

# ESGE VISION

Newsletter of the European Society for Gynaecological Endoscopy



ESGE  
32<sup>nd</sup>  
ANNUAL  
CONGRESS

Create history by shaping the future

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Brussels BELGIUM



**ISSUE 9 – JUNE 2023**

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## Message from the Editorial Team



Dear friends and colleagues,

Welcome to the 9th edition of our newsletter, a crucial platform for fostering engagement and strengthening connections within our community. Your valuable insights and suggestions are always welcome, and we appreciate your involvement in making each issue more enriching than the last.

This edition is brimming with noteworthy updates. First and foremost, we announce the upcoming ESGE 32nd Annual Congress to be held in Brussels, Belgium from October 1st to 4th, 2023. Themed “Create history by shaping the future,” the congress is a testament to the significant strides in endoscopic surgery, highlighting recent advancements in technology and techniques. The congress intends to engage our next generation of endoscopic surgeons and we warmly invite our younger members to actively participate.

Our dedication to patient well-being and teaching excellence are central to this year’s congress, underpinning our sessions on safety advancements, laparoscopic cadaveric dissections, and robotic surgery, among others. Moreover, we’re pleased to announce the GESEA training and certification sessions, tailored for professionals at various stages of their careers.

Another exciting news is the launch of the GESEA4EU project, supported by the European Commission. This project builds upon the celebrated GESEA programme, marking another step in our commitment to structured educational and certification standards in Gynaecological Endoscopy.

We also recount the successful ESGE Regional Workshop held in Istanbul, a comprehensive gathering of experts discussing the practical aspects of managing endometriosis. The workshop reflects ESGE’s dedication to fostering knowledge exchange and driving forward advancements in patient care.

ESGE’s strong presence at the Global Congress on Hysteroscopy and Intrauterine Surgery, GCH2023, underscores our active role within the broader medical community. With more than 800 participants from 67 countries, the event provided a platform for world-renowned specialists and emerging talents in the field.

This issue includes an interview with former ESGE President Professor Peter O’Donovan. We also pay tribute to our esteemed colleagues, Professors Chris Sutton and Ivo Brosens, who recently passed away. Their dedicated service and contributions to the field will not be forgotten. We also present selected Images in Gynaecology, noteworthy articles, and future events.

As we venture further into 2023, let us continue our collective efforts to advance gynaecological endoscopy, fostering an environment of shared learning and mutual growth.

Thank you for your ongoing support and commitment to ESGE.

**Shaheen Khazali**  
Associate Editor, ESGE-VISION



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## ESGE 32nd Annual Congress

We are delighted to announce that the ESGE 32nd Annual Congress will be held in Brussels, Belgium from October 1st to 4th, 2023. This year, our congress embraces the theme of “Create history by shaping the future,” which encapsulates the remarkable advancements unfolding in endoscopic surgery such as the development of cutting-edge instrumentations and an array of access options for endoscopic procedures. During the congress, we will have the opportunity to explore these innovative technologies in-depth.

The aim of the congress is to work hand in hand with the future generation of endoscopic surgeons, represented by our esteemed young colleagues. We extend a warm invitation to young gynaecologists, encouraging them to actively participate and engage in the exchange of ideas. To facilitate this, we eagerly invite young gynaecologists to submit their abstracts and videos, seizing the opportunity to showcase their expertise and contribute to the collective knowledge of our esteemed community.



During the congress, our commitment to patients' well-being will be given particular emphasis as we focus on the advancement of endoscopic surgical procedures' safety. Furthermore, we recognize the importance of teaching in improving outcomes in minimally invasive surgery, an aspect that will be discussed throughout the event.

As part of the congress programme, GESEA certification sessions will be conducted, providing an invaluable opportunity for skill enhancement. Additionally, the congress will feature laparoscopic cadaveric dissections, showcasing neuropeleological demonstrations, as well as robotic surgery sessions for urogynecological procedures. At the core of the ESGE's objectives lies the provision of teaching excellence that caters to professionals at all stages of their careers.

The Young Endoscopists Platform (YEP) exchange programme held for the first time last year in Lisbon was a success and 40 fortunate young residents were given the opportunity to partake in an educational experience, receiving both theoretical and practical teaching from esteemed Portuguese endoscopist experts. This year, we are thrilled to offer this experience in ten esteemed endoscopic surgery centers throughout Belgium. Each center will welcome five residents into their units for three immersive days from the 27th to 29th of September.

Furthermore, the congress will explore the surgical and medical dimensions of Reproductive Health, recognizing the crucial role endoscopic surgeons play in caring for young patients with pregnancy intentions.

The collaborative effort of the ESGE Scientific Committee, alongside the Local Organising Committee, the Central Office, and the Congress-Industry aims to offer an exciting and innovative programme. We firmly believe that the exchange of invaluable experiences with the aspiring generation of endoscopic surgeons will not only expand our scientific knowledge but also ensure the resounding success of the congress itself.

## Why come to Brussels?

A congress in Brussels is always interesting, but there are more reasons to visit this remarkable city:

Brussels is the centre of the European Community and is easily accessible by car, train, metro, tram, bus and plane, with Zaventem airport a mere 10 minutes away.





Brussels is a city celebrated for its multicultural essence and beckons an array of captivating attractions. While Paris boasts the iconic Eiffel Tower, Brussels proudly presents its own architectural marvel, the Atomium. This structure symbolizes an enlarged iron unit cell, magnified at an astounding 165 billion times. A visit to the Atomium is an absolute must! Ascend to the pinnacle of the Atomium, 100 meters above ground, and immerse yourself in the breathtaking views of Brussels at the Atomium Restaurant.

Located at the base of the Atomium, Mini-Europe awaits, a park featuring all the wonders of Europe, in miniature. By wandering through the enchanting miniature landscapes of every European country, you will (re)discover the 27 member states of the European Union and the United Kingdom.

No visit to Brussels would be complete without visiting the renowned Manneken-Pis. This iconic landmark stands as a symbol of the city's indomitable spirit. The small bronze statue, measuring a mere 50 cm, depicts a mischievous young boy urinating into a fountain's basin. Adorned in over 900 meticulously crafted outfits, this beloved figure continues to captivate all who behold him. Have you ever witnessed such a beloved and famous little character?

Belgium is also recognised for its world-renowned chocolate. For centuries, Belgian chocolate has reigned supreme, captivating taste buds and crafting an enduring legacy in the country's economy and culture. Do not miss the opportunity to savor this decadent treat during your visit.



As the evening sets in, allow yourself to immerse in the enchanting ambiance of the Grand Place, with a rich Belgian beer. With an extensive array of choices at your fingertips, the possibilities are endless. Embark on a flavorful journey, relishing the nuances of each sip, and revel in the vibrant tapestry of the city's beer culture.



# Launch of the new GESEA4EU project with the support of the European Commission

ESGE is thrilled to announce the official launch of the new GESEA4EU project, aimed at enhancing the provision of standardized training and certification in the field of Gynaecological Endoscopy. This exciting two-year project, initiated at the end of April, builds upon the successful Gynaecological Endoscopic Surgical Education and Assessment (GESEA) programme. GESEA follows a structured educational approach to Gynaecological Endoscopy, offering surgeons comprehensive training, certification, and skill advancement. The programme has already gained significant recognition, having issued over 4,300 certifications to gynaecological surgeons to date.

GESEA4EU is a cross-border project that unites 16 partners from 8 European member states. It is partially funded by the European Union under the EU4Health Work Programme. ESGE leads the project, and is joined by two other pan-European Societies (EBCOG and SERGS). Additionally, our collaboration includes state-of-the-art GESEA training centers located in Belgium, Cyprus, France, Germany, Greece, Italy, Portugal, and Slovenia. These centers have already established affiliations with national health authorities through their faculty membership in relevant associations.

