The scientific planning committee and AAGL board rolled the dice, doubled our bets and hit the jackpot for the annual AAGL meeting in Las Vegas, Nevada. Countless hours of planning and preparation have led to a winning program. Several members of the planning committee were psychics. They could “read your mind.”

So what did they tell us? You want cutting edge new technology and techniques demonstrated. Like a Las Vegas show that you have seen a couple of times, you want traditional topics and themes reviewed, with new actors working alongside the masters. Lastly, you like suspense, surprise, action and debate. Most importantly, you want to take home a prize at the end of the week.

Come for the whole show. You can’t win if you come at intermission. Curtains open with the Pre-Congress meeting that can’t be missed. Be dazzled by the vast array of mind boggling selection of courses including: Robotic Surgery for the Oncologist, didactic lectures on female pelvic anatomy plus cadaver labs related to pelvic floor dysfunction, Medicine Matters (can we talk about sex, breast disease and hormone therapy?). Other topics including hands on hysteroscopy labs, laparoscopic suturing and creating your own mini ambulatory operating center are available.

New themes for this year also include vaginal surgery, single port laparoscopy and robotic surgery. All of which will be included in the Postgraduate choices as well as in the live-tele surgery demonstrations. You will also be updated with new data regarding outcomes, safety, and evidence based research for familiar topics including uterine fibroid therapies, endometriosis, laparoscopic surgery, advanced hysterectomy techniques, complications, pelvic organ prolapse and imaging. Lastly, if you need just the basics or know someone who is transitioning to gynecology, the postgraduate course on Advancing Your Laparoscopic Skills: Tips for A-Z, is a sure winner.

Buy your airline tickets now, reserve your room at Caesars Palace, and bring your gambling buddies with you. You may leave without money in your wallet, but you won’t leave empty headed. I wager that you will take home multiple Knowledgeable prizes.

I can’t wait to see you in Las Vegas. Here’s my second reminder to you. “The safest way to double your money is to fold it over once and put it in your pocket.”

~Kin Hubbard

Linda D. Bradley, M.D., is the Vice President of the AAGL and the Scientific Program Chair for the 39th AAGL Global Congress on Minimally Invasive Gynecology. She is also Vice Chair of Ob/Gyn and Women’s Health Institute and Director, Center for Menstrual Disorders, Fibroids & Hysteroscopic Services at the Cleveland Clinic in Cleveland, Ohio.
Focus on AAGL

AAGL Nominations Are Open

The AAGL Nominating Committee will soon select eight members of the AAGL as candidates for four trustee positions for the years 2011 and 2012.

Four of the candidates will be from the general membership and four must come from specific regions. This year, two candidates will be from Europe, Middle East, and Africa and two from Canada and the United States. (Next year, the regional candidates will be from Pacific Rim, India, Asia and from South America, Mexico and Central America.)

In addition, two other members will be selected from the general membership to run as candidates for the position of secretary-treasurer. This position leads to vice presidency and then the presidency of the AAGL.

If you wish to be considered as a candidate for one of these positions, you should ask five AAGL members to submit your name along with a short letter or email of support. These should be sent to nominations@aagl.org. You are also encouraged to directly contact any member of the Nominating Committee to make your thoughts known. Their email addresses can be found on the AAGL membership list (go to www.aagl.org, log in as a member and click on “Membership Directory”).

The Nominating Committee will meet in early July 2010. It is time for you to voice your opinion about your future elected officers.

Committee Members are:
Resad P. Pasic – Immediate Past President – Chair
Charles E. Miller – Past President
Grace M. Janik – Past President
Linda D. Bradley – Vice President
Franklin D. Loffer – Executive Vice President/Medical Director
Linda Michels – Executive Director

Franklin D. Loffer, M.D. is the Executive Vice President/Medical Director of the AAGL

Evidence Prompts a Second Look

In the May issue of Obstetrics and Gynecology (commonly referred to as the green journal), an editorial entitled Operative Laparoscopy: A Second Look after 18 Years appeared. I applaud Drs. Roy Pitkins and William Parker for this timely, insightful and scholarly courageous piece. It elicited mixed emotions for me as it brought back memories of a tumultuous time in my career.

How well I remember that phone call back in 1992 from laparoscopic pioneer Dr. Harry Reich after he had read Dr. Pitkins’ editorial Operative Laparoscopy: Surgical Advance or Technical Gimmick? in the green journal. We were both baffled as to why our general surgery colleagues could so quickly embrace operative laparoscopy while our own colleagues would not. One of the questions Dr. Pitkins raised in that early editorial was “What about fees?” At that time I was in the midst of battling Blue Cross and Blue Shield Insurance for its refusal of reimbursement of 32 laparoscopic hysterectomies I had performed in 1991. The company’s reason was that laparoscopic hysterectomy had not been approved by ACOG and therefore was considered an experimental procedure, despite the fact that all 32 patients had been discharged the day following surgery with subsequent smooth and quick recoveries. Eventually I was paid, but payment was made only because these surgeries were considered as diagnostic laparoscopies and not as hysterectomies!

