

THE SCOPE

Newsletter of the British Society for Gynaecological Endoscopy

All the latest news

Coverage of ASM22
and our winners

The Scope 20th edition,
we take a look back

Women's Health special
including an interview
with Eddie Morris,
President of RCOG

Plus all the usual coverage
on events, portfolios...
...and much, much more



Welcome

Welcome fellow BSGE members to another bumper edition of your SCOPE@BSGE. The BSGE continues to go from strength to strength.



Message from the Editor

This issue comes off the back of our amazing first post-pandemic face-to-face ASM. It was great to see fellow members again and, in my view, the content of the ASM was outstanding. We feature some of the highlights, pictures and the good works of the prize winners. I hope this encourages other members to participate in our forthcoming ASM in Manchester, which is also featured in this edition - don't forget to book your study leave!

In this Scope we welcome our new President Andrew Kent in his new role and look forward to his leadership of the BSGE. Congratulations to all the newly elected members of the BSGE Council.

Recently there appears to be a recognition in the UK, if not globally, of the need to promote women's health. As a society that promotes minimal access surgery with its benefits to women's health, in this Scope, we feature an interview by the outgoing President of the RCOG. We also focus on women needing gynaecological surgery being left behind in the post-pandemic surgical recovery in an article by our outgoing president Justin Clark. I have also summarised the government's recently published women's health strategy.

As gynaecologists, it is most important to understand the needs of our patients. In the era of social media this is becoming increasingly possible, thus in this issue we hear from two authors who summarise their books and their eye-opening experiences of debilitating gynaecological conditions: Marie Rose Johnson summarises her book "Five pounds of fibroids" on her journey with fibroids, and Eleanor Thom summarises her book "Private parts – how to really live with endometriosis". Suzanne Johnson a BSGE member who works in Southampton gives a great review of the book. Both books are a must-read and come with discounts for BSGE members.

We also have our "usual suspects" accounts from the subcommittees, contributions from Rebecca Mallick and Martin Hirsch from our very successful and well received webinar series with great collaborations with fertility, sterility, industry and other learned societies including BSUG.

Finally, as this is the 20th issue of the Scope we have an interview with the inaugural Editor Shaheen Khazali who takes us down memory lane.

Look forward to seeing every one in Manchester.

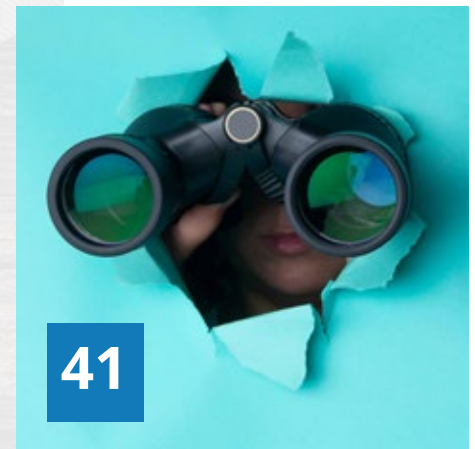
Funlayo Odejinmi (Jimi)

Scope Editor and Membership Relations Portfolio Chair
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President's Message

At ASM 2022 in Birmingham, the new BSGE President Andrew Kent made his first presidential address. This is a transcript of his talk for any members who were unable to join the meeting.

It is an honour and a pleasure to be able to address so many of you as the 17th President of the BSGE. We are a relatively young Society but have come a long way since the inauguration of Alan Gordon as our first President in 1990. I would particularly like to welcome our colleagues online who have been unable to come to Birmingham for various reasons. You are not forgotten and I do look forward to seeing you all in Manchester next year, if not before. I do hope that those of you who are suffering from Covid make a speedy recovery and are enjoying our hybrid event while you do so!

I am acutely aware that this opportunity was not afforded to my predecessor Justin Clark, whose first address was by email and whose second address was cut off in full flow after he had used up his allocated 15 minutes! I will endeavour to keep to time.

Justin was our President for the moment. He was thrown into the thick of it at the start of the pandemic and what a sterling job he has done guiding the Society through what has been a tumultuous two years. The sheer volume of work created by the generation of multiple guidelines (and revisions) and the rapid manoeuvring of the Society to weather the storm, would have overwhelmed many. Conferences were rearranged not once but twice, new and different ways were created to teach and maintain contact and support, not only our members, but gynaecology as a whole. Justin took it in his stride and for that we are grateful. I would like to thank Justin for everything that he has done for the Society over the last four years. It has been a pleasure to work with him as an Officer and on behalf of you all I would like to offer him a small token of our appreciation in recognition of his time as President.

No President can do it alone and as many of these initiatives have continued and grown Justin has been amply served by the Officers and Council and of course, Atia Khan, Babs Sanders and Lesley Hill – our secretariat, without whom we could not function. My thanks to all of them.

Special mention has to go to Atia, the fulcrum around which all things BSGE revolve, relied on heavily by Presidents past, present and future, my heartfelt thanks. What would we do without you?



The pandemic came very soon after our move to Union Street with the RCOG and indeed one of my last jobs prior to the initial lockdown was to visit the college and interview for an Administrator to work with Atia, something that had been long overdue. We were delighted to appoint Barbara Sanders who then, because of Covid could not start until the summer of 2020. It seems rather belated as she has already cemented her place within our Society, in particular taking over the membership role from Lesley Hill, but I would like to welcome her formally to the BSGE.

I've mentioned Lesley Hill a couple of times. She retired at the end of last year as our Bookkeeper for over 20 years having originally started when Jeremy Wright was Treasurer. Many of you will have had their initial contact with the Society through Lesley. As a past Treasurer myself (I was her fifth) Lesley was invaluable. There is no doubt that she had a certain way of doing things and was stickler for detail, particularly when it came to the end of year accounts! She will be sorely missed. Unfortunately, she was unable to join us last night at the Gala Dinner but even so I would like us to demonstrate our gratitude for all she has done for the Society over the years. I will be visiting her in Midhurst in the near future to pass on our thanks and a gift from the Society. Thank you Lesley.

So moving forward. The last two years have been 'interesting' for gynaecology. No operating! Move everything to outpatients! Operating a bit! No operating! Need I say more.

I fear that, in our speciality with waiting lists at an all-time high, and disproportionately so in benign gynaecology, that our work is just beginning. With the continuing staffing pressures exacerbated by the runoff from Covid, reduced operating capacities and the general complexities of getting things done I feel we have an uphill struggle ahead of us. We will need to fight for the resources to enable us to do our jobs and look after our patients. When I started in Guildford I inherited a long waiting list and it took a concentrated effort with a significant number of extra operating sessions over the course of 2 years to resolve the problem, so it is doable. However, 20 years on, I am now back where I started and have just had my operating capacity reduced by 25%! Need I say more?

This will put a huge amount of strain on our patients and ourselves as individuals and clinicians. It will be more important than ever to work together and support each other. The BSGE will be an essential part of this process.

Many of our trainees have had a harder time than those like myself. Not only have they had to contend with Obstetrics which has continued unabated, they have in some cases cross covered other specialities and Covid wards. Their surgical training has been decimated.

I am proud to say that the BSGE has stepped up with the Webinar programme, RIGS Hubs and a hugely successful and well received Virtual ASM last year, but to name a few. It is fantastic that we have now been able to run this year's hybrid ASM here in Birmingham, the majority of us as F2F, with the hybrid back up, and I would like to commend the organising committee for a job well done. I would particularly like to thank our colleagues from Industry for standing by us and trusting in us to deliver, and I look forward to their continued support in the future. Thank you very much.

However you can only learn so much by practising on a trainer and observing. Surgery is an apprenticeship and eventually you have to put on your gloves and do and learn. Minimal Access Gynaecology is no different and to those of us in the position to deliver this training I exhort you to encourage and work with your trainees and colleagues, helping them to excel and make our Society all the better and stronger for it, allowing us to deliver the care to our patients that they so richly deserve.



Why do we do what we do? Why medicine? Why Obstetrics and Gynaecology? Why Gynaecological Endoscopy?

I believe it is about a passion for what we do and what we can do for our patients. I love operating and I love teaching.

As a youngster I visited theatres at St Helier's Hospital in Carshalton. Our host was Mr Anthony Chilvers, a Colorectal Surgeon. At the time this was an annual event and probably not really allowed now. This was well before the days of minimal access and I was told later in my career, having ended up in the same region, that it was regarded as a highlight for all involved for all sorts of reasons. For me it was a truly momentous day. I was awed by the whole experience and I decided there and then that I was going to be a surgeon of some sort.

As a medical student at St Thomas' in London, Obstetrics, was where you were allowed to be involved, probably more so than any other speciality at the time. There is also something there that attracts certain individuals. The speciality was varied. It was a good mix. I was hooked and I have never looked back.

I want to inspire youngsters like myself, medical students, trainees and colleagues with a passion for surgery as I was inspired and I want to be able train them to be the best.

I have been lucky to have had some fantastic teachers over the years many of whom have been members of the BSGE. I have watched the Society grow as a junior registrar, from a band of like-minded individuals, into what it is now, a vibrant, dynamic organisation, over 1,500 strong, pushing the boundaries of our knowledge and skills, building on the future for our patients, ourselves and those around us.

I am humbled that you have entrusted the care and leadership of your Society to me for the next 2 years and hope that I can count on your continued support to deliver excellence with a passion in all that we do.

Thank you very much.



Mr Andrew Kent

BSGE President, Director Gynaecological Surgery, MATTU



A TRAINEE'S PERSPECTIVE

ASM22

2022 ANNUAL SCIENTIFIC MEETING



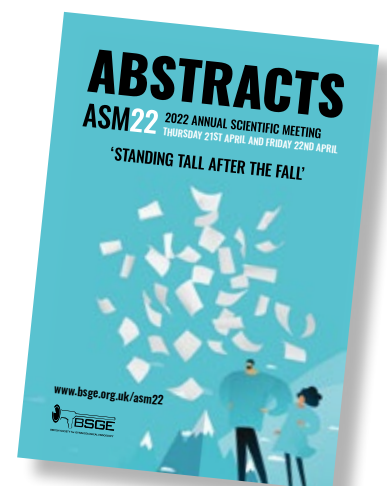
Illustration by VectorJuce / Freepik

BSGE Trainee member Sherif Daoud reports on the ASM 2022 in Birmingham and Worcester.

BSGE ASM has always been a very important date on the calendar for trainees interested in minimal access surgery.

This year's meeting came after two years of COVID-19 pandemic, with unprecedented challenges for gynae training. The impact of lockdown on hands-on gynae training has been immense, and BSGE was one of the leading organizations to step up to such challenges and facilitate virtual and sim-training sessions to try to give the trainees the minimum skills needed for minimal access gynae surgeries during lockdown.

The abstracts this year show a marked skew towards endometriosis and pelvic pain management. More than 40 abstracts about management of endometriosis and chronic pelvic pain were submitted. Advanced endometriosis surgeries have always represented a challenge for most trainees as not all the trusts provide such service. It takes a lot of multidisciplinary arrangements to set up such service at any trust and to get a BSGE-accredited centre up and running. Many abstracts were focused on how to diagnose / avoid complications during such complex surgeries e.g. ureteric injuries, bowel injuries, vascular injuries etc.



The second most discussed topic was laparoscopic hysterectomy (TLH) with more than 15 abstracts. This automatically drags the attention of any trainee, as the rate of TLH is on the rise and it has already overtaken open hysterectomies at many sites. It's now a genuine part of the benign gynae ATSM and the advanced laparoscopy ATSM. Many authors predict that laparoscopic hysterectomy will be the main route for hysterectomy, with open hysterectomy performed for a very limited number of cases with special indications. That is clearly the reason why all trainees now look forward to getting adequate exposure to such procedure, especially with quick learning curves recorded.

Laparoscopic management of ectopic pregnancy was the third most discussed topic with more than ten abstracts discussing mainly rare or unusual cases of ectopic pregnancy especially caesarean scar ectopic. With the rising rates of caesarean delivery, it's expected that the number of long-term complications of such procedure e.g. morbidly adherent placenta, caesarean scar ectopic pregnancy etc. will also increase. Now, with more cases being added to the literature, management of caesarean scar ectopic is no longer entirely based on personal experience as it used to be.

Surprisingly, with only eight abstracts, comes the laparoscopic myomectomy. This procedure has been well known for over 20 years, dealing with one of the most common benign gynae pathologies i.e. uterine fibroids. It's well noted that the procedure isn't as widely performed as laparoscopic hysterectomy. Also, there are marked discrepancies between trusts or even between surgeons within the same trust as regard the decision to proceed with laparoscopic myomectomy rather than open procedure. I feel there is a real need for more work to standardize the care for our women, as it's really becoming more and more unacceptable that patients with the exact same pathology could receive different management plans.

Other abstracts also discussed interesting topics. The impact of Covid-19 on training in general and on gynae operating in specific was heavily discussed. Also, uterine niche as a term and its management, especially being not that familiar amongst trainees. vNOTES, urogynecology, pelvic congestion syndrome and other topics were also discussed.

In summary, it was a very good and fruitful meeting with diverse topics and some speakers that were pioneers in the field of minimal access surgery. It made me feel more determined to pursue my career as a minimal access surgeon and encourage my fellow trainees who still haven't joined the BSGE to join even if minimal access surgery isn't their planned subspeciality.



The winners of the BSGE ASM22

The fantastic number of high quality abstract submissions continued to grow this year at our hybrid ASM. It was again difficult to choose the best amongst these but below is a brief synopsis of the winners and the links to the presentations.

Each year over 10,000 pounds of prize money is given to the winners. We look forward to many more excellent submissions and contenders at the next BSGE ASM.

VIDEO presentations

● Gold- Karl Storz Golden Telescope ● Bronze

Abstract ID no: 81 : How to optimise your surgical view: tips and tricks.

Mikey Adamczyk, Benedetto Mondelli, Ben Lindsey, Shaheen Khazzali

A brilliant video demonstrating various surgical techniques to improve the field of view in surgery. Examples of ovarian suspension, uterine suspension (in various ways depending on the extent of disease or surgical preference), bowel suspension, vault suspension and bladder suspension. This video is clear and concise and will help all surgeons optimise their surgical view safely and effectively. One to be watched over and over. [LINK](#)

Abstract ID no56: :“Water over the bridge”;
beware of anatomical variations.

