-century Grade A listed jail that's open to the public.

Walk through the historic prison, from the tunnel linking the courthouse to the hanging cell, and discover its intriguing history, including its important role during The Troubles.

Find out more at:
https://www.crumlinroadgaol.com

Who? What? Where? When? Why?

Curious minds of all ages will love W5, Belfast's innovative science and discovery centre. Immerse yourself in this award-winning attraction which has over 250 hands-on exhibits covering diverse topics such as climate change, film production, and medical science. W5 offers a unique and engaging experience for adults and children alike.

https://w5online.co.uk

Enjoy a drop of the dark stuff

Discover Belfast's traditional pubs with warm atmospheres, live music, and the perfect pint of Guinness. From the historic Crown Liquor Saloon to the authentic ambiance of The Points Bar, these pubs provide a quintessential Irish experience. Explore the diverse selection of traditional pubs for a taste of Belfast's rich cultural and social scene- why not ask one of the LOC for their favourite haunt?

BSGE ACN 2024

Justin Clark reports on plans for the next Ambulatory Care Meeting on February 29th in at the Edgbaston Park Hotel, Birmingham

The BSGE ACN (Ambulatory Care Network) 2024 is just around the corner.

What else have you go to do in the dead months of Feb and March!?

We have a great programme of topical stuff, interaction as always and fun. All hot topics will be discussed and nothing is off label. We have a brilliant key note speaker in Luis Alonso Pacheco from Spain who is a leading light in hysteroscopic surgery and established the Global Congress of Hysteroscopy. His social media posts and images from hysteroscopic surgery are second to none.

The meeting will be held over 2 days but start on Thursday lunchtime and close on Friday lunchtime. This will allow time for travel down and then back home so you can enjoy your weekend in full. Refreshments will be provided throughout and there is an optional evening meal where there will be the opportunity to network with colleagues with similar interests and with our industry supporters.

As always we have subsidised the meeting heavily from Industry sponsorship to make it as attractive and inclusive as possible. The hotel is very nice and much hospitality awaits you. So please join us in Brum February 29 – March 1 2024.

Learn

Discuss

Collaborate

BSGE AMBULATORY CARE NETWORK 2024

29th February and 1st March

Learn

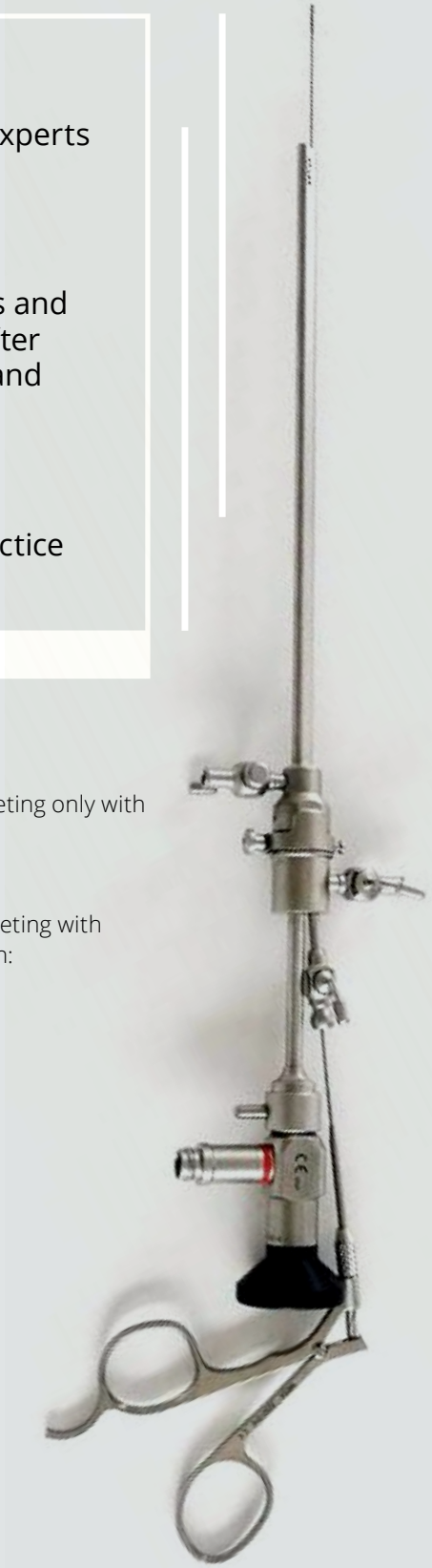
Presentations from national and international experts on topics relevant to outpatient hysteroscopy.

Discuss

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

Collaborate

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



Register

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

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

Venue

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

BSGE
BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

BSGE Seniors Professional Development Meeting 2023

Tom Bainton, Clinical Research Fellow at the Chelsea and Westminster Hospital reports on the second BSGE Seniors Meeting

It was an absolute pleasure to attend the second annual BSGE Seniors Professional Development Meeting on the 26th and 27th of October at the excellent facilities of the MATTU in Surrey. The meeting was highly recommended to me by friends and colleagues who had attended the inaugural event in 2022, and I was certainly not disappointed.

The session, led by BSGE luminaries Mr Andrew Kent and past President Professor Jeremy Wright, is targeted at senior trainees and junior consultants within one year of appointment to a consultant post from all around the country. It aims to bring together a group passionate about minimal access gynaecology at a similar level - about to take, or having just taken a significant step in their professional career and specialising in this area.

Strictly limiting places to 24 BSGE members allows the faculty and delegates to really get to know each other and build professional relationships that will long outlive the two-day session. I have it on good authority that the WhatsApp group created after the last session is still in full flight, with sharing of professional stories, educational points and other gynaecological musings.

This year's group is being created and will allow us delegates to continue to communicate as our careers progress.

The first day's programme was led by the hugely charismatic Dr Joe Amaral, Professor emeritus of Surgery at The Warren Alpert School of Medicine, Brown University in the USA. Joe passed on a huge amount of his vast professional and personal experience, gained over a long and incredibly successful career. As well as his clinical roles, Joe is an entrepreneur and inventor, having devised multiple medical devices, notably Ethicon's much loved Harmonic. He is a true innovator with a huge amount to teach us. Slightly star-struck, Joe put us all at ease with his effortlessly eloquent communication style and ran an afternoon session on presenting and communicating effectively.

The interactive and relaxed session helped us all pick up some top tips, learning from Joe and the rest of the faculty. We were tasked with preparing and giving five-minute presentations about a non-medical topic of choice.

Suffice to say I was impressed and inspired by my colleagues to take up all sorts of fascinating things from trail running, becoming an aficionado of Niergain cinema or, a subject close to Dr Amaral's heart, woodwork and DIY. I was (almost) persuaded to cycle from Manchester to Belfast for the next BSGE ASM and make wool poms-poms, despite not having the small children they were destined to entertain! Given the small group, faculty was able to give individualised feedback and work on each delegate's presentation technique in a really productive manner.

With our appetites and tastebuds whetted by presentations on preparing delicious Iraqi food and how to make cider (get in touch for instructions) we moved on to the evening social at The March Hare in Guildford. This evening was a real highlight. Discussions from the day continued while we all enjoyed wonderful food and drink, catching up with those we knew already and getting to know colleagues at a similar stage from across the UK. These relationships will continue to be built, punctuated by future BSGE events, highlighting the hugely important networking and social aspects of the course. These outcomes are by nature less quantifiable on any feedback or competency form, but form arguably the most significant part of the session and what makes it so special.

The second day saw some slightly bleary eyes met by the live surgical feed from the Royal Surrey Hospital's operating theatres with Mr Kent and Professor Rockall performing advanced excision surgery for a complex case of rectovaginal endometriosis followed by a very tricky but expertly managed hysterectomy with a large posterior calcified fibroid. This was a masterclass in the patience and skill required for removal of very large specimens through very small holes, a part of the procedure than can easily be brushed over in presentations but where arguably some of the hardest learnt skills over a long career are best put to the test and demonstrated.

As well as the live surgery, day two, supported by Karl Storz and Johnson and Johnson, allowed ample opportunity for us to train on the laparoscopic simulators. We observed and learnt from the faculty and each other with some really excellent dissection models.

I speak for all of the delegates in saying how grateful we are to the organisers and faculty for putting together such a fantastic meeting. Memories will remain with us over the coming years and the group of attendees will remain close as we progress through our careers, continue to be involved with the BSGE and, one day, are at a stage to pass on our own wisdom to the next generation of new consultants.

AAGL Global Congress

Sophie Strong reports for The Scope on the AAGL Global Congress in Nashville

When I was informed our day would begin with a 6am symposium at the conference centre, my jaw almost hit the floor. After some well-timed melatonin the night before and the enticing promise of a large vat of coffee, scrambled eggs and of course, grits, to support my learning, I was sat front and centre. Little did I know that I would be in the presence of four of the most inspiring female minimally invasive gynaecological surgeons (MIGS).

We were fortunate enough to learn from their years of experience and hear their surgical tips and tricks for approaching challenging endometriosis surgeries and myomectomies for large fibroids. I was particularly moved by Dr Shanti Mohling, who undertook a MIGS/ Robotic fellowship at the age of 50, a testament to her commitment and drive to provide the best care possible to her patients.

The AAGL Global Congress provided a fantastic opportunity to meet many gynaecologists with a shared passion for delivering high quality, evidence-based medicine for patients using minimally invasive techniques for complex pelvic conditions. Both in the congress setting and at the evening socials, which involved some very competitive fussball games, I recognised the excellent efforts that had been made by AAGL. The congress provides a programme which covered important current issues in gynaecology such as improving sustainability in surgery, knowing when not to operate on patients with endometriosis, optimising gender affirming surgical techniques, and highlighting racial disparities in healthcare.

From line-dancing in the honky-tonk bars of Broadway (and sampling all the fried chicken that Nashville had to offer!) to learning about cutting-edge technologies, the AAGL Global Congress was one not to miss and I would encourage all trainees and fellows to attend for a week of being surrounded by gynaecological excellence.

AAGL Photos


One day
I will become
your brother-in-law.
Predicting outcomes
undergoing hysterectom
indications
Krupa Madhv
FRCOG MD MSc BSc
Queen Mary University
Sustainability
AAGL
2023

AAGL: A Transformative Experience

Zway Magama CNS at Whipps Cross Hospital reports on her experience at AAGL 2023

Participating in the AAGL Conference as an Endometriosis Clinical Nurse Specialist and Nurse Hysteroscopist proved to be a truly enlightening and profoundly rewarding experience. This opportunity exposed me to the cutting-edge advancements and collaborative spirit within the field, leaving a lasting impression on my professional journey.

The conference served as a dynamic forum, bringing together healthcare professionals, researchers, and experts from around the globe. It became an exceptional platform for the exchange of knowledge and innovation. What struck me was the alignment of much of what I've encountered at BSGE congresses with the emphasis at the AAGL. Meeting renowned experts whose work has graced the headlines of publications I've perused over the years added a personal and inspiring dimension to the event.

The speakers, all experts in their respective fields, delivered thought-provoking talks that not only challenged but also encouraged critical thinking. The wealth of networking opportunities provided a valuable platform for professionals like myself to connect with colleagues, share experiences, and exchange best practices. The sense of camaraderie among attendees, irrespective of their professional backgrounds, fostered a collaborative atmosphere that transcended geographical boundaries.

The conference covered a diverse range of topics, from minimally invasive surgical techniques to the latest technologies in surgery. As a nurse specialising in gynaecology, I found the sessions to be incredibly relevant and informative, offering valuable insights into the latest trends and practices shaping our field.

A standout feature for me was the emphasis on multidisciplinary collaboration. Integrating perspectives from various medical disciplines contributed to a more comprehensive understanding of gynaecological surgery. This collaborative spirit was evident not only in the presentations but also in the interactive workshops and panel discussions. Such an approach, in my view, enhances patient care by promoting a holistic view of gynaecological health.

In conclusion, the AAGL conference proved to be a comprehensive and well-executed event that has left an indelible mark on my professional outlook. The knowledge gained, coupled with the connections made, will undoubtedly contribute significantly to my continued growth as a nurse in the field of gynaecology. I eagerly anticipate future editions of this conference to complement my annual BSGE conference attendance.

Opinion

Artificial Intelligence is here: Should we be excited or worried?

Shaheen Khazali discusses the growth of AI, its potential in surgery and the risks of using this new technology. He said:

"Disclosure: I used ChatGPT to polish two or three of the paragraphs, produce the images and write the definitions on the second page."

A couple of weeks ago, I visited the headquarters of DeepMind, Google's cutting-edge Artificial intelligence arm. There was a huge painting of Lee Sedol, the renowned world champion in the game of GO- an ancient strategy game considered far more complex than chess- who was beaten by DeepMind's AlphaGo[1], reminding the staff of how big a deal their achievement was back in 2016. The real excitement, however, was the road ahead.

Last month, DeepMind announced their next generation of AlphaFold. AlphaFold is an AI system launched in 2020 that can predict the 3D structure of proteins, based on the amino acid sequence. Determining the 3D structure of a single protein used to take a whole PhD and now can be done in hours. The implications this progress can have in medicine is mind-blowing.

But what does this all mean to us surgeons? Is this an evolution of technology like the ones before? Or is it a revolution that will fundamentally change how we work and live?

A lot has changed in my lifetime. I remember the first email I sent from a computer in the university in Tehran, using the command prompt. I remember the punched cards that were fed into a huge computer. I remember the 5 1/4 floppy disk with the whopping capacity of 1.2 MB! I remember the car-phones. I remember waiting for what seemed an eternity for an image to load up on my screen, line by line. These were all incredibly exciting but I think the recent developments in large language models and in AI in general and the trajectory and speed of change make this one very different.

1 I highly recommend watching the documentary "AlphaGO" which tells the story of this journey which I highly recommend. You can watch it for free on YouTube https://youtu.be/WXuK6gekU1Y?si=2MCmGslSHe_Oe8_z)

What is meant by artificial intelligence and large language models and so on? Let's look at some definitions[2]:

Artificial Intelligence (AI): AI is a broad field in computer science aimed at creating machines capable of performing tasks that typically require human intelligence. This includes problem-solving, recognizing patterns, understanding language, and learning from experience.