That 1992 editorial was based on the paucity of evidence regarding the appropriateness and outcome of endoscopic gynecologic operations. Now 18 years later, a substantial body of evidence has convinced Dr. Pitkins that many, if not most, gynecologic operations traditionally done by laparotomy are amenable to the laparoscopic approach. Furthermore, the evidence has shown the superiority of laparoscopy over the laparotomy in terms of less pain, fewer complications, shorter hospitalization, quicker recovery, better cosmetic results and more.

(Continued on page 8)
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THS™ Tower-free Hysteroscopy System is the first and only hysteroscopy system specifically designed for a gynecologist’s office.

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Visit Hologic at the 2010 AAGL Annual Meeting to find out more about the Total Office Solution.
Promoting Minimally Invasive Surgery in Urogynecology

The concept of minimally invasive surgery in urogynecology is not new, but is characterized by the long tradition of vaginal surgery rather than laparoscopy. Some surgeons, many who are leading and founding members of AAGL, have been able to convert open pelvic reconstructive procedures to minimally invasive approaches utilizing laparoscopic techniques (urethropexy, paravaginal repair, and sacrocolpopexy). However, despite the efforts of these skilled, innovative surgeons, laparoscopic surgery for pelvic reconstruction has not gained widespread use.

AAGL’s vision is to advance less invasive treatments for gynecologic conditions. Important factors in the pursuit of this vision include awareness, training and research concerning best use of MIS techniques. A recent survey confirmed the lack of awareness of lesser invasive treatments for common pelvic health conditions including stress incontinence and pelvic organ prolapse. [Miller NewsScope July-Sept 2008] An important factor determining the use of MIS techniques is the surgeon’s skill and comfort. Several authors have expressed concern over the state of residency training in gynecologic surgery today. With fewer surgeons attaining proficiency in MIS techniques during formal training, it is not surprising MIS techniques are underutilized in practice today. This is most evident with hysterectomy where, despite the availability of MIS approaches, the majority of cases continue to be performed abdominally. Gynecologists recognize the advantages of MIS techniques and prefer these techniques for themselves and loved-ones, but acknowledge skill level plays a key role in utilizing MIS options. In addition to providing training in MIS, it is important to develop guidelines for evaluating skills to determine proficiency. Evaluation of surgical skills and establishing guidelines for credentialing and privileging in laparoscopic and robotic surgery have been addressed in previous NewsScope articles. [Kho NewsScope Oct-Dec 2008, Advincula NewsScope Jan-Mar 2010] It is apparent that similar issues concerning vaginal hysterectomy and vaginal surgery will need to be addressed.

Recent technological advances have led to a new series of questions concerning the role of MIS in urogynecology. The introduction of robotics has resulted in a renewed interest in the use of laparoscopy for pelvic reconstructive procedures which would otherwise require open abdominal surgery. The introduction of vaginal mesh has resulted in increased interest in vaginal techniques and scrutiny in the use of these materials for pelvic reconstructive surgery. However, there is a lack of sufficient research to provide evidence-based recommendations concerning surgical techniques and new materials.

Recognizing the arising challenges in treating pelvic floor disorders, AAGL recently developed a Special Interest Group (SIG) on Urogynecology, which has identified three key objectives to address:
1. to increase awareness of the entire spectrum of minimally invasive gynecology, with particular emphasis on vaginal surgery as a well-established MIS option.
2. to improve education and training in MIS techniques for pelvic floor disorders and develop guidelines to assist with evaluation of surgical skills in urogynecology
3. to promote research studies with adequate design and power to provide evidence-based decisions concerning treatment of pelvic floor disorders.

This is an exciting time for AAGL and Urogynecology. The establishment of the AAGL SIG on Urogynecology will help to promote the ability of physicians to increase the use of MIS techniques in providing quality care for women with pelvic floor disorders.

References:

Michael M. Moen is in private practice at Illinois Urogynecology, LTD in Park Ridge, Illinois. This article is presented on behalf of the AAGL’s Special Interest Group on Urogynecology.
Board: Rosanne Kho, M.D., Michael Moen, M.D., Cheryl Iglesia, M.D., Andrew Sokol, M.D.
The ways in which our Key Partners support the mission of the AAGL include:

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

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

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### Keeping the Doors to Education Open

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

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<th>Key Partner Level</th>
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Office Hysteroscopy Should Be a Standard Part of the Infertility Evaluation

Today’s infertility evaluation includes an assessment of ovarian reserve, semen analysis, assessment of fallopian tube patency and evaluation of the uterine cavity. Obtaining an accurate view of the uterine cavity is important to rule out the presence of pathology that can adversely impact implantation including endometrial polyps, adhesions, fibroids, and congenital anomalies. The uterine cavity can be evaluated via hysterosalpingography (HSG), vaginal probe ultrasound, saline infusion sonography (SIS) and office hysteroscopy (OH).