Hassan Morsi.

Interesting video demonstrating the importance of being aware of anatomical variations. A case of deep infiltrating endometriosis is shown with significant parametrial endometriosis. After draining the endometrioma and ovarian cystectomy, ureterolysis is performed on the right and left and partial vaginectomy with disc shave. Excellent demonstration of surgical techniques using cold cutting and blunt dissection and minimal use of an ultrasonic device. [LINK](#)

● Silver

Abstract ID no: 150: Tension free laparoscopic colposuspension with intracorporeal sliding knot technique for stress urinary incontinence. Demonstration of technique and outcomes.

Abdalla Fayyad

Excellent video demonstrating the modification of colposuspension using an intracorporeal sliding knot technique. The bladder is filled and the Space of Retzius is opened by cutting the obliterated umbilical arteries bilaterally. Sutures are placed from the vagina to the iliopectineal ligament (x2 bilaterally) using sliding knots maintaining tension free suturing to avoid voiding difficulties. [LINK](#)

● Bronze

Abstract ID no 170 : Laparoscopic Assisted Excision of Fistula and Removal of Suture Following Sacrospinous Fixation (SSF)

Haider Jan, Abdullatif Al Fituri, Mike Katesmark, Vishalli Ghai

A great demonstration of managing a post operative complication following sacrospinous fixation. A 65 year old patient presented with post-menopausal bleeding and discharge following SSF. An attempt was made to remove the suture vaginally and could not be done therefore the suture was removed laparoscopically. The sigmoid is mobilised, the vagina is delineated with a light and a vaginal probe to delineate the fistula tract and the recto vaginal septum opened. After gentle dissection the suture is removed. [LINK](#)

E-poster presentations

Gold

Abstract ID No 153: Caesarean Scar Ectopic Pregnancy: A Case Series and Proposed Management Pathway in a District General Hospital

Tipswalo Day, Stella Seppings, Sylvia Jones

A review of the management of caesarean scar ectopic pregnancy over an 8 year period. There were 8 cases of scar pregnancy which were mostly managed with methotrexate. 60 percent of cases required repeat treatment and a pathway as a management decision tool was created depending on the type of scar pregnancy, BHCG levels and patient wishes. Potentially a useful pathway to consider using in any hospital as a management aid. [LINK](#)

Silver

Abstract ID 43: A Rare Case of Catamenial Ascites.

Shawn McGowan, Andrew Kent

Catamenial ascites is a rare presentation of endometriosis – this is haemorrhagic ascites that may recur or be exacerbated by menstruation. This is a case of a 33 year old with cyclical pain, bloating and menorrhagia. An MRI showed haemorrhagic ascites, and an enlarged multi-fibroid uterus with suspicious peritoneal nodularity. After discussion at the MDT it was thought to be endometriosis and after drainage and a first look laparoscopy the patient is awaiting further surgery. This case highlights a diagnostic dilemma in differentiating the condition from ovarian malignancy. [LINK](#)

Bronze

Abstract ID 48: Laparoscopic surgery in patients with congenital cardiac arrhythmias

Peter Hinstridge, Hana Baig Siauchian Ching

A beautifully designed poster with a case report of a patient with Brugada syndrome (an autosomal dominant disorder predisposing patients to fatal cardiac arrhythmias). The poster clearly discusses considerations that need to be made in pre operative and post operative care and also informs the reader on how to manage intraoperative CPR if it becomes necessary. [LINK](#)

Bronze

Abstract ID 152 : A challenging case of severe Asherman's syndrome in Reproductive Medicine- Followed by twin delivery

Akanksha Sood, Bidisa Gosh, Lamiya Mohiyiddeen

An interesting case report on a patient with subfertility after Asherman's. The patient had multiple hysteroscopic procedures and IVF transfers over a 10 year period following Asherman's after 2 surgical evacuations. She underwent 4 hysteroscopic adhesiolysis procedures (with IVF in between) and on the fourth one had hyalobarrier used, a copper coil for 6 weeks with high dose oestrogen before becoming pregnant with IVF. She underwent emergency caesarean at 29 +4 with twins following PPRM at 28 weeks. [LINK](#)



Video Poster presentations

Gold

Abstract ID 16 : The Diagnostic Value of Outpatient Flexible Sigmoidoscopy in patients with deep infiltrating endometriosis.

Thomas Sewell, Melanie Orchard, Oliver O'Donovan, Robert Longman

A large cohort of cases using sigmoidoscopy pre-operatively was reviewed within a 10 year time frame. 102 cases were reviewed who had pre-op sigmoidoscopy, This was successful in 93% with no complications. 48% had no abnormality, with 36% having endometriosis. No cases of luminal endometriosis were found. 100 women underwent surgery with 11 patients having bowel related procedures. The sigmoidoscopy did not reveal non-specific signs of rectovaginal endometriosis and the authors concluded there may be limited in value in some circumstances for sigmoidoscopy preop. [LINK](#)

Silver

Abstract ID 131: A strategy to avoid intraperitoneal contamination when performing an ovarian cystectomy after inadvertent cyst rupture.

Megha Mistry, Saikat Banerjee.

A useful video with case presentations of dermoid cysts and how to reduce spillage. 1: score the cyst with monopolar, carefully find the plane then use traction and counter-traction. Use sharp and blunt dissection. Make use of hydrodissection. If inadvertent spillage happens do : 1- hold the ovary upright, 2, suction partially, 3- suture the defect, 4- complete cystectomy. [LINK](#)

Bronze

Abstract ID 14: Peritoneal implants following power morcellation for presumed fibroids in women under the age of 40 years.

Marie-Theres Grant, Manour Kaur, Adrian Lower, Thomas Ind.

Very interesting videos showing case reports of cases of peritoneal implants- the first case of a 21 year old with endometrial sarcoma after a myomectomy in China. The second of a leiomyosarcoma deposit 8 years after myomectomy and 3 years post hysterectomy (robotic). The third and fourth cases show leiomyomatosis several years post laparoscopic morcellation. These videos are definitely worth reviewing so that we adequately counsel patients pre-operatively and consider careful use of power morcellation. [LINK](#)



Oral presentations

Gold

Abstract ID 212: The use of Artificial Intelligence (AI) in the early diagnosis of endometriosis.

Zahid Khan

A fantastic talk on a project that has been in fruition for the last 2.5 years looking at using AI to break barriers and reduce diagnostic delays. We are introduced to Anna- an AI system that uses complex analytics derived from over 55,000 publications to have real time consultations, in up to 43 languages- mimicking a consultation with a consultant and referring appropriately. This presentation must be watched. [LINK](#)

Silver

Abstract ID 147: Pelvic Congestion Syndrome (PCS) affects nulliparous and postmenopausal women, and treatment of internal iliac vein reflux is critical: A retrospective cohort study looking at treatment outcomes following Pelvic Vein Embolisation (PVE).

Sophie strong, Michail Sideris, Mark Whiteley

An excellent large study looking at treatment of women with pelvic congestion syndrome, in a controversial topic. 1 in 3 women with unexplained pelvic pain may have PCS. Diagnosis should be done by transvaginal venous doppler ultrasound. PVE is a day case procedure- by a transjugular or transfemoral approach. 190 women were assessed over 4 years. Symptomatic improvement was found in 74.6% of patients. Women with only PCS had even higher symptomatic improvement. Between 1-4 veins were embolised. There were no significant complications. PVE can be considered safe and effective for PCS. [LINK](#)

Bronze

Abstract ID 158 : Target identification for endometriosis for intraoperative fluorescent imaging: An bioinformatics analysis combined with modified target selection criteria

Fokkedien Tummers, FrankWillem Jansen

A very interesting study looking at determining a specific tracer for endometriosis. Recognising endometriosis during surgery can be difficult. Using image guided surgery can help determine areas of disease without changing the surgical field. An RNA based approach was used and they found 25 genes meeting criteria for relevance to endometriosis. The top 10 proteins were further investigated and a pilot study was done on 40 patients. The authors are now validating potential targets and are looking to find specific tracers to optimise surgery for endometriosis patients. [LINK](#)



● Pecha Kucha

Catching waves

Sania Latif

A fascinating presentation about developing an objective tool based on transvaginal ultrasonography (TVS) to quantify uterine peristalsis waves. In a prospective observational cohort study the team compared women with moderate or severe adenomyosis vs. women with a normal uterus. They concluded that optical flow for motion quantification is an objective tool for quantifying uterine peristalsis waves. Adenomyosis alters uterine peristalsis and myometrial contractility. [LINK](#)

● RIGS

The transfer of simple surgical skills from RIGs HUB training program to complete a Laparoscopic Salpingostomy

Ahmad El Zibdeh, Mr Supramaniam

A lovely clear video demonstrating a left salpingostomy for a tubal ectopic. Monopolar is used on the tube care and a combination of hydrodissection and gentle blunt dissection is used to remove the ectopic tissue. There is minimal blood loss and the specimen placed in an endo bag. An excellent demonstration of evolving surgical skill. [LINK](#)



Mez Aref-Adib



A fond farewell to Lesley Hill

Jeremy Wright, past President and Treasurer, shares his appreciation of Lesley Hill who retired as the BSGE's accounts manager at the end of last year.

December 2021 marked the end of Lesley's long sojourn as accounts manager for the BSGE, but she was in fact much more as all treasurers of our society will attest. In 1997 I simultaneously acquired a new practice manager and was elected treasurer of the then nascent BSGE. At that time the BSGE was a club for gynaecologists interested in the emerging practice, dare I say sport of laparoscopic surgery, and we had a newsletter and a fun meeting once a year. The fun meetings of course continue but from that chrysalis has emerged the powerful national society that the BSGE is today. Lesley with her firm grip of the finances and membership was instrumental in this transformation. The outgoing treasurer, Lindsey Macmillan, handed over a club with a buoyant bank balance held at his bank, Lloyds, in Highgate. A cheque book, largely unused, a paying-in book, equally unused, and a sheaf of standing orders from the membership. There were no accounts, but the bank statements said it all. Money came in but nothing was ever paid out. He was one of our more successful treasurers!



By now it was not at all clear in my practice who the real boss was but as treasurer of the BSGE, it was clear that I was second fiddle, and this has been the role assigned to all subsequent treasurers. We all knew who was in charge!

Lesley set to work. Along with the cheque book came a small box with a card index file. The membership was relatively small, and I suggested to Lesley that we should put the membership on something we had heard about called a database. We even had one, it was Access on a program called Microsoft Office, that came with the computer, and so the BSGE membership database was formed. Its format was, and remains, a mystery, known only to Lesley with members allocated Z codes. Z

because it came at the end of the alphabet and did not interfere too much with her filing. What you did not want to be was Z/TOP/FPM as you had overpaid or even worse ZXD – expired!

As the Society grew, gained charitable status and we learned the intricacies of setting up direct debit facilities there were a significant number of members who set up direct debits but failed to cancel their standing orders so paid twice and whom because of bank confidentiality we could never track down, though many hours were spent trying to do so as Lesley wished to account for every penny.

A hallmark of Lesley's time is absolutely accurate accounts and an absolutely accurate database.

I had started to use a simple accounts package called 'QuickBooks' and this quickly became the Society's accounts package and remained so for many years, producing accurate and precise ledgers of the Society's, expenditure, losses and more importantly income.

The BSGE was expanding fast, particularly under the presidency of Peter O'Donovan, who travelled the world organising international conferences of which the BSGE was an integral part. Industry sponsorship is the key to income generation for societies such as ours, as meetings mean gatherings of specialists and with that the opportunity to promote product, which comes at premium cost. Peter arranged many such joint conferences, but the exact profit split was always a little hazy and Lesley and I had to ensure that the sometimes illusory and unclear contractual arrangements were met. Lesley's eye for detail and steely determination are in no small way responsible for ensuring that the BSGE is as financially secure as it is.

Lesley, at home and away, was never separated from her iPad and with it details of the membership, which is why she was able to respond so quickly to any requests made to her. It is unlikely that a large, sophisticated database will ever respond as rapidly. Will Akiko and Haslers ever match her? We will see.

So, as the BSGE goes from strength to strength as a voice for training, standards and innovation, let us remember the part paid by the devoted secretariat, both past and present who have helped our Society develop.

We have much to be thankful to Lesley for, and wish her well in the next stage of her career, as we can be sure that it will not be retirement as we know it!





Celebrating the Twentieth Issue of The Scope

2015 was a big year for the BSGE, the Society celebrated our Silver Jubilee and the BSGE newsletter 'The Scope' was launched.

This is the twentieth issue of The Scope. It was introduced by Shaheen Khazali, the then Chair of BSGE Website and Communications portfolio. As the first Scope Editor, we chatted to him about why he launched the publication and his initial vision for the newsletter.

Shaheen said:

"We always knew that the key to a dynamic and successful Society was good communication with members. In 2015 there was a lot going on in the BSGE and we thought that something was missing from our communications. The Council was (and is) very active, and we wanted to keep people informed about all that was happening whilst reducing the number of mass emails to members. We also needed something different from the usual dry, scientific information. We wanted to create something informal, friendly and accessible.

The first few issues of The Scope were difficult to put together. We had to do it all ourselves, which was a lot of work for me, Atia and our professional designer Sallyann Smith. Things transformed as soon as Jane Gilbert joined the team, the newsletter became much more comprehensive and better produced.

I believe that The Scope is an exciting, colourful and interesting newsletter. It is a great way to communicate with members, to report what the Council was doing and to encourage engagement with the Society. I am very proud of it and read every issue. I am so glad to see it has gone from strength to strength since I left and under Jimi's editorship."

In 2018 Shaheen was elected as BSGE Honorary Secretary and handed the Editorship of The Scope to Funlayo Odejinmi, popularly known as Jimi.

Jimi has developed The Scope, introducing issues that focus on key research.



Jimi said:

"As with all learned societies the newsletter acts as a voice piece and keeps members up to date and informed of activities. I am proud that the SCOPE@theBSGE has now acted as that voice on 20 occasions. It has seen the BSGE go from strength to strength and has incorporated the fun activities at the ASMs with the more important objectives of promoting women's health issues, keeping members up to date with BSGE collaborations with the RCOG, and with published literature.

