

# E<sup>SGE</sup> VISION

Newsletter of the European Society for Gynaecological Endoscopy



**ISSUE 10 – DECEMBER 2023**

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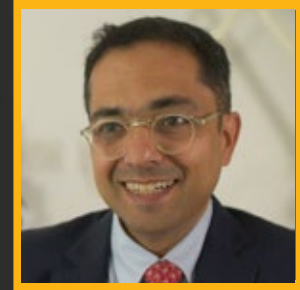
**News From ESGE Special Interest Groups**

**And much more...**



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## Message from the Editorial Team



Dear friends and colleagues,

As we say goodbye to 2023, it is that time again to look back, reflect, think about where we are headed, and maybe even decide on yet another New Year's resolutions we are famous for breaking! We hope you would put- even if it is at the bottom of that new year's resolution list- contributing to your society's newsletter and planning for the abstracts you or your team will submit for ESGE 2024.

It has been an eventful year. We have seen terrible conflicts and loss of innocent lives around the world at the same time as we have witnessed some unbelievable advances in technology in general and artificial intelligence in particular. The future will be very different, for sure. Let's hope it will be better.

Also, in 2023, India overtook China as the most populous country in the world, NASA announced the names of the people they are sending to the moon and ESGE had another successful Congress with more than 1,900 participants in Brussels. Granted, it may not be the same as sending people to the moon but it can't have been easy to pull off so successfully.

In this 10th issue of ESGE vision, you can read all about what went on in Brussels, see what some of the Special Interest Groups within ESGE have been up to, see some interesting surgical images, read the gist of recently published noteworthy articles in our field and hopefully put the dates in your diary for ESGE in Marseille.

After a year of hard work, we all deserve some downtime to relax and recharge. Here's to good health for you and your loved ones, and may the new year bring us all happiness, health, low complication rates and smooth sailing in our professional endeavours. Enjoy the festive season, stay safe, and let's make 2024 another year to remember for all the right reasons.

**Shaheen Khazali**

Associate Editor, ESGE-VISION



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## ESGE 32nd Annual Congress in Brussels

Preparations for the ESGE 32nd Annual Congress (ESGE 2023) took an unexpected turn when the initially planned venue in Nice, France announced its demolition for the beginning of 2023. However, a timely replacement was secured at the BRUSSELS EXPO in Belgium – a new host venue, albeit in a familiar city where the Congress had previously taken place in 2014 and 2016.



Embracing the theme “Create history by shaping the future”, the Congress brought together 1,900 participants, including faculties and exhibitors from 81 countries. In this four-day event, the Congress provided great educational experiences and networking opportunities.



The President of ESGE, **Professor Benoit Rabischong**, the Congress President, **Professor Michelle Nisolle** along with the scientific chairs, **Professor Attilio di Spiezio Sardo** and **Professor Vasilios Tanos** created an ambitious scientific programme which complemented by industry partners who showcased and shared their latest developments and innovations.





The inaugural day of the Congress, which was Sunday, commenced with a remarkable turnout and enthusiastic engagement in the programme. There were parallel rooms featuring both their **hands-on and theoretical pre-congress courses**, the **Belgian Day**, **live laparoscopic and robotic cadaveric dissection demonstration transmissions** and the **Winners Day**. During the lunchtime interlude, participants gathered for the Hysteroscopic Surgical Tutorial, kindly sponsored by ESGE's principal sponsor Hologic. The day concluded with a Welcome Reception in the exhibition area, fostering a social and interactive atmosphere, setting a positive tone for the remainder of the Congress.



Over the subsequent three days, the Scientific Programme unfolded with a diverse array of **plenary sessions, Best Selected Abstracts, Videos, ePosters and PhD Abstracts sessions as well as Free Communication Sessions** which covered a comprehensive spectrum of topics. There were two captivating **keynote lectures**, one presented by **Professor Marie Madeleine Dolmans** on Monday following the Opening Ceremony and the other delivered by **Professor Michel Canis** on Wednesday morning, both highlighting the underlying essence of the Congress motto. Furthermore, there was a great interest in the **GESEA Certifications level 1 and 2** as well as the **GESEA Robotics Hands-on Training courses** which took place on Monday and Tuesday.



Monday's Opening Ceremony, held in the main auditorium and chaired by the ESGE President and the Congress President, received a warm reception. The ceremony began with welcoming addresses from **all members of the congress committee team**, followed by a very personal laudation from Dr. Rudi Campo who awarded of honorary ESGE membership to **Professor Stephan Gordts**. Additionally, **Professor Ertan Saridogan** expressed heartfelt appreciation for **Professor Willem Ombelet**, the outgoing Editor-In-Chief of FVVO (Facts, Views and Vision in Obgyn).





There were nearly **300 ePosters** and **approximately 60 videos** which were presented across **16 interactive stations** at various locations throughout the venue. The dynamic presentation format allowed some abstract submitters to present their work to the ESGE faculty during the coffee breaks.

The main auditorium showcased **three live surgery sessions**, kindly sponsored by the principal sponsors of ESGE, **Intuitive, Karl Storz, and Medtronic** with real-time transmissions coming in from **5 different sites across Belgium** where cutting edge insights into the latest technologies and advancements in gynaecological endoscopic and robotic-assisted surgery were demonstrated.

The overall success of the Congress was bolstered by the active participation from **34 industry partners** in the **ever busy exhibition hall** and **10 sponsored industry symposia**. There was a high level of on-site attendance, providing pivotal platforms for knowledge dissemination and professional dialogues.

A highlight for the participants away from the congress activities was the *ESGE Club Night* held at the vibrant *Bloody Louis* club which provided the participants with a delightful opportunity to socialise and unwind, thus adding a touch of relaxation to their overall experience.



The Congress ended with the **Awards & Closing Ceremony**, held once again at the **ESGE Booth** within the exhibition hall. This was attended by many who raised their glasses to toast to the success of the conference. Master of ceremonies, **Prof. Attilio Di Spiezio Sardo** presented a lineup of awards for the **best abstracts** as well as **one Level 2 MIGS diploma**. Editor-in-Chief of Facts, Views and Vision Journal, and President-Elect of ESGE, **Professor Ertan Saridogan** presented the **Best Scientific Journal Article Award**. The ESGE President, **Prof. Benoit Rabischong** along with 2023 Congress President, **Prof. Michelle Nisolle** extended a heartfelt invitation for all to join the forthcoming **ESGE 33rd Annual Congress in Marseille, France at the end of October** next year. This marked the perfect conclusion to a successful event.

We would like to sincerely thank you for joining us at the ESGE 32nd Annual Congress in Brussels!

We truly appreciate your involvement with your participation, dedication, scientific work and input.

Together, we create history by shaping the future!



