TWO THOUSAND EIGHTEEN

PRELIMINARY

Scientific Program

Scientific Program Chair
Marie Fidela R. Paraiso, M.D.

Honorary Chair
Stephen L. Corson, M.D.

Honorary Chair
Anthony A. Luciano, M.D.

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Gary N. Frishman, M.D.
2018 AAGL Board of Directors

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Providence, Rhode Island

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Vice-President
Cleveland, Ohio

Jubilee Brown, M.D.
Secretary-Treasurer
Charlotte, North Carolina

Jon Ivar Einarsson, M.D., Ph.D., MPH
Immediate Past President
Boston, Massachusetts

Former AAGL Presidents

- 1971: AAGL Founded
- 1972: Hans Frangenheim, M.D., Las Vegas, Nevada
- 1973: H. Raul Palmer, M.D., New Orleans, Louisiana
- 1974: M. Melvin R. Cohen, M.D., Anaheim, California
- 1975: W. R. Duke, M.D., Las Vegas, Nevada
- 1976: Harriet Phipps & Anne Marie Doulan Ralli, Atlanta, Georgia
- 1977: H. Raul Palmer, M.D., San Francisco, California
- 1978: Patrick C. Steptoe, M.D., Hollywood, Florida
- 1979: H. Raul Palmer, M.D., New Orleans, Louisiana
- 1980: Lars Wrestrom, M.D., Las Vegas, Nevada
- 1981: 10th Anniversary

HONORARY MEMBERS

- 2018: Stephen L. Corson, M.D.

HONORARY MEMBERS

- 2017: Charles E. Miller, M.D.

HONORARY MEMBERS

- 2016: Grace M. Janik, M.D.

HONORARY MEMBERS

- 2015: Richard J. Gimpelson, M.D.

HONORARY MEMBERS

- 2014: G. David Adamson, M.D.

HONORARY MEMBERS

- 2013: Andrew Ivar Einarsson, M.D., Ph.D., MPH

HONORARY MEMBERS

- 2012: Jon Ivar Einarsson, M.D., Ph.D., MPH

HONORARY MEMBERS

- 2011: C.Y. Liu, M.D.

HONORARY MEMBERS

- 2010: Ronald L. Levine, M.D.

HONORARY MEMBERS

- 2009: William H. Parker, M.D.

HONORARY MEMBERS

- 2008: Liselotte Mettler, M.D.

HONORARY MEMBERS

- 2007: Farr R. Nezhad, M.D.

HONORARY MEMBERS

- 2006: Barbara S. Levy, M.D.

HONORARY MEMBERS

- 2005: Christopher J. Sutton, M.D.

HONORARY MEMBERS

- 2004: John F. Stegge, M.D.

HONORARY MEMBERS

- 2003: Michael S. Baggish, M.D.

HONORARY MEMBERS

- 2002: Brian M. Cohen, M.D.

HONORARY MEMBERS

- 2001: Robert B. Hunt, M.D.

HONORARY MEMBERS

- 2000: Raoul Palmer, M.D.

HONORARY MEMBERS

- 1999: Maurice A. Bruhat, M.D.

HONORARY MEMBERS

- 1998: Harry Reich, M.D.

HONORARY MEMBERS

- 1997: Kurt Semm, M.D.

HONORARY MEMBERS

- 1996: William H. Parker, M.D.

HONORARY MEMBERS

- 1995: Edward E. Wallach, M.D.

HONORARY MEMBERS

- 1994: Hans J. Lindemann, M.D.

HONORARY MEMBERS

- 1993: Hans Frangenheim, M.D.

HONORARY MEMBERS

- 1992: Margaret A. Loza, M.D.

HONORARY MEMBERS

- 1991: Jennifer L. Gimpelson, M.D.

HONORARY MEMBERS

- 1990: John L. Marlow, M.D.

HONORARY MEMBERS

- 1989: William H. Parker, M.D.

HONORARY MEMBERS

- 1988: Patrick C. Steptoe, M.D.

HONORARY MEMBERS

- 1987: Michael S. Baggish, M.D.

HONORARY MEMBERS

- 1986: H. Raul Palmer, M.D.

HONORARY MEMBERS

- 1985: David L. Olive, M.D.

HONORARY MEMBERS

- 1984: John C. Steen, M.D.

HONORARY MEMBERS

- 1983: Robert B. Hunt, M.D.

HONORARY MEMBERS

- 1982: Jacques E. Hamou, M.D.

HONORARY MEMBERS

- 1981: William H. Parker, M.D.

HONORARY MEMBERS

- 1980: Martin J. Clyman, M.D.

HONORARY MEMBERS

- 1979: H. Raul Palmer, M.D.

HONORARY MEMBERS

- 1978: H. Raul Palmer, M.D.

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- 1977: H. Raul Palmer, M.D.

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- 1975: H. Raul Palmer, M.D.

HONORARY MEMBERS

- 1974: H. Raul Palmer, M.D.

HONORARY MEMBERS

- 1973: H. Raul Palmer, M.D.

HONORARY MEMBERS

- 1972: H. Raul Palmer, M.D.

HONORARY MEMBERS

- 1971: H. Raul Palmer, M.D.
Welcome from the Scientific Program Chair

Our Legacy Leads Us Into Our Future

I would like to formally invite you to the 47th AAGL Global Congress on Minimally Invasive Gynecologic Surgery, being held November 11-15, 2018. We’re back in the amazing city of Las Vegas, Nevada at the MGM Grand Hotel and Convention Center, a venue that continues to grow in its offerings of exceptional dining options, high quality entertainment, and now even golf! If you’ve never been to an AAGL Congress in Las Vegas, now’s the time to come.

As the title above alludes, the theme of our meeting this year is Honoring Our Legacy as We Unite to Elevate Minimally Invasive Gynecology. Never has there been a more important time to come together as a society and celebrate our collegial membership of legendary leaders, talented teachers, and exceptional learners, all of whom are dedicated to the deserving recipients of our commitment to lifelong learning – our patients.

This year’s Congress is sure to be one of the most innovative and engaging meetings in AAGL’s history. The diverse and talented group of AAGL members that make up this year’s Scientific Program Committee has worked hard with me to develop a program that focuses on honoring our founding members and the inclusion of many participants, paying particular attention to gender and cultural diversity, scientific and intellectual contributions, and surgical and academic prowess.

The 28 Postgraduate (PG) Courses include many exciting and innovative programs that are new to AAGL. Among these is the Gladiator Rule suturing course; a unique program that emphasizes mastery of the “perfect stitch”, and could have you becoming an ambidextrous suterer. Another newcomer to our program is the International School of Surgical Anatomy (ISSA) from Verona, Italy, with both a didactic course and a cadaveric lab focused on performing safe gynecologic surgery. Additional PG courses include a timely and comprehensive course on the current state of transgender care and the important role of the gynecologic surgeon in caring for transgender patients, and the debut of a recreational, instructive and highly interactive “course on a course”, where we’ll learn 18 Pearls of Surgical Excellence while we play 18 holes of golf at the prestigious Las Vegas Country Club. Bring your A-game to this course...it’s sure to get competitive!

This year marks a milestone in the surgical treatment of gynecologic conditions. A true highlight of this year’s Congress will be our General Session 1 – 120 Years of Radical Hysterectomy: Origin, Evolution, and Influence. We will honor this milestone with simultaneous live interactive cadaveric dissections showcasing laparoscopic, robotic, and vaginal approaches to radical hysterectomy, presented by Marcello Ceccaroni and our faculty of brilliant surgeon collaborators. Other General Sessions will continue to emphasize the importance of the mentor/mentee relationship that we’ve explored over the past couple of years, as well as the artistic skill of surgery and the challenges of surgical efficiency. Our full Congress days will feature 6 Surgical Tutorial sessions, with one highlighting neovagina creation; 6 Panel sessions, with one addressing physician burnout and another focused on physician empowerment; and we’ll close our meeting with the technological marvel of broadcasting live surgeries to our auditorium from operating rooms across the globe.

Further honoring our legacy will be a fun evening featuring the preferred pasttime of many doctors all over the world, at one of MGM Grand’s newest attractions: Topgolf! This event will be a fundraiser for the Foundation of the AAGL. You won’t want to miss it.

Join us in Las Vegas this November for what will be an inspiring, memorable, and highly educational experience!

Marie Fidelia R. Paraizo, M.D., FACOG, FPMRS, is the 2018 Scientific Program Committee Chair, and Vice President of the AAGL Board of Directors. She is Professor of Surgery, Cleveland Clinic Lerner College of Medicine, Head, Section of Urogynecology and Reconstructive Pelvic Surgery at The Cleveland Clinic in Cleveland, Ohio.
# 2018 Block Program

## Sunday, November 11, 2018  |  Postgraduate Day 1

<table>
<thead>
<tr>
<th>Course</th>
<th>7:00 am - 11:00 am</th>
<th>12:30 pm - 4:30 pm</th>
<th>Room</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LUNCH:</strong> Expert Round Table Luncheon ($50 additional charge; Location: Premier Ballroom-Prefuction 3rd Floor). See page 13 for more information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FELO-608</td>
<td>DIDACTIC: Fellows Course</td>
<td></td>
<td>112-113</td>
</tr>
<tr>
<td>ROBO-600</td>
<td>DIDACTIC: Robotics: Accelerating the &quot;Progress&quot; Curve</td>
<td></td>
<td>115</td>
</tr>
<tr>
<td>ROBO-601</td>
<td>DIDACTIC: Robotics: Beyond Hysterectomy</td>
<td>CADAVERIC/SIMULATION LAB: Robotics: Beyond Hysterectomy</td>
<td>119</td>
</tr>
<tr>
<td>ANAT-602</td>
<td>DIDACTIC: The Competent Surgeon - A Master of Retropelvic Anatomy AND surgical Dissection</td>
<td></td>
<td>120</td>
</tr>
<tr>
<td>ANAT-603</td>
<td>CADAVERIC LAB: Deep Dive into the Undergound Labyrinth of the Pelvic Anatomy</td>
<td></td>
<td>118</td>
</tr>
<tr>
<td>URO-604</td>
<td>DIDACTIC: The Pelvic Floor and So Much More</td>
<td>CADAVERIC LAB: The Pelvic Floor and So Much More</td>
<td>121</td>
</tr>
<tr>
<td>URO-605</td>
<td></td>
<td></td>
<td>124</td>
</tr>
<tr>
<td>SUTR-606</td>
<td>DIDACTIC/SIMULATION LAB: Fundamentals of Laparoscopic Suturing</td>
<td></td>
<td>116</td>
</tr>
<tr>
<td>SUTR-607</td>
<td>DIDACTIC/SIMULATION LAB: Advanced Suturing</td>
<td></td>
<td>116</td>
</tr>
<tr>
<td>ENDO-609</td>
<td>DIDACTIC: Deep Endometriosis: State of the Art</td>
<td></td>
<td>121</td>
</tr>
<tr>
<td>HYST-610</td>
<td>DIDACTIC: Laparoscopic Hysterectomy: From A to Z</td>
<td></td>
<td>120</td>
</tr>
<tr>
<td>PELV-611</td>
<td>DIDACTIC: Unraveling Pelvic Pain: A Practical Approach to Everyday Practice</td>
<td></td>
<td>115</td>
</tr>
<tr>
<td>HSC-612</td>
<td>DIDACTIC: Hysteroscopy Master’s Symposium</td>
<td></td>
<td>114</td>
</tr>
</tbody>
</table>

## Monday, November 12, 2018  |  Postgraduate Day 2

<table>
<thead>
<tr>
<th>Course</th>
<th>7:00 am - 11:00 am</th>
<th>12:30 pm - 4:30 pm</th>
<th>Room</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LUNCH:</strong> Expert Round Table Luncheon ($50 additional charge; Location: Premier Ballroom-Prefuction 3rd Floor). See page 22 for more information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HSC-709</td>
<td>DIDACTIC/SIMULATION LAB: Hysteroscopy: The Essential Do’s and Don’ts</td>
<td></td>
<td>111-112</td>
</tr>
<tr>
<td>COMPLX-700</td>
<td>DIDACTIC: 1st International School of Surgical Anatomy (ISSA) Course: Tips and Tricks in Laparoscopic Retroperitoneal Surgical Anatomy to Perform Safe Gynecologic Surgery</td>
<td></td>
<td>120</td>
</tr>
<tr>
<td>COMPLX-701</td>
<td>CADAVERIC LAB: 1st International School of Surgical Anatomy (ISSA) Course: Tips and Tricks in Laparoscopic Retroperitoneal Surgical Anatomy to Perform Safe Gynecologic Surgery</td>
<td></td>
<td>118</td>
</tr>
<tr>
<td>HYST-702</td>
<td>DIDACTIC: Laparoscopic Hysterectomy from Basic to Complex</td>
<td></td>
<td>121</td>
</tr>
<tr>
<td>HYST-703</td>
<td>CADAVERIC LAB: Laparoscopic Hysterectomy: Surgical Techniques to Make Complex Pathology Look Easy</td>
<td></td>
<td>119</td>
</tr>
<tr>
<td>NEURO-704</td>
<td>DIDACTIC: International School of Neuropelveology with an Emphasis on Neurogynecology</td>
<td></td>
<td>114</td>
</tr>
<tr>
<td>LAPA-705</td>
<td>DIDACTIC: Optimizing Tissue and Procedural Outcome During Laparoscopic Surgery</td>
<td></td>
<td>115</td>
</tr>
<tr>
<td>PEARLS-708</td>
<td>DIDACTIC: Gynecologic Oncology Pearls for the Generalists</td>
<td></td>
<td>123</td>
</tr>
<tr>
<td>PUSH-710</td>
<td>DIDACTIC: Push the Envelope</td>
<td></td>
<td>120</td>
</tr>
<tr>
<td>FIBR-711</td>
<td>DIDACTIC: Fibroids from A to Z: Medical, Procedural, and Surgical Management</td>
<td></td>
<td>122</td>
</tr>
<tr>
<td>GENDR-712</td>
<td>DIDACTIC: The Role of the Gynecologic Surgeon in Transgender Care</td>
<td></td>
<td>113</td>
</tr>
<tr>
<td>REPRO-713</td>
<td>DIDACTIC: Reproductive Surgery: Mastering Fertility-Enhancing Minimally Invasive Surgery</td>
<td></td>
<td>115</td>
</tr>
<tr>
<td>GOLF-714</td>
<td>DIDACTIC/INTERACTIVE: Play and Learn with the Masters: 16 Pearls of Surgical Excellence (Location: Las Vegas Country Club)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:45 pm - 6:00 pm</td>
<td><strong>General Session I:</strong> 120 Years of Radical Hysterectomy: Origin, Evolution, and Influence on Benign Gynecologic Surgery (Premier Ballroom)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6:30 pm - 8:00 pm</td>
<td>Welcome Reception in Exhibit Hall</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 2018 Block Program

#### Tuesday, November 13, 2018 – Congress (Registration Hours: 6:30 am - 5:30 pm)

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00 am - 7:45 am</td>
<td>Industry Sponsored Breakfast Symposia</td>
<td></td>
</tr>
<tr>
<td>7:30 am - 9:30 am</td>
<td>General Session II: Put Me in, Coach, I'm Ready to Play! Jordan M. Phillips, MD Keynote Address (Premier Ballroom)</td>
<td>Premier Ballroom</td>
</tr>
<tr>
<td>9:35 am - 11:00 am</td>
<td>Exhibit Hall Hours: 9:30 am - 3:30 pm</td>
<td>Exhibit Hall Open/Refreshment Break</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Room Number</th>
<th>111-112</th>
<th>113-114</th>
<th>120</th>
<th>121-122</th>
<th>123-124</th>
<th>Premier Ballroom</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00 am - 12:00 pm</td>
<td>Hysteroscopy</td>
<td>Video Session 1: Robotics</td>
<td>Panel 1: Women's Empowerment Forum</td>
<td>Open Comm. 1: Endometriosis</td>
<td>Open Comm. 2: Robotics</td>
<td>Surgical Tutorial 1: Oops! I did it Again!</td>
</tr>
<tr>
<td>12:10 pm - 1:10 pm</td>
<td>Panel 2: Oncology</td>
<td>Video Session 2: Robotics</td>
<td>Panel 2: Physicin Burnout</td>
<td>Open Comm. 3: Surgical Education</td>
<td>Open Comm. 4: Endometriosis</td>
<td>Surgical Tutorial 2: VH with Large Uterus</td>
</tr>
<tr>
<td>1:10 pm - 3:30 pm</td>
<td>Plenary 2: Oncology</td>
<td>Video Session 2: Robotics</td>
<td>Panel 2: Physician Burnout</td>
<td>Open Comm. 5: New Instruments</td>
<td>Open Comm. 6: Hysteroscopy</td>
<td>surgical Tutorial 3: Brave as Ulysses</td>
</tr>
<tr>
<td>5:10 pm - 6:10 pm</td>
<td>Panel 4: Oncology</td>
<td>Video Session 4: Hysteroscopy</td>
<td>Panel 5: Quality Panel</td>
<td>Open Comm. 7: Laparoscopy</td>
<td>Open Comm. 8: Laparoscopy</td>
<td>Surgical Tutorial 5: Neovagina Procedures</td>
</tr>
</tbody>
</table>

