ESGE VISION

Newsletter of the European Society for Gynaecological Endoscopy

33rd ESGE Annual Congress, 27–30 October 2024, Marseille, France

ISSUE 11 – AUGUST 2024

INSIDE

ESGE
European Society for Gynaecological Endoscopy

Message from the Editor

Dear friends and colleagues,

This is my last contribution to ESGEVISION as the Editor, as I am handing over the Editor position after this issue before taking over the presidency of the European Society for Gynaecological Endoscopy after the 33rd Annual Congress in Marseille. We released the first issue of ESGEVISION in December 2018 as a way to create a line of communication between the ESGE and the global gynaecological endoscopy community. Since then we released 10 issues before the current 11th issue. As well as providing current news from the ESGE, its official journal Facts, Views and Vision and its special interest groups, we published interviews with the pioneers of gynaecological endoscopy who brought it to its current level, as well as highlighting important publications in our field in international journals.

The current issue includes a number of important developments in our field. Firstly, it is my pleasure to announce that our official journal has reached an Impact Factor of 1.7 (1.9 for the last 5 years) in the recent journal impact assessment. This is a huge achievement, considering we took over the journal 5 years ago with no impact factor. I, as the Editor-in-Chief of the journal, would like to thank the gynaecological endoscopy community who put their trust in us and the editorial team who worked hard to make this possible.

Preparations are well underway for the 33rd ESGE Annual Congress which will take place on 27-30 October 2024 in Marseille, France. The Congress Team has prepared a summary of the scientific and social events planned at the Congress together with venue information and 'Charm of Marseille' in the next section.

We have an interview with one of the former ESGE Presidents, Professor Rudy Leon De Wilde on his current involvement in the nonsurgical treatment of uterine disorders. As usual, ESGE Special Interest Groups summarise their recent activities.

Eminent figures with the ESGE took part in the new concept meeting on Hysteroscopy, ART and ultrasound (HARTUS) in Rome, in April. The presidents of this initiative have prepared a summary of this concept and its highlights.

We again have a list of noteworthy publications, related events and interesting images prepared by the Editorial Team.

I have no doubt that I am handing over the newsletter in the capable hands of Dr Shaheen Khazali who will become the next Editor and his Editorial Team. We will continue to expand the editorial team to ensure representation from all parts of Europe. Please do get in touch if you are interested in joining the team and contributing to this popular newsletter of our society.

I look forward to seeing many of you in Marseille.

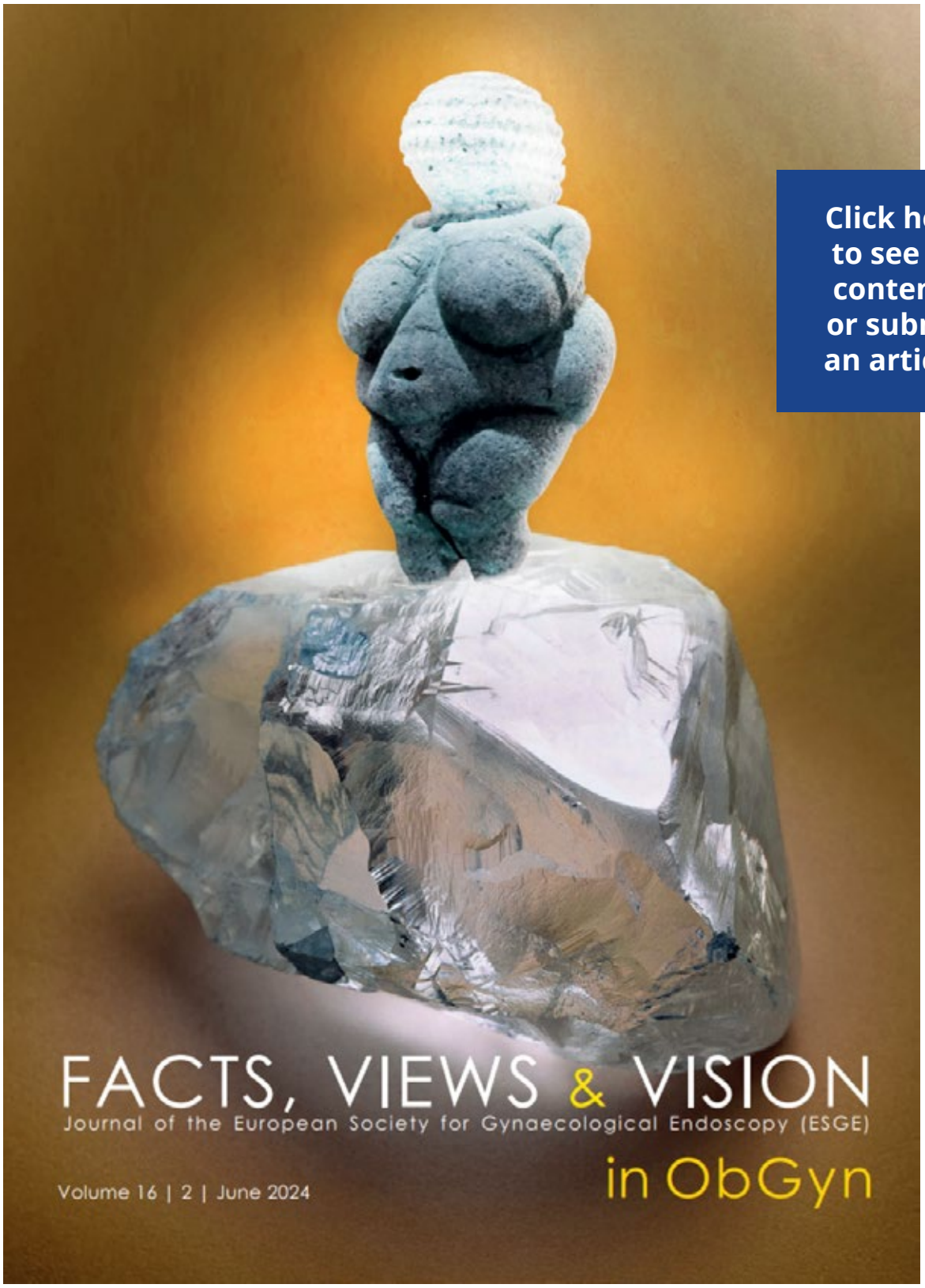
Ertan Saridogan, Editor, ESGE-VISION

Contents

ESGE
European Society for Gynaecological Endoscopy

www.esge.org

The impact factor of Facts, Views and Vision reaches 1.7!



Click here to see its contents or submit an article.

33rd ESGE Annual Congress

Join us at the 33rd ESGE Annual Congress in Marseille, France!

We are thrilled to invite you to the 33rd Annual Congress taking place from 27th to 30th October, 2024 in Marseille, France. This year's event promises to be our most exciting and innovative yet, offering unparalleled opportunities for education, networking, and professional growth.

Why you can't miss this event

1. Global participation

This year's congress is set to attract participants from over 80 countries worldwide, fostering a truly international exchange of ideas and innovations.

2. A diverse and expanding exhibition

We are proud to announce that we expect a greater number of exhibitors and sponsors, with participation from over 10 countries, not only from Europe but also from India, USA, and China. All companies will showcase the latest advancements in gynaecological endoscopy whilst industry leaders will present their latest products and services, thus providing you with a unique opportunity to stay at the forefront of the field. For a list of our confirmed sponsors and exhibitors, please visit here.

