



UNIVERSITÀ
CATTOLICA
del Sacro Cuore

Surgery & Ultrasound

3rd Ultrasound in Deep Endometriosis

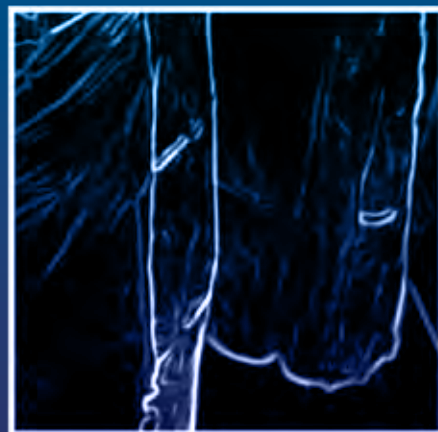
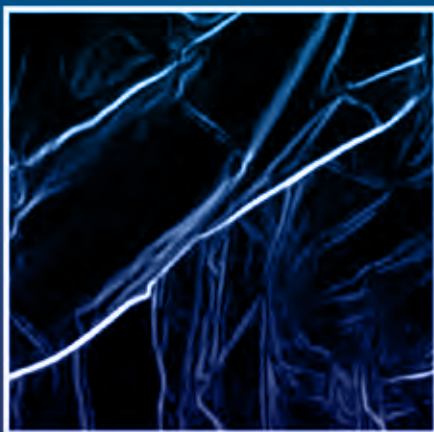
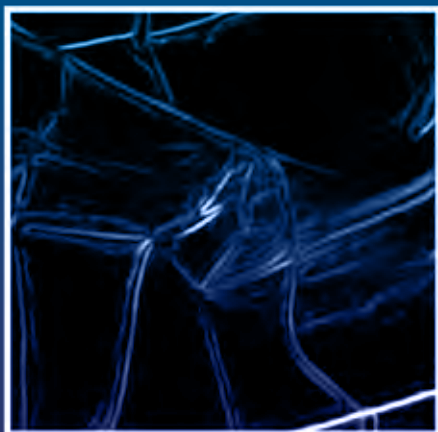
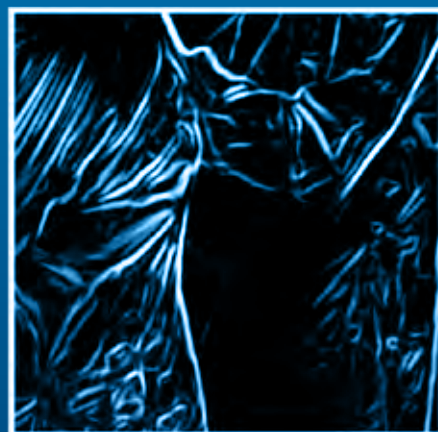
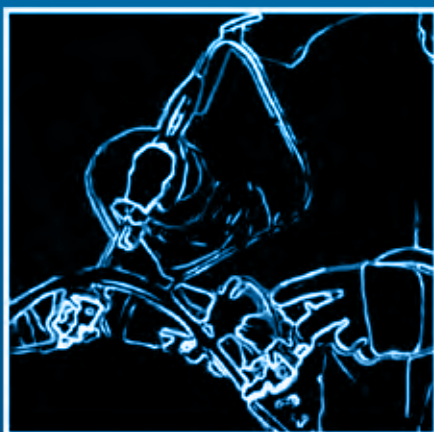
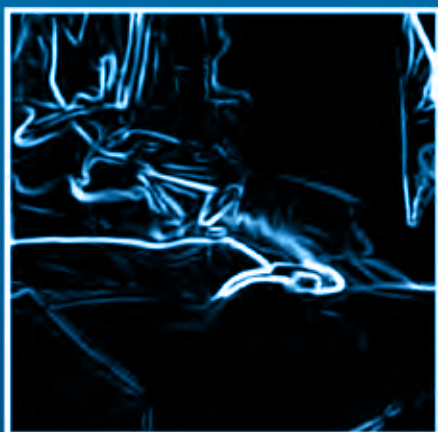


LAPAROSCOPIC 3D SURGERY

Policlinico Agostino Gemelli
Università Cattolica del Sacro Cuore

Gemelli

ENDOMETRIOSIS ROME 13th—14th JUN 2014



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Università Cattolica del Sacro Cuore

Gemelli



Cari colleghi e amici,

ho il piacere di presentarvi Surgery & Ultrasound, 3° Course "Ultrasound in Deep Endometriosis". I topics di questo corso sono stati elaborati in base ai feedback del questionario che ha coinvolto ginecologi, chirurghi, urologi e specializzandi.

