Global Endoscopy in Las Vegas

William H. Parker, M.D.
Scientific Program Chair

It’s Las Vegas—the site of the 28th annual meeting of the AAGL, November 7–11, 1999! Some of our most successful meetings have been held there, and we look forward to a full, rewarding educational experience amid the fun and entertainment of the city. Recognizing the contributions and participation of our foreign AAGL members, we are calling the meeting the Global Congress of Gynecologic Endoscopy. We anticipate continued attendance from all over the world. Residents will be admitted at a discount.

Focal points of the conference will be live telesurgery, expert panels, debates on controversial topics, and formal presentations and commentary of plenary sessions. And, of course, we will leave evenings free for attendees to enjoy shows, dining, and gambling.

The live telesurgery will fill an entire morning and include two new features—surgery performed live from Europe, and an interactive cadaver dissection of the female pelvis. A laparoscopic pelvic reconstructive procedure and an operative hysteroscopy will round out the morning.

The half-day postgraduate courses, which were extremely well received last year, will allow attendees to select morning and afternoon courses on different subjects. Operative hysteroscopy, laparoscopic anatomy, management of abnormal bleeding and fibroids, pelvic floor reconstruction, endoscopy for operating room personnel, laparoscopic hysterectomy, multidisciplinary laparoscopy, reproductive surgery, laparoscopic treatment of extensive endometriosis, principles and pearls of laparoscopy, medicolegal aspects of endoscopy, and economic issues of endoscopy will be presented by experts from around the world. A “Meet the Professors” luncheon takes place the day of the postgraduate courses.

Scientific posters will be highlighted during a special lunch served in the exhibit hall where instrument and pharmaceutical companies will display the newest products available to provide the best care to our patients. As always, free communication presentations, video sessions, and new instrument demonstrations will continue throughout the meeting.

Special-interest events will include entertaining and educational lunches for women surgeons, residents, and operating room personnel. Family-oriented tours are planned for those who wish to bring their children.

This will be an exciting and informative meeting!
James Shwayder, a native of Colorado, received his undergraduate and medical education at the University of Colorado in Denver. His interest in endoscopic surgery grew during his residency at Maricopa Medical Center in Phoenix, Arizona. Under the tutelage of Frank Loffer, a former president of the AAGL, Dr. Shwayder developed a firm foundation of laparoscopic and hysteroscopic skills on which to build.

In 1982 he entered private practice in Virginia, ultimately focusing on advanced endoscopic surgery, office-based surgery, gynecologic ultrasound, and infertility. Performing his first videolaparoscopic procedure in 1985, he rapidly developed a well-earned reputation as an innovative and highly skilled endoscopic surgeon. He introduced laparoscopic procedures such as hysterectomy, cystourethropexy, pelvic reconstruction, and tubal anastomosis to the area. He was also the first physician to perform vaginal sonography in the Commonwealth of Virginia.

In addition to maintaining a full-time private practice, Dr. Shwayder became deeply involved in teaching both locally, as clinical associate professor at the Eastern Virginia Medical School, and on national and international bases with organizations such as American College of Obstetrics and Gynecology (ACOG), American Institute for Ultrasound in Medicine (AIUM), as well as the AAGL. He is national course director for Ethicon Endosurgery for courses in LAVH and laparoscopic myomectomy. He has served as faculty member for a number of postgraduate courses on hysteroscopy and office-based surgery at annual AAGL meetings.

In 1998, after 16 years in private practice, Dr. Shwayder returned to Colorado as an assistant professor at the University of Colorado Health Sciences Center in Denver. He is a full-time faculty member of the Obstetrics-Gynecology Department at Denver Health Medical Center, where he is director of gynecology, gynecologic endoscopy, and gynecologic ultrasound.

Dr. Shwayder recently established the women’s imaging center at Denver Health and is developing the formal endoscopic training program for obstetric-gynecology residents at the university. By combining these two fields, his teaching emphasizes ultrasound in preoperative assessment, allowing appropriate selection of patients for endoscopic surgery. Dr. Shwayder’s interest in these areas is evidenced by his position as an ad hoc reviewer for the Journal of the AAGL, Obstetrics and Gynecology, American Journal of Obstetrics and Gynecology, Fertility and Sterility, and Journal of Ultrasound and Medicine.

Having looked critically at physician profiling and the impact of decreasing reimbursement on surgical practices, Dr. Shwayder’s current focus is on outcomes of minimally invasive surgery. He believes it is imperative to assess and document the outcomes of advanced endoscopic surgery beyond economics to justify its survival. Thus, he has been integrally involved in developing evidence-based clinical guidelines and outcomes databases.