3. Unprecedented scientific contributions

We are excited to announce that we have received the highest number of abstracts ever submitted for oral, poster, and video presentations. This clearly demonstrates the vibrant and active engagement within our community.

4. An easily accessible and beautiful venue

The prestigious Palais des Congrès Marseille Chanot is not only a very nice and compact venue but also easily accessible by public transport, taxi, car or on foot.

5. Discover the Charm of Marseille

Marseille is France's second-largest city which offers a captivating mix of historical sites, vibrant culture, and stunning Mediterranean views. Enjoy the picturesque Vieux-Port, the historic Basilique Notre-Dame de la Garde, and savor the delicious local cuisine. Marseille's unique charm and warm hospitality make it an ideal destination for both professional and social activities.

Exciting Social Events

Welcome Reception

Kick off the Congress on Sunday evening, 27th October, with a Welcome Reception in the industry exhibition. This event provides a perfect opportunity to network with peers and industry leaders in a relaxed and social atmosphere.

ESGE Club Night

Don't miss the ESGE Club Night on Tuesday evening, 29th October, 2024. Join us for an unforgettable night at one of Marseille's most vibrant clubs centrally located near the old port, offering a chance to unwind and socialize after a day of intensive learning.

Stay Informed

For the latest updates on deadlines, programme details, social events, and venue information, visit our congress website. We strive to keep you informed and prepared for a seamless and enriching congress experience.

Join us and shape the future!

Don't miss this opportunity to be part of an extraordinary event.
Register now to avoid disappointment!

We look forward to welcoming you to Marseille for a congress where scientific excellence meets the charm of a vibrant city.

Click here to watch the highlight video from last year's congress.

ESGE President and Congress President invite you to Marseille for the 33rd ESGE 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 program 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 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.

Professor Benoit Rabischong, ESGE President

Professor Revaz Botchorishvili, Congress President

Click here to watch the Presidents' message

Joint ESGE and Facts, Views Vision Webinars

Forthcoming webinars

26 September 2024, 19.00 CET
SLN in Endometrial Cancer

11 December 2024, 19.00 CET
Intrauterine adhesions, A joint ESGE-BSGE Webinar

Past webinars available on ESGE website on demand

ESGE Webinar Series | On DEMAND | OVERVIEW - European Society for Gynaecological Endoscopy

> Mastering MIGS: Proactive Strategies for Complication Management and Risk Reduction
> How to Run a Gynaecological Robotic Surgery Centre
> Hysteroscopy: back to basics
> Dysmorphic (T-, Y- or I-SHAPE) uterus and reproductive outcomes
> Step-by-Step approach to becoming a MIGS Expert following GESEA Programme pathway

Key Skills to Improve Surgical Quality and Safety

> Controversies in Deep Endometriosis: Facts, Views and Vision
> Demonstration with Cadaveric Dissection, Pelvic Anatomy for Gynaecological Surgery: All you need to know on Retroperitoneum and Pelvic Nerves
> Alternatives to Laparoscopic Sacrocolpopexy
> Controversies in Deep Endometriosis: from Diagnosis to Surgery, an Interdisciplinary Challenge
> No need for septum incision: is it true?
> Uterine niches: Controversies in diagnosis and management

Interview with Professor Rudy Leon De Wilde

Professor Rudy Leon De Wilde is a former President of the ESGE and a member of its Board of Directors. He is also an active member of the Non-Surgical Ablative Therapy of Benign Uterine Disease Working Group. ESGEVISION Editor Professor Ertan Saridogan spoke to him about high frequency focused ultrasound therapy for uterine disorders .

ES: First of all, thank you very much for agreeing to this interview for ESGEVISION, the newsletter of the European Society for Gynaecological Endoscopy. I notice that you have recently developed an interest in the non-surgical therapies for the management of benign uterine conditions. We know you as a surgeon, you have been the President of the German Society and the European Society for Gynaecological Endoscopy, so it is very interesting to see that you are now interested in non-surgical therapies. Can you please share with us what drove this change?

RLDW: Yes, thank you Professor Saridogan. So, first of all, I am a member of the Working Group Nonsurgical ablative therapies for benign uterine conditions. In this Working Group, we are discussing the possibilities of non-medical and non-surgical therapies. In the recent years, it has shown that there are possibilities to treat benign diseases, such as myoma or adenomyosis, by nonsurgical therapies, for example, through radiofrequency ablation, uterine artery embolisation and high intensity focused ultrasound (HIFU). Many of these therapies are already quite old. They are not new, but we have a new vision concerning these therapies. For example, uterine artery embolisation is an effective method, however it is not a widely accepted treatment for patients who still wish to become pregnant as there is not much data on patients with infertility or those still wanting to get pregnant. To date, most of the studies published focus on high intensity focused ultrasound. As the Working Group of the ESGE, we are interested in adenomyosis because we all know that adenomyosis is a challenging disease to treat surgically.

ES: Yes, although these therapies are not new, perhaps application particularly towards adenomyosis is relatively new. Can you please tell us what has the data shown, on their efficacy in treating symptoms and improving fertility outcomes?

RLDW: Yes. First of all, it is important to know that we have to have some kind of control, so if we are looking at the results of what we are doing or would be doing with high-intensity focused ultrasound, we need to compare them with the controls, who are the surgically-treated patients. The outcomes assessed would be reduction of dysmenorrhoea, reduction of uterine bleeding disorder and fertility.

With conservative surgery, there is around 80% reduction in dysmenorrhoea and bleeding disorders. With HIFU, the reduction is similar, around 80%. The difference that has occurred within the last years was that HIFU was previously performed by the radiologist and the gynaecologist together. At present, there are machines capable of both diagnostic and therapeutic ultrasound and as such, HIFU treatment can be performed independently by the gynaecologist. This removes the issue of having to find a radiologist with the relevant expertise.

The third point, namely fertility, is a little bit more complex. There is data on more than 250,000 cases treated with HIFU worldwide. However, most of the data comes from China and Southeast Asia. This is different population compared to our European cohort; we do not really know if we can compare their data to our cohort. If we look at our existing data, for example, data from Spain, Oxford or Bulgaria, they are comparable to the Chinese data. However, this is still not enough. We do not have enough scientific validation on what we are doing with HIFU in treating adenomyosis, so one of our tasks as a Working Group of the ESGE is to look at these major studies. One of the largest studies conducted on HIFU and pregnancy involved only 300 patients, this is not enough to say that this is a method for the future, but we are working on it.

ES: So far, do we have any data on the outcomes on these 300 patients?

RLDW: Yes, we do. We have pregnancy rates and live birth rates between 20 and 30% after HIFU treatment in all of the studies that have been published. This is good, but not excellent. We should also not forget that patients with adenomyosis very often have a long history of unsuccessful assisted reproductive therapies or prior surgeries, so achieving a pregnancy rate of 20 to 30% after this long way of unsuccessful therapies is not excellent, as I mentioned earlier but it is considered good progress.

ES: Yes, I suppose it depends on their background history, as you say. It would probably be interesting to see the outcomes of patients without any history of failed treatments. In terms of the data collection, what approach are you following? How are you collecting data to make it a possible scientific publication?

RLDW: Right now, we only have retrospective data, which is not satisfactory. We are currently setting up a prospective study and we will run this in a single centre. We will also include patients with adenomyosis who have not had any surgical treatment.

