

South Asian Minimal Access Gynaecology and Endometriosis Centre

‘SAMAGE’ centre

located at CSTH - Department of O&G, FMS, USJP

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Global impact of Endometriosis

- » Affecting 1 in 10 women of reproductive age in the UK (1.5 million) - Pain and Infertility
- » Endometriosis costs the UK approximately £8.2bn/ £140bn per annum in lost working time and **healthcare costs**. Source: Simoens S, Dunselman G, Dirksen C, et al. The burden of endometriosis: costs and quality of life of women with endometriosis and treated in referral centres. *Hum Reprod* 2012; 27(5):1292-9.

Recurrence rate of endometriosis after surgical treatment

2 years



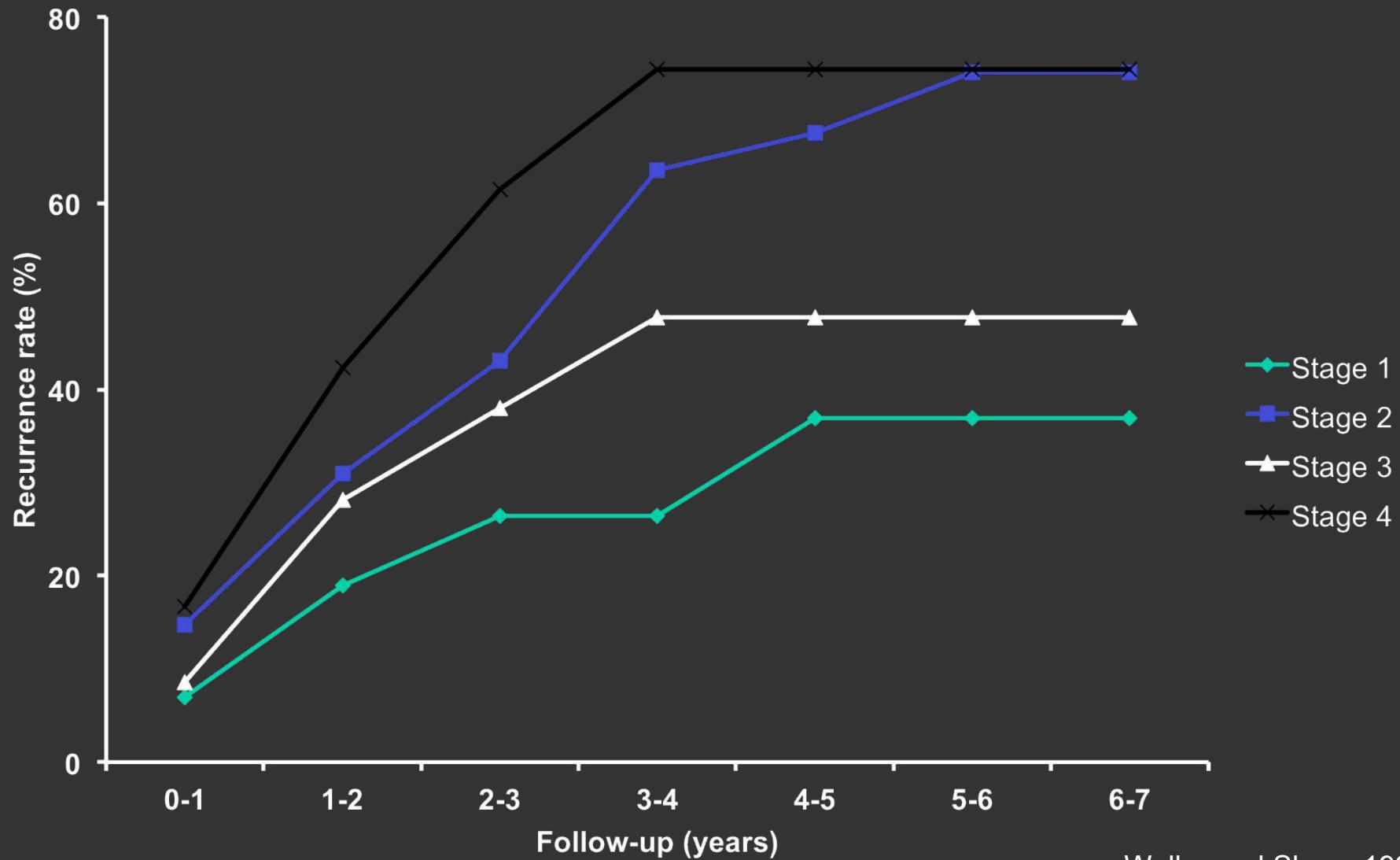
21.5%

5 years



40 - 50%

Recurrence rate of endometriosis after treatment with GnRHa



Delay in diagnosis (years)

