Message from the President

Victor Gomel, M.D.

For more than a quarter-century the American Association of Gynecologic Laparoscopists (AAGL) has been the major force behind the acceptance of gynecologic endoscopy and other new gynecologic techniques, and dissemination of information regarding the procedures. The association's annual meeting has been the principal forum for education and debate in this field. The *Journal of the AAGL* was introduced to further the mandate of education by making new developments accessible to an even wider audience.

It has been a great honor for me to serve the AAGL and its membership over the past 4 years, first as an elected board member, subsequently as secretary-treasurer and vice president, and, since January 1, as president. I wish to assure you of my commitment to the AAGL and its continuing success. I will be a hands-on president, and I have many goals for the coming year that are not merely new year's resolutions.

The association is in good financial state. However, its finances must be strengthened by both an increase in revenue and effective decrease of expenditures.

The AAGL is an international society. The number of international presenters and invited faculty listed in the program of the 27th annual congress readily corroborate this statement. The high proportion of international participants in other meetings held throughout the year may be less evident. Over the last several years this proportion has been stable at just under 40%. One of my goals is to make the AAGL even more international in both deed and appearance. This must be done by including members from other countries in committees and on the Board of Trustees. An additional goal is to increase membership, especially its overseas component, so that the ratio of these members parallels their attendance at association-sponsored meetings. In this regard, I will challenge the membership committee and give these individuals necessary support.

We will strengthen our support of the journal and the Foundation of the AAGL in their separate and important functions. We will continue our synergistic relationship with the industries that create the tools with which we improve our practice and craft to the benefit of our patients.

I look to members of the AAGL for comments, suggestions, and criticism. Please communicate with me by letter, fax, or e-mail, whichever is easier. I welcome your input.

Have you completed your prescription patterns survey?

If not, please take 5 minutes to do so. This year the AAGL is seeking more detailed information concerning prescription patterns among our membership, to attract more appropriate support for the AAGL and its program activities from the pharmaceutical industry. No legally sensitive information is requested.

Please let us know if you require another copy of the survey by calling (800) 554-2245 or (562) 946-8774. The deadline for survey responses is April 5, 1999.
CLINICIAN FOCUS

Grace M. Janik, M.D.

Grace M. Janik was born in Wiesbaden, Germany, and raised in Milwaukee, Wisconsin, the eldest of four girls. She earned a bachelor’s degree in biology at Marquette University and her M.D. at the Medical College of Wisconsin, Milwaukee. During medical school she received a National Institute of Health training grant and medical student research award. She took her residency in obstetrics and gynecology at St. Mary’s Hospital/Medical College of Wisconsin and completed a fellowship in reproductive endocrinology and infertility at Michael Reese Hospital/University of Illinois, Chicago.

In 1990 Dr. Janik returned to St. Mary’s Hospital where she joined Charles H. Koh. Together they engaged in pioneering work in endometriosis and laparoscopic microsurgery for which they received the following awards:

- Laparoscopic Microsurgery, first prize movie award, American Fertility Society, 1993
- Laparoscopic Microsurgery of the Pelvic Ureter for Endometriosis, second prize video award, American Society of Reproductive Medicine, 1996
- Laparoscopic Microsurgical Tubocervical Anastomosis, merit certificate for best infertility surgery video, American Society of Reproductive Medicine, 1998.

In addition to a large clinical practice in reproductive endocrinology and infertility with emphasis on endometriosis and tubal surgery, Dr. Janik is active academically, both nationally and internationally. She is an associate clinical professor at the Medical College of Wisconsin, Milwaukee, where she directs the reproductive endocrinology, infertility, and endoscopy rotation. She is director of medical student education in obstetrics and gynecology at St. Mary’s Hospital, and director of in vitro fertilization at the Reproductive Specialty Center. In 1998 she was appointed consultant to the Food and Drug Administration’s Gynecologic Devices Committee.