ES: For patient selection, what selection criteria will you be using in terms of the extent of adenomyosis or type of adenomyosis?

RLDW: At the moment, we include all the patients that have a diagnosis of adenomyosis based on the MUSA criteria. With HIFU, we will not have any histological diagnosis in these cases. We are including all patients, and categorising them based on existing classification data, but as you know, my non evidenced philosophical view on adenomyosis is that even in cases of focal adenomyosis, it is indicative of a broader disease. From of our perspective, it is always a manifestation of diffuse adenomyosis that presents as a focal sign of the disease.

ES: In terms of cost-effectiveness or comparison between ultrasound guided HIFU versus MRI guided HIFU, do we have an idea as to how much we are saving?

RLDW: There will be no cost benefit. The only advantage of ultrasound guided over MRI guided HIFU is that the use of the ultrasound allows the gynaecologist to work independently, without the need to bother the radiologist, so this is where you will be saving. The cost of both machines are comparable, so there will be no reduction in cost unfortunately.

ES: Have you considered taking into account of the duration of the MRI guided treatment, when compared to ultrasound? That itself must be rather expensive when compared to just ultrasound.

RLDW: The entire cost associated with the radiologist is eliminated. However, the machines aren't necessarily smaller or more efficient now. They're comparable. The key difference is eliminating the cost of MRI scans and the radiologists who would typically need to be present for 1 or 2 hours during therapy.

ES: And what about the outcome of treatment. How long does it last? Do we have long term follow up data so far?

RLDW: Yes. With regards to dysmenorrhoea and bleeding disorders, we have excellent data over a long period of time. The only data which we are lacking are in cases of subfertility or infertility or those who have not completed their family.

ES: What about the future? Where do you see this approach going?

RLDW: Well, I see this approach offering an alternative for patient who do not want to continue with medical therapy, whether it is before assisted reproductive therapy or approaching menopause. For those who want to preserve their uterus or avoid surgery, this would be a suitable treatment option. Many patients may ask, "Why not just remove my uterus for a simpler and permanent solution?" And that's a valid consideration. However, there are women who prefer to preserve their uterus or avoid surgery altogether. Providing a non-surgical option before considering surgery is important. And of course, our primary focus remains caring for women who still wish to conceive.

ES: Is there anything else that you would like to add?

RLDW: Yes. I would like to add that we as gynaecologists, have a responsibility to care for our patients, and this means we should always stay open-minded. Staying open-minded 40 years ago has led us to embrace endoscopy for minimally invasive surgery. At that time, it was dangerous to talk about minimally invasive therapy. Now, I believe we are on the verge of a new paradigm shift, which means we should also implement non-surgical therapies in our thinking. I am not suggesting that this is what we should do, or that this is the gold standard, but rather we should consider it as one of the possibilities. That should be one of our roles. I am confident that in future, there will be a proportion of patients who will benefit from this technique.

ES: Thank you very much for talking to us today.

RLDW: Thank you very much, Professor Saridogan for giving me this opportunity.

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.

SIG Endometriosis

The role of ESGE in Advancing Non-Invasive Diagnosis and Classification of Deep Infiltrating Endometriosis: InterSociety Consensus Statement by ESGE, ESHRE, EEL, ESUR, IDEA, ISUOG, ISGE and AAGL

A Milestone in Collaborative Scientific Achievement

The recently completed InterSociety project, with intensive cooperation from the European Society for Gynaecological Endoscopy (ESGE) marks a significant milestone in the field of diagnosis of deep infiltrating endometriosis (DIE). This achievement is notable not only for its scientific breakthrough but also for the unprecedented interdisciplinary collaboration it represents. Eight internationally recognised societies, each bringing unique perspectives and methodologies, have unified their efforts towards non-invasive diagnostic and classification methods for DIE. This ground-breaking work underscores the key role of the ESGE Special Interest Group (SIG) in facilitating this collaboration.

Key Developments and Consensus Achievements

The project assembled a distinguished international panel comprising gynaecological surgeons, ultrasound specialists and radiologists. This panel, representing the International Society of Ultrasound in Obstetrics and Gynecology (ISUOG), the International Deep Endometriosis Analysis (IDEA) group, the European Endometriosis League (EEL), the European Society of Human Reproduction and Embryology (ESHRE), the International Society for Gynecologic Endoscopy (ISGE), the American Association of Gynecologic Laparoscopists (AAGL), and the European Society of Urogenital Radiology (ESUR), conducted an exhaustive review of the existing literature. The goal was to establish evidence-based, clinically relevant statements on the use of imaging techniques for the non-invasive diagnosis and classification of pelvic deep endometriosis.

Following rigorous review and multiple rounds of voting among society chairs and the steering committee, 20 consensus statements were drafted. These statements reached a strong agreement on 14 points and moderate agreement on five, with one statement remaining in equipoise. The resulting consensus aims to provide clear guidance for clinicians treating women with suspected endometriosis, particularly in patient assessment, counselling, and surgical planning.

The members representing the SIG Endometriosis of the ESGE were J. Keckstein, E. Saridogan, G. Grimbizis, H. Ferreira, M. Müller, A. Wattiez, U. Ulrich, F. Jansen, J. English, M. Nisolle.

For the full text of this statement see:

Condous G, Gerges B, Thomassin-Naggara I, Becker C, Tomassetti C, Krentel H, van Herendael BJ, Malzoni M, Abrao MS, Saridogan E, Keckstein J, Hudelist G; Intersociety Consensus Group. Non-invasive imaging techniques for diagnosis of pelvic deep endometriosis and endometriosis classification systems: an International Consensus Statement†,‡. Facts Views Vis Obgyn. 2024 Jun;16(2):127-144. doi: 10.52054/FVVO.16.2.012. PMID: 38807551.

News From ESGE Special Interest Groups

Dr Ursula Catena

SIG Hysteroscopy

ESGE-AAGL Joint Webinar Series

Owing to the success of the collaboration between ESGE and the American Association of Gynaecologic Laparoscopists (AAGL), the first series of Joint Webinars was achieved. The agreed topic for the first webinar series was the **Role of Hysteroscopy in Improving the Diagnostic Accuracy of Abnormal Uterine Bleeding (AUB)**. These two webinars were held in April and involved experts in the field from Europe and the United States of America.

The first webinar explored evidence-based improvements in diagnostic accuracy and planning for appropriate procedural interventions. This highlighted integrating hysteroscopic assessment of the uterine cavity into your diagnostic evaluation.

The second webinar explored the ways in which hysteroscopic techniques provide minimally invasive approaches to common intrauterine pathologies and effective uterine-sparing treatments.

International Intersociety Project

Since last year, ESGE has been working in close collaboration with AAGL and the Global Community of Hysteroscopy (GCH) to develop an evidence-based consensus 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 coming to an end, and in the coming months, we will present our findings from various experts in the field of AUB diagnosis, focusing on goal-oriented interdisciplinary consensus building. This initiative paves the way for significantly improved patient centred care.

ESGE Hysteroscopy SIG Survey

The survey: “Hysteroscopic Approach to Intrauterine Pathologies”, carried out by the Hysteroscopy Special Interest Group of the ESGE is now closed.

The data will be presented at the upcoming 33rd ESGE Congress in Marseille and will soon be published in our ESGE Journal, Facts, Views & Vision in ObGyn (FVVO).

