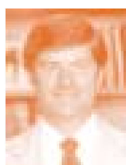
NEWSSCOPE
THE NEWSLETTER OF THE AMERICAN ASSOCIATION OF GYNECOLOGIC LAPAROSCOPISTS
JULY - SEPTEMBER 2002 VOL. 7, NO. 3

Annual Meeting in Miami Offers Expanded Menu

November 20-24, 2002

The Fontainebleau Hilton Resort, site of this year's annual meeting



D. ALan Johns, M.D.
Scientific Program Chair

The 31st annual meeting of the AAGL is developing into something special. This year, the Board of Trustees has expanded the scope of our meeting well beyond anything that has previously been attempted. As doctors, since we (unfortunately) cannot operate on every patient we see, other topics in routine gynecology accordingly take on an increased importance. Therefore, in addition to information on the "state of the art" in both laparoscopic and hysteroscopic surgery (which has been the mainstay of the AAGL for many years), we have included presentations by respected experts on topics with which we deal in our everyday practice.

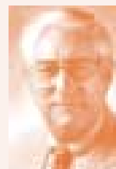
The current "hot button" topic of HRT in the menopausal patient will be thoroughly discussed during a postgraduate course dedicated solely to this topic. It will be further thrashed out during the opening session on Friday. Other postgraduate programs feature current information on the diagnosis and treatment of breast cancer, urinary incontinence, office hysteroscopy & ultrasound, and hysterectomy; this will all be in addition to the "traditional" AAGL topics.

"Live" cadaveric dissection will begin the Wednesday sessions, and "live" telesurgery (surgery on real live patients) will end the meeting on Sunday. The intervening days will be filled with possibilities for learning and fun. Throw in:

- A panel discussion and opening session on Female Sexual Dysfunction
- Heated debates on video documentation of laparoscopic surgery and credentialing of surgeons for laparoscopic procedures
- Information on economic survival in today's environment
- The impending elimination of endometrial ablation
- A world record number of original papers and videos
- Wonderful weather and a beautiful beach

And you have the recipe for a great way to spend a few days in November. We are looking forward to seeing you there. ■

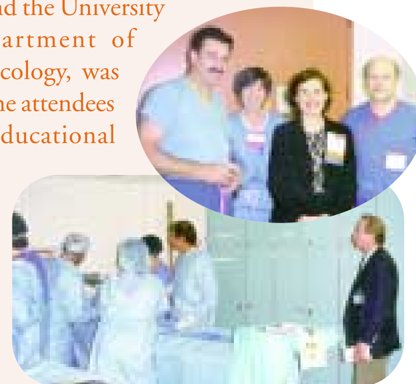
Advanced Workshop in Louisville Well Received



Ronald L. Levine, M.D.
Scientific Program Chair

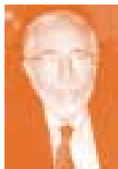
The 5th annual Advanced Workshop on Gynecologic Laparoscopic Anatomy and Surgery on Unembalmed Female Cadavers was held on May 31st to June 1st at the University of Louisville School of Medicine in Louisville, Kentucky. This workshop, which is co-sponsored by the AAGL and the University of Louisville Department of Obstetrics and Gynecology, was once again noted by the attendees as an outstanding educational experience. The physicians who attended this workshop came from as far away as India, and from 13 states and Canada. The faculty, which included Drs. John Miklos and Grace

See **Louisville** page 3



Top: Faculty members (l to r): Resad Pasic, Carol Graham, Grace Janik and Tommaso Falcone. Bottom: Daniel Edelstone, Chairman of the Dept of Ob/Gyn, University of Louisville, observes a dissection.

The Future of Gynecologic Surgery will be Seen Through an Endoscope



Franklin D.Lofer, M.D.
Executive Vice President /
Medical Director, AAGL

While some have become discouraged, I am optimistic. When Jordan M. Phillips founded the AAGL in 1971, laparoscopy was primarily a diagnostic tool, with "advanced" surgery being sterilizations, lysis of minor adhesions and coagulation of endometrial implants. As gynecologic laparoscopists developed new procedures the promise seemed to be that most gynecological surgery would soon be done endoscopically. But why have these expectations not yet come to pass? I would offer several thoughts.