Dr. Janik has been active in the AAGL. She is currently a member of the Board of Trustees, and was recently nominated as chair of the membership committee. She has taught at many AAGL courses over the past 10 years. She chaired a postgraduate course in reproductive surgery at the 1998 annual meeting, as well as a successful workshop on advanced gynecologic endoscopy in Cincinnati in August 1998. In March 1999, Dr. Janik will be laboratory chair for the annual resident’s endoscopy course in Dallas. She will also add an international page to News Scope that will highlight events and accomplishments of international AAGL members.

The editors thank Dr. Janik for supplying the information necessary for this profile.
Every day the frustration and confusion echoes in our offices by women who are told that the only cure for incessant bleeding, irritating pelvic pain, or large fibroid tumor is hysterectomy. Turn on your computer and check the advice given on the Internet and in chat rooms. Visit your local bookstore and marvel at the proliferation of newsworthy magazines and best-sellers providing sage advice on alternatives to hysterectomy. Fueled by television programs such as Oprah and 20/20, many patients cancel scheduled hysterectomies and seek our expert consultation regarding alternatives.

Opinions regarding the same condition can be infinite. Should symptomatic fibroids be treated by abdominal myomectomy, laparoscopic myomectomy, myolysis, or uterine artery embolization? Should large submucosal fibroids be treated by multi-stage hysteroscopic resection? How aggressive should medical therapy be? What drugs are best—nonsteroidal, oral contraception, progestin, depot leuprolide, or fish oil capsules? What is the best sequence of therapy? What is the best modality to treat uterine fibroids? What are the implications with respect to cost? What is the best sequence of therapy? What determines the success of the procedure—patient satisfaction or amenorrhea rate? The surgeon in me tells me that I should know the answers, but the physician-teacher in me is at a loss. What do I tell my patients?

Will gynecologists surrender the knife and replace it with polivinyl alcohol particles to treat uterine fibroids? Long-recognized as treatment for acute pelvic hemorrhage, uterine artery embolization has increasingly been evaluated in the management of uterine fibroids in women not wishing to preserve their fertility. The results are exceptionally promising.

In the near future, radiologists may predominate in treating uterine fibroids with catheters rather than the scalpel, and how many symptomatic fibroids will they ultimately treat? Highly effective in 85% to 90% of women with menorrhagia, bulk-related symptoms, pelvic pressure, and large uterus, plus high patient satisfaction and low complication rates, uterine artery embolization may be the alternative procedure of the future. Ideal for patients refusing blood transfusion, for surgical-anesthetic nightmares, and for critically ill as well as healthy women, this procedure may usurp traditional surgery. How many hysterectomies or myomectomies will be converted to uterine artery embolization? What are the implications with respect to cost? Direct cost comparisons have not been performed.

The following are unforgivable comments quoted with me by irate patients: “what do you need your uterus for—you aren’t having any more children”; “myomectomy is bloody surgery and not worth it”; and “your uterus is worthless.” Bombshells like these destroy the patient-physician relationship. These statements are reprehensible and should never be uttered to a patient, but unfortunately they still are. Patients must feel in control of their bodies and be equals in the decision-making process. They are honestly afraid of hysterectomy after the stories they have heard about it, including weight gain, decreased libido, poor orgasmic experience, and loss of femininity; these are the real issues that require research.

We need prospective, long-term data about these important topics that relate to hysterectomy and alternative procedures.

Editorial: Alternatives to Hysterectomy

Patients are the captains, but we must provide the direction. We can lead if we know the way!”

Do we really have adequate answers to the questions posed to us in the privacy of our offices? Where are data (not anecdotal reports) on sexuality after hysterectomy? Do patients surveyed in studies reflect the diversity of our practice?