News From ESGE Special Interest Groups

Professor Helder Ferreira

ESGE SIG Education and Training

We are thrilled to share the recent advancements in training and education within the field of gynaecological minimally invasive surgery. Our team has been actively collaborating on the GESEA4EU project, a significant initiative for our society.

Currently, we are organising an ESGE webinar focused on managing and minimising surgical complications. This educational event aims to be highly instructive, featuring extensive videos on laparoscopy, robotic surgery, and hysteroscopy. Addressing surgical complications is crucial, as they can significantly impact the careers of young surgeons. This webinar will cover strategies to prevent vascular, bowel, and urinary complications, often associated with energy devices, initial entry, or inadequate dissection techniques, ultimately leading to enhanced patient outcomes.

We are currently preparing for the upcoming ESGE congress in Marseille, which promises to be an event of exceptional scientific quality. Recently, we also participated in the Winners meeting in Greece, an engaging platform for young trainees.

Our group proudly introduced the YEP-EXCHANGE programme, which was initially launched in Portugal in 2022 and continued in Belgium last year. The ESGE-YEP Exchange programme gathers trainees from across Europe to elevate standards, foster training, as well as promote research and information exchange in gynaecological endoscopy. In response to positive feedback, we will be organising another exchange program in France this year, involving over 13 centres for young endoscopists.

The SIG has been pivotal in developing the ESGE fellowship programme through the establishment of the GESEA Educational Programme. This structured learning and certification program adheres to the ESGE Training and Evaluation Guidelines and is conducted in educational centres equipped with comprehensive diagnostic and therapeutic facilities for gynaecological diseases. Furthermore, the programme will also participate in a pilot European Fellowship Programme, involving four central European Training Centres.

Our SIG is committed to the international Intersociety project focusing on the non-invasive diagnosis and classification of endometriosis. ESGE collaborates closely with esteemed organizations, including the International Society of Ultrasound in Obstetrics and Gynecology (ISUOG), the International Deep Endometriosis Analysis (IDEA) Group, the European Endometriosis League (EEL), the International Society for Gynecologic Endoscopy (ISGE), the European Society for Human Reproduction and Embryology (ESHRE), and the American Association of Gynecologic Laparoscopists (AAGL), to develop evidence-based statements on the use of non-invasive diagnostic methods.

We look forward to continue our efforts in advancing education, training, and patient care in gynecological minimally invasive surgery.

H-ART-US 2024 ROME | 22-24 APRIL 2024 Auditorium della Tecnica Roma (Italy)

H-ART-US 2024
1st Meeting on Hysteroscopy, ART and Ultrasonography in the Infertility Work-up

A new chapter has started in Rome in April 2024 for the Infertility Work-up.

Excitement and expectations for the event have dramatically increased over the months, fueled by the passion of the creators and supported by the vision of the creative director.

The curtain rises on the notes of the legend of King Arthur.

Years of debate and controversial arguments claimed by subspecialty experts involved in the management of infertile women have turned back the hands of the discussion clock, providing the idea of the legendary metaphor behind HARTUS.

Three kingdoms represent the ambitions of solo practice in the fertility challenge; Hysteroscopy with the power of direct vision into the uterine cavity, Assisted Reproductive Technology (ART) with its capacity to generate life and Ultrasonography with its ability to see beyond the borders of the uterus.

HARTUS has the ambition of **bringing the hands of the clock forward**.

An international group of scientists and leading experts in the field of ultrasound, hysteroscopy and assisted-reproductive technology have gathered at a round table to discuss the role of the uterus in the Infertility Work-up.

HARTUS brought together more than **700 participants**, including more than 50 speakers. In this three-day event, the Meeting has provided great educational experiences and networking opportunities.

The Co-Chairs Pr. **Attilio Di Spiezio Sardo, Pr. Sergio Haimovich and Pr. Luis Alonso Pacheco** designed a multi-disciplinary and provocative scientific programme.

The Meeting unfolded with three parallel-running **pre-congress courses**, featuring hands-on and theoretical activities which highlight the full potential of ultrasound and endoscopy in the management of infertile patients. This included the role of **robotic-assisted-surgery and complex minimally invasive procedures,** aimed at increasing standards in surgical precision for fertility outcomes.

The Opening Ceremony began with an exciting short film, followed by welcoming addresses from the Co-Chairs. In keeping with the meeting's pragmatic spirit, which was the *leitmotif* of the Meeting, the main stage was immediately lit by lecturers' discussions regarding Ultrasound, Hysteroscopy and ART, opening thrilling debates and evoking sharp questions from the Auditorium Hall.

Over the subsequent two days, the Scientific Programme provided captivating plenary sessions including multiple debated topics in infertility: **adenomyosis, recurrent implantation failure, congenital uterine anomalies, cesarean scar defects, endometrium and reproductive outcomes**.

Best Communications session included abstracts and video articles on a comprehensive spectrum of topics involving researchers and trainees investigating fertility and reproductive medicine and surgery.

During breakfast and lunch interludes, the exhibition area continuously provided a social and interactive atmosphere, enabling discussions and networking between faculty and participants.

Behind the scenes, speakers indulged in ironic but provocative **interviews**, revealing their beliefs on the three kingdoms' potentials and limitations in current practice, identifying gaps in the available recommendations and choosing a knight to duel on the battlefield for fertility outcomes... To be disclosed at the next HARTUS Meeting.

The Meeting was supported by **42 industry partners, which facilitated 4 sponsored industry symposia**, all recording high level of attendances and dynamic participation.

On Saturday night, the Hard Rock Café, located in the heart of historical Rome provided the rhythm for a special and **unconventional social event named Hartus Rock**.

The Congress ended with and interesting and inspiring debate on **"What will the future bring?"** in all three subspecialties, including artificial intelligence and data-driven science, enriched by the interventions of Professor Antonia Testa, Professor Antonio Pellicer and Professor Vasilis Tanos.

We would like to sincerely thank all attendees and speakers for joining the 1st HARTUS Meeting in Rome as well as representatives of the European societies involved in reproductive medicine and surgery for their support – Pr. E. Saridogan, Dr. R. Campo, Pr. G. Grimbizis, Dr. V. Tanos, Pr. J.M. Ayoubi, Dr. P. Pirtea, Dr F. Ubaldi, Pr. Caterina Exacoustos, Dr Juan Luis Alcázar, Pr. Thierry Van der Bosh, Pr. Lil Valentine, Prof. Juancho García Velasco, Dr. Luca Gianaroli and Dr Baris Ata among others

HARTUS is not only another congress but rather another concept, willing **to provide a scientific and social platform to support multi-disciplinary debates on the investigation and management of infertile and subfertile patients.**

See you in 2026 for the 2nd edition!

The Co-chairs of Hartus Meeting: Luis Alonso Pacheco, Sergio Haimovich, Attilio Di Spiezio Sardo

with scientific support of Serena Guerra

GESEA4EU
Standardising Gynaecological Endoscopy Training

New standardised GESEA courses trialled in 13 European countries

The GESEA4EU project, supported by the European Commission's EU4Health programme, has successfully launched the newly developed GESEA standardised training programme for specialists in 9 different Diploma Centres. These centres in Lisbon and Porto in Portugal, Liege and Leuven in Belgium, Maribor in Slovenia, Naples, Rome and Torino in Italy and Clermont Ferrand in France have offered Basic as well as Intermediate courses aimed at specialists with relevant experience. The feedback so far from trainers and participants alike has been really encouraging, highlighting the value such a standardised course brings to the ESGE community given its reliance on a common methodology leading to the established and highly regarded GESEA certification process.

