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The AAGL Global Congress is the pre-eminent meeting for physicians interested in providing optimal patient care through minimally invasive gynecology. Designed to meet the needs of practicing surgeons, residents and fellows, the Congress covers traditional topics as well as presentations of “cutting edge” material. With opportunities to discuss and share discoveries, you will experience excellence in formal, informal and collegial education.
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Dear colleagues:

As the Scientific Program Chair for the AAGL 41st Global Congress of Minimally Invasive Gynecology, I would like to welcome everyone to Caesars Palace Hotel in Las Vegas for what promises to be the most dynamic global congress yet. The Congress venue is in such a unique hotel, everyone should visit at least once during their lifetime. It is located on the new Las Vegas Strip area next to excellent shopping, multiple shows and a large variety of restaurants.

The Scientific Program Committee carefully planned an educational program ranging from practical to advanced anatomy, basic to advanced laparoscopy, and basic to advanced robotic techniques. Other teachings include what attendees have requested - daily encounters in their practice: hysterectomy, myomectomy and endometriosis. An update of the new classification of endometriosis will be presented during the live surgery session.

The hands-on suturing courses as well as the postgraduate courses (didactic and labs) will be very well attended as indicated by record setting levels of attendance. While here at the congress, you want to attend Surgical Tutorials, Plenary Sessions, Open Communications and Video Sessions which begin on Wednesday, November 7th through Friday, November 9th ending with the Live Telesurgery Sessions.

Industry is sponsoring breakfasts from 6:30am – 7:45am and evening symposia 5:05pm – 7:05pm on Wednesday, November 7th or Thursday, November 8th which you may also wish to attend.

I am very excited to assist Dr. Ceana Nezhat as he will assume the position of Scientific Program Chair for the 42nd AAGL Global Congress to be held November 10-14, 2013 at the Gaylord National Resort & Convention Center on the Potomac, in Washington, DC.

Not all that happens in Vegas stays in Vegas - all your newly acquired knowledge goes home with you to benefit your patients.

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Meetings

Board and Committee Meetings
(by invitation only unless otherwise noted)

Sunday, November 4
8:00am–5:00pm  AAGL Board of Trustees Meeting
– Imperial Board Room

Monday, November 5 – Postgraduate Day 1
12:15pm–1:15pm  JMIG Editor’s Report/Luncheon – Umbria
1:30pm–5:15 pm  JMIG Editorial Board Meeting – Tuscany

Tuesday, November 6 – Postgraduate Day 2
12:30pm–3:30 pm  International Hosted Meetings – Umbria
12:30pm–1:15pm  South Africa
1:15pm–2:00pm  Seoul Korea
2:00pm–2:45pm  Spain
2:45pm–3:30pm  Israel

Wednesday, November 7 – Congress
9:45am–10:45am  *SIGS – Urogynecology – Calabria
9:45am–10:45am  *SIGS – Oncology – Abruzzi

Thursday, November 8 – Congress
9:45am–10:45am  *SIGS – Endometriosis & Reproductive Medicine
– Calabria
9:45am–10:45am  *SIGS - Robotics – Abruzzi
9:45am–10:45am  *SIGS - Pelvic Pain – Tribune
10:00am–11:00am  *Fellowship Town Hall Meeting – Octavius 19-20
1:00pm–3:00pm  Research Consortium – Tribune
1:30pm–3:00pm  Fellowship Board Meeting – Tuscany

*Open to all interested members

*Fellowship Town Hall Meeting open to all FMIGS Preceptors/faculty; FMIGS Fellows, potential Preceptors and Fellows and all that are interested in the Fellowship program.

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Special thanks to Lydia Caracoza and Nadine Perez for extraordinary assistance preparing for the Annual Meeting.
## Postgraduate Day 1 – Monday, November 5

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<td>9:00 am</td>
<td>Open Comm. 1: AUB</td>
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<td>Octavius 21-23</td>
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<td>11:00 am</td>
<td>Surgical Anatomy of the Female Pelvis</td>
<td>Octavius 4</td>
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<td>12:00 noon</td>
<td>Surgical Anatomy of the Female Pelvis</td>
<td>Octavius 12</td>
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satisfaction.
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To a special evening symposium featuring a panel of experts in the field of minimally invasive gynecologic surgery ready to debate today’s AUB-related hot topics.

**Debating the Disconnect:**
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**Date:** Wednesday, November 7th
**Time:** 5:05 PM – 7:05 PM
**Location:** Milano I-II
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- Andrew Bril, MD
- James Greenberg, MD
- Jessica Shepherd, MD, MBA
- Morris Wortman, MD, FACOG

Be on the lookout for your KEY for your chance to “disconnect” the treasure chest lock and win a PRIZE at the symposium!

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AAGL offers a number of postgraduate courses, surgical tutorials, and discussion with the experts luncheons that are targeted toward the subspecialties of urogynecology, oncology, pelvic pain, reproductive medicine, and robotics. Many of these courses have been designed in conjunction with their associated special interest groups within the AAGL to ensure that their content has been developed by experts in that field. We encourage attendees who either practice or have an interest in one of these areas of medicine to take note of the specialty courses listed below:

**Urogynecology**

PG 103 - Pelvic Anatomy: Skill Set for the Savvy MIS – Generalist, Urogynecologist, Oncologist (Didactic)
PG 104 - Pelvic Anatomy: Skill Set for the Savvy MIS – Generalist, Urogynecologist, Oncologist (CADAVER LAB)
PG 105 - Fundamentals of Laparoscopic & Robotic Hysterectomy (Didactic)
PG 106 - Fundamentals of Laparoscopic & Robotic Hysterectomy (CADAVER LAB)

**Luncheon - Discussion with the Experts**
M20 - Bowel Loops in the Vagina: Managing Vaginal Cuff Dehiscence
M21 - Laparoscopic Sacrocolpopexy – A Surgical Tutorial
M22 - Laparoscopic Apical Support
T32 - Pelvic Deconstructive Surgery – Managing Iatrogenic Pelvic Floor Dysfunction
T33 - How and When to Perform LeForte Colpocleisis - A Step-by-Step Pictorial

**Oncology**

PG 103 - Pelvic Anatomy: Skill Set for the Savvy MIS – Generalist, Urogynecologist, Oncologist (Didactic)
PG 104 - Pelvic Anatomy: Skill Set for the Savvy MIS – Generalist, Urogynecologist, Oncologist (CADAVER LAB)

**Luncheon - Discussion with the Experts**
M1 - The Unexpected Malignancy in MIS - What to Do When You Find Cancer and Didn't Expect It

**Reproductive Medicine/Endometriosis**

PG 210 - Deep Endometriosis – Diagnosis, Impact of Surgical Treatment, Future Perspectives on Therapies (Didactic)
PG 211 - Deep Endometriosis – Diagnosis, Impact of Surgical Treatment, Future Perspectives on Therapies (Didactic)
PG 216 - Reproductive Surgery in the Era of ART (Didactic)

**Luncheon - Discussion with the Experts**
M2 - Surgical Management of Endometriosis in the Infertile Patient
M3 - Laparoscopic Excision of Endometriosis without Limits
M4 - Preventing Complications of Deep Endometriosis Surgery: Traps, Tips and Tricks
T4 - A Step-by-Step Guide to Resecting Advanced Stage Endometriosis – How to Do and How to Teach
T5 - The Present and the Future of Advanced Endometriosis Treatment
T6 - Reproductive Management of the Endometriosis Patient
T7 - Endoscopic Treatment for Deep Infiltrating Endometriosis
T8 - Planning the Approach and Treatment of Severe Endometriosis (DIE)
T9 - Cancer Arising from Endometriosis. How to Utilize the Evidence in the Clinical Practice
T10 - Should Endometriosis Surgeons Have Bowel Privileges and Insurance?
T11 - Severe Endometriosis in Fertile Age Patients: What if the Only Solution is TLH Plus BSO?
T12 - Does Surgery Have a Place in the Infertile Women with Stage III and IV Endometriosis. What Is the Evidence?
T13 - What the Surgeon Knows About Pelvic Endometriosis?

**Pelvic Pain**

PG 112 - Surgical Procedures for Chronic Pelvic Pain (Didactic)

**Luncheon - Discussion with the Experts**
M13 - Chronic Pelvic Pain: From Medication to Surgery
T27 - Pelvic Congestion... It's For Real

**Robotics**

PG 105 - Fundamentals of Laparoscopic & Robotic Hysterectomy (Didactic)
PG 106 - Fundamentals of Laparoscopic & Robotic Hysterectomy (CADAVER LAB)
PG 203 - Robotic Surgery in Gynecology: After the Learning Curve (Didactic)
PG 204 - Robotic Surgery in Gynecology: After the Learning Curve (CADAVER LAB)
PG 217 - Laparoscopic and Robotic Complications (Didactic)

**Luncheon - Discussion with the Experts**
M14 - Robotic Surgery for the Beginner
M15 - Traditional and Robotic-Assisted Pelvic Reconstruction: Lessons Learned, Pearls and Pitfalls
T28 - 600 Robotic Myomectomies, No Laparo-Conversions: How It Can Be Accomplished
T29 - Advantages and Disadvantages of Robotic Surgery for Management of Benign, Pre-malignant and Malignant Gyn Conditions
T30 - The Robotic OR: How To Maximize Workflow and Efficiency
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IRCAD Award
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Robert B. Hunt Endowment Award
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New York, NY

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Description
This intensive hands-on workshop has been designed to educate attendees in the art and science of laparoscopic suturing and knot-tying, as well as provide step by step techniques for performing video-assisted laparoscopic and robotic-assisted hysterectomy.

A world renowned faculty will be present to share their expertise through didactic presentations and will also proctor the large number of suturing and robotic stations that will be at available for practice until 12 midnight on the first day and until 7 pm on the second day.

Highlights of the workshop include:

Didactic Sessions
Video-Assisted Laparoscopic and Robotic-Assisted Hysterectomy
Step-by-Step Approach for Difficult Vaginal Hysterectomy
Evaluate Energy Sources
Estimate and Manage Anesthetic Implications
Pelvic Reconstructive Surgery
Predict, Manage and Prevent Complications

Intensive Suturing Labs
Extracorporeal Knots
Intracorporeal Knots
Slip Knots
Use of Barbed Sutures

Interactive Live Surgeries
Mini Video Laparoscopy
Robotic-Assisted Hysterectomy

Extensive Surgical Videos
Video-Assisted Laparoscopic and Robotic-Assisted Hysterectomy
Myomectomy
Supracervical Hysterectomy
Retroperitoneal Dissection

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Accreditation

The AAGL is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Postgraduate Courses: November 5, 2012
The AAGL designates this educational activity for a maximum of 7.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Postgraduate Courses: November 6, 2012
The AAGL designates this educational activity for a maximum of 7.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The Inseperable Link Between Surgical Technique and Surgical Anatomy in the Female Pelvis
The AAGL designates this educational activity for a maximum of .75 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Global Congress: November 7-9, 2012
The AAGL designates this educational activity for a maximum of 17.25 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The American College of Obstetricians and Gynecologists will recognize this educational activity. In order to apply for cognates, please fax a copy of your certificate to ACOG at (202) 484-1586. The American Nurses Credentialing Center (ANCC) accepts AMA PRA Category 1 Credits™ toward recertification requirements.

The AAGL is approved by the California Board of Registered Nursing Provider No. CEP 10425, and designates this educational activity for a maximum of 7.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

As an accredited CME provider, AAGL adheres to the Essentials and Policies of the Accreditation Council for Continuing Medical Education (ACCME). CME activities now must first, address specific, documented, clinically important gaps in physician knowledge, competence or performance; second, be documented to be effective at increasing physician knowledge, skill or performance; and third, conform to the ACCME Standards for Commercial Support.

AAGL must not only obtain complete disclosure of commercial and financial relationships pertaining to gynecologic medicine but also resolve any perceived conflicts of interest. All postgraduate course faculty members and all organizers, moderators and speakers in the Scientific Program have completed disclosures of commercial and financial relationships with manufacturers of pharmaceuticals, laboratory supplies and medical devices and with commercial providers of medically-related services. The disclosures were reviewed by the Program Development Committee, which resolved perceived potential conflicts of interest.

The AAGL has been resurveyed by the Accreditation Council for Continuing Medical Education (ACCME) and awarded Accreditation with Commendation for 6 years as a provider of continuing medical education for physicians.

Accreditation seeks to assure the medical community and the public that AAGL provides physicians with relevant, effective, practice-based continuing medical education that supports US health care quality improvement.

The ACCME employs a rigorous, multilevel process for evaluating institutions’ continuing medical education programs according to the high accreditation standards adopted by all seven ACCME member organizations. These organizations of medicine in the US are the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association for Hospital Medical Education, the Association of American Medical Colleges, the Council of Medical Specialty Societies, and the Federation of State Medical Boards of the US, Inc.
At the conclusion of the course, the participant should be able to:

I. Explain the latest developments in minimally invasive healthcare for women.
II. Describe the skills needed for proficiency.
III. Apply minimally invasive surgical techniques such as laparoscopic hysterectomy, myomectomy, pelvic floor repair, treatment of endometriosis and advanced hysteroscopic techniques.
IV. Enable the practicing gynecologist to gain hands-on experience in the anatomy laboratory as well as laboratories focused on laparoscopic suturing, hysteroscopy, robotic surgery, single-port surgery.
V. Describe the latest advances in research and techniques in the field of minimally invasive gynecologic surgery.
VI. Evaluate data presented to determine the best methods for practice of gynecologic medicine.
VII. Demonstrate and enhance their presentation and publication skills with a hands-on workshop.
VIII. Interpret and evaluate basic science techniques such as stem cell biology, cellular systems biology and pre-surgical planning.

Additional Barriers: MIG is relatively difficult to learn and all procedures require accurate surgical skills and experience to perform. Therefore, the course participants will not be able to utilize the techniques immediately upon completion of this course.

Possible Solutions: Continue to provide physicians with additional information and resources they need to elevate their practice in gynecology while increasing their skill in minimally invasive gynecology.

Additional Barriers and Possible Solutions
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Highlighted Events

Industry Sponsored Breakfasts
Our industry partners will hold breakfasts/events during the Congress that are open to all attendees at no additional cost. All breakfasts are held from 6:00am to 7:45am.

WEDNESDAY, NOVEMBER 7

MILANO I-II
CopeSurgical
Uterine Manipulation

MILANO III-IV
Acessa
Halt Medical, Inc.
A New Outpatient Minimally-Invasive Fibroid Therapy

MILANO V-VI
Medtronic
Innovation and Incontinence:
Sacral Neuromodulation

THURSDAY, NOVEMBER 8

MILANO III-IV
Boston Scientific
Next Steps - Using Social Media to Advance the Quality of Patient Care

MILANO V-VI
smith&nephew
See the Difference: True Clarity in Hysteroscopic Morcellation

MILANO I-II
STORZ
Karl Storz – Endoskope
Size Matters – Minimizing the Incisions, Maximizing the Outcome

Industry Sponsored Symposia
There is no charge to attend these symposia.

WEDNESDAY, NOVEMBER 7
5:05 pm - 7:05 pm

MILANO I-II
HOLOGIC
The Women’s Health Company
Debating the Disconnect: Patient Counseling and AUB

MILANO III-IV
BARD | MEDICAL
Robotic Sacrocolpopexy using ALYTE Y-Mesh Graft: 1 year clinical results and techniques for procedural efficiency

MILANO V-VI
INTUITIVE SURGICAL
Advanced Applications in Robotics: Reducing Incisions and Finding Hidden Pathology Using New Technologies

THURSDAY, NOVEMBER 8
5:05 pm - 7:05 pm

MILANO I-III
COVIDIEN
Positive results for life
Center of Excellence in Minimally Invasive Gynecology: The Value and Benefit of the COEMIG Designation

MILANO V-VII
OLYMPUS
Discover Where Innovation Can Take You: The World’s-Only Technologies for Advanced Energy Devices and Visualization
The World’s Only Laparoscopic Loop Using Advanced Bipolar PK® Energy for Amputation of the Uterus

PKS™ BiLL
Bipolar Laparoscopic Loop

Pending FDA clearance

Discover Where Innovation Can Take You
Visit our booth #321
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**State-of-the-Art Postgraduate Courses • Day 2 – Tuesday, November 6, 2012**

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The unsurpassed visualization, dexterity and control offers benefits for a full complement of gynecologic procedures:

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Monday, November 5, 2012

CANCER
M1 The Unexpected Malignancy in MIS – What to Do When You Find Cancer and Didn't Expect It Jubilee Brown

ENDOMETRIOSIS
M2 Surgical Management of Endometriosis in the Infertile Patient Tommaso Falcone
M3 Laparoscopic Excision of Endometriosis without Limits David B. Redwine
M4 Preventing Complications of Deep Endometriosis Surgery: Tamer A. Seckin Traps, Tips and Tricks

GENERAL MIG
M5 Publishing in JMIG: What a Reviewer Is Looking For Kristina I. Bajaak
M6 Improving Surgical Outcomes using Patient Safety Principles in the OR William H. Parker
M7 Minimally Invasive Gynecology Pediatric – Adolescent and Young Adult Joseph S. Sanfilippo
M8 Legal Issues Surrounding Office-based Surgery James M. Shwayder
M9 Transitioning to MIGS without Robotics Christopher J. Stanley

HYSTERECTOMY
M10 The Need for Cystoscopy at Laparoscopic Hysterectomy Fred M. Howard

HYSTEROSCOPY
M11 Hysteroscopic Morcellators: The Horizon of Hysteroscopic Amy L. Garcia Polyp and Myoma Removal

MYOMECTOMY
M12 Preoperative Gel Foam UAE for the Massive Laparoscopic Hysterectomy or Myomectomy James K. Robinson, III

PELVIC PAIN
M13 Chronic Pelvic Pain: From Medication to Surgery Vadim V. Morozov

ROBOTICS
M14 Robotic Surgery for the Beginner Dobie L. Giles
M15 Traditional and Robot-assisted Pelvic Reconstruction: Lessons Learned, Pearls and Pitfalls Marie Fiedela R. Paraiso

SUTURING
M16 Laparoscopic Suturing: Critical Steps to Increase Efficiency Joseph (Jay) Hudgens

TIPS & TRICKS
M17 Tips & Tricks for the Difficult Robot-assisted Laparoscopic Hysterectomy Arnold P. Advincula
M18 Tips and Tricks for Laparoscopic Myomectomy Andrew I. Brill
M19 Same Day Discharge for Gyn Surgery – Tips and Tricks Barbara S. Levy

UROGyneCOLOGY
M20 Bowel Loops in the Vagina ?????: Managing Vaginal Cuff Dishech Rosanne M. Kho
M21 Laparoscopic Sacrocolpopexy – A Surgical Tutorial Ted T.M. Lee
M22 Laparoscopic Apical Support David J. Levine

COEMIG
M23 Our Experience with COEMIG Certification, Is It Worth the Efforts? Ray Wertheim

Tuesday, November 6, 2012

COMPLICATIONS
T1 Avoiding Serious and Costly Complications: The Jacome Approach to Robotic Assisted Hysterectomy Enrique G. Jacome
T2 Ureteric Injuries – Management and Tips for Prevention Shailiesh P. Puntambekar
T3 Complications of Trocar Insertion Mark W. Surrey

ENDOMETRIOSIS
T4 A Step-by-Step Guide to Resecting Advanced Stage Endometriosis – How to Do and How to Teach Jason A. Abbott
T5 The Present and the Future of Advanced Endometriosis Treatment Mauricio S. Abrao
T6 Reproductive Management of the Endometriosis Patient G. David Adamson
T7 Endoscopic Treatment for Deep Infiltrating Endometriosis C.Y. Liu
T8 Planning the Approach and Treatment of Severe Endometriosis (DIE) Peter J. Maher
T9 Cancer Arising from Endometriosis. How to Utilize the Evidence in the Clinical Practice Farr R. Nezhat
T10 Should Endometriosis Surgeons Have Bowel Privileges and Insurance? Harry Reich
T11 Severe Endometriosis in Fertile Age Patients: What if the Only Solution Is TLH Plus BSO? Antonio Setubal
T12 Does Surgery Have a Place in the Infertile Women with Stage III and IV Endometriosis? What Is the Evidence? Jim Tsaltas
T13 What the Surgeon Knows About Pelvic Endometriosis? Errico Zapi

HYSTERECTOMY
T14 Uterine Causes of Miscarriage and Their Surgical Management Brian M. Cohen
T15 How to Prevent Adhesions in Laparoscopic Surgery Liselotte Mettler
T16 AAGL COEMIG Program: Achieving Recognition for Excellence in MIGS Steven F. Palter
T17 Cystoscopy and Pelvic Surgery Paul Pettit

HYSTEROSCOPY
T18 Taking your TLH to the Next Level: Taking on Tougher Cases and Reducing Complications Suketu Mansuria
T19 Take Your Skills to the Next Level: Learn Pelvic Anatomy and Laparoscopic Suturing Resad P. Pasic

PELVIC PAIN
T20 Office Hysterectomy – How to Do It and What Does the Evidence Say Gary N. Frishman
T21 Endometrial Ablation – Don’t Worry, Be Happy Richard J. Gimpelson
T22 You Can Cannulate Any Fallopian Tube: Tips from Over 20 Years of Hysteroscopic Sterilization Micah Harris
T23 The Hysteroscopic Approach to Large Intracavitary Fibroids Scott Chudnoff
T24 Hysteroscopic Endometrial Resection: Improving Outcomes and Minimizing Complications James K. Robinson, III

MYOMECTOMY
T25 Simplifying Laparoscopic Myomectomy Stephanie N. Morris
T26 “How To’s” for Implementing Laparoscopic Myomectomy in Your Surgical Practice Meir Jonathan Solnik

PELVIC PAIN
T27 Pelvic Congestion... It’s For Real Charles E. Miller

ROBOTICS
T28 600 Robotic Myomectomies, No Laparo-Convertions: How It Can Be Accomplished Antonio Rosario Gargiulo
T29 Advantages and Disadvantages of Robotic Surgery for Management of Benign, Pre-malignant and Malignant Gyn Conditions Mehdi Kebrina
T30 The Robotic OR: How To Maximize Workflow and Efficiency Thomas N. Payne

SINGLE-PORT
T31 LESS is More in Gynecologic Surgery David M. Boruta

UROGyneCOLOGY
T32 Pelvic Deconstructive Surgery – Managing Iatrogenic Pelvic Floor Dysfunction Charles R. Rardin
T33 How and When to Perform LeFort Colpocleisis – A Step-by-Step Pictorial Andrew I. Sokol
The ways in which our Key Partners support the mission of the AAGL include:

- Committing year round support through our Corporate Sponsorship program.
- Funding our fellowship sites.
- Giving unrestricted educational grants to enhance our programs.
- Supporting our hands-on seminars with workstations.
- Providing prizes for scholarly activities.
- Funding unrestricted grants for the Patient Education Program.
- Advertising in The Journal of Minimally Invasive Gynecology, the official journal of the AAGL and ordering reprints of articles to disseminate to physicians.

The support from our Key Partners is in accordance with the Accreditation Council for Continuing Medical Education guidelines for commercial support.

A partner is defined as “someone who shares an activity.” The AAGL acknowledges the corporations who partner with the AAGL to keep open the doors to educating the next generation of minimally invasive gynecologists. With their support the AAGL can provide more programs that will educate physicians and provide better patient care.

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STATE-OF-THE-ART POSTGRADUATE COURSES
DAY 1 – MONDAY, NOVEMBER 5, 2012

MILANO V-VIII
PG 101 CME
Laparoscopic Suturing – The “Vertical Zone” (Simulation Lab)
Charles H. Koh, Chair
Dobie L. Giles, Co-Chair
Faculty: Yaniris R. Avellanet, Elizabeth E. Ball, Shan M. Biscette,
Maurice K. Chung, Luigi Fasolino, Jason E. Fois, Lydia E. Garcia,
Joseph (Jay) L. Hudgens, Grace M. Janik, Jamie Kroft, Cecilia B. Mejia Medina,
Nash S. Moawad, Curtis E. Page, Christopher J. Stanley
Hands-On Lab at Caesars  8:00 am - 12 noon
Lab fee $375  |  Limit: 40

Advanced operative laparoscopy makes it mandatory to be proficient in suturing. The progressive algorithm for laparoscopic suturing as described in the “Vertical Zone” has been taught and tested over many years in national and international courses. This course includes a pre-test and post-test followed by instruction in a controlled setting. Previous results have shown that over 80% of the participants who attend this course achieve tying an intracorporeal knot in less than 3 minutes. There is good fidelity, concurrent and face validity with the technique described, as the relative hand positions and movements are immediately transmissible from the trainer to the operating room. This course prepares attendees with improved suturing skills and insight into their application during surgery. Algorithms from standing on the right and left side of the patient will be taught, with progression from simple interrupted to continuous and cinch knots.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Explain the ergonomics, theory, and rationale for reproducible laparoscopic suturing; 2) apply the skills learned relevant to gynecologic surgery; 3) apply skills acquired to management of bladder, bladder, and ureteral complications by appropriate suture repair; and 4) demonstrate measurable improvement in laparoscopic suturing skills.

8:00 Welcome, Introductions and Course Overview  C.H. Koh
8:05 Pre Test (3 minutes)
8:30 Managing Needles, Suture, “Smiley” Knotting  C.H. Koh
8:45 LAB I: Drills, Intracorporeal Suturing with “Smiley” Needle Technique  C.H. Koh
9:45 Questions & Answers  All Faculty
9:55 Break
10:10 Lecture: Expert Knotting, Continuous Suturing and Cinch Knot Applications in Surgery including Managing Complications by Suturing  C.H. Koh
10:30 LAB II: Expert Knotting, Continuous and Cinch  All Faculty
11:30 Post Test: Intracorporeal Knot Tying (3 minutes)
11:50 Questions & Answers  All Faculty
12:00 Adjourn

AAGL acknowledges that it has received support in part by educational grants and equipment (in-kind) from the following companies: 3-Dmed, Ethicon Endo-Surgery, Inc., Ethicon Women’s Health & Urology, Karl Storz Endoscopy-America, Inc.

PG 102 CME
Taking Your Laparoscopic Suturing Skills to the Next Level (Animate Lab)
Grace M. Janik, Chair
Elizabeth E. Ball, Co-Chair
Faculty: Krisztina J. Bajzak, Shan M. Biscette Maurice K. Chung,
Luigi Fasolino, Jason E. Fois, Lydia E. Garcia, Dobie L. Giles,
Joseph (Jay) L. Hudgens, Charles H. Koh, Jamie Kroft, Cecilia B. Mejia Medina,
Nash S. Moawad, Curtis E. Page, Anna Palatiuk, Christopher J. Stanley
Hands-On Lab at Caesars  1:30 pm - 5:30 pm
Lab fee $675  |  Limit: 45

Laparoscopic suturing is an essential skill for advanced laparoscopy both to perform procedures that require suturing as well as repair complications. The inability to perform laparoscopic suturing is the main driver of robotic laparoscopic surgery which is an expensive enabler.

The purpose of this course is to take surgeons who have acquired laparoscopic suturing skills from previous hands-on courses and advance those skills in an animal model. This course is designed for participants who are enrolled in course #101: “Laparoscopic Suturing in the Vertical Zone” or have taken a previous “Vertical Zone” suturing course. Interrupted, cinch knot, and continuous suturing will be practiced while performing bladder, bowel, and ureter repair. Working in an animal model provides the translational skills necessary for successful laparoscopic suturing in surgery.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Review the theory, ergonomics and rationale for reproducible laparoscopic suturing; 2) apply the skills in an animal model to closely mimic surgery; and 3) apply appropriate suture repair for the prevention and management of bowel, bladder, and urethral complications.

1:30 Welcome, Introductions and Course Overview  G.M. Janik
1:35 Laparoscopic Suturing in the “Vertical Zone”  C.H. Koh
1:50 Review Animate Anatomy and Exercises  G.M. Janik
2:00 LAB I: Bladder Suspension, Cystotomy and Bladder Repair with Interrupted Suturing  All Faculty
2:45 Video Review: Continuous Suturing
3:00 LAB II: Bladder Repair with Continuous Suturing  All Faculty
3:30 Break
3:45 Continue Lab II: Bladder Repair with Continuous Suturing  All Faculty
4:15 Video: Repair Bowel, Ureter, and Tubal Anastomosis
4:30 LAB III: Repair Ureter and Bowel Injury  All Faculty
5:15 Questions & Answers  All Faculty
5:30 Adjourn

AAGL acknowledges that it has received support in part by educational grants and equipment (in-kind) from the following companies: CONMED Corporation, Covidien, Olympus America, Inc., Karl Storz Endoscopy-America, Inc., Vectec, Inc.
STATE-OF-THE-ART POSTGRADUATE COURSES
DAY 1 – MONDAY, NOVEMBER 5, 2012

OCTAVIUS 1-3

PG 103  CME

Pelvic Anatomy: Skill Set for the Savvy Minimally Invasive Surgeon – Generalist, Urogynecologist, Oncologist (Didactic)
Jubilee Brown, Chair
Faculty: Peter M. Lotze, R. Wendel Naumann

This course is designed for advanced minimally invasive gynecologic surgeons who want to enhance their knowledge base and apply it to minimally invasive surgical procedures. The didactic portion of this course will provide detailed instruction on intra- and retroperitoneal pelvic anatomy as it applies to successful general, urogynecologic, and oncologic surgery. Experts in each subspecialty will focus on anatomy and dissection techniques to improve the surgical skills of generalists and subspecialists alike. Practical anatomy will be highlighted with MIS videos throughout, and tips and tricks of optimal dissection will be emphasized.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Identify and interpret pelvic and retroperitoneal structures; 2) discuss and analyze pelvic support defects, minimally invasive repair techniques, and avoidance of injury during such procedures; 3) detect successful approaches for surgical dissection of pelvic sidewall and retroperitoneal anatomical structures (e.g., ureter, nerves, blood vessels) in patients with complex anatomy; and 4) distinguish retroperitoneal spaces and apply these landmarks to minimally invasive surgical dissection.

