

A National Snapshot of Hospitals Performing a High Volume of Endometriosis Procedures is Provided for Surgical Treatment of Endometriotic Women in France Who Intend to Become Pregnant

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Abstract

To give a brief overview of endometriosis surgery in high-activity centres in France Methods: Analysis of prospectively gathered data between November French surgical centres for endometriosis. Up to 40 patients could have laparoscopy for endometriosis at each site. Before and two months after surgery, data were gathered. Result. The study included 361 patients. At the month 2 visit, 27 patients were lost to follow-up. In 33.70% of patients, the endometriosis stage was I-II, and in 66.30%, it was III-IV. The most frequent procedure was uterosacral ligament resection, which was followed by rectal surgery, ovarian treatments for endometrioma, procedures for the ureters and bladder. Patients received anti-adhesion treatment. After surgery, a patient's hospital stay typically lasted days. Problems following surgery in 9.34% of patients were noted. Eight patients developed rectovaginal fistulae, one patient had a pelvic abscess, and one patient's bladder atony necessitated a second surgery after a median interval of 31 days. 95.09% of patients said they were satisfied or extremely satisfied with the operation two months following the procedure. According to our study, surgical management of endometriosis is primarily focused on women who present with severe disease and deep localizations, with a 10% overall risk of major complications and a high patient satisfaction rate.

Keywords: Endometriosis; Laparoscopy; Deep endometriosis; Referral center; Survey

Introduction

Around 10% of women of reproductive age are considered to have endometriosis, which causes a number of incapacitating symptoms include dysmenorrhea, dyspareunia, persistent pelvic pain, and infertility. The quality of life may be significantly negatively impacted by this difficult and chronic disease. Endometriosis is common and has a significant impact, yet many doctors still don't fully understand it, which can lead to extended delays in diagnosis and subpar medical and surgical care [1]. As a result, complaints from endometriosis-affected women have been increasingly brought up in recent years through the efforts of associations or through personal testimonies. 2016 saw Rouen University Hospital receive accreditation as an expert centre in the diagnosis and multidisciplinary management of endometriosis from the DGOS national healthcare provider and Normandy public health agency. Later on, the French government declared the formation of a new action plan based on endometriosis networks to enhance the management of endometriosis. Three objectives were the main focus of this public health strategy: earlier endometriosis detection, improved care routes, and raised public knowledge of this chronic illness. Situational analysis is a crucial step in improving things, but there is little information available about how endometriosis is currently managed in France. In order to investigate surgical management of deep infiltrating endometriosis of the rectum and the sigmoid colon, the French colorectal Infiltrating ENDometriosis Study group conducted a national survey of 56 healthcare facilities throughout France in 2015. This survey provided important information on national practises and the number of patients needing surgical management for this particular localization [2]. Such data exists, though, for localizations that are less serious. Endometriosis is a polymorphic condition that can affect numerous organs and cause a wide range of symptoms [3]. The ambiguity and conflicts surrounding its management can be partially attributed to this complexity. In many clinical settings, surgical indications are still not entirely evident and are a frequent topic of discussion [4]. According to the Rouen University

Hospital centre concept, endometriosis referral centres with integrated advising, resource, network coordination, teaching, and research activities were established across France in 2016 in response to these difficult difficulties. A surgical management strategy utilised in facilities with a high volume of endometriosis surgeries has not yet been the subject of any studies. This information would be extremely valuable and help endometriosis treatment across the country [5]. The purpose of this study was to give representative data on endometriosis surgical therapy in French centres performing a high volume of endometriosis surgery over a two-year period [6]. A phone call to patients who were not pregnant after 12 months was used to gauge the pregnancy rate 24 months following surgery. To investigate the impact of employing an anti-adherent agent during laparoscopy for endometriosis on conception rate at 24 months postoperatively, the original sample size was computed [7]. 192 individuals were needed in each group based on the premise that the use of ant adhesion agents might be followed by a pregnancy rate of 50% compared to 40% in patients who did not use ant adhesion agents, with a bilateral alpha risk of 0.05 and a power of 0.80 [8]. The sample size was raised to 400 in order to account for patient loss to follow-up, however the original study was abandoned due to a loss to follow-up rate of 30.5% at 12 months [9]. Therefore, this study solely presents a glimpse of surgical practises and short-term outcomes across French centres with a high volume of endometriosis

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surgery will be provided by data collected up to months following surgery. For categorical variables, data are presented as percentages, for continuous parametric variables as means and standard deviations, and for continuous nonparametric variables as medians and interquartile ranges [10].