	Symptom onset	Surgical diagnosis	Delay
Brazil ¹	20.5 *	33.0 *	7.4 *
USA ²	18.9	28.7	9.8
Australia	17.1	29.6	12.5
UK ³	22.0	30.5	8.5
USA	19.2	30.9	11.7
UK ⁴	24.4	32.6	8.0
GER/AUT ⁵	21.2	32	10.4

* median values
otherwise all means

¹ Arruda *et al.*, *Hum Reprod* 2003

² Sinaii *et al.*, *Hum Reprod* 2002

³ Treloar *et al.*, *Fertil Steril* 2002

⁴ Hadfield *et al.*, *Hum Reprod* 1996

⁵ Hudelist *et al.*, *Hum Reprod* 2012

Minimal Access Gynaecology

Why ?

- » Less pain
- » Discharged home early - back to work sooner
- » Less analgesics requirements
- » Rapid healing
- » Less infection risk

Do we have to reinvent the wheel ?

- 2003 - Gynaecologist in UK = variation in treatment and outcome - dedicated centre/gynaecologist
- 2007 = development of a dataset and web based BSGE database for all endo centres
- 2008 = concept of accredited endometriosis centres
- 2010 = RCOG - specialist Advanced Training Skills Module in complex benign laparoscopic surgery was developed to train - 2017 sub-specialist training
- 2011 = Provisional Endometriosis Centres
- 2012 = Accredited Endometriosis Centres
- 2017 = Endometriosis: diagnosis and management NICE guideline

BSGE Endometriosis Centres

Table 1 (below)

Cases of pararectal dissection and types of bowel surgery performed on those cases for centres that were Accredited BSGE Endocentres in 2014.

Centre	Type of Bowel Surgery performed				
	Total	None	Shave	Disc	Segmental resection
Aberdeen Royal Infirmary Endometriosis Centre	21	16	5	0	0
Barts and the Royal London Endometriosis Centre	15	5	7	2	1
Castle Hill Hospital Endometriosis Centre	36	7	28	1	1
CEMIG Endometriosis Centre	48	10	37	1	1
Chelsea and Westminster NHS Trust Endometriosis Centre	38	5	33	0	0
Chester Endometriosis Centre	21	6	14	1	1
Colchester Hospital Endometriosis Centre	24	4	17	0	3
Cornwall Endometriosis Centre	41	11	24	2	4
Croydon University Hospital Endometriosis Centre	18	0	18	1	0
Dorset Endometriosis Centre	16	7	7	1	1
Elland Hospital Endometriosis Centre	17	2	15	0	0
Gynaecology.co Endometriosis Centre	16	12	3	0	1
Hampshire Endometriosis Centre	24	0	22	0	2
Imperial Endometriosis Centre	20	4	15	0	1
Kings College Hospital Endometriosis Centre	17	2	13	0	2
Maidstone and Tunbridge Wells Endometriosis Centre	24	16	5	0	3
Norfolk & Norwich Endometriosis Centre	14	8	6	0	1
North Bristol NHS Trust Endometriosis Centre	18	4	13	1	0
North West London Endometriosis Centre	25	4	21	0	1
North West Pelvic Pain and Endometriosis Centre	16	6	8	0	2
Pennine Endometriosis Centre	17	9	8	0	0
Plymouth Endometriosis Centre	11	1	10	0	0
Queen Alexandra Hospital Endometriosis Centre	23	2	21	0	0
St Georges Healthcare NHS Trust Endometriosis Centre	18	5	12	0	1
St Michael's University Hospital BRISTOL Endometriosis Centre	32	20	10	0	2
Stockport Endometriosis Centre	16	1	11	1	6
UCLH Endometriosis Centre	62	18	40	3	2
UPMC Beacon Endometriosis Centre	20	5	14	1	2
Whipps Cross University Hospital @ Barts Health Endometriosis Centre	21	16	4	2	1
Wirral University Teaching Hospital Endometriosis Centre	47	5	41	0	1
Total	736	211	482	17	40



Table 2 (below)

Cases of pararectal dissection and types of bowel surgery performed on those cases for centres that were Provisional BSGE Endocentres in 2014.