Course fee $175  |  Limit: 125  8:00 am - 12 noon

8:00 Welcome, Introduction, and Course Overview  J. Brown
8:10 Pelvic Sidewall Anatomy and Retroperitoneal Spaces  J. Brown
8:35 Anatomy of the Pelvic Floor  P.M. Lotze
9:00 Dissecting the Ureter  R.W. Naumann
9:25 Identifying Blood Vessels and Controlling Hemorrhage  J. Brown
9:50 Questions & Answers
10:00 Break
10:40 Vaginal Support and Uterosacral Ligaments  P.M. Lotze
11:05 Ligaments and Anatomy Important in Pelvic Reconstructive Surgery  P.M. Lotze
11:30 Identifying Retroperitoneal Structures to Stay Safe and Get Out of Trouble  J. Brown
11:55 Questions & Answers
12:00 Adjourn

OCTAVIUS 5-8

PG 104  CME

Pelvic Anatomy: Skill Set for the Savvy Minimally Invasive Surgeon – Generalist, Urogynecologist, Oncologist (Cadaver Lab)
Jubilee Brown, Chair
Faculty: Pedro F. Escobar, Michael F. Frumovitz, Peter M. Lotze, Timothy B. McKinney, R. Wendel Naumann, Amanda Nickles Fader, Jessica A. Shepherd, Pamela T. Soliman

Hands-On Lab at Caesars  1:30 pm - 5:30 pm
Lab fee $875  |  Limit: 27  This course complements PG 103 didactic course

This course is designed for advanced minimally invasive gynecologic surgeons who want to enhance their knowledge base and apply it to minimally invasive surgical procedures. The hands-on portion of the course provides the opportunity to inspect and identify details of female pelvic anatomy with the guidance of expert minimally invasive surgery faculty from multiple subspecialties. Stations with conventional laparoscopic equipment as well as robot systems will be available for the participants, and a variety of cutting-edge equipment will be available for the participants to use. Laparoscopic and robotic-assisted dissection of the retroperitoneum, identification and suturing of support structures, and detailed analysis of pelvic anatomy will be emphasized. The participant will practice laparoscopic and/or robotic-assisted techniques for surgical dissection using knowledge of anatomy to achieve optimal surgical success during gynecologic procedures with experts in the field as ready resources during this lab. Dissection groups are kept small to facilitate learning and maximize individual participation.

This laboratory includes the use of a fresh, frozen cadaver that has not been operated on in any other lab. This provides a comprehensive, optimal surgical laboratory experience.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Identify and interpret pelvic and retroperitoneal structures, including lateral pelvic wall anatomy; 2) distinguish and apply steps for dissection of pelvic support defects and repair techniques; 3) apply and demonstrate dissection of the pelvic sidewall and retroperitoneal anatomical structures (e.g., ureter nerves, blood vessels); and 4) dissect retroperitoneal spaces and apply these landmarks to minimally invasive surgical dissection.

1:30 Welcome, Introductions, and Course Overview  J. Brown
1:40 Hands-on Cadaver Lab: Dissection of Lateral Pelvic Sidewall, Ureter, Vessels, and Nerves  All Faculty
3:00 Break
3:15 Hands-on Cadaver Lab: Dissection of Space of Retzius and Presacral Space, Identification of Motor Pelvic Nerves and Sacral Roots, Identification of Sympathetic and Parasympathetic Nerves, Laparoscopic Suturing  All Faculty
5:00 Anatomy Overview – Panel Discussion
5:20 Questions & Answers
5:30 Adjourn

AAGL acknowledges that it has received support in part by educational grants and equipment (in-kind) from the following companies: Covidien, Ethicon Endo-Surgery, Inc., Ethicon Women's Health & Urology, LSI Solutions, New Wave Surgical, Olympus America, Inc., Karl Storz Endoscopy-America, Inc., Stryker Endoscopy
This interactive surgical video-based course is designed for individuals interested in incorporating laparoscopic hysterectomy into their minimally invasive surgical armamentarium. Basic and advanced techniques will be discussed in order to allow novice as well as experienced gynecologic surgeons to tackle simple and complex hysterectomies. Both conventional and robot-assisted laparoscopic approaches will be discussed in the setting of traditional multi-port peritoneal access as well as reduced and single port laparoscopy. An emphasis on proper energy device usage, optimization of uterine manipulation, proper retroperitoneal dissection, and management of complications will be made. Tips and tricks for the large uterus as well as navigating pelvic adhesive disease will also be discussed.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Distinguish between optimal and suboptimal performance of colpotomy and vaginal cuff closure; 2) apply safe and efficient strategies for managing large uteri laparoscopically; 3) demonstrate proper dissection techniques for retroperitoneal exploration and ureterolysis; 4) analyze and compare various energy sources used in laparoscopic hysterectomy; 5) distinguish between conventional laparoscopic and robotic hysterectomy; and 6) apply multi-port as well as reduced and single port strategies for peritoneal access.

8:00 Welcome, Introductions and Course Overview A.P. Advincula
8:05 Maximizing Outcomes and Minimizing Complications with Monopolar, Bipolar and Ultrasonic Devices A.P. Advincula
8:30 A Primer on Pelvic and Retroperitoneal Anatomy: the Gynecologist's Achilles Heel* T. Lee
8:55 A Practical Surgical Approach to Laparoscopic Hysterectomy R.B. Rosenfield
9:20 Utilizing Reduced and Single Port Techniques for Conventional Laparoscopic and Robotic Hysterectomy S.A. Scheib
9:45 Questions & Answers All Faculty
9:55 Break
10:10 Surgical Roadmaps for the Complex Laparoscopic Hysterectomy T. Lee
10:35 Robotic Hysterectomy: a Systematic Approach in 3-D A.P. Advincula
11:00 Tips and Tricks for Tackling the Large Uterus during Laparoscopic Hysterectomy R.B. Rosenfield
11:25 Dealing with Difficult Peritoneal Access, Obesity and Vaginal Cuff Issues S.A. Scheib
11:50 Questions & Answers All Faculty
12:00 Adjourn

AAGL acknowledges that it has received support in part by educational grants and equipment (in-kind) from the following companies: Applied Medical
Boston Scientific – Sponsored Breakfast Symposium

Next Steps – Using Social Media to Advance the Quality of Patient Care

Thursday, November 8, 2012
6:00am – 7:45am
Caesars Palace | Milano III-IV

Jeff Livingston, MD
MacArthur OB/GYN
Irving, TX

Warm breakfast will be provided

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Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Review relevant lower urinary tract anatomy; 2) identify bladder landmarks and common benign findings; 3) identify bladder pathology that should be referred to a urologist; 4) assemble and perform rigid and flexible cystoscopy; 5) select and utilize the four basic types of stents (open end, single J, double J, acorn tip); 6) recognize bladder and ureteral injury intraoperatively; 7) place stents during laparotomy via cystotomy; 8) select appropriate pre-op and post-op diagnostic testing to define preoperative anatomy and know when it is safe to remove stents; and 9) manage postop complication of ureteral and bladder injury.

8:00 Welcome, Introductions and Course Overview  
8:05 Importance of Cystoscopy in Gynecologic Surgery  
8:45 Basics of Cystoscopy  
9:15 Common Benign Cystoscopic Findings  
9:45 Questions & Answers  
10:00 Break  
10:15 Normal Cystoscopic Findings and Reasons for Referral to Urology  
10:45 Surgical Management of Gyn Surgical Injury to Ureter and Bladder  
11:15 Post-Surgical Management and Stent Complications - PowerPoint Case Presentations  
11:45 Questions & Answers  
12:00 Adjourn
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This course will help gynecologic surgeons advance their skills by providing strategies to overcome common clinical challenges and expand their surgical armamentarium. This will be accomplished through an in-depth review of key laparoscopic pelvic anatomy and tips to help navigate challenging clinical situations, such as obesity and difficult peritoneal access. Techniques for mastering challenging surgical procedures encountered in general practice, such as hysterectomy for the large uterus, support of the vaginal/cervical cuff at the time of hysterectomy, myomectomy, large ovarian cystectomy, tissue extraction, and the surgical management of endometriosis will be explored in detail. Experienced surgeons will utilize videos, evidence-based medicine and clinical expertise to provide participants with relevant knowledge, practical solutions, and step-by-step strategies which can be incorporated into current practice in order to safely and successfully complete more advanced surgery. The course is aimed at surgeons with some laparoscopic experience who are looking to advance their skills.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to: 1) Locate the essential anatomy of the deep pelvic side wall; 2) apply strategies for difficult peritoneal access; 3) explain safe techniques for tissue extraction; 4) demonstrate steps used to simplify laparoscopic myomectomy; 5) implement approach to hysterectomy with a large uterus; and 6) apply techniques to support the vaginal cuff after hysterectomy in appropriate cases.

8:00 Welcome, Introductions and Course Overview
8:05 Essential Pelvic Anatomy for Advanced Laparoscopic Surgery
8:30 Difficult Peritoneal Access: Overcoming Adhesions and Obesity
8:55 Surgical Techniques for Superficial and Deep Endometriosis
9:20 Ovarian Cystectomy: Preservation of Fertility
9:45 Questions & Answers
9:55 Break
10:10 The Large Uterus: Tips for Successful Laparoscopic Hysterectomy
10:35 Simplifying Laparoscopic Myomectomy
11:00 Strategies for Safe and Efficient Tissue Removal
11:25 Cuff Management: Issues of Support and Controversies of the Cervix
11:50 Questions & Answers
12:00 Adjourn

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This course is designed to allow clinicians to establish an adolescent friendly environment in their office setting. Strategies for practice development focused on minimally invasive surgical expertise will be provided. a “how to” approach is the underlying theme for all lectures in the post-graduate course. Gynecologic surgeons are increasingly being called upon to manage Müllerian anomalies; pre-operative as well as intra-operative expertise will be emphasized. As surgeons we are asked with increasing frequency to assist in fertility preservation when a young patient is faced with a diagnosis of cancer or other chronic debilitating disease. Various surgical approaches that clinicians with advanced minimally invasive expertise should be able to acquire will be presented in a readily applicable manner. Current concepts with regard to management of adnexal masses, torsion, and endometriosis in the young adult will allow surgeons to garner the latest advances of gynecologic surgery in this age group.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to: 1) Use the learning process to provide counseling and expertise to facilitate development of an adolescent and young adult gynecologic surgical practice focused on minimally invasive surgical techniques; 2) evaluate and manage Müllerian anomalies with surgical as well as non-surgical approaches and 3) discuss the challenges of managing disorders of sexual development, quantified and streamlined to facilitate counseling and surgical correction.

1:30 Welcome, Introductions and Course Overview
1:35 Developing a Pediatric and Adolescent Gynecology Minimally Invasive Practice – A How to Approach
2:00 Minimally Invasive Surgery in the Pediatric and Adolescent Patient: Vaginoscopy, Hysteroscopy, Laparoscopy and Robotics
2:25 Obstructive Müllerian Anomalies and Hematocolpos – What You Can Do
2:50 Disorders of Sexual Development
3:15 Questions & Answers
3:25 Break
3:40 Minimally Invasive Surgical Management of Adnexal Masses and Torsion
4:05 Endometriosis in Adolescents – A Whole Different Ball Game
4:30 Minimally Invasive Surgical Management with Vaginal Agenesis
4:55 Fertility Preservation – How and Why
5:20 Questions & Answers
5:30 Adjourn
Focused and dedicated.
### Extreme Laparoscopy: Expanding the Surgical Horizon (Didactic)

**Faculty:** Christophe Pomel, Shailesh P. Puntambekar, David B. Redwine

**Course fee $175 | Limit: 200** **1:30 pm - 5:30 pm**

Surgery should never be unpredictable and surgeons are exposed to constraints that should be respected, understood and overcome. There is no place for uncertainty and that is why every single action that may reduce the amount of uncertainty is paramount in surgery. The surgical act is a succession and/or a series of basic actions. These basic actions do not require particularly complex skills but when put together they create sophisticated surgical actions. These surgical actions can be called “emergent” because they overcome the complexity of the original entity.

Laparoscopy has come to the point where anything seems possible in the hands of certain people. However, surgery cannot be guided by the surgeon’s ego and that is why improving one’s surgical skills is such an important issue. This course has been developed to demonstrate the knowledge required and the path to follow to become an “extreme” surgeon.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to: 1) Use the learning process to understand the power of endoscopic surgery; 2) master the theory of laparoscopic surgical rules; 3) identify the key steps of laparoscopic surgery; 4) recognize extreme situations; 5) explain the surgical basics required to face extreme situation; and 6) review the special training required to broaden your skills.

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<tr>
<td>1:30</td>
<td>Welcome, Introductions and Course Overview</td>
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<tr>
<td>1:35</td>
<td>What Does Extreme Laparoscopy Mean?</td>
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<td>2:00</td>
<td>Extreme Attitude Toward Organs</td>
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<td>Extreme Dissection</td>
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<td>Extreme Situation in Oncology</td>
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<td>“Extreme” as a Philosophy</td>
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<td>What Is Behind My Extreme Attitude?</td>
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<td>Questions &amp; Answers</td>
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### Surgical Procedures for Chronic Pelvic Pain: How to Perform Them, When Not to Perform Them and What to Do if They Don’t Work (Didactic)

**Faculty:** Fred M. Howard, Georgine M. Lamvu

**Course fee $175 | Limit: 175** **1:30 pm - 5:30 pm**

This course will help gynecologists advance their knowledge and skills in treatment of common and less common conditions causing pelvic pain. This will be accomplished by review of current evidence for effectiveness of surgical intervention in patients with pelvic pain. The role of laparoscopy in diagnosing pathology as well as its usefulness in treatment of disorders causing pelvic pain will be discussed. Current concepts in surgical treatment of endometriosis will be presented. Less known or less common conditions such as painful bladder syndrome, pelvic floor tension myalgia, pelvic congestion syndrome, adhesions and pelvic nerve entrapment syndrome will also be discussed. Finally it will offer treatment choices in cases when surgery fails to relieve pain and when surgery produces pain. This is especially important amidst growing concerns about the risks of procedures utilizing surgical mesh.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to: 1) Summarize key components of the diagnostic process in patients with CPP; 2) discuss evidence for performing surgery to treat pelvic pain; 3) describe the role of laparoscopy in diagnosis and treatment of CPP; 4) apply proper surgical treatment of endometriosis in patients with CPP; 5) describe treatment in patients in whom surgery fails to relieve pain; and 6) identify conditions which may cause pain after pelvic surgery.

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<td>Diagnosing Pelvic Pain</td>
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<td>The Role of Laparoscopy in Treatment of Pelvic Pain</td>
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<td>What if Surgery Fails to Cure Pain?</td>
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<td>Evidence for Surgical Intervention in Patients with Pelvic Pain</td>
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<td>What if Surgery Causes Pain?</td>
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<td>4:05</td>
<td>Surgical Treatment of Endometriosis</td>
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<td>Treatment of Less Known Conditions Causing Pelvic Pain</td>
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<td>CPP as We Understand It Today</td>
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<td>Questions &amp; Answers</td>
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This course is designed for all gynecologists who wish to expand their experience in the management of myomas. The course is designed to be case-based and each presentation will include several illustrative cases. The program will emphasize practical information with multiple video demonstrations of surgical techniques. The program will begin with a fundamental review of preoperative evaluation of patients with leiomyomas and appropriate selection of patients for intervention. Minimally invasive surgical and non-surgical approaches will be presented. Case presentations will show when medical or radiologic-based approaches may be acceptable. Conventional, robotic and single port laparoscopic approaches as well as laparotomy will be discussed within the context of specific cases.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Identify the concepts of selecting patients appropriately for surgery or other intervention; 2) analyze the role of different surgical and non-surgical minimally invasive techniques for the treatment of uterine fibroids; 3) assess techniques to safely perform laparoscopic myomectomy; 4) appraise the surgical approach to single port myomectomy; and 5) identify when myomectomy by laparotomy is indicated.

The goal of this activity will be to convince physicians that effective presentation skills are crucial to career advancement, teach them effective public speaking skills, and motivate them to work on developing these skills. Drs. Litin and Creagan have facilitated hundreds of presentation workshops on the art and science of speaking, whether to individual patients and their families or to groups of physicians or non-physicians. They will review tips and model behaviors that will enable participants to strengthen their next presentation. An opportunity to constructively critique short video presentations will help drive home this skill set.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Organize a teaching presentation with special emphasis on an effective opening and strong closing; 2) demonstrate helpful skills of presentation techniques; 3) create and deliver his next presentation more effectively; and 4) constructively criticize the presentations of others.
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OCTAVIUS 12

CME EARLY MORNING LECTURE –
The Inseparable Link Between Surgical Technique and Surgical Anatomy in the Female Pelvis

Andrew I. Brill and C.Y. Liu, Co-Chairs
7:10 a.m. – 7:55 a.m.
(No Charge)

This opening course will comprehensively review the key topographic and retroperitoneal anatomy in the female pelvis. Focusing on efficiency and methods to reduce risk, the linkage between strategic surgical technique and anatomical dissection will be essentially presented. These principles will be elucidated using videotape segments of representative and illustrative surgical procedures. As a final synthesis of these principles, surgical techniques for basic and advanced dissection in the retroperitoneum will be comprehensively presented using video segments from instructive procedures.

Course Objectives: At the conclusion of this course, the participant will be able to: 1) Describe the key topographical anatomy of the pelvis; 2) list the three surgical layers of the pelvic sidewall; 3) describe the key anatomy of the anterior abdominal wall; 4) enumerate the relationships between surgical dissection and surgical anatomy; 5) adopt surgical strategies to minimize risk to visceral and vascular structures; and 6) employ techniques to dissect the pelvic ureter and retroperitoneal vascular structures.

7:10 Welcome, Introductions and Course Overview A.I. Brill
7:15 Recognition and Strategic Dissection of Key Anatomical Structures A.I. Brill
7:30 Logistics and Techniques for Laparoscopic Surgery in the Retroperitoneum C.Y. Liu
7:55 Adjourn
This workshop provides an overview of laparoscopic suturing and knot tying techniques, which will include both intracorporeal and extracorporeal knots. The course will offer hands-on suturing simulation where experienced faculty will actively guide participants through the training steps. Various applications for different suture materials and technologies utilized in gynecologic laparoscopy will also be reviewed. The course is designed for gynecologists in practice who want to develop or improve their suturing skills for immediate application in their surgical practice.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Manipulate and load a needle laparoscopically for tissue reapproximation; 2) perform extracorporeal knots; 3) perform intracorporeal knots; 4) outline the advantages, disadvantages, and clinical applications for extracorporeal versus intracorporeal knots; 5) distinguish advantages and disadvantages of various suture materials, including barbed suture; and 6) distinguish advantages and disadvantages of suturing technologies used in laparoscopy.

At the conclusion of this course, the clinician will be able to:

1. Perform extracorporeal knots.
2. Perform intracorporeal knots.
3. Outline the advantages and disadvantages of various suture materials, including barbed suture.
4. Distinguish advantages and disadvantages of suturing technologies used in laparoscopy.

This workshop provides an overview of laparoscopic suturing and knot tying techniques, which will include both intracorporeal and extracorporeal knots. The course will offer hands-on suturing simulation where experienced faculty will actively guide participants through the training steps. Various applications for different suture materials and technologies utilized in gynecologic laparoscopy will also be reviewed. The course is designed for gynecologists in practice who want to develop or improve their suturing skills for immediate application in their surgical practice.

Learning Objectives: At the conclusion of this course, the clinician will be able to:

1. Manipulate and load a needle laparoscopically for tissue reapproximation.
2. Perform extracorporeal knots.
3. Perform intracorporeal knots.
4. Outline the advantages, disadvantages, and clinical applications for extracorporeal versus intracorporeal knots.
5. Distinguish advantages and disadvantages of various suture materials, including barbed suture.
6. Distinguish advantages and disadvantages of suturing technologies used in laparoscopy.
This course provides a detailed review of the implementation of robotic-assisted laparoscopy using the da Vinci surgical system pertinent for surgeons who now are using or planning to use this technology. Lectures will follow a surgical tutorial-based format by way of extensive surgical videos and possibly a 3-D projection system with a strong focus on robot-assisted hysterectomy, myomectomy, reproductive surgery and pelvic reconstructive surgery as well as radical pelvic surgery. Techniques as well as clinical outcomes will be presented by experts in the field.

The course will be divided into a half-day morning session with the option of an additional afternoon half-day, hands-on cadaveric experience for a limited number of participants on a first come, first-served basis. Experienced faculty will provide additional procedure based instruction. Participants are encouraged to list their surgical experience with robotic surgery so that they may be grouped appropriately to optimize this hands-on practicum. Pre-recorded videos of unedited robotic surgical cases will also be incorporated in the afternoon session.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to: 1) Identify algorithms for OR efficiency when incorporating new technology; 2) assess the surgical techniques and challenges associated with operating in the frozen pelvis without haptics; 3) review pertinent clinical case scenarios and outcomes in order to avoid and manage complications; 4) apply the skills necessary to perform robotic-assisted hysterectomy, myomectomy and pelvic reconstructive surgery while minimizing conversions; 5) assess the role of virtual reality simulation as a training tool; and 6) identify patients who would most likely benefit from robotic-assisted gynecologic surgery.

This lab is designed to reinforce the techniques discussed during the didactic portion of the course. It provides hands-on experience with either robotic skills simulation or cadaveric dissection for surgeons from novice to expert. In order to maximize the experience and make the best use of the cadaveric model, participants will have to demonstrate a score on the robotics simulator of greater than or equal to 70% or have proof of a case volume of greater than 50 robotic procedures in order to perform the dissections listed below.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to: 1) Apply the skills necessary for using the robotic platform; 2) be familiar with both the multiport and single port robotic systems; and 3) practice tissue dissection and suturing using robotic instrumentation.

**Hands-On Lab at Caesars**

**1:30 pm - 5:30 pm**

Lab fee $875  |  Limit: 24

This course complements PG 203 didactic course

**Rotation 1 – (3 surgeons per station)**

- Opening the Pelvic Sidewall in Layers
- Identifying the Ovarian Vessels
- Identifying the Ureter Separate from the Ovarian Vessels at the Pelvic Brim
- Identifying the Origin of the Uterine Artery
- Identifying the Para-Rectal Space
- Recto-Vaginal Dissection

**Rotation 2 – (3 surgeons per station)**

- Basic Drills (4 drills on lower levels) - Average Passing Score 70%
- If score > 70% - Move to Cadaver complete Supra-Cervical Hysterectomy and Suture Vaginal Cuff (group to assign which person gets which third of procedure)
- If score < 70% - Move to Cadaver but limited to only Sutting, Knot Tying and Basic Tissue Handling. NO dissection.

**5:20 Questions & Answers**  |  All Faculty

**5:30 Adjourn**

AAGL acknowledges that it has received support in part by educational grants and equipment (in-kind) from the following companies: Bovie Medical, Covidien, Ethicon Endo-Surgery, Inc., Ethicon Women’s Health & Urology, Intuitive Surgical, Mimic Technologies, New Wave Surgical
This course provides a unique opportunity to master the LEAST minimally invasive approach to hysterectomy, the vaginal hysterectomy. From the leading experts in the field, the participant will understand from evidence in the literature why vaginal hysterectomy is the PREFERRED approach. Step-by-step didactics and videos will be used to demonstrate basic and advanced surgical techniques, innovations and currently available devices to simplify and overcome the challenges to the procedure. Additional focus will be provided on vaginal removal of the adnexae, support of the vaginal apex at the time of the hysterectomy and management of complications. The attendees will come away from the course filling their surgical armamentarium with vaginal skills to become the complete pelvic surgeon.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to: 1) Articulate advantages to the vaginal approach with evidence from the literature; 2) develop a new patient selection criteria for the vaginal hysterectomy; 3) identify the challenges to the vaginal hysterectomy and employ specific techniques to overcome each; 4) articulate the steps to remove the adnexae vaginally; 5) demonstrate techniques to prevent, recognize and manage complications associated with vaginal hysterectomy; and 6) implement procedures to support the vaginal apex at the time of the hysterectomy.

8:00 Welcome, Introductions and Course Overview  
8:05 Vaginal Hysterectomy, PREFERRED Approach: What the Evidence Shows and Step-by-Step Guide  
8:30 Use of Surgical Innovation to Overcome Challenges in Difficult Vaginal Cases  
8:55 Complications in Vaginal Procedures: Recognition and Management  
9:20 Support of the Vaginal Apex during Hysterectomy  
9:45 Questions & Answers  
9:55 Break  
10:10 Structural and Functional Support to the Female Pelvis  
10:35 Vaginal Adnexectomy: Maximizing Success and Safety  
11:00 Intra-Operative Cystoscopy: Role, Technique, Normal and Abnormal Findings  
11:25 Evidence-Based Management for Same-Day Discharge after Hysterectomy  
11:50 Questions & Answers  
12:00 Adjourn

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**OCTAVIUS 5-8**

**PG 206 CME**  
**Controversies and Complications in Pelvic Reconstructive Surgery (Didactic)**  
Andrew I. Sokol, Chair

**Course fee $175 | Limit: 200 | 8:00 am - 12 noon**

FDA advisories, mesh lawsuits, media coverage, oh my! This course reviews “hot button” issues facing pelvic reconstructive and minimally invasive surgeons today: credentialing for new procedures, the FDA mesh advisory, management of mesh complications, hysterectomy versus hysteropexy, apical support during hysterectomy, and the use of biologics in prolapse repair surgery. These issues will be debated by the panel and data will be presented supporting each side. Practical tips will be given for navigating the consent process, managing mesh complications, and performing uterine sparing apical support procedures. The state of evidence for the use of native tissues and biologics will also be reviewed.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to: 1) Summarize the FDA mesh advisory; 2) implement an effective surgical consent process; 3) use what was learned to support the vault at the time of benign hysterectomy; 4) identify appropriate hysteropexy patients; 5) apply skills learned to identify and manage mesh complications; and 6) summarize current literature about the use of biologics in prolapse repair.

8:00 Welcome, Introductions and Course Overview  
8:05 What Does the FDA Advisory Mean for Me and My Practice?  
8:30 Pelvic “Deconstructive” Surgery – How to Manage the Complications of Prolapse Repair Surgery  
8:55 Credentialing for New Technologies – What is the Best Way Forward?  
9:20 Is Hysterectomy Necessary in Pelvic Floor Repair?  
9:45 Questions & Answers  
9:55 Break  
10:10 Biologics in Prolapse Repair – Just a Bunch of Hocus-Pocus?  
10:35 Back to the Future – Native Tissue Repairs for Apical Prolapse  
11:00 What Is the (F)utility of Urodynamics?  
11:25 Managing Sling Complications  
11:50 Questions & Answers  
12:00 Adjourn
This hands-on cadaver lab will provide each participant the unique opportunity to perform a complete vaginal hysterectomy from start to finish with an expert vaginal surgeon at each station. Participants will learn about proper positioning and maximizing exposure for vaginal surgery, entry into the cul-de-sacs, securing pedicles for hemostasis, morcellation of the uterus, cystotomy repair, removal of the adnexae, apical suspension at the time of vaginal hysterectomy, and use of cystoscopy to evaluate for ureteral patency and bladder integrity after surgery. Participants will also become familiar with various stirrups, vaginal retractors, and enabling technologies for vaginal surgery. Additionally, cystoscope assembly and proper performance of a survey of the lower urinary tract after gynecologic surgery will be demonstrated.

This course includes both basic and advanced content for the gynecologic minimally invasive and vaginal surgeon.

Learning Objectives: At the conclusion of this course, the clinician will be able to:
1) Become familiar with safe patient positioning during vaginal surgery; 2) demonstrate ability to maximize exposure and visualization; 3) recognize correct tissue planes for entry into the cul-de-sac, and palpate for ureters vaginally; 4) illustrate techniques to secure vascular pedicles using traditional clamp/tie, Endoloop and vessel-sealing devices; 5) show proficiency in uterine morcellation; 6) perform cystoscopy to check for ureteral patency and bladder injuries; 7) know techniques to facilitate vaginal adnexectomy; 8) identify the utero-sacral ligament complex and perform a prophylactic McCall’s suspension; and 9) perform cystotomy repair.

1:30 Welcome/Introduction
R.M. Kho, A.I. Sokol
1:35 Video Fest (2-3 min video segments)
All Faculty
- Patient Positioning in Vaginal Surgery
- Maximizing Exposure (Traditional and Magrina-Bookwalter Vaginal Retractors)
- Entry into Cul-de-Sac
- Morcellation of the Large Uterus
- Removal of the Adnexae
- Support of the Vaginal Cuff
- Cystotomy Repair
- Routine Cystoscopy
2:35 Hands-On Workshop
All Faculty
5:15 Questions & Answers
All Faculty
5:30 Adjourn

AAGL acknowledges that it has received support in part by educational grants and equipment (in-kind) from the following companies:
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EFFORTLESS
The J-Plasma™ Hand Piece is the newest surgical instrument from Bovie Medical Corporation. The multi-modality J-Plasma™ Hand Piece allows surgeons to effortlessly transition between incising tissue (using the retractable blade) or blunt dissection, to spot or paint coagulate; all with one instrument.

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A Practical Guide for Hysteroscopy in the Office (Didactic)

Amy L. Garcia, Chair
Isabel C. Green, Co-Chair

Faculty: Andrew I. Brill, Micah Harris, Eileen C. Young

This course provides the practical guidance necessary to perform hysteroscopic procedures safely and efficiently in the office setting. Designed for the gynecologist who wants to overcome common barriers, this course offers essential instruction, tools and information needed to begin or enhance a comprehensive in-office hysteroscopy practice. The course addresses billing and coding issues including RVU with CPT codes for hysteroscopic procedures and use of modifiers for reimbursement. Patient counseling, informed consent and documentation of procedures. Patient safety and regulatory guidelines, procedure checklists and personnel requirements guide the participant. Equipment acquisition, set-up and maintenance for both rigid and flexible hysteroscopes are presented. Office use of local anesthesia and oral medication for hysteroscopic procedures is examined in detail. Video based didactics address specific office operative hysteroscopic procedures in depth including tips, tricks and troubleshooting techniques as well as identification and management of office hysteroscopic complications.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Implement patient safety regulations and safety protocols for in-office procedures; 2) use correct coding and billing to maximize reimbursement for office hysteroscopic procedures; 3) appropriately counsel patients regarding in-office hysteroscopic procedures, obtain informed consent and document procedures correctly; 4) acquire, set-up and maintain equipment and supplies needed for office hysteroscopic procedures; 5) use cervical anesthesia, oral and injectable medication effectively for patient comfort with office hysteroscopic procedures; 6) utilize hysteroscopy for in office procedures such as biopsy, polypectomy, myomectomy, metroplasty, sterilization and IUD removal; 7) discern new technologies for hysteroscopic morcellation of polyps and myomas in the office; and 8) identify and address common complications encountered with office hysteroscopic procedures.

