

Results from new study offer hope for women with endometriosis

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A landmark study, published today in BMJ Open, has shown that keyhole surgery carried out in specialist centres can ease the pain of endometriosis and improve the quality of life for women living with the disease.

The ground-breaking study included nearly 5000 women, who had laparoscopic surgery to excise deep endometriosis, and followed their progress for two years.

Less pain and better quality of life

Six months after the surgery the women experienced significant reductions in period pain, pelvic and back pain, and decreased pain during sexual intercourse. There were also reductions in bowel disturbance, constipation, and problems passing urine, as well as significant improvement in quality of life. These benefits were maintained two years after the surgery.

Lone Hummelshoj, chief executive of the World Endometriosis Society, said:

'The BSGE study shows that deep endometriosis responds very well to surgical management with a high success rate in the hands of experts in specialist centres.'

The study makes an excellent case for the importance of endometriosis specialist centres, something the World Endometriosis Society has been championing for many years.'

Specialist endometriosis centres

The study is the largest and most long-lasting investigation into the surgical management of endometriosis. Dominic Byrne and T. Justin Clark reported the findings on behalf of the British Society for Gynaecological Endoscopy (BSGE) Endometriosis Centres Scientific Advisory Group and highlights the importance of surgery in accredited endometriosis specialist centres.

BSGE President Dominic Byrne said:

'The BSGE has worked for over a decade to establish, and accredit, a network of specialist Endometriosis Centres, so patients with severe endometriosis can have access to specialist laparoscopic surgery. This paper is the culmination of this enormous effort and reports the outcome of nearly 5,000 patients. It is a landmark moment.'

Surgical management of deep endometriosis is technically challenging and can be associated with serious complications and the risk of the disease returning. Half of the women studied had undergone previous surgery for endometriosis, mostly in non-specialist centres, and were still suffering with the condition. This study reported reassuringly low rates of major complications when the surgery was conducted in accredited endometriosis centres.

Professor Justin Clark, the gynaecologist who led the team of researchers, said:

'By training surgeons and accrediting specialist endometriosis surgical centres, the BSGE aimed to improve access and clinical outcomes for women with extensive endometriosis.'

'Severe endometriosis blights many women's lives because of the pain and suffering it can cause. This paper, by far the largest series published to date, shows that surgical treatment can be safely undertaken and significantly improve women's pain and life quality when carried out by specialist gynaecological surgeons in BSGE accredited centres.'

Endometriosis affects women physically, psychologically, and emotionally. It causes pain, infertility, and bladder and bowel problems. There are also costs to society, both in terms of healthcare provision and the effects of the chronic condition on women's ability to work and care for a family. With greater access

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to specialist surgery, more women can look forward to a future without the pain and debility of endometriosis.

Emma Cox, Chief Executive of Endometriosis UK said:

'We welcome this study which clearly shows the necessity and positive effects of laparoscopic excisional surgery for women with rectovaginal endometriosis. This is proof that – done by experts in specialist centres – surgery can reduce pain and severe symptoms, enabling women to stay in work as well as improving their quality of life.'

It is vital that women with suspected rectovaginal endometriosis are promptly referred to an endometriosis centre, with access to a specialist team that have the knowledge, skills, and experience to undertake laparoscopic excisional surgery, if surgery is needed'.

The paper can be accessed on [BMJ Open](#). Find out more about the BSGE on www.BSGE.org.uk and contact Atia Khan at AKhan@RCOG.ORG.UK for interviews with Dominic Byrne and Justin Clark. More information about endometriosis can be found on www.endometriosis-uk.org and contact communications@endometriosis-uk.org for interviews with Emma Cox or for case studies of women with endometriosis. Lone Hummelshoj is available at lone@endometriosis.org.

Company Contact:

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British Society for Gynaecological Endoscopy

T. 07775898543

E. drjanegilbert@hotmail.com

W. <https://www.bsge.org.uk>

Additional Contact(s):

BSGE Secretariat

Atia Khan at AKhan@RCOG.ORG.UK

tel: 0207 7726474

fax: 0207 7726410

[View Online](#)

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