

# ESGE VISION

Newsletter of the European Society for Gynaecological Endoscopy



**Issue 14 | December 2025**

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European  
Society for  
Gynaecological  
Endoscopy

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# Message From the Editor



**Shaheen Khazali**  
Editor, ESGE Vision

As the year winds down, and each of us reaches this season in our own way – whether in celebration, quiet rest, or simply a breath – I'd like to reflect not on the contents of this issue, which need no advance narration, but on the people and the tone that have carried it.

The President has described a year of real movement for ESGE: new structures, renewal within the SIGs, and a broader sharing of responsibility across generations. What sits beneath that progress, quietly and consistently, is the Central Office. Rhona and her team have once again held the timelines, the forgotten captions, the missing PDFs, the late additions, and the last-minute fixes with patience and good humour. Oscar Barnick, who has now joined the editorial team, has supported this cycle alongside them, and we are grateful for his part in it.

This year also brought losses that reached beyond titles and roles. I won't repeat the President's tributes, only echo his gratitude.

I must also acknowledge someone whose contribution shaped how many of our pages looked long before this edition. Sally-Ann Smith, who passed away earlier this year after illness, first worked with me when I created The Scope for BSGE in 2015, and later helped establish the visual identity of the ESGE newsletter. Many will not know her name, yet they will recognise her calm, clear aesthetic. For this issue, the design has been taken on by Leina Mabrouk, and I am grateful to her for stepping into that space with care.

Among these pages you will also find a conversation with Professor Jörg Keckstein – meaningful to me not only for his surgical influence, but for his way of inhabiting leadership without noise, and contribution without insistence.

This is my final issue as Editor. ESGE Vision has never simply been a record of dates and announcements; it has been a way of staying connected, of hearing one another when we are not in the same room. It has been a pleasure – and occasionally a puzzle – to build it with this team and with all of you who read, write, challenge and occasionally forgive us our deadlines. I now hand the role to Mr Funlayo Odejinmi, confident that he will continue with clarity, balance and kindness.

As we enter a new year – for some celebratory, for some quiet, and for others simply another turn of the calendar – I remain grateful for the conversations in conferences, the familiar faces across lecture halls, and the ease of shared work. It has been a genuine joy to see you, and to share this space with you.

**Shaheen Khazali**  
Editor, ESGE Vision

# ESGE President's Christmas Message



**Ertan Sarıdoğan**

President, European Society for  
Gynaecological Endoscopy

Dear Colleagues and Friends,

I write this message as we approach the end of 2025. This year has certainly been a very busy year for the ESGE, and the next one promises to be an even busier one. The year 2025 has been full of success, but we also had some sad news. Following the loss of our Chair of Board of Directors, Giovanni Scambia earlier in the year, we received the news of the loss of Professor Jacques Hamou, the father of modern operative hysteroscopy, Professor Marlies Bongers, member of the ESGE Executive Board and Associate Editor of Fact, Views and Vision Journal, and more recently Dr Sybill Storz, the longstanding Medical Director of Karl Storz Company. You will find the obituaries for Jacques Hamou, Marlies Bongers and Sybill Storz in this issue of ESGE Vision.

After the passing of Professor Giovanni Scambia, we restructured the leadership of the ESGE; Professor Grigoris Grimbizis has become the Chair of the Board of Directors, and Professor Benoit Rabischong has replaced him as Chair of the ESGE Academy. I continue as the President of the ESGE until October 2026, when I will hand over to Professor Vasilis Tanos.



**ESGE Executive, Advisory Board & SIG Chairs Meeting held on 18 October in Istanbul  
(Background photo Prof Giovanni Scambia and his team at 2024 Congressà)**

A restructuring has taken place in the ranks of the Society as well. We have advertised and appointed new chairs for some of our Special Interest Groups (SIGs). They have taken up their role during our 34th Annual Congress in Istanbul. We will continue to advertise for the remaining SIG Chair positions in the new year. Meanwhile, we have started forming two new SIGs; SIG v-NOTES and Artificial Intelligence in Gynaecology. These will be announced in early 2026. We are enabling young colleagues to take more active roles in the SIGs and are appointing 2 Young Endoscopist Platform (YEP) representatives to each SIG.

Our website is undergoing a major overhaul. This will make the website more user-friendly and functional. I apologise for the inconvenience the current overhaul process is causing.

Our 34th Annual Congress in Istanbul was a great success. It attracted more than 1000 abstract submissions, 400 of which were presented on stage at the Congress, with many additional poster presentations. We had a record number of attendees, reaching more than 2600. Another record was broken with the number of YEP Exchange Programme participants; we had 70 participants visiting 22 centres in 8 different cities in Türkiye. We dedicated the 34th Annual Congress to Professor Giovanni Scambia; the members of the Executive and Advisory Boards and SIG Chairs paid their tributes during their joint meeting in Istanbul on 18 October 2025. Similarly, there were two emotional presentations from Professor Anna Fagotti and Dr Ursula Catena on 20th October 2025, after the opening ceremony when Professor Scambia was remembered by the congress delegates. You will find a more detailed account of the Congress in this issue.

Our next Congress will be on 4-7 October 2026 in Krakow, Poland. Krakow, is the former capital of Poland and is the second largest and one of the oldest cities in Poland, dating back to the seventh century. Krakow has traditionally been one of the leading centres of Polish academic, economic, cultural and artistic life, which makes it a suitable site for our Congress. You will find our invitation letter to the ESGE 35th Annual Congress in the following pages.

In addition to our Annual Congress, we will have a number of ESGE regional meetings next year. The first one will be the Regional Meeting entitled 'Erasmus Meets Pharaohs' in Cairo, together with the Egyptian Society of Endometriosis, on 28-29 March 2026. The second regional meeting will be our joint meeting with the IDEA and MUSA Groups entitled 'From Diagnosis to Advanced Care in Women's Health', in Leuven, Belgium, on 9-11 April 2026. We also plan to run a regional meeting with the BSGE, prior to their Annual Scientific Meeting in London, on 28 April 2026, entitled 'Bleeding to Healing – New Frontiers on Uterine Surgery'.

We are starting a Short-Term Visiting Endoscopist Programme in 2026. This will enable young ESGE members to visit a number of selected gynaecological endoscopy centres in Europe for a duration of 2-12 weeks. The programme will be announced very soon, and I encourage young colleagues to look out for the announcement and apply early, as the programme is likely to be very popular.

Our journal Facts, Views and Vision in Gyn is completing its first year with our new publisher Galenos, under the leadership of Editor-in-Chief Justin Clark. It has reached a 5-year impact factor of 2.0 this year. You will find Justin's detailed update on the FVV in Gyn in this issue of ESGE Vision.

Our membership continues to grow, and we continue to offer more to our members. We welcomed the Turkish Minimally Invasive Gynaecological Surgery Platform as a Corporate Society this year, increasing our membership further. I encourage both trainee and senior gynaecologists to sign up for ESGE membership and benefit from our activities.

Last but not least, I would like to take this opportunity to thank Mr Shaheen Khazali, the Editor of ESGE Vision. He has led the production of the newsletter successfully since I took over the presidency last year. He now passes the baton to Mr Funlayo (Jimi) Odejinmi, but his team will continue to support the production of ESGE Vision as Editorial Team members. I am grateful to both Shaheen and Jimi for their support of ESGE and its newsletter.

I hope you can find some time to relax and charge your batteries at the end of the year and wish you a very happy 2026!

I look forward to seeing you in 2026.

**Ertan Saridoğan**

President, European Society for Gynaecological Endoscopy



# ESGE 34th Annual Congress, Istanbul, Türkiye



More than **2600** participants, faculty and exhibitors from over **83** countries participated in the four-day event filled with exceptional educational experiences and networking opportunities. With a wonderful atmosphere, full halls and an exhibition area buzzing with interested attendees, it was the perfect opportunity to share and discover new developments and innovations in the field!

The ESGE President, **Professor Etan Sarıdoğan**, the Congress President, **Professor Cagatay Taskiran**, and the Scientific Chairs, **Dr. Luis Alonso Pacheco** and **Professor Pierre Collinet**, created an innovative and engaging scientific programme, which was actively and complementarily accompanied by industry partners who presented and shared their latest developments during the Congress.

Sunday commenced with the pre-congress programme, mostly inside the congress venue ICC Istanbul. With **18** diverse pre-congress courses, the day was off to a busy start. Some of the courses were offsite, and participants had a wide range of both **hands-on and theoretical courses** to choose from. A **live surgical tutorial** took place during the lunch period, providing even more educational experience to the delegates on Sunday. The day closed with the Welcome Reception throughout the exhibition areas.

**2600**

Participants

**83**

Countries

**18**

Pre-congress Courses

**500**

E-posters Presented

**>400**

Free Communications Presented

**50**

Industry Partners



**Professor Michelle Nisolle awarded Honorary ESGE Membership**



**Professor Recai Pabuccu awarded Honorary ESGE Membership**

The scientific programme over the next three days was designed with a **wide variety of plenary sessions, best selected abstracts, videos, ePosters and PhD Abstracts sessions** as well as Free Communication sessions covering a broad range of topics.

On Monday and Tuesday, the **GESEA certification level 1 and 2** as well as **GESEA Robotics certification exams** took place and were fully booked prior to the beginning of Congress.

Monday's Opening Ceremony, held in the main auditorium, chaired by the **Professor Ertan Sarıdoğan** and **Professor Cagatay Taskiran** was warmly received. Welcoming addresses by **congress committee members** as well as ESGE Chair, **Professor Grigoris Grimbizis**, were followed by a laudation from **Professor Laurent de Landsheere** for the awarding of honorary membership to **Professor Michelle Nisolle** and a laudation from **Professor Erol Tavmergen** for the awarding of honorary membership to **Professor Recai Pabuccu** in recognition of their long-standing dedication and contributions to the Society.

Following a record number of abstract submissions this year. **More than 400 Free Communications** and **around 500 ePosters** were presented between Monday and Wednesday.

The main auditorium **presented three live surgeries** (one on Monday and two on Tuesday) which were kindly sponsored by ESGE's principal sponsors **Intuitive, Karl Storz** and **Medtronic** with real-time transmissions coming in from **Koc University Hospital in Istanbul** and from two overseas sites, where cutting edge insights into the latest technologies and advancements in gynaecological endoscopic and robotic assisted surgery were demonstrated.

## In Memoriam

A special In Memoriam Session was held on Monday after the Opening Ceremony, to remember the life and special contribution of **Professor Giovanni Scambia**, past Chair of ESGE Board of Directors and also to remember **Professor Jacques Hamou** and his significant contribution to the field.



**Prof. Giovanni Scambia**



**Prof. Jacques Hamou**

A memorable **Keynote Lecture** entitled “Detailed Endometriosis Classification – The Key to Unlocking Deeper Insights through AI“ was delivered by Professor Jörg Keckstein on Tuesday at midday to a captivated audience.

**Around 50 industry partners** contributed towards the congress’s success through their active participation in the **busy exhibition areas** and with daily sponsored industry symposia. For the industry, the high onsite attendance facilitated valuable exchanges at their exhibition booths and viewing numbers at their sponsored sessions.

The **Awards Ceremony** on Wednesday was highly attended, and the best abstracts and scientific journal article awards were presented to this year’s winners.



**Professor Attilio Di Spiezo Sardo** was selected as recipient of the first Jacques Hamou Prize, for exceptional contribution to the field of Hysteroscopy.



Lilo Mettler Best Video Award presented to **Dr Horace Roman** for the presentation entitled “Robotic approach to a rare localisation of deep endometriosis involving the femoral nerve behind the psoas muscle“.



Arnaud Wattiez Award for Best YEP Abstract was presented to **Dr Yaqian Li** for the presentation entitled: “Novel biodegradable scaffolds for Full-thickness cervix reconstruction“.



Vasilios Tanos Award for Best PhD was presented to **Dr Luigi Della Corte** for the presentation entitled: “The link between pollution, genomic instability and pelvic pain perception in the pathogenesis of endometriosis: a cross-sectional study“.



Maurice Bruhat Award for Best Oral Abstract was presented to **Dr Sara Valeriani** for the presentation entitled: “Are there differences in localisation and type of adenomyosis in patients with reproductive failure compared to those with live-born pregnancy“.



Ivo Brosens Award for Best Scientific Journal Article was presented to **Dr Marie Timmermans** for the article entitled: “Sexual quality of life after hysterectomy performed by conventional laparoscopy versus Vaginal Natural Orifice Transluminal Endoscopic Surgery (vNOTES) in benign gynaecology“.



Cagatay Taskiran Award for Best ePoster was presented to **Dr Zdenka Lisa** for the presentation entitled: “Identification of potential subtype-specific biomarkers in peritoneal, ovarian, and deep endometriosis using RNA sequencing“.



We would like to sincerely thank you for joining us at the ESGE 34th Annual Congress in Istanbul. We are very grateful for your participation, your commitment, your scientific work and your contributions.



## ESGE 2026 | 35th Annual ESGE Congress – Kraków, Poland | 4–7 October 2026

Precision, Progress, and Partnership | Advancing Gynaecological Endoscopy Together

The European Society for Gynaecological Endoscopy (ESGE) warmly thanks all participants, faculty, and partners who joined us for the recent ESGE Congress. Your enthusiasm, expertise, and commitment turned it into an inspiring celebration of scientific progress and collaboration. Building on this shared success, we are delighted to announce that the 35th Annual ESGE Congress will take place in the historic and vibrant city of Kraków, Poland, from 4–7 October 2026.

Under the motto “**Precision, Progress, and Partnership | Advancing Gynaecological Endoscopy Together,**” ESGE 2026 will once again unite the global community of gynaecological endoscopy specialists to exchange cutting-edge research, explore technological advances, and strengthen the partnerships that move our field forward.

We would be honoured to welcome you once more—this time to Kraków—for an event that promises scientific excellence, meaningful exchange, and the enduring spirit of collaboration that defines ESGE.



**Professor Ertan Sarıdoğan**  
ESGE President

# Awards

It is with enormous pride that we share the news that **Prof. Dr. Sara Brucker**, Medical Director of the University Women's Hospital in Tübingen, ESGE Past President and member of ESGE Board of Directors, was recently awarded the **Cross of Merit on Ribbon by the Federal Republic of Germany**, for her work as pioneer of modern surgical gynaecology.

The award ceremony took place on 29 July at Tübingen Town Hall, where Mayor Boris Palmer presented the award – the state's highest honour for services to the common good.

Prof. Sara Brucker is considered a pioneer in modern surgical gynaecology. She has been committed to innovative treatment methods for decades and has improved the quality of life of numerous patients through her scientific and clinical work. She has been Head of the Department of Women's Health and Medical Director of the University Women's Hospital in Tübingen since 2022.



“I dedicate this award to all the patients who place their trust in us every day., This honour fills me with immense gratitude – it is recognition for a dedicated team and many years of hard work for our patients,” says Prof. Sara Brucker. She is particularly passionate about providing individualised treatment options for women in complex situations. “We see time and time again how great the suffering is in cases of cancer or congenital malformations, for example. Being able to provide early and targeted help is what drives us all every day.”

Prof. Brucker has played a key role in removing the taboo surrounding these conditions and raising public awareness of them. Over 20 years ago, the “Women's Academy” was founded at the Institute for Women's Health at the University of Tübingen. It is an educational series focused on women that addresses taboo topics under the motto “Women must trust themselves.” However, it also focuses on relevant topics that go beyond gender issues to ensure better healthcare, prevention and therapy for women, such as “Demem” (dementia) or “Women's hearts beat differently”.

