



QoL ASSESSMENT FOLLOWING SURGICAL TREATMENT FOR BOWEL ENDOMETRIOSIS: RESULTS FROM A TERTIARY-CENTRE

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Introduction

- Endometriosis is common amongst women of reproductive age in the UK, affecting 10% of women nationally (1).
- 3-37% of patients have bowel endometriosis (2).
- In this subgroup, the European Society of Human Reproduction and Embryology (ESHRE) advises **surgical-management of endometriosis, to reduce endometriosis-associated pain and improve QoL** (ESHRE.ENDO.29) (3, 4)

Aim

To evaluate whether surgical treatment for bowel endometriosis improves patient quality of life (QoL)

Methods

Study Type: Audit

Location: Birmingham Women's Hospital

Data Collection Tool: BSGE database for Endometriosis at the Birmingham Women's Hospital

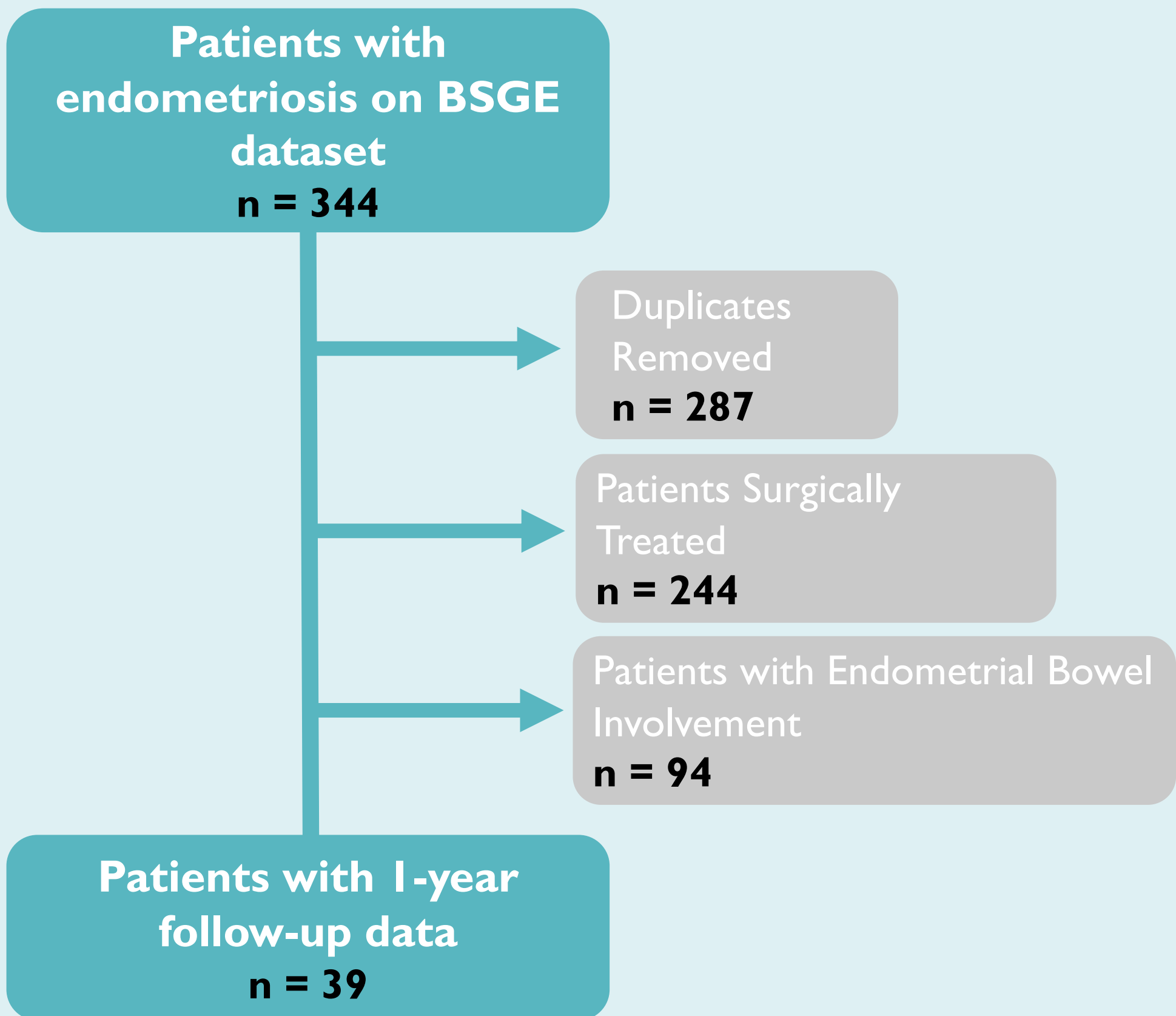
Population: Patients surgically treated for bowel endometriosis

