

I participated in the ESHRE Campus course "Endoscopy in reproductive medicine" in Leuven, Belgium from November 22nd to 24th 2017. This course has been arranged before, however the contents apparently vary to some extent. The course took place at the High Breed Center in the city center, with easy transportation and accommodation options. The course was altogether very well organized and gathered together a group of European endoscopy and sonography masters as lecturers, the audience consisting of a group of approximately thirty enthusiastic endocrinologists and gynecologic surgeons from all over the world.

Hands - on training was the most remarkable part of the course. In addition to theoretical lectures and videos on basic laparoscopic skills as well as laparoscopic suturing, we had several hours of practice with laparoscopic training boxes under supervision of tutors. The hands - on training started with individual testing with validated LAST-T and HYST-T-examinations in order to estimate the trainee's basic level of psychomotor skills in hysteroscopy and laparoscopy. Different simulators of 2D and 3D ultrasound in female pelvis as well as a transvaginal laparoscopy simulator were also brought on site, available for testing.

The lecture topics included a wide variety of surgical indications, techniques and complications with special impact on conserving and improving the reproductive function. The new classification of uterine malformations and its clinical implications was handled with detail. A great addition to the previous programmes was the emphasis put on ultrasound imaging. The fact that ultrasound can be assessed in the diagnosis of practically any anatomical variation or gynecological pathology was brought into attention by lectures and simulator exercises. Impressive videos on treatment of Ashermann syndrome with sonography and saline filled ballongs and extensive 3D modelling were also presented.

I am grateful to NFOG for supporting my attendance to this course. I think the understanding of possibilities and limitations of surgery is important for an infertility doctor and it will further strengthen the co-operation between gynecologic endocrinologists and gynecologic surgeons, eventually for the benefit of patients.

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