## **Pioneering work in senology**

As long-standing president of the German Society for Senology, Prof. Brucker played a decisive role in shaping the development of breast cancer medicine. With her involvement, Germany's first interdisciplinary breast centre was established in Tübingen, founded and certified. Today, over 300 certified centres across Germany benefit from the model developed there. The medical success is proven: patients in certified facilities have a survival rate that is around 20 percent higher, and many can undergo organ-preserving surgery.

Prof. Brucker also promoted the introduction of gentle surgical procedures such as the sentinel lymph node procedure, which is now standard practice. With this extraordinary commitment, Brucker has not only set medical standards, but also made a lasting contribution to improving the care and quality of life of countless women.

## **Operational excellence and international role model**

Commitment to patients with complex clinical issues.

Prof. Brucker has shaped surgical gynaecology in Germany like few others. After studying medicine and completing her specialist training in Tübingen, as well as working in various positions in Germany and abroad, she took on leading roles in clinical practice and research. She specialised early on in minimally invasive surgical procedures and established new surgical techniques. Under her leadership, the University Women's Hospital in Tübingen became an international centre of excellence for gynaecological surgery, both for benign conditions and cancer. Here, too, quality assurance and certification were and remain her top priorities. Certification and Interdisciplinary support are a major concern, as are links to application-oriented translational research. Applied translational research which set an international standard with the founding of the Department of Women's Health in 2014: clinical care and translational research under one roof.

With the establishment of the Department of Women's Health, she set new standards in research, prevention and health education – with the aim of structurally improving medical care for women and families.

## **Groundbreaking achievements in reproductive medicine**

One outstanding chapter in her career is the development and implementation of uterus transplantation. She was the first and so far only doctor in Germany to offer women without a uterus the chance of motherhood – with several healthy births to date. Her research into Mayer-Rokitansky-Küster-Hauser syndrome and the development of functional neovaginas from the patient's own tissue are considered milestones in reconstructive gynaecology.

The first uterus transplant in Germany was successfully performed in Tübingen in 2016 under her direction. This medically and ethically complex procedure opens up new perspectives for women with uterine aplasia and is sparking important social debates.

## **National and international recognition**

Prof. Brucker has received numerous awards for her outstanding achievements, including from the German Society for Gynaecology and Obstetrics. In 2024, under her leadership, the Tübingen Women's Clinic was ranked fourth best worldwide and best in Europe by Newsweek. With the publication of the first interdisciplinary textbook on women's medicine (Frauenmedizin, Elsevier 2023), she has also anchored women's health in medical education across disciplines – a lasting contribution to equality in healthcare.

## **Background: The Order of Merit of the Federal Republic of Germany**

The Order of Merit of the Federal Republic of Germany is the highest honour awarded by the country for services to the common good. It was established in 1951 by Federal President Theodor Heuss and is awarded to individuals who have rendered outstanding services to political, economic, social or intellectual life in Germany. The Cross of Merit on Ribbon is one of several levels of the order. The award is not only a personal honour, but also a sign of gratitude and appreciation by society.

# Interview with Prof. Jörg Keckstein



**Shaheen Khazali**  
Editor, ESGE Vision

I have known Professor Jörg Keckstein since my early training years, long before I ever imagined that we would one day collaborate. Like many in my generation, I watched him from a distance with enormous admiration – a true pioneer whose thinking, precision and unwavering commitment to patients helped redefine the surgical approach to endometriosis in Europe and beyond. Over time that admiration turned into respect, and that respect has grown into a friendship I deeply value.

Some of my fondest memories with him come not from conference halls or operating theatres, but from the moments in between – a long bike ride on a quiet Croatian coastline, conversations that moved effortlessly from anatomy to philosophy, and even an impulsive jump into cold water in an utterly deserted spot, simply because it felt like the right thing to do at that moment. Those are the moments that reveal the person behind the surgeon: curious, present, adventurous, and always thinking. It is a privilege to bring this conversation to ESGE Vision.

**You once said—half joking, but with conviction—that you are “a good surgeon, but a great skier.” What does skiing give you that surgery doesn’t?**

Ski touring in untouched, off-piste terrain gives me a sense of freedom that is difficult to describe. Creating my own line in deep snow requires elegance, refined technique, and minimal force – very much like surgery when everything flows. Both activities share the pursuit of precision through training, failure, and an honest acceptance of one’s limits.

But there is a difference: in deep snow, if something goes wrong, you simply disappear into the cold powder. In surgery, the consequences are not so forgiving. Both demand courage, but also humility and deep respect for what is possible – especially for your own limits.



**Do you see a connection between the way you ski and the way you operate?**

Absolutely. Skiing requires coordination, constant adaptation to rapidly changing conditions, and the willingness to enter unknown terrain. Complex pelvic surgery demands the same mindset: repetition, curiosity, disciplined technique, and the composure to adjust when circumstances shift unexpectedly.

**What first drew you into endometriosis surgery—and what kept you there?**

More than 40 years ago, my mentor Prof. Alfred Wolf introduced me to endometriosis, long before I truly understood what I was seeing. Around 1985, I became deeply involved in endoscopic surgery, which was still scarcely established in Germany. Learning laser surgery in the US and in Clermont-Ferrand suddenly allowed me to apply the principles of open microsurgery endoscopically. Every case felt like an expedition into unknown territory – full of discovery but also danger. The combination of technical challenge, intellectual curiosity, and the constant demand for creative solutions has held me in this field ever since.



**1985. Laser application without video laparoscopic. My start!**

**What was the key turning point in your career?**

Realising that endoscopy was my true direction, and that endometriosis offered an almost limitless field of clinical and surgical questions. In 1995, after being told that endoscopy had little relevance at my university hospital, I left Germany. In Villach, I found complete freedom: three perfectly equipped ORs, a motivated team, and the space to develop rapidly. Very early on, I succeeded in establishing a genuinely harmonious interdisciplinary collaboration – with surgeons, urologists, radiologists, pathologists, and psychologists. All of them embraced the idea of “endometriosis” and contributed their expertise. This environment allowed me not only to grow, but to build something lasting.

### **What would surprise your younger self if he watched you operate today?**

Probably the same thing that still moves me when I watch true experts: the elegance of refined technique. My younger self would be amazed by how much can be learned through discipline and time — and he would want to reach that level immediately.

### **What is the hardest judgement call to teach a trainee in deep endometriosis surgery?**

Understanding where one's own limits lie, without giving up prematurely. Deep endometriosis is demanding, and learning to persist through difficult phases while never endangering the patient is one of the most challenging balances to master. It requires humility, honesty, and resilience — all at once.

### **Is there a surgical myth the field is finally moving beyond?**

Yes — the long-held belief that endometriosis always progresses. We are finally letting go of that idea. And another misconception deserves to fade: the notion that one can eventually reach perfect mastery. In this field you never truly arrive. There is always more to refine, learn, and question. Progress is continuous, not a destination.

### **Can you recall a case that changed your technique — not because something went wrong, but because it opened your eyes to something new?**

My most transformative insights came from teaching. Giving the assistant full responsibility for haemostasis forces them to stay continuously attentive to bleeding, dissection errors, and subtle anatomical cues. It makes the operation more elegant and accelerates learning dramatically. By the time the assistant transitions to operating independently, the step feels natural — they have already internalised the rhythm, risks, and problem-solving required for complex surgery.



**Harry Rich Award 2025,  
NY, with Harry**

### **What problem were you trying to solve when developing the Enzian and later the #Enzian classification?**

The original Enzian classification (2005) was born during a period when I was heavily criticised for performing bowel resections for endometriosis in 1996. I insisted that we needed a system that described the disease as we truly encountered it, so that outcomes and complications could be compared meaningfully. ASRM could never do this — it completely ignores deep disease. Only when colleagues around the world became able to diagnose and operate on deep lesions did the expanded #Enzian (2021) become fully usable. You cannot classify what you do not recognise.

### **How do you explain #Enzian to patients without overwhelming them?**

I see the patient as a partner. A well-informed patient becomes an active collaborator in developing the best, highly individual strategy for diagnosis and treatment. By explaining the anatomy and using the #Enzian zones, she can understand how her symptoms relate to the locations of her disease. It requires time, but it transforms the consultation into a clear, shared process rather than a confusing one.

### **What evolution would you most like to see in endometriosis classification?**

High-quality imaging for every patient with suspected endometriosis. That alone would allow all patients — not only surgical candidates — to be classified properly, including those in reproductive medicine where essential data are still missing. Symptoms may one day be incorporated, though their subjectivity warrants caution. AI will play an important role, but only under expert guidance. It allows us to manage and interpret the overwhelming amount of data we currently cannot process — expanding our understanding rather than restricting it.

### **What should endometriosis training across Europe look like in 2030?**

Every symptomatic patient should have access to precise, non-invasive diagnostics. Surgeons should be able to perform or confidently interpret these findings. Ideally, AI-supported imaging could generate a 3-D holographic model of the pelvis, giving all clinicians a shared understanding of the disease.

If we integrate laboratory, histological and molecular data on a case-by-case basis, we could provide better prognostic pathways and more nuanced treatment decisions.

### **Is there a teaching moment you are particularly proud of?**

Rather than a single moment, it is the broader pattern that matters: watching trainees independently perform complex operations using techniques I refined over many years. Many of them have since become internationally recognised experts – and they are now passing these techniques on themselves. Seeing such a surgical lineage develop is deeply gratifying.

### **What has been the most meaningful shift in how we conceptualise endometriosis?**

Recognising that every patient has her own story. The disease presents with enormous variability, and diagnosis and therapy must be tailored to the individual rather than applied through uniform protocols. This shift toward personalised care is one of the most significant transformations of recent decades.

### **Where has the pendulum swung too far – toward surgery or conservative management?**

In the 1980s, nearly everyone received GnRH analogues – clearly a mistake. In the early 2000s, fuelled by advances in endoscopy, we attempted radical surgery far too broadly – another mistake.

Through better training and more honest evaluation of successes and failures, we arrived at truly individualised therapy. That balance – between intervention and restraint – is what we must preserve.

### **What should every general gynaecologist in Europe do differently when encountering suspected endometriosis?**

Continue learning – and never hesitate to involve an expert or a specialised centre. Collaboration improves outcomes, always.

### **What role will AI play in endometriosis surgery and documentation over the next decade?**

AI will help us collect, structure, and describe data with far greater precision. Experts will still interpret the results, but on a higher level – no longer forced to simplify information just to make it manageable.

I am particularly glad that you initiated this project. Your approach to understanding and describing the pathology of endometriosis mirrors my own, and your idea with VNESS reflects exactly this shared perspective. I am genuinely excited about the results and about how we will continue to develop this work together. But AI demands extreme attentiveness and responsibility. The judgement will always remain with the expert.



### **What excites you most about where AI-supported classification might lead?**

The freedom it offers. We can describe the disease more comprehensively, connect previously unrelated ideas, and shift boundaries of what we consider possible. Curiosity will remain essential; AI simply broadens the landscape in which we can explore.

### **If we were to take another long bike ride in Croatia ten years from now – what would we be discussing?**

We will likely smile at our own naivety in certain areas and appreciate how far the field has advanced. We will reflect on the progress we have made and acknowledge what we did not yet understand years ago.

And I will ask you what you have changed, what you have left behind, and what you can teach me then. Those conversations are what make such journeys meaningful.

### **What keeps you grounded outside of the operating room?**

If people describe me as grounded, I take that as an honour. What I described earlier is my ideal — one I do not always achieve, even if I try.

Recognising strengths and weaknesses, remaining honest with oneself, and staying true to one's values is a lifelong process. My family has been essential in this — even when I fall short of my own expectations.

### **If your family were asked what truly drives you, what would they say?**

Curiosity, certainly — but also persistence, and a relentless pursuit of precision and improvement. These qualities drive my work, though they have not always been easy for my family. Ambition has its price, and they carried part of it. Their support has made everything possible.

### **If you could change one structural element across Europe to improve care for patients with endometriosis, what would it be?**

We need stronger national and international support for expert training and for structures that guarantee women access to appropriate care. Misinformation and inadequate training still confuse both patients and clinicians.

And our systems are insufficiently interconnected. With large, shared databases, we could understand prevalence, patient needs, and healthcare delivery far better — and guide resources more intelligently. Without this, we are navigating blindly.

### **If you could write one sentence to your 30-year-old self at the start of this journey, what would it be?**

Stay curious. Never settle until you truly understand what excellent care means. And treat every patient as if she were someone you deeply care about.



**Professor Keckstein (left), his son Simon (LMU, University Munich) (right), and Daria Pashkunova (Russia) (middle), a coworker of Gernot Hudelist and a promising young scientist, now living in Vienna.**

# ESGE YEP Exchange Türkiye 2025

## Background of the YEP Exchange Programme

The ESGE Young Endoscopist Platform (YEP) Exchange Programme is an annual international training exchange for young gynaecological surgeons. Inaugurated in 2022 with a first edition in Portugal, it has since grown each year with subsequent editions hosted in Belgium (2023) and France (2024). Each host country has provided participants (“exchangees”) the chance to observe advanced minimally invasive gynaecologic surgeries, network with leading experts, and experience the local culture. By 2025, the programme reached its largest scale yet, far surpassing all previous editions in scope and participation.

## Record-Breaking Participation in Türkiye (2025)

The 2025 YEP Exchange in Türkiye was the **biggest edition ever** in terms of both applicants and host centres. A total of **95 applications** were received for the Turkish programme, out of which **70 participants** were selected – the highest number to date. These exchangees were placed across **20 leading hospitals** (host institutions) situated in **8 major cities** of Türkiye. Due to overwhelming interest, the organisers even opened additional spots and added new host centres in Istanbul to accommodate more trainees, reinforcing the record-breaking demand and capacity of the 2025 exchange.

**Host Centres and Locations:** The Turkish YEP Exchange was truly nationwide. Teaching hospitals and university medical centres in Istanbul, Ankara, İzmir, Antalya, Adana, Bursa, Konya, and Mersin welcomed the young surgeons. In Istanbul alone, multiple renowned centres (such as Acıbadem University Hospital, Koç University Hospital, Istanbul University hospitals, and others) participated, while cities like Ankara and İzmir similarly offered several host institutions each. In total, **over two dozen hospitals** across Türkiye opened their operating rooms to the exchangees, making it the most geographically comprehensive YEP Exchange so far. This wide distribution ensured participants could learn from a variety of expert teams and surgical environments, experiencing the breadth of Turkish medical expertise.





# ESGE 34<sup>th</sup> ANNUAL CONGRESS

19<sup>th</sup> - 22<sup>nd</sup> October 2025, ISTANBUL - TÜRKİYE

Connecting the Continents: A Shared Vision for a Healthier Future  
In memory of Professor Giovanni Scambia



## YEP-EXCHANGE

PROGRAMME TÜRKİYE   
OCTOBER 2025



YEP... WE DID IT! ✨ YEP STARS FROM THE CITY OF LIGHTS, ISTANBUL



## Unique Training and Activities in the Turkish Edition

The Turkish YEP Exchange 2025 not only boasted the greatest numbers but also provided **unparalleled learning opportunities and experiences**. Key highlights of this edition included:

**Immersion in Operating Room (OR) Activities:** During the exchange, participants spent full days scrubbed in or observing procedures in their host hospitals' operating theatres. Under the guidance of local mentors, they watched and discussed advanced endoscopic surgeries (e.g. laparoscopy for endometriosis, hysteroscopic techniques, etc.), thereby gaining invaluable real-world surgical exposure. During working hours, exchangees worked closely with their host teams in the hospitals, enhancing their practical skills and understanding of surgical workflows. This intensive OR immersion in Türkiye was a cornerstone of the exchange, reinforcing techniques learned and allowing exchangees to witness state-of-the-art gynaecological endoscopy in action.