Machine Learning (ML): ML is a subset of AI where machines learn from data without being explicitly programmed for every task. For example, ML algorithms can analyze medical images, patient data, and research to find patterns and insights that might not be immediately apparent to humans.

Large Language Models (LLMs): LLMs, like OpenAI's[3] ChatGPT, are advanced AI programs specifically designed to understand, generate, and engage in human language. They are trained on vast amounts of text data, enabling them to respond to queries and write content.

Artificial General Intelligence (AGI): AGI refers to a theoretical form of AI that can understand, learn, and apply its intelligence broadly, much like a human being. Unlike current AI, which is designed for specific tasks (like diagnosing a disease from scans), AGI would be capable of general reasoning across a wide range of domains. AGI remains a largely aspirational and futuristic concept, not yet realized in practical applications.

Why do I think this is a revolution not an evolution?

Because we are now beyond the realm of doing 'tasks' faster and more efficiently. LLMs such as ChatGPT are already capable of creative and innovative tasks and it won't be long before they can behave in ways that make it impossible to distinguish them from humans. They can analyse and understand a person's (or a society's) feelings, weaknesses and sensitivities and push just the right buttons to manipulate the person (or the society) in ways that we can't even understand.

These systems are capable of reasoning, creativity and can pretend to have critical thinking and common sense, features we think only humans do.

And they are progressing at an unbelievable speed. In January 2023, an article was published in PLOS showing that GPT3.5 achieved an "almost pass" rate of 60% at USMLE (US Medical licencing exam) steps 1, 2 and 3. A few months later, GPT4 did 89% in step 2, which requires a deep understanding of clinical scenarios. The scary part is that this was without specific human "training".

I tested ChatGPT myself and gave it a clinical scenario where I tried to hide the catamenial pneumothorax in a whole paragraph of distracting information about abnormal ECG and an abusive partner. Diaphragmatic endometriosis was at the top of its differential diagnosis. Very impressed.

2 These definitions were written by ChatGPT

3 Sam Altman, the CEO who's been the face of OpenAI, the creator of ChatGPT, from the start, got axed by the board on 17th November, no real reasons given. I just read (It is 22nd November) that he's back in charge and there will be a new board! Almost all of OpenAI's 700-strong crew were ready to walk out if Sam wasn't brought back. That's some loyalty.

How can AI help in data collection, research and in a surgeon's daily tasks?

Take endometriosis as an example and imagine a seemingly impossible future. If we had a system that collects data on everything on every procedure done worldwide (By everything, I mean everything. How deep the disease was, what was its texture and colour and elasticity? Where was it? What was done with every detail of how it was excised or ablated? How much was left behind? What instruments were used and how? And imagine knowing every aspect of the outcome, long term. Will we still need to run RCTs? Won't we have all the answers pretty quickly? Thinking this way may give us an idea of how research can be done in future. This is how Tesla is developing its self-driving cars. Collecting data on every aspect and using AI to analyse and understand the data.

Imagine not needing to write an operation note and not needing to enter data manually into a database. Imagine a system that listens to you and does all of that for you. I am working on such a system with a group of AI specialists. We will see if it works.

Can AI mean job losses in healthcare?

The worry that the machines will replace humans across all industries is nothing new. In fact, they already have. Repetitive and dangerous tasks in factories are already done by robots. But so far, this has meant that we do things differently not that we have nothing to do. This trend is likely to continue and accelerate, with AI having the capability of doing more and more tasks, far better and far more efficient than humans.

I think doctors and nurses will not be (completely) replaced by machines, at least not in the near future. Healthcare is an intrinsically human industry. The human connection matters and is likely to continue to matter, even if doctors and nurses use AI to help them in decision making or note keeping. So, humans will be needed, at least in some capacity.

My wife (an NHS GP) tells me whilst most patients welcome the flexibility of phone consultations and text messages from their GP, many prefer to see her face to face even if that is for being told their bloods were normal even though a text message or a phone call is quicker, more efficient and saves a lot of resources.

A recent study from University of Oxford looked at healthcare tasks and found that many tasks ***could*** be automated even using current technology but concluded that only because we can doesn't mean we should.

Specialties that have less or no patient interaction may be the first to be replaced. Some go as far as suggesting we should stop training radiologists or histopathologists!. Machine learning has already made huge advances in cytology and in interpretation of imaging. Machines are very good at pattern recognition and can pick up subtle changes far beyond the capabilities of the human eye. Such systems already exist and in our specialty, is transforming the way cervical smears are interpreted and reported. They still have left a role-albeit small- for the human but that role is shrinking fast.

Will we see fully autonomous surgical robots using AI in our lifetime?

Just as self-driving cars have progressed from a futuristic concept to a tangible reality, autonomous surgical robots, enhanced by AI, can become a reality. There are lots of similarities between self-driving cars and autonomous surgical robots. Even if the technology catches up, whether or not autonomous surgical robots will be acceptable to patients or surgeons even if the legal and ethical challenges are overcome, is difficult to know.

	Self-driving cars	Autonomous surgical robots
Task	Take me to this address safely	Perform procedure X safely
What is at stake	The life of one or more people	The life of the patient
Needs to	Recognise objects such as other cars, pedestrians etc	Recognise pathology as well as normal structures
The challenge	These objects come in different shapes and forms and sometimes behave in unexpected ways	The pathology as well as the anatomy come in different shapes and forms and can sometimes behave in unexpected ways
Needs to	Navigate through winding roads with multiple obstacles	Navigate through complex and sometimes unpredictable anatomy
Ultimate Goal	Make travel safer and more efficient	Make surgery safer and more efficient
Why?	Most accidents are the result of human error. Self-driving cars can eliminate fatalities from drink driving for example	Most complications are the result of human error.
Also	There is a significant variability in human's driving habits, capabilities, and experience	There is a (very) significant variability in surgeon's training, experience and skills.
Do we have the technology	Yes. Tesla has accumulated 9 Billion miles of driving with Autopilot with far less accidents than humans.	Not yet but we have almost all the hardware components of the technology.
The main obstacle	Regulations and legal considerations such as liability in accidents	Regulations and legal considerations as well as acceptability amongst patients and surgeons.
Can the obstacles be overcome?	As announced in the King's Speech on 7th November 2023, the government's new Automated Vehicles (AV) Bill will deliver one of the most comprehensive legal frameworks of its kind anywhere in the world for self-driving vehicles, with safety at its core[4].	Difficult to predict
Food for though	Is humanity going to lose the skill to drive a car? Like most people lost the skill to ride horses?	Will most surgeons (and the next generation) lose the skill to operate without the robots?

4. UK government funding to boost self-driving transport technologies https://www.gov.uk/government/news/uk-government-funding-to-boost-self-driving-transport-technologies

What do I currently use AI for?

We are already using AI in many aspects of our lives. Predictive texting, navigation systems such as google maps, recommendations on our favourite music or video streaming platforms and almost all smart home devices (Alexa or Homepod etc) have AI built in.

I started using ChatGPT shortly after it went live in November last year and have used it almost every day since then. Here are a few examples:

Learning, Troubleshooting, cooking and DIY

Explain quantum computers to a gynaecologist!; teach me how to divide polynomials (whilst trying to understand my son's maths homework, being reminded that a lot has changed!); What glue should I use to fix a ceramic basin? (that's from last night); I have some x,y,z in the fridge. Suggest a recipe that uses all these ingredients. (you will be surprised by how good some of these recipes are). Write a funny poem to explain to my children why we shouldn't order pizza tonight - it was a great poem but it didn't work!

Writing

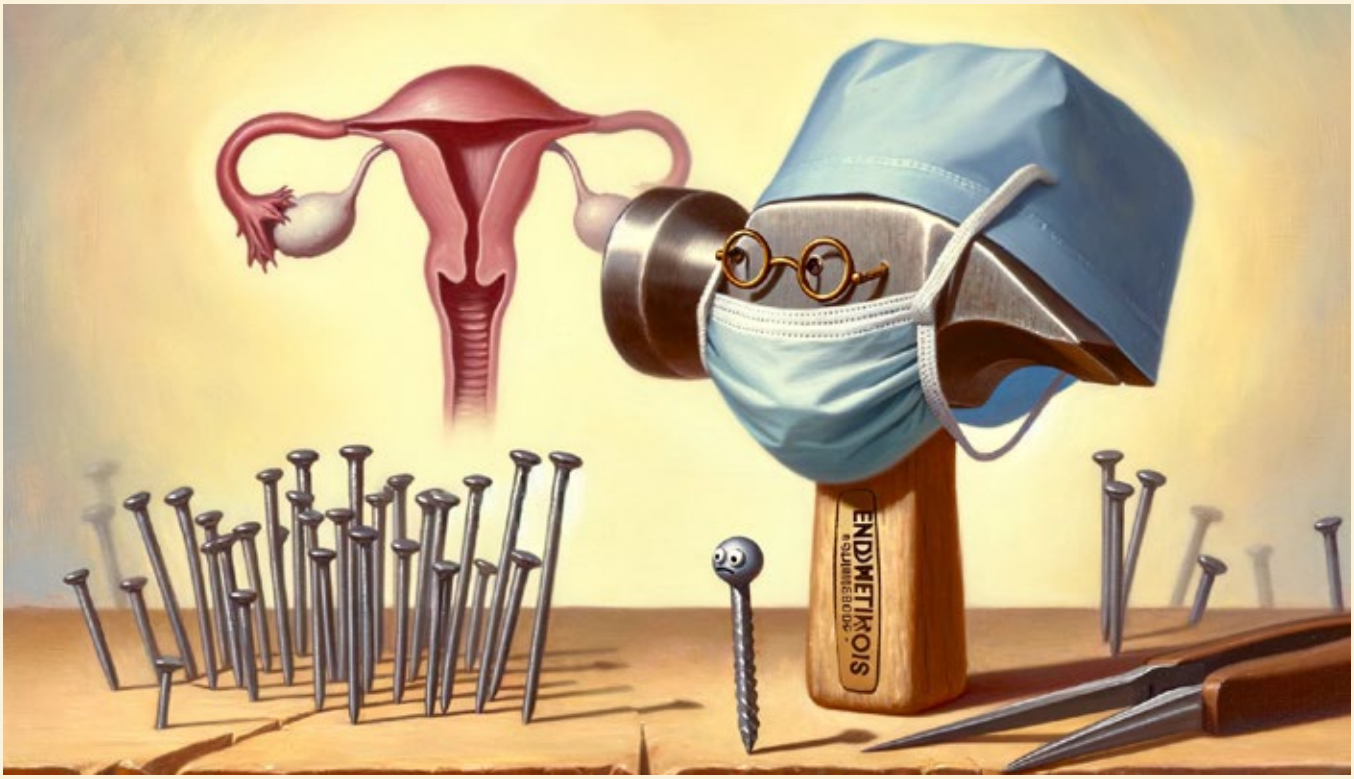
My plan was to demonstrate my point by using ChatGPT to write this article but it couldn't get the tone or the style right. I wrote a passage, then gave it to ChatGPT and asked it to summarise, improve or refine it. Every time it did that beautifully and with a far better grammar than mine but it didn't feel or sound like it was my work. So, I ended up writing almost all of it without ChatGPT's assistance. I am sure a more skilled user could have adjusted the tone and the style.

Summarising scientific papers

AI is very good at summarising long text and extracting the salient points. For our monthly endometriosis journal club (LEJEndo), we use AI to get the gist of the articles and the results are much better than the abstracts.

Creating images

This is what Dall-E produced for me last week for a presentation I was preparing for an infertility conference. I hope it is self-explanatory.



Is it ethical to use LLMs such as ChatGPT in writing scientific papers?

This is the subject of a separate article I am working on but in my opinion it depends on the details and circumstances.

Some journals already have guidance on how and when to disclose the use of AI in writing manuscripts. For example, 'Nature' has emphasized the importance of transparency in disclosing the use of AI in scientific manuscripts. Authors are encouraged to declare any AI assistance used in their study, including in data analysis and data visualization. JAMA makes it clear that ChatGPT can't be included as a co-author![5]

AI, creativity and Belfast 2024

Until last year, most experts believed that creative tasks such as writing a song or a novel would be the last thing computers would be able to do but ChatGPT has surprised everyone, including its creators. Look at this image:

I asked Dall-E (part of OpenAI/ChatGPT) to paint a picture showing a group of Gynaecologists cycling for Endometriosis UK to the BSGE conference in Belfast.

Not bad- but it is interesting to see ChatGPT 'hallucinating'. I don't know where 'Black' on the back of one of the cyclists has come from. The 10K may have come from their website when someone did a 10K run.

Let's finish with a terrible limerick generated by ChatGPT.

In Belfast, at the BSGE fest,
They tackled endometriosis, no jest.
Docs swapped tales with glee,
In the land of whiskey,
And the talks?
Well, they were simply the best!

5. https://jamanetwork.com/journals/jama/fullarticle/2807956

32nd ESGE Annual Congress

Lina Antoun and Samantha Kirkwood, BSGE RIGS Trainee Representatives report for the Scope from the ESGE Annual Congress, which was held in Brussels from 1st-4th October, 2023

Lina Antoun

The theme of the 32nd European Society for Gynaecological Endoscopy (ESGE) annual congress 'Create History by Shaping the Future', aligned perfectly with the new directions of endoscopic surgery.

It was great to bring the 32nd ESGE conference to Belgium and the beautiful city of Brussels. The scientific committee had planned a programme to promote excellence in gynaecological endoscopy including high-quality evidence-based topics. One of the important topics was the focus on reproductive surgery. Additionally, the role of preoperative imagery was developed in the pre-congress course and the main sessions as gynaecologists should also have the expertise of transvaginal sonography before performing surgical procedures.

Once again, the minimal access live surgeries performed during the congress proved to be a very effective way of demonstrating advanced surgical techniques and intraoperative decision making. The ESGE also announced the official launch of the new GESEA4EU project which will expand the offer of standardised training and certification in the important field of gynaecological endoscopy.

The abstracts presented were of high scientific quality, including some key randomised controlled trials which will help shape future clinical practice and play an important role in the future development of many different fields of gynaecological endoscopy. The science was varied, with much of it of good quality, including themed specialist sessions with presentations from internationally acclaimed experts.

