

# ESGE VISION

Newsletter of the European Society for Gynaecological Endoscopy



**ISSUE 2 – JUNE 2019**

## INSIDE

### **ESGE 28th Annual Congress**

Preparations for the meeting in Thessaloniki are almost complete

### **ESGE launches its new official journal**

Facts, Views and Vision



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## Message from the Editor



I was delighted to see the level of interest the first issue of **ESGE-VISION** has generated. It appears that the ESGE membership and the global endoscopic community appreciated the newsletter of the European Society for Gynaecological Endoscopy and found it a useful tool in improving the communication between them and their society. This level of interest has increased our enthusiasm in preparing the second issue.

In this second issue of ESGE-VISION, we have three articles on the forthcoming ESGE 28th Annual Congress which will take place in Thessaloniki, Greece on 6-9th October 2019. President of the Congress Professor George Pados, our professional congress organiser partner Eurokongress team and President of the Hellenic Society of Gynecological Endoscopy Professor Konstantinos Mavrommatis give you inside information about the scientific programme and share their local knowledge of Thessaloniki.

In the first issue, our President Professor Grigoris Grimbizis indicated the challenges we experienced with the official journal of the Society. In this issue, he announces the launch of new ESGE journal, **Facts, Views and Vision in ObGyn**, along with other significant developments.

We have two interviews in this issue. In the first interview, our guest is the Chair of Board of Directors of ESGE, Dr Rudi Campo who tells us the story behind the development of the GESEA programme. In the second interview, ESGE Young Endoscopists Platform Chair Professor Helder Ferreira asks his counterpart in the Middle East Society for Gynaecological Endoscopy, Dr Ali Akdemir about the local challenges for young doctors who are interested in training in gynaecological endoscopy.

Professor Jörg Keckstein, Chair of the ESGE Special Interest Group Endometriosis, summarises the activities of this SIG, which has been very busy in the last couple of years. Professor Sven Becker, Chair of the Special Interest Group Innovations has a very interesting article on the Apps relevant to our field.

I and my Editorial Team have chosen the subjects that we hope will give further insight into the Society. We hope you find them interesting and wish to see many of you at our Annual Congress in Thessaloniki.

With our best wishes for the summer 2019!

**Ertan Saridoğan**  
Editor, ESGE-VISION

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## ESGE President's Message

It is really exciting to see the newborn newsletter of our Society growing. The second issue is already in our hands, giving the opportunity to share great news with the ESGE community.

Research was always a priority in our activities and a high ranked mission.

*"We are very proud to announce that ESGE acquired its new official journal 'Facts, Views and Vision in ObGyn'."*

The official journal of our Society is a unique platform to share guidelines, recommendations and position papers developed by our Society's working groups; to provide the best available evidence in the management of our patients with systematic reviews, meta-analyses and state of the ART articles; to share your high quality clinical and research results by submitting a scientific paper; and, finally, to present innovations, new techniques and instrumentation in the form of a text or video article.

Our new official journal is a high quality, easily accessible and visible open access journal listed in Pubmed. FVV in ObGyn will be edited by the current editor **Dr Willem Ombelet as the Editor in Chief**, together with **Prof Ertan Saridogan as the ESGE Editor** and in association with the Associate Editors and Editorial Board of the former ESGE Journal . It is available **in a unique printed form designed by the well known Belgian artist Koen Vanmechelen**. ESGE members, as well as all members of our corporate societies, will have the opportunity to publish their articles free of charge and obtain printed copies for the cost of mailing alone.

**We are pleased to announce the development of the GESEA Diploma, which will be presented in the ESGE 28th Annual Congress in Thessaloniki.** The Level 2 certified Endoscopists, or Minimally Invasive Surgeon level will be given the opportunity to get evaluated for their surgical skills and get the ESGE Diploma. The evaluation will be based on their assessment in the steps of total laparoscopic hysterectomy using a well-structured and validated system. In this direction, a working group of our Society has already prepared recommendations / guidelines for the steps of total laparoscopic hysterectomy; the recommendations will be published as an "ESGE" document in our official journal and will represent the basis for GESEA Diploma evaluation.

The ESGE 28th Annual Congress in Thessaloniki will give us the chance to celebrate these two major steps in our Society evolution: ESGE journal and GESEA diploma.

**Do not miss the opportunity to be at our annual "rendez-vous" in Thessaloniki.**

**Prof Grigoris F. Grimbizis**  
President of ESGE

# ESGE launches its new official journal: Facts, Views and Vision in ObGyn

The ESGE leadership has taken a major step to acquire a journal as its official scientific publication. Facts, Views and Vision in ObGyn was first published in June 2009 and was the journal of the Flemish Society for Obstetrics and Gynaecology. Ten volumes have been published so far and it has been listed on Pubmed.

The 11th issue of Facts, Views and Vision will be published as the official journal of ESGE and its corporate societies. The journal will mainly publish articles relevant to gynaecological endoscopy and gynaecological surgery. Current Editor-in-Chief Professor Willem Ombetel will continue in this role and Professor Ertan Saridogan will join him as the ESGE Editor of the journal. ESGE President Professor Grimbizis said:

*“The official journal of our Society is a unique platform to share guidelines, recommendations and position papers developed by our Society’s working groups; to provide the best available evidence in the management of our patients with systematic reviews, meta-analyses and state of the ART articles; to share your high quality clinical and research results by submitting a scientific paper; and, finally, to present innovations, new techniques and instrumentation in the form of a text or video article.”*

The FVV is an open access journal and submission/publication of articles in the journal will be free for the members of ESGE and its corporate societies. The first issue is expected to be released in July. Some of the articles which will be included in the first issue are:

Ball E, Waters N, Cooper N, et al. British Society for Gynaecological Endoscopy Evidence based guideline on ‘Laparoscopy in Pregnancy’.

Rusch P, Ind T, Maggioni A, et al. Recommendations for a standardised educational program in robot assisted 1 gynaecological surgery: Consensus from the Society of European Robotic Gynaecological 2 Surgery (SERGS).

Garuti G, Luerte M, Leone FPG, et al. Prevalence and predictors of atypical histology in endometrial polyps removed by hysteroscopy: A secondary analysis from the SICMIG hysteroscopy trial.

