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30th May 2023

Deputy Burke
Dáil Éireann,
Leinster House
Dublin 2

PQ Ref 23008: To ask the Minister for Health the number of women on waiting lists for excision surgery for endometriosis, in tabular form; the length of the waiting times in view of the fact that any undue delay to this type of surgery may impact severely on women's reproductive health; and if he will make a statement on the matter.

PQ Ref 23009/23: To ask the Minister for Health to provide an update as to when specialist endometriosis services located at Tallaght University Hospital and Cork University Maternity Hospital will begin to accept patient referrals; and if he will make a statement on the matter.

Dear Deputy Burke,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

In relation to endometriosis care in Ireland, the HSE's National Women & Infants Programme is in the process of finalising a National Endometriosis Framework which is due to be published later in 2023. This Framework will be implemented in a phased basis and will identify how care for women in this area needs to be delivered, with this care spanning primary care to local hospital care to specialist complex care.

Investment in this area commenced over the course of 2021 and 2022 with two supra-regional complex endometriosis services in the process of being established in Tallaght and Cork.

Services in the supra-regional sites will be multidisciplinary in nature, with a focus on a holistic approach to care and with access to specialised surgery as and when clinically indicated. These supra-regional services are being designed to offer specialised care to severe and complex cases of endometriosis, which may incorporate surgery for deeply invasive endometriosis involving the bowel, bladder, and ureter or outside of the pelvis. NWIHP working with specialists in this area has estimated that approximately 250 severe cases per year would need treatment through the supra-regional endometriosis services.

These complex services in Tallaght and Cork will be supported by a network of 5 regional endometriosis hub services, which are being developed, and that will co-ordinate care within their respective Hospital Groups. It is envisaged that each Hub will be positioned to provide interdisciplinary care to women experiencing endometriosis at a mild to moderate stage or up to Stage III of the disease i.e. the cohort of women whose symptoms cannot be managed appropriately in primary care or those local hospital based gynaecology services but who do not require the expense of highly specialist services within the supra-regional services.

Allowing for a holistic care package for women in this area, which NWIHP has identified as critical, additional personnel being invested in include not just additional medical specialists, but clinical nurse specialists, pain specialists, dietitians, physiotherapists and psychologists

In addition, a HSE National Clinical Guideline for Management of Endometriosis is also in development and is due for completion in the coming months. To compliment this work, the ICGP is also currently developing a national Quick Reference Guide for general practitioners in the area of endometriosis care and management. The availability of both these evidence-based guidance will support the management of endometriosis in both the primary and acute sector.

In relation to the supra-regional complex services in Tallaght and Cork – both these services continue to develop and build on existing expertise in this area with further personnel being recruited to each team and as such, both centres are already accepting and receiving consultant to consultant referrals for patients presenting with complex advanced endometriosis.

Regarding waiting lists and wait times for excision surgery, women awaiting this type of intervention are listed and managed on general gynaecology day case and inpatient waiting lists and as such there is no standalone waiting lists for this surgical intervention that NWIHP can report on.

However in terms of gynaecology waiting lists, in addition to the targeted investment and work underway in the area of endometriosis, a significant work programme is also under way under the auspices of NWIHP regarding improving access to gynaecology services in their totality. To this end in addition to work underway in the area of endometriosis, dedicated regional fertility hubs have been developed which will have close links with endometriosis hub services, twenty ambulatory gynaecology services are in development and six specialist complex menopause services are also being developed.

All of these development increase access for women to gynaecology services – enabling faster access and management by the right team, with the overall objective being to reduce wait times for women, inclusive of patients with endometriosis.

I trust this clarifies the matter.

Yours sincerely,



Mary-Jo Biggs, General Manager, National Women and Infants Health Programme