**Hands-On Surgical Training:** A defining feature of the 2025 programme was the emphasis on practical skills training through dedicated workshops. An exclusive full-day MIGS hands-on course was organised on October 18, 2025, at the Istanbul Innovation Centre, just before the ESGE Annual Congress. This course included expert-led lectures and small-group wet-lab training, where participants practised surgical techniques in a lab setting. The exchangees rotated through stations to perform exercises like dissection, suturing, and energy device use on ex-vivo tissue models, simulating real surgeries. Approximately 80 young surgeons (primarily the YEP exchange participants) took part in this immersive training. In addition, some host centres provided cadaveric dissection sessions or anatomy demonstrations, giving trainees a rare hands-on experience with human anatomy in a controlled environment. This combination of wet-lab practice – including cadaver labs and simulation-based exercises – was a unique highlight of the Turkish edition, elevating the educational value beyond what previous exchanges offered.



**Exposure to Surgical Innovation:** Türkiye's strong reputation in medical innovation was on full display for the exchangees. The Istanbul Innovation Centre, in particular, gave participants exposure to the latest surgical technologies and training methods. From practising on advanced laparoscopic trainers and simulators to observing the use of cutting-edge equipment in the OR, the young endoscopists experienced how Turkish institutions integrate innovation into surgical education. Many host hospitals are high-volume centres for minimally invasive surgery, so exchangees saw innovative techniques and newly developed instruments being used by experts. This focus on innovation helped participants broaden their horizons and learn best practices to bring back to their home countries.

**Rich Social and Cultural Programme:** Beyond the hospital corridors, the Turkish hosts ensured a memorable cultural exchange. After hours, a social programme offered sightseeing tours, cultural integration, and immersion in each city's lifestyle. Participants bonded with their peers and hosts over traditional Turkish cuisine (from kebabs to baklava), explored historic sites like Istanbul's Hagia Sophia and the Blue Mosque, and even ventured to unique locales such as the landscapes of Cappadocia during weekend trips. Each host city organised its own social events – whether it was a guided tour of local landmarks, group dinners with the department staff, or hospital-arranged cultural activities – showcasing the famed warmth of Turkish hospitality. These social interactions were not just tourism; they fostered international camaraderie and networking in a relaxed setting. By the time the exchangees reunited at the ESGE Congress in Istanbul, they had formed a tight-knit “YEP family,” having shared both professional and personal experiences throughout the week.

## Conclusion

In summary, the **ESGE-YEP Exchange Programme 2025** in Türkiye set a new benchmark for the initiative. It was the largest exchange to date in terms of participation and host involvement, **surpassing the Portugal, Belgium, and France editions that came before it.** With 70 young doctors placed in 20 hospitals nationwide and an array of activities blending operating room learning, hands-on surgical training, and cultural exchange, the Turkish edition truly “overcame” all previous ones in breadth and depth. Participants left with enhanced surgical skills, exposure to medical innovations, and lasting international friendships – all experiences that will shape their futures and ultimately contribute to advancing gynaecological endoscopy worldwide. The success of the 2025 programme underscores the value of such exchanges in medical training and sets a high bar for future host countries. Türkiye's example shows how combining rigorous **clinical training** with **rich social and cultural activities** can create an unforgettable and highly educational experience for young surgeons in the YEP community.

Special thanks to all local organisers and hosts who make this a unique experience for the exchangees!

Stay tuned and follow us on social media or visit [esge.org](https://esge.org) to find out more about **YEP Exchange 2026.**

# News From ESGE Special Interest Groups



**Prof. Rudy Leon De Wilde**  
Chair of the ESGE Special  
Interest Group Adhesions

## Adhesions

### Uniting to Combat Postoperative Adhesions

Our SIG has been actively engaged in numerous international congresses, showcasing the latest advancements and fostering collaboration among experts. By presenting and lecturing on adhesion research at these prestigious events, we are raising awareness and sharing essential knowledge with the global gynaecological community.

### Key congresses featuring our activities include:

- APAGE 2025, Shanghai
- FIGO 2025, Cape Town
- AAGL 2025, Vancouver
- FOGSI 2025, Mumbai
- KARMIG 2025, Jakarta
- ESGE 2025, Istanbul
- GYNARMENIA 2025, Armenia
- IMAS DUBAI 2025, UAE
- ENDODUBAI 2025, UAE



### Future Projects: Setting the Agenda for Adhesion Prophylaxis

As we look forward, our commitment intensifies. In 2026, our endeavours will continue across the globe to spread the development and ongoing work of the ESGE – Adhesions Research SIG to promote partnership and foster collaborations. Our near-term projects are strategically designed to advance clinical standards and trial new frontiers in prevention.

#### 1. Guidelines Update: ESGE-AAGL Collaborative Effort

A major project on the horizon is the update of the joint ESGE-AAGL Guidelines on adhesion research and prophylaxis. This comprehensive review and revision will synthesise the newest evidence and expert consensus to provide universally applicable, best-practice recommendations for surgeons. This crucial collaboration with the AAGL aims to standardise care and ensure that our members have access to the most current, evidence-based strategies for minimising adhesion formation and its associated morbidity, such as chronic pelvic pain and infertility.

#### 2. Advanced Gynaecological Surgery Training Workshop in Sharjah, U.A.E

We are thrilled to announce a high-level Advanced gynaecological Surgery Training Workshop at Sharjah University on January 15-16, 2026. A core component of this workshop will be hands-on training featuring a “Live Animal Lab on Adhesion Prophylaxis.” This unique opportunity will allow participants to practice meticulous surgical techniques—the cornerstone of adhesion prevention—and gain practical experience with various anti-adhesion agents in a controlled, realistic setting. By emphasising practical skills and innovative techniques, we aim to elevate the standard of minimal access surgery globally.

#### 3. Pioneering 'First-in-Human' Adhesion Prophylaxis Studies

In a significant stride for translational research, the SIG is supporting the launch of two "First-in-Human" clinical studies focusing on novel agents for adhesion prophylaxis in Gynaecological Laparoscopic Surgery.

These pioneering trials represent a crucial step in bringing the next generation of anti-adhesion treatments from the lab bench to the bedside. By rigorously testing these innovative solutions, we are actively contributing to the development of highly effective, targeted therapies that promise to dramatically reduce the burden of postoperative adhesions for women undergoing gynaecological procedures.

# News From ESGE Special Interest Groups



**Brunella Zizolfi**  
Chair of the ESGE Special Interest  
Group Hysteroscopy

## Hysteroscopy

Stepping into the role of Chair of the ESGE Hysteroscopy Special Interest Group (SIG) is both an honour and a responsibility that I embrace with enthusiasm. I am deeply grateful to the ESGE leadership for their trust and especially delighted to collaborate with the incredible team of members of this SIG: Dr B. Zegura, Dr M. Perovic, Dr V. Kopitovic, Dr M. Andeyro, Dr A. Vitagliano, Dr C. De Angelis, Dr H. Van Kerrebroeck, Dr P. Casadio and Dr Lucy Feng. Their expertise, commitment and international perspectives are invaluable assets as we collectively shape the next steps in hysteroscopic practice and education.

I am equally grateful to inherit this position from my friend and predecessor, Dr U. Catena, whose dynamic leadership and dedication have left us a legacy of vibrant initiatives and high-quality scientific activity. Thanks to her efforts, the SIG already stands on a solid foundation of ongoing collaborations, educational events and multidisciplinary networking.

Several activities have already marked the recent work of the SIG. Among them, the **FVVO podcasts** have started an accessible platform for discussing current challenges and innovations in hysteroscopy and will be developed in the upcoming months. We are also preparing the webinar **“Unveiling Müllerian Anomalies: Advances in Hysteroscopic Diagnosis and Treatment”** scheduled for **30 April 2026**, which will highlight the persistent need for structured and updated diagnostic and treatment pathways.

The SIG is currently involved in various **ongoing international projects**. These include the **“AAGL/ESGE/GCH Working Group on Hysteroscopy Practice Guidelines for the Evaluation of the Endometrial Cavity in Patients with Abnormal Uterine Bleeding”**, a long-awaited initiative that aims to harmonise indications, techniques and reporting standards across continents. Another major project is the **“Structured Reporting of Diagnostic Hysteroscopy in Women with Reproductive Disorders”**, developed in collaboration with ESGE, ESHRE and IFFS, which seeks to improve clarity and reproducibility in clinical communication. Looking ahead, the SIG will also contribute to the **“AAGL/ESGE Transatlantic Exchanges: Shaping the Future of MIS”** online event scheduled for January 24, 2026, further strengthening global ties in minimally invasive gynaecology.

Stepping into this role at a time when so many projects are already underway is both inspiring and challenging. Hysteroscopy has become a standard of care in modern gynaecology and our collective goal is to ensure that this technique becomes accessible to an even broader community of clinicians through standardised, high-quality training and clear guidelines addressing each condition. To achieve this, we plan to offer **topic-focused webinars** and to actively involve SIG members and their appointed collaborators in **hands-on training sessions** at all events where ESGE is represented. These activities will integrate both **dry-lab (GESEA)** and **wet-lab** methodologies. In this context, we are also committed to **expanding the membership of the SIG**, welcoming colleagues from diverse geographical regions.

A key objective for the coming years will be to strengthen collaboration with other SIGs, particularly those dedicated to **Education & Training and Imaging**. This interdisciplinary approach will support one of our first joint initiatives with the Imaging SIG, focused on the diagnostic and management characterisation of **Enhanced Myometrial Vascularity (EMV) / Retained Products of Conception (RPOC)**. In a similar spirit, the SIG will also work with the Education & Training SIG in order to develop structured training pathways for **hysteroscopic nurses**, addressing the crucial need to standardise competencies across outpatient and operating room settings for all healthcare figures.

Looking ahead, the mission of the Hysteroscopy SIG remains clear: to promote excellence, accessibility and standardisation in hysteroscopic practice. By building on the strong foundation we have inherited and by fostering collaboration across the ESGE community, we aim to support clinicians and improve minimally invasive procedures worldwide.

# News From ESGE Special Interest Groups



**Nucelio Lemos**

Chair of the ESGE Special Interest Group Neuropelveology

## Neuropelveology

Over the past years, the Neuropelveology SIG has benefitted greatly from the dedicated leadership of Prof. Benoit Rabischong, whose work helped establish a strong structure for the group and positioned neuropelveology as a visible and growing field within ESGE. As the SIG enters a new phase, we are building on this excellent foundation while expanding our activities in education, certification, and scientific development.

Following the leadership transitions confirmed during the Executive Board, Advisory Board, and SIG Chairs meeting at the ESGE 34th Congress in Istanbul, the Neuropelveology SIG now enters a period of structured expansion. Much of the past year has been dedicated to completing the architecture of the GESEA Level 3 Neuropelveology Certification, a major milestone for the subspecialty. All components of the program—comprehensive e-learning, an optional cadaveric training workshop, assessment through cadaveric dissection, and a surgical video assessment scored with SIG-developed Likert scales—have now been finalised and submitted to the GESEA Committee for integration into the platform. This builds directly on the initial concept presented to the ESGE Board during the 34th Congress and reflects a shared ambition to deliver a rigorous, competency-based pathway for surgeons wishing to specialise in neuropelveology. To support graduates beyond certification, the SIG will also begin hosting quarterly virtual case-discussion sessions, providing a structured forum for clinical reasoning and troubleshooting in complex pelvic and perineal pain practice.

In parallel, work continues on the ESGE Neuropelveology Observership Programme, which will be developed throughout 2026 and is expected to launch in 2027. This programme will offer structured, immersive exposure in accredited centres for surgeons who have completed the GESEA curriculum and seek further refinement of clinical and surgical skills.



Educational outreach will remain a priority throughout the year. Two webinars are planned: the first addressing intrapelvic somatic neuralgias with emphasis on neuroanatomy, diagnostic work-up and surgical management, and the second devoted to parametrial endometriosis, including disease phenotyping, nerve-sparing approaches and a minimally edited surgical video.

Scientific production is also advancing, with two major manuscripts underway: a systematic review and meta-analysis on somatic nerve endometriosis, and a review on intraoperative nerve monitoring in pelvic surgery. Both projects reflect the SIG's commitment to providing high-quality, clinically relevant evidence that supports better diagnosis and treatment of neuropelveologic conditions.

Looking ahead to the 2026 ESGE Congress, the SIG has submitted proposals to the Scientific Programme Committee for a clinically oriented pre-congress course—Chronic Pelvic and Perineal Pain from a Neuropelveology Point of View: A Case/Cadaver-Based Course—as well as two plenary sessions focusing respectively on bowel and sexual function and dysfunction from a neuropelveologic perspective, and on parametrial endometriosis. These proposals aim to extend the educational and clinical value of neuropelveology to a wider ESGE audience while building directly on the excellent foundation established in previous years.

# News From ESGE Special Interest Groups



**Diego Raimondo**

Chair of the ESGE Special Interest  
Group Robotics

## Robotics

Robotic surgery in gynaecology keeps evolving at a rapid pace, always changing surgical practice and offering new opportunities for precision, safety and technological advancements. The ESGE Robotics Special Interest Group (SIG) remains at the forefront of this transformation, guiding the community through education, research, and innovation. Over the past year, the SIG has achieved several important milestones while setting the stage for the 2025–2026 agenda.

### **GESEA Istanbul 2025: a tangible success**

The ESGE Congress in Istanbul 2025 was a major highlight for the Robotics SIG. The GESEA robotic sessions were very well received by participants, confirming the programme's value as a comprehensive and educational pathway for surgeons who are either beginning to incorporate robotics into their clinical practice or aiming to refine their skills. Through validated exercises, assessed with objective metrics and performed in a controlled environment under the guidance of experienced tutors providing real-time feedback and strategic advice, the GESEA Robotics curriculum is maturing and establishing itself as a high-level certification. It is increasingly recognised as an essential credential for any professional seeking to advance in this field of robotic surgery.

### **International consensus in progress**

Building on the SIG's previous initiatives, the development of an international consensus on multi-arm robotic platforms is now in its final stages. Using the Delphi methodology, the project aims to standardise port placement, arm configuration, and workflow for both standard and complex hysterectomy procedures. Early results are already providing interesting insights: while many experts tend to use the most common setups, they also adapt configurations based on personal comfort, the type of surgery, and individual patient characteristics. This highlights the inherently flexible and modular nature of multi-arm robotic platforms. Once published, the consensus will serve as a global benchmark, promoting safety, efficiency, and reproducibility. This initiative reflects the SIG's ongoing commitment to evidence-based practice and to harmonising surgical standards across institutions and countries.

### **Expanding education and training**

Education and skill development remain at the heart of the SIG's mission. Building on the success of last year's webinar, this year we have continued the momentum with even more in-depth topics. As robotic surgery is increasingly applied to complex procedures and new platforms, we focused on the practical management of endometriosis in challenging locations, including the urinary tract, diaphragm, and advanced dissections of deep pelvic structures, as well as exploring single-port approaches. These initiatives highlight the importance of translating theoretical knowledge into clinical practice, making sure that robotic technology is used safely and effectively in complex surgical cases.

