

# Operative management of endometriosis with large bowel involvement at a large tertiary referral unit

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Deeply infiltrating endometriosis (DIE) is a debilitating condition that can have profound impacts on reproductive health and quality of life. The large bowel is the most common non-gynaecological organ affected.

We describe the standard preoperative and operative approach to the management of endometriosis affecting the large bowel in a large urban tertiary referral unit.

All patients with suspected DIE undergo an endometriosis pelvic ultrasound after bowel preparation. This is performed by a gynaecologist with sub-specialist qualifications in gynaecological ultrasound. This maximises the ability to detect DIE, in particular the amount and degree of bowel involvement. We do not perform a planning laparoscopy.

A multi-disciplinary approach is crucial to the management of patients with endometriosis affecting the large bowel. Patients are counselled extensively preoperatively, both by the operating gynaecologist and a colo-rectal surgeon with a dedicated interest in endometriosis. A preoperative colonoscopy is only performed in the presence of suspicious symptoms which is rare. Full bowel preparation is required preoperatively. Lastly, patients with lesions greater than 3cm undergo a CT and IVP to check ureteric involvement.

A joint laparoscopic approach by a gynaecologist and a colo-rectal surgeon is the standard approach in our unit. We will present a video outlining our unit's approach to bowel endometriosis including bowel resection.

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Keywords : Deeply infiltrating endometriosis, bowel resection

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