Time Period: Patients surgically treated between December 2016 to November 2021

Type of Data Collected: Age;Weight; BMI; Smoking Status;Attempting to conceive; Bowel Symptoms according to EQ5 Score at initial consultation; EQVAS scale domain ratings (usual activity, mobility, pain/discomfort, self-care, anxiety/depression) at initial consultation, 6-month follow-up, 1-year follow-up and 2-year follow-up; length of stay at hospital; intra- & post-operative complications

Analysis: Data coded using Microsoft Excel and analysed using Grapher

Results



▲ **Figure 1:** Flowchart Showing Patient Selection for Audit

▼ **Table 1:** Patient Demographics; Baseline & 1-Year Follow-up

Demographic	Patients	
	Initial	1-Year
Mean Age, Years (±SD)	36.1 (±6.50)	-
Mean Weight, Kg	68.5 (±15.8)	-
Mean BMI, kg/m ²	25.3 (±4.9)	25.1 (±5.2)
Smoking Status, n(%)		
Current Smoker	8 (20.5)	5 (12.8)
Ex-Smoker	6 (15.4)	10 (25.6)
Never Smoked	25 (64.1)	24 (61.5)
Attempting to Conceive, n(%)		
Yes – More than 18 months	6 (15.4)	-
Yes – Less than 18 months	4 (10.3)	-
No	29 (74.4)	-
Previous Surgical Treatment, n(%)	29 (74.4)	-

EQVAS Rating	Subcategory	Initial	1-Year Follow-Up
Overall Score	Out of 100	52.3	66.5
Domain		n (%)	
Usual Activities	No problems	15 (38.5)	23(59.0)
	Some problems	21 (53.9)	14 (35.9)
	Unable to perform	3 (7.69)	2 (5.13)
Mobility	No problems	28 (71.8)	29 (74.4)
	Some problems	10 (25.6)	9 (23.1)
	Confined to bed	1 (2.56)	1 (2.56)
Self-care	No problems	37 (94.9)	37 (94.9)
	Some problems	2 (5.13)	2 (5.13)
	Unable to wash	0 (0)	0 (0)
Pain/ Discomfort	No pain	3 (7.69)	9 (23.1)
	Moderate pain	28 (71.8)	24 (61.5)
	Extreme pain	8 (20.5)	6 (15.4)
Anxiety/ Depression	Not anxious	21 (53.8)	21 (53.8)
	Moderately anxious	14 (35.9)	15 (38.5)
	Extremely anxious	4 (10.3)	3 (7.7)

▲ **Table 2:** Patient EQVAS Scores

▼ **Table 3:** Intra- and Peri-Operative Considerations

Complications	Patients, n (%)
Peri-operative	0 (0)
Late complications	0 (0)
Average Length of Stay In Hospital (days)	
0	1 (2.56)
1	19 (48.7)
2	13 (33.3)
3	5 (12.8)
Unknown	1 (2.56)

Discussion

- 89.7% of eligible patients underwent bowel shaving during the audited period, indicating that ESHRE guidelines are being adhered to.
- Surgical management of bowel endometriosis has a **statistically significant improvement on QoL** (p<0.01).This was most prominent in the domains of 'usual activities' and 'pain'.
- An area identified for improvement is documentation of 1-year follow-up visits; less than half (41.5%) of all treated patients had follow-up data available. This could be improved by using electronic proformas with prompts (5).

Conclusion & Recommendations

Adherence to ESHRE guidelines at Birmingham Women's Hospital was satisfactory, however improvements need to be made to documentation of 1-year follow-up data.

Recommendations:

- Re-audit every 3 years to assess adherence to ESHRE guidelines and assess whether follow-up data is recorded.
- Have an automated prompt on patient notes to remind clinicians to record follow-up data.
- Prospective data is needed to establish the effect of surgical treatment on fertility.

References

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