Report: Current treatment of endometriosis

IRCAD, Strasbourg sept 17-19. 2018

I work as part of the endometriosis team at Oslo University Hospital. Our department is an informal referral centre for deep infiltrating endometriosis, and I see and treat these patients on a regular basis.

The purpose of this trip was hence to achieve more knowledge about the treatment and diagnostics of severe endometriosis, and thereby be able to sustain and further develop the high standards of treatment. Endometriosis surgery is a highly challenging. We were three consultants from my clinic who attended this course together. Hence a secondary purpose of the trip was teambuilding and a common understanding of patient treatment.

Ircad is a laparoscopic training center, founded in the 1990s at the University Hospital in Strasbourg, and the faculty present at this course and all the lectures given were of high-quality. According to prof. Arnaud Wattiez this IRCAD-course is the only were the faculty list is almost as long as the participation list.

Following are some of the highlights from the three full-packed days we had at this course:

There were several lectures about the anatomy and surgical tips and tricks about the retroperitoneum. They had different focuses, including vascularization, the ureter and the complex innervation of the pelvis.

Having a universal system for the classification of endometriosis and adenomyosis could be of great help. Both in clinical practice, and in research. As of now, we don´t use such a common system in Norway. Jörg Keckstein from Austria talked about the Enzian system compared to other current classification systems. He strongly recommended the use of Enzian, which is mandatory in German-speaking countries and also used by many other clinicians and countries. Introducing this classification system at our department is certainly something that we will discuss.
Dr Keckstein also held a great lecture about adenomyosis, and the surgical treatment possible when you want to conserve the uterus. This is a field that is particularly difficult, and more knowledge is definitely needed. We have an increasing amount of these patient in Norway.
As a practical tip Philip Koninckx,, advised to have a low threshold for second-look laparoscopy if in doubt of a surgical complication. To observe the patient and expect her to improve every day is mandatory. To use laparoscopy as investigation instead of CT scans etc was emphasized. This is knowledge that I guess we all have, but still have difficulties sticking to in our every-day practice.
The course's live-surgery, on two consecutive days, was performed by course director Professor Arnaud Wattiez, assisted by Dr Emilie Faller. Preoperatively there was a live

ultrasound examination performed by Catherina Exacoustos from Rome, Italy. It was of great interest to witness how precisely she diagnosed the infiltration of the endometriosis later confirmed by the laparoscopy.
Professor Wattiez uses a Maryland, narrow-tipped bipolar forceps and cold scissors in most of his surgery, and not so much more expensive electrosurgery instruments. It is of great interest to see how efficient this is, and we learned a lot. Otherwise there were no differences in the basic principles of operating technique and it was great to follow the work of a skilled operator. Both patients had deep infiltrating endometriosis affecting the bowel, and the considerations regarding how to best treat this surgically were particularly interesting to follow and learn from. Professor Wattiez did not use (or recommend) any hormonal treatment to lower the level of inflammation in advance of the surgery.

In the afternoon I attended the hands-on surgery on live pigs. IRCAD has got a great op-lab facility. We were paired to persons on each pig, and each pair got a dedicated instructor. This is a great way of practicing dissection and new procedures without harming patients. In addition to dissection we were able to practice procedures as lymphadenectomy, anastomosis and reimplantation of the ureter, bowel preparation and anastomosis and different ways og laparoscopic suturing.
Together the lectures, the demonstrations and the practical training made this course really valuable, and something I would advise every gynecologist with interest for endometriosis and laparoscopic surgery to attend. I believe these skills and this knowledge is highly beneficial for patient outcome and satisfaction.

I want to thank NFOG for contributing to make my trip for this excellent course possible.

Best regards,

Thomas F Thaulow
Oslo University Hospital Norway