Hands-On Lab at Caesars

Lab fee $375 | Limit: 60

This course complements PG 208 didactic course

Comprehensive Hysteroscopic Hands-On Workshop with Virtual Reality Simulators and Pelvic Trainers (Simulation Lab)

Amy L. Garcia, Chair
Isabel C. Green, Co-Chair

Faculty: Andrew I. Brill, Scott G. Chudnoff, Gary N. Frishman, Micah Harris, Stephanie N. Morris, Malcolm G. Munro

This course provides intensive hands-on experience with the most up-to-date and innovative technologies in diagnostic and operative hysteroscopy and non-hysteroscopic endometrial ablation devices. Through the use of computer simulation and standard practice models, participants practice and develop operative hysteroscopic skills. These skills include assembly of equipment, proficiency with flexible and rigid hysteroscopes, office hysteroscopy, resection of myomas with bipolar and monopolar resectoscopes, polypectomy, hysteroscopic sterilization, mechanical morcellation, as well as hysteroscopy troubleshooting. Immersion with non-hysteroscopic endometrial ablation technologies allows the participant to fully explore, utilize and critically evaluate the different available devices. Fluid management systems are available for use and assessment. Expert Faculty provides participants with individual instruction on instrument use and skills development. The organization of the lab allows participants to choose specific areas of interest and to focus attention on improving hysteroscopic surgical competence.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Assemble and disassemble hysteroscopes and resectoscopes efficiently; 2) demonstrate proficiency with the flexible and rigid hysteroscope using semi-rigid instruments; 3) critically evaluate and utilize endometrial ablation devices; 4) improve hysteroscopic skills through computer simulation including hysteroscopic sterilization and morcellation; 5) troubleshoot hysteroscopic instrumentation including fluid management; 6) demonstrate appropriate technique for mechanical morcellation of polyps and myomas; 7) demonstrate appropriate technique for resection of polyps and myomas using monopolar and bipolar resectoscope; and 8) apply basic surgical skills necessary for diagnostic and operative office hysteroscopy.
Due to the inexperience in appreciating the diagnosis prior to surgery, the complexity of the surgery itself, and the potential need for a multidisciplinary approach, many women with deep endometriosis are not satisfactorily treated at the time of the initial laparoscopic surgery.

This course demystifies the surgical approach to deep endometriosis, including proper pre-surgical assessment and the current surgical therapies recommended. This will include strategies for the treatment of the ovarian endometrioma, bowel and urinary tract endometriosis, as well as the frozen pelvis. The new AAGL Classification for Endometriosis will be introduced. Teaching will be enhanced with interactive video session, featuring all faculty members.

Learning Objectives: At the conclusion of this course, the clinician will be able to:
1) Discuss strategies for laparoscopic hysterectomy in the presence of severe endometriosis;
2) describe how robotic surgery can enhance the treatment of deep endometriosis;
3) discuss the impact of surgical therapy for endometriosis on infertility and pelvic pain;
4) detect extra pelvic endometriosis and discuss surgical treatment; and
5) discuss future treatments for endometriosis.

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>8:00</td>
<td>Welcome, Introductions and Course Overview</td>
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<tr>
<td>8:05</td>
<td>Current and Future Strategies to Plan the Treatment of Endometriosis</td>
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<tr>
<td>8:30</td>
<td>Treatment of the Ovarian Endometrioma</td>
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<td>8:55</td>
<td>Strategies in the Dissection of the Frozen Pelvis</td>
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<tr>
<td>9:20</td>
<td>Video/Interactive Session, Q&amp;A</td>
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<td>9:55</td>
<td>Break</td>
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<tr>
<td>10:10</td>
<td>Current Surgical Techniques to Treat Bowel Endometriosis</td>
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<tr>
<td>10:35</td>
<td>Urinary Tract Endometriosis – Therapeutic Strategies</td>
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<tr>
<td>11:00</td>
<td>The AAGL Classification for Endometriosis</td>
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<tr>
<td>11:25</td>
<td>Video/Interactive Session, Q&amp;A</td>
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<td>12:00</td>
<td>Adjourn</td>
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<tr>
<td>1:30</td>
<td>Welcome, Introductions and Course Overview</td>
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<td>1:35</td>
<td>Endometriosis and Hysterectomy</td>
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<tr>
<td>2:00</td>
<td>The Use of Robotic Assistance in the Treatment of Deep Endometriosis</td>
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<tr>
<td>2:20</td>
<td>The Impact of Surgical Treatment of Endometriosis on Infertility</td>
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<td>2:40</td>
<td>Complications</td>
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<tr>
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<td>Video/Interactive Session, Q&amp;A</td>
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<td>3:25</td>
<td>Break</td>
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<td>3:40</td>
<td>The Impact of Surgical Treatment of Endometriosis on Pelvic Pain</td>
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<tr>
<td>4:05</td>
<td>Therapeutic Strategies for the Treatment of Extra Pelvic Endometriosis – Diaphragm, Lungs, Pleura</td>
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<tr>
<td>4:30</td>
<td>Perspectives on the Future Treatment of Endometriosis</td>
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<tr>
<td>4:55</td>
<td>Video/Interactive Session, Q&amp;A</td>
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<tr>
<td>5:30</td>
<td>Adjourn</td>
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Day 2 – Tuesday, November 6, 2012

**State-of-the-Art Postgraduate Courses**

**OCTAVIUS 19-20**

**PG 212**

**Current Advances in Minimally Invasive Surgery for Female Pelvic Organ Prolapse (POP) – (Didactic)**

C.Y. Liu, Chair

**Faculty:** John O. DeLancey, John B. Gebhart

**Course fee $175 | Limit: 125 | 8:00 am - 12 noon**

The dynamic functional anatomy of female pelvic floor and pathophysiology of POP are still poorly understood. Currently there are numerous surgical procedures for POP available, all claiming to have high success rate. However, careful study reveals that the vast majority of them actually have either an unacceptable complication rate, low long-term success rate, or inadequate long-term follow up.

This course begins with a lecture by Dr. John DeLancey on Anatomic Factors for Successful Native Tissue Repair, which will be transmitted live from University of Michigan. A cadaver dissection to demonstrate the various mechanisms and levels of female pelvic floor support will be shown during this lecture. After focusing on sound anatomic concepts, the participants will then evaluate various commonly performed surgical procedures for POP. A presentation will be given on those procedures that have evidenced long-term success – laparoscopic, vaginal, and robotic approaches – for apical support, enterocoele repair, cystocele, rectocele, and total pelvic floor reconstruction. This will be followed by a presentation by Drs. Arnaud Wattiez and Alan Lam, two pioneer surgeons from Europe and Australia, on the most commonly performed POP surgery in their respective countries. The course ends with a discussion on the prevention, recognition, and management of common complications of prolapse surgery.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to: 1) Identify the anatomy of the female pelvic floor support and important structures of pelvic sidewalls related to surgical planning for POP repair; 2) outline the anatomic defects of various conditions of POP; 3) discuss the clinical examination of the patient with enterocoele and plan the most appropriate surgical procedure for her condition; 4) evaluate the various surgical procedures for POP based upon sound anatomic principles; 5) identify the most effective surgical procedure for anterior, posterior, and apical defects; and 6) describe the prevention, recognition, and management of complications related to POP reparative surgery.

8:00 Welcome, Introductions and Course Overview C.Y. Liu
8:05 Anatomic Factors for Successful Native Tissue Repair (Live Tele-Transmission of Cadaver Dissection) J.O. DeLancey
9:05 Questions & Answers Faculty
9:20 Are Uterosacral Ligaments Strong Enough to Use in Apical Support? C.Y. Liu
9:50 Break
10:05 What Is an Enterocele and How Best Can It Be Repaired? C.Y. Liu
10:45 Vaginal Approach to POP: How I Do It and What Are the Results – Apical Support, Anterior and Posterior Compartment Defects J.B. Gebhart
11:45 Questions & Answers All Faculty
12:00 Adjourn

**PG 213**

**Current Advances in Minimally Invasive Surgery for Female Pelvic Organ Prolapse (POP) – (Didactic)**

C.Y. Liu, Chair

**Faculty:** Robert S. Furr, John B. Gebhart, Priya S. Patel, Alan M. Lam, Arnaud Wattiez

**Course fee $175 | Limit: 125 | 1:30 pm - 5:30 pm**

The dynamic functional anatomy of female pelvic floor and pathophysiology of POP are still poorly understood. Currently there are numerous surgical procedures for POP available, all claiming to have high success rate. However, careful study reveals that the vast majority of them actually have either an unacceptable complication rate, low long-term success rate, or inadequate long-term follow up.

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1:30 Welcome, Introductions and Course Overview C.Y. Liu
1:35 The Role of Synthetic Mesh in the Treatment of POP J.B. Gebhart
1:55 How We Repair POP in Europe – Surgical Techniques and Results A. Wattiez
2:55 Robotic Sacro-colpopexy – Tips and Tricks R.S. Furr
3:25 Break
3:40 How We Repair POP in Australia – Surgical Techniques and Results A.M. Lam/P.S. Patel
4:40 Prevention, Recognition, and Management of Complications of Surgical Repair of POP J.B Gebhart
5:10 Questions & Answers All Faculty
5:30 Adjourn
This course is designed for surgeons who want to understand the basics of recording and editing surgical videos, as well as for more experienced practitioners who want to hone their editing skills and maximize the potential of their videos. We will explain the pros and cons of different video file types, give an overview of the uploading process, and demonstrate multiple editing techniques that will enhance the quality of the participants’ videos. There will also be a discussion regarding the grading process employed by AAGL so that participants better understand how their videos will be judged. We will also discuss the future of video-based education and utilization of videos in the education of the next generation of surgeons. The program will conclude with the presentation of various submitted videos and critique by the expert panel to demonstrate common pitfalls and effective editing.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to: 1) Prepare well organized surgical videos for presentation; 2) implement various editing techniques to enhance their surgical videos; 3) integrate video based education into their practices; and 4) discriminate between effective surgical videos and ineffective videos via direct observation of the critiquing process by the expert panel.

1:30 Welcome, Introductions and Course Overview  
2:00 The Surgical Video – What’s Important  
2:25 Video Editing: Tips and Tricks – Part 1  
2:50 The Role of Surgical Videos in Surgeon Education  
3:15 Questions & Answers  
3:25 Break  
3:40 Video-Based Education – Integrating It into Your Practice  
4:05 Video Editing: Tips and Tricks – Part 2  
4:30 Critical Review of Videos – Part 1  
4:55 Critical Review of Videos – Part 2  
5:20 Questions & Answers  
5:30 Adjourn

Faculty: Roman Bojorquez, Craig D. Cocca, Nicole M. Donnellan, Matthew T. Siedhoff

Course fee $175  |  Limit: 75  |  1:30 pm - 5:30 pm
### OCTAVIUS 5-8

**PG 216 CME**

Reproductive Surgery in the Era of ART (Didactic)

William W. Hurd, Chair

**Faculty:** G. David Adamson, Victor Gomel, Keith B. Isaacson

<table>
<thead>
<tr>
<th>Course fee $175</th>
<th>Limit: 200</th>
<th>1:30 pm - 5:30 pm</th>
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The development of Assisted Reproductive Technologies (ART), particularly in vitro fertilization (IVF), has dramatically changed the surgical approach to the infertile patient. At the same time, advances in minimally invasive surgery have allowed a broad range of pelvic procedures to be performed as outpatient surgery or in the office. As a result, surgical indications and approaches continue to evolve based on new information about the effects of pelvic pathology on infertility and new surgical and non-surgical technology. This course is a candid discussion by four reproductive surgeons who specialize in infertility about the important and shifting roles of reproductive surgery in the era of ART and IVF. The course will describe the most recent advances and recommendations for the diagnosis and surgical treatment of common causes of infertility, including endometriosis, hydrosalpinx, fibroids, pelvic adhesions, tubal occlusion, intra-uterine pathology and polycystic ovary syndrome.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to: 1) List the fertility effects of common gynecologic conditions, including leiomyoma, hydrosalpinx, endometriosis and uterine septum; 2) evaluate the relative merits of the different methods for detecting intrauterine pathology in the infertile patient; 3) compare the advantages and disadvantages of the various surgical methods for diagnosing and treating endometriosis in infertile women; 4) demonstrate knowledge of when and how best to remove intramural fibroids in the infertile patient; and 5) distinguish and compare various surgical methods for treating hydrosalpinx in infertile women.

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<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>1:30</td>
<td>Welcome, Introductions and Course Overview</td>
<td>W.W. Hurd</td>
</tr>
<tr>
<td>1:35</td>
<td>Tubal Reconstructive Surgery vs. ART</td>
<td>V. Gomel</td>
</tr>
<tr>
<td>2:00</td>
<td>Hydrosalpinx and Other Indications for Laparoscopy for the Infertile Patient</td>
<td>G.D. Adamson</td>
</tr>
<tr>
<td>2:25</td>
<td>When and How to Evaluate the Uterine Cavity: HSG vs. Sonohysterography vs. Office Hysteroscopy</td>
<td>K.B. Isaacson</td>
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<tr>
<td>2:50</td>
<td>When and How to Remove Intramural Fibroids to Improve Fertility</td>
<td>W.W. Hurd</td>
</tr>
<tr>
<td>3:15</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
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<tr>
<td>3:25</td>
<td>Break</td>
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<td>3:40</td>
<td>Tubal Ligation Reversal vs. IVF</td>
<td>V. Gomel</td>
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<td>4:05</td>
<td>Ovarian Surgery: Endometriomas and Ovarian Drilling</td>
<td>W.W. Hurd</td>
</tr>
<tr>
<td>4:30</td>
<td>Surgical Treatment of Uterine Anomalies: Indications and Techniques</td>
<td>K.B. Isaacson</td>
</tr>
<tr>
<td>5:20</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
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### OCTAVIUS 9-11

**PG 217 CME**

Laparoscopic and Robotic Complications, Prevention, Recognition and Management (Didactic)

Resad P. Pasic, Chair

**Faculty:** Jennifer H. Ford, Ceana H. Nezhat, Silvana Perretta, Shailesh P. Puntambekar

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<th>Course fee $175</th>
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This course provides an overview of prevention, recognition and management of laparoscopic and robotic complications. The emphasis will be placed on entry techniques, vascular, bowel, genitourinary and neurologic complications prevention and management. The faculty has been selected for their breadth experience and will present practical tips how to avoid, recognize and manage complications during laparoscopic and robotic surgery.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to: 1) Evaluate the current methods to prevent recognize and manage complications of abdominal entry; 2) use the learning process to understand the principles, advantages, limitations, and complications of bowel injury during laparoscopic and robotic surgery; 3) demonstrate an understanding of the descriptive and functional anatomy of pelvic sidewall and ureteral injury; 4) recognize factors contributing to vascular injuries during laparoscopic and robotic surgery; and 5) demonstrate understanding of neurological complications during laparoscopic surgery.

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>1:30</td>
<td>Welcome, Introductions and Course Overview</td>
<td>R.P. Pasic</td>
</tr>
<tr>
<td>2:15</td>
<td>Twenty-Five Years of Performing Laparoscopic Surgery with Residents – Prevention, Recognition and Management of Laparoscopic Complications</td>
<td>R.P. Pasic</td>
</tr>
<tr>
<td>2:55</td>
<td>Pelvic Sidewall and Prevention, Recognition and Management of Ureteral Injuries</td>
<td>S.P. Puntambekar</td>
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<tr>
<td>3:35</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
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<td>3:45</td>
<td>Break</td>
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<tr>
<td>4:00</td>
<td>Recognition and Management of Bowel Complications</td>
<td>S. Perretta</td>
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<tr>
<td>4:40</td>
<td>Prevention, Recognition and Management of Vascular Complication during Laparoscopic and Robotic Surgery</td>
<td>C.H. Nezhat</td>
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<tr>
<td>5:20</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
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<td>5:30</td>
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**Opening Reception**

6:45 PM – 8:00 PM

Immediately following the Opening Ceremony the AAGL will present an Opening Reception in the Exhibit Hall with our industry partners to welcome you to the 41st AAGL Global Congress! Join your friends and colleagues in the exhibition hall to sample hors d’oeuvres, and enjoy complimentary beverages as music fills the hall.
Opening Ceremony

Welcome .................................................................................................................. Franklin D. Loffer, Executive VP/Medical Director
Introduction of Board of Trustees ............................................................................. Keith B. Isaacson, President
Congress Opening .................................................................................................... Javier F. Magrina, Scientific Program Chair
Election Results ........................................................................................................ Linda D. Bradley, Nominating Committee Chair

Presidential Address

Dr. Keith B. Isaacson received his medical degree from the Georgia School of Medicine. After an Ob/Gyn residency at Oschsner Foundation Hospital in New Orleans, he completed a fellowship in Reproductive Endocrinology and Infertility at UPenn Hospital in Philadelphia. He was director of Reproductive Endocrinology and Infertility at the Massachusetts General Hospital from 1992 until 2001. Dr. Isaacson then started the Gynecology MIGS program at Newton Wellesley Hospital in 2001 where he is currently the Associate Chair of Gynecology and director of the AAGL/SRS Fellowship program. Dr. Isaacson is an Associate Professor of Obstetrics, Gynecology and Reproductive Biology at Harvard Medical School, and continues to serve as an attending physician at Brigham and Women's Hospital, Massachusetts General Hospital and Boston IVF. He is the co-director of the Center for Gynepathology Research at the Massachusetts Institute of Technology, Vice President of the AAGL/SRS Fellowship Board, and President of the AAGL.

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DATE
November 7th, 2012

TIME
6:00 am to 7:45 am
(Breakfast included)

LOCATION
Caesars Palace
Milano III-IV

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MEDITERATED BY
Andrew I. Brill, MD
Director, Minimally Invasive Gynecology,
Reparative Pelvic Surgery, and Training
California Pacific Medical Center
San Francisco, California

FORWARD BY
Bruce B. Lee, MD
Chief Medical Officer, Co-Founder,
Halt Medical, Inc.
Livermore, California

FEATURED SPEAKERS
Jay M. Berman, MD
Department of Obstetrics and Gynecology, Division
of Reproductive Endocrinology and Infertility
Wayne State University School of Medicine
Southfield, Michigan

Scott G. Chudnoff, MD, MS
Department of Obstetrics and
Gynecology and Women’s Heath
Montefiore Medical Center, Einstein and Moses
Divisions, Albert Einstein Medical School
Bronx, New York

David J. Levine, MD
St. John’s Mercy Hospital
St. Louis, Missouri

Halt Medical, Inc.

The Halt System is CE Marked in the EU for the treatment of fibroids and ablation of soft tissue. FDA 510 (k) cleared for ablation of soft tissue in the U.S. CAUTION: Investigational Device. Limited by federal (or United States) law to investigational use for the treatment of fibroids.
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VISIT BOOTH #304

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**Wednesday, November 7, 2012**

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<td>6:00am – 7:45am</td>
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**CME**

**Jordan M. Phillips, M.D. Keynote Address**

8:00am – 9:30am – OCTAVIUS 4

Byron J. Masterson, MD, FACS, FACOG

J. Wayne Reitz Professor of Obstetrics and Gynecology, Emeritus
University of Florida, Gainesville, Florida

**If I’m So Successful, How Come I’m Not Happy?**

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<th>Refreshment Break — Visit Exhibits — 9:30am – 11:00am</th>
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**In the Mix**

Wednesday, November 7
7:15 PM – PALACE I

After a full day of workshops and industry-sponsored symposia, join the Board of Trustees, the faculty and your peers for food, beverages and conversation.

*Sponsored in part by an unrestricted grant from Hologic, Inc.*

This event supports the Foundation of the AAGL.
The Foundation of the AAGL

The Foundation of the AAGL wishes to recognize the following donors for their generous contributions. Those who also donated to additional specific Foundation funds are indicated with a reference number.

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Warren Volker, M.D., Ph.D.

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Develop an action plan to apply the data presented to improve your practice and personal life.

Objectives

- Address satisfaction and happiness in a rapidly changing profession.
- We will review the new data in neuroscience and management, discuss its personal impact, and suggest actions one can take to increase satisfaction and happiness.

Recent studies of physicians have shown a high degree of dissatisfaction with their personal lives and the current practice of medicine.

Address Description

Recent studies of physicians have shown a high degree of dissatisfaction with their personal lives and the current practice of medicine. We will review the new data in neuroscience and management, discuss its personal impact, and suggest actions one can take to increase satisfaction and happiness in a rapidly changing profession.

Objectives

- Develop an action plan to apply the data presented to improve your practice and personal life.
Abnormal uterine bleeding (AUB) in the reproductive years is a common and often enigmatic clinical problem that impacts patients and clinicians, and results in a significant economic burden on both individuals and health care systems. Many barriers exist to effective, efficient and successful management of women suffering from the collection of entities that comprise AUB including confusing and inconsistently applied definitions and symptom nomenclature and a structured classification system that facilitates education, clinical investigation, and clinical care. Furthermore, a number of new and evolving therapeutic approaches exist, as well as an improved understanding of existing minimally invasive interventions that together promise to enhance the lives of women impacted by both acute and chronic AUB. This course will provide the participant with an introduction to the new FIGO systems for describing AUB symptoms and classification of causes, and use this structure to better understand the appropriate application of the various therapeutic options for affected women.

Learning Objectives: At the conclusion of this activity, the participant will be able to: 1) Categorize the symptoms and causes of AUB in the reproductive years using the new FIGO system; 2) evaluate patients with AUB using appropriate investigative techniques; and 3) construct a list of therapeutic options for patients, appropriate for the identified cause(s) of AUB.

This session provides an array of topics concerning laparoscopic surgery. These topics that will be presented at the session will include change in fibroid volume and amount of blood loss following radiofrequency ablation (RFVTA), mapping of epigastric vessels stratified by BMI, impact of robot acquisition on method of hysterectomy and role of 95% CI in reporting hysterectomy complications among obese women.

Learning Objectives: At the conclusion of this session, the participant will be able to: 1) Evaluate the effect of radiofrequency volumetric thermal ablation (RFVTA) on fibroid volume and blood loss in patients with moderate-to-severe menorrhagia; 2) Review alternate location of epigastric vessels with varying BMI; and 3) review the implication of introducing the robot for different routes of hysterectomy.

11:00 Reduction in Uterine and Fibroid Volumes in 135 Consecutive Subjects Following Laparoscopic and Ultrasound-Guided Radiofrequency Ablation of Fibroids: 12-Month Follow-Up – Guido RS, Levine DJ, Galen DI, Macer JA, Falls JL, Tilley IB, Chudnoff SG


11:30 The Impact of Robot Acquisition on Method of Hysterectomy at a Single Institution – Wright KN, DiSciullo A, Rosenblatt P

11:40 Hysterectomy Complications among Overweight and Obese Women: Role of 95% Confidence Intervals – Bernhard KA, Siddiqui DS, Louks HA, Chauhan SP

11:50 Discussion

12:00 Adjourn

* Denotes alternate presenter
Perioperative Outcomes of Robot-Assisted Laparoscopic Hysterectomy Using a Retroperitoneal Approach – Hew KE, MacDonald R, Im DD

Prospective Cohort Study of Bowel Function after Robotic Sacrocolpexy – Lewis CM, Salamon C, Gurshumov E, Priestley J, Culligan P

Robot-Assisted Hysterectomies for Advanced Endometriosis – Oshinowo AE, Noam Smorgick-Rosenbaum N, Advincula A, As-Sanie S


Blinded Measure of Trendelenburg Angle in Pelvic Robotic Surgery – Gould CH, Osmundsen B, Wu YX, Cull T

Comparison of Perioperative Outcomes Associated with Robotic-Assisted Hysterectomy and Myomectomy – Huang JQ, Frey M, Kofinas J


Comparison of Surgery Time and Cost in Using Barbed Suture Versus the Traditional Suture in Robotic Hysterectomy: A Retrospective Cohort Study – Hashemi L, Hart S, Morseon M

Closing Remarks/Adjourn

Elevated Serum and Peritoneal Interleukin-33 Levels in Deeply Infiltrating Endometriosis – Santulli P, Bochse B, Chouzenoux S, Streuli I, de Ziegler D, Batteux F, Chapron C

Ileoceleal Involvement Is Associated with Increased Severity of Low Rectal Endometriosis – Chapron C, Santulli P, Leconte M, Marcellin L, Bochse B, Dousset B

Prevalence of Endometriosis in Hispanic Women Undergoing Gynecologic Laparoscopy at LAC+USC Medical Center – Wei JZP, Campeau J, Pearce CL, Randal KE, Templeman C

Past Surgical History for Endometriosis Is a Marker for Presence and Severity of Deeply Infiltrating Endometriosis – Chapron C, Santulli P, Sibiude J, Bochse B, Streuli I, de Ziegler D

Can We Predict the Coexistence of Endometriosis in Patients with Symptomatic Fibroids? – Patel PS, Lam A

Influence of Endometriosis Pain on Quality of Life: Assessing Specific Pain Scales from Both Short Form 36 and Endometriosis Health Profile 30 – Aragao LC, Dettii L, Guerra GC, Freitas AT, Resende Jr JAD, Crisp CP, Fonseca MF

Random Clinical and Time-Interval Research Use of Biopsy for Endometriosis – Martin DC, Azari A, Dettii L, Feldbaum VM

The Use of Modified Virtual Colonoscopy To Structure a Staging Model for Rectogenital, Multifocal and Disseminated Pelvic Endometriosis – Van der Wat J, kaplan M

Selective Use of Ileostomy in Laparoscopic Left Bowel Resections for Deep Endometriosis: Lessons Learned from a Retrospective Review on 41 Patients – Messori P, Faller E, Albornoj J, Leroy J, Wattiez A

Closing Remarks/Adjourn

Three most interesting minimally invasive cases will be presented to a panel of internationally recognized experts who will try to make the correct diagnosis. These experts will share their thoughts and knowledge as they take the attendees through diagnostic and operative pathways that will hopefully allow them to come to the correct treatment and ultimate diagnosis.

The cases presented will have twists and turns that will challenge the expert panel at every step. The panel will be required to draw upon their vast clinical knowledge to solve these cases.

There will be no holds barred. The presenters will make every effort to stump the professors, and our expert panelists will demonstrate why they are recognized internationally as thought leaders and teachers.

The attendees will be educated and entertained by this new addition to our annual meeting whether the cases are solved correctly or not.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Work up complex cases in minimally invasive gynecology; 2) treat complex gynecologic cases by minimally invasive surgical techniques; and 3) benefit from exposure to different but effective work-up and treatment guidelines for complex minimally invasive gynecologic cases.

* Denotes alternate presenter
Since its inception in 1990, LSH has developed as an effective alternative to total abdominal hysterectomy for patients with appropriate pathology requiring uterine extirpation. Over the years some complications specific to LSH have been identified. This course will attempt to identify these issues and to provide the practitioner with methods of both preventing and treating these problems. Most of the issues can be addressed with minor surgical technique adjustments and some of the potential problems can be identified preoperatively and avoided with that assessment. The course should allow the practitioner to exclude from the LSH procedure those patients who are not appropriate for this technique as well as safely and efficiently addressing problems that may arise.

**Learning Objectives:** At the conclusion of this activity, the participant will be able to: 1) Identify the short and long term consequences of the LSH procedure; 2) develop techniques and pathways to address these consequences; 3) assess which patients should be included/excluded from the LSH procedure; 4) provide patients with accurate information regarding these consequences; and 5) develop a method of outcomes analysis in order to assess patient performance.
This course provides an overview of the treatment options of heavy menstrual bleeding. Evidence supporting medical and surgical treatments will be presented and debated. Widespread use of the “second generation” endometrial ablation devices over the last decade is resulting in longer term data. Long term effectiveness and emerging concerns will be addressed. FDA approval of the levonorgestrel IUD and tranexamic acid within the last several years has resulted in additional effective medical treatments. Emphasis will be place on patient education and patient selection.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Summarize the current literature regarding the effectiveness of endometrial ablation in the treatment of heavy menstrual bleeding; 2) summarize the current literature regarding the effectiveness of medical treatment of heavy menstrual bleeding; 3) apply information presented to optimize patient understanding of treatment options for heavy menstrual bleeding; 4) apply information presented to optimize patient selection for surgical vs medical options for heavy menstrual bleeding; and 5) identify knowledge gaps with respect to the current literature on treatment of heavy menstrual bleeding.
En este curso, que se llevará a cabo en español, se analizarán temas controvertidos en cirugía mínimamente invasiva y que son considerados de gran importancia y de particular interés. Se incluirán temas como la endometriosis, dolor pélvico y la formación. Las oradores seleccionados son expertos bien conocidos en la utilización de las técnicas endoscópicas en sus respectivos campos.

**Objetivos de Aprendizaje:** Al finalizar este curso, el participante será capaz de: 1) Emplear un protocolo estándar preoperatorio para pacientes con endometriosis profunda; 2) el uso de un protocolo de estudio estándar para evaluar a las pacientes con dolor pélvico crónico, 3) comparar el desarrollo actual de las técnicas endoscópicas en diferentes países de Iberoamérica, y 4) evaluar las posibilidades de creación de una red de formación en Iberoamérica.

1:10 Bienvenida, Introducción y Resumen del Curso
– F. Carmona (España)

1:15 La Evaluación Preoperatoria en Pacientes Con Endometriosis Profunda: Importancia de La Ecografía Vaginal
– M.S. Abrao (Brasil)

1:27 Estudio Diagnóstico en Pacientes Con Dolor Pélvico Crónico: ¿Qué importa?
– J.D. Villegas (Colombia)

1:39 Desarrollo Actual de Las Técnicas Endoscópicas en España Y Otros Países Iberoamericanos
– P. Brescó (España)

1:51 Las Posibilidades de Formar Unos Centros de Enseñanza en Iberoamérica
– J. Castaneda (Colombia)

2:05 Preguntas y Respuestas
– All Faculty

2:10 Clausura

Natural orifice transluminal endoscopic surgery (NOTES) uses the natural orifices of human body (ex, mouth, anus, etc.) as port of laparoscopy to achieve a “scarless” abdominal surgery. Though the techniques of transcolonic or transesophageal accesses have also been developed, the transvaginal access is the most frequently used and suitable for gynecologists. The first course, Transvaginal NOTES in Adnexal Procedures, provides its technical details and feasibility evaluation.