Saridogan E, O’Donovan OP, David AL. Preconception laparoscopic transabdominal cervical cerclage for the prevention of midtrimester pregnancy loss and preterm birth: a single centre experience.



# ESGE-VISION asks... Dr Rudi Campo

**Dr Rudi Campo, Chair of Board of Directors, who has been the driving force behind the development of the Gynaecological Endoscopic Surgical Education and Assessment (GESEA) Programme.**



ESGE-VISION Editor Ertan Saridogan spoke to him in Leuven and asked him to explain the past, present and future of the GESEA Programme

**ES:** *Could you please tell us the reasons why you decided to start a training programme in gynaecological endoscopic surgery?*

**RC:** When I started as an endoscopic teaching surgeon more than 25 years ago, I was confronted with the problem that the residents assisting in the operating room were not able to provide correct assistance to the surgeon, there was an urgent need to do something about this to guarantee the surgical quality level and the patient safety. The situation was extremely frustrating both for the surgeon teacher as well as the assistant and something had to change to prepare the residents better, prior to their attendance at OR for endoscopic surgical training.

My personal career started with microsurgery, I was learning to use the microscope in the skills lab, first on hand gloves, later on rat and rabbits and only then I was allowed to serve as an assistant in the OR; a correct learning pathway as I experienced. I tried to transfer this educational philosophy to the endoscopic surgical learning strategy in my university. At that time the educational programme in Germany, as well as in Belgium, did not include any skills lab training, the residents were immediately invited to assist in the OR, a frustrating and dangerous situation. As there was no existing training programme and the resident turnover quite high, I solved my problem by training a nurse in the skills lab and then she was assisting me as second surgeon in every complex surgery. The residents had to do the table, that at least gave them the opportunity to watch and learn the functioning of an endoscopic OR.

I then visited Prof Jörg Keckstein in Villach. He is a famous laparoscopic surgeon specialised in severe Endometriosis and performed a lot of courses on OR training. I observed that at the start of every course, he tested everyone attending the course using a specially designed skills box. This skills box had a good correlation with the performance of the delegate in the lab and reflected their ability to manipulate the camera and the endoscopic instruments. As it was only used for internal purposes, we decided to evaluate the skill exercises of Professor Keckstein and some new ones to see if they had construct, face and content validity. We started with 25 exercises, 17 of these were extremely challenging, none of them though had construct validity, good for training not for testing.

At the end of our study, we had 3 exercises with construct, face and content validity and which form the basis of the current Laparoscopic Skills Training and Testing method (LASTT). We had to convince and motivate experts such as Prof Jörg Keckstein, Prof Arnaud Wattiez and Prof Marc Possover to repeat those exercises 30 times in a sequence which was really very difficult. After 30 repetitions there was no crossover of the curve of experts with the novices, so the test had its discriminatory value. Further curve characteristics were strong learning effect in the first 3 attempts and plateau after 30 repetitions. Three consecutive measurements were necessary to have a discriminatory value.

The corner stone of The GESEA programme was defined. Principles were first knowledge, then practical instrument handling skills and laparoscopic suturing then training in surgical competence in a 3 level programme.



To have a global programme accessible for all young surgeons and residents, we had to develop a learning platform to transmit the knowledge in the most affordable way. This was initiated by the programme Professor Arnaud Wattiez was running in Strasbourg with his trainees, called the Winners Project.

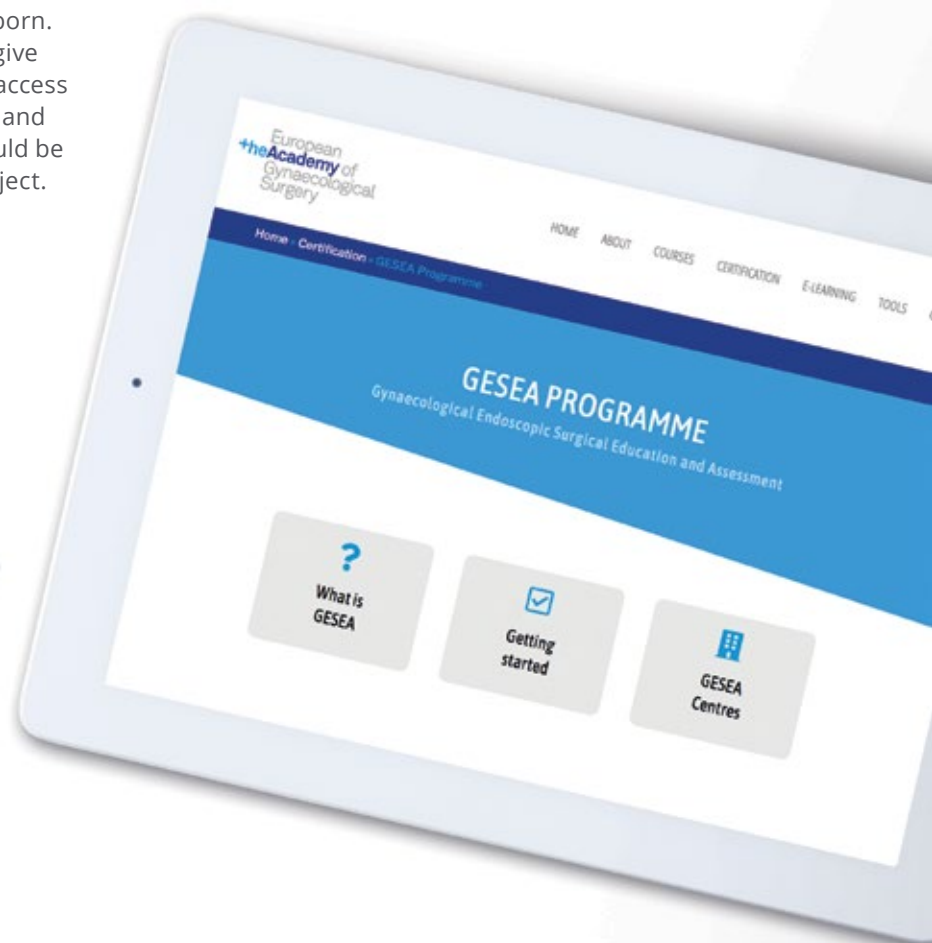
Winners Project residents and young surgeons were selected and trained by Arnaud Wattiez, an extremely experienced surgeon and fantastic teacher, he was providing intensive training to selected high potential and even less potential individuals to achieve the highest possible standard in laparoscopic gynaecological surgery. This worked very well but unfortunately this method was very individual and did not solve the large scale of demand.

