



# **Questionnaire**

## **for endometriosis centres with a single principal endometriosis surgeon**

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](mailto: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			<b>Cooperating Clinical Endometriosis Centre of Excellence certified by SEF/EEL</b>
B			<b>Surgery</b>
C			<b>Urology</b>
D			<b>Pathology</b>
E			<b>Infertility treatment</b>
F			<b>Pain therapy</b>
G			<b>Psychosomatics/ Psychotherapy</b>

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

	Co-operation partner	Responsible organisation – if available	Assigned service
A			<b>Rehabilitation</b>
B			<b>Physiotherapy</b>
C			<b>Dietary advice</b>
D			<b>Radiology</b>
E			<b>Self-help organisation</b>

F			
G			

## 1. General information about the endometriosis centre

### 1.1 Network structure

	Requirement	Description
A	<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"> <li>• Ensurance of availability</li> <li>• Description of the treatment pathways relevant for the endometriosis centre and the interfaces</li> <li>• Designation of responsible persons</li> <li>• Description of information conveyance</li> <li>• Willingness to treat the patients according to guidelines, especially according to the endometriosis guidelines</li> <li>• Willingness to participate in audits</li> <li>• Consent to be publicly designated by the endometriosis centre as a co-operation partner</li> </ul>	
B	Please attach an organigram to the application	

## 1.2 Interdisciplinary cooperation

	Requirement	Description
A	<p>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.</p> <p>Interdisciplinary case discussions should be held regularly and documented. An SOP for all partners is required.</p>	
B	<p>Contact persons for the respective endometriosis centre cooperation partners in case of queries</p> <ul style="list-style-type: none"> <li>• Responsibility to specialist doctor level must be defined</li> <li>• Employees must be named</li> </ul>	

## 1.3 Co-operation with practice-based doctors

	Requirement	Description
A	<p>More complex cases should be presented in the centre. An SOP is required for this.</p> <p>Patients should be included in the indication and treatment decision.</p>	
B	<p>The continuing treatment should be clearly recommended by the centre.</p> <p>Histology should be available to the practice-based physician at the debriefing session to ensure a seamless transfer between the inpatient and outpatient sectors.</p>	
C	<p>24-hour accessibility to the centre must be arranged for emergencies and complications.</p>	

D	Complications should be reported back to the centre by the practice-based physician. A working feedback system must be implemented for this purpose.	
E	Satisfaction of referring physicians should be evaluated regularly.	

#### 1.4 Information and further education for doctors and medical staff

	Requirement	Description
A	Written information (brochures, flyers) should be made available to the cooperation partners.	
B	Regular further education courses on endometriosis should be offered to referring physicians.	
C	<p>The head of the centre must have participated in a special qualification in the field of endometriosis or an equivalent event approved by SEF</p> <p>One CME seminar on endometriosis every two years, certified by the respective medical board in charge</p> <p>Attendance at regular further education courses/congresses should be made possible for staff at the centre. Proof of attendance must be provided.</p>	
D	Internal further education should be offered regularly to medical and non-medical staff. Proof of attendance must be provided.	

**1.5 Patient information**

	Requirement	Description
A	Collaboration with national/ local self-help organisation or group (if available)	
B	Description of the information available to patients <ul style="list-style-type: none"> <li>• Flyers</li> <li>• Information events</li> </ul>	
C	A regular analysis of patient satisfaction should be carried out.	

**1.6 Endometriosis documentation**

	Requirement	Description
A	The patient's history, symptomatology, examination (vaginal, rectal and ultra-sound at the least), the suspected diagnosis and the planned procedure should be documented in the medical records preoperatively.  The surgery report should show the r-ASRM stage, the ENZIAN classification and a detailed description of the situs.  In addition to the diagnosis and the histology, the r-ASRM score, the ENZIAN classification and a differentiated therapy recommendation are to be indicated in the physician's letter.	
B	After the certificate is awarded, a structured annual report must be submitted according to requirements.	