#### Wednesday, November 14, 2018 – Congress (Registration Hours: 6:30 am - 5:30 pm)

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00 am - 7:45 am</td>
<td>Industry Sponsored Breakfast Symposia</td>
<td></td>
</tr>
<tr>
<td>7:30 am - 9:30 am</td>
<td>General Session IV - “The Hands” (Premier Ballroom)</td>
<td>Premier Ballroom</td>
</tr>
<tr>
<td>9:35 am - 11:00 am</td>
<td>Exhibit Hall Hours: 9:30 am - 3:00 pm</td>
<td>Exhibit Hall Open/Refreshment Break</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Room Number</th>
<th>111-112</th>
<th>113-114</th>
<th>120</th>
<th>121-122</th>
<th>123-124</th>
<th>Premier Ballroom</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00 am - 12:00 pm</td>
<td>Panel 5: Urogynecology</td>
<td>Video Session 6: Surgical Education</td>
<td>Panel 4: Changes to our Legacy: What to Expect?</td>
<td>Open Comm. 10: Urogynecology</td>
<td>Open Comm. 11: Robotics</td>
<td>Surgical Tutorial 4: Avoiding Hysterectomy Through Hysteroscopy</td>
</tr>
<tr>
<td>1:10 pm - 3:30 pm</td>
<td>Plenary 4: Reproductive Issues</td>
<td>Video Session 8: Endometriosis</td>
<td>Panel 6: Pelvic Pain</td>
<td>Open Comm. 14: Surgical Education</td>
<td>Video Session 9: Basic Science, Education, &amp; Research</td>
<td>Open Comm. 16: Research and Science</td>
</tr>
</tbody>
</table>

#### Thursday, November 15, 2018 – Congress

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 am - 12:00 pm</td>
<td>General Session V - Telesurgery Session (Premier Ballroom)</td>
<td>Premier Ballroom</td>
</tr>
</tbody>
</table>

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**Day 1: Sunday, November 11, 2018**

**Day 2: Monday, November 12, 2018**

**Day 3: Tuesday, November 13, 2018**

**Day 4: Wednesday, November 14, 2018**

**Day 5: Thursday, November 15, 2018**
Registration and Pricing Information

Registration Starts Here

MAKE YOUR SELECTION BELOW:

<table>
<thead>
<tr>
<th>OPTION 1</th>
<th>OPTION 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Postgraduate Course(s) and Congress</strong></td>
<td><strong>Congress Only</strong></td>
</tr>
<tr>
<td>Sunday Nov. 11 Though Thursday Nov. 15</td>
<td>Tuesday Nov. 13 through Thursday Nov. 15</td>
</tr>
<tr>
<td>(up to 34.25 CME hours)</td>
<td>(up to 18 CME hours)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Registration Fees</th>
<th>You must register for at least one Didactic or Lab Course</th>
<th>Additional Fees per course for Didactic and Labs (Sunday Nov. 11 and Monday Nov. 12)</th>
<th>Registration Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Member</td>
<td>Non-Member*</td>
<td>Didactic</td>
</tr>
<tr>
<td>Practicing Physician</td>
<td>$595</td>
<td>$945</td>
<td>Didactic</td>
</tr>
<tr>
<td>Affiliated Society Physician</td>
<td>$395</td>
<td>$570</td>
<td>Didactic/Simulation Lab or Didactic/Interactive</td>
</tr>
<tr>
<td>Retired Physician Resident/Fellow in Training</td>
<td>$345</td>
<td>$495</td>
<td>Cadaveric Lab</td>
</tr>
<tr>
<td>Allied Healthcare Professional</td>
<td>$345</td>
<td>$495</td>
<td></td>
</tr>
</tbody>
</table>

Postgraduate Course and Congress registration includes the Welcome Reception (Nov. 12), Lunch in the Exhibit Hall (Nov. 13 & Nov. 14), Live Telesurgery Session with Breakfast (Nov. 15), and Breakfast each morning (Nov. 11-15). As indicated, there are additional fees for Didactic and Lab Courses, as well as the Discussion with the Experts Luncheons (Nov. 11 & Nov. 12; tickets $50 each day).

Congress Only registration includes the Welcome Reception (Nov. 12), Lunch in the Exhibit Hall (Nov. 13 & Nov. 14), Live Telesurgery Session with Breakfast (Nov. 15), and Breakfast each morning (Nov. 13-15).

*Non-member registration includes a one-year membership at no additional cost.

Pricing above is in effect until November 10, 2018. Prices will increase on November 11, 2018.

Lunch and Discussion with the Experts

EXPAND YOUR MIND AND FILL YOUR STOMACH WITH THESE THOUGHT PROVOKING SESSIONS

Join us for our Discussion With the Experts Luncheon sessions on Sunday, November 11 and Monday, November 12. These one-hour sessions give you the chance to dine in an intimate setting with an expert of your choice. Your table’s host will share valuable pearls of surgical knowledge as a delicious, plated meal is served. Refer to the lists of tables on page 13 and page 22 when registering.

**DINE WITH OUR EXPERTS FOR JUST $50/DAY**

Fee includes a one-hour session with an expert of your choice, plus a full, plated meal. Session includes presentation followed by Q&A.
### Cancellation Policy

Cancellations received prior to October 24, 2018 will be refunded, minus $125 for administrative fees. No refunds will be made after October 24, 2018. In the event that the 47th AAGL Global Congress is canceled for any reason, attendees will be notified about course cancellation no later than two weeks prior to scheduled dates and a full refund will be issued. Attendee will be responsible for canceling their own hotel and airline reservations.

### Online Program / Meeting App

AAGL is pleased to offer attendees of the 47th AAGL Global Congress electronic access to presentation schedules, abstracts, presenter searches, and more through the AAGL Global Congress Online Program and the AAGL 2018 Meeting App.

To access the online program and app, please visit [http://www.aagl.org/onlineprogram](http://www.aagl.org/onlineprogram) from any Internet connected device.

### Policy on Guests at the Global Congress

The AAGL encourages delegates to bring their families and loved ones with them to the Global Congress to experience fabulous Las Vegas. However, our Exhibit Hall and Scientific Program are meant solely for registered physicians, allied health personnel, and industry partners. We are unable to accommodate guests in these sessions.

*Guests allowed in the Exhibit Hall with a Guest Pass during Welcome Reception only.

### Topgolf Foundation Benefit

**FRIENDS, FUN, AND FUNDRAISING**

Topgolf is the hottest new concept on the Las Vegas scene, and the Foundation of the AAGL has reserved the entire third level for an evening of competitive fun and fundraising! Each hitting bay is climate-controlled and features HDTV’s, lively music, and a selection of golf clubs to hit your longest drive! Each ball contains a microchip that measures your drive distance and scores you...so you can play to win!

**TICKET PRICE:** $150/PER PERSON

Ticket price includes golfing, food, and drinks.

Not a golfer? Join the fun anyway for $35/per person.*

* Does not include food, drink or golf.

### The Presidential Gala

**HAKKASAN NIGHTCLUB**

No AAGL Global Congress is complete without celebrating with all your colleagues, the Board of Directors, and the AAGL staff at the annual Presidential Gala. Hakkasan Nightclub offers a beautiful and high tech backdrop with great music, delicious food, and refreshing drinks. Join us for this exclusive event, an evening of lasting memories and incredible fun as we cap a great week of learning and collaborating.

**TICKET PRICE:** $125/PER PERSON

Price includes entry to Hakkasan Nightclub, food, and drinks.

Dress code: Formal attire

**Tuesday**

**November 13, 2018**

8:30 pm - 11:30 pm

**Wednesday**

**November 14, 2018**

8:00 pm - 12:00 am

### Exhibit Hall Welcome Reception Guest Pass—$25

Registrants who would like to bring guests to the Welcome Reception in the Exhibit Hall on November 12 may purchase guest passes for $25. The Welcome Reception is 90 minutes in length and will include food, drinks, and entertainment.

### Topgolf Foundation Benefit

**Tuesday**

**November 13, 2018**

8:30 pm - 11:30 pm

### The Presidential Gala

**Wednesday**

**November 14, 2018**

8:00 pm - 12:00 am

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**Day 1: Sunday, November 11, 2018**

**Day 2: Monday, November 12, 2018**

**Day 3: Tuesday, November 13, 2018**

**Day 4: Wednesday, November 14, 2018**

**Day 5: Thursday, November 15, 2018**

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**HONORING OUR LEGACY AS WE UNITE TO ELEVATE GYNECOLOGIC SURGERY**
HEADQUARTERS HOTEL

MGM Grand Hotel and Convention Center
3799 Las Vegas Blvd. South
Las Vegas, Nevada 89109
Telephone: (702) 891-1111 or (800) 929-1111

MGM Grand Hotel and Convention Center
Las Vegas is renowned for its star-studded events at the Grand Garden Arena, spectacular entertainment, world-class dining featuring celebrity chefs Joel Robuchon, Tom Colicchio, Masaharu Morimoto, and Michael Mina, plus unbeatable nightlife including Hakkasan, the stunning 5-level restaurant and nightclub complex with a celebrity DJ line-up like no other.

The 5,000 modern and well-appointed rooms and suites provide accommodations for every need – including the unprecedented Stay Well rooms which provide a complete wellness hotel experience. In addition, exclusive accommodations at SKYLOFTS and The Signature are renowned for their luxurious offerings and attentive service.

ROOM RATES

AAGL has negotiated reduced rates at both the MGM Grand and The Signature @ MGM Grand. Rates at the MGM Grand are $129/night Sunday-Thursday, and $162/night Friday-Saturday for Grand Queen/King rooms. Suites, STAY WELL®, and strip view rooms are available for a higher rate. Rates at The Signature @ MGM Grand are $129/night Sunday-Wednesday and $162/night Thursday-Saturday for Deluxe rooms. Suites are available for a higher rate. All rates are subject to an additional 13.38% tax and discounted daily resort fee of $15, which includes: property-wide high speed internet access (public spaces and in-room), unlimited local and toll free calls, fitness center access for guests 18+, and more. To make your hotel reservation, click on aagl.org/2018hotel. The cut-off date for hotel reservations is Friday, October 19, 2018. Should you have any questions, please contact the AAGL office at customerservice@aagl.org or (800) 554-2245.

TRANSPORTATION

Star & Shield Travel Services has been appointed as the official travel agent for the 47th AAGL Global Congress. Attendees are able to make reservations on any airline through this agency and their representatives will assist you in obtaining the lowest fare possible for your travel preference and schedule. To take advantage of this invaluable service, please contact Star & Shield Travel Services: Telephone: (562) 902-1033 or (800) 270-6678; Fax: (562) 943-1021, e-mail: tabby@starandshield.net

VISA INFORMATION

United States Visa Requirements for non-North American visitors: Beginning January 12, 2009, all nationals and citizens of Visa Waiver Program (VWP) countries will be required by law to obtain a travel authorization prior to initiating travel to the United States under the VWP. This authorization may be obtained online through the Electronic System for Travel Authorization (ESTA®), a free Internet application administered by the Department of Homeland Security (DHS) through the U.S. government web site: https://esta.cbp.dhs.gov/esta/

Delays in obtaining some visas may now be two or more months. We strongly urge you to start the visa application process immediately. You should contact your local U.S. Consulate or Embassy to learn of the requirements for your country. Further information can be found at: http://travel.state.gov/

If you require a letter of invitation, e-mail your request to ggalindo@aagl.org or fax to (714) 503-6201.
TARGET AUDIENCE
This activity meets the needs of surgical gynecologists in practice and in training, as well as other healthcare professionals in the field of gynecology.

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

The AAGL designates this live activity for a maximum of 33.50 AMA PRA Category 1 Credit(s)™. 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 American Academy of Physician Assistants (AAPA) accepts AMA PRA Category 1 Credits™ from organizations accredited by the ACCME.

CONTINUING MEDICAL EDUCATION
This symbol indicates a postgraduate course or session that qualifies for CME credit.

Continuing medical education credit is not offered during meals, breaks, receptions, training sessions, satellite meetings or any private group meeting (e.g., council meetings, invitation-only meetings, editorial board meetings, etc.). In addition, CME credit is not offered during Poster Sessions, Open Communication Sessions, Video Sessions or the luncheon discussions.

Continuing medical education is a lifelong learning modality designed to enable physicians to remain current with medical advances. The goal of AAGL is to sponsor educational activities that provide learners with the tools needed to practice the best medicine and provide the best, most current care to patients.

As an accredited CME provider, AAGL adheres to the ACCME Policies that are relevant to AAGL, as well as to the Accreditation Criteria and the ACCME Standards for Commercial Support. CME activities 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.

HONORING OUR LEGACY AS WE UNITE TO ELEVATE GYNECOLOGIC SURGERY
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 Professional Education 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.

ACCME accreditation seeks to assure the medical community and the public that AAGL provides physicians with relevant, effective, practice-based continuing medical education that supports U.S. 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 U.S. 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 U.S., Inc.

NEEDS ASSESSMENT

By developing educational courses in minimally invasive gynecology (MIG) we hope to increase the use of MIG and reduce morbidity and complication rate associated with these procedures.

Practice Gap: At present in the United States, about 15 to 20% of the 600,000 hysterectomies are performed by laparoscopy and robotics, respectively. This is due to lack of training during their formal education and the multiple difficulties to acquire formal training once in medical practice.

Gap Analysis: MIG procedures are aimed at preserving the highest possible quality of life for women by using smaller and fewer incisions, reducing pain and trauma to the body, and enabling quicker recovery. Yet, the ability to perform these more patient-friendly procedures requires most gynecologists to commit to post-residency training since they are not routinely taught during formal training. This requires a commitment to lifelong learning because of the development of new technologies and instrumentation.

PLANNING THE INTERVENTION:

Summary: The goal of our intervention is that through exposure to continuing medical education (CME) gynecologists will attend activities organized into didactic and hands-on sessions to acquire and/or advance their skills in MIG. An open forum will follow with discussion designed to stimulate faculty and participants in interaction.

PROPOSED METHOD:

I. Create awareness of the role MIG plays
II. Hands-on laboratory that will allow each participant to practice MIG techniques on cadavers
III. Transfer skill to course participants through didactic lectures, video presentations and demonstration and supervised wet lab surgery.
IV. Expectations are that future courses can be organized to spread awareness and transfer skills in MIG to other gynecologists, who are willing to commit to this lifelong process.
V. To maximize the return of this year’s Congress, upon completion participants will be requested to explain how their newly acquired knowledge and skills will impact their practice.

OBJECTIVES:

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 AND POSSIBLE SOLUTIONS:

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.

CODE OF CONDUCT

AAGL is committed to providing a friendly, safe, supportive, and harassment-free environment during the Congress. AAGL expects Congress participants to respect the rights of others and communicate professionally and constructively, whether in person or virtually, handling disagreement with courtesy, dignity, and an open mind. All participants are expected to observe these rules of conduct in all Congress venues. Organizers will actively enforce this code throughout this event. Violations are taken seriously. If an attendee or participant engages in inappropriate, harassing, abusive or disruptive behavior or language, the AAGL has the right to carry out any action it deems appropriate.

WHAT TO DO:

If you have any concerns about an individual’s conduct, please go to the AAGL Registration Counter for the procedure to follow to report the incident.

AGE RESTRICTION

Children under 16 years of age are not permitted in sessions and workshops, but may be allowed into the exhibit hall if accompanied by an adult.

AUDIO-VISUAL RECORDING

Video- and audio-recording of sessions by congress attendees is strictly prohibited. Registration, attendance, or participation in AAGL 2017 meetings, Congress and other activities constitutes an agreement that allows AAGL to use and distribute your image or voice in all media. If you have questions about this policy, please visit the AAGL Registration Counter.

ANTI-HARASSMENT STATEMENT

AAGL encourages its members to interact with each other for the purposes of professional development and scholarly interchange so that all members may learn, network, and enjoy the company of colleagues in a professional atmosphere. Consequently, it is the policy of the AAGL to provide an environment free from all forms of discrimination, harassment, and retaliation to its members and guests at all regional educational meetings or courses, the annual global congress (i.e. annual meeting), and AAGL-hosted social events (AAGL sponsored activities). Every individual associated with the AAGL has a duty to maintain this environment free of harassment and intimidation.

Any individual covered by this policy who believes that he or she has been subjected to such an inappropriate incident has three (3) options for reporting:

1. By email or phone to: The Executive Director, Linda Michels, at lmichels@aagl.org or (714) 503-6200.
2. By email to the Grievance Committee of AAGL at: grievance@aagl.org
3. By toll free phone to AAGL’s confidential 3rd party hotline: (833) 995-AAGL (2245) during the AAGL Annual or Regional Meetings.

All persons who witness potential harassment, discrimination, or other harmful behavior during AAGL sponsored activities may report the incident and be proactive in helping to mitigate or avoid that harm and to alert appropriate authorities if someone is in imminent physical danger.