### **Looking ahead: shaping the future of robotic gynaecology**

The ESGE Robotics SIG is ready to guide the next wave of innovation in gynaecological surgery. In the coming years, we expect to expand mentorship opportunities, develop additional consensus projects, and strengthen collaborations with industry to explore new technologies. By combining innovation with hands-on surgical expertise, the SIG aims to keep raising the standard for robotic surgery in gynaecology, helping surgeons around the world access the latest techniques and best practices.

# News From ESGE Special Interest Groups



**Lina Antoun**

Chair of the ESGE Special Interest Group Training & Education

## Training & Education

During the past year, the ESGE Special Interest Group (SIG) for Training and Education has continued to consolidate its role as a central driver of high-quality, standardised educational initiatives in minimally invasive gynaecological surgery (MIGS). Building on the momentum of previous activities, the SIG has developed a series of new programmes and collaborative projects that will shape its agenda in the coming months.

The SIG for training and education is planning to expand its **web-based educational offerings**. Upcoming events include:

- **Webinar on Surgical Anatomy for MIGS:** We will organise and lead a specialised webinar focusing on surgical anatomy for minimally invasive gynaecological procedures. The session date is confirmed to be 26th March 2026, and will support trainees and early-career surgeons in strengthening their foundational anatomical knowledge, a critical component of safe laparoscopic and hysteroscopic practice.
- **Webinar Series Expansion:** It was also agreed that an additional webinar will be scheduled, with topics and speakers to be finalised at the next SIG meeting. These virtual events continue to serve as accessible, high-impact learning opportunities for ESGE members across different regions.

A new educational initiative proposed this year is the **International Journal Club** under the SIG Training & Education framework. This programme aims to actively involve young ESGE members in the critical appraisal of recent literature in MIGS. Participants will present selected articles, discuss clinical relevance, and engage in structured debate. Further discussions will refine the format, scheduling frequency, and selection criteria for presenters. This initiative is expected to strengthen research literacy and foster active engagement of early-career clinicians within the ESGE community.

Looking ahead, the SIG is preparing for a major in-person educational event:

- **Myomectomy Course:** A comprehensive hands-on course focused on myomectomy techniques. Scheduled for 2026 in the UK, this course will combine live demonstrations, simulation-based training, and expert-led discussion. Industry support has been secured, and dedicated training slots will be offered to young ESGE members, ensuring broad access and high-quality learning opportunities.



In addition to these training activities, the SIG has committed to strengthening its research portfolio. The group agreed to develop a **multicentric research project on training performance in MIGS**. This study will examine the impact of structured training pathways on skill acquisition, aiming to generate evidence that will underpin future ESGE educational standards.

# News From ESGE Special Interest Groups



**Laurent de Landsheere**  
Chair of the ESGE Special Interest  
Group Urogynaecology

## Urogynaecology

The ESGE SIG Urogynaecology is currently engaged in a collaborative cadaveric study on pelvic floor anatomy. The aim of this project is to describe the main anatomical spaces, as well as the nerves and vessels involved in the management of pelvic floor disorders, and to develop a practical guide to support surgeons in adopting a standardised anatomical dissection approach for pelvic organ prolapse (POP) repair.

The SIG will host two webinars in the coming months. The first, scheduled for December 2025, will focus on the management of stress urinary incontinence, with particular emphasis on the ongoing concerns related to the use of mid-urethral slings. The second webinar, planned for May 2026 and entitled “Diagnosis and Management of Complex Pelvic Organ Prolapse with Ano-Rectal Disorders: The Importance of Collaboration with Colorectal Surgeons”, will address optimal strategies for diagnosing ano-rectal disorders and highlight the value of a multidisciplinary approach.

Another key initiative of the SIG is the development of the GESEA Level 3 Urogynaecology Programme, an integral component of the GESEA educational framework. This programme will offer comprehensive theoretical modules on Pelvic Organ Prolapse (POP) and Stress Urinary Incontinence (SUI), delivered by leading experts in the field. The content reflects the latest surgical advancements, ensuring participants receive state-of-the-art training aligned with current evidence and innovations.

In parallel, the SIG is actively expanding its practical training opportunities through dedicated hands-on courses tailored specifically to Urogynaecology. This innovative training model was successfully tested during the most recent ESGE meetings in Marseille and Istanbul, where it received excellent feedback. The hands-on format allows participants to refine their skills and practice advanced techniques in a structured and interactive environment.

Our ambition is to continue contributing meaningfully to the field by providing ESGE members with the latest updates, educational opportunities, and developments in Urogynaecology.

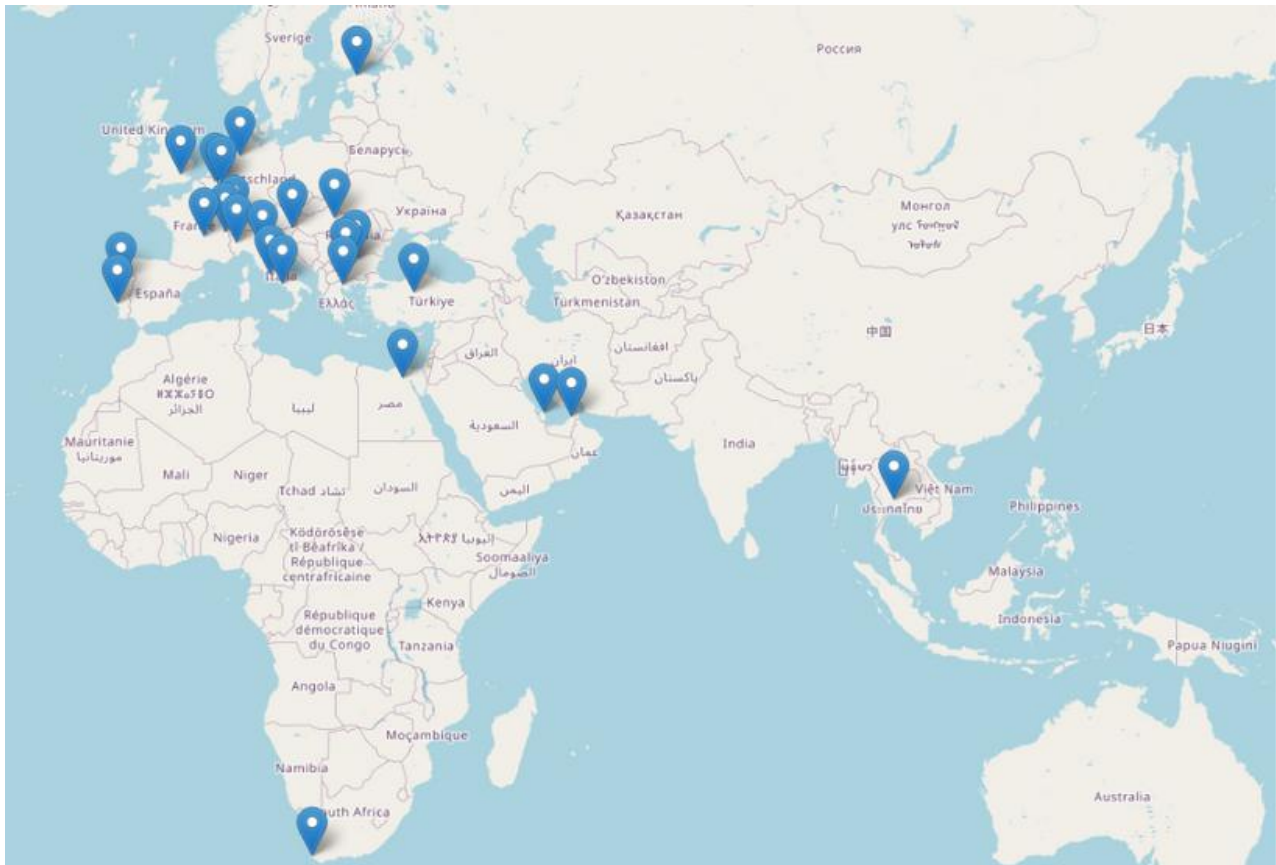
# GESEA Expansion: Highlights – GESEA Centres & Activities

## Global Reach & Impact

The Gynaecological Endoscopic Surgical Education & Assessment (GESEA) Programme continues to advance its mission of delivering high-quality, standardised training and certification in minimally invasive gynaecological surgery. The programme has built a robust and steadily expanding network of accredited centres dedicated to raising the global standard of surgical education.

## Expanding GESEA Network

Today, the GESEA network brings together 13 GESEA Diploma Centres, 11 Training Centres, and 1 GESEA Diploma Society (BSGE), representing a vibrant community across 17 countries and 3 continents. This geographic diversity highlights GESEA's strong international footprint and the growing recognition of the value of structured endoscopic training and certification worldwide. Notably, 8 Training Centres achieved accreditation in 2024 and 2025, underscoring the programme's recent momentum and the increasing number of institutions committed to endorsing GESEA's high educational standards.



### Educational Calendar:

<https://www.esge.org/events/>



### GESEA Accredited Centres:

<https://www.esge.org/gesea-centres/>



As this global network continues to grow, ESGE & ESGE Academy warmly welcome institutions interested in becoming part of the GESEA educational ecosystem. Organisations seeking accreditation can consult our **Becoming an Accredited GESEA Training Centre Brochure** for comprehensive guidance on eligibility, requirements, the audit process, and how to apply.

### Becoming an Accredited GESEA Training Centre Brochure:

[https://gesea.eu/wp-content/uploads/2025/11/ESGE\\_GESEA-Training-Centre\\_brochure\\_2025.pdf](https://gesea.eu/wp-content/uploads/2025/11/ESGE_GESEA-Training-Centre_brochure_2025.pdf)



For direct inquiries, interested institutions are invited to contact the ESGE Academy Central Office at [info@esge.org](mailto:info@esge.org).

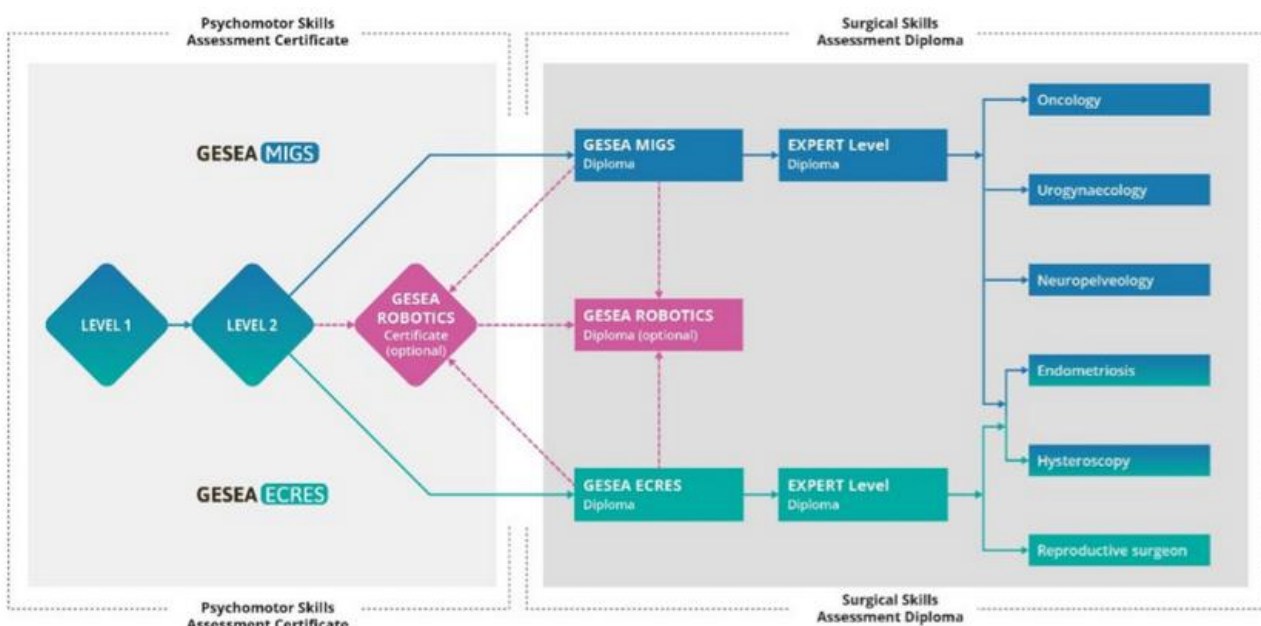
### GESEA Pathway: Your Journey to Excellence in Endoscopic Surgery

The GESEA Educational Programme continues to set the international standard for structured, competency-based training and certification in endoscopic gynaecological surgery. Through a clear and progressive pathway, GESEA supports surgeons at every stage of their professional development – **from fundamental skills to expert-level mastery.**

### The GESEA Pathway at a Glance - [GESEA.EU](https://gesea.eu)



A clear visual overview of all certification levels and pathways ensures participants and centres can navigate the programme effortlessly.



### GESEA Level 1 & Level 2 Certification – Psychomotor skills assessment

At the heart of the programme is GESEA's validated assessment system, combining **psychomotor** skills and **knowledge evaluation** in both laparoscopy and hysteroscopy.

- **Level 1:** Your foundational certificate, confirming essential endoscopic skills.
- **Level 2 MIGS / ECRES:** An advanced credential demonstrating increased skill levels preparing the candidate to move to the next step of the GESEA curriculum – GESEA MIGS Diploma.

These internationally recognised certificates ensure that every candidate progresses with confidence, precision, and proven competence.

## GESEA MIGS Diploma – Surgical skills assessment

For surgeons committed to advancing their clinical practice, the **GESEA MIGS Diploma** is the **essential next milestone**.

Building on the Level 2 certificate, the **MIGS Diploma** moves beyond psychomotor and cognitive assessment and focuses on **surgical skills evaluation**.

It is the definitive qualification for surgeons seeking to strengthen their surgical proficiency and advance to the expert levels of the GESEA pathway.

**Find out more: Watch the MIGS Diploma Video**

<https://vimeo.com/1140379986?fl=ip&fe=ec>



## GESEA Expert Level Diploma

After the MIGS Diploma, the GESEA Expert Level provides the next stage of progression, focusing on advanced endoscopic performance and assessing higher-level technical abilities together with the judgment required for more complex procedures.

*GESEA remains committed to fostering high-quality education, validated assessment, and a culture of excellence across the global endoscopic community.*

Contact us via [info@esge.org](mailto:info@esge.org) for any enquiries related to the GESEA Educational Programme.

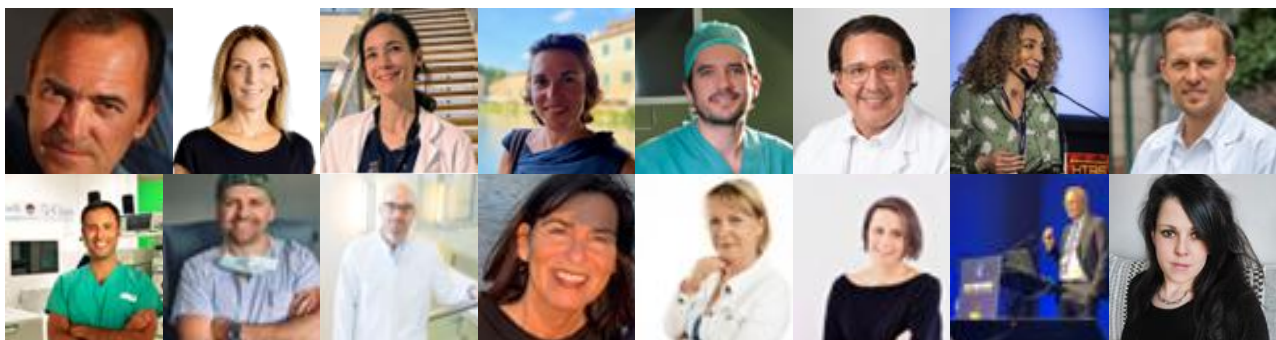
# GESEA Level 3 Expert Level Oncology Diploma

Take Your Oncologic Surgery Skills to the Next Level: Introducing the GESEA Expert Level Diploma in Oncology

The landscape of gynaecological oncology is evolving at remarkable speed – and so are the expectations for surgical precision, safety, and minimally invasive mastery. For surgeons ready to raise their expertise to the highest standard, the **GESEA Expert Level Diploma in Oncology** offers a pathway for those seeking to deepen their expertise.