Dr. Shwayder has also been active in the legal aspects of health care. Having served on various state subcommittees drafting legislation in Virginia, such as the Injured Infant Act, he recognizes the importance of documenting outcomes of endoscopic surgery to ensure patient safety and quality care.
Surrounded by giants of the obstetrics-gynecology specialty, I can feel the presence of our founders. Their oral history evolves. Their voices ring in the lecture halls. Beginning 28 years ago, under the leadership and vision of a soothsayer, Jordan M. Phillips, and with the help of colleagues Drs. Keith, Rioux, and Soderstrom, the American Association of Gynecologic Laparoscopists (AAGL) was born. The membership blossomed. Without personal and clomiphene, but with wit, cajoling, and stimulating meetings, the membership multiplied. We are the offspring. We must rekindle, rejuvenate, and relentlessly pursue growth of our membership.

As the faces of medicine change, so do physicians’ relationships with all who participate in and contribute to women’s health care. To remain effective we must understand how the paradigm is shifting and how to respond. We have to know about building alliances, patient awareness, leading-edge pharmaceuticals, holistic approaches to diagnosing disease, minimally invasive surgical procedures, and recommendations for therapy.

Membership in the AAGL fills a doctor’s bag with tools to use in the changing world of medicine. It is the think tank, the thought leader, and an avant-garde organization. Providing a place to talk (and sometimes passionately argue), reflect, listen, scrutinize, socialize, and renew friendships. The heart of it is about teaching, training, and retooling our surgical expertise. Boasting a membership of over 4600, it represents a diverse, multicultural, international, dynamic, and talented group of surgeons with a thirst for innovation.

Consider the other benefits of membership: this newsletter, the Journal of the AAGL, reduced registration rates for meetings, web site listing, etc.

Continued learning is a hallmark of our specialty. Lectures inform us of new methods. Lively surgical videotapes bring to light new techniques. Hands-on labs revitalize our surgical acumen. We must continually replenish our knowledge so that we can safely serve the women who trust us.

During the past year, the leadership of the AAGL took a close look at what programs are most valuable to our members. You told us what you need to practice gynecology successfully. You told us what does and does not work with courses, meetings, and workshops. We listened and made several changes. Adding more question-and-answer sessions to our programs rejuvenated our meetings. We kept our hands-on laboratories intimate and taught by the most innovative surgeons of our specialty. We remembered your favorite cities in selecting annual meetings. Even our coffee breaks are more relaxing and healthy. We are reconsidering the need for child care at annual meetings. Finally, we reaffirmed the focus of our mission to “assist physicians in providing their patients with the safest, most therapeutic and most economical surgical care.” We’re confident that the 1999 program and educational series will increase the effectiveness and surgical technique of all participants.

If you are a member don’t remain just a name on the roster. Membership in the AAGL means connecting to a community of concerned physicians. Become involved. Present at meetings. Share your expertise. We need your time, talent, and voice. Spread the word. Please tell a friend, bring a new resident, and encourage a colleague to attend our next annual meeting.

The AAGL satisfies a broad range of members needs. Look at the comments of a few members:

- I’m able to stay abreast of new surgical advances...
- Understanding the importance of presurgical evaluation has improved patient outcomes...
- I’ve avoided surgical misadventure by attending the recent surgical complications session...
- I met my current partner through the AAGL...


Profile...continued from page 2

Dr. Shwayder, a long-time member of the AAGL, is impressed with the development of the organization. He recognizes the tremendous impact the law has on medical practice. Never one to be satisfied with the status quo, Dr. Shwayder will be expanding on this interest by entering the University of Denver Law School this fall as a part-time student.

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The Eighth Annual Comprehensive Workshop on Gynecologic Endoscopy for Residents, Fellows, and O.R. Personnel was a huge success. Attendees provided a lot of positive feedback regarding how in-depth and informative it was. It was also pleasing to hear that a few attendees who attended past workshops continue to find something new in our course offerings.

Full credit for the O.R. personnel program goes to Wendy K. Winer, for putting it all together. Dr. Brian Cohen did a wonderful job as chair of the entire program. Dr. Robert Hunt’s introduction emphasized the importance of continually updating oneself in laparoscopy. Drs. Cohen, Robert Rogers, Dan Martin, Andrew Brill, Grace Janik, Ronald Levine, Frank Ling, Harry Hasson, Jodi Kaigh, and Harry Rein gave informative lectures on operative laparoscopy, anatomy, complications, consents, liabilities, electrosurgery, instrumentation, principles and operative techniques.

Ms. Winer discussed successful ways to cut costs without jeopardizing patient care. In today’s health care system, many hospitals are under budget cuts, and some instruments are disposable but multifunctional and can decrease some operating times. In addition, draping cameras can extend their life by as much as 1 to 2 years. She highlighted instruments that she finds useful. A brief video on transvaginal hydrolaparoscopy was exciting, as it showed what we have to look forward to in the future.