*"The importance of training in endoscopic surgery is undisputed and so the creation of an international project involving 15 different countries is a great source of pride for our society. GESEA4EU is all about collaboration, integration, standardisation and innovation; the fundamental pillars of a progressive and revolutionary project in which we deeply trust."*

**Dr. Federica Campolo**, GESEA4EU coordinator,  
ESGE/Fondazione Policlinico Universitario Agostino Gemelli, Italy

Within the scope of GESEA4EU, we are not only committed to standardise the existing GESEA training which is already offered in the 12 existing centres, but also to expand the programme to cater to the specific needs of other healthcare professionals. Over the course of next two years, the project aims to develop and test 27 learning modules within the current network, adhering to the existing certification procedures. The training methodology will employ a structured learning approach encompassing e-learning, distance learning, simulation training, instructor-led training, mentoring, and role-playing.



GESEA4EU  
Kick Off Meeting



Co-funded by  
the European Union







*“Preparatory activities for standardising training have started. Our first efforts are centered on mapping the diverse simulation training tools, methods and programmes currently utilised at GESEA Training and Diploma Centres in the Consortium. Through careful analysis, synthesis and expert consensus, we will be able to achieve evidence-based standardisation. The design of training materials is also progressing well. Based on this work, together with a precise training programme and agenda, the GESEA4EU Training modules will form the basis for GESEA4EU training activities.”*

**Dr. Istvan Argay**, European Academy of Gynaecological Surgery (EAGS)

GESEA4EU is organised around three main sets of tasks. The first phase, spanning the initial nine months, involves mapping and developing a cohesive set of standardised training modules in all partner languages. Moving into the second phase, which will be commencing in October 2023, focuses on piloting and evaluating the training modules and approaches across all GESEA centers and targeted trainees from various groups. The aim is to expand the programme to new centres. Finally, the third phase, beginning in November 2023, entails assessing the impact of the GESEA4EU training modules, ensuring their efficacy and feasibility under real training conditions.

Recognising the high level of expertise required in robotics and endoscopy, GESEA acknowledges that effective and validated training is crucial for all members of the healthcare workforce, including nurses and supporting non-clinical personnel. With GESEA4EU aims to create standardized learning modules that are reproducible and widely recognized throughout Europe, by drawing on the experiences of consortium partners. These modules cover four thematic areas: General, Laparoscopy, Hysteroscopy, and Robotics. Through this GESEA4EU initiative, ESGE is set to broaden the scope of GESEA by incorporating comprehensive training for nurses, non-clinical staff members, and other sectors. Moreover, GESEA4EU presents a remarkable opportunity to standardize the training of trainers who will skilfully deliver the planned learning modules.

In addition, GESEA4EU brings forth a new chapter of growth as it enables the expansion of the GESEA programme to meet the training needs of nine potential GESEA centers in Northern and Eastern Europe, where the learning modules will be meticulously piloted and evaluated.

Lastly, GESEA4EU will support the promotion of the GESEA programme through the esteemed European Board & College of Obstetrics and Gynaecology, as part of the EBCOG-PACT Framework. This collaborative effort signifies a significant stride toward establishing a broad European training infrastructure that builds upon and enhances the existing training landscape.



For more  
information  
about GESEA4EU  
[click here](#)



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

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

Minimally invasive gynecological surgery (MIGS) is a surgical approach that uses anatomical landmarks and specialized instruments to perform gynecological procedures, such as hysterectomy, myomectomy, and treatment of endometriosis. The goal of MIGS is to provide optimum surgical results by magnification, minimise complications and speed up recovery times compared to traditional open surgery.

Training in MIGS is crucial to minimize complications during surgery. Surgeons who are well-trained in MIGS techniques are better able to perform procedures with precision and minimize the risk of complications such as bleeding, infection, and damage to surrounding tissues. In addition, they are better equipped to manage complications if they do occur. The impact of training in MIGS is evident in the improved outcomes for patients undergoing these procedures. Studies have shown that patients who undergo MIGS have shorter hospital stays, less pain, and quicker return to normal activities compared to those who undergo traditional open surgery. Furthermore, the skills gained through MIGS training can also have broader benefits for surgeons, as they can be applied to other types of surgeries as well. Surgeons who are proficient in MIGS techniques may be better able to perform other minimally invasive surgeries, such as laparoscopic procedures. Training in MIGS is essential to minimize complications during gynecological surgeries and improve patient outcomes. 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. Here are a few ways that certification can have a positive impact:

- 1. Ensuring standardization of training:** Certification ensures that surgeons have undergone standardized training in MIGS. This training can include both didactic and hands-on components, and it can help to ensure that surgeons have 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, as they have demonstrated their competence in performing MIGS procedures. They are more familiar with the latest techniques and technologies in this 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, which ensures that surgeons stay up-to-date with the latest advances in MIGS. This ongoing education can help to improve the quality of care provided to patients and may lead to further improvements in surgical outcomes.

Certification of skills in MIGS ensures that surgeons have undergone standardized training, have demonstrated their competence in performing MIGS procedures, and continue to engage in ongoing professional development to stay up-to-date with the latest advances in the field.



## ESGE Regional Workshop in Istanbul: A Comprehensive and Successful Gathering of Endometriosis Experts

ESGE Regional Workshop was held on 10 and 11 March at Sofitel Taksim Hotel in Istanbul.

The event themed “Step-by-Step Treatment of Women with Endometriosis from Diagnosis to Treatment: A Practical Approach” was successful with 280 participants from 10 different countries.

The opening speeches were delivered by Ertan Saridoğan and Taner Usta, setting the stage for an in-depth exploration of endometriosis management. The workshop featured six sessions, each delving into a specific aspect of the diagnosis, treatment, and management of the condition.

**Session 1**, chaired by Cem Atabeoğlu and Cihan Kaya, focused on the basic principles of transvaginal ultrasound and pelvic MRI in the diagnosis of endometriosis. Stefano Guerriero gave detailed presentations on performing ultrasound examinations for pelvic endometriosis, adenomyosis and deep endometriosis. Isabelle Thomassin-Négarra discussed MRI findings for adenomyosis and different types of endometriosis, as well as MRI scanning techniques, sequences, and protocols.





**Session 2** featured live ultrasound demonstrations, ultrasound and MRI case presentations, and a panel discussion with Stefano Guerriero and Isabelle Thomassin-Négarra. The first day ended with the Sampson Awards 2023 Ceremony, where Kutay Biberoglu received the prestigious award.



**Session 4**, chaired by Yucel Karaman and Tolga Karacan, delved into the surgical management of endometriosis. Michelle Nisolle presented on surgery for superficial and peritoneal endometriosis, Ertan Saridoğan discussed surgery for ovarian endometrioma, and Ahmet Kale focused on surgery for deep endometriosis. Helder Ferreira concluded the session with a presentation on managing complications arising from endometriosis surgery.



**Session 5**, chaired by Levent Senturk and Hale Goksever Celik, centered on the management of endometriosis-associated pain. Paolo Vercellini discussed medical management, Taner Usta presented on surgical management, and Sawsan As-Sanie, who joined via live video conference, explored the role of pain management teams.

In addition to the main sessions, the workshop also included three satellite symposia. The first, moderated by Ertan Saridoğan and featuring Mohamed Mabrouk via live video conference, focused on managing intraoperative challenges in advanced endoscopic surgery. The second, moderated by Ahmet Kale, Faruk Kose discussed smart energy use in deep infiltrative endometriosis surgery. The third satellite symposium, moderated by Taner Usta, featured Derya S. Duymaz and Devin Garza, who presented on real-time intelligent insufflation in endometriosis surgery.

The workshop culminated in Session 6, a panel discussion and case presentation session moderated by Ertan Saridoğan. The esteemed panelists which included Sawsan As-Sanie, Helder Ferreira, Grigoris Grimbizis, Umit Inceboz, Michelle Nisolle, and Paolo Vercellini engaged in an informative dialogue, addressing a wide range of topics related to endometriosis management.

