

SITM: ENDOMETRIOSIS CARE (EC)

SECTION 1: CAPABILITIES IN PRACTICE

EC CiP 1: The doctor has the knowledge, skills and attitudes to perform advanced laparoscopic gynaecological surgery.	
Key Skills	Descriptors
Manages preoperative planning and case selection	<ul style="list-style-type: none"> ○ Selects patients appropriately. ○ Is able to map areas of pain or abnormal masses in relation to underlying anatomical structures. ○ Interprets images in consultation with imaging specialist ○ Audits surgical practice. ○ Performs ultrasound of the pelvis to form a differential diagnosis and plan.
Manages preoperative ultrasound and other investigations	<ul style="list-style-type: none"> ○ Performs investigative surgery where appropriate. ○ Plans surgery, taking into account patients' fertility desires.
Develops and provides information	<ul style="list-style-type: none"> ○ Produces appropriate information leaflets tailored for the patient. ○ Enters patients onto surgical database for severe rectovaginal endometriosis.
Evidence to inform decision	
<ul style="list-style-type: none"> ● OSATS: <ul style="list-style-type: none"> ○ Cystoscopy ○ Endoscopic lower bowel examination ○ Ultrasound examination in gynaecology (non-pregnant patient) ● Mini-CEX ● CbD 	<ul style="list-style-type: none"> ● Reflective practice ● Personal learning ● TO2 (including SO) ● NOTSS ● RCOG Learning
Knowledge criteria	
<ul style="list-style-type: none"> ● How history, investigations and careful counselling impact on patient selection ● The symptoms that women may complain of ● The various components of a relevant history, such as dysmenorrhoea, dyspareunia, dyschezia, pelvic pain, lower backache, bowel and urinary symptoms ● The associated gastrointestinal and urological symptoms that should also be assessed 	

- The relevance of fertility history, if a woman is trying for pregnancy, and past investigations and treatment
- Relationship with other medical conditions and psychosexual health
- How standardised questionnaires are devised
- The significance of quality-of-life questionnaires
- How questionnaires are validated
- The anatomy and innervation of the genital tract and the impact of disease on the organs
- The findings relevant to benign gynaecological conditions, including assessment of the posterior cul-de-sac
- How to determine patient suitability for laparoscopic excisional surgery, including:
 - ASA score / fitness
 - Assessment of suitability of condition for laparoscopic surgery
 - Knowledge of appropriate preoperative investigations
 - Knowledge of appropriate alternative options
 - Effect of previous surgery
 - Impact of body mass
- The necessary laparoscopic equipment
- The alternatives, risks and benefits of laparoscopic surgery
- Indications for imaging (pelvic/renal ultrasound, MRI, CT, plain X-ray, contrast studies of renal/gastro-intestinal tracts, DMSA scans)
- Indications for endoscopy (sigmoidoscopy, colonoscopy and cystoscopy)
- Physiological and pathological processes affecting blood tests, including haematological indices, renal function, liver function, future markets, sex steroids, CA125 and fertility tests
- Indications and how to refer for tubal patency test, semen analysis for the partner

EC CiP 2: The doctor understands the role of alternative treatments in the holistic management of the patient.

Key Skills	Descriptors
Manages hormonal and non-hormonal treatments	<ul style="list-style-type: none"> • Is able to choose from appropriate hormonal treatments including: <ul style="list-style-type: none"> ○ COCP ○ progestogens ○ GnRH analogues ○ aromatase inhibitors • Is able to choose from appropriate non-hormonal treatments including: <ul style="list-style-type: none"> ○ Counselling ○ Physiotherapy ○ Initial treatments for bowel and urinary dysfunction • Understands the indications for HRT in conjunction with hormonal treatments.

<p>Is aware of assisted conception techniques</p>	<ul style="list-style-type: none"> • Advises on indications for use of assisted conception techniques and timing of treatments. • Understands indication for referral to a fertility specialist. • Can discuss fertility sparing / optimising surgical options in women wanting to preserve their fertility. • Have observed an oocyte retrieval (to better appreciate access requirements in women with endometriosis). • Be aware of the significance of hydrosalpinges on fertility and when to remove them.
<p>Understands principles of management of sexual dysfunction</p>	<ul style="list-style-type: none"> • Is able to identify causes of dyspareunia and offer appropriate treatment including <ul style="list-style-type: none"> ○ Vaginal dilators ○ Lubricants ○ Referral to pelvic floor physiotherapy ○ Referral for psychosexual counselling
<p>Pain management</p>	<ul style="list-style-type: none"> • Ability to accurately document woman's description of pain • Ability to prescribe effective and safe analgesia • Have observed nerve blocks and TENS use in a pain clinic • Knowledge of multidisciplinary pain management teams
<p>Evidence to inform decision</p>	
<ul style="list-style-type: none"> • Reflective practice • Meeting attendance and membership of the British Society of Gynaecological Endoscopy • TO2 (including SO) • Attendance at pain clinics 	<ul style="list-style-type: none"> • RCOG eLearning • RCOG Intermediate scanning competences • CbD • Mini-CEX
<p>Knowledge criteria</p>	
<ul style="list-style-type: none"> • The principles of pharmacology and the side effects of non-steroidal anti-inflammatories, tranexamic acid and immune modulators • The pharmacology of chemical substances that act upon benign gynaecological conditions • Indication for hormonal treatments, including combined pill, progestogens, GnRH analogues, aromatase inhibitors and HRT use • The pharmacology and side-effects of analgesic drugs • Understands overlay of constipation and irritable bowel syndrome (IBS) with symptoms of pelvic pain and initiates initial treatments where appropriate • Indication for assisted conception techniques • How to choose appropriate treatment and counsel woman accordingly • Theories of pain causation and perception • Principles of pain mapping • Understands dyspareunia can be multifactorial and can offer appropriate surgical and non- 	

