

ESGE VISION

Newsletter of the European Society for Gynaecological Endoscopy



ISSUE 1 – DECEMBER 2018

INSIDE

ESGE Annual Congress

Delegates from over 75 countries gathered in Vienna

News from the Special Interest Groups

New Technologies | Quality | Training and Education



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Message from the Editor



It is a great pleasure to introduce you to the newsletter of the European Society of Gynaecological Endoscopy, ESGE-VISION. The ESGE Board of Directors and the Executive Board have given me the task of starting a regular newsletter for the Society with the intention of improving the communication between the ESGE and its membership, as well as with the endoscopic community worldwide.

In this first issue of ESGE-VISION we have prepared news items from the 27th Annual Congress of the ESGE which took place on 7-10th October 2018 in Vienna. This includes an interview with the two keynote lecturers, Dr Marina Kvaskoff Professor and Arnaud Wattiez and these cover the two popular topics of endometriosis and cancer, and radicality of surgery for endometriosis. I hope the readers will find the contents interesting and helpful for their day-to-day practice.

We also have a message from our new President, Professor Grigoris Grimbizis, who has taken over from the outgoing President, Professor Sara Brucker. Professor Grimbizis gives us an overview of the mission of the ESGE and his vision for the future of the Society, during his presidency and beyond.

Professor Michelle Nisolle, Coordinator of the Special Interest Groups, has an update of their new structure, and the Chairs of ESGE Special Interests Groups have provided a summary of activities in their field and their future plans. We have a summary of the presentation by Mr Dominic Byrne, who is a member of the Advisory Board. We also have news from the two ESGE regional meetings which took place in Delhi, India and Shanghai, China, as well as a useful list of relevant future events in the field of gynaecological endoscopy.

I and my Editorial Team, including Assistant Editors Karolina Afors, Helder Ferrera and Markus Wallwiener, put the contents of this issue together in a relatively short time. I hope that it will give you some insight into the activities of the Society. We hope the contents will tempt you to take an active part in one or more of the future events.

With our best wishes for the fast-approaching year 2019!

Ertan Saridoğan
Editor, ESGE-VISION

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ESGE President's Message

It gives me great pleasure to write for the first issue of our newsletter. The ESGE has been growing extremely rapidly over the last years, establishing our Society as the leader in gynaecological endoscopy in Europe, formally recognised for that by the EBCOG, and, also, amongst the world leaders in the field.

- It has now over 5000 members, 5 Corporate and 25 National Affiliated Societies
- The annual congress is regularly attended by 1700 to 2000 participants
- High quality research work is presented at our annual congresses, attracting delegates from more than 75 countries

Scientific initiatives on crucial topics, consensus development in collaboration with other societies in topics of common interest, and classification of diseases related to endoscopic surgery, increases the reputation of the Society.

This undoubtedly successful evolution of ESGE, coming as a result of the hard work done on a voluntary basis, brings a responsibility to rethink the vision and mission of the Society, with the clear aim to continue to grow and increase its reputation for the benefit of our members.

Missions of ESGE

Medical practices, including minimally invasive surgery, owe their existence to the need for patients' treatment. Thus, the patient is at the centre of our Society's interest and improvement of surgical practices for the benefit of our patients has been and remains the strategic goal of ESGE.

'The patient is at the centre of our Society's interest'

Hence, the main mission of this Society is to improve the quality and efficacy of endoscopic surgery. Training of clinicians in endoscopic surgery aiming to improve their skills and clinical expertise, as well as educational activities to improve their scientific background are crucial to fulfil this mission.

'The main mission of this Society is to improve the quality and efficacy of endoscopic surgery'

Another equally important mission is providing reassurance of patient safety in surgical practice. Hippocrates underlined this quite early in 4th century B.C. with the apothegm "primum non nocere". A cut-off level of knowledge, skills and surgical expertise are pre-requisites for the safe performance of any procedure.



Innovations are in the 'genes' of ESGE. Endoscopic surgery per se represents a revolution in surgical treatment, changing the surgeon's way of acting and thinking as well as the patient's therapeutic opportunities. Thus, invention of new surgical treatment modalities, use of advances in technology and science to expand the borders and increase the safety of surgical treatment, introduction of innovative therapies in every day clinical practice and development of new devices are also essential components of the ESGE mission. ESGE is willing to be the leading Society in technological and scientific research, encouraging the integration of innovations into clinical practice.

Minimally invasive surgeons have to know not only how to operate but also when to operate. They have to understand the comparative advantages and disadvantages of various therapeutic options and the expected benefits from the application of the surgical techniques. ESGE will continue to encourage research initiatives and the development of recommendations in the form of guidelines or consensus for topics related to endoscopic surgery. Furthermore, scientific work on the definition and classification of diseases related to endoscopic surgery is also fundamental, providing the basis for diagnosis and management for the benefit of our patients and our members. This is also important for the scientific reputation of ESGE.

