# Endometriosis Surgery Abroad Interim Scheme

## Application form

The Endometriosis Surgery Abroad Interim Scheme (ESAIS) is a scheme to get endometriosis surgery abroad.

It's for endometriosis patients who are on a waiting list in Ireland and need endometriosis surgery that a consultant gynaecologist in Ireland recommends.

You can get the surgery in an approved healthcare centre in the European Union (EU), European Economic Area (EEA), Switzerland or the UK.

The HSE will cover the cost of your surgery and some of your travel expenses.

> Your application has to be approved before you schedule (book) surgery or travel to any appointments abroad.
>
> Before you get surgery abroad or apply, read all the information about the scheme. It has important information that may affect your application.
>
> For more about the scheme visit hse.ie/endometriosisabroad.
>
> If you need us to post this information to you freephone HSE Live on 1800 700 700 or phone 01 240 8787.

# Who can apply for the ESAIS

You can apply if you live in Ireland and are on a waiting list for endometriosis surgery that a consultant gynaecologist in Ireland recommends for you.

You must wait for your application to be approved before you schedule surgery or travel to any appointments abroad.

If you are applying on behalf of someone who is dependent on you, a guardian or appointed legal authority should complete the form.

# Who cannot apply

You cannot apply if you:

- have a date for your surgery in Ireland
- do not have a referral from a consultant gynaecologist employed by the HSE or on the Irish Medical Council's Specialist Register for Obstetrics and Gynaecology working in Ireland
- plan to have your surgery in a healthcare centre abroad that is not on our approved list

# How to complete this form

You and your consultant gynaecologist in Ireland need to complete this form in full.

You must complete section A first.

Your consultant gynaecologist in Ireland must complete section B. There is separate advice for consultants on how to complete this form.

You can complete this form by hand or electronically.

## By hand

Complete the form in block capitals with a black ballpoint pen.

## Electronically

1. Download and save the form to a computer.
2. Complete the form with your details.
3. Save the completed form to your computer.
4. Email the saved version of the completed form to your consultant gynaecologist to complete.

# Sections

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# Section A: Patient information

The patient applying must complete this section before the consultant gynaecologist completes Section B.

**First name**

**Surname**

**Surname on birth certificate**

**Date of birth**

For example, 31 03 1980

**PPS number**

A PPS number is 7 numbers followed by 1 or 2 letters

**Address**

**Eircode**

# Your contact details

We may need to contact you about your application. Provide a phone number or email address.

If you don’t have one, we will contact you by post.

**Mobile or landline number (if you have one)**

**Email address (if you have one)**

# Your GP’s details

You (the patient) should complete this section.

**Name of your GP**

**GP’s phone number**

**GP’s address**

**GP’s email address**

# Application on behalf of a dependent person

Only complete this section if you are a legal guardian making the application on behalf of a dependent age 16 or older.

**First name of legal guardian**

**Surname of legal guardian**

**Relationship to patient**

**Legal basis under which you can consent to treatment on a patient's behalf**

**Legal guardian address**

**Legal guardian phone**

**Legal guardian email address**

Please tick if you confirm to receive correspondence via email

# Patient declaration

The person applying must read this section.

By submitting this form, you agree with the following.

- I understand that the HSE may need to access and copy my/the patient's medical records and clinical information for the purpose of processing this application.
- I understand that clinical information may be shared with hospitals, healthcare facilities, or clinical advisors involved in assessing the application or providing approved treatment.
- I confirm that the information provided in this application is true and correct to the best of my knowledge.
- I understand that the decision issued will be based solely on the information submitted and the specific surgical procedure requested by the consultant gynaecologist. Any additional or future procedures will require a separate application.
- I agree to notify the HSE immediately of any changes to the surgical plan, costs, scheduled dates, non-attendance, or my contact details.
- I confirm I have not scheduled surgery abroad and will not until my application is approved.

# Section B: Consultant gynaecologist information

You must be a consultant gynaecologist in Ireland to complete this section.

