

ESGE VISION

Newsletter of the European Society for Gynaecological Endoscopy



ISSUE 8 – DECEMBER 2022

INSIDE

We report on the ESGE 31st Annual Congress in Lisbon

New YEP Exchange Programme

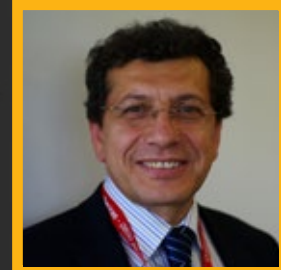
Recent noteworthy articles

And more



”

Message from the Editor



We present this issue of ESGEVISION following a very successful ESGE 31st Annual Congress which took place on 2-5th October 2022 in Lisbon. We have a summary of activities of the Congress which delivered a number of new initiatives, alongside our usual high quality sessions full of science, demonstrations of cutting edge surgery, training and networking.

One of the new initiatives that was launched in Lisbon was GESEA Robotics in collaborations with the Society of European Robotic Gynecologic Surgery (SERGS). Thomas Hebert and his colleagues wrote a summary of this development for you in this issue.

A new initiative of the ESGE was the ESGE-YEP Exchange Programme which took place in the week before the 31st Annual Congress. This programme was the brainchild of Professor Helder Ferreira and Dr Federica Campolo who successfully launched it earlier this year and made it a big success despite a short preparation time. We hope to replicate the success of this programme in coming years.

ESGE continues to work with other leading professional societies to promote good practice in women's health. One such example is the International Intersociety Project in the field of Non-invasive Diagnosis and Classification of Endometriosis which is being contributed by The International Society of Ultrasound in Obstetrics and Gynecology (ISUOG), The European Society of Human Reproduction and Embryology (ESHRE), The International Deep Endometriosis Analysis (IDEA) Group, The European Endometriosis League (EEL), The European Society for Gynaecological Endoscopy (ESGE), The International Society of Gynecologic Endoscopy (ISGE), and The American Association of Gynecologic Laparoscopists (AAGL). It is unusual to bring all these leading societies together in such an initiative and Professor Jörg Keckstein prepared an article for ESGEVISION describing the conception and development of this initiative with some contribution from me.

We started a new section under the title of 'Images in Gynaecology'. We will be happy to publish your images of interest in future issues. Please send them to the ESGE Central Office (centraloffice@esge.org) for consideration. We again have a list of selected noteworthy articles and future relevant events for you.

I hope you enjoy reading the issue and wish you all a well deserved break and a happy new year. I look forward to seeing many of you in Brussels in October 2023 for the ESGE 32nd Annual Congress.

Ertan Saridoğan
Editor, ESGE-VISION

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ESGE 31st Annual Congress in Lisbon

In October, the 31st ESGE Annual Congress had an overwhelming attendance of nearly 2000 participants, faculties and exhibitors from 78 participating countries. It was a fascinating 4-day event filled with high quality scientific exchanges, all under the motto “Excellence is a habit! Gynaecological endoscopy at its best”.

The challenges brought about by the coronavirus pandemic in the previous years led to the postponement of the Congress in 2020, which was originally meant to be held in Lisbon, Portugal. The following year, the congress resumed with a shorter, condensed hybrid format in Rome, Italy. Therefore, it was a delight to see such an enthusiastic return for the first post-pandemic face-to-face congress.

The Lisbon Congress Centre is located by the Tajo river and was the perfect setting to host this year's scientific programme which was meticulously organized by the scientific chairs Prof. Attilio di Spiezio Sardo and Prof. Vasilios Tanos and supported by active industry partners.

The first day of the Congress kicked off with a robust schedule of sessions from pre-congress courses to the 1st Ibero-American meeting of gynaecological endoscopy, GESEA Train the



Trainers Course, **live laparoscopic and robotic cadaveric dissection demonstration transmissions** and the **Winners' day** programme. An important notable highlight was the first ever GESEA robotics certification.



The opening ceremony on Monday was chaired by ESGE President **Prof. Giovanni Scambia** and Congress President **Dr. Luís Ferreira Vicente**. All delegates were welcomed, and all congress committee members were addressed followed by personal laudations from **Prof. Margarida Martinho** and **Prof. Hélder Ferreira** for the award of honorary memberships to **Prof. João Luís Silva Carvalho** and **Prof. Jörg Keckstein**. The opening ceremony also introduced the film, “**Below the Belt**”, an inspiring documentary showcasing the battles of women suffering with endometriosis produced by **Shannon Cohn**, who also travelled to Lisbon for this occasion.