Hysterectomy is one of the most commonly performed surgical procedures. Total laparoscopic hysterectomy (TLH) is characterized by performing all the procedures and disconnecting the uterus from pelvic floor with solely abdomen approach. The second course, Demystifying the Total Laparoscopic Hysterectomy, provides the technical details, points out the key principle of operative safety, and offers the tips and tricks of achieving a successful TLH.

**Learning Objectives:** At the conclusion of this course, the participant will be able to: 1) Illustrate the techniques of both procedures; 2) recognize the advantages and limitations of both procedures; and 3) select appropriate patients to perform the procedures.

1:10 Welcome, Introductions and Course Overview
– M.Shiota, C. Lee

1:15 Transvaginal Natural-Orifice Transluminal Endoscopic Surgery (NOTES) in Adnexal Procedures
– C. Lee, H.Su

1:40 Demystifying the Total Laparoscopic Hysterectomy
– P. Mangeshikar

2:05 Questions & Answers
– All Faculty

2:10 Adjourn

* Denotes alternate presenter
Course Objectives: At the conclusion of this session, the participant will be able to: 1) Review the risk of adenomyosis in the outcome of endometrial ablation; 2) review practical tips and tricks and procedural videos of LESS and micro-laparoscopic gynecologic surgery; 3) discuss the learning curve and outcomes data to support adoption of these surgical approaches in practice; and 4) evaluate the future of LESS surgery, including reduced port robotic surgery.

Learning Objectives: At the conclusion of this activity, the participant will be able to: 1) Appraise emerging minimally invasive technologies, including laparoendoscopic single-site surgery (LESS) and micro-laparoscopy, and their utility in gynecologic surgery; 2) review practical tips and tricks and procedural videos of LESS and micro-laparoscopic gynecologic surgery; 3) discuss the learning curve and outcomes data to support adoption of these surgical approaches in practice; and 4) evaluate the future of LESS surgery, including reduced port robotic surgery.
WEDNESDAY, NOVEMBER 7, 2012

2:15PM – 3:15PM

OCTAVIUS 9-11
Open Communications 5
Education
Moderator: John J. Sciara
Co-Moderators: Magdi Milad, Herbert M. Wong

2:15 Non-Technical Factors Influence Laparoscopic Performance among OB/GYN Residents
– Ahlborg L, Hedman L, Nissel H, Felländer-Tai L, Enochsson L
2:21 Effectiveness of Simulation Training in Improving the Operative Performance of the Essure® Procedure
– Chavan NR, Santandreu O, Jacobs AJ
2:27 Minimally Invasive Surgery Training in Residency – How Do We Compare to Our General Surgery Colleagues?
– Ng VS, Zuraewin RK
2:33 Development and Validation of a Ureteral Surgery Simulation Model for Surgical Training
– Tunitsky-Bitton E, Murphy A, Barber MD, Simmons MN, Jelovsek JE
2:39 Influence of Gender in Minimally Invasive Training of French Residents of OB/GYN
– Fazel A, Aout M, Barranger E, Vicuet E
2:45 Gynecologic Trainee Opinions on the Fundamentals of Laparoscopic Surgery Curriculum
2:51 Does Innate Motor Skill Predict Medical Student’s Interest in Pursuing a Surgical Specialty?
– Lokuge S, Fruci V, Abraham T, Youash S, Bates S, Leyland N
2:57 Impact of Perceptions of Patient Safety on Planning and Implementation of Surgical Safety Checklists
3:03 Fundamentals of Laparoscopic Surgery Assessment in Gynecology (FLAG) Study
– Antosh DD, Auguste T, Sokol AJ, Gutman RE, Iglesia CB, Desale S, Park AJ
3:09 Current Perspectives on the Status and Future of the American Association of Gynecologic Laparoscopy Fellowship in Minimally Invasive Gynecologic Surgery
– Dassel MW, Shwayerd JM, Pasic RP
3:15 Closing Remarks/Adjourn

OCTAVIUS 15-18
Open Communications 6
Pain Issues
Moderator: Nutan Jain
Co-Moderators: Fu Kung, Amanda M. Yunker

2:15 Laparoscopic Radio Frequency Myolysis for the Treatment of Midline Dysmenorrhea
– Jung H, Um M
2:21 Frequency of Appendiceal Pathology Encountered during Surgery for Pelvic Pain
– Buescher E, Paka P, Paka C, Nezhat C
2:27 Predictors of Persistent Pelvic Pain Following Hysterectomy
– Nijjar JB, Smorgick N, Abdelbegeed M, Al-Hadidi N, Davis E, As-Sanie S
2:33 Do Trigger Point Injections with Buffered Lidocaine Improve Pelvic Pain of Myofascial Origin – A Retrospective Study
– Alas A, Kim DS, Ogunyemi D
2:39 A Comparison of Pain and Bleeding after Hysteroscopic and Laparoscopic Sterilization
– Levie M, Glazer S, Sadikovic A, Chudnoff S
2:45 A Retrospective Review of Patient Outcomes in a Multi-Disciplinary Clinic Model for Treatment of Chronic Pelvic Pain
– Masone M, Jarnagin B, Tatalovich J
2:51 Musculoskeletal Pain and Disorders among Gynecologic Surgeons
– Adams SR, McKinney J, Tatalovich J
2:57 Global Endometrial Ablation and Postablation Tubal Sterilization Syndrome: A Retrospective Cohort Study
– Shroff RR, Haas D, Raff GJ
3:03 Abdominal Wall Endometriosis: A 10-Year Experience at a Large Academic Institution
– Ecker AM, Donnellan NM, Shepherd JP, Bodur S, Lee TTM
3:09 Closing Remarks/Adjourn

OCTAVIUS 21-23
Open Communications 7
Urogynecology
Moderator: Prabhat K. Ahluwalia
Co-Moderators: E. Cristian Campian, Vincent R. Lucente

2:15 Two-Year Experience with Elevate® Anterior and Apical (EAA) with IntePro® Lite™ in the Surgical Treatment of Pelvic Organ Prolapse
– Stanford EJ, Moore RD, Roovers J-PRW, VanDrie D, Lukban JC, Giudice T, Bataller E, Sutherland SE
2:21 Cosmetic Vulvar Surgery and Perception of Vulvar Appearance
2:27 The Use of Biologic Graft for Posterior Colporrhaphy in Women with Poor Rectovaginal Fascia
– Gross CK, Aimee SL, Aguilar V, Davila GW
2:33 Durability and Complications of an Ultra Lightweight Transvaginal Mesh in the Treatment of Pelvic Organ Prolapse
– Alinsod RM, Patel MP, Erickson TB
2:39 Endoscopic Midurethral Circumferential Injection of Calcium Hydroxylapatite for Urethral Bulking
– Flora RF, Rooney C
2:45 Stress Incontinence in Women: a Pilot Study Comparing the MiNiarc Single Incision Sling System to the Monarc Transobturator Sling System
– Merali S, Dolhaniuk C, Unger T
2:51 Sling Failures: Does the Adjustable Suburethral Sling (Remeex) Bring Hope to Those Who Leak?
– Mattox F
2:57 Is Cervix Removal Associated with Pain, Well-Being and Satisfaction after Hysterectomy?
– Eisenstein DI, Merali S, Williams M, Grady M, Nawfal AK, Havsted S, Wegienka G
3:03 Interest of the 3D Ultrasound Evaluation of Suburethral Tape after TVT-O Procedure
3:09 An Unusual Case of Mesh Erosion Following Laparoscopic Sacrocolpopexy
– Moulder JK, Cohen SL, Einarsson JJ
3:15 Closing Remarks/Adjourn

* Denotes alternate presenter
The adnexal mass is a common finding that is encountered in women of all ages by the practicing gynecologist. Preoperative work up and the decision of when to surgically intervene are based on a number of factors. This course provides an overview of management of the adnexal mass from initial presentation to intraoperative surgical management. Surgical videos will be used to help illustrate surgical techniques.

**Learning Objectives:** At the conclusion of this activity, the participant will be able to: 1) Explain which patient should undergo surgical assessment of an adnexal mass; 2) explain which patient should be referred directly to a gynecologic oncologist; 3) identify the key components to intraoperative management of an ovarian malignancy; and 4) identify which patients should and shouldn't undergo endoscopic management.

### OCTAVIUS 1-3

**CME**

**Plenary 4**

**Robotics**

Moderator: Dan C. Martin

Co-Moderators: Nadim N. Hawa, Robert T. O'Shea

This session provides a mixture of different concerns regarding robotic surgery. This will include presentations related to gynecologic oncology surgery in the elderly, comparison of laparoscopic and robotic surgery in obese patients, predicting difficulty and complications in obese patients, reviewing robotic-assisted sacrocolpopexy, analyzing the cost of robotics, analyzing closure devices, understanding the learning curve and performing lymph node sampling.

**Course Objectives:** At the conclusion of this session, the participant will be able to: 1) Define the risks and benefits of robotic surgery in the elderly and obese; 2) contrast different closure devices; and 3) evaluate the feasibility of high para-aortic lymphadenectomy using robotics.

**3:20** The Outcomes of Elderly Patients in the Treatment of Gynecological Malignancy with Robotic Surgery

- Kang EY, Lim PC

**3:30** Surgical Outcomes of Morbidly Obese Patients in Treatment of Endometrial Cancer. Comparative Analysis of Robotic Surgery Versus Laparoscopic Surgery

- Lim PC, Kang EY, Edsall I

**3:40** Predicting Surgical Difficulty and Complications in Overweight Women Undergoing Gynecologic Robotic Surgeries

- Hsieh J, Li D, Shafer A, Zhou C

**3:50** Prospective Cohort Study of Robotic Sacrocolpopexy Using Lightweight Polypropylene Y-Mesh

- Culligan PJ, Gurushumov E, Komar J, Priestley J, Salamon C

**4:00** Interrupted Vicryl Suture vs. Barbed Suture and Vaginal Cuff Complications after Robotic Hysterectomy

- Grias I, Della Badia C

**4:10** Impact of Robotic Operative Efficiency on Profitability

- Geller EJ, Bowling JM, Matthews CA

**4:20** Comparative Analyses of Abdominal, Vaginal, Laparoscopic and Robotic Hysterectomies, Performed by Less and More Experienced Robotic Surgeons

- Luciano DE, Lyapis AV, Kreadon U, LaMonica R, Luciano AA

**4:30** Pregnancy Outcomes after Robotic Myomectomy

- Astill NM, Rascoff LG, Ascher-Walsh C

**4:40** Feasibility of High Para-Aortic Lymphadenectomy above the Inferior Mesenteric Artery Via the Robotic Transperitoneal Approach

- Dean KL, Hoffman J, Zhou CX

**4:50** Discussion

**5:00** Adjourn

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**OCTAVIUS 4**

**Video Session 4**

**Urogynecology**

Moderator: David L. Zisow

Co-Moderators: Cheryl B. Iglesia, Jim W. Ross

**3:20** Removal of Symptomatic Monarc Mesh

- Redwine DB

**3:28** Laparoscopic Native-Tissue Uterine Suspension; a Novel Modification To Enhance Anterior Support

- Jeppson PC, Rardin CR

**3:35** Microlaparoscopy in Urogynecology: LSH and Sacrocervicopexy

- Rosenblatt PL, Adams SR, Shapiro A

**3:43** Minimally Invasive Midline Surgery “M-I-M-S” Using a Novel Suturing Technique for Sacrocervicopexy

- Apostolis CA, Adelowo A, DiSciullo AJ

**3:48** Laparoscopic Sacrohysteropexy for Repair of Genital Prolapse in Young Women


**3:57** Simplified Management of Synthetic Sling Complications

- Smith AL, Mukati M, Davila GW

**4:06** Laparoscopic Excision of Sacrocolpopexy Mesh

- Zakaria M, Hart S

**4:15** Minimally Invasive Sacral Colpopexy – Novel Device Evaluation in the Cadaver Model

- Von Pechmann W, Lipford K, Lipford B, Daniels E

**4:24** Advanced Cosmetogynecology – Prevention and Management of Vulvar/Vaginal Distortion at Thighplasty Surgery

- Pelosi II MA, Pelosi III MA

**4:33** Robotic Assisted Laparoscopic Sacrocolpopexy with Uterine Preservation

- Wehbe S, O’Hare PG, El-Khawand D, Whitmore K, Vakili B

**4:42** Total Colpocleisis Made Easy Using a Waterjet Device

- El-Khawand D, Wehbe SA, O’Hare PG, Babin EA, McKinney TB

**5:00** Adjourn

---

* Denotes alternate presenter

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**OCTAVIUS 5-8**

**CME**

**Surgical Tutorial 4**

Endoscopic Management of the Adnexal Mass, from Small to Large, from Benign to Malignant

Robert W. Holloway and Yukio Sonoda  |  Moderator: Ronald L. Levine

* Denotes Award Winner

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**OCTAVIUS 5**

**Video Session 5**

Urogynecology

Moderator: David L. Zisow

Co-Moderators: Cheryl B. Iglesia, Jim W. Ross

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**OCTAVIUS 6**

**Video Session 6**

Urogynecology

Moderator: David L. Zisow

Co-Moderators: Cheryl B. Iglesia, Jim W. Ross

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**OCTAVIUS 7**

**Video Session 7**

Urogynecology

Moderator: David L. Zisow

Co-Moderators: Cheryl B. Iglesia, Jim W. Ross

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**OCTAVIUS 8**

**Video Session 8**

Urogynecology

Moderator: David L. Zisow

Co-Moderators: Cheryl B. Iglesia, Jim W. Ross

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3:20 A Single Blind Randomised Controlled Trial of Surgical and Patient Outcomes Using Mechanical Bowel Preparation before Laparoscopic Gynaecological Surgery
– Won K, Maley P, Stephanie S, Campbell N, Abbott J

3:26 Short-Term Surgical Outcomes and Cost of Abdominal, Laparoscopic, and Robotic-Assisted Myomectomy: A Retrospective Analysis and Review of the Literature
– Daw MA, Sulo S, Miller CE, *Presenter: Stellar C

3:32 Single Port Laparoscopic Surgery Reduces Postoperative Pain in Women with Benign Gynecologic Disease, Really?
– Park SY, Choi JS, Kang JH, Lee JH

3:38 Patient Characteristics and the Incidence of Postoperative Venous Thromboembolism in Laparoscopic Surgery and Laporatomy
– Datta MS, Bump C, Peak G, Pilkinton M, Roy P, Mohsher EL, Nezhad FR

3:44 A Case of Double Uterus with Cervical and Vaginal Agenesia Associated with Pelvic Enometriosis Who Underwent Laparoscopic Peritoneal Vaginoplasty with Autograft of Uterine Serosa

3:50 The Cost Analysis of Laparoscopic Versus Abdominal Versus Minilaparotomy Myomectomy Procedures in Women with Fibroids: A Canadian Perspective

3:56 Outcome of Laparoscopic Repair of Urteral Injury: Follow-Up of Twelve Cases
– Han C-M, Tan H-h, Su H, Wang C-j, Yen C-F, Lee C-L

4:02 Bladder Dysfunction Following Laparoscopic Gynecological Surgery with or without Adenectomy: A Retrospective Analysis

4:08 Reduced Port Surgery: Single-Port Access (SPA) Laparoscopy Using Reusable 3mm Sleeves for Access
– Xu J, King S, Curcillo II PG

4:14 Prophylactic Salpingectomy Does Not Affect Short- and Long-Term Surgical Outcomes When Associated to Surgery for Benign Indications
– Venturella R, Moccia R, Morelli M, Zullo F

4:20 Incidence of Upper Extremity Neurologic Injury in Laparoscopic Gynecologic Procedures Using the Bean Bag and Shoulder Support To Prevent Patient Displacement
– Treszczczynski AD, Astill NM, Fenske S, Ascher-Walsh CJ

4:26 A Comparative Cross Sectional Study on Cosmetic Outcomes after Single Port or Conventional Laparoscopic Surgery
– Lee JH, Choi JS, Park SY, Kang JH

4:32 Prospective 12-Month Follow-Up of Quality-of-Life Improvement Following 135 Consecutive Cases of Laparoscopic and Ultrasound-Guided Radiofrequency Ablation of Fibroids
– Chudnoff SG, Levine DJ, Galen DI, Mazer JA, Falls JL, Tilley IB, Guido RS

4:38 Mesial Incision for Laparoscopic Dermoid Cystectomy: A New Safe and Fertility-Sparing Technique
– Zullo F, Moccia R, Venturella R, Lico D, Morelli M

4:44 RCT – Comparing Bupivacaine Administration in Laparoscopic Gynecologic Surgery Using Either a Pre-Incision or Post-Closure Injection
– Singer T, Huang JY, Schattman GL, Joseph M, Stubs RE, Rosenvaks Z

– Garrett LA, McCann CK, Growdon WG, Schorge JO, del Carmen MG, Goodman A, Boruta DM

3:20 Results of Modified Laparoscopic Davydov Technique in 47 Patients with Congenital Absence of the Vagina: Laparoscopic Peritoneal Vaginoplasty
– Park KH, Park JH, Yang HI, Cho SH, Seo SK, Choi YS, Lee BS

3:26 Ovarian Function after Anterograde or Retrograde Salpingectomy
– Moccia R, Ventura R, Morelli M, Zullo F

3:32 Reproductive Results after Laparoscopic Ovarectomy in Children
– Charvat M, Halaska M, Horej J, Teslik L

3:38 Letrozole vs. Clomiphene Citrate Plus IUI for Women Recently Surgically Treated for Severe or Recurrent Endometriosis: A Randomized Controlled Trial
– Zullo F, Ventura R, Moccia R, Cappiello F, Morelli M

3:44 Pregnancy Outcomes after Laparoscopic Myomectomy with Barbed Suture
– Sandberg E, Cohen SL, Hill-Lydecker CI, Vree FEM, Einarsson JI

3:50 Retrospective Analysis of Trans-Abdominal Cervical Cerclage: Comparison of Open Versus Laparoscopic Approach
– Cohen SL, Sandberg E, Hill-Lydecker CI, Vree FEM, Jonsdottir GM, McElrath TF, Einarsson JI

3:56 Fertility after Myomectomy: A Retrospective Cohort Study

4:02 Pregnancy Outcomes Following Robot-Assisted Laparoscopic Myomectomy
– Hoffman MR, Smorgick N, Kaur J, Song AH, Advincula AP, As-Sanie S

4:08 Effects on Ovarian Reserve of Laparoscopic Cystectomy for Ovarian Endometrioma That Performs Hemostatic Suturing after Stripping and Electrocoagulation after Stripping by Vasopressin Injection
– Kumakiri K, Kikuchi I, Kitade M, Jinushi M, Takeda S

4:14 Fertility after Ectopic Pregnancy: A Randomized Trial
– Fernandez H, Capmas P, Bouyer J

4:20 Retrograde Tubal Catheterization: About a Retrospective Study of 103 Cases
– Faller E, Garbin O, Hummel M, Nisand I

4:26 Ultrasound Guided Robotic-Assisted Abdominal Cerclage in a Pregnant Patient: Overcoming the Limitations of Minimally Invasive Surgery
– Walsh TM, Borahay M, Tapisiz OL, Fox K, Rodriguez AM, Kilic GS

4:32 Pregnancy Outcome after Laparoscopic Myomectomy for Large Submucosal Myomas

4:38 Fertility Outcome after Excision of Deep Infiltration Endometriosis with Segmental Bowel Resection and Primary Anastomosis
– Albornoz J, Faller E, Messori P, Wattiez A

4:44 Low Birth Weight Is Associated with an Increased Risk of Endometriosis: Results of a 743 Case-Control Study
– Borghese B, Sibiude J, Santulli P, Lafay Pillet M-C, Streuli I, de Ziegler D, Chapron C

4:50 The Role of Laparoscopy in the Management of Second Trimester Spontaneous Uterine Rupture
– Ramirez ER, Hakakha B, Dale K

5:00 Closing Remarks/Adjourn
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<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Authors</th>
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<tbody>
<tr>
<td>3:20</td>
<td>Use of Unidirectional Barbed Suture in Closure of the Vaginal Cuff during Total Laparoscopic Hysterectomy</td>
<td>Lum D, Donnellan N, Bodur S, Guido R, Mansuria S, Ted L</td>
</tr>
<tr>
<td>3:32</td>
<td>Incidence of and Risk Factors for Vaginal Cuff Dehiscence after Hysterectomy: A 10-Year Retrospective Study at Two Institutions</td>
<td>Greene KA, Hart S, Vormittag E, Glazerman LR</td>
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<td>3:38</td>
<td>The PREOPt Project</td>
<td>Carugno JA, Gyang A, Hoover F, Taylor K, Lamvu G</td>
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<td>4:02</td>
<td>Do Residents and Fellows Really Slow You down? – A Prospective Determination of the Impact of Surgical Learners in the Gynecology OR</td>
<td>Bates SK, Youash S, Levy K</td>
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<td>4:08</td>
<td>Effect of Electrosurgery for Initial Incision at the Time of Vaginal Hysterectomy</td>
<td>Lavallee MA, Morosky CM</td>
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<td>4:20</td>
<td>Outcome after Laparoscopic Supracervical Hysterectomy (LSH), a Prospective Observational Study</td>
<td>Berner E, Lieng M, Qvigstad E</td>
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<tr>
<td>4:26</td>
<td>A Comparison of Vaginal Cuff Dehiscence by Route of Hysterectomy: A Single Institution Cohort Study</td>
<td>Schuler KM, Suri A, Waltner-Toews R, Jackson AL, Boggess JF</td>
</tr>
<tr>
<td>4:32</td>
<td>Laparoscopic Hysterectomy at a County Teaching Hospital: Outcomes after the Initiation of a Minimally Invasive Gynecological Surgery Curriculum</td>
<td>Brotherton J, Saleeby E, Yazdany T, Park M</td>
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<td>4:38</td>
<td>Minimally Invasive Gynecologic Surgery without Robotics: The Impact of Dedicated Teaching Protocol on Route of Hysterectomy in Community Hospital</td>
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Experience the Latest Innovation in Simulation for Robotic Surgery at Booth #207

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Reduces need for training robot; does not require expensive training instruments and materials; saves operating room time

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**ACCESS**
Increases training access for residents, fellows and novice surgeons; minimizes proctor supervision
Description

This course provides a basic introduction to the creation of an office-based surgical practice with an emphasis on guidelines for patient safety and regulatory issues, recommendations for transitioning from the hospital or ambulatory surgery center to the office, and examples of appropriate procedures to be considered for performance in an office setting.

Learning Objectives

- List patient co-morbidities that are contraindications to office surgery.
- List qualities of surgical procedures that make them appropriate for the office setting.
- List the Levels of Office-Based Surgery.
- List important features of an office-based surgical practice to promote patient safety.
- Describe the types of documentation necessary to maintain an office-based surgical practice.
- List the various agencies and associations that have published guidelines concerning office-based surgery.

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2. Watch the webcast.
3. Take the CME post-test (each question must be answered correctly).
4. Select the number of CME hours for which you are applying for this activity.
5. You will receive your personalized CME certificate by email.

This course has been provided through a generous educational grant from Hologic.
Course Description
In this debate-style symposium, four well-respected experts in the field of minimally-invasive gynecologic surgery will debate a variety of today’s most provocative topics. The goal of this symposium is to foster an advanced discussion forum focusing on procedural and clinical experience and to explore the disconnect between past and present minimally-invasive treatment algorithms and patient satisfaction.

Faculty
Edward G. Evantash, M.D., FACOG, Moderator
Medical Director and Vice President of Medical Affairs
Hologic, Inc.
Marlborough, Massachusetts

Andrew I. Brill, M.D., Panel Member
James Greenberg, M.D., Panel Member
Jessica A. Shepherd, M.D., MBA, Panel Member
Morris Wortman, M.D., FACOG, Panel Member
Robotic Sacrocolpopexy using ALYTE Y-Mesh Graft: 1 year clinical results and techniques for procedural efficiency

Sponsored by Bard Medical

Course Description
This course will be a presentation of the first published 1 year clinical data using the ultra-lightweight ALYTE® Y-Mesh Graft for sacrocolpopexy, combined with a review of both the mesh design characteristics that promote procedural efficiency and laparoscopic robotic procedural techniques. This symposium will contain both didactic lecture and surgical video presentations.

Learning Objectives
At the conclusion of this course, the clinician will be able to: 1) Understand both the objective and subjective outcomes that have been achieved utilizing an ultra-lightweight Y-Mesh construct for sacrocolpopexy; 2) learn about the design characteristics of the ALYTE® Y-Mesh Graft that drive procedural efficiency; 3) become exposed to various robotic surgery techniques.

Faculty
Patrick J. Culligan, M.D., FACOG, FACS
Director of Urogynecology
Atlantic Health, Morristown, NJ
Professor of Obstetrics & Gynecology
Mount Sinai School of Medicine, New York, NY
The efficient approach to fibroid removal

Visit us at AAGL Booth #101. For additional information on our minimally invasive approach, please visit www.sntruclear.com.
Advanced Applications in Robotics: Reducing Incisions and Finding Hidden Pathology Using New Technologies

Sponsored by Intuitive Surgical

Course Description
The objective of this interactive program is to deepen the participant’s understanding of the role of robotics in gynecologic surgery. Didactic sessions with video clips will be used to demonstrate how new robotic technologies can be employed to identify hidden or difficult to see pathology, to reduce the number of incision during a case to improve patient cosmesis, and to improve efficiency through the use of a seal-and-cut instrument. Faculty will discuss their own results and will instruct the audience on how to emulate their techniques.

Topics
• Reduced port robotics to improve cosmesis
• Identifying hidden endometriosis
• Using a robotic vessel sealing instrument to improve efficiencies
• Expanding the use of fluorescence imaging to identify pathology

Faculty
Devin M. Garza, M.D. FACOG
Director of Minimally Invasive Surgery
Renaissance Women’s Group
Austin, TX

Kenneth A. Levey, M.D. MPH FACOG
Clinical Assistant Professor
NYU Langone Medical Center
NY Pelvic Pain and Minimally Invasive Gynecologic Surgery, PC
New York, NY

Charles E. Miller, M.D. FACOG
Clinical Associate Professor, Department OB/GYN
University of Chicago
Director of Minimally Invasive Gynecologic Surgery
Advocate Lutheran General Hospital
Park Ridge, IL

Thomas N. Payne, M.D.
Medical Director
Texas Institute for Robotic Surgery
Austin, TX
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### THURSDAY, NOVEMBER 8, 2012

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$25/Ticket
Includes a copy of the book

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**MILANO VIII**

**Women Surgeons’ Breakfast**
Linda D. Bradley, Chair
6:30 AM – 7:45 AM

**Long, Long Ago**
Prof. Dr. Med Liselotte Mettler

*Supported in part by an unrestricted grant from Ethicon*

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**OCTAVIUS 4**

**CME General Session**
8:00 AM – 9:00 AM

**Avoiding Surgical Complications: Lessons from Aviation Safety and Cognitive Science**
William H. Parker, M.D.
Michael P. Grabowski and Jack Barker, United Airlines Pilots

**Video Demonstration of Bladder, Ureter and Vascular Injury**
Farr R. Nezhat, M.D.

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**OCTAVIUS 4**

**CME Honorary Address**
9:00 AM – 9:30 AM

**Everything You Learned in Residency Will Turn Out to Be Wrong**
William H. Parker, M.D.

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**Refreshment Break — Visit Exhibits** — 9:30am – 11:00am

**Innovation Forum** — 11:00am – 1:00pm – Milano I

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**OmniGuide Residents/Fellows Luncheon** — 1:00pm – 2:15pm

**Visit Exhibits / Box Luncheon** — 1:05pm – 3:00pm

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**Plenary 7**

**Reproductive Issues**
2:15pm-3:15pm

**Surgical Tutorial 7**
Vaginal Compartments
2:15pm-3:15pm

**Open Comm. 15**
Hysterectomy
2:15pm-3:15pm

**Open Comm. 16**
Robotics
2:15pm-3:15pm

**Video Session 7**
Education
2:15pm-3:15pm

**Video Session 8**
Pain Issues
2:15pm-3:15pm

Virtual Posters & Videos
2:15pm-3:15pm

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**Fellowship in MIGS Graduation**
3:20pm-5:00pm

**Surgical Tutorial 8**
Complications
3:20pm-5:00pm

**Open Comm. 17**
Laparoscopy
3:20pm-5:00pm

**Open Comm. 18**
Hysterectomy
3:20pm-5:00pm

**Video Session 9**
Complications
3:20pm-5:00pm

**Video Session 10**
Robotics
3:20pm-5:00pm

Virtual Posters & Videos
2:15pm to 4:00pm

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**Covidien Symposia**
5:05pm – 7:05pm – Milano I-III

**Olympus America Symposia**
5:05pm – 7:05pm – Milano V-VII
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This is an intriguing and true story of a young American meeting and falling deeply in love with a beautiful German girl just out of medical school. This intense relationship lasted over a year, only to be torn apart by fate and circumstance.

Woven within this wonderful story is the fascinating medical journey of this German girl, Dr. Liselotte Mettler, and how she gained world recognition in her chosen field. It takes you through her incredible experience working with the natives in the jungles of Peru as well as her pioneer work in laparoscopic surgery in Germany. The trials, tribulations and death threats hold the reader spellbound. Of great interest is her close association and working relationship with Dr. Kurt Semm who is considered the father of laparoscopic surgery. The professional and personal stories with Dr. Semm are quite unique. Liselotte is an expert in laparoscopic gynecologic surgery as well as in artificial reproductive technologies for which her teacher, Dr. Robert Edwards, received the Nobel Prize in Medical and Physiology in 2010.

This book is truly a magnificent story of Liebe – Love and Fate.

“A true story of Lisa and John – two romantics and truly majestic.”
– Prashant Mangeshikar, M.D., Mumbai, India
  President-Elect of the International Society for Gynecological Endoscopy

“This love story of two extraordinary and world-known individuals is magnificent in depth, courage and dimension.”
– Assia A. Stepanian, M.D., Moscow, Russia/Atlanta, Georgia, USA,
  Gynecological Surgeon

“The story of Lisa and John is a powerful testimony of love and lasting friendship – a joy and inspiration.”
– Oltmann Siemens, Former Head of European Office
  Of the World Bank Group, Frankfurt, Germany

Sponsored in part by an unrestricted grant from ETHICON
Avoiding Surgical Complications: Lessons from Aviation Safety and Cognitive Science

OCTAVIUS 4
CME
General Session
8:00 AM – 9:00 AM

William H. Parker, M.D.
Michael P. Grabowski and Jack Barker, United Airlines Pilots

No doctor or nurse wakes up in the morning planning to harm a patient. However, approximately 98,000 Americans die each year as a result of medical errors. Operating rooms are complex, high anxiety and hierarchical environments, and are a major source of medical errors.

