EAOGS Spring Meeting – 24 April 2010
Southend University Hospital, Southend

The spring meeting of the Society took place on Saturday 24th April 2010 at the Southend University Hospital, hosted by Venkat Raman and his colleagues.

Attenders
EAOGS Officers: Mr David Horwell, President, Mr Chris Goodfellow, Treasurer and Mr Hamed Al-Taher, Secretary
Members and visitors: Mr Andrew Prentice, Mr Paul Ashworth, Mrs Emma Azeem, Mr Robin Crawford, Mr Cheng Lee, Mr John Mellor, Mr Ed Neale, Mr Venkat Raman, Professor Robert Shaw, Miss Nidhi Tripathi, Dr Debbie Jennings, Mr Tim Pocock, Mr Khalil Razvi, Dr Oludare Adeyemi, Mr Ved Aggarwal, Mustafa Hassan Ahmed, Julia Alcide, Dr Reginald Anasiudo, Dr MT Bekhit, Dr Mukhri Binhamdan, Professor Kevin Dalton, Mr Mohamed Shaker El-Ghannam, Dr Deyaa Elsandabese, Dr Ketan Gajjar, Dr Sayanti Ghosh, Dr Neerja Gupta, Dr Rachana Gupta, Mr Malcolm Griffiths, Miss J Oman Justin, Mr Boon Lim, Mr Kim Lim, Dr Louay Louis, Dr Amita Mahendru, Dr Arava uma Mahesha, Dr Fozia Malik, Dr Radhika Padmagirison, Dr Vennila Palaniapan, Mr Costas Panayotidis, Dr Konstantinos Papadakis, Mr S Raajkumar, Dr Shahin Robati, Dr Mandeep Singh, Dr Nardeep Singh, Dr Fani Toneva, Dr Hilary Turnbull, Dr Gideon Verwoerd, Dr Nithya Viswanath, Dr Tint Tint Wai, Mrs Carol Wright, Dr Jasneem Yaqoob, Dr Sailaja Vuppu, Dr Munazza Siddiqi, Dr Hassan Rahma, Dr Manal Zayed, Aruna Muralidaam

Apologies for Absence:
Dr Catharine Bangham, Peter Brinsden, Geoffrey Budden, John Chalmers, Simon Crocker, Frances de Boer, Mr Peter Greenwood, Gerald Hackett, Brian Hackman, Mr Martin Lamb, Andrew Leather, Christoph Lees, Dr Jane MacDougall, Mr Shafi Mahmood, Dr Thomas Mathews, Mr Andrew Pozyczka, Mr Gareth Thomas, Jane Preston, David Rees, Sarah Reynolds, Robin Venn, Mr Ric Warren, Pensee W, Alison Wilson, Mayada Younis

BUSINESS MEETING

1. Welcome
The President, Mr David Horwell, welcomed the members.

2. Minutes of Previous Meeting:
The minutes of the previous meeting in Luton October 2009 were accepted as a true record.

3. Matters arising from the minutes:
The following were discussed:
   a. Joint meeting with BMOGS - see under item 7 below.
   b. Future Eastern Regional Training day jointly with EAOGS meetings: As detailed in previous Minutes, the Autumn EAOGS meetings will now be part of the Eastern Deanery training programme. The suggestion made at the time of the last meeting, that EAOGS meetings could also be a basis for a regional training programme for holders of established posts, required further work. No specific comments on this proposal had been received by Mr Horwell since that meeting.
c. Efforts to increase membership - members were encouraged to continue to recruit their new colleagues to membership of the Society.

4. Secretary’s Report – Hamed Al-Taheer
   a. Some changes have been made to improve the website.
   b. Units were invited to volunteer to host future meetings. The proportion of meetings to be held in Cambridge and Norwich should increase as these are both medical schools.

5. Treasurer’s Report – Chris Goodfellow
   a. In the absence of Mr Goodfellow, the accounts were presented. The Society’s bank account was noted to be in a very healthy condition with a balance of £8,420 at the end of March 2010.
   b. Officers meeting expenses: It was agreed that the Society should cover the Officers’ expenses incurred in holding their occasional administrative meetings.

6. EAOGS Bursaries:
   a. Registrars’ Bursary: There were no applications received from Trainees.
   b. Midwives’ Bursary: There was one application from Jane Barley, midwife in Kings Lynn, to attend and present a paper “Labour epidural analgesia and delivery outcomes in obesity” to the Obstetrics Anaesthesia meeting, Abu Dhabi. The application had been accepted.

7. Future Meetings:
   a. Autumn meeting - Kings Lynn 16 October 2010 - Joint Regional Training Session
   b. Spring meeting – 6-7 May 2011 Joint EAOGS and BMOGS meeting - venue to be decided.

