



THE INTERNATIONAL SOCIETY FOR GYNECOLOGIC ENDOSCOPY

OPUS – The ISGE Newsletter

Issue 5, Spring 2018

Important Dates

23 rd -27 th April 2018	ISGE-AFSGE Congress, Yaounde, Cameroon
6 th -9 th September 2018	ISGE Regional Meeting, Pune, India
28 th -30 th September 2018	Open Endoscopy Forum, Boston, US
14 th -18 th April 2019	Joint ISGE –ESGE Meeting, Cape Town, SA South Africa, Cameroon

(More info at
www.isge.org)

ISGE – The Next Level

These are exciting times for the ISGE. Our transformation from specialist medical society, into a global medical organization is almost complete.

We now have record numbers of members from all round the world, and membership continues to grow at a significant rate. Our program of educational meetings is well developed with organisations all around the world keen to work with us. Our work in education, both in providing practical teaching sessions and accreditation in endoscopic surgery is increasingly popular. Please encourage colleagues to join the ISGE family.

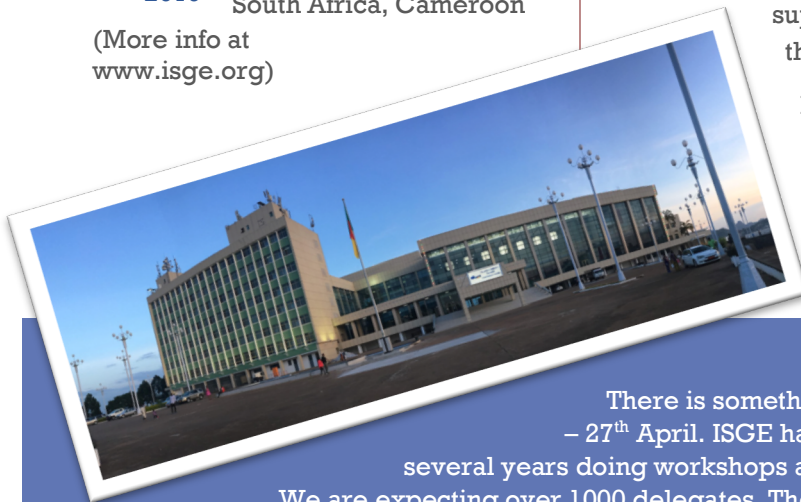
Our secretariat, under the leadership of President Rob O'Shea, and Medical Director Bruno Van Herendael provides members with support and guidance to ensure they get the most from their ISGE membership.

ISGE is in detailed discussions with colleagues in China with a view to developing educational meetings. ISGE is keen to share good practice in China, which has so many outstanding endoscopic surgeons who are keen to develop closer professional relations with colleagues worldwide.

Coming To Cameroon?

There is something for everyone at ISGE's meeting in Yaounde from 23rd – 27th April. ISGE has been working with Professor Kasia and colleagues for several years doing workshops and we are pleased to be holding a major meeting there.

We are expecting over 1000 delegates. There are pre-congress workshops, state of the art lectures and original research. Do join us, meet friends old and new and combine science with the magic of Africa!





Accreditation : How To Achieve It

The ISGE's accreditation program offers all members, wherever they are in the world, recognition of their skills

Following requests from members, the ISGE has developed an accreditation program in endoscopic surgery which is growing in popularity and attracting members world-wide to its courses.

Members have advised us, that in many countries it is not always straightforward for their skills to be recognized indicating that they have received specialist training in endoscopic surgery and therefore offer surgical skills greater than the "average".

Course students are trained in theoretical and practical aspects of both hysteroscopic and laparoscopic surgery.

The initial component of the program involves the completion of a skills test – LASTT, administered by Med College.

After completing this, candidates study the ISGE syllabus in endoscopic surgery, available on-line, and on completion of this will attend an intensive one week residential program.

In partnership with this work, the ISGE's Centre's of Excellence (COE) continue to flourish. Currently we have three Centres Of Excellence, in Varese, Italy, Yaounde, Cameroon and Kingston, Jamaica. We are very grateful to Karl Storz company for their sponsorship of this vital ISGE educational work.

"I want my hard work recognised"



With this in mind the ISGE has set out to develop a major project to allow it to accredit members who can demonstrate training and competency in gynaecologic endoscopic surgery. This exciting initiative has been led by Bruno Van Herendaal, who with colleagues has developed the ISGE accreditation program.

Culminating in a written exam and suturing assessment.

