Accuracy of Documentation of Staging of Endometriosis at the Time of Laparoscopic Surgery

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## Introduction

Endometriosis is an oestrogen-dependent, chronic inflammatory condition which is associated with pelvic pain and subfertility. It is a complex disease and presents many challenges with respect to documentation and classification due to its various presentations in type, appearance, location and the extent of disease found in the pelvic and abdominal cavity during laparoscopy/laparotomy.

There is a lack of consensus on its classification owing to the many aspects of the disease. In 2014, representatives at the World Endometriosis Society’s (WES) 12th World Congress worked to establish consensus statements on Endometriosis\(^1\).

Before a majority consensus statement on classification can be established, the WES proposes the use of a classification toolbox which utilizes the revised American Society for Reproductive Medicine (r-ASRM) classification.

## Methods and Materials

A retrospective cohort analysis was performed on operative records of patients who underwent laparoscopic diagnosis and/or treatment of endometriosis from April 2014 to December 2018, at a tertiary referral centre.

The revised American Society for Reproductive Medicine classification of Endometriosis (ASRM) was used to retrospectively stage the endometriosis.

## Objective

To determine the accuracy of documentation of endometriosis found at time of laparoscopy by gynaecologists.

## Results

<table>
<thead>
<tr>
<th>Number of operation reports reviewed</th>
<th>334</th>
</tr>
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<tbody>
<tr>
<td>% with endometriosis</td>
<td>72.8% (243/334)</td>
</tr>
<tr>
<td>% without endometriosis</td>
<td>27.2% (91/334)</td>
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</tbody>
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In patients with endometriosis confirmed

| % of reports with ANY description of Endometriosis | 62.9% (153/243) |
| % of reports with following information included |  |
| - an accurate ASRM staging | 42.4% (65/153) |
| - over—description of endometriosis seen | 46.4% (71/153) |
| - under-description of endometriosis seen | 13.0% (20/153) |

## Conclusions

89/153 (59.4%) of operative reports were inaccurately assessed by the general gynaecological surgeons.

All of the reports lacked pertinent negative findings and all of the reports demonstrated inconsistent anatomical description and disease severity.

This audit clearly shows that better documentation of endometriosis is needed and a proforma guiding the surgeon on how to stage endometriosis will greatly benefit the patient and aid as a valuable surgical tool.

By standardising documentation, the aim would be to allow the findings to be translated to any staging system as currently the r-ASRM poorly correlates with the patient’s pain symptoms and future fertility prognosis.

## References

3. Parker M. JBI Database of Systematic Reviews & Implementation Reports, Documentation of surgical findings of endometriosis in teenagers and women attending the Canberra Endometriosis Centre: a best practice implementation project2013;11(7) 434 - 448