The following three days offered exciting plenary sessions by clinical experts and leading speakers from all around the world, best selected abstract and video sessions as well as free communication sessions which covered a wide range of topics. **Prof. Arnaud Wattiez** and **Prof. Gaby Moawad** delivered captivating keynote lectures which further exemplified the theme of the congress. The GESEA certification level 1 and 2 and training courses were also up for grabs.





Furthermore, the main auditorium highlighted **four live surgery sessions** which were sponsored by ESGE's principal sponsors **Hologic, Karl Storz, Medtronic** and **Olympus** with real-time and recorded transmissions coming in from **Lisbon, Porto** and **Rome**. These live surgeries demonstrated cutting-edge insights into the latest technological advancements in gynaecological endoscopic as well as robotic assisted surgery.

There were over 300 posters and almost 90 videos accepted which were presented at 12 interactive stations in the dedicated ePoster area. 15 authors were selected to present their work during the Best Selected ePoster Session.



Overall, 42 industry partners contributed towards the success of this year's congress through their active participation in the exhibition hall, 16 sponsored 'Meet the Expert' sessions and industry symposia. The high onsite attendance facilitated valuable exchanges at the exhibition booths and high viewing numbers at the sponsored sessions. These were all reflected in a series of positive feedback received:

"... it was great to see the ESGE Congress back full force..."

"...thank you for all your support & help in making our attendance a success..."

"... we had a lot of visitors at our booth."

"... ESGE was the busiest and most attended congress I've seen in 2022."

The congress ended with the **Awards & Closing Ceremony** which took place at the **ESGE booth** in the exhibition hall. This was attended by many who toasted to the success of the conference. Master of ceremonies **Prof. Attilio Di Spiezio Sardo** presented an impressive lineup of awards for the **best abstracts** and **scientific journal article** as well as (for the first time) **five Level 2 MIGS diplomas**. The 2023 ESGE President **Prof. Benoit Rabischong** along with 2023 Congress President **Prof. Michelle Nisolle** warmly invited everyone to join next year's **ESGE 32nd Annual Congress in Brussels, Belgium** which will be held on the **1st - 4th of October 2023**.



This year's Congress was one not to be missed. We wish to thank everyone again for their participation - without them this success would not have been possible!



Brussels, Belgium

The first GESEA Level 2 Robotic Certification – Early experience of a new chapter for GESEA in collaboration with SERGS

Thomas Hebert, Liliana Mereu, Francesco Fanfani, Salvatore Gueli Aletti, Federica Campolo

In October 2021, the Society of European Robotic Gynecologic Surgery (SERGS) started a collaboration with the European Society of Gynaecological Endoscopy (ESGE) GESEA (Gynaecological Endoscopic Surgical Education and Assessment programme) Team. The aim of this endeavor was to expand the basic skills certification for robotic surgery. Fast forward one year later at the ESGE 31st Annual Congress in Lisbon, 12 European surgeons attended the new GESEA Level 2 certification for robotic surgical skills.

Candidates attended a series of online didactic lectures covering various topics such as principles of robotic surgery, robotic assisted simple hysterectomies and emergency procedures in robotic surgery. Candidates were also encouraged to practice on surgical simulators provided at their own individual facilities to obtain hands-on training and develop their operative skills.

GESEA at a glance

	E-learning	Psychomotor skills	Certification	Experience	Diploma
LEVEL 1					
GESEA Universal Entry Gate Basic Endoscopy Training	✓	✓	Level 1 Certification		
LEVEL 2					
GESEA MIGS	✓	✓	Level 2 MIGS Certification	✓	Level 2 MIGS Diploma
GESEA ECRES	✓	✓	Level 2 ECRES Certification	✓	Level 2 ECRES Diploma
GESEA ROBOTICS	✓	✓	Level 2 Robotics Certification	✓	Level 2 Robotics Diploma
LEVEL 3					
MIGS – General Pelvic surgeon	✓			✓	Level 3 General Pelvic Surgeon Diploma
MIGS – Oncology	✓			✓	Level 3 Oncology Diploma
MIGS – Urogynaecology	✓			✓	Level 3 Urogynaecology Diploma
MIGS & ECRES – Endometriosis	✓			✓	Level 3 Endometriosis Diploma
MIGS & ECRES – Hysteroscopy	✓			✓	Level 3 Hysteroscopy Diploma
ECRES – Reproductive surgeon	✓			✓	Level 3 Reproductive Surgeon Diploma