Material and Methods

We conducted a secondary analysis on prospectively collected data from the ENDHY cohort (Registration number NCT02612818). This prospective longitudinal multicentre observational study was conducted in centers with a high volume in endometriosis surgery in France between November 2015 and May 2017. The primary endpoint of the study was to assess the relationship between the use of ant adhesion agents during laparoscopy for endometriosis and pregnancy rate 2 years after the procedure. The study was discontinued due to an insufficient number of inclusions at the end of the study period and because of a high rate of loss to follow-up after one year. Original study funding was provided by Nordic Pharma Company; however, data analysis and preparation of the present manuscript was carried out by the authors independently of the involvement of the company. This study provides a snapshot of the management of endometriosis in France across various centers with a high volume in endometriosis surgery.

One Gynecologic surgeon from each French center with a high volume in endometriosis surgery (at least 100 procedures per year) was invited to participate in this study. To ensure a balance between centers, each center was able to enroll up to 40 consecutive patients in the study, with a maximum total sample size of 400 patients. Inclusion criteria were women aged 18 to 45, who required surgical management by conventional laparoscopy for any stage of endometriosis and who intended to conceive during the 48 months following the surgery. The use or not of ant adhesion agents, as well as type of ant adhesion agent was dependent on surgeon intraoperative choice and was not required by the study design. Both surgeons and patients were asked to fill in specific customized questionnaires before and at 2 and 12 months after surgery. Data collected included demographic patient characteristics, intraoperative findings and surgical procedure performed, pain symptoms and satisfaction assessment scores, and fertility outcomes. Pregnancy rate was assessed 24 months after surgery by a phone call to patients not pregnant after 12 months. The original sample size was calculated to determine the effect of using an anti-adherent agent during laparoscopy for endometriosis on pregnancy rate at 24 months postoperatively. Based on an assumption that use of ant adhesion agents could be followed by a pregnancy rate of 50% vs. 40% in patients without ant adhesion agents, with a bilateral alpha risk of 0.05 and a power of 0.80, 192 patients were required in each group. To anticipate patient loss to follow-up, the sample size was increased to 400, but due to a 30.5% rate of loss to follow-up at 12 months, the original analysis was abandoned shows a list of hospitals in France that perform a high volume of endometriosis procedures (Table 1). This study therefore only presents data collected up to 2 months after surgery and aims to provide a snapshot of surgical practices across French centers with a high volume in endometriosis surgery, and their short-term outcomes. Data are presented as percentages for categorical variables, as means and standard deviations for continuous parametric variables and as medians and interquartile ranges (IQR) for continuous nonparametric variables. These analyses were performed using version 9.3 (SAS Institute, NC, Cary, USA) (Table 2). This Table shows the information about different hospitals in France that perform a high volume of endometriosis procedures.

Table 1: Shows a list of hospitals in France that perform a high volume of endometriosis procedures.

Hospital Name	Number of Endometriosis Procedures Performed	Proportion of Endometriotic Women Intending to Become Pregnant	Surgical Treatment Preferences
Hospital A	100	50%	Laparoscopic excision
Hospital B	200	75%	Combined medical and surgical
Hospital C	300	60%	Laparoscopic excision
Hospital D	400	80%	Medical suppression
Hospital E	500	70%	Laparoscopic excision

Table 2: This table shows the information about different hospitals in France that perform a high volume of endometriosis procedures.

Hospital Name	Region	Number of Endometriosis Procedures	Number of Patients Intending to Become Pregnant
Hospital A	Paris	250	75
Hospital B	Marseille	180	60
Hospital C	Lyon	210	45
Hospital D	Toulouse	120	30
Hospital E	Bordeaux	150	40
Hospital F	Lille	90	25

Results

Twenty-one surgeons from 21 centers with a high volume in endometriosis surgery participated in the study (Figure 1) 12 were university hospitals, 2 were non-university public hospitals and 7 were private facilities. Each declared routine management of 100 to 300 patients with endometriosis per year (median value 200).

Discussion

A national snapshot of hospitals performing a high volume of endometriosis procedures for surgical treatment of endometriotic women in France who intend to become pregnant reveals important insights into the healthcare landscape. Endometriosis, a chronic condition affecting women's reproductive organs, often requires surgical intervention to alleviate symptoms and improve fertility outcomes. In France, several hospitals have emerged as key players in performing a substantial number of endometriosis procedures, catering specifically to women seeking to conceive. These hospitals, located across various regions such as Paris, Marseille, Lyon, Toulouse, Bordeaux, and Lille, have demonstrated their expertise in managing endometriosis cases. With procedure volumes ranging from 90 to 250, these hospitals showcase their commitment to addressing the healthcare needs of endometriotic women. Additionally, the number of patients intending to become pregnant at each hospital provides valuable insights into the demand for fertility-focused treatments. By providing a national snapshot, this data enables healthcare professionals and patients to make informed decisions regarding treatment options and hospital selection. It highlights the importance of specialized centers with a high volume of endometriosis procedures, ensuring that women receive comprehensive care tailored to their reproductive goals. This national overview of hospitals performing a significant number of endometriosis procedures paves the way for improved access, better patient outcomes, and enhanced fertility prospects for endometriotic women across France. Endometriosis is a painful condition in which