**Click to watch the highlights  
of the Congress.**

ESGE Past Congresses: <https://www.esgecongress.eu/past-congresses>





# ESGE 33<sup>rd</sup> ANNUAL CONGRESS

27<sup>th</sup>–30<sup>th</sup> October 2024



## ESGE 33rd Annual Congress

We are delighted to invite you to the ESGE 33rd Annual Congress, which will be held from October 27th to 30th, 2024 in Marseille, France. This captivating city, with its rich history and cultural heritage, provides the perfect setting for this esteemed event.

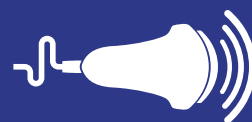
The Congress promises to be an exceptional gathering, with an ambitious Scientific Programme that covers all aspects of gynaecological endoscopy. It offers the opportunity to explore the latest innovations and technological advancements in the field.

During this unmissable event, you can look forward to a diverse range of engaging activities. These will include insightful Pre-Congress courses, highly valuable lectures, interactive sessions, and plenty of networking opportunities.

We look forward to welcoming you to Marseille for the ESGE 33rd Annual Congress, where scientific excellence meets the charm of a vibrant city.

**ESGE Congress Website:**  
<https://www.esgecongress.eu/>

# THE PERFECT MATCH SONOGRAPHY AND SURGERY FOR ENDOMETRIOSIS



**SAVE THE DATE**

**27 JAN  
2024**

**ONLINE  
COURSE**

**08:45 -17:00 CET**

**€150,00 + VAT**

## Scientific committee:

- G. CONDOUS | ISUOG | AU 
- J. KECKSTEIN | ESGE | AT 
- E. SARIDOGAN | ESGE | UK 
- G. HUDELIST | EEL | AT 
- H. KRETEL | EEL | DE 

## SPEAKERS:



G. HUDELIST



J. KECKSTEIN



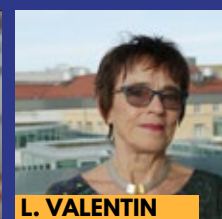
G. CONDOUS



A. WATTIEZ



S. GUERRIERO



L. VALENTIN



T. VAN DEN BOSCH



D. JURKOVIC



A. DI GIOVANNI



M. SEYER-HANSEN



M. MALZONI



H. KRETEL



G. GRIMBIZIS



T. TELLUM



E. SARIDOGAN



M. NISOLLE



B. RABISCHONG



W. FROYMAN



G. SZABO



H. FERREIRA



C. EXACOUSTOS



A. BOKOR



**Click To Enroll**

*\*Limited places*







📅 27 January 2024 | ⌚ 08:45 -17:00 CET

## 8:45 | WELCOME AND INTRODUCTION

G. Condous (ISUOG), G. Hudelist (EEL),  
J. Keckstein (ESGE)

## 9:00 | WHAT INFORMATION DO SURGEONS EXPECT FROM THE ULTRASOUND?

A. Wattiez

## 9:15 | WHAT DOES ULTRASOUND OFFER TO THE SURGEON?

G. Condous

## 9:30-10:45 | WHAT ARE WE LOOKING AT ? – DESCRIPTION AND CLASSIFICATION OF DEEP ENDOMETRIOSIS AND ADENOMYOSIS

Chairs: E. Saridogan, S. Guerriero

### •Terms and definitions for description of disease – the IDEA protocol

L. Valentin, 20min

### •Terms and definitions for describing adenomyosis – the MUSA criteria

T. Van Den Bosch, 20min

### •The #Enzian classification – a simple way to describe endometriosis in sonography and surgery

J. Keckstein, 20min

**Discussion**  
15min

## 10:45 -12:00 | THE ANTERIOR COMPARTMENT

Chairs: A. Bokor, D. Jurkovic

### •Surgical landmarks of interest

M. Seyer-Hansen, 15 min

### • Bladder and ureteral endometriosis – features and variants

A. Di Giovanni, 20 min

### •Urinary tract endometriosis: what information do I need from ultrasound and how does it affect surgery?

M. Malzoni, 20 min

**Discussion**  
20min

## 12:00 – 13:00 | ADENOMYOSIS

Chairs: G. Grimbizis, H. Krentel

### •Surgical landmarks of interest

G. Grimbizis, 15 min

### •A disease with many faces – diagnostic pitfalls

T. Tellum, 20 min

### •Surgery for adenomyosis based on sonography – indications and various techniques

H. Krentel, 20 min

## 14:00-15:00 | ENDOMETRIOSIS AND THE OVARY

Chair: TBC

### •Surgical landmarks of interest

B. Rabischong, 15 min

### •Ovarian endometriosis – features, variants and the use of risk models

W. Froyman, 20 min

### •Surgery for ovarian endometriosis– how sonography guides my practice and what you need to consider

E. Saridogan, 20 min

**Discussion**  
5min

## 15:15- 16:30 | THE POSTERIOR COMPARTMENT: VAGINA, USL, PARAMETRIUM AND BOWEL

Chairs: M. Nisolle, G. Szabo

### •Surgical landmarks of interest

H. Ferreira, 15 min

### •USL, Parametrium and Vagina, a sonographic challenge

C. Exacoustos, 15 min

### •Colorectal endometriosis – features and variants

G. Condous, 15min

### •Surgery for colorectal endometriosis – how sonography guides my practice

G. Hudelist, 15 min

**Discussion**  
15min

## 16:30 –16:45 | THE BENEFITS, LIMITATIONS AND CHALLENGES OF SONOGRAPHY AND SURGERY COLLABORATION – VIEWS OF THE SURGEONS AND ULTRASOUND SPECIALISTS

16:45 - 17:00 | CLOSING



## Obituary

# Dr David Redwine

By Professor Jeremy Wright

David Redwine, who was in the forefront of the movement to treat endometriosis by excision of all endometriotic plaques, in the 1990's and early 2000, when the popular treatment was by laser ablation or electrosurgical coagulation died suddenly at home on 23rd. October 2023.

At a time when operative laparoscopy was in its infancy, laparoscopic single chip cameras were primitive and light sources poor, David developed a straightforward technique that allowed him to excise endometriotic lesions simply, using an operating laparoscope, with direct vision, operating with a pair of operating diathermy scissors through the scope and a minimum of other instruments that were placed through 2 lateral ports. He was the only surgeon in the operating room who could see what he was doing, which possibly allowed him to push the barriers of surgical possibility without censure by others in the room. Latterly he video recorded all his surgical procedures so he could review them at leisure and developed a library of the manifestations of the disease and how they were excised. David combined complete excision of all identifiable endometriotic deposits, with histological confirmation and meticulous pelvic mapping and this allowed him to identify atypical forms of endometriosis, especially small clear cystic lesions on the pelvic peritoneum. David's surgical note always included a detailed sketch of the pelvis identifying both the nature and site of all the lesions that he had excised. He also led the way in developing a database of all his patients which included recording symptoms and their severity on a Likert scale together with the clinical and operative findings. Repeating the pain scales at intervals post-operatively allowed him some measure of assessing the efficacy of this treatment. This was the forerunner to the BSGE database for infiltrating endometriosis.