I am constantly perplexed at how data volume, intraoperative complications, and volume of tissue removal, but do the procedures treat the problems confronting our patients? Many articles interchangeably discuss treatment algorithms for endometrial ablation with surgical procedures including endometrial ablation and myomectomy-polypectomy. Treatment and long-term outcomes of these subsets can be vastly different. In other words, apples and oranges are being lumped together in the same basket. Clinical studies must be conducted with well-defined populations with rigorous inclusion and exclusion criteria.

See “Alternatives” continued on page 7
Atlanta: Energy and Enthusiasm Resonate at the 27th Annual Meeting

Victor Gomel, M.D.
President, AAGL

The AAGL annual meeting continues to be the major forum for presentations and debates of new data, techniques, equipment, and instrumentation for gynecologic endoscopy. The International Congress of Gynecologic Endoscopy recently held in Atlanta, Georgia, was well attended and full of energy and enthusiasm. The mood of the meeting was set by the opening address, “Endoscopy: The Field of Dreams,” by Ronald L. Levine, AAGL president. He noted that the current level of achievement in operative endoscopy was reached by the contributions of many, and that these scientific and technical changes, in addition to benefiting our patients, changed the lives of both innovators themselves and their students.

Professor Denis Querleu was Honorary Chair of this year’s meeting. He is internationally recognized for his innovative work in gynecologic oncology and endoscopy, which was the subject of his keynote address.

Every effort was made to provide a wonderful experience for participants and exhibitors; after all, there would be no congress without them. The exhibit hall was again filled to capacity, with both large and small companies offering new technologies and instruments. With the scientific poster exhibit and refreshments, luncheons, desserts provided in the same area, the hall was indeed the place to be between and after the scientific sessions.

The meeting concluded with another “first.” To recognize “the true foundation of any congress, the attendees,” Dr. Gomel, Scientific Program Chair, acknowledged the first registrant of the 1998 congress, Dr. Stanley Franklin from Lewisville, Texas, who was honored with a special gift.

The Olympus Golden Laparoscope Award for the best surgical video was awarded to Dr. Marco Pelosi, III (pictured) and Dr. Marco Pelosi for their video “A Comprehensive Approach to Laparoscopy in the Obese Patient”.

Dr. Jordan Phillips presents autographed copies of the Hysteroscopy Update textbook to Prof. Mashiach (in front) and Dr. Lachmann of Israel.

Dr. Louis G. Keith, Executive Director of the Foundation of the AAGL accepts $25,000 grant from Mrs. Joan Hoffman in memory of her husband, Dr. Jerome Hoffman.

Registrants visit one of the many exhibits at the congress.
Fluid Management During Operative Hysteroscopy: A Nursing Perspective

Donna M. Morrison, R.N., CNOR
Co-Chair, AGLOR

The resectoscope is a valuable tool for treating gynecologic pathology. With it, gynecologists can remove tissue while preserving the uterus and, in some instances, fertility. However, using nonelectrolytic solutions with the resectoscope exposes patients to the risk of hyponatremia, a condition that occurs with excessive absorption of fluid. It is well documented that careful monitoring of intrauterine fluid instilled and returned is imperative to prevent dilutional hyponatremia when using one of these solutions as the distending medium. Most of us have witnessed an episode of hyponatremia, mild or severe. I am confident that once seen, respect for our responsibility for patient monitoring during hysteroscopic procedures is renewed, and policies and procedures designed to ensure consistent systematic methods to monitor and document patient response to intrauterine fluid are followed even more closely.

Fluid-management systems offer a systematic method to monitor intrauterine intake and output based on scientific calculations. To apply this technology appropriately, we must take some precautions:

1. Fluid that is not collected cannot be measured. Therefore it is important to position and drape the patient so that all fluid ends up in the collection receptacle.
2. It is essential to follow the manufacturer’s instructions for operating, caring for, and maintaining the fluid-management system. These systems usually measure fluid based on weight. Delicate internal components have specific instructions that should be reviewed periodically to ensure calibrations are accurate.
3. Established protocol for determining fluid absorption should be followed for any fluid discrepancy.
4. It is necessary to remain diligent in measuring intake and output of any solution used during operative hysteroscopy.