When determining which modality is optimal for uterine cavity evaluation, one should consider the ability to detect an abnormality (sensitivity), the ability to distinguish normal from abnormal (specificity), ease of use, patient comfort and the ability to treat when an abnormality is found.

Numerous studies have demonstrated that the specificity and sensitivity of hysteroscopy is superior to the HSG and vaginal probe ultrasound while most studies suggest that SIS and hysteroscopy are similar in this regard. SIS has the added benefit of assessing the myometrium and adnexa. These structures can adequately be assessed by standard vaginal probe sonography. Office hysteroscopy has several advantages over SIS. Office hysteroscopy provides a direct view (as seen in the OR) without the need for image interpretation. Additional office hysteroscopy benefits include evaluation of surface myoma vascularity, fluctuation of distention pressures which is helpful when typing myomata, visualization for those patients who want to see their cavity and assessment of the cervical canal in patients with a history of difficult embryo transfer.

Office hysteroscopy is well tolerated by the patient and is easy to perform by inexperienced surgeons. In the mid-1990’s, Linda Bradley published minimal patient discomfort using 3.2 mm flexible hysteroscope without anesthesia1 and Stefano Betocchi published similar results using a vaginoscopic rigid hysteroscope approach.2 This report was followed by Ettore Cicinelli et al publishing a series of over 6,000 cases of office vaginoscopic hysteroscopy.3 In the most recent issue of JMG, Nicola Pluchino et al reported a randomized clinical trial of office hysteroscopy in patients with primary infertility. Using the visual analog scale from 0-10 to assess pain, they reported the pain between 2 and 3.3 when the procedure was done by inexperienced or experienced surgeons with no anesthetic used.4

Using continuous flow hysteroscopes, numerous fertility enhancing procedures can be performed in the office safely. These include polypectomy, adhesiolysis, myomectomy and metroplasty. The advantage of performing these procedures in the office with no or minimal anesthesia are obvious. Technology and instrumentation are currently being developed that will make these procedures easier, safer and more comfortable for the surgeon and the patient. These include simple technologies such as leak proof hysteroscopic seals, disposable procedure packs designed for the office, disposable side opening lighted specula as well as advanced tools such as small hysteroscopic morcellators and hysteroscopes that combine the advantageous features of flexible and rigid hysteroscopy.

The future of office hysteroscopy is exciting. The ability to diagnose and treat in a single visit will result in more rapid conception in our patients suffering with infertility.


Keith B. Isaacson is an Associate Professor of Obstetrics and Gynecology at Harvard Medical School and the Director of Partners Center for Reproductive Medicine and Surgery at Newton Wellesley Hospital MIGS Center in Newton, Massachusetts. This article is presented on behalf of the AAGL’s Special Interest Group on Reproductive Surgery, Board: Keith Isaacson, M.D., William Hurd, M.D., Roy Mashiach, M.D., Michael Sprague, M.D.

Adding Office Hysteroscopy to Your Practice

Hands-on Workshop with Live Case Presentations
The Advanced Gynecologic Surgery Institute • Chicago, Illinois
Saturday, September 25, 2010
Charles E. Miller, M.D. – Scientific Program Chair
For more information or to register contact Gerardo Galindo at ggalindo@aagl.org or visit www.aagl.org.
commitment
We are committed to you... and advancing the quality of patient care.

www.pelvic-floor-institute.com
The Fellowship Board has been very active since the AAGL Annual Meeting. At present there are 34 approved programs. The period of training, depending on the program, is 1 or 2 years duration. Each program is site visited, the curriculum and faculty carefully evaluated and a decision is made regarding granting a specified period of approval; maximum is 5 years. Cases performed by fellows (Preceptee) and overall mentor-Fellowship (Preceptor) as well as faculty supervision is assessed. Each fellow is polled regarding his/her educational experience.

Over the current academic year the MIS Fellowship Board is completing development of a system for monitoring of Procedures. Procedures fall into one of three categories:
- Understand
- Understand and perform
- Subspecialty delegated

Examples of case types include: Retroperitoneal dissection which is subcategorized into: Ureterolysis, Pelvic and aortic lymph node dissection, hypogastric artery ligation and presacral neurectomy. The mentor evaluates each procedure focusing on the fellow’s status: “understanding”, performance or, if in the specific program, this is delegated to a subspecialty it is so noted.

Other case types include: Pelvic Floor Reconstruction, here again there are subcategories that include: sacrocolpopexy, sacrospinosus ligament suspension as well as mesh for utero-vaginal prolapse. The preceptor identifies level of either understanding, performs or delegates to a subspecialist.

