

## **Clinical Visit to National Endometriosis Center at University Hospital in Uppsala, Sweden,**

February 2-4 2015.

I first learnt about the multidisciplinary National Endometriosis center in Uppsala, Sweden, at the Nordic Congress on Endometriosis in Turku, Finland in May 2011. I found this approach a very interesting tool for this diverse and complex patient group, and asked to visit the center.

On February 2, I was welcomed by professor Matts Olovsson, who is the chief of the center, and went with him in his work at the endometriosis outpatient clinic. The patients referred to them have a confirmed diagnosis and have often tried many different treatments already. Complex patient situations were discussed. Hormonal treatment for endometriosis may have side effects which limit their use. The doctors at the endometriosis center tailor this treatment, often in addition to the hormonal intrauterine device, and succeed in using higher progestagen dose, when needed, than I am used to. I also learned about the background and practical use of lidocaine perturbation for endometriosis associated pain and on fertility, as lidocaine has both anesthetic and anti-inflammatory properties (work from Greta Edelstam).

Some consultations, for example monitoring effect of a change in medication, or return visits where gynecologic exam was not planned, were done as phone consultations. Supportive talks on ongoing treatment were also done by phone.

After lunch we visited the ward, which was very full, and at the time had admitted a couple of patients with severe endometriosis for the breakthrough of pain. The endometriosis center works together with the hospital's pain center on these patients.

Tuesday February 3rd, I spent with senior consultant Christian Moberg at the endometriosis outpatient clinic, and later attended their multidisciplinary meeting. At this meeting, the nurse, physiotherapist, curator and doctors from the endometriosis center and one doctor from the pain center discuss patient cases and further plans for these patients were made.

On Wednesday February 4, I guested the operating theater where a laparoscopic salpingoophorectomy for a large endometrioma with massive adhesions was skillfully performed by Dr Moberg and Dr Iliadis. We discussed surgical challenges in endometriosis.

I also had separate talks with the nurse and the curator and learnt about their role and work at the endometriosis center, and also how they've adjusted their work to meet the increasing amount of patients. The endometriosis center in Uppsala has many patients with chronic pain issues, and the pain center in Uppsala has both regular pain treatment and a very interesting pain rehabilitation program.

The University hospital i Trondheim does not have an endometriosis center . For many years, we've had one very dedicated gynecologist on endometriosis, in professor emerita Mette Moen. This last year , we have had regular discussion meetings with doctors from the fertility and general gynecology departments and an endometriosis interested MR radiologist , for a diagnostic work up and plan making on complex cases on endometriosis. We aim to organize our endometriosis treatment in close consideration on both medical , surgical and fertility point of view.

My visit to the Endometriosis Center in Uppsala has given me valuable input on both practical and medical issues that will help us in our future work. The people at the Endometriosis Center made me feel very welcome , making room for me in their busy schedule.

I thank and the Endometriosis Center in Uppsala for a very interesting and inspiring visit, and I thank the NFOG Fund for making this visit possible.

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