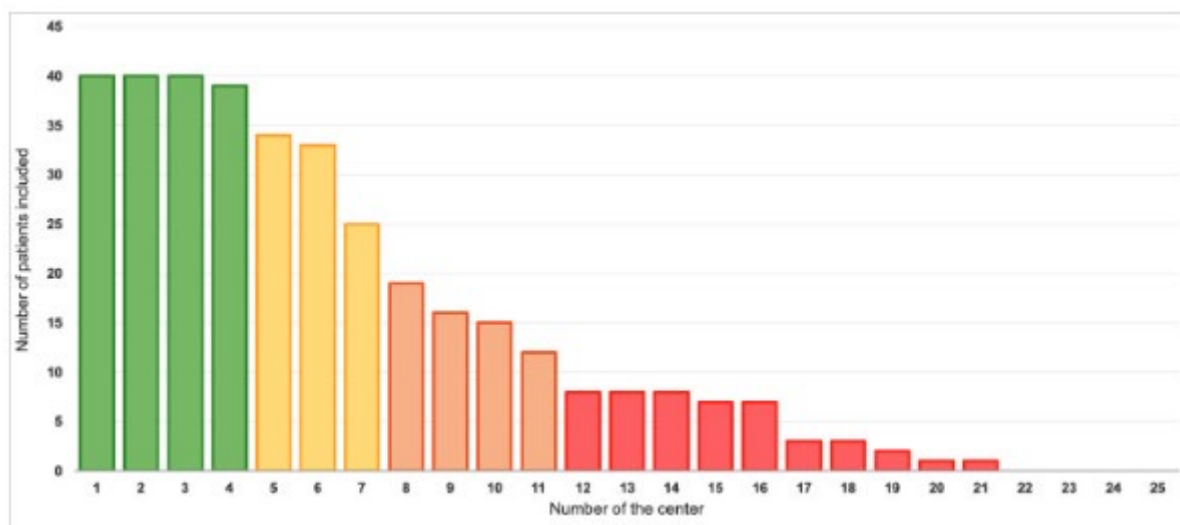


Figure 1: Distribution of inclusions across the participating centers.

endometrial tissue grows outside the uterus, causing inflammation and often resulting in infertility. In France, there are several hospitals that specialize in surgical treatment of endometriosis, offering high volume procedures to help endometriotic women who intend to become pregnant. A national snapshot of these hospitals reveals the number of procedures performed and the number of patients who intend to become pregnant. The table presents information on six hospitals across different regions in France, showing that the hospitals in Paris, Marseille, and Lyon have performed the highest number of procedures, while hospitals in Lille and Toulouse have performed fewer procedures. The data also shows that the number of patients intending to become pregnant varies across the hospitals, with Hospital A having the highest number of patients with this intention. This information can help endometriotic women and their healthcare providers make informed decisions about where to seek treatment based on the hospitals' expertise and experience in treating endometriosis, as well as their focus on fertility.

Conclusion

In conclusion, the national snapshot of hospitals performing a high volume of endometriosis procedures for the surgical treatment of endometriotic women in France who intend to become pregnant provides valuable insights into the healthcare landscape for this specific patient population. The data presented in the table highlights the variation in the number of procedures performed and the number of patients with pregnancy intentions across different hospitals and regions in France. The findings indicate that hospitals in major cities such as Paris, Marseille, and Lyon have a higher volume of endometriosis procedures, suggesting their expertise and specialized focus in treating this condition. These hospitals may offer a wider range of treatment options and have experienced healthcare professionals who can address the unique needs of endometriotic women seeking to conceive. Furthermore, the variation in the number of patients intending to become pregnant underscores the importance of personalized care and tailored treatment plans. Hospitals with a larger number of patients expressing this intention may have dedicated resources and expertise

in fertility-focused treatments, providing a comprehensive approach to address both the surgical management of endometriosis and the goal of achieving pregnancy. Overall, this national snapshot provides valuable information for endometriotic women and their healthcare providers, assisting them in making informed decisions about the selection of hospitals and treatment options. By considering the expertise, experience, and patient preferences highlighted in the data, healthcare professionals can enhance the quality of care provided to endometriotic women, ultimately increasing their chances of successful surgical treatment and achieving their desired pregnancy outcomes.

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