The candidates were assessed on two components: Knowledge and surgical competency. Knowledge was assessed based on a series of multiple-choice questionnaires whilst surgical competency was evaluated based on a series of exercises performed on simulators. There were four simulators provided, two by Intuitive and two by Surgical Science, which supported the use of the Da Vinci system. In addition, two further simulators were sponsored by Medtronic which use the HUGO system. As skills were specific to different system interfaces, certification was delivered for one type of platform, chosen at the time of registration.

On the day of the assessment, candidates were given a short brief on how the examination was to be conducted as well as some last-minute tips and tricks on robotic operative exercises. All candidates completed both written and practical assessments after three hours. Eight surgeons were assessed on the Intuitive Da Vinci platform whilst the remaining four were assessed on the Medtronic system. The results are yet to be released, but it was clear that the attendees were very well prepared for the assessment. Further basic skill certification of competences on Versius (CMR) and additional robotic platforms are expected in the future.

SERGS and ESGE are proud of this achievement. This is a stepping stone to offer further basic skill certification of competences on additional robotic platforms in the future. This Level 2 GESEA robotic certification is the first part of a Diploma in robotic surgery.



Further details are available on ESGE (<https://esge.org/education-gesea-programme/>) and SERGS (<https://www.sergs.org/sergs-education/training-curriculum/>) websites.



ESGE Launches the YEP Exchange Programme

The First Young Endoscopist Platform (YEP) Exchange Programme Took Place in Portugal

The 2022 ESGE-YEP exchange programme was recently held in Portugal from the 28th to the 30th of September 2022. This programme proved to be a success with more than 40 participants joining both from within and outside Europe in a number of Portuguese cities such as Lisbon, Porto, Gaia, Coimbra, Matosinhos and Faro.





The goal of this programme is to provide a platform to learn from people with various professional backgrounds, promote training and research, encourage collaboration within the field of gynaecological endoscopy as well as an opportunity to discover the cultural and culinary heritage of the country where the ESGE Congress is taking place. The trainees participated in various endoscopic surgical activities including didactic lectures and hands-on training provided in each centre, in addition to experiencing the local dish, Francesinha.

We believe that this programme is an exciting one for young surgeons and hope that many will take part in this initiative next year in Belgium.



Jörg Keckstein

PROFESSOR, University Ulm,
Germany.

CONSULTANT, University
Tübingen, Germany.

Certified Endometriosis Centre
–Ord. Dres. Keckstein Villach,
Austria.



Ertan Saridogan

Professor of Gynaecological
Surgery, University College,
London.

Consultant in reproductive
medicine and minimal access
surgery at University College
London Hospitals NHS
Foundation Trust.

News From ESGE Endometriosis Special Interest Group

Endometriosis – Imaging – Classification

ESGE is part of an important international Intersociety project in the field of non-invasive diagnosis and classification of endometriosis.

Surgical therapy for endometriosis has made tremendous progress in recent years. With the advancement of surgical instruments and devices as well as improved surgical training, the endoscopic approach is now seen as the standard approach for the treatment of endometriosis, even in very severe disease where complex interventions are required. However, surgical management of deep endometriosis (DE) is associated with serious risks and complications. As such, accurate detection (diagnosis) of the disease is vital to allow proper preoperative work-up.

There are various non-invasive imaging techniques used for the diagnosis of non-surgical presentation of pelvic endometriosis. Transvaginal ultrasound scan (TVUSS) is the most commonly used imaging modality followed by magnetic resonance imaging (MRI) and rarely, computed tomography (CT). In cases of DE, these imaging modalities offer enormous improvement in the understanding of the pathology of the disease as well as the evaluation of the multifaceted symptoms and impact on the patients' quality of life.

The detailed characterization and classification of endometriosis, especially in DIE is crucial. To facilitate these processes, several attempts have been made to evaluate the use of current classification and scoring systems with non-invasive imaging techniques.

