

Laparoscopic Endometriosis Excision Audit in Barbados

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Introduction

Endometriosis is prevalent in up to 10% general female population and up to 50% infertile females.

The 2022 ESHRE advocate conservative/medical approach and surgery (laparoscopic) as one of the options that need to be discussed for endometriosis associated pain not resolved medically.

Importance of Audit :

- No current Data on Laparoscopic Excision of Endometriosis on Island

Aim:

- To determine amount Cases done over a 2 year period.
- To streamline endometriosis care in Barbados.
- Implementation of MDT Management

Methodology:

Retrospective Data set acquired from a clinic in Barbados over a two year period from 2022- 2024

Results N=45		Conclusion	
Bimodal distribution at 26-30 (35%) and 36-40 yrs (22%) requiring laparoscopic excision 23% of patients having repeat surgery	patients presented with classic symptoms: deep dysparunia and IBS symptoms (29-78%) 42% were on some form of contraception	Most disease occurs in POD and ovarian fossa	Excision was done in preference to ablation
78% of patients were nulliparous	80% (36/45) having symptoms for up to 2 years and 6% up to 5 years		
Most patients presented with classic symptoms, deep dysparunia and IBS symptoms (29-78%) 80% (36/45) having symptoms for up to 2 years and 6% up to 5 years. 42% were on some form of contraception	76% of patients had a psychological issues 98% had psychological counselling prior to surgery	MDT involvement in 93%	Endometriomas were treated by cystectomy
		Psychological input very important	Very good short term follow up data
100% of patients had ultrasound imaging and 18% had MRI prior to surgery	Anatomy of disease was confined mainly to Pouch of Douglas and ovarian fossa 17/40 (38%) ovarian fossa and uterosacral ligament 9/45 (20%), Pouch of Douglas and pelvic side wall 6/45 (13%), Endometriomas 4%. 42/45 (93%) had histological diagnosis of endometriosis 3/45 (7%) histology of abnormal peritoneum	100% patients had imaging prior to surgery	Patients placed on mirena coil or combined OCP for at least 18-24 months post operatively, 93% had a confirmed histological diagnosis.
78% had 2 professionals involved and 23% had 3 professionals involved in care	96% had improvement at 3 months post-surgery and this was the same at 18months		