This presentation will address proven airline checklist safety principles, communication skills and team training for the operating room, pre-op and post-op units. Proper use of checklists has been shown to decrease surgical site infections, return to the OR, and surgical mortality by 50%. Use of a common language can avoid communication errors and team training encourages free communication about safety concerns. Perceptual issues during surgery can be recognized and compensated for once they are understood. Standardized use of these principles has been shown, in multiple studies, to improve patient outcomes.

Dr. William Parker is author of Understanding Errors During Laparoscopic Surgery and a past president of the AAGL. Jack Barker, Ph.D. is an Airbus pilot and aviation safety instructor who conducted team dynamics research for the Air Force and NASA. Mike Grabowski is an Airbus pilot, former F-15 pilot and an instructor of Crew Resource Management.

Learning Objectives: At the conclusion of this activity, the participant will be able to: 1) Apply proper communication techniques in the operating room; 2) Implement consistent use of OR safety checklists; 3) Recognize how limitations of human perception may be compensated for in the OR; and 4) Recognize how effective OR leadership can improve teamwork and patient safety outcomes.

Video Demonstration of Bladder, Ureter and Vascular Injury

Farr R. Nezhat, M.D.

This course provides a pre-recorded surgical demonstration of laparoscopic management of bladder ureteral and vascular injuries.

Learning Objectives: At the conclusion of this activity, the participant will be able to: 1) Identify various types of bladder, ureteral and vascular injuries; 2) review various methods for prevention of bladder ureteral and vascular injuries; and 3) identify and manage intentional and unintentional bladder and ureteral and vascular injury and repair.
Vaginal cuff dehiscence is increasingly encountered as a complication after laparoscopic and robotic hysterectomies. This surgical tutorial critically reviews the current literature given the rising number of publications on the topic. The epidemiology, clinical presentation, prevention and management of vaginal cuff dehiscence will be discussed in detail through interactive presentations from experts in the field. Emphasis will be placed on reviewing video clips of various methods of laparoscopic and robotic colpotomies and vaginal cuff closures as well as discussing tips and tricks on how to avoid and manage this dreaded complication.

**Course Objectives:** At the conclusion of this session, the participant will be able to: 1) Review the risks and benefits of transvaginal mesh use, comparison of various kits, using graft density and trocar usage as important comparison factors; 2) review urethral diverticulae, an uncommon but important urogynecological condition: prevalence and treatment options; and 3) evaluate paravaginal repair for anterior compartment prolapse laparoscopically.

**Learning Objectives:** At the conclusion of this activity, the clinician will be able to: 1) Demonstrate the surgical steps and principles during colpotomy and suturing of the vaginal cuff in order to prevent a dehiscence; 2) diagnose vaginal cuff dehiscence in patients after laparoscopic and robotic hysterectomy; and 3) articulate the steps critical in repairing a vaginal cuff dehiscence in order to prevent a recurrence.
**THURSDAY, NOVEMBER 8, 2012**

**11:00 AM – 12:00 PM**

**OCTAVIUS 9-11**

**Open Communications 11**

**Hysteroscopy**

Moderator: Paul D. Indman

Co-Moderators: Karen E. Fish, Enlan Xia

- **11:00** Hysteroscopic Outpatient Metroplasty To Expand Dysmorphic Uteri (HOME-DU Technique): A Pilot Study
  - di Spiezio Sardo A, Nazzaro G, Spinelli M, Paladini D, Bettocchi S, Scognamiglio M, Nappi C

- **11:06** Randomized Comparative Trial of Cervical Block Protocols for Pain Management during the MyoSure® Hysteroscopic Morcellation Procedure
  - Lukes A

- **11:12** Conservative Treatment by Hysteroscopic Resection of Placenta Accreta
  - Legendre G, Kinn J, Fernandez H

- **11:18** Sublingual Nitroglycerin Spray for Treatment of Proximal Tubal Occlusion Secondary to Tubal Spasm during Essure® Hysteroscopic Sterilization
  - Weins LC, Goojha C, Thiel JA, Karreman E

- **11:24** Hysteroscopic Images from 30 Cases of Endometrial Tuberculosis
  - Kumar A

- **11:30** An Outflow Peristaltic Pump Enhances Patient Safety of a Gravity-Based Uterine Distending System
  - Kumar A

- **11:36** Can Endometrial Thickness Measurement Predict Procedural Parameters during Office Essure Procedure?
  - Azari A, Ota L, Wan J, El Saccr O, Martin D

- **11:42** Treatment of Endometrial Hyperplasia with Atypia: Operative Hysteroscopy Combined with Medicated Intrauterine Device (LNG)
  - Leon JA, Ortiz J, Hernandez F, Haendel M, Marczuk M, Sosa G

- **11:48** Comparative Effectiveness of Hysteroscopic Morcellation Versus Loop Electrode Resection for Lesions in the Endometrial Cavity
  - Smith ER, Hoffman MK, Makai GE

- **11:54** Extirpated Uterine Endometrial Ablation with CARDEA Bipolar RF Uterine Ablation System
  - Xu H, Cao L, Wang Y, Yan X, Liang Z

- **12:00** Closing Remarks/Adjourn

**OCTAVIUS 15-18**

**Open Communications 12**

**Laparoscopy**

Moderator: David A. Forstein

Co-Moderators: Melissa Pendergrass, M. Jonathon Solnik

- **11:00** Use of “Person-Centered” Analyses When Outcomes of Interest Are Not Homogeneous in Hysterectomy Patients

- **11:06** Cost-Effective Analysis of Universal Cystoscopy in Identification of Urinary Tract Injury by Hysterectomy Route
  - Chudnoff S, Levie M, Gupta D, Hadpawat A

- **11:12** Morcellation during Laparoscopic Hysterectomy/Myomectomy and Associated Complications
  - Pereira N, Della Badia CR

- **11:18** The Evaluation on the Results of the Laparoscopic Transperitoneal Ureteroureterostomy for the Injured Ureter during Gynecologic Laparoscopic Operation
  - Eun D, Shin K, Choi Y, Oh Y, Kim H, Park J

- **11:24** Is Single-Port Laparoscopy for Benign Adnexal Disease Less Painful Than Conventional Laparoscopy? A Single-Center Randomized Controlled Trial
  - Hoyer-Sorensen C, Vistad I, Ballard K.

- **11:30** Brave New World, Same Old Dangers... Stray Current Injuries in Modern Laparoscopy
  - Lyons SD, Smith CJ, Kingston AJ

- **11:36** Uterine Weight as a Predictor of Perioperative Outcomes of Hysterectomy: A Multivariate Regression Model
  - Chavan NR, Cohen SL, Jackson TR, Vree FE, Greenberg JA, Einarsson JI

- **11:42** Combination VATS and Laparoscopy for Treatment of Endometriosis: A Multidisciplinary Approach
  - Paka C, Pak P, Parsa MA, Buescher E, Begg R, Nezhat C

- **11:48** Management and Outcome of Colon Injury during Laparoscopic Surgery in Gynecologic Field

- **11:54** Indications for Type of Hysterectomy: A Comparison of Outcomes

- **12:00** Closing Remarks/Adjourn

**OCTAVIUS 21-23**

**Panel 3**

**Fertility Sparing Options for Your Patients with Cervical, Ovarian and Endometrial Cancer**

Moderator: Eugenio Solima | Panelists: Jubilee Brown (Endometrial), Paul M. Magtibay (Ovarian), Bilal M. Sert (Cervical)

This course provides the latest evidence-based information on minimally invasive approaches available to manage your gynecological oncological patients who wish to preserve their fertility potential. The advantages and potential limitations of conservative medical and surgical approaches for patients with endometrial, cervical and ovarian cancer will be reviewed. The physician attending this course will thoroughly review the case selection protocol including the preoperative tests mandatory to safely detect patients who may benefit from fertility sparing procedures, the surgical techniques and different medical treatment regimen and protocols. Risks and limits will be critically analyzed. Furthermore the calendar of follow-up tests will be provided to offer the physician the most effective and safe method to manage young gynecological oncological patients.

**Learning Objectives:** At the conclusion of this course, the participant will be able to: 1) Select young patients with cervical, ovarian and endometrial cancer who may benefit from conservative treatment; 2) safely counsel young gynecological oncological patients for conservative disease treatment; 3) critically evaluate different surgical techniques available for conservative treatment of early gynecological cancer in young patients; and 4) analyze the potential risks of recurrence of cancer conservatively treated.
This course provides a forum for attendees to learn basic knowledge needed to translate an innovative idea into a marketable product. The target audience is minimally invasive surgeons who often find themselves with innovative ideas to improve surgical care (such as a surgical device) but don't know what to do with those ideas. The program will take the participant through the legal aspects of patents and contracts with a patent attorney, through the experiences of a physician-inventor who has worked with an academic institution to develop a product, and finally to see what developers look for in the process of product design and development from an engineer. At the end of the forum, there will be time for questions and discussion.

Following completion of the session, attendees should have a broader understanding of several important aspects of the process of turning an innovative idea into a reality, and be better able to avoid the pitfalls and costly errors that others may have experienced. This will hopefully motivate entrepreneurial physicians to start the process of surgical innovation. Starting the process is the most important step!

Learning Objectives: At the conclusion of this activity, the participant will be able to: 1) discuss how to start to negotiate a legal contract; 2) review how to avoid common negotiation pitfalls, and understand elements of a beneficial contract; 3) define the pros and cons of working with an Academic Center Innovation Group; 4) evaluate what industry developers look for when evaluating new products; 5) recognize pitfalls of product design and development (even after securing a patent); and 6) use the learning process to translate an idea into a viable product.

11:00 Welcome, Introductions and Course Overview E.R. Sokol, J.I. Einarsson
11:05 I Have an Idea: Now How Do I Negotiate Legal Contract? D. Min
11:35 Questions & Answers
11:40 I Have an Idea: Now How Do I Work with an Institution to Develop a Product? S.R. Hart
12:10 Questions & Answers
12:45 Interactive Panel Session All faculty
1:00 Adjourn

MILANO VII-VIII
Excellence in Innovation:
Tips for the Transition from Training to Practice
A Special Event for Residents & Fellows

Thursday, November 8th
1:00 - 2:15
Buffet lunch will be provided

Sponsored in part by OmniGuide
THURSDAY, NOVEMBER 8, 2012
12:05PM – 1:05PM

OCTAVIUS 1-3

Plenary 6

Pain Issues
Moderator: John L. Marlow
Co-Moderators: Bruce Kahn, John F. Steege

This session will provide education and a discussion of chronic pelvic pain. Pudendal neuralgia after vaginal wall surgery using mesh will be described. The long term experience after hysterectomy performed in a pelvic pain center will be presented. The presenters will discuss undiagnosed co-existing pain triggers contributing to pelvic pain in patients with endometriosis. An assessment of the education and training in chronic pelvic pain provided to current AAGL/SRS gynecologic surgery fellows will be provided.

Course Objectives: At the conclusion of this session, the participant will be able to: 1) Describe variability in abdominal wall anatomy between thin and obese women; 2) discuss specific positioning requirements for obese women to prevent nerve injury; 3) describe optimal selection of laparoscopic ports and instruments for obese women; and 4) discuss the utility of maximizing use of avascular pelvic spaces in obese women.

12:05 Education and Experience in Chronic Pelvic Pain and Associated Co-Morbid Pain Conditions among AAGL/SRS Minimally Invasive Gynecologic Surgery Fellows
– Findley AD, Carey ET, Siedhoff MT, Zolnoun D, Steege JF

12:15 Enhanced Pain Sensitivity among Women with Chronic Pelvic Pain and Dysmenorrhea
– Tu FF, Hellman KM, Resnick JJ, Yu PY, Pozolo KE

12:25 Pudendal Neuralgia after Posterior Vaginal Wall Repair with Mesh Kits: An Anatomical Study and Case Series
– Castellanos ME, Yi J, Atashroo D, Desai N, Hibner M

12:35 Long Term Outcomes after a Hysterectomy for Chronic Pelvic Pain: A Pelvic Pain Center Experience
– Yamamoto MF, Foster K, Howard FM

12:45 Undiagnosed Co-Existing Pain Triggers Contributing to the Perpetuation of Pelvic Pain in Patients with Endometriosis
– Sandoval R, Nieves-Gonzalez A

12:55 Discussion

1:05 Adjourn

OCTAVIUS 4

Video Session 6

Hysteroscopy
Moderator: Moty Pansky
Co-Moderators: Herve Fernandez, Jacques E. Hamon

12:05 Conventional Techniques of Resectoscopy Compared to a New Approach Using the Novel Hysteroscopic Morcelator Truclear® According to the “SCOOP & SHAKE” Technique
– Schoot BC

12:12 Treating Asherman’s Syndrome
– Lyapis A, Luciano DE, Luciano AA

12:19 Resecting Septums
– Lyapis A, Luciano A

12:27 Hysteroscopic Metroplasty with the MyoSure® Tissue Removal Device
– Mooney SB

12:36 Direct Injection of Dilute Vasopressin To Facilitate Hysteroscopic Myomectomy with Mechanical Morcellators
– Holloran-Schwartz MB, Harrison KL

12:41 Hysteroscopic Polypectomy and Myomectomy with Myosure
– Pendergrass M, Collins M

12:50 An Interesting Presentation of Failed Medical Termination with Hysteroscopic Resection of Retained Products of Conception
– Freedman A, Rosenzweig BA, Maurice JM

12:56 A Challenging ESSURE Removal
– Musselman BM, Grias I, Della Badia C

1:02 Laparoscopy after Hysteroscopic Fluid Loss: When the Potential Space Is Realized
– Uy-kroh MJ

1:05 Adjourn

OCTAVIUS 5-8

Surgical Tutorial 6

Handling the Laparoscopic and Robotic Problems in the Obese Surgical Patient
William M. Burke and Antonio R. Gargiulo | Moderator: Donald L. Chatman

With the ever-growing obesity epidemic, developing surgical skills that are required to safely perform minimally invasive surgery is paramount. This course will describe techniques of safe patient positioning with a focus on prevention of brachial plexus and femoral nerve injury; safe abdominal entry; variability in abdominal wall anatomy and subsequent port placement; effective tissue retraction tips, and advice regarding special laparoscopic instrumentation for obese women. Specific anesthesia-related concerns regarding ventilation will also be discussed.

Learning Objectives: At the conclusion of this activity, the participant will be able to: 1) Describe variability in abdominal wall anatomy between thin and obese women; 2) discuss specific positioning requirements for obese women to prevent nerve injury; 3) describe optimal selection of laparoscopic ports and instruments for obese women; and 4) discuss the utility of maximizing use of avascular pelvic spaces in obese women.

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– Yamamoto MF, Foster K, Howard FM

12:45 Undiagnosed Co-Existing Pain Triggers Contributing to the Perpetuation of Pelvic Pain in Patients with Endometriosis
– Sandoval R, Nieves-Gonzalez A

12:55 Discussion

1:05 Adjourn
OCTAVIUS 9-11
Open Communications 13
New Instrumentation
Moderator: Adam Griffin
Co-Moderators: Akram W. Khalil, James M. Shwayder

12:05 Transcervical, Intrauterine Ultrasound-Guided Radiofrequency Ablation of Uterine Fibroids with the VizAblate™ System: Initial Three- and Six-Month Efficacy Results of the FAST-EU Trial
– Gupta J, Bongers M, Bröllmann H, Garza-Leal JG, Uecker D, Toub DB

12:11 Uterine Artery Embolization for Symptomatic Uterine Myomas Using Gelfoam Pledgets Alone Versus Embospheres Plus Gelfoam Pledgets: A Randomized Comparison

12:17 Levonorgestrel Intrauterine System for the Treatment of Abnormal Uterine Bleeding in Women with Uterine Fibroids: A Pilot Study

12:23 Feasibility of Intra-Abdominal Tissue Isolation and Extraction, within an Artificially Created Pneumoperitoneum, at Laparoscopy for Gynecologic Procedures
– Shibley KA

12:35 Transurethral Versapoint and Laparoscopic Combined Treatment in Vescical Endometriosis
– D’Agostino G, Codroma A, Borghero A, Breda E

12:29 IOGYN Hysteroscopic Morcellation System. Technology Overview
– Brill AI

– Marcus J

12:47 Results of the Exirpated Uteri Range-Finding Study for the IOGYN Hysteroscopic Morcellation System
– García AL

12:59 Effect of Improved Vaginal Manipulator on Laparoscopic Sacrocervicopexy
– Demir RH, Marchand GJ

1:05 Closing Remarks/Adjourn

OCTAVIUS 15-18
Open Communications 14
Oncology
Moderator: Mehdi Kebria
Co-Moderators: Carlos P. Millan, Bilal M. Sert

12:05 Safety and Efficacy of Laparoscopic and Robotic Primary Cytoreduction for Advanced Stage Ovarian, Fallopian and Primary Peritoneal Cancer
– Finger T, Radjabi A, El Hachem L, Sternchos J, Nezhat F

12:11 The Incidence of Port Site Metastasis in Robotic Gynecologic Oncology
– Rindos N, Tabbarah R, Wright V

12:17 Moving towards Personalized Care for Endometrial Cancer: Does Minimally Invasive Surgery (MIS) Facilitate Selective Use of Lymph Node Dissection?

12:23 Successful Staging Laparoscopy for Patients with Huge Borderline to Malignant Ovarian Cystic Tumors
– Kim TH, Kim HS, Kim R, Chung HH, Kim JW, Park NH, Song YS

12:29 Laparoscopic Treatment of Early Ovarian Cancer – Surgical Outcomes
– Moon H-S

12:35 Incidental Adnexal Malignancies during Routine Laparoscopic Surgery
– Vilos AG, Ho H, Vilos GA, Marks JL, Sugimoto A, Abu-Rafea B

12:41 A Comparison between Robotic-Assisted Laparoscopic Hysterectomy and Laparotomy for the Treatment of Endometrial Cancer

12:47 Does the Type of Surgery for Early-Stage Endometrial Cancer Affect the Rate of Reported Lymph Vascular Invasion in Final Pathology Specimens?

12:53 Robot Assisted Laparoscopic Surgery in Gynecologic Oncology Department at the Norwegian Radium Hospital: Surgical Initial Experience and Analysis of the First 100 Cases
– Sert BM, Abeler V

12:59 Decreasing the Incidence of Vaginal Cuff Dehiscence after Total Laparoscopic Hysterectomy Using a Novel Surgical Technique
– Jain P, Shapiro R, Merzouk M

1:05 Closing Remarks/Adjourn

OCTAVIUS 21-23
Panel 4
What’s the Most Minimally Invasive Approach for Hysterectomy?
Moderator: Jason A. Abbott
Panelists: Leila V. Adamyan (Laparoscopy), David M. Kushner (Robotics), Richard J.A. Penketh (Vaginal)

This course provides participants with an appraisal of the current literature for vaginal, laparoscopic and robotic hysterectomy; its application to gynecological practice and the limitations of each type of approach. The choice of hysterectomy has patient driven, surgeon driven and pathology driven factors and the panel will help you decide which is the best option for your patient. Woven into the literature review and critical analysis are the tools for the performance of safe hysterectomy in each of these areas. The panelists will describe a core technique and give their five top tips for the performance of each surgical approach. Rounding out this course is a series of vignettes for the panel to present an opinion and the participants to contribute to the decision-making debate around what is the most minimally invasive approach for hysterectomy.

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) Classify the current literature regarding modes of hysterectomy by identifying the grade of evidence, evaluate the power of these studies and recognize the limitations of the literature; 2) develop a surgical plan for different modes of hysterectomy, and create a list of tips that may be used in the application of this plan during surgery; 3) compare and contrast the pathology leading to the presentation of the patient and differentiate factors that may lead to the choice of one mode of hysterectomy over another; 4) plan a procedure by taking into consideration the subtleties of the patient's presentation and physical examination findings and acknowledging the surgical mode that optimizes the patient outcome; 5) formulate an alternative to your current surgical practice with sound evidence, surgical tips and apply this to a range of clinical situations; and 6) use a checklist to evaluate the appropriateness of hysterectomy mode for your patient.
OCTAVIUS 1-3

Plenary 7

Reproductive Issues
Moderator: David L. Olive
Co-Moderators: Stephen L. Corson, Michael L. Lewis

This session provides investigative results on a variety of topics inherent to successful reproduction. These include the feasibility of uterine transplantation, endometriosis, uterine fibroids, the effects of ectopic pregnancy on reproductive outcomes, and the reversibility of hysterectomy contraception.

Course Objectives: At the conclusion of this session, the participant will be able to: 1) Describe the methods of hysteroscopic sterilization; 2) recognize the needs and preferences of women with uterine fibroids; and 3) assess fertility potential in women after ectopic pregnancy.

2:15 Short Term Follow-Up Results of the First Human Uterus Transplantation from Cadaver

2:25 Removal of Essure Device
- van Meer T, Veersema S

2:35 Investigating the Needs and Preferences of US Women with Fibroids
- Bradley LD, Nicholson WK, Stewart EA*

2:45 Fertility Following Tubal Ectopic Pregnancy: Results of a Population-Based Study

2:55 Utility of Site-Specific Peritoneal Biopsies in the Benign-Appearing Pelvis on Laparoscopy for the Diagnosis of Endometriosis in Chronic Pelvic Pain
- Dassel MW, Desai NA, Atashroo DT, Hibner MC

3:05 Discussion

3:15 Adjourn

* Denotes alternate presenter

OCTAVIUS 5-8

CME Surgical Tutorial 7
Dissection of Vaginal Compartments
Cheryl B. Iglesia and Edward J. Stanford | Moderator: Tamer A. Seckin

Over the past 20 years, there have been substantial changes in our understanding of the anatomy and treatment of pelvic organ prolapse (POP). This tutorial will discuss the correct terminology that is more descriptive of the surgical anatomy of the vaginal compartments; describe the interrelation of vaginal compartments; and the proper dissection of the vaginal layers. Both native tissue and graft augmented surgical repairs will be briefly discussed in relation to the vaginal layers.

Learning Objectives: At the conclusion of this activity, the participant will be able to: 1) Diagram the anatomy of the vaginal compartments more concisely; 2) employ correct descriptive terminology; and 3) demonstrate proper dissection of vaginal compartments.

OCTAVIUS 21-23

Video Session 7

Education
Moderator: Louis G. Keith
Co-Moderator: James A. Greenberg, Abdel K. Nawfal

2:15 Ergonomics in the OR: Protecting the Surgeon
- Rosenblatt PL, Mckinney J, Adams SR

2:24 Intracorporeal Suturing and Knot-Tying Techniques in Single-Port Access Laparoscopy
- Umemura K, Nagase T, Ebisawa K, Kanao H, Andou M

2:33 Use of a Chicken Thigh Model To Teach Laparoscopic Electrosurgery
- Ecker AM, Lee TTM, Lum D

2:41 Vertical and Omega Incision for Peritoneal Entry: Choosing the Best Incision for Your Patient
- Stepp KJ

2:50 Minimizing Instrument Exchange in Hysterectomy – Use of the World’s Only Bipolar and Ultrasonic Device
- Miller CE

2:58 Steep and Deep: The Challenge of the “Head Down” (Trendelenburg) Position
- Kondrup JD

3:07 Approach to the Difficult Laparoscopic Hysterectomy: Bladder Adhesions
- Mehra N, Lortie K, Singh SS

3:15 Adjourn

* Denotes alternate presenter
OCTAVIUS 4
Video Session 8
Pain Issues
Moderator: Cristo Papasakelariou
Co-Moderators: Austin D. Findley, Fred M. Howard

2:15 Laparoscopic Low Anterior Resection of Rectal Mass
- Parsa MA, Paka C, Nezhat CR

2:22 Selective Pelvic Vein Ligation for Pelvic Congestion Syndrome
- Atashroo DT, Castellanos M, Desai N, Hibner M

2:29 Deeply Infiltrating Endometriosis of the Sciatic Nerve
- Possover M, Kostov P

2:37 “Hidden Ovary” in Laparoscopic BSO
- Siedhoff MT, Findley AD, Carey ET

OCTAVIUS 9-11
Open Communications 15
Hysterectomy
Moderator: David I. Eisenstein
Co-Moderators: Adrian C. Balica, Kimberly A. Kho

2:15 Economic Outcomes Associated with the Use of LigaSure and Robotics in Laparoscopic Hysterectomy
- Agarwal SJ, MacLean AA, Delhougne GV

- Su H, Yen C-F, Wu K-Y, Han C-M, Lee C-L

2:27 Kaiser Permanente Northern California Hysterectomy Trends and Surgical Route: Impact of Regional Efforts To Maximize Minimally Invasive Surgical Procedures
- Zaritsky E, Chou T, Sinclair F, Amey A, Raine T

2:33 The Utility of Routine Cystoscopy after Total Laparoscopic Hysterectomy
- Hall TR, Sun CC, Toy EC, Fleming N, Ramirez PT, Frumovitz M

2:39 Perceived Barriers and Contraindication to Minimally Invasive Hysterectomies
- Febraro T, Einarsson JI, Lopes V, Schulkin J, Matteson KA

2:45 Dual Port Hysterectomy: A Novel Technique and Initial Experience
- Moawad G, Robinson JK

2:51 Evaluation of Risk Factors of Vaginal Cuff Problem after Hysterectomy
- Kim T, Kim S, Bae HS, Lee S, Ahn KH, Song JY, Choi H

2:57 Impact of Minimally Invasive Gynecologic Surgeons Versus High and Low Volume Surgeons on Outcomes and Costs of Laparoscopic Hysterectomy
- Wright KN, Jorgensen S, Einarsson JI

3:03 Updated Hysterectomy Surveillance Statistics: Data from the 2009 Nationwide Inpatient Sample
- Cohen SL, Wang KC, Einarsson JI

3:09 A Comparison of Two Methods of Preoperative Patient Education and Their Effects on Anxiety: A Randomized Controlled Trial
- Weins LC, Thiel JA, Karreman E

3:15 Closing Remarks/Adjourn

OCTAVIUS 15-18
Open Communications 16
Robotics
Moderator: Richard B. Rosenfield
Co-Moderators: Herbert Gretz, Liberato Mukul

2:15 Prospective Analysis of Pain Control and Perioperative Outcome in Video-Assisted Laparoscopy Versus Robotic-Assisted Laparoscopy in Gynecology

2:21 Learning Curve of First 100 Robotic-Assisted Hysterectomies
- Kofinas J, Frey MK, Huang JQ

2:27 Risk Factors Associated with Conversion to Laparotomy in Patients Undergoing Robotic Surgery
- Bandyopdhyay J, Munsell MF, Schmeler KM, Nick AM, Westin SN, Fleming N, Ramirez PT, Soliman PT

2:33 Impact of Robotic Surgery Training Availability on Choice of Obstetrics and Gynecology Residency Program
- Wilson S, Satterwhite C, Wieneke C

2:39 Short-Term Mesh Exposure after Robotic Sacrocolpopexy with and without Concomitant Hysterectomy
- Crane AK, Geller EJ, Sullivan S, Robinson BL, Horton C, Myers EM, Matthews CA

2:45 Clinical and Cost Comparison of Traditional Versus Robotic-Assisted Total Laparoscopic Hysterectomy
- Pendergrass M, Mukul L

2:51 Vaginal Cuff Dehiscence in Robotic Assisted Total Hysterectomies, Incidence, Prevention and Management
- Kashani S, Silasi D-A, Gallo T, Sargent A, ElSahwi K, Azodi M

2:57 Robotic Sacrocolpopexy – Cumulative Summation (CUSUM) Analysis
- Myers EM, Geller EJ, Bowling JM, Matthews CA

3:03 The Effect of Body Mass Index (BMI) in Perioperative Outcomes in Patients Undergoing Robotic Assisted Sacrocolpopexy for Pelvic Organ Prolapse
- Cornwell LB, Azadi A, Ostergard DR

3:09 Outlet Constipation One Year after Robotic Sacrocolpopexy with and without Concomitant Distal Posterior Repair
- Crane AK, Geller EJ, Matthews CA

3:15 Closing Remarks/Adjourn

* Denotes alternate presenter

Denotes Award Winner
This course will provide an overview of the types of complications and the presentations that can signal that a vulnerable structure has been damaged. This includes intraoperative, postoperative and radiologic evaluation. It is important to not overlook ominous signs and symptoms after laparoscopy as they can mimic common benign findings after open surgery. These complications can be catastrophic because of subtle presentation and lack of timely recognition. An improved awareness of these complications provided by this course will aid in recognition, diagnosis and may prevent adverse outcomes and litigation.

**Learning Objectives:** At the conclusion of this activity, the participant will be able to: 1) Describe the techniques used to identify vulnerable structures to prevent complications; 2) describe the techniques used for the early diagnosis of complications; 3) describe clinical, ultrasound and CT scan signs observed in early post-operative complications; and 4) describe the surgical management of the most common early post-operative complications.