SURGERY FOR ULTRASOUND

Il tema centrale di questo evento è la multimedialità della chirurgia con l'obiettivo di comprovare quanto l'innovazione tecnologica, laparoscopy 3D, sia un valido strumento di aiuto in una chirurgia così complessa come quella dell'endometriosi profonda. La chirurgia in diretta è un'opportunità per noi tutti di condividere questa tecnologia del futuro e quindi di sperimentare il futuro nel presente.

ULTRASOUND FOR SURGERY

La live ultrasound associata alla window laparoscopica è un modello innovativo-didattico che si basa sull'integrazione tra i landmarks anatomici-laparoscopici ed ecografici

OVARY DAMAGE FOR ENDOMETRIOMA SURGERY

"Spesso mi sono chiesto se arreco più danno all'ovaio con la chirurgia o l'endometriosi di per sé"

È ben noto a tutti che la chirurgia per le cisti ovariche endometriosiche, seppur non complessa, determini un danno alla riserva ovarica.

Le persone richiedono nuove idee, una mentalità corretta e un contesto condiviso per facilitare il trasferimento delle conoscenze. All'interno di questo corso c'è una proposta di ricerca collaborativa che spero possa coinvolgervi partecipando in "question time and stirring the debate".

Parlare oggi di endometriosi è sempre più difficile perché il trattamento diventa sempre più complesso sia da un punto di vista chirurgico, con le complicità intervento correlate, sia dal punto di vista della paziente che solo nel 12% dei casi trova un miglioramento nell'atto chirurgico.

Il condividere questo congresso è un'opportunità per noi tutti per arricchire le nostre conoscenze.

Enjoy the Cours and our eternal City!

Fiorenzo De Cicco Nardone

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Università Cattolica del Sacro Cuore

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Vered Eisemberg

Caterina Exacoustos

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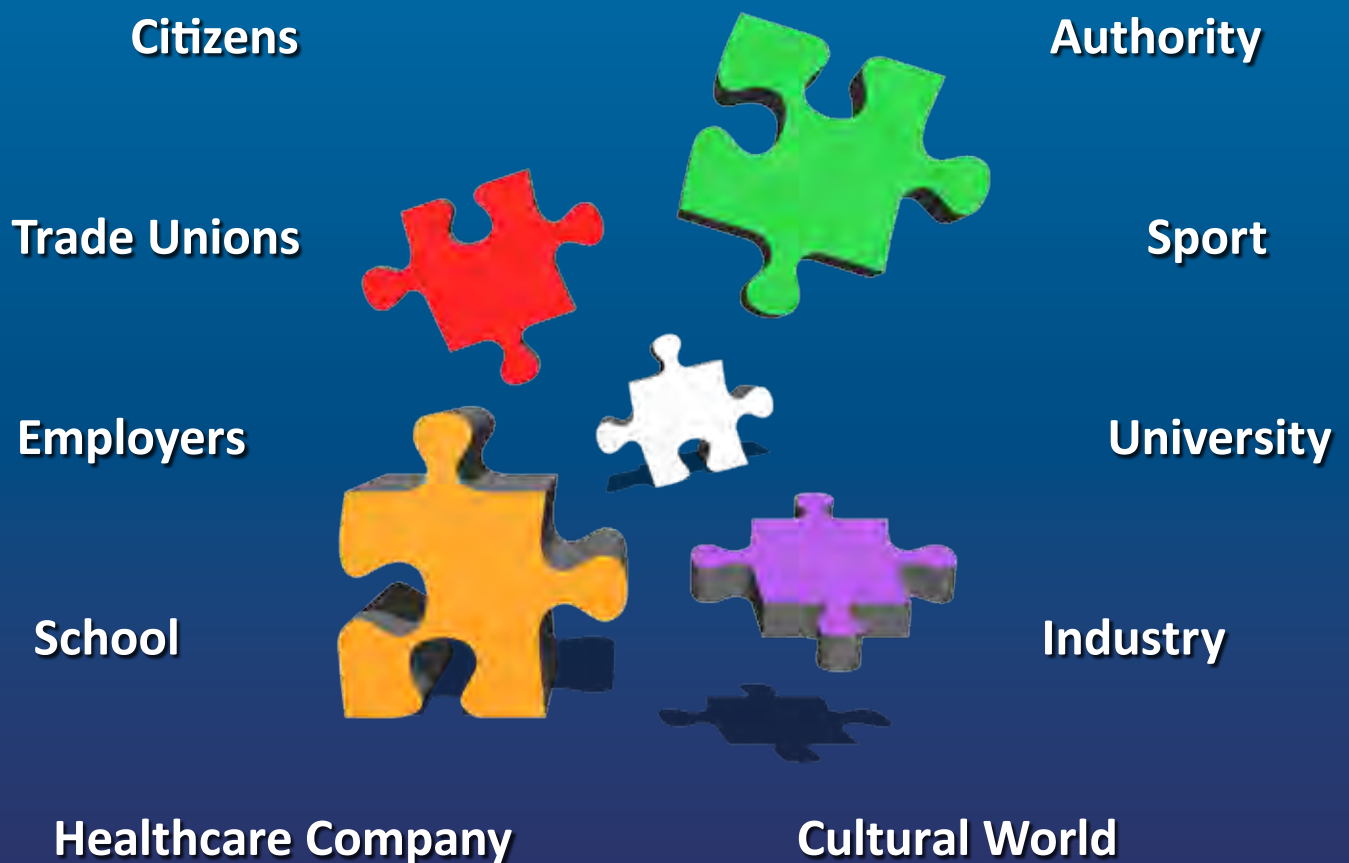
Deep endometriosis