We were able to keep members informed of the rapidly changing issues of COVID and minimal access surgery during the pandemic.

We at The Scope have carried on interviewing luminaries in minimal access surgery, learning from their stories and hopefully inspiring the next generation of minimal access surgeons. We have had themed issues around research and audit as well as endometriosis and fibroids. In our latest edition we attempt to triangulate the government's vision with RCOG objectives and the patient voice.

Here is to the next 20 editions of The Scope!"

In Shaheen's first Editor's Message he said:

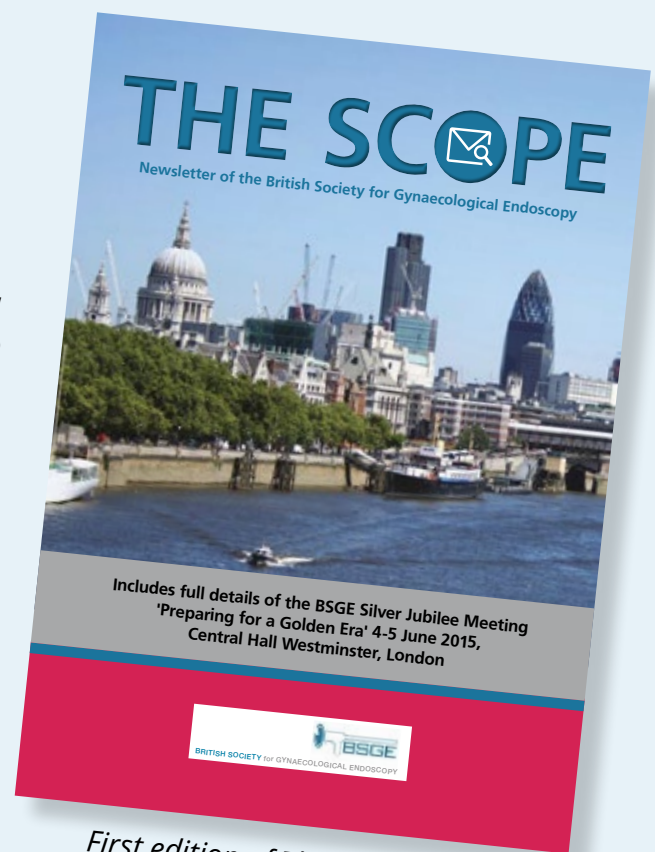
"This year is a special one for the BSGE as we look forward to celebrating our Silver Jubilee in June. And, this year, also sees the launch of our new publication "The Scope".

We know how it feels to get bombarded by mass emails, even if it is from a trusted sender and we know how busy all our inboxes already are, so we decided to bring everything we want to tell you together in one quarterly newsletter and only use emails if there is an urgent message we want you to see.

We'll be keeping you up-to-date with the decisions made by the BSGE Council and updates from each portfolio, along with interesting articles, useful news and dates for your diary, all in one place.

In this first issue, you'll find all the information you need about our special 25th anniversary meeting in Westminster this June, along with an account of how the BSGE was formed from Professor Chris Sutton, a founding member who was the President of the BSGE between 1994-1996. You will also read a short interview with Atia Khan, who I'm sure you all know very well, at least by name. We thought it would be nice for the members to get to know her better. The rest, you can see for yourself.

If you like it and find it useful, the BSGE Council plans to turn this trial issue into a regular, quarterly publication, so we'd love to have your feedback.'



First edition of The Scope – 2015



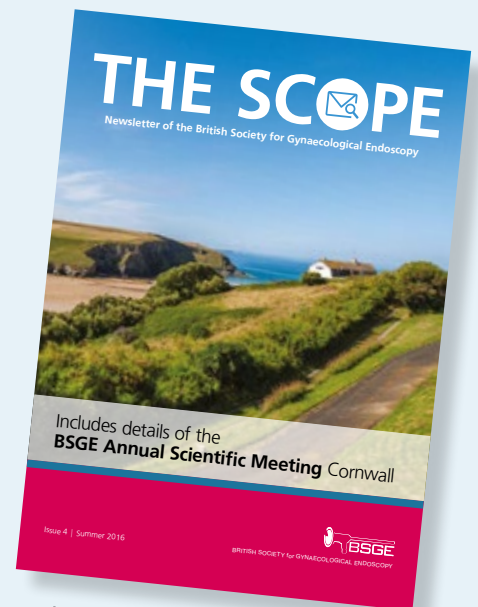
Jimi's first Editor's Message introduced the tenth issue of the newsletter. Jimi said:

I would like to start by thanking Shaheen Khazali for his invaluable contribution to The Scope, I am sure he has left big shoes to fill, but I am looking forward to the challenge and to his promised continued participation, albeit not as Editor. I wish him well as Honorary Secretary of our Society. I am also looking forward to working with the existing members of the subcommittee who continue to make excellent contributions to The Scope.

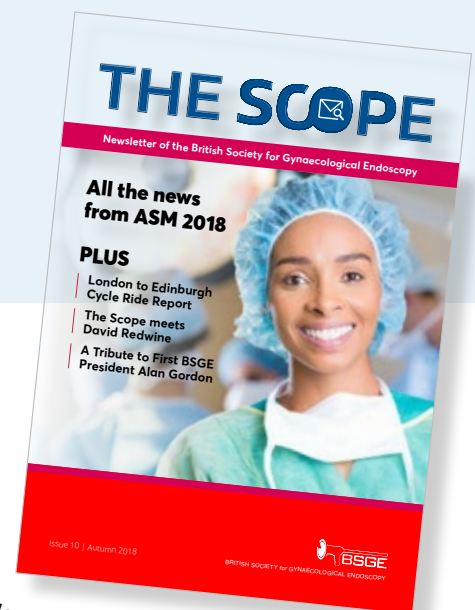
In my new portfolio of Membership Relations, I look forward to listening to ideas from members as to how they feel The Scope could improve their interaction with the BSGE. I am interested in views about communication with other members of the Society and also with other societies that share our view of propagation of minimal access techniques, for the benefit of our patients.

I hope you all agree that we had a fantastic time at the ASM in Scotland and are looking forward to our next meeting in Wales, building on the increasingly interesting and academic contributions to the meeting. This issue will feature some of the award- winning contributions from our last meeting.

I would like to take this opportunity to welcome all new Council members and look forward to contributing to membership relations and maintain the vibrancy of The Scope.



Issue 4 – 2016 BSGE Logo professionally redrawn

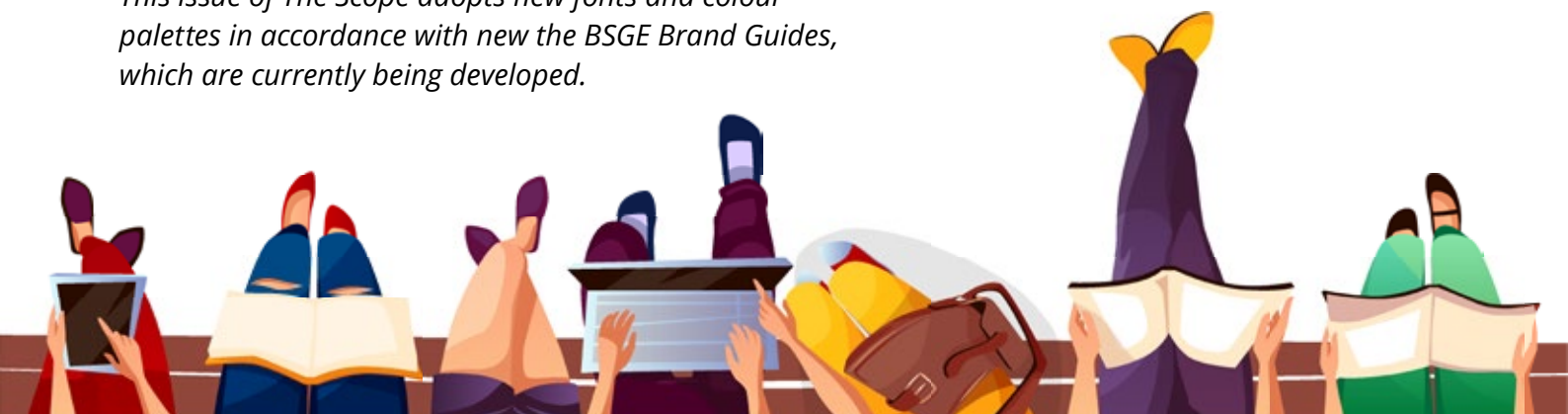


Issue 10 – The Scope logo evolved

THE SCOPE

You can find all issues here

This issue of The Scope adopts new fonts and colour palettes in accordance with new the BSGE Brand Guides, which are currently being developed.





The Scope meets... Eddie Morris, President of RCOG

Mez Aref-Adib and Ben Mondelli had the pleasure of talking to Eddie Morris.

Mr Edward Morris MD FRCOG, is a consultant at the Norfolk and Norwich University Hospital NHS Foundation Trust. He has wide and varied interests across obstetrics and gynaecology and was Clinical Director for seven years. He was part of the curriculum design team for the obstetrics and gynaecology course for Norwich Medical School which opened in 2002 and has been an active senior lecturer at the University of East Anglia since, teaching undergraduates and supervising MD and PhD higher degrees.

Mr Morris was Vice President for Clinical Quality at the RCOG from September 2016 to December 2019. In this role, he championed the value of high quality communication, leading the modernization of RCOG guidance and patient information. He promoted the use of routinely collected big data to improve care and patient safety. In this post he helped secure funding for large national quality improvement projects such as Each Baby Counts, Learn and Support.

Mr Morris leads specialist menopause and tertiary endometriosis services. He has authored over 70 peer reviewed articles, book chapters and national documents, is co-editor of the Journal Post Reproductive Health and inventor of the website Manage my Menopause.

He is globally recognised for his work in patient safety, guidelines and medical device work with the MHRA.

He was the inaugural chair of the RCOG patient safety and quality committee and chairman of the British Menopause Society 2013-2015.

Can you tell us about your career path and what that led you to where you are?

I went from a state school in Kent and was lucky enough to get a place at St Thomas's Hospital in London. I became interested in reproductive physiology because I did an intercalated BSC in reproduction. One of the gynae registrars I was working with said I fell amongst thieves- I got sucked into the world of O and G. I did my training programme in the Southeast Deanery where there was still a lot of research going on in the non-fertility side of reproductive endocrinology- endometriosis, fibroids and menopause and I found it fascinating and along with my training programme I did an MD on the use of GNRH agonists in shrinking fibroids and add back therapy.

That got me more interested in going down the surgical route and I secured a minimal access fellowship at Benenden hospital and finished writing up my MD there.



I started on the equivalent to the ATSMs and the rest is history. I went to Norwich as a consultant in 2001, which is a fantastic place to work, and became the Clinical Director and that's when I developed an interest in medical leadership and creating teams.

How did you become the RCOG President?

No one goes into their career thinking I want to be President, or at least certainly I didn't. I have an interest in patient safety and that came about by getting involved with the college very early on in my career. I started feeding back on some of the guidance that was being produced and was invited to write some consent documents and to join the consent committee. I liked the evidence synthesis to create risk ratios to explain to women and put those down in the standardised consent documents. My profile got bigger and the then President, Arulkumaran invited me to chair the very first safety and quality committee at the RCOG. That really got me working a lot in the college and then my region voted me to sit on Council. After three years hard work as Vice President I decided to go for the position of President and this has been an amazing honour.

What do you enjoy the most about your work?

That's easy – teaching. It's seeing people develop in front of your eyes and trying to encourage them to do what they want to do, to be the best they can possibly be. Also to help shape people with encouragement to do the right thing. With teaching and training comes working as a team. If you have a well-functioning team, you end up with a safe team. Being able to form good relationships, have good communication skills is what really floats my boat.

What do you think about the loss of the firm structure in gynaecology?

I like to push for the firm structure and when I was Clinical Director I brought that back. The firms are a slightly different shape to the traditional model. It is now a group of consultants and group of trainees with a common interest such as urogynaecology or minimal access gynae. Those are the firms that work well. If everyone is motivated towards the same aim then it will work.

Tell us a bit about the 'Left for too long' report

Anyone who watched my campaign to become President knows that I actually wanted to look at gynae waiting lists. I was convinced there's an element of institutional sexism that was going against Women's Health. I was convinced there was a problem before the pandemic and that's been thrown into sharp relief by the pandemic. We have a massive problem in this country -not just for the waiting lists- but also the hidden needs of women are coming out from after the pandemic. Our outpatient waiting lists are growing and the 'Left for too long' report was starting the process of addressing the gynae waiting list problem.

We have a great team on the policy side at the college who were able to really help me with this project. The data exists in the public domain. A company called LCP analytics actually analyse pre-existing NHS routinely collected data and had put that together. The data showed that in December 2021 we had 570,000 women waiting for gynae surgery which is a 60% increase on the pre pandemic levels. In March 2022 that figure was 610,000 -that's a 69% increase on pre pandemic levels and the fact that it is still growing is something we need to be ashamed about. We have women suffering, referrals are still coming in.

Waiting lists are being managed to a point and I am proud of my own trust in how they are managing it- but working on the frontline, speaking to women saying 'yes you need a procedure but I'm really sorry that wait is going to be 18 to 24 months' -it just feels so wrong.

The other work that it gives us is to make sure we are looking after women, managing their problems, whilst they are waiting for their surgery and making sure they're not coming to additional harm. The report shows the effect it has had on the women but also on us as carers. The system needs to understand that it's painful for us professionals to be having people on the waiting list who are not being looked after to the degree that we would want them to be cared for.

We had some very clear stories from women who were prepared to come out of the cloak of anonymity and describe their experiences and I thank them for that bravery and really helping us highlight the problem. Just as much as I thank RCOG members and fellows for being very frank with us and sharing their problems so that we can actually demonstrate the scale of the problem.

What can we do about reducing waiting lists?

We have had very good coverage from the project and it was picked up very well in the media. This meant it brought it into public awareness. We hear a lot about long waiting lists in the NHS but we very rarely hear it affecting a specific group. Over half a million women waiting- that's a massive proportion of the women in this country and so we then used that to push that through Parliament. A lot of the advocacy of the RCOG actually starts in Parliament because if you advocate properly you influence ministers and in influencing ministers you can then influence where the money goes in health. It is that engagement that is the key to them starting to do what we think should come out from the report.