For more information or to view the policy please go to: https://www.aagl.org/wp-content/uploads/2018/02/AAGL-Anti-Harassment-Policy.pdf
Abstracts are now being accepted for consideration for presentation. The deadline to submit is June 30, 2018. Go to: coga-aagl2018@coga.org.cn

The AAGL is proud to sponsor the 14th AAGL International Congress on Minimally Invasive Gynecologic Surgery in partnership with the 8th Global Congress of Gynecologic Minimal Invasive Surgery of COGA (Chinese Obstetric and Gynecologic Association) and The 43rd Workshop on Developed Gynecologic Endoscopic and Neo-transvaginal Surgery

Communication, Cooperation, Innovation and Globalization

September 11-16, 2018

Beijing Landmark Towers

Beijing, China

Conjunct with ESGE, RCOG and APAGE

Professor JH Lang
COGA President and Scientific Chair

Gary Frishman
Co-Chair of AAGL

C.Y. Liu
Honorary Chair

Scientific Committee
Zhenyu Zhang,
C.Y. Liu,
Frank Loffer,
Xiaoming Guan,
Lan Zhu and
JinHua Leng

AAGL Faculty
Marie Fidela Paraiso,
Jubilee Brown,
Jon I. Einarsson,
Arnold Advincula, Peter Lim,
CY Liu, Javier Magrina,
Wendel Naumann and Johnny Yi

Liaison Committee
COGA
Yingchun Sun,
Lingjun Ruan,
Hong Qu, and
Junji Zhang

Abstracts are now being accepted for consideration for presentation. The deadline to submit is June 30, 2018. Go to: coga-aagl2018@coga.org.cn

The AAGL is proud to sponsor the 14th AAGL International Congress on MIGS, in partnership with COGA. The theme of this meeting is intended to encourage more gynecologists to learn and master minimally invasive surgery. Our Scientific Committee has developed a program that will focus on all areas of gynecologic surgery, including gynecologic malignancy, deep infiltrating endometriosis (DIE), pelvic organ prolapse and incontinence, and difficult hysteroscopic surgery.

Throughout the entire Congress, the participant will be immersed in experiential learning. The first two full days are devoted to 8 in-depth postgraduate courses that cover all areas of MIGS taught by our faculty of internationally recognized experts in the field. Day 3 is dedicated entirely to showcasing the most current and innovative surgical techniques and procedures. Over 20 live surgical case demonstrations will be transmitted from various centers throughout China via the most sophisticated tele-transmission technology available, providing unparalleled clarity and the most minute detail of each live surgery for optimum learning by the audience. The featured procedures will include gynecologic cancers, severe endometriosis, pelvic organ prolapse, myomectomy, difficult hysterectomy, and operative hysteroscopy. On Day 4 and Day 5, general sessions will include video and oral presentations, as well as a keynote lecture, and/or panel discussions twice per day.

Attendees are invited to explore the beauty and wonder of the region on any of the historical pre and post Congress cultural tour packages to the following destinations: Shanxi, Xi’an, and Beijing. Customized individual itineraries will also be available.

Join us for this exciting educational and travel experience.

Contact: LinJun Ruan, ruanlingjun@coga.org.cn
Phone: + (86)010-64173208, Mobile: + (86)13716163378, Fax: + (86) 010-64171528
Web: http://www.coga.org.cn
The Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS) sponsors 2-year fellowships in advanced gynecologic endoscopy.

FMIGS was developed to address the concern that most graduating residents in obstetrics and gynecology were not fully trained in modern endoscopic surgery. The Fellowship is pleased to offer this comprehensive training program to graduating gynecologic residents who are interested in a focus in minimally invasive surgery.

FACTS ABOUT FMIGS:
- FMIGS fellowships are now offered through more than 40 hospital sites.
- Educational objectives focus on evidence-based medicine, anatomical principles, instrumentation, operative laparoscopy, operative hysteroscopy, and robotics.
- The Fellowship offers in-depth experience using state-of-the-art techniques.
- To date, 352 Fellows have successfully graduated from the program.

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 MIGS to improve and advance gynecological health care for women.
**Expert Round Table Luncheon**

11:15 AM - 12:15 PM

Location: TBD | Price: $50

**SOLD OUT**

If you would like to be placed on a waiting list, please contact Gerardo Galindo at (714) 503-6200 ext. 230

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<td>Integrating Myomectomy into Your Practice</td>
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<td>S2</td>
<td>Herb Wong</td>
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<td>Yukio Sonoda</td>
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<td>S15</td>
<td>Megan Wasson</td>
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<td>Incorporating Vaginal Hysterectomy Into Your Surgical Toolbox</td>
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**FELO-608**

Co-Chair: Arnold P. Advincula, Gretchen E.H. Makai

Faculty: Jorge F. Carrillo, Nicole M. Donnellan, Hye-Chun Hur, Tiffany R. Jackson, Georgine M. Lamvu, Veronica Lerner, Richard Rankin, James K. Robinson, Matthew T. Siedhoff, Mireille D. Truong, Kelly Nicole Wright

This fully immersive all day postgraduate course is designed to enhance the professional development of residents and fellows by cultivating life practices critical to the success of individuals both personally and professionally. In addition, workshops will be integrated that address pedagogical skills and video production. Components of this postgraduate course are a progression of curriculum introduced during the FMIGS annual summer boot camp.

**Prerequisite:** Attendees must bring 3-5 minute surgical video clips and must have video editing software on their laptop. Please also bring your laptop.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to: 1) Identify various pathways taken to achieve a successful career in gynecologic surgery; 2) practice various video editing and production skills when recording minimally invasive gynecologic procedures for teaching or self-learning purposes; 3) acquire various tips, tricks, and approaches for establishing a work-life balance through leadership development; 4) incorporate strategies for managing difficulties encountered in the workplace; 5) develop a practical approach to implementing simulation-based medical education principles; and 6) acquire more advanced skills for optimizing surgical teaching.

**Schedule:**

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<td>7:00</td>
<td>Welcome, Introductions and Course Overview</td>
<td>A.P. Advincula, G.E.H. Makai</td>
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<tr>
<td>7:05</td>
<td>Workshop I: Teach the Teacher (part 2)</td>
<td>N.M. Donnellan, J.F. Carrillo</td>
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<td>9:05</td>
<td>Break</td>
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<tr>
<td>9:20</td>
<td>Primer on Simulation-Based Medical Education: Lessons Learned</td>
<td>V. Lerner</td>
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<tr>
<td>11:00</td>
<td>Working Box Lunch Talk: Difficult Patients, Delivering Bad News, and Discussing Surgical Complications</td>
<td>M.T. Siedhoff</td>
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<tr>
<td>12:30</td>
<td>Navigating the Difficult Workplace</td>
<td>G.M. Lamvu</td>
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<tr>
<td>1:00</td>
<td>Leadership Development</td>
<td>R. Rankin</td>
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<tr>
<td>2:00</td>
<td>Break</td>
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<tr>
<td>2:15</td>
<td>Workshop II: ABC’s of Surgical Video Production</td>
<td>M.D. Truong</td>
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<tr>
<td>4:15</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
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This didactic course is designed to address the common and predictable concerns of surgeons of various skill levels in their unique “PROGRESS curve” on both the da Vinci robotic platform and the TransEnterix; a newly FDA approved robotic platform. The faculty selected to participate in this course are highly experienced and exceptionally qualified to teach best practices and reproducible surgical techniques in tissue extraction.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Recognize and implement safe, reproducible best practice approach to maximizing optimal patient outcomes during the learning curve on the robotic platform 2) distinguish and compare existing robotic systems 3) assess system-concerns of surgeons of various skill levels in their unique “PROGRESS curve” on both the da Vinci robotic platform and the TransEnterix; a newly FDA approved robotic platform. The faculty selected to participate in this course are highly experienced and exceptionally qualified to teach best practices and reproducible surgical techniques in tissue extraction.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Use the robotic platform for retroperitoneal dissection to optimize efficiency and success in complex gynecologic cases; 2) manage surgical complications and tissue extraction techniques to prepare the surgeon for more complex cases. Over the course of this activity, participants will develop a proficiency with retroperitoneal anatomy and robotic surgical technique. Both the da Vinci and TransEnterix robotic platforms will be available.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Perform ExCITE tissue removal technique: simulation/cadaver • Tissue extraction techniques: wedging, coring and bi-valving • Practice suturing and dissection techniques •  Perform bladder and bowel injury: demonstrate appropriate repair of each • Hysterectomy: bladder mobilization, colpotomy •  Identify the container of the common iliac artery to the bladder • Hysterectomy: bladder mobilization, colpotomy

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ANAT-602

The Competent Surgeon - A Mastery of Retropelvic Anatomy AND Surgical Dissection: You can NOT expect your surgical results to be any better than your skills of surgical dissection.

Co-Chair: R. Wendel Naumann, Robert M. Rogers
Faculty: Fariba Mohtashami, Matthew T. Siedhoff, Craig J. Sobolewski

Presented in affiliation with the American College of Obstetricians and Gynecologists (ACOG)

The competent gynecologic surgeon at the operating table is characterized by a working knowledge of retroperitoneal anatomy and expert surgical dissection skills. Poor surgical dissection skills may result in surgical inefficiencies, unnecessary blood loss, loss of visual cues, and an increased risk of surgical complications – both intraoperatively and postoperatively. This course will teach the participants a systematic method on how to spatially organize female retroperitoneal anatomy, and how to name the individual anatomic structures contained in each anatomic region and space. The participant will learn specific techniques and patterns of surgical dissection and strategies for watching and learning from surgical videos. As a result of this course, the participant will know how to tackle complex pelvic and retroperitoneal pathology in order to perform efficient and safe hysterectomy.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Discuss strategies to safely dissect ‘mm by mm’ in the retroperitoneal anatomic regions and spaces; 2) distinguish anatomic regions and spaces in: 1) Discuss strategies to safely dissect ‘mm by mm’ in the retroperitoneal 2) expose the path of the ureter to avoid injury during complex gynecological surgeries; and 3) recognize major vascular and neural anatomic structures of the pelvis and retroperitoneum to avoid injury during complex gynecological surgeries; and 3) recognize major para-vesical, rectovaginal and pre-sacral arteries, veins and discovering the pelvic nervous system including the ilioinguinal nerves. Participants will be given the option to dissect infra-renal intraperitoneal para-aortic lymph nodes and omentectomy or dissect the Space of Retzius, complete a total hysterectomy with vaginal cuff closure, perform cystotomy with repair and practice suturing. Expert faculty will present useful techniques to avoiding complications and will be at the participants disposal for any questions.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Identify and dissect all pelvic avascular spaces including para-rectal, para-vesical, rectovaginal and pre-sacral 2) expose the path of the ureter to avoid injury during complex gynecological surgeries; and 3) recognize major vascular and neural anatomic structures of the pelvis and retroperitoneum to help perform radical nerve sparing surgeries.
Postgraduate Courses: Day 1

URO-604
The Pelvic Floor and So Much More

Co-Chair: Catherine A. Matthews, Johnny Yi
Faculty: Marlene Corton, Cheryl B. Iglesia, Charles R. Rardin

Presented in affiliation with the American Urogynecologic Society (AUGS) and in cooperation with the AAGL Special Interest Group on Urogynecology/Vaginal Surgery

This practical, case-based course is designed for the benign gynecologic surgeon who wish to advance their knowledge in surgical pelvic anatomy, pre-operative case selection, surgical decision-making, and reducing complications during pelvic floor and vaginal surgery. Faculty will discuss pertinent factors to consider when recommending surgical treatment interventions for uterine prolapse that optimizes individual benefit and minimizes risk. This course will focus on reducing surgical complications during vulvar and vaginal surgery, apical suspension at the time of hysterectomy, intra-operative tips and tricks and post-operative management that surgeons can immediately implement into their clinical practice.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Identify key anatomy for pelvic reconstructive surgery; 2) discuss techniques to suspend the vaginal apex at time of hysterectomy; and 3) assess pre-operative case selection for native tissue vaginal repair versus sacral colpopexy.

COURSE OUTLINE

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<tr>
<td>7:05</td>
<td>Vulvar and Vaginal Anatomy Critical to Pelvic Floor Disorders</td>
<td>M. Corton</td>
</tr>
<tr>
<td>7:30</td>
<td>Intra-Abdominal Pelvic Anatomy: Surgical Correlation</td>
<td>C.R. Rardin</td>
</tr>
<tr>
<td>7:55</td>
<td>Pre-Operative Patient Selection: How Do You Choose the “Right” Operation for Primary Uterine Prolapse?</td>
<td>C.A. Matthews</td>
</tr>
<tr>
<td>8:45</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
</tr>
<tr>
<td>8:55</td>
<td>Break</td>
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<tr>
<td>9:10</td>
<td>Maximizing Support of the Vaginal Apex with Every Hysterectomy: Minimizing Risk and Complications</td>
<td>J. Yi</td>
</tr>
<tr>
<td>10:00</td>
<td>Tips and Tricks to Avoid Pelvic Pain and Dyspareunia After POP Surgery</td>
<td>C.A. Matthews</td>
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<tr>
<td>10:25</td>
<td>Nerve Sparing Pelvic Reconstruction: Fade or Future?</td>
<td>C.A. Matthews</td>
</tr>
<tr>
<td>10:50</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
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<td>11:00</td>
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URO-605
The Pelvic Floor and So Much More

Co-Chair: Marlene M. Corton, Charles R. Rardin
Faculty: Robert S. Furr, Cheryl B. Iglesia, Jeffrey M. Mangel, Catherine A. Matthews, Tristi W. Muir, Peter L. Rosenblatt, M. Jonathon Solnik, Johnny Yi

Presented in affiliation with the American Urogynecologic Society (AUGS) and in cooperation with the AAGL Special Interest Group on Urogynecology/Vaginal Surgery

This course has been approved for ABOG Maintenance of Certification (MOC) Part IV

This course will provide participants with the opportunity to obtain hands-on experience exploring and dissecting the pelvic anatomy in order to proficiently perform hysterectomies, apical suspensions and other procedures for benign conditions. On cadavers, participants will perform a hysterectomy and identify specific anatomic structures associated with each step of the procedure. They will also dissect the course of the pelvic ureter and lumbar nerve plexus branches, perform midurethral slings and review common sites of injury during gynecologic surgery. Faculty will guide the participants through the pelvic surgical spaces including vesicovaginal, rectovaginal, pararectal, paravesical, retropubic and presacral space and side-wall retroperitoneum.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Recognize the pertinent anatomy related to hysterectomy, apical support procedures and anti-incontinence procedures; 2) demonstrate boundaries and contents of pelvic surgical spaces; and 3) integrate anatomic knowledge with clinical applications during gynecologic procedures.

COURSE OUTLINE

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Instructor(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:30</td>
<td>Welcome, Introductions and Course Overview</td>
<td>M.M. Corton, C.R. Rardin</td>
</tr>
<tr>
<td>12:35</td>
<td>Lab I:</td>
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<tr>
<td></td>
<td>Implement laparoscopic hysterectomy and apex support procedure</td>
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<tr>
<td></td>
<td>Demonstrate boundaries and contents of pelvic surgical spaces (pelvic side-wall retroperitoneum, paravesical, pararectal, vesicovaginal, rectovaginal)</td>
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<tr>
<td>12:35</td>
<td>Demonstrate course and relationship of lumbar nerve branches</td>
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<tr>
<td>1:25</td>
<td>Break</td>
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<tr>
<td>2:00</td>
<td>Lab II:</td>
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</tr>
<tr>
<td></td>
<td>Implement transobturator midurethral slings</td>
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<tr>
<td></td>
<td>Implement burch urethropexy procedure.</td>
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<tr>
<td></td>
<td>Demonstrate boundaries and contents of retropubic space</td>
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<tr>
<td></td>
<td>Integrate anatomic knowledge with clinical applications</td>
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</tr>
<tr>
<td>4:15</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
</tr>
<tr>
<td>4:30</td>
<td>Adjourn</td>
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</tr>
</tbody>
</table>
This course has been approved for ABOG Maintenance of Certification (MOC) Part IV

This course is an introduction to basic and advanced laparoscopic suturing techniques in a dry lab setting, designed for participants who want to expand their laparoscopic suturing skills. This course will present a variety of techniques for needle loading and tissue reapproximation from different port configurations, using laparoscopic box trainers. Techniques and clinical applications for extracorporeal and intracorporeal knot tying, running suturing techniques relevant to vaginal cuff closure, myomectomy, and cystotomy repair will be presented. Various applications of different suture materials, as well as alternative suturing devices and technologies will be reviewed. Material will be presented using a systematic approach, with emphasis on meeting course objectives. Faculty will provide an interactive environment to meet the needs of the individual participants to maximize reproducible results, that can be applied to the clinical care setting. Topics discussed will include: myomectomy, bladder, bowel, ureteric, and vessel repair. Videos demonstrating various techniques will be used to highlight multiple approaches and clinical scenarios. The faculty will provide an interactive environment that meets the needs of the individual participants to maximize hands-on simulation. This course is designed to take gynecologists comfortable with basic suturing to the next level and learn techniques that would be helpful in difficult surgeries.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Explain how to overcome the obstacles to laparoscopic suturing and knot tying in relation to depth perception and port placement; 2) reproduce efficient techniques for laparoscopic tissue reapproximation, suture management, and running closures; 3) perform efficient intracorporeal and extracorporeal knot tying, recognize the common mistakes encountered and identify how to correct them; and 4) compare and distinguish potential benefits of suturing technologies and devices in laparoscopy.