Using data from this database he wrote a seminal paper 'Laparoscopic treatment of complete obliteration of the cul-de-sac associated with endometriosis; long term follow up en-block resection' published in Fertility and Sterility in 2001.

David published prolifically on all aspects of endometriosis and took a particular interest in not only the surgical management of endometriosis but also its origin and was one of the first to question the dogma of the time that endometriosis was, according to Sampson, a renowned gynaecologist in the 1920's, caused by retrograde menstruation. In this he took on the gynaecological establishment of the time, not only in the United States but across the world arguing coherently and persuasively at international meetings and in monographs that there had never been, nor was there any evidence of implantation of shed endometrium. In this belief he was always rowing against the tide and became a 'left field' figure but was a great communicator whose presentations were enlivened by humour, elegant photographs, photomicrographs, and well-presented hard data. It is only in the last few years with the development of specific antigen histological stains that endometriosis is being identified as having an association with the laying down of secondary Mullerian tracts in embryotic life. Something that David identified as Mulleriosis, in a publication in Reproductive medicine in 1988.

David was a Texan born and raised in Fort Worth, graduating from Stamford University in 1970 and qualified MD from Baylor College of Medicine in 1973. He specialised in Obstetrics and Gynaecology; his specialist training was at the University of Oregon Health Sciences Centre in Portland. He set up his practice in 1978 in the small town of Bend on the east side of the Cascade Mountains, stunning beautiful, dry and with a ski resort.



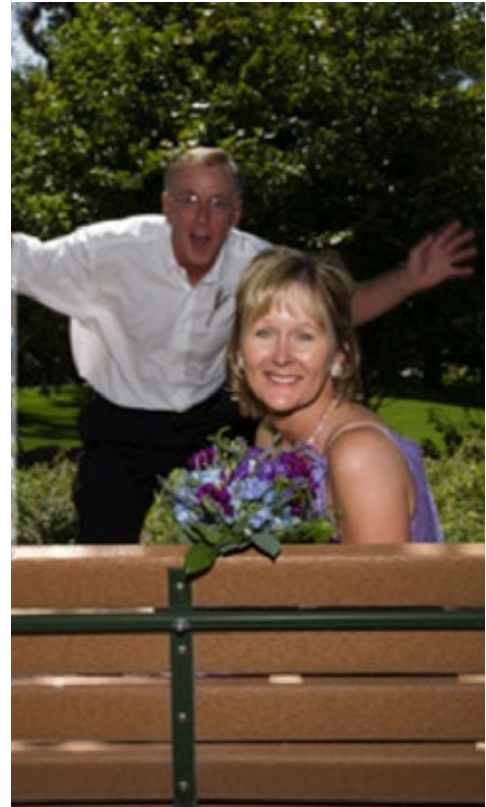


His first wife, Debbie was plagued with lower abdominal pain, and it took a while for her to get a diagnosis of endometriosis. The largely medical treatments she was offered were both ineffective and unpleasant and this piqued his interest in endometriosis. He read widely about the disease and by 1979 realised that the most effective treatment for the disease would be by complete excision, which he initially practiced by laparotomy until he developed his laparoscopic techniques. As his reputation spread patients travelled from around the world to his practice and he was invited to operate and teach in international centres, accruing experience of over 3,000 cases 900 of whom had intestinal disease. He gave of his experience and knowledge freely and engaged in debate without rancour despite angry personal attack by those who questioned his theories. He was always open to visitors who came to watch his techniques, particularly a band of reprobate British endometriosis surgeons who made the journey across the pond and the prairies to debate, watch his work and ski the Cascades with him. He was a delightful host.

Throughout his professional life he worked at Saint Charles Hospital in Bend where he instigated the Oregon Institute of Endometriosis which offered holistic care to his many patients who had emotional traumas as well as chronic pain and devoted his life to the study and treatment of endometriosis. He retired from clinical practice before he really wanted to following a dispute with the hospital but continued to contribute to conferences and the literature, attending the World Endometriosis Society congress in Edinburgh earlier this year. In his retirement David produced a magnum opus Googling Endometriosis: the lost centuries, looking at the history of the disease and a bible for those interested in the history of this seemingly intractable problem. In later life he moved to the warmer climes of Phoenix Arizona where he continued to study the disease in between rounds of golf in which he maintained a respectable handicap.

David leaves behind his charming second wife Laurie, a stalwart lover, friend and supporter and a delightful hostess to all of us that visited, and his two children from his first marriage, Kevin, and David. He also leaves behind many colleagues and friends who have learnt from him and valued his friendship and his clear logical understanding of a disease that continues to trouble many thousands of women today. An icon to truth and a pioneer of surgical therapy, he will be sorely missed but is worthy of a place in the pantheon of great gynaecological surgeons.

Byron David Redwine 18th September 1948 – 23rd October 2023  
Gynaecologist.



# Tributes to David Redwine



*"When I think of David Redwine, I think of the pioneer who blazed a trail in advanced endometriosis surgery, despite the technology and knowledge of 30 years ago. I think of the man who defended his convictions without mincing his words, at the risk of angering his peers. I think of the battle of ideas that he tirelessly led against the treatment of endometriosis with Leupron, against Simpson's reflux theory, against robotic surgery, which preached excision above all else... Finally, I think of the days spent together in Bordeaux in June 2022, which brought us even closer, when the two surgeons passionate about endometriosis gave way to two dads who were fighting the battles of their lives against their children's illnesses. Life didn't give us time to write the article you wanted together, but you never needed articles to be great."*

**Horace Roman**



*"David had this knack for thinking outside the box, delivering his points with a kind of wit that just clicked. Chatting with David was always a bit of a brain workout – he really made you think, always challenging the norms. Even when you didn't agree with him, you would respect his conviction and his passion."*

*I remember listening to one of David's lectures more than 15 years ago. I can't recall what he said but the feeling of being totally inspired is still vivid. I remember that after the lecture I read everything he had published till then.*

*My last piece as editor of The BSGE newsletter was interviewing him back in 2018. He shared his personal connection to endometriosis and how he managed to make big strides with basic technology and how he persevered despite all the resistance."*

[Click here](#) to read the full interview

**Shaheen Khazali**



*"David was a good friend. I was with him on his belief that Sampson was wrong, but I did not buy into extensive excision of normal tissue. White fibrosis was what I looked for and excised on the site. I went out to Bend Oregon to see him operate, and on day one we went white water rafting, and day two he took me climbing up an impossible slope. Day three I went home. I will miss him."*

**Harry Reich**





**Vasilios Tanos MD PhD**  
Prof in Obstetrics and  
Gynaecology, University of  
Nicosia, Cyprus  
GESEA Chair

## The impact of GESEA training in MIGS to minimise complications

Minimally Invasive Gynaecological Surgery (MIGS) is a surgical approach that utilises anatomical landmarks and specialised instruments for gynaecological procedures, such as hysterectomy, myomectomy, and treatment of endometriosis. The goal of MIGS is to optimise surgical results through enhanced visualisation and magnification, reduced complications and faster recovery times compared to traditional open surgery.

