

**Questionnaire**

**for**

**Endometriosis Units**

Scientific basis:

Interdisciplinary S2k guideline for the diagnosis and treatment of endometriosis (AWMF 015 - 045)

Recommendations of the Endometriosis Research Foundation

<https://www.endometriose-sef.de/wp-content/uploads/2022/01/Zentren_Kriterien_22.pdf>

and the European Endometriosis League

Compilation: EuroEndoCert GmbH on behalf of the Endometriosis Research Foundation (SEF) and the European Endometriosis League

|  |  |
| --- | --- |
| Name and Address of  Endometriosis Unit |  |
| Primary Contact Person |  |
| Website for  Patient information |  |
| Tel.-No. for appointments in the endometriosis clinic |  |
| Fax-No. for  reporting results |  |
| E-Mail address for  written enquiries |  |
| Further information |  |
| Date of application |  |

Changes to this information must be reported immediately to EuroEndoCert GmbH ([sek@euroendocert.de](mailto:sek@euroendocert.de)) so that the website can be updated

The following **core partners** form the endometriosis centre:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Co-operation partner | Responsible organisation –  if available | Assigned service |
| A |  |  | Cooperating ClinicalEndometriosisCentre of Excellencecertified by SEF/EEL |
| B |  |  | Surgery |
| C |  |  | **Urology** |
| D |  |  | **Pathology** |
| E |  |  | **Radiology** |
| F |  |  | **Reproductive**  **medicine** |
| G |  |  | **Pain management**  **Out-patient** |
| H |  |  | **Pain management**  **In-patient** |
| I |  |  | **Psychosomatics/**  **Psychotherapy** |
|  |  |  | **Self-help**  **organisation** |

The following **cooperation partners** extend the endometriosis centre:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Cooperation partner | Responsible organisation –  if available | Assigned service |
| A |  |  | Rehabilitation |
| B |  |  | **Physiotherapy** |
| C |  |  | **Dietary advice** |
| D |  |  |  |
| E |  |  |  |
| F |  |  |  |

**1. General information about the endometriosis unit**

**1.1 Network structure**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description |
| A | Written co-operation agreements are to be made with the core partners if they do not have the same responsible organisation as the centre  These cooperation agreements must  include:   * Ensurance of availability * Description of the treatment pathways relevant for the endometriosis centre and the interfaces * Designation of responsible persons * Description of information conveyance * Willingness to treat the patients  according to guidelines, especially  according to the endometriosis  guidelines * Willingness to participate in audits * Consent to be publicly designated by the endometriosis centre as a  co-operation partner |  |
| B | An organisational chart (as Appendix 1) must be attached to the application |  |

**1.2 Interdisciplinary cooperation**

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| --- | --- | --- |
|  | Requirement | Description |
| A | The co-operation partners should be  included in the treatment plan. In complex cases, this involves both the inclusion of the centre in the case of treatment by  cooperation partners as well as the  involvement of the cooperation partners in treatment at the centre.  Interdisciplinary case discussions should be held regularly and documented. An SOP for all partners is required. |  |
| B | Contact persons for the respective endometriosis centre cooperation partners in case of queries    • Responsibility to specialist doctor level must be defined  • Employees must be named |  |

**1.3 Co-operation with practice-based doctors**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description |
| A | All elective cases should be referred in time to the unit prior to admission for surgery  An SOP is required for this.  Patients should be included in the  indication and treatment decision. |  |
| B | The continuing treatment should be recommended in detail by the centre.  Histology should be available to the  practice-based physician at the follow-up consultation to ensure a swift transition between the inpatient and outpatient  sectors. |  |
| C | 24-hour accessibility to the unit must be arranged for emergencies and complications. |  |
| D | Complications should be reported back to the centre by the patient’s practice-based physician/GP. For this purpose, a function-ing feedback system must be implement-ed. Complications should be recorded con-tinuously. |  |
| E | Satisfaction of referring physicians should be evaluated regularly. If such surveys are regularly conducted by the hospital administration, a report relating to gynaecology (excluding obstetrics) is sufficient. |  |

**1.4 Information and further education for doctors and medical staff**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description |
| A | Written information (brochures, flyers) should be made available to the  cooperation partners. |  |
| B | Proof of at least one in-house educational staff conference on the subject of endometriosis within three years |  |
| C | The unit's staff should be given the opportunity to participate in regular further education sessions and congresses. Proof of participation in events must be provided. |  |