As well as these courses aimed at existing Diploma Centres, new target centers aiming to become accredited GESEA Training Centres in Spain, Estonia, Greece, Poland, Croatia, Ireland, Bulgaria and Hungary have also organised Basic GESEA courses with participation levels of between 10 and 20 specialists per course. These courses were made possible through the generous support of the existing Diploma Centres in the GESEA4EU partnership, each of which acted as a mentor for a specific target centre, traveling to the new centre and leading the training as well as offering other guidance and support.

None of these courses would have been possible without the development of a cohort of trained trainers, competent and experienced in the delivery of the new standardised courseware. To date, two successful rounds of training for these trainers have taken place in Gemelli Hospital (FPG) in Rome under the leadership of Prof. Vasilios Tanos from UNIC in Cyprus and the management of Dr Federica Campolo from FPG in Italy with a third planned for Autumn.

At the same time as the training offer has been rolled out for specialists, important steps in the assessment of the estimated 280 course participants and the evaluation of these and the other courses underway in GESEA4EU has been moving ahead led by Prof Benoit Rabischong from CICE in France and currently the President of ESGE. This work includes the development of a range of new assessment protocols and micro-credentialing tools.

Project work continues in the autumn with the rollout of the Robotics courses organised together with SERGS. While the training of trainers for the Robotics course for specialists took place already in Spring, the Robotics courses for specialists themselves will take place in Rome at the end of November, with Robotics courses for nurses and nurse trainers taking place in Rome in October.

During the same period, the remaining blended courses for specialists will be launched including the Digital Hysteroscopy Centre related courses and the advanced courses. A further key feature of this upcoming period will be the roll-out of the courses aimed at nurses, general practitioners and non-clinical staff all of which be offered in blended and fully online formats and which aim to involve over 300 participants in at least 8 counties.

Want to find out more?
Check out our website for more information.

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the Health and Digital Executive Agency (HaDEA).

Neither the European Union nor the granting authority can be held responsible for them.

BSGE ASM 2024

The British Society for Gynaecological Endoscopy held its annual ASM in Belfast from 2nd-3rd May 2024, following a day of pre-congress courses on robotic surgery, endometriosis surgery, vNOTES, gynaecological ultrasound, and transcervical fibroid ablation. With over 800 attendees, including consultants, trainees, and industry representatives, it was the Society's largest conference to date.

The modern and resurgent harbour city of Belfast was a fantastic host city and a beautiful backdrop to the conference. The Local Organising Committee put together an excellent social programme which offered plenty of Irish 'craic'.

Faster Higher Stronger - Together

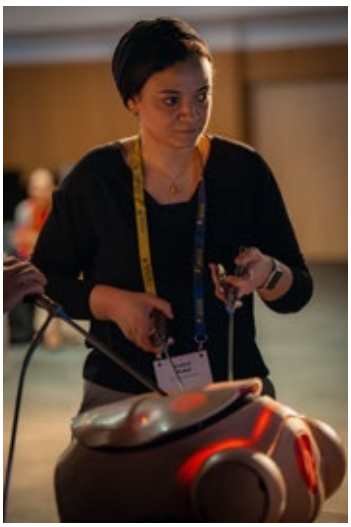
The conference theme echoed the Olympic motto, with sessions focused on efficiency, standards, innovation, resilience, and multidisciplinary teamwork. The event also featured an unprecedented amount of live-streamed surgery, including an Endometriosis Masterclass with fantastic live surgery as well as a first-ever live robotic-assisted cadaveric dissection.

Keynote Lectures

Professor Joe Amaral delivered the prestigious Alec Turnbull Lecture, discussing his experience as an innovator and co-developer of the Harmonic Scalpel, highlighting the importance of stepping out of comfort zones to drive change: 'Innovation is about failure-taking a risk.'

In a session on the impact of The Troubles on women's health, presented by Ruth Duffy and Jim McGuigan, delegates heard powerful stories from healthcare providers who worked during that period, illustrating the emotional and practical challenges they faced.

Although The Troubles have had lasting negative effects on healthcare provision in Northern Ireland, it was also encouraging to learn that these experiences also resulted in new medical innovations including the development of titanium plates to repair skulls damaged by gunshot wounds.



Social Program and Awards

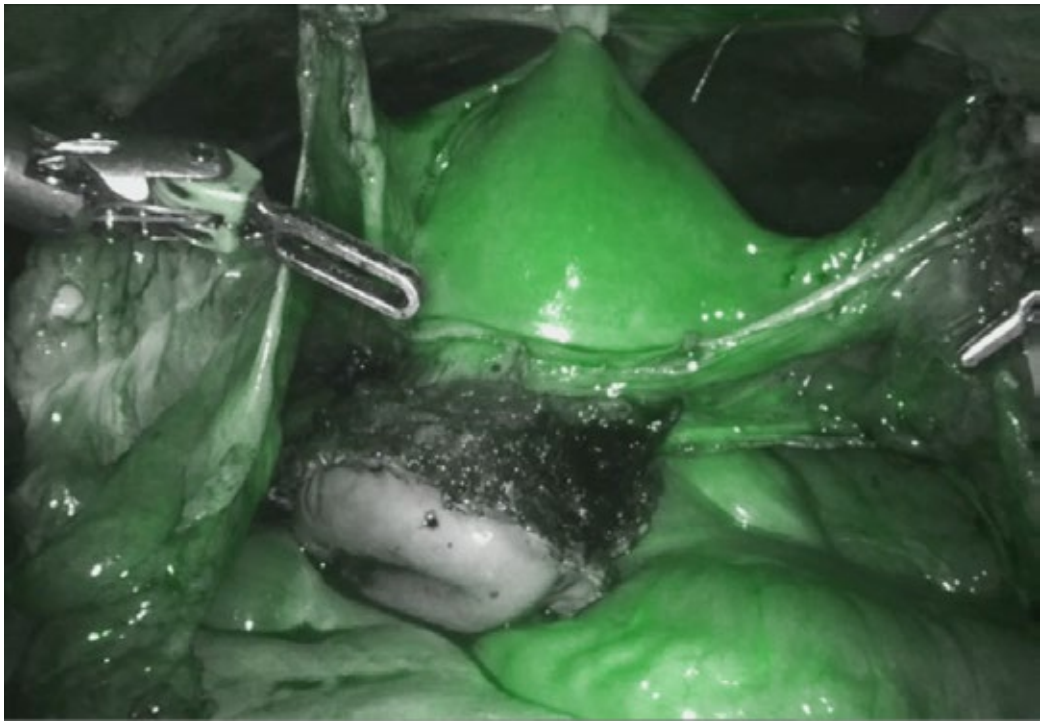
The Titanic Museum Belfast hosted the Gala Dinner, with 500 guests enjoying a private viewing of the venue's historic galleries. Outgoing President Andrew Kent entertained the audience with traditional Irish dancing.

The conference also recognized several outstanding contributions, including awards for video and oral presentations, with a record number of abstract submissions.