COURSE OUTLINE

7:00 Welcome, Introductions and Course Overview
L.E. Garcia, A.N. Broach
7:05 Pre-Test (3 minutes) All Faculty
7:10 Fundamentals of Needle Loading, Suture Management and Tissue Reapproximation
L.E. Garcia
7:35 LAB I: Drills, Needle Loading, Tissue Reapproximation
L.E. Garcia
7:45 Techniques for Intracorporeal Knot Tying
L.E. Garcia
7:55 LAB II: Intracorporeal Knot Tying
8:55 Break
9:10 Extracorporeal Knot Tying, Advanced Skills, and Common Mistakes
A.N. Broach
9:25 LAB III: Advanced Skills, Extracorporeal Knot Tying, and Troubleshooting
10:05 Alternative Suture Options
A.N. Broach
10:45 LAB IV: Alternative Suturing Options and Practice Lab
10:45 Post-Test
11:00 Adjourn

CO-Chair: Amy N. Broach, Lydia E. Garcia
Faculty: Uchenna C. Acholonu, Benjamin D. Beran, Jessica N. Chandler, Austin D. Findley, Courtney S. Lim, Deidre A. Lum, Megan Loring, Noah Rindos, Stacey A. Scheib, Khara M. Simpson

This course has been approved for ABOG Maintenance of Certification (MOC) Part IV

This course is an advanced laparoscopic suturing dry lab and is designed for participants interested in expanding their existing suturing skills. Course faculty will provide tips and techniques that will help with successful, consistent, and reproducible results, that can be applied to the clinical care setting. Topics discussed will include: myomectomy, bladder, bowel, ureteric, and vessel repair. Videos demonstrating various techniques will be used to highlight multiple approaches and clinical scenarios. The faculty will provide an interactive environment that meets the needs of the individual participants to maximize hands-on simulation. This course is designed to take gynecologists comfortable with basic suturing to the next level and learn techniques that would be helpful in difficult surgeries.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Apply different tips and techniques for efficient laparoscopic suturing and intracorporeal knot tying; 2) plan an approach, using techniques discussed, for laparoscopic myomectomy, bladder, bowel, ureteric, and vessel repair; and 3) perform efficient laparoscopic repairs on simulated organs in a dry lab setting.

COURSE OUTLINE

12:30 Welcome, Introductions and Course Overview
J.L. Hudgens, G.Y. Liu
12:35 Top Ten Tips for Efficient Laparoscopic Suturing
J.L. Hudgens
12:55 Lab I: Train Your Brain:
• Advanced needle handling
• Intra-corporeal knot tying drills
1:30 Review of Techniques for Bladder and Bowel Repair
G.Y. Liu
1:50 Lab II: Hands-on Practice
• Synderov models
• Techniques for bladder closure: interrupted stitches vs. continuous, running imbricating layers
• Techniques for bowel repair: transverse repair, interrupted stitches, imbricating layers
2:25 Break
2:40 Review of Techniques for Ureteric and Blood Vessel Repair
J. Kroft
3:00 Lab III: Hands-on Practice
• Synderov models
• Techniques such as: spatulation, sewing over stents, and anchoring stitches for ureteric repair
• Use of vascular clips and other modes of pressure to help with vascular repair
4:20 Questions & Answers All Faculty
4:30 Adjourn

CO-Chair: Joseph L. Hudgens, Grace Y. Liu
This course provides an overview on how to diagnosis and treat deep endometriosis, focusing on new paradigms surrounding this chronic and challenging condition. Expert practitioners will provide an in-depth discussion on deep infiltrating endometriosis. This session will explore current and future treatment options, discuss pre-surgical planning, assessment and strategies for complex surgical dissection. This case-based format and targeted didactic will review unique situations and provide practical tips and tactics for your next case.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Define current concepts in deep endometriosis management; 2) describe the important role of pre-operative imaging in the diagnosis and treatment planning; 3) discuss the indications for clinical and surgical treatment of deep endometriosis; and 4) review how to manage endometriosis of the urinary tract.

COURSE OUTLINE

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Instructor(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:30</td>
<td>Welcome, Introductions and Course Overview</td>
<td>M.S. Abrao, R.L. Flyckt</td>
</tr>
<tr>
<td>12:35</td>
<td>Unraveling Deep Endometriosis: New Paradigms for an Old Disease</td>
<td>M.S. Abrao</td>
</tr>
<tr>
<td>1:00</td>
<td>Use of Imaging for Pre-Operative Diagnosis and Treatment Planning</td>
<td>S. Young</td>
</tr>
<tr>
<td>1:50</td>
<td>Ultrasound x Surgical Videos: defining what the surgeon need to know</td>
<td>L. Savelli</td>
</tr>
<tr>
<td>2:15</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
</tr>
<tr>
<td>2:25</td>
<td>Break</td>
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<tr>
<td>3:05</td>
<td>Management of Deep Endometriosis Compromising the Urinary Tract</td>
<td>F. Carmona</td>
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<tr>
<td>3:30</td>
<td>Bowel Endometriosis: is the treatment always surgical?</td>
<td>M.S. Abrao</td>
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<tr>
<td>3:55</td>
<td>Cases Focusing on Surgical Treatment of DIE (Interactive Discussion)</td>
<td>All Faculty</td>
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<tr>
<td>4:20</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
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<tr>
<td>4:30</td>
<td>Adjourn</td>
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</table>
Unraveling Pelvic Pain – A Practical Approach to Every Day Practice

Co-Chair: Nita A. Desai, Frank F. Tu
Faculty: Sawsan As-Sanie, Diana T. Atashroo, Mark W. Dassel

Presented in affiliation with the International Pelvic Pain Society (IPPS)

Chronic pelvic pain is a complex and highly prevalent issue in women's health today; accounting for nearly 10% of all gynecologic referrals. Yet, diagnoses and treatments can appear rather elusive given the multiple overlapping conditions. This course will provide a practical approach in decoding vague symptoms, differentiating between disease processes, discussing interrelating conditions and recognizing nuances to better develop suitable treatment plans in both the medical and office setting. The session will conclude with a panel discussion on difficult case scenarios and highlight best practices and practical solutions for the attendees to incorporate into their daily practice.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Differentiate between overlapping conditions causing pelvic pain based on the clinical history; 2) formulate a comprehensive differential diagnosis including urologic, gynecologic, gastrointestinal, and musculoskeletal causes; 3) describe medical and behavioral treatment plans; and 4) integrate the evaluation and treatment of pelvic pain in the care of chronic pain patients.

COURSE OUTLINE

12:30 Welcome, Introductions and Course Overview
  N.A. Desai, F.F. Tu
12:35 It All Starts with Engagement - How to Really Do the History and Physical for Pelvic Pain
  N.A. Desai
1:00 Don’t Stop... Relieving - A Primer and Bladder Pain Management
  M. W. Dassel
1:50 Just Riiiiight... Endometriosis - Lessons Learned from Goldilocks
  S. As-Sanie
2:15 Questions & Answers
  All Faculty
2:25 Break
2:40 You Are What You Eat - Managing Intestinal Aspects of Pelvic Pain
  F.F. Tu
3:05 Muscle Up Buttercup - Treating Abdominal and Pelvic Floor Pain
  N.A. Desai
3:30 Treating Pelvic Pain - Effective Pharmacotherapy Options
  D.T. Atashroo
3:55 Real World Cases, Real World Dilemmas - How Veterans of CPP Manage the Difficult Encounters
  All Faculty
4:20 Questions & Answers
  All Faculty
4:30 Adjourn

Hysteroscopy Master’s Symposium

Co-Chair: Amy L. Garcia, Luis A. Pacheco
Faculty: Attilio Di Spiezo Sardo, Keith B. Isaacson

This course provides the expert’s approach to contemporaneous hysteroscopic surgical techniques and presentation of up-to-date clinical data. It is intended for advanced hysteroscopists wanting to engage with and learn from experienced peers, through topics that go beyond the basics of hysteroscopy. Our panel of seasoned educators will provide in-depth information and guidelines for operative management of more complex hysteroscopic procedures. Presentations of cutting-edge data will assist the participant with successful clinical and surgical management of patients via hysteroscopy. This course will be heavily weighted with video demonstration of surgical techniques likely to challenge and inspire even the experienced hysteroscopist. Join us and experience what your colleagues are doing with hysteroscopy.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Apply contemporary data and information into meaningful changes in surgical practice; 2) navigate complex hysteroscopic surgical decision making; and 3) integrate advanced hysteroscopic surgical skills.

COURSE OUTLINE

12:30 Welcome, Introductions and Course Overview
  A.L. Garcia, L.A. Pacheco
12:35 The Role of Hysteroscopy in the Diagnosis and Treatment of Adenomyosis
  A. Di Spiezo Sardo
1:00 Hysteroscopic Removal of Retained Products of Conception
  L.A. Pacheco
1:25 Mini-Ressectoscopic Techniques for Office Procedures
  K.B. Isaacson
1:50 Update on Hysteroscopy and Uterine Cancer
  A.L. Garcia
2:15 Questions & Answers
  All Faculty
2:25 Break
2:40 Hysteroscopic Diagnosis and Surgical Management of Mullerian Abnormalities
  A. Di Spiezo Sardo
3:05 The Cesarean Scar Defect: Indications, Technique and Outcomes for Hysteroscopic Surgical Intervention
  L.A. Pacheco
3:30 The Science of Asherman’s and Hysteroscopic Operative Management of Uterine Synechiae
  K.B. Isaacson
3:55 Hysteroscopic Approach to Tubal Diagnosis of Ovarian Cancer
  A.L. Garcia
4:20 Questions & Answers
  All Faculty
4:30 Adjourn
### Expert Round Table Luncheon

**11:15 AM - 12:15 PM**

**Location:** TBD  |  **Price:** $50

**SOLD OUT**

If you would like to be placed on a waiting list, please contact Gerardo Galindo at (714) 503-6200 ext. 230

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<table>
<thead>
<tr>
<th>TABLE</th>
<th>PRESENTER</th>
<th>CATEGORY</th>
<th>PRESENTATION TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>M1</td>
<td>Erin T. Carey</td>
<td>Career Planning</td>
<td>MIGS as a Career, Applying to Fellowship, Etc.</td>
</tr>
<tr>
<td>M2</td>
<td>S. Sony Singh</td>
<td>Hysterectomy</td>
<td>Keeping Lawyers and Lifeguards out of your OR: Fluid Management and Hysteroscopic Complications</td>
</tr>
<tr>
<td>M3</td>
<td>Miriam Hanstede</td>
<td>Hysterectomy</td>
<td>Updates in the Management and Treatment of Isthmoceles and Uterine Septum</td>
</tr>
<tr>
<td>M4</td>
<td>Jorge D. Lopez</td>
<td>Laparoscopic Suturing</td>
<td>Anatomy of the Sutures: Basics of the Different Sutures and Needle Taking, Handling of Suture and Tissues Re Approximation (SPANISH)</td>
</tr>
<tr>
<td>M5</td>
<td>Marco A. Pinho de Oliveira</td>
<td>Myomectomy</td>
<td>One Size Doesn’t Fit All: Surgical Approaches to Myomectomy</td>
</tr>
<tr>
<td>M6</td>
<td>Xiaoming Guan</td>
<td>NOTES</td>
<td>Updates on Transvaginal Natural Orifice Transluminal Endoscopic Surgery (vNOTES): The Time has Come</td>
</tr>
<tr>
<td>M7</td>
<td>Douglas N. Brown</td>
<td>Obese Patients</td>
<td>Gynecologic Surgery in the Morbidly Obese Patient</td>
</tr>
<tr>
<td>M8</td>
<td>Christopher S. Awtrey</td>
<td>Practice Management</td>
<td>Strategic Marketing, for the Surgeon, for the Practice</td>
</tr>
<tr>
<td>M9</td>
<td>Tom Lyons</td>
<td>Prolapse Repair</td>
<td>Laparovaginal Culpopesisis: The Adamyan Procedure</td>
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<tr>
<td>M10</td>
<td>Kristinell Keil</td>
<td>Prolapse Repair</td>
<td>Recognition and Surgical Management of Vaginal Vault Prolapse</td>
</tr>
<tr>
<td>M11</td>
<td>Kimberly Levinson</td>
<td>Single Site Laparoscopy</td>
<td>Single Incision Surgery</td>
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<tr>
<td>M12</td>
<td>Pedro F. Escobar-Rodriguez</td>
<td>Surgical Complications</td>
<td>Avoiding, Recognizing and Managing Bowel and Bladder Injury During Gynecologic Surgery</td>
</tr>
<tr>
<td>M13</td>
<td>Kelli R Beingesser</td>
<td>Surgical Skills</td>
<td>Closure of the Colpotomy &amp; Cystotomy: Avoid De-hiscence, Dyspareunia, Enterocoele and Apical Prolapse</td>
</tr>
<tr>
<td>M14</td>
<td>Danielle E. Luciano</td>
<td>Surgical Strategies</td>
<td>Pre-operative Planning with Office Ultra-sound: A Framework for Better Outcomes</td>
</tr>
<tr>
<td>M15</td>
<td>Cristiano Rossitto</td>
<td>Surgical Strategies</td>
<td>Ultra Minimally Invasive Approaches for Today’s Gynecologic Surgeon</td>
</tr>
<tr>
<td>M16</td>
<td>Linda Nicoll</td>
<td>Tissue Extraction</td>
<td>Tissue Extraction Techniques</td>
</tr>
<tr>
<td>M17</td>
<td>Cara R. King</td>
<td>Transgender Care</td>
<td>Overview of Transgender Care</td>
</tr>
<tr>
<td>M18</td>
<td>G. Bernard Taylor</td>
<td>Transgender Care</td>
<td>Vaginectomy for Female to Male Patients</td>
</tr>
</tbody>
</table>
HSC-709
Hysteroscopy: The Essential Do’s and Don’ts

Co-Chair: Linda D. Bradley, Matthew R. Hopkins
Faculty: Aarathi Cholkeri-Singh, Jorge E. Dotto, Martin Farrugia, Amy L. Garcia, Francisco J. Garcini, Isabel C. Green, Miriam Hanstede, Alka Kumar, Ana Rita P. Panazzolo, Christina A. Salazar, Michael L. Sprague, Maria Teresa Tam

Presented in cooperation with the AAGL Special Interest Group on Hysteroscopy

This course has been approved for ABOG Maintenance of Certification (MOC) Part IV

This course provides a fundamental background in developing and enhancing a hysteroscopy service in both office-based and operative room settings. During the morning didactic session, participants will learn how to manage common challenges encountered with providing hysteroscopic surgery procedures. The afternoon session will consist of a hands-on simulation lab, allowing the participants the opportunity to practice with multiple technologies including: traditional hysteroscopic resectoscopes, hysteroscopic tissue retrieval systems, endometrial ablation while performing common operative procedures.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Identify challenges and opportunities for implementation of office hysteroscopy; 2) classify and manage symptomatic submucous leiomyoma; 3) diagnose and formulate management plans for common uterine pathologies such as polyps, retained products of conception and isthmocele; 4) analyze and manage common risks associated with hysteroscopic surgery; 5) explore common reasons for endometrial ablation failure and improve patient selection; and 6) optimize chances for successful placement of hysteroscopic sterilization devices.