Developed by the European Society for Gynaecological Endoscopy (ESGE) in collaboration with the European Society of Gynaecological Oncology (ESGO), this advanced pathway represents a **recognised mark of expertise in minimally invasive gynaecologic oncology**.

## ESGE | ESGO Working Group



## Why Consider the GESEA Expert Level Diploma in Oncology?

The programme has been crafted for surgeons who are passionate about advancing their practice in complex oncologic procedures. Through a combination of structured e-learning, immersive observerships in accredited centres, and rigorous peer-reviewed assessment of real surgical cases, candidates are provided with a clear, supportive, and internationally respected route to demonstrating true expert competence.

## A Diploma That Stands Apart:

The GESEA Expert Level Diploma in Oncology is built on three pillars:

- **Cutting-edge theoretical knowledge** delivered through dedicated e-learning modules
- **First-hand exposure** during observerships in high-volume oncology units
- **Validated evaluation of surgical performance** through independent expert review

The result is a diploma that not only elevates your skills but also strengthens trust – from colleagues, institutions, and most importantly, patients.

## Who Should Apply?

This pathway is ideal for specialists who already have solid experience in minimally invasive surgery and aspire to become leaders in gynaecologic oncology. Whether you aim to refine specific techniques, seek international recognition, or simply wish to push your boundaries, this diploma is your next step.

## Join the Future of Gynaecologic Oncology

Demand for highly trained surgeons in MIS oncology has never been greater. By undertaking the **GESEA Expert Level Diploma in Oncology**, you place yourself at the forefront of a new era – one where technical excellence, scientific credibility, and patient-centred care converge.

## Are you ready to shape the future of gynaecological oncology surgery?

Step into the GESEA Expert Level Diploma in Oncology and let your expertise speak for itself.

**GESEA eLearning Modules:** [GESEA Expert Level](#) | [ESGE Academy](#).

**Apply Now:** [GESEA MIGS Pathway](#) | [GESEA Educational Programme](#)





## GESEA SmartPack


*Shaping the Future of GESEA Training with AI*



### Contact US

 +32 16 629 627

 [info@esge-services.org](mailto:info@esge-services.org)

 <https://esge-services.org>



# ESGE Journal - Facts, Views and Vision



**Justin Clark**  
Editor in Chief, FVV Gyn

*Facts, Views and Vision in ObGyn* (referred to now as FVV Gyn) is an international peer-reviewed journal for gynaecologists and others who treat and investigate women's health issues, with a focus on minimally invasive and endoscopic surgical interventions.

Our journal publishes peer-reviewed original, clinical scientific articles relevant to gynaecology, gynaecological oncology, urogynaecology and reproductive medicine. Original research, systematic reviews, opinions, surgical techniques/instrumentation, short communications, case reports and video commentaries that advance or illuminate science or practice related to women's health are considered. ESGE contributed guidelines, good practice papers, consensus and position papers are also published.

In short, FVV Gyn is our journal! We have a global outlook.

As Editor in Chief (EIC), my aim is to produce a journal of interest to our readership and deliver high scientific quality. We are striving for enhanced visibility on medical indexing sites and improvement in all our journal metrics, including a high impact factor, to enhance the reputation of the ESGE and encourage authors to submit their work. Since I took over as EIC, we have gained indexing status at Scopus and DOAJ in addition to Clarivate Web of Science and PubMed. We will apply to Medline in 2026.

We currently publish quarterly: March, June, Sept and Dec. However, we now publish Ahead of Print (AoP), and these publications are citable on PubMed and accessible (open access) as soon as accepted, so a great incentive to authors. We are publishing more original research, and I hope you see the greater depth and content of our journal.

What else? Well, I hope you agree that the appearance of our journal and downloadable PDFs is far better, and the articles look really good! We have improved consistency of article formats, shortened them and made publication more transparent, for example, regarding ethical approval and authorship contributions. We have removed 'video articles' and introduced shorter, 'punchier', more impactful 'video commentaries'. We now have an FVV Gyn podcast where we highlight an article from the latest issue. I am grateful to Diego Raimondo for developing and leading this innovation, one that will allow greater visibility and dissemination of our authors' work.

I have been privileged to have ESGE members as Associate Editors, Editorial Board and Team members, giving up their time for free to ensure the success of our journal. I am keen that members with an interest and the necessary expertise have the opportunity to contribute to the journal. To this end, we have appointed new Associate Editors, Editorial Board members and Team members. Those of you considering joining our team, please peer review for the journal to show your commitment, and I would love to have you on board. I would like to thank Dr Ayesha Mahmud, my Deputy Editor in Chief, for her support, expertise and hard work to drive FVV Gyn forward.

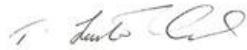


Our aim is to become the 'go-to' journal for gynaecological endoscopic surgery and relevant non-surgical interventions. To help us achieve this goal, please send your best work to us. In 2026, we are introducing innovations to enhance turnaround times for our prospective authors.

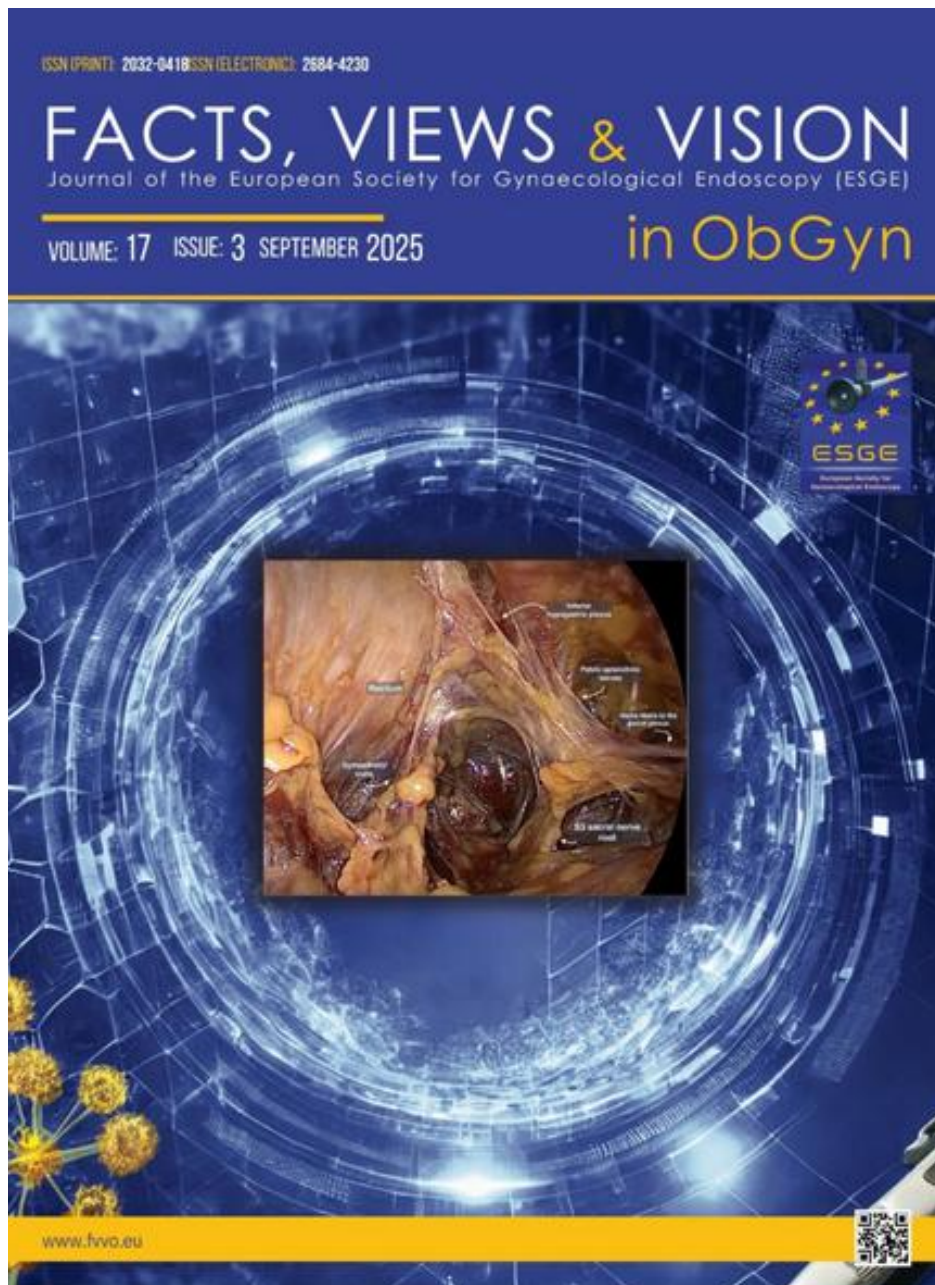
Finally, I would just like to take this opportunity to thank all of you for reading, reviewing, editing, submitting, etc – you all make our journal what it is.

Happy Christmas

Justin



**Prof T Justin Clark**  
Editor in Chief, FVV Gyn



# ESGE Corporate Member Societies



ARBEITSGEMEINSCHAFT  
GYNÄKOLOGISCHE  
ENDOSKOPIE

## **AGE 2025: Disseminating knowledge – promoting young talents – educating patients**

With over 2,600 members, 18 training centres and 9 robotics training centres, our Society Gynaecological Endoscopy (AGE) can look back on a successful year in 2025. Our mission remains unchanged: to further develop and disseminate minimally invasive and endoscopic surgery in gynaecology.

## **AGE KOMPAKT 2025 – Focus event for young talents**

Our spring conference in Berlin in April offered a compact, deliberately focused programme for young surgeons. With 220 participants on site and 165 livestream viewers, the format was very well received. Two AGE prizes for excellent scientific work were also awarded during the event.

## **DAGG&FOG Congress, Munich**

Our president took on the role of congress president this year – an important milestone. Numerous scientific contributions once again demonstrated how endoscopic procedures can be used in an increasingly gentle and precise manner. This allowed us to once again emphasise our central concern: to further advance minimally invasive methods and provide tangible benefits to patients.

## **ESGE Congress, Istanbul**

The ESGE Annual Congress continuously proves to be an international hub for knowledge transfer and innovation. Over 250 speakers offered four days of intensive scientific exchange.

Our AGE session, led by Prof. Bernhard Krämer, Prof. Markus Wallwiener and Prof. Cihat Ünlü, provided important insights:

- Complications of laparoscopic procedures, presented by Prof. Julia Radosa
- The role of social media in minimally invasive surgery, presented by Dr. Askin Kaya, who highlighted our AGE Social Media Working Group (AKSO) in cooperation with Altmann PR as an example of best practice.

## **Congress on Endometriosis, Freiburg**

The 2025 Endometriosis Congress in Freiburg was an outstanding success and, with over 420 participants, one of the best-attended events in recent years. Under the congress presidency of Prof. Ingolf Juhasz-Böss, the scientific programme was more extensive and diverse than ever before.

For the first time, the ten best abstracts were included directly in the official scientific programme – an important step towards greater visibility for young research work. In addition, three poster prizes were awarded to particularly innovative contributions.

A special highlight of the congress was the presentation of the Rokatinsky Prize to Prof. Dr. Karl Werner Schweppe. This award recognised his extraordinary life's work, in particular his decades of commitment to advancing research and treatment of endometriosis.

The Endometriosis Congress 2025 impressively demonstrated how committed and dynamic the endometriosis community in Germany is – and sets new standards for the coming years.

Janos Veres Medal for Prof. Ingolf Juhasz-Böss

We are particularly pleased that our board member Prof. Ingolf Juhasz-Böss has been honoured by the Hungarian Society for Gynaecological Endoscopy for his outstanding services to gynaecological endoscopy. The prestigious medal recognises his many years of commitment and close international cooperation.

### **Junior Academy & Curriculum for Robotic Surgery**

With these two programmes, we are specifically strengthening the promotion of young talents and making an important contribution to the qualified training of future surgeons.

Our **AGE Junior Academy** has been running very successfully since its launch and has established itself as an important training programme for young gynaecologists. With its practice-oriented curriculum, it specifically promotes the development of minimally invasive skills and will enter its next round in April 2026. Our **AGE DCRG Robotic Surgery in Gynaecology** programme has also proven its worth: now in its fourth year, it continues to train specialists in robot-assisted surgery. The fifth year will be advertised in April 2026 and will once again offer the opportunity to gain further intensive training in this forward-looking technology.

### **Our social media presence – active since March 2025**

Since March 2025, we have been present with an expanded social media portfolio – target group-specific, informative and scientifically sound:

- **LinkedIn:**

Here we address doctors, researchers and members. We share updates from the field of endoscopy, event and certification information, and insights into our working groups and projects.

**Our goal:** a strong professional community that benefits from each other.

- **Instagram & Facebook:**

These channels are aimed at patients and interested parties. We explain gynaecological diseases, diagnostic procedures and modern minimally invasive treatment methods in a way that is understandable and patient-friendly.

In this way, we make an important contribution to education, health literacy and trust building.

Our AGE Social Media Working Group (AKSO) develops content in collaboration with the Altmann PR agency and expert members of our society – for well-founded, target group-oriented and reliable content.

# ESGE Corporate Member Societies



## BSGE 2026 Events

The British Society for Gynaecological Endoscopy (BSGE) is holding a series of major events for 2026, offering friends and colleagues in the ESGE valuable opportunities for education, networking, and skill development. The highlights include the highly anticipated BSGE ASM in London, the Ambulatory Care Network (ACN) Meeting in Birmingham, and a Joint RCOG/BSGE Ultrasound Course on Endometriosis.

## BSGE ASM 2026: One World, One Vision: Breaking Surgical Ground in Endoscopy

**Dates:** 29th April - 1st May 2026 (Pre-Congress Workshops: 28th April) - [Click here](#) to find out more

**Venue:** QE2 Conference Centre, Westminster, London

The BSGE Annual Scientific Meeting (ASM) 2026 will be a landmark event, held in the heart of London at the QE2 Conference Centre. With a theme focused on "One World, One Vision: Breaking Surgical Ground in Endoscopy," the conference will celebrate London's global influence and innovative spirit, attracting gynaecological professionals from around the world.

Fevzi Shakir, Chair of the London LOC and BSGE Honorary Treasurer, invited ESGE members to join the BSGE in London:

"It's really exciting and a great privilege to invite you to our BSGE ASM 2026, which will be held in London. Our conference venue will be at the spectacular QE2 Conference Centre, in the heart of Westminster. The location offers easy access to the capital and stunning views across central London."

BSGE President Arvind Vashisht promises an educational experience packed with parallel sessions, networking events, and hands-on opportunities for all attendees—from trainees to consultants.

The conference will offer:

- **Four parallel streams** covering the latest in gynaecological endoscopy
- **Dedicated sessions** for nurses, residents, and allied healthcare professionals
- **Interactive zones** and opportunities for audience engagement
- **Multiple networking events**, providing a platform for sharing ideas and building professional connections

The QE2 venue, located in Westminster, can accommodate over 1000 delegates and boasts stunning views across central London. Delegates are encouraged to book early for this not-to-be-missed event.

