

The impact of the multidisciplinary team discussions in the management of severe endometriosis

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INTRODUCTION

Multidisciplinary teams (MDT) are considered good practice in the management of chronic conditions and is now a well-established part of clinical care in the NHS.

There has been a recent drive to have MDTs in the management of women with severe endometriosis requiring complex surgery as a result of recommendations from ESHRE and BSGE.

Currently, there are no data on the outcome of these discussions at the Endometriosis MDTs.

OBJECTIVE

To review the clinical impact and outcome of the Endometriosis multidisciplinary team meetings in women with suspected severe endometriosis.

METHODS

Women with suspected deep infiltrating endometriosis are discussed in our monthly MDT meeting.

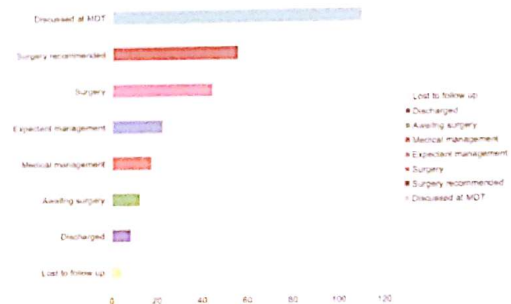
Proforma of the cases discussed between August 2015 and August 2016 and their outcomes were reviewed.

This include the treatment plan, type of surgery, type of surgeon, benefits and barriers to its implantation.

RESULTS

- One hundred and nine MDT proformas were available for analysis.
- 12 MDT meetings during the time frame.
- Time from the first clinic visit to the MDT discussion was between 1 and 4 weeks.
- All women had pre-operative MRI. MRI was most specific in identifying the presence of endometriomas, bowel and ureteric involvement.
- 20% of patient discussed opted for conservative management and 16% chose medical management.
- 50% were referred for surgery with 78% of these women having their surgeries completed at the time of data collection in December 2016.
- Waiting time for surgery ranged from five to ten months.
- Women with bowel and /or ureteric involvement had a multidisciplinary surgical treatment involving the gynaecologist, urologist and colorectal surgeon with complete excision of all endometriosis lesions.

Distribution of patients according to MDT recommendation



CONCLUSION

Discussions at our MDT meetings provides a formalised multidisciplinary preoperative work up, surgical planning and treatment for patients with severe endometriosis.

It is necessary to plan patients counselling, treatment options and expectations with improved outcomes.

This should be carried out in collaboration with the MDT including a gynaecologist, urologist, colorectal surgeon, specialist nurse, specialist radiologist, pain specialist, counsellors / psychologist and patient support organisations.

FUTURE WORK

Effect of MDT's on patient long term outcomes, cost effectiveness and perception amongst clinicians.

REFERENCES

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