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Should we also work on an international informed consent for endometriosis surgery?

Sir,

We read the consensus opinion on the recording of deep endometriosis findings at surgery (Vanhie *et al.*, 2016) with great interest. The consensus established by the group of experts will be, without a doubt, extremely useful for comparing surgical techniques and practices. It should have a direct impact on the quality of studies, and should help, as mentioned in the paper, to turn opinion into science. However, I have some concerns on the consensus regarding information provided to the patient.

We believed that, as in many fields in surgery, there should be an internationally agreed informed consent form. This form when agreed upon should be translated into all relevant languages, and provided to international societies, and individual physicians. Consequently, all patients will receive the same information, before surgery about the complications, alternatives, chance of success, risk of recurrence and potential fertility outcomes. An agreed and established international consent form will also be helpful if there is litigation after surgery with a high risk of complications.

Additionally, an identical international informed consent form may improve pre-operative evaluation. Indeed, before signing this form, physicians will have to check if appropriate pre-operative evaluation has been carried out for each potential lesion. Pre-operative evaluation is a key step leading to the success of endometriosis surgery. This informed consent form could be a useful tool to evaluate the efficacy of the pre-operative evaluation and subsequent surgical outcome. Moreover, it should ensure that patients receive accurate and agreed information regarding the surgical procedure.

Reference

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Reply: Should we also work on an international informed consent for endometriosis surgery?

Sir,

We read with great interest the letter to the editor by Dr David Soriano concerning our recently published article 'Consensus on recording deep endometriosis surgery: the CORDES statement', Vanhie *et al.* (2016). In his letter, Dr Soriano highlights the need for a consensus on an international consent form for endometriosis surgery.

The main goal of the CORDES statement was to provide an instrument for standardized recording of all relevant aspects of deep endometriosis in surgical trials. Although the development of an international informed consent was not within the scope of our project, all co-authors agree that an international consent form for endometriosis surgery would be very useful in daily clinical practice and might lead to an improvement of the preoperative workup.

The systematic review of the literature concerning deep endometriosis, which formed the basis of the CORDES papers, showed that there is an enormous variation in published data on complication rates, success rates and recurrence rates in deep endometriosis surgery. This is due to the lack of standardized definitions, inadequate reporting and the very diverse surgical techniques used. Clearly, results related to clinical outcome after surgery are largely dependent on the population studied, e.g. primary intervention or secondary intervention, and this patient population is often inadequately characterized. In our view, the lack of good information from high quality trials impedes the development of an international consent form at present.

Based on our experience, the development of an internationally accepted consent form, applicable in a wide range of countries, will require a long and difficult consensus process. As stated earlier, this was not the ambition of the authors publishing the CORDES statement, but may be a next step for these authors, or for other groups like the World Endometriosis Society, European Endometriosis League and/or Society for Endometriosis and Endometrial Disorders.

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