## Joint RCOG/BSGE Event: Ultrasound for the Diagnosis of Endometriosis

**Date:** 28th January 2026

**Format:** Online Virtual Event

This online course, jointly organised by the RCOG and BSGE, focuses on the advanced diagnostic and management strategies for endometriosis, with a special emphasis on ultrasound. Led by expert speakers, the course will cover:

- **The latest advancements** in ultrasound techniques for diagnosing endometriosis
- **Recent research and clinical guidelines** to aid in effective patient management
- **Practical insights** for integrating ultrasound into clinical practice to improve diagnostic accuracy

This virtual event is an excellent opportunity for professionals to update their skills and gain valuable knowledge to improve patient outcomes in endometriosis care.

## BSGE ACN Meeting 2026

**Dates:** 26th - 27th February 2026

**Venue:** The Vox Conference Venue, Resort World, Marston Green, Birmingham

The BSGE Ambulatory Care Network (ACN) Meeting 2026 will be held at The Vox, Birmingham, offering an exclusive space for discussions and networking. This two-day meeting will focus on ambulatory interventions for diagnosing and treating uterine and genital tract conditions, particularly those involving hysteroscopy, ultrasound, and new technologies. Key features include:

- **Expert-led keynote lecture** by Professor Attilio Di Spiezio Sardo, a world-renowned figure in gynaecology and hysteroscopy
- **Interactive format**, with a focus on case studies, troubleshooting, and innovative techniques
- **Networking opportunities** with professionals from both NHS and the private sectors

This event will explore new approaches in ambulatory care, a field gaining increasing attention due to pressure on waiting lists. Registration includes lunch, refreshments, and overnight accommodation for a full experience.

**Pricing:**

- **BSGE Members:** £350 (Meeting only) / £450 (Meeting + Networking Dinner + Accommodation)
- **Non-Members:** £425 (Meeting only) / £525 (Meeting + Networking Dinner + Accommodation)

As always, the BSGE events strive to offer professional development, cutting-edge knowledge, innovative solutions, and vital networking within the field of gynaecological endoscopy. Find out more at [BSGE.org.uk/event/](https://BSGE.org.uk/event/)

# ASM26

Annual Scientific Meeting

29th April – 1st May | QEII Centre, London

**28th April | Pre-congress workshops**

## One World, One Vision

Join us in London for the BSGE Annual Scientific Meeting 2026, our largest and most ambitious event yet, held at the iconic QEII Centre in Westminster.

With cutting-edge research, live surgery, an Interactive Innovation Zone, bespoke sessions for all professional levels, and vibrant networking events, this is the premier MIS gathering you won't want to miss.

[www.bsge.org.uk/asm26/](http://www.bsge.org.uk/asm26/)



**Breaking Surgical Ground in Endoscopy**

# ESGE Corporate Member Societies



## Update from the French Society of gynaecology and Pelvic Surgery (SCGP)

The **French Society of gynaecology and Pelvic Surgery (SCGP)** is the national reference society for gynaecology and pelvic surgery in France. Its mission is to promote excellence in minimally invasive and pelvic surgery through education, innovation and research, and to support surgeons throughout their careers. SCGP also works to build strong national and international collaborations, including with ESGE, to improve women's health.

### A dynamic and growing community

SCGP now counts 930 members, representing a wide range of gynaecology and pelvic surgeons across France.

At the most recent annual congress, we welcomed 873 participants and 43 partners. This 22nd edition took place in Paris and was marked by very strong engagement from both surgeons and industry.

A key highlight was the launch of the SCGP FemTech Lab, which brought together eight start-ups from the digital health and AI ecosystem, all focused on gynaecology surgery. The FemTech Lab combined an “ephemeral incubator” within the exhibition area and a dedicated plenary session.

The room was full and the discussions very lively. This clearly shows the value of connecting health-tech start-ups, artificial intelligence and scientific societies in gynaecology surgery. Our goal is to prepare the future of surgical practice and to help surgeons understand and use AI tools safely and effectively.

Looking ahead, the next SCGP congress will be held in Bordeaux in 2026, continuing the rotation of locations and allowing us to reach an even wider surgical community.

### Education and training: juniors, endometriosis and digital activities

Education remains at the heart of SCGP activities:

- **11° Junior Master Class (JMC):** In the latest edition, 32 juniors were trained in Paris. The format will be repeated in Bordeaux in 2026, to maintain geographic diversity and accessibility.
- **Webinars:** SCGP organised 4 webinars over the past year, focusing on technical skills and practical updates, with online access for members.
- **Excellence Pathway in Endometriosis:** The “Parcours d'excellence en endométrieuse” provides structured advanced training for surgeons dedicated to complex endometriosis surgery.
- **SCGP Club:** The SCGP Club is a monthly digital meeting, reserved for SCGP members. It focuses on practical issues and current topics, in an interactive format that encourages discussion, case sharing and problem-solving.

### Robotic surgery and the role of fellows

SCGP is strongly involved in the training of young gynaecology surgeons in robotic surgery, with the aim of building a real community around this technique.

- In 2025, **12 fellows (equivalent to French CCA/chefs de clinique)** completed the SCGP **robotic curriculum**.
- The 2026 edition has already been launched, with more than 35 applications for 14 slots, reflecting the high demand for structured training in robotic surgery.

In parallel, SCGP is developing specific initiatives for surgical assistants and OR staff, so that they become fully integrated partners in the gynaecology surgical team and share a common educational framework with surgeons.

## National congresses and masterclasses

Beyond its own congress, SCGP contributes to major national events:

**FFER (Fédération Française d'Étude de la Reproduction):** SCGP runs **one dedicated session** during the FFER annual congress.

**PSF – Pari(s) Santé Femmes:** SCGP contributes **one SCGP session** to this major national women's health meeting.

**Perineal regenerative surgery – Rejuvenation Masterclass:** SCGP is involved in the masterclass **on perineal regenerative and rejuvenation surgery**, which is **already fully booked** for the upcoming edition in Ajaccio in **September 2025**.

**New in 2026 – MULTIPLEX ENDO:** From 2026, SCGP will take part in the **MULTIPLEX ENDO**, a fully digital, multi-centre endometriosis event that has already met with strong interest. This will further reinforce our commitment to innovative formats for advanced endometriosis education.

## New projects launched in 2025

Several new initiatives have been launched in 2025:

**International Mobility Grant:** A new mobility grant supports SCGP members wishing to complete a clinical or research fellowship abroad.

**FemTech Lab (Congress format):** After the success of its first edition, the FemTech Lab will be continued and expanded as a recurrent feature of the SCGP congress, offering a structured platform for start-ups and innovators in digital health and AI.

**Medical Assistants' Day:** A dedicated day for medical assistants and OR teams is being created, with scientific and practical content tailored to their needs.

## International collaborations

International collaboration is a strategic axis for SCGP:

**2024 – Morocco:** A collaboration agreement was signed between SCGP and the Royal Moroccan Society of Gynecology and Obstetrics (SRMGO).

**2025 – Switzerland:** In 2025, SCGP and the Swiss Society of Gynaecology and Obstetrics (SGGG) signed a formal collaboration. These partnerships aim to intensify scientific exchange, promote surgical innovation and share best practices across borders.

These new agreements complement SCGP's existing links with European societies such as ESGE and reinforce our ambition to build a strong francophone and European network in gynaecology and pelvic surgery.

SCGP looks forward to continuing its close collaboration with ESGE and the wider European community, particularly in minimally invasive surgery and structured training for young surgeons, fellows and surgical teams.

**Pr Cyrille Huchon**

President SCGP

**Dr Jean-Philippe Estrade**

Past President & Board Member, SCGP

Advisory Board Member ESGE



**LESS IS BETTER:  
INNOVAZIONE,  
DE-ESCALATION E  
PRECISIONE IN  
ENDOSCOPIA  
GINECOLOGICA**

S A V E T H E D A T E

**ROMA | 23-26 SETTEMBRE 2026**

The 20th National Congress of SEGi, Italian Society of Gynaecology Endoscopy, will be hosted in Rome from 23 to 26 September 2026. The event aims to reflect the rapid evolution of gynaecological endoscopy and its growing role as a true standard of care. At the same time, artificial intelligence (AI) is emerging as a strategic ally in supporting clinical decision-making, optimising diagnostic and therapeutic pathways, and improving patient outcomes. Today's gynaecological surgery is increasingly oriented toward therapeutic de-escalation, with the goal of reducing surgical invasiveness and personalising treatments based on solid scientific evidence and a multidisciplinary assessment. The integration of advanced endoscopy and artificial intelligence opens new horizons: from automated intraoperative image analysis and surgical outcome prediction to advanced planning of conservative and fertility-preserving approaches.

The congress will offer a platform to:

- present the latest innovations in diagnostic and operative endoscopy;
- discuss the contribution of AI to personalised treatment;
- explore evidence-based models of minimally invasive, de-escalated surgery.

Our goal is to promote an integrated, forward-looking vision of modern gynaecological endoscopy that combines innovation, safety, and patient-centred care.

For more information:  
[segreteria@segionline.it](mailto:segreteria@segionline.it)

**Congress Presidents:**  
Prof. Anna Fagotti, Prof. Francesco Fanfani  
**SEGi President:** Prof. Alberto Mattei

# ESGE Corporate Member Societies

## TPMIGS: The Turkish Platform for Minimally Invasive gynaecology Surgery

### Unifying Forces for Excellence in Endoscopic Surgery

The Turkish Platform for Minimally Invasive Gynaecology Surgery (TPMIGS) stands as a landmark unification of three major societies dedicated to the advancement of our field in Türkiye:

- **MIJID:** Society of Minimally Invasive gynaecology Surgery (Est. 2014)
- **MIJOD:** Society of Minimally Invasive gynaecology Oncology (Est. 2015)
- **RJCD:** Society of Robotic gynaecology Surgery (Est. 2017)



We have established a robust platform to enhance collaboration, standardise training, and strengthen the national development of minimally invasive gynaecology surgery (MIGS) in Türkiye. TPMIGS aims to:

- Support surgeons in acquiring and refining skills in endoscopic and laparoscopic surgery.
- Facilitate the routine adoption of MIS approaches nationwide through regular regional, national, and international educational meetings.
- Increase the global visibility of Turkish surgeons and elevate their scientific contributions through multicentre collaborative research.

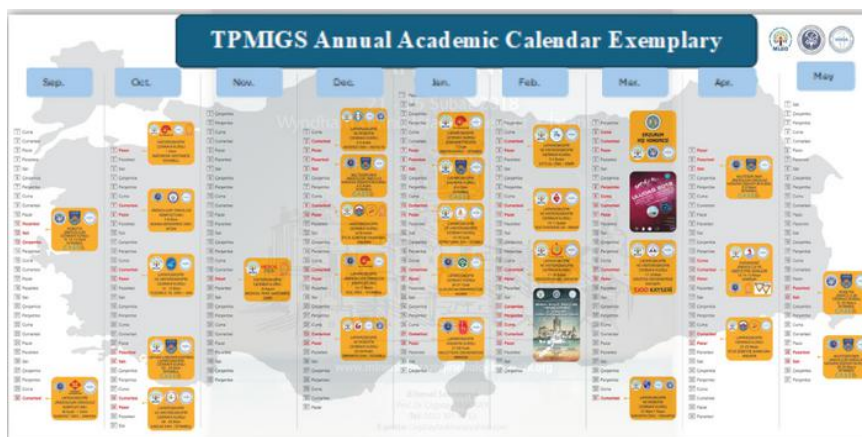
### Scientific Output:

**Recent Publications:** Our recent work includes peer-reviewed articles and national guidelines that guide daily practice.

- **vNOTES Multicentre Study (TR-MIGS):** A major 2025 publication evaluating transvaginal natural orifice transluminal endoscopic hysterectomy across specialised centres in Türkiye. The study demonstrated excellent operative parameters and low complication rates, highlighting Türkiye's contribution to this advancing field. (Güngördük K et al. J Obstet Gynaecol. 2025)
- **COVID-19 Pandemic Survey:** A nationwide survey of gynaecology oncologists exploring adaptations in MIS practice, offering valuable insights into perioperative safety and evolving clinical priorities. (Asian Pac J Cancer Prev. 2022)
- **Morcellation Guidelines:** A practical review and synthesis of evidence regarding uterine morcellation, providing structured recommendations for safe practice in both benign and malignant settings. (J Turk Ger Gynecol Assoc. 2021)

**MIJID Bulletins** disseminate best practices, published by TPMIGS as educational tools for trainees and specialists. They include updates in surgical technology and expert commentary. Seven bulletins released, the latest in March 2024. Read more: [mijid.org/bilimsel-etkinlikler](http://mijid.org/bilimsel-etkinlikler)

**Working Groups:** TPMIGS has dedicated subspecialty working groups of Endometriosis, Fertility Preservation, Myomectomy, Adenomyosis, Urogynaecology, and vNOTES. that aim to shape future research and clinical standards.



**Listing Annual Congress, Symposia, Webinars, Local Meetings, and Wet-Lab Training Courses**

## Ongoing Projects and Continuous Education:

**Upcoming Research Roadmap:** We have launched multiple multicentre projects to expand the evidence in MIGS.

- **VNOTES Research Programme:** Further evaluation of safety and standardisation in natural orifice surgery.
- **Laparoscopic Radical Hysterectomy:** Analysing perioperative and oncologic outcomes to enhance the global discussion on MIS in cervical cancer.
- **Fertility-Preserving Trachelectomy:** Assessing reproductive results and long-term follow-up in cervical cancer.
- **Laparoscopic Morcellation:** Investigate complications further to develop safer clinical use.
- **Lymph Node Staging:** Evaluating the accuracy and impact of laparoscopic staging in locally advanced cervical cancer.

**Annual Endoscopy Camp** in Uludağ remains as a premier platform, providing young specialists with essential, immersive training in advanced minimally invasive surgery.

## UPCOMING CONGRESS ALERT!

TPMIGS will host the **8th Minimally Invasive Gynaecological Surgery Congress in Istanbul from February 12 to 14, 2026.**

The three divisions of our platform jointly organise this year's congress: Society of Minimally Invasive Gynaecology Surgery (MIJID), Society of Minimally Invasive Gynaecology Oncology (MIJOD), and Society of Robotic Gynaecology Surgery (RCJD).

The congress will feature a comprehensive educational programme, including cadaveric dissection courses, live surgery demonstrations, advanced technical panels, and hands-on workshops.



### The Ultimate Surgical Rehearsal: Cadaveric Dissection Sections

A vital component of both the congress programme; the cadaveric anatomy sessions, are scheduled as the opening session every morning. These sessions will focus on:

- A detailed review of pelvic anatomy, including urological, gynaecology, and oncologic regions
- Surgical planes vital for deep infiltrating endometriosis, gynaecology oncology operations and pelvic reconstructive procedures
- Port placement strategies, neurovascular safety margins, and step-by-step dissection techniques in both laparoscopic and robotic approaches
- Management strategies for intraoperative complications

### Real-Time Mastery: Live Surgical Sessions

Throughout the congress, multiple live surgical broadcasts will be conducted by both national and international faculty. The programme will feature:

- Robotic and laparoscopic total hysterectomy
- Robotic and laparoscopic myomectomy
- Advanced endometriosis surgery
- gynaecology oncology procedures, including sentinel lymph node mapping
- Hysteroscopic polypectomy and myomectomy
- Endoscopic urogynaecology procedures
- Endoscopic procedures utilising fluorescence-guided imaging systems

Each session will include real-time expert moderation on indications, surgical techniques, complication management, and evidence-based decision-making.