Approaching fellow education from this perspective provides a framework for the fellow and preceptor and a basis for structural program development. Other major categories addressed include: Ovarian surgery, Tubal surgery, Cytourethroscopy/Proctoscopy, Hysteroscopy, diagnostic and operative, other aspects of Operative Laparoscopy, Endometriosis surgery as well as Myomectomy and Hysterectomy, all of which are complemented by knowledge and expertise in Vaginal surgery and Urogyn procedures.

The Board has also developed a “Fellow Case Log” facilitating case collection. The log records whether the fellow served as primary surgeon, assistant or was present in an “observational” capacity only.

We are currently exploring methods to streamline program annual update/renewal. An Annual match facilitates coordination of Fellows with a specific program. The Board remains very active; we are currently looking at “Educational Objectives” for each program. At present all programs under the prevue of the Board are in North America. We are actively exploring international programs. If you are interested in learning more about Minimally Invasive Gynecologic Training, I direct you to www.aagl.org.

Joseph Sanfilippo, M.D. is President of the Fellowship in Minimally Invasive Gynecologic Surgery, Professor in the Department of Ob-Gyn & Reproductive Sciences, Vice Chair of Reproductive Sciences and Director of the Division of Reproductive Endocrinology & Infertility at Magee Womens Hospital in Pittsburgh, Pennsylvania.

From the President (Continued from Page 2)

The editorial also noted that gynecology lags behind general surgery in residency requirements in this area. General surgery has developed a detailed didactic and clinical “Fundamentals of Laparoscopic Surgery” program required of every resident prior to graduation. The AAGL has long seen the need of establishing physician competency assessment in gynecologic endoscopic surgery. Hence AAGL has embarked on the development of “Essentials of Minimally Invasive Gynecology” which will include didactic and clinical skill assessment. This can be used as standard measurement for competence in gynecologic endoscopic surgery.

For the past 40 years, AAGL has been the primary society for gynecologic endoscopy in the U.S. and now worldwide. AAGL provides numerous educational postgraduate training courses in endoscopy every year for practicing gynecologists as well as for residents. Additionally, it offers 34 advanced fellowship training programs in minimally invasive gynecology. As president of AAGL, I look forward to the collaboration of leaders in our specialty in advancing the gynecologists’ endoscopic knowledge, skill, and proficiency for the ultimate benefit of our patients.

References


C.Y. Liu, M.D., is the current President of the AAGL and also serves on the faculty for the Fellowship in Minimally Invasive Gynecologic Surgery located at the Women’s Surgery Center in Chattanooga, Tennessee.
Proven results from the leader in women’s pelvic health.

Only AMS offers proven, market-leading solutions for continence and pelvic floor restoration. Driven by unparalleled innovation and backed by solid data, we’re helping you restore women’s confidence, comfort and control every day.
Dear Members:

It is a pleasure to inform you of still more developments at SurgeryU. SurgeryU’s focus continues to be media-based shared education in the field of minimally invasive gynecologic surgery.

In the last NewsScope article we described the concepts behind the formation of the Professional Network System and Special Interest Group developments at SurgeryU; shared with you the implementation of SurgeryUTube as well as the advancements in the Permanent Video Library of SurgeryU; informed you of the initiation of SurgeryU’s collaboration with The Journal of Minimally Invasive Gynecology (JMIG) and and Ob.Gyn.News; and notified you of upcoming live events. All of these opportunities can be accessed and experienced at SurgeryU as a part of the AAGL membership’s benefits, accessible through your AAGL log-in.

The Professional Network System is an effective and safe way to exchange ideas with the other members, discuss ongoing events, publications, or any of the items in the vast materials published on SurgeryU. Currently you can create your portfolio, engage in online discussions, and present your own surgical work.

Importantly, in an effort to support safe and comfortable interaction among our members, we ensured that the information placed on the Professional Network System of SurgeryU is not accessible through general online searches, and is restricted to AAGL members only.

Our Permanent Collection and SurgeryUTube library combined now include over 600 videos. Dr. John Marlow wrote in his address to SurgeryU, “This library is a very effective and unique way to improve gynecologic surgery throughout the world. The visual image is still critical in transferring surgical techniques from expert to student.”

**SurgeryU celebrates the great works of the past and the innovations of the present.**

It is with special joy that I announce individual contributions of entire video collections to SurgeryU. Recently we received the video libraries of Dr. Kurt Semm and Dr. Liselotte Mettler, professors whose pioneering work in minimally invasive gynecologic surgery and devotion to discovery are fundamental and exemplary. In recognition of their gifts and their professional journeys, the surgical videos of Dr. Kurt Semm and Dr. Liselotte Mettler will be streamed through pages especially designed for them.