The recommendations as you probably know, you have to prioritise care but look beyond the clinical need, look at the wider impacts on patients waiting for care. If you have a woman who's on the waiting list and suffering from pain or has severe heavy menstrual bleeding and is anaemic but she can't work because of that, she's becoming more of a drain on the social care system. She may become more of a drain on the health system because she needs iron transfusions or other treatment. We need to look at that wider impact to say it's not just that we want these women to jump the waiting lists over other specialities but that we need more resources in the whole system to be able to deliver better care, more promptly. That means more staff, more theatre capacity, it means Trusts being supported to use their theatres more efficiently. It's the whole system that needs improving and needs priming with

more resource. That's when we can add in things like gynae champions to really push for actions around the country and make sure that Women's Health doesn't drop off the radar.

Now we have a great President elect in Ranee Thakar, who I know is really motivated in this and has seen how urogynae has really suffered as well. I know she won't let this drop off the radar. We have got the momentum going and we need to keep it moving.

What has been the reaction from this report?

The reaction has been very good. It has come through the coverage from the media. I've had many letters from different patient groups thanking us for the work that we've done. I've also had some very useful constructive discussions with the specialist societies, the BSGE included. Undoubtedly, when it comes to the surgical waiting lists, the surgical specialist societies are going to be key to this and that does include ones like the British Gynae Cancer Society. Although they may not have the same waiting lists, they are still a key part of the team in many hospitals around the country. Involving the wider specialist societies in the progress from this is absolutely key.

The reactions from Parliament have been good so far. Obviously complicated by the fact that we have had a change of Secretary of State but that again gives us another opportunity. The job of the President is actually to take these opportunities.

We know that unfortunately there are some disparities in gynaecology -what do you think we can do about disparity?

Disparities of care in the whole system are pretty shameful in some parts of the country and I think you can look at it in many ways. There are disparities in care from an ethnic perspective, there are disparities in care from a social deprivation perspective but also disparities from a gender perspective. We know that disparities on a gender basis have existed for years and years - especially in research.

If you look at simple things like research into antihypertensives, the standard patient was a 50 year old bloke, and yet that treatment is immediately copied and pasted over to a woman - and do we know that is necessarily right? So all that research that's done on the wider population needs to be addressed properly from a gender balanced perspective.

What I feel quite strongly about is disparities with regards to ethnicity. I know that we see a lot of hard data on the maternity side and I set up the RCOG race equality taskforce that's looking at that actively at the moment, but what the pandemic has shown though is that there is a complex interplay with social deprivation and access to care, along with ethnicity. I think what has happened is that the gaps have widened and it's going to be our responsibility as carers and our responsibility as a College to use the information that we have to point out where there are disparities and find ways of getting over the problem. I think there's going to be a revolution in data (I love a good spreadsheet!) but you have to do something with it. I like the large audits that are out there that use routinely collected data that we don't have to be entering stuff when we're doing operations - it's collected in the background - and it's used to make improvements. We need more data that's broken down by ethnicity, by deprivation so that we can really focus on where care is needed. We know from Chris Witty's report last year about deprivation - coastal communities don't access care when they need to - we don't know why, but if they don't engage in prevention this can result in a bigger drain on the health system later on.

We know you are interested in collecting big data. How do you go about this?

I have a bit of nerd about me. I did quite a lot of work in my early days as a consultant with the professional record standards body. The PRSB is all about getting data in the system and recorded properly in a way that it can be used and accessed. I got a job that I volunteered for with HQIP, which is the Healthcare Quality Improvement Partnership

and that's a government body that commissions national audits. They commission NCEPOD and MBRRACE and commission the RCOG to do the National Maternity and Perinatal Audit (NMPA) along with the London School of Hygiene and Tropical Medicine. Those are huge audits. These audits have proven their ability to change practice and to save lives. This is what for me drives the need for high quality big data.

I am proud of the RCOG's involvement in the NMPA. That has shown over the last few years how routinely collected data from maternity systems is hoovered into the NMPA and turned into differences between units. You can see the difference in units- how can we learn from other units and eliminate the variation in care. It is about bringing the worst performers up to a safer level of care and that's why I'm really motivated to get this data. As we move to more electronic patient records the data will be better quality and therefore much easier to use.

What would you say is the most important study that you've been part of and how would you encourage trainees to get involved?

Trainees should be open to any opportunities that come their way - just gently explore and see if it interests you. As a senior person I get involved in the research right at the grass-roots level even if it's taking samples or consenting patients. It's working in a flat hierarchical system and trying to show to a junior wanting to get involved in research that the people working alongside you at a senior level will often want to get involved as well.

It's also important to show how research has helped my career and helped the women we look after. A focus on high-quality translational research shows how research benefits people down the line and that's why, as President, I particularly champion genomics. Genomics has helped in the pandemic and it has flourished and come to the fore and there is a lot more coming. If you want to get into research just keep your eyes and ears open, speak to senior academics because they want motivated and driven people.

The most important study I have been part of was Each Baby Counts. When I came on to the team, the study had been devised to show how Each Baby Counts would work and how it would collect data on term stillbirths and brain-damaged babies. We had a fantastic team and the reports and the way that we presented the data has undoubtedly influenced the UK maternity system to understand the problem. I was able to take data to people of influence, Jeremy Hunt being one of them, and explain to him that stillbirth babies do not happen just because we can't interpret the CTG as professionals. It's an interplay of many different factors: human factors, escalation, you name it and that really helped us in our subsequent campaigns and the response to things like the Ockenden report, which we must act on. It has put the college and the profession back in a position where rather than being merely part of the problem, we are now very much part of the solution. That's why I think Each Baby Counts is actually the most important study that I have been part of in my career.

What do you think about the collaboration between the RCOG and the BSGE specifically at the height of the pandemic?

I have been a BSGE member for many, many years and actually even hosted the ASM in 2014 in Norwich. I think the collaboration that we had during the pandemic was fantastic. Team BSGE were fantastically responsive, really understanding that what we needed at the RCOG was a quick turnover. The guidelines that we produced for COVID that impacted all levels of Women's Health were really needed by the profession and by the women of this country. Everybody worked really hard and I'm very grateful to team BSGE for their part in our website, in the communication we produced, the information for women and speaking to the media. All these things were absolutely key to the success of the RCOG COVID guidance along with other partners. For me I'm hugely proud. The RCOG guidance page has been visited just under 7 million times since the start of the pandemic. The various social media interactions

have been over 25 million times. Nothing in the college history has ever been measurable in millions so that shows that it has been incredibly valuable and it's gone around the world.

How do you see the future collaboration with the BSGE?

I know the RCOG and BSGE are in excellent hands. We've got work to do. 'Left for too long' shows that that work can't be allowed to go by the wayside and the BSGE is a key partner in the approach to gynaecological surgery. This means that that collaboration will be ever more important. So the next team of officers, headed up by Ranee Thakar, will certainly want to keep that collaboration healthy and strong and productive.

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

I would give myself the same advice- don't miss opportunities. Research and quality improvement surround you- you can get involved locally, even in small hospitals. It's these sorts of things that will help you develop interests that will take you forward in your career. Don't close your eyes and ears to anything, just give things due consideration.

Also don't forget your family. I've been lucky and I haven't forgotten my family- family is why you are here on this planet and keeping the right balance of work and life is absolutely paramount. If you are happy at home then you'll be happy at work and an asset to this profession.

How would you encourage the trainees to get involved in the work the college does?

This is something I feel really passionate about. Of 16,000 members – 2,500 volunteer to work for the college in some way or another. The college is a charity and without them the college wouldn't exist. It's important to look for the opportunities. We have a fantastic trainees committee that I have worked closely with.



Recently we had a hilarious Dragons Den meeting to see what future RCOG merchandise should be produced. If trainees want to get involved, there are many opportunities – even if not on the trainees committees – then there is space on other committees such as the Safety Committee. Consultants need to be levelled by trainees and so most committees have trainee representation.

Another way, which is how I got started, and that's just responding to the various calls for consultations on guidelines, patient information, etc. The college is always publishing stuff and if you're registered as a trainee you get the email every week and I guess the best tip I can give is not to delete it until you've read it!

How do you think women's health is going to change in the next 10 years?

Three weeks ago we had the Women's Health Strategy published and this contained something that I'm absolutely passionate about and that's a life course approach to Women's Health. We have siloed women's health into subspecialties and whilst this is good for complex care it's not necessarily designed around the patient. We are not making it easy for the patient to get care in a straightforward fashion in many cases. So our big calls in the strategy have been published and recognised by the government so that the service is designed around her, more importantly designed around her life course and therefore more accessible in the community. That means that people who are designing the care need to think: 'What's our ethnic mix locally?' 'Where should we prioritise difficulty with access?'

All those things should be designed properly locally. We must recognise that it's not a one size fits all healthcare system.

In addition the data is going to be of better quality and much easier to make sense of. I'm very pleased that NHS England recognised this by employing a director of transformation- Tim Ferriss- he's a data clinician from Harvard in the US and is really helping to accelerate that happening in the NHS.

What do you think about England's win in the UEFA Women's championship?

I think the lionesses did a fantastic job. What a great thing for women's health, women's life and it really strengthens the fact that that if you don't look after the 51% of the population, then the population itself will suffer. It's just fantastic to see that since the mid 70s when the FA finally allowed women to play football, here we are winning a major championship in such an absolutely fantastic way. I just wish I'd been there at the game!

What achievement are you most proud of?

There are three things. The first is our response to the pandemic- no-one expected it and as a college I am immensely proud of our response to the pandemic. It has shown that our profession should be part of the solution and we all definitely did our bit for Women's Health.

The second thing is the recognition of the fact that our workforce should be expanded. As a team of officers we have set the foundations for this now and that work is well underway. Finally I've survived as President and I've still got a wonderful family around me.



Royal College of
Obstetricians &
Gynaecologists



Mez Aref-Adib
Interviewer



Ben Mondelli
Interviewer



Left for too long: understanding the scale and impact of gynaecology waiting lists

Professor Justin Clark, the previous BSGE President reports on an important document published by RCOG.

Waiting lists in gynaecology have grown dramatically since the start of the COVID-19 pandemic, with a combined figure of 570,000 women on waiting lists across the UK as of December 2021. The RCOG has published a report on the scale and impact of gynaecology waiting lists and ways to address the problem. The report states that:

"Struggling to access the right care and support for many gynaecological conditions is not a new experience for women and is the result of a lack of investment and attention given to women's healthcare historically."

It shines a light on those who are struggling to access the right care and support for gynaecological conditions, and highlights that waiting lists across the UK have grown 60% since the start of the pandemic. Waiting lists in England have grown the most in percentage terms of all elective specialties, and the RCOG report explores the way in which the specialty, and women's health more widely, are often overlooked.

Left for too long:
understanding the
scale and impact of
gynaecology waiting
lists



In order to fully meet the needs of women on waiting lists, and ensure effective and equitable recovery of services, RCOG called for the following from the NHS and Governments across the UK:

- Prioritisation of care as part of NHS recovery looking beyond clinical need to consider the wider impacts of waiting for care (e.g. quality of life, fertility)
- A shift in the way gynaecology is prioritised as a specialty, included action to move away from the term 'benign'
- Action to address the unequal growth of gynaecology waiting lists compared to other specialties
- Action to reduce geographic disparities and postcode lotteries for gynaecology care
- A fully-funded, long term plan for the NHS workforce

RCOG worked closely with the BBC who shared the story on both BBC Radio 3 and BBC Radio 5 Live, the report was also highlighted more widely across various news and media outlets. RCOG President Eddie Morris, who is interviewed in this issue of The Scope, said:

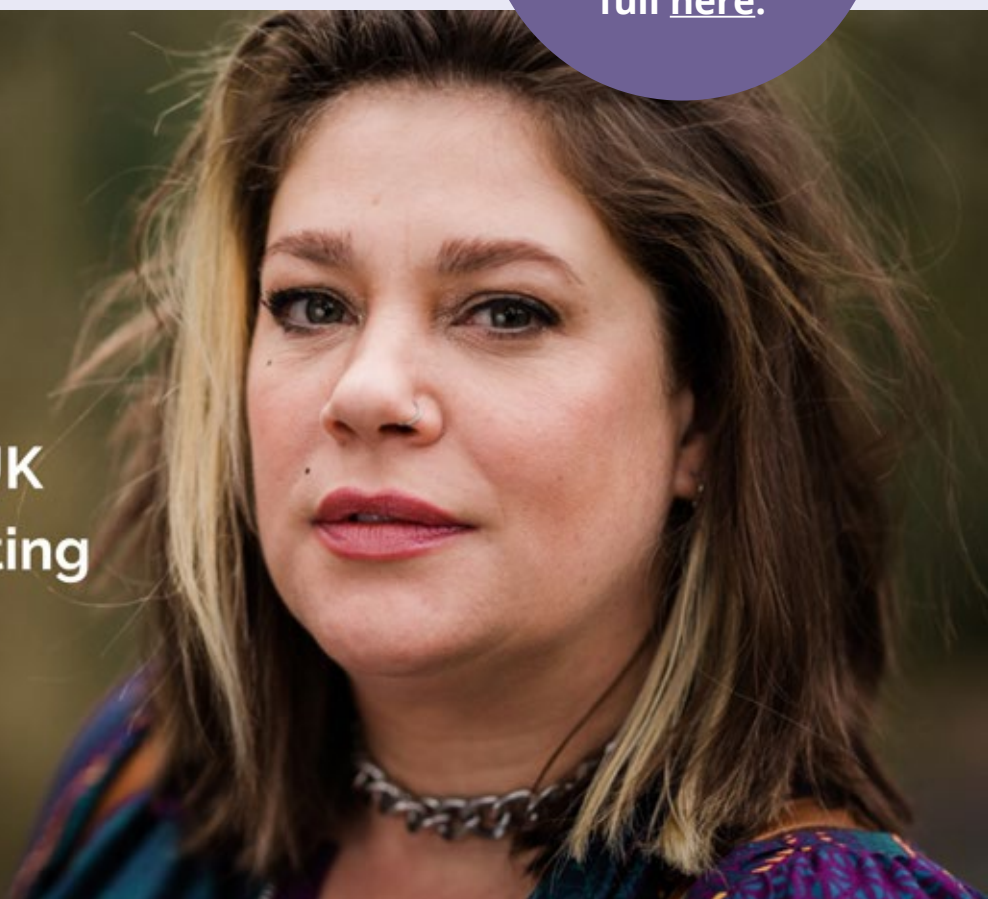
"There is one thing that this report makes clear, and that is that change is desperately needed. We are letting women and people with these conditions down badly, and action needs to be taken to make sure that gynaecology is given the attention it so desperately needs as the NHS recovers from the COVID-19 pandemic, and doesn't continue to be seen and treated as a second class specialty."