### Hands-On Courses:

- Dry lab laparoscopic suturing
- Wet lab for mastering advanced endoscopic surgery
- Introduction to robotic surgery
- Masterclass workshops in endometriosis, gynaecology oncology, hysteroscopy and ultrasound

### More Than Just Surgery

Industrial symposia focused on laparoscopic fundamentals, offering a step-by-step guide ranging from instrumentation to surgical execution.

### Minimally Invasive Surgery Certification Programme:

Established in 2018, TPMIGS developed a structured four-stage certification process to validate the skills of junior endoscopists in laparoscopic gynaecology surgery. The educational journey begins with the Annual Endoscopy Camp at Uludag University Campus in Bursa, progresses through wet-lab training and supervised on-site observation, and concludes with performing a surgical procedure under faculty supervision. Candidates who complete all four stages earn their certification at the Annual Congress.

The Eighth Congress of Minimally Invasive gynaecological Surgery will unite experts, trainees, and interdisciplinary teams to discuss recent advances, innovative technologies, and advanced surgical techniques. Through this congress, the Turkish Minimally Invasive Gynecology Platform reaffirms its commitment to strengthening international collaboration and promoting high-quality education in minimally invasive surgery.



# In Memoriam | Professor Jacques Hamou



It is with deep sadness that the European Society of Gynaecological Endoscopy pays tribute to Professor Jacques Hamou, whose passing marks the loss of one of the true pioneers of modern hysteroscopy.

The 1980s were years of extraordinary innovation in our field and it was during this time that Jacques Hamou's genius transformed hysteroscopy forever. A man of science, Jacques first studied mathematics and physics before turning to medicine. From the beginning of his medical career, he was fascinated by hysteroscopy. He travelled to the United States to learn the technique, but his vision reached beyond what was available at the time: he was driven by the conviction that this examination could – and should – be performed as an ambulatory procedure.

Returning to Paris, and drawing on his background in physics, Jacques began developing new instruments with the German innovator Karl Storz. Together, they created a hysteroscope that would revolutionise the field: the Hamou I microcolpohysteroscope, with a diameter of only 5 mm and four levels of magnification, up to 150x for cellular exploration. For the first time, gynaecologists could combine diagnosis and microsurgical precision in a minimally invasive way.

Jacques also refined techniques that became cornerstones of modern practice: the use of CO<sub>2</sub> as a distension medium and the oblique-view optic, which allowed full exploration of the uterine cavity by rotating the scope rather than causing painful lateral movements. These advances made true office hysteroscopy a reality – safer, gentler and more accessible.

His landmark book on hysteroscopy and microcolposcopy became the reference text for generations of physicians across the world – from Italy and Belgium to the UK, the Netherlands, the USA, India, and China. Through his writings, his teaching and his instruments, Jacques Hamou trained and inspired thousands of colleagues who carried his vision forward into daily practice.

Yet beyond his innovations, we remember Jacques for his generosity, curiosity and humanity. He possessed the enthusiasm of youth and it was a true joy to see him, even once a giant in our field, sitting in the front row as a student fully attentive to the talks and insights shared by fellows – a quiet eagerness to learn and to encourage that was perhaps his most beautiful lesson.

We feel deeply honoured to have enjoyed his friendship, learnt from his teaching and felt his unwavering support throughout our career. It is both moving and a privilege to write these words on behalf of the European Society of Gynaecological Endoscopy, an honour that we owe in large part to his mentorship, his spirit and the community he helped to build – a community that continues to thrive on the values he embodied.

His legacy lives on every time a hysteroscope is introduced in an outpatient clinic, every time a woman benefits from a safer and more compassionate approach to care and every time a colleague recalls his pioneering spirit.

On behalf of the ESGE community, we extend our deepest condolences to his family. We honour Jacques Hamou not only for his extraordinary contributions to gynaecology but also for the example of innovation, rigour, humility and kindness he set for us all.

May he rest in peace and may his memory continue to inspire the generations of surgeons and doctors who follow in his footsteps.

Grigoris Grimbizis  
Rudi Campo

Ertan Sarıdoğan  
Attilio Di Spiezio Sardo

On behalf of the European Society of Gynaecological Endoscopy and all the hysteroscopy fellows

# In Memoriam | Professor Marlies Bongers



Marlies Bongers studied medicine in Groningen and trained as a gynaecologist at the Free University and the Onze Lieve Vrouwe Gasthuis both in Amsterdam. In 1990, she became the first female consultant to join the gynaecology partnership at St. Joseph Hospital, the later Máxima Medical Center in the Eindhoven area. From there, she obtained her PhD on the subject of heavy menstrual bleeding. Marlies was highly driven to take menstrual complaints out of the taboo. She succeeded in persuading employers to create more space in the workplace for women suffering from menstrual symptoms. At the same time, she wrote together with Corien van Zweden the book *Biography of the Uterus*, with which they sought to reach all women experiencing menstrual problems. Marlies listened to these women and was creative in designing research to find solutions, always grounded in her clinical experience.

She was an excellent clinician and minimally invasive surgeon, and attached the greatest importance to a scientific approach to demonstrate the effectiveness and safety of procedures. She was a pioneer in the field of women's health, also training her residents in this domain. Until then, the field of benign gynaecology was not at the forefront of clinical scientific research, largely due to a lack of funding. This did not stop her from initiating research trajectories with many PhD candidates.

To finance this work, she established a foundation. In the Netherlands, she introduced the NovaSure technique and conducted research into various methods of global ablation. She was the driving force behind ambulatory hysteroscopy in the Netherlands, including the introduction of the vaginoscopic hysteroscopy and NovaSure under sedation and later using only so-called fundal anaesthesia.

Her efforts were recognised when she was appointed Professor of Benign Gynaecology. In 2015, she delivered her inaugural lecture entitled *The End of the Period*.

With her boundless energy and optimism, Marlies inspired many colleagues to collaborate with her and to engage in research. She had her group of "Murder Women"—a group of young researchers who regularly met at her home and, after a meal, discussed their research activities. The name "Murder Women" refers to a Dutch cartoon with the text "Menstruation kills". She was also greatly beloved abroad for her expertise, generous laugh, and inexhaustible energy. She served as a board member of the European Society for Gynaecological Endoscopy and editor of the *European Journal of Obstetrics and Gynaecology* and the journal *Facts, Views and Vision in ObGyn*.

With her research team, she delivered numerous presentations over the past 30 years at the annual meetings of ESGE and AAGL. From 2013 to 2017, she was a section editor of the *Nederlands Tijdschrift voor Geneeskunde*. She was rewarded the *Els Borst Lifetime Achievement Award* in 2022, and a year later, was appointed an Officer of the Order Orange-Nassau by Royal Decree as a "crowning achievement" of her work. Marlies is deeply missed by her PhD students and colleagues, many of whom also developed a close friendship with her. The prospect of a long and vital—cycling—life after her retirement was abruptly ended by a tragic accident. We express our deepest sympathy to her husband, children, grandchildren, and all who loved her.

Sebastiaan Veersema  
Andreas Thurkow

# In Memoriam | Dr. h. c. mult. Sybill Storz



We are deeply saddened to learn the passing of Dr. h. c. mult. Sybill Storz. With Sybill Storz, the world of medical technology has lost a passionate entrepreneur who always forged new paths with determination and great courage. With her passionate commitment and unerring eye for detail, Sybill Storz continuously developed the family business - Karl Storz - and turned it into the global company it is today. Dr. Sybill Storz was not only a passionate and successful entrepreneur, but above all, a woman with an unwavering commitment to responsibility, quality and human dignity. She was known for her sharp intellect, her ability to understand complex issues with clarity, and her rare gift of both providing direction and being close to others. Her vision was always underpinned by a deep sense of ethics, respect and solidarity.

Sybill Storz fought tirelessly to optimise medical technology in order to advance diagnostic and surgical medicine to the highest level. Without her commitment, the triumph of minimally invasive surgery around the world would not have been possible. In doing so, she never forgot that people must be at the centre of all innovations. Sybill Storz followed this conviction in her diverse philanthropic activities, above all with the Karl Storz Foundation, which she and her son Karl-Christian Storz founded in 2023.

We will sorely miss Sybill Storz – as an entrepreneur, as a visionary and as a person. We will always honour her memory. Her passing leaves a void that we feel intensely, but her influence lives on in the many lives she touched, the work she shaped and the values she embodied.

In saying goodbye, we also find a mission: to continue what she exemplified. To act with the same calmness, wisdom, and dignity. To give care and attention, as she did. And to approach life with the conviction that quality, humanity, and responsibility never go out of style.

Dr Sybill Storz, it is with deep admiration, silent gratitude and great respect that we bid you farewell.

Your work, your example and your spirit live on.

May your memory continue to inspire us.

Ertan Saridoğan, Diethelm Wallwiener, Sara Brucker, Rudi Campo and Grigoris Grimbizis, For the ESGE Community

## Noteworthy Articles

Florence Britton , Kyle Fleischer, Oscar Barnick

### **Improving efficacy and safety of surgery in benign gynaecology: the case for indocyanine green.**

**Mallick R, Kim B, Nouvel I.**

Facts Views Vis ObGyn. 2025;17(2):192-203. DOI: 10.52054/FVVO.2025.94

This article reviews ICG applications in gynaecology for non-malignant conditions, outlining key advantages, disadvantages, and practical guidance on preparation, safety, and administration. A must-read for anyone utilising this useful tool in their practice.



Florence Britton

### **Impact of definitive uterine artery occlusion on ovarian reserve markers in laparoscopic myomectomy: a randomised controlled trial with 2-year follow-up.**

**Streuli I, Ramey L, Silvestrini N, Petignat P, Dubuisson J.**

Hum Reprod. 2025;40(7):1305-1314. DOI: 10.1093/humrep/deaf070

This RCT compared ovarian reserve after laparoscopic myomectomy with or without definitive preventive uterine artery occlusion (UAO). UAO significantly reduced intraoperative blood loss, and serum AMH and AFC remained similar between groups over 24 months. The study suggests UAO can safely improve haemorrhage control without compromising long-term ovarian reserve.



Kyle Fleischer

### **Long-term gastrointestinal function outcomes of women undergoing nerve-vessel sparing segmental or full-thickness discoid resection for deep colorectal endometriosis.**

**Pashkunova D, Kurt ED, Hudelist T, Rath A, Bokor A, Hudelist G.**

Acta Obstet Gynecol Scand. 2025;104(8):1550-1557. DOI: 10.1111/aogs.15142

This prospective study of 92 women compared nerve-vessel sparing segmental resection (NVSSR) with full-thickness discoid resection (FTDR) for deep colorectal endometriosis over ~5 years. NVSSR was associated with a sustained reduction in bowel symptoms (LARS), whereas FTDR produced no significant change. Quality of life improved in both groups, suggesting durable benefit from surgery, with NVSSR offering better functional recovery.



Oscar Barnick

### **Quality of life 1 year after uterine artery embolization vs hysterectomy for symptomatic adenomyosis (QUESTA study).**

**Trommelen LM, Semmler A, de Bruijn AM, et al.**

Acta Obstet Gynecol Scand. 2025;104:1558-1574. DOI: 10.1111/aogs.15165

At 12 months, both UAE and hysterectomy markedly improved quality of life in women with adenomyosis. Although UAE did not meet the trial's non-inferiority margin, overall HRQOL scores were similar between groups, with hysterectomy offering slightly greater pain reduction. A valuable paper for anyone counselling patients on uterus-preserving options.

### **Utilizing Artificial Intelligence: Machine Learning Algorithms to Develop a Preoperative Endometriosis Prediction Model.**

**Snyder DL, Sidhom S, Chatham CE, et al.**

J Minim Invasive Gynecol. 2025 Sep;32(9):784-792.e12. DOI: 10.1016/j.jmig.2025.05.003

This study evaluated the application of machine learning algorithms in analysing clinical characteristics from more than 700 individuals with histologically confirmed endometriosis. The results indicated that the algorithm achieved an accuracy rate of 83% and the study also identified key clinical features predictive of endometriosis.

## **Bladder dysfunction after advanced pelvic surgeries: neuropelvic strategies for prevention and management.**

Aleksandrov A, Osorio F, Khazali S, Usta T, Lemos N, Rabischong B.

Facts Views Vis ObGyn. 2025;17(3):271–280. DOI:10.52054/FVVO.2025.237

This review discusses the pathophysiology, evaluation, and management of bladder dysfunction following advanced pelvic surgery and related diseases. It offers a comprehensive overview and recommendations for management.

## **Laparoscopic sclerotherapy for ovarian endometriomas during surgery for deep endometriosis: Outcomes of a 134 patient cohort.**

Crestani A, Merlot B, Goulard P, Huet C, Husson Z, Thomas D, Chanavaz-Lacheray I, Roman H.

International Journal of Gynecology and Obstetrics. 2025;171(1):431–437. DOI: 10.1002/ijgo.70201

This 134-patient cohort showed that ethanol sclerotherapy for large ovarian endometriomas, performed alongside deep endometriosis surgery, was safe and fertility-preserving. Although AMH dropped modestly post-operatively, pregnancy rates were encouraging (~56% by 24 months, up to 79% by 36 months), and recurrence remained relatively low. A useful alternative to cystectomy when ovarian reserve is a key concern.

## **Validation of a Saliva Micro-RNA Signature for Endometriosis.**

Bendifallah S, Roman H, Suisse S, et al.

NEJM Evidence. 2025;4:EVIDoa2400195. DOI:10.1056/EVIDoa2400195

This prospective, multicentre external-validation study confirmed that a saliva-based micro-RNA signature (derived in the earlier ENDOmiRNA study) discriminates women with endometriosis from controls with high accuracy – sensitivity ~97.3% and specificity ~94–95%. The findings support the potential of a simple, noninvasive saliva test to help triage and diagnose endometriosis, offering a promising alternative to diagnostic laparoscopy.

## **Uncovering Symptom-Lesion Associations Through Machine Learning.**

RS Santana, RDE Silva, RM Sátiro, HM Abrão, TP Rocha, F Milani, BT Caldeira, MS Abrão.

Journal of Minimally Invasive Gynecology. 2025;32(11):980–986. DOI: 10.1016/j.jmig.2025.08.005

This study uses machine learning to assess links between endometriosis symptoms and lesion location. Distinct patient profiles were found, indicating that symptom profiling could help predict disease location and guide surgery.

## **Fusobacterium nucleatum is not significantly present in eutopic endometrium from patients with minimal-mild and moderate-severe endometriosis.**

Graciano-España MC, Barnhart K, Gonzalez-Monfort M, Arenas-Barrero M, Legro RS, Thomas TR, Rush MA, Vilella F, Fernández-Sánchez M, Simon C.

Fertil Steril. 2025. DOI: 10.1016/j.fertnstert.2025.06.035

In this case-control study of 92 women, quantitative PCR showed no significant difference in the abundance of *Fusobacterium* spp. or *F. nucleatum* in eutopic endometrium between endometriosis patients (across severity grades) and controls. This suggests that, contrary to earlier hypotheses implicating *Fusobacterium* in disease pathogenesis, this bacterium likely has limited diagnostic or prognostic value for endometriosis.