COURSE OUTLINE

7:00 Welcome, Introductions and Course Overview
L.D. Bradley, M.R. Hopkins

7:05 A Hysteroscopic Journey: From the endocervix to the Tubal Ostia
A. Kumar

7:30 Office Hysteroscopy: Practical Tips for Purchasing Your Equipment and Understanding New Payment Models
M.L. Sprague

7:55 Keeping Her Comfortable - Office Hysteroscopy vs. Office Based Surgery
M. Farrugia

8:20 What’s New in the Treatment of Retained Products and Endometrial Polyps?
A. Cholkeri-Singh

8:45 Questions & Answers
All Faculty

8:55 Break

9:10 Myomectomy – Choosing Your Patient, Technique, and Technology Wisely: The Importance of Hysteroscopic Classification Systems
M.R. Hopkins

9:35 Hysteroscopic Myomectomy with Resectoscopy is not Dead: Keep It in Your Tool Box
L.D. Bradley

10:00 Myomectomy with Tissue Retrieval Systems: Make Room in Your Toolbox
M. Farrugia

10:25 Keeping Lawyers and Lifeguards out of your OR: Fluid Management and Hysteroscopic Complications
A. Cholkeri-Singh

10:50 Questions & Answers
All Faculty

11:00 Break

12:30 Welcome, Introductions and Course Overview
L.D. Bradley, M.R. Hopkins

12:35 Endometrial Ablation: Predictors of Failure, Prevention and Management Options
M.R. Hopkins

1:00 Updates in the Management and Treatment of Isthmocele’s and Uterine Septum
M. Hanstede

1:25 Vaginoscopy and Cervical Stenosis
A.L. Garcia

1:50 Station I: Hysteroscopy Ergonomics
• Perform diagnostic hysteroscopy
• Perform operative hysteroscopy with scissors and graspers for polypectomy and septum transection models
• Perform tubal occlusion with Essure placement
All Faculty

Station II: Tissue Retrieval Systems
• Perform operative hysteroscopy for polyps, fibroids, retained products of conception and visual D&C utilizing hysteroscopic morcellation

Station III: Resection
• Review proper ergonomics of resectoscopy to perform myoma resection or endometrial ablation
• Review role of 5 FR electrodes
• Review principles of electrosurgery

Station IV: Endometrial Ablation
• Proper use of endometrial ablation devices; reinforcing indications and contraindications

4:20 Questions & Answers
All Faculty

4:30 Adjourn
## Learning Objectives:
At the conclusion of this course, the clinician will be able to:
1. Recognize the anatomical landmarks and major pelvic structures pertinent to gynecologic laparoscopy and retroperitoneal dissection for basic, intermediate, and advanced procedures;
2. Discuss laparoscopic surgical techniques to enter and expose avascular spaces of the pelvis and pelvic structures and their relations to the ureter and retroperitoneal structures;
3. Review the principles of nerve-sparing techniques; and
4. Provide step-by-step dissection of the uterine artery and the pelvic ureter related to gynecologic retroperitoneal procedures (i.e., big uteri, intrafetal myomata, deep endometriosis and gynecologic cancers).

## COURSE OUTLINE

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00</td>
<td>Welcome, Introductions and Course Overview</td>
<td>J.F. Magrina, Andrea Puppo, Shailesh P. Puntambekar, Stefano Uccella</td>
</tr>
<tr>
<td>7:05</td>
<td>Laparoscopic Surgical Anatomy of the Pelvis and Retroperitoneum: What We Need to Know for a Safe Surgery</td>
<td>S. Uccella</td>
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<tr>
<td>7:30</td>
<td>Laparoscopic Surgical Anatomy for a Safe Hysterectomy Step-By-Step</td>
<td>P.N. Sodevilla</td>
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<tr>
<td>7:55</td>
<td>Laparoscopic Surgical Anatomy of Parametrial Ligaments for a Safe and Tailored Radical Hysterectomy</td>
<td>S.P. Puntambekar</td>
</tr>
<tr>
<td>8:20</td>
<td>Laparoscopic Surgical Anatomy of Retroperitoneum for a Safe Pelvic and Para-Aortic Lymphadenectomy</td>
<td>G. Roviglione</td>
</tr>
<tr>
<td>8:45</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
</tr>
<tr>
<td>9:00</td>
<td>Break</td>
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<tr>
<td>9:10</td>
<td>Laparoscopic Surgical Anatomy of Anterior Compartment (Bladder, Ureters, Ligaments): Tips and Tricks for a Safe Pelvic Surgery</td>
<td>J. Albornoz</td>
</tr>
<tr>
<td>10:00</td>
<td>Laparoscopic Surgical Anatomy of Visceral and Somatic Pelvic Innervation for a Safe and Nerve-Sparing Radical Pelvic Surgery</td>
<td>M. Ceccaroni</td>
</tr>
<tr>
<td>10:25</td>
<td>“Retroperitoneum is Your Best Friend”: How Can Anatomy Help the Surgeon in Preventing Complications</td>
<td>J.F. Magrina</td>
</tr>
<tr>
<td>10:50</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
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<tr>
<td>11:00</td>
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</table>

### COMPLX-700

1st International School of Surgical Anatomy (ISSA) Course: Tips and Tricks in Laparoscopic Retroperitoneal Surgical Anatomy to Perform Safe Gynecologic Surgery

**Chair:** Shailesh P. Puntambekar

**Faculty:** Jaime Albornoz, Marcello Ceccaroni, Ted T.M. Lee, Javier F. Magrina, Giovanni Roviglione, Pere N. Barri Sodevilla, Stefano Uccella

Laparoscopic surgery for benign and deeply infiltrative diseases represents complex challenges for pelvic surgeons. Instructors from the International School of Surgical Anatomy (ISSA) of Verona, Italy will provide participants with a comprehensive overview of the pelvic anatomy and guidance on how to navigate the retroperitoneal space and structures. These approaches will help the surgeons formulate a well-strategized treatment plan leading to optimal surgical outcomes.

### COMPLX-701

1st International School of Surgical Anatomy (ISSA) Course: Tips and Tricks in Laparoscopic Retroperitoneal Surgical Anatomy to Perform Safe Gynecologic Surgery

**Chair:** Marcello Ceccaroni

**Faculty:** Jaime Albornoz, Francesco Bruni, Ted T.M. Lee, Javier F. Magrina, Andrea Puppo, Shailesh P. Puntambekar, Giovanni Roviglione, Pere N. Barri Sodevilla, Stefano Uccella

This course has been approved for ABOG Maintenance of Certification (MOC) Part IV

Following the principles taught in the International School of Surgical Anatomy (ISSA), this hands-on cadaveric course will provide a step-by-step surgical approach to the pelvic visera, retroperitoneal avascular spaces and pelvic ureters. Emphasis will be put upon identifying anatomical landmarks, including surgical principles and techniques to enter the retroperitoneal avascular spaces. Instruction on techniques for gentle tissue handling to avoid bleeding, proper traction, counter-traction, sharp and blunt dissections while preventing vascular, urinary, bowel and nervous complications. Special care will be given to nerve-sparing techniques during laparoscopic dissection, with demonstration of main pathways of visceral and somatic pelvic innervation. This course includes cadaveric specimen with intact uteri and cervix using laparoscopic instrumentation.

### Learning Objectives:
At the conclusion of this course, the clinician will be able to:
1. Recognize the anatomical landmarks and major pelvic structures pertinent to gynecologic laparoscopy and retroperitoneal dissection;
2. Apply laparoscopic surgical techniques to enter and expose avascular spaces of the pelvis, parametrial ligaments, nerves, and pelvic vessels and their relations to the ureter and retroperitoneal structures;
3. Illustrate the step-by-step dissection of the uterine artery and the pelvic ureter related to gynecologic retroperitoneal procedures (i.e., big uteri, intrafetal myomata, deep endometriosis and gynecologic cancers).

### COURSE OUTLINE

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:30</td>
<td>Welcome, Introductions and Course Overview</td>
<td>M. Ceccaroni</td>
</tr>
<tr>
<td>12:35</td>
<td>LAB I: Hands-on Laparoscopic Dissection of Uterus, Adnexa, Parametral Ligaments and Lateral Pelvic Sidewall: Tips and Tricks to Perform Safe Laparoscopic Hysterectomy and Adnexal Surgery</td>
<td>All Faculty</td>
</tr>
<tr>
<td>2:35</td>
<td>Break</td>
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</tr>
<tr>
<td>2:50</td>
<td>LAB II: Hands-on Laparoscopic Dissection of Posterior Compartment and Pelvic Nerves</td>
<td>All Faculty</td>
</tr>
<tr>
<td>4:15</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
</tr>
<tr>
<td>4:30</td>
<td>Adjourn</td>
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</tbody>
</table>
At the conclusion of this course, the clinician will be able to: 1) Comfortably identify the laparoscopic anatomical structures and perform fundamental laparoscopic surgical procedures, including but not limited to, identification and dissection of the retroperitoneal space, laparoscopic ureterolysis, closure of colpotomy and cystotomy; 2) utilize surgical strategies for success when faced with intra-operative challenges; 3) identify the retroperitoneal anatomy and trace the uterine artery from its origin in the retroperitoneum in order to complete difficult cases and avoid conversion to laparotomy; and 4) employ time-tested tips and tricks to improve surgical efficiency, enhance patient outcomes, and minimize complications.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Apply proper surgical dissection techniques to minimize complications and enhance the success of a minimally invasive hysterectomy; 2) implement knowledge of retroperitoneal anatomy to facilitate successful execution of a laparoscopic hysterectomy procedure, taught standard techniques and strategies. The faculty will navigate through the retroperitoneal spaces, lateral side wall, vesico-uterine and retro-vaginal spaces and be taught strategies on identifying the ureter, uterine artery at the origin, inferior hypogastric nerves, and the vesico-sacral ligaments. Knowledge of this crucial anatomy will assist participants in avoiding complications, while gaining the tools to recognize and manage complications when they do occur. Throughout this dissection, proper uterine manipulation to maximize exposure and laparoscopic suturing will be demonstrated. Conventional laparoscopy will be utilized for cadaveric dissection; however, the foundations of dissection and anatomical relationships are applicable to all modalities of pelvic surgery.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Proper surgical dissection techniques to minimize complications and enhance the success of a minimally invasive hysterectomy; 2) Implement knowledge of retroperitoneal anatomy to facilitate successful execution of a laparoscopic hysterectomy when complex pathology is encountered; and 3) identify the retroperitoneal anatomy and trace the uterine artery from its origin in the retroperitoneum in order to complete difficult cases and avoid conversion to laparotomy; and 4) employ time-tested tips and tricks to improve surgical efficiency, enhance patient outcomes, and minimize complications.

COURSE OUTLINE

| 7:00 | Welcome, Introductions and Course Overview | N.S. Moawad, K.A. O’Hanlan |
| 7:05 | Simplifying Simple Hysterectomy! | N.S. Moawad |
| 7:30 | Planning and preparation for TLH | K.A. O’Hanlan |
| 8:20 | Retroperitoneal Anatomy Made Ridiculously Simple | S.M. Mansuria |
| 8:45 | Questions & Answers | All Faculty |
| 8:55 | Break | |
| 9:10 | Closure of the Colpotomy & Cystotomy: Avoid Dehiscence, Dyspareunia, Enterocele and Apical Prolapse | K.R. Beingesser |
| 9:35 | That’s So Retro: Using Retroperitoneal Anatomy to Your Advantage to Tackle the Large Uterus or Complex Pelvis | S.M. Mansuria |
| 10:00 | Eliminate Conversion! C-sections, Fibroid Uterus, Endometriosis and the Obliterated Cul De Sac | N.S. Moawad |
| 10:30 | The Challenging Parametrium: Dissecting the Previously Operated Parametrium: S/P C-Section or Cone, Fibroids, Adhesions | K.A. O’Hanlan |
| 10:50 | Questions & Answers | All Faculty |
| 11:00 | Adjourn | |

This course has been approved for ABOG Maintenance of Certification (MOC) Part IV

COURSE OUTLINE

| 12:30 | Welcome, Introductions and Course Overview | C.R. King, A.G. Setubal |
| 12:30 | LAB I: Mastering Your Retroperitoneal GPS | |
| 12:30 | LAB II: Step Wise Approach to Hysterectomy | |
| 2:35 | Break | |
| 4:15 | Questions & Answers | All Faculty |
| 4:30 | Adjourn | |
NEURO-704
International Society of Neuropelveology with an Emphasis on Neurogynecology

Co-Chair: Nucelio Lemos, Benoit Rabischong
Faculty: Vito Chiantera, Gustavo L. Fernandes, Axel Forman

This course will provide advanced laparoscopic surgeons, an introduction to the new groundbreaking discipline of Neuropelveology. During this didactic session, faculty will discuss pelvic neuroanatomy concepts, diagnostic methods, surgical and clinical treatment strategies. Attendees will be given pathways and resources to advance their knowledge on Neuropelveology to advance their clinical practice.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Discuss the anatomy of the intrapelvic nerve bundles; 2) describe the different pain types under the 'umbrella' of neuropathic pain; and 3) review the guidelines for the treatment of nerve-entrapment syndromes.

COURSE OUTLINE

7:00 Welcome, Introductions and Course Overview  
N. Lemos, B. Rabischong

7:05 Neuropelveology Training: Pathway, Steps and Pitfalls  
A. Forman

7:30 A Laparoscopic View of Pelvic Neuroanatomy  
B. Rabischong

7:55 What Is Neuropathic Pain?  
V. Chiantera

8:20 Intrapelvic Nerve Entrapments: Concept, Diagnosis and Treatment  
N. Lemos

8:45 Questions & Answers  
All Faculty

9:05 Break

9:10 Pharmacological Treatment of Post Decompression Pain  
A. Forman

9:35 Neuroangiogenesis And Myofascial Pain and Their Impact on the Treatment of Intrapelvic Nerve Entrapments  
N. Lemos

10:00 Principles of Neuroumedulation and the LION Procedure for Post Decompression Pain  
B. Rabischong

10:25 Intervention Pain Therapy and Its Role on the Treatment of Intrapelvic Nerve Entrapments  
G.L. Fernandes

10:50 Questions & Answers  
All Faculty

11:00 Adjourn

LAPA-705
Optimizing Tissue and Procedural Outcome During Laparoscopic Surgery

Co-Chair: Andrew I. Brill, Lori L. Warren
Faculty: Sangeeta Senapati, S. Sony Singh

Embracing the inseparable linkage between anatomy and tissue dissection, this course will enable the novice and experienced laparoscopic surgeon to implement key principles for both mechanical and energy-based surgery. This will allow the surgeon to optimize both tissue and procedural outcomes during a number of fundamental laparoscopic procedures including complex adhesiolysis, resection of deep and ovarian endometriosis, laparoscopic hysterectomy, sacrocolpopexy, and myomectomy. By using instructional videos of exemplary procedures, the didactics will focus on learnable methods that can collectively reduce bleeding, minimize adhesion formation, limit unwanted thermal damage, and decrease the risk of visceral or vascular insult.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Integrate methods to reduce unwanted thermal damage; 2) list anatomical techniques that maximize hemostatic dissection; and 3) comprehend surgical methods to reduce adhesion formation.

COURSE OUTLINE

7:00 Welcome, Introductions and Course Overview  
A.I. Brill, L.L. Warren

7:05 Postop Adhesion Formation and Prevention: State of the Art  
S. Senapati

7:30 Risk Reducing Principles for Energy-Based Surgery  
A.I. Brill

7:55 Systematic Restoration During Laparoscopic Adhesiolysis  
S. Senapati

8:20 Maximizing Ovarian Preservation During Cystectomy  
S. S. Singh

8:45 Questions & Answers  
All Faculty

9:05 Break

9:10 Anatomical Solutions for Challenging Laparoscopic Hysterectomy  
L.L. Warren

9:35 Surgical Precision for Deep Pelvic Endometriosis  
S. S. Singh

10:00 Insuring Best Results During Laparoscopic Myomectomy  
A.I. Brill

10:25 Optimizing a Laparoscopic Vault Suspension  
L.L. Warren

10:50 Questions & Answers  
All Faculty

11:00 Adjourn


# Postgraduate Courses: Day 2

## SUTR-706

**What's the Best Surgeon Knots? Romeo's Gladiator Rule: Master in Knot-Tying and Loading of the Needle**

This is a Non-CME course—No credits will be awarded. This program is sponsored by Karl Storz Instruments

**Chair:** Armando Romeo  
**Faculty:** Alexandre Cosme do Amaral, Kathiane L. Augusto, Patrick Bellis, Liliana T. Tuycan Caceres, Federica Campolo, Ramiro Cabrera Carranco, Ursula Catena, Luiz Flavio C. Fernandes, Christiane Fujimoto, Adriana Elizabeth Liceaga Fuentes, Claudia L. Rocha, Mariana da Canha Vieira

This course will provide a broad overview on the art of laparoscopic suturing; mixing theory and practice. Mastering suturing is a necessity in advanced laparoscopic surgery as the combination of the correct stitch and knot tying can be responsible for the success of a complex surgery. The Romeo's Gladiator Rule puts the proper suturing rules, techniques and strategies into the hands of the course attendees. The knowledge shared at Romeo's Gladiator School will explain which knots are safe and how to perform them while how to avoid ones that are unsafe.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to: 1) Identify safe, unsafe and dangerous knots; 2) perform bimanual knot tying following Romeo's Gladiator Rule; and 3) practice loading the needle and stitching with both hands and suprapubic route.