Centre	Type of Bowel Surgery performed				
	Total	None	Shave	Disc	Segmental resection
ACEMIG- Tehran Provisional Endometriosis Centre	21	8	12	0	1
Altnagelvin Area Hospital Provisional Endometriosis Centre	17	1	16	0	0
Birmingham's Provisional Endometriosis Centre	14	2	12	0	0
Edinburgh Provisional Endometriosis Centre	21	11	10	0	0
Endometriosis CaRe Oxford Provisional Endometriosis Centre	49	34	12	0	3
Guy's & St Thomas' Provisional Endometriosis Centre	16	5	9	0	2
James Cook University Hospital Provisional Endometriosis Centre	42	17	25	1	0
Lancashire Womens and New Born Provisional Endometriosis Centre	18	13	5	0	0
Leeds Teaching Hospitals NHS Trust Provisional Endometriosis Centre	0	0	0	0	0
Liverpool Women's Hospital Provisional Endometriosis Centre	23	2	21	0	0
Luton & Dunstable Provisional Endometriosis Centre	14	9	5	0	0
Mid Yorkshire NHS Provisional Endometriosis Centre	21	7	14	0	0
North Middlesex Provisional Endometriosis Centre	14	13	1	0	0
Northampton General Hospital Provisional Endometriosis Centre	2	1	1	0	0
Reproductive Health Group Provisional Endometriosis Centre	6	2	4	0	0
Royal Preston Hospital Provisional Endometriosis Centre	14	1	13	0	0
Sheffield Provisional Endometriosis Centre	15	1	11	1	5
The Northern Endometriosis Team Provisional Endometriosis Centre	20	20	0	0	0
The Royal Stoke University Hospital Provisional Endometriosis Centre	20	13	3	0	4
University Hospital of Wales Provisional Endometriosis Centre	22	8	14	2	1
Total	369	168	188	4	16

BSGE

British Society for Gynaecological Endoscopy

- » The largest specialist society working with RCOG in UK
- » Improve patient care through MAS
- » It produces evidence based guidelines
- » Access to training resources and surgical video library
- » Awards and Bursaries for training courses/degrees and travelling fellowships
- » International database to record symptomatic improvement/surgical data of patients
- » Annual Scientific Meeting
- » Developed overseas memberships

To become a BSGE accredited Endometriosis centre

1. all cases of rectovaginal endometriosis where the pararectal space is dissected - 12 per surgeon per year
2. upload patient questionnaire data from pre-op and 6, 12 and 24 months post definitive surgery
3. submit an exemplar video each year which is reviewed by the Scientific Advisory Committee of BSGE
4. submit job plans for their CNS - provide a minimum of 10 hours per week to the endometriosis role.
5. The CNS is also required to attend one endometriosis meeting every 3 years and evidence of attendance will be required to maintain centre accreditation.

Why BSGE recognition is important ?

- » To optimise patient care through dedicated multidisciplinary team (MDT) approach
- » To audit the patient QOL and surgical outcomes to improve confidence
- » To standardise training of the gynaecologist to perform advanced gynaecological endoscopic procedures
- » For International recognition

