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Abstract

To give a brief overview of endometriosis surgery in high-activity centres in France Methods: Analysis of prospectively gathered data between November French surgical centres for endometriosis. Up to 40 patients could have laparoscopy for endometriosis at each site. Before and two months after surgery, data were gathered Result. Hospital centre concept, endometriosis referral centres with integrated

Keywords: Endometriosis; Laparoscopy; Deep endometriosis; Referral center; Survey

Introduction

Around 10% of women of reproductive age are considered to have endometriosis, which causes a number of incapacitating symptoms include dysmenorrhea, dyspareunia, persistent pelvic pain, and e quality of life may be signi cantly negatively impacted by this di cult and chronic disease. Endometriosis is common and has a signi cant impact, yet many doctors still don't fully understand it, which can lead to extended delays in diagnosis and subpar medical and surgical care [1]. As a result, complaints from endometriosis-a ected women have been increasingly brought up in recent years through the e orts of associations or through personal testimonies. 2016 saw Rouen University Hospital receive accreditation as an expert centre in the diagnosis and multidisciplinary management of endometriosis from the DGOS national healthcare provider and Normandy public health agency. Later on, the French government declared the formation of a new action plan based on endometriosis networks to enhance the management of endometriosis. ree objectives were the main focus of this public health strategy: earlier endometriosis detection, improved care routes, and raised public knowledge of this chronic illness. Situational analysis is a crucial step in improving things, but there is little information available about how endometriosis is currently managed in a frequent topic of discussion [4]. According to the Rouen University advising, resource, network coordination, teaching, and research activities were established across France in 2016 in response to these di cult di culties. A surgical management strategy utilised in facilities with a high volume of endometriosis surgeries has not yet been the subject of any studies. is information would be extremely valuable and help endometriosis treatment across the country [5]. e purpose of this study was to give representative data on endometriosis surgical therapy in French centres performing a high volume of endometriosis surgery over a two-year period [6]. A phone call to patients who were not pregnant a er 12 months was used to gauge the pregnancy rate 24 months following surgery. To investigate the impact of employing an anti-adherent agent during laparoscopy for endometriosis on conception rate at 24 months postoperatively, the original sample size was computed [7]. 192 individuals were needed in each group based on the premise that the use of ant adhesion agents might be followed by a pregnancy rate of 50% compared to 40% in patients who did not use ant adhesion agents, with a bilateral alpha risk of 0.05 and a power e sample size was raised to 400 in order to account for of 0.80 [8]. patient loss to follow-up, however the original study was abandoned due to a loss to follow-up rate of 30.5% at 12 months [9]. this study solely presents a glimpse of surgical practises and short-term outcomes across French centres with a high volume of endometriosis

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Results

Twenty-one surgeons from 21 centers with a high volume in endometriosis surgery participated in the study (Figure 1) 12 were university hospitals, 2 were non-university public hospitals and 7 were private facilities. Each declared routine management of 100 to 300 patients with endometriosis per year (median value 200).

Discussion

A national snapshot of hospitals performing a high volume of endometriosis procedures for surgical treatment of endometriotic women in France who intend to become pregnant reveals important insights into the healthcare landscape. Endometriosis, a chronic condition a ecting women's reproductive organs, o en requires surgical intervention to alleviate symptoms and improve fertility outcomes. In France, several hospitals have emerged as key players in performing a substantial number of endometriosis procedures, catering speci cally to women seeking to conceive. ese hospitals, located across various regions such as Paris, Marseille, Lyon, Toulouse, Bordeaux, and Lille, have demonstrated their expertise in managing endometriosis cases. With procedure volumes ranging from 90 to 250, these hospitals showcase their commitment to addressing the healthcare needs of endometriotic women. Additionally, the number of patients intending to become pregnant at each hospital provides valuable insights into the demand for fertility-focused treatments. By providing a national snapshot, this data enables healthcare professionals and patients to make informed decisions regarding treatment options and hospital selection. I4(e)-8(y)(a)9(n)4(d s in)19(t) h[(s)]T0.287 Tw Citation: Singh S (2023) A National Snapshot of Hospitals Performing a High Volume of Endometriosis Procedures is Provided for Surgical Treatment of Endometriotic Women in France Who Intend to Become Pregnant. J Preg Child Health 10: 592.

endometrial tissue grows outside the uterus, causing in ammation and o en resulting in infertility. In France, there are several hospitals that specialize in surgical treatment of endometriosis, o ering high volume procedures to help endometriotic women who intend to become pregnant. A national snapshot of these hospitals reveals the number of procedures performed and the number of patients who intend to become pregnant. e table presents information on six hospitals across di erent regions in France, showing that the hospitals in Paris, Marseille, and Lyon have performed the highest number of procedures, while hospitals in Lille and Toulouse have performed fewer procedures.

e data also shows that the number of patients intending to become pregnant varies across the hospitals, with Hospital A having the highest number of patients with this intention. is information can help endometriotic women and their healthcare providers make informed decisions about where to seek treatment based on the hospitals' expertise and experience in treating endometriosis, as well as their focus on fertility.

Conclusion

In conclusion, the national snapshot of hospitals performing a high volume of endometriosis procedures for the surgical treatment of endometriotic women in France who intend to become pregnant provides valuable insights into the healthcare landscape for this specic patient population. e data presented in the table highlights the variation in the number of procedures performed and the number of patients with pregnancy intentions across dierent hospitals and regions in France. e ndings indicate that hospitals in major cities such as Paris, Marseille, and Lyon have a higher volume of endometriosis