ESGE is now part of an International Initiative to establish a consensus statement. ESGE is working in close collaboration with the International Society of Ultrasound in Obstetrics and Gynecology (ISUOG), the International Deep Endometriosis Analysis (IDEA) Group, the European Endometriosis League (EEL), the International Society for Gynaecologic Endoscopy (ISGE), the European Society for Human Reproduction and Embryology (ESHRE) and the American Association for Gynecologic Endoscopy (AAGL) to develop evidence-based statements on the use of noninvasive imaging techniques for the non-invasive diagnosis and classification of endometriosis. Biomarkers, economic analyses of these techniques and histopathological and/or surgical methods for classification and diagnosis of endometriosis are not included in this consensus statement.



The consensus process is intended to reflect current evidence-based practice and approaches to the non-invasive diagnosis and non-invasive classification of endometriosis using imaging techniques. To ensure that the views of all key stakeholder groups were represented, an international and multidisciplinary group was formed. The chairs of the respective societies, called the Society Working Group Chairs (G. Condous, ISUOG, IDEA; J. Keckstein, E. Saridogan, ESGE; H. Krentel, EEL; C. Becker, C. Tomasetti, ESHRE; B. Herendaal, ISGE; M. Abrao, M. Malzoni, AAGL) together with a total of 40 experts with extensive expertise in the field of diagnosis and/or surgical treatment of endometriosis contribute their experience and expertise reflected in research, clinical expertise, administrative roles and leadership positions in societies.

The team consists of an expert radiologist skilled in interpreting pelvic MRI for DE, 11 gynaecologists with special interest and expertise in gynaecological ultrasound, 9 gynaecologists with extensive experience in the surgical treatment of DIE and gynecological ultrasound and 19 gynaecologists who focus exclusively on the surgical treatment of DIE.

The ESGE experts, in collaboration with the Endometriosis SIG, are:

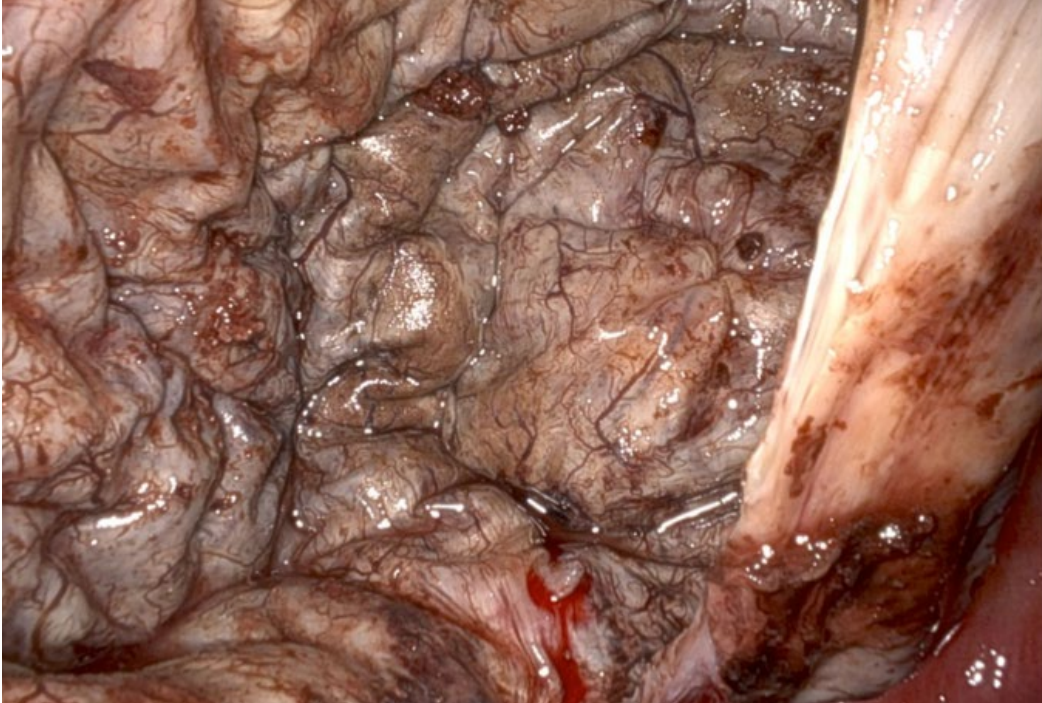
G. Grimbizis (Greece), U. Ulrich (Germany), M. Mueller (Switzerland), M. Nisolle (Belgium), H. Ferreira (Portugal), FW Jansen (The Netherlands), Arnaud Wattiez (UEA), Jim English (The Netherlands).