So in collaboration with the Winners of Prof Arnaud Wattiez, we decided to establish a programme which could reach every single interested surgeon of the world, without any restrictions based on knowledge at his or her university or teaching hospital. Hence, the Winners Project as an affordable way of transmission of knowledge on the web was born. The idea was to spread the message and to give every individual person all across the globe access to endoscopic knowledge and skills training, and information as to how the skills training should be performed. This brings us to the current project.

**ES:** *What were the subsequent steps you followed after the initial concept. I remember the initial publications that formed the basis of your initial steps.*

**RC:** We tested individuals using the on line scoring platform (OSP) at major international congresses such as ESHRE, ESGE, European Academy, Winners Congresses and University of Leuven, Belgium with Prof Jan Deprest. During 7 years we tested all possible surgeons from novices to intermediate to highly exposed surgeons to endoscopic surgery. First construct validity was studied and the test seemed to be extremely helpful and discriminatory. It was also an excellent tool to judge the quality of a course.

Trying to put this into an educational project was not easy, because we had to step down from the apprentice-tutor model. Actually, we did not totally step down from the apprentice-tutor model, we just identified what you minimally needed on knowledge and skills prior to entering the different steps in a structured educational programme. This brings us to the current GESEA programme.



**ES:** *I again remember, before the full GESEA, individual components were released, LASTT and SUTT, before HYSTT was added.*

**RC:** GESEA was the very final stage of development. At that time, CEO of ESGE, Patrick Westelinck, who is an engineer put our concepts into an order. We first started with LASTT, psychomotor skills for laparoscopy. Then SUTT was added and it was developed by Professor Arnaud Wattiez. We felt that it would be difficult to include suturing in the psychomotor skills module but knew that no surgeon would start advanced laparoscopic surgery without ability to suture. Hence we included it from the beginning.

For HYSTT we tried 20 different models. Every time we failed to prove the concept, face and construct validity, until we developed the model we now have. The big problem we have with hysteroscopy is that within the small uterine cavity the bias of geometric memory which young people and older people have are not so good. Through this bias, time to correctly perform this exercise was not a good methodology to judge the individual.

**ES:** *Where are we now with the GESEA programme, within Europe and internationally?*

**RC:** First of all the programme is established up to Level 2 skills certification. The ESGE is making an enormous effort to establish within a short period of time the Level 2 surgical diploma with surgical exams both for laparoscopy and hysteroscopy. The concept and framework for level 3 is also ready and will be implemented in the coming years. Level one is your certificate for in OR training, Level 2 provides the certificate for in OR surgery and has the MIS diploma and Level 3 will offer diplomas of different kinds, like advanced Endometriosis surgery, oncology, urogynaecology, master in hysteroscopy etc...

This is an extremely important achievement for ESGE.

**ES:** *Obviously the success you achieved is tremendous. Where do you see it going?*

**RC:** First of all, the success is the work of so many people working for the Academy, Winners and ESGE. The enthusiastic feedback from the diploma centres, collaborating societies, institutions and individuals is an enormously positive engine to distribute the programme. Today we have almost 10,000 people on the Winners platform from 153 different countries. We have more than 2,500 high stake exams performed and over 10,000 official test reports. GESEA is recognised in China, South Africa and in Latin America, it is the official training programme of the BSGE, the diploma centres are organised for Italy, Belgium, Portugal, France, South Africa and United Arab Emirates.

Germany and Dubai have an accredited training centre and in several other countries it is used in daily practice. Spain is the leading country on the Winners platform.

If you see for example a course in Clermond-Ferrand, with Professor Benoit Rabischong, both the instructors and students report that they prefer doing GESEA exercises instead of the pig model, meaning that by giving individuals a reference, a peer, a challenge that is much more appreciated for the learning behaviour. We believe that GESEA will be recognised worldwide, it will be the Mac or PC of endoscopic training. GESEA will be the worldwide standard for endoscopic training and certification. Due to the fact that it is in the cloud, it is accessible everywhere, every individual, and every teaching institution in every country can adapt the programme immediately and use it.

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

**RC:** The aim of GESEA is to provide gynaecological surgeons with excellence through a structured and validated training programme. Surgery remains an important part of our discipline and we should not be less able than abdominal surgeons, only we treat different pathology.

The challenge of tomorrow is that we all establish altogether a surgical competence programme at the highest level, including intestinal and urological surgery within the field of gynaecology defining the Gynaecological Pelvic Surgeon and Master in Hysteroscopy.

*My final message is  
'Join the GESEA family!'.*



# ESGE-VISION asks...

## Dr Ali Akdemir



The 6th Annual Congress of the Middle East Society for Gynecological Endoscopy and 8th Annual Congress of the Turkish Society for Gynecological Endoscopy took place in Antalya, Turkey on 13-17 March 2019. ESGE-VISION Associate Editor and ESGE Young Endoscopic Platform Chair Professor Helder Ferreira interviewed Associate Professor Ali Akdemir who is the current Chair of the MESGE Young Endoscopists Platform during this Congress.



**HF:** *What are, in your opinion, the main challenges that a young gynaecologist has to face to succeed as an endoscopic surgeon?*

**AA:** First of all, I would like to thank ESGE-VISION Editorial team for their valuable efforts to prepare this impressive newsletter. As a young gynaecologist, I think, one of the main challenges is to find a mentor or trainer or an organization that holds your hand to improve your knowledge and skills in the field of gynecologic endoscopic surgery. Basically if you are lucky you can find some opportunities to see endoscopic surgery during your residency programme. After your first exposure, you can follow the footsteps of your mentors. On the other hand, if you do not get an opportunity to find a mentor during your residency programme, it is very possible to face endoscopic surgery later in your career when you might be working in the middle of nowhere.

