



# ENDOMETRIOSIS CONSENSUS STRASBOURG 2022



SEPTEMBER 2022  
15 • 16 • 17

A JOINT PROJECT OF

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ENDOMETRIOSIS  
CONSENSUS  
STRASBOURG  
2022

# AGENDA AT GLANCE

ENDO CONSENSUS STRASBOURG - PRELIMINARY PROGRAM

TIME	September 15   Thursday			September 16   Friday		September 17   Saturday
	Main Auditorium	Auditorium 2	Auditorium 3	Main Auditorium	Auditorium 2	Main Auditorium
8:30	Welcome Remarks by Pr. A. Wattiez & Keynote Lecture by Pr. P. Koninckx					8:30 20'
9:00	<b>LIVE SURGICAL MARATHON</b>  <i>Chair:</i> <b>Dr. Rodrigo Fernandes (Brazil)</b> <b>Dr. Marco Puga (Chile)</b>	<b>Atelier #1</b> "Endometriosis in Adolescent"  <i>Chair:</i> Pr. A. Ussia (Italy)	<b>Atelier #2</b> "Fertility Enhancement"  <i>Chair:</i> Dr. R. Campo (Belgium)	<b>Atelier #9</b> "Medical Treatment"  <i>Chair:</i> Pr. J. Donnez (Belgium)	<b>Atelier #10</b> "Adhesion"  <i>Chair:</i> Pr. R. Leon De Wilde (Germany)	8:50 20'
10:30	<b>Laparoscopic Surgeons:</b>  Pr. A. Wattiez (UAE/France)  Dr. M. Malzoni (Italy)  Pr. J. Gilabert (Spain)  Pr. P. Ayroza (Brazil)  Pr. H. Ferreira (Portugal)  Pr. G. Scambia (Italy)  Dr. F. Osorio (Portugal)	Coffee Break		Coffee Break		9:10 20'
10:45	<b>Hysteroscopic Surgeons:</b>  Pr. A. Di Spiezio Sardo (Italy)  Pr. S. Bettocchi (Italy)  Dr. U. Catena (Italy)  Dr. O. Shawki (Egypt)	<b>Atelier #3</b> "Classifications"  <i>Chair:</i> Pr. J. Keckstein (Austria)	<b>Atelier #4</b> "Adenomyosis"  <i>Chair:</i> Pr. G. Grimbizis (Greece)	<b>Atelier #11</b> "Endometrioma"  <i>Chair:</i> Dr. C. Miller (USA)	<b>Atelier #12</b> "FEMTECH in Endometriosis"  <i>Chair:</i> Dr. A. Fazel (France)	9:30 20'
12:15	Lunch Break		Lunch Break		Lunch Break	
14:15		<b>Atelier #5</b> "Imaging"  <i>Chair:</i> Pr. C. Exacoustos (Italy)	<b>Atelier #6</b> "Bowel"  <i>Chair:</i> Dr. W. Kondo (Brazil)	<b>Atelier #13</b> "Nerves"  <i>Chair:</i> Pr. B. Rabischong (France)	<b>Atelier #14</b> "Pain"  <i>Chair:</i> Dr. S. As-sanie (USA)	9:50 20'
15:45		<b>Atelier #7</b> "Ureter"  <i>Chair:</i> Pr. C. Nezhat (USA)	<b>Atelier #8</b> "Who Operates?"  <i>Chair:</i> Pr. M. Canis (France)	<b>Atelier #15</b> "Endometriosis and Comorbid Pain: Impact on women's and couple's sexuality"  <i>Chair:</i> Pr. A. Graziottin (Italy)	<b>Atelier #16</b> "Patient Centred Outcomes"  <i>Chair:</i> Mrs. L. Hummelshoj (UK)	10:10 20'
17:15	End of Session			End of Session		10:30 20'
						10:50 20'
						11:10 1 hr
						12:10 20'
						12:30 20'
						12:50 20'
						13:10 20'
						13:30 20'
						13:50 20'
						14:10 20'
						14:30 20'
						14:50 to 15:00