### COURSE OUTLINE

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>7:00</td>
<td>Welcome, Introduction and Course Overview</td>
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<tr>
<td>7:05</td>
<td>Safe, Unsafe and Dangerous Knots in Laparoscopy: How to Teach?</td>
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<tr>
<td>7:30</td>
<td>Romeo's Gladiator Rule: The Universal Knot Tying Technique</td>
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<tr>
<td>7:55</td>
<td>The Theory of the Perfect Stitch</td>
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<td>8:20</td>
<td>Questions &amp; Answers</td>
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<tr>
<td>8:45</td>
<td>Break</td>
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<tr>
<td>8:55</td>
<td>LAB: Romeo's Gladiator Knot Tying Technique with Right Dominant Knot</td>
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<tr>
<td>9:25</td>
<td>LAB: Romeo's Gladiator Knot Tying Technique with Right Dominant Knot</td>
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<tr>
<td>9:55</td>
<td>LAB: Knot Tying with Left Dominant Hand and Right Assistant in</td>
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<tr>
<td>10:15</td>
<td>LAB: Loading of the Needle Maneuvers the Perfect Stitch with Right and</td>
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<tr>
<td>10:50</td>
<td>Questions &amp; Answers</td>
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<tr>
<td>11:00</td>
<td>Adjourn</td>
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## SUTR-707

**Practical Application for Tissue Reapproximation, Intracorporeal and Extracorporeal Knots, Barbed Suture and Suture Technologies**

**Co-Chair:** Nadia A. Gomez, Juan Diego Villegas-Echeverri  
**Faculty:** Humberto J. Dionisi, Juan Raul Escalona, Lydia E. Garcia, Angel R. Gonzalez Rios, Felipe I. Gonzalez, Monica T. Z. Kondo, William Kondo, Edison R. Krause, Jorge D. Lopez, José D. López, Ulises A. Menocal, Juan L. Salgado Morales, Juan Carlos Canton Romero, Marco A. Lopez Zepeda

This course has been approved for ABOG Maintenance of Certification (MOC) Part IV

This course will be presented in Spanish (and English) and will introduce basic and advanced suture techniques using pelvic trainers. International faculty will present techniques on needle manipulation and reapproximate tissues from trocars located in different laparoscopic positions. Attendees will be taught extracorporeal and intracorporeal knot tying and continuous suture techniques as well as their clinical applications in closing the vaginal vault, myomectomy, suspension of the vaginal vault, cystotomy repair and other applications. Different suture devices and materials, including barbed suturing will be compared and discussed. In this interactive environment, the participants will have the opportunity to work with industry standard devices and apply the acquired knowledge into their professional practice.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to: 1) Efficiently reproduce laparoscopic techniques for tissue reapproximation, needle manipulation and continuous sutures; 2) perform efficient intra and extracorporeal knots, identifying common errors that occur, and how to correct them; and 3) compare and distinguish the potential benefits of the technologies of barbed suture and suture devices used in laparoscopy and review the clinical applications for the closure of the vaginal vault, suspension of the vaginal vault, myomectomy and repair of cystotomy.

### COURSE OUTLINE

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<tr>
<td>12:30</td>
<td>Welcome, Introduction and Course Overview</td>
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<tr>
<td>12:35</td>
<td>Anatomy of the Sutures: Basics of the Different Sutures and Needle Taking, Handling of Suture and Tissues Reapproximation</td>
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<tr>
<td>12:55</td>
<td>Lab I: Tissues Reapproximation, Suture Manipulation and Simulation of Continuous Suture for Vaginal Cuff Closure</td>
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<tr>
<td>150</td>
<td>Intracorporeal Knot Techniques: Clinical Applications, Common Mistakes and How to Correct Them</td>
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<tr>
<td>2:10</td>
<td>Lab II: Intracorporeal Knot Techniques</td>
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<tr>
<td>3:10</td>
<td>Clinical Applications: Extracorporeal Knot, Selection of Suture, Barbed Suture, Other Suturing Technologies</td>
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<tr>
<td>3:30</td>
<td>Lab III: Extracorporeal Knot and Devices and Suture Technologies</td>
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<tr>
<td>4:20</td>
<td>Clinical Applications: Questions, Answers and Course Evaluation</td>
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<td>4:30</td>
<td>Adjourn</td>
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Postgraduate Courses: Day 2

PEARLS-708  
Gynecologic Oncology Pearls for the Generalists

Co-Chair: Paola A. Gehrig, Edward J. Tanner  
Faculty: Pedro F. Escobar-Rodriguez, Nicole D. Fleming

Presented in affiliation with the Society of Gynecologic Oncology (SGO)

This course provides an overview of oncologic principles that could benefit the benign pelvic surgeon. Participants will be given step-by-step strategies to address difficult surgical situations, including: what to do if you find an unsuspected cancer, how to identify normal anatomy with extensive adhesions or endometriosis, how to avoid a vascular injury and management of intra-operative bleeding, and how to avoid bowel and bladder injuries and what to do when they happen.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Direct the pre-operative management of the medically complicated surgical patient; 2) develop surgical skills to tackle challenging cases with more confidence and efficiency; and 3) apply newly acquired knowledge about evidence based perioperative care into practice.

COURSE OUTLINE

7:00 Welcome, Introductions and Course Overview  
PA. Gehrig, E.J. Tanner
7:05 Improving Peri-operative Outcomes in the Medically Complicated Surgical Patient  
PA. Gehrig
7:30 Impact of Body Mass Index and Surgical Approach  
N.D. Fleming
7:55 Avoiding Uncontained Morcellation During Minimally Invasive Surgery  
E.J. Tanner
8:20 Preventing and Managing Vascular Injuries  
P.F. Escobar-Rodriguez
8:45 Questions & Answers  
All Faculty
8:55 Break
9:10 Approaching the Retroperitoneum During Gynecologic Surgery  
PA. Gehrig
9:35 Avoiding, Recognizing and Managing Bowel and Bladder Injury During Gynecologic Surgery  
P.F. Escobar-Rodriguez
10:00 Implementation of Peri-operative Surgical Pathways During Minimally Invasive Surgery  
E.J. Tanner
10:25 Same Day Discharge for Women Undergoing Minimally Invasive Surgery  
N.D. Fleming
10:50 Questions & Answers  
All Faculty
11:00 Adjourn

PUSH-710  
Push the Envelope

Co-Chair: Leila V. Adamyan, Arnaud Wattiez  
Faculty: Philippe R. Koninckx, Mario Malzoni, Anastasia Ussia

Over the past decades, gynecologist have observed a rapid development in minimally invasive methods of treatment for various gynecological diseases. The diseases have changed in their form, expression, effected population, prevalence and their effect on surrounding tissues prompting the need for individual patient treatment plans. The concepts of wise radicalism in surgery joins together with effective minimalism to emphasizing goal-targeted and site-specific tissue-based approaches.

This course will teach how to strategically think about gynecologic conditions, recognize expectations from a disease, both short and long term and examine effective and safe treatment using minimally invasive surgery. This session pushes the envelope by continuously learning about oncologic conditions through examining the nuances of techniques used to deliver treatment more effectively, avoiding unnecessary morbidity, enhancing functionality and managing complications. The faculty will use evidence-based lectures, video presentations, and experience from challenging surgeries to teach the participants efficacious and safe techniques in minimally invasive gynecologic surgery.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Discuss the genetic, molecular-based, and newly developed diagnostic methods in surgical gynecologic diseases 2) explore strategic approaches for severe endometriosis 3) discuss the management of surgical complications in advanced minimally invasive surgery 4) discover the intersections between oncologic surgery and reproductive medicine in patients of reproductive age; and 5) identify approaches for malformations and avoiding complications.

COURSE OUTLINE

12:30 Welcome, Introductions and Course Overview  
L.V. Adamyan, A. Wattiez
12:35 Pushing the Envelope: Changes in Gynecologic Surgical Techniques  
A. Wattiez
1:00 Management of Patients with Endometriosis  
P.R. Koninckx
1:25 Modern Approach of Adenomyosis and Myoma  
L.V. Adamyan
1:50 Strategic Approach to Surgery for Severe Endometriosis  
A. Wattiez
2:15 New Insights in Uterus-Preserving Surgery  
L.V. Adamyan
2:30 Break
2:40 Preserving Reproductive Potential in Patients with Niches and Synchiae  
A. Wattiez
2:55 Fertility Preservation in Cancer Patients  
M. Malzoni
3:00 Laparoscopic Approach of Mullerian Anomalies  
L.V. Adamyan
3:55 Avoidance and Management of Surgical Complications on Endometriosis Surgery  
A. Ussia
4:20 Questions & Answers  
All Faculty
4:30 Adjourn
FIBR-711
Fibroids From A To Z: Medical, Procedural and Surgical Management

Co-Chair: Kristin E. Patzkowsky, Karen C. Wang
Faculty: William H. Parker, Marco A. Pinho de Oliveira, Divya Kelath Shah

This course provides a comprehensive review of fibroid management and treatment options including medical therapies, image guided procedures and minimally invasive surgical approaches. Experts will provide practical guidelines for managing patients with symptomatic fibroids who prefer future fertility or uterine preservation. The session will review current evidence on facilitating appropriate counseling and conclude with a video montage of difficult case scenarios with input from all faculty on how to handle these challenging situations.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Formulate patient specific management plan including ideal imaging, preop-optimization and surgical approach 2) demonstrate improved patient counseling for fertility and pregnancy outcomes; and 3) describe various surgical tips and tricks for optimal surgical outcomes.

COURSE OUTLINE

12:30 Welcome, Introductions and Course Overview  
K.E. Patzkowsky, K.C. Wang

12:35 Options for Fibroid Imaging and Preoperative Identification of Sarcoma  
W.H. Parker

1:00 One Size Doesn't Fit All: Surgical Approaches to Myomectomy  
M.A. Pinho de Oliveira

1:25 Preoperative and Intraoperative Considerations for Minimizing Blood Loss at Myomectomy  
K.E. Patzkowsky

1:50 Everything You Need to Know About Hysteroscopic Myomectomy  
D.K. Shah

2:15 Questions & Answers  
All Faculty

2:25 Break

2:40 Laparoscopic Myomectomy Made Ridiculously Simple: Surgical Tips and Tricks  
K.C. Wang

3:05 Fibroids, Fertility and Pregnancy: What Does the Data Show?  
D.K. Shah

3:30 Fair and Balanced Counseling: Alternative Treatments to Myomectomy  
K.E. Patzkowsky

3:55 Potpourri of Difficult Cases: What Are My Options?  
All Faculty

4:20 Questions & Answers  
All Faculty

4:30 Adjourn

GENDR-712
The Role of the Gynecologic Surgeon in Transgender Care

Co-Chair: Cecile A. Ferrando (Unger), Robert R. Pollard
Faculty: Murat Altinay, Cara R. King, G. Bernard Taylor

Presented in affiliation with the World Professional Association of Transgender Health (WPATH)

This course provides an overview of the current state of transgender care. It will focus on the important role of the gynecologic surgeon in caring for the transgender patient, especially patients undergoing Female to Male (FTM) transition. We will cover the World Professional Association of Transgender Health (WPATH) criteria for medical and surgical care. Topics will include the role of the mental health provider, making your office transgender friendly, the role of hysterectomy and concomitant surgery, as well as appropriate counseling regarding fertility preservation. Perioperative care and vaginoplasty techniques for the transitioning Male to Female (MTF) patient will also be covered.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Implement the role of the WPATH and criteria for transgender care; 2) appropriately counsel patients considering transgender surgery in an office setting that is transgender friendly; 3) articulate the role of the mental health provider and other specialties in the care of the transgender patient.

COURSE OUTLINE

12:30 Welcome, Introductions and Course Overview  
R.R. Pollard, C.A. Ferrando

12:35 Overview of Transgender Care  
R.R. Pollard

1:00 Role of the Mental Health Professional  
M. Altinay

1:25 Getting Your Office Ready for Transgender Patients  
G.B. Taylor

1:50 Fertility Preserving Considerations for MTF and FTM Patients  
C.A. Ferrando

2:15 Questions & Answers  
All Faculty

2:25 Break

2:40 Perioperative Considerations for Hysterectomy  
R.R. Pollard

3:05 Vaginectomy for FTM Patients  
G.B. Taylor

3:35 Genital Surgery and Perioperative Considerations for FTM and MTF Patients  
C.A. Ferrando

4:20 Questions & Answers  
All Faculty

4:30 Adjourn
Postgraduate Courses: Day 2

**REPRO-713**
Reproductive Surgery Mastering Fertility-Enhancing Minimally Invasive Surgery

*Co-Chair: Grace M. Janik, Charles E. Miller*

*Faculty: Tommaso Falcone, Keith B. Isaacson*

Internationally recognized reproductive endocrinologists and infertility specialists will discuss best practice approaches for fertility enhancing minimally invasive surgery. This course will utilize an evidence-based methodology for reproductive surgery in the clinical setting to improve fertility outcomes. The participants will enhance their minimally invasive reproductive surgery skill set enabling them to serve as reproductive surgeons for a fertility program.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to:
1) Discuss the pros and cons of surgical techniques that will enhance fertility outcomes;
2) identify the role of the minimally invasive reproductive surgeon with a fertility program; and
3) apply the appropriate surgical approach to improve fertility outcomes.

**COURSE OUTLINE**

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<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Faculty</th>
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<tbody>
<tr>
<td>12:30</td>
<td>Welcome, Introductions and Course Overview; Overview Ode to the Reproductive Surgeon - Matching the Skills and Thought Process</td>
<td>G.M. Janik, C.E. Miller</td>
</tr>
<tr>
<td>12:45</td>
<td>Fertility Enhancing Myomectomy – The How and Why</td>
<td>T. Falcone</td>
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<tr>
<td>1:00</td>
<td>Approaching Adenomyosis via the Endoscope</td>
<td>K.B. Isaacson</td>
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<tr>
<td>1:15</td>
<td>Deep Infiltrative Endometriosis: Surgical Management to Enhance and Preserve Fertility</td>
<td>G.M. Janik</td>
</tr>
<tr>
<td>2:00</td>
<td>Ovarian Endometrioma: When and How to Treat?</td>
<td>C.E. Miller</td>
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<tr>
<td>2:15</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
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<tr>
<td>2:25</td>
<td>Break</td>
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<tr>
<td>2:40</td>
<td>Impact of Hysteroscopy in Restoring Fertility</td>
<td>K.B. Isaacson</td>
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<tr>
<td>3:05</td>
<td>Impact of the C-section Scar Niche: Best Approach for Repair</td>
<td>C.E. Miller</td>
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<tr>
<td>3:30</td>
<td>Tubal Disease: The Role of Tubal Preservation, Repair and Removal</td>
<td>G.M. Janik</td>
</tr>
<tr>
<td>3:55</td>
<td>Ovarian tissue Cryopreservation and Transplantation; with a Word on Uterine Transplantation</td>
<td>T. Falcone</td>
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<tr>
<td>4:20</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
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**GOLF-714**
Play and Learn with the Masters: 18 Pearls of Surgical Excellence

*Co-Chair: William M. Burke, Martin A. Martino*

*Faculty: Noah A. Goldman, Andrew I. Sokol, Pamela T. Soliman, Yukio Sonoda, Megan N. Wasson*

**Tournament Marshalls:** Arnold P. Advincula, Amber D. Bradshaw-Whitear, Vivian W. Sung

**Starter:** Mario M. Leitao

**Contest Master:** Emery M. Salom

This course opens with a two-hour didactic lecture on surgical principles and specific techniques used to improve minimally invasive surgical outcomes. The participants will then take the skills learned in the didactic lecture out to the golf course for a course on the course. The 18-hole shotgun start will provide questions at each hole on surgical form, technique and procedures. This will include the misuse, overuse and underuse of instrumentation, frequently seen in the OR.

Each hole will have an expert providing surgical pearls followed by questions or case studies that will require a text message response from each player testing their retention strategy. This new AMA gamification format provides a learning experience to both engage and motivate participants to drive a meaningful behavior change.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to:
1) Review complex surgical steps taken to manage bowel, urinary and vascular challenges which may arise during minimally invasive; and
2) develop relationships with surgical colleagues to share best MIS techniques and improve surgical outcomes.

**COURSE OUTLINE**

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00</td>
<td>Welcome, Introductions and Course Overview</td>
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<tr>
<td>7:05</td>
<td>Retropertoneal Access and Pelvic Anatomy</td>
<td>F.T. Soliman</td>
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<tr>
<td>7:30</td>
<td>Techniques in Small Bowel Surgery and Larger Bowel Surgery Techniques</td>
<td>N. A. Goldman</td>
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<td>7:55</td>
<td>Urologic Surgery - Implants, Hitches, and Stitches</td>
<td>A.I. Sokol</td>
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<tr>
<td>8:20</td>
<td>How to Stop Bleeding in the Pelvis - and Maintain a MIS Approach</td>
<td>Y. Sonoda</td>
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<td>8:45</td>
<td>Tips and Tricks for Abdominal Entry and Approaching the Difficult Pelvis</td>
<td>M.K. Wasson</td>
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<tr>
<td>9:10</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
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<tr>
<td>9:30</td>
<td>Shotgun Start: Four Person Scramble</td>
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<tr>
<td>3:00</td>
<td>Birdies, Bogies and Award Ceremony</td>
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<td>4:00</td>
<td>Adjourn</td>
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Course Description
The 16th of November 1898 in Wien, Ernst Wertheim performed the first Radical Hysterectomy, changing forever the history of pelvic surgery. During these last 120 years the surgical improvement of this procedure has been followed in parallel by the evolution of technology and anatomo-surgical concepts of parametrial ligaments. Many schools in Japan, Europe and America adopted the evolution by proposing different surgical strategies (i.e. vaginal, Coelio-Shauta, abdominal, laparoscopic, robotic) and lesser-invasive procedures (i.e. nerve-sparing surgery, modulation of radicality, radical trachelectomy). Due to the evolution, Parametrial surgery is more than a pure oncologic procedure and has progressed into a cornerstone of radical procedures for benign pathology.