In this process, we used an eight-step protocol, led and organised by Professors George Condous and Gernot Hudelist. A comprehensive literature review was conducted and eligibility for inclusion was limited to papers published in 2022 and papers written in English. Preference was given to systematic reviews, meta-analyses, and validated cohort studies. The first version of the analysis was recently distributed to all coauthors. After a full discussion followed by a first round of voting, suggestions for proposed changes were made by the working group chairs. The coordinating principal chairs will then resubmit a second revised version to all group members. Based on the results of the second round, the summary of all final consensus statements and their levels of evidence and grades will be published.

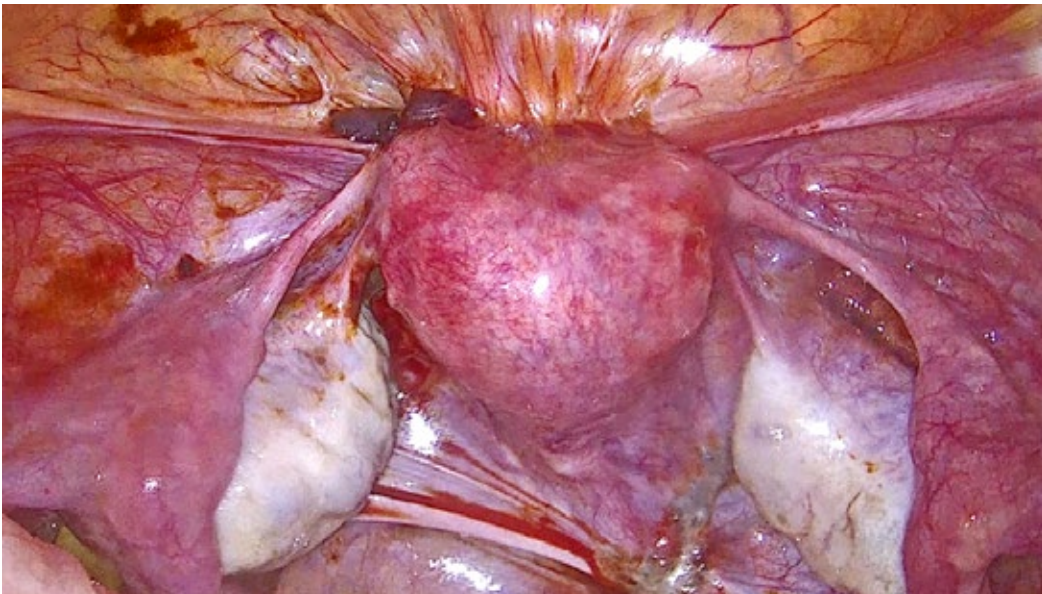
This important initiative is the first of its kind to unite the important findings of the different experts in the field of non-invasive and invasive diagnostics of endometriosis in the sense of a goal-oriented interdisciplinary consensus building. This initiative paves the way for significantly improved patient care.



