



Stiftung
Endometriose
Forschung



Europäische
Endometriose
Liga

Questionnaire

for

endometriosis centres (infertility treatment)

Academic basis:

Interdisciplinary S2k Guideline for the Diagnosis and Treatment of Endometriosis
(AWMF 015 - 045)

Endometriosis Research Foundation and the European Endometriosis League
Recommendations

In collaboration with the Endometriosis Association Germany and the Endometriosis
Association Austria (EVA)

Compilation:

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

| | |
|---|--|
| Name and Address of Endometriosis Centre | |
| 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) 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 Clinical Endometriosis Center of Excellence certified by SEF/EEL |
| B | | | Multi-modal Pain therapy |
| C | | | Psychosomatics/ Psychotherapy |
| D | | | Self-help organisation |

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

| | Co-operation partner | Responsible organisation – if available | Assigned service |
|---|----------------------|--|-----------------------|
| A | | | Physiotherapy |
| B | | | Dietary advice |
| C | | | Rehabilitation |
| D | | | Other |

1. General information about the endometriosis centre

1.1 Network structure

| | Requirement | Description |
|---|---|-------------|
| A | A co-operating endometriosis center of excellence certified by SEF and EEL has to be named | |
| B | As far as co-operations with reproductive medicine centres, psychosomatics, pain therapy, and other treatment modalities are established, these have to be listed | |
| C | <p>Written co-operation agreements are to be made with the core partners if they do not have the same responsible organisation as the centre</p> <p>These cooperation agreements must include:</p> <ul style="list-style-type: none"> • 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 | |
| D | Organigram to be included | |

1.2 Interdisciplinary cooperation

| | 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. | |
| B | Contact persons for the respective endometriosis centre cooperation partners in case of queries <ul style="list-style-type: none"> • Responsibility to specialist doctor level must be defined • Employees must be named | |

1.3 Co-operation with hospital-based doctors

| | Requirement | Description |
|---|--|-------------|
| A | The indication for treatment has to be discussed with the patient prior to the admission and after discharge | |
| B | Description of handover in-patient/out-patient/in-patient | |
| C | 24-hour accessibility to the centre must be arranged for emergencies and complications. | |
| D | Description of (joint) continuing medical education events | |
| E | Participation in a co-operative gynaecological or inter-disciplinary endometriosis network | |

1.4 Access to self-help

| | Requirement | Description |
|---|--------------------------------------|-------------|
| A | Description of self-help | |
| B | Description of available information | |

1.5 Information events for patients

| | Requirement | Description |
|---|---|-------------|
| A | Written information for patients is available and will be handed over during counselling. Own information events are encouraged | |

1.6 Participation in continuing medical education

| | Requirement | Description |
|---|---|-------------|
| A | The head of the centre must have participated in a special qualification in the field of endometriosis or an equivalent event approved by SEF | |
| B | One CME seminar on endometriosis every two years, certified by the respective medical board in charge | |

1.7 Scientific studies

| | Requirement | Description |
|---|--|-------------|
| A | The conduct of own studies is encouraged | |
| B | The participation in multicenter studies is encouraged | |

1.8 Endometriosis documentation

| | Requirement | Description |
|---|--|-------------|
| A | Basic data, medical history, diagnosis, therapy, course , and follow-up have to be documented in a way that is accessible to review | |
| B | Description of documentation, (computer-based, if available) and data set | |
| C | Number of patients treated with ICD-10 N80.x per year. A Minimum of 50 is required | |
| D | An annual report has to be submitted to EuroEndoCert by march 31st of the following year The report has to contain: Number of treated patients by the centre itself, referrals for surgery, referrals for multi-modal pain therapy, participation in continuing medical education events related to endometriosis | |

2. Specific Information about the out-patient endometriosis clinic

| | Requirement | Description |
|---|---|-------------|
| A | Name and qualification of the head of Department. Has to be board certified obstetrician/gynaecologist and reproductive endocrinologist | |
| B | Name and qualification of the doctors who perform the consultations. | |
| C | Schedule and organisation of endometriosis clinic. An SOP regarding approach to endometriosis has to be in place | |
| D | Number of patients treated with endometriosis per year. Appropriate proof required | |
| E | Number of treatments initiated <ol style="list-style-type: none"> 1. Referral for surgery 2. Referral for pain therapy 3. Initiation/referral of complementary therapy (psychotherapy, acupuncture, physiotherapy) 4. Initiation of/referral for rehabilitation | |

3. Special information on infertility treatment

| | Requirement | Description |
|---|---|-------------|
| A | Head and qualification of head | |
| B | Name and qualification of the doctors who perform the consultations. | |
| C | Number of treatment cycles (thereof endometriosis) <ul style="list-style-type: none">- Counselling- IUI- IVF- ICSI | |
| D | Space for further remarks | |

Signature of the head of the endometriosis centre

Signature of the head of the Cooperating Clinical
Endometriosis Center of Excellence certified by SEF/EEL

Signatures of the cooperation partners:

Attachments
(numbered and marked accordingly)

| | |
|--|--|
| | |
| | |
| | |