## **Cesarean Scar Niche and Pelvic Pain: A Systematic Review and Meta-Analysis.**

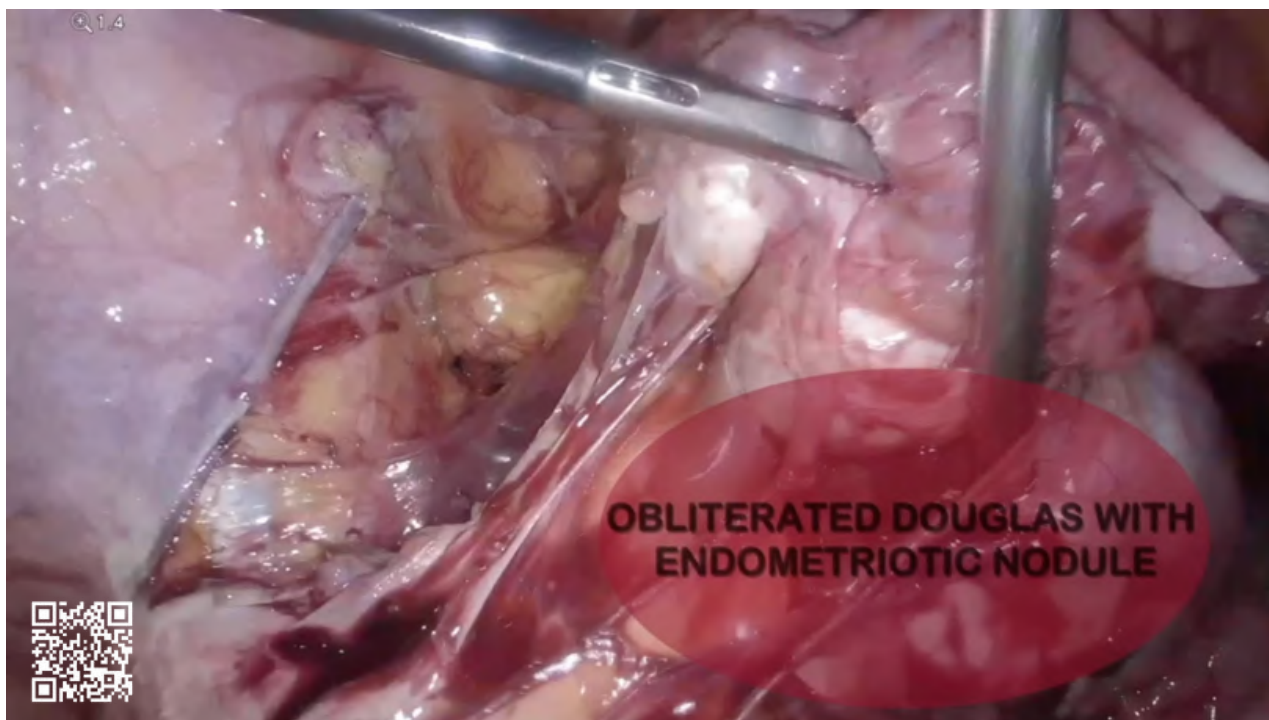
Min N, Thiel P, McGrattan M, Post Uiterweer E, Matelski J, Walsh C, Huirne J, Murji A.

J Minim Invasive Gynecol. 2025;32(12):1053–1061.e15. DOI: 10.1016/j.jmig.2025.07.006

This meta-analysis of 64 studies shows that a cesarean-scar niche is strongly associated with pelvic pain symptoms, including dysmenorrhea, dyspareunia and chronic pelvic pain. Both medical and surgical treatments were found to significantly reduce symptoms, reinforcing the niche as an important and treatable cause of post-cesarean pelvic pain.

# Images and Videos in Gynaecology

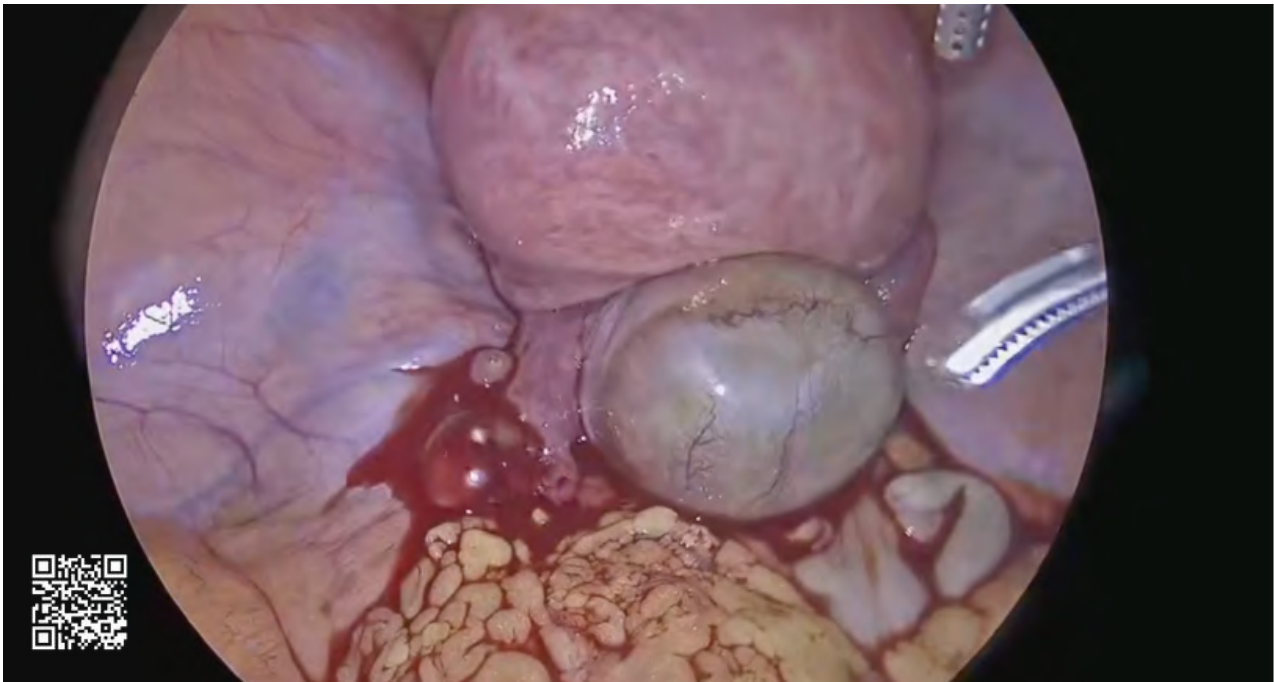
Oscar Barnick



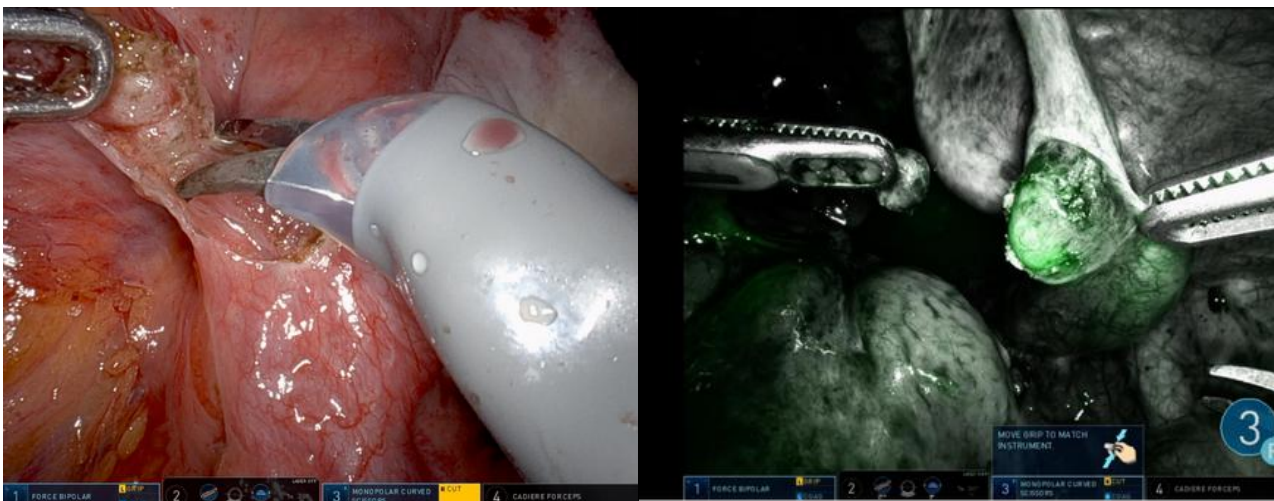
**Video 1:** Doğan NU, Ceylan SM, Bağcıoğlu E, Doğan S. Laparoscopic hysterectomy for deep infiltrating endometriosis: anterior colpotomy first technique. *Facts Views Vis ObGyn.* 2025 Sep 30;17(3):281-284. doi: 10.52054/FVVO.2025.59. Epub 2025 Sep 23.



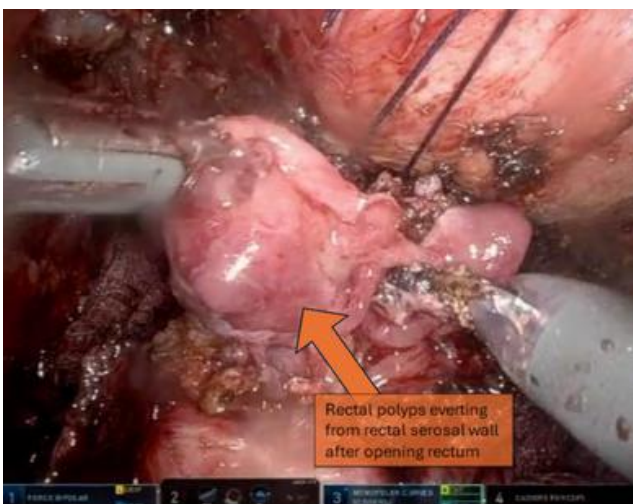
**Video 2:** Panico G, Mastrovito S, Arrigo D, Riccetti C, Campagna G, Scambia G. Laparoscopic management of presacral retroperitoneal haematoma after sacrocolpopexy. *Facts Views Vis ObGyn.* 2025 Sep 30;17(3):289-293. doi: 10.52054/FVVO.2025.33. Epub 2025 Jun 10.



**Video 3:** Chaul L, Carranco RC, Brozon AGS, Rosas EGR, Tavernier AM, Kondo W. Innovative laparoscopic technique for #ENZIAN C3 intestinal endometriotic nodule and concurrent uterine fibroids: NOSES. Facts Views Vis ObGyn. 2025 Sep 30;17(3):285-288. doi: 10.52054/FVVO.2025.46. Epub 2025 May 27.



**Figure 1 Part 1 and 2:** ICG-Guided Robotic Tubal Shaving for Deep Tubal Endometriosis - Utilising the Full Value of Robotic Precision. Image courtesy of Mr Shaheen Khazali



**Figure 2:** Unexpected Cauliflower-Like Rectal Polyps During Multidisciplinary Robotic Surgery For Deep Pelvic Endometriosis. Image courtesy of Mr Shaheen Khazali and Mr Ahmed Karim

## Upcoming ESGE Webinars



### **Management of Stress Urinary Incontinence by Slings: The End of an Era?**

**SIG:** Urogynaecology

**Chair:** Prof. Laurent de Landsheere



### **Isthmocele Associated Infertility: from Diagnosis to Management**

**SIG:** Reproductive Surgery

**Chair:** Prof. George Pados



### **Endoscopic Operations of Deep-infiltrating Endometriosis: Conventional or Robot-assisted**

**SIG:** Endometriosis

**Chair:** Prof. Harald Krentel



### **Mastering Pelvic Anatomy in MIGS: Insights, Challenges, and Surgical Landmarks**

**SIG:** Education and Training

**Chair:** Dr Lina Antoun



### **Unveiling Mullerian Anomalies: Advances in Hysteroscopic Diagnosis and Treatment**

**SIG:** Hysteroscopy

**Chair:** Dr Brunella Zizolfi



### **Diagnosis and Management of Complex Pelvic Organ Prolapse with Ano-rectal Disorders: The Importance of Collaboration with Colorectal Surgeons**

**SIG:** Urogynaecology

**Chair:** Prof. Laurent de Landsheere

# Future Events

## ESGE / AAGL Transatlantic Exchanges:

### Shaping the future of MIGS

**Date:** 24 January 2026

**Location:** Virtual Event

[Click for more info >>>](#)

## European Endometriosis League (EEL)

**Dates:** 23–25 April 2026

**Location:** Bologna, Italy

[Click for more info >>>](#)

## ESGE 35th Annual Congress

**Dates:** 4–7 October 2026

**Location:** Kraków, Poland

[Click for more info >>>](#)

## Endo Dubai

**Dates:** 5–7 February 2026

**Location:** Dubai, UAE

[Click for more info >>>](#)

## H-ART-US 2026

**Dates:** 27 April – 29 April 2026

**Location:** Rome, Italy

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## BSGE ASM 2026

**Dates:** 29 April – 1 May 2026

**Location:** London, UK

[Click for more info >>>](#)

## ASRM Scientific Congress & Expo

**Dates:** 24–28 October 2026

**Location:** Baltimore, USA

[Click for more info >>>](#)

## ESGO Annual Meeting

**Dates:** 26–28 February 2026

**Location:** Copenhagen, Denmark

[Click for more info >>>](#)

## SERGS Annual Meeting

**Dates:** 28–30 May 2026

**Location:** Stockholm, Sweden

[Click for more info >>>](#)

## AAGL Global Congress on MIGS

**Dates:** 13–16 November 2026

**Location:** Boston, USA

[Click for more info >>>](#)

## ESGE-ESE (Egyptian Endometriosis Society Meeting)

**Dates:** 28–29th March 2026

**Location:** Cairo, Egypt

[More info to follow >>>](#)

## IUGA / EUGA / IUGA Annual Meeting

**Dates:** 10–13 June 2026

**Location:** Rio de Janeiro, Brazil

[Click for more info >>>](#)

## RCOG World Congress

**Dates:** 22–24 April 2027

**Location:** Kuala Lumpur, Malaysia

[Click for more info >>>](#)

## GYNItaly

**Dates:** 7–10 April 2027

**Location:** Milan, Italy

[More info to follow >>>](#)

## ESHRE Annual Meeting

**Dates:** 5–8 July 2026

**Location:** London, UK

[Click for more info >>>](#)

## FIGO World Congress

**Dates:** 31 October – 5 November 2027

**Location:** Montréal, Canada

[Click for more info >>>](#)

## International IDEA & MUSA Congress

**Dates:** 9–11 April 2026

**Location:** Leuven, Belgium

[Click for more info >>>](#)

## ISUOG World Congress

**Dates:** 6–9 September 2026

**Location:** Dubai, UAE

[Click for more info >>>](#)

## APGE Annual Congress

**Dates:** 4–7 September 2026

**Location:** Bali, Indonesia

[Click for more info >>>](#)

# ESGE - Vision Editorial Team



**Shaheen Khazali**  
Editor



**Funlayo Odejinmi**  
Assistant Editor



**Oscar Barnick**  
Editorial Team



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Editorial Team



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## ESGE-VISION wants to represent the interests of Society members

Anyone who would like to share ideas for articles, interesting images or other items should submit them to the central office at [centraloffice@esge.org](mailto:centraloffice@esge.org)



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Diestsevest 43/0001 3000 Leuven, Belgium



+32 (0)16 629.629



+32 (0)16 629.639



[centraloffice@esge.org](mailto:centraloffice@esge.org)

[www.esge.org](http://www.esge.org)

