

Short report from my participation in the course "Current techniques in the treatment of severe endometriosis" at Ircad Strasbourg sept 17-19.2018.

**NF17039**

Oslo University Hospital is a referral centre for patients with severe endometriosis in Norway. As a part of the endometriosis team at the gynecological department, I daily see and treat women with this diagnosis.

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 that we have. We were three consultants from my clinic who attended this course together.

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.

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

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.

As a practical tip Philip Koninckx from Belgium, together with a united faculty, 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 particularly of interest to witness how precisely she diagnosed the infiltration of the endometriosis later confirmed by the laparoscopy.

Professor Wattiez used narrow-tipped bipolar forceps and cold scissors in most of his surgery. At our hospital we do use somewhat more unipolar current (unipolar needle), but otherwise there were no differences in the basic principles of operating technique and it was great to follow the work of a skilled surgeon. 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.

Two afternoons I attended the hands-on course in the pig-lab with advanced laparoscopic equipment. Here we got close-follow up training in intracorporal suturing, surgery on the bowel, as well as training in advanced dissection and ureteral repair. An important part of this course.

Together with the lectures and the hands-on training in the pig-lab this course was really valuable, and something I would advise every gynecologist with interest for endometriosis and laparoscopic surgery to attend.

I want to thank NFOG for making my trip for this excellent course possible, and look forward to continue my practice at OUS, Norway with more knowledge than before.

Best regards,

Jenny Alvirovic

Oslo University Hospital Norway