Our vision

Our vision is to further increase the value of being an ESGE member. Governance of ESGE should be clearly directed towards the accomplishment of the Society mission, putting ESGE members in the centre of its activity; the vigorous and spirited network of ESGE people is the leading force for growth and expansion.

We plan further development of the relationships with our corporate and affiliated Societies, within a common European family. ESGE could be the common place for a functional integration of national peculiarities and European incentives. To further enhance our European identity, collaboration with EBCOG, ESHRE, ESGO etc on topics of common interest is also crucial.

'The European partner in minimally invasive surgery'

In a world characterized by a rapid exchange of knowledge and experience and no scientific borders, ESGE's vision is to become the European partner in minimally invasive surgery. ESGE is global in philosophy and the development of common training and scientific activities with other international Societies is an essential part of our vision, increasing the Society's reputation worldwide.

How to go forward: the way to act

The development of a validated certification programme to evaluate the minimally invasive surgeons' expertise was a key task for many years, to fulfil ESGE's vision and mission. As a result of pioneering efforts, **GESEA programme** was developed and it is now established as the only globally validated training and certification programme. Its worldwide acceptance and distribution is the best proof of its scientific value. GESEA is the Society's tool for improving quality and efficacy of endoscopic surgery and ensuring patient safety.

Throughout the years, ESGE Annual Congress has developed as our main scientific activity, giving the opportunity for the endoscopic community and our members to expose their research and clinical work as well as to exchange experience, knowledge and new ideas. ESGE Annual Congress also proved to be the platform for networking, development of friendship bonds and having fun with international colleagues. Let's keep it as our annual "rendez-vous".

The Journal is the scientific face of our Society. Despite our efforts it seems that there are still open issues and challenges to be solved.

ESGE membership is the European passport to endoscopy. ESGE members should be well-informed and actively participating in the Society's activities. ESGE-Vision is a new initiative to establish a two-way communication with ESGE community.

With my best wishes for the festive period and the new year.

Be innovative, push the boundaries but 'primum non nocere.'

Prof Grigoris F. Grimbizis

President of ESGE

ESGE 27th Annual Congress



This year's Annual Congress took place in Vienna, Austria at the Messe Wien Exhibition & Congress Center, just beside Vienna's renowned public park Prater and its iconic ferris wheel. Together with the ESGE President Professor Sara Brucker, the Congress President Professor Heinz Kölbl welcomed 1,700 participants to his home city.

The congress brought together delegates from over 75 countries, the top five countries being the United Kingdom, Germany, The Netherlands, Italy and China – directly followed by the host country Austria.



'Holistic approach towards Women's Health – Quality Assurance and Innovation'

Under the conference motto **'Holistic approach towards Women's Health – Quality Assurance and Innovation'** this year's congress again provided a unique platform for scientific exchange, exposure to innovative new technologies and the opportunity to network with colleagues from all around the globe.



The scientific programme, managed by the congress' two scientific chairs Professor Ertan Saridogan and Professor Jörg Keckstein, covered a broad range of topics. During the four days of the congress, 500 presentations encompassed a variety of issues in eight parallel session halls. Five pre-congress courses, the Winners' day on Sunday, keynote lectures by Dr Marina Kvaskoff and Professor Arnaud Wattiez as well as hands-on training and testing sessions and the universally recognised GESEA Diploma Programme in endoscopic surgery completed the programme. This year, selected oral and video presentations were included in the plenary sessions to increase the visibility of young clinicians and their presentations. Allied technologies, including diagnostics (ultrasound and MRI) and basic science presentations continue to be regular features in the programme.



Among the congress highlights were, once again, the 3D live surgeries on Monday and Tuesday, sponsored by ESGE's institutional sponsors. Transmitted in real time via satellite from Tübingen University Hospital (Germany) and Policlinico Universitario Agostino Gemelli (Rome, Italy) parallel surgeries presented cutting-edge insights into the latest technological advancements in gynaecological endoscopy.

The industry exhibition hosted 30 stands, in which industry partners presented their latest products and research. In addition, four very well-attended lunch symposia were held in the framework of the industry exhibition.

Professors Christopher Sutton and Ertan Saridogan provided an eloquent eulogy to Dr Alan Gordon, ESGE Past President, who passed away in August 2018.

The Congress was a great success, the organisers and the Society would like to thank all participants for attending and hope that they enjoyed the meeting. We now look forward to Thessaloniki, Greece in 2019.



ESGE Honorary Memberships

Four leading clinicians were given Honorary Membership at the 27th Annual Congress. Professors Rudy Leon De Wilde, Klaus Neis, Keith Isaacson and Lisolette Mettler were given honorary membership of the ESGE in Vienna for their contribution to the Society and the world of endoscopy. They were given their certificates at the Opening and Awards Ceremony.