The ESGE Regional Workshop in Istanbul was a highly successful event that facilitated collaboration and knowledge sharing among endometriosis experts from around the world. Participants left the workshop with a wealth of practical information and a renewed commitment to providing the highest level of care for women with endometriosis.

As the workshop came to a close, attendees were encouraged to continue their professional development and stay connected with their colleagues. The organisers expressed their gratitude to all participants, speakers, and sponsors for their valuable contributions, which were instrumental in making the event a resounding success.



The Istanbul Regional Workshop has set the stage for continued progress in the field of endometriosis treatment and management. Looking ahead, the ESGE community is eager to participate in future events and seize opportunities to advance the field of gynecological endoscopy. The 32nd Annual ESGE Congress will take place in Brussels, Belgium, from October 1st to 4th, 2023, promising another enriching and inspiring experience for professionals in the field.

# Prominent ESGE presence at GCH2023: Global Congress on Hysteroscopy

The Global Congress on Hysteroscopy and Intrauterine Surgery took place from April 26th to 28th 2023, organised by GCH (Global Community of Hysteroscopy), chaired by Sergio Haimovich, Luis Alonso Pacheco and Attilio Di Spiezio Sardo.



## *GCH2023 Faculty*

More than 800 attendees from 67 countries gathered in Sitges, a small and special town near Barcelona. The programme featured world leading specialists in intrauterine surgery and hysteroscopy, together with new and young talented speakers, and among the many topics covered, 2 subjects received special attention: Abnormal uterine bleeding and reproduction.

More than 150 abstracts were received for the event, most of high scientific level, and the best in each category (oral communications, video communications and posters) were awarded special prizes.

The European Society for Gynaecological Endoscopy (ESGE) had an important role not only due to the participation of its members as speakers in the sessions, but also due to a special ESGE session which saw a full room participation. This session was welcomed by Ursula Catena, Chair of the ESGE Special Interest Group (SIG) "Hysteroscopy". All the members of SIG were also involved; Mercedes Andeyro, Milica Perovic, Branka Segura and Zegura Andric chaired the session. Very interesting and popular topics were presented by the speakers, Carlo De Angelis and Amerigo Vitagliano (members of the SIG), together with Ursula Catena and Ertan Saridogan, President-Elect of ESGE and ESGE Editor of the Journal Facts Views & Vision.

Something that was highlighted by all the attendees was the remarkable atmosphere during the event, where we all shared friendship and a common passion for our work.

The GCH executive committee has already started on preparations for the forthcoming congress, GCH25.



*ESGE Session Faculty*







## Interview with Professor Peter O'Donovan



Professor Peter O'Donovan is one of the past Presidents of the European Society for Gynaecological Endoscopy and is a member of its Board of Directors. He has been a leading figure in the field of gynaecological endoscopy. ESGEVISION Editor Ertan Saridogan interviewed him recently.

**ES: Peter first of all thank you very much for agreeing to the interview,**

POD: Thanks for having me Ertan, it's very kind of you to think of me.

**ES: Of course, as one of the Past Presidents of the European Society for Gynaecological Endoscopy, it would be important to put your contribution on the record. And I think this is a good opportunity, and you've obviously been an important person for BSGE as well, and I know you've just come back from the BSGE Annual Scientific Meeting, so perhaps we can start with your involvement with the British Society?**

POD: I actually wasn't there at the very beginning of the BSGE when it was founded by Chris Sutton and his colleagues in Guildford I think in about 1990, Adam Magos, Alan Gordon and a few of others had a meeting. I got really involved with endoscopic surgery after I was appointed a consultant in about 1990, which corresponded at the time of the founding of the BSGE. But my main interest was going to be in mainly minimizing surgical intervention. And I saw both hysteroscopy and laparoscopy as ideal ways of actually doing that. I attended a number of different workshops by pioneers such as Adam Magos who had a workshop at the Royal Free, which myself and my colleague, Sian Jones attended in 1991. Adam was a very good teacher, and he showed us, based on his research and his workshops, hysteroscopic surgery, endometrial surgery. And he also gave us a demonstration of laparoscopic surgery. He supervised us performing both diagnostic and operative hysteroscopy.

**ES: Did you receive any help from anyone else?**

POD: Alan Gordon came to teach us both, operative hysteroscopy and operative laparoscopy and he used to come and supervise us doing surgery. He was extremely kind and an excellent teacher. Around the same time, I obtained funding to appoint a research fellow jointly with Leeds and we appointed Mike Gannon, who was very good in terms of hysteroscopic skills and we did recruit patients for a large study that both Adam Magos and Hugh O'Connor were recruiting from the Royal Free, looking at a randomised study of hysterectomy versus endometrial ablation. And that was subsequently published in The Lancet. Subsequently, Mike Gannon did a PhD on photodynamic therapy, and we did a randomised study looking at ball ablation versus loop resection, we did recruit a lot of patients for that. He obtained his PhD, looking in a photodynamic therapy when he was working as a research fellow with Professor Richard Lilford and its effect on menorrhagia.



**ES: When did your connections start with Europe?**

POD: I did workshops with Bruno Van Herendael. I and Sian Jones went to see him in Antwerp at his hospital. He was mainly a hysteroscopic surgeon and at that time, Bruno did have visiting surgeons coming to see him operate. These included people like Arnaud Wattiez and various other leading people in the field of endoscopic surgery.

**ES: And the USA?**

Around about 1996 I visited the USA with Ellis Downes. Alan Johns in Fort Worth showed us his technique in laparoscopic surgery. And again, we learned a lot from him, although our visit to Alan was only a few weeks, we did have an enjoyable time visiting him. I applied to become a board member of the BSGE and I was successful in getting elected to the board. At the same time, Ray Garry invited me to join the editorial board of Gynaecological Endoscopy, which was one of the early endoscopic journals. Ray, who at the time was in Middlesbrough doing a lot of pioneering work on endometriosis, hysteroscopic surgery, he appointed a number of research fellows, including Jason Abbott. A lot of his work around second generation ablation and endoscopic techniques, particularly the entry techniques, were widely quoted. There was a meeting in Birmingham, which was a joint BSGE and ESGE meeting.

**ES: Do you think that was the first BSGE-ESGE collaboration?**

POD: You have to check on this exactly, but it was run by John Newton. And I submitted a few abstracts and I was subsequently elected onto the board of the European Society.

**ES: So more or less the same year as you were elected to the BSGE board, correct?**

POD: Yes. So I was a joint board member of both the British and European societies from that stage onwards. I was very lucky because at around that time I formed a research centre at Bradford Teaching Hospitals and simultaneously I was appointed the Director of Postgraduate Education for the hospital, supervising all postgraduates in the hospital. It was quite a busy job because I was a full-time obstetrician and gynaecologist. As the Director of Postgraduate Education, I was active in basically developing surgical skills both locally and regionally. So I formed the Merit Center, which stands for Micro Endoscopic Research, Innovation and Training. And I was very fortunate to obtain funding from both Karl Storz and Ethicon and AstraZeneca to employ research fellows. So I had a series of research fellows working with me. Paul McGurgan was my first research fellow following Mike Gannon. Paul did a lot of work on looking at endometrial polyps.

He published extensively and he subsequently got a senior registrar job in Bristol, and then moved on to Australia, he's now working in Perth, Western Australia. At the time, in addition to founding the Merit centre, I decided to run a series of masterclasses in Bradford. And we had some high profile endoscopic surgeons coming. Stefano Bettocchi came and did a masterclass, as did Jacques Hamou. And it was a very exciting time because there was an explosion in the field of hysteroscopic surgery.