surgical treatment options

- Woman's responses to and strategies for dealing with pain
- Indications for and principles of the use of nerve blocks and TENS for analgesia
- The role of complementary therapies and contribution for analgesia
- When to refer to counsellors and pain management teams
- When to refer to gastroenterology, urology and other specialists, including the management of intraoperative surgical injury

EC CiP 3: The doctor is able to perform appropriate laparoscopic surgery for treatment of the patient.

Key Skills	Descriptors
Is able to recognise bowel and bladder complications of surgery	<ul style="list-style-type: none"> • Inspects bowel for perforation or damage • Checks integrity of bladder using visual inspection and dye tests • Visually checks ureter and passes appropriate catheter • Demonstrates understanding of the importance of nerve preservation in pelvic surgery
Manages initial intraoperative complications	<ul style="list-style-type: none"> • Undertakes primary bladder closure • Performs primary laparoscopic repair of bowel perforation under supervision • Recognises and is able to control haemorrhage
Recognises and manages delayed onset complications (e.g., peritonitis, ileus, faecal contamination, urinary leakage)	<ul style="list-style-type: none"> • Uses appropriate investigations. • Seeks appropriate support in a timely manner
Is able to demonstrate advanced laparoscopic surgical skills	<ul style="list-style-type: none"> • Builds on laparoscopic skills acquired in core training using advanced skills in various complex clinical situations • Is confident with a number of laparoscopic entry techniques (Hasson, Palmer's point, Veress etc.)

Evidence to inform decision

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| <ul style="list-style-type: none"> • OSATS : <ul style="list-style-type: none"> ○ Laparoscopic myomectomy ○ Laparoscopic division of adhesions including ureterolysis ○ Laparoscopic uterovesical and rectovaginal disease excision | <ul style="list-style-type: none"> • CbD • Mini-CEX • RCOG e-learning • NOTSS • TO2 (including SO) • Reflective practice |
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- Laparoscopic excision of superficial and deep infiltrating endometriosis

- Meeting attendance and membership of the British Society of Gynaecological Endoscopy

Knowledge criteria

- Relevant anatomy and pathophysiology
- The current controversies and theories of aetiology about all benign gynaecological diseases that pertain to laparoscopic excisional surgery
- The advantages and pitfalls of:
 - Veress needle entry
 - Hasson technique
 - Direct visual entry
 - Palmer's point entry
- The principles of port site closure and avoidance of port site hernia or damaging underlying structures
- The principles of electrosurgery, laser modalities, beam coagulators, ultrasound robotic surgery and other future energy sources
- How to competently suture pedicles and hollow viscera laparoscopically
- How to undertake intracorporeal and extracorporeal knot tying
- How to use tissue morcellation techniques, posterior colpotomy and tissue retrieval techniques
- How to inspect the bladder, ureters, small and large bowel for perforation or damage, recognition of this and undertake appropriate special tests such as air insufflation and use of dyes

Management of complications

- How to recognise bowel and bladder complications. Assessment of these and ability if appropriate to perform primary repair
- The principles of more complex repairs such as segmental bowel resection and ureteric anastomosis and reimplantation
- How to recognise and control haemorrhage
- How to recognise delayed onset complications such as peritonitis, ileus, faecal contamination or urinary leakage
- How to start appropriate initial management and the principles of subsequent management

Specific procedures

- The division of dense adhesions involving bowel
- The repair of sero-muscular layer of bowel
- How to undertake adhesiolysis using appropriate instruments or energy source, the ability to check for bowel integrity and appropriate suture of sero-muscular tears
- How to explain the risks and benefits of the procedure to be undertaken
- How to recognise and deal with complications such as bowel perforation, ischaemic damage or haemorrhage

Utero-vesical dissection, repair of bladder

- How to undertake dissection of the utero-vesical fold of peritoneum and reflection of the bladder
- How to excise the peritoneum overlying the bladder and fibrotic lesions such as infiltrating endometriotic deposits

- How to recognise and suture bladder defects
- How to recognise urinary leakage post operatively

Excision of endometriosis, pelvic sidewall dissection

- How to excise superficial and deep endometriosis overlying pelvic structures, bowel and the pelvic sidewall using the appropriate instruments and energy sources
- How to dissect the pelvic sidewall to demonstrate the course of the pelvic ureter, the great vessels, uterine arteries and the root of the sigmoid colon
- Recognition of immediate and late post-operative complications