**OCTAVIUS 21-23**

**Video Session 9**

**Complications**

Moderator: Gabriel Oelsner  
Co-Moderator: Linda M. Nicoll, Michael P. Woods

3:20 Bleeders  
- Redwine DB

3:29 Laparoscopic Repair of a Major Vascular Injury  
- Cholkeri-Singh A, Miller C

3:36 Laparoscopic Urinary Tract Reconstruction – Boari Flap and Ileal Substitution  
- Andou M, Nagase T, Ebisawa K, Umemura K

3:45 Iatrogenic Endometriosis Caused by Uterine Morcellation during Total Laparoscopic Hysterectomy  
- Bodur S, Donnellan N, Lum D, Lee T

3:53 Iatrogenic Prasitic Myomas after Laparoscopic Myomectomy; an Emerging Complication in the Use of Morcellator?  
- Nagase T, Ebisawa K, Umemura K, Kanao H, Andou M

4:02 Laparoscopic Bowel Surgery for the Benign Gynecologist  
- Muffy TM, Soto E, Walters MD, Falcone T

4:11 Double Trouble  
- Redwine DB

4:17 Management of Uretric Complications Following Laparoscopic Surgeries  
- Galagali AS, Puntambekar SP, Puntambekar SS, Desai RY

4:26 Laparoscopic Treatment of Rectovaginal Fistula with Manual Suture  
- Oliveira MP, Crispi CP, Oliveira FM, Reis PS, Raymundo TS, Pereira TD

4:34 Management of Rectovaginal Fistulas Following Vaginal Hysterectomy by Minimal Invasive Techniques  
- Galagali AS, Puntambekar SP, Puntambekar SS, Desai RY

4:43 Laparoscopic Repair of Recurrent Vesicovaginal Fistula Using Omental Flap  
- El-Khawand D, Wehbe SA, O’Hare PG, Babin EA, McKinney TB

4:52 How To Close a Viscus  
- Pollard RR

5:00 Adjourn
OCTAVIUS 9-11
Open Communications 17
Laparoscopy
Moderator: Jorge Dionisi
Co-Moderators: Mario Nutis, Mesut Oktem

3:20 Incidence and Risk Factors for Hernia Formation in Gynecologic Laparoscopy
– Thomassse MS, Grimm B, Fulchiero E, Yunker A, Scheib SS

3:26 Ultrasoundographically Calculated Uterine Volume as a Predictor for Surgical Outcomes in Total Laparoscopic Hysterectomy
– Dassell MW, O’Hanlan K, Shwayder J

3:32 Cost Savings of Using Laparoscope for Cystoscopy Following Hysterectomy
– Stanley CJ

3:38 A Simple Technique under Direct Visualization in Laparoscopic Port Closure: Fast Learning by the Surgeon, Access to Instrumentation, Low Cost and Short Operating Time
– Aziz HH

3:44 The Role of Elective Coincidental Laparoscopic Appendectomy at Time of Operative Laparoscopy in Patients with Endometriosis: A Review of Our Experience at a Teaching Institution
– Green JL, Harkins GJ, Daview MF

3:50 Can We Replace the Hysterectomy with the Laparoscopic Partial Resection of Adenomyosis for the Relief of Dysmenorrhea and Menorrhagia in Symptomatic Diffuse Adenomyosis?

3:56 The Impact of a Five-Week Minimally Invasive Gynecologic Surgery Immersion Experience on Resident Performance on Laparoscopic Task Trainers
– Vazquez M, Brotherton J

4:02 Reoperative Endometriosis: Histopathologic Changes as a Function of Time
– Brill H, Rodgers W, Seckin T, Panagopoulos G, Poynor E, Rafael O

4:08 Rectovaginal Endometriosis (RVE): Evaluation of the Success and Safety of Surgery Using the Harmonic Scalpel
– Rampal SR, Mchunu M

4:14 How Many Surgeries Are Necessary for Definitively Treatment of Deep Endometriosis

4:20 Documentation of Endometriosis at Time of Cesarean Delivery
– Taylor JS, Reiss J, Lin S, Grunebaum A

4:26 Total Laparoscopic Colorrectal Resection with Natural Orifice Specimen Extraction (NOSE): A Technique Particularly Adapted to Bowel Endometriosis
– Faller E, Messori P, Albornoz J, Wattiez A

4:32 Quality of Life and Deep Infiltrating Endometriosis: Worries about Epidemiological Quantitative Studies Using Short Form 36 and Endometriosis Health Profile 30
– Aragao LC, Liberman D, Guerra CG, Sessa FV, Rodrigues MA, Costa MF, Crispi CP, Fonseca MF

4:38 Laparoscopic Anterior Uterine Ligamentopexy for Pelvic Pain in a Selected Population of Patients
– Lecointre L, Faller E, Albornoz J, Messori P, Nacif J, Wattiez A

4:44 Preserving the Rectus: Laparoendoscopic Single-Site Surgery Versus Traditional Multipor Laparoscopy for Prophylactic Salpingo-Oophorectomy
– Garrett LA, McCann CK, Growdon WG, Schorge JO, del Carmen MG, Goodman A, Boruta DM

4:50 Total Laparoscopic Retrograde Hysterectomy for Extensive Endometriosis with Complete Obliteration of the Posterior Cul-de-Sac
– Chien H, Matsumoto T, Saeki A, Oku H

5:00 Closing Remarks/Adjourn

OCTAVIUS 15-18
Open Communications 18
Hysteroscopy
Moderator: Rudi Campo
Co-Moderators: Jorge E. Dotto, Mark H. Emanuel

3:20 Post-Procedure Pain Management Regimens and Return to Activity Following the MyoSure® Tissue Removal Procedure
– Presthus JB

3:26 The MyoSure® Hysteroscopic Tissue Removal System Patient Registry: Clinical Outcomes and Physician Satisfaction
– Johnston L

3:32 Concomitant Hysteroscopic Endometrial Ablation and Essure Procedure: Feasibility, Efficacy and Satisfaction

3:38 Endometrial Cancer Following Endometrial Ablation
– Sarangi S, Laughlin-Tommaso SK, Al Hilli M, Mariani A, Famuyide AO

3:44 Analysis of Tubal Patency after Essure™ Placement
– Rodriguez AM, Kilic GS, Vu TP*, Kuo Y-F, Breitkopf DM, Snyder RR

3:50 Evaluation of Previously Failed Treatments for Menorrhagia Prior to the NovaSure® Endometrial Ablation Procedure
– Thiel JA, Motashami F, Briggs M

3:56 Cesarean-Section as Predictor of Pain in Office Hysteroscopy: An Observational Sectional Study with 558 Patients

4:02 Operative Hysteroscopy in an Office-Based Setting: A Review of Patient Safety and Satisfaction in 414 Cases
– Wortman M, Daggett AF, McCausland AM*

4:08 Prevalence of Pelvic Pain Prior to and Following the NovaSure® Endometrial Ablation Procedure
– Briggs MM, Bourne K, Thiel JA

4:14 Endometrial Ablation: Is Tubal Ligation a Risk Factor for Hysterectomy
– Kreider SE, Starcher R, Hoppe J, Salas N

– McCausland AM, McCausland VM

4:26 Endometrium Thinning by Dienogest before Hysteroscopio Surgery

4:32 Analysis of Patient Characteristics and Subsequent Surgical Intervention among a Cohort of Women Trialing Levonorgestrel intrauterine Devices (IUDs) for Medical Indications
– Harvey LF, Barnes K, Hofler L, Hung K, Wu L, Hur H-C

– Skalnyi E, Garza-Leal J, Fülöp T, Bacsko G, Pál A, Ács N

4:44 Clinical Analysis of Intrauterine Adhesions after Uterine Artery Embolisation
– Xia E, Song D, Liu Y

4:50 Building a Hysteroscopy Curriculum in a Community-Based Residency Program
– Tam T, Placek J, Calero D

5:00 Closing Remarks/Adjourn

* Denotes alternate presenter
Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS)
Graduation Ceremony

Togas Tulandi, Chair

The Fellowship will hold its annual graduation ceremony for those fellows who have completed either a 1-year or 2-year program. Join the Fellowship Board of Directors as they thank the site inspectors and congratulate the next generation of leaders in minimally invasive gynecology:

3:30 pm Welcome and Progress Report ......................... Togas Tulandi
Recognition of Industry Support

2012-2013 Fund for the Future (FFTF)
• Ethicon Endo-Surgery, Inc. – Platinum
• Karl Storz Endoscopy-America, Inc. – Bronze

2013-2014 Fund for the Future (FFTF)
• Ethicon Endo-Surgery, Inc. – Gold
• Intuitive Surgical, Inc. – Silver

2012-2013 FMIGS Workshops and Events
• Covidien
• Ethicon Endo-Surgery, Inc.
• Ethicon Women's Health & Urology
• Hologic
• Karl Storz Endoscopy-America, Inc.
• Olympus
• OmniGuide
• Smith & Nephew
• 3-D Med

2012 IRCAD Award Winner for the Best Paper on Education
Current Perspectives on the Status and Future of the Fellowship in Minimally Invasive Gynecologic Surgery, affiliated with the AAGL and The Society of the Reproductive Surgeons (SRS)
Mark W. Dassel, M.D., James M. Shwayder, M.D., J.D., Resad P. Pasic, M.D., Ph.D.

2012 Jay M. Cooper Endowed Award for the Best Paper on Minimally Invasive Gynecology
Intra-Peritoneal Instillation of Bupivacaine for the Reduction of Post-Operative Pain after Laparoscopic Hysterectomy: A Double-Blind Randomized Controlled Trial
Deborah Arden, M.D., Erin Seifert, M.D., Nicole M. Donnellan, M.D., Richard S. Guido, M.D.
Ted T. M. Lee, M.D., Suketu M. Mansuria, M.D.

3:40 pm Presentation of Plaques to 2011-2012 Outgoing Board of Directors
Outgoing President – Togas Tulandi.............................................. Franklin D. Loffer
Induction of 2013 President – Keith B. Isaacson......................... Franklin D. Loffer
Announcement of 2013 Board Members.................................... Keith B. Isaacson

3:50 pm Graduation Ceremony – 2012 Fellows

A. Ben Abdu, M.D.
(Two-year Fellowship 2010-2012)
and Robert S. Furr, M.D.
Women’s Surgery Center
Chattanooga, Tennessee

Marisa R. Adelman, M.D.
Bruce S. Kahn, M.D. and Lily J. Tsai, M.D.
Scripps Clinic
San Diego, California

Nicole M. Astill, M.D.
Herbert F. Gretz, III, M.D.
The Mount Sinai Medical Center
New York, New York

Shan M. Biscette, M.D., F.A.C.O.G
(Two-year Fellowship 2010-2012)
Resad P. Pasic, M.D., Ph.D.,
James M. Shwayder, M.D., J.D.
Lori L. Warren, M.D.
and Jonathan H. Reinstine, M.D.
Department of Obstetrics, Gynecology &
Women’s Health University of Louisville
Louisville, Kentucky

Hayama Brill, M.D.
Elizabeth A. Poynor, M.D., Ph.D.
and Tamer A. Seckin, M.D.
Lenox Hill Hospital
New York, New York

Erin T. Carey, M.D., M.S.C.R.
(Two-year Fellowship 2010-2012)
John F. Steege, M.D. and
Matthew T. Siedhoff, M.D.
University of North Carolina
Chapel Hill, North Carolina

Mario E. Castellanos, M.D.
(Two-year Fellowship 2010-2012)
Michael Hibner, M.D., Ph.D.
and Nita A. Desai, M.D.
St. Joseph’s Hospital and Medical Center
Phoenix, Arizona
Sarah L. Cohen, M.D., M.P.H.  
(Two-year Fellowship 2010-2012)  
Jon I. Einarsson, M.D., M.P.H.  
Brigham and Women's Hospital  
Boston, Massachusetts

Howard L. Curlin, M.D.  
(Two-year Fellowship 2010-2012)  
Ted L. Anderson, M.D., Ph.D.  
and Amanda C. Yunker, D.O.  
Vanderbilt University Medical Center  
Nashville, Tennessee

Marisa Dahlman, M.D.  
(Two-year Fellowship 2010-2012)  
David I. Eisentein, M.D.  
and Evan Theoharis, M.D.  
Henry Ford Health Systems  
West Bloomfield, Michigan

Megan A. Daw, M.D.  
(Two-year Fellowship 2010-2012)  
Charles E. Miller, M.D. and  
Aarathi Cholkeri-Singh, M.D.  
Advocate Lutheran General Hospital  
Park Ridge, Illinois

Nicole M. Donnellan, M.D.  
(Two-year Fellowship 2010-2012)  
Ted T. M. Lee, M.D. and  
Suketu M. Mansuria, M.D.  
University of Pittsburgh Medical Center, Magee-Womens Hospital, Pittsburgh, Pennsylvania

Jessica B. Feranec, M.D.  
(Two-year Fellowship 2010-2012)  
Georgine Lamvu, M.D., M.P.H. and  
Frederick Hoover, M.D.  
Florida Hospital  
Orlando, Florida

Arturo Garza-Cavazos, M.D.  
(Two-year Fellowship 2010-2012)  
Sohaïl A. Siddique, M.D.  
Southern Illinois University School of Medicine  
Springfield, Illinois

Claire H. Gould, M.D.  
(Two-year Fellowship 2010-2012)  
Michael S. Collins, M.D.  
and Paul C. Tseng, M.D.  
Legacy Good Samaritan Hospital  
Portland, Oregon

Janis L. Green, M.D.  
Gerald J. Harkins, M.D. and  
Matthew Davies, M.D.  
Penn State Milton S. Hershey Medical Center  
Hershey, Pennsylvania

Mark R. Hoffman, M.D.  
(Two-year Fellowship 2010-2012)  
Sawsan As-Sanie, M.D., M.P.H.  
University of Michigan Medical Center  
Ann Arbor, Michigan

Howard H. Jones, M.D.  
Ted L. Anderson, M.D., Ph.D. and  
Amanda C. Yunker, D.O.  
Vanderbilt University Medical Center  
Nashville, Tennessee

Shahnaz M. Kashani, M.D.  
Masoud Azodi, M.D.  
Yale Gynecologic Oncology  
Bridgeport Hospital-YNHH  
Bridgeport, Connecticut

Adi Katz, M.D.  
Ceana H. Nezhat, M.D.  
Atlanta Center for Special Pelvic Surgery and Reproductive Medicine  
Atlanta, Georgia

Louise P. King, M.D.  
(Two-year Fellowship 2010-2012)  
Camran R. Nezhat, M.D., F.A.C.O.G., F.A.C.S.  
Center for Special Minimally Invasive and Robotic Surgery, Stanford University Medical Center  
Palo Alto, California

Gaby Moawad, M.D.  
James K. Robinson, M.D., M.S. and Imad Mufarrij, M.D.  
The George Washington University Medical Center  
Washington, District of Columbia

Samar Nahas, M.D.  
Javier F. Magrina, M.D. and Rosanne M. Kho, M.D.  
Sunnybrook Health Science Center  
University of Toronto  
Toronto, Canada

Alice Trang N. D. Pham, M.D., F.R.C.S.C.  
Rose C. Kung, M.D. and Herbert M. Wong, M.D.  
Women's Hospital  
Toronto, Canada

Christopher J. Rosemeyer, D.O.  
Ernest G. Lockrow, D.O. and  
Albert J. Steren, M.D. Walter Reed  
National Military Medical Center  
Bethesda, Maryland

Rebeca Sandoval, M.D.  
Robert S. Furr, M.D.  
Women's Surgery Center  
Chattanooga, Tennessee

Erica L. Schipper, M.D.  
Camran R. Nezhat, M.D., F.A.C.O.G., F.A.C.S.  
Center for Special Minimally Invasive and Robotic Surgery, Stanford University Medical Center  
Palo Alto, California

Ja Hyun Shin, M.D.  
(Two-year Fellowship 2010-2012)  
2010-2011: Fred M. Howard, M.D., M.S.  
University of Rochester School of Medicine  
Rochester, New York

2011-2012: Mark D. Levie, M.D. and  
Scott G. Chudnoff, M.D.  
Montefiore Medical Center  
Bronx, New York

Jason A. Sternchos, M.D.  
Farr R. Nezhat, M.D., F.A.C.O.G., F.A.C.S.  
St. Luke's and Roosevelt Hospitals  
New York, New York

Thomas Toussaint, M.D.  
Ceana H. Nezhat, M.D.  
Atlanta Center for Special Pelvic Surgery and Reproductive Medicine  
Atlanta, Georgia

Karanvir S. Virk, M.D.  
Thomas L. Lyons, M.S., M.D., F.A.C.O.G.  
Center for Women's Care & Reproductive Surgery  
Atlanta, Georgia

Kelly N. Wright, M.D.  
Keith B. Isaacson, M.D. and Stephanie N. Morris, M.D.  
Newton-Wellesley Hospital  
Newton, Massachusetts

Miya P. Yamamoto, M.D.  
Adam M. Griffin, M.D. and  
Fred M. Howard, M.D., M.S.  
University of Rochester Medical Center  
Rochester, New York
Center of Excellence in Minimally Invasive Gynecology: The Value and Benefit of the COEMIG Designation

Sponsored by Covidien

Course Description
The COEMIG (Center of Excellence in Minimally Invasive Gynecology) designation is available to surgeons, hospitals and ambulatory surgery centers around the world that provide minimally invasive gynecologic surgical care on an inpatient and outpatient basis. With its start in late 2011, currently 12+ hospitals and 53 surgeons have been approved for the designation.

To enable program growth, the AAGL initiated COEMIG to address issues within the specialty including:
- Difficulty in identifying excellence for patients and providers
- Need to control care provider costs and outcomes (including reimbursement and malpractice rates)
- Use of outdated procedures
- The need to establish universal standards to measure program performance
- Lack of a central outcomes database

To resolve these issues, the AAGL contracted with Surgical Review Corporation (SRC), an independent healthcare quality organization, to administer the COEMIG program on their behalf.

Faculty

MISSION FOR THE COEMIG DESIGNATION
Steven F. Palter, M.D.
Medical and Scientific Director
Gold Coast IVF
Syosset, New York

REAL LIFE EXPERIENCE FROM A COEMIG DESIGNEE: BENEFITS AND CHALLENGES
Leonard Rosen, M. D.
Inova Fair Oaks
Fairfax, Virginia

COEMIG Site Inspection
Teresa Leath, RN, BSN, CBN
Site Inspector
Surgical Review Corporation
Raleigh, North Carolina

BOLD OUTCOMES DATA BASE
Michael Warthen
Director, Product Development
Surgical Review Corporation
Raleigh, North Carolina
Discover Where Innovation Can Take You: The World’s-Only Technologies for Advanced Energy Devices and Visualization

Sponsored by Olympus America

Course Description
This symposia will highlight world's only technologies for use in the advancement of minimally invasive gynecologic surgery. Symposia speakers will highlight the use of advanced energy devices, cutting-edge visualization devices, and single-incision procedures in their gynecology practice. Faculty will discuss why they have chosen the specific technology and how it has improved their practice. Each lecture will include clinical video footage and procedural tips and techniques employed by the surgeons. Attendees will have the opportunity to better understand the clinical experiences of symposia speakers and how advance technologies may improve their own practice of minimally invasive gynecologic surgery.

Topics
• Advancing technologies in minimally invasive gynecologic surgery
• Performing a laparoscopic hysterectomy with THUNDERBEAT, the world's only single multi-functional device, providing both ultrasonic and bipolar energies in one instrument for fast tissue cutting and reliable vessel sealing
• Advanced HD visualization in laparoscopic gynecologic procedures with the ENDOEYE FLEX 5, the world's only autoclavable, deflectable tip video-laparoscope
• Improved cosmesis and reduced surgical incisions through laparo-endoscopic single-site (LESS) hysterectomy with the TriPort+ and TriPort15

Faculty
Charles E. Miller, M.D., FACOG
President, International Society for Gynecologic Endoscopy (ISGE)
Clinical Associate Professor, Department OB/GYN, University of Illinois at Chicago, Chicago, IL
Director of Minimally Invasive Gynecologic Surgery, Advocate Lutheran General Hospital, Park Ridge, IL
Director, AAGL/SRS Fellowship in Minimally Invasive Gynecologic Surgery, Advocate Lutheran General Hospital, Park Ridge, IL

Michael L. Nimaroff, M.D.
Associate Professor of Ob/Gyn, Hofstra North Shore LIJ School of Medicine
Vice Chairman and Chief of Gynecology North Shore University Hospital
Manhasset, New York

K. Anthony Shibley, M.D.
Fairview University of Minnesota Hospitals
The Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS), an affiliate of the AAGL and the Society of Reproductive Surgeons, is sponsoring fellowships in advanced gynecologic endoscopy. These fellowships were created with the goal of producing a standardized training program.

The Fellowship in Minimally Invasive Gynecologic Surgery actively encourages applications from postgraduate physicians aspiring to develop their surgical skills in minimally invasive gynecology.

Educational objectives focus on evidence based medicine, anatomical principles, instrumentation, operative laparoscopy and operative hysteroscopy. The Fellowship offers in depth experience using state-of-the-art techniques.

The overall goal of fellowship training in minimally invasive gynecology is for the graduate to serve as an independent specialist and consultant in the surgical management and techniques of minimally invasive gynecology surpassing competence expected at the end of a categorical residency. The graduate is anticipated to serve as a scholarly and surgical resource for the community and have the ability to care for patients with complex gynecologic disease and manage complications using minimally invasive techniques.
## FRIDAY, NOVEMBER 9, 2012

**Clinical Research** — 8:00am – 12:00noon – Milano I

<table>
<thead>
<tr>
<th>OCTAVIUS 1-3</th>
<th>OCTAVIUS 5-8</th>
<th>OCTAVIUS 9-11</th>
<th>OCTAVIUS 15-18</th>
<th>OCTAVIUS 21-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open Comm. 19 Advanced Endoscopy 8:00am-9:55am</td>
<td>Video Session 11 Advanced Endoscopy 8:00am-9:55am</td>
<td>Video Session 12 Advanced Endoscopy 8:00am-9:55am</td>
<td>Video Session 13 Advanced Endoscopy 8:00am-9:55am</td>
<td>Video Session 14 Advanced Endoscopy 8:00am-9:55am</td>
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**Telesurgery Sessions** — 10:00AM – 1:00PM – Octavius 4

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**AAGL 42nd Global Congress on Minimally Invasive Gynecology**

November 10-14, 2013

Scientific Program Chair: Ceana H. Nezhat

Gaylord National Resort & Convention Center on the Potomac, Washington, D.C.

See you in Washington D.C.!
This course is designed to help physicians (e.g., investigators) and study coordinators (e.g., nurses, medical assistants) improve their performance of human clinical trials. Succinctly stated, this course will focus solely on the “nuts and bolts” of study conduct. This is not a course in research or study design! Vital components of the process, which PIs/Coordinators must be aware of, include a discussion of why to participate in clinical trials, differences between drug and device trials, what sponsors need from investigative sites including the roles of the investigator and coordinator, budgeting for trials, subject recruitment, and obtaining informed consent. Participants will be asked to provide problems/questions/situations for review and discussion.

Learning Objectives: At the conclusion of this activity, the participant will be able to: 1) Describe the roles and responsibilities of site Principal Investigators; 2) recount roles and responsibilities of Site Coordinators; 3) prepare for site audits by Sponsors and the FDA; 4) analyze and revise (if needed) Sponsor provided budgets; 5) present your site as a desirable location for Sponsor initiated studies; and 6) scrutinize clinical trial agreements.

8:00 Welcome, Introduction of Faculty M.P. Diamond
8:05 Benefits and Risks of Conducting Clinical Research Trials M.P. Diamond
8:20 Roles and Responsibilities of PIs and Coordinators in Conduct of Clinical Trials K. Collins
8:40 What Are Sponsors Looking for in a Clinical Investigative Site V. Duvall
9:10 Clinical Trial Audits V. Duvall
9:45 Questions & Answers All Faculty
9:55 Break
10:10 Clinical Trial Agreements V. Duvall
10:35 Budgeting for Clinical Trials K. Collins
11:00 Budget Preparation Workshop M.P. Diamond
11:25 What Would You Do If... All Faculty
11:50 Questions & Answers All Faculty
12:00 Adjourn
<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00</td>
<td>Sensitivity of Flexible Hysteroscopy for Endometrial Polyps and the Role of Endometrial Biopsies</td>
<td>Khan Z, Famuyide AO, Hopkins MR, Breitkopf DM, Laughlin-Tommaso SK</td>
</tr>
<tr>
<td>8:06</td>
<td>Hysteroscopic Morcellator: A New Approach to Removal of Placental Remnants</td>
<td>Hamerlynck TW, Bliekendaal MD, Schoot BC*, Jansen FW, Emanuel MH</td>
</tr>
<tr>
<td>8:18</td>
<td>Comparison of Histologic Contributivity of Pipelle Endometrial Sampling Versus Directed Sampling under Hysteroscopy for Evaluation of Postmenopausal Bleeding</td>
<td>Capmas P, Teig B, Fernandez H, Nazac A</td>
</tr>
<tr>
<td>8:24</td>
<td>Predicting Pelvic Pain Following Endometrial Ablation: Which Preoperative Patient Characteristics Are Associated?</td>
<td>Thomasse MS, Curlin H, Anderson TL, Yunker A</td>
</tr>
<tr>
<td>8:30</td>
<td>Treatment of Abnormal Uterine Bleeding with the MyoSure® Tissue Removal System and the NovaSure® Endometrial Ablation Procedure</td>
<td>Lukes A</td>
</tr>
<tr>
<td>8:36</td>
<td>Years of Hysteroscopic Experience in Correctly Predicting Pathologic Diagnosis</td>
<td>Ajao MO, Laughlin-Tommaso SK, Hopkins MR, Breitkopf DM, Famuyide AO</td>
</tr>
<tr>
<td>8:42</td>
<td>Endometrial Ablation with ThermaChoice under Local Anesthesia, Five-Year Follow-Up</td>
<td>Avella MS, Deus AM</td>
</tr>
<tr>
<td>8:48</td>
<td>Varied Appearances of Chronic Endometritis at Hysteroscopy</td>
<td>Kumar A</td>
</tr>
<tr>
<td>9:00</td>
<td>Unsuccessful Hydrothermablation in Patient with Antithrombin Deficiency</td>
<td>Turner RJ, Allen TC, Nwasuruba C, Idell S</td>
</tr>
<tr>
<td>9:06</td>
<td>Post-Ablation Tubal Sterilization Syndrome (PATSS) Following Novasure Endometrial Ablation: Two Case Reports and Review of Literature</td>
<td>Tam T, Elgar C, Jirschele K, Lombard E</td>
</tr>
<tr>
<td>9:12</td>
<td>Laparoscopic Bowel Endometriosis Resection Performed by a Gynecological Surgeon: A Prospective Pilot Series</td>
<td>Zanatta A, Scapinelli A, Gonçalves MO, Chamié L, Motta ELA, Serafini PC, Pereira RMA</td>
</tr>
<tr>
<td>9:36</td>
<td>Long-Term Outcome of Partial Endometrial Ablation: A 10- to-20 Year Retrospective Study on Bleeding, Pain and Quality of Life Measurement: A Preliminary Report</td>
<td>McCausland VM, McCausland AM</td>
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<tr>
<td>9:55</td>
<td>Closing Remarks/Adjourn</td>
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</tbody>
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OCTAVIUS 5-8
Video Session 11
Advanced Endoscopy
Moderator: Michael S. Collins
Co-Moderators: Mirasla Kopjar, Salah A. Moghraby

8:00 Ultra-Minimally Invasive Laparoscopic Myomectomy – Embryonal and Hybrid Notes
- Andou M, Nagase T, Ebisawa K, Umemura K

8:09 Approach to Cervical Myomectomy and Trachelectomy

8:16 Excision of a Uterine Adenomyoma
- Wright K, Isaacson K, Morris S

8:23 Minimally-Invasive Myomectomy Using Unidirectional Knotless Barbed Suture
- Soto E, Flyckt R, Falcone T

8:31 Parasitic Fibroid Presenting as an Ovarian Mass
- Shepherd JA

8:40 The Special Technique of Advanced Laparoscopic Myomectomy for Various Type of Uterine Leiomyomas
- Kitade M

8:49 Laparoscopic Hysterectomy in Cervical Fibroids
- Istre O, Springborg H

8:53 Uterine Artery Embolization Prior to Total Laparoscopic Hysterectomy for Large Fibroid Uterus
- Campian CE, Weinreb SJ, Tatalovich JM, Jan AG

9:02 Laparoscopic Removal of Pre-Peritoneal Lipoleiomyoma

9:08 Knife Assisted Robotic Myomectomy
- Kapetanakis V, Kapetanakis E

9:16 Continuous Suture in Single-Port Myomectomy
- Yoo W, Kim NY

9:25 Hand-Assisted Laparoscopic Supracervical Hysterectomy for Enlarged Uterus
- Guan X, Ng V, Zurawin RK

9:32 Reproducible Side Docking of the Robotic System
- Yi J, Nahas S, Kho R

9:39 Recommendations on Ergonomic Surgical Position during Single-Port Access Laparoscopy
- Lee SH, Kim EH, Han SW

9:47 Laparoscopic Management of Infiltrating Bladder Endometriosis
- Kondrup JD

9:55 Closing Remarks/Adjourn

OCTAVIUS 9-11
Video Session 12
Advanced Endoscopy
Moderator: Arie Lissak
Co-Moderators: Gerald Harkins, Vladimir Scurtu

8:00 The Three Cases of AIS (Androgen Insensitivity Syndrome) Performed by Laparoscopic Gonadectomy

8:08 Diagnosis and Laparoscopic Management of Juvenile Cystic Adenomyoma
- Sogawa Y, Jinushi M, Kumakiri J, Kikuchi I, Kitade M, Takeda S

8:17 Laparoscopic Large Ovarian Cystectomy, Appendectomy, and Removal through a Natural Orifice in a 16-Year-Old Female
- Dun EC, Katz A, Gojayev A, Nezhat CH

8:24 Anterior Cul-de-Sac Obliteration Resulting in Acute Pain during Pregnancy
- Douglass L, Tu F, Senapati S

8:31 How To Improve Exposure in Laparoscopy: Organ Suspension with the T-Lift™ Device
- Albornoz J, Messori P, Wattiez A

8:39 Oophorectomy for Fertility Preservation Via Reduced Port Surgery

8:46 Laparoscopic Abdominal Cerclage in a Postoperative Pelvis
- Yarrington C, IrSari L*

8:53 Laparoscopic Oophoropexy
- Milad M, Latif N, Moy I

8:57 Laparoscopic Removal of C-Section Scar Ectopic Pregnancy
- Romano AS, Cohen SL, Einarsson JI

9:03 Laparoscopic Cornuostomy for a Large Interstitial Ectopic Pregnancy
- Warda HA, Abuzeid M*

9:12 Application of Tissue Retrieval Pouch for Laparoscopic Removal of Exceptionally Large Adnexal Mass
- Truong MD, Shepherd J

9:19 Fertility-Sparing Videolaparoscopic Management of an Immature Teratoma
- Sternchos J, Finger T, Nezhat F

9:27 Laparoscopic Ovarian Cystectomy at 25 Weeks Gestation

9:36 Excision of Bilateral Endometriomas with Appendectomy
- Riley K, Harkins G, Davies M

9:45 Laparoscopic Adenomyomectomy: Effective Excision and Repair
- Pham A, Kung RC

9:52 Resective Neo-Cystotomy and Repair of Bladder Endometriosis
- Dassel MW, Pasic RP

9:55 Closing Remarks/Adjourn

* Denotes alternate presenter
### OCTAVIUS 15-18
#### Video Session 13
**Advanced Endoscopy**  
**Moderator:** Ahmad Azari  
**Co-Moderators:** Carl R. Della Badia, Xiaoming Guan

<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00</td>
<td>Single Incision Supracervical Hysterectomy with Resection of a Pararectal Space Mass</td>
<td>Scheib SA</td>
</tr>
<tr>
<td>8:09</td>
<td>Laparoscopic Excision and Repair of Cesarean Scar Ectopic Pregnancy</td>
<td>Yamamoto MP, Seligman N, Babu J, Benjamin-Pratt A</td>
</tr>
<tr>
<td>8:16</td>
<td>Morcellation Technique of an 1100 Gram Uterus Via 2 Port LSH</td>
<td>Salvay HB</td>
</tr>
<tr>
<td>8:23</td>
<td>Single Port Laparoscopic Assisted Vaginal Hysterectomy: Basic Set-Up, Port Placement, and Procedure</td>
<td>Ybanez-Morano J</td>
</tr>
<tr>
<td>8:32</td>
<td>A Review of Uterine Manipulators</td>
<td>Wolny Y, Tam T, Huang S</td>
</tr>
<tr>
<td>8:40</td>
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### OCTAVIUS 21-23
#### Video Session 14
**Advanced Endoscopy**  
**Moderator:** Ornella Sizzi  
**Co-Moderators:** Alejandro Meiggs, Regta L. Pichay

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**FRIDAY, NOVEMBER 9, 2012**  
**8:00AM – 9:55AM**
Medtronic

InterStim® System
FOR BLADDER CONTROL AND BOWEL CONTROL

Proven to
Restore Function

Restored function defined by ≥50% reduction in dysfunctional voiding symptoms achieved in Medtronic clinical studies.