The Society awarded a number of prizes for abstracts, articles, posters, videos and additionally, an award for the best PhD article was presented.

The five awards for best abstracts were presented by Professor Attilio Di Spiezio Sardo. I was very proud to share my own work with free communication and be awarded a prize for it.

The successful evolution of ESGE made it undoubtedly one of the most exciting scientific meetings to attend. Visiting Brussels during the congress was a great opportunity to enjoy the bouquet of the flavours in the finest Belgian chocolate. There was also a chance to enjoy some sightseeing during the breaks and explore captivating attractions.

The collaborative effort of the ESGE Scientific Committee, alongside the Local Organising Committee made the ESGE congress a platform to inspire emerging minimal access talents.

ESGE report

Samantha Kirkwood

With a spring in my step, I arrived at my favourite London rail terminal, the grandiose St Pancras International, to catch an early morning Eurostar to Brussels for my first ESGE congress. My children had enthusiastically Googled to equip me with key insider knowledge of the best chocolate shops to head for in Brussels, but there was no time for rest. Although the first day of the congress was a Sunday, it boasted an action-packed schedule of pre-congress courses with something for everyone including ultrasound, hysteroscopy, robotics and vNotes.

Having loved the excellent 2023 BSGE ASM in Manchester , not least for the faultless 'next door' proximity of vibrant central Manchester and its hotels to the ASM's venue, it's fair to say that the logistics of the 30 minute 2-leg transfer from central Brussels out to the much more peripheral EXPO venue could not compare, and were a grumbling point for most. Nevertheless, dear Reader, the Congress was hugely enjoyable and its extensive scientific programme packed a heavyweight punch on a daily basis, so please read on.

Sunday's highlight was live cadaveric surgery led by Benoit Rabischong and Shaheen Khazali, including demonstrations of neuro-pelveology, and then of course, on to the welcome reception held in the industry hall, which provided the first opportunity to catch up with friends, colleagues and the sponsoring titans of industry who always amaze me with quite how much kit they can get across EU borders for our benefit. Karl Storz, Intuitive and Medtronic did not disappoint with the latter arriving with Hugo ensconced in 'his' own bus and there was an impressively expansive selection of many other industry stalls and innovations to visit.

The magnificent Grand Place Brussels

GESEA and robotics

I spent the morning of the second day as a GESEA mentor for the 3-hour Level 1 practical exam. GESEA is the challenging diploma programme of the ESGE. Having taken the exam and its older sister, Level 2 a few years back, I confess that it was comforting to be on the other side of the table.

I remember my past GESEA nerves and did my best to combine professionalism with quietly positive encouragement of my mentees. The foam laparoscopic suture pad is notorious for how easily it tears, and this section of the exam can knock the stuffing out of the most confident trainee in seconds.

Over lunch, I headed to the Intuitive industry symposium on integration of robotic assisted surgery in a laparoscopic program. Barely a week goes by on LinkedIn without a UK hospital team announcing the launch of their gynae robotics service, so this is a very hot topic. The tone was uber-positive and gave helpful tips on how to fund a robotics service. The Chelsea and Westminster team were effusive during the presentation and reported that they complete all their surgeries robotically. This provoked audience debate regarding the best approach for more minor surgeries. On that note, it's well worth reading the cohort study by Horace Roman's team, just published in JMIG, comparing overall expenses and postoperative outcomes between conventional laparoscopy and robotic surgery.

Robotics was a central theme at the congress. I was fortunate enough to be invited to attend the Intuitive-sponsored scientific dinner that evening with my boss, Andrew Kent. A delicious 3-course meal was served whilst robotics industry titans, Gaby Moawad and Denis Tsepov talked us through some of their videos featuring endometriosis excision, laparoscopic myomectomy and focal excision of a large adenomyoma.

Placenta for dessert!

The last video triggered lively discussion about its relative merits and risks, particularly with regard to the potential impact on fertility and pregnancy outcomes. The meal was delicious, although the artistically presented chocolate & orange dessert (Sally add photo 2 here) drew bemused comparisons to a placenta. Do you agree? As they say, once an obstetrician... even when you specialise in gynaecology! After dinner drinks took us on to a very lively and well-attended social scene at Delirium bar in central Brussels with ample opportunity to taste the local beer.

Live surgery and lots of chocolate

The highlight on Tuesday was the Karl Storz sponsored live surgery, transmitted from four ORs in CHU Brugmann. More than 1500 attended these sessions with three hysteroscopic and two laparoscopic surgeries broadcast. These featured a very challenging hysteroscopic removal of large retained products of conception via 6mm Bugatti shaver by Dr Ansari; resection of uterine septum via 5mm mini resectoscope by Dr Ursula Catena, and hysteroscopic resection of focal adenomyoma by Dr Rudi Campo.

Professor Malzoni tackled a very difficult case of deep infiltrating endometriosis, ultimately requiring anterior bowel resection, whilst Dr Stavros Karampelas performed a laparoscopic myomectomy. There was unanimous praise from the audience for the educational value of these well-planned and complex surgeries.

Following a joyous sampling of the best chocolatiers that Brussels has to offer, with gifts purchased for family and colleagues back home, I headed back into the social fray, to WOLF, a lively indoor 'street food' market to meet up with a group of UK colleagues. I ate a delicious platter of 'moules et frites' because 'when in Rome...'!

Many went on to the ESGE Club night where good fun was had by all and some legendary dance moves by ESGE Vice President, Mr Saridogan were reported.

Keynote lecture

A thought-provoking keynote lecture addressed the possible association between endometriosis and history of trauma, encompassing a broad range of traumatic experiences from sexual trauma to surgical trauma, for example C-sections inducing new lesions.

Another, raised the possibility of connections between the genital microbiome and endometriosis.

In a free-communication video-led session, which covered a wide range of topics from robotic reimplantation of ureters in Japan to the use of balloon ports inflated inside large ovarian cysts to perform controlled decompression and avoid spillage risk.

I delivered my live presentation to a five-minute video about the use of ICG dye in benign laparoscopic gynaecology to evaluate tissue perfusion in adnexal torsion cases.

Samantha Kirkwood presenting at ESGE 23

The conference wrapped up with the awards ceremony. GESEA mentors are offered free entry to next year's meeting and I for one will be delighted to return.

It was a sociable and bustling congress, jam-packed with breadth and depth of professional, educational and industry content.

Roll on Marseilles 2024 via Belfast!

‘Just a Period’ campaign

The charity Wellbeing for Women has launched its ‘Just a Period’ campaign to address the unacceptable normalisation of period symptoms and gynaecological conditions, so that no woman or girl is left behind

It follows a new survey of 3,000 women and girls which indicated that millions of women and girls in the UK suffer from period problems, such as severe pain and heavy bleeding, with almost one third never seeking any medical help, and more than half reporting that their symptoms are not taken seriously.

Despite effective treatment options being available, medical experts say severe pain and heavy bleeding are normalised, even within the healthcare system. Women and girls are not receiving the treatment, care and emotional support they need to manage these common, yet debilitating problems.

Professor Dame Lesley Regan, Chair of Wellbeing of Women, says:

Dame Lesley Regan

“Women and girls have been dismissed for far too long. It’s simply unacceptable that anyone is expected to suffer with period symptoms that disrupt their lives, including taking time off school, work, or their caring responsibilities, all of which may result in avoidable mental health problems.

Periods should not affect women’s lives in this way. If they do, it can be a sign of a gynaecological condition that requires attention and ongoing support – not dismissal.

Through our ‘Just a Period’ campaign, we will be addressing the many years of medical bias, neglect and stigma in women’s health.”

The Women’s Health Strategy for England found that:

“Severe pain, heavy bleeding and irregular cycles are common symptoms in women and girls with gynaecological conditions, such as endometriosis, adenomyosis, fibroids and polycystic ovary syndrome which require treatment and support.

Yet women and girls are frequently ignored or, when listened to, were told that heavy and painful periods are ‘normal’ and that they will ‘grow out of them.”

The new survey reflected this, finding that almost all women and girls aged between 16-40 have experienced period pain (96%), with 59% saying their period pain was severe.

More than 9 in 10 have experienced some heavy periods (91%), with almost half (49%) saying their heavy bleeding was severe. Only 14% have tried medication to reduce heavy bleeding, despite treatment such as tranexamic acid being shown to reduce period blood loss by as much as 54%.

More than half (56%) have found it difficult to access treatment and support. Over half (51%) felt their healthcare professional had failed to take their period concerns seriously.

Of the 58% who sought help from a healthcare professional:

42%
were given treatment to help manage their period symptoms

16%
received a diagnosis

39%
were given information or advice on how to manage their symptoms

25%
received an explanation for their symptoms

Nearly 9 in 10 (86%) have experienced mental health problems, such as depression, anxiety and mood changes, in relation to their period.

More than 4 in 10 (41%) say they have experienced severe mental health problems. More than 4 out of 5 agree that there needs to be more accurate, easily accessible information on periods and gynaecological conditions.

Caroline Nokes, Conservative MP and Chair of the Women and Equalities Committee which is conducting an inquiry into reproductive and gynaecological health, says:

"There is a terrible phrase, 'well, it's just a period', why are you making a fuss about that? Can't you just get on with it? Yet many women and girls are experiencing horrendous period symptoms and gynaecological conditions.

These are impacting the health of women and girls, and preventing them from taking part in work, school, sport and everyday life. Endometriosis alone affects 1.5 million women in the UK and costs the economy £8.2bn.

Now is the time for change. I will continue to advocate for the needs of women and girls through my parliamentary inquiry and the 'Just a Period' campaign."

Dawn Heels is a lawyer and a fibroid advocate who turned her own pain into purpose by sharing her battle with fibroids on social media. She is one of four women whose story is featured in the 'Just a Period' campaign.

Dawn Heels

After years of pushing for appointments and scans, Dawn, 40, finally got the right diagnosis and treatment for her fibroids – and she's on a mission to help other women do the same.

Dawn works to amplify the voices of women with fibroids. She started a series on social media called 'My Fibroid Journey', where women are encouraged to speak up and raise awareness of the condition.

Dawn has also launched a not-for-profit organisation called The Guidance Suite, which offers women a safe and accessible space (online and in person) to access information and guidance on fibroids and other womb issues.

The Guidance Suite

Dawn's aim is to get women comfortable talking about issues below the waist, she says:

"I am committed to amplifying the voices of women who perhaps do not feel comfortable enough to speak up about their own fibroid journey. I also want to help educate everyone about this chronic and silent illness."

Dawn shared her story with The Scope:

I started my periods when I was 14 and they were always very heavy and painful. I remember having a conversation with my mum (the great thing is that my mum and I can have these open conversations) and my mum had heavy bleeding too, so I always thought it was just hereditary.

I dealt with the pain during my teenage years with paracetamol and ibuprofen. Then at the age of 17 or 18, I learnt that that the contraceptive pill could actually help with your periods. I was on the pill throughout my 20s and, for me, it was amazing because it just took away the heavy periods, took away the pain I was suffering and I was able to just live my life.

The problem restarted in my early thirties. I'd been on the pill for over a decade and there's was going to be a point where I'd want to try and have children. I wanted to come off the pill and let my body and my hormones regulate a little. When I came off the pill, I noticed that my periods were still incredibly heavy. I remember that when I went to the GP as a teenager, he said that my periods were heavy because I was a teenager and that they should regulate themselves and get better as I got older. But they hadn't, years later there was this still this heaviness, this pain. I didn't understand what was going on.

By the time I was around 33, I noticed that I was getting pain on the left hand side of my abdomen. I didn't know if it was due to the stress in my workplace, problems with my cycle or something else. My GP said it was something to do with my cycle and just to monitor it. I was left managing my pain it with ibuprofen and paracetamol again. The pain got worse and worse. I just thought there was something really wrong with my body.

As a woman, you just know when there's something wrong, something different

I saw a different GP, a female doctor. She didn't examine me or anything like that, she just said (quite blasé!) that it was probably a cyst on my ovary. That was frightening- at the age of 33 I didn't want anything to be wrong with my ovary! But she arranged an ultrasound scan, and that's when they found two fibroids, around four centimetres in size.

I'd never heard of fibroids and when I went back to my original GP he said that fibroids were nothing to worry about, they were very common. Again, I was told to just to deal with the symptoms with ibuprofen. Looking back now, I should've pushed more for better treatment. But my doctor kept saying it was normal and common. So, I listened.

Over the course of six years, the symptoms worsened and were so severe that they impacted my life.

"As a lawyer, I'd be in the office and it was so difficult to navigate. I'd go to the toilet, put in a tampon, stand up and feel a gush, and think 'here we go again".

I had bum cheek pain, I had leg pain, pain in my left side pain, very heavy periods with clots and that could last up to 14 days every month, lower back pain that was excruciating, and very frequent urination.

The bloating was extreme, which was very embarrassing, and my belly started to protrude. I started to freak out about what was going on. Sex was very painful and I wasn't able to fall pregnant. I was trying for a baby and nothing was happening and I didn't understand why.

Gaslit by doctors

At the time I feel like I was definitely gaslit by the doctors. When I stated my symptoms and said that they were preventing me from doing my day to day activities. Each and every time my GP said that this was normal and common and to deal with my pain with an ibuprofen.

Finally finding answers

When I was 38, a work colleague reminded me that we had private healthcare through work. I saw a specialist gynaecologist, he was amazing. He was the first person to sit me down, to listen, to understand what I was going through, to make a plan. He arranged an internal pelvic ultrasound and found at least six fibroids – one was the size of a grapefruit! That was why was belly was so distended.

Because I had so many fibroids, and some were very big, I needed an open myomectomy to remove them. It's frustrating, that if I'd had treatment at an earlier stage I could have had laparoscopic surgery, which would have been much less invasive.

I always thought that if I was ever going to have an operation that kind of resembled a C-section, it would be because I was having a baby. But I just knew that I had to have the operation for my future. So, at the beginning of 2022, I had my surgery. My consultant was amazing, he came in to see me the next day and said they took out 16 fibroids! It was a massive shock to myself, to my family, to my friends that knew that I was going through this. I suffered a lot of blood loss during the surgery.

The road to recovery

But the great news is that there is a rainbow after every storm. I fell pregnant in July of last year and my daughter was born in March 2023.