“Quality of surgery, quality of life”

Role of partners in the construction of a task force to disclosure of endometriosis as a social disease

Task force

Social Work and Global Endometriosis Health



***Regional Agency
Prevention and Enviroment***

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DEEP ENDOMETRIOSIS

SURGERY & ULTRASOUND

PELVIC URETER AND BOWEL INVOLVEMENT

I SESSION 8.30-13.30

13 JUNE 2014 - **FRIDAY MORNING**

surgery for ultrasound

8.30

WELCOME

Prof. Rocco Bellantone – Preside della Facoltà di Medicina e Chirurgia, Università Cattolica del Sacro Cuore, Roma

Dott. Maurizio Guizzardi – Direttore Generale Policlinico Universitario “Agostino Gemelli”, Roma

Prof. Giovanni Scambia - Direttore Dipartimento per la Tutela della Salute della Donna, della Vita Nascente, del Bambino e dell’Adolescente

8.45

UP TO DATE

On. Beatrice Lorenzin

Ministro della Salute

Impegno delle Istituzioni per la realizzazione degli obiettivi di carattere prioritario e di rilievo nazionale

Con la partecipazione delle Associazioni delle Donne affette da Endometriosi: endometriosis.org, Associazione Italiana Endometriosi, Associazione Progetto Endometriosi, Arianne Onlus

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Preoperative Ultrasound evaluation:

- Anterior and Posterior compartment of the pelvis in deep endometriosis: bladder and ureter
Davor Jurkovic
- Posterior and Lateral compartment of the pelvis in deep endometriosis: bowel, rectovaginal space and the pelvic ureter
Piero Carfagna



Endometriosis and cancer: how should we consider this association

"The coexisting of pelvic endometriosis and ovarian epithelial cancer: clinical implication"

Giovanni Scambia
Italy

Anatomy and neuro- anatomy of the lateral compartment: hypogastric plexus. Surgical considerations for a nerve-sparing approach in deep endometriosis surgery

Philippe Koninckx
Belgium

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Board meeting with Team of Surgeons, Clinicians and Sonographers
During Real-Time Surgery, windows will be open on anatomy,
surgical procedures, related risk and new technologies



ADDING THE THIRD DIMENSION TO LAPAROSCOPY IN DEEP ENDOMETRIOSIS

Surgeons:

Fiorenzo De Cicco Nardone (Italy):

3D surgery of deep endometriosis: pelvic ureter and bowel involvement

Gernot Hudelist (Austria):

3D bowel resection in deep endometriosis of the rectum

LIVE FROM OPERATING ROOM



LAPAROSCOPIC SURGERY



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OPINION LEADER

L. ADAMYAN R. ANGIOLI A. CARUSO P. KONINCKX GB. SERRA

GB. Serra Advance care planning in deep endometriosis patients: legal issues

TOPICS OF DISCUSSION DURING LIVE SURGERY

Pelvic Anatomy, Ureteral and Bowel Involvement

SESSION COORDINATOR: A. USSIA

Surgeons Panel

A. Ercoli	Laparoscopic identification of pelvic nerves in patients with deep infiltrating endometriosis: feasibility and limits of nerve sparing approach
P. Litta	Deep endometriosis infiltrating the bladder: surgical management
D. Soriano	Laparoscopic ureteral reimplantation in gynaecological surgery
C. De Cicco	Laparoscopic conservative management of ureteral endometriosis
G. Ruffo	Bowel resection for deep endometriosis: new indication