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Important Safety Information: InterStim® Therapy for Urinary Control is indicated for the treatment of urinary retention and the symptoms of overactive bladder, including urinary urge incontinence and significant symptoms of urgency, frequency alone or in combination, in patients who have failed or could not tolerate more conservative treatments. The following Warning applies only to InterStim Therapy for Urinary Control.

Warning: This therapy is not intended for patients with mechanical obstruction such as benign prostatic hypertrophy, cancer, or urethral stricture.

InterStim® Therapy for Bowel Control is indicated for the treatment of chronic fecal incontinence in patients who have failed or are not candidates for more conservative treatments. Contraindications for Urinary Control and for Bowel Control: Diathermy. Patients who have not demonstrated an appropriate response to test stimulation or are unable to operate the neurostimulator. Precautions/Adverse Events: For Urinary Control: Safety and effectiveness have not been established for bilateral stimulation; pregnancy, unborn fetus, and delivery; pediatric use under the age of 16; or for patients with neurological disease origins such as multiple sclerosis. For Bowel Control: Safety and effectiveness have not been established for bilateral stimulation; pregnancy, unborn fetus, and delivery; pediatric use under the age of 18; or for patients with progressive, systemic, neurological diseases. For Urinary Control and for Bowel Control: The system may be affected by or adversely affect cardiac devices, electrocautery, defibrillators, ultrasonic equipment, radiation therapy, MRI, theft detectors/screening devices. Adverse events include pain at the implant sites, new pain, lead migration, infection, technical or device problems, adverse change in bowel or voiding function, and undesirable stimulation or sensations, including jolting or shock sensations. For full prescribing information, please call Medtronic at 1-800-328-0810 and/or consult Medtronic’s website at www.medtronic.com. Product technical manual must be reviewed prior to use for detailed disclosure. USA Rx Only. Rev 0409
New AAGL Classification System in Endometriosis: An Update on Validation and Implementation
Mauricio S. Abrao, M.D.
10:00AM – 10:10AM

Since the last AAGL Congress, tremendous strides have been made in the development of the proposed AAGL Classification System in Endometriosis. Fifty worldwide experts have contributed with clinical and surgical data from over 700 patients. The preliminary results will be presented and the next steps will be defined to validate this much-needed system.

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) List the reasons for a new classification system; 2) Explain the main factors included in the new scoring system; 3) Describe how the proposed new AAGL system correlates with the ASRM Classification system.

Robotic Pelvic Lymphadenectomy
Surgeon: Ricardo Estape, M.D. – Miami, Florida
Moderator: Shailesh P. Puntambekar, M.D. – Poona, India

This course provides a live surgical demonstration of a robotic pelvic lymphadenectomy. This minimally invasive surgical approach is a fundamental skill that all gynecologists and gynecologic oncologists that treat pelvic malignancies should be comfortable performing. This course demonstrates the technique, discusses appropriate candidates for this procedure, and will show techniques for entering the retroperitoneum, identifying all major vessels and nerves in the space and removing adequate number and sites of nodes. A review of the benefits of robotic surgery versus laparoscopic or open techniques will be included.

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) Apply skills learned to perform pelvic lymphadenectomy; 2) identify major anatomic landmarks in the dissection of pelvic retroperitoneal lymph nodes; 3) discuss the advantages of robotic over laparoscopic or open pelvic lymphadenectomy; and 4) discuss the method for an adequate sampling or full lymphadenectomy in the pelvic retroperitoneum.

Laparoscopic Hysterectomy of Large Uterus
Surgeon: Katherine O’Hanlan, M.D. – Portola Valley, California
Moderator: Jon I. Einarsson, M.D. – Boston, Massachusetts

This course provides techniques for successful hysterectomy for the large uterus, minimizing blood loss, maximizing efficiency of surgery, avoiding complications and optimizing patient outcomes. Topics covered will include estimating uterine volume, decisions about use of medications for shrinkage of volume, surgery planning, placement of ports, techniques to minimize blood loss, managing catastrophic hemorrhage, use of cell saver, dealing with large uteri and distorted anatomy from myomas and myomectomies, morcellating through the vagina and through ports with morcellators.

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) Develop a strategy for TLH when anatomy is distorted by fibroids; 2) prepare to manage rapid blood loss; 3) identify the origin of the uterine artery and coagulate it; 4) apply techniques for identifying bladder margins to avoid cystotomy; and 5) decide the removal of an enlarged uterus through the vagina or by morcellation.

Robotic Assisted Type III Radical Hysterectomy with Lymphadenectomy
Surgeon: Peter C. Lim, M.D., FACOG – Reno, Nevada
Moderator: Paul M. Magtibay, M.D. – Phoenix, Arizona

This course will provide a surgical demonstration of robotic assisted radical hysterectomy for treatment of cervical cancer or extensive endometriosis involving the ureters. This minimally invasive surgical approach is a fundamental basic skill that gynecologists and gynecologic oncologist should be comfortable with. This course demonstrates the technique to dissect and develop the paravesicle and pararectal spaces and become familiar with the pertinent pelvic retroperitoneal structures. It will demonstrate the anatomical relationship between the ureters and the ovarian vessels, hypogastric vessels, uterine artery and vein and the nerves. It will describe the technique of dissecting the ureters from the ureteric tunnel and how to minimize injury to the ureters. Tips and tricks to achieve the retroperitoneal dissection will be demonstrated and discussed.

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) Apply skills learned to perform a retroperitoneal dissection and identify the ureters, pertinent vascular structure and nerves; 2) identify and minimize ureteral injury and also avoid retroperitoneal bleeding; and 3) identify and dissect the ureter.
Laparoscopic Salpingectomy for Sterilization and Prevention of Ovarian Cancer
Surgeon: Samar Nahas, M.D. – Mississauga, Canada
This pre-recorded surgical course will provide a review of the traditional methods of tubal sterilization. A summary of the current literature regarding the potential serious risks from tubal preservation post tubal sterilization and hysterectomy will be discussed. This course will emphasize the importance of minimally invasive salpingectomy to prevent sterilization failure, ectopic pregnancy, hydrosalpinx, and the risk of development of ovarian cancer. Finally, a video demonstration of the technique using different energy sources will be provided. This minimal invasive approach is an essential basic skill that all gynecologists should be comfortable with.

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) Summarize the current literature regarding the complications and risks from tubal preservation following tubal sterilization and hysterectomy; 2) demonstrate the associated risk between fallopian tube and ovarian cancer; and 3) apply skills learned to perform minimal invasive salpingectomy using different energy sources.

Operative Hysteroscopy: Skill Building: Effective Hysteroscopic Techniques for Removal of Intracavitary Fibroids: Traditional and Morcellation
Surgeon: Linda D. Bradley, M.D. – Cleveland, Ohio
This course will demonstrate effective hysteroscopic techniques for removal of intracavitary leiomyomas. Important caveats including uterine distention, uterine decompression, and management of potential intra-operative bleeding. Most importantly, demonstration of traditional wire loop resectoscopy and novel morcellation technology will be demonstrated.

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) Identify candidates for traditional hysteroscopic wire loop resectoscopy and for hysteroscopic morcellation technology; 2) list pre-operative methods to determine fibroid size, number, and location; 3) demonstrate the benefits of pre-operative use of misoprostol; 4) discuss methods to manage intra-operative bleeding; 4) tabulate outcomes of hysteroscopic myomectomy; and 5) determine patients who are not candidates for hysteroscopic morcellation.

Tubal Preservation for Ectopic Pregnancy with Hemoperitoneum
Surgeon: Johnny Yi, M.D. – Phoenix, Arizona
This course provides a pre-recorded surgical demonstration of laparoscopic treatment of an ectopic pregnancy with tubal preservation in the setting of a hemoperitoneum. This minimally invasive surgical approach is a fundamental basic skill that all gynecologists should be comfortable with. This course demonstrates the technique, from identifying the ectopic pregnancy, evacuating the hemoperitoneum and then removing the pregnancy with minimal manipulation and damage to the fallopian tube. A summary of the current literature regarding this approach, along with reproductive outcomes and postoperative management will also be discussed. Finally, we demonstrate the importance of preoperative preparation and communication with the operating room staff during emergency surgery scenarios.

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) Apply skills learned to perform tubal preservation surgery for ectopic pregnancy; 2) summarize the current literature regarding tubal preservation for treatment of ectopic pregnancy and reproductive outcomes; 3) demonstrate understanding of management plan for patient following tubal preservation surgery for ectopic pregnancy; and 4) illustrate the importance of preparation and communication with OR staff for emergency surgeries.

Management of Intraoperative Bleeding
Surgeon: Yukio Sonoda, M.D. – New York, New York
Intraoperative bleeding can quickly escalate into an ominous situation. This course provides an overview of the management of intraoperative bleeding. Important steps that should be undertaken when intraoperative bleeding is encountered will be reviewed. These principles will be highlighted using surgical videos.

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) Formulate a plan for the management of intraoperative bleeding; 2) use various techniques to manage intraoperative bleeding; and 3) identify areas where bleeding may be encountered.
Introducing

An illuminated uterine manipulator technology for use in laparoscopic surgery, including LAVH, TLH, LSH and other Gyn procedures.

Booth 433

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420  Influences on Patient Led Choice of Treatment for Heavy Menstrual Bleeding in a One-Stop Menstrual Disorders Clinic in Scotland  
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425  A Minimally Invasive Surgical Approach for the Management of a Recurrent Cesarean Scar Ectopic Pregnancy: A Case Report and Brief Review of the Literature  
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426  Challenges and Successes in Medical Student and Resident Surgical Simulation Education  
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427  Why the Latzko Procedure? Revisiting a Classic Procedure for Effective Repair of Vesicovaginal Fistula  
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428  Development of a New Educational Tool: Interactive Computer-Based Laparoscopic Hysterectomy Trainer  
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429  Veress Needle Laparoscopic Entry with Low-Flow CO2 and Opening Intra-Abdominal Pressure as Guide: A Residents’ Perspective  
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433  Morcelloma Formation Following Laparoscopic Myomectomy and Sub-Total Hysterectomy  
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434  A Cost Effective Porcine Tissue Model for Use in Laparoscopic Training  
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435  Building a Minimally Invasive Gynecologic Educational Curriculum in a Community-Based Residency Program  
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436  Case Report: Contact Dermatitis after Closure of Laparoscopic Skin Incisions with Topical Skin Adhesive  
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437  Smoke Plume Hazards in the Operating Room  
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440  Prevalence of Endometriosis in Postmenopausal Women with Chronic Pelvic Pain  
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441  Clinical Characteristics of Recurrent Endometrioma after Conservative Surgery  
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442  Shaving or Mucosal Skinning for Bowel Endometriosis: Is There a Difference?  
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443  Prediction of Therapeutic Effect of Hormonotherapy for Endometrial Cyst by Diffusion-Weighted Imaging  
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444  Necrotic Pseudoxanthomatous Nodules: Are They so Rare?  
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445  Lipid Peroxidation Processes in Women with Endometriosis  
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446  Uterine Endometriosis Misdiagnosed as a Degenerated Uterine Myoma  
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448  Management of Bowel Involvement in Deep Infiltrating Endometriosis. Our Results  

449  The Laparoscopic Suction of Thick Fluid Content in Large Endometrioma by Using Special Multiple-Hole Suction-Catheter  
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450  What Is a Powder Burn?  
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453  Paracervical Block for Operative Hysteroscopy with 7mm Unipolar Resectoscope: Preliminary Evaluation of 26 Cases under Conscious Sedation  
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**OCTAVIUS 12**

**SCIENTIFIC VIRTUAL POSTERS**

**WEDNESDAY, NOVEMBER 7, 2012 – THURSDAY, NOVEMBER 8, 2012**
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Opening Reception
EXHIBIT HALL
Tuesday, November 6, 2012 • 6:45 PM – 8:00 PM

The AAGL and our industry partners will host a reception to welcome you to the 41st Global Congress! Join your friends and colleagues in the exhibition hall to sample hors d’oeuvres, and enjoy complimentary beverages as music fills the hall.

This is the perfect time to preview the exhibits and to join us in our grand Congress kick-off!

Wednesday, Nov. 7th 9:00 a.m. – 4:00 p.m.
9:00 a.m. – 11:00 a.m.
1:00 p.m. – 2:30 p.m.
4:00 p.m.

Luncheon
Exhibits close

Thursday, Nov. 8th 9:00 a.m. – 3:30 p.m.
9:00 a.m. – 11:00 a.m.
1:05 p.m. – 2:30 p.m.
3:30 p.m.

Luncheon
Exhibits close

Exhibitors for the 41st Global Congress

3-Dmed
AAGL, Advancing Minimally Invasive Gynecology
Worldwide
Advanced Endoscopy Devices, Inc.
Aesculap, Inc.
American Medical Systems
Applied Medical
Bard Medical Division
Baxter Healthcare Corporation
BK Medical
Blue Endo
Boston Scientific
Bovie Medical
Buffalo Filter
Caldera Medical
CareFusion
Clinicon Corporation
Coloplast
Conceptus, Inc.
Conkin Surgical Instruments, Ltd.
CONMED Corporation
Contemporary Ob/Gyn
CooperSurgical
Covidien
Elmed Incorporated
Elsevier
Encision, Inc.
Endo Evolution, LLC
Endometriosis Association
EndoSee Corporation
ERBE USA, Inc.
ETHICON
Exemplo Medical
Federcacn Mexicana de Endoscopia Ginecoloaica
Femaysys, Inc.
Genicon
Halt Medical, Inc.
Holly Bridges, Author, Patient Advocate
Hologic, Inc.
Idoman Teoranta
Intuitive Surgical, Inc.
IOGYN
ISCN
Laptrain
Laser Engineering
Lexion Medical
LINA Medical
Lippincott/Williams & Wilkins/ Wolters Kluwer
Health
LSI Solutions
Lumenis
Mach 3 Healthcare Safety Training, Inc.
Marina Medical Instruments, Inc.
Market Access Partners
Medstats™ Card International, LLC
Medtronic
Mimic Technologies
Minerva Surgical
New Wave Surgical
NORGENIX
Novasys Medical, Inc.
OBG Management
Olive Medical
Olympus America Inc.
OmniGuide
OMNItech Systems, Inc.
Pall Medical
Plasma Surgical, Inc.
Practis
Primal Pictures LTD
ProSurg, Inc.
Red Llama, Inc.
Simbionix USA Corporation
SimSurgery
Smith & Nephew, Inc.
Karl Storz Endoscopy-America, Inc.
Karl Storz Endoscopy Latino-America
Stryker Endoscopy
Surgical Review Corporation (SRC)
Surgical Science Inc.
SurgiQuest, Inc.
Surgitools Pty. Ltd.
Suture Ease, LLC
Teleflex
Thermedx
VECTEC
Vivere Health
Richard Wolf Medical Instruments Corporation
3-Dmed® has been manufacturing the world renowned “Minimally Invasive Training System” (MITS) for over 15 years. The MITS is a versatile tool to develop and teach Basic to Advanced Laparoscopic skills. Practice for the FLS testing and other educational purposes including instrument demonstration. The MITS is a complete and portable system that is the best value for your budget. 3-Dmed has in-house manufacturing capabilities that offer customized products. We are dedicated to complete customer service! Visit the booth to see the NEW Lap Tab trainer™ that works with your iPad or Tablet!

AAGL
Advancing Minimally Invasive Gynecology Worldwide
6757 Katella Avenue
Cypress, CA 90630
Ph: 714.503.6200 | FAX: 714.503.6201
Website: www.aagl.org
For 41 years, the AAGL has led in providing education and training for gynecologists in minimally invasive surgery. Our mission is to help physicians provide the safest, most therapeutic, and economical care for women.

Visit our booth to learn more about the Center of Excellence in Minimally Invasive Gynecology (COEMIG). Speak with representatives who will explain the benefits and answer any questions you may have about the process of applying for COEMIG.

Advanced Endoscopy Devices
Booth Number: 821
22134 Sherman Way
Canoga Park, CA 91303
Ph: 818.227.2720 | FAX: 818.227.2724
Website: www.aed.md
AED offers a full line of High Resolution Endoscopes for Laparoscopy and Hysteroscopy. Precise Lap Forceps are available in 5mm & 10mm and also for Bariatric Surgery. G Series Trocars and Cannulas are reusable and very cost effective. Tru-Vu Slim Line Hysteroscope features a 5FR Channel and can be used for Office Procedures.

Aesculap, Inc.
Booth Number: 828
3773 Corporate Parkway Center
Valley, PA 18034
Ph: 800.282.9300 | FAX: 610.791.6888
Website: www.aesculapusa.com or www.caimansurgery.com
Aesculap offers a wide variety of laparoscopic instruments that improve surgical performance and patient care during minimally invasive surgery. The portfolio of products includes a comprehensive range of reusable and reposable gynecologic instruments such as needle holders graspers, scissors and forceps. Aesculap's portfolio, also, includes a range of advanced energy devices for advanced gynecologic procedures. Visit the booth today to learn more about Aesculap's best-in-class products.
<table>
<thead>
<tr>
<th>Company Name</th>
<th>Booth Number</th>
<th>Address</th>
<th>Phone</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Medical Systems</td>
<td>707</td>
<td>10700 Bren Road W, Minnetonka, MN 55343</td>
<td>PH: 952.930.6000</td>
<td>FAX: 952.930.6157</td>
</tr>
<tr>
<td>Applied Medical</td>
<td>533</td>
<td>22872 Avenida Empresa, Rancho Santa Margarita, CA 92688</td>
<td>PH: 800.282.2212 or 949.713.8000</td>
<td>FAX: 949.713.8200</td>
</tr>
<tr>
<td>Baxter Healthcare Corporation</td>
<td>813</td>
<td>One Baxter Parkway, Deerfield, IL 60015</td>
<td>PH: 800-423-2090</td>
<td><a href="http://www.baxterbiosurgery.com">www.baxterbiosurgery.com</a></td>
</tr>
<tr>
<td>BK Medical</td>
<td>Publishers Row - Table 5</td>
<td>8 Centennial Drive, Peabody, MA 01960</td>
<td>PH: 978.326.1300</td>
<td>FAX: 978.326.1399</td>
</tr>
<tr>
<td>Bovie Medical Corporation</td>
<td>509</td>
<td>5115 Ulmerton Road, Clearwater, FL 33760</td>
<td>PH: 727.687.5962</td>
<td><a href="http://www.boviemed.com">www.boviemed.com</a></td>
</tr>
<tr>
<td>Caldera Medical, Inc.</td>
<td>129</td>
<td>5171 Clareton Drive, Agoura Hills, CA 91301</td>
<td>PH: 818.879.6555</td>
<td>FAX: 818.879.6556</td>
</tr>
<tr>
<td>Buffalo Filter</td>
<td>735</td>
<td>5900 Genesee Street, Lancaster, NY 14086</td>
<td>PH: 716.835.7000</td>
<td>FAX: 716.835.3414</td>
</tr>
<tr>
<td>Caldera Medical</td>
<td>129</td>
<td>5171 Clareton Drive, Agoura Hills, CA 91301</td>
<td>PH: 818.879.6555</td>
<td>FAX: 818.879.6556</td>
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<tr>
<td>Carefusion</td>
<td>819</td>
<td>3750 Torrey View Court, San Diego, CA 92130</td>
<td>PH: 858.617.2000</td>
<td><a href="http://www.carefusion.com">www.carefusion.com</a></td>
</tr>
<tr>
<td>Carefusion</td>
<td>819</td>
<td>3750 Torrey View Court, San Diego, CA 92130</td>
<td>PH: 858.617.2000</td>
<td><a href="http://www.carefusion.com">www.carefusion.com</a></td>
</tr>
<tr>
<td>Clinicon Corporation</td>
<td>832</td>
<td>3025 Industry Street, Suite A, Oceanside, CA 92054</td>
<td>PH: 760.439.1700</td>
<td>FAX: 760.439.1798</td>
</tr>
</tbody>
</table>
and robotically assisted micro surgical procedures. All are part of the PureBeam™ delivery system, providing superior surgical precision and acute visual control, while minimizing trauma and enhancing surgical outcomes.

Coportalst  Booth Number: 409
1601 West River Road
Minneapolis, MN 55411
PH: 612.337.7800
Website: www.us.coloplast.com
Coloplast is committed and dedicated to female pelvic health. With a 50-year legacy of listening and responding to our customers, Coloplast continues to provide solutions that help improve quality of life for women globally. Offering innovative solutions for the treatment of Stress Urinary Incontinence and Pelvic Organ Prolapse, our SUI portfolio features Aris®, Supris® and the new Altis® single incision sling system, the next step in minimally-invasive continence solutions. Coloplast treatment options for pelvic organ prolapse includes: Digitech® suture delivery system, Exair® trocar based repair system and Restorelle® synthetic mesh, the lightest mesh available in Women's Health.

Conceptus, Inc.  Booth Number: 304
331 E. Evelyn Avenue
Mountain View, CA 94041
PH: 650.962.4200 | FAX: 650.962.5200
Website: www.conceptus.com
Conceptus® is dedicated to the revolutionary design, development, and marketing of innovative solutions in women's health. The booth will showcase the Essure permanent birth control system, the most effective permanent birth control available. Also featured is the EssureSim™ hysteroscopic training simulator and multiple practice resources intended to enhance hysteroscopic skills and provide the optimal patient experience.

Conkin Surgical Instruments, Ltd.  Booth Number: 131
30 Lesmill Road #4
Toronto Ontario M3B2T6
Canada
PH: 416.922.9496 | FAX: 416.922.3501
www.conkindsurgical.com
Conkin Surgical Instruments will be exhibiting model VUM-6 of the well known Valtchev Uterine Mobilizer and its attachment the new Valtchev Vaginal Delineator, model VWD.

CONMED Corporation  Booth Number: 223
525 French Road
Utica, NY 13502
PH: 315.624.3131 | FAX: 315.732.7991
Website: www.conmed.com
CONMED’s newest product used in the treatment of women’s health conditions, Altrust® Thermal Tissue Fusion System, is the next generation in energy based vessel sealing technology. In addition, CONMED offers VCARE® and VCare® Dx, specialized Uterine Manipulators/Elevators. What’s more, our System 500™ EUSU, featuring a specialty LAP Mode, and System 7550™ ABC® unit both meet unique laparoscopic GYN clinical challenges. Additionally, DetachaTip Multi-use Disposable Handheld Instruments, scissors, graspers, and dissectors, facilitates laparoscopic OB/GYN procedures. Each of these products is intended for use in a variety of procedures. Visit www.conmed.com for more information.

Contemporary OB/GYN  Booth Number: Publishers Row – Table 15
485F U.S. Hwy 15, Suite 100
Iselin, NJ 08830
PH: 732.346.3044 | FAX: 732.647.1232
Contemporary OB/GYN, a peer-reviewed journal, translates key advances in the specialty into excellence in day-to-day practice. Editorial content, in both print and online, combines contemporary critical thinking from top-tier academic physicians, along with evidence-based insights from eminent clinicians, into practically-oriented expert articles that are concise, thorough, and compellingly illustrated.

CooperSurgical Inc.  Booth Number: 313
75 Corporate Drive
Trumbull, CT 06611
PH: 800.243.2974 or 203.601.5200 | FAX: 203.601.4741
Website: www.coopersurgical.com
CooperSurgical is displaying the continuation of its innovation in the field of uterine manipulation at booth #313. In addition to our RUM® II and Koh-Efficient™ family of products including the Advinica Arch, we will be introducing the Carter-Thomason II, our next generation laparoscopic port site closure system. Other featured products will include the Lone Star Retractor System, Her Option Cryoblation, SeeClear Smoke Evacuation System, Mobius Abdominal Retractors, and Apple-Hunt Trocars.

Covidien  Booth Number: 613
5920 Longbow Drive
Boulder, CO 80301
PH: 303.530.2300
Website: www.covidien.com
Covidien is a leading global healthcare products company that creates innovative medical solutions for better patient outcomes and delivers value through clinical leadership and excellence. Covidien manufactures a diverse range of industry-leading products in five segments including Surgical and Energy-based Devices. Please visit www.covidien.com to learn more.

Elmed Incorporated  Booth Number: 335
60 West Fay Avenue
Addison, IL 60101
PH: 630.543.2792 | FAX: 630.543.2102
Website: www.elmed.com
Elmed will display the latest in laparoscopic instrumentation including many bipolar instruments. Mechanical endoscopic fixation devices and endoscope holders will be featured. Our time proven electrosurgical generators and special accessories as well as microsurgical instruments will be highlighted.

Elsevier Inc.  Booth Number: Publishers Row – Table 19
1600 JFK Blvd., Suite 1800
Philadelphia, PA 19103
PH: 215.239.3400 | FAX: 215.239.3494
Website: www.elsevier.com
ELSEVIER is a leading publisher of health science publications, advancing medicine by delivering superior reference information and decision support tools to doctors, nurses, health practitioners and students. With an extensive media spectrum — print, online and handheld, we are able to supply the information you need in the most convenient format.

Encision Inc.  Booth Number: 934
6797 Winchester Circle
Boulder, CO 80301 USA
PH: 303-444-2600 | FAX: 303-444-2693
Website: www.encision.com
Encision’s ACTIVE ELECTORDE MONITORING system is a laparoscopic safety system that continuously monitors Encision’s monopolar laparoscopic instruments during surgery to eliminate the risk of stray energy burn injury to patients during laparoscopy.

Endo Evolution, LLC  Booth Number: 932
51 Middlesex Street
North Chelmsford, MA 01863
PH: 978.251.8088 | FAX: 978.251.8585
Website: www.endo360surgical.com
Endo360™ MIS suturing devices enable laparoscopic GYN surgeons to quickly and easily place full-thickness stitches and tie intracorporeal knots the same way they suture by hand, using standard type curved needles and all standard types and sizes of sutures. Endo360™ MIS suturing devices are robust, ergonomic, reusable, and cost-effective in all applications.
EXHIBIT DESCRIPTIONS

Endometriosis Association  Booth Number: Publishers Row – Table 1
International Headquarters
8585 North 76th Place
Milwaukee, WI 53223 U.S.
PH: 414.355.2200  |  FAX: 414.355.6065
Website: www.EndometriosisAssn.org

The Endometriosis Association is an international nonprofit organization, founded in 1980, that has provided support, education, and research for 32 years. Along with providing support to those affected by endometriosis, our mission is to educate patient, professional, and public audiences about the disease, and to fund endometriosis research. Research activities include collaboration with the National Institutes of Health, and the sponsoring of a research program at Vanderbilt University of Medicine. The Association was instrumental in promoting acceptance of operative laparoscopy and highly supportive of the pioneers of less-invasive, more effective surgery. Association President and Executive Director, Mary Lou Ballweg, and the Association have authored numerous publications including four books, scientific articles, and brochures in 30 languages.

EndoSee Corporation  Booth Number: 232
4546 El Camino Real, Suite 215
Los Altos, CA 94022
PH: 650.397.5174  |  FAX: 888.388.1420
Website: www.endosee.com

EndoSee makes office hysteroscopy possible, affordable, and cost effective. A small reusable handle with a screen size of a smart phone coupled to a single use hysteroscope with built-in camera and light source eliminates the need for capital equipment. Visit us to discuss the potential for other office procedures.

ERBE USA  Booth Number: 114
2225 Northwest Parkway
Marietta, GA 30067
PH: 770.955.4400  |  FAX: 770.955.2577
Website: www.erbe-usa.com

For effective vessel fusion, ERBE offers the trusted VIO® system with BiClamp®. This device provides for effective coagulation and fusion of vessels up to 7mm. The VIO® System’s BiClamp® software optimizes target tissue sealing via ERBE’s proprietary constant voltage and power dosing output for an optimal and reusable tool for Gynecologic procedures.

ETHICON  Booth Number: 520
4545 Creek Road
Cincinnati, OH 45242
PH: 800.USE.ENDO  |  FAX: 800.873.3636
Website: www.ees.com

Route 22 West
Somerville, NJ 08876
PH: 908.218.3632  |  FAX: 908.218.2886
Website: www.gynecare.com

ETHICON is a proud Platinum Sponsor of AAGL and we are committed to partnering with gynecologists to advance the standard of women’s healthcare through innovative quality products, professional education services that advance laparoscopic surgery, and excellence in customer service and support.