Advances in medical technology and surgical techniques continue to reduce risks associated with operative hysteroscopy. We must, however, refrain from developing a false sense of security as we adapt to these advances. We must continue to monitor intrauterine intake and output diligently by manual or automated methods, regardless of the distending medium. This remains the most effective way to ensure positive patient outcomes.

RBRVS Update

CALL TO ACTION!

Barbara S. Levy, M.D.
AAGL Liaison Member, ACOG Committee on Coding and Nomenclature

Do you believe that specific CPT Codes have been undervalued? Our chance to reevaluate work values begins again in 2000. The 5-year review process of RBRVS (resource-based relative value scale) will reassess codes which the specialty societies identify as improperly valued.

If there are specific codes you wish to see resurveyed, please complete the form and return it to the AAGL. Unfortunately, we will not be able to sell Congress on the concept that all physician or surgeon work is underpaid. Thus, anything we gain in one code is taken away from others to maintain budget neutrality.

We look forward to hearing your comments and concerns. I will do everything possible to fight for fair valuation for gynecologic and endoscopic surgery.

CPT CODE REEVALUATION FORM
Deadline June 1, 1999

--- Yes, I would like to have the following codes reassessed!

Please provide the following: 3 CPT codes to use for value comparison and a BRIEF statement (on a separate sheet) about why you believe the work units for the code you submitted are inappropriate in COMPARISON to other codes of similar work (the work RVU’s are published in the December 1998 Federal Register).

First Code
Second Code
Third Code

Name
Address
City/State/Zip Code
Telephone (area code) Fax (area code)

Please return this form to the AAGL at:
13021 E. Florence Ave., Santa Fe Springs, California 90670-4505
FAX: (562) 946-0073
**Travels with Jordan**

**Winter opportunities for education**

Jordan M. Phillips, M.D.
AAGL Chairman of the Board

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**AAGL - December 11–12, 1998 - Cincinnati** — Another successful workshop at the Endo-Surgery Institute on advanced gynecologic laparoscopy. Dr. Ronald Levine, Program Chair assembled a renowned teaching faculty that included Drs. Thomas Lyons, Charles Miller, and Robert Rogers. Dr. Harry Reich presented the live telesurgery which led to a very stimulating and interactive session with the attendees. This was the largest meeting ever held at the Endo-Surgery Institute and the extensive vivarium provided a unique opportunity for the attendees to improve their skills.

**With 1999 well on its way, we look forward to what the new year has in store for us. ***

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an opportunity to visit and shmooze with our friends and colleagues. The AAGL exhibit, admirably staffed by Administrative Assistant, Lynn Bell, was always busy providing visitors with information on our member services and benefits.

We met with Dr. Ben Younger, Executive Director of the ASRM to discuss collaborative projects between the AAGL and ASRM. Some of these include resident education, fellowships, standards, procedures, and ergonomic studies. Congratulations to the ASRM for presenting a very valuable and enlightening program.

**AAGL, November 10–15, 1998 - Atlanta** — We were then off to the Olympic city of Atlanta for the AAGL 27th Annual Meeting, International Congress of Gynecologic Endoscopy. It was attended by physicians from over 40 countries and included 400 speakers presenting gynecologic endoscopy as it is today. Having an opportunity to see so many of our friends from around the world and finding out what is new in their professional and personal lives was a truly stimulating event. So many of our leaders have elevated in their professional positions. It is most exciting to see positive advances in professional careers.

**Dallas, Texas, December 4–6, 1998** brought us to the wedding of Dr. Brian Cohen’s son, Ari. Dr. Cohen is originally from Zimbabwe, South Africa, and to have so many of his family come together from England, Canada, Australia, South Africa, Israel, and from other countries around the globe was a lesson on world geography. Ari married the daughter of an internist and it looks like it’s a match made in heaven. We all wish them the very best. Dr. Cohen is past president of the AAGL and is still very much involved with many major projects and developments. Dr. Cohen is also the innovator and chair of the residents program that will be held in Dallas, March 13–14, 1999, at the Sheraton Park Central Hotel. This was a truly happy event.