The GP said I may have fertility issues because of my age, but I fell pregnant straight after my surgery. Having my daughter feels like my circle is complete.

What would I tell women who are told it's 'just a period'? I'd say do your research. That way, when you go to the doctors, you can tell them your symptoms and what it could be. I find it astounding to think of my periods then and now.

Heavy periods are common, but they're not normal. I suffered for years and used to plan my life around them. Now, my periods are much better: next to no pain, light and short.

With the 'just a period' campaign, I hope to help people understand that the suffering that can come with periods isn't normal. We have to get rid of that kind of mindset, what we've been taught.

Heavy, painful periods that can ruin women's lives are not normal. It's really about being able to lift and raise our voices and advocate for the correct treatment for ourselves.

I think the younger generation are prone to being gaslit by medical professionals because it's almost like, what would you know? Also in some cultures, periods are a taboo subject. It's not talked about, you just get on with it. We can actually talk about periods, it's not a dirty subject

This is everyday life.

ASOGIC 26 – Cairo

Angus Thomson, Consultant Gynaecologist in Worcester and Chair of the Endometriosis Centres Committee, reports for The Scope from the 26th ASOGIC Conference that took place in October 2023

Angus provided faculty for the meeting with a BSGE team that included Mikey Adamcyzk, Zahid Khan, Rebecca Mallick, Vasilis Minas and Natalia Price.

"Come to Cairo – it will be fun" I said, as I tried to rally the troops to provide faculty for a meeting. None of us realised exactly what we were getting in to – but we all enjoyed every minute and grew through the experience. Even having been a consultant for nearly 19 years I can still say 'every day is a school day'.

The Ain Shams University Hospital in Cairo has the second largest Obstetrics and Gynaecology department in Egypt, with around 30,000 deliveries per year. They host an annual conference which has become hugely successful with 3-4000 attendees (Ain Shams Obstetrics & Gynaecology International Conference – ASOGIC). For the first week of October 2023 the 26th ASOGIC conference was held in Cairo and our group of UK consultants were invited to be faculty for the conference and pre-congress workshops.

Cairo was amazing, really amazing! So many people, so many cars, hussle, bussle, noise, just so alive. The hospital was enormous with so many people it was a little overwhelming, perhaps slightly chaotic to the uninitiated – but providing state of the art care despite their limited resources. The hospitality and attentiveness of our hosts was superb, we were kings and queens, it was very humbling. We had meals out, were driven everywhere with guides in abundance: pyramids and the sphinx, food on the Nile. It was a whirlwind three days for most of us, four days for some. And the food – oh the food, so much food! Not much drink though (alcoholic I mean) but I didn't really notice as I was slightly giddy on atmosphere and lack of sleep.

For 'pre-congress workshops' we were actually lined up to perform live operating cases to teach delegates both within the operating room and connected remotely – all with very varying degrees of experience. Laparoscopic hysterectomies, endometriosis cases, hysteropexies and myomectomies. All cases well within the comfort zone for the assembled team - but we all felt slightly *'uncomfortable'* with the theatre orientation, language barriers with scrub staff, slightly different equipment, uncertainty or unfamiliarity with the patients we were treating. It was an exhilarating experience, with all the team pulling together, adjusting to the circumstances and equipment challenges with all procedures completed safely. We delivered a few lectures on specifics of laparoscopic surgery, all very straight forward but very well received. Note to self –'take a bag of trocars and sutures next time'.

The actual conference was a huge, impressive and glamorous affair. Thousands of delegates and industry very well represented, there were lots of photos and videos from every angle.

We were all asked to present on specific topics including 'Simulation in gynaecology', 'Systematic approach to endometriosis surgery',

'Laparoscopic urogynaecology' and 'UK Endometriosis Centres' – all of which generated good questions and discussions in the exhibition hall and outside the meeting.

Thank you to the ASOGIC committee for inviting us to such a memorable few days in Cairo, we enjoyed it so much. The BSGE is hoping to develop stronger links with the organisers so that we might support future educational events. We returned to the UK on 5th and 6th October just before the tragic events which took place soon after and which are continuing to have such a devastating impact on that corner of our world. Our thoughts are certainly with all of those who have been and are continuing to being affected.

The Scope meets... Ranee Thakar

Miss Ranee Thakar is a Consultant Obstetrician and Urogynaecologist at Croydon Health Services NHS Trust and President of the Royal College of Obstetricians and Gynaecologists (RCOG). She is an Honorary Senior Lecturer at St George's University of London. She is the past President of the International Urogynecological Association.

Miss Thakar took up a research post at St George's Hospital and Medical School, London. This led to a landmark paper which was published in the New England Journal of Medicine and to a Doctorate (MD) from the University of London. From 1999 to 2001, she was a subspecialty trainee in urogynaecology and is currently the Director of the Urogynaecology Subspecialty training programme at Croydon University Hospital.

She is passionate about research and recognises its role in advancing health. Her many publications include original papers in peer-reviewed journals and book chapters. She has edited three textbooks. Having previously focused on the diagnosis and repair of obstetric anal sphincter injuries (OASI) through research and training, she is currently leading a joint RCOG and Royal College of Midwifery project funded by the Health Foundation, which has demonstrated a significant reduction in OASI rates. She has held multiple leadership roles before most recently taking the role of RCOG President.

She has a lifelong commitment to the improvement of women's health globally and is committed to making sure that the entire membership, across the world, is engaged and empowered. We are delighted to interview her for The Scope.

Can you tell us about your career path that led you to where you are now, from your early medical school days?

I was exposed to medicine as a young girl, and I never aspired to be anything else. My British mother was a midwife, trained in the United Kingdom. My father was a surgeon of Indian origin. Together they set up a hospital in rural India in 1960s.

I went to medical school in India and came to this country with the view to going back in two years after obtaining my MRCOG, and I'm still here! I started my training in the West Midlands and subsequently moved to London to work in Croydon as a registrar. At that time, we still rotated around lots of hospitals, and there was a stage where I thought of giving up obstetrics and gynaecology. The prospect of becoming a consultant in those days was quite difficult as well, but my consultant said, 'No, no, no. You can't do this'.

She introduced me to Professor Issac Manyonda who had a very active research portfolio, and together we wrote the research grant for the total vs subtotal hysterectomy study. It was the first grant proposal I had ever written and, when I look back on it now,

I am amazed I did it considering at that time I had never used a computer. Under Professor Isaac Manyonda's supervision, I completed my research looking at pelvic floor dysfunction and quality of life after total versus subtotal hysterectomy, and Professor Stuart Stanton asked me whether I wanted to pursue urogynaecology as a career. By this time, I had grown to love the subject, so I agreed and then started my subspecialty training for three years, becoming a consultant within the region in a Croydon University hospital.

What do you most enjoy about your work?

I consider myself very fortunate. When I wake up in the morning, I love to go to work. What I love about it is my interaction with patients. I'm passionate about urogynaecology. I love watching my patients getting better and improving their quality of life. Along with the job of looking after patients, I'm really passionate about training young doctors and trainees. Putting them through surgery, getting them involved in research, and getting them to write papers. I have to say that I get more nervous when I watch them present than when I present myself! So, that's the bit that I love, seeing them progress in their careers fills me with pride. And when somebody asks me, 'What is your legacy?' I say they're my legacy.

What was your path to become President of a Royal College?

Let me start at the beginning. I started at the RCOG as convener of meetings. This was an amazing job and included a lot of networking, developing new ideas and new ways of working. Subsequently, I was elected as the South Asia Council representative. Professor Dame Lesley Regan was the President of RCOG then and encouraged me to apply for the post of vice president and I was elected and served as VP for Global Health for three years. Her confidence in me was really quite a spur. The next step was RCOG President - a job I enjoy tremendously.

How does it feel to be only the third female President of the College and the first female from an ethnic minority?

If you had asked me when I landed in this country in 1989, if I would be President of RCOG, I would not have believed you. I am filled with pride to be the third female President, the first woman of colour. I do think there is a positive message here. The very fact that somebody like me could be elected into this position means that the playing field is actually levelling. I really think there's room for everyone, I truly believe that anyone who works hard and has good mentors can reach this position.

You have published very widely – what is the most important study you have been part of?

Without doubt, the hysterectomy study comparing total versus subtotal hysterectomy - for lots of reasons. It was my first paper, it was where I learned to do research, it's a study where I became passionate about research, and I think, led my career into academia. And it was published in the New England Journal, and again, it's something I wouldn't expect somebody like myself to have done.

One of your papers is titled 'in pursuit of patient-centred innovation' - can you explain?

The whole concept of patient-centred innovation came about in response to the issues we have in urogynaecology around the use of mesh. Patient-centred innovation is a new way of thinking and doing things wherein patients can work collaboratively to improve the way health care is designed and delivered so that it better meets the needs and priorities of patients.

There are four partners responsible for the implementation of new innovations or techniques. However, it is important that, patients should be working along with these four partners to make sure that what we deliver, the innovation that we come up with, meets the needs and priorities of the patients.

It really important is that patients are involved in any innovation right from the planning stage to development, to monitoring, and the ultimate delivery of itself. And I feel if we had done that, we perhaps wouldn't have had the current outcome we face with mesh in the United Kingdom.

How do you encourage trainees to take part in research?

If you ask my research fellows, they are likely say that I am a hard taskmaster! But really it is about supporting your trainees and recognising that doing research is not easy especially if the trainee is involved in routine clinical work. I meet my research fellows regularly. We go through the progress of their projects and any difficulties that they're having, we look at their presentations and review papers they are authoring. Your passion must rub off on them, and they must realise it's not just about producing papers, but it's about actually improving women's health.

How important is laparoscopy in urogynaecology?

In urogynaecology we have patients with multiple compartmental issues. There are conservative and operative options. So, we have to personalise care and involve the patient in the decision of her care. Some of them may improve with conservative management. And then, obviously, there's a surgical aspect when conservative management fails. With surgery, there are different routes including abdominal open and laparoscopic, vaginal, and more recently robotic. So, I think, it's not about how important is laparoscopy. For me, it's the right treatment for the right patient in the right place at the right time. It is the assessment of the patients that is important. More importantly, like I said about innovation, person-centred innovation, you must think about patient-centred care and put patients' choice at the centre of what we do.

How do laparoscopic surgeons get trained in urogynae?

Currently, the RCOG has a module on laparoscopic urogynaecology for the subspecialty trainees. The ATSM trainees can also do that as an adjunct to their training and improve their skills. What is important is that the patient receives the operation that is most safe and effective for her problem. I think it's important to bear in mind, that's not just fixing that problem at that particular time when you're doing surgery, but the assessment of the patient. The assessment of the patient is directly related to the outcomes of surgery.

You have published in NEJM about hysterectomy outcomes for subtotal vs total hysterectomy. Can you tell us more about this? Do you think laparoscopic surgery may result in different outcomes?

In the NEJM trial, we did not find a difference in bladder, bowel, sexual function or prolapse between subtotal and total hysterectomy in the short or long term, but the surgical procedure was slightly shorter. The other complication was cyclical bleeding every month in some women after subtotal hysterectomy.

If you were to try to extrapolate what we found in this trial into laparoscopic surgery, you could potentially expect to see the same. That said, many of the patients in our trial had very large fibroids, which would be almost impossible to do laparoscopically.

We read your aims were to progress the RCOG's mission to improve women's health globally – how can we do that?

The RCOG mission is to improve women's and girls' health globally. We are a global college, with around half of our 16,500 from outside the UK.

Our main focus is education and advocacy. As well as our MRCOG exam, we develop world-renowned guidelines, scientific impact papers, develop the curriculum for our speciality, offer e-learning and much more, so on and so forth.

We also have a fantastic policy team. I can tell you, as President, that the places that I get to talk are quite phenomenal and we have amazing opportunities to advise health policymakers.

Before this job, I was Vice President for Global Health. The RCOG has three very important global programs. One is our Gynaecological Health Matters programme. Through comprehensive training on 'Essential Gynaecological Skills' the programme targets non-specialist sexual and reproductive health service providers. It has eleven modules on topics that represent a significant burden of disease, including cervical cancer, contraception, infertility, early pregnancy loss and obstetric fistula. In Bangladesh, the Gynaecological Health Matters programme is delivering training for nurses and newly recruited non-specialist doctors in the districts of Kushtia and Dinajpur. We are also working with a group of Champions to advocate for the adoption and roll out of the training package across the health system in Bangladesh.

We also have a project on abortion care in sub-Saharan Africa. Every year, 25,000 unsafe abortions take place globally. It is one of the major causes of maternal mortality and is more likely to occur in areas where unsafe practices are carried out. The project focuses on the provision of safe abortion care, and post-abortion care, working with advocates in country. We have co-developed e-learning material and the best practice papers on abortion and post-abortion care. We have also piloted a project to combat the medicalisation of Female Genital Mutilation led by Professor Hassan Shehata, who is my senior and Vice President for Global Health. This project focuses on education and advocacy.

Inequality in healthcare has become a central focus - how do we tackle this?

The issue of inequality in healthcare is another area that I'm really passionate about. I think it is unacceptable that racial and ethnic inequality persists in medicine, and within obstetrics and gynaecology. When we talk about inequality, there are two aspects: one is patients, and this is evident from various reports. It certainly exists in gynaecological care and maternity care, as tackling this remains a focus for the College, including through our policy work but also through our clinical quality programmes.

The other aspect is the racism and differential attainment that ethnic minority doctors and healthcare professionals experience in their day-to-day life. I was chair of the RCOG's race equality task force when I was Vice President, and we did regional workshops with members and fellows throughout the UK, and learned a lot. We got insight into their experiences, and what they think are solutions. The answers lie with our members, so our approach is to implement action through consulting with our members. We are currently looking at mentorship programs, decolonization of the curriculum, and how to support people who feel that they're treated less well than others. So, you'll be hearing a lot more about this during my term as president.

How can we improve the quality and safety of maternity and gynaecological care provided in this country and around the world?

Historically, Women's Health has been underfunded, and under-researched, and there is a lack of education. All women and girls should have equal access to safe and high-quality care, underpinned by research. We need research in this area to measure impact, and this needs to focus on ethnicity and wider social determinants.