We need to ensure that we all advocate for the women we look after; individually, locally and nationally. We at the BSGE will continue to work closely to support the RCOG and the NHS to try and improve the current situation.

**Please read
this important
document which
is published in
full [here](#).**

Section 1:

The state of the UK gynaecology waiting list





Women's Health Strategy for England

Jimi Odenjimni reports on the government's women's health strategy

The women's health strategy for England published in July 2022 is a policy paper that focuses on the government's ambition to improve the health of women and girls in England by:

- Taking a life course approach.
- Focusing on women's health policy and services throughout their lives.
- Boosting the representation of women's voices and experiences in policy-making, and at all levels of the health and care system.

The strategy is based on the vision document published in December of 2021 which emphasises the need to:

- Listen to women.
- Reduce disparity.
- Improve access to quality healthcare.
- Produce robust evidence-based principles through research.
- Provide patient education and information on gynaecological conditions.

I summarise parts of this document in this edition of The Scope as it provides a platform for us as BSGE members to improve women's health care in our individual environments.



The Women's Health Strategy – the way forward

The government has published the Women's Health Strategy for England to tackle the gender health gap. It builds on the Vision for Women's Health and aims to tackle deep-rooted, systemic issues within the health and care system to improve the health and wellbeing of women. It proposes:

Major new research on women's health issues to increase understanding of female-specific health conditions and tackle the data gap to ensure diagnosis and treatment work for women.

Ensuring women have access to high-quality health information.

Updating guidance for female-specific health conditions like endometriosis to ensure the latest evidence and advice is being used in treatment.

Life stages strategy rather than disease specific



Adolescents and young adults
Puberty-24



Middle and reproductive years
25-50



Later years
51+

Reproductive health needs

HPV vaccination

Menstrual health

Gynaecological conditions

Cervical screening

Gynaecological cancers

Sexual health and wellbeing

Contraception, pregnancy, fertility, pregnancy loss, abortion care, and postnatal support

Pelvic floor health

Early menopause and perimenopause

Perimenopause and menopause

Breast cancer screening

Thematic representation



Adolescents and young adults
Puberty-24



Middle and reproductive years
25-50



Later years
51+

General health needs

Wellbeing and lifestyle e.g. healthy weight, exercise and smoking

Mental health

Long-term conditions

Health impacts of violence against women and girls

Osteoporosis and
bone health

Dementia and Alzheimers

Thematic priorities across the life course

Women's voices
Healthcare policies and services
Information and education
Health in the workplace
Research, evidence and data



Key themes



Considering disparity in provision as part of the government's levelling up agenda

Ambitions



Women can access services that meet their reproductive health needs across the life course, and women's experiences of services and reproductive health outcomes are improved



National healthcare policy and services consider women's needs specifically, and by default



All women, including those with additional risk factors or who face additional barriers in accessing services, have equitable access to and experience of services, and disparities in outcomes are reduced



Research Evidence and Data

Our ambitions



Women feel comfortable talking about their health, whether that be with healthcare professionals, friends or family; women know when they can seek help for symptoms; and women's health issues are no longer taboo topics



Women feel better listened to and heard by healthcare professionals, and women's concerns and symptoms are taken seriously



Women's voices and experiences are represented and listened to at all levels and in all areas of the healthcare system

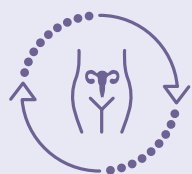


Next steps

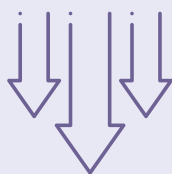
We are pleased that in recent years there has been a significant amount of research into women's health conditions. However, there is an overall need for more research into women's health including that looking specifically at sex differences in conditions, and for greater monitoring of the diversity of research participants, including in NIHR-funded studies.

As we develop the Women's Health Strategy, we will work alongside the forthcoming Data Saves Lives Strategy for health and social care to consider how we can make better use of, and increase access to, data collected from health and care services. This will be crucial in efforts to tackle sex data gaps.

Plan for gynaecological chronic conditions



Menstrual health



Decreasing the disparity



Patient involvement



Research and audit





Private Parts: Living Well with Bad Periods and Endometriosis

Author and comedian Eleanor Thom writes about her experience of living with endometriosis.

When I tell people about my book, they giggle at the title. Private Parts is a bit audacious but it's deliberate to break the ice, as a comedian I know it helps to get a laugh straight away and then you can talk about what you want. Also what title did you expect from the woman who created the all-female comedy group Lady Garden?

The second thing they ask is what is endometriosis? I've got very used to this question, I can reel off the headlines pretty quickly and in the least off putting way. I'm happy to do it, I want the world to know what this is, to hear the word, and to normalise talking about periods and women's bodies. I want the next 11-year-old girl writhing in pain, missing weeks of school and social stuff to know this isn't normal and to be able to say I need help and I can't leave without it. Because I didn't, I'd never heard of endometriosis until I was told I had it, and it would've really helped me, both to manage the disease and pain but also to know I wasn't alone.

Diagnosed at 17, I made a decision this wasn't going to control my life, so I just carried on. I went to university, toured the country as a comic, did TV, performed with my heroes but all the time stopping roughly every 18 months for surgery to curb the disease and various hormonal treatments. Aged 30 I collapsed. Mind-over-matter stopped working and I had to learn to live with it rather than alongside it.

I looked for something to help, a sort of blueprint of how to live a life with this disease, but what was available (and there wasn't much) was medical, bleak and full of jargon. I needed practical advice like: what to do in a flare up, how to handle pain if I'm stuck in a meeting (or in my case on stage), how to speak to my boyfriend who doesn't get it, what to say to family and friends who still ask "Gosh you've still got that?" as though it's a verruca I've been too lazy to sort out.

So I decided to repurpose my own, at times desperate, experience, for good. Private Parts is the friend who knows what it's like. It attempts to reflect the reality of living with endometriosis, offering advice on how to navigate the health system and the disease but most importantly it's funny- because after all, laughter is the best medicine (though I'd argue morphine is a strong contender).



I realised very quickly that we just don't know enough. We need: better research, more funding, more specialists, more diagnostic tools, better understanding across the health sector. From a patient's point of view, outcomes have scarcely changed since I was diagnosed 20 years ago. Diagnosis time has actually got worse (currently 8-10 years), the treatment and management options are still the same, pretty lousy and disparate depending on the practitioner or postcode, and the 'chance' diagnosis I got is just as likely to happen now.

The main thing I've learnt in recent years is the key to any change is making people aware there is need for it. So building awareness became a key incentive for the book. It became increasingly obvious that we need to talk about what it actually does to our lives in a more accessible way, because without this nothing would get better.

What never fails to shock me is how often I'm asked what endometriosis is by medical professionals. Despite the fact that so many people have this, awareness or even an understanding in the medical community is still bafflingly sparse. What they do know is often very wrong; touting cures of hysterectomy, pregnancy, anti-depressants. Even now, doctors still suggest these things to me. With 1.6 million people living with endometriosis in the UK alone, I cannot understand why it is still treated as an obscure condition, which no one can pronounce. But then I am preaching to the choir, you must find this frustrating too.

So what can I tell you that you don't already know about your speciality?

I can give you an insight into the person not just the patient. It's hard to truly understand the effects endometriosis can have. Basically there isn't ever enough time to truly 'get it' and 'it' changes over a lifetime too. But with this particular disease you do need to understand the woman behind the notes because it influences your decisions, the treatment choices she might make and how much she trusts what you're saying.

Women with endometriosis need to feel understood and heard- perhaps more so than other patients because we have spent so long being disbelieved, dismissed and discharged.

The limitations endometriosis places on ambitious, brilliant, strong young women leads many to make massive adjustments to their lives, plans and ideals- this is the emotional and mental damage the disease does that is so often overlooked. It can have an effect on your whole body: joint pain, bowel habits, what you eat or drink can trigger symptoms, it affects your sex life, your skin, hair, weight, physical activity, mood. Much of this is before we're given medication, sometimes very high levels of hormones or analgesics which come with a whole new raft of side effects. It can be very hard to take. There are moments of high drama living with endometriosis: midnight trips to A&E, collapsing at weddings, going in for surgery or bleeding through your prom dress. But mostly it's just a low hum, grinding away in the background: the boring stuff like diet, vitamins, managing pain, fatigue, brain fog. It's tedious.

Cyclical symptoms are miserable and predictable but most women find some form of acceptance around missing so much of their lives during this time. It's the barrage of symptoms and pain at other parts of the month that can feel impossible. The most frustrating part for many is the relentlessness of it, it might fluctuate but it never stops. You feel crazy that you're back here again, despite doing everything right; taking the medication you didn't want, having major surgery to get rid of it, changing your lifestyle - still it comes back. It's hard not to be depressed or despairing. Suicidal thoughts are by no means rare for women trying to navigate the health system, keep working, keep hoping and living with this condition- even more so when it hits crisis point or flares up for weeks on end.



Living with endometriosis often feels very lonely because there is no consistent care or management, you're considered a lost cause, or you're 'fixed' by the medical system. Currently there is no long-term support system, which makes it so much harder to live with. Without this we're not only doing a disservice to those women suffering but we're missing an opportunity to gather significant information about a disease we need to know more about- like, now.

Case histories could be regularly updated and available on a database for doctors but it could also act as a research tool, collecting evidence over the lifetime of the patient, which could be used to plot the way the disease works. Having a cohesive collection of notes would provide such insight and vast data could be invaluable to understanding this condition.

As patients you're unlikely to find a more willing collective, if you were to ask us we'd be more than happy to share our experience, log, categorise, help in any way we can with research. Partly because we are desperate for answers and better treatments, but for most, knowing it's likely already too late for us, the motivation comes from wanting this to be different for the next generation, so our daughters and granddaughters have far better options than we have.

The more we talk, the more people will realise that something needs to change, that this isn't just a women's health issue but a political and social one. Think of the incredible contributions women could be making to the world if they weren't constantly juggling and collapsing with this disease.

Mostly I think of the day that an 11-year-old girl goes to the doctor and says:

"I heard about this thing called endometriosis and I wonder if I have that?" and for the them to say, "Yes, that's a condition we could consider, how about we track your cycle, symptoms, help with the pain right now and refer you for further support from the specialists. I'm sorry you've been going through this, we can help".

**BSGE members can get 20% off
Eleanor's book 'Private Parts'
The special price of £10.39
+ UK postage £3.10 (£13.49)
and is available until 31/12/2022.**

Private Parts by Eleanor Thom

Discount Code: PPET

Please contact Hachette Distribution with the Discount Code ISBN 9781473687585 and delivery address to order with hukdcustomerservice@hachette.co.uk or phone 01235 759555 Monday to Friday 9am – 5pm GMT





‘PRIVATE PARTS – How to really *live* with endometriosis’

by Eleanor Thom

Susanne Johnson FRCOG, reviews Private Parts for The Scope

As a gynaecologist working in a BSGE unit, I thought I had a fair idea of the impact that endometriosis can have on patients and their families. I was wrong.

I just read ‘Private Parts’, a book detailing a personal experience of what it is really like to have endometriosis. Eleanor, a successful author and actor, describes in sometimes excruciating detail what her own 22-year-long experience of endometriosis has been like, the delays in her diagnosis, the many medical and surgical treatments and the effect this has had on her.

Eleanor’s endometriosis was diagnosed at laparoscopy when she was nearly 18 years old and she had her first excisional surgery a few months later. Although this diagnostic delay is shorter than many other patients face (at a ‘mere’ 7 years since her menarche age 11), the impact on her early personal life, education, career opportunity and quality of life has been considerable.

The book is divided into sections, each of which focuses on a specific issue related to living with endometriosis. There are useful summaries called “Things I Know Now”, which are short lists of valuable advice and simple tips to anyone diagnosed with endometriosis.

The author also accurately summarises ‘Things We Can Do Now to Make Awareness Better’ (page 59) to include ‘training more endometriosis specialists, sonographers, surgeons, pelvic pain and hormonal experts’. She feels that early diagnosis by an endometriosis expert could have been a game-changer and it is hard to disagree with this.

The book ends with a series of interviews with well-known women, sharing their own accounts of living with endometriosis. These make for further powerful and painful reading. A common thread is one of delayed diagnosis and variable treatments, not always in specialist centres.

I feel that this book should be essential reading for all people (and their families) with endometriosis – it explains so clearly what endometriosis is, how it can be diagnosed and treated, and answers a lot of questions that patients would probably like to ask.

The information in the book is presented in a humorous and approachable way and results in a destigmatising and empowering ‘How To’. In fact, all healthcare professionals working in the field of pelvic pain should read this book – her patient voice is extremely valuable.





Five pounds of fibroids: a memoir

Rose Marie Johnson is the author of the moving, shocking and thought-provoking book 'Five pounds of fibroids: a memoir'. In this article, she divulges how fibroids affected her life, quality of life, relationships, career, and more.

Look! Down in the toilet! It's a swarm of bloodybelly comb jelly! It's a school of spawning sockeye salmon! No! It's a cesspool of bopping blood clots choreographed by ferocious fiends called fibroids.