Comprehensive training in MIGS is crucial to minimise surgical complications. Surgeons proficient in MIGS techniques are better able to perform procedures with precision, thus reducing the likelihood of complications such as bleeding, infection, and injury to surrounding tissues. In addition, should a complication occur, they are better equipped to manage them. The impact of training in MIGS is evident in the improved outcomes for patients undergoing these procedures. Furthermore, the skills acquired through MIGS training can also have broader benefits for surgeons, as they can be applied to other types of surgeries as well. As such, it is important for surgeons to receive comprehensive training in MIGS techniques to ensure they are equipped to perform these procedures with precision and skill.

Certification of skills in Minimally Invasive Gynaecological Surgery (MIGS) can significantly improve the performance and outcome of surgery, as well as patients' safety. Several ways in which the certification can positively impact the field include:

- 1. Standardisation of training:** Certification ensures that surgeons undergo standardised training in MIGS. This training can include both didactic and hands-on components, and ensures that surgeons possess the necessary knowledge and skills to perform these procedures safely and effectively.
- 2. Improving patient outcomes:** Certified surgeons are more likely to achieve better patient outcomes. They are more familiar with the latest techniques and technologies in the field and can apply this knowledge to achieve better surgical outcomes for their patients.
- 3. Enhancing patient safety:** Patients who undergo surgery performed by certified MIGS surgeons can be assured of higher levels of safety. This is because certified surgeons are required to adhere to strict safety protocols and standards, and they have demonstrated their ability to perform these procedures without complications.
- 4. Encouraging ongoing professional development:** Certification requires ongoing professional development, ensuring that surgeons stay up-to-date with the latest advances in MIGS. This ongoing education can not only improve the quality of patient care but may also contribute to further improvements in surgical outcomes.

In conclusion, certification of skills in MIGS ensures that surgeons have undergone standardised training, demonstrated competence in performing MIGS procedures, and continue to engage in ongoing professional development to remain abreast with the latest advances in the field.

GESEA Programme Website: <https://gesea.eu/>

## News From ESGE Special Interest Groups



**Jörg Keckstein**

PROFESSOR, University Ulm,  
Germany.

CONSULTANT, University  
Tübingen, Germany.

Certified Endometriosis Centre  
–Ord. Dres. Keckstein Villach,  
Austria.



**Ertan Saridogan**

Professor of Gynaecological  
Surgery, University College,  
London.

Consultant in reproductive  
medicine and minimal access  
surgery at University College  
London Hospitals NHS  
Foundation Trust.

### The ESGE Endometriosis Special Interest Group Presents:

### The Perfect Match: Sonography and Surgery for Endometriosis

#### An online course for gynaecologists, radiologists, sonographers – 27 January 2024

There have been substantial developments in the field imaging for endometriosis and adenomyosis, playing a pivotal role in both diagnosis and assessment of disease extent. Consequently, imaging has become an essential component of endometriosis/gynaecology services. The two main imaging modalities employed in this context are transvaginal ultrasound examination (TVUS) and magnetic resonance imaging (MRI). Whilst MRI has excellent value for both diagnosis and determining the extent of endometriosis, it is more difficult to access and is more expensive compared to the more widely available TVUS. Many gynaecologists are proficient in performing detailed ultrasound examinations themselves, making TVUS a practical choice.

Detailed ultrasound examinations are expected to have an impact on the often cited 'delayed diagnosis' of endometriosis. Equally noteworthy is the ability of the TVUS to provide a detailed description of endometriotic lesions including their location, size and their relationship with adjacent pelvic structures. This information is invaluable in surgical planning, particularly for deep endometriosis and ovarian endometriomas.

Recognising the pivotal role of ultrasound in endometriosis, The European Society for Gynaecological Endoscopy (ESGE) Endometriosis Special Interest Group has collaborated with the International Society of Ultrasound in Obstetrics and Gynecology (ISUOG) and the European Endometriosis League (EEL) to organise an online course entitled 'The Perfect Match: Sonography and Surgery for Endometriosis'. This course will take place on 27 January 2024 and is intended to be repeated at regular intervals in the future. The first course in January will be led by the ESGE and the Scientific Committee consists of George Condous (ISUOG), Gernot Hudelist (EEL), Joerg Keckstein (ESGE), Harald Krentel (EEL) and Ertan Saridogan (ESGE).

The scientific programme will cover the following topics: What information the surgeon expects from ultrasound and what ultrasound offers; description and classification of endometriosis and adenomyosis; assessments of the anterior and posterior compartments; and assessment and surgery for endometriosis of the ovaries, urinary and gastrointestinal tracts, uterosacral ligaments and parametrium. These presentations will be given by world renowned authorities in their respective fields and there will be ample time allocated for online discussions.

The ESGE will use its hi-tech platform to host the meeting which have previously been successful in facilitating online meetings and webinars.

[Joint Online ESGE | EEL | ISUOG Course Registration](#)

Detailed information of the programme and registration can be found on the ESGE website or using the following link:

[Joint Online ESGE | EEL | ISUOG Course Programme](#)



# News From ESGE Special Interest Groups



**Professor Helder Ferreira**

## The Education and Training Special Interest Group

The Education and Training Special Interest Group (SIG) of the European Society for Gynaecological Endoscopy (ESGE) has been working hard to advance the quality of training offered to gynaecological endoscopists worldwide and provide increased certification opportunities.

The group has published several articles in the ESGE's official journal, Facts Views and Vision, including "Surgical Steps of Total Laparoscopic Hysterectomy Part 1: Benign Disease" (PMID: 31824631) and "Simulation and Training of Gynaecological Skills" (PMID: 30510664).

The group introduced the YEP-EXCHANGE programme, first launched in Portugal in 2022 and was subsequently organized in Belgium this year. The ESGE-YEP Exchange brings together trainees from across Europe to improve standards, promote training, and encourage research and information exchange in gynaecological endoscopy.