We know that our Members and Fellows work tirelessly under significant pressure, and we see a lot of burnout in the profession at the moment. How do we bring joy back into the work that we do? Investment in adequate staffing and training is essential to this, because unless health professionals feel safe themselves we cannot improve patient safety.

Another aspect I feel really strongly about is teamwork. When I was a junior doctor, we had a team that we relied on. For example, when I was a subspecialty trainee, I belonged to a Professor's Stanton's team. You worked extremely hard, but you knew if you had any problem, be it a personal one or in your work, you had somebody to go back to, your team. It made difficult working, long working hours easy to bear. The way rotas are set right now makes it difficult to have teams, but we need to think about how we can help junior doctors to feel part of a supportive team, and able to support each other.

Do you think there is an imbalance between focus on maternity vs gynaecology – considering women spend more time not giving birth to babies?

I would say no, definitely not. I think the question should be, how can we collectively tackle the long-term lack of prioritization, investment, and research across all areas in women's health? We collectively need to work on improving women's health taking a life course approach think we need to focus on the whole service and try to get that right, rather than dividing it into maternity and gynaecology.

We have previously asked our former President Eddie Morris about the 'Left for too long' report – what is your take on it?

This is a fantastic piece of work. It highlighted that many women were waiting for too long to have gynaecological care, both conservative and surgical. Everyone likes to blame the pandemic and this did have a significant impact, but we had a problem even before that.

It is unacceptable that we continue to see gynaecology surgery with one of the longest waiting lists of all specialties. One of the things is the lack of theatre time for gynaecological surgeries and, as a urogynaecologist, I feel strongly about this because if we don't treat the patients at the optimal time their conditions will worsen.

The College is continuing to advocate for a shift in the way gynaecology is prioritised as a specialty across the health service, including action to move away from using the term 'benign' to describe gynaecological conditions. Elective recovery must address the unequal growth of gynaecology waiting lists compared to other specialties, and end the postcode lottery for gynaecology care. Prioritisation of care as part of NHS recovery must look beyond clinical need to also consider the wider impacts on patients waiting for care. We know the impact for waiting for surgery can affect so many aspects of women's lives, including their mental health.

How do we fix this? Well, there's lots of work going on right now, including 'Getting It Right First Time' and the work NHS England doing. The need for progress is urgent and the College is actively involved here, and playing our role in working with partners to bring this all together.

What are your thoughts on the collaboration between the RCOG and BSGE?

I think it's really important. As Secretary of British Society of Urogynaecology I always looked upon BSUG as part of the College. Specialist societies are part of the RCOG but independent and there is so much we can do together. An example of this is the fantastic feedback that the BSGE provided for our consultation on our advanced training curriculum consultation.

How would you encourage trainees and specialists to get involved in the work the College does?

The future of this college is our trainees and it is important that they are able to be involved in shaping their future. We have a very active trainees and each of the committees within the RCOG have trainees' representation, so the trainees' voice is really loud and clear. I would encourage all our trainees to complete the training evaluation forms, as we take this feedback seriously and this informs what we focus on.

Every year the President and officers have a meeting of the colleges in four European countries – Netherlands, Germany, France, and the UK. This year, we're focusing on training. So, we sent out a call for a one-page essay on the topic of the 'Future of gynaecological training-horizon scanning' and received 18 lovely essays in response, and have selected two of them to go with me to this meeting. So, we are trying hard to involve our trainees.

What advice would you give your younger self if you were about to embark on training again?

If I were to repeat what I'm doing, I'd do the same. Perhaps I would take a little bit more time outside work, but I enjoy what I do so much that it often doesn't feel like work! I wouldn't change anything as I love what I do.

What is the achievement you are most proud of?

It must be being the President because, as I said earlier, somebody like me who landed in this country some 30 years ago didn't expect to become President. It's can sometimes be a difficult job and it's very busy, but it gives me great pleasure.

How do you see women's health changing in the next 10 years?

I think the future of Women's Health is exciting but challenging. If you focus on what's happening in the UK, we have the Women's Health strategy, and that really fills me with great optimism. We also have an excellent Women's Health Ambassador, Professor Dame Lesley Regan. I truly believe that by working with her, we can make a huge difference.

We have to also think about climate change and sustainability as one of the greatest threats to Women's Health globally. The people that are, and will be, most affected are those that are most vulnerable and women. I think it is the responsibility of each one of us to act. Improving environmental sustainability is one of my Presidential priorities.

I also see great opportunities for Women's Health evolving as we adapt to new technologies. I think AI (artificial Intelligence) will have a huge role to play. Women need to be empowered to take care of their own health using modern technology, like apps.

We've got to be part of that modernization of patient care. There are more and more things we can do with technology: remote consultations, telemedicine, and virtual clinics to name a few.

But, we must never forget the human touch. We must never forget that medicine is not just about science, it's an art as well. It's about treating patients as human beings.

Ranee Thakar presenting the Sir Alec Turnbull lecture at ASM23, Manchester

Mez Aref-Adib
Interviewer

Ben Mondelli
Interviewer

A Tribute to David Redwine, Endometriosis Surgeon

18th September 1948 – 23rd October 2023

Jeremy Wright remembers David Redwine, pioneering endometriosis surgeon and honorary BSGE member who sadly died in October, 2023

It is with great sadness that we announce the sudden death, at home, of David Redwine on 23rd October 2023. David was a pioneer of excisional surgery for endometriosis, which although heavily criticised when he first proposed it, is now the gold standard for the treatment of endometriosis, particularly deep infiltrating disease. He was a past Alec Turnbull lecturer and a life member of the BSGE.

David's first wife, Debbie suffered from severe endometriosis and the diagnosis was both missed and trivialised for some years and he soon realised that the current therapies at the time, specifically danazol, were both unpleasant and ineffective.

Having qualified from Baylor College of Medicine, he did his speciality training at the Oregon Institute of Health Sciences before setting up in practice in the small town and ski resort of Bend. He then started to study both the pathology and treatment of endometriosis and came to the conclusion that the only effective treatment of endometriosis was to remove it. He also, uniquely at the time, set up a comprehensive data base that both quantified symptoms and mapped the depth and extent of endometriotic nodules. This was the forebear of the BSGE data base.

David's reputation as a surgeon, scientist, and advocate for women with endometriosis grew and many thousands of women made the journey to Bend seeking advice and treatment. He also operated all over the world including live demonstrations before BSGE meetings. He memorably hosted a meeting of the Gynae endoscopy visiting club, which visited centres of excellence in endometriosis surgery near high mountains where you could ski, and surprisingly we all returned alive.

Throughout his working life David challenged the concept of retrograde menstruation as a cause of endometriosis and was one of the first to explore and advocate for an embryological origin of endometriosis. He always remained combative in challenging existing dogma. Even after his retirement from surgical practice in 2012 he continued to write and advocate for women with pelvic pain.

David will be much missed but he leaves a legacy of detailed, painstaking, and rigorous research into the diagnosis and treatment of endometriosis, which will still be quoted for decades to come. He leaves behind his beloved wife, Laurie and his sons Kevin and David.

The Scope meets... David Redwine

In remembrance of David Redwine, we include his interview with Shaheen Khazali for The Scope in 2018

Let's start by looking at the beginning of your career. What made you choose this field?

After each clinical rotation at Baylor College of Medicine, I was certain I'd found my specialty. But on ob/gyn, I noticed that all the doctors were happy. My parents had always said to do something that makes you happy and, apparently, I had found it because in ob/gyn I could be everything I thought I'd wanted to be, practising abbreviated versions of paediatrics at birth, internal medicine in the office, and surgery. All while caring for a population that seemed to take care of themselves.

What was the environment like back then? You must have faced lots of challenges.

I worked up to 120 hours a week in a rotating internship at the University of Oregon Health Sciences Center in Portland. My ob/gyn specialty training began in 1975 and did the usual things residents do. Surgery came very naturally and very quickly to me. Laparotomy was done for most things although I did learn diagnostic laparoscopy and bipolar tubal interruption. After completing specialty training I knew I wanted to have a short commute so in August, 1978, I entered general ob/gyn practice in Bend, Oregon, some 130 miles from the nearest Interstate highway, population then 15,000, and sometimes snowbound in winter. I had no special training in laparoscopy or endometriosis.

I was accompanied to Bend by a wife with endometriosis that I'd been forced to diagnose myself in medical school on the basis of tender cul-de-sac nodularity after her physician trivialised her pain and stated her exam was normal. We had to beg for laparoscopic diagnosis which confirmed my suspicions. No surgical treatment was done.

She had been on birth control pills without symptom relief, so danazol was prescribed. I began reading about endometriosis and realised the focus was on infertility, yet the case before me was one of several types of pain. When we arrived in Bend, the first time I descended Neff Road to the hospital, I was swept by the profound feeling that I was going to do something special in medicine. Danazol wasn't helping, so we had to beg for another surgery, this time with the mandate that the endometriosis be excised. Her gyn was resistant to performing such a radical-sounding surgery: "You mean you want me to remove the disease from her body?"

Yes! That's it! Remove the disease from her body. What surgeons have done for over 5 millennia!

The difference in her symptoms was immediate and dramatic. An observational series of one. Around the same time, I had seen a couple of local patients with symptoms and signs of endometriosis. After failing to respond to my attempt at laparoscopic monopolar coagulation, which was new at the time, I re-operated on both and was shocked to see that it didn't look like I'd done anything at all to the lesions that I was CERTAIN I'd destroyed. It was at that moment, sometime in 1979, that I decided I couldn't trust what was said about endometriosis, I couldn't trust the profession to make a relatively simple diagnosis, I couldn't trust medical therapy, I couldn't trust electrocoagulation. The only thing I could trust was my own judgment and opening the abdomen and excising all endometriosis, which seemed to immediately provide symptom relief. Now the series was three.

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Along the pelvic pain highway, I'd biopsied subtle lesions that weren't supposed to be endometriosis, but turned out to be just that under the microscope. I found that endometriosis can change in appearance over time and that the classic black, powder-burn lesion was in the minority.

I also wanted to see if the pelvis filled up with endometriosis over time as predicted by Sampson's theory, so I developed a pelvic mapping system which I tabulated on my CPA wife's paper spreadsheets. I reasoned that older patients would have more widespread disease and recurrence after surgery would approach 100%. Of course, that was not what I found and I've spoken against that theory ever since. By the mid-1980's I'd taught myself dBase code and continued data collection on a Mac, writing hundreds of programs and constructing dozens of databases. Ask Jeremy Wright.

Meanwhile, satisfied patients were sending friends, and the friends of those friends came from Eugene, then Portland, then Canada. Laparoscopic excision was effective but slow using cold 3 mm scissors. My work as an electrician wiring houses informed my knowledge of electricity and prompted me in 1991 to reject the prevalent mandate of the time "Do not use monopolar electro-surgery during laparoscopy". My surgery times plummeted to about a third of what they were with cold scissors alone. I was a full-on electro-surgeon.

I performed triple-puncture laparoscope with only a lightly-used scrub assistant for uterine manipulation or blind irrigation through a right lower port. I did not use a monitor or routinely record surgeries. I looked directly through the eyepiece down the optical channel with my right hand pulling the eyepiece against the nose bridge of my right eye while controlling the 5 mm graspers with my left hand. With the table at maximum height, I could comfortably push, pull, and turn the tip of the scissors using my head and my hand.

I felt complete surgical freedom since nobody could see what I was doing. I was free to exercise my best and perhaps often audacious judgment of what would be best for each patient. Each week I would wonder what new laparoscopic procedure I would invent using my simple little system. By the time I retired, I was using the same laparoscope and scissors combo that I'd used in the beginning. I missed several technological waves: laser, harmonic scalpel, robotics. But I could perform any surgery necessary for endometriosis laparoscopically because I also had surgical privileges in bowel and urinary tract surgery. This protected the patient from the risk which follows urologists or surgeons hijacking a difficult gyn case. There are many YouTube videos showing the use of my simple technique.

We know deep infiltrating endometriosis is, well, deep! And the tissue destruction caused by 'ablation' techniques only deals with the tip of the iceberg. Despite this, people are still asking the question of ablation vs excision. Even national guidelines fall short in addressing this issue, which leaves patients confused. Why do you think that is?

Surgeons who don't excise may think that all disease is superficial, so justifying their use of 'ablation', whatever that is. No sane individual claims that 'ablation' can treat deep disease. The correct question is twofold:

1. How is superficial disease identified? Part of the answer to that depends on identification of normal peritoneum, because all else is abnormal.
2. How deeply does ablation destroy tissue? I know, it's quite variable which is part of the problem. People writing guidelines must therefore believe that proper identification of superficial disease is occurring throughout the profession and that ablation can destroy such disease. If evidence exists to support those two contentions, fine. If not, then I wonder if some bylaws or perhaps statutes involving the public good have been violated.

How about the age-old question of shave vs disc vs segmental resection? After many years, we are still asking this question. I wonder if this is the right question to ask regarding treatment of rectovaginal endometriosis.

In my opinion, the use of the circular stapler on the anterior colonic wall has made this a moot point for lesions 1 – 3 cm in size by visualization and palpation, although I can't fault surgeons for doing it the old-fashioned way. So yes, the correct question would be why more aren't done with stapling of the anterior wall where endometriosis is patterned to occur? For very large or multiple lesions, a segmental resection seems best.

Do you think endometriosis surgery should become a sub-specialty?

Yes, because the surgery is the most difficult surgery which is commonly done in the body. Specialization status for endometriosis surgery may be resisted by national societies, for the reason that endometriosis may be the last thing many ob/gyns feel that they can treat surgically.

What would your advice be for the budding endometriosis surgeon?

Read as widely, looking critically at as many publications as possible. I'd recommend looking at my papers, watching my videos and browsing www.endopaedia.info.

Surgery already exists for all presentations of the disease. Be bold. Identify and remove endometriosis aggressively without apology. Always do what's best for the patient. Don't listen to industry.

In the 34 years of your practice, what are the two most important changes (both positive and negative) you have seen in the way we practise?