Images in Gynaecology

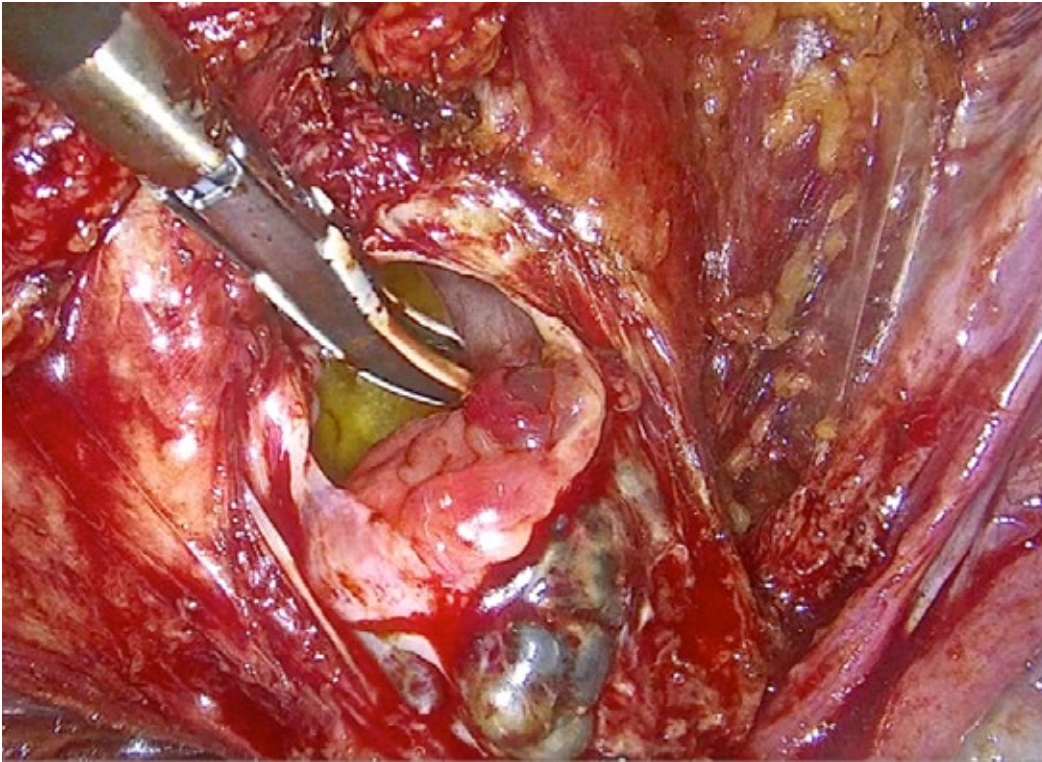


Dehydrated appearance of ovarian endometrioma inner surface following alcohol sclerotherapy (courtesy of Mr Shaheen Khazali)

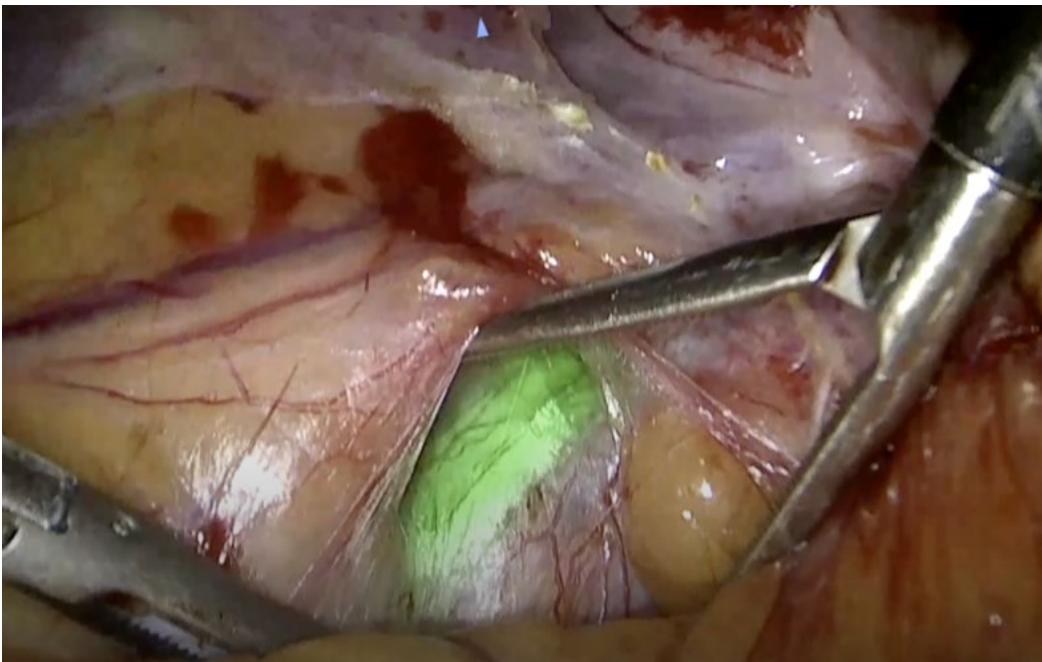


Laparoscopic appearance of bladder endometriosis (Courtesy of Dr Theodoros Theodoridis)





Appearance of bladder endometriosis after the bladder is opened during laparoscopic removal (Courtesy of Dr Theodoros Theodoridis)



Identification of the ureter following indocyanine green (ICG) administration via cystoscopy (courtesy of Mr Shaheen Khazali)

Future Events

BSGE Ambulatory Care Network 2023

Start Date 16/02/2023

End Date 17/02/2023

Where: Edgbaston Park Hotel,
53 Edgbaston Park Road,
Birmingham B15 2RS

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

ENDO Dubai 2023

Start Date: 24/02/2023

End Date: 26/02/2023

Where: Dubai, UAE

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

ESGE Regional Workshop

Start Date: 10/03/2023

End Date: 11/03/2023

Where: Sofitel Taksim Hotel,
Istanbul, Turkey

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

BSGE Annual Scientific Meeting

Start Date: 20/04/2023

End Date: 21/04/2023

Where: Manchester, UK

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

British and Irish Association of Robotic Gynaecological Surgeons meeting

Start Date: 24/11/2023

End Date: 25/11/2023

Where: Royal Society of
Medicine, London, U.K.