In an effort to expose our members to events at international meetings affiliated with the AAGL, we’ve collected video materials of the most recent international congresses.

Flawless streaming of the telesurgical events was initiated to SurgeryU from the XXIII International Congress “New Technologies for Diagnosis and Treatment of Gynecologic Diseases,” held in Moscow, Russia in June 2010. This meeting was endorsed by the Russian Federal Government and included essentially all fields of gynecologic surgery.

The vast surgical video materials from the 12th International Meeting on Gynecological Surgery, held in Avellino, Italy, in May 2010, was prepared for your viewing by the organizing team, Malzoni Medical Center. Both these materials and those of the congress in Moscow will be published from the Affiliated Meetings tab on SurgeryU.

Please look for announcements as we continue to present live telesurgical events. The first, scheduled for July 13, 2010, is the series of pelvic floor reconstructive procedures, including laparoscopic and newest vaginal approaches by Dr. John Miklos and Dr. Robert Moore. In September, please watch extensive gynecologic oncologic surgeries by Dr. Mario Malzoni. Educational live events organized by the manufacturing companies are forthcoming. We look forward to your comments and questions regarding these events in the Professional Network System.

Moving on to the JMIG Today series, please note the release of the first interview that features Dr. Shozo Matsuoka, the author of Strategy for Laparoscopic Cervical Myomectomy, published in the May/June issue of JMIG.

We would like to make your educational experience as lively and interactive as possible, and look forward to your participation in our Professional Network System, which can be accessed through the SurgeryU Social tab on the homepage of www.surgeryu.com.

Asia A. Stepanian, M.D. is Editor-in-Chief of SurgeryU and on the Advisory Committee of the AAGL. Dr. Stepanian is in private practice at the Center for Women’s Care & Reproductive Surgery in Atlanta, Georgia.
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2Statement from Dr. Arnold Advincula (University of Michigan, Ann Arbor, MI), PN 8711184
It is with a great deal of pleasure to have the Indian Association of Gynaecological Endoscopists rejoin the AAGL as one of our Affiliated Societies. The IAGE was one of the first societies in the world to join the AAGL in promoting endoscopy for the betterment of patients. Through the years their members have made many important contributions to the advancement of minimally invasive gynecology.

Their founder Dr. Nargesh D. Motashaw attended most of the AAGL annual meetings and teaching programs. In 1995 the AAGL Board of Trustees recognized her many contributions by electing her the 5th Honorary Member of the AAGL.

As can be seen the IAGE has an active teaching program which is well supported by their members. Visit their web site at www.iageonline.com to gain a better appreciation of their activities.

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

The IAGE (Indian Association of Gynaecological Endoscopists) is one of the oldest endoscopy society in the world and was founded in 1978. The founder president of the association was Dr. N.D. Motashaw. A group of active members including Dr. V.N. Purandare, Dr. S.N. Daftary, Dr. M.N. Parikh, Dr. R.D. Pandit, Dr. Adi Dastur, Dr. S.S. Thakur, Dr. M.Y. Raval, Dr. Shirish Sheth, late Dr. D.N. Pai, the late Dr. C.L. Zaveri, the late Dr. Siddartha Khandwala, and the late Dr. B.N. Purandare promoted laparoscopy in India and this bloomed into a national organization with over 1500 gynecologists.

The acquisition of Laparoscopic skills requires formal training, dedication, commitment and constant practice. In our endeavor to shorten the learning curve we overlook the safety in laparoscopic surgery. Today, the IAGE under the tenure of President Dr. Rakesh Sinha is looking at “Safe Endoscopy” as the mission statement. We propose to create a safety checklist for all endoscopic procedures which can be implemented by everyone.

The IAGE holds an annual national conference which is attended by over 400 endoscopic surgeons. There are four regional meetings held every year in the west, south, east and north zones. Additional workshops are held in various cities all over the country. All these conferences and workshops have themes and have live demonstrations besides didactic sessions. A number of centres all over India have been accredited by the IAGE for training gynaecologists to do advanced laparoscopy. These centers would offer fellowship programs with hands-on training for aspiring endoscopic surgeons.

The IAGE also has a semi-annual journal with contributions from experts in the respective fields. We also have a semi-annual newsletter featuring the activities of the IAGE. Some of our society members have contributed articles to The Journal of Minimally Invasive Gynecology.

Dr. Rakesh Sinha feels with proper training and education all gynecologists should practice safe endoscopy.

On 9th-11th July 2010 we have our annual conference with the theme of “Safe Endoscopy” in Manesar, Gurgaon, India.

Dr. Rakesh Sinha is President of the Indian Association of Gynaecological Endoscopists.

Looking to Publish a Book?

Our relationship with Elsevier as the publisher of The Journal of Minimally Invasive Gynecology may help you get your book published. As our partner in publishing we want you to know what they’re all about.