Although the Residency Review Committee requires training in endoscopic surgery, few programs teach advanced endoscopic surgery. Consequently, while most gynecologists do some endoscopic surgery, many have not been trained in operative hysteroscopy or tried to convert their abdominal hysterectomies to a laparoscopic approach. The technical skills for performing these endoscopic surgeries are such that it may not be realistic to expect that all gynecologists will have the time or patient load to become proficient. Gynecologists who chose not to do these advanced procedures should, for their patient's benefit, refer their patients to an endoscopic surgeon who does a large volume.

And, then there are the economic disincentives. It is extremely frustrating to provide a patient with an outpatient endoscopic procedure and to receive essentially the same professional fee as for an open inpatient procedure. Nor does it make any sense that procedures like global endometrial ablation, which can readily be done in the office under local anesthesia, are driven toward an outpatient facility, frequently under general anesthesia because disposables are not paid for in an office setting. Some of these insurance issues may change as patients become more aware of the advantages of endoscopic surgery, and begin to place demands on their insurance companies.

However, gynecological patients are at a disadvantage in learning about endoscopic approaches. Unlike the patient who is referred by a knowledgeable family practitioner to a general surgeon for a laparoscopic cholecystectomy, gynecological patients seek their "referral" from their own gynecologist who, if not trained in endoscopy, will find many reasons why an endoscopic approach is not applicable to their patient. Patient education is critical and is a major mission of the AAGL.

Finally, physicians need to take a page from the chapter of trial attorneys. Trial attorneys always seem to obtain what they want. The reason for this, I believe, is they are remarkably supportive of their professional organization in both money and time. The same cannot be said about physicians, who are critical of organized medicine and ask the question, "what does it do for me?" But, who else is to speak for our cause? Our primary advocacy organizations are the AMA, the AOA, ACOG and ACOOG. They all have democratic processes by which they may be heard.

The AAGL's role is as an advisor to our primary advocacy organizations. Rick Gimpelson is our voting representative to the House of Delegates of the AMA. Our past president, Barbara Levy is member of the RUC, (the A.M.A.'s RBRVS Update Committee); Vince Lucente is our liason to the ACOG coding and nomenclature committee; and Jodi Kaigh is our representative to the AMA CPT Advisory Committee. These are important positions, which allow the members of the AAGL a voice in support of endoscopy. Unfortunately, as noted in the last issue of News Scope, ("We Have Met the Enemy—They Are Us") few physicians realize the importance of being an active participant in advancing endoscopy. All of our members should participate beyond the operating room— advancing endoscopy is not a spectator sport. ■

AAGL Statement of Vision

To develop and promote the safe, practical, and skilled application of endoscopic techniques in treating gynecologic conditions through the establishment of standards, education, research, and dialogue.

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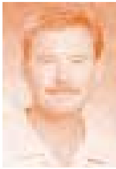


Potassium Sensitivity Challenge and the Heparin Rescue

Edward Stanford, MD, MS, FACOG

In all areas of medicine, physicians must choose appropriate diagnostic tests for their patients. Often, these tests are invasive, expensive, and occasionally, painful. Workup for the causes of pelvic pain, including interstitial cystitis (IC), is of no exception. The intravesical potassium sensitivity challenge (PST) is a specific, sensitive, and diagnostic test for IC. Although the PST has not been widely accepted, some would consider the PST the gold standard diagnostic test for IC. One of the reasons expressed for its lack of acceptance is that the PST can be painful.

Let's consider why provocative tests such as the PST are crucial. Chronic pelvic pain (CPP) affects as many as 15 million women in the U.S. Recent research has shown that 82-85% of these women have pain of bladder origin secondary to IC.[1] Traditionally, we practitioners assume that the pathology of CPP is usually related to defects in the pelvic peritoneum as with endometriosis. We understand now however, that "pain generators" may arise from anywhere in the pelvis and that we need to look for pain of vulvar, bladder, gastrointestinal, neurologic, vascular and peritoneal origin.