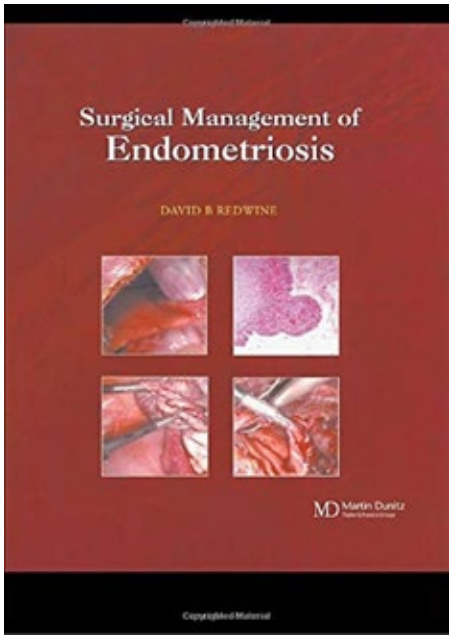
The positives are that more excision is done and more authors support an embryonic origin of endometriosis, as I have since 1988. (1)

The negatives include the facts that there is more intrusion by government and corporations into the practice of medicine, with expense of money and loss of time as a result but not necessarily with better outcomes, with corresponding loss of freedom by physicians.

There is also continued reliance on the theory of reflux menstruation as the origin of endometriosis. Abandonment of this theory completely and all that has flowed from it would be the best single action that could be taken to improve quickly the lives of endometriosis patients. And it's free.

References:

Redwine DB. Mulleriosis: the single best fit model of origin of endometriosis. J Reprod Med 1988;33:915-920.



Shaheen Khazali
Interviewer 2018

Portfolio Reports

Endometriosis Centre Portfolio Report

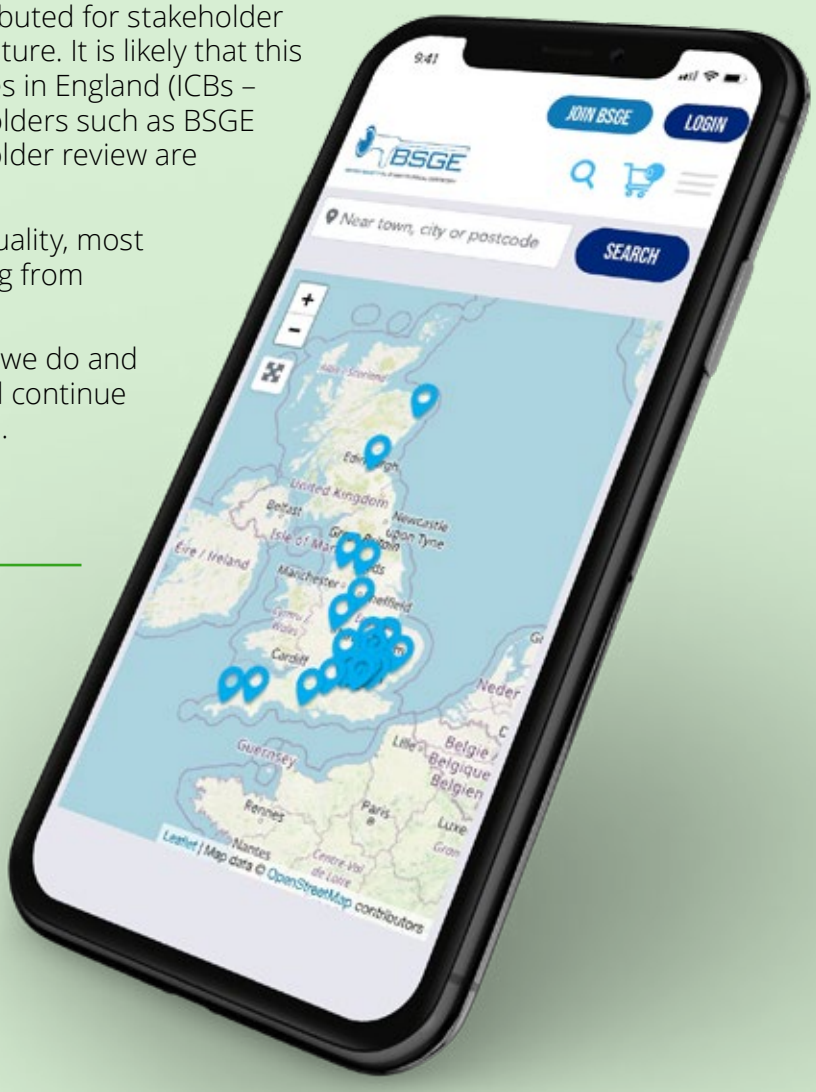
In 2003 at the World Congress on Endometriosis in San Diego, the first thoughts about a network of UK Endometriosis Centres started germinating. Now, 20 years later, the BSGE endometriosis centres are thriving, despite the challenges we are all experiencing within the NHS.

We now have 75 accredited centres and 11 provisional centres and the strive to improve care for women with this condition and with chronic pelvic pain continues.

As the end of the year approaches all centres are reminded to update their entries on the database, ensuring there are 12 cases per surgeon within the centre. It is also time to submit an exemplar video demonstrating the criteria required for accreditation (full details available on website). Please ensure submissions are made by 31st December as the database is locked down at 6pm that day.

The main focus for the endometriosis centres committee within the next year will be engaging with NHS England as they develop the service specification for future specialist commissioned severe endometriosis care. Members of the BSGE have been deeply involved in the development the draft proposal for service specification.

We are hoping that this proposal will be distributed for stakeholder review and comments in the relatively near future. It is likely that this will be reviewed by NHS commissioning bodies in England (ICBs – Integrated Care Boards) and by other stakeholders such as BSGE centres. As soon as the details of this stakeholder review are known this will be shared widely.



Our priority remains to provide the highest quality, most consistent and safest care for people suffering from endometriosis.

By constantly reviewing and monitoring what we do and what achieves our treatment goals, we should continue to improve the service offered to our patients.

Angus Thomson
Endometriosis Centre Portfolio Chair

Portfolio Reports

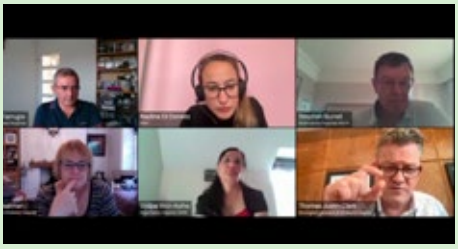
Hysteroscopy Portfolio Report

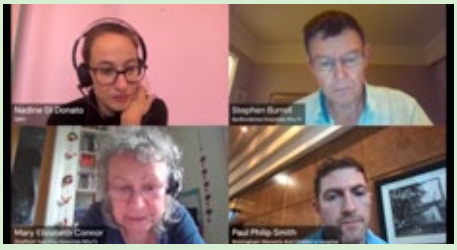
Nadine Di Donato, Hysteroscopy Portfolio Chair, reports on a busy and successful time for the Hysteroscopy Portfolio

The BSGE Hysteroscopy Group had a successful few days at the joint RCOG/BSGE Diagnostic and Operative Hysteroscopy Workshops in October, 2023.

I was honoured to be part of a fantastic team with Amelia Davison and Shilpa Kohle, who have done a fantastic job maintaining a high level of training in hysteroscopy following on from the excellent work of Mary Connor and Stephen Burrell.

The course was fully comprehensive, with very interesting lectures and hands on training. Some 150 delegates registered for the course and were supported by an amazing faculty. I am very proud of the BSGE and RCOG's focus on hysteroscopy training.





Workshop report

The theory part of the course was online on the 10th October with practical sessions on October 19th and 20th.

The meeting covered a range of theoretical and practical demonstrations of both diagnostic and operative hysteroscopic surgery. Lectures included current and future developments in hysteroscopic procedures, new energy forms and innovative ambulatory surgery. The role of hysteroscopy in the management of abnormal uterine bleeding and fertility was explored. There was an emphasis on undertaking hysteroscopic procedures in an outpatient setting with guidance on how to optimise and develop such services.

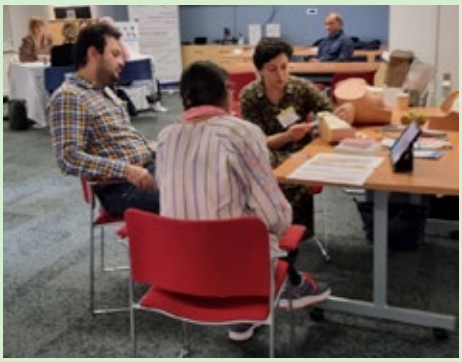
Workshops used models and computer-simulated procedures to cover diagnostic hysteroscopy; endometrial polypectomy using mechanical instruments including fine scissors, snares, graspers and hysteroscopic tissue shavers; resection of endometrium and submucosal fibroids and global endometrial ablation using non-hysteroscopic devices.

Portfolio Reports

We put a lot of effort into the programme and created new presentations and invited international speakers. Susanna Johnson talked about the role of ultrasound in ambulatory clinic and Prof Paolo Casadio from University of Bologna lectured on surgery for uterine malformations and defects. For the first time we introduced the POOL session, an interactive session offering the opportunity to share comments, individual hospital local guidelines and the evidence-based practice.

The tips and tricks session is always popular. Our experts shared their experience and tips and tricks in uncommon or difficult situations.

Keep an eye out for our next workshops if you'd like further tips, tricks and training in diagnostic and operative hysteroscopy.



Nadine Di Donato
Chair of Hysteroscopy Subcommittee

Portfolio Reports

Awards and Bursaries Portfolio Report

Mikey Adamczyk, Awards and Bursaries Portfolio Chair, lets you know what's going on in the portfolio: I am delighted to bring you the latest insights from the dynamic BSGE A&B Subcommittee, offering a sneak peek into our ongoing initiatives and upcoming endeavours.

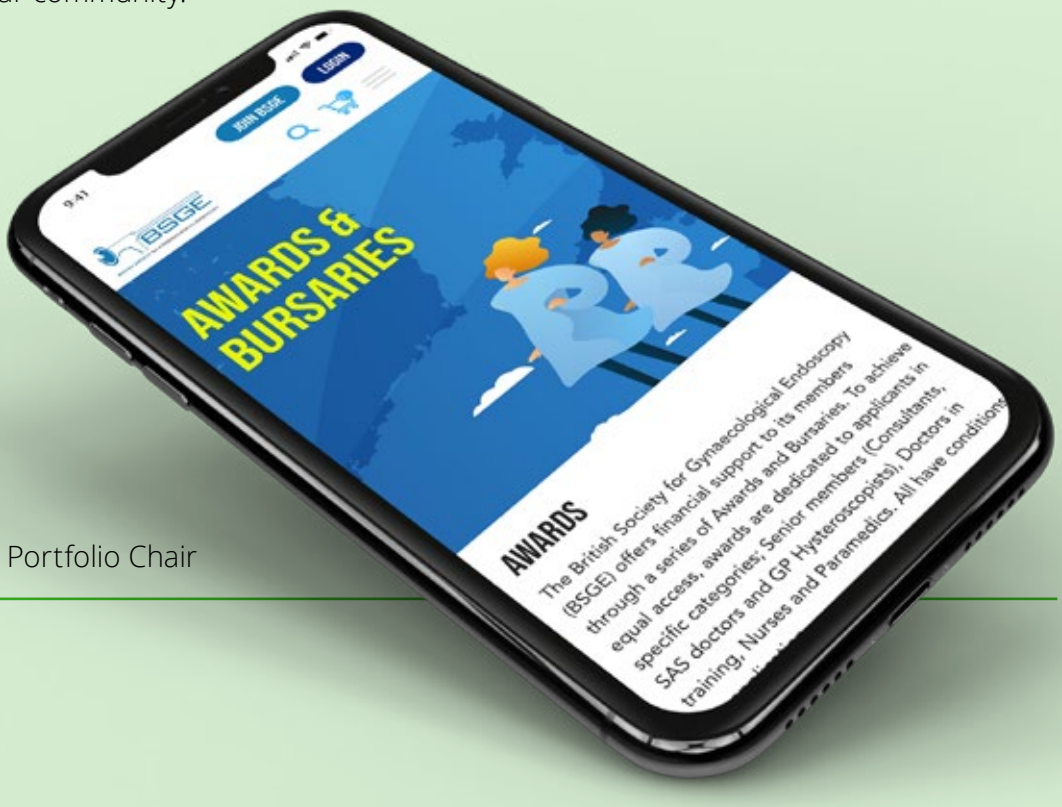
Our Subcommittee, comprised of dedicated individuals including Ilyas Arshad, Tony Chalhoub, Rebecca Karkia, and Kerry Mitchell, has further strengthened its ranks by adding the talented Sarah Rizeq. The successful video competition held in July was a crowning achievement for the Subcommittee. The enthusiastic participation from our diverse membership was genuinely inspiring, yielding 19 outstanding submissions. Notably, our contributors included overseas members, consultants/SAS/GP, nurse practitioners, and the future leaders in our field – doctors in training – who delivered an impressive 14 submissions.

The worthy winners will receive £300 each. They are:

- Gnana Sanker Natesan
- Laura Ziurle and Elisabeth Janschek
- Rasha Abdeldayem
- Janaka Jayasinghe
- Averyl Bachi
- Brooke Vandermolen
- Sania Latif
- Stephanie Poole

The September round of A&B was nothing short of a success. We are thrilled to announce the receipt of two applications for the Consultant Traveling Fellowship, one for the Nurse Bursary and two for the Clinical Research Grants.

Looking ahead, we have some exciting innovations in store for next year! Anticipate exciting developments, and stay engaged as we unveil new initiatives. Your continued support and enthusiasm drive the success of our community.



Mikey Adamczyk
Awards and Bursaries Portfolio Chair

Portfolio Reports

Information Resources Portfolio Report

As the year draws to a close, I hope BSGE members have enjoyed our educational programme during 2023. We have had a wide variety of educational webinars ranging from day case hysterectomy to V-notes surgery to imaging and endometriosis.

The sessions continue to be very well received and we have large numbers tuning in on the night to watch live. I'd like to remind everyone that the webinars are free for all to watch to live, but only BSGE members can access the recordings of all the webinars on the BSGE website, to watch at whenever you want.

We successfully ran two patient-centred webinars which received great engagement and feedback, we hope these have been beneficial for your patients . Please share the @thebsge Instagram page with any patients that may benefit – on Insta, we share resources and links to evidence based information. In 2024 we will again arrange events for endometriosis and adenomyosis awareness months.