Elsevier is a global health sciences publisher that’s been contributing to advancing the professions since 1880. Their rich history and long-standing reputation are the result of thousands of successful partnerships between talented and dedicated authors and Elsevier staff members.

To learn more about how to submit a proposal, please go to www.us.elsevierhealth.com/article. Once your proposal is ready, it may be submitted to Luane Guyton at Elsevier via e-mail at l.guyton@elsevier.com. She will ensure it gets into the right hands!
Excellent Education in a Classic Setting

Premier gynecologists will meet in the grandeur of Caesars Palace in Las Vegas, Nevada this November 8-12, 2010. Excellent education will be offered in:

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- 8 surgical tutorials
- 3 New Frontiers in MIG panels
- 3 debates
- 27 Postgraduate courses including:
  - 4 hands-on cadaver labs
  - 3 hands-on simulator labs
  - 4 hands-on suturing labs
- 80+ exhibitors displaying the latest in technology
- 8 industry-sponsored symposia
- 1600+ of your peers
- 28.75 hours of continuing education

Jordan M. Phillips, M.D., Keynote Speaker:
Michael F. Roizen, M.D., a New York Times #1 bestselling co-author of the YOU books along with Dr. Mehmet Oz. He is the chief wellness officer and chair of the Wellness Institute at the Cleveland Clinic and health expert on *The Oprah Winfrey Show*. The title of his speech is, “Doctor, Heal Thyself.”

Registration opens on July 1, 2010 at www.aagl.org. Register early for the postgraduate courses you want before they are full.
All in the Family

As the AAGL approaches its 40th anniversary in 2011, it is rewarding to notice the number of relatives who are members of the AAGL. In 2011, we would like to highlight the many family relationships among AAGL members. While we know of some, we are asking for your help in identifying all the family connections. It is an endearing aspect of the AAGL membership, and probably not one that was anticipated in 1971 when the AAGL was started.

We know of the Drs. Luciano father-daughter pair, the Drs. Sokol twin brothers, the three Drs. Adamyan and Stepanian mother-daughter pair, and the Drs. McClausland father-son pair. Are there any husband-wife pairs, sisters, cousins, aunts, uncles, nephews—possibly grandparent-grandchild? Please take a moment and let us know how you may be related to other members of AAGL. Simply email news@aagl.org with your family story.

Kudos

Dr. Philip Brooks Assumes New Role

Effective July 1, 2010, Dr. Philip Brooks will serve as Interim Chair for the Department of Obstetrics and Gynecology at Cedars-Sinai Medical Center in Los Angeles, California. The announcement stated: “Dr. Brooks’ tenure and extensive knowledge of Cedars-Sinai Medical Center, and specifically the Department of Obstetrics and Gynecology, will ensure that there will be continuity to the administrative unit.”

Welcome New Members

March 13, 2010 - June 11, 2010

Khaled Aba-Oub, M.D., MRCOG
Adio I. Abdu, M.D.
Leslie A. Ablard, M.D.
Kelly Albrecht, M.D., BSc
Jaime Alcocer, M.D.
Hussain Ali, M.D.
Devon J. Ambrose, M.D.
Charles Kellogg Anderson, M.D.
Miriam Ang, M.D.
Courtney Ann Angell, M.D.
Ellen Arendt, M.D.
Brian Ashford, M.D.
Mehmet Aral Atalay, M.D.
Matthew Aungst, M.D.
Hilary A. Baikie, M.D.
Fabrizio Barbieri, M.D.
Joyce N. Barlin, M.D.
Codi Beam, M.D.
Cynthia M. Bear, M.D.
William Bence Belsom, M.D.
FACOG
Tommaso Bignardi, M.D.
Krabena Appenteng Boateng, M.D.
Sandra Bogota Angel, M.D.
Erin A. Brennand, M.D.
Paula Brigioni, M.D.
Christina Elizabeth Broadwell, M.D.
Kathryn Rose Brown, M.D.
Alma Bustamante Dayanghirang, M.D.
Olivia Butt, M.D.
Lindsey M. Cafferata, M.D.
Adriana M. Canas Polesel, M.D.
Christy Capet, M.D.
Joel Cardenas-Golcoenea, M.D.
Nicole S. Carroll, M.D.
Cranston Jay Cederlind, M.D., FACOG
Rick T. Chac, M.D.
Alana Michelle Chakrabarti, M.D.
Shao Chun R. Chang, M.D.
Ioannis Kominos Chatziipapas, M.D.
Christina M. Chirico, M.D.
Mindy S. Christianson, M.D.
Lucio M.A. Cipullo, M.D., Ph.D.
Jessica Dawn Close, D.O.
Lindsay Coda, D.O.
Angela Sue Collier, M.D.
Scott Connaughton, M.D.
Erica C. Contreras, M.D.
Brenna M. Corbett, D.O.
Juan Adrian Cornejo, M.D.
Michele Marie Cowling, M.D.
Charles A. Cunningham, M.D.
Steven Dalati, M.D.
Anh-Tai Vinh Dang, M.D.
Megan Daw, M.D.
Ashley De Witt, D.O.
Marc M. Dean, M.D.
Jagat Prasad Deep, Jr., M.D.
Sarah Nichole Deighton-Collins, M.D.
Larrain De la Cerda Demetrio, M.D.
Bilge Demir, M.D.
William Nicholas Denson, M.D.
Paula A. DeYoung, M.D.
Chris Downer, M.D.
James Harley Dozier, M.D.
Carreen Elizabeth Drake, M.D.
Valentin Drezalii, M.D.
Stephen Ehiremen, M.D.
Maria M. Enriquez, M.D.
Christina Catherine Enzmann, M.D.
Sonya Ephraim, M.D.
Evrin Erdemoglu, M.D.