As I said earlier, it is very important to find a mentor. However, the traditional teaching principle "see one, do one, teach one" is no longer applicable in the field of endoscopic surgery, due to patient safety concerns. In addition, learning the unique psychomotor skills that are required to perform endoscopic surgery takes longer with the older teaching principle. Furthermore, improving your endoscopic skills make take even longer. Thus, as important as finding a mentor, one of the other challenges is to find a scientifically validated curriculum that trains you in a proper way within a suitable period of time.

**HF:** *From your point of view and taking into account the feedback you have received from the young endoscopists, what do you suggest to improve the education and training system in the Middle Eastern countries? Do you believe that the GESEA programme that has scientific validation and has been used in many countries worldwide, can be adopted and what needs to be done for that?*

**AA:** In the Middle East Region and in my country, the main problem that stands in the way of learning surgical skills is the lack of standardised and scientifically validated training programmes. That is why most gynaecologists in this region who desire to learn or improve their endoscopic skills look for a training curriculum with the aforementioned properties. Exactly at this point, national or international societies have a pivotal role. Since I am a Board Member of Middle East Society for Gynecological Endoscopy and Turkish Society of Gynecological Endoscopy, many colleagues get in contact with me to get advice related to endoscopic training opportunities. I usually suggest them to follow the activities and training programmes of the national and international leading societies. Besides, thanks to the ESGE and the GESEA programme, we have very a well-designed and scientifically validated training programme that trains everyone who looks for a training opportunity. I usually suggest GESEA programme to all colleagues seeking training in endoscopic surgery. I know that it is used in many countries and, I believe, it has to be adopted to this region, too.

**HF:** *How can the Young Endoscopists Platforms (YEP) of ESGE and MESGE work together to improve the knowledge and skills of our trainees?*

**AA:** It is very important to improve the collaboration between the YEP-ESGE and YEP-MESGE. Teaching and training aims of these societies can be achieved more rapidly with this collaboration. Collaboration can facilitate networking and makes easier to get in touch with other colleagues. One important aspect that this collaboration can improve is accessing experienced training centres as a GESEA training centre. I would like to offer my department Ege University School of Medicine, Department of Obstetrics and Gynaecology, İzmir, Turkey to YEP members from other countries as part of this collaboration. I believe this initial step would be a good start in creating or finding more new candidate centres to help other trainees.

**HF:** *Thank you very much Dr Akdemir.*

# ESGE 28th Annual Congress Thessaloniki, Greece



Anyone who has been involved in the organization of a scientific congress knows that it takes a lot of planning to work out a seamless meeting structure and this is the case with the ESGE 28th Annual Congress, which we are honoured to organize in the historic city of Thessaloniki, Greece, on 6-9 October 2019. The scientific committee in close and harmonious collaboration with the local one, the Central office and the congress-industry organization are speeding up in order to offer an exciting and up to date programme.

The set-up of the 28th Annual Congress consists of the well-known ingredients. Scientifically speaking this means: 6 Pre-Congress Courses, Winners Day, GESEA-TESTT, Congress of the Hellenic Society for Gynaecological Endoscopy, round tables discussion, keynote lectures, free communications, video and ePoster sessions. Added to these are the recurrent industrial exhibit, awards ceremony mingled with the traditional social events including Opening Ceremony and the Congress Party with an exceptional live gig.

The added flavour, as far as the scientific part is concerned are the courses on cadaveric dissection and the clinical tutorials, with a focus on the daily practice and on the clinical decision making, while a true innovation is the poster session in the form of ePoster.

## Why in Thessaloniki?

Because it is easily accessible by plane or even car, it is affordable financially and has a long-lasting night life. Also, it is difficult to resist an escape to the City's beauties, old taverns, sidewalk cafés, "ouzeries" or even "bouzouki halls", where the locals express their sentimental griefs and try to forget the consequences of the debt crisis and the recent release from the memorandum. Thessaloniki has a special charm when night falls, so come to explore the so called "Queen of the North".

On the other hand for Thessaloniki, a city of one million inhabitants the number of monuments and museums is astonishing: 15 UNESCO World Heritage Sites and 29 museums dedicated to everything from archaeology to avant-garde works. And finally, since summer in Thessaloniki is sweltering, the period from September until November the sea is still warm and temperatures can reach the high 20° Cs, you can have a short escape to the three-fingered peninsula below Thessaloniki, called Halkidiki, which can be very easily accessible, to experience its charms.

A taste of these novelties, scientific and social, and much more will be offered during the ESGE 28th Annual Congress, in Thessaloniki.

Don't miss the chance to attend this truly global must attend conference and we are looking forward to welcoming you and share educational and social experiences.



**Professor George Pados**  
Congress President





## The upcoming ESGE 28th Annual Congress will take place in the Ioannis Vellidis Congress Centre conveniently located in the centre of Thessaloniki



The upcoming ESGE 28th Annual Congress is expected to bring together over 1,700 participants from more than 75 countries. Numerous opportunities will arise to learn about the latest developments in the field of gynaecological endoscopy.

The comprehensive scientific programme will be presented in six parallel sessions. Delegates are able to attend a broad range of plenary sessions, two Keynote Lectures and six hours of 3D live surgeries transmitted via satellite from renowned hospitals across Europe. And THE FORUM is ESGE's latest platform where presentations will provide another opportunity to for delegates to engage, network and learn in an open setting (located in the exhibition hall).

The congress will once again start on Sunday with the Pre-Congress Courses and the popular Winners Day. We are also happy to announce that the Hellenic Society of Gynaecological Endoscopy will join Sunday's programme with their 6th Panhellenic Congress.

On Monday, plenary sessions, best selected abstract sessions, four hours of live surgery, a Keynote Lecture, the Best Selected Poster Session and industry symposia will be available to attend. The day will end with the Opening & Awards ceremony and a welcome reception in the exhibition hall.



Tuesday will resume with a broad range of sessions including two further hours of live surgery, Industry Symposia and interesting Free Communication Sessions. Traditionally, the evening is reserved for the popular Congress Party which takes place in one of Thessaloniki's trendy locations.