DAY 1

# Live Surgical Marathon

**Chairmen:** Dr. Rodrigo Fernandes (*Brazil*)  
Dr. Marco Puga (*Chile*)

LAPAROSCOPY			
Time (CET)	Live Feed 1	Live Feed 2	Live Feed 3
08:45	OPENING REMARKS		
09:00	<b>LAP</b> Pr. Arnaud Wattiez (IRCAD)  (9:00 to 11:00) CET		
10:00		<b>LAP</b> Dr. Filipa Osorio (Portugal)  (10:00 to 12:00) CET	<b>HYST</b> Pr. Attilio Di Spiezio Sardo (Italy)  (10:30 to 11:00) CET
11:00	<b>LAP</b> Pr. Juan Gilabert (Spain)  (11:00 to 13:00) CET		
12:00		<b>LAP</b> Pr. Giovanni Scambia (Italy)  (12:00 to 14:00) CET	<b>HYST</b> Pr. Stefano Bettocchi (Italy)  (12:30 to 13:00) CET
13:00	<b>LAP</b> Pr. Paulo Ayroza (Brazil)  (13:00 to 15:00) CET		
14:00		<b>LAP</b> Pr. Helder Ferreira (Portugal)  (14:00 to 16:00) CET	<b>HYST</b> Dr. Ursula Catena (Italy)  (13:30 to 14:00) CET
15:00	<b>LAP</b> Pr. Mario Malzoni (Italy)  (15:00 to 17:00) CET		<b>HYST</b> Pr. Osama Shawki (Egypt)  (14:30 to 15:00) CET
16:00			
17:00			



DAY 1

# Atelier Session

## Atelier #1: Adolescent

Chair: Dr. Anastasia Ussia

Time: 9:00 - 10:30

### DESCRIPTION:

Traditionally, laparoscopy and surgery for endometriosis in adolescents were postponed preventing recurrences and repeat surgery. That the risk of endometriosis is highest during puberty might suggest earlier laparoscopy or Transculdo Hydro Laparoscopy (THL). However, it is unclear whether this prevents more severe lesions later, especially if recurrences can be prevented.

Topic	Faculty
What do endometriosis patients need to tell their daughters?	Dr. Dan Martin
What do we know about endometriosis in adolescence?	Pr. Stephan Gordts
Highest risk of initiating endometriosis is during adolescence	Pr. Philippe Koninckx
Spontaneous uterine adenomyosis and endometriosis (archimetrosis) as an anthropoid disease. The adolescent perspective	Pr. Gerhard Leyendecker
Open Discussion	All

## Atelier #2: Fertility Enhancement

Chair: Dr. Rudi Campo

Time: 9:00 - 10:30

### DESCRIPTION:

How endometriosis impact fertility is still unclear. Nevertheless, IVF is in many occasions the first line therapy to resolve this problem. Several questions are still not answered today as the use of hormone to stimulate the ovary may also stimulate the disease. Does the presence of endometrioma impact negatively the outcome? Does the presence of retro vaginal nodule contra-indicate transvaginal oocyte retrieval and expose the patient to the risk of infection? Consensus should be obtained between experts to clarify the algorithm of the medical decision.

Topic	Faculty
Is there a place for oocyte preservation before endometriosis surgery in infertile patients?	Pr. Grigoris Grimbizis
Does endometriosis negatively impact the IVF outcomes?	Dr. Jaime Ferro
Should we operate ovarian endometrioma in a young infertile patient without associated male factor?	Pr. Vasilios Tanos
Is the use of an agonist stimulation protocol to be preferred in patients with endometriosis entering an IVF treatment?	Dr. Larissa Schindler
Does COS (controlled ovarian stimulation) increase the risk of endometriosis growth or recurrence?	
Recto vaginal endometriotic nodule causes enormous pain, patient wants to get pregnant. Is surgery the first line indication?	Pr. M. Nissole
Open Discussion	All



DAY 1

# Atelier Session

## Atelier #3: Classifications

Chair: Pr. Jörg Keckstein

Time: 10:45 - 12:15

### DESCRIPTION:

The classification of endometriosis has increasingly become the focus of discussion in recent years. Until now, the classification served to categorise endometriosis after surgery, in a simplified form. Due to the enormous changes in diagnostics and therapy, we have gained a fundamentally different approach to this disease. Various questions about the genesis, symptomatology, conservative and surgical therapy must be reconsidered. For this purpose, a comprehensive classification is absolutely essential for an interdisciplinary perspective. What should it include?

Topic	Faculty
Why do we need to rethink the endometriosis classification? The classification of the future is constantly in progress!	Pr. Jörg Keckstein
What information of non-invasive diagnostics is absolutely mandatory preoperatively but also postoperatively! How should this be documented?	Dr. Gernot Hudelist
The MRI is an examiner independent method, how can the classification improve the reporting?	Dr. Isabelle Thomassin
For the surgeon, the classification is not only important after the operation! Why?	Pr. Mario Malzoni
Does the very inhomogeneous collective of endometriosis patients make only a simplified form of classification useful?	Pr. Maurizio Abrao
Which important information of a classification does a reproductive specialist need for decisions in diagnostics and therapy?	Pr. Philippe Koninckx
Open Discussion	All

## Atelier #4: Adenomyosis

Chair: Pr. Grigoris Grimbizis

Time: 10:45 - 12:15

### DESCRIPTION:

Adenomyosis is a clinical situation that leads to very difficult problem. The first one is to find the proper non-invasive diagnostic to help describe the clinical situation and to have a classification that help you to decide on the treatment. The second is to understand the relative place and success of the medical and the surgical treatment. And finally, to understand what the outcomes are mainly obstetrical in those patients non-treated and surgically managed.