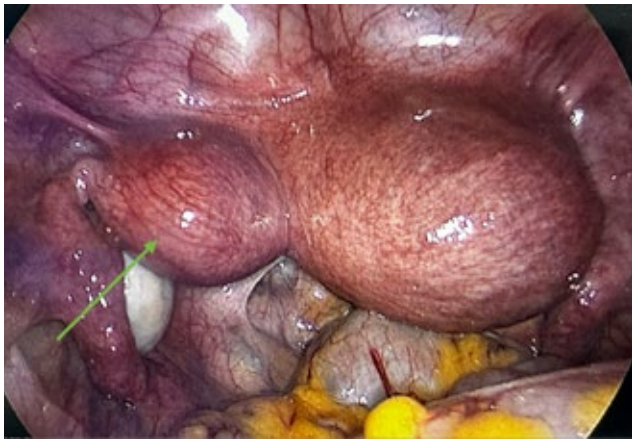
Looking Forward to Leeds

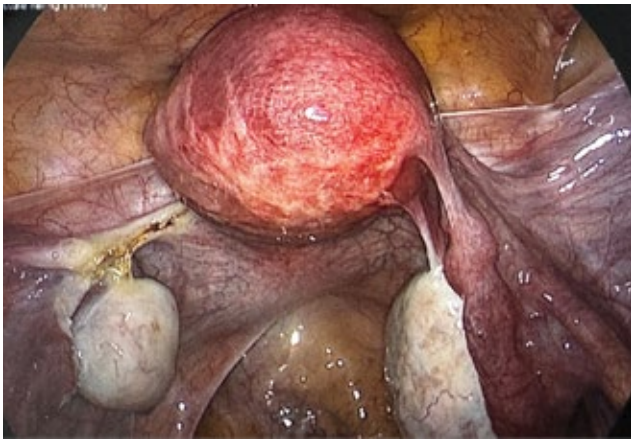
The next BSGE ASM will be held in Leeds in Spring 2025, promising another memorable event in the vibrant city known for its rich history in medicine and innovation. The LOC for Leeds 2025 look forward to giving you a conference to remember and, of course, a warm Yorkshire welcome. Please join us if you can!

Images in Gynaecology



Uterine transposition prior to radiotherapy. The uterine ligaments and uterine artery are sectioned and the uterus is detached from the vagina and transposed together with tubes and ovaries to the superior abdomen as a flap, using the gonadal vessels for blood supply. Intravenous indocyanine green can be used to assess the uterine vascularization at time of transposition. Image courtesy of Giorgia Paciotti





Left sided non-communicating uterine horn with an ectopic pregnancy inside. Before and after laparoscopic resection of the horn and ectopic pregnancy. Images courtesy of Jon Ivar Einarsson

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

Noteworthy Articles

Kyle Fleischer, Florence Britton & Averyl Bachi

Kyle Fleischer

Florence Britton

Averyl Bachi

Non-invasive imaging techniques for diagnosis of pelvic deep endometriosis and endometriosis classification systems: an International Consensus Statement

Condous et al. Facts Views Vis ObGyn. Vol. 16, No. 2. June 2024

https://doi.org/10.52054/FVVO.16.2.012

The ISUOG, IDEA group, EEL, ESGE, ESHRE, ISGE, AAGL and ESUR, based on the available evidence, have generated several consensus statements regarding endometriosis classification and non-invasive imaging techniques for the diagnosis of deep endometriosis. There are fourteen strong agreement and five moderate agreement statements. This joint piece of work is essential reading for all providing care to people living with endometriosis.

Pain, gastrointestinal function and fertility outcomes of modified nerve-vessel sparing segmental and full thickness discoid resection for deep colorectal endometriosis – A prospective cohort study

Hudelist et al. Acta Obstet Gynecol Scand. Vol. 102, Issue. 10. October 2023

https://doi.org/10.1111/aogs.14676

There is ongoing debate on the impact of colorectal endometriosis surgery, specifically resection, on gastrointestinal symptoms. In this study, the authors highlight there is a significant improvement in GI function following both colorectal resection and discoid resection. This information can be useful in helping to counsel patients on the outcomes following surgery.

Nonsurgical treatment options for heavy menstrual bleeding

Bongers et al. Facts Views Vis ObGyn. Vol. 15, Monograph, 2023

https://doi.org/10.52054/FVVO.15.M.098

This detailed literature review provides a comprehensive outline of the nonsurgical management options for the heavy menstrual bleeding component of abnormal uterine bleeding. The data presented can be utilised by clinicians to employ the less invasive treatment options for the management of HMB.

Reproductive outcomes after laparoscopic resection of symptomatic niches in uterine cesarean scars: Long-term follow-up on the prospective LAPNICHE study

Vissers et al. Acta Obstet Gynecol Scand. Vol. 102, Issue 12, December 2023

https://doi.org/10.1111/aogs.14647

This large prospective cohort study demonstrated a 62.4% ongoing pregnancy rate in those who underwent laparoscopic niche resection observed at the 2-year follow-up. Whilst these results are promising, there was no significant difference seen between women with or without infertility at baseline, suggesting the need for further randomised trials to prove the suggested beneficial effect of niche resection compared to expectant management in improving fertility outcomes.

Sacral neuromodulation in endometriosis – A promising treatment option for chronic pelvic pain

Zegrea et al. Acta Obstet Gynecol Scand. Vol. 102, Issue. 12. December 2023

https://doi.org/10.1111/aogs.14690

This small but interesting pilot study reports on using sacral neuromodulation in those with CPP and endometriosis. There was significant improvement in several pain measures with sacral neuromodulation. The authors concludes that this may offer a potential treatment in those with endometriosis and CPP, especially in those where symptoms have been refractory to other treatment modalities.

Diagnosis of superficial endometriosis on transvaginal ultrasound by visualisation of peritoneum of pouch of Douglas

Bailey et al. Ultrasound in Obstetrics & Gynecology. Vol. 63, Issue 1. January 2024

https://doi.org/10.1002/uog.27529

Evidence for ultrasound in the diagnosis of deep endometriosis is well-established. The search for reliable non-invasive diagnosis of superficial endometriosis, however, remains. This small but interesting study highlights the potential to identify superficial peritoneal disease within the pouch of Douglas at transvaginal ultrasound. Further work needs to be done, but this may be an important step in improving the time to diagnosis in those with superficial endometriosis without requiring surgical confirmation.

Simple versus Radical Hysterectomy in Women with Low-Risk Cervical Cancer

Plante et al. N Engl J Med. Vol. 390, No. 9, February 2024

https://www.nejm.org/doi/full/10.1056/NEJMoa2308900

Retrospective evidence has suggested that those with early-stage cervical cancer are unlikely to have parametrial involvement but comparative data between radical and simple hysterectomy in its management is lacking. The authors performed an international multicentre non-inferiority RCT comparing simple and radical hysterectomy in those with either Stage 1A or 1B cervical cancer. The primary outcome was recurrence at three years with a non-inferiority margin of four percentage points. The results confirmed non-inferiority with a recurrence of 2.52% in the simple and 2.17% in the radical hysterectomy group at three years. The simple hysterectomy group also had statistically significant reduction in post-operative urological complications.