The SIG has also played a pivotal role in the development of the ESGE fellowship programme by establishing a structured learning and certification programme called the GESEA Educational Programme. This Programme, aligning with the Training and Evaluation Guidelines of the ESGE, is held in an educational centre equipped with all diagnostic and therapeutic options for the optimal diagnostic and therapeutic approaches for patients with gynaecological diseases. The Programme will be involved in a pilot European Fellowship Programme (ESGE Fellowship Pilot Programme) involving three other central European Training Centres.

In February 2023, the SIG organised an online webinar on a step-by-step approach to becoming a Minimally Invasive Gynaecologic Surgery (MIGS) expert, following the GESEA programme pathway and was well-attended with more than two hundred participants and received very positive feedback.

The SIG has actively collaborated on the GESEA4U Programme, which is a two-year project initiated in February 2023. This project brings together 16 partners from 8 European countries and is partially supported by the European Union. The main aim of this project is to standardise and expand the GESEA training already offered to surgeons in the existing 12 GESEA Diploma Centres to meet the training needs of other healthcare professionals, including nurses and supporting non-clinical staff.

The Education and Training SIG has also participated in the European Board and College of Obstetrics and Gynaecology (EBCOG) Project for Achieving Consensus in Training (PACT) by supporting several chapters on surgical education. PACT is a pan-European training curriculum aimed at elevating the quality training and ensuring optimal healthcare for women and their babies. It is developed by a team of medical specialists and trainees from all across Europe by sharing experiences and expertise. The PACT training curriculum outlines the end terms of training for gynaecologists across Europe and provides a structure to design PACT training programmes on a local basis by developing guidelines for simulation training, entrustment, quality assessment and faculty development.

Looking ahead, the group is actively developing recommendations to minimise complications in minimally invasive gynaecological surgery. Other plans include strengthening collaboration in the GESEA Programme, organising the next YEP-Exchange programme in France, and consolidating the ESGE fellowship programme.

The ultimate goal of the Education and Training SIG is to improve surgical practice and women's care, not only in Europe but also worldwide.





## News From ESGE Special Interest Groups



Dr Ursula Catena

### International Intersociety Project

ESGE is part of an important international Intersociety project for the evaluation of the uterine cavity in patients with abnormal uterine bleeding (AUB).

In the last few years, many studies have increasingly emphasized the role of hysteroscopy as a first-line tool in the diagnostic and therapeutic work-up of AUB. Whilst the initial evaluation of the uterine cavity with transvaginal ultrasound in cases of AUB is still performed, the use of hysteroscopy as a primary examination of AUB has now gained wide acceptance in clinical practice.

In fact, in addition to its diagnostic capabilities in evaluating the uterine cavity, hysteroscopy also enables target-eye biopsies and concurrent treatment of intrauterine pathologies during a single procedure. However, there is limited data on the benefit of routine use of hysteroscopy in women with AUB. There are no prospective randomized controlled trials (RCTs) that confirm the utility of routine use of first-line hysteroscopy in women with AUB, thus making it difficult to derive specific guidelines.

ESGE is now part of an International Initiative to establish a consensus statement on this topic. ESGE is working in close collaboration with the American Association of Gynecologic Endoscopy (AAGL) and the Global Community of Hysteroscopy (GCH) to formulate an evidence-based statement on the role of hysteroscopy in the evaluation of patients with AUB. The ultimate goal will be to establish a set of relevant practice guidelines, based on the identified evidence.

This important initiative is the first of its kind to unite the important findings of the different experts in the field of AUB diagnosis in the sense of a goal-oriented interdisciplinary consensus building. This initiative paves the way for significantly improved patient centric health care.

### ESGE Hysteroscopy SIG Survey

The survey: "Hysteroscopic Approach to Intrauterine Pathologies" was presented last October, during the ESGE/GCH session of the ESGE Congress in Brussels.

The survey is carried out by the Hysteroscopy Special Interest Group of the ESGE and was designed to understand the practices of gynaecologists in the approach of intrauterine pathologies and to evaluate the management, the therapeutic strategies and the surgeons' familiarity with various surgical techniques.

This survey is driven by the global variations in diagnostic and therapeutic approach in treating intrauterine pathologies. As this survey seeks valuable insights from the gynaecological community worldwide, your participation is greatly appreciated.

Your participation involves completing an online questionnaire using SurveyMonkey, which takes approximately 10 minutes. Confidentiality of data and compliance with GDPR will be ensured.

Thank you in advance for your participation in this survey.



# News From ESGE Special Interest Groups



**Professor Antoine Watrelot**

## Quality, safety and legal aspects Special Interest Group

The SIG "Quality, Safety and Legal Aspects" has chosen to direct its focus towards Human factor for the upcoming year, recognizing the inevitable nature of complications in surgery and the crucial need for adequate preparedness.

Complications, especially during laparoscopy often arise abruptly, serving as a substantial shock and challenge to the surgeon. It is therefore of utmost importance to be prepared with both the use of technical and non-technical skills for these situations.

Whilst medical schools traditionally emphasize on technical skills, the SIG aims to emphasize on the often-neglected non-technical skills, essential for effective management of complication. Building on its commitment, the SIG has published a paper in Facts, Views and Vision \*on the management of complications and the next step is to publish a manuscript with a specific focus on human factors.

At the next ESGE annual meeting in Marseille (2024), the SIG has proposed to organize a session dedicated to Human factors and its application in laparoscopy. Additionally, the SIG also has a visionary project which aims to establish a real-time platform to assist doctors facing medico-legal claims. The implementation of this project is still awaiting the decision of the ESGE executive committee. In the meantime, the SIG will be conducting a study in 2024 to explore the different medicolegal systems across European countries.