ESGE 27th ANNUAL CONGRESS

Laudations were given by Professor Diethelm Wallwiener, Dr Rudi Campo and Professor Sara Brucker. Professor Liselotte Mettler joined the Congress Committee as Honorary Chair and was also recognised as an Honorary ESGE Member by Professor Sara Brucker during the Congress Party on Tuesday evening.



Award winners in Vienna



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

The five awards for best abstracts were presented by Professor Attilio Di Spiezio Sardo.

Overall, more than 140 scientific posters and videos were presented in the exhibition hall from Monday to Wednesday. During the best selected poster session, on Monday lunchtime, the 40 Best Selected Posters were discussed by the presenters with the poster judges.



Dr Evelien Sandberg

Title: Surgical outcomes of laparoscopic hysterectomy with concomitant endometriosis without bowel or bladder dissection: a cohort analysis to define a case-mix variable

Ivo Brosens Award for the Best Scientific Journal Article



Dr Jan Baekelandt

Title: First 1000 vNOTES operations: prospective complication data

Maurice Bruhat Award for the Best Oral Presentation



Dr Susanne Addley

Title: Establishment and evaluation of a laparoscopic skills training programme for gynaecology trainees in Northern Ireland

Heinz Kölbl Award for the Best Poster



Dr Margaux Camus

Title: Laparoscopic repair of an intrauterine fallopian tube incarceration as complication of curettage

Lilo Mettler Award for the Best Video Presentation



Dr Alessandra Dr Cicco Nardone

Title: Laparoscopic ethanol sclerotherapy of ovarian endometrioma: a new minimal invasive procedure. Description of the technique and preliminary results

YEP Award (Arnaud Wattiez) for the Best YEP Abstract



Dr Susana Maia

Title: Training entry in laparoscopy: state-of-the-art, development and validation of a box-trainer

Award for best PHD Abstract

ESGE Vision asks... Dr Marina Kvaskoff

Dr Marina Kvaskoff gave one of the keynote lectures at the 27th annual ESGE Congress. Her talk on 'Endometriosis and cancer: how reliable is the evidence?' was one of the many conference highlights. Dr Kvaskoff is a scientist with a special interest in endometriosis and cancer at the French National Institute for Health and Medical Research (Inserm). ESGE-VISION Editor Ertan Saridogan spoke to her about her keynote address.



ES: *Dr Kvaskoff you gave the first keynote lecture at the 27th Annual ESGE Congress in Vienna. The Main Hall with a capacity of 800 people was full during your lecture. Clearly the delegates showed great interest on the subject of endometriosis and cancer link. Could you please tell us what were the main messages that you wanted to deliver in your lecture?*

MK: The main take-home message from the lecture is that the current evidence for a link between endometriosis and cancer is mostly unreliable and incomplete. There has been an interest in this link as early as in the 1940s, but still today, overall we lack robust data to be able to quantify precisely cancer risk in women with endometriosis.

Nevertheless, the most solid data that exist suggest a higher risk of ovarian cancer, particularly the endometrioid and clear cell subtypes, and of thyroid cancer, and no association with breast cancer. However, this field of research implies methodological complexities that are essential to take into account to produce robust answers, which was not possible in most previous studies. These include:

Temporality – endometriosis should precede cancer, which is ensured in prospective cohorts with long durations of follow-up.

Misclassification – endometriosis has a high potential to be misclassified in epidemiological studies, which may lead to bias.

Confounding and mediation – the link between endometriosis and cancer may be driven by common risk factors, which should be investigated in order to tease out what proportion of the link is direct, and

Robustness – most studies had important limitations that make it difficult to interpret previous findings. These complexities make discoveries in this field challenging, as failing to take them into account may lead to the wrong answers.

In addition, a key aspect that is crucial to integrate in this field – and that very few studies were able to include – is the ability to look at different subtypes. The studies that did include this information suggest that the link is likely to differ by subtype – either by cancer subtype; endometriosis was not associated with breast cancer risk overall, but positively associated with ER+ breast cancers in a US prospective cohort (published by Farland et al) or by endometriosis subtype, OMA and SPE were associated with a higher ovarian cancer risk, but not DIE in a Finnish retrospective cohort (published by Saavaleinen et al). However, extremely few studies had the ability to look at different subtypes.

Therefore, overall, endometriosis patients may be at higher risk of cancer, but the paucity of carefully-conducted studies makes it difficult to quantify this risk precisely. We need more well-designed research with validated and detailed data, particularly on subtypes, in order to minimize bias and produce clear answers.



ES: You showed new meta-analysis and data in your lecture. Do you anticipate that some of these will change the clinical practice at this stage? Is there a new message we need to give women with endometriosis?

MK: At this stage, the current data do not support change in clinical practice, such as performing cancer screening to detect tumours early or performing radical prophylactic surgery to prevent cancer in women with endometriosis.

