Surgery remains as the most effective approach to treat endometriosis, particularly ovarian cysts and deep infiltrative nodules.

Using the improved laparoscopic view, we developed a patient centered surgical management which involves the following rules:
- Complete excision whenever possible.
- Careful dissection to preserve the non-diseased tissues, avoiding unnecessary dissection, displacement and trauma of the surrounding organs. Large margins of normal tissue are not required.
- Follow all the principles of microsurgery proposed by Winston, Gomel, Swolin and Brossens.

We observed that specific signs visible on the video screen guide the surgeon throughout the procedure. We call these signs “the patient language.” The following signs were translated in surgical words.

Bubbles: normal cleavage plane
Arrow: cut here
Blue peritoneum: nothing left on the peritoneal surface dissected, you can cut
Black spots and or small brown cyst: the excision is not complete
Bleeding when excising deep disease in a muscular tissue: excision is complete
In muscular tissue black or brown spots seen after coagulation of bleeders should not be further excised.
Fat tissue when excising deep disease in latero-rectal or vesical space: excision is complete
According to the thickness or the distance cut with scissors:
   - If the mobility obtained is obviously longer: excision is complete
   - If the mobility obtained is equal or less, excision is not complete or you are close to a large vessel or a nerve

Conclusion: Perfect surgical exposure and hemostasis are required to identified these signs which will be demonstrated using pictures and sketches.