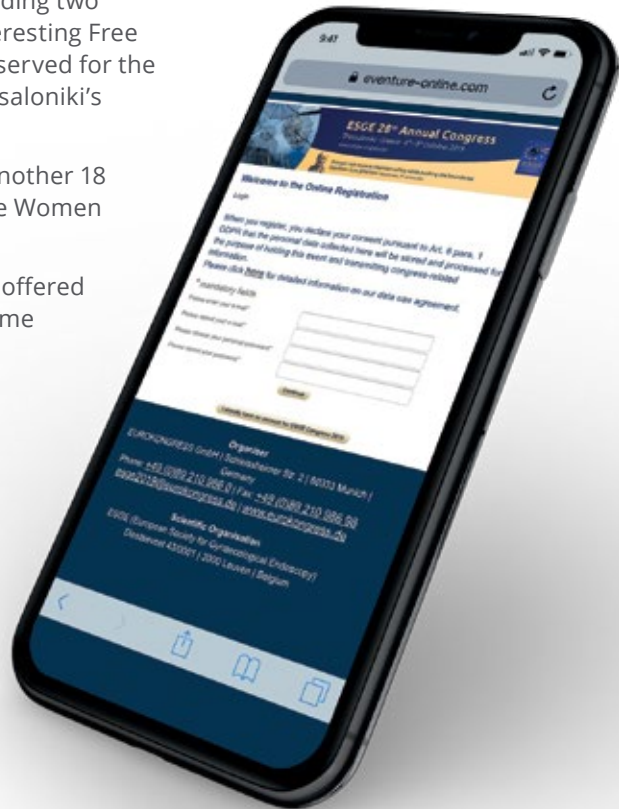
Wednesday will be the final congress day and will offer another 18 scientific plenary sessions. The day will conclude with the Women Surgeon's Lunch and one more Keynote Lecture.

And naturally, GESEA Training & Certification will also be offered throughout the congress. Find out more on the programme [here!](#)

To take advantage of the discounted early bird registration rate, be sure to [register](#) before 3rd July 2019.

You can also book your preferred accommodation near the venue through the [congress website](#) or check [flight connections](#) to/from Thessaloniki to plan your trip.

Visit our new [congress website](#) regularly to keep yourself updated regarding the [scientific programme](#) and all other relevant congress information.





# Invitation

**Kostantinos Mavrommatis**  
**Ob /Gyn, MD, Ph D. President of HSGE**  
**(Hellenic Society of Gynecologic Endoscopy)**



Dear Colleagues

On behalf of the Organizing Committee, it is my pleasure to invite you to the 6th Annual Congress of the HSGE which will be held on October 6th 2019, as a part of the ESGE 28th Annual Congress in Thessaloniki, Greece. The theme of this Congress "Primum non nocere: Maintain safety while pushing the boundaries", initially described in the 4th century B.C. by Hippocrates, still remains timely and accurate, has been the driving force for the ESGE scientific activities and our patient-centred approach.

The 6th HSGE Congress is organized by the Hellenic Society of Gynecologic Endoscopy and the European Society for Gynaecological Endoscopy. The scientific committee includes in the programme high-quality, evidence-based topics from contemporary developments in various disciplines of gynaecological endoscopy. This will be achieved through the kind collaboration of many distinguished speakers in five sessions.

The Congress will take place at the 'Ioannis Vellidis' venue, located in the centre of the city of Thessaloniki, close to the excellent museum of art and history, the international trade fair grounds and the archaeology museum.

Thessaloniki is famous for its historic monuments of classical antiquity and Byzantine art and architecture. It was first established in 3rd century B.C. by the General Kassandros and named after his wife, Thessaloniki, half-sister of Alexander the Great. Thessaloniki is the second largest city in Greece and it was one of the most important in the Byzantine Empire, next to Constantinople. Thessaloniki is also a good starting point for an escape to the best beaches of Halkidiki peninsula, situated nearby and to the archaeological sites of ancient Greek Macedonia, Vergina and Dion.

We are looking forward to welcoming you in Thessaloniki,

# ESGE Special Interest Group (SIG) Endometriosis

**Busy finalizing the recommendations on the surgical treatment of deep Endometriosis. SIG Endometriosis Chair Professor Jörg Keckstein summarises their activities.**



During the last year the working group dealt with the operative therapy for deep Endometriosis (DE) and quality control in the treatment of this disease.

The SIG has devoted particular attention to the preparation of recommendations for the surgical treatment of deep Endometriosis in cooperation with two other international societies. In a collaboration between ESGE, ESHRE and WES, experts analysed various aspects of operative therapy of DE which will be finished during the next four months. The work was very inspiring and will end in a publication in the official journals of the ESGE and ESHRE including photos and videos. The recommendations should be helpful for surgeons as a supplement to already existing guidelines from several other societies.

The Group was also involved in the organization of a very well attended postgraduate course on the treatment of deep Endometriosis during the last annual meeting in Vienna. Different international experts gave a detailed overview into the specific problems of surgical treatment of deep Endometriosis through very practical presentations and interesting discussions. It turned out that training in the field of endoscopy and surgical treatment of deep Endometriosis is of extraordinary importance.

*A similar course entitled 'A practical approach with step by step demonstration of techniques in diagnostics and surgical treatment of Endometriosis' will take place as part of the Annual Congress in Thessaloniki on 6th October 2019.*

Another interesting project was inaugurated recently. It includes a survey by interviewing (via a questionnaire) all members of the ESGE to collect information about different approaches to deep Endometriosis in Europe. There are significant differences in the treatment of this disease from country to country and from centre to centre (Roman H. A national snapshot of the surgical management of deep infiltrating Endometriosis of the rectum and colon in France in 2015: A multicenter series of 1135 cases. J Gynecol Obstet Hum Reprod (2017). In the current survey, all aspects of the disease, including diagnostics, therapy and quality control will be analysed.





### The following topics will be queried:

Patient selection, clinical examination, diagnostic procedures such as ultrasound and MRI and others, indication for conservative or surgical therapy, surgical procedures, interdisciplinary surgery, classification of DE, follow up after surgery, patient information and multimodal therapy. On the basis of the available results appropriate promotion for diagnostic and therapeutic procedures, documentation as well as the decision-making for operations may follow. Corresponding training concepts including specific courses, if necessary also by the ESGE, could be developed from this.