If we take ovarian cancer for instance, the cancer for which the relation with endometriosis is the most solid in the literature, having endometriosis translates into only a slight increase in absolute risk. While 1.3% of women in the general population will develop ovarian cancer in their lifetime, only 1.8% of women with endometriosis will do so, as we published in Lancet in 2017. It's 2.5% if we consider the updated meta-analytic result, which is likely overestimated due to publication bias. This small increase does not justify systematically:

- a) Monitoring for ovarian cancer in endometriosis patients through trans-vaginal ultrasound or CA-125 measurements, which do not reduce mortality and can lead to more harm, in the form of surgical interventions in false positives, pain, anxiety, than benefit, or;
- b) Performing bilateral salpingo-oophorectomy to prevent ovarian cancer in endometriosis patients, as this procedure is associated with higher risks of cardiovascular diseases and other comorbidities. Benefits must be weighed against the risks – both procedures may lead to important harms that are not justified, considering the very low numbers at the population level.

The message we can give to women with endometriosis is that the current evidence for a link between endometriosis and cancer is mostly not reliable, and that they should not be worried about cancer solely based on their endometriosis.

Studies indicate that women with endometriosis may be at higher risk of ovarian cancer. However, their lifetime risk of getting ovarian cancer is low, at approximately 2%. As females in the general population (just because they are females) their risks of breast cancer at 12%, lung cancer at 6%, or bowel cancer at 4% are higher than their risk of developing ovarian cancer. The recommendations that can be given to them to prevent cancer are to maintain a balanced diet and a healthy weight, with a low intake of alcohol, and to exercise regularly and avoid smoking.

ES: Where do you see the knowledge gap? What do you think the future studies should target?

MK: The gaps in knowledge in this area come from the methodological characteristics of the studies that have been conducted on this link so far. What future research should target, to make discoveries in this field, is to use large samples, prospective cohort designs with long durations of follow-up, with validated cases of endometriosis, ability to control for confounding factors and assess potential mediators of the association, and to include detailed data on cancer and endometriosis subtypes; type, stage, and location of endometriosis.

This field is important, as we can gain new knowledge on endometriosis by studying its associated comorbidities (in terms of aetiology for instance) and we also need to be able to quantify these long-term health risks for women with endometriosis.

ES: You were surrounded by a big crowd at the end of your lecture. Can you give us a couple of examples of questions you were asked?

MK: Among the questions I had, I was asked if a higher cancer risk in women with endometriosis could be due to endometriosis treatment. It is possible indeed and is one of the mechanisms that could explain part of the link: endometriosis treatments for example oral contraceptives, analgesics could partially mediate the relationship between endometriosis and cancer. This should be systematically investigated in future studies to enhance our understanding of this link.

I was also asked if cancer risk would change in women with endometriosis who have a higher personal risk of cancer such as BRCA1/2 mutation carriers and what would be the recommendation in terms of clinical practice. Unfortunately, there are no data on this yet, but it will be a key question to address in the future. At present, until we know more on this topic, care decisions for women with endometriosis with particular personal risk profiles should be made based on these profiles, not based on the presence of endometriosis.

ES: It may have been unusual for you to attend a congress where all the delegates were surgeons. What was your overall impression of the congress?

MK: Since most research on endometriosis is clinical, it is not uncommon for me to meet a high proportion of surgeons in congresses where endometriosis is a topic of interest. I enjoy sharing knowledge and experience with surgeons – it usually generates quite enriching and diverse conversations. It is also very interesting for me to attend talks about surgery. I had a very good impression of the congress, it was fantastic, and I was very happy to be there. Many thanks again for inviting me!

ESGE-VISION asks... Professor Arnaud Wattiez



Arnaud Wattiez is a former President of ESGE. His work is at the forefront of technical advances in endoscopic surgery. He has developed widely-accepted techniques in the treatment of pelvic organ prolapse, endometriosis, and gynaecological oncology. Bedaya Amro and Karolina Afors spoke to him following his keynote lecture at the 27th Annual ESGE Congress in Vienna.

BA-KA: *Thank you for talking to ESGE-Vision. You spoke about economical radicalism a strategy that you adopt for the surgical management of deep infiltrating endometriosis. I was hoping to ask you some more questions on this interesting topic. Firstly, could you please elaborate on what you mean by economical radicalism?*

AW: Economical radicalism is a term that we created to define an approach that is radical towards the disease but as economical as possible with the surrounding tissue. I think that this fits with the need of the treatment of endometriosis because we know that excision is better than ablation. It is better in terms of results and symptoms; it is also better in terms of lower recurrence. On the other hand excision implies removing tissue that could lead to functional problems. In order to reduce this, we try to combine the 'radicality' with being economical, resulting in the term economical radicalism.

BA-KA: *Do you have a specific strategy you always use in the surgical management of endometriosis? If so what is this?*

AW: Yes, we have a specific strategy. In fact, over a decade we have defined a complete strategy towards patients with this kind of pathology. This consists of a general strategy, which is applied to all patients, followed by a specific strategy which is tailored to the individual patient's symptoms, pathology and objectives. The general strategy is to understand, to expose, to perform adhesiolysis, to check for vulnerable organs like the ureter and to restore the normal anatomy by the end of the procedure. Once we re-evaluate the lesion we decide what we are going to do, this is particularly relevant for nodules involving surrounding organs such as the bladder, the ureter and the bowel.