Exemplo Medical  Booth Number: Publishers Row – Table 18
720 Broker Creek Blvd Ste 200
Oldsmar, FL 34673
PH: 813-343-5680  |  FAX: 813-343-5687
Website: www.exemplomedical.com

Exemplo Medical, delivers “ONC-ARRA Certified” Electronic Health Record systems designed to fit Specialty Specific practices. Currently Exemplo Medical has specialized software created for Minimally Invasive Gynecology, Bariatrics, Nephrology and Breast Disease These solutions provide a fully integrated EMR system including Revenue Cycle Management combined with “MIG” specific clinical and procedural data for in-depth review and analysis. Exemplo has substantial experience working with SRC/COE programs including BOLD required data submission requirements. www.exemplomedical.com.

Federacion Mexicana  Booth Number: Publishers Row – Table 21
de Endoscopia Ginecológica
PH: 55 508 05300  |  FAX: 55 50818212

Femasys Inc.  Booth Number: 133
5000 Research Court, Suite 100
Suwanee, GA 30024
PH: 770.500.3910  |  FAX: 700.500.3980
Website: www.FemVue.com or www.Femasys.com

Femasys is a privately held corporation committed to advancing women’s healthcare with innovative medical devices designed, manufactured, and commercialized for use in the physician’s office. The company is continually researching and developing cost-effective new products designed for women, often expanding in-office services that physicians can easily incorporate.

Genicon  Booth Number: 916
6869 Staple Court
Orlando, FL 32792
PH: 407.657.4851  |  FAX: 407.677.9773
Website: www.geniconend.com

GENICON is an emerging leader in the design, production and global distribution of patented innovative laparoscopic products and solutions designed to deliver better patient outcomes. GENICON is driven to meet the needs of modern day healthcare through the harmonization of clinical, economic and ecologic demands of a global healthcare system.

Halt Medical, Inc.  Booth Number: 720
131 Sand Creek Road, Suite B
Brentwood, CA 94513
PH: 877.412.3828  |  FAX: 925.634.7841
Website: www.haltmedical.com

Halt Medical has developed an RF system for global fibroid ablation (GFA) to address a major unmet need in women’s health - relief of the debilitating symptoms caused by uterine fibroids. GFA treats fibroids of all sizes, types, and locations. GFA is an outpatient gynecological procedure that targets just the fibroids while preserving normal uterine function and anatomy. Patients go home within hours of the procedure and return to normal activities in a few days. Visit Booth #720 and learn more about the future of fibroid therapy.

Holly Bridges,  Booth Numbers: Publishers Row – Table 20
Author of The UNHysterectomy: Solving Your Painful, Heavy Bleeding Without Major Surgery.
1619 Orleans Blvd.
P.O. Box 58016 Orleans Garden
Ottawa, Ontario, Canada K1C 7E2
PH: 613.863.0545  |  FAX: 613.837.7048
Website: www.unhysterectomy.com

The UNHysterectomy is an empowering, informative guide to minimally invasive gynecological options for women, written by journalist and patient advocate, Holly Bridges, and edited by Dr. Sony S. Singh, Director of Minimally Invasive Gynecology at the Shirley E. Greenberg Women’s Health Centre at The Ottawa Hospital. The UNHysterectomy is an ideal patient information tool, written in an engaging, plain language, girlfriend-to-girlfriend style. Containing patient testimonials and interviews with Dr. William Parker and Dr. Elizabeth Stewart among others, The UNHysterectomy is helping women make an informed choice over their gynecological health. Drop by our booth to buy your copy of the US/International edition of The UNHysterectomy, download an e-version, or order in bulk for patient giveaways. www.unhysterectomy.com.

Hologic, Inc.  Booth Number: 413
250 Campus Drive
Marlborough, MA 01752 USA
PH: 508.263.2900  |  FAX: 508.229.2795
Website: www.hologic.com

Surgical Solutions
Less invasive. More innovative.
Do your patients suffer from heavy menstrual bleeding? Visit Hologic to learn more about the latest innovations in transcervical treatment options for abnormal uterine bleeding, submucosal polyp and fibroid removal and fluid management. The breadth of Hologic’s less invasive, gynecologic solutions can help you address the most important needs of your patients with the most innovative care.

**Idoman Teoranta**

Booth Number: Publishers Row – Table 3

40 Holly Street, Suite 801
Toronto, Ontario M4S3C3
Canada

Ph: 416.487.8397 | FAX: 416.485.8352

Idoman Teoranta is committed to improving the lives of women internationally through the introduction of innovative, minimally invasive medical devices. Thermablate EAS, Idoman’s principal product, is a Global Endometrial Ablation (GEA) device used throughout the world as an alternative to Hysterectomy for the treatment of Heavy Menstrual Bleeding (HMB).

**Intuitive Surgical, Inc.**

Booth Number: 113

1266 Kifer Road
Sunnyvale, CA 94086

Ph: 408.523.2100 | FAX: 408.523.1390

Website: www.intuitivesurgical.com

Intuitive Surgical, Inc. is the global technology leader in robotic-assisted, minimally invasive surgery. The Company’s da Vinci® Surgical System enables gynecologic surgeons everywhere to offer minimally invasive treatment to potentially hundreds of thousands of women.

**IOGYN**

Booth Number: 823

20195 Stevens Creek Blvd., Suite 120
Cupertino, CA 95014

Ph: 408.996.2517 | FAX: 408.689.4312

Website: www.iogyn.com

IOGYN introduces a bipolar RF Resection Device for endoscopic removal of soft tissue, including fibroids and polyps. The Symphion system features a 6.3 mm (19 Fr) operating profile, up to 8 grams/minute resection rate, on-demand coagulation, a clear operating field and integrated fluid management system. NOT AVAILABLE FOR SALE OR INVESTIGATIONAL USE.

**ISCG – Cosmetogynecology**

Booth Number: 134

350 Kennedy Blvd.
Bayonne, NJ 07002

Ph: 201.436.8025 | FAX: 201.339.5030

The International Society of Cosmetogynecology is the world’s first and largest association of gynecologic specialists in female cosmetic medicine and surgery. Our mission is to promote the advancement of knowledge, skill and excellence in female cosmetic medicine and surgery through education, training and fellowship.

**Laprotrain**

Booth Number: Publishers Row - Table 6

3 Wellington Park
Malone Road
Belfast, Northern Ireland, BT9 6DJ

Ph: 44 (0) 28 9092 3323 | FAX: (0)28 9092 3323

Website: www.laprotrain.com

Most simulators are inanimate or virtual – limited in their use or expensive! Come visit us at stand T-6.

Laprotrain is a fully functional, take home endoscopic trainer which provides a realistic simulated laparoscopic platform. It provides the perfect image and links directly to a TV! Laprotrain may be used with or without an assistant surgeon as the “scope may be fixed or mobile in a moment.”

This trainer works! It comes complete with on-line, step to step skills video’s, available through our web site, www.lapsimtraining.com to take a complete novice to a competent technical level in a few months. Laprotrain can accommodate the use of predesigned skills sets, tissue, perfect the use of diathermy and harmonic scalpels for example.

Laprotrain has been adopted in the UK by The London Deanery, ASGBI, ASIT & the BSGE.

**LiNA Medical USA**

Booth Number: 715

1856 Corporate Drive
Norcross, GA 30093

Ph: 770-218-6800 | FAX: 678-380-0500

Website: www.linamed.com

LiNA Medical® manufactures innovative medical devices for the Minimally Invasive Gynecologist. This year we exhibit our state of the art, cordless morcellator, LiNA Xcise™, for LSH, TLH, LAVH and Myomectomy. The market leading LiNA Gold Loop™, which offers surgeons a safe and time saving way of sectioning the uterus during LSH, will also be on display. Come see us in our booth for a demonstration and a discussion of features and benefits.

**Lippincott Williams & Wilkins/ LWW**

Booth Number: Publishers Row – Table 14

a Wolters Kluwer Health

Two Commerce Square, 2001 Market Street
Philadelphia, PA 19103

Ph: 800.638.3030 or 301.223.2300 | FAX: 301.223.2400

Website: www.LWW.com

Lippincott Williams & Wilkins, a Wolters Kluwer Health company, is a leading international publisher of medical books, journals, and electronic media. We proudly offer specialized publications and software for physicians, nurses, students and clinicians. Please visit booth #1102 to browse our comprehensive product line.

**LSI Solutions**

Booth Number: 433

7796 Victor-Mendon Road
Victor, NY 14564

Ph: 585-869-6600 | FAX: 585.742.8086

Website: www.lsisolutions.com

See The Light ... The new McCarus-Volker FORNISEE™ illuminated uterine manipulator by LSI SOLUTIONS®. Mechanically anchors to the uterus. Easy and effective. Visit Booth 433 to also learn more about our full line of laparoscopic automated suturing and knot technology, including RD 180® and TK™.

**Lumenis**

Booth Number: 231

5302 Betsy Ross Drive
Santa Clara, CA 95054

Ph: 408.764.3824 | FAX: 408.764.3660

Lumenis, the world’s largest surgical laser company, provides minimally invasive solutions for Gynecology, ENT, Urology and General Surgery. A rich assortment of products is available for flexible fiber, robotic and free-beam based laser procedures in gynecologic laparoscopy.

**Mach 3 Healthcare Safety Training, Inc.**

Booth Number: Publishers Row – T-2

3116 Coolidge Avenue
Los Angeles, CA 90066

Ph: 310.398.9702 | FAX: 310.451.3414

Mach 3 Healthcare Safety Training instructs surgeons, OR staff and administrators
program to understand cognitive science issues that result in surgical error, communication skills and team training derived from aviation crew resource management, and checklist protocols in order to make the OR a safer place for patients.

**Marina Medical Instruments, Inc.**
955 Shotgun Road  
Sunrise, FL 33326  
Ph: 954.924.4418 | FAX: 954.924.4419  
Website: www.marinamedical.com  
Marina Medical Instruments provides surgeons with the best value and selection of surgical instruments and equipment. Whether you specialize or only do sporadic minor procedures, Marina Medical is your best source for quality, service, and price. Please stop by our booth and see why Marina Medical is the best choice for your surgical instrument needs.

**Market Access Partners**
3236 Meadowview Road  
Evergreen, CO 80439  
Ph: 303.526.1900 | FAX: 303.526.7920  
Web: www.marketaccesspartners.com  
Market Access Partners provides market research consulting to the medical device and pharmaceutical industries. We use innovative qualitative and quantitative methodologies to research opinions of physicians, nurses and patients. We offer a management orientated approach to product development and marketing.

**Medtronic**
710 Medtronic Parkway  
Minneapolis, MN 55432  
Ph: 763.514.4000  
Website: www.medtronic.com  
Medtronic is advancing minimally invasive surgical solutions designed to help surgeons improve clinical outcomes and patient care. Medtronic’s Robotic Surgery Division is leading the innovation in surgical robotics and has introduced the da Vinci® Surgical System to the OR by using a combination of superior technology, cutting-edge imaging sensors, and lean manufacturing processes. The da Vinci System is compatible with any PDF file system internationally rendering the individual's medical data transferable worldwide.

**Medstats ™ Card International, LLC**
6757 Arapaho Road, Suite 767  
Dallas, TX 75248  
Ph: 972.566.7877  
Website: www.medstatscard.com  
Medstats ™ Card International, LLC releases its new smart phone app to facilitate your carrying your medical data wherever you go. Medstats provides many forms of an individual's basic vital medical data. This affords immediate information for first responder personnel. Medstats ™ new smart phone app enables one to download their medical data to any third party, e.g. their physician’s office. The Medstats ™ system is compatible with any PDF file system internationally rendering the individual’s medical data transferable throughout the world.

**Olive Medical**
39684 Eureka Drive  
Newark, CA 94560  
Ph: 510.226.4060 | FAX: 510.353.0524  
Website: www.RenessaMD.com  
Novasys Medical’s in-office Renessa® procedure bridges the gap between conservative therapy and surgery for patients with stress urinary incontinence due to bladder outlet hypermobility. The Renessa probe gently heats tissue in the proximal urethra reducing compliance, funneling and associated urine leakage. Three year studies demonstrate safety, efficacy and durability.

**NORENIX**
101 West Saint John Street, Spartan Centre, Suite 307  
Spartanburg, SC 29306  
Ph: 864.580.2660 | FAX: 846.580.2661  
Website: www.norgenixpharma.com  
Norgenix is a North American specialty pharmaceutical company that engages in the development, commercialization, and sales of pharmaceutical products in the women's health arena. With products spanning the continuum of care from pharmaceutical therapies to medical devices, Norgenix is licensed to sell, market, and distribute prescription drug products and medical devices in all 50 US states.

**OBG Management**
7 Century Drive, Suite 302  
Parsippany, NJ 07054  
Ph: 973.206.8954 | FAX: 973.206.9378  
Website: www.OBGmanagement.com  
This monthly publication offers reviews of sound, evidence-derived best practices that equip ObGyns to provide optimal patient care. Under the guidance of Editor-in-Chief Robert L. Barbieri, MD, OBG Management is dedicated to the professional development of ObGyns—delivering relevant, accessible, and practical editorial content. Articles in each issue are interactively reinforced with technique and expert commentary videos and audio interviews through www.OBGmanagement.com. Topics covered include surgical and diagnostic techniques, standards of care, new technologies, medicolegal liability, and reimbursement, patient management, and more.

**Olive Medical**
2302 S. President’s Drive, Suite D  
Salt Lake, UT 84120  
Ph: 866.300.1148  
Website: www.olivemedical.com  
Olive Medical is dedicated to providing affordable HD MIS imaging equipment to the OR by using a combination of superior technology, cutting-edge imaging sensors, and lean manufacturing processes. The TCX1 HD Camera Head and OVB1 HD Camera Control Unit introduce affordable “True HD” MIS visualization with intuitive controls and lightweight ergonomics that will meet your cost containment needs.

**Olympus America Inc.**
3500 Corporate Parkway  
Center Valley, PA 18034  
Ph: 484.896.5000 | FAX: 484.896.7133  
Website: www.olympusamerica.com  
Olympus is advancing minimally invasive surgical solutions designed to help Laparoscopic Gynecologists improve clinical outcomes through our innovative...
The world's only technologies: the PKS Bipolar Laparoscopic Loop (BILL) for LSH cervical amputation (pending 510k clearance); THUNDERBEAT, the only integration of both advanced bipolar and ultrasonic energies delivered simultaneously from a single, multi-functional instrument for laparoscopic and open procedures; TriPort® and TriPort15 access devices for laparoscopic and open procedures; TriPort® and TriPort15 access devices for laparoscopic and open procedures; the ENDOEYE FLEX 5 autoclavable 5mm HD deflectable-tip video laparoscope.

Our commitment to clinical support, professional education, flexible service and financing packages, and knowledgeable local account management make Olympus the partner of choice. Through innovative diagnostic and therapeutic solutions, Olympus is transforming the future of minimally invasive surgery. Visit Booth #321 to discover where innovation can take you.

OmniGuide
1 Kendall Square
Suite B1301
Cambridge, MA 02139
PH: 888.OMNIGUIDE
Website: www.omni-guide.com

OmniGuide’s BeamPath® CO2 Laser is shaping the future of minimally invasive gynecologic procedures with its intuitive, flexible-fiber delivery system. This revolutionary design allows surgeons to utilize CO2 laser energy in either laparoscopic or robotic procedures, providing enhanced precision, access and safety near critical structures.

OMNITECH Systems, Inc.
450 S. Campbell St., Suite 2
Valparaiso, IN 46385
Website: www.omnitechsystems.com

"Why perform any endometrial ablation procedure that can cause uterine scarring" and "Why are there so many hysterectomies occurring after GEAs?" These questions and their Review Article titled: Long-Term Complications of Minimally Invasive Endometrial Ablation Devices will be discussed at Booth 228 by Drs. Arthur & Vance McCausland

Pall Medical
25 Harbor Park Drive
Port Washington, NY 11050
PH: 866.347.3428 | FAX: 734.913.6353
Website: www.pall.com/nosmokeor

Pall Medical offers the Laparoshield™ Laparoscopic Smoke Filtration System, a passive smoke evacuation system which removes particles, cells, virus and odor causing noxious chemicals from surgical smoke generated in laparoscopic procedures while maintaining a clear field of vision. It is indicated for use during any minimally invasive surgery involving insufflation, electrocautery, laser, or ultrasonic scalpel use.

Plasma Surgical, Inc.
1125 Northmeadow Parkway, Suite 100
Roswell, GA 30075
PH: 678.578.4390 | FAX: 678.578.4395
Website: www.plasmasurgical.com

Plasma Surgical developed and markets the Plasmajet® system, an advanced energy device for precise cutting, coagulation and ablation of tissue. Through the unique properties of plasma and controlled delivery of thermal energy, Plasmajet allows surgeons to treat sensitive structures carefully, especially when tissue preservation and reduction of thermal spread are essential.

Pracis
8729 Red Oak Blvd., Suite 220
Charlotte, NC 28217
PH: 704.887.5300 | FAX: 866.204.1275
Website: www.practisinc.com

Since 1998, Pracis has been designing, developing and maintaining custom websites and online applications for medical practices and health-care organizations. Their clients represent health-care organizations nationwide, ranging in size and scope, across the spectrum of care. The Pracis team consists of experienced health-care professionals, web designers, graphic artists, programmers and copywriters, each with extensive experience in the web and in health care. For more information, visit booth number 135 or www.practisinc.com.
EXHIBIT DESCRIPTIONS

Smith & Nephew, Inc.  
150 Minuteman Road  
Andover, MA 01810  
PH: 978.749.1000 | FAX: 978.749.1599  
Website: www.sntruclear.com  
Smith & Nephew, a global leader in minimally invasive surgery, is dedicated to designing, developing and marketing innovative solutions for uterine care. Its TRUCLEAR™ Hysteroscopic Morcellation System is a first of its kind device that pairs the visualization capabilities of a hysteroscope with minimally invasive tissue removal capabilities, allowing a fast and thorough capture and removal of intrauterine polyps and fibroids; and provides healthcare practitioners in obstetrics, gynecology and reproductive health with a uniquely user-friendly technique. Proven in over 55,000 procedures, TRUCLEAR offers a clear, safe, efficient and effective solution for Polypectomies and Myomectomies.

Karl Storz Endoscopy-America, Inc.  
2151 E. Grand Avenue  
El Segundo, CA 90245  
PH: 800.421.0837 | FAX: 424.218.8537  
Website: www.karlstorz.com  
KARL STORZ Endoscopy-America, Inc., a leader in endoscopy solutions, offers a broad range of products for hysteroscopy and laparoscopy. Among these are the Rotocut G1 Morcellator, the SupraLoopp™ monopolar loop for LSH procedures, the RoBi™ rotating bipolar forceps, the CAMPO TROPHYscope™ Compact Hysteroscope, and Clickline® Standard and Mini Laparoscopy instrumentation.

Karl Storz Endoscopy Latino-America  
2151 E. Grand Avenue  
El Segundo, CA 90245  
PH: 800.421.0837 | FAX: 424.218.8537  
Website: www.karlstorz.com  
KARL STORZ Endoscopy Latino-America, leader in endoscopic equipment and instruments, market products that emphasize visionary design and precision craftsmanship. We sell to our Latin American and Caribbean customers our Laparoscopy and Hysteroscopy product lines including new as well as pre-owned certified instruments and equipment.

Stryker Endoscopy  
5900 Optical Court  
San Jose, CA 95138  
PH: 408.754.2000 | FAX: 408.754.2969  
Website: www.stryker.com  
Stryker is one of the world's leading medical technology companies and is dedicated to helping healthcare professionals perform their jobs more efficiently while enhancing patient care. The Company offers a diverse array of innovative medical technologies, including reconstructive, medical and surgical, and neurotechnology and spine products to help people lead more active and more satisfying lives. For more information about Stryker, please visit www.stryker.com.

Surgical Review Corporation (SRC)  
PO Box 18136  
Raleigh, NC 27619  
PH: 919.981.4460 | FAX: 919.882.1808  
Website: www.surgicalreview.org  
Surgical Review Corporation is an independent healthcare quality organization and the world’s leading administrator of Center of Excellence programs for surgical specialties. Our programs are focused on improving the safety, efficacy and efficiency of patient care. Visit our booth to learn more about the AAGL Center of Excellence in Minimally Invasive Gynecology (COEMIG) program and the benefits of participation.

Surgical Science, Inc.  
7760 France Avenue S., Suite 1100  
Minneapolis, MN 55435  
PH: 612.568.6541  
Website: www.surgical-science.com  
Surgical Science, established in 1999, develops high quality tools for the Site herniation by providing reproducible, uniform closure. Teleflex surgical products deliver confidence, clarity and control to meet clinical needs from open to close.

Surgitools Pty Ltd  
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Perth, WA 6026  
Australia  
PH: +61.8.93093222 | FAX: +61.8.93093776  
Website: www.surgitools.net  
Founded by Dr. Jiwan Steven Singh in 2003, Surgitools develops innovative surgical tools for minimally invasive gynecology. The Singh Active Colpotomy System (SACS) features a unique rotating colpotomizer that delineates the vaginal vault and provides an increased safety margin during the colpotomy incision. The Singh Uterine Positioner enables surgeons to easily maneuver and hold the SACS in place during both robotic assisted and conventional laparoscopic hysterectomy. Introducing EndoSidekicks, a new generation of instruments specifically designed for gynecologists to simplify performance of advanced laparoscopic procedures.

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1682 W 3200 S  
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PH: 530.472.3498  
Website: www.sutureease.com  
Suture Ease develops innovative technologies that combine efficacy and ease of use for laparoscopic procedures. Our flagship device enables reliable trocar site closure by utilizing a unique “snare guide” technology in combination with a safety enhanced suture passer.

Teleflex  
2917 Weck Drive  
Durham, NC 27709  
PH: 866.246.6990  
Website: www.teleflex.com  
Teleflex is a global provider of medical devices used in critical care and surgery. Our minimally invasive surgical product portfolio combines the strengths of our distinguished brands and provides surgeons a comprehensive selection of Weck® polymer and metal ligation solutions, unique Pilling® laparoscopic surgical instruments and Weck Vista™, a new full line of bladeless laparoscopic access ports including optical entry and best in class balloons. Most recently, Teleflex has introduced a novel technology with the Weck EFx™ Endo Fascial Closure System, designed to minimize complications and costs associated with post-operative port-site herniation by providing reproducible, uniform closure. Teleflex surgical products deliver confidence, clarity and control to meet clinical needs from open to close.

Thermedx  
31200 Solon Road, Unit #1  
Solon, OH 44139  
PH: 440.542.0883 | FAX: 440.542.0920  
Website: http://www.thermedx.com/gynecology  
Thermedx’ best-in-class Hysteroscopic Fluid Management System provides gynecologists with Superior Visualization, Real-Time Fluid Deficit Readings, Unlimited Fluid Capacity and Intuitive Operation, with the unique ability to...
also perform Laparoscopy Procedures. Leading Hospitals are rapidly adopting Thermedx Fluid Management System because of its Clinical Benefits, Surgical Efficiency, and Financial Performance over competing fluid management systems.

**VECTEC**  
Booth Number: 434

327 Water Street  
Warren, RI 02885  
PH: 401.289.2223 | FAX: 401.289.2813  
Website: www.vectecinc.com

VECTEC designs and manufactures high-quality, highly affordable single-use devices for MIS procedures. Featured on display will be VECTEC’s innovative new T-LIFT™ Tissue Retraction System, our unique line of Uterine Manipulators and the KOH Endotrainer Laparoscopic Suturing Skills Trainer. Please also see our range of single-use trocars, laparoscopic instruments, and accessories.

**Vivere Health, LLC**  
Booth Number: Publishers Row – Table 7

720 Cool Springs Blvd.  
Suite 520  
Franklin, TN 37067  
PH: 615.550.4900 | FAX: 615.550.4901  
Website: www.viverehealth.com

Vivere Health partners with specialists in Reproductive Endocrinology to develop Ambulatory Surgery Centers, IVF Laboratories and other IVF-Related services. Vivere will joint venture with you in ownership of your ASC/ART Lab, which can generate income to fuel the future growth of your Fertility practice, as you focus on providing the best Fertility services for your patients.

**Richard Wolf**  
Booth Numbers: 201 and 108

Medical Instruments Corporation  
353 Corporate Woods Parkway  
Vernon Hills, IL 60061-3110  
PH: 847.913.1113 | FAX: 847.913.6959  
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Richard Wolf is proud to introduce three new innovative products for your GYN practice:

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- New Endocam (r) Performance HD camera brings high definition to the office and surgery center, along with an integrated USB archiving solution and a versatile C-mount coupler set for multiple endoscopic applications

Visit booth #201 for more information on all of the products listed above as well as our full line of GYN hysteroscopic and laparoscopic instruments.
AMS is Committed to The Industry
AMS is Committed to Our Products
AMS is Committed to Patient Outcomes

Visit us at Booth 707

Summary of Warnings, Precautions and Contraindications for Sling Systems
As with any surgical procedure, inherent risks are present. Although rare, some of the most severe risks with sling procedures include infection, erosion, and vessel or urethra perforation. Some of the most common risks include urinary tract infections, urge symptoms, and urinary retention. Do not perform this procedure on pregnant patients.

Summary of Warnings, Precautions and Contraindications for Prolapse Repair Systems
As with any surgical procedure, inherent risks are present. Some of the most severe risks associated with prolapse procedures include perforation of the urethra, bladder and bowel, erosion of the mesh through neighboring tissue, and infection. If infection or erosion occur, the entire mesh may have to be removed or revised. Prolapse repair may unmask pre-existing incontinence.

For a complete list of indications, contraindications, warnings and precautions, contact your AMS representative or refer to the product Instructions for Use.

CAUTION: Federal law (U.S.) restricts this device to sale by or on the order of a physician.
To assist faculty, the AAGL staffs a Speaker Ready Room every day of the Global Congress.

If you want to review your presentation or make minor changes, the Speaker Ready Room is available to you 24 hours before your presentation. The AAGL cannot guarantee that any changes made within 24 hours of your presentation will be available in the room for your presentation. You will be asked to log in and any storage devices will be scanned for viruses before they are allowed to be accessed in the Speaker Ready Room. If viruses are found, you will need to clean the device before it can be used in the Speaker Ready Room.

The Speaker Ready Room schedule is:

- **Sunday, November 4, 2012**
  3:00pm – 7:30pm

- **Monday, November 5, 2012**
  7:00am – 5:30pm

- **Tuesday, November 6, 2012**
  7:00am – 5:30pm

- **Wednesday, November 7, 2012**
  7:00am – 5:30pm

- **Thursday, November 8, 2012**
  7:00am – 10:00am

Location: Octavius 14

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**2012 CME Faculty for the 41st AAGL Global Congress of Minimally Invasive Gynecology**

CME Faculty are required to disclose all financial relationships with any commercial interest. Those noted with an asterisk below have nothing to disclose.

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22nd Annual
Comprehensive Workshop on Minimally Invasive Gynecology for Residents and Fellows

Jon I. Einarsson, M.D.
Scientific Program Chair

March 2013

Saturday & Sunday

Laparoscopy
7:30 Welcome / Introduction
7:40 Preoperative Patient Preparation and Organizing the Operating Room
8:00 Peritoneal Access – Technical and Anatomical Issues
8:30 Laparoscopic Anatomy – Topography and Retroperitoneal Structures
8:55 Break
9:10 Methodologies for Hemostasis and Tissue Fixation
9:35 Methodologies for Tissue Handling and Extraction
10:00 Energy Sources – Biophysics and Applications
10:30 Questions and Answers – Panel
10:45 Break

Hysteroscopy
11:00 Preoperative Preparation (Patient, Uterus, OR)
11:15 Accessing the Endometrial Cavity with a Hysteroscope
11:30 Intrauterine Monopolar and Bipolar Electrosurgery
1:15 Techniques for Intrauterine Cutting, Hemostasis, and Tissue Removal
1:35 Reducing Risk During Hysteroscopic Surgery
2:00 Questions and Answers – Panel
2:30 Laboratory and Video Tutorial Orientation

Workshop Overview

Emphasizing risk reduction and strategic thinking, this course is designed for residents and fellows who are interested in advancing their skills and knowledge in the fundamentals of laparoscopic and hysteroscopic surgery. Rather than focusing on specific endoscopic procedures, the didactic curriculum is based on the supposition that each laparoscopic and hysteroscopic surgery is respectively linked to sets of definable knowledge, anatomy, and skills. Using a variety of in vitro models for hands-on practice, skill sessions will provide directed experience with different methodologies for tissue manipulation and dissection, the safe use of electrosurgery and ultrasonic energy, laparoscopic suturing, techniques for tissue removal and morcellation, and both diagnostic and operative hysteroscopic procedures. A full spectrum of operative laparoscopic and hysteroscopic procedures including associated complications will be critically reviewed using an interactive case-study format.
EDUCATION CALENDAR

Educational Workshops

December 6-7, 2012
4th Annual Intensive Workshop on Video-Assisted Laparoscopy & Robotic Hysterectomy with Comprehensive Hands-on Laparoscopic Suturing
General Chair: Farr R. Nezhat
Roosevelt Hotel
New York, New York

January 18-21, 2013
1st Annual Joint Symposium – Minimally Invasive Gynecologic Surgery
Scientific Program Chairs:
Stephen Zimberg, Michael Sprague, Rosanne Kho, and Jon Einarsson
Biltmore Hotel
Coral Gables, Florida

AAGL Annual Meetings

November 5-9, 2012
41st AAGL Global Congress on Minimally Invasive Gynecology
Scientific Program Chair: Javier F. Magrina
Caesars Palace
Las Vegas, Nevada

November 10-14, 2013
42nd AAGL Global Congress on Minimally Invasive Gynecology
Scientific Program Chair: Ceana H. Nezhat
Gaylord National Resort & Convention Center on the Potomac
Washington, D.C.

November 17-21, 2014
43rd AAGL Global Congress on Minimally Invasive Gynecology
Vancouver Convention Centre
Vancouver, British Columbia

AAGL International Meetings

April 9-13, 2013
9th AAGL International Congress on Minimally Invasive Gynecology in partnership with the South African Society of Reproductive Medicine and Gynaecological Endoscopy
Scientific Program Chair: Professor Thinus Kruger
Cape Town, South Africa

June 4-7, 2014
10th AAGL International Congress on Minimally Invasive Gynecology in partnership with the Spanish Gynaecological and Obstetrics Society (Gynaecological Endoscopy Section)
Scientific Program Chair: Francisco Carmona Herrera
Barcelona, Spain
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