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

SERGS – Society of European Robotic Gynaecological Surgery

Start Date: 08/06/2023

End Date: 10/06/2023

Where: Athens, Greece

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

15th World Congress on Endometriosis

Start Date 03/05/2023

End Date 06/05/2023

Where: EICC, Edinburgh, UK

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

RCOG World Congress 2023

Start Date 03/05/2023

End Date 05/05/2023

Where: EXCEL, London, U.K.

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



ESGE REGIONAL WORKSHOP

Sofitel Taksim Hotel, İstanbul - Türkiye

**STEP BY STEP MANAGEMENT OF WOMEN WITH ENDOMETRIOSIS
FROM DIAGNOSIS TO THERAPY: A PRACTICAL APPROACH**

10-11 MARCH 2023

COURSE DIRECTORS:
ERTAN SARIDOĞAN
TANER USTA

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Recent Noteworthy articles

By: Benedetto Mondelli and Kyle Fleischer

Preoperative pain measurements in correlation to deep endometriosis classification with Enzian. Deep endometriosis classification in relation to pain

J Metzemaekers, M D Blikkendaal, K E V Nieuwenhuizen, K Bronsgeest, J P T Rhemrev, M J G H Smeets, J English, F W Jansen, S Both, A R H Twijnstra

FVVO Sept 2022. Vol 14 Number 3

<https://fvvo.eu/assets/1052/FVVinObGyn-14-245.pdf>

In this well-designed prospective multi-centre study 419 surgical deep endometriosis cases were included. Preoperative reported numeric rating scale (NRS) for baseline characteristics, pain scores, surgical procedure were collected along with the Enzian classification.

Interestingly, this paper showed how pain symptoms poorly correlated with anatomical locations of deep endometriosis in almost all pain scores, with the exception of bladder involvement and dysuria which did show a correlation. From this study dyschezia seems to have predictive value for DE ureteric involvement.



Benedetto Mondelli



Kyle Fleischer

Salivary MicroRNA Signature for Diagnosis of Endometriosis

Sofiane Bendifallah, Stéphane Suisse, Anne Puchar, Léa Delbos, Mathieu Poilblanc, Philippe Descamps, Francois Golfier, Ludmila Jornea, Delphine Bouteiller, Cyril Touboul, Yohann Dabi, Emile Daraï

Journal of clinical medicine Jan 2022

<https://pubmed.ncbi.nlm.nih.gov/35160066/>

This ground breaking discovery can potentially reduce drastically the time needed for diagnosis of endometriosis and could potentially replace laparoscopy as primary tool to diagnose this disease.

This prospective ENDO-miRNA study involved 200 saliva samples obtained from 200 women with chronic pelvic pain suggestive of endometriosis collected between January and June 2021. Among the 200 patients, 76.5% were diagnosed with endometriosis and 23.5% without. The respective sensitivity, specificity, and AUC for the diagnostic miRNA signature were 96.7%, 100%, and 98.3%.



Contemporary evidence mandates contemporary guidelines: opportunistic oophorectomy at non-malignant hysterectomy

Maria C. Cusimano, Sarah E. Ferguson.

BJOG October 2022

<https://obgyn.onlinelibrary.wiley.com/doi/abs/10.1111/1471-0528.17330>

Whether to perform opportunistic bilateral salpingo-oophorectomy at the time of hysterectomy for non-malignant indications remains one of the most contentious decisions in gynaecology. In this interesting commentary different studies were taken into consideration. Bilateral salpingo-oophorectomy after the age of 50 does not increase all-cause mortality but there is still not a strong recommendation from the main bodies (such as ACOG or SOGC) on opportunistic BSO. Additional studies are needed for this and patient might enquire about other factors on top of the cancer reduction risks such as quality of life and sexual function.