**1.5 Patient information**

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| --- | --- | --- |
|  | Requirement | Description |
| A | Collaboration with national/ local self-help organisation or group (if available) |  |
| B | Description of the information available to patients  • Flyers  • Website/internet presence  • Information events |  |
| C | A regular analysis of patient satisfaction should be carried out. If such surveys are regularly conducted by the hospital administration, a report relating to gynaecology (excluding obstetrics) is sufficient |  |

**1.6 Endometriosis documentation**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description |
| A | In the medical record, the anamnesis, the symptoms, the examination results (at least vaginal, rectal and ultrasound), the suspected diagnosis and the planned pro-cedure are documented.  Rectovaginal palpation must also be men-tioned in the surgical report at the latest. (Minimum 80% of cases)  A comprehensive patient history and symptoms questionnaire should be used  (<https://www.awmf.org/fileadmin/user_upload/Leitlinien/015_D_Ges_fuer_Gynaekologie_und_Geburtshilfe/015-045f_03_Endometriose_Fragebogen_DS_Visz_Schmerz_Weiblich_24082017_RZ_Screen_final.pdf>)  The surgery report should show the r-ASRM stage, the ENZIAN or the #Enzian classification and a detailed description of intraoperative findings. A per rectum examination has to be included, if not documented previously  In addition to the diagnosis and the  histology, the r-ASRM score, the ENZIAN classification and a differentiated therapy recommendation are to be indicated in the physician's letter. |  |
| B | Once the certificate has been issued, a structured annual report must be submit-ted in accordance with the requirements. |  |

**2. Specific information about the Endometriosis Unit**

**2.1 Responsible management and designated surgeons**

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| --- | --- | --- |
| A | Name and qualification of the management (head, deputy, coordination). The head of the centre should also be a designated endometriosis surgeon. |  |
| B | Postgraduate training  The head of the centre has to be a board certified gynaecologist |  |
| C | Proof of qualification in the field of endometriosis for all designated surgeons   * Endometriosis diploma (basic course, advanced course of AGEM)   or   * Certificate after SEF endometrisis school   or   * Master class by EEL or AGEM |  |
| D | CME  Participation in at least one designated endometrisis meeting (Endometriosekongress Deutschsprachiger Länder, European Endometriosis Congress, World Endometriosis Congress)  Recommended: participation in congresses with an endometriosis session (ESHRE, ESGE, AGE, FOG, DVR, DGGG)  Alternatively: at least one-day internship with a certified endometriosis centre (preferably the cooperating centre) |  |

**2.2 Information about the out-patient endometriosis clinic**

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| --- | --- | --- |
|  | Requirement | Description |
| A | Name and qualification of the doctors who perform the consultations.  A diagnosis should always be made at specialist level by personnel specially trained in the field of endometriosis. |  |
| B | The clinic should be available to all  patients. Waiting times for appointments as well as waiting times at the appointment should be regularly evaluated and be  reasonable. |  |
| C | At least 100 patients with diagnosis N80.x have to be seen per year, of these, at least 50 have to be treated surgically.  An SOP on conservative treatment has to be in place – in particular, a clinical pathway for patients with a past history of endometriosis surgery has to be defined. |  |

**2.3 Information about surgical treatment of endometriosis**

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| --- | --- | --- |
|  | Requirement | Description |
| A | Organisation form of the surgical  department |  |
| B | Waiting time for surgery appointment |  |
| C | All designated surgeons must perform or directly supervise  at least 30 endometriosis operations per year.  In case of a critically low case load,  50 surgical procedures have to be either performed or directly supervised by one individual surgeon  An operation list in the specified format (EEC-OP-List\_Audit.xlsx) must be submitted (as Appendix 2). The list contains the applicable counting rule. |  |
| D | The surgeon should discuss the exact  procedure with the patient before surgery and discuss the surgery, prognosis and other treatment options with the patient  postoperatively. These discussions must be documented in a suitable form.  The patient must be included in the  treatment planning. In complex cases, complications, deep infiltrating  endometriosis or a history of multiple  operations, a socio-medical consultation is  obligatory. |  |
| E | Fault/incident and complication management should be implemented. |  |