Our surgical strategy is to do what needs to be done and no more. We then return to our general strategy which involves what we call a safety check, which consists of checking the integrity of the organs like the rectum the sigmoid, the bladder the ureter. I think this is a well-established strategy which allows for good results, is reproducible, with a very low rate of complications.



BA-KA: *How do you think surgical management of endometriosis will develop in the future?*

AW: I hope that the surgical management of deep endometriosis will, if not disappear, be reduced and reserved for only very specific patients. To achieve this I think we have to be better at early diagnosis at the onset of the disease in young patients. Also to try to, if not eradicate, at least maintain these patients on medical therapy to avoid the development of the disease, until they are of an age when they wish to conceive.

I think surgical management has evolved to be more economical. By improving our knowledge of anatomy and preserving the nerves we improve the post-operative recovery for our patients. Hopefully, more and more patients will no longer require surgery.

BA-KA: *You have always been passionate about teaching. How should we train and inspire the next generation?*

AW: I think the next generation should be considered fortunate, because when we started, to be honest, we did not know a lot about the disease and we did not know how to eradicate it surgically. Over the last 30 years we have learned. Now, I think we have a good technique, a good knowledge of the anatomy and an understanding of which surgical techniques relieve the symptoms, enabling patients to have a better quality of life.

This knowledge is now well established and reproducible. We can tell our young people what needs to be done and how to do it. The first thing we should teach them is comprehensive and detailed knowledge of the anatomy. We also need to teach the specifics of laparoscopy and all the rules for dissection, for haemostasis and for the effects on tissue. This is a very clear outlook for the future and for the next generation.

News from the Special Interest Groups



Recently, all the Special Interest Groups (SIGs) have been restructured and their activities have been clearly identified. All the relevant information on the composition of the SIGs and Working Groups (WG) as well as their projects will be provided on the ESGE website very soon. It will permit all ESGE members to follow the scientific work undertaken by the society.

ESGE has a keen interest in technological innovations and the SIG 'New Technologies' chaired by Professor Sven Becker will provide information and updates to the ESGE members in the next future. It is anticipated that collaboration with engineers and industry will lead to development of novel technologies and new surgical techniques.

The role of robot-assisted laparoscopy for hysterectomy for benign conditions and deep endometriosis will be evaluated by the SIG 'Robotic Surgery' chaired by Professor Francesco Fanfani. They first intend to perform a meta-analysis and secondly design prospective trials.

Tubal infertility is frequently observed in reproductive surgery and the SIG 'Reproductive Surgery' chaired by Professor George Pados will define precise recommendations for endoscopic surgery for tubal factors responsible of infertility.

In the field of oncology, the SIG 'Oncology' chaired by Professor Liliana Mereu will create a collaborative group with both ESGO and SERG societies, in order to paint a statement on MIS radical hysterectomy.

If you are interested in participating in the scientific activities of our Society, do not hesitate to send proposals of topics to the central office.



New Technologies

Sven Becker

The ESGE-Special-Interest-Group 'New Technologies' was only recently created. Laparoscopy, endoscopy and minimally invasive surgery have always been technology-driven. Minimally-invasive surgeons have collaborated with engineers and industry to develop novel technologies, which subsequently led to new surgical techniques.

Recently, with the dawn of augmented reality and with digital surgery on the horizon, it has become clear, that traditional technology (TT) and information-technology (IT) are about to join hands to become an increasingly forceful presence in our ORs and our clinical routines.

Robotics, new IT-guided medical devices and even novel medical APPs are already changing the way we practise medicine – surgery not excluded.

How to tell apart the gadgetry from the future technologies? How to navigate in a maze of novel IT-solutions, instruments, industry-sponsored fads and practice-changing innovations?

Our group is constantly reviewing the field of technology and technological innovations, talking with the industry and medical IT-specialists, as well as basic science engineers and innovative tool-makers, to provide a monthly review for the ESGE Journal (Gynecological Surgery) as well as for the ESGE-Newsletter.

Brief overviews, with the literature available at the author's email, should give short, focused updates on what's new, what will be new, and also what will likely run into difficulties.

Collaborating with trusted industry partners, we will remain an independent arbiter of the medical technology market, one of the fastest growing global business areas, to answer the key question: Is it a future technology coming-of-age or a technological dead end?



Quality

Antoine Watrelot

Management and prevention of complication is very important in laparoscopy. It involves technical and also non-technical skills. During the Vienna meeting we presented the non-technical skills necessary for every surgeon, in order to maintain his/her calm in case of unexpected complications. Prevention is the key- and it starts with an appropriate, specific check-list.