Reproducibility of #Enzian classification by transvaginal ultrasound and its correlation with symptoms

Russo et al. Facts Views Vis Obgyn. Vol. 16, No. 1. March 2024

https://doi.org/10.52054/FVVO.16.1.008

The study showed that #ENZIAN classification is reproducible in the evaluation of pelvic endometriosis and some symptoms are correlated to specific ultrasound signs of the disease. Dysmenorrhea did not correlate with any specific compartment whereas a significant association was found between dyspareunia and B compartment (p=0.02) as well as bowel symptoms and B compartment (p=0.02). Heavy menstrual bleeding was also associated with FA (p=0.02). As such, an accurate evaluation of symptoms could guide transvaginal examination to detect specific endometriotic lesions and establish the best management for patients.

Two-year efficacy and safety of relugolix combination therapy in women with endometriosis-associated pain: SPIRIT open-label extension study

Becker et al. Hum Reprod. Vol. 39, Issue 3. March 2024

https://doi.org/10.1093/humrep/dead263

This open-label, single-arm extension study follows the SPIRIT 1 and SPIRIT 2 trials, which initially showed significant improvements in dysmenorrhea, non-menstrual pelvic pain, and dyspareunia among women treated with relugolix combination therapy (CT) compared to placebo. The study reveals that these benefits, coupled with a minimal (<1%) decline in bone mineral density (BMD), persist over a two-year period supporting its potential as a long-term effective medical option.

Impact of congenital uterine anomalies on obstetric and perinatal outcomes: systematic review and meta-analysis

Caballero Campo et al. Facts Views Vis ObGyn. Vol. 16, No. 1. March 2024

https://doi.org/10.52054/FVVO.16.1.004

This systematic review reports on the increased risk of adverse pregnancy events with congenital uterine anomalies. It also highlights the increased risk according to type of anomaly. The information is useful in counselling and risk stratification regarding pregnancy.

Active Compared With Passive Voiding Trials After Midurethral Sling Surgery: A Systematic Review

Drangsholt et al. Obstet Gynecol. Vol. 143, Issue. 5. March 2024

https://doi.org/10.1097/aog.0000000000005567

This systematic review compares active with passive voiding trials on the rate of passing a trial of void and discharge rates with catheter in women who have undergone midurethral sling for treatment of stress urinary incontinence. Results of this review showed that the active trial of void group were less likely to pass the voiding trial and were more likely to be discharged with a catheter. The rates of most complications were low and similar between both groups, although passive voiding trials had higher rates of sling revisions.

Natural Orifice Specimen Extraction as a Promising Alternative for Minilaparotomy in Bowel Resection Due to Endometriosis: A Systematic Review and Meta-Analysis

Kar et al. J Minim Invasive Gynecol. Vol. 31, Issue. 7. April 2024.

https://doi.org/10.1016/j.jmig.2024.04.017

This study focuses on the effectiveness, safety and efficacy of 2 surgical tissue extraction methods for bowel endometriosis: natural orifice specimen extraction (NOSE) and minilaparotomy. Six studies were included and showed that the NOSE technique was associated with a significantly reduced length of hospital stay and could be a potentially safer alternative to minilaparotomy for tissue extraction in colectomy for bowel endometriosis.

Intermittent Self-catheterization for Bladder Dysfunction After Deep Endometriosis Surgery: Duration and Factors that Might Affect the Recovery Process

Boulous et al. J Minim Invasive Gynecol. Vol. 31, Issue. 4, April 2024

https://doi.org/10.1016/j.jmig.2024.01.014

This study provides insights into the potential recovery of bladder function in those performing ISC following endometriosis surgery. The authors found that the probability of spontaneous recovery at 18 months post procedure was 77% and that preoperative voiding symptoms were a significant risk factor for requiring ISC post-procedure. The findings can aid in preoperative counselling for those preparing for endometriosis surgery.

Treatment of rectosigmoid endometriosis by laparoscopic reverse submucosal dissection (LRSD): The Sydney partial thickness discoid excision technique

Robertson et al. ANZJOG. Vol. 64, Issue. 2, April 2024

https://doi.org/10.1111/ajo.13762

The authors report on their cohort of patients that underwent excision of rectal endometriosis using the described technique. The technique utilises indigocarmine blue, typically used for polypectomy during colonoscopy, to maximise the potential for complete excision during a 'shave' procedure. The sample size is small but initial results are promising.

A 52-mg levonorgestrel-releasing intrauterine system vs bipolar radiofrequency nonresectoscopic endometrial ablation in women with heavy menstrual bleeding: long-term follow-up of a multicenter randomized controlled trial.

Huijs et al. Am J Obstet Gynecol. Vol. 230, Issue. 5, May 2024

https://doi.org/10.1016/j.ajog.2024.01.016

This interesting article outlines the long-term follow-up results of a multicenter RCT comparing the levenorgestrel IUS against bipolar radiofrequency endometrial ablation for the management of heavy menstrual bleeding. The primary outcome was reintervention rate after primary intervention. There was no statistically significant difference in overall re-intervention rate (medical and surgical) or hysterectomy rate between the two groups. The IUS group, however, were more likely to undergo surgical reintervention, typically in the form of endometrial ablation. The findings support both treatment strategies being useful treatment for HMB and can be used to counsel patients.

Comparison of the Outcomes of Enhanced Recovery After Surgery and Traditional Recovery Pathway in Robotic Hysterectomy for Benign Indications: A Randomized Controlled Trial

Bahadur et al. J Minim Invasive Gynecol. Vol. 31, Issue. 7, May 2024

https://doi.org/10.1016/j.jmig.2024.04.019

This is a randomised controlled trial showed that the combination of ERAS and robotic surgery improves patient outcomes, shortens hospital stays, and enhances postoperative recovery without increasing complications. It serves as a pioneering effort in assessing the impact of ERAS on robotic hysterectomy for benign indications, providing valuable insights for future multicentric studies and supporting the integration of ERAS protocols to enhance patient outcomes and quality of life.

A 24-months Follow-up Study of Individuals with Endometriosis using Transvaginal Ultrasound

Gwata et al. J Minim Invasive Gynecol. Article in Press.

https://doi.org/10.1016/j.jmig.2024.04.010

This study adds to the other recently published evidence on the progression of endometriosis. The authors find, that in most cases, endometriosis does not significantly progress at interval ultrasound. This can be useful in the counselling of people living with endometriosis. The question of how it manifests as severe in the first place, however, remains unanswered.

Clinical and ultrasound characteristics of deep endometriosis affecting sacral plexus

Szabó et al. Ultrasound in Obstetrics & Gynecology. Vol. 64, Issue. 1, June 2024

https://doi.org/10.1002/uog.27602

Nerve endometriosis is rare and can be very difficult to diagnose. In this interesting retrospective study, the authors investigated the ultrasound appearances of those with sacral plexus endometriosis. They provide a description of typical features of endometriosis affecting the sacral plexus which can be utilised to aid in the diagnosis of this rare manifestation of the disease.

Linzagolix therapy versus a placebo in patients with endometriosis-associated pain: a prospective, randomized, double-blind, Phase 3 study (EDELWEISS 3)

Donnez et al. Human Reproduction. Vol. 39, Issue. 6, June 2024

https://doi.org/10.1093/humrep/deae076

This study supports linzagolix, a GnRH receptor antagonist, as a promising treatment option, particularly for patients for whom combined oral contraceptives or progesterone are contraindicated or ineffective. Whilst the 200 mg dose requires add-back therapy (ABT) to minimise bone loss and vasomotor symptoms, the 75 mg dose alone was shown to similarly significantly reducing dysmenorrhea and non-menstrual pelvic pain and may offer a viable option for managing chronic symptoms where ABT is contraindicated or not accepted by the woman.