The first such program took place in December in Varese, Italy, under the stewardship of Prof. Ghezzi. 21 doctors attended, and happily all passed the course at the end of the week.

The programme is ongoing and is open to ISGE members to join.

We want more COE's, eligible units should have an operating theatre system to an auditorium with a minimum capacity of 40 people. The COE must also have a training room with at least 3 stack systems for training purposes.

If you are interested in your unit becoming a COE, please contact Bruno Van Herendaal.

Meet Our Newsletter Editor

Ellis Downes is based in London, UK
An ISGE member for many years,
He has a passion for teaching and
working with colleagues globally

He explains what makes him tick...



1. What is your current state of mind?

I'm really excited about the ISGE, after struggling for a number of years, the future is now looking, as we Brits say, really rosy. A solid meeting schedule, lots of educational activities and a growing member base. Lots of work to do, but definitely moving in the right direction.

2. Who was your biggest surgical influence?

Too many. Harry Reich for daring to do what others talked about, Arnaud Wattiez for never compromising, and in the early days, Ray Garry and Chris Sutton in the UK for pushing back the barriers in the face of some criticism from the medical establishment.

3. How has gynaecological endoscopy changed your life?

Totally. It allows me to offer patients options for their care that weren't previously available. I have also made strong friendships around the world with ISGE buddies.

4. What is your idea of a perfect holiday?

I discovered the tiny island of Alderney between the UK and France 20 years ago and like to escape there as much as I can. It's a great cure to the madness of London.

5. What is your favourite drink?

You can't really go wrong with a cheeky cold beer followed by a glass or two of a French Burgundy can you?

6. Who would you choose to play you in a film of your life?

Am I pushing my luck if I say Daniel Craig?

7. How do you choose to relax?

In the UK I try to relax by playing golf, but in reality I put my blood pressure up!

In Alderney, I like pottering around on my boat.

8. What is your favourite surgical procedure?

I think its difficult to beat the elegance of a challenging vaginal hysterectomy which I'm delighted to say is having something of a revival in popularity.

9. Tell us something we don't know about you?

If I wasn't a doctor, I would have loved to be an airline pilot, maybe a second career in the future...



10. What medical instrument do you wish you had invented?

The monopolar hook. It's the most versatile laparoscopic instrument in my view. Use it for some blunt dissection, cutting or coagulation. Great for adhesions, ectopics, and superficial endo.

If I was only allowed one instrument to take to a desert island, it would be in my bag!

What's New : Snippets Which May Change Your Practice

Esmya – Risk of Hepatic Failure Reported

Esmya, ulipristal acetate, has established itself as an important medical option in the management of myoma. It has been shown in randomized studies to reduce fibroid volume by approximately 50% after 12 weeks use.

Following reports of liver failure in a tiny number of women taking esmya (4 women needed liver transplants), the UK drug monitoring organization, the MHRA issued a safety notice to doctors on 12th February 2018. It advised that, as an interim measure while the risk is being evaluated, no new courses of esmya should be prescribed.

In women already taking a course of Esmya, they recommend liver functions tests are taken every month to screen for any sign of liver damage, and to warn patients about the symptoms of possible liver disease. This advice is being considered in other countries worldwide.

Medical Treatment After

Endometriosis Surgery?

You've just finished operating on a patient with endometriosis. What now? Do you see how her symptoms change post-operatively, or do you consider actively initiating medical therapy, and if so what, to reduce the change of recurrence.

It's a tricky clinical question, with little strong evidence to guide doctors and their patients.

A recent study in BJOG looked at the economic arguments for adding in medical therapy following surgery. The authors from China concluded it was cost effective to offer LH-RH agonists after surgery for both deep and superficial endometriosis surgery. I suspect this study will raise more questions than it answers!

(We B, et Al, Medical Therapy For Preventing Recurrent endometriosis after conservative therapy, a cost-effectiveness analysis, BJOG, March 2018)

Does Removing Fallopian

Tubes Influence Subsequent Ovarian Reserve?

A growing collection of evidence suggests consideration should be given to removing the fallopian tubes at the time of hysterectomy to reduce the risk of subsequent malignant development in the fallopian tubes.

This clinical suggestion has been slow to be adopted for many reasons. One being the potential concerns about "damaging" the collateral blood supply to the ovary and affecting ovarian reserve.

A recent randomized study however found no difference in AMH levels in women following hysterectomy whether or not their fallopian tubes were removed, so this potential concern can now be ignored.