(Continued on page 15)
Welcome New Members (Continued from Page 14)

Ramy N. Eskander, M.D.
Jose Daniel Eugenio C., M.D.
Monique Renee Farrow, M.D.
Rodrigo Pinto Fernandes, M.D.
David Finke, M.D.
Desiree Patricia Fofie, M.D.
Jennifer Heer Ford, M.D.
Tracy Salisbury Forrest, M.D.
Amanda French, M.D.
Esther Fuchs, M.D.
Lise C. Gagnon, M.D.
Paul Gaither, M.D.
Diana Garretto, M.D.
John Robert Gelinas, D.O.
Kamran Ghodsi, M.D., FACOG
Vijay Gangadhar Ghorpade, III, MBBS, M.D.
Joseph M. Gobern, M.D.
Katherine R. Goetzinger, M.D.
Daniele A. Goldstein, M.D.
Dominique Kristina Grant, M.D.
Marquita Tyree Grier, M.D., M.B.A.
Daniel W. Griffin, M.D.
Nicole J. Grossenburg, M.D.
Daniel W. Griffi  n, M.D.
Marquia Tyree Grier, M.D.
Diane  Joy Horvath-Cosper, M.D.
Karen Horne, M.D.
Linda Hong, M.D.
Dae Gy  Hong, M.D.
Shanna Holcomb, M.D.
Deslyn Hobson, M.D.
Ericka Hersh, D.O., MPH
Manuel L. Herrera, M.D.
Autumn Lynn Hensley, M.D.
Brian Richard Heaps, M.D.
Ali Mahmoud Hassan, M.D.
Carolyn Joan Harrington, M.D.
Emily M. Hawes-Van Pelt, M.D.
Leslie McLemore, M.D.
Amy McDuffi  e McCoy, M.D.
Kathryn I. Marko, M.D.
Kathleen M. Marc, M.D.
Daniel Marancenbaum, M.D.
Kathleen M. Marc, M.D.
Kathryn I. Marko, M.D.
Rebecca L. McCaffrey, M.D.
Joel B. McCuaig, M.D.
Amy McDuffie McCoy, M.D.
Leslie McLemore, M.D.
Sukranta Mehta, M.D.
Jeannine Marine Miranne, M.D.
Carmen Nicoleta Mircea, M.D.
Margaret Mlynarczyk, M.D., Ph.D.
Jasmine Mohd, M.D.
Rosa Mojdehi, M.D.
Evelyn Mok-Lin, M.D.
Samantha Montgomery, M.D.
Carolyn Marie Moyer, D.O.
Luke A. Mueller, M.D.
Nathan Herman Mullins, M.D.
Rebecca Bachman Munro, M.D.
Cynthia Nair, M.D.
Jang-Hyeon Nam, M.D.
Atanas Nedelchev, M.D.
Danai Nettetirug, M.D.
Brandi M. Nichols, M.D.
Vanessa Nicole Toulouse, M.D.
Margaret T. O’Connell, M.D.
Monika Oktava, M.D.
Vanessa N. Olsen, M.D.
Jacob D. Ornelas, M.D.
Kelly S. Ott, M.D.
Dawn Palaszewski, M.D.
Kimberly Ann Palmer, D.O.
Leigh Anne Papadimitriou, M.D., FACOG
Rene Pareja, M.D.
Sun Hee Park, M.D.
Mohad Ali Parsa, M.D.
Yafit Partouche, M.D.
Hiren Patel, D.O.
Nicole D. Paterson, M.D.
J. Paul Payne, M.D.
Melissa Pendergrass, MB BCh BaO
Brenda Pereda, M.D.
Kristen Peske, D.O.
Megan Pierce, M.D.
Gamilah N. Pierre, M.D.
Jamie Lynn Plett, M.D.
Marylin Powers, M.D.
Meghan Elizabeth Pratts
Darren Preuninger, M.D.
Anne Marie Radley, M.D.
Hilary Rainbolt, M.D.
Susan Patricia Raine, M.D.
Varuna Raizada, M.D.
Michael Stephen Reel, M.D., MBA
Brooke Ann Reich, M.D.
Mulan Ren, M.D.
George Anthony Resta, III, M.D., FACOG
Jason Douglas Retzke, M.D.
Kevin Richardson, M.D.
Farah Rivera, M.D.
Hilary A. Robinowitz-Ellins, M.D., FACOG
English Rockholt, M.D.
Lauren Rodgers, BA, M.D.
Jesse J. Rohloff, M.D.
Laurren Rodgers, BA, M.D.
Rafal Schropp, M.D., MBA, FACOG
Jaffet Seda, M.D.
Suneeeta Senapati, M.D.
Donna Nicole Senciboy, D.O.
Dara Shalom, M.D.
Karim R. Shaw, MMS, PA C
Yuhong She, M.D.
Candice E. Shea, M.D.
Stuart James Sherry, M.D., FACOG, FABOG
Eric Siegel, M.D.
Suzanne Kessler Silverman, M.D.
Stacy Slat, M.D.
Justine B. Somova, M.D.
Serena A. Sposato, M.D., FACOG
Jason Aaron Sternchos, M.D.
Jamie G. Straub, M.D.
Mehul Vasantiali Sukhadiya, MBDO
Rachana P. Sutaria, M.D.
Donna J. Sweetland, M.D.
Toni Sylvester, M.D., FACOG
Luciano Sztulman, M.D.
Padmapriya T Sundaram, MBBS
Udele Joyce Tagoe, M.D.
Veronica R. Tumuru, M.D.
Andrea M. Vallesjos, M.D.
Jane Van Dis, M.D.
Juan Carlos Vargas, M.D., FACOG
Madhuri Verma, M.D.
Jose Vicente-Villaflana, M.D.
Wendy S. Vitek, M.D.
Astrid Ruth von-Walter, M.D.
Shazia Abdulmalik Waggass, M.D.
Corey Wagner, M.D.
Wendy Wagner, M.D.
Christopher Wayock, M.D.
Peter Weeks, M.D., FACOG
Bernadette Wheeler, M.D.
Dena Elaine White, M.D.
David Nicholas Wilson, M.D.
Amy Wong, M.D.
Julie A. Wood, M.D.
Stacey Allen Wood, Jr., M.D., FACOG
Tricia M. Wright, M.D.
John P.Y. Yarm, M.D.
Akira Yasue, M.D.
Holly Kristin Yettaw, M.D.
Jose Vitor Cabral Zanardi, M.D.
Rhonda Zwingerman, M.D.
### Education Calendar