The underlying pathophysiology of IC is related to an absence of the bladder's protective glycosaminoglycan (GAG) layer allowing caustic solutes such as potassium to cross the uroepithelium and stimulate the nerves around the bladder. As defined, IC patients present with urgency/frequency but, they have sterile urine. The absence of the protective GAG layer can be demonstrated through the PST. The PST is performed by instilling 40 cc of sterile H_2O into the bladder through an 8 or 10 Fr pediatric feeding tube. Using a scale of 0 to 5 (no response to severe), the clinician asks whether there is urgency or pain with the instillation. The bladder is then emptied of the H_2O. Following this, a dilute KCl solution (16mEq KCl in 40 mL water) is instilled into the bladder. Again, a pain scale of 0 to 5 for urgency or pain is used. If the patient exhibits an increase of 2 points in her urgency or pain (e.g. 0 to 2, or 1 to 3), then the PST is considered positive. This should be considered diagnostic of IC. (CPT code 51700, bladder instillation, KCl solution J3480).

IC patients often complain of symptoms seen with endometriosis: dyspareunia, perimenstrual cyclic flare-ups, and postcoital pain. It is not uncommon for this "symptom complex overlap" to mislead surgeons which can result in patients receiving surgical interventions that are not clinically therapeutic. Also, it is also not uncommon for IC patients to present with "recurrent UTIs" or "recurrent yeast infections" when in fact they are having a flare up of their IC. The incidence of true recurrent UTIs in IC patients is low occurring in only 12-18%.[2] One can see that, not only do physicians want to avoid unnecessary interventions, patients want to have a correct diagnosis that leads to directed treatment.

Considering recent research, it is clear that an appropriate workup of IC is critical in patients with CPP to include or exclude pain of bladder origin. The newly developed PUF questionnaire[3] may improve our methods of selecting patients who are more likely to have bladder-origin pain. The PST is a simple office test (usually performed by office nursing staff) that identifies patients who have a dysfunctional GAG layer and therefore, pain of bladder origin. Important for gynecologists, cystoscopy is not required to diagnose IC and will only identify about 30% of the cases usually the more severe.

It is true that some patients suffer discomfort when performing the PST. When a patient suffers severe urgency or pain during the test, stop the KCl instillation. At that point, a simple ***heparin rescue*** can be performed by placing 40,000 units of heparin mixed with 6 cc of 0.5% bupivicaine into the bladder (CPT code 51700 bladder instillation, Heparin J1644). Have the patient hold the solution in her bladder for approximately 30 minutes. The relief is immediate and may last several hours to days. The PST does not have to be painful and offers a sensitive, office diagnosis of IC. ■

References:

1. Parsons CL, Bullen M, Kahn BS, Stanford EJ, Dell J, Willems J: Gynecologic presentation of interstitial cystitis as detected by intravesical potassium sensitivity. Obstet Gynecol 98(1):127-132, 2001.
2. Stanford EJ, Copeland T, McMurphy C: There is a low incidence of recurrent UTI in interstitial cystitis patients. Abstract 2002 Presented at the International Continence Society Annual Meeting.
3. Parsons CL, Stanford EJ, Dell J, Bullen M, Kahn BS, Willems J: Increased prevalence of interstitial cystitis in urologic patients and gynecologic pelvic pain patients as determined using a new symptom questionnaire. J Urol 167(4 Suppl):65, 2002.

Louisville continued from page 1

Janik along with the faculty from the University of Louisville, was superbly led by Dr. Tommaso Falcone, the Chairman of the Ob/Gyn Department of the Cleveland Clinic. The two days were filled with some didactics, but the greatest amount of the time was spent in the lab, with only three attendees at each cadaver. Aside from the anatomic dissections, a great deal of time was spent learning and improving upon suturing techniques and skills.

It has been our experience that nothing has as much surgical educational value as fresh tissue cadaver dissection. A pig lab is useful, however, the anatomy of the human female pelvis differs so much that the experience does not measure up to what is gained in cadaver dissection.

The evaluations from the workshop participants were almost all laudatory. Even the faculty during this workshop had an enjoyable time despite the long hours at the dissection tables.

The AAGL and the University of Louisville look forward to conducting another workshop next year. Insofar as the space for this program is very limited, we suggest you look for the announcement of the future date of this endeavor and save the time slot. ■

Lively Panel Discussions
Planned at AAGL's 31st Annual Meeting

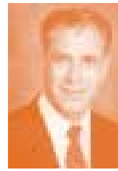
As an organization devoted to professionals in the field of gynecologic surgery, the AAGL seeks to advance and improve upon the overall quality of women's' healthcare. Widely recognized as a leader in the innovation and exchange of ideas in endoscopy, the association's focus has broadened to include current issues in women's' health frequently encountered by gynecologists on a daily basis. At the annual meeting in November, this expanded focus will be apparent by the selection of topics offered in the panel discussions, as listed below:

Economic Survival of Today's Gynecologist
Moderator: Larry Tatum, M.D.
Faculty: Vincent R. Lucente, M.D.
The Role of the Gynecologist in Uterine Artery Occlusion for Fibroids
Moderator: Francis L. Hutchins, Jr., M.D.
Faculty: Robert L. Kirsch, M.D., Woodford Walker, M.D.
Don't Touch my Cyst
Moderator: William H. Parker, M.D.
Co-Moderators: Lisolette Mettler M.D., and Shlomo Mashiach, M.D.
The Role of Laparoscopic Surgery in the Infertile Patient
Moderator: Mike Diamond, M.D.
Panelists: G. David Adamson M.D, and Steven Ory, M.D.
Female Sexual Dysfunction: What the Gynecologist Should Know
Moderator: Barbara S. Levy, M.D.
Faculty: Anthony A. Luciano M.D., and Sandra Scantling, M.D.

"Economic Survival of Today's Gynecologist" examines the conflicting interests between physicians and insurance companies. Issues will be explored such as: what to look for in contracts, how insurance companies try to maximize their interests, and how to avoid being taken advantage of. The panel on Female sexual dysfunction is a topic of great concern for some gynecologic patients, one that sometimes may be hard for them to address. Due to the fact that a significant number of women develop ovarian cysts at some point in their lives, "Don't Touch my Cyst" is pertinent in subject matter for both patient and physician alike. In its September issue, the women's magazine, *Family Circle* featured a brief Q&A section on ovarian cyst surgery, based on information given by the moderator for this discussion, William Parker. With infertility occurring in approximately 1 in 6 couples, "The Role of

WEB SITE **NEWS**

AAGL Website Gets **New Look**



William H. Parker, M.D.
Chair, Web Site Committee

Take a look at the newly designed AAGL website at www.aagl.com. You can now find out about upcoming AAGL meetings and events, register for our annual meeting and submit your abstracts for the meeting on-line. Over 300 abstracts were received on-line for this year's meeting in Miami. All AAGL members and any Ob/Gyn resident or fellow may access the new "Primer in Endoscopy," a compilation of PowerPoint slides and edited text covering the basic strategies for safe and effective laparoscopic and hysteroscopic surgery. Two years in the making, this is an excellent resource for everyone. Residents can access details about the endoscopy fellowship at the resident page and, hopefully, other job opportunities will be listed, as well. By January 2003, the Journal of the American Association of Gynecologic Laparoscopists full-text will be available on-line, and Newscope is available now.

Patients will be drawn to the site by two new areas. First, educational material about some common gynecologic problems is now available at the site and is indexed in search engines. Second, AAGL members will be answering patient questions on-line in our patient forums. Forums on hormone replacement therapy, ovarian cyst surgery, pelvic pain, and anti-adhesion therapies are planned in the coming months. Patients are now able to search our membership list for doctors in the area where they live – hopefully a new source of patients who are seeking more minimally invasive approaches to solve their gynecologic problems. You can create a personal webpage using simple tools on our site and your listing can be easily linked to your own practice website.

If you have any ideas about what you would like to see on the AAGL site, or if you would like to submit material to be considered for inclusion on the site, please contact the office at generalmail@aagl.com. ■

Key Strategies and Techniques for Advanced Laparoscopy and Hysteroscopy
(including Live Telesurgery)

December 13-14, 2002
Endo-Surgery Institute-Cincinatti, Ohio

Marshall L. Smith, M.D., Chair, Laparoscopy
Charles E. Miller, M.D., Chair, Hysteroscopy
(contact the AAGL office for more information)

Highlighting the Taiwanese Association of Obstetric and Gynecologic Endoscopists

The Taiwanese Association of Obstetric & Gynecologic Endoscopists' (TAOGE) interest in endoscopy and minimal invasive surgery is demonstrated by the fact that they have more members active in the AAGL than any other non-North American country. Their membership has frequently contributed to the Journal of the American Association of Gynecologic Laparoscopists, and the annual meeting of the AAGL. They count Dr. C.Y. Liu as not only a compatriot, but as a role model in laparoscopic surgery. Dr. Liu has been a long-standing supporter of the AAGL and is a past member of the Board of Trustees. This type of relationship demonstrates the symbiotic value of cooperation among societies.
—Franklin D. Loffer, M.D., Executive Vice President/Medical Director

***NewsScope:* When was the Taiwanese Association of Obstetric and Endoscopists established?**
TAOGE: The Taiwanese Association of Obstetric & Gynecologic Endoscopists was established in 1993 by the vote of an 11-member committee, including Dr. Soong Yung-Kuei and and Dr. Lee Chyi-Long, who pioneered Ob/Gyn endoscopic techniques.