### Members of the working group who have accepted their cooperation:

- ★ J. Keckstein, Austria
- ★ H. Roman, France
- ★ C. Exacoustos, Italy
- ★ E. Zupi, Italy
- ★ E. Saridogan, England
- ★ H. Krentel, Germany
- ★ A. Forman, Denmark

**Interested colleagues are welcome  
please contact: Prof. J. Keckstein  
E-Mail: [joerg@keckstein.at](mailto:joerg@keckstein.at)**

# The colourful world of medical Apps

Sven Becker for Innovations-SIG-Group

We all use Apps on a daily basis. Mostly for private purposes. Whatsapp, Airline-Apps, Railway-Apps, News-Apps – as the Smart phone has become the defining technological device of our age, it has literally changed the way we live our lives.

Since medicine affects the lives of everyone, it is not very surprising, that a considerable proportion of internet activity has been devoted to medical issues and questions. With the age of the smart phone, a lot of this internet activity is being translated into the dynamic world of App development. Interestingly, a lot of physicians and doctors are not as aware of these Apps as our patients are.

Looking at Mobile Health (mHealth), estimates on the size of the global market are in excess of 100 billion dollars. Just as the health market is huge, different areas are being serviced by medical Apps: there are reference Apps, social media Apps, medical journal Apps and clinical decision Apps.

What follows is a short list of some of the most commonly used Apps.

**Epocrates®:** A classical medical reference App. From ICD-codes, drug-interactions, guideline-references to informations about referrals and consults, this is one of the most commonly downloaded Apps worldwide. With the most basic version available as a free download, the full version costs almost \$200 per year.

**Medscape®:** Another medical reference App, supported by the Internet-company WebMD. It helps with drug information and offers a disease reference. As it is ad-supported, the App is free of charge – registration however is required.

**Pepid®:** This App was originally created for emergency medicine and is frequently used by medical students, nurses as well. The App requires a login but is free of charge beyond that. It contains a symptom-checker modality which suggests possible diagnosis – pointing towards the possible future of IT-based decision-making tools for medical personnel (as doctors might not necessarily be needed at this stage).

**UpToDate®:** A highly successful App, helping answer precise questions related to real problems. The download is free, but accessing the attached database will cost around \$500/year.







A particularly interesting kind of App is so called clinical decision App. With the current discussions on how artificial intelligence will alter our everyday decision-making, these Apps might just offer a glimpse of the future. One example is:

**MDCalc®:** As all medical Apps, it tries to offer easy and organized access to medical information, but incorporating specific decision tools, also tries to take it one step further. The App is free.

One of the main tasks for IT-technologies in the field of medicine is processing the huge amounts of information being published monthly. For this, there is a growing number of medical journal Apps.

**Case®:** Is one of these Apps, that use in-built learning algorithms to provide you with the kind of interesting literature that is relevant to your area of interest and expertise. In this way, it is not unlike Netflix, which also provides you with the kind of content that would probably interest you, based on what you have been watching previously, creating a steady stream of up-to-date scientific literature. The App does not cost anything for the user.

One area that we continue to monitor is the evolving field of surgical simulation Apps.

**Surgery Master®:** Allows for simulated surgeries to be performed. It is free. Another similar App is the

**ER Surgery Simulator:** works on a similar approach, mostly for emergency room patients and the kind of procedures necessary within that particular setting.

## Innovations-SIG-member list:

Mercedes Andreyo, Ursula Catena, Angelos Daniilidis, Angharad Jones, Manpreet Kaur, Ramon Rovira, Linda Tebache, Theodoros Theodoridis, Caryl Thomas, Anne Veddeng, Nikos Vlahos, Markus Wallwiener

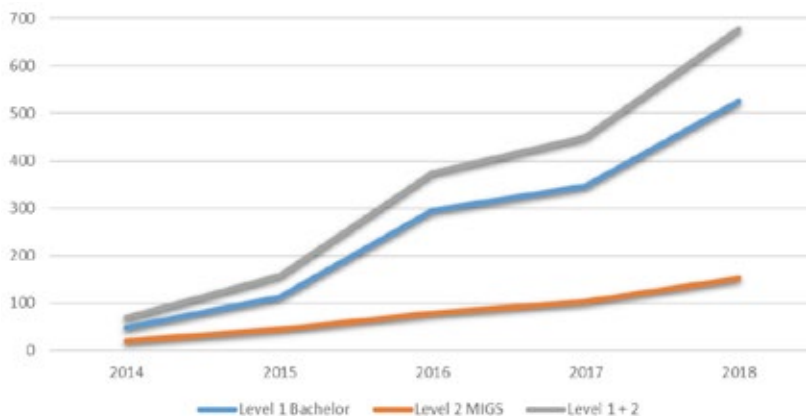
# Global use of the GESEA programme in MiGS breaks new world records

The GESEA Programme is currently represented by 10 accredited GESEA Diploma Centres: CICE, Clermont-Ferrand, France — CETEC, Porto, Portugal — Catholic University of the Sacred Heart, Rome, Italy — University of Naples Federico II, Naples, Italy — University of Torino, Torino, Italy — Hospital da Luz Learning Health, Lisbon, Portugal — MIS Academy, Dubai, United Arab Emirates — AETA, Cape Town, South Africa — European Academy of Gynaecological Surgery, Leuven, Belgium — Université de Liège, Liège, Belgium and one accredited GESEA Diploma Society: the BSGE, UK. Pilot programmes are currently running in China, Spain and Greece.

The Winners e-learning platform reports almost 10,000 registered learners, 2,604 passed level 1 Bachelor and 507 Level 2 MiGS Winners quizzes represented by 153 countries. The total number of tests reports issued to date are 10,201 (6,576 for LASTT, 2,393 for SUTT and 1,232 for HYSTT) represented by 76 countries. Interesting to note that LASTT activity has been recorded from 2010 onwards, SUTT from 2015 and HYSTT from 2013. Many more tests have been performed since 2007 that GESEA initiated.