The Facebook page remains very active for members – please do join if you have not already – it's an excellent resource to network, ask questions, garner opinions and share videos.

We are in the process of putting together an exciting educational programme for 2024 and I am always looking for suggestions - please get in touch if you have a topic you would like covered.

We will continue the monthly webinars and are busy planning sponsored sessions supported by the BSGE Corporate Members Medtronic, Hologic and Gynesonics. Keep an eye on the website for details.

I'd like to thank my subcommittee members Gina Michel, Ben Mondelli and Mo Al Kharfan for their hard work. We are currently looking for a new subcommittee member who is keen, driven and interested in re-invigorating the BSGE podcast for 2024 – please get in touch via the BSGE email address.

Thanks

Rebecca Mallick MBChB MRCOG
Chair – Information Resources

Social media

Follow us and stay in touch on:

- LinkedIn - @BSGE
- Twitter - @theBSGE
- Facebook – BSGE group
- Instagram - @theBSGE

Portfolio Reports

Laparoscopic Training Portfolio Report

Donna Ghosh, Laparoscopic Training Chair reports on developments in the portfolio:

Joint BSGE-RCOG Benign Abdominal Surgery Course

The Joint BSGE- RCOG Benign Abdominal Surgery Course ran during September 2023. This is a comprehensive two days of lectures, case studies and video demonstrations using a virtual platform followed by a one-day hands on practical workshop, focussing on 'Essential skills for laparoscopic hysterectomy'.

The course, which was sold out for the practical component, was a huge success and informal feedback received reflected this. We were very pleased to secure the highest-quality equipment and materials supplied by our sponsors Karl Storz, Ethicon, Olympus, Stryker, BOWA and Inovus. We plan to continue to run the programme annually in conjunction with the RCOG.

The RCOG 'Left for too long' document identifies the disproportionate length of waits experienced by patients receiving surgery for debilitation and impactful conditions such as endometriosis and recognising that the term 'benign' may play a part in the lack of prioritisation of their care.

Such courses like this are essential to help surgeons develop vital skills to safely treat complex conditions. In support of the RCOG campaign 'Drop the Benign' we will rebrand this course 'Gynaecological Abdominal Surgery' in 2024. We hope to see you there!

RIGs Hub National Training Programme

Over 250 trainees across the UK have completed the third RIGs Hub National Training Programme. As summarised in the trainee portfolio, this included a full day of hands on simulation training including practising salpingectomy, ovarian cystectomy, laparoscopic suturing and even myomectomy closure using a foam stress ball! The webinars again focussed on practical surgical tutorials including hysterectomy, cornuectomy and ureterolysis.

I feel so proud of all the BSGE team who are committed to making such projects like this a success. This includes recognising the hard work of all the regional representatives, the wider BSGE faculty across the UK as well as Lina Antoun, Sam Kirkwood and Jess Preshaw. Well done and thank you!





Donna Ghosh
Laparoscopic Training Portfolio

Portfolio Reports

Research and Innovation Portfolio Report

Oudai Ali, Research and Innovation Portfolio Chair reports on developments in the new committee:

I would like to share with you good news about the Research and Innovation Committee, which is a new development that was announced at the last BSGE ASM. I am honoured to lead the committee and include contributions from excellent colleagues who are passionate about cutting edge novel approaches and up to date advances in gynaecologic surgery: Mr Haider Jan, Mr Tony Challoub, Miss Inna Sokolova and Jack Williams. We will look for nurse contributions soon to enhance our perspective, so watch out for future BSGE adverts.

We are all attracted by new developments and suggested improvements in technology. We want to try them and later include them in the package of care given to our patients. However, new concepts have little evidence to support them to start with and the introduction of a new concept will require understanding of the governance framework as well as commissioning pathways that will follow adoption.

In this committee we plan to prepare good practice papers outlining the best guidance to embrace new approaches that have little but growing evidence. This is the general concept, but we invite all members to bring their ideas to our attention for discussion, appraisal and working on specific ideas. Please feel free to reach out to us through the BSGE. We are ready to engage with you directly and prepared to develop concepts into recommendations and explore applications. In this context we are working on our first project: the definition of surgery through a Delphi process using BSGE survey tools. Your response will be greatly valued and your free comments will also be useful to our study.

We're also looking at the importance of the human factor on surgical performance and hope to see this represented in the next ASM in Belfast. We have included a taster session about vNOTES in the coming meeting to enhance awareness of the technique and the training required.

We will continue to contribute to various educational and training activities including webinars, hysteroscopy courses, Ambulatory Care Network and intensive laparoscopy workshop in Kent next year in April.

Please keep checking the BSGE website for information. Our committee will succeed with your input, contributions and thinking together about the best patient care using up to date knowledge.

Oudai Ali
Research and Innovation Portfolio Chair

Nurse Specialists

Nurse Hysteroscopy Portfolio Report

Caroline Bell, Nurse Hysteroscopy Portfolio Chair updates on activities within her portfolio and introduces her subcommittee members:

Hi! I hope you are all well. We are pleased to welcome our new subcommittee members. We have recently delivered a webinar on endometrial ablation and consent which you can watch on the BSGE website along with other BSGE webinars on: https://www.bsge.org.uk/video-library/?videocat=bsge-webinar-series. We continue to support the University of Bradford, BSGE hysteroscopy workshops and the Royal College workshops.

We have our first nurse operative hysteroscopy workshop on the 12th and 13th of December in Guildford. The course is now fully booked with 20 nurses in attendance, one of these nurses is attending from New Zealand. This course is designed to give theory content and the operative logbook is available for the practical content. Next year's course date will be released soon.

We have a new nurse hysteroscopy forum available on the BSGE webpage, which is an area designed to ask questions and share knowledge, please do look at this area to see if you can help your colleagues. It's available for BSGE members only at: https://www.bsge.org.uk/forums/forum/nurse-hysteroscopists-general-discussion/

Our plans going forward are to organise further webinars and drop in sessions. We will update the website with educational resources, supporting workshops and teaching events. We hope to support Justin Clark and his team with the organisation of the Ambulatory Care Network meeting and Shaun McGowan and his team in Ireland with the preparations of the Annual Scientific Meeting.

If you have any further ideas or suggestions you would like to put forward please get in touch.

Nurse Hysteroscopy Subcommittee

I'd like to welcome new members to the Nurse Hysteroscopy Subcommittee and introduce the team to everyone.

Caroline Bell
Nurse Hysteroscopy Chair. Based in Cumbria, Caroline is a nurse hysteroscopist and nurse colposcopist.

Suzanne Taylor
Lead hysteroscopy nurse, lead colposcopy nurse and CSPL at Bradford Royal Infirmary.

Liz Bruen
Nurse hysteroscopist and endometriosis specialist nurse based in Cardiff.

Ruth Pitman
Nurse hysteroscopist for Hampshire Hospitals NHS Foundation Trust.

Best wishes, **Caroline Bell**
Nurse Hysteroscopists Portfolio Chair
Email: Caroline.Bell@ncic.nhs.uk

Nurse Specialists

Endometriosis CNS Portfolio Report

Gilly Mcdonald updates on the Endometriosis Specialist Nurse Portfolio:

Welcome to the winter update of the Endometriosis CNS Portfolio.

The BSGE ASM in Manchester was a huge success and the pre-congress day gave us an opportunity for some much-needed networking alongside expert speakers sharing their knowledge and experience with us. We welcomed Rosie Mccluskey and Zwelihle Magama as new members to the Endometriosis Nurse Subcommittee. Thank you to everyone involved in making it such a high-quality event.

Now, the BSGE turns its attention to Belfast! The local organising committee are very focused on creating a fabulous conference and social events to celebrate Belfast! We are very much looking forward to the event. There is a new category at this year's ASM for nurses, we are being invited to submit abstracts so please share this with our colleagues, so we get a healthy representation from the nurses!

A very big welcome to nurses new in post. The mentoring support system is proving a great success in supporting new nurses in their roles and sharing best practice and experience. The more informal bitesize sessions continue. Any suggestions of providing further support are most welcome.

The BSGE website has been updated and improved, please take a look at the new interactive forum where members are encouraged to use this to reach out to colleagues, posting points of interest as well as queries, questions etc for sharing. There is also an updated resource section. Thank you to everyone involved in this process.

Looking ahead, we are very much looking forward to Belfast. It will be another high quality meeting and a Endometriosis CNS pre-congress day. We look forward to seeing you all!

The BSGE Nurse Subcommittee of Claudia, Jenny, Rosie and Zway join me in welcoming ideas for further growth and development, email us at bsge@rcog.org.uk

Our focus remains on creating a professional and supportive environment for all our nurse colleagues.

We look forward to 2024!

Endometriosis Nurse Subcommittee

I'd like to welcome new members to the Endometriosis Nurse Subcommittee and introduce the team to everyone:

Gilly Macdonald
Endometriosis CNS Portfolio Chair
Endometriosis CNS, Royal Cornwall Hospitals NHS Trust

Claudia Tye
Endometriosis CNS, Guys and St Thomas' NHS Trust

Jenny Shaw
Endometriosis CNS/ Nyrs Arbenigol ar gyfer Endometriosis, Cwm Taf Morgannwg University Health Board/Bwdd Iechyd Prifysgol

Zwelihle (Zway) Magama
Endometriosis CNS Barts Health NHS Trust

Rosie McCluskey
Advanced Clinical Nurse Endometriosis Specialist, QEUH, West of Scotland

Gilly Macdonald, Endometriosis CNS Portfolio Chair

RIGS
Registrars In Gynaecological Surgery
Training and Support in Endoscopy

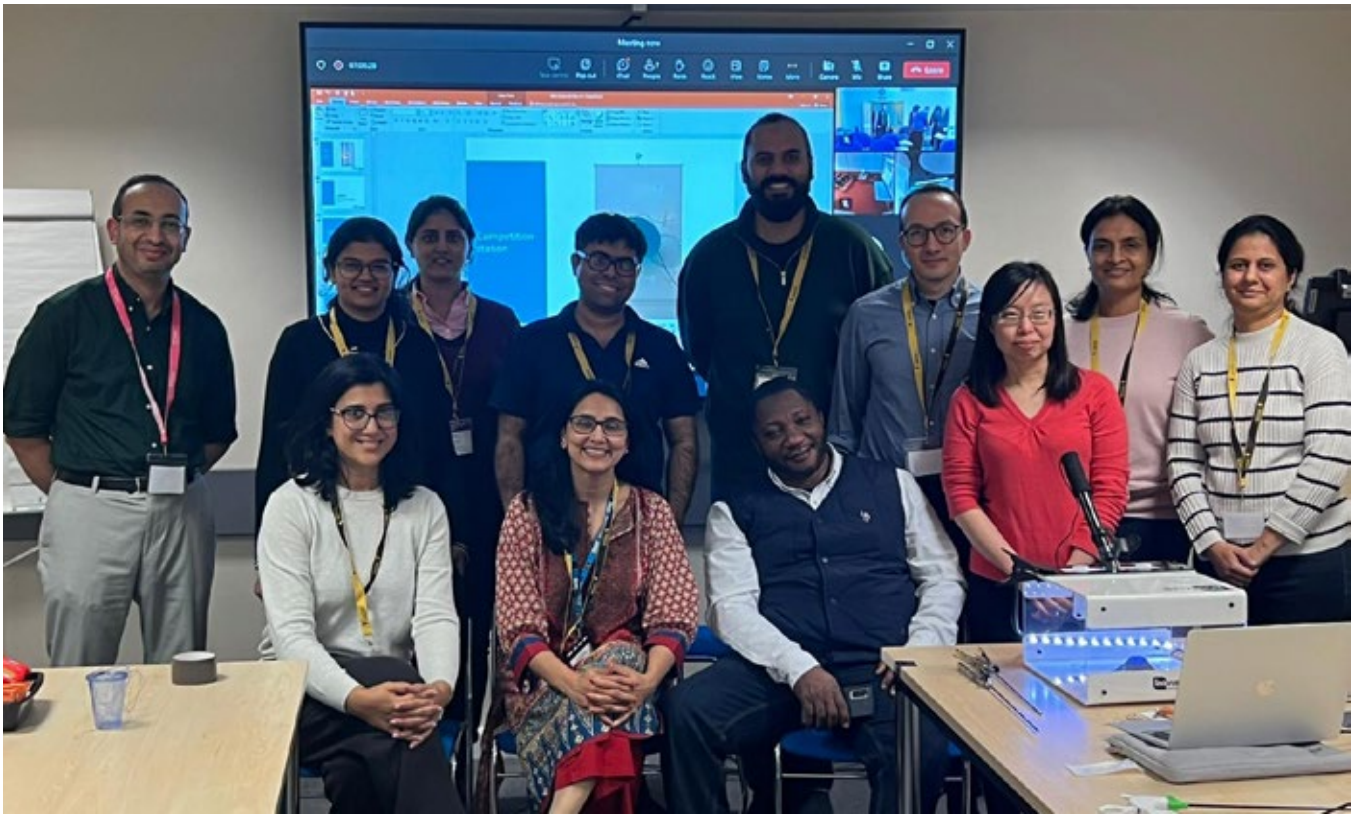
RIGS Reps

Congratulations to the new regional RIGS representatives for Oxford, Wales and West Midlands who were appointed by competitive application. We are looking forward to working together to improve access to gynaecological laparoscopic surgery training for all O&G trainees across the UK. If you have any questions or ideas for your deanery, please contact your rep via the "contact" section of the BSGE website.

Do look out for upcoming opportunities to apply to become a RIGS representative as posts for London, Scotland, KSS, Republic of Ireland and Mersey & Northwest will be advertised shortly.

RIGS HUB National training programme 2023

The RIGS HUB national training programme continues to grow and evolve. This year we have changed the programme so that each stream is completed in a single day. The practical elements of this 'free to trainees', centralised and standardised BSGE training programme are delivered through a series of hands-on workshops at laparoscopic hubs within each deanery with a series of online webinars too. Each workshop was facilitated by our tireless RIGS regional representatives and faculty members within each hub. There are three programme streams (Basic, Intermediate and Advanced) and the content aligns with the requirements of the core RCOG curriculum.