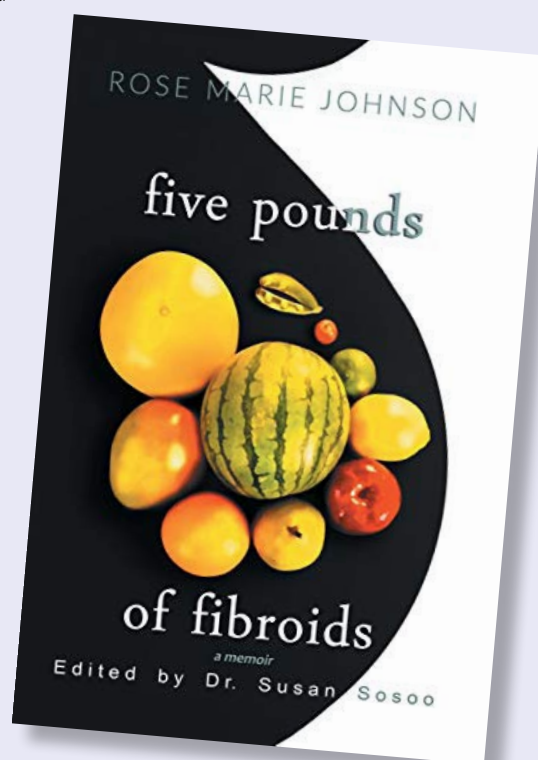
Imprisoned for years too many, I moaned, groaned, and moved about the planet with an ever-expanding uterus congested with multiple, uterine fibroid tumors. As they grew larger, my symptoms worsened.

Pelvic pain felt equivalent to hundreds of ninjas with nun chucks sparring while viciously battering and shattering my uterus into pieces.

At its peak, I would often observe what looked like concoctions of beefsteak tomatoes, braised beets, and rotten red potatoes stampeding out my vagina in clan-like, multi-size droves, taking up residence in the toilet.

Plagued with a plethora of other common fibroids-related symptoms including chronic constipation due to fibroids lodged alongside my rectum, I endured recurring pressure, pain, and rawness. Frequent urination triggered excretion more than my pup. I swapped extra-large overnight and maternity pads, though never pregnant, with adult diapers to confine heavy bleeding and blood clots. During sex, I would wail, scream, and holler like a colicky newborn in pain so intense, I was convinced I had an imperforate hymen.

With monthly madness deteriorating my self-esteem and heightening anxiety, isolation, and depression, I developed deep malice towards menstruation.



And just when I thought life with fibroids couldn't get any worse, I haemorrhaged like a stuck pig for 30 consecutive days, collapsed, and ended up in the emergency room with a uterus the size of a six-month pregnancy - faced with making a decision that would impact my life forever.

Now I ask: "Does 15 years of suffering, beginning at age 27, and resulting in removal of five pounds of fibroids via hysterectomy at age 42, make any sense?"

Why is this happening? In my experience, generational conditioning, often unspoken, can perpetuate concealment of female-related disorders and continue the cycle of suffering in silence. There is a combo platter of problems including an innate fear of social, cultural or religious "issue of blood" branding, poor or disjointed patient-doctor partnering protocols and inconsistent or unclear messaging.

To make change we need to raise awareness, simplify disorder explanations and provide realistic scenarios and the next steps for women after diagnosis.

We also need to clarify treatment strategies, recommendations, and options to laypersons, remembering that many people find graphical presentation of medical content more comprehensible than textual information.

Rose Marie's book is available at a discounted rate of £5.85 for the Kindle Edition and £9.13 for the paperback on Amazon.





ASM23

Annual Scientific Meeting

Thursday 20th & Friday 21st April | Manchester

After three frustrating years of Covid related delays, the Annual Scientific Meeting will finally take place on April 20th and 21st in the thriving Lancashire powerhouse of Manchester.

The Chair Sujata Gupta and the Local Organising Committee have shown true northern grit and adaptability in rescheduling and reorganising the event.

Sujata talked to The Scope about the exciting plans for the meeting:

Bringing talent and technology together

After ASM 2022, the BSGE is 'Standing Tall After the Fall'. BSGE 2023 Manchester is moving on from the challenges of COVID and looking to the future of minimally invasive surgery. The theme of the meeting is "Bringing talent and technology together." Manchester was the world's first industrial city, the home of the first computer with memory, and the place in which the atom was first split. It continues to lead in many aspects of science and was a designated European City of Science, so it is a location that embodies the ethos of the conference.

The Manchester organising committee is putting together an interesting and inspiring programme that includes cutting-edge lectures, masterclasses, debates, demonstrations, and some fantastic social activities.



ASM23
Annual Scientific Meeting
MANCHESTER



Meet you in Manchester

Manchester is a modern, cosmopolitan city with a rich heritage in healthcare, industry, science, and culture. As a transport hub, Manchester benefits from excellent road, rail and air links. The city offers easy access for BSGE members from the UK and across the globe. The city's trams and free Metroshuttle bus system offer quick and efficient ways to get around.

Manchester Central

The conference will be held at Manchester Central, an award-winning venue in the heart of the city centre. Its vaulted arches and station clock have made the Manchester Central building an iconic city feature for over 130 years. It has moved on from its function as a rehabilitation Nightingale Hospital and is the perfect venue for BSGE 2023.

Manchester Central has spacious exhibition halls, a purpose-built convention auditorium, and several breakout rooms. The facilities are all interconnected on a single compact site allowing delegates to easily swap between rooms and get the most out of the meeting's educational and social opportunities.

The conference centre is situated in the heart of the city, just minutes from best restaurants and bars. You can enjoy the scientific programme and Manchester's hottest spots and sights.

Women's health and opportunities

The BSGE is dedicated to promoting knowledge and understanding of the endoscopic approach to diagnosis and treatment to patients, the public and those that form healthcare policy so that the Society can make a difference to women's health and wellbeing.

Women's healthcare has not been high priority for many years and has suffered disproportionately during the pandemic. ASM 2023 will promote women's health and also support female surgeons. Political activist Emmeline Pankhurst was born in Manchester. She set up the women's union, that became known as the suffragettes, from her parlour in the city's Moss Side. In 2019, one hundred years after women were first given the vote, she was honoured with a statue in St Peter's Square.

Sujata Gupta, Chair of the LOC called on all women in gynaecology endoscopy to attend BSGE 2023 Manchester, in the city that was at the centre of female emancipation. The meeting will host a session 'In memory of the Suffragettes' It will explore issues affecting women surgeons. Three quarters of trainers in gynaecology are now women, so it's an important debate. The session will discuss tariffs for women's health procedures, operating table heights and equipment and hand size.

As Sujata said:

'If a Society like the BSGE doesn't flag up these important issues, who is going to?'



Time to work, learn and play

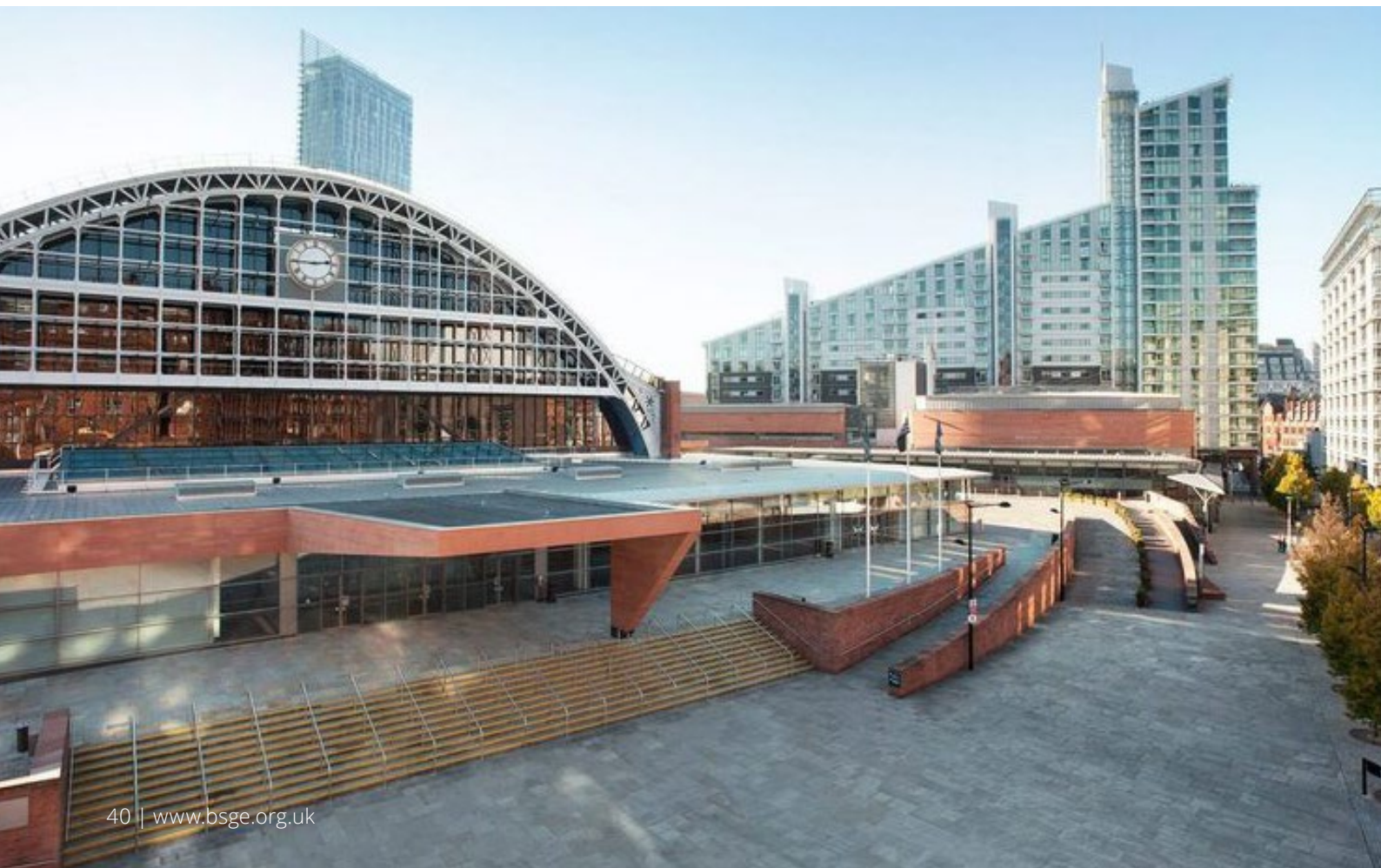
The ASM is an opportunity to exchange knowledge and catch up with colleagues. The Manchester LOC has created a social programme that complements the scientific schedule. There will be a BSGE Curry Night and the RIGS dinner on the eve of the conference. At ASM 2023, both events will be held in different rooms in the same venue so that after sampling the delicious food, members can mix, mingle and sample the frozen gins!

The annual Gala dinner is the social highlight of the BSGE year. The 2023 event will be held at the stunning Edwardian Manchester Hotel, winner of 'Leading Hotel of the Year 2019'. The Edwardian Manchester is a beautiful Grade II*-listed Free Trade Hall which has recently undergone a multi-million-pound redesign. It is a spacious and elegant venue, perfectly located close to the business district and Deansgate.

Pre-congress Courses

As ever, there will be a range of exciting pre-congress workshops for members who wish to make an early start to the ASM and capitalise on the learning opportunities. The courses provide the chance to fine-tune techniques and learn new skills. At ASM 2023 the courses will take place on Wednesday April 19th. Sessions will include the first hands-on Operative Hysteroscopy Workshop for nurse hysteroscopists, Endometriosis CNS Workshop, the RIGS Intermediate Laparoscopic Course and an exciting robotic practical skills workshop.

Keep an eye on the BSGE ASM website for more details on the ASM, pre-congress courses, call for abstracts and how to register. We look forward to seeing you in Manchester next year.



Expression of interest to host BSGE ASM 2024 and 2025



As the BSGE looks forward to finally visiting Manchester in 2023 for the Annual Scientific Meeting, the time has come to submit bids to host the BSGE ASMs in 2024 and 2025. BSGE President Andrew Kent said:

“The BSGE is now bigger than ever and needless to say our conferences have grown correspondingly. Successful bids will be supported by the full resources of the BSGE and planning starts early.”

Whilst, it is a considerable commitment to run an ASM, the BSGE has a well-structured and experienced team to help you organise and plan the meeting. We are looking for an energetic local organising committee to take on the challenge for 2024 or the following year. If this is for you and your colleagues, please complete the application form explaining your plans if you were awarded the opportunity. At this stage it is not essential to have all the details for the conference venue, but please complete the other sections.

Applicants should provide as much practical detail as they can, together with some demonstration of previous experience at organising significant events. Enthusiasm is key but commitment, and ability to complete tasks in a timely manner are vital, as it will involve considerable effort over the year leading up to the meeting. However, there are great benefits to organising the ASM. Andrew Kent said:

“To host a successful meeting is a great badge of honour and gives you the opportunity to showcase your own department, hospital and locality.”

Please submit application to bsge@rcog.org.uk by 30th September 2022.

If you would like to talk through a proposed application, one of the Officers would be more than happy to discuss it with you personally.

You can download application form to host BSGE ASM 2024 and 2025 by clicking [here](#).

BSGE Elections 2022

The BSGE Annual General Meeting was held at ASM 2022 in Birmingham and Worcester. The Society announced the results of the recent Council elections. Members voted for the new BSGE Vice President, who will subsequently become President of the Society. There was also one post of Senior Representative and a Trainee Representative up for election.

At the AGM, Andrew Kent moved up to the role of President of the BSGE and Justin Clark stood down after completing his two years as President.

BSGE Honorary Secretary Kirana Arambage said:

“I would like to personally thank Justin for all his significant contributions to improve both clinical and research profile of our Society over the years and especially organising hugely successful first BSGE virtual ASM 2021.”

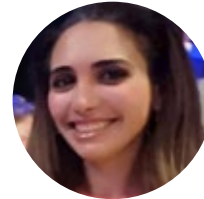
The results were as follows:



Arvind Vashisht from University College Hospital, London was elected as the Vice President and future BSGE President. Arvind was the Chair of the Jubilee ASM's local organising committee, he has been a Council member since 2017 acting as Chair of the Industry Relations Portfolio and most recently as the Endometriosis Centre Portfolio Chair.



Martin Hirsch from Oxford University Hospitals was elected as a Senior Representative. It's Martin's first time on Council, but he has been active within the Society co-hosting BSGE UNCUT, the podcast, writing for The Scope and working with the Information Resources Portfolio to run a series of events for Endometriosis Action Month.