More than 2000 certifications have been performed by gynaecologists from 76 countries. Over the past years, 1,588 level 1 certifications and 425 level 2 certifications were carried out.

## Number of certifications per year



Ten outdoor GESEA events have been planned for 2019, during international meetings mainly in Europe but also in countries like South Africa and Philippines in collaboration with other Societies like SASREG, ESHRE, APAGE, PSGE and others. Another 10 indoor events have been planned taking place in The European Academy of Gynaecological Surgery in Leuven.



**Vasilios Tanos, MD, PhD**  
GESEA Chair

A train the trainer course has been performed between 7th and 8th February 2019 in Leuven. More than 100 candidates expressed an interest in attending and over 50 participants registered. They were fully informed of the criteria to become a GESEA mentor and instructor and evaluated over the course of the 2 days. 27 of these participants have been approved as GESEA mentors and will be invited to assist at various GESEA related courses and certification sessions this year. The GESEA mentors will receive access to a new portal called Academy HQ. Here they will have access to GESEA related information including presentations, detailed information on how to prepare and perform as a GESEA mentor, together with updates on GESEA exercises, etc.

# ESGE continues to support training throughout Europe and beyond

ESGE Advisory Board member Dr Branka Žegura Andrić and her colleagues describe their experience of the Modern Hysteroscopy Course they organised together with The European Academy of Gynaecological Surgery in Maribor, Slovenia.

From the 13th to 15th of March 2019 Maribor, Slovenia hosted The European Academy of Gynaecological Surgery Modern Hysteroscopy Course with hands-on training. The European Academy of Gynaecological Surgery designed this intensive course with the purpose of the hands-on training and live demonstrations. Twelve participants from all over Europe attended the course with the desire to learn new hysteroscopic skills. The location of the course was at the Medical Faculty of Maribor, Slovenia.

The first day started with the welcome speech and keynote lecture by event leader Assist. Prof. Branka Žegura Andrić, who introduced hysteroscopic instruments and surgical techniques used in modern hysteroscopy. In the following lecture Assist. Prof. Vida Gavrić Lovrec spoke about the importance of good patient preparation and preoperative investigation before hysteroscopy, emphasizing the importance of good vaginal ultrasound examination before the procedure. Later on, hands-on training (HYSTT Hysteroscopic Skills Training and Testing Model) and psychomotor skills evaluation were performed which were repeated at the end of the course to determine the progress made by the participants. In the afternoon, we listened to two keynote lectures by invited lecturers Cristina Di Cesare from Rome, who spoke about the possible pathology seen during hysteroscopy and Prof. Milan Reljić from Maribor, who spoke about diagnostic and therapeutic challenges of hysteroscopy in the infertile patient. After all the lectures of the first day were finished, participants had hands-on training on diagnostic hysteroscopy. One instructor supervised two participants during the whole course. Participants had two training models to master the diagnostic instrument handling and ten different diagnostic situations to handle. The first day was very successful and finished with a social dinner where we got to know each other and shared experience from everyday clinical practice.



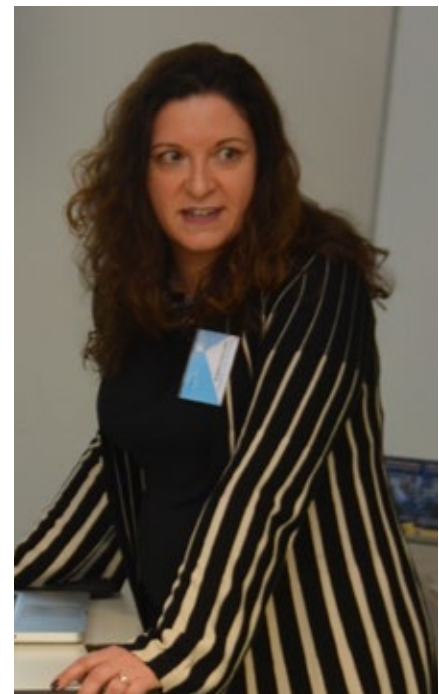


The second day was reserved for hands-on training of operative hysteroscopy. In the morning, the invited lecturer and instructor Filip de Bruyne from Luxembourg, led a very interesting quiz which triggered a very constructive debate. This was followed by two-hour hands-on training of mechanical operative hysteroscopy. Participants used animal models with different pathologies (polyp or myoma) which enabled as realistic experience as possible. Therefore, this kind of exercise was very interesting. Assist. Prof. Branka Žegura Andrić spoke in the afternoon about possibilities and limits of bipolar office hysteroscopy, which was an excellent lecture. The second day finished with hands-on training on bipolar operative hysteroscopy.

The last day was reserved for theoretical and practical knowledge. The main topic was resectoscopy. In the morning, participants' psychomotor skills were tested again on HYSTT Hysteroscopic Skills Training and Testing Model and we noticed progress as all the exercises were performed faster and more efficiently than on the first day. Thus, after only two days of training, progress was shown. After the tests, Tamara Serdinšek had a keynote lecture about tips and tricks in resectoscopy and Marija Rebolj Stare spoke about complications during or after hysteroscopy and about the proper management of them. Afternoon was reserved for training in resectoscopy on animal models (polyp resection, rollerball ablation of endometrium, septum dissection, endometrium and myoma resection). During the afternoon participants had the opportunity to test the IBS, the newest hysteroscopic technique. With each new exercise participants showed more interest and their manual skills were much better than at the beginning of the course.

We believe that participants gained a lot of new knowledge and experience. Also, during the social programme, new friendships were made. We would like to thank all the lecturers and the instructors who shared their knowledge and organizers who made an incredible hysteroscopic course.

**Milena Mikluš, Tamara Serdinšek, Branka Žegura Andrić**  
Department for Gynaecology and Obstetrics  
University Medical Centre Maribor, Slovenia





# News from Central Office

## Rhona O'Flaherty

On 11th and 12th April, the bi-annual ESGE Executive and Advisory Board Meetings were held in Leuven, Belgium.