8. Any other business:
   There was no other business.

SCIENTIFIC MEETING

MORNING SESSION
Chair - Dr DA Jennings, Consultant in O&G, Southend University Hospital

Diabetes in Pregnancy: How Good are the Guidelines?
Robert Fraser, Reader in O&G, University of Sheffield
Type I diabetes is increasing at a rate of 3% per annum in 1995-2004. Gestational diabetes is also increasing in frequency and in Sheffield the rate was 34/1000 births. The NICE guideline on diabetes in pregnancy was published in 2008 and the following points from the guideline were critically appraised: Periconceptional diabetes control in prevention of congenital malformations; Prevention of maternal hypoglycaemia; Prevention of fetal hyperinsulinaemia; Diagnosis and management of GDM and prevention of late stillbirth.

Joint Obstetrics / Haematology Clinic at a District General Hospital: Organisation and delivery of services - 12 months on
Venkat Raman, Consultant O&G, Southend University Hospital
There are many haematological complications associated with obstetrics, pregnancy and gynaecology, and unfortunately they often lead to significant morbidity or mortality for both mother and child. Based on recommendations relating to haematology in obstetrics from national bodies such as CNST and CEMACE, a joint Obstetrics/Haematology clinic was started in Southend in March 2009. The benefits of the clinic and difficulties in setting it up were discussed, together with the role of clinical nurse specialist and specialist midwife. The development of guidelines was reviewed.

Understanding or Misunderstanding Endometriosis
Professor Robert Shaw, Consultant in O&G, The Medical School, Royal Derby Hospital
Endometriosis within the pelvis develops from adherence and subsequent growth and development of fragments of endometrium due to retrograde menstruation. Despite the classical symptoms of the disease being reported in all the major textbooks over the years,
GPs and clinicians are not alerted to the presence of the disease early enough, with an average delay in diagnosis of 6½ years. Diagnosing endometriosis can be difficult because of the complex symptom pattern and the absence of clear physical signs and specific diagnostic tests. There is a wide spectrum of histological and morphological variation in endometriotic lesions with potential for differences in response to medical treatment. The presence of endometriosis is not always the cause of patients' problems as many women who have endometriosis are asymptomatic. Although we have made substantial progress in recognising the laparoscopic characteristics of the disease and laparoscopic surgical approaches have expanded, we still have high recurrence/persistence rates following both medical and surgical treatment. The challenges and the enigma of endometriosis continue.

Vaginal Hysterectomy with Early Discharge - 18 years’ personal experience
Mr C L Lee, Consultant in O&G, Southend University Hospital

Mr Lee described his vast experience of performing more than 1000 vaginal hysterectomies and salpingo-oophorectomies over 18 years. He discussed the feasibility of the operation, difficulties and failures, techniques and significant complications. The operation was performed for different indications (uterovaginal prolapse 26%, fibroids, adenomyosis, benign adnexal / ovarian masses and dysfunctional uterine bleeding 45%) under epidural or general anaesthesia. The mean uterine weight was 110g (45 - > 900g), blood loss 175 ml (75 - 1000 ml), operating time 55 min (41 - 180 min) and ovarian removal time 9 min (5 - 35 min). Complications include 5 ureteric injuries, 3 bladder injuries, 2 bowel injuries, 7 vault haematomas, 7 laparotomies for slipped ovarian pedicles and 16 procedures converted to laparotomy and abdominal hysterectomy. 80% of women were discharged home within 24 hours of operation.

AFTERNOON SESSION
Chair - Mr Khalil Razvi, Consultant in O&G, Southend University Hospital

Hypoactive Sexual Desire Disorders (HSDD) in Women
Miss Nidhi Tripathi, Consultant in O&G, Southend University Hospital

Miss Tripathi highlighted that although sexual wellbeing is relevant to the quality of life and health of a woman, sexual health problems remain infrequently enquired about, infrequently diagnosed and frequently untreated. She went on to describe the classification of female sexual dysfunction as: sexual desire disorder (hypoactive sexual desire disorder and sexual aversion disorder); sexual arousal disorder; orgasmic disorder; and sexual pain disorder (dyspareunia, vaginismus, and other causes). The role of HRT in postmenopausal HSDD was discussed; however this should be considered only after excluding psychosocial factors.