SCIENTIFIC BOARD

S. Alfieri A. Antinori F. Barbieri A. Biondi A. Crucitti A. Fagotti F. Fanfani M. Guido L. Selvaggi
F. Pacelli R. Persiani MG. Porpora A. Rossetti R. Seracchioli S. Schettini

ULTRASOUND FOR SURGERY

MEDICAL SCHOOL COLLABORATIVE APPROACH

Ureteral lesions - Rectovaginal Nodules - Bowel lesions - Adenomyosis - Adhesions

A surgeon, a sonographer and a young trainee perform a collaborative-integrative methodology for performing transvaginal evaluation of the pelvic compartments in DIE patients. They provide a complete overview of the laparoscopic imaging of the lesions to support transvaginal ultrasound in the diagnosis of deep endometriosis.

Deep Endometriosis Centers Research Groups

Surgery model for ultrasound teaching:

provide an innovative practical approach to the deep endometriosis lesions by the integration of laparoscopic surgical imaging with live ultrasound

USE YOUR TABLET OR SMATPHONE FOR AN INTERACTIVE DISCUSSION

- Text messages are a great way for learners to submit questions to expert.
- Texting questions during the sessions is also a great way to create a virtual “parking lot” for questions
- You can create a list of three questions and the experts will answer during the session.
- Types to an expert prior to the start of a session. This method also provides you a great networking opportunity. Be prepared to share what you will learn from the experts with the other participants.
- Ask to the experts to jot down a problem or scenario relevant to the topic and bring it to the session. This pre-work activity provides a number of opportunities to further engage learners during the session

deep Endometriosis Ultrasound

14.30 – 14.50

KEYNOTE LECTURE

Deep endometriosis lesions and Ureteral Imaging
Assessment of urinary tract in women with endometriosis

Davor Jurkovic
London, Uk

15.00 – 18.30

LIVE ULTRASOUND SCAN

CONFERENCE BOARD
G. HUDELIST M. LUDOVISI A. TROPEA

OPINION LEADERS
R. ACHIRON S. HELMY D. JURKOVIC A. TESTA

SESSION COORDINATORS: Piero Carfagna - ultrasound

Carlo De Cicco – surgery

LOOK INSIDE

LOOK OUTSIDE

Case 1



Anastasia Ussia (Rome)
Laparoscopic evaluation of the anatomical distribution of DIE lesions



Tutor: Davor Jurkovic, UK Trainee: Francesca Moro (Rome)
Ultrasound mapping of pelvic endometriosis-multifocal lesion
TVS live scan

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Case 2



Carlo De Cicco (Rome)
Deep endometriotic lesion involving the ureter
Surgical Imaging



Tutor: P. Carfagna (Rome) Trainee: A. De Cicco (Rome)
TVUS anatomy of lateral pelvic wall and of the ureter
sonovaginography
TVS live scan

Case 3



David Soriano (Israel)
Laparoscopic evaluation of complete obliteration of the cul-de-sac
Surgical Imaging



Tutor: Vered Eisemberg (Israel)
Pelvic Adhesion: soft markers and sliding sign
TVS live scan

Case 4



Valentino Remorgida (Genoa)
Deep endometriosis involving the large bowel
Surgical Imaging



Tutor: G. Hudelist (Austria) Trainee: Samir Helmy (Austria)
TVS evaluation of infiltration depth in patients with DIE of the rectum
TVS live scan

Case 5



Antonio Setubal (Portugal)
Laparoscopic appearance of adenomyosis with and without DIE
Surgical Imaging



Tutor: A. Testa (Rome) Trainee: M. Ludovisi (Rome)
Transvaginal Ultrasound diagnostic criteria of Adenomyosis
TVS live scan

Case 6



Antonio Maiorana (Palermo)
Laparoscopic features of uterosacral ligament and landmark of rectovaginal space
Surgical Imaging



Tutor: E. Coccia (Florence) Trainee: C. Neri (Rome)
TV-US of the Uterosacral ligaments and rectovaginal septum
TVS live scan