The results of the recent 2019 ESGE Advisory Board Elections were announced. The following candidates have been elected to the ESGE Advisory Board:

- Professor Ertan Saridogan (UK)
- Professor Erich Solomayer (Germany)
- Dr Susana Maia (Portugal)
- Dr Istvan Argay (Hungary)

Their four year term will start from the ESGE 28th Annual Congress (6-9 October 2019).

Thank you and sincere appreciation was extended to the Advisory Board Members whose term will end at the ESGE 28th Annual Congress:

- Dr Dominic Byrne (UK)
- Professor Olav Istre (Denmark)
- Professor Antoine Watrelot (France)
- Professor Uwe Ulrich (Germany)

ESGE Special Interest Groups and Working Groups are busy on many projects within their fields, including drawing up new guidelines in collaboration with other societies, working on joint interest projects and developing the relationship between ESGE and other scientific societies.

Further development of the GESEA programme was high on the agenda and details will be announced at the ESGE 28th Annual Congress in Thessaloniki.

The purchase of the official ESGE Journal (Facts, Views and Vision in ObGyn) was also announced and the first issue will be published in July 2019.

The Scientific Programme of the ESGE 28th Annual Congress was finalised with all members of the Executive and Advisory Board extensively involved in the programme content.

Next meetings will take place on Saturday 5th October in Thessaloniki.





# Upcoming courses and meetings

## **MIGS: East Meets West – 1st Regional Meeting of ESGE & APAGE**

14-17 August 2019  
Mandaluyong City, Metro  
Manila, Phillipines

<http://www.esge.org/2019/06/13/1st-regional-meeting-of-esge-apage-philippines/>

## **Hysteroscopy Intensive Practical (HIP) Course**

5-6 September 2019  
European Academy of  
Gynaecological Surgery,  
Leuven, Belgium

<https://europeanacademy.org/courses/hysteroscopic-intensive-practical/>

## **State of the Art Endoscopic Practical Skills Course**

(2 ½ day intensive preparation course for Gynaecological Endoscopic Surgery Education and Assessment Programme (GESEA) Level 1 and 2)  
10-12 September 2019, Slough, United Kingdom

<https://www.bsge.org.uk/event/state-of-the-art-endoscopic-practical-skills-course/>

## **Winners Day**

6 October 2019  
Thessaloniki, Greece

<https://www.esgecongress.eu/home.html>

## **ESGE 28th Annual Congress**

6-9 October 2019  
Thessaloniki, Greece

<https://www.esgecongress.eu>

## **Laparoscopic Intensive Practical Suturing (LIPS) Course**

30 October-1 November 2019  
European Academy of Gynaecological Surgery,  
Leuven, Belgium

<https://europeanacademy.org/courses/laparoscopic-intensive-practical-suturing/>

## **Modern Hysteroscopy Course**

11-13 March 2020  
University Medical Centre  
Maribor, Slovenia

## **EndoDubai**

27-29 February 2020  
Dubai

## **Winners Meeting**

10-13 June 2020  
Berlin, Germany

# Selected Publications



Smith PP, Kolhe S, O'Connor S, Clark TJ. Vaginoscopy Against Standard Treatment: a randomised controlled trial. *BJOG*. 2019 Jun;126(7):891-899.

Di Spiezio Sardo A, Campo R, Zizolfi B, Santangelo F, Meier Furst R, Di Cesare C, Bettocchi S, Vitagliano A, Ombelet W. Long term reproductive outcomes after hysteroscopic treatment of dysmorphic uteri in women with reproductive failure: an European multicenter study. *J Minim Invasive Gynecol* PII: S1553-4650(19)30225-0. DOI: <https://doi.org/10.1016/j.jmig.2019.05.011>

Campo R, Santangelo F, Gordts S, Di Cesare C, Van Kerrebroeck H, De Angelis MC, Di Spiezio Sardo A. Outpatient hysteroscopy. *Facts Views Vis Obgyn*. 2018 Sep;10(3):115-122.

Cicinelli E, Vitagliano A, Kumar A, Lasmar RB, Bettocchi S, Haimovich S; International Working Group for Standardization of Chronic Endometritis Diagnosis. Unified diagnostic criteria for chronic endometritis at fluid hysteroscopy: proposal and reliability evaluation through an international randomized-controlled observer study. *Fertil Steril*. 2019 May 16. pii: S0015-0282(19)30247-X.

Vitagliano A, Di Spiezio Sardo A, Saccone G, Valenti G, Sapia F, Kamath MS, Blaganje M, Andrisani A, Ambrosini G. Endometrial scratch injury for women with one or more previous failed embryo transfers: a systematic review and meta-analysis of randomized controlled trials. *Fertil Steril*. 2018 Sep;110(4):687-702.e2.

Ferreira H, van Belle Y, Tanos V, Rabischong B, Grimbizis G, Di Spiezio Sardo A, Campo R. Simulation and Training of Gynaecological Skills. *Facts Views Vis Obgyn*. 2018 Mar;10(1):21-27. PubMed PMID: 30510664; PubMed Central PMCID: PMC6260672.

Giampaolino P, Della Corte L, Saccone G, Vitagliano A, Bifulco G, Calagna G, Carugno J, Di Spiezio Sardo A. Role of Ovarian Suspension in Preventing Postsurgical Ovarian Adhesions in Patients with Stage III-IV Pelvic Endometriosis: A Systematic Review. *J Minim Invasive Gynecol*. 2019 Jan;26(1):53-62.

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Byrne D, Curnow T, Smith P, Cutner A, Saridogan E, Clark TJ; BSGE Endometriosis Centres. Laparoscopic excision of deep rectovaginal Endometriosis in BSGE Endometriosis centres: a multicentre prospective cohort study. *BMJ Open*. 2018 Apr 9;8(4):e018924.

# ESGE-Vision Editorial Team



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## ESGE-VISION wants to represent the interests of Society members.

Anyone who would like to share ideas for articles, interesting images or other items should submit them to the central office at [centraloffice@esge.org](mailto:centraloffice@esge.org).



### TRAINING

Based on the current  
best scientific  
knowledge



### EDUCATION

Gynaecological Endoscopic  
Surgical Education and  
Assessment (GESEA)



### EVENTS

Leading society in training,  
education, innovation, science  
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