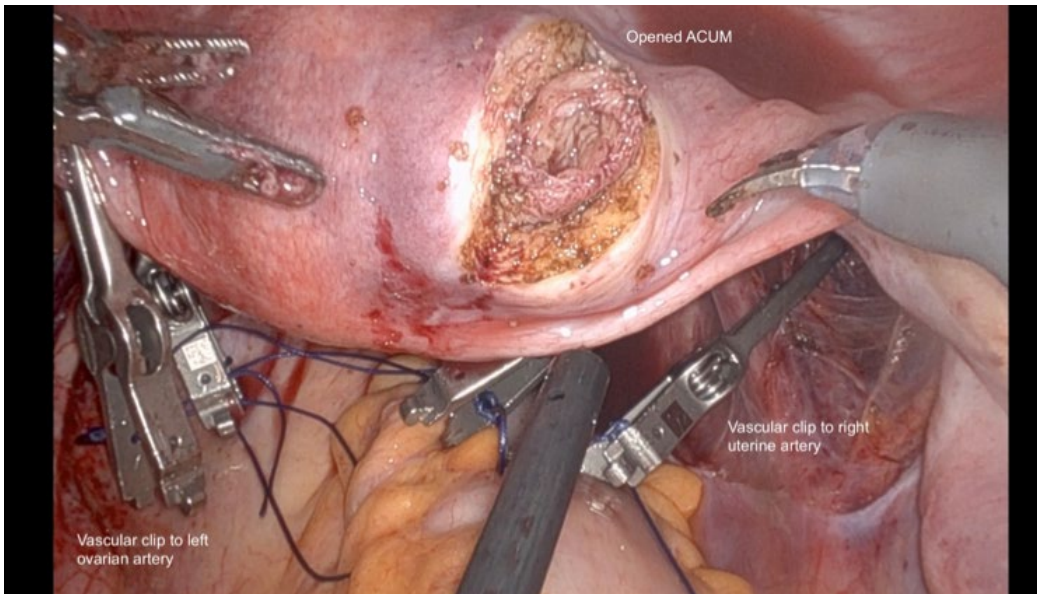
\*ESGE special interest group 'quality, safety and legal aspects' working group; Watrelot A, Tanos V, Grimbizis G, Saridogan E, Campo R, Wattiez A. From complication to litigation: The importance of non-technical skills in the management of complications. Facts Views Vis Obgyn. 2020 Aug 5;12(2):133-139. PMID: 32832928; PMCID: PMC7431200.



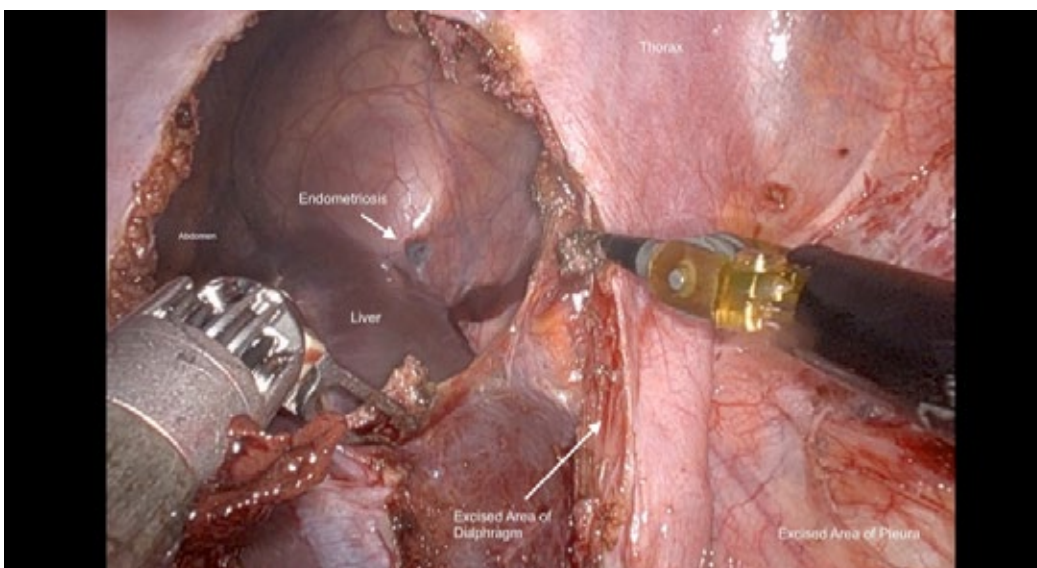
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<https://fvvo.eu/archive/volume-12/number-2/esge-pages/from-complication-to-litigation-the-importance-of-non-technical-skills-in-the-management-of-complic/>

## Images in Gynaecology



*A right sided accessory cavitated uterine malformation (ACUM) – a rare cause of primary dysmenorrhoea. ACUMs typically arise from the lateral aspect of the myometrium, and by definition are completely separate from the normal uterine cavity. This image displays the opened ACUM cavity prior to complete excision. Temporary vascular clamps are visible, applied to the ovarian and uterine arteries, to limit blood loss. Image courtesy of Shaheen Khazali (UK).*



*Remnant endometriotic lesion on the abdominal aspect of the right hemidiaphragm seen during thoracoscopy and after the abdominal diaphragmatic excision was thought to have achieved complete removal. These lesions were not detected abdominally, despite complete mobilisation of the liver and use of 30 degree robotic scope and would have been missed if robotic-assisted thoracoscopy had not been performed. Image courtesy of Shaheen Khazali and Andrea Bille (UK).*

## Send your submissions

Please send submissions with high quality JPG image with caption describing what the image shows and include details of the surgeon to [centraloffice@esge.org](mailto:centraloffice@esge.org)



# Noteworthy Articles

By: **Benedetto Mondelli** and **Kyle Fleischer**

## Practice of laparoscopic prolapse surgery in Europe - ESGE Survey

B Lambert, L de Landsheere, G K Noé, R Devassy, H Ferreira, J Dubuisson, J Deprest, R Botchorishvili

Facts Views Vis Obgyn. 2023 Sep;15(3):269-276. doi: 10.52054/FVVO.15.3.087.

Sacrocolpopexy is considered as the “gold standard” for management of women with apical prolapse. Numerous technical variants are being practiced. The first aim of this survey was to determine the habits of practice of laparoscopic sacrocolpopexy (LSCP) in Europe. The second aim was to determine whether surgeons who perform laparoscopic pelvic organ prolapse (POP) repair are familiar with the practice of alternative techniques and with mesh-less laparoscopic treatment of prolapse. The questionnaire was designed by the Urogynaecology Special Interest Group of the European Society for Gynaecological Endoscopy (ESGE). All ESGE-members were invited by email to respond to this survey consisting of 54 questions divided in different categories. Following review of ESGE member's responses, we have highlighted the great heterogeneity concerning the practice of LSCP and important variability in performance of concomitant surgeries. Alternative techniques are rarely used in practice. Furthermore, the lack of standardisation of the many surgical steps of a laparoscopic sacrocolpopexy is mainly due to the lack of evidence. There is a need for training and teaching in both standard and newer innovative techniques as well as the reporting of medium and long-term outcomes of both standard laparoscopic sacrocolpopexy and any of its alternatives.



**Benedetto Mondelli**



**Kyle Fleischer**

## A proof of concept that experience-based management of endometriosis can complement evidence-based guidelines

A Wattiez, L Schindler, A Ussia, R Campo, J Keckstein, G Grimbizis, C Exacoustos, W Kondo, C Nezhat, M Canis, R L De Wilde, C Miller, A Fazel, B Rabischong, A Graziottin, P R Koninckx

Facts Views Vis Obgyn. 2023 Sep;15(3):197-214. doi: 10.52054/FVVO.15.3.094

Management of endometriosis should be based on the best available evidence. The pyramid of evidence reflects unbiased observations analysed with traditional statistics. Evidence-based medicine (EBM) is the clinical interpretation of these data by experts. This article describes the outcomes of a workshop to document clinical experience by considering each diagnosis and treatment as an experiment with an outcome, which is used to update subsequent management. It concluded that the collective experience-based management can be measured and is more than a personal opinion. This might extend EBM trial results to the entire population and add data difficult to obtain in RCTs, such as many aspects of surgery.