Patty Roche outlined what operating room personnel can do to prevent laparoscopic complications and the challenges of managed care in gynecologic endoscopy. She highlighted the importance of knowing endoscopic anatomy, checking equipment settings before use, and making sure bipolar instruments are ready and tested. In addition, Ms. Roche touched on managed care, health care reimbursement, and cost containment.

Penny Turman discussed set-up and troubleshooting of instruments and equipment. She indicated ways to avoid last-minute errors and confusion, such as numbering cords and equipment to facilitate checking when something becomes unplugged. Ms. Turman described how to care for cameras by keeping them plugged in, but stored in a basket attached to a video cart, not in a drawer where cords can become pinched and frayed. Another good tip was not unplugging the printer until all the pictures are completed. Most important, she stressed learning from the mistakes of others, because we don’t have time to make them all ourselves.

Laboratory sessions were excellent, providing up-to-date information on principles of electrosurgery, female sterilization, and operating room set-up; sutures in operative laparoscopy; and diagnostic and operative hysteroscopy. We thank the additional OR faculty: Laurie McDermott, CST, Eileen Young, R.N., Charles Love, CST, and Kathy Harrell, CST, and the physicians who participated for their much-appreciated efforts in making these programs available.

**OR Personnels & Residents Have Wonderful Time in Dallas**

The AAGL course held last year, 80% of attendees could perform uteroscopic suturing successfully using a choreographed technique dubbed, “Laparoscopic Suturing in the Vertical Zone.” This course takes place June 25–26, 1999 at the Endo-Surgery Center in Cincinnati, Ohio. The “Vertical Zone” technique departs from previous suturing methods that utilize a straight needle through the central suprapubic ports. Centering on the concept that a surgeon’s elbows should be relaxed and at his side, needleholders enter the abdomen almost horizontally. The motion of the curved needles follows the sagittal plane of the body, hence the name “vertical zone.”

Drs. Janik and Koh have found this approach easily performs suturing for burch colposuspension, paravaginal repair, repair of vaginal cuff, prolapse procedures, myomectomy repair, bowel, bladder, and uretter repair, and even microsuturing for tubal anastomosis. And it is a technique that can be easily adapted to. At the AAGL course held last year, 80% of attendees could perform intracorporeal knotting in less than two minutes.

Dr. Koh feels suturing skills are a tremendous value to surgeons and will “empower gynecologic laparoscopists enabling them to move their surgical repertoire up to the next level.” Contact the AAGL today to reserve your space at this wonderful course.

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**Needlework for the Laparoscopist**

While suturing is one of the fundamental elements of open surgery, it continues to be a technical challenge for many in the endoscopic arena. At the upcoming meeting, Laparoscopic Workshop for the Gynecologist—Including Laparoscopic Macro & Micro Suturing & Live Telesurgery, Scientific Program Chair Grace Janik and Co-Chair Charles Koh show a method for endoscopic surgeons to perform intracorporeal suturing successfully using a choreographed technique dubbed, “Laparoscopic Suturing in the Vertical Zone.” This course takes place June 25–26, 1999 at the Endo-Surgery Center in Cincinnati, Ohio.
Introducing a New Spin on Laparoscopy

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Travels with Jordan

Beginning of a Busy Year
Jordan M. Phillips, M.D.
AAGL Chairman of the Board

The year started very active, dynamic, far reaching, advanced. First was the AAGL Board of Trustees meeting held January 23 in Los Angeles. Besides Board members, also present were Robert Hunt, Editor in Chief of the AAGL journal; Barbara Levy, chair of the CME Advisory Committee; Franklin D. Loffer, Medical Director; Linda Michels, Executive Director of the AAGL; Wendy Winer, chair of AGLOR; and Louis Keith, Executive Director of the Foundation of the AAGL. We have a busy schedule planned under the leadership of Victor Gomel, who outlined the course of action for the year. It’s an ambitious program, with many positive goals for the benefit of physicians and patients.

In February we were in Miami for the World Congress on Alternatives to Hysterectomy at the Eden Roc Resort and Spa, in Miami Beach, Florida. It was highly successful, with doctors from many parts of the world coming together to discuss this important subject. We are proposing to publish a proceedings book from this meeting that will be available to members of the AAGL at a special discounted rate.

I was invited to the Michael Milken Global Conference on World Economics. Representatives from many parts of the world were present, including four Nobel prize laureates. The chief focus was how the increased gross national product might be used to further medical research to improve health care. It was a very worthwhile meeting. A panel from China, including the mayor of Shanghai and several other experts, and a panel from Russia provided an exciting, provocative, and controversial discussion.