Case 7



Elisabetta Garavaglia (Milan)
Identify and evaluate the extent of lesions in LPS surgery for colonrectal endometriosis
Surgical Imaging



Tutor: F. Leone (Milan) Trainee: D. Delprato (Milan)
Ultrasound characterization of rectal and rectosigmoid DIE
TVS live scan

Case 8



Stefano Angioni (Cagliari)
Deep endometriotic lesion involving the posterior vaginal fornix
Surgical Imaging



Piero Carfagna (Rome)
Usefull of TVS-sonovaginography in vaginal wall endometriosis
TVS live scan

Case 9



Laparoscopic imaging of focal and diffuse vesical endometriosis
Surgical Imaging



Endometriosis of the bladder: evidence by sonography
TVS live scan

Case 10



Laparoscopic endometriosis appearance of the anterior rectal wall
Surgical Imaging



"Tenderness guided" TVS in the diagnosis of recto-sigmoid endometriosis
TVS live scan

endometrioma and ovarian reserve

III SESSION 9.00-13.00

14 JUNE 2014 - SATURDAY MORNING

COOPETITION OCCURS WHEN RESEARCH GROUPS INTERACT WITH SAME SCIENTIFIC INTERESTS
WORKING TOGETHER EMPOWERING A COMPETITIVE ADVANTAGE.

THE FINAL SCIENTIFIC RESULTS OF COOPETITIVE RESEARCH ARE MORE INNOVATIVE
THAN WITHOUT INTERACTION

Coopetitive projects

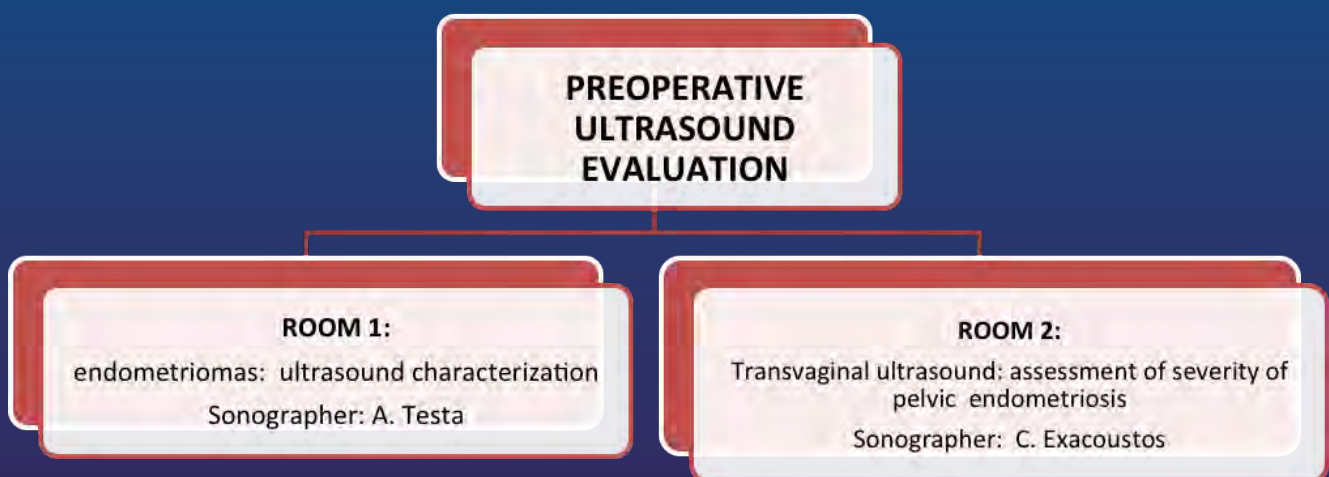
*...in fertility preservation options in women with endometriomas. Propose of coopetition research
on surgical treatment of endometriomas and preservation of ovarian reserve*

9.00-9.30 ULTRASOUND LIVE SCAN

FROM OPERATING ROOM

Preoperative Ultrasound evaluation:

- ultrasound characteristics of endometriomas A. Testa
- transvaginal ultrasound: assessment of severity of pelvic endometriosis C. Exacoustos



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PROOF OF CONCEPT

SCLEROTHERAPY DURING LAPAROSCOPY OF ENDOMETRIOMAS

NEW TECHNIQUE

Ultrasound guided aspiration and
sclerotherapy with ethanol:
sistematic review

C. Neri

Sclerotherapy during laparoscopy of
endometriomas with ethanol.