MRCOG Part II – Fact and Fable
Mr Ed Neale, Consultant in O&G, Bedford Hospital

Ed Neale reminded the members that the MRCOG exam sets the standards for UK consultants and specialists as well as being an internationally recognised qualification. The exam consists of 4 parts: MCQ which tests breadth of knowledge with true/false answers with no negative marking; EMQ which tests more depth and the ability to make logical deductions, making it more objective than SAQs; SAQ which tests depth of knowledge and ability to develop an argument plan; and OSCE which examines clinical application of the knowledge and which may include clinical scenarios and role play and preparatory stations. To pass the exam, the candidate doesn’t have to pass each written paper individually, but they must be passed aggregate, and also doesn’t have to pass each OSCE station individually. The exam standards setting aimed at reasonable ST5 level. On average 20-25% of candidates reach the OSCE, of whom 75-80% pass it, making an overall pass rate of 15-20%. This has been constant over the last 22 years!
Enhanced Recovery Partnership Programme: helping patients to get better sooner following gynaecological surgery
Robin Crawford, Consultant Gynaecological Oncologist, Addenbrookes Hospital Cambridge
Enhanced Recovery Partnership Programmes (ERPs), often referred to as Rapid or Accelerated Recovery, are evidence-based approaches to care, designed for patients before during and after surgery to reduce the physical impact of surgery, leading to a faster recovery. This multimodal approach leads to improved patient experience, better clinical outcomes, improved staff experience, reduced lengths of stay and increases in patients treated or fewer resources used. The process starts before admission and continues throughout the stay in hospital and then after discharge.

Gynaecological Oncology Clinical Nurse Specialist - The present and the future in nurse led clinics
Emma Azeem, Oncology Clinical Nurse Specialist, Southend University Hospital
The role of specialist nurses has evolved over the last few years. Nurse led follow-up is used as an alternative to medical follow-up to decrease workload in outpatients clinics. Emma discussed the development of nurse led clinics, highlighting the personal qualifications and the role of the oncology specialist nurse. She explained some nurse-led activities e.g. telephone triage, treatment review, follow up of pelvic radiotherapy, empowering patients and teaching coping mechanisms. A randomised study of 49 patients comparing satisfaction with follow up led by a trained cancer nurse versus conventional medical follow up showed preference for, and satisfaction with, nurse led clinics.

Worlds Apart – An eye opening elective in Papua New Guinea
Paul Ashworth, Medical Student, University of East Anglia, Norwich
Paul thanked the EAOGS for the bursary that had enabled him to visit Papua New Guinea where he had a memorable elective and had gained hands-on experience. He mainly worked in the rural Wewak General Hospital O&G Department where he encountered high-risk pregnancies, domestic violence, witchcraft and a maternal mortality rate of 7:1000. Paul also worked in Port Moresby Hospital which is a larger unit in a very rough urban area with lack of equipment and a high prevalence of sexually transmitted diseases and HIV.

Registrar presentations

Audit of two-week wait referral for postmenopausal bleeding and role of outpatient hysteroscopy
Dr Ketan Gajjar, SpR, Southend Hospital
All NHS-suspected cancers should be seen within 2 weeks of referral and are referred under government guidelines (Health Service Circular 205; HSC 205). A retrospective audit over a 3-month period was carried out to determine appropriateness of referral, to determine adherence to standards set by improving outcomes in gynaecological cancers guidance and to check cost effectiveness of current practice at Southend. The results of this audit were very satisfactory.

An undiagnosed case of Caesarean Section Scar Pregnancy
Dr Sayanti Ghosh, SpR, Ealing Hospital
Dr Ghosh presented a case of a 36 year old para 3+0 undergoing planned surgical termination of pregnancy at 14 weeks gestation. The patient started bleeding heavily after 400mcg misoprostol was taken orally for cervical preparation. She was transferred to King’s College Hospital and within 4 hours she became tachycardic and hypotensive with Hb of 6g/dl. Urgent laparotomy was performed and the gestation sac was found in the anterior part of the uterine isthmus with an empty uterine cavity. The incidence of caesarean scar pregnancy is increasing with the rising number of CS over the last 30 years. The diagnosis may be made by ultrasound with Doppler to identify the peritrophoblastic type of blood flow. Management options are expectant, medical or surgical.
**Exercise and Alcohol - Not All Good, Not All Bad**  
**John Mellor, Locum Consultant Physician, Day Assessment Unit, Southend University Hospital**

Dr Mellor gave a fascinating talk highlighting the public perception of the benefits and risks of alcohol and exercise. Inactivity increases stroke three-fold and CHD two-fold. Socioeconomic factors such as sex, age and race also play a role in practising exercise. Dr Mellor discussed the effect of habitual exercise on the risk of sudden death during exercise. He went on to discuss the French Mediterranean paradox and he showed some data that the low CHD mortality rates there are similar to those in Japan or China, while the high saturated fat intake and serum cholesterol are equal to those of the UK and USA. He finished the talk with a quote by Thomas Jefferson "I think it is a great error to consider a heavy tax on wines as a luxury: on the contrary it is a tax on the health of our citizens".

**Close of meeting**

The President drew the meeting to a close by thanking the speakers and members. Special thanks were also given to the pharmaceutical companies for their generous contributions in providing sponsorship for the scientific meeting.

**Dinner**

To conclude the day, the Society Dinner was held at the Ocean Beach Restaurant, an excellent location on the Eastern Esplanade, with aperitifs and dessert served on the decking overlooking the beach and sea.

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Hamed Al-Taher  
Hon Sec EAOGS