Lina Antoun from Birmingham Women's Hospital was elected as the Trainee Representative, she was an active member of the local organising committee for ASM 2022 in Birmingham/ Worcester.

BSGE Seniors

Professional Development Meeting

**29th and 30th
September 2022**

The aim of this meeting is to bring together a cohort of individuals at the start of their consultant careers who are passionate about minimal access in gynaecology and who wish to enhance their professional skills and build relationships that will last a lifetime.

Who should attend?

ST7 and Junior Consultants within 1 year of appointment.

Provisional agenda

Thursday 29th September

11:30-12:30 – Arrival, Registration, Lunch

12:30-17:30 – Dr Joe Amaral

'The Irrational Mind: Communicating and Presenting Effectively'

How do we receive and process information

How can we improve the stickiness of our message

How to become a more impactful speaker

Why it matters

19:30 – Conference Dinner

Friday 30th September

08:30 – Arrive

09:00 – Live link to theatres and skills lab (Limbs & Things Simulators, suturing, Advanced Energy)

15:30 – Close

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

Supported by



BRITISH SOCIETY for GYNAECOLOGICAL ENDOSCOPY



MATTU,
The Leggett Building,
Daphne Jackson Road,
Guildford, Surrey,
GU2 7WG

**Registration
fee: £200**

**Strictly for
36
BSGE
members
only**

Faculty

Mr Andrew Kent

BSGE President,
Director Gynaecological
Surgery, MATTU

Dr Joe Amaral

Professor of Surgery(Emeritus),
The Warren Alpert School of
Medicine Brown University

Mrs Alison Snook

Manager, MATTU

Prof Jeremy Wright

BSGE Past President



BSGE ACN 2023

Justin Clark reports on plans for the Ambulatory Care Network meeting in Birmingham – 16th & 17th February 2023

The BSGE Ambulatory Care Network or 'ACN' is pleased to announce its 2023 meeting, which will take place in Birmingham between Thursday 16th and Friday the 17th of February. We have booked the new Edgbaston Park Hotel, which is a lovely venue right in the middle of the University of Birmingham Campus. A seven minute , regular train service from Birmingham New Street will transport you to the University station and the hotel is a ten minute walk or a short cab ride. There is parking for those of you earning enough to still be able to pay for petrol at the moment or early electric adopters!

As usual, our aim is for an enjoyable, informative and interactive meeting to share best practice in outpatient hysteroscopy and related ambulatory procedures. It's a great opportunity to keep up to date, discuss topical issues and develop quality assurance and research ideas. By the time of the meeting the updated Green Top Guideline will be published, as will the RCOG Good Practice Paper in outpatient hysteroscopy. The programme will run from Thursday lunchtime to Friday lunchtime to aid your travel arrangements and to not eat into your weekend. We will have a convivial conference meal on Thursday so be prepared to glam up! We have acquired industry support and will use these funds to subsidise the meeting, to make it attractive and accessible to everyone and optimise attendance.

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

More details will follow in due course, but save the date and I look forward to seeing as many of you there as possible.



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.

BSGE News

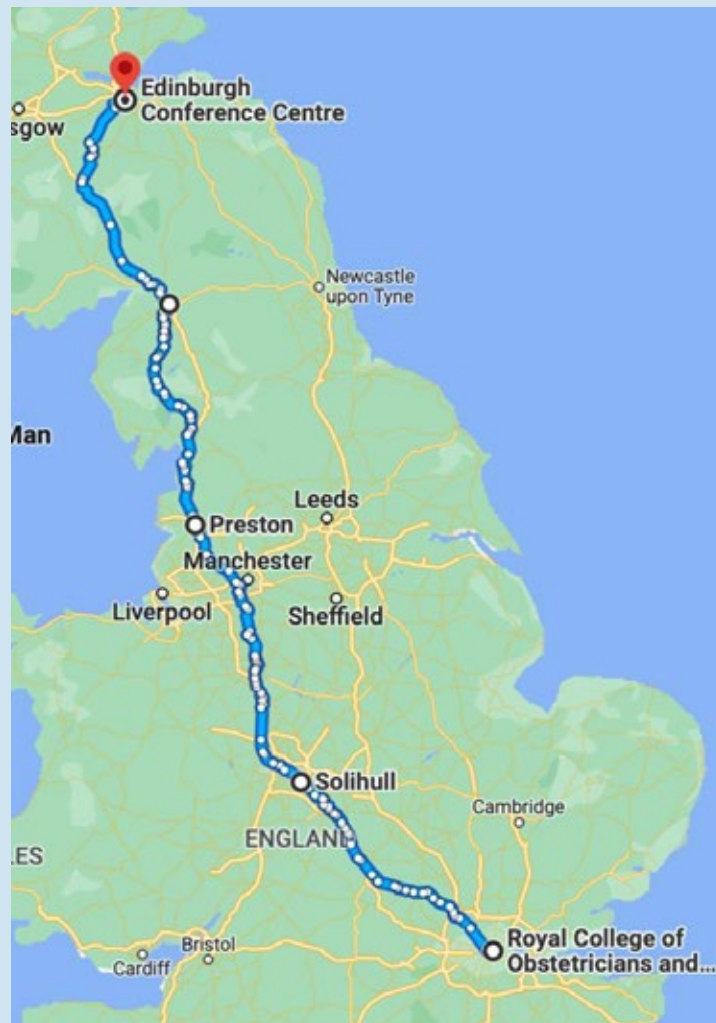


Cycle ride from London to Edinburgh for Endometriosis UK Lutfi Shamsuddin and Chris Hardwick report on a challenging cycle ride to raise money for Endometriosis UK

We are organising a fund-raising cycle ride from RCOG London to the Edinburgh, preceding the World Endometriosis Conference. We invite clinicians and industry staff to join us in this exciting cycling challenge. If you are attending WEC 2023, why not reduce your carbon footprint and cycle up to the conference? Don't forget to bring your road bike!

The ride will cover 450 miles over four days, covering between 100 and 120 miles a day. We will set off on Saturday 29th April and arrive in Edinburgh on Tuesday 2nd May 2023. We will cycle as a group up to Edinburgh, arriving in time for the start of the pre-congress meeting. As with previous BSGE charity rides, all monies raised will go directly to Endometriosis UK. The expenses will all be covered by the cyclists.

The ride will challenge cyclists to ride through England and Scotland up to the conference to raise awareness of Endometriosis. It won't be an easy ride and riders will be expected to work as a team to help reach the destination. As we are cycling in the UK, we definitely cannot guarantee the weather!



THE SCOPE Summer 2022

Riders will no doubt rise to the challenge that awaits us. By May 2023, all riders should be capable of cycling the targeted daily distances and be comfortable riding in a group. The ride will be fully supported, with vehicles carrying luggage between stop-off points. Breaks will be scheduled approximately every two hours, with fluids and fuel provided, the trip also includes accommodation en-route in a twin shared room.

The provisional planned route is:

- **Day 1:** Royal College of Obstetricians & Gynaecologist (RCOG)/Endometriosis UK, London – Birmingham 120 miles
- **Day 2:** Birmingham – Preston via Manchester 123 miles
- **Day 3:** Preston – Carlisle via Lake District - 102 miles
- **Day 4:** Carlisle – Edinburgh Conference Centre - 100 miles

Riders will be raising money for Endometriosis UK, a national charity raising awareness about Endometriosis. Industry sponsors will be offered the opportunity to donate and sponsor the ride with logos printed on custom made cycle jerseys for riders to wear on the ride. The group will welcome riders from industry if they wish to attend the ride whilst raising money for the charity. The ride is not insured and all riders ride at their own risk.

The deadline for registration is 31st December 2022.

Please email Lutfi.Shamsuddin@wales.nhs.uk or Chris.Hardwick@ggc.scot.nhs.uk for further details.



The team from the successful cycle ride from London to Celtic Manor taking in an Endometriosis Centre en route



BSGE News

BSGE Surgical Video Competition 2022

The results of the BSGE Video Competition 2022 are in. Announcing the results, Martin Hirsch, Awards and Bursaries Portfolio Chair said:

"On behalf of all the judges I'd like to start by saying how impressed we all were with the quality of submissions. The judges included representatives from all submission groups and assessed each anonymous video independently. The assessment comprised many criteria where skill was a single section. Speaking with the other judges after marking, we collectively identified themes associated with the more successful videos. We will discuss these in our forthcoming webinar on 31/8/22 to help increase the likelihood of success in future competitions."

I'd like to thank everyone again for taking the time to record, edit, and submit such high-quality videos. Please do continue to follow the Scope and the website for updates on future awards and bursaries."

The three winners in the consultant category were:

Alvaro Bedoya-Ronga

Laparoscopic Cystectomy Tricks and tips.

Natesan Gnana Sanker

MIS for Retained Foreign Bodies.

Nadine Di Donato

Da Vinci robotic surgery - bloodless hysterectomy with retroperitoneal approach.

The three winners in the doctors in training category were:

Dr Victoria Pereira (Assistant, compiled and edited video), Dr Anna Harrington (assisted video editing) and Mr Tyrone Carpenter (Surgeon)

Subtotal Laparoscopic Hysterectomy for a patient with Uterus Didelphys.

Sarah Rizeq, Vinu Das, Elias Kovoov, Jody-Ann Taylor

Laparoscopic Management of a Caesarean Scar Ectopic Pregnancy (CSP)

Cal Wilson

Laparoscopic Excision of Ectopic Pregnancy Within Rudimentary Fallopian Tube

All winners claim a certificate, a prize of £300 and, of course, the glory of winning this prestigious competition.

Members can view the winning entries in the video library on the BSGE website [here](#)



Diagnostic and Operative Hysteroscopy Meetings and Workshops

Nadine di Donato, Chair of the BSGE Hysteroscopy subcommittee reports on a joint RCOG/BSGE meeting on Thursday 13 October 2022 and workshops on Thursday 20th October 2022.

The BSGE and RCOG offer an upcoming opportunity for anyone interested in hysteroscopy. The Diagnostic and Operative Hysteroscopy meeting on 13th October will be a full day with lectures and live interactions on the latest evidence in hysteroscopy and a chance to ask questions and share your experience. On the 20th October 2022, we are running a workshop with hands-on practical training with different hysteroscopic devices.

Diagnostic and Operative Hysteroscopy Meeting

The meeting covers a range of theoretical and practical demonstrations of both diagnostic and operative hysteroscopic surgery. Lectures include 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 will be explored. There will be an emphasis on undertaking hysteroscopic procedures in an outpatient setting and guidance on how to optimise and develop such services.



Diagnostic and Operative Hysteroscopy Workshops

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

The Workshops

- Delegates will attend a diagnostic hysteroscopy and resection station. There will be also a diagnostic hysteroscopy station for developing camera skills and hand-eye co-ordination and a station for viewing examples and case studies. Resection is with either the potato or heart-model for the development of resection and endometrial ablation skills using electrosurgical tools.
- Rotation around a series of stations, covering skills for endometrial polypectomy, submucosal fibroid resection and global endometrial ablation.

You will find ample time for discussion, debate and networking throughout the course of the meeting.

Learning objectives

After completing the course, you will be able to:

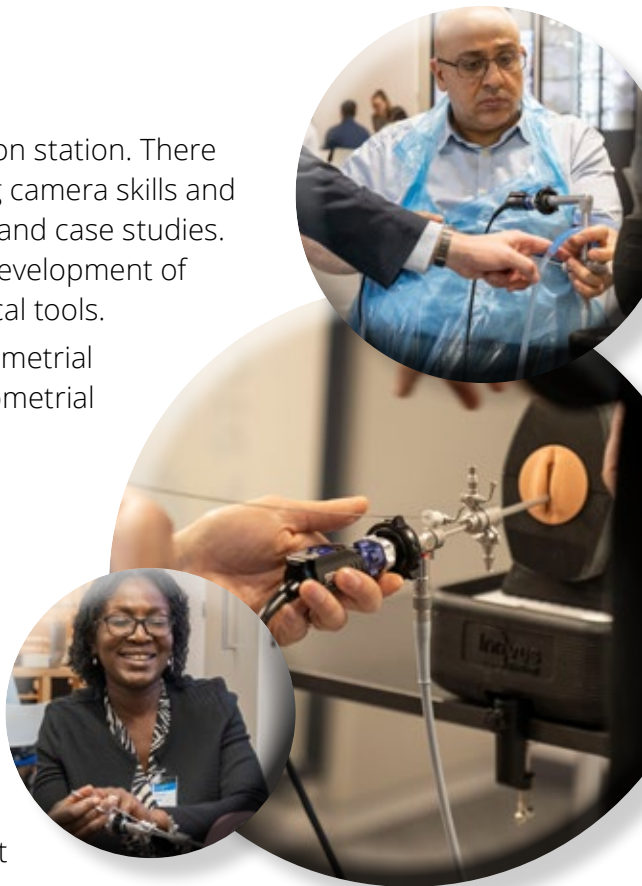
- Recognise when and why diagnostic hysteroscopy is appropriate and know how it is safely performed.
- Understand how and when to perform hysteroscopic procedures in an outpatient setting with minimal discomfort and when to stop if this cannot be achieved.
- Know the principles of setting up an outpatient hysteroscopy service and the role of tariffs.
- Understand the principles and safe use of electrosurgery for hysteroscopic procedures.
- Be familiar with various devices available for performing operative hysteroscopic procedures including endometrial resection and ablation, endometrial polypectomy, and fibroid resection.
- Be aware of the new developments in hysteroscopy and be up to date with the current research in this field

Who Should Attend?

- Trainees in Obstetrics and Gynaecology who are registered or who plan to register for the Benign Gynaecology or Hysteroscopy ATSMs
- Gynaecologists, whether Consultants, Staff Grade, Staff Doctors, Trust Doctors or Associate Specialists, wishing to enhance their hysteroscopy skills
- Nurse Hysteroscopists who are developing their operative hysteroscopy skills
- GPs with a special interest in gynaecology who wish to develop their hysteroscopy skills

Course Organisers:

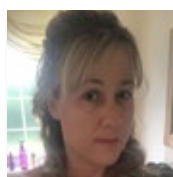
Dr Amelia Davison | Miss Nadine Di Donato | Miss Shilpa Kolhe



An Analysis of Hysteroscopic Techniques for Managing Endometrial Pathology

Wednesday, 7th September 2022 6pm (UK time)

Join us for what should be an interesting session discussing hysteroscopic techniques that can be employed to manage a wide range of endometrial pathology. We will be joined by 2 experts in the field, sharing their knowledge and experience followed by a Q&A session to end.