As part of the RIGS national training programme, we ran a challenging suturing competition for both Intermediate and Advanced streams via the regional hubs. The winners from each hub will be put forward to compete in a 'Grand Fina'l during the BSGE ASM 24 in Belfast for their chance to win the ultimate prize of the "Karl Storz Golden Needleholder", which is literally gold-plated. The winner gets to keep the prize, not just as testament to their suturing skills, but also to keeping calm under the considerable hype and pressure of a hotly contested event chaired by Master of Ceremonies, Mr Mikey Adamczyk.

We are looking forward to developing the RIGS Hub programme further and opening a new round of applications in 2024.

RIGS Intermediate Laparoscopic Skills course

The next RIGS Intermediate lap skills course will be delivered at the ASM in Belfast on Wednesday 1st May 2024 as a one-day pre-congress workshop. This course will combine lectures with hands-on training using the sophisticated Limbs & Things models to cover a wide range of laparoscopic tasks from salpingectomy to suturing. Keep your eyes peeled for the course and registration details.

Lina Antoun and Samantha Kirkwood (BSGE Trainee Representatives)

BSGE Survey Section

Hysteroscopic approach to intrauterine pathologies

The ESGE Special Interest Group in Hysteroscopy has created a survey on 'Hysteroscopic approach to intrauterine pathologies.' The team kindly invites BSGE members to complete the survey by clicking on the link below.

The aim of this survey is to determine the habits of gynaecologists in approaching intrauterine pathologies and to evaluate the management, the therapeutic strategies and the surgeons' familiarity with the different surgical techniques.

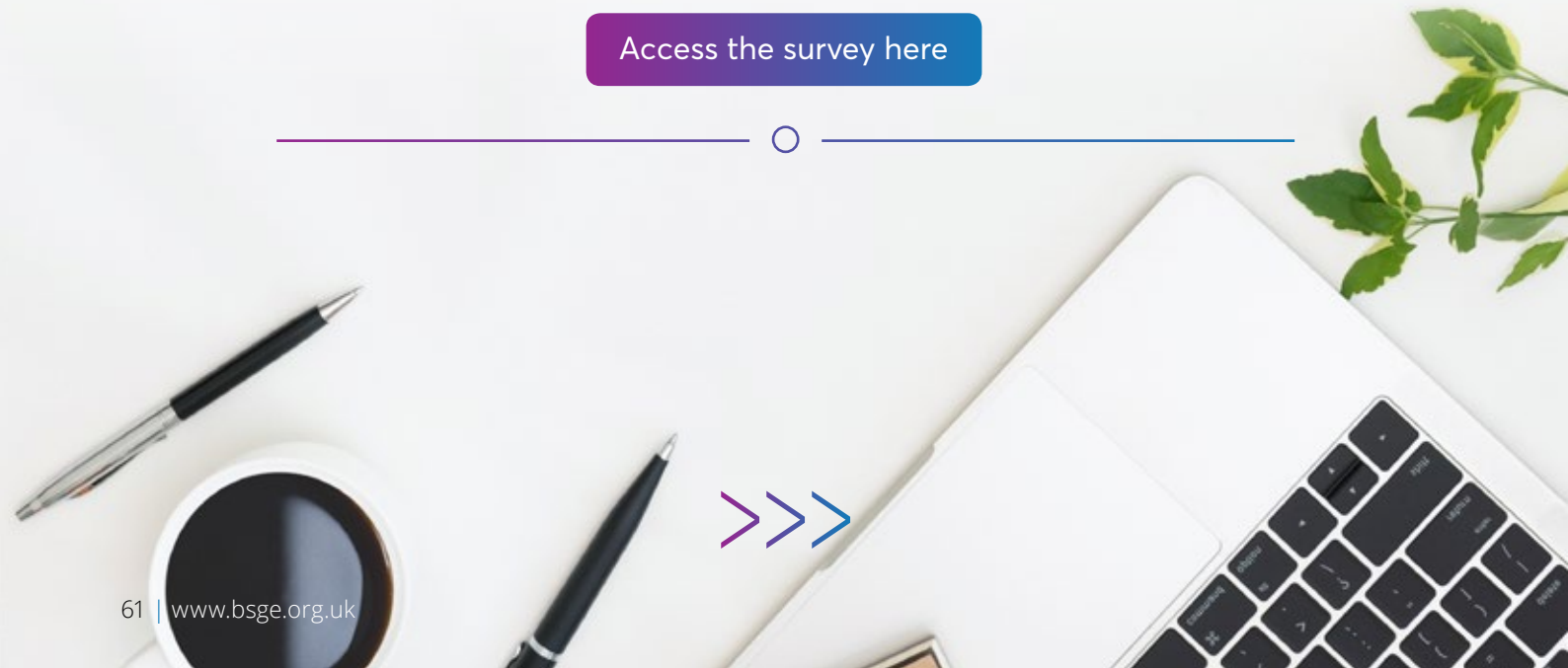
The survey is motivated by the different diagnostic and therapeutic approaches in treating intrauterine pathologies worldwide.

Your opinion will be solicited through an online questionnaire using SurveyMonkey. The questionnaire will take approximately 10 minutes of your time to complete. Confidentiality of data and compliance with GDPR will be ensured.

Thank you in advance for your participation in this survey.

The deadline for responses is December 20th, 2023.

Access the survey here



BSGE Survey Section

What is Surgery?

Jack Williams asks members to contribute to a new survey for the BSGE Research and Innovations portfolio:

Currently, there is no singular, unified definition of "surgery". Multiple definitions have been proposed- none have been universally agreed upon.

"Surgery" encompasses a wide range of interventions, techniques, and procedures. Despite its pivotal role in patient care, there is a concerning lack of a universally accepted definition of the word itself. This ambiguity has far-reaching implications, impacting not only the way medical professionals communicate with their patients but also the complex medico-legal landscape within which healthcare operates.

As the second stage of our Delphi process, we aim to receive valuable feedback from BSGE consultant surgeons, prior to gaining feedback from consultants from a wide range of specialties.

We invite you to share your valuable feedback on our proposed definition through a brief questionnaire. All data collected will remain anonymous.

Please find the link on Survey Monkey:

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:

Nazri et al. The role of small extracellular vesicle-miRNAs in endometriosis. Human Reproduction. 2023. Epub ahead of print.

Perhaps one of the most exciting developments in endometriosis research – miRNAs. This detailed paper discusses its diagnostic and therapeutic potential. Definitely worth a read!

Read more

Vermeulen et al. The effectiveness and safety of laparoscopic uterosacral ligament suspension: A systematic review and meta-analysis. BJOG. 2023;130:1568-78

Given the controversies surrounding the use of abdominal mesh, alternative approaches to apical prolapse are being re-explored. This systematic review and meta-analysis explores the effectiveness and safety of laparoscopic uterosacral ligament suspension.

Read more

Al-Hendy et al. LIBERTY randomized withdrawal study: relugolix combination therapy for heavy menstrual bleeding associated with uterine fibroids. AJOG. 2023:229(6);662.e1-25

An update on the Liberty trials. This paper details the efficacy and safety results of the phase 3 LIBERTY randomized withdrawal study comparing relugolix combination therapy to placebo. Really helpful to guide patient counselling for those seekeing medical management of fibroids.

Read more

Sim-Ifere et al. Oral gonadotrophin-releasing hormone (GnRH) antagonists: the continuing search for the ideal nonsurgical therapy of uterine fibroids with a cautionary tale. Current Opinion in Obstetrics and Gynecology. 2023.1;35(5):460-5.

Following on from the Liberty studies – this review article takes a cautionary deep dive into the non-surgical treatments of fibroids. Really interesting read!

Read more

Solangon et al. Ovarian ectopic pregnancy: clinical characteristics, ultrasound diagnosis and management. Ultrasound in Obstetrics & Gynecology. 2023. Epub ahead of print.

Excellent and detailed paper covering a rare and challenging condition. A must read for trainees and those preparing for MRCOG.

Read more

Vitagliano et al. Patients' Use of Virtual Reality Technology for Pain Reduction during Outpatient Hysteroscopy: A Meta-analysis of Randomized Controlled Trials. JMIG. 2023;30(11):866-876

Another topical paper. This meta-analysis suggests the use of VR technology may be associated with a reduction in pain during outpatient hysteroscopy.

Read more

Kheirbeck et al. Comparing vNOTES Hysterectomy with Laparoscopic Hysterectomy for Large Uteri. JMIG. 2023;30(11):877-883

Following on from the recent BSGE v NOTES webinar – have a read of this comparative study pushing the perceived boundaries of v-NOTES even further. This study suggests improved patient and operative outcomes with v-NOTES even for the larger uteri.

Read more

Krental et al. Accuracy of ultrasound signs on two-dimensional transvaginal ultrasound in prediction of adenomyosis: prospective multicenter study. Ultrasound in Obstetrics & Gynecology. 2023:62(5);617-764

Great summary article on the diagnostic features of adenomyosis on ultrasound. Heterogeneous myometrium, myometrial cysts, subendometrial microcysts and hyperechoic myometrial spots showed the highest accuracy for the detection of adenomyosis in this study. Well worth a read especially for trainees developing their scanning skills.

Read more

Tahapary et al. Implementation of robot-assisted myomectomy in a large university hospital: a retrospective descriptive study. FVVO. 2023;15(3):243-250

Interesting study comparing robotic versus abdominal myomectomy. The implementation of robotic surgery, in this study, appeared to reduce the need for open surgery with lower complication rates and reduced hospital stays.

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.

BSGE Nurse Hysteroscopy Operative Workshop

Start Date: 12 December 2023
End Date: 13 December 2023
Where: The Leggett Building, Daphne Jackson Road, Guildford, Surrey, GU2 7WG
Click here for more info >>

9th Edition ENDO DUBAI 2024

Start Date: 23 February 2024
End Date: 25 February 2024
Where: Dubai, United Arab Emirates
Click here for more info >>

BSGE Ambulatory Care Network 2024

Start Date: 29 February 2024
End Date: 01 March 2024
Where: Edgbaston Park Hotel, 53 Edgbaston Park Road, Birmingham B15 2RS
Click here for more info >>

25th Congress ESGO 2024 (European Congress on Gynaecological Oncology)

Start Date: 07 March 2024
End Date: 10 March 2024
Where: Barcelona, Spain
Click here for more info >>

HARTUS 2024 (Global Community Hysteroscopy)

Start Date: 22 April 2024
End Date: 24 April 2024
Where: Auditorium della Tecnica | Rome (Italy)
Click here for more info >>

Endometriosis and uterine disorders (SEUD 2024)

Start Date: 18 April 2024
End Date: 20 April 2024
Where: CICG, Geneva, Switzerland
Click here for more info >>

ASM24
Annual Scientific Meeting

BSGE Annual Scientific Meeting 2024

Start Date: 02 May 2024
End Date: 02 May 2024
Where: The ICC, Belfast
Click here for more info >>

The International Society for Gynecologic Endoscopy (ISGE 2024)

Dates: TBC

21th World Congress Gynaecological Endocrinology (ISGE 2024)

Start Date: 08 May 2024
End Date: 11 May 2024
Where: Florence, Italy
Click here for more info >>

GYNITALY24

Start Date: 28 May 2024
End Date: 28 May 2024
Where: Salerno (Italy)
Click here for more info >>

BSGE/RCOG hysteroscopy workshop (provisional date)

Start Date: 04 June 2024
End Date: 05 June 2024
Where: The Royal College of Obstetricians and Gynaecologists, 10-18 Union Street, London SE1 1GH

The European Endometriosis Congress (EEL 2024)

Start Date: 6 June 2024
End Date: 8 June 2024
Where: Bucharest, Romania
Click here for more info >>

Society of European Robotic Gynaecological Surgery (SERGS 2024)

Start Date: 6 June 2024
End Date: 8 June 2024
Where: Madrid, Spain
Click here for more info >>

ENDO 2024

Start Date: 4 July 2024
End Date: 6 July 2024
Where: Seoul, Korea
Click here for more info >>

ESHRE 40th Annual Meeting 2024 (European Society of Human Reproduction and Embryology)

Start Date: 7 July 2024
End Date: 10 July 2024
Where: Amsterdam, The Netherlands
Click here for more info >>

World Congress of Epidemiology (WCE 2024)

Start Date: 24 Sept 2024
End Date: 27 Sept 2024
Where: Cape Town, South Africa
Click here for more info >>

Asian Conference on Endometriosis (ACE 2024)

Dates: TBC
Click here for more info >>

RCOG World Congress 2024 (RCOG 2024)

Start Date: 15 October 2024
End Date: 17 October 2024
Where: Muscat, Oman
Click here for more info >>

BSGE/RCOG hysteroscopy workshop & lecture day (provisional dates) 2024

Lecture day
1 October 2024 (online)
Workshop
Start Date: 09 October 2024
End Date: 10 October 2024
Where: The Royal College of Obstetricians and Gynaecologists, 10-18 Union St, London SE1 1GH

33rd World Congress on Ultrasound in Obstetrics and Gynaecology (ISUOG 2024)

Start Date: 6 October 2024
End Date: 10 October 2024
(Pre-Congress courses on 5 October 2024)
Where: Dubai,
United Arab Emirates
Click here for more info >>

ESGE 33rd Annual Congress 2024 (European Society for Gynaecological Endoscopy 2024)

Start Date: 27 October 2024
End Date: 30 October 2024
Where: Marseille, France
Click here for more info >>

ASRM Scientific Congress 2024 (The American Society for Reproductive Medicine

Dates: TBC
Click here for more info >>

FIGO World Congress of Gynaecology and Obstetrics October 2024

Dates: TBC

AAGL 2024 (53rd Global Congress on MIGS)

Start Date: 17 November 2024
End Date: 20 November 2024
Where: New Orleans, Louisiana
Click here for more info >>

Annual Conference of British & Irish Association of Robotic Gynaecological Surgeons (BIARGS 2024)

Start Date: 22 November 2024
End Date: 23 November 2024
Where: Liverpool, UK
Click here for more info >>

Congress of European Society of Gynaecology (ESG 2024)

Dates: TBC November 2024
Where: Amsterdam, The Netherlands
Click here for more info >>

BSGE Scope Team

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Trainees

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Trainees

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BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY

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