In completing this section for your patient, you confirm that:

- the patient is on a waiting list in Ireland
- all necessary medical information is provided
- you will take responsibility for the patient's aftercare when they return to Ireland after their surgery

For the proposed surgery abroad, you are confirming that the surgery:

- meets the medical necessity criteria
- has been consented to in accordance with the HSE National Consent Policy and all relevant laws
- meets recommended standards of surgery
- is taking place in an approved health centre abroad that will accept HSE payment for the surgery as part of the Endometriosis Surgery Abroad Interim Scheme.

## What you need to provide

As well as your completed section, you also need to provide the patient with:

- a copy of the clinical referral letter for the accepting consultant gynaecologist abroad

### Referral letter

The referral letter should include details of the patient's endometriosis and the type of surgery you think they need.

The referral letter must include:

- the patient's name, address and date of birth
- the name and address of the approved healthcare centre abroad where the patient plans to have surgery
- a summary of the patient's endometriosis treatment to date
- the reason for their referral for surgery
- your email address, phone number and Irish Medical Council number

For complex surgery, include a copy of the relevant multidisciplinary report, if available.

# Consultant gynaecologist details

**Name of referring consultant gynaecologist**

**Consultant gynaecologist Irish Medical Council number**

**Name of referring hospital**

**Consultant gynaecologist phone number**

**Consultant gynaecologist email address**

**Consultant gynaecologist address**

# Patient being referred

**Name of patient being referred**

**Patient date of birth**

**Date when the patient was last reviewed by you as an inpatient or outpatient**

**Date when patient was placed on waiting list for surgery for endometriosis**

# Answer these questions

Please tick yes or no as applicable

**Is the patient on a waiting list for endometriosis surgery that a consultant gynaecologist in Ireland has recommended for them?**

☐ Yes

☐ No

**Is the surgery abroad being provided in a recognised healthcare centre which is on the list of approved healthcare centres for endometriosis surgery abroad? (View the list on hse.ie/endometriosisabroad)**

☐ Yes

☐ No

**Has consent for surgery abroad been obtained from the patient or their legal guardian (if applicable)?**

☐ Yes

☐ No

**Is the proposed surgery abroad a recognised treatment for endometriosis?**

☐ Yes

☐ No

**Do you expect that the patient will need multidisciplinary team input abroad?**

☐ Yes

☐ No

**Will the patient need to be accompanied when they travel abroad?**

☐ Yes

☐ No

**Please confirm that the patient will be able to have their aftercare and follow up with you in Ireland.**

☐ Yes

☐ No

**Provide a summary of the patient's endometriosis symptoms, diagnosis and treatments to date:**

**Describe the surgery the patient needs, in your professional opinion.**

**State whether the results of scans, biopsies and laboratory investigations, such as bloods etc, are available and will be provided to the hospital abroad?**

## Details of proposed endometriosis surgery abroad

**Name of consultant gynaecologist abroad**

**Name of approved healthcare centre abroad**

**DRG code of proposed endometriosis surgery (if known)**

# Consultant declaration

The consultant gynaecologist applying must read this section.

By submitting this form, you agree with the following:

- I will take responsibility for the patient's aftercare when they return to Ireland post-surgery
- I declare that the information in this form is, to the best of my knowledge, true and correct.
- I am aware that the application will be based on this information and that any new information coming to light may impact on the decision in this case.
- I acknowledge the HSE reserves the right to access the hospital records on this patient as deemed necessary.

**Consultant signature**

# Sending your completed application form

The patient applying must read this section.

Your gynaecologist must return the completed form and copy of your referral letter to you so you can send them to us.

## What you need to provide

With your completed application form, you also need to provide:

- a copy of your referral letter for surgery abroad - your consultant gynaecologist will provide this to you

## Where to send the form

You can send us your completed application form by email or post.

## Email

Email your completed application form and copy of your referral letter as attachments to:

endometriosisabroad@hse.ie

## Post

Post your completed application form and copy of your referral letter to:

Endometriosis Surgery Abroad Interim Scheme,
HSE,
Model Business Park,
Model Farm Road,
Cork,
T12 HT02

We aim to make a decision on your application within 3 weeks. But you must wait for your application to be approved before you schedule surgery or travel to any appointments abroad.