Moderator:
Caroline Bell

*BSGE Nurse Hysteroscopists
representative, North Cumbria
Integrated Care NHS Trust*



Moderator:
Nadine Di Donato

*Consultant Gynaecologist,
Portsmouth Hospitals
University NHS Trust*

Time, Topic and Speakers:

18:00-18:10

Intros

Moderators

18:10-18:30

**RPOC: Blind vs.
Direct Visualisation**



Mr. Pandelis Athanasias
*Consultant Obstetrician &
Gynaecologist at Epsom & St Helier
University Hospitals NHS Trust*

18:30-18:50

**The impact of MyoSure in
detecting abnormalities**



Ms. Pushpa Maharajan
*Consultant Obstetrician & Gynaecologist
at Luton & Dunstable, Bedfordshire
Hospitals NHS Foundation Trust*

18:50-19:00

**Questions &
Discussion – End**

All Panellists

Register for free HERE
(Registration Required)

Portfolio Reports

Information resources portfolio report

It's been a time of a change in the Information Resources portfolio. We have had a change of portfolio members, saying goodbye to Tom Smith-Walker and Martin Hirsch who was elected to Council. I'd like to thank them for their fantastic work on the subcommittee.

We welcome two new members - Ben Mondelli and Mo Al Kharfan. We will be looking for one further subcommittee member, please and get in touch if you're interested in joining our dynamic and friendly Information Resources team.

As a subcommittee, we continue to be busy bringing the members monthly webinars. Over the past few months we have had really well attended webinars on subjects ranging from innovations in fibroid management to tackling difficult surgical cases to the challenges facing current gynaecological trainees. We will continue to deliver this successful webinar programme on the last Wednesday of the month, usually between 6-7pm.

Look out for some great upcoming webinars on how best to maximise your BSGE membership as well as a surgical masterclass on laparoscopic colposuspension. We also have our first robotic surgical webinar planned for September, which should be really exciting. Any suggestions for topics please do get in touch.

With our two new subcommittee members on board we will be re-launching the podcast in October 2022 - BSGE Uncut. Lots of new fantastic material including an interview with the outgoing RCOG president.

We continue to grow our patient facing profile including the BSGE Instagram account @theBSGE. Please do share this with patients as we share lots of helpful videos and infograms.

Rebecca Mallick MBChB MRCOG
Chair – Information Resources



Portfolio Reports

Laparoscopic Training

I would like to welcome two new members to the subcommittee. Helen Hoyte is an ST7 trainee at Royal Stoke University Hospital and Angharad Jones who is a consultant at University Hospital of Wales



The Benign Abdominal Surgery course was held at the RCOG with a return to hands on training. It was the first in-person course since 2019. In 2020 this did not run due to the pandemic and in 2021 was held as a virtual course, so it was good to get together again. The course, with the title 'The Challenges of Benign Gynaecological Surgery' was held in May with two days of virtual lectures followed by a practical skills day focussing on 'Essential Skills for Laparoscopic Hysterectomy'

The course feedback was exceptional:

- 98.2% of delegates attending both the virtual and practical days felt the course met their personal development needs
- 96.4% felt the content of the programme was up to date

Benchmarked feedback showed that (these 2 questions showed results greater than 5% above the average score for all RCOG courses) 87.5% felt their practice would change as a result of attending the course.



Portfolio Reports

RIGS Hub National Training programme

The second programme commenced in July this year after a hugely successful pilot course in 2021/22. Over 250 delegates were offered a place on the programme, across 15 regional hubs in the UK. This programme is running this year over three full days, including basic intermediate and advanced streams occurring each day. This programme is supplemented by three educational webinars. Faculty has been recruited through the BSGE and I thank all the BSGE members who have contributed to the first session. The course is supported by our sponsors Karl Storz, Olympus, Ethicon and Meril.



If you are interested in becoming faculty for the programme, especially in the East Midlands, Thames Valley and Scotland, please contact the BSGE who can direct your interest. The subsequent dates for the hands-on sessions of the programme are 14th September and 8th November.

Donna Ghosh

Laparoscopy Training Portfolio Chair

Awards and Bursaries Portfolio Report

I am really pleased to have taken over the Awards and Bursaries portfolio following the brilliant 2022 ASM in Birmingham. Within the portfolio team we are all really excited to be able to give back to members through prestigious awards. As a society we represent senior members, doctors in training, and nurse / paramedic members. To ensure we tailor the awards and bursaries to the needs of all these groups requires internal representation.



Join the BSGE Awards and Bursaries team

The Awards and Bursaries team is seeking new subcommittee members. We are looking for representation within our committee from Doctors in Training and Nurse or Paramedic members. If you're interested in joining the subcommittee and increasing your profile within the BSGE this is a great opportunity.

The new team members will be part of a team responsible for the assessment of applications occurring two times per year. Please submit a statement of at least 250 words by email to newsletter@BSGE.org.uk telling us what you can offer and details of any experience relevant experience.

I look forward to welcoming you to our team!

Martin Hirsch

Awards and Bursaries Portfolio Chair

Nurses and Paramedics



Gilly Macdonald
Endometriosis CNS
Portfolio Chair

Endometriosis CNS Portfolio Report

The 2022 BSGE ASM and the pre-congress endometriosis CNS Education Day were very successful. We had high quality speakers at both events and the sessions were very well attended.

The CNS Education programme included sessions on fertility, medical management of endometriosis, the challenges of setting up a new nurse led clinic, the menstrual cycle, nutrition, and endometriosis and the bowel. It was great to get together in person and there was lively discussions in where Endometriosis CNS shared and discussed complex case studies.

We now look forward to the Autumn Endometriosis CNS Education Day on 20/09/2022 at the Hallam Conference Centre in London. I look forward to seeing many of you there.



Caroline Bell
Nurse
Hysteroscopists
Portfolio Chair

Nurse Hysteroscopists Portfolio Report

Again I would like to thank my wonderful sub-committee and fellow hysteroscopists for your continued support.

We have had a very busy and successful time in the Nurse Hysteroscopy portfolio. The ASM was very well received, with an excellent turnout both in person and online. This year there were more nurses presenting than ever before, which was great to see.

I am pleased to announce a breakthrough in the portfolio- the operative hysteroscopy logbook was approved. We hope it will revolutionise operative hysteroscopy training, which was previously only available through industry-run courses. It will be available to download as a PDF from the BSGE website. We are currently working towards integrating the logbook with BSGE SICS. We will run our first pre-congress operative hysteroscopy course ahead of ASM 2023 in Manchester. We then aim to run regular workshops at least annually.

The Bradford University course continues to go from strength to strength. I'd like to thank the Bradford team for their continued support for the programme. This year they have had their biggest uptake of nurses ever. I join them every year to meet the students, support their programme and let them know what the BSGE offers.

We are looking forward to the ACN meeting in Birmingham in February next year. In the meantime can I draw your attention to a map on the website which is intended to provide help and support and networking opportunities for Nurse Hysteroscopists. If you would like your details to be added please email bsge@rcog.org.uk





BSGE Survey Section

During Endometriosis Action Month (March), Endometriosis UK launched a campaign to ask for NICE guideline NG73 to be reviewed and updated

Getting feedback and views on the current guideline from healthcare professionals, will be really helpful for this campaign.

Endometriosis UK would like to know what healthcare professionals think of NICE guideline NG73 on diagnosis and management of endometriosis. If you are interested in sharing your view on the Guideline, please complete the charity's short online survey:

[Access the survey here](#)



ALSGBI survey for minimally-invasive surgical training

Matt Boal, Surgical Research Fellow at The Griffin Institute, Northwick Park, Centre of Excellence for Biomedicine and Training contacted The Scope on behalf of The Association of Laparoscopic Surgeons Great Britain and Ireland (ALSGBI).

The ALSGBI is currently running a survey to ascertain access to laparoscopic and robotic training and facilities across all deaneries in Great Britain and Ireland. The ALSBGI has reps in each deanery and RoI for general surgery but would like to improve response to ascertain differences between not only deanery and grade but also between specialties.

[You can access the survey via this Google Forms link to the survey here](#)

Thank you for completing the survey on behalf of The ALSGBI Academy.



Upcoming Events

The Scope rounds up the courses and conferences to put in your diary:

BSGE Webinar - Getting the most out of your BSGE membership...

Start Date: 31/08/2022
End Date: 31/08/2022
Where: via Zoom

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

BSGE Autumn Endometriosis CNS Education Day 2022

Start Date: 20/09/2022
End Date: 20/09/2022
Where: Hallam Conference Centre, Wigmore Suite, 44 Hallam Street, London, W1W 6JJ

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

BSGE Seniors Professional Development meeting

Start Date: 29/09/2022
End Date: 30/09/2022
Where: MATTU, The Leggett Building, Daphne Jackson Road, Guildford, Surrey, GU2 7WG

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

ESGE 31st Annual Congress 2022

Start Date: 02/10/2022
End Date: 05/10/2022
Where: Lisbon, Portugal

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

RCOG/BSGE Diagnostic and Operative Hysteroscopy

Start Date: 13/10/2022
End Date: 20/10/2022
Where: Online (13 October 2022 Workshop)
Online and RCOG, London (20 October 2022 Workshop)

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

30th World Congress on Controversies in Obstetrics...

Start Date: 24/11/2022
End Date: 26/11/2022
Where: Amsterdam, The Netherlands

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

Total Gynaecology Robotic Hysterectomy Surgery Conference

Start Date: 01/12/2022
End Date: 02/12/2022
Where: Newcastle Surgical Training Centre

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

AAGL Annual Global Congress 2022

Start Date: 01/12/2022
End Date: 04/12/2022
Where: Aurora, Colorado

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

BSGE Ambulatory Care Network 2023

Start Date: 16/02/2023
End Date: 17/02/2023
Where: Edgbaston Park Hotel, 53 Edgbaston Park Road, Birmingham B15 2RS

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

16th Gynaecological Cancer Symposium

Start Date: 03/03/2023
End Date: 03/03/2023
Where: Virtual

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

15th World Congress on Endometriosis

Start Date: 03/05/2023
End Date: 06/05/2023
Where: EICC, Edinburgh, UK

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





Noteworthy Articles

From robotic surgery to the role of gender in leadership in obstetrics and gynaecology departments Rebecca Mallick rounds up the latest papers for you to check out:

Asfour et al. Oophorectomy or ovarian conservation at the time of hysterectomy for benign disease. The Obstetrician & Gynaecologist 2022;24:131-136

An age-old debate! This article succinctly summarises all the up-to-date evidence, highlights alternatives to oophorectomy and details the potential negatives to removing ovaries at the time of hysterectomy (increased all-cause mortality and significant menopause-related morbidity). Very helpful paper to share with patients as part of pre-operative counselling and informed consent.

[Read more](#)

McGowan et al. Fantastic niches and where to find them: the current diagnosis and management of uterine niche. Facts Views Vis Obgyn 2022; 14 (1): 37-47

Great summary article discussing all the up-to-date evidence on the diagnosis and management of uterine niches.

[Read more](#)

Giudice et al. Once daily oral relugolix combination therapy versus placebo in patients with endometriosis-associated pain: two replicate phase 3, randomised, double-blind, studies (SPIRIT 1 and 2). Lancet 2022;399:2267-2269

Promising results from this multicentre randomised controlled trial recently published in the Lancet. A potentially helpful alternative medical treatment option for endometriosis.

[Read more](#)

Nobbenhuis et al. Robotic surgery in gynaecology. BJOG 2022. Epub ahead of print.

Another topic which stimulates a lot of debate – straight stick laparoscopy versus robotic surgery. This useful scientific impact paper produced by the RCOG discusses the different uses of robotic surgery in gynaecology as well as its benefits and limitations. Well worth a read especially those embarking on robotic surgery.

[Read more](#)



Mowad et al. The case for standardising robotic curriculum globally. Facts Views Vis Obgyn 2022; 14 (2): 99-102

With the exponential growth of robotic surgery in gynaecology, this interesting editorial muses on the case for standardising the training globally. Another must read for all those undertaking gynaecological robotic surgery.

[Read more](#)

Das et al. The Leadership Landscape: The Role of Gender in Current Leadership Positions in Obstetrics and Gynecology Departments. JMIG 2022;29:952-960

A topical paper highlighting the under-representation of women in leadership positions within O&G. Although this study was undertaken in the States it does highlight the overall need to further improve on diversity and gender equity within leadership roles. Important read for all.

[Read more](#)

Rafi et al. Obstetric and perinatal outcomes in women with endometriosis. The Obstetrician & Gynaecologist 2022. Epub ahead of print.

Definitely worth a read – useful summary paper highlighting the obstetric and perinatal outcomes in pregnant women with endometriosis. Will be particularly helpful in counselling women pre-pregnancy and planning antenatal care.

[Read more](#)

Baradwan et al. Prophylactic tranexamic acid during myomectomy: A systematic review and meta-analysis of randomized controlled trials. EJOG 2022;276:82-91

Nice systematic review assessing the use of tranexamic during myomectomy – its usage appears to be safe with a significant reduction in peri-operative blood loss.

[Read more](#)

Delong et al. Individualized Assessment of Risk of Complications after Benign Hysterectomy. JMIG 2022;29:976-983.

Interesting retrospective cohort study reviewing patient characteristics and the risks of operative complications following hysterectomy. Useful data to utilise in patient counselling and potentially optimise modifiable risk factors pre-operatively.

[Read more](#)

Harmsen et al. Consensus on revised definitions of Morphological Uterus Sonographic Assessment (MUSA) features of adenomyosis: results of modified Delphi procedure. Ultrasound Obstet Gynecol 2022;60:118-131

Definitely worth reading for all those interested in adenomyosis and ultrasound. In this modified Delphi study, a consensus between 13 experts on the diagnosis of adenomyosis was achieved.

[Read more](#)



BSGE Scope Team

Meet our dedicated team...



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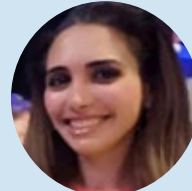
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