This course provides a detailed analysis on the evolution of benign gynecologic surgery, exploiting the direct anatomical feedbacks from cadaveric dissections performed laparoscopically, robotically and by combined vaginal-laparoscopic route. Each modality will be compared to highlight the correct surgical strategies of parametrial surgery from oncological to benign infiltrative diseases.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Explore the history and modern evolutions of Radical Hysterectomy and parametrial surgery; 2) discuss the “different shades of parametria”, according to the different surgical anatomies of the procedures proposed; and 3) determine the best surgical tips for facing tricky benign diseases, safely opening the retroperitoneum.

COURSE OUTLINE
4:45 Welcome, Introductions and Course Overview
M. Ceccaroni
4:50 120 Years of Radical Hysterectomy: Origin, Evolution and Influence on Benign Gynecologic Surgery
M. Ceccaroni
A. Nickles Fader, K. Levinson
5:05 Totally Laparoscopic Radical Hysterectomy: Surgical Anatomy, Technology and Influence on Benign Gynecologic Surgery
A. Nickles Fader, K. Levinson
5:20 Vaginally-Assisted (Coelio-Shauta) Radical Hysterectomy: Surgical Anatomy, Technology and Influence on Benign Gynecologic Surgery
V. Chiantera, B.M. Lingenfelter
P. Soliman, Ido Sirota
5:35 Robotic-Assisted Radical Hysterectomy: Surgical Anatomy, Technology and Influence on Benign Gynecologic Surgery
P. Soliman, Ido Sirota
5:50 Questions & Answers
All Faculty
6:00 Adjourn

Co-Chair:
Marcello Ceccaroni

Faculty:
Vito Chiantera, Amanda Nickles Fader,
Brandon Michael Lingenfelter, Ido Sirota,
Pamela T. Soliman, Kimberly Levinson,
Wendy Winer (OR Nurse)
GENERAL SESSION II:

“Put Me in, Coach, I’m Ready to Play!”
What the MLB and Leading Surgeons Have in Common

Mentors: Erin T. Carey, Jorge F. Carrillo, James K. Robinson, Wendy Winer (OR Nurse)

First-Year FMIGS Fellow: TBD, TBD, TBD

Course Description
Top athletes and singers have coaches. Should you? For many of us, our performance in the operating room reaches a plateau. We’d like to think it’s a good thing – we’ve arrived at our professional peak. But it also may be interpreted as the cessation of our ability to improve as surgeons.

During the first two or three years in practice, your skills seem to improve almost daily. It’s not about hand-eye coordination—you have that down halfway through your residency. Surgical mastery is about familiarity and judgment. You learn the problems that can occur during a complex procedure or with a morbid condition, and you learn how to either prevent or respond to those problems.

Professional athletes use coaches to make sure they are the best they can be. But many doctors don’t. We’d pay to have a kid just out of college look at our tennis serve or baseball swing. So why do we find it inconceivable to ask someone to come into the operating room and coach us on our surgical technique or review an unedited surgical video?

Join us as three distinguished coaches are paired with a first-year fellow on a specially constructed “Surgical Stadium.” Each coach will guide the fellow to perform a procedure while judges grade the coaches on their teaching skills. The audience also contributes using an ARS system. After the surgeries are performed, a panel of judges will provide feedback regarding the technique and the effectiveness in preparing and coaching the fellow in skill development and task completion.

Course Objectives
Learning Objectives: 1) Use this performance to explore the best coaching techniques utilized by master educators of minimally invasive gynecologic surgery; and 2) review and apply various aspects of three different styles of surgical coaching.
Good Medicine in Bad Places

Course Description
War presents physicians with unusual and unexpected challenges seldom encountered during their past medical training. Dr. Edward Horvath's compelling account of his experiences in a combat zone will transport the audience from the safe environs of peacetime America to the battlefields of Iraq. There they will confront the realities of war—wounded soldiers, maimed children, a brutal enemy—and struggle with their beliefs about war, terrorism, humanity, and compassion.

Dr. Horvath was a medical officer in the U.S. Navy in the 1970's. He returned to the military in 2004 with the Army Medical Corps and served three deployments in Iraq. In 2011, Colonel Horvath completed a year-long assignment as chief physician for the 256th Combat Support Hospital, where he was responsible for the medical care of over 20,000 soldiers. He received the Bronze Star Medal for his actions in Iraq, and later was honored with one of the nation's high military awards, the Legion of Merit.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Recognize medical conditions and diseases commonly found in the Middle East 2) identify health hazards encountered by deployed troops and returning veterans 3) explore the capabilities and limitations of the Army Combat Support Hospital, and the challenges faced by military physicians in a hostile environment.
15th AAGL International Congress on Minimally Invasive Gynecologic Surgery
IN AFFILIATION WITH SEGI

Florence, Italy
May 8-10, 2019

CHAIRS
Mario Malzoni
Marcello Ceccaroni

PRESIDENTS
Massimo Candiani
Maria Fidela L. Paraiso

For more info go to www.aagl.org
Surgical Tutorial 1:
Oops! I did it Again! Avoid Repeating the Same Mistakes in Laparoscopic and Vaginal Surgery

11:00 am - 12:00 pm
Room: TBD

Chair: Suketu M. Mansuria
Faculty: Chong Kiat Khoo, Peter L. Rosenblatt, Stephanie L. Wethington

Don’t be like Britney Spears and make the same errors again and again! This course is designed to provide the attendees with surgical tips and tricks to make them better, safer and more effective surgeons. Leading experts in the field will provide education through the extensive use of surgical videos to enhance the applicability of the techniques taught and show real-world utilization of these methods. Attendees will bridge the gap that separates novice from expert surgeons through a comprehensive overview of proper surgical technique, anatomical approach to developing the scarred bladder flap and obliterated posterior cul de sac, safe dissection in the presacral space, sutting skills necessary for advanced pelvic organ prolapse procedures, retroperitoneal dissection to avoid ureteral injury, appropriate work-up and management of the suspicious adnexal mass by the general gynecologist, and complication avoidance during surgery for large fibroids (hysterectomy and myomectomy).

Learning Objective: At the conclusion of this course, the clinician will be able to: 1) Employ time tested tips and tricks to improve surgical efficiency, enhance patient outcomes, and minimize complications.

COURSE OUTLINE
11:00 Welcome, Introductions and Course Overview
S.M. Mansuria
11:05 Avoiding and Recognizing Complications in Laparoscopic Reconstructive Surgery
P.L. Rosenblatt
11:25 Bowel and Bladder Dissection in Patients with Multiple C-sections or Stage IV Endometriosis
S.M. Mansuria
11:25 Avoiding Ureteral Injury and Managing the Suspicious Adnexal Mass from the Perspective of a Gynecologic Oncologist
S.L. Wethington
11:35 Simplifying Surgery for Large Fibroids: Hysterectomy and Myomectomy
C. Kiat Khoo
11:45 Questions & Answers
All Faculty
12:00 Adjourn

Surgical Tutorial 2:
Vaginal Hysterectomy with Large Uterus

12:10 pm - 1:10 pm
Room: TBD

Chair: Andrew J. Sokol
Faculty: Jan Baekelandt, Rosanne M. Kho, Eric R. Sokol

This session provides a state-of-the-art overview of techniques for successful completion of vaginal hysterectomy of the large uterus. Surgical footage will be utilized to provide practical tips and demonstrate cutting-edge methods highlighting setup and exposure, volume reduction, contained morcellation and transvaginal natural orifice endoscopic surgery (VNotes).

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) utilize a variety of strategies to enable successful completion of vaginal hysterectomy for large uteri.

COURSE OUTLINE
12:10 Welcome, Introductions and Course Overview
A.J. Sokol
12:15 Habits of a successful vaginal surgeon – setup is key!
R.M. Kho
12:25 Removing the engine through the tailpipe: vaginal tissue extraction
A.J. Sokol
12:35 Bagged! Continued tissue morcellation techniques
E.R. Sokol
12:45 TVH 2.0 - VNotes
J. Baekelandt
12:55 Questions & Answers
All Faculty
1:10 Adjourn

Surgical Tutorial 3:
Brave as Ulysses: Gynecologic Surgeons Passing the Pillars of Hercules

3:25 pm - 5:05 pm
Room: TBD

Chair: Mario Leitao
Faculty: Javier F. Magrina, Audrey T. Tsunoda

This session provides a video-based experience in ultra-radical minimally invasive gynecologic surgeries. Experienced minimally invasive gynecologic surgeons will present videos demonstrating techniques for diaphragmatic resections, debulkings, ureteral resections, exenterations and more. Even if you don’t “Push the Envelope,” the faculty will share many tips and tricks to help the attendees approach complex cases and help refine their own techniques.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) discuss complex and radical procedures performed by minimally invasive surgical techniques.

COURSE OUTLINE
3:25 Welcome, Introductions and Course Overview
M. Leitao
3:30 Robotic Resection of Pelvic Wall Recurrences and Modified Pelvic Exenteration for Advanced Ovarian Cancer
J.F. Magrina
3:50 Robotic Total Pelvic Exenteration with Complete Robotic Reconstruction
A.T. Tsunoda
4:10 Robotic Debulking Procedures That May Be Needed in Cancer & Benign Diseases
M. Leitao
4:30 Video: Robotic Diaphragm Resection for Endometriosis Para-aortic Lymph Node MIS Debulking Procedure Repair of IIAc Artery Injury
All Faculty
4:50 Questions & Answers
All Faculty
5:05 Adjourn

2018 AAGL Global Congress on MIGS
A Time Saving the Uterus One Hysteroscopy at Surgical Tutorial 4:
12:00 PM Break & Questions
11:48 PM Questions & Answers

11:36 PM Uterine Fibroids: Doing the Magic with the Hysteroscope.
11:24 PM “See and Treat” Inside the Uterus with Abnormal Uterine Pathology.
11:12 PM The Hysteroscopic Management of Pelvic Pain: “Thinking Outside the Box”
11:00 PM Welcome, Introductions and Course Overview and “The Good, the Bad and the Ugly” of Hysterectomy.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) acquire skills needed to include advanced hysteroscopic alternatives to hysterectomy into clinical practice.

COURSE OUTLINE
11:00 PM Welcome, Introductions and Course Overview and “The Good, the Bad and the Ugly” of Hysterectomy.
G.A. Vilos
11:12 PM The Hysteroscopic Management of Pelvic Pain: “Thinking Outside the Box”
J.T. Carugno
11:24 PM “See and Treat” Inside the Uterus with Abnormal Uterine Bleeding.
S.G. Chudnoff
11:36 PM Uterine Fibroids: Doing the Magic with the Hysteroscope.
T.L. Anderson
11:48 PM Questions & Answers
All Faculty
12:00 PM Break

Surgical Tutorial 5: Neovagina Procedures
12:10 PM - 1:10 PM Room: TBD

Chair: Assia Stepanian
Faculty: Leila Adamyan, Cecile Ferrando (Unger)

This session provides an opportunity for attendees to learn about congenital vaginal agenesis, its impact on the pelvic anatomy and how to select the best surgical and holistic management strategy. The development of the management plan should be based on their age, degree of their agenesis, presence or absence of the concomitant pathology (endometriosis, additional malformation, adenomyosis), presence or absence of the uterus and cervix, their genetic presentation, and tissue quality. Nuances in the management of these patients will be given through the prism of over 25 years of experience. International recognized faculty will present surgical techniques for neovagina creation, vaginal agenesis conditions and strategies to treat of complex surgical encounters.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) discuss pelvic anatomy with regards to females with congenital vaginal agenesis 2) recognize the nuances of three types of colpoposiosis; 3) identify the approaches and management strategies for complex surgical scenarios in neovagina creation.

COURSE OUTLINE
12:10 PM Welcome, Introductions, Course Overview and Evolution in Vaginal Agenesis.
A. Stepanian
12:15 PM Davidov Peritoneal Colpoposiosis, Leila Adamyan Techniques
A. Stepanian
12:25 PM Surgical Creation of Neovagina Using a Tractional Device: the Vecchietti Procedure
C. Ferrando
12:35 PM McIndoe Colpoposiosis: Neovagiva Creation with the Utilization of a Skin Graft
C. Ferrando
12:45 PM New Era and Complex Scenarios in Treating Patients with Vaginal Agenesis.
L. Adamyan
1:00 PM Questions & Answers
All Faculty

Surgical Tutorial 6: Endometriosis: Symptoms, Causes, Risks, Diagnosis, How It Can Affect Infertility, Stages of the Condition, And Treatment Options
3:25 - 5:05 PM Room: TBD

Chair: Francisco Carmona
Faculty: Haider Najjar, Ken R. Sinervo, Errico Zupi

As stated by Parsons and Sommers 40 years ago, endometriosis is one of the most fascinating diseases a gynecologist may face. Its clinical management, diagnosis and causes still remain somewhat of a mystery. This session will provide an overview of the most recent knowledge on the challenges faced when treating endometriosis, including symptoms, causes, diagnosis, infertility, stages of the disease, surgical and medical treatment options, and how endometriosis may influence the course of an ultimate pregnancy. The world-renowned expert faculty will review the different management strategies for the patient’s symptoms, including pain and fertility issues. They will also review how the stage and type of the disease influence the disease presentation.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) describe the signs and symptoms that suggest the diagnosis of endometriosis; 2) discuss how to achieve the diagnosis using appropriate tools; 3) detail the clinical importance of the different forms of the disease; and 4) explain the current medical and surgical strategies in the management of patients with endometriosis.

COURSE OUTLINE
3:25 PM Welcome, Introductions and Course Overview
F. Carmona
3:30 PM Diagnosing Endometriosis in the 21st Century
E. Zupi
3:45 PM Clinical Importance of the Different Forms of Endometriosis: Peritoneal, Ovarian and Deep
H. Najjar
4:00 PM Current Strategies in the Management of Patients with Endometriosis
E. Zupi
4:15 PM Strategies for Preserving Ovarian Reserve in the Surgical Treatment of Endometriosis
F. Carmona
4:30 PM Treatment of Severe Deep Infiltrating Endometriosis
K.R. Sinervo
4:45 PM Questions & Answers
All Faculty
5:05 PM Adjourn
2018 AAGL Global Congress on MIGS

Panel Session 1
Women’s Empowerment Forum

11:00 am - 12:00 pm
Room: TBD

Chair: Julie A. Freischlag

This session, “Breakthrough to Brave” will provide scenarios and vignettes that will empower women to obtain leadership positions and be successful in their role.

Julie A. Freischlag joined Wake Forest Baptist Medical Center in April 2017 as Chief Executive Officer. Consistently ranked among the nation’s top 50 medical centers, Wake Forest Baptist includes Wake Forest Baptist Health, a growing, multi-hospital health system and physician network, the state-of-the-art and highly competitive Wake Forest School of Medicine, and Wake Forest Innovations, its technology transfer, commercialization enterprise. As CEO, she has the overall responsibility for the Medical Center’s clinical, academic and innovation enterprises and its annual operating budget of $2.5B. On July 1, 2017, Freischlag became the Interim Dean of Wake Forest School of Medicine and was formally appointed as Dean on February 1, 2018.

She has published more than 250 manuscripts, abstracts and book chapters. Freischlag has received numerous teaching awards, an achievement award from the Department of Veterans Affairs, and was elected to the National Academy of Medicine in 2015. She was selected to the 2017-2018 Best Doctors in America, as well as a Triad Power Player in 2017 by the Triad Business Journal. In addition to serving in various national and international leadership roles, she has mentored students, residents and young faculty and is a frequent speaker on topics ranging from her expertise in vascular diseases, teamwork and patient safety, leadership and work-life balance to women succeeding in health professions. Freischlag has dedicated her career to serving as a role model for her students, a respected colleague across health professions, a strong community leader and a national voice for improving health and health care.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Identify personal tactics to promote their skills and talents to lead.

Panel Session 2
Physician Burnout: CODE: Dread. Hitting the Manic Button Access the Ancient Practice of Meditation as a Daily Tool for Relief from Stress, Fear and Ego

12:10 pm - 1:10 pm
Room: TBD

Chair: Jason H. Daley Kennedy
Faculty: Gaby N. Moawad

Jason Daley Kennedy leads meditation sessions for a variety of professionals on a group and individual level in Los Angeles, CA. He has taught workshops throughout the country and abroad, and coaches individuals to success in life and work utilizing the evidence-based fields of meditation, mindfulness and neuro-linguistic programming.