## Long term sexual outcomes of Mayer Rokitansky Küster Hauser Syndrome patients after Uncu-modified Davydov procedure

K Aslan, T B Gurbuz, A Orhan, I Kasapoglu, K Ozerkan, G Uncu

Facts Views Vis Obgyn. 2023 Sep;15(3):235-242. doi: 10.52054/FVVO.15.3.091.

Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome has an incidence of 1 in 4000. This article describes the complication rates, anatomical outcomes, and long-term sexual outcomes of 50 MRKH syndrome patients after Uncu-modified Davydov procedure. There were four perioperative complications: three bladder injuries (6%) and one rectal serosa injury (2%). Four long-term postoperative complications were identified: one vesicovaginal fistula (2%), one recto-vaginal fistula (2%), and two vaginal stenoses (4%). All patients were physically examined at least one year after surgery. The mean vaginal length was 8.4 + 1.9 cm. The mean FSFI score was 31.5 + 3.9 (minimum score of 24, maximum score of 36).

## Development and validation of GLVS (Generic Laparoscopic Video Scoring System), a tool for assessment of laparoscopic skills in gynaecology using videotaped procedures: Are edited videos representative of their full-length version?

S Khazali, A Bachi, T T Carpenter, A Moors, K Ballard

Facts Views Vis Obgyn. 2023 Sep;15(3):225-234. doi: 10.52054/FVVO.15.2.085.

Anonymized videotaped endoscopic procedures can be used for the assessment of surgical competence, but a reliable non-procedure-specific scoring system is needed for gynaecology. This article describes a study which was designed to evaluate the validity of the Generic Laparoscopic Video Scoring System (GLVS), a novel tool in the assessment of various gynaecological laparoscopic procedures. Seventeen anonymised unedited video recordings of various gynaecological laparoscopic procedures and the 4-minute-long edited versions of the same videos were independently scored by two experts, twice, using GLVS. The mean score achieved by 4-minute-long edited videos was similar to that of the unedited version ( $p = 0.13 - 0.19$ ). There was excellent correlation between the pooled scores for edited and unedited versions (intra-class correlation coefficient = 0.86). GLVS had excellent internal consistency reliability (Cronbach's alpha 0.92-0.97). Test-retest and inter-rater reliability were generally better for edited 4-minute-long videos compared to their full-length version. Test-retest reliability for edited videos was excellent for scorer 1 and good for scorer 2 with intra-class correlation coefficient (ICC) of 0.88 and 0.62 respectively. Inter-rater reliability was good for edited videos (ICC=0.64) but poor for full-length versions (ICC= -0.24).

## Surgical Outcomes and Complications of Laparoscopic Hysterectomy for Endometriosis: A Multicentric Cohort Study

Carasin et al. Journal of Minimal Invasive Gynecology. Vol 30, No 7, July 2023

<https://doi.org/10.1016/j.jmig.2023.03.018>

This retrospective multicentric cohort study included data from 995 patients and provides valuable insights into the postoperative morbidity of laparoscopic hysterectomy for endometriosis/adenomyosis. Identifying factors associated with higher risks of complications can aid in risk stratification and aid clinicians in their decision-making.

The study found that major postoperative complications occurred in 9.3% of the patients, with intraoperative complications occurring in 3% of the patients.



## Effectiveness of Laparoscopic Pectopexy for Pelvic Organ Prolapse Compared with Laparoscopic Sacrocolpopexy

Yang et al. Journal of Minimally Invasive Gynecology. Vol 30, No 10, October 2023

<https://doi.org/10.1016/j.jmig.2023.06.011>

This single centre cohort study aimed to compare the clinical benefits of laparoscopic pectopexy (where the vault is secured to the pectineal or Cooper's ligament) and laparoscopic sacrocolpopexy in 203 women with pelvic organ prolapse (POP). It found that laparoscopic pectopexy showed comparable anatomic success, shorter operation time, and better improvement in quality of life scores, but had a higher rate of urinary symptoms recurrence compared to sacrocolpopexy.

## Fusobacterium infection facilitates the development of endometriosis through the phenotypic transition of endometrial fibroblasts

Muraoka et al. Science Translational Medicine. Vol 15, Issue 700, June 2023

<https://doi.org/10.1126/scitranslmed.add1531>

This is an interesting multifaceted paper with both clinical and preclinical components looking at whether *Fusobacterium*, a gram-negative anaerobe, may play a role in the pathogenesis of endometriosis. In a cohort of women, 64% of patients with endometriosis had *Fusobacterium* infiltration in the endometrium. *Fusobacterium* infection of endometrial cells also activated proinflammatory pathways.

In a mouse model, *Fusobacterium* inoculation resulted in increased myofibroblasts and endometriotic lesions. Antibiotic treatment prevented the establishment of endometriosis and reduced the number and weight of established lesions.

Although the authors suggest that more work needs to be done, they pose the question of whether targeted antibiotic treatment may be useful in preventing the progression of endometriosis.

## Long-term risk of repeated surgeries in women managed for endometriosis: a 1,092 patient-series

Roman et al. Fertility and Sterility, Vol. 120, No. 4, October 2023

<https://doi.org/10.1016/j.fertnstert.2023.05.156>

The study provides insights into the long-term outcomes of women undergoing surgical management for endometriosis, specifically the risk of repeated surgeries. The study found that the probability of not having a repeated surgery at 1, 3, 5, 7, and 10 years was 97%, 89%, 82%, 77%, and 72%, respectively. Information in this well designed and written paper can also help patients to make informed decisions about their treatment options.





## True Prevalence of Diaphragmatic Endometriosis and Its Association with Severe Endometriosis: A Call for Awareness and Investigation

Pagano *et al.* Journal of Minimally Invasive Gynecology. Vol. 30, No. 4, April 2023

<https://doi.org/10.1016/j.jmig.2023.01.006>

This retrospective single-centre cohort study identified diaphragmatic endometriosis in 4.7% of their population group which is higher than previously reported in the literature and may be accounted for this being a tertiary referral centre.

The study aimed to identify characteristics indicating the presence of diaphragmatic endometriosis preoperatively and its association with severe endometriosis. Patients with shoulder pain, infertility, and/or endometriosis in the left pelvis had a significantly higher risk of diaphragmatic disease. MRI was also found to be a sensitive imaging modality for detection. The authors suggest that treatment of endometriosis affecting the diaphragm should be performed by high volume referral centres.

