

ENDOMETRIOSIS IN DENMARK

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RIGSHOSPITALET/GENTOFTE CLINIC

FACTS ABOUT DENMARK

- 5,5 MILL. INHABITANTS
- ENDOMETRIOSIS IS TREATED IN ALL DEPARTMENTS (AROUND 30)

SPECIALISED TREATMENT OF ENDOMETRIOSIS, "CENTRES OF EXCELLENCE"

- MEETING IN KOLDING 1998 (INTEREST-GROUP)
- PATIENT ORGANIZATION IN CONTACT WITH NATIONAL BOARD OF HEALTH 2000
- TWO CENTRES OF EXCELLENCE 2001 (GLOSTRUP HOSPITAL AND SKEJBY HOSPITAL)
- **DEFINITION:**
DIFFICULT OR ADVANCED ENDOMETRIOSIS,
PATIENTS WITH DISSEMINATED DISEASE AS
RECTOVAGINAL ENDOMETRIOSIS,
RETROPERITONEAL ENDOMETRIOSIS OR BOWEL
ENDOMETRIOSIS.

WHY "CENTRES OF EXCELLENCE"(1)

- PROPER TRAINING
- ADHERENCE TO EVIDENCE-BASED GUIDELINES
- QUALITY MANAGEMENT
- PATIENT OUTCOME
- CENTRAL GYNAECOLOGIST TO EACH PATIENT.
- CREATE CRITICAL MASS OF PATIENTS FOR SCIENTIFIC WORK AND SURGICAL TRAINING
- REDUCTION IN TIME TO DIAGNOSIS
- REDUCTION OF THE TIME BEFORE DEDICATED SPECIALIST CARE IS INVOKED

WHY "CENTRES OF EXCELLENCE" (2)

- PROPER INDICATION FOR OPERATION
- ADEQUATE PREOPERATIVE EVALUATION
- SKILLED RADIOLOGIST FOR MRI-DIAGNOSIS OF ENDOMETRIOSIS
- HANDLING OF RELAPSE
- HANDLING OF COMPLICATIONS
- UNIFORM POSTOPERATIVE CONTROL AND TREATMENT

WHY "CENTRES OF EXCELLENCE" (3)

- **NETWORK WITH CONTACT TO:**
 - ANAESTHESIOLOGIST
 - PHYSIOTHERAPIST
 - UROLOGIST/GASTROENTEROLOGIST
 - INFERTILITY DEPARTMENT
 - NON-TRADITIONAL PRACTITIONERS
 - DIETICIANS
 - PSYCHOLOGIST
 - GENERAL PRACTITIONER/SOCIAL
 - AUTHORITIES
 - PATIENTS SUPPORT ORGANIZATIONS
 - NURSES, COUNSELLORS

WHY "CENTRES OF EXCELLENCE (4)

- STUDIES OF EPIDEMIOLOGY
- SCIENTIFIC PUBLICATIONS
- INTERNATIONAL NETWORK
- ADEQUATE SURGERY WITH ACCEPTABLE TIME CONSUMPTION.

WHICH LOCATIONS OF ENDOMETRIOSIS NEED TO BE TREATED IN "CENTRES OF EXCELLENCE" TO OUR OPINION

ENDOMETRIOSIS IN:

- THE POSTERIOR FORNIX
- THE POUCH OF DOUGLAS
- THE INGUINA
- THE ABDOMINAL WALL
- THE BLADDER
- THE BOWELS
- THE OVARIES
- AND PATIENTS WITH KNOWN MULTIPLE ADHESIONS

WHY DO WE NEED TRAINING?

ARTHUR RUBENSTEIN (PIANIST)

- ***"IF I DO NOT PRACTICE TO DAY, I CAN FEEL IT. IF I DO NOT PRACTICE FOR TWO DAYS, MY WIFE CAN FEEL IT, - IF I DO NOT PRACTICE FOR THREE DAYS EVERYBODY CAN FEEL IT."***

PATIENTS REFERRED FOR ENDOMETRIOSIS TO HOSPITALS IN DENMARK

| | OTHER HOSPITAL | "CENTRES OF EXCELLENCE" | % |
|-------------|-----------------------|------------------------------------|---------------|
| 1999 | 781 | 135 | 14,7 % |
| 2000 | 920 | 374 | 28,9 % |
| 2001 | 1048 | 407 | 28,0 % |
| 2002 | 948 | 520 | 35,4 % |
| 2003 | 964 | 811 | 45,7 % |
| 2004 | 1030 | 897 | 46,5 % |
| 2005 | 1269 | 964 | 43,2 % |
| 2006 | 1089 | 1034 | 48,6 % |
| 2007 | 1101 | 1008 | 47,8 % |
| 2008 | 1086 | 963 | 47,0 % |

PATIENTS WITH RECTOVAGINAL ENDOMETRIOSIS TREATED IN CENTRES OF EXCELLENCE

| | |
|-------------|---------------|
| 2000 | 28,6 % |
| 2001 | 28,0 % |
| 2002 | 28,6 % |
| 2003 | 64,7 % |
| 2004 | 63,0 % |
| 2005 | 91,7 % |
| 2006 | 67,6 % |
| 2007 | 82,6 % |
| 2008 | 91,7 % |

THE NUMBER OF PATIENTS WITH OVARIAN ENDOMETRIOSIS

| | | |
|-------------|------------|-----------------|
| 1997 | 347 | (42,9 %) |
| 1998 | 361 | (41,2 %) |
| 1999 | 351 | (39,3 %) |
| 2000 | 394 | (35,5 %) |
| 2001 | 354 | (29,3 %) |
| 2002 | 420 | (33,7 %) |
| 2003 | 378 | (32,4 %) |
| 2004 | 401 | (32,0 %) |
| 2005 | 395 | (27,5 %) |

THE RISK OF LAPAROTOMY DURING SURGERY FOR ENDOMETRIOSIS

| | SKEJBY/GLOSTRUP | OTHER HOSPITALS |
|-------------|-----------------|-----------------|
| 1997 | 20,6 % | 30,0 % |
| 2002 | 6,3 % | 22,9 % |
| 2003 | 3,7 % | 20,2 % |
| 2004 | 5,6 % | 18,4 % |
| 2005 | 6,0 % | 14,4 % |

HAVE WE BEEN SUCCESSFUL IN CENTRALIZING THE TREATMENT OF PATIENTS WITH ENDOMETRIOSIS?

- THE NUMBER OF PATIENTS TREATED IN HOSPITAL HAS INCREASED
- PERCENTAGE OF OVARIAN ENDOMETRIOSIS IS DECLINING, REFLECTING FOCUS ON OTHER LOCALISATIONS OF ENDOMETRIOSIS
- NUMBER OF PATIENTS REFERRED TO ENDOMETRIOSIS CENTERS ARE INCREASING.
- LOW FREQUENCY OF LAPAROTOMIES IN THE CENTERS
- RECTOVAGINAL ENDOMETRIOSIS IS INCREASINGLY TREATED IN THE CENTERS

DID WE SUCCEED?

QUESTIONS TO BE ANSWERED:

- FEWER RELAPSES?
- FEWER COMPLICATIONS?
- BETTER PRE- AND POSTOPERATIVE HORMONAL TREATMENT?

DO WE NEED TRAINING?

- AIRLINE PILOTS
- SOCCER PLAYERS
- HAIRDRESSERS
- CRAFTSMEN
- SINGERS
- DO GYNAECOLOGIST NEED REGULAR TRAINING IN SPECIFIED OPERATIONS TO BE SKILLED ENDOMETRIOSIS SURGEONS?