(Tehrani A, et al, Effects of salpingectomy during abdominal hysterectomy on ovarian reserve, a randomized controlled trial, Gyna Surg, 2017)

Pre-Operative Evaluation of Myoma's- Guideline Published

The ISGE Guideline on preoperative evaluation of myoma's was the lead article in January's edition of the European Journal of Obstetrics, Gynaecology and Reproductive Biology.

The article, a review of the literature examining risks of unexplained malignancy in myomas concluded the risk of undetected malignancy was probably higher than previously

thought. It suggested detailed strategies to attempt to identify whether a patient is high or low risk for having unexpected sarcomatous change in myomas.

It listed nine recommendations to be used when evaluating a patient with myomas pre-operatively to encourage safe surgical practice and reduce the risk of morcellation of occult malignancy.

The lead author was Ornella

Sizzi, our late medical director, other authors were ISGE members on the ISGE Task Force on the risk in Endoscopic Morcellation.

(Assessing the risk of laparoscopic morcellation of occult uterine sarcomas during hysterectomy and myomectomy. Literature review and ISGE Recommendations. Sizzi et Al, EJO, Jan 2018, Volume 220, Pages 30 -38.)



ISGE's China Presence Grows

From 5th-14th May, a senior ISGE delegation of our President Rob O'Shea, Vice-President Paya Pasic and Rob Zurawin are visiting multiple centres in China.

This ground-breaking trip involving teaching and discussion will cement relationships and identify Training Centre of Excellence for ISGE's educational activities in China.



The ISGE is delighted to be holding a joint meeting with the Gynaecological Endoscopists in Pune, India on 6th-9th September 2018.

Organized by ISGE Member Dr Sunita Tandulwadkar and colleagues, the meeting promises a combination of academic science and a cultural experience in one of India's most beautiful locations.

More info : www.isge.org

Endoscopy in Algeria: Still A Long Way To Go.... Gynaecologist and ISGE Member Amal Drizi explains..

To date, endoscopy remains inaccessible to most surgeons in many developing countries, like Algeria. Unlike urologists and general surgeons, gynecologists particularly seem in way over their heads. Only a minority are skilled and the majority is not even familiar with very basics of endoscopy.

The direct reason is the inaccessibility of the equipment and/or the training. Their very high cost, in contrast to the very poor involvement of most local endoscopic equipment suppliers in practice, make endoscopy somehow held hostage by those who can perform it... Or afford it.

In Algeria for instance, only one equipment provider has shown interest towards gynecologists and actively participates in the democratization of endoscopy, which is far from keeping up with demand.

Furthermore, hospitals' contribution in spreading endoscopy is quite modest. On the one hand, not all of them dispose of the equipment and when they do, its cost excludes the younger ones from training, for fear of damaging it.

On the other hand, the very high birth rates in developing countries make obstetrics the dominating activity in hospitals, at the expense of a proper endoscopic learning and practice. This is probably one of the reasons why urologists and general surgeons seem to be getting along much better than gynecologists in terms of endoscopy.

For these reasons, and undoubtedly a lack of will power as well, hospitals are not playing their academic role on a global scale for most of them. Training

is offered to a minority in these environments.

The other solution for those who truly want to learn endoscopy would be to take European training sessions, generally in France, at the cost of the interested gynecologist. Their considerable cost makes them accessible only for those who can afford them as well as the equipment's purchase afterwards.

Some of these endoscopists would then share their knowledge with their privileged ones, on a very "individual level". But some of them would organize local training sessions at their own initiative for a limited number of gynecologists. The cost is considerable too, yet not as much as the European sessions'. However, to date, there is no objective assessment regarding the effectiveness of such methods.

Most doctors I have had the opportunity to question seem as much intimidated by endoscopy after training than before, even when training takes place in France. The lack of familiarity with the equipment and the technique seems obvious.

Training methods appear to more focus on what we see on the monitor screen than on endoscopy itself, in its different practical aspects. They also appear to be more concerned about the experts' live performances than the trainee's anxiety and basic needs, often related to much simpler issues.

Therefore solutions are no mean feat since they require significant investment from all parts and thus, there seems to be a long way to go for endoscopy in Algeria.



Make the most of your ISGE Membership Benefits

World-class Educational Meetings

Discount on medical journals

Free access to scientific articles & videos at
ISGE's pioneering www.thetrocar.com

ISGE Accreditation program

On-line textbook of Gynaecological Endoscopy

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Contact the secretariat for more information:

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