On March 13–14 we held the resident’s program under the chairmanship of Brian Cohen. This was another successful meeting with positive feedback and wonderful cooperation from our exhibitors, friends, and faculty.

After the resident’s course we had a site inspection of Bally’s Hotel in Las Vegas. As, you know, this is the venue for our annual meeting Monday, November 8, through Thursday, 11, with preregistration on Sunday, November 7, 1999. The hotel has had many improvements. The lecture hall, meeting rooms, and exhibition hall are convenient and ideal for our meeting.

My wife, Mary, and I went to China to see many of our friends and colleagues. While there we were able to set up research protocols in several leading Chinese medical centers.

We had a wonderful opportunity to go to the National Library of China, the largest library in all of Asia, where we visited the rare book treasures division. Mary and I were the first Americans ever to be invited to see many 1000- to 3000-year-old documents. It was most amazing and a privilege to be granted this experience.

We also inspected the MBCI project in China, Beijing, and Tianjin. We visited many medical libraries to ensure the proper flow and distribution of medical books. We have now completed 54 shipments of books, each weighing 20 tons; thus over 3 million books have been distributed to over 1000 medical libraries in China over the past 20 years. Mary and I still do not believe the success and impact of the MBCI project.
The World Congress on Alternatives to Hysterectomy was held recently in Miami Beach, Florida. This conference, the first of its kind, was designed to explore all alternatives to traditional abdominal hysterectomy in a 3-day forum. Attendees included physicians and investigators from around the world, ready to demonstrate the efficacy of dozens of additional approaches.

The conference began with a lecture on hysterectomy itself. Peter O’Donovan of England reviewed what we do and don’t know about this widely practiced procedure. George Savage, cofounder of FemRx, followed with a review of how industry functions to develop new technology geared toward combating abnormal uterine bleeding and other similar pathologies. Discussions of how hysterectomy is viewed by both consumers and the insurance industry followed. Finally, variations of hysterectomy were reviewed, with pros and cons of each being hotly debated by six panel members.

The gamut of alternatives was explored, with discussion of myomectomy, myolysis, embolization, hysteroscopic ablation-resection, and the newer method of global ablation. This last approach, a highlight of the conference, featured both approved and experimental techniques designed to make ablation of the endometrium rapid, simple, and cost effective.

Special conference events were a symposium on diagnosis and treatment of abnormal uterine bleeding, a featured lecture on adenomyosis by Professor Jacques Donnez, and a debate on the value of perimenopausal oophorectomy. A series of lectures on outcomes research was designed to provide attendees with tools necessary to evaluate developing technologies; this included a review of clinical outcome measures, the nuts and bolts of cost analysis, assessment of sexual function, and an example (STOP DUB study) of how all these outcomes are included in a large randomized, multicenter, trial.

Original research was also contributed to this forum, with 29 abstracts and videos presented. These offered a wide variety of alternatives to traditional hysterectomy, including some of the latest data from individual centers performing global ablation.

The success of a congress may be measured by the enthusiasm generated among participants, and for this meeting it was substantive. Attendees could be seen debating traditional and emerging techniques well into the night, and all left satisfied that their expectations had been exceeded. The conference clearly provided a vision for where gynecology has been and will be going in the quest for better treatment of uterine disease.
Laparoscopic Workshop for the Gynecologist
Including Macro & Micro Suturing Labs
& Live Telesurgery
June 25–26, 1999
Endo-Surgery Institute • Cincinnati, Ohio

Charting the Path to Surgical Competence
Identifying Key Strategies & Techniques for Advanced
Operative Laparoscopy & Hysteroscopy
July 30–31, 1999
Endo-Surgery Institute • Cincinnati, Ohio

Advanced Workshop on Gynecologic
Laparoscopic Anatomy and Surgery on
Unembalmed Female Cadavers
August 6–7, 1999
Univ of Louisville, Health Sciences Center • Louisville, Kentucky

Advances and Controversies in
Reproductive Endoscopic Surgery
August 27–29, 1999
Hilton La Jolla Torrey Pines • La Jolla, California

Advanced Workshop on Gynecologic
Laparoscopic Anatomy and Surgery on
Unembalmed Female Cadavers
November 6–7, 1999
Bally’s Las Vegas • Las Vegas, Nevada

Global Congress of
Gynecologic Endoscopy
AAGL 28th Annual Meeting
November 8–11, 1999
Bally’s Las Vegas • Las Vegas, Nevada
This year’s congress will be held Sunday, November 7
(registration only) through Thursday, November 11, 1999.

Workshop on Advanced
Gynecologic Endoscopy
Including Hands-On Laboratory & Live Telesurgery
November 12–13, 1999
Endo-Surgery Institute • Cincinnati, Ohio