The following educational meetings are sponsored by, in affiliation with, or endorsed by the AAGL.

**September 25, 2010**  
Hysteroscopy Workshop  
Scientific Program Chair: Charles E. Miller  
The Advanced Gynecologic Surgery Institute  
Chicago, Illinois

**October 22-24, 2010**  
International Pelvic Pain Society  
18th Annual Scientific Meeting on Chronic Pelvic Pain  
Scientific Program Chair: Frank Tu  
The Palmer House • Chicago, Illinois

**April 2011**  
20th Annual Comprehensive Workshop on Minimally Invasive Gynecology for Residents & Fellows  
Scientific Program Chair: Resad P. Pasic  
Dallas, Texas

**May 2011**  
13th Annual Advanced Workshop on Gynecologic Laparoscopic Anatomy & Surgery on Unembalmed Cadavers  
Scientific Program Chair: Resad P. Pasic  
University of Louisville • Louisville, Kentucky

**April 6-10, 2011**  
Vth AAGL International Congress on Minimally Invasive Gynecology in conjunction with the Turkish Society of Gynecological Endoscopy  
Scientific Program Chair: Fatih Sendag  
Istanbul, Turkey

**April 25-28, 2012**  
VIth AAGL International Congress on Minimally Invasive Gynecology in conjunction with the Argentine Society of Laparoscopic Surgery (SACIL)  
Scientific Program Chair: Rafael Valle  
Buenos Aires, Argentina

### AAGL Annual Meetings

**November 8-12, 2010**  
39th AAGL Global Congress of Minimally Invasive Gynecology  
Scientific Program Chair: Linda D. Bradley  
Caesars Palace • Las Vegas, Nevada

**November 6-10, 2011**  
40th AAGL Global Congress of Minimally Invasive Gynecology  
Scientific Program Chair: Keith B. Isaacson  
The Westin Diplomat • Hollywood, Florida

**November 5-9, 2012**  
41st AAGL Global Congress of Minimally Invasive Gynecology  
Caesars Palace • Las Vegas, Nevada