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## Diaphragmatic Endometriosis—A Single-Center Retrospective Analysis of the Patients' Demographics, Symptomatology, and Long-Term Treatment Outcomes

Naem *et al.* Journal of Clinical Medicine. October 2023, Vol. 12, No. 20;6455

<https://doi.org/10.3390/jcm12206455>

The paper provides a thorough and detailed description of the characteristics, symptomatology, and long-term treatment outcomes of patients with diaphragmatic endometriosis. It emphasizes the importance of a multidisciplinary diagnostic and therapeutic approach and provides insights into the optimal management of diaphragmatic endometriosis.

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## Risk Factors for Irreversible Unilateral Loss of Renal Function in Patients with Deep Endometriosis

Martínez-Zamora *et al.* Scientific Reports. July 2023, 13:11940

<https://doi.org/10.1038/s41598-023-38728-z>

The study included a cohort of 436 patients who underwent laparoscopic deep endometriosis surgery, allowing for a comprehensive analysis of this rare complication within a short period of time. The paper describes the clinical and radiologic characteristics of patients who experienced irreversible unilateral loss of renal function due to unilateral ureteral stenosis. It aims to identify the risk factors associated with this complication.

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## Pelvic vein incompetence and chronic pelvic pain: a case-control study.

Hansrani *et al.* British Journal of Obstetrics & Gynaecology. Vol. 130, Issue 11, October 2023

<https://doi.org/10.1111/1471-0528.17485>

This interesting case-control study, of 328 patients, evaluated the potential role of pelvic vein incompetence (PVI) contributing to chronic pelvic pain (CPP). One of the key findings was the distinctive symptom profile of women with PVI, aiding in the identification and management of PVI-related CPP. The study highlights some significant associations between pelvic vein incompetence (PVI) and chronic pelvic pain (CPP), and the authors conclude the need for further urgent research into PVI and its treatment.



## Robotic-assisted versus conventional laparoscopic Racial Differences in the Association of Endometriosis and Uterine Leiomyomas with the Risk of Ovarian Cancer

Harris *et al.* Obstetrics & Gynecology. Vol. 141, No. 6, June 2023

<https://doi.org/10.1097/aog.0000000000005191>

The study, made up of several case control studies, aimed to evaluate the associations between endometriosis and uterine leiomyomas with ovarian cancer risk, specifically focusing on racial differences and the impact of hysterectomy on these associations. Both black and white individuals with a history of endometriosis have a higher risk of ovarian cancer, with the strongest associations observed among black participants for certain histotypes. Hysterectomy was found to modify the association between endometriosis and ovarian cancer, but this effect was observed only among white participants. The study also found that fibroids were associated with a modestly increased risk of ovarian cancer among both black and white participants, particularly among those without a premenopausal hysterectomy.

## Natural progression of deep pelvic endometriosis in women who opt for expectant management

Knez *et al.* Acta Obstetrica et Gynecologica Scandinavica, October 2023; 102:1298–1305

<https://doi.org/10.1111/aogs.14491>

The natural history of endometriosis is poorly understood, and the rate of disease progression and optimal treatment planning for asymptomatic or mildly symptomatic women is unknown. This study aimed to assess the behaviour of deep endometriosis in women managed expectantly without medical or surgical intervention, finding that the condition is often static and that management should primarily be based on clinical symptoms.

## FIGO staging of endometrial cancer: 2023

Berek *et al.* International Journal of Obstetrics & Gynecology. Vol. 162, Issue 2, August 2023

<https://doi.org/10.1002/ijgo.14923>

As the authors indicate, there have been several innovations and new evidence since the last update in 2009. Therefore, paper discusses the necessity of an updated staging system for endometrial cancer due to advances in understanding its pathologic and molecular features, as well as the availability of more outcome and biological behaviour data.

The authors outline new substages for Stage I endometrial cancer based on histological types, myometrial involvement, and lymphovascular space invasion, aiming to better define prognostic groups and guide appropriate treatment strategies.

## Robotic-assisted versus conventional laparoscopic approach in patients with large rectal endometriotic nodule: the evaluation of safety and complications

Verelli *et al.* Colorectal Disease. November 2023 (awaiting publication in issue)

<https://doi.org/10.1111/codi.16785>

With the now increased use of Robotic-assisted surgery for the treatment of endometriosis, this study aims to identify the differences outcomes, cost and time efficiency between standard laparoscopy and robotic-assisted surgery.

The study highlights how robotic-assisted surgery is a feasible approach for the treatment of severe endometriosis, however, with higher costs, longer operating time and no substantive difference in outcomes when compared to laparoscopic surgery. The paper suggests how more studies should identify the specific indications for robotic-assisted surgery.

## Future Events

**Endometriosis  
and Adenomyosis:  
Bench to Bedside**  
Istanbul, Turkey  
2nd-3rd February  
2024

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

**Endo Dubai**  
Dubai, UAE  
23rd-25th  
February 2024

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

**SEUD Congress**  
Geneva, Switzerland  
18-20th April 2024

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

**AGE 2024**  
25th-27th April 2024  
Saarbrücken,  
Germany

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

**BSGE Annual  
Scientific Meeting**  
Belfast, Northern  
Ireland, United  
Kingdom

2nd-3rd May 2024

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

**GYNITALY**  
Salerno, Italy  
28th-31st May 2024  
[Click here for more info >>](#)

**European  
Endometriosis  
Congress**  
Bucharest, Romania  
6th-8th June 2024  
[Click here for more info >>](#)

**Winners Meeting**  
Porto Heli, Greece  
21st-23rd June 2024  
[Click here for more info >>](#)

**SCGP 2024**  
4th-6th  
September 2024  
Lyon, France  
[Click here for more info >>](#)

**ASRM Annual  
Conference and Expo**  
Denver,  
Colorado, USA  
19-23rd October 2024  
[Click here for more info >>](#)

**ESGE Annual  
Congress**  
Marseille, France  
27th-30th  
October 2024  
[Click here for more info >>](#)

**AAGL Annual Global  
Congress on MIGS**  
New Orleans,  
Louisiana, USA  
17th-20th  
November 2024  
[Click here for more info >>](#)

**SEGI 2024**  
12th-14th  
December 2024  
Naples, Italy  
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**World Congress on  
Endometriosis**  
Sydney, Australia  
21st-24th May 2025  
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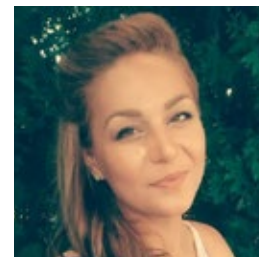
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