With Professor Michelle Nisolle we have established a check-list, which has been recently approved by the ESGE Executive Committee and which will be soon available on the ESGE website.

The next congress in Thessaloniki will give an important place to quality standard of care and the prevention of medicolegal litigation. It is of utmost importance for doctors to increase their skills (technical and nontechnical) but at the same time we have to make it clear, to patients and judicial system, that complications don't mean malpractice.

ESGE has an important role to play to help members avoid litigation in the event of complications or to defend themselves successfully in the case of a claim.



Training and Education

Helder Ferera

The SIG on Training and Education is committed to improving endoscopic surgical skills worldwide, with the final goal of offering our patients better care and surgical treatment. In spite of the remarkable work already done, there are still many challenges ahead. We are working to increase the number of certified gynecological surgeons and training centres in different nations.

During recent years, we have been heavily involved (together with EBCOG) in the preparation of a European curriculum for trainees in Obstetrics and Gynecology. The ESGE educational programme is now included within the ESFEBCOG-PACT programme. PACT has been developed with colleagues from different European countries and should constitute a base document for trainees and residents all over Europe and probably extra-European nations.

This EBCOG-PACT follows the GESEA programme. PACT also delivers guidance for training at the tactical level. Examples of this include:

- Entrustment of professional activities based on a portfolio of learning experience
- Assessment and evaluation by a competence committee
- Quality management of the training institution
- Recognition by an external accreditor.

Looking forward, we plan to increase the number of didactic high-quality videos (lectures, tutorials, surgical procedures with a "step by step" description) on the ESGE platform/database. Society members should have free access to these peer-reviewed videos and we would also encourage members to send in their own videos for inclusion.

In the near future, we aim to prepare more GESEA trainers, in order to fulfill the growing demands of increasing educational and certification activities (training and certification sessions). Very soon, we will arrange a meeting for all who have the background and motivation to become GESEA trainers. Also, we are working to rise the number of MCQs in GESEA pool and to prepare new and updated lectures.

A demanding job lies ahead of us, but together, using the ideas and suggestions of our members, we are optimistic of the Training and Education SIG's function within the ESGE.



Dominic Byrne presented the largest dataset on surgical outcomes of endometriosis in Vienna



It was a great privilege to present the BSGE Endometriosis Centres' data at the recent ESGE Annual Congress in Vienna. The data are the product of a decade of hard work by the BSGE and the personal effort of over 50 BSGE accredited endometriosis centres. Surgical outcomes were presented from laparoscopic excision of severe rectovaginal endometriosis performed between 2009 and 2017 by over 150 specialist gynaecology laparoscopic surgeons.

The data presented was for 6,331 operations and was an update from the data published in BMJ Open in April (<https://bmjopen.bmj.com/content/8/4/e018924.info>). Full details of the methodology and the statistical analysis are available in the freely available BMJ Open paper. I would encourage anyone interested in the care of patients with endometriosis to read this paper, because it is the largest dataset on surgical outcomes ever published and records patient reported outcome measures in multiple centres performing laparoscopic excision of deep endometriosis of the posterior pelvis.

The data presented only included cases where deep pararectal dissection was required to excise the endometriosis. All cases were performed laparoscopically with only 0.9% requiring conversion to open surgery. The rectovaginal endometriosis commonly also affected both pelvic sidewalls and uterosacral ligaments and had a propensity for the left side of the pelvis. Two thirds of patients had obliteration of the Cul de Sac and over half had involvement of the rectal wall, with another 23% having other bowel involvement. These were severe endometriosis cases requiring complex laparoscopic surgery. Over half required bowel surgery but only 1.3% had a planned stoma, which may reflect the increasing experience with this type of surgery, and the requirement that a colorectal surgeon is part of the BSGE endometriosis centre team.



Perioperative complications (complications during the primary operative stay) occurred in 4.3% and whilst haemorrhage (>1,000mls) was the single commonest complication, it only occurred in 0.8% cases. Bowel and bladder injury occurred in a total of 1% cases and ureteric injury was recorded in 0.4% cases. Late complications (within three months of surgery) occurred in 2.5% and the combined incidence of any complication was 6.4%. Interestingly when bowel complications were examined in detail, disc resection of the bowel produced a higher complication rate (7%) than rectal segmental resection (4%)

Patients recorded their symptoms on a standardised questionnaire, prior to surgery and again at 6, 12 and 24 months after the operation. They used a Likart scale to grade, amongst other symptoms, menstrual, bowel and urology symptoms. In addition, they completed a quality of life questionnaire, at the same time intervals. The findings show that all patient symptoms significantly lessened at 6 months and remained lower 2 years post-surgery. The quality of life reported by patients prior to surgery was low (55%) but improved at 6 months (80%) and was sustained 2 years after surgery (75%). This is good news for patients who have had this surgery and an excellent reference for patient who are considering such surgery.