**AAGL - December 11–12, 1998- Cincinnati** — Another successful workshop at the Endo-Surgery Institute on advanced gynecologic laparoscopy. Dr. Ronald Levine, Program Chair assembled a renowned teaching faculty that included Drs. Thomas Lyons, Charles Miller, and Robert Rogers. Dr. Harry Reich presented the live telesurgery which led to a very stimulating and interactive session with the attendees. This was the largest meeting ever held at the Endo-Surgery Institute and the extensive vivarium provided a unique opportunity for the attendees to improve their skills.

**With 1999 well on its way, we look forward to what the new year has in store for us. ***
AAGL Foundation: Resident's Circle Program Gains Support from AAGL Members

Louis G. Keith, M.D.
Executive Director

Registrations continue to arrive for the Annual Comprehensive Workshop for Residents, Fellows & OR Personnel. Now in its eighth year, the March 12–13, 1999 conference in Dallas will provide a forum to introduce residents and interested individuals to special field of interest. Total attendance is anticipated to be around 200.

Because the fee for participation is low ($100) the Board of Directors of the Foundation initiated the Resident’s Circle Program in December of 1998. Every AAGL member now can show his or her support of this truly unique program through a contribution to the Resident’s Circle Program. Please join us in continuing this important workshop by pledging your support today.

On behalf of the Board of Directors, we would like to thank the following physicians for their contributions:

Donors as of February 22, 1999

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¹ In Honor of Brian Cohen, M.B.Ch.B, M.D.
² In Memory of Jerome Hoffman, M.D.
³ In Memory of Meyer A. Kaplan (father of Wendy K. Winer)
⁴ In Memory of Andre Beauboef, M.D.
⁵ In Honor of Brian Cohen, M.B.Ch.B, M.D.

For further information on the Resident’s Circle Program or the workshop, please contact the Foundation of the AAGL at: 13021 E. Florence Avenue, Santa Fe Springs, CA 90670-4505 (800) 554-2245 or (562) 946-0073 or FAX: (562) 946-0073.

Alternatives ...continued from page 3

and well-controlled, randomized, double-blind design. Most important, we must have standard rating scales for use across treatments, institutions, and countries addressing patient satisfaction and clinical outcomes.

With the advent of minimally invasive procedures that treat uterine fibroids and abnormal uterine bleeding, we must be vigilant in record keeping. Most of these procedures do not have long-term results with large patient numbers. Publishing preliminary data is wonderful, but we should not stop there. Keep the data coming. We owe it to our patients, colleagues, and ourselves to know long-term sequelae of newer operative procedures. Follow-up of 1 to 5 years is crucial. We all would benefit from a central data bank accessible to many physicians. Let’s talk and share our data. Let’s not reinvent the wheel with each new study. Let’s standardize our protocols.

Until recently, women were given little choice and less voice in decisions about hysterectomy. The tide has turned. Patients are the captains, but we must provide the direction. We can lead if we know the way! Literature-savvy patients keep us abreast of new developments. Our surgical practices and medical management must remain current. The half-life of medical knowledge and surgical technology is barely 2 to 3 years due to revolutionary changes in our specialty. We are constantly inundated with new protocols, procedures, and techniques.

Your active participation in the AAGL allows instant access to new technology. As our past President Ronald L. Levine eloquently stated in his presidential address, “The AAGL will continue to supply the expertise and support to educational endeavors within our specialty, so that all women (and surgeons) will benefit from these exciting technical advances.”

The continuing challenge for gynecologists is to provide patients with cost-effective, minimally invasive evaluation and directed therapy for fibroids and