## 2. Specific information about the endometriosis centre

### 2.1 Information about the out-patient endometriosis clinic

	Requirement	Description
A	Name and qualification of the head of the centre	
B	Name and qualification of the doctors who perform the consultations. A diagnosis should always be made at specialist level by personnel specially trained in the field of endometriosis.	
C	The clinic should be available to all patients. Waiting times for appointments as well as waiting times at the appointment should be regularly evaluated and be reasonable.	

### 2.2 Information about surgical treatment of endometriosis

	Requirement	Description
A	Name and qualification of the head of department	
B	Organisation form of the surgical department	
C	Waiting time for surgery appointment	
D	At least 50 surgical procedures with discharge diagnosis N80.x per year (main and secondary diagnoses)  A minimum of 50 surgical procedures have to be either performed or directly supervised by one individual surgeon  All other surgeons should perform at least 30 endometriosis operations per year.	

E	<p>The surgeon should discuss the exact procedure with the patient before surgery and discuss the surgery, prognosis and other treatment options with the patient postoperatively. These discussions must be documented in a suitable form. The patient must be included in the treatment planning. In complex cases, complications, deep infiltrating endometriosis or a history of multiple operations, a socio-medical consultation is obligatory.</p>	
F	<p>Error and complication management should be implemented.</p>	

### 3. Specific information about the cooperation partners

#### 3.1 Information about visceral surgery

	Requirement	Description
A	The name and qualification of the head of department and, if different, the primary contact person	
B	Type and number of bowel operations Proportion of laparoscopic bowel operations	
C	Availability of visceral surgery	
D	Number of doctors specialising in visceral surgery	

#### 3.2 Information about urology

	Requirement	Description
A	The name and qualification of the head of department and, if different, the primary contact person	
B	Type and number of bladder and ureter surgical procedures Proportion of laparoscopic procedures on ureter and bladder	
C	Availability of urology	
D	Number of specialist doctors in the department	

**3.3 Information about pathology**

	Requirement	Description
A	The name and qualification of the head of department and, if different, the primary contact person	
B	Type and number of endometrium - and endometriosis preparations per year	
C	Availability of pathology	

**3.4 Information about infertility treatment**

	Requirement	Description
A	The name and qualification of the head of department and, if different, the primary contact person	
B	Number of treatment cycles/year  IUI  IVF  ICSI	
C	Approved by health insurance company?  Waiting time until first appointment?	
D	Number of doctors specialising in Gyn Endo/Reproductive medicine	

**3.5 Information about pain therapy**

	Requirement	Description
A	The name and qualification of the head of department and, if different, the primary contact person	
B	Description of range of cooperative activity and the procedures used	
C	Description of availability <ul style="list-style-type: none"> <li>• inpatient</li> <li>• outpatient</li> </ul> <p>Approved by health insurance company?</p> <p>Waiting time until first appointment?</p>	
D	Number and qualification of the persons who actively contribute	

**3.6 Information on psychosomatics/psychotherapy**

	Requirement	Description
A	The name and qualification of the head of department and, if different, the primary contact person	
B	Description of range of cooperative activity and the procedures used	
C	Description of availability <ul style="list-style-type: none"> <li>• inpatient</li> <li>• outpatient</li> </ul> <p>Approved by health insurance company?</p> <p>Waiting time until first appointment?</p>	
D	Number and qualification of the persons who actively contribute	

**3.7 Information about physiotherapy**

	Requirement	Description
A	The name and qualification of the head of department and, if different, the primary contact person	
B	Description of range of cooperative activity and the procedures used	
C	Description of availability <ul style="list-style-type: none"> <li>• inpatient</li> <li>• outpatient</li> </ul> <p>Approved by health insurance company?</p> <p>Waiting time until first appointment?</p>	
D	Number and qualification of the persons who actively contribute	

**3.x Information about other cooperation partners**

	Requirement	Description
A	The name and qualification of the head of department and, if different, the primary contact person	
B	Description of range of cooperative activity and the procedures used	
C	Description of availability <ul style="list-style-type: none"> <li>• inpatient</li> <li>• outpatient</li> </ul> <p>Approved by health insurance company?</p> <p>Waiting time until first appointment?</p>	
D	Number and qualification of the persons who actively contribute	

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Signature of the head of the endometriosis centre

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

Signatures of the cooperation partners:

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Attachments  
(numbered and marked accordingly)