Finally, data were examined to see if any missing data would change the overall findings. A sensitivity analysis was performed, making missing data of lowered and lower outcome until statistical significance was lost. This showed that missing data would be unlikely to change the findings, because to do so the median score for patients who did not complete post-operative outcomes would need to be worse than their preoperative symptom scores. Consequently, the BSGE conclude that laparoscopic excision of severe rectovaginal endometriosis is effective treatment and carries a low complication rate in experienced endometriosis centres, accredited by the BSGE.



ESGE Regional Meetings – an important aspect of the ESGE Global Outreach Strategy

The European Society of Gynaecological Endoscopy (ESGE) is not only the largest European Society for gynaecological surgery, but also one of the leading societies for operative gynaecology worldwide. Offering some of the most advanced standardised training programmes (GESEA), national societies in many non-European countries have established close partnerships with ESGE to help improve surgical teaching in their respective countries.

With surgical teaching involving laparoscopic techniques and technology becoming an ever-more critical problem for our global community of gynaecological surgeons, joint regional meetings between the ESGE and national and regional societies across the world have become an established tradition. In 2018, two major conferences were organised:

ESGE Regional Meeting August 2018, Delhi, India

From August 17th to August 19th, the Delhi Gynecologic Endoscopy Society and the ESGE, in collaboration with the Association of Obstetricians & Gynecologists of Delhi and the Federation of Obstetric & Gynecological Societies of India (FOGSI) organised a large meeting focussing on all aspects of gynaecology involving laparoscopy and hysteroscopy.

Four members of the ESGE (Prof. Rudy Leon DeWilde, Prof. Sven Becker, Dr. Raj Devassy and Dr. Hugo Verhoeven) participated as representatives of our European Society, performing live surgeries, giving lectures and participating in panel discussions.



The meeting was a great success with many participants, not just from Delhi. With 20 million inhabitants in the region of Delhi alone, the Delhi Society of Gynecologic Endoscopy has more members than many societies of entire countries.

These meetings also help the ESGE to better understand the global needs of our colleagues from different cultures, working within different health systems, creating friendships at every level of our organisation.



ESGE Asia-Pacific Regional Meeting November 2018 – Shanghai, China

Between November 22nd and November 25th, 2018, The ESGE co-hosted a meeting for Chinese gynaecologists. A delegation of almost 30 ESGE members attended, including almost the entire ESGE Executive Board and lead by our current President, Prof. Grigoris Grimbizis. It was organised together with an extraordinary group of Chinese gynaecological surgeons, under the leadership of Prof. Kequin Hua (Fudan University, Shanghai).

The Asia –Pacific Meeting focused on laparoscopy and hysteroscopy. It opened with an all-day, state-of-the-art live surgery, with remarkable operations performed by Prof. Arnaud Wattiez, Prof. Marco Puga, Prof. Rudi Campo, Prof. Attilio DiSpezio Sardo and Prof. Giuseppe Bigatti, moderated by Prof. Rudy Leon De Wilde and Prof. Sven Becker.

The surgery session started a highly successful meeting. The conference served as a promotional platform for the ESGE educational GESEA-programme, which has become a tremendous success throughout China. An exciting clinical and scientific exchange of information took place, with the ESGE delegation of almost 30, including the head of the German Society of Endoscopy, Dr. Bernd Holthaus, learning at least as much from our Chinese counterparts as they did from us.

As part of a special sponsorship by the Storz Company, many young ESGE-members were able to participate. Special thanks go to Rhona O’Flaherty for putting together the ESGE group and organising the different scientific and academic venues.





News from Central Office

Rhona O'Flaherty



ESGE Central Office is a hive of activity, as always. Following on from the ESGE 27th Annual Congress, which took place in Vienna, Austria, we were busy finalising arrangements for the ESGE presence at the ESGE Asia Pacific Meeting which took place in Shanghai, from 22-25 November. Twenty-eight invited speakers represented the ESGE with lectures, live surgery, pre-congress courses and GESEA certification. This was our largest presence at a regional event to date.

From 14-17 April, 2019 we will be involved in the SASREG/ESGE/ISGE conference in Cape Town, South Africa and we are sure this will also be a great success. Other events in which we will participate will be announced on the ESGE website.

Continuous development of the pillars of the Society, supporting our members and enhancing our relationship with the growing endoscopic community are the main goals of the Central Office for 2019.

Planning the 2019 ESGE Annual Congress

Professor George Pados, President of the ESGE Annual Congress in Greece, reports on preparations for the Society's main scientific meeting:



'Primum non nocere: Maintain safety while pushing the boundaries'

From October 6th to 9th, 2019, the historic city of Thessaloniki, Greece will be the venue for the 28th ESGE Annual Congress. The theme of this Congress, *Primum non nocere: Maintain safety while pushing the boundaries*, although described in the 4th century B.C. by Hippokrates, still remains timely and has been the driving force for ESGE scientific activities and our patient-centred approach.