Topic	Faculty
What is needed from a classification / reporting system for adenomyosis from a clinical perspective?	Pr. Grigoris Grimbizis
What is the current non-invasive diagnostic approach of adenomyotic patients?	Dr. Tina Tellum
What is the current place of conservative and surgical treatment of infertile patients?	Pr. Stephan Gordts
What is the obstetric outcome in adenomyotic patients non-treated and surgically managed?	Dr. Hanan Gharbi
Open Discussion	All



DAY 1

# Atelier Session

## Atelier #5: Imaging

Chair: Pr. Caterina Exacoustos

Time: 14:15 - 15:45

### DESCRIPTION:

Imaging is the pivot of the surgical decision as it gives the surgeon information that are not accessible by clinical exam and anamnesis. A lot of points are still debated concerning what classification system would be enough to describe the lesion before surgery, what important imaging finding are needed for the surgical decision and can imaging predict the nature and the difficulty of surgery to help for surgical planning.

Topic	Faculty
Why should be TVS the first line imaging for endometriosis and can it replace diagnostic laparoscopy	P. Koninckx
Presurgical evaluation of endometriotic lesions: bowel involvement of the pelvis and upper abdomen what add MRI to Ultrasound	S. Guerriero VS I. Thomassin
Presurgical assessment by imaging using classifications or extensive description of the altered pelvic anatomy	A. Di Giovanni VS J. Keckstein
Open Discussion	All

## Atelier #6: Bowel

Chair: Dr. William Kondo

Time: 14:15 - 15:45

### DESCRIPTION:

Surgery for bowel endometriosis should be tailored according to the disease and the patient symptoms. Issues on preoperative work-up, preoperative bowel preparation, radicality of the procedure with or without the need for a protective stoma, and postoperative recovery should be addressed in order to get the best outcome for the patient.

Topic	Faculty
<b>Pre-operative Work-up:</b> Should we operate patients with bowel endometriosis without bowel symptoms? When should we operate asymptomatic patients? Should the type of surgical intervention be decided before or during surgery	Dr. Marco Bassi
<b>Intraoperative:</b> Tailoring radicality for bowel surgery (margins, nerves, anatomical planes, type of bowel surgery). Should we excise fibrosis or can we leave it?	Pr. Mario Malzoni
<b>Intraoperative:</b> Safe segmental bowel resection: transmesorectal excision or total mesorectal excision? NOSE or conventional extraction through the abdominal wall? How to reduce leakage (ICG? Omentoplasty? suture to reduce tension?) It is better to do a double discoid excision (if feasible) than a bowel resection	Pr. Joel Leroy
<b>Postoperative:</b> Postoperative fast recovery protocol: When to start oral diet, when to discharge the patient, etc. + dally CRP after bowel surgery?	Dr. William Kondo
Open Discussion	All



DAY 1

# Atelier Session

## Atelier #7: Ureter

Chair: Pr. Ceana Nezhat

Time: 15:45 - 17:15

### DESCRIPTION:

The main issues needing a consensus regarding endometriosis of the ureter include the imaging studies needed to plan strategy to optimize outcomes. Furthermore, what is the role of medical management and what are the appropriate surgical treatment options depending on site, severity, and extent of endometriotic lesions.

Topic	Faculty
Peri-operative imaging and assessment of ureteral endometriosis	Dr. Resad Pasic
Intraoperative management of ureteral endometriosis	Dr. Marco Puga
Multi-disciplinary approach to ureteral endometriosis	Pr. Ceana Nezhat
Long term management of ureteral endometriosis	Dr. Kathleen Hwang
Open Discussion	All

## Atelier #8: The right Surgeon for each Patient now and in the future

Chair: Pr. Michel Canis

Time: 15:45 - 17:15

### DESCRIPTION:

Surgery for bowel endometriosis should be tailored according to the disease and the patient symptoms. Issues on preoperative work-up, preoperative bowel preparation, radicality of the procedure with or without the need for a protective stoma, and postoperative recovery should be addressed in order to get the best outcome for the patient.