Isthmoceles — Accuracy of imaging diagnosis and clinical correlation with histology: A prospective cohort study

Amro et al. Facts Views Vis Obgyn. Vol. 16, No. 2, June 2024

https://doi.org/10.52054/FVVO.16.2.021

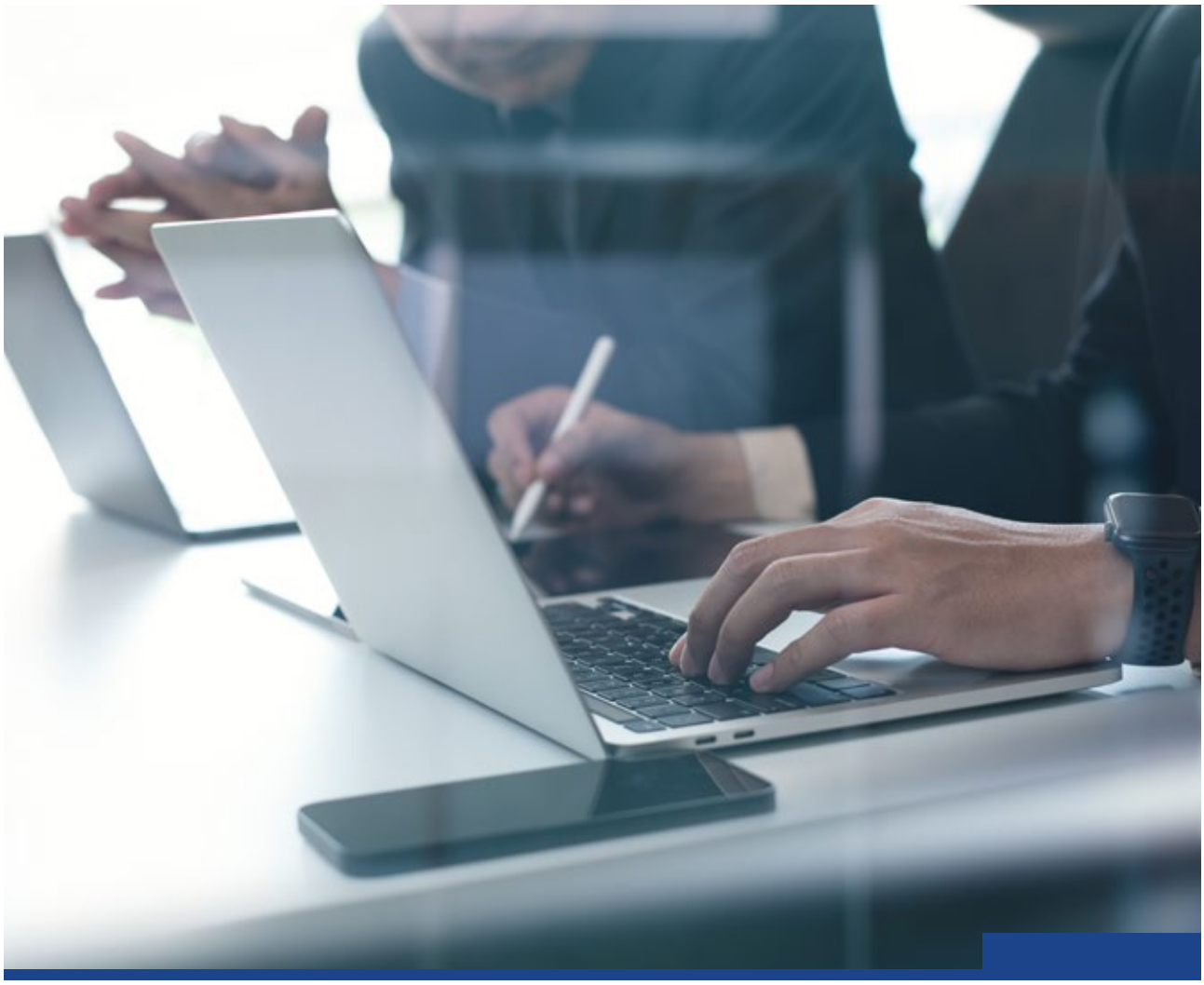
This study involved 60 women with a history of at least 1 Caesarean section (C-section) and showed that dimensions of isthmoceles measured by imaging were largely accurate with occasional differences noted. It also found that most women develop an isthmocele following a C-section, and the severity hardly increases with the number of C-sections.

The impact of embedment of the side arms of 52 mg levonorgestrel-intrauterine device on bleeding and pain: A prospective cohort study.

van der Heijden et al. J Gynecol Obstet Hum Reprod. Vol. 52, Issue. 6, June 2024

https://doi.org/10.1016/j.jogoh.2024.102777

This prospective cohort study evaluated whether those with side arm embedment of the levonorgestrel IUS were more likely to have bleeding and pain symptoms. Embedment was assessed with 3D TVUS. The authors found that there was no significant difference in pain nor bleeding symptoms between the embedment and the control group. The authors conclude that standard 3D TVUS for the sole purpose of excluding embedment is not recommended.



Future Events

SCGP
4th, 5th & 6th September 2024
Lyon, France
Click here for more info >>

RCOG World Congress
15th-17th October 2024
Muscat, Oman
Click here for more info >>

ASRM Annual Conference and Expo
19th-23rd October 2024
Denver, Colorado, USA
Click here for more info >>

ESGE Annual Congress
27th-29th October 2024
Marseille, France
Click here for more info >>

AAGL Annual Global Congress on MIGS
17th-20th November 2024
New Orleans, Louisiana, USA
Click here for more info >>

World Congress on Controversies in Obstetrics, Gynecology & Infertility (COGI)
21st-23rd November 2024
Lisbon, Portugal
Click here for more info >>

EUGA Annual Congress
5th-7th December 2024
Prague, Czech Republic
Click here for more info >>

ESGO Annual Meeting
20th-23rd February 2025
Rome, Italy
Click here for more info >>

Endo Dubai
20th-22nd February 2025
Dubai, UAE
Click here for more info >>

AGE Kompakt 2025
10-11 April 2025
Berlin
Click here for more info >>

SEUD Congress
24th-26th April 2025
Prague, Czech Republic
Click here for more info >>

IFFS World Congress
26th-29th April 2025
Tokyo International Forum
Click here for more info >>

BSGE Annual Scientific Meeting
30th April – 2nd May 2025
Leeds, United Kingdom
Click here for more info >>

World Congress on Endometriosis
21st-22nd May 2025
Sydney, Australia
Click here for more info >>

SERGS Annual Meeting
5th-7th June 2025
Pisa, Italy
Click here for more info >>

ESHRE Annual Meeting
29th June - 2nd July 2025
Paris, France
Click here for more info >>

FIGO World Congress
5th-9th October 2025
Cape Town, South Africa
Click here for more info >>

ESGE-Vision Editorial Team

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

TRAINING
Based on the current best scientific knowledge

EDUCATION
Gynaecological Endoscopic Surgical Education and Assessment (GESEA)

EVENTS
Leading society in training, education, innovation, science and community building!

ESGE
European Society for Gynaecological Endoscopy

Diestsevest 43/0001 3000 Leuven, Belgium

+32 (0)16 629.629

+32 (0)16 629.639

centraloffice@esge.org

www.esge.org