**3. Specific information about the cooperation partners**

**3.1 Information about visceral surgery**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description |
| A | The name and qualification of the head of department and, if different, the primary contact person |  |
| B | Type and number of bowel operations  Proportion of laparoscopic bowel  operations |  |
| C | Availability of visceral surgery |  |
| D | Number of doctors specialising in visceral surgery |  |

**3.2 Information about urology**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description |
| A | The name and qualification of the head of department and, if different, the primary contact person |  |
| B | Type and number of bladder and ureter surgical procedures  Proportion of laparoscopic procedures on ureter and bladder |  |
| C | Availability of urology |  |
| D | Number of specialist doctors in the  department |  |

**3.3 Information about pathology**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description |
| A | The name and qualification of the head of department and, if different, the primary contact person |  |
| B | Type and number of endometrium - and endometriosis preparations per year |  |
| C | Availability of pathology |  |

**3.4 Information about radiology**

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| --- | --- | --- |
|  | Requirement | Description |
| A | Name and qualifications of the head of department and, if different, of the primary contact person. |  |
| B | Presentation of the scope of cooperative activity and the procedures used |  |
| C | Overview of availability   * In-patient * Out-patient   Authorisation of the statutory health insurance scheme?  Waiting time until first contact? |  |
| D | Number and qualification of persons actively involved |  |

**3.5 Information about reproductive medicine**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description |
| A | The name and qualification of the head of department and, if different, the primary contact person |  |
| B | Number of treatment cycles/year  IUI  IVF  ICSI |  |
| C | Approved by health insurance company?  Waiting time until first appointment? |  |
| D | Number of doctors specialising in  Gyn Endo/Reproductive medicine |  |

**3.6.1 Information about acute pain therapy**

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| --- | --- | --- |
|  | Requirement | Description |
| A | The name and qualification of the head of department and, if different, the primary contact person |  |
| B | Description of range of cooperative  activity and the procedures used |  |
| C | Description of availability   * inpatient * outpatient   Approved by health insurance company?  Waiting time until first appointment? |  |
| D | Number and qualification of the persons who actively contribute |  |

**3.6.2 Information about the treatment of chronic pain**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description |
| A | The name and qualification of the head of department and, if different, the primary contact person |  |
| B | Description of range of cooperative  activity and the procedures used |  |
| C | Description of availability   * inpatient * outpatient   Approved by health insurance company?  Waiting time until first appointment? |  |
| D | Number and qualification of the persons who actively contribute |  |

**3.7 Information on psychosomatics/psychotherapy**

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| --- | --- | --- |
|  | Requirement | Description |
| A | The name and qualification of the head of department and, if different, the primary contact person |  |
| B | Description of range of cooperative  activity and the procedures used |  |
| C | Description of availability   * inpatient * outpatient   Approved by health insurance company?  Waiting time until first appointment? |  |
| D | Number and qualification of the persons who actively contribute |  |

**3.8 Information about physiotherapy**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description |
| A | The name and qualification of the head of department and, if different, the primary contact person |  |
| B | Description of range of cooperative  activity and the procedures used |  |
| C | Description of availability   * inpatient * outpatient   Approved by health insurance company?  Waiting time until first appointment? |  |
| D | Number and qualification of the persons who actively contribute |  |

**3.x Information about other cooperation partners**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description |
| A | The name and qualification of the head of department and, if different, the primary contact person |  |
| B | Description of range of cooperative  activity and the procedures used |  |
| C | Description of availability   * inpatient * outpatient   Approved by health insurance company?  Waiting time until first appointment? |  |
| D | Number and qualification of the persons who actively contribute |  |

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**Date and Signature of the Head of the Endometriosis Unit**

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**Core Partner**

**Date and Signature of the head of the Endometriosis Centre certified by SEF/EEL**

Date and signatures of cooperation partners\*:

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*name, subject and signature*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*name, subject and signature*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*name, subject and signature*

*\* Cooperation partners with the same sponsorship; cooperation agreement signed for cooperation partners with other sponsors*

**Attachments**

***The documents must be submitted in a structured and orderly manner (numbered and marked accordingly in PDF- or EXCEL-file)!***

|  |  |
| --- | --- |
| 1 | Organisational Chart |
| 2 | Surgical List (Excel-form!) |
| 3 | Congress Confirmation of Attendance  Training Confirmation of Attendance |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |
| 9 |  |
| 10 |  |
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|  |  |