Topic	Faculty
The procedure should be done by the surgeon	Pr. Mario Malzoni
The procedure should be done in a multi-disciplinary setting	Pr. Mikkel Seyer-Hansen
Do we need an infertility surgeon in the room?	Pr. Stephan Gordts
Is there a role for a robotic platform?	Dr. Pierre Collinet
Could we found and teach the next generation of advanced endometriosis surgeons?	Dr. Axel Forman Danemark
What can we learn from the oncologic experience?	Dr. Denis Querleu
Open Discussion	All



DAY 2

# Atelier Session

## Atelier #9: Medical Treatment

Chair: Pr. Jacques Donnez

Time: 9:00 - 10:30

### DESCRIPTION:

TBC

Topic	Faculty
The new algorithms for endometriosis and the place of medical therapy before and after surgery.	Pr. Jacques Donnez
The place of the GnRH antagonist. Results of the different studies	Pr. Hugh Taylor
The place of medical therapy in endometriosis	Pr. Ludwig Kiesel
Open Discussion	All

## Atelier #10: Adhesions & Endometriosis

Chair: Pr. Rudy Leon De Wilde

Time: 9:00 - 10:30

### DESCRIPTION:

What is needed to reduce the exponentially enhanced adhesiogenesis provoked by the intrinsic endometriosis burden and the iatrogenic surgical trauma risk?

The goal is to provide an expert discussion basis towards a consensus on the problem of adhesion provoked by deep endometriosis surgery and the adhesiogenic potency of the disease itself.

Topic	Faculty
A broad opinion paper on the future of adhesion prophylactic trials: a first step towards consensus?	Pr. Rudy Leon De Wilde
Video demonstrations on adhesion prophylactic agent application in endometriosis surgery: do we have enough efficacy data?	Dr. Rajesh Devassy
Evaluation of different prospective adhesion prophylactic study protocols in deep endometriosis laparoscopic surgery: a single center experience documenting inherent pitfalls.	Dr. Harald Krentel
How to interfere with adhesion formation in endometriosis surgery: a step-by-step evaluation to reduce iatrogenic trauma.	Pr. Sven Becker
Open Discussion	All





DAY 2

# Atelier Session

## Atelier #11: Analysis of Currently Proposed Endometrioma Decision Tree

Chair: Pr. Charles Miller

Time: 10:45 - 12:15

### DESCRIPTION:

The management strategy of Endometrioma depends on several factors. So, decisions are multiple and difficult to order in a logical manner. Hence, consensus should be obtained on:

- 1.) Best options to determine benign versus malignancy.
- 2.) What size should an endometrioma be removed for pain, low tech fertility or ART?
- 3.) When should egg freezing be performed in a patient with an endometrioma?
- 4.) What are the do's and don'ts for surgical treatment of an endometrioma?

Topic	Faculty
Introduction and discussion of the endometrioma decision tree <ul style="list-style-type: none"> <li>▪ Malignancy</li> <li>▪ Pain</li> <li>▪ Infertility without ART</li> <li>▪ Impact on IVF success</li> <li>▪ Concern of endometrioma rupture at time of retrieval</li> <li>▪ Low antral follicle count</li> <li>▪ Implantation failure</li> </ul>	Pr. Charles Miller
Comments regarding "Introduction and discussion of the endometrioma decision tree"	Pr. P. Koninckx, Pr. J. Donnez, & Pr. M. Abrao
Audience Discussion	All
Surgical Options Discussion <ul style="list-style-type: none"> <li>▪ Cystectomy</li> <li>▪ Use of PlasmaJet</li> <li>▪ Suturing</li> <li>▪ Biocoagulants</li> </ul>	Pr. Charles Miller
Comments regarding "Surgical Options" Discussion <ul style="list-style-type: none"> <li>▪ Three step technique</li> </ul>	Pr. Philippe Koninckx
Comments regarding "Surgical Options" Discussion <ul style="list-style-type: none"> <li>▪ Technique for cystectomy and partial laser vaporization</li> </ul>	Pr. Jacques Donnez
Comments regarding "Surgical Options" Discussion <ul style="list-style-type: none"> <li>▪ Argon plasma</li> </ul>	Pr. Mauricio Abrao
Surgical Options: <ul style="list-style-type: none"> <li>▪ Sclerotherapy</li> </ul>	Dr. Shaima Al-Suwaidi
Audience Discussion	All

## Atelier #12: FEMTECH and Research in Endometriosis

Chair: Dr. Afshin Fazel

Time: 10:45 - 12:15

### DESCRIPTION:

FEMTECH in endometriosis comprises new technologies in research, including Biomarkers, Artificial Intelligence, Virtual Reality, and Digital Applications. Setting the standards of research and use of these tools needs a consensus to compare studies and devices.