It has already been 14 years since the 14th ESGE Congress was organised in Athens. The Congress President Prof. George Pados and ESGE President Prof. Grigoris Grimbizis sincerely hope to repeat the success of that meeting and are proud to host you in their home city, Thessaloniki, for this year's meeting.

The scientific programme has been streamlined to offer participants high-quality, evidence-based topics from contemporary developments in various disciplines of gynecological endoscopy, for which the ESGE Annual Congress has long been known. Furthermore, live surgical sessions and GESEA certification exams will be among the innovations in the scientific program. These are intended to provide skills and help ensure better outcomes for our patients. Core workshops on hot topics in endoscopy will provide step-by-step, didactic, scientific guidance that balances innovation with quality and efficiency.

The scientific program has been designed to help delegates master skills and to share the best scientific evidence, to help choose the right endoscopic treatment for each individual woman. However, it will be difficult to resist an escape to explore the city's many beauties.

Thessaloniki is renowned for its archeological treasures and history, memorable tourist sites, warm hospitality and exciting ambience. It was first established in 316 B.C. by the General Kassandros and named after his wife, Thessaloniki, half-sister of Alexander the Great.

Thessaloniki is the second largest city in Greece and it was the most important one of the Byzantine Empire, next to Constantinople. It is full of beautiful examples of Byzantine art and architecture. The numerous monuments are undeniable witnesses of its long history, each representing different civilizations and eras. The White Tower is the symbol of the city because of its prominent position, long history and imposing architecture.

The congress venue "I Vellidis" is located in the heart of the city, close to the excellent museum of art and history, the international trade fairgrounds and the archaeology museum. The main campus of the Aristotle University, the largest university in Greece with 74,000 students, widely recognized as an active learning centre, is also located close to the Congress venue.

In the city, the past and present merge. Old taverns, ouzeries, sidewalk cafes, bouzouki halls and neoclassical buildings stand side by side with modern buildings, making a walk through the city's streets a fascinating journey. Apart from being a sophisticated and cultured town, Thessaloniki is also a good starting point for an escape to the best beaches of Halkidiki peninsula, situated nearby.

The ESGE Congress party has been always a sell-out event. With an impressive scientific programme, a historic location and social activities inspired by the warm Greek hospitality, Thessaloniki 2019 is guaranteed to offer an explosive combination.

I encourage you to attend the 28th ESGE Annual Congress. We are looking forward to welcoming you and sharing great educational and social experiences.



ESGE 28th Annual Congress

6th – 9th October 2019 · Thessaloniki · Greece

*See you in
Thessaloniki 2019!*



www.esge.org

Primum non nocere: Maintain safety
while pushing the boundaries



Ωφελειν ή μη βλαπτειν

Hippocrates, 4th century B.C.



www.esgecongress.eu



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“WE ARE WHAT WE REPEATEDLY DO.
EXCELLENCE THEREFORE IS NOT AN ACT BUT A HABIT”

ARE YOU INTERESTED IN BECOMING A GESEA TRAINER?

7 – 8 February 2019

TRAIN THE TRAINER INTERACTIVE DAY!

Entry fee €50 (to cover lunch and coffee breaks)

Limited number of places available!

ENTRY CRITERIA

- *Obstetric / gynaecology resident or board certified with special interest in endoscopic surgery and education*
- *Must be registered on Winners platform: www.websurg.com/winners/*
- *Not necessary to be already a qualified endoscopic surgeon*

Let us know if you are interested in attending
before 14th December 2018

info@europeanacademy.org



Upcoming conferences and meetings

MESGE

13th – 17th March
Belek, Antalya, Turkey

ISGE – ESGE South African Conference

April 13th – 17th 2019
Cape Town

Global Congress on Hysteroscopy

30th April – 3rd May
Barcelona, Spain

BSGE Annual Meeting

21 – 23rd May
Newport, Wales

6th International Winner's Meeting

30th May – 1st June 2019
Nice, La Colle sur Loup, France

ESHRE Annual Meeting

23rd – 26th June 2019
Vienna, Austria

PSGE 15th annual convention and 1st Regional meeting of ESGE & APAGE

14th – 17th August 2019
Shanghai, China

ESGE 28th Annual Conference

6th – 9th October 2019
Thessaloniki, Greece

21st ESGO Conference

6th – 9th October 2019
November 2nd-5th 2019
Athens, Greece

48th AAGL Global Congress

9th – 13th November 2019
Vancouver, Canada

ESGE-Vision Editorial Team



Editor
Ertan Saridoğan



Assistant Editor
Karolina Afors



Assistant Editor
Helder Ferrera



Assistant Editor
Markus Wallwiener

ESGE-VISION wants to represent the interests of Society members.

Anyone who would like to share ideas for articles, interesting images or other items should submit them to the central office at centraloffice@esge.org.



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🏠 Diestsevest 43/0001 3000 Leuven, Belgium

☎ +32 (0)16 629.629

📠 +32 (0)16 629.639

✉ centraloffice@esge.org

www.esge.org