Ultrasound Prediction of Segmental Bowel Resection in Women with Rectovaginal Endometriosis: A Single-Center Experience

Alexandra Wojtaszewska, Jonathan Lewin, Davor Jurkovic, Ertan Saridogan, Arvind Vashisht, Alfred Cutner, Martin Hirsch

JMIG June 2022 Volume 29 Issue 9

<https://doi.org/10.1016/j.jmig.2022.05.014>

This retrospective study of 228 patients that evaluated the likelihood of bowel resection in women with rectovaginal endometriosis based on pre-operative ultrasound, found that nodule location, number of nodules and increasing nodule size are independent predictors for segmental bowel resection. These findings may be useful in pre-operative counselling and surgical planning.

Once daily oral relugolix combination therapy versus placebo in patients with endometriosis-associated pain: two replicate phase 3, randomised, double-blind, studies (SPIRIT 1 and 2)

Linda C Giudice, Sawsan As-Sanie, Juan C Arjona Ferreira, Christian M Becker, Mauricio S Abrao, Bruce A Lessey, Eric Brown, Krzysztof Dynowski, Krzysztof Wilk, Yulan Li, Vandana Mathur, Qurratul Ann Warsi, Rachel B Wagman, Neil P Johnson

Lancet June 2022 Volume 399 Issue 10343

[https://doi.org/10.1016/S0140-6736\(22\)00622-5](https://doi.org/10.1016/S0140-6736(22)00622-5)

This paper of two, phase 3, multicentre, randomised, double-blind, placebo-controlled trials have shown that once daily relugolix combination therapy (relugolix 40mg, estradiol 1mg, norethisterone acetate 0.5mg) can improve endometriosis associated pain compared to placebo. These results highlight a promising medical alternative to the treatment of symptomatic endometriosis.

A label extension study and post treatment study (evaluating return of menses and bone mineral density) are currently ongoing.



Indocyanine green fluorescence angiography after full-thickness bowel resection for rectosigmoid endometriosis: A multicentric experience with quantitative analysis

Diego Raimondo, Manuela Maletta, Mario Malzoni, Francesco Cosentino, Giovanni Scambia, Francesca Falcone, Marina Coppola, Luigi C. Turco, Giulia Borghese, Antonio Raffone, Paolo Casadio, Claudio Fabbri, Cristiana Corsi, Renato Seracchioli.

International Journal of Gynecology & Obstetrics September 2022 Volume 158 Issue 3

<https://doi.org/10.1002/ijgo.14059>

This article presents the results of using ICG to predict subsequent fistula following bowel resection for rectosigmoid endometriosis. Of the 33 cases evaluated, 2 were complicated by bowel fistula. In predicting fistula, qualitative and quantitative evaluations showed high levels of sensitivity and specificity. The authors conclude that ICG may have a future role in assessing anastomotic perfusion following excision surgery for rectosigmoid endometriosis.

Comparison of #Enzian classification and revised American Society for Reproductive Medicine stages for the description of disease extent in women with deep endometriosis

Eliana Montanari, Attila Bokor, Gábor Szabó, William Kondo, Carlos Henrique Trippia, Mario Malzoni, Alessandra Di Giovanni, Hans-Rudolf Tinneberg, Anna Oberstein, Rodrigo Manieri Rocha, Mathew Leonardi, George Condous, Hanan Alsalem, Joerg Keckstein, Gernot Hudelist

Human Reproduction October 2022 Volume 37 Issue 10

<https://doi.org/10.1093/humrep/deac187>

This study showed that rASRM may underestimate severity of disease compared to #ENZIAN. Specifically, rASRM stages 1 and 2 may miss deep endometriosis lesions identified with #ENZIAN. The latter, also has the benefit of correlating with pre-operative imaging.

Reconsidering evidence-based management of endometriosis

P R Koninckx, A Ussia, S Alsuwaidi, B Amro, J Keckstein, L Adamyan, J Donnez, M C Martin, A Wattiez

FVVO September 2022

Very well written article written by a team that performed a PubMed search for blinded randomised controlled trials in endometriosis. It highlights how good-quality evidence is limited in endometriosis. This article shows how clinical experience remains undervalued especially for surgery.

ESGE-Vision Editorial Team



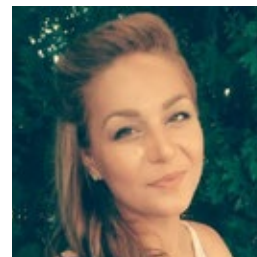
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ESGE-VISION wants to represent the interests of Society members

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



TRAINING

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