Rectovaginal dissection

- How to recognise and excise infiltrating and nodular endometriosis of the rectovaginal septum and uterosacral ligaments.
- How to recognise the degree of obliteration of the posterior cul-de-sac and involvement of the rectum
- How to appropriately repair sero-muscular lesions of the intraperitoneal and extraperitoneal rectum and vaginal epithelium of the posterior vaginal fornix
- The risks of ischaemic damage and wound breakdown leading to fistula formation or faecal peritonitis

Laparoscopic myomectomy

- How to assess the appropriateness of laparoscopic myomectomy, and to undertake the excision of subserous intramural and broad ligament fibroids
- How to suture the defect using the appropriate intra and extra corporeal techniques. The ability to deal with haemorrhage from the uterine serosa and myometrium
- How to remove fibroids using the appropriate morcellation, posterior colpotomy or tissue retrieval techniques
- Recognition of potential complications such as haemorrhage, disseminated intravascular coagulation and late uterine dehiscence

EC CiP 4 The doctor is able to manage urological and colorectal interventions.

Key Skills	Descriptors
Undertakes urological surgical procedures to aid laparoscopic surgery	<ul style="list-style-type: none"> • Uses cystoscopy • Catheterisation of ureters • Recognises where more advanced urological techniques may be required such as stenting, anastomosis or ureteric reimplantation • Liaises appropriately with urology team
Undertakes colorectal procedures to aid laparoscopic surgery	<ul style="list-style-type: none"> • Performs basic colorectal investigations (proctoscopy, rigid sigmoidoscopy) • Recognises specific bowel complications where more advanced techniques are required • Liaises appropriately with colorectal team

	<ul style="list-style-type: none"> Recognises when more advanced colorectal techniques may be required such as colostomy or ileostomy Cares for the physical and psychological needs of women who have experienced colorectal complications including stoma formation
<p>Recognises and manages late complications of laparoscopic surgery</p>	<ul style="list-style-type: none"> Recognises the adverse functional bowel and bladder effects of radical surgery Diagnoses and manages fistulae Is able to counsel women about late complications Liaises with appropriate members of multidisciplinary team for further care
<p>Evidence to inform decision</p>	
<ul style="list-style-type: none"> OSATS <ul style="list-style-type: none"> Cystoscopy and Ureteric catheterisation Endoscopic lower bowel examination Bladder injury repair TO2 (including SO) 	<ul style="list-style-type: none"> CbD Mini-CEX Log of experience Reflective practice NOTSS Personal learning
<p>Knowledge criteria</p>	
<ul style="list-style-type: none"> The indications for cystoscopy The surgical principles for the treatment of ureteric injury The investigation and diagnostic criteria for fistulae The surgical principles of the repair and complications that may occur The correct investigations and treatments for ureteric obstruction and ureteric injury When and how to insert ureteric stents The surgical principles of ureteric re-anastomoses and re-implantation techniques The principles of ureteric preservation and reconstructive techniques The risks and management of voiding dysfunction post-operatively The indications for and limitations of visual inspection of the lumen of the lower gastrointestinal tract. The principles of bowel resection, stoma formation and bowel anastomosis The principles and practice of post-operative care for women who have had bowel surgery 	

SECTION 2: PROCEDURES

Procedures marked with * require three summative competent OSATS



Procedures	Level by end of training	CIP 1	CIP 2	CIP 3	CIP 4
Cystoscopy*	5	X			X
Endoscopic lower bowel examination*	5	X			X
Ultrasound examination in gynaecology (non-pregnant patient)*	5	X			
Laparoscopic myomectomy*	5			X	
Laparoscopic division of adhesions including ureterolysis*	5			X	
Laparoscopic excision of superficial and deep infiltrating endometriosis*	5			X	
Laparoscopic uterovesical and rectovaginal disease excision*	5			X	
Ureteric catheterisation*	5				X
Bladder injury repair*	4				X

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

Mapping to GPCs

- Domain 1: Professional values and behaviours
- Domain 2: Professional skills
 - Practical skills
 - Communication and interpersonal skills
 - Dealing with complexity and uncertainty
- Domain 3: Professional knowledge
 - Professional requirements
 - National legislative structure
 - The health service and healthcare system in the four countries
- Domain 5: Capabilities in leadership and team working
- Domain 6: Capabilities in patient safety and quality improvement
- Domain 8: Capabilities in education and training
- Domain 9: Capabilities in research and scholarship

SECTION 4: MAPPING OF ASSESSMENTS TO AEC CiPs

EC CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor has the knowledge, skills and attitudes to perform advanced laparoscopic gynaecological surgery	X	X	X	X	X	X



EC CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
2: The doctor understands the role of alternative treatments in the holistic management of the patient		X	X		X	X
3: The doctor is able to perform appropriate laparoscopic surgery for treatment of the patient	X	X	X	X	X	X
4: The doctor is able to manage urological and colorectal interventions	X	X	X	X	X	X