When, how, and why?

A. De Cicco



ROUND TABLE DISCUSSION

R. APA M. GUIDO D. ROMUALDI O. SIZZI E. SOMIGLIANA A. TESTA E. ZUPI

OPINION LEADER

S. CAMPO D. CASERTA D. JURKOVIC R. MARANA GB. MELIS L. MUZZI

OPEN DISCUSSION DURING LIVE SURGERY

Topics

fertility

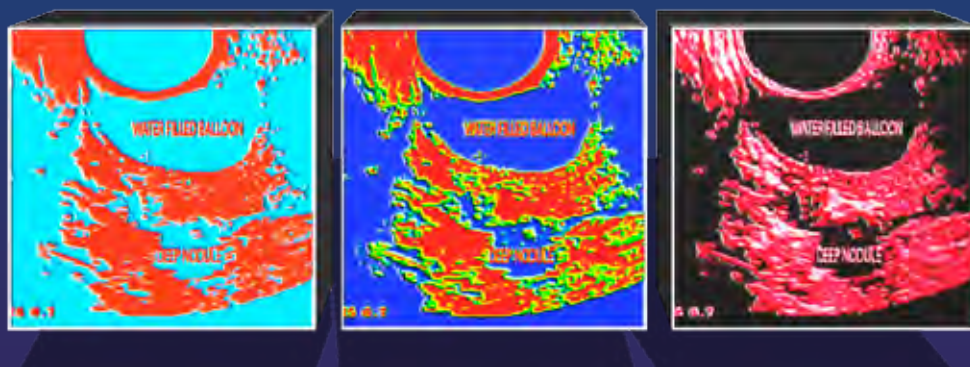
- ovarian endometriomas and oocyte quality
- fertility after endometrioma laparoscopic excision

surgical and medical therapy

- importance of surgical skill and experience in preventing ovarian damage
- does ovarian suspension following laparoscopic surgery for endometriosis reduce postoperative adhesions?

endometrioma and cancer

- sonographic pattern recognition of endometriomas mimicking ovarian cancer



Ovarian reserve and fertility
Riccardo Marana
Italy

Antral follicle count (AFC) vs AMH to evaluate ovarian reserve
after surgical excision of endometrioma

Ludovico Muzii
Italy



Stefano Guerriero (Cagliari)
Associated ovarian endometriomas as marker of severity of deep
endometriosis
TVS live scan

FOLLOW UP AFTER SCLEROTHERAPY OF ENDOMETRIOMA



25 YEARS OF ENDOMETRIOSIS

OVERVIEW

Lone Hummelshoj

England

OPEN MIND FOR THE FUTURE

Endometriosis "Anno Zero"

Surgery and ultrasound
schools

Fiorenzo De Cicco Nardone

Rome

Italy

**Our mission
is not the demonstration of a "big" technical difficulty,
but to give to everyone the opportunity to do it**



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note

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COOPETITION PROJECT PROOF OF CONCEPT

The knowledge, in a wider vision, is distributed among researchers. This means that a single investigator is rarely self-sufficient because the knowledge needs the develop of new ideas. In fact, for its success resources and capabilities have to be engaged in collaborative efforts with others.

Coopetition is a deliberate strategy of mixing cooperation and competition at different stages and in different areas, in order to achieve better individual and collective results .

One of the main objectives of researchers is to acquire as much knowledge as possible.

The coopetition is a “dyadic and paradoxical relationship that emerges when two or more researchers cooperate in some activities and, at the same time, compete with each other in other activities”.

Although several studies have indicated the importance of coopetition as a strategy for value creation, this concept is still poorly studied.

Even though the partners recognize the importance of collaboration with other group, it is difficult for them to catch the basic of the benefit of competition, that are based on their knowledge. This contradiction leads to the difficulty of the emergence and success of the projects

ENDOMETRIOMA AND OVARIAN RESERVE COOPETITIVE PROJECT PROPOSE OF COOPETITIVE RESEARCH

Building on evidence based medicine, our PROJECT wants to analyze the effects of a coopetitive approach on research and innovation.

Our challenge is
COLLABORATION & INNOVATION

Modes of collaboration have to be ranked according to their influence on innovation. In fact collaborations with universities have the largest influence, followed by collaborations with suppliers, then with customers, and finally with competitors.

Fiorenzo De Ciccio Nardone

www.deependometriosis.com

www.endometriosiprofonda.com

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