Topic	Faculty
Biomarkers	Dr. Afshin Fazel
Robotic Surgery	Dr. Gaby Moawad
Augmented Reality	Pr. Nicolas Bourdel
Artificial Intelligence	Dr. Loic Etienne
Digital Applications	Dr. Jean Philippe Estrade
Open Discussion	All



DAY 2

# Atelier Session

## Atelier #13: Nerves

Chair: Pr. Benoit Rabischong

Time: 14:15 - 15:45

### DESCRIPTION:

Nerve involvement in endometriosis is very frequent and can be from entrapment to invasion. In order to treat properly the patient and avoid the risk of long-term neurological disorder, a clinical diagnostic is important before to propose a surgical dissection. On many occasions, the surgeon has to make a choice: either to be radical with the risk of nerve impairment or to be more conservative with the risk of being incomplete on the disease. Clinical experience is essential to come to a consensus.

Topic	Faculty
How to dissect the pelvic nerves: from microanatomy to surgical rules?	Pr. Benoit Rabischong
How to choose between radicality and nerve preservation: Surgical strategy and technique?	Pr. Vito Chiantera
How to clinically diagnose an attack of the pelvic nerves in the event of endometriosis and which complementary examinations are then necessary?	Pr. Marc Possover
Open Discussion	All

## Atelier #14: Pain

Chair: Dr. Sawsan As-sanie

Time: 14:15 - 15:45

### DESCRIPTION:

TBC

Topic	Faculty



DAY 2

# Atelier Session

## Atelier # 15: Endometriosis and comorbid pain: Impact on women's and couple sexuality in the lifespan

Chair: Pr. Alessandra Graziottin

Time: 15:45 - 17:15

### DESCRIPTION:

Severe dysmenorrhea, heavy menstrual bleeding (HMB), deep dyspareunia/sexual pain, cyclic pelvic pain, chronic pelvic pain should be considered predictors of endometriosis until proven otherwise? Should as well the rarer menstrual dyschezia and menstrual hematuria be considered predictors of endometriosis?

Should continuous combined contraception (CCC) or continuous progestogens (CP) be prescribed without Hormone Free Interval (HFI) in the above-mentioned conditions and after surgically confirmed/operated endometriosis, to reduce inflammation & pain, the progression of endometriosis and comorbid pain and the impact on women' and couple's sexuality and fertility?

Topic	Faculty
Endometriosis, pain and sexuality: lack of professional recognition. Which future?	Pr. Alessandra Graziottin
Severe dysmenorrhea and Heavy Menstrual Bleeding: predictors of endometriosis and FSD?	Dr. Angela Ceccarollo
Endometriosis: sexual pain and comorbid FSD	Dr. Elisa Maseroli
Medical treatment before and after surgery: the challenge of tailoring the best, while protecting sexuality	Dr. Silvia Baggio
Open Discussion	All

## Atelier #16: Patient Centred Outcomes

Chair: Ms. Lone Hummelshoj

Time: 15:45 - 17:15

### DESCRIPTION:

Everyone with endometriosis is a unique individual. Therefore, the treatment strategy must be tailored according to that individual's symptoms and specific wishes to improve her quality of life. The patient is then at the centre of the picture and therapeutical outcomes should match her expectations taking into consideration both physical and mental health and wellbeing. That is why, the following topics will be discussed.

Topic	Faculty
The importance of diagnosis – when and how?	Ms. Lone Hummelshoj
The need for holistic management	Dr. Karina Ejgaard Hansen
The necessity for recognition and action by government and decision makers	Ms. Emma Cox
The importance of involving those living with endometriosis in the definition of research priorities and standards	Dr. Marina Kvaskoff
Open Discussion	All



# REGISTRATION RATES

## Onsite Pass

Registration Fee	Physicians	Affiliates
Early Bird Registrations <small>(valid until August 15, 2022)</small>	€ 540	€ 540
Standard Registrations	€ 600	

## 1-Day Online Pass

Day 3 Online Registration	€ 200
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## IRCAD Endometriosis Course Attendee

Full 3-day Access	€ 480
Day 1 Access	€ 180

## Group Registration (Industry Partners)

Minimum of 3 Registrations (5% OFF)	Minimum of 5 Registrations (10% OFF)	Minimum of 9 Registrations (15% OFF)
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All rates are 20% VAT inclusive

***Early Bird Rates will be available until August 15 only***

The Online Broadcast of Consensus Presentation will be on Saturday

## REGISTER NOW!

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