The Hitting the Manic Button session highlights Daley Kennedy’s authentically approachable manner of getting people to start meditating, enhance their lives using mindfulness, and laughing at the sometimes-absurd perceptions of what meditation “should” be. Attendees will be given an opportunity to practice a variety of tools to get centered even when their world, or their colleagues, spin out of control, Jason’s meditations are both steeped in and aimed at demystifying the ancient practice, helping those who believe they can’t meditate to encourage others that can by bringing mindful tools to their fulfilling but often hectic lives.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Discuss no-pressure daily practice of meditation; 2) review the medical benefits of practicing meditation and mindfulness; 3) Apply the practice of daily meditation to their home and work life, with tools on how to approach their colleagues about starting weekly guided sessions or booking retreats to address specific issues; and 4) Explain how my mindful hacks, known as Manic Button Moments, will help you access a state of calm, lower your heart-rate and subsequently blood pressure, and respond to stressful situations vs react to them.

Panel Session 3
Quality Panel

3:25 pm - 5:05 pm
Room: TBD

Chair: Sean C. Dowdy
Faculty: Jamie N. Bakkum-Gamez, Susan Khalil

This session will provide an overview of quality assessment and quality improvement for gynecologic surgeons. An expert panel will discuss tools available to improve surgical quality and facilitate a culture of change, safety, and continuous improvement in your hospital. Relevant examples of projects which have successfully improved quality and value will be provided. Recognizing that reimbursement will be increasingly dependent on surgical outcomes, the current state and future of quality measures in surgery will be discussed. Finally, effective translation of quality improvement into research will be reviewed to facilitate sharing of learnings to the benefit of patients everywhere.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Implement practice changes that will result in improvements in quality, safety and value in gynecology surgery.

COURSE OUTLINE

3:25 Welcome, Introductions and Course Overview
S.C. Dowdy

3:30 Quality Improvement in Surgery: Are Standardization and Innovation Mutually Exclusive?
S.C. Dowdy

3:50 Enhanced Recovery After Surgery: a Segway to Continuous Improvement
J.N. Bakkum-Gamez

4:10 Quality Measures in Gynecologic Surgery
S.C. Dowdy

4:30 Transforming Your Quality Improvement Project into Research
S. Khalil

4:50 Panel Discussion
All Faculty

5:05 Adjourn
Panel Session 4: Emerging Therapies and Technology – Changes to our Legacy: What to Expect?

11:00 am - 12:00 pm
Room: TBD

Chair: Robert K. Zurawin
Faculty: Charles J. Ascher-Walsh, Soyini M. Hawkins, Vadim V. Morozov

This session provides a close look at the latest surgical and pharmacologic options that will enable both the generalist and the specialist to treat a wide range of gynecologic conditions, often minimizing or eliminating the need for surgery. The faculty will discuss the indications and use of these therapies and encourage the audience to share their questions and experience.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Discuss the indications, use, benefits and risks of emerging therapies for gynecologic conditions and discuss how these therapies will impact your practice.

COURSE OUTLINE
11:00 Welcome, Introductions and Course Overview
  R.K. Zurawin
11:05 Will New Drugs Replace the Need for Surgery?
  R.K. Zurawin
11:10 The Next Generation of Surgical Robots
  C.J. Ascher-Walsh
11:15 Laparoscopic Radiofrequency Fibroid Ablation
  S.M. Hawkins
11:20 Future Trends in the Diagnosis and Management of Endometriosis
  V. Morozov
11:25 Panel Discussion
  All Faculty
12:00 Adjourn

Panel Session 5: Dyspareunia

12:10 pm - 1:10 pm
Room: TBD

Co-Chair: John Miklos
Faculty: Red M. Alinsod, Robert D. Moore

This session provides a multifaceted approach to the diagnosis and treatment of dyspareunia; one of the most common gynecologic problem facing our health care providers today. Dyspareunia can be due to medical, anatomical or psychological issues. Etiologies of dyspareunia will focus on skin disorders of the external genitalia, anatomical variations of normal anatomy, congenital anomalies, and surgically distorted vaginas. This session is too short to cover psychological disorders and pharmacologic therapy but should cover basic diagnosis and therapy for the seasoned and novice health care provider.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) List and describe various etiologies of dyspareunia as well as propose a plan of management for patients suffering from dyspareunia.

COURSE OUTLINE
12:10 Welcome, Introductions and Course Overview
  J. Miklos
12:15 RF Treatment, Hyaluronic Acid and PRP Minimally Invasive Therapy for Dyspareunia
  R.M. Alinsod
12:20 Surgical Approaches for Anatomic Causes of Dyspareunia
  R.D. Moore
12:25 Dermoelectroporation for Vulvovaginal Pain
  R.M. Alinsod
12:30 Mesh and Dyspareunia Diagnosis and Treatment
  J. Miklos
12:35 Panel Discussion
  All Faculty
1:10 Adjourn

Panel Session 6: Enhanced Recovery After MIS Surgery (ERAmiS)

3:25 pm - 5:05 pm
Room: TBD

Chair: Rebecca L. Stone
Faculty: Richard B. Rosenfield, Kathy Huang

Enhanced Recovery after Surgery (ERAS) programs are mechanisms for achieving multimodal, evidence-based reductions in surgical stress and value-based improvements in perioperative care. This session will present the rationale for as well as the basic and unique elements of an Enhanced Recovery After Surgery (ERAS) program for gynecologic minimally invasive gynecologic surgery (MIGS). We will discuss how ERAS for MIGS can be a leveraged to optimize value-based care by focusing on goals such as narcotics reduction, same day discharge and patient centered service. This will include providing high level understanding of gynecologic surgery economics and outcomes measures instruments. The panel discussion is designed to solicit the experience and input of the AAGL membership pertaining to these topics in order to better inform ERAS guidelines for MIGS.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Explain the rationale of an Enhanced Recovery After Surgery (ERAS) program for minimally invasive gynecologic surgery (MIGS); 2) define how we measure success using pertinent clinical and patient reported outcomes including narcotic reduction and same day discharge; and 3) review and explain the concept of value-based health care and how ERAS for MIGS can be a strategy for achieving better results.

COURSE OUTLINE
AM Didactic
3:25 Welcome, Introductions and Course Overview
  R.L. Stone
3:30 Low Pressure Enhanced Recovery Protocol for MIGS
  K. Huang
3:42 Clinical and Patient Reported Outcomes Measures for Gynecologic ERAmiS: How Do We Define Success?
  R.L. Stone
3:54 Enhanced Recovery, Outpatient Surgery, and Value Based Healthcare-A Strategy for Success
  R.B. Rosenfield
4:06 Panel Discussion
  All Faculty
5:05 Adjourn
GENERAL SESSION III

Stump the Professors

Chair:
Amber Bradshaw-Whitear, Amanda M. Ecker

Faculty:
Victor Gomel, Shanti Mohling, Resad P. Pasic, Harry Reich, Joseph S. Sanfilippo

Case Presenters:
Case Presenter 1 TBD
Case Presenter 2 TBD
Case Presenter 3 TBD

Three intriguing, mind-boggling, complex cases will be presented to a panel of recognized experts. Based upon their vast clinical knowledge and experience, the panelists will take the attendees through diagnostic and operative pathways, which should ultimately result in the correct treatment and diagnosis.

The cases presented will have twists and turns to challenge the expert panel at every step. 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 highly respected leaders and teachers.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Explain alternative approaches to diagnosing and treating complex cases utilizing minimally invasive surgical techniques.
This session is a spin-off of the four-time Emmy Award winning show “The Voice.” Surgical teams consisting of a primary surgeon and assistant from differing institutions from across the country are invited to challenge one another with regard to competence, efficacy, and style in performing various assigned procedures. Rather than assessing the participants’ voices, the judges will assess the surgeon’s and assistant’s surgical skills and techniques by viewing external hand movements and the internal laparoscopic view of the procedure being performed.

This session’s innovative format features three stages: the first begins with the blind auditions of 3 surgeons and his/her assistant, then the knockout rounds between surgical
teams and coaching judges, concluding with the winner of the "The Hands" trophy determined by audience and observing judge's votes.

Blind Audition: During the blind audition, the decisions from the judges are based solely on the surgeon's hand movement. The judges see the surgeons perform, but they don't get to see them. The judges will choose the surgical team that they want to team up with based on a pre-determined luck of the draw order. If a judge is impressed by the surgical team's technique, he or she pushes a designated button to select the surgeons for his or her team. The judge who gets second choice then chooses between the two remaining surgical teams. The final judge is paired with the final surgical team. Once the teams are set, the battle is on.

Knockout Round: The surgical procedure being performed during the Knockout Round will be done in succession as they go head to head against each other. The judge who is teamed up with a surgical team may coach his surgical team during performance of the procedure; however, the surgical team is not allowed to respond verbally. Again, only their external hands and internal laparoscopic view will be shown to the judges. At the conclusion of the Knockout Round, the audience will decide which two of the three surgical teams will advance to the championship round.

Championship Performance: During the final performance, the remaining surgical teams will perform the surgical procedure voted on by the audience. The audience and judges will only see the duo's external hands and internal view and will base their votes on how skilled the surgical team is in performing the task assigned. The winner is determined by audience votes through the ARS system. The last surgical team standing takes home bragging rights and the "The Hands" winner award! The identity of all of these excellent surgeons will finally be revealed.

Learning Objective: At the conclusion of this session, the clinician will be able to: 1) Use this fun and entertaining session as a way to assess the technical skills and efficiency of expert surgical teams.
Industry Sponsored Symposia

Day 3: Tuesday November 13, 2018

INDUSTRY SPONSORED BREAKFAST SYMPOSIA

6:00 AM - 7:45 AM

Location: Room TBD

INDUSTRY SPONSORED EVENING SYMPOSIA

6:10 PM - 8:10 PM

Location: Room TBD

HONORING OUR LEGACY AS WE UNITE TO ELEVATE GYNECOLOGIC SURGERY
Industry Sponsored Symposia

Day 4 - Wednesday November 14, 2018

INDUSTRY SPONSORED BREAKFAST SYMPOSIA

6:00 AM - 7:45 AM

Location: Room TBD

Dr. Serena Chen, MD
The Institute for Reproductive Medicine and Science at Saint Barnabas
Livingston, New Jersey

Dr. Steve McCarus, MD
Florida Hospital Medical Group
Celebration, Florida

Dr. Mac Munro, MD
Kaiser Permanente / UCLA
Los Angeles, California

Dr. John Thiel, MD
University of Saskatchewan
Saskatoon, Saskatchewan

Location: Room TBD

Location: Room TBD

Location: Room TBD
Hakkasan Nightclub
Wednesday November 14th, 2018
8:00 pm - 12:00 am
$125

Masquerade resource suggestions:
beyondmasquerade.com  |  etsy.com/shop/doramarra  |  justposhmasks.com  |  Amazon.com

Il Prato in the Grand Canal Shoppes at the Venetian Hotel

Join the Masquerade at the Presidential Gala. Come to Hakkasan for an elegant evening of mystery and fantasy with intriguing friends and glamorous strangers.

Masquerade resource suggestions:
beyondmasquerade.com  |  etsy.com/shop/doramarra  |  justposhmasks.com  |  Amazon.com

Il Prato in the Grand Canal Shoppes at the Venetian Hotel

Black Tie
Masks Encouraged

Man is least himself when he talks in his own person. Give him a mask and he will tell you the truth
—Oscar Wilde
The Cold Loop Hysteroscopic Myomectomy

**Surgeon:** Ivan Mazzon – Rome, Italy

**Moderators:** TBD, City, Country

This case provides a live surgical demonstration of the Cold Loop Hysteroscopic Myomectomy (CLHM). This technique was conceived in 1995 and allows you to overcome the limits represented by the classical slicing technique. This helps ensures a safe and effective myometrial sparing treatment of the submucous myomas. With the CLHM, the electrical force is replaced by the mechanical one during the liberation of the intramural part of the fibroid. The fibroconnectival bridges that anchor the fibroid to its pseudocapsule are mechanically disconnected by the cold loops, releasing the fibroid from the myometrium, without any consequence to surrounding healthy muscular fibers. The myometrium contractions to support the sliding of the intramural component of myoma into the uterine cavity, becoming an intracavitary pathology which is much easier to treat. This case demonstrates the technique of CLHM, discusses setting and instrumentation needed for this procedure, and will show tips and tricks to apply this technique avoiding intraoperative complications.

**Learning Objective:** At the conclusion of this activity, the participant will be able to: 1) Explore the use of cold loop for hysteroscopic myomectomy for submucous fibroids; 2) demonstrate how to disconnect the intramural component of myoma with cold loops; and 3) discuss the advantages of cold loop hysteroscopic myomectomy over conventional slicing.

Genital Nerves Stimulation

**Surgeon:** Marc Possover, Zurich, Switzerland

**Moderators:** TBD, City, Country

This case provides a live surgical demonstration of a laparoscopic transperitoneal exploration with decompression of the sacral plexus/sciatic nerve and of the pudendal nerve for treatment for intractable pudendal neuraphy with suspected fibrotic/vascular entrapment. This technique enables a unique surgical approach to the major pelvic somatic nerves for the exploration of possible etiologies and the treatment of neuropathic pelvic pain conditions. Because the patient being presented also suffers from an idiopathic overactive bladder, the decision will be made during the procedure whether to implant a stimulation electrode to the dorsal nerve of the clitoris during the same procedure, to facilitate postoperative “Genital Nerve Stimulation”.

**Learning Objective:** At the conclusion of this activity, the participant will be able to: 1) be highly motivated to learn the pelvic neurofunctional anatomy; 2) be prepared to engage effort in learning the techniques of neuropelveology; 3) become aware that pathologies of the pelvic nerves may induce intractable pelvic neuropathic pain and pelvic organ dysfunctions; 4) become aware that laparoscopy offers a superb and unique surgical approach to the pelvic nerves for neurofunctional pelvic surgery.
Laparoscopic Myomectomy with Contained Tissue Extraction via Minilaparotomy

**Surgeon:** Sarah L. Cohen, Boston, Massachusetts  
**Moderators:** TBD, City, Country

This pre-recorded case will provide a surgical demonstration of laparoscopic myomectomy with contained tissue extraction via minilaparotomy. Compared to abdominal myomectomy, a minimally invasive approach is associated with superior patient outcomes and is the preferred surgical modality for most modern cases. Techniques to minimize blood loss at time of laparoscopic myomectomy will be highlighted, as well as issues surrounding surgical planning and case selection. An additional challenge faced at the time of minimally invasive fibroid surgery involves the process of tissue extraction via small incisions. Throughout the case, approaches to pre-operative work up, counseling about risk of occult malignancy and tips & tricks for contained tissue extraction will be highlighted.

**Learning Objectives:** At the conclusion of this course, the participant will be able to: 1) Discuss case selection and preoperative work-up for laparoscopic myomectomy; 2) implement techniques for minimizing blood loss at time of myomectomy; and 3) employ methods for contained tissue extraction.

Laparoscopic sacrocolpopexy

**Surgeon:** Alan M. Lam, Sydney, NSW, Australia  
**Moderators:** Marie Fidela R. Paraiso, Cleveland, Ohio TBD, City, Country

Sacrocolpopexy, commonly regarded as the most effective and durable treatment for apical pelvic organ prolapse (POP), is a complex surgical procedure that requires knowledge, skill, experience, and a well-trained surgical team to deliver safe, efficient and reproducible outcomes. The procedure can be performed via laparotomy, or endoscopically with or without robotic assistance.

In this live laparoscopic sacrocolpopexy, the surgeon will demonstrate:
- the essential pelvic anatomy
- the choice of energy for hemostatic dissection
- the choice of mesh and suture materials
- the attachment techniques of graft/mesh to the vaginal walls and to the sacral anterior longitudinal ligament.

**Learning Objectives:** At the conclusion of this course, the participant will be able to: 1) Identify the relevant pelvic anatomy including the paravesical, rectovaginal, vesicovaginal, pararectal and presacral spaces; 2) describe how to avoid potential intraoperative complications; and 3) discuss how to best maximize your team to achieve efficient and safe sacrocolpopexy.

Laparoscopic Stage 4 Endometriosis with Ovarian Cystectomy and Ureterolysis Fertility Sparing Laparoscopic Management of DIE

**Surgeon:** Masaaki Andou, Kurashiki-Shi, Japan  
**Moderators:** TBD, City, Country TBD, City, Country

This course provides a live surgical demonstration on how to dissect safely and accurately in situations of severe ureteral and rectal adhesion to result in elucidation of deeply infiltrating endometriosis. Ovarian tissues preservation is a main challenge during ovarian cystectomy especially with the use of power sources. To minimize this challenge, advance knowledge of laparoscopic pelvic anatomy and shallow and precise dissections with scissors is essential. If any bleeding lesions arise, the use of water sprays will be deployed to pinpoint its location. Ureteral re-implantation will be demonstrated as this case has ureteral stricture and hydronephrosis.

**Learning Objectives:** At the conclusion of this course, the participant will be able to: 1) Identify the important steps to elucidating anatomy in the deep pelvis; 2) interpret surgical space to find dissectible planes; and 3) implement safe dissection practices to avoid surgical injuries.
48th Global Congress on MIGS
NOVEMBER 9-13, 2019
Vancouver Convention Centre
Vancouver, British Columbia, Canada
Scientific Program Chair: Jubilee Brown, M.D.

IMPORTANT DATES
Call for Abstracts
March 1 - April 30, 2019
Registration Opens
June 1, 2019