Endometriosis Clinic
8 new patients/week
4 F/U patients/week

EndoNurse Clinic
6-8 F/U patients/week
4-5 Telephone F/U
patients/week

General Gynae Clinics
2-4 new patients/week
2-4 F/U patients/week

Pelvic Pain Clinic
6 – 9 new
9–12 F/U patients/week

4 x ½ general theatre sessions/week
Non-deep infiltrating disease

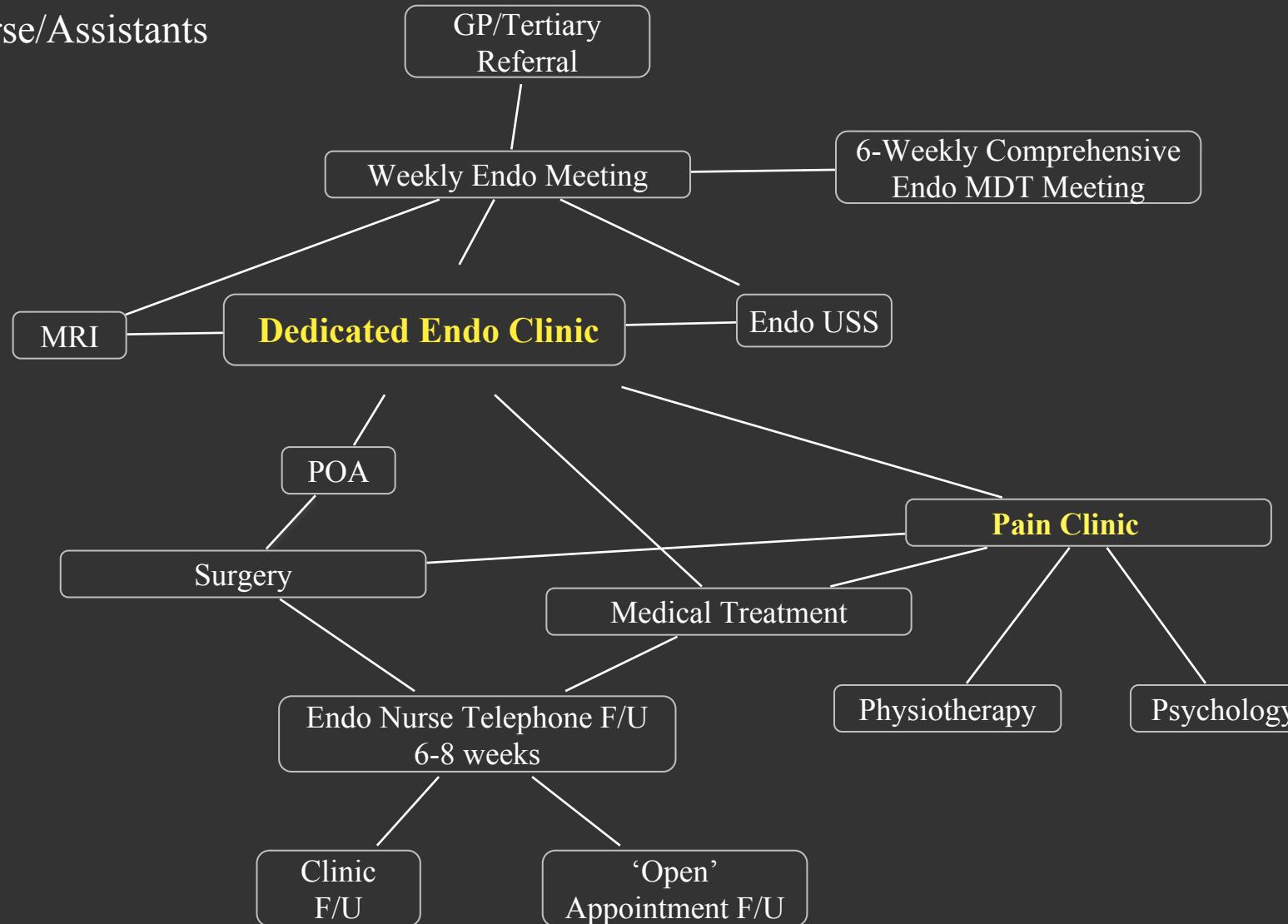
2 – 3 ½ theatre sessions/ 2 weeks
Deep infiltrating disease

6 – 8 patients/controls/week
Non-deep infiltrating disease

6 – 8 patients/week
Deep infiltrating disease

Research - Clinic Interface

Research Nurse/Assistants





A/Prof Christian Becker

Prof Krina Zondervan

Clinical

Team	
Mr Kirana Aram	Consultant Gynaecologist
	Honorary Senior Clinical Lecturer
MR Ilyas Arshad	Advanced Laparoscopic Fellow
Ms Debbie Barber	Endometriosis Specialist Nurse
Prof David Cranston	Consultant Urological Surgeon
Mr Oliver Jones	Consultant Colorectal Surgeon
Prof Stephen Kennedy	Consultant Gynaecologist
	Head of Nuffield Department of O&G
Prof Enda McVeigh	Consultant Gynaecologist
	Subspecialist in Reproductive Medicine
Miss Jane Moore	Consultant Gynaecologist
Ms Helen Mugnioni	Endometriosis Administrator
Miss Natalia Price	Consultant Gynaecologist
	Subspecialist in Urogynaecology

Research Team

Ms Jennifer Brawn	DPhil Student
Ms Lisa Buck	Research Nurse/Midwife
Ms Christine Drew	Research Nurse/Midwife
Ms Nicola Higgins	Research Nurse/Midwife
Dr Nilufer Rahmioglu	Post-Doctoral Research Fellow
Thomas Tapmeier	Clinical Research Fellow
Ms Outi Uimari	Clinical Research Fellow
Dr Katy Vincent	Pain Fellow/Consultant
	Gynaecologist

Future Potential for SL

- » To streamline the patient care/training requiring advanced minimal access surgery through a **national society** dedicated to MAS
- » To **benchmark** quality standards to international level
- » To support standardising in **training** in advanced laparoscopic surgery and opportunities to train in centres of excellence
- » To address unanswered clinical questions through international **research** collaborations.
- » Help improve **economy** of the country by improving patient care, training, research and innovation