**ES: What type of clinical setting were you working in?**

POD: Around the same time, myself and Sian Jones decided to develop the concept of a direct access hysteroscopy service. Where women were able to be seen, have a scan done, have a hysteroscopy done, have a polyp removed, coil inserted, or any type of minor operative procedure, done all in the one sitting, and then be discharged. A so-called 'one stop clinic'. We called it direct access hysteroscopy service. That was the beginning really, through mainly Sian, of the concept of Nurse hysteroscopy, nurse Hysteroscopists. She really developed that by linking with the University of Bradford.

**ES: When did you become the President of the BSGE?**

POD: Around 2000, I became vice President of the British Society for Gynaecological Endoscopy. I established many of the links, mainly with the RCOG. We established a lot of joint RCOG-BSGE meetings. We ran at least eight of them between 2000 and 2002. So at the same time, I appointed more research fellows and Kailash Nakade was a research fellow with me and he was mainly interested in laparoscopic oncological surgery. He is now a successful cancer lead in Milton Keynes and is doing a lot of work in robotic surgery, the CMR programme. I became president of the British Society for Gynaecological Endoscopy in 2002 to 2004. During this time I was also active with the European Society as their board member.

**ES: When did you start organising meetings with other international organisations?**

POD: One of the main meetings was 2003 in June, between the British Society for Gynaecological Endoscopy and The European Association of Endoscopic Surgeons, it was EAES. We had at least a thousand or more people attend a collaborative meeting in the Scottish Exhibition Centre.

So I represented the British Society of Gynaecological Endoscopy and Sir Alfred Cuschieri, at the time represented the EAES.



That was a very huge success because it involved collaborative work across the field of not only gynaecological endoscopy, but also surgical endoscopy, imaging and early robotics and we were able to interlink all of the number of parallel sessions in a multidisciplinary way. Financially it was also very successful because the success of that allowed the British Society to link in with many of the international overseas and European leading researchers and endoscopic surgeons. As a result of that the British Society has become much more outward looking, and in many ways, a lot of the guidelines that subsequently flowed from our involvement with the college in NICE. For example, around this time we had the NICE guidelines for the management of heavy menstrual bleeding. In Middlesbrough we had an entry technique workshop, which was widely quoted and published in the Gynaecological Endoscopy journal. I helped, along with various council members of the BSGE, to write the first draft of the heavy menstrual bleeding guidelines which was a very wide collaborative effort.

**ES: When did you start writing or editing your books?**

POD: I was able to, because of my links with colleagues around the world, to co-edit a number of books. I did a joint book with my good friend, Ellis Downes, called Recent Advances in Gynaecological Surgery. That was very successful. And then I did subsequent work on the Conservative Management of Menorrhagia. And a number of other books. I did one jointly with Chuck Miller, Charles Miller on the Modern Management of Menorrhagia. Complication Avoidance, which I did with various international collaborators. So I think I published about six books. I was also at the same time, a board member of the Best Practice Series in Obstetrics and Gynaecology, which was chaired by Professor Sir Arulkumaran, I also published about six or seven monographs, which I did jointly with colleagues. We did one on Ambulatory Surgery, which I edited with Nazar Amso. I did collaborative work with various other large instrument makers. At one stage I was involved with Marcus Filshie, in looking at converting the reusable Filshie clip into a disposable Filshie clip. And thankfully, that conversion happened and it allowed for a safer performance of laparoscopic sterilisation.

After stepping down as President of the British Society of Gynaecological Endoscopy in 2004, I was still heavily involved with the BSGE as past president. Just separately, I also became a member of a national group which advised on how to develop various healthcare products within the NHS and that group is still in existence and it actually allows the intellectual property that one attaches to various devices or pharmaceuticals to be primarily developed for the benefit of the NHS. And because of that sort of work, I was appointed the intellectual property lead for our hospital, for about five or six years. And I found that particularly interesting, and very helpful for my personal development.

**ES: I remember in the early 2000s, you ran a series of meetings called Recent Advances in Gynaecological Surgery, didn't you?**

POD: In addition to all these meetings, myself and Ellis Downes, who is extremely creative in the way he thinks, had joint meetings called Recent Advances in Gynaecological Surgery, and they ran for probably eight years. And they were held every November or December and we tended to invite both international colleagues and national colleagues to present state of the art and innovative areas of practice in gynaecology. The first meeting was held in Leeds, and that was in 1996 before the International Congress, which was held in the Harrogate Conference Centre. That meeting was extremely successful and we decided to use the template from that to run various other meetings. None of the meetings were run for personal benefit because any sort of funds that were created, extra funds, were actually split 50% between, the RCOG and BSGE, but needless to say, not only were they highly successful, they also generated very good sums of money to be used for education and training, which I think people were very happy with.

Separately, over that period of time, I used to go both to the ESGE meetings and the AAGL meetings which were very good indeed. And, in the early 2000s, I was involved in, through the European Society, with joint meetings between the ESGE, the German Society and the ISGE and I think some of the most successful meetings were organised as collaborative meetings between two or more societies.

**ES: When did you become more active within the ESGE, presumably after your role came to an end in the BSGE?**

POD: The actual parallel sort of happenings in the European Society was that around this time, I became editor of the Gynaecological Surgery, which was the official journal for the ESGE. I normally only like to take on editorial posts for two to three years, and then pass things on to other people who can then take it to a higher level. And that in fact happened, I passed on the editorship of Gynaecological Surgery to Ivo Brossens. And he then took it over and did raise it to a high level as would be expected.

Subsequently, through various ESGE Committees. I became an executive board member. I became the treasurer for a number of years, and then I was offered to become the President of the European Society.





As the European Society involved, a lot of people who I get on extremely well with, Rudi Campo, Arnaud Wattiez, Hans Brölmann, and particularly my good friend Rudy Leon De Wilde and Sara Brucker, it was very much like working with friends, and they were very receptive to many new ideas.

And, although I didn't always get it right, they weren't afraid to tell me that I wasn't getting it right. And you usually believed in colleagues and friends, and you thought again, but they had a nice way of putting it. They always used to say, would you like to rethink that? And after a reflection and rethinking, we usually came to a mutual agreement.

**ES: Presumably we were the bridge between the BSGE and ESGE?**

POD: I'm very proud of the fact that the British Society for many years, have contributed heavily to the European Society for Gynaecological Endoscopy, and, I must particularly thank Alfred Cutner, who subsequent to me leaving the BSGE, was able to formalise that the British Society became the first corporate member of the European Society, I think around the same time that the German Society did as well.

My view is that the British Society, and I suppose I'm a little bit biased, are still one of the main driving forces in the European Society in terms of attendance, presentations and the involvement in very high quality abstracts.

I'm very proud that not only has Britain and the British Society been very proactive, I'm very proud of the involvement of various colleagues, particularly yourself, Ertan, and you've been heavily involved with the European Society, since stepping down as President of the British Society, and I think it's only right, that you are President-Elect and I think you're doing a fantastic job, both as a meetings organizer and as the driving force for many of their guideline committees.

So I think it's very good to have a colleague who's like-minded to take over the reins and develop the links and the vision further.

**ES: Thank you, Peter for that. Thank you, it's very comprehensive. So Peter, what I would like to do at this stage is to take you back to your beginning. You started from your consultant appointment in 1990, so would you like to tell us a little about your training. You said you were trained both as a general surgeon and gynaecologist.**

POD: Yes, I initially qualified in Ireland and I qualified from the National University of Ireland. And at an early stage, I was headhunted by the Professor of Obstetrics and Gynaecology and the Professor of Surgery to train as a gynaecological oncologist in the early 1980s. I did plastic surgery, urology, colorectal surgery and vascular surgery in a three year programme. After I completed my surgical training I got my fellowship in surgery from London. I then moved on to work for a year with the Professor of Obstetrics and Gynaecology. I worked in the National Maternity Hospital in Dublin as a perinatal fellow.

So I spent a year doing a combination of Obstetrics and Neonatology and during that time, I worked with Professor Kieran O' Driscoll, who was heavily involved in a way of managing women by the active management of labour. I was then sent to Leeds to train in gynaecological cancer with gynaecological oncologists. I worked with Roger Peel doing gynecological cancer work.

I again did research with various people, including Professor Richard Lilford and some of my early publications with Richard in particular, were heavily cited. They were the subject of articles in The Lancet and I actually really enjoyed my time doing the general type of work.

I did get a senior registrar job quite quickly within the Yorkshire Region and then I became a Consultant. Over a period of a number of years, I eventually did become gynae cancer lead and I did it for the last 12 years of my active hospital career. Although it was very demanding, it was also humbling because I found it particularly humbling because the patients were so grateful for anything you could do for them.

**ES: How do you spend your time these days?**

POD: In terms of what I'm doing at the moment, I'm still in clinical practice, but I've stopped my cancer work and I'm doing mainly ambulatory work. But because I'm still linked with the University, I'm heavily involved with their developmental work through University spin outs for various medical treatments of female healthcare problems. And I'm directing their research in the field of menorrhagia, incontinence using novel treatments. I still want to carry on trying to help and develop new concepts that might also be used synergistically with conservative surgery.



**ES: So you have no immediate plans to retire completely yet?**

POD: I still work two or three days. But probably one of the best things that have happened to me recently is that we've just had our first grandchild, my eldest son. Yes. So he basically is taking up a lot of our time.

**ES: And lastly before we finish Peter, obviously you've had so much involvement with many aspects of medicine, particularly in gynaecology and gynaecological endoscopy, but, do you have any outside hobbies, interests, other than medicine?**

POD: I do, I enjoy tennis. I'm a long-suffering Leeds United fan but I'm an eternal optimist. And I'm a member of the Lawn Tennis Association. This year I've been lucky to get two tickets for the Wimbledon men's final. I hope to attend that. I also do enjoy rugby, I still support Ireland because of my background and I do hope that they perform well in the World Cup, but there is some very good competition I think from the French and it will be held in France and I hope possibly to attend at least one or two of the Irish games if I can. Because I've been living in Britain for so long, I always like to see the England team do well as well. And they might be able to get together a sufficient number of very good players to be challenging as well. I wouldn't discount them.

**ES: Do you have any predictions about who might be playing the final of Wimbledon this year?**

POD: I suspect it'll be Djokovic against Medvedev or Alcaraz, and I suspect it'll be Djokovic who will win as he is very good on grass.

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

POD: I feel very fortunate to have been able to experience such a wide range of links with very interesting people through endoscopic surgery over many years. And I'm extremely grateful to, and humbled by the people like Ellis Downes, Chris Sutton, Ray Garry, Alan Gordon, Lilo Mettler, the two Rudy's, Arnaud for sharing all of their experience, which will help promote better patient care and safety. And I hope that these links will carry on, hopefully for many years to come, fingers crossed, and health permitting. And obviously I always say thank you, Ertan, for being such a gentleman and a colleague and a great friend.

**ES: Thank you for talking to me Peter.**



*Peter with his wife Carmel*



**Christopher James  
Gabert Sutton**

6th October 1941-  
25th March 2023

[Click here  
Interview with  
Chris Sutton  
ESGE Issue 7 2022](#)



## Obituary for Professor Chris Sutton

Professor Chris Sutton was one of the Presidents of the European Society for Gynaecological Endoscopy. He served the society from its early years and remained an active member until his death. His last role in the ESGE was the position of member of the 'ESGE Senate', a forum in which the most senior and experienced members of the ESGE contributed to the Society. Professor Ray Garry who was a very close friend of Chris Sutton gave an eulogy at the recent Annual Scientific Meeting of the British Society for Gynaecological Endoscopy (BSGE). The following text is the unedited eulogy of Ray Garry. ESGEVISION published an interview with Chris Sutton last year and this can be found on our website using the link below.

May I begin by thanking Andrew and the society for the honour of asking me to give this eulogy and to thank those who helped me prepare it: Jeremy Wright, and particularly Chris's daughters Camilla and Vanessa.

This is both one of the saddest and yet one of the proudest moments of my professional life. It is the greatest privilege to honour, not only the memory of one of my best friends, but also one of the friends of so many of you in this auditorium and one of the best friends of this society of which he was so proud. I have struggled with how to reflect the many sides of this man in the context of a BSGE meeting. Much of what follows is my very personal reflections but I hope this gives some insights into both his nature as well as into some of his many achievements.

Chris was one of the founding fathers of the BSGE along with Adam Magos, Alan Gordon and Victor Lewis. These four convened a meeting to establish the society in 1989. To those of us fortunate enough to be there, this event revealed much of the charismatic character of Chris. Almost inevitably the founding meeting of the society was held in Guildford. Much of the gathering was concerned with the heavy details of organising the rules, constitutions etc of the new society but with typical panache, Chris and Fanchon hosted such a memorable lunch that the society's birth was almost still born by tempting us to forgo the formalities of the afternoon and continue imbibing. Fortunately duty prevailed, and we returned to ensure the society was correctly and formally established but in a spirit of relaxed and supportive friendship. Chris, as the third President between 1994-96, and I know he was immensely proud of what the society has become as witnessed by the extra-ordinary surgery we have seen this morning. We should all be grateful for the leading role Chris played in the establishment of the BSGE.

He also played a role in shaping the ESGE. Chris was deeply involved with the earliest days of the ESGE. The society was formed in 1994 with the amalgamation of the European Hysteroscopy Society and the Raoul Palmer Laparoscopic club. Chris was present at the founding of the society and was soon elected to the board. He became the 5th President of the Society and I its secretary. We were quite awed in taking over the documentation of the society from the great pioneering laparoscopist Maurice Bruhat. We took it all back to England but without clerical support it was clear our efforts to effectively run the society were less than perfect.

Chris soon appreciated that a permanent office was needed to take the society forward and in conjunction with Rudi Campo this was soon established in Leuven. Chris claims that the accounting system of the society was less than perfect and that most members did not have to pay! I cannot vouch for the veracity of this but certainly he oversaw much work in implementing and modifying the constitution and early management of the society. He continued to support the ESGE until he was no longer able to travel which was a particular blow to him for he truly loved Europe in all its wonder and variety.



But back to the beginning. Chris was born on 6th October 1941, a true war baby. His middle name James was chosen to honour an uncle who was a spitfire pilot who was killed during the war and Gabert a traditional family name already passed on to all six of his grandsons. Chris's mother, Ivy was a nurse from Abergavenny in Wales and his father Joseph owned a number of estate agencies in Cheshire in the North of England. He had two younger brothers Robert and Peter. From the age of 8 he was sent to the prep school Smallwood Manor and subsequently to Denstone College an Independent school near Uttoxeter.

From here he gained admission to Trinity College Cambridge in 1960 an event of which he was legitimately proud. He never stopped reminding us of the fact that his college had produced more Nobel prize winners than any other. He subsequently completed his medical training in St Mary's London. He graduated BA in 1963 and B Chir in 1967. This diverse background all contributed to the man we came to know. The Celtic start gave him romanticism and a love of Rugby, Cheshire gave him northern grit and the dubious right to support Manchester City (at least in their later glory days), the midland schooling probably encouraged a capacity for persistence and hard work, while Cambridge added the culture and intellectual refinements he always demonstrated, while London provided the area of slight superiority those from the capital seem to possess. Altogether a formidable portfolio to take him into his chosen career.

He loved his life in Cambridge and, as well as being a passionate skier, he became a skilled canoeist. He became Commodore of the CUCC and led the Cambridge Greenland Kayak Expedition. He became the first man to cross the English Channel in a Kayak. He also took part in a Cambridge expedition to the Nilgiri Hills in India to study the Toda tribe. Thus adventure was instilled deep into his DNA. This was further exemplified by his taking up the opportunity to spend a year as a GP in Ontario near Toronto, near lakes and ski resorts of the East. After time as a registrar in University College Hospital, his yearning for adventure took him further still, to Fiji where he served as a medical officer for 3 years. All who knew him realised, from the sheer number of times he repeated his stories of adventures there, how thrilling and important this period was to him and his family. He then completed his training as a Senior Registrar back in England rotating between St Mary's and Cambridge. These jobs gave him the opportunity to work with some of the most influential British Gynaecologists including Sir George Pinker, the then Queens Gynaecologist, in London and Professor Charles Douglas in Cambridge. Their supervision helped turn Chris into the meticulous and skilled surgeon he was.

From this base he was appointed as consultant to the Royal Surrey County Hospital where he devoted the rest of his professional life to the women of this area. He was happy working in Guildford and gained the respect of the local community, his colleagues and the staff who worked for and with him. He took pains to acknowledge their contributions. After some years as a generalist, Chris gradually developed an increasing specialised interest in Gynaecological Endoscopy.



This slide is of Chris at the height of his power brandishing the green beamed KTP laser. After a highly successful Raise a Laser campaign he got 1 then 2 then 3. Gosh how he loved lasers; CO2. NdYAG and of course the KTP which reflected his flashy but highly effective personality. There are countless women with pain and infertility who are grateful for these skills. But it did not start here.

It was the appreciation that ugly crude and often scarring procedure of cone biopsy for potentially life threatening cancers could safely be replaced by utilising the recent improvements in optics and light sources combined with the new precisely directed laser beams to treat as effectively with less morbidity and better outcomes. That was the starting point in Endoscopy for Chris, myself and many others.



Chris was an early adopter of this approach and guess where I first met him: Yes at the BSCCP (British Society for Colposcopy and Cervical Pathology) AGM being held guess where: yes in Guildford where Chris had already become an officer of that society. This appreciation of the potential of new innovations would remain with Chris for all his professional life. From the cervix, the therapeutic journey up the genital tract seemed self-evident: hysteroscopy and endometrial ablation, laparoscopy and ectopics, simple cysts and minor endometriosis seemed obvious incremental approaches.

There are countless women who are directly grateful for his work in relieving their pain and infertility and many more who benefitted indirectly from his unselfish teaching of other gynaecologists his hard won knowledge.

This work accelerated when we met Harry Reich, guess where?, in Guildford where he had been invited to perform the first Total Laparoscopic Hysterectomy in the UK. Harry was as brilliant at teaching as he was at innovation and he opened our eyes to the further possibilities of MAS. This meeting also formed the basis of a long term professional and social group between us.

But one of the things that marked Chris out was that he did not just develop these techniques, but wrote extensively about them. According to ResearchGate he contributed to 128 publications and was cited on over 3000 occasions. His magnum opus was Endoscopic Surgery for Gynaecologists. This epic work is a who's who of gynae endoscopy with a 117 authors contributing to 69 chapters. I know of no-one who has the contacts and confidence to persuade virtually everyone in the field to contribute (for free!). Yet another tribute to this remarkable man. In addition to his clinical work he wrote extensively about historical matters and became a leading authority on the history of all aspects of Hysterectomy. For some of us his recent foray into fiction writing was perhaps a little less successful.

Even more importantly He also attempted to prove that his new approaches really worked in the best way he could. He is perhaps best known in the wider medical field for his paper on the randomised double blind trial of laser laparoscopy in the treatment of endometriosis illustrated with typical Chris humour with this make-up of another of his iconic slides (Thanks Vanessa)



*Chris Sutton and Ray Garry*

This pioneering paper was considered by the World Endometriosis Society to be one of the most important papers on endometriosis of the preceding decade.

It is true Chris and I were sometimes rivals, if just of the joking schoolboy type. I remember well a time in Hong Kong where we had been operating together. At the faculty dinner after I had need to leave the meal for a 'comfort break' at a critical moment. When I returned there was a dish full of the largest, most ugly fish head imaginable. Chris duly informed me that it was, to the Chinese, the greatest honour they could pay a guest to present him with the finest part of the meal. Horrified I gagged and struggled until relieved by the laughter from the guests who could no longer suppress their mirth. That was Chris I remember playful, warm and ultimately enormously kind.

We literally travelled all over the world together and he was always the most entertaining of companions. It was not just what Chris had to say but also how he said it. Chris was a superb lecturer and as Bernie Leigh stated also a great showman. His talks were always funny and he had a beautifully timed delivery. He gave an Honorary Lunch Time Lecture at the AAGL in Florida that was so appreciated that he received an unprecedented standing ovation. He was in demand all over the world to give such orations. In his life, as in his lectures, there was so much humour. Chris's response to my lectures was much less flattering in that he almost invariably sat in the front row and fell asleep as soon as I started. I became slightly less offended when he offered the same sleep pattern to almost everyone else.

Wherever he went he would inevitably have arranged an interesting trip or visit tacked on the side to take full advantage of the location. One of these involving a dozen of us. After a meeting in Bordeaux, Chris arranged an outing. A mini-coach was hired and we were to be driven by our leader. We recognised the vehicle by the label Groupe Sutton on the windscreen. Thus was this long lasting informal travel club born. Everywhere we went Chris would arrange the restaurant, the transport, the menu's etc and we were happy to be led by one with such enthusiasm. In Bordeaux, however, this organisational drive was perhaps a little excessive. We set off on a beautiful day to some friend's house just outside the city, we stopped for Fanchon to buy some provisions and we had a delicious French-Style lunch in a wonderful garden in the shade of trees drinking the excellent local produce. A perfect day but not for Chris, we were soon gathered up to visit a 'site' and drove 100 k or so to row small boats on some scenic inland waterway system. Thrilled by this new afternoon discovery we were preparing for the journey home when our leader announced that we should then travel a further 100K to the coast for a Michelin Starred Fish Restaurant Dinner. We arrived in the dark, the restaurant was about to close and some of the passengers were feeling car sick. Undeterred we ate and then our gallant captain drove us back through the night having fitted three days activity into one. This is The Chris I remember.

In our mutual competitiveness our lives followed similar paths. Including working in the same clinical areas, publishing similar things, getting our personal chairs at the same time and even, apparently, developing a similar taste in high fashion for which Vanessa, his fashion designer daughter, clearly had no part.

Chris was an indefatigable enthusiast who was naturally curious and inventive. He lived life well and to the full. He sought out adventure and was a keen skier, windsurfer, hiker, cyclist and canoeist. He loved the good things in life, travel, culture, music, storytelling, laughter, friends but above all his family.

Chris met his beloved Françoise 'Fanchon' Keller in Cambridge where she was studying Medieval History in 1961. He married her in 1965 when she had become a History and Geography teacher at the French Lycee in London. They remained devotedly married for 57 years.

They have three daughters Natalie who is now a French and Spanish Teacher, Vanessa a fashion Designer and Camilla, a property consultant. His girls were his absolute pride and joy and the most important aspects of his very full life.



*Chris Sutton photographed with his family*

In his latter years, Chris gained much satisfaction and pride from his 8 grandchildren who all deeply adore him. It is to all the members of this particularly close family that I extend, on behalf of this society, our deepest condolences.

I feel particularly sad because I feel we have not only lost a dear friend but have also reached the end of an era. Today, for me at least, marks the end of the exciting period of innovation and development when minimal access surgery first became a clinical reality.

Chris played an enormous leading role in the drama, the uncertainties, the challenges, the triumphs and disasters of these pioneering days. His passing brings this pioneering phase to an end. I learned of Chris's death while in Sydney airport in transit to visit our mutual friend Peter Maher, who himself is quite unwell. What was already looking like a difficult visit turned even worse with the news. Shocked, we pondered what to do, perhaps sit in a darkened room and drink tea or what. After a moment we decided that the only real option that would please Chris was to search out the most expensive bottle of red we could find and toast to his memory.

Please join in these sentiments and remember with joy and gratitude the life and work of Chris Sutton, a man who lived life to the full both professionally and in his private life and which everything was always an adventure.

As a postscript, when thinking of Chris please think of the phrase Fanchon suggested:

*"Behind every successful man is a very surprised woman."*



# Obituary for Professor Ivo Brosens

Ivo Brosens was born on May 15th, 1931 in Morkhoven, Belgium. He was the son of a general practitioner and grew up with one brother and four sisters, all of whom pursued careers in science and medicine. He was educated in a Jesuit school, studied philosophy and philology before pursuing medical studies at the age of 24. He graduated maxima cum laude at the Katholieke Universiteit of Leuven (KU Leuven), Belgium in 1961.

From the early years in medical school, he embarked into research and eventually obtained his Ph.D. degree at the University of London, London (UK) in 1965. He became a specialist in Obstetrics and Gynaecology in 1966. He became full professor in Obstetrics and Gynaecology at the KU Leuven in 1970. He was the founder and director of the Division of Reproductive Medicine and the Centre for Surgical Technologies at the Faculty of Medicine at KU Leuven. He was awarded honorary memberships in over 15 national and international societies, including the honorary fellowship of the RCOG, the first honorary membership of the World Endometriosis Society and the IFFS 30th Anniversary Recognition Award for significant contributions in infertility and reproductive medicine. After leaving the university in 1966, he joined in 1966 the Leuven Institute for Fertility and Embryology.

He made very important contributions in several fields of reproductive medicine. His research started with the study of the placental bed vessels and resulted in the now classic concept of defective physiological remodeling of the spiral arteries in patients with hypertensive pregnancy disorders. He demonstrated that preeclampsia was not only a placental problem, but a systemic inflammatory syndrome, eventually affecting multiple organs. This led to the understanding of other obstetrical syndromes, such as fetal growth restriction, abruptio placentae, fetal death, and spontaneous preterm labor and membrane rupture.

His next fascination was the study of the pathophysiology, diagnosis, and medical and surgical treatment of ectopic endometrium. For that work on endometriosis/adenomyosis, the German Scientific Endometriosis Foundation awarded him the Rokitansky Award in 2018.

As a visionary person, he understood that in patients with infertility problems, operative procedures should be performed with minimal trauma. This resulted in the organization of an annual workshop in microsurgical techniques, attracting many gynecologists from all over the world. He understood that this minimally invasive way of surgical interventions was of utmost importance in patients with endometriosis and tubal infertility. As a result of his continuous interest, his center of reproductive medicine succeeded in the birth of the first Belgian IVF baby in 1983.



**Ivo Brosens**

May 15th, 1931-  
23 November 2022

Following the introduction of video-endoscopy, he promoted teaching and training in laparoscopy, for which he established the Center for Surgical Technologies. His imagination was endless and that inspired his collaborators to explore new avenues in endoscopy, such as transvaginal hydrolaparoscopy and even fetal surgery.

He also published numerous papers and books; He was a welcomed participant and speaker in several national and international meetings leading to interesting discussions. Professor Ivo Brosens was a globally respected and visionary leader during his professional career. Even when retired, his brightness and productivity remained impressive: He stayed scientifically involved in the fields of endometriosis and adenomyosis, and beyond.

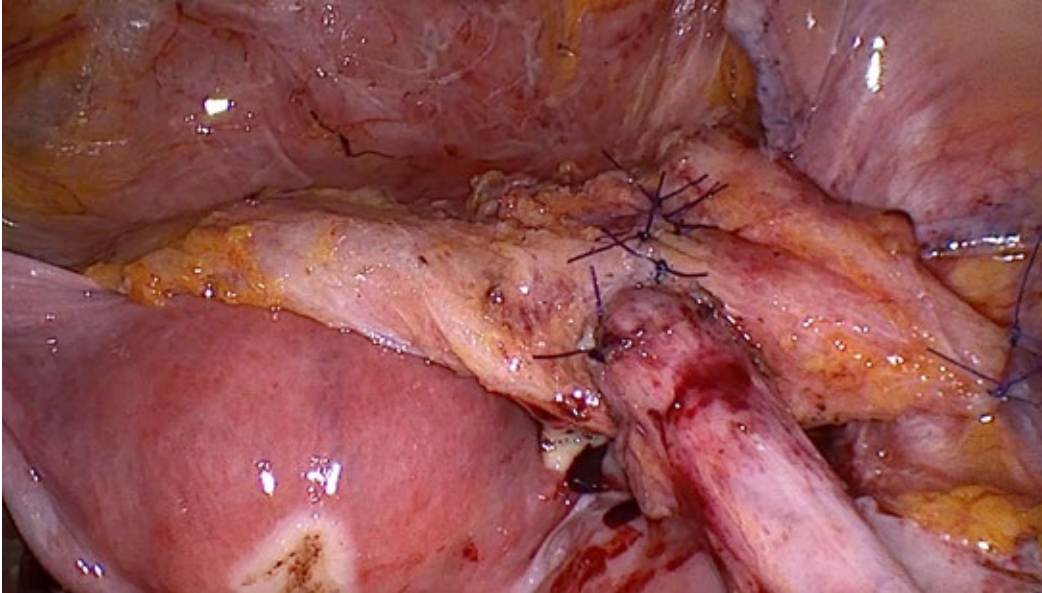
We will further remember him as a humble person with great affection and warm interest for his co-workers; he had the incredible gift of inspiring the young and scientifically interested, engaging and promoting them in their research endeavors.

Ivo lost his wife in 2018; Now, his two sons and two daughters and their families mourn a loving father, a committed grandfather. We lost a giant in obstetrics and gynaecology, a great scientist, an inspiring mentor, a charming person, a friend.

Stephan Gordts MD Life Expert Centre,  
Schipvaartstraat 4, 3000 Leuven

Jan Deprest MD PhD, Catholic University, UZ Leuven,  
Herestraat 49, 3000 Leuven

## Images in Gynaecology



*The final appearance of the ureterocystoneostomy (ureter at the right bottom of the images), and bladder attached to the right psoas muscle (psoas hitch).  
Courtesy of Maciej Pliszkiwicz, Warsaw*



*ICG infiltrated transvaginally into the caudal margin of a full thickness vaginal endometriotic nodule to mark the lower limit of partial vaginectomy.  
Courtesy of Shaheen Khazali, London*

### 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

### Diagnosis and treatment of early-stage endometriosis by Transvaginal Hydrolaparoscopy.

Gordts S, Puttemans P, Segaert I, Valkenburg M, Schutyser V, Campo R, Gordts S. Facts Views Vis Obgyn. 2023 Mar;15(1):45-52.

doi:10.52054/FVVO.15.1.057. PMID: 37010334.

<https://doi.org/10.52054/FVVO.15.1.057>

### ESGO/ESHRE/ESGE Guidelines for the fertility-sparing treatment of patients with endometrial carcinoma.

Rodolakis A, Scambia G, Planchamp F, Acien M, Di Spiezio Sardo A, Farrugia M, Grynberg M, Pakiž M, Pavlakis K, Vermeulen N, Zannoni G, Zapardiel I, Tryde Macklon KL. Facts Views Vis Obgyn. 2023 Mar;15(1):3-23.

doi: 10.52054/FVVO.15.1.065. PMID: 37010330.

<https://www.eshre.eu/Guidelines-and-Legal/Guidelines/Fertility-sparing-treatment-in-endometrial-cancer-patients>

### Rates of severe complications in patients undergoing colorectal surgery for deep endometriosis—a retrospective multicenter observational study

G. Hudelist, M. Korell, M. Burkhardt, R. Chvatal, E. Darici, D. Dimitrova, J. Drahonovsky, B. Haj Hamoud, D. Hornung, B. Krämer, G. Noe, P. Oppelt, S. D. Schäfer, B. Seeber, U. A. Ulrich, R. Wenzl, R. L. De Wilde, P. Wimberger, B. Senft, J. Keckstein, E. Montanari, C. Vaineau, M. Sillem

AOGS October 2022 Volume 101 Issue 10

<https://doi.org/10.1111/aogs.14418>

*This large retrospective study reports on surgical complications following excision surgery for bowel endometriosis. The study concluded that higher volume centers had a potentially lower rate of complications but the complication rates in lower volume centers were highly variable.*



**Benedetto Mondelli**



**Kyle Fleischer**





## Mode of conception in patients with endometriosis and adverse pregnancy outcomes: a population-based cohort study

M. P. Velez, O. Bougie, L. Bahta, J. Pudwell, R. Griffiths, W. Li, S. B. Brogly

Fertility and Sterility Volume 118, Issue 6

<https://doi.org/10.1016/j.fertnstert.2022.09.015>

*This large retrospective cohort study assessed pregnancy outcomes in those with and without endometriosis. The study adds to a growing body of evidence indicating that a history of endometriosis increases the risk of adverse pregnancy outcomes and largely independent of infertility and fertility treatment. The authors suggest that further work needs to be done to assess underlying mechanisms.*

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## Impact of surgery on fertility among patients with deep infiltrating endometriosis

M. Raos, M. Mathiasen and M. Seyer-Hansen

EJOG January 2023 Volume 280

<https://doi.org/10.1016/j.ejogrb.2022.12.004>

*This single centre retrospective study assessed pregnancy and live birth rate following excision for rectosigmoid endometriosis. The results indicate that excision does not adversely affect pregnancy and live birth rate. There was no significant difference in those that had surgical complications. The authors conclude that more work needs to be done through RCTs to evaluate these findings but also that these results can help inform those with bowel endometriosis and pregnancy intention.*

---

## First-line surgery vs first-line ART to manage infertility in women with deep endometriosis without bowel involvement: A multi-centric propensity-score matching comparison

C. Ferrier, J.D. Hini, T. Gaillard, M. Grynberg, K. Kolanska, Y. Dabi, K. Nyangoh Timoh, V. Lavoue, H. Roman, E. Darai, S. Bendifallah

EJOG January 2023 Volume 280

<https://doi.org/10.1016/j.ejogrb.2022.11.013>

*This is a multi-center retrospective cohort study that compared first-line surgery followed by spontaneous conception attempts and/or assisted reproductive techniques against first line ART in women with deep endometriosis without bowel involvement. The study found that pregnancy, livebirth and cumulative pregnancy rates were significantly higher in the first-line surgery group. These findings can potentially help inform patients when deciding on surgery for treatment instead of prior to ART.*

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## Impact of Laparoscopic Sclerotherapy for Ovarian Endometriomas on Ovarian Reserve

A. Crestani, B. Merlot, T. Dennis, I. Chanavaz-Lacheray, H. Roman

JMIG January 2023 Volume 30 Issue 1

<https://doi.org/10.1016/j.jmig.2022.10.001>

*This study of 69 patients evaluates the impact of alcohol sclerotherapy for managing of ovarian endometriomas. A number of the findings were promising including a relatively low impact on AMH, although there may be larger decrease in those with a higher pre-operative level, and a recurrence rate comparable to cystectomy.*

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## Ultrasonographic Findings Indirectly Predicting Parametrial Involvement in Patients with Deep Endometriosis: The ULTRA-PARAMETRENDO I Study

JMIG January 2023 Volume 30 Issue 1

<https://doi.org/10.1016/j.jmig.2022.10.008>

F. Barra, C. Zorzi, M. Albanese, A. Stepniewska, X. Deromemaj, P. De Mitri, G. Roviglione, R. Clarizia, C. Gustavino, S. Ferrero, M. Ceccaroni

*The complexity of endometriosis involving the parametrium is well documented. The authors outline a number of sonographic findings that are associated with parametrial involvement. These findings can help inform pre-operative assessment, counseling and referral to an appropriate center.*

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## Excision of Deep Rectovaginal Endometriosis Nodules with Large Infiltration of Both Rectum and Vagina: What Is a Reasonable Rate of Preventive Stoma? A Comparative Study

H. Roman, T. Dennis, D. Forestier, M. O. Francois, V. Assenat, I. Chanavaz-Lacheray, Q. Denost, B. Merlot

JMIG February 2023 Volume 30 Issue 2

<https://doi.org/10.1016/j.jmig.2022.11.006>

*This multi-center retrospective cohort study investigating excision surgery in patients with infiltration of the bowel and vagina explored outcomes between 2018-2020 where the authors had a more liberal, but slowly reducing, rate of preventative stoma (overall 32.3%), with cases from 2020 onwards where there was an intention to reduce the rate of stoma formation (overall 8.6%). The study found that there was no significant difference in major complications or risk of rectovaginal fistula between these two groups. The study suggests preventative stoma can be avoided in most cases where there is significant vaginal and rectal involvement with the caveat that the care teams be able to respond rapidly to postoperative complications.*

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## Disk Excision Using End-to-End Anastomosis Circular Stapler for Deep Endometriosis of the Rectum: A 492-Patient Continuous Prospective Series

H. Roman, T. Dennis, MD, D. Forestier, M. O. Francois, V. Assenat, J. J. Tuech, C. Hennetier, B. Merlot

JMIG February 2023 Volume 30 Issue 2

<https://doi.org/10.1016/j.jmig.2022.10.009>

*This study reported a large case series of patients that underwent transanal discoid excision for the treatment of bowel endometriosis. The study reported a number of positive findings for this technique including the potential to excise lesions >3cm if the surgeon ensures deep shaving of the rectum and recurrence of 0.6%. The results also highlighted that greater proximity to the anal verge increases the risk of fistula.*

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## Excisional endometriosis surgery with hysterectomy and bilateral salpingo-oophorectomy versus excisional endometriosis surgery alone for pelvic pain associated with deep endometriosis

N. Manobharath, J. Lewin, M. Hirsch, J. Naftalin, A. Vashisht, A. Cutner, E. Saridogan

FVVO March 2023

<https://doi.org/10.52054/FVVO.15.1.055>

*It is often difficult to predict the outcome of surgery for patients operated for pelvic pain and endometriosis. Counselling becomes challenging when also adenomyosis is present and it is often difficult to predict if hysterectomy at the time of surgery will be beneficial.*

*This comprehensive study looks at the different outcome in term of pain for patients undergoing excision endometriosis surgery alone versus excision endometriosis surgery with hysterectomy and bilateral salpingo-oophorectomy. The latter appears to provide greater benefit than excision alone.*

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## Oral Gonadotropin-Releasing Hormone Antagonists for the Treatment of Uterine Leiomyomas

M.F. Neblett, E. A. Stewart

Obstetrics & Gynaecology May 2023 Volume 141 Issue 5

<https://doi.org/10.1097/AOG.0000000000005145>

*Extensive and detailed review analysing the use of oral GnRH antagonist for the treatment of uterine fibroids. This review highlights the benefits and the limitations of this treatment option. The efficacy of these agents appears to be robust over a wide spectrum of clinical presentations, demonstrating that worse disease parameters at baseline do not appear to inhibit efficacy. GnRH antagonists appear to be effective for the treatment of symptoms associated with leiomyomas.*

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## Future Events

### **ESGE 32nd Annual Congress**

**Brussels, Belgium 2023**

**Date: 1-4th October 2023**

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

### **AAGL 52nd Global Congress on MIGS 2023**

**Nashville, USA**

**Date: 6-9th November 2023**

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

### **Endometriosis Bootcamp in the French Alps**

**Tignes ski resort, France**

**Date : 20-27th January 2024**

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

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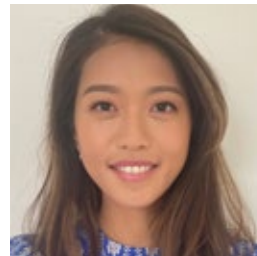
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