The Taiwanese Association of Obstetric & Gynecologic Endoscopists

Founded:	1993
No. of members:	About 500
President:	Chyi-Long Lee, M.D.
Secretary:	Chih-Feng Yen, M.D.
Secretary:	Chin-Jung Wong, M.D.
Treasurer:	Hsiao-Chen Chiu, M.D.

***NS:* What is its mission statement?**
TAOGE: Our mission is to set the standard for Obstetric & Gynecologic Endoscopic Surgeries in Taiwan. We believe Ob/Gyn endoscopy is more than just a surgical technique, but rather a unique discipline of medical science on its own; especially the concept of minimally invasive surgery, which has become more important in clinical practice. Through various academic training programs and hands-on workshops domestically and internationally, we provide networks and resources for our members to gain access to the most advance and up-to-date Ob/Gyn endoscopic techniques, as well as to share and exchange their own innovative findings. In addition, we have been working in collaboration with the Taiwanese healthcare authority establishing legislations and policies on Ob/Gyn endoscopic techniques, ensuring patients receive quality medical care. By the collective effort of everyone participating in our association, we hope to establish our position in the international medical community as one of the leading opinions in the science of Ob/Gyn endoscopy.

***N/S:* Approximately how many members are there?**
TAOGE: There are approximately 500 members.

***N/S:* What are some of the benefits of membership?**
TAOGE: Other than the tri-monthly magazine and the newsletter that every member receives free-of-charge, we also hold symposiums and conferences periodically, which is also free of charge to our members. For all the workshops that we hold, our members also receive a discount as well.

***N/S:* What kind of problems specific to physicians in Taiwan does your association address?**
TAOGE: In Taiwan, just like any developed country, news and knowledge in medical care is very accessible to the general public, and people here are well aware of their rights to quality patient care. Our association plays the role of setting the standard for Obstetric & Gynecologic Endoscopic Surgeries here in Taiwan. Through various academic training programs and hands-on workshops domestically and internationally, every surgeon of our association is certified to provide quality patient care with the most advance techniques. In many cases of medical dispute, we also work closely with the national health care authority to ensure the fairness of Obstetric & Gynecologic Endoscopic Surgery related to insurance payment in accordance to the laws and regulations.

***N/S:* What objective does TAOGE fulfill on an international level?**
TAOGE: Since the establishment of our association, we have hosted many significant congress meetings domestically and internationally, which greatly increases interaction among surgeons throughout the Asian region. We also actively participate in all AAGL

See **Taiwan** page 7

Croatian Society Holds Successful Meeting

Dubrovnik, Croatia was the site of the World Congress on Gynecological Endoscopy and first Croatian Congress on Gynecologic Endoscopy. The congress, which was held May15-18, 2002, was attended by over 250 registrants from North and South America, Asia, Europe and Africa. The international faculty both lectured and demonstrated surgery. Subject material included precongress postgraduate courses, endometriosis, laparoscopic and hysteroscopic fibroid management, pelvic floor reconstruction, adnexal pathology, oncology and gasless laparoscopy.

The program chairmen were Drs. Miroslav Kopjar and Resad Paya Pasic. They blended the beauty of Dubrovnik (a UNESCO World Heritage City) into a scientific and social program that will long be remembered by those who attended.The Dubrovnik meeting was affiliated with the American Association of Gynecologic Laparoscopists. ■

Beyond Hysterectomy: The Contemporary Management of Uterine Fibroids - An International Congress

April 11–13, 2002
Hilton Scottsdale Resort, Arizona
Scientific Program Chair: Jay M. Cooper, M.D.
Co-Chair: Linda D. Bradley, M.D.

Uterine fibroids are the most common tumor of the female reproductive tract and their presence has been associated with abnormal uterine bleeding, rapid growth, infertility, recurrent pregnancy loss, lower abdominal pain, pressure, and urinary tract symptoms. Yet, what we know about fibroids pales in comparison to what we don't know. The most striking evidence of this fact is that so many women with uterine fibroids ultimately undergo major surgical interventions, most notably, hysterectomy.

In an attempt to summarize what is known, and to identify future fertile areas of basic scientific and clinical research, the AAGL will stage an international congress entitled: Beyond Hysterectomy: The Contemporary Management of Uterine Fibroids. A well-respected faculty of physicians and scientists will convene in Scottsdale, Arizona, April 11–13, 2003. The three-day program will include debates, panel sessions, expert lectures, oral communication and video sessions. The emphasis will be on exploring and evaluating the benefits of innovative approaches (both medical and surgical) in the diagnosis and treatment of uterine fibroids.

As we better understand the biology and pathophysiology of fibroids and their contribution to reproductive dysfunction and ill health, we can expect to see exciting initiatives in medical and hormonal therapies as well as advances in minimally invasive surgical procedures. Laparoscopy, myolysis and transvaginal procedures may minimize the cost and morbidity associated with major surgery. Non-surgical (i.e. Uterine artery embolization) and non-invasive approaches to uterine artery occlusion may herald a new frontier in fibroid therapy. ■

To register please contact the AAGL office at: (800) 554-2245 or (562) 946-8774 • Fax (562) 946-0073 • E-mail: generalmail@aagl.com • Web Site: www.aagl.com.

CALL FOR PAPERS:

Beyond Hysterectomy: Contemporary Management of Uterine Fibroids

The Scientific Committee is reviewing abstracts and videos for presentation at this meeting. Please contact the AAGL office for an application. Beginning October 1st you may also submit abstracts online.

Deadline to submit: November 1, 2002

Let your Voice be heard!

Send in your Ballot for the the 2003 Board of Trustees

It is that time of year again to choose who you would like to see represented on the 2003 AAGL Board of Trustees. Ballots were mailed to all members in July. Please mail in your vote to the AAGL office no later than October 1, 2002. This year's nominees are as follows:

Secretary-Treasurer
(Vote for one)
David Adamson, M.D.

Trustee
(Vote for two)
Fred M. Howard, M.D.
Steven F. Palter, M.D.
George A. Vilos, M.D.

Ballots are due by October 1, 2002

TAOGE continued from page 6

events, as well as publishing articles in the Journal of the AAGL. In the near future we hope to become a significant team player of the AAGL and to promote ourselves academically on a global scale by participating in live surgeries. ■

For further information on The Taiwanese Association of Obstetric & Gynecologic Endoscopists, please contact: Chyi-Long Lee, M.D., President, TAOGE, Department of Ob/Gyn, Chang Gung Memorial Hospital; 5, Fu-Hsing Street, Kuel-Shan, Tao-Yuan, Taiwan 33305 ● Tel. 886-3-3281200, ext 8253 or 886-3-3960356 ● Fax. 886-3-3286700 ● E-mail: h3286700.

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FUTURE MEETINGS

Pre-Congress Workshop on Advanced Laparoscopic Anatomy, Dissection & Reproductive Surgery
Using Unembalmed Female Cadavers
In affiliation with
Innovations in Medical Education & Training
November 18–19, 2002
The Eden Roc Resort — Miami Beach, Florida

Global Congress of Gynecologic Endoscopy
AAGL 31st Annual Meeting
November 20–24, 2002
(Registration begins evening November 19, 2002)
Fontainebleau Hilton Resort — Miami Beach, Florida

Strategies and Techniques for Advanced Laparoscopy and Hysteroscopy
Including Live Telesurgeries
In affiliation with Gynecare
December 13–14, 2002
Endo-Surgery Institute — Cincinnati, Ohio

12th Annual Comprehensive Workshop for Residents, Fellows & O.R. Personnel
March 29–30, 2003
The Radisson Hotel O'Hare — Rosemont, Illinois

Beyond Hysterectomy: The Contemporary Management of Uterine Fibroids — An International Congress
April 11–13, 2003
Hilton Scottsdale Resort & Villas — Scottsdale, Arizona

Workshop on Advanced Endoscopy
May 2003
University of Illinois — Chicago, Illinois

Workshop on Reparative Surgery Using Unembalmed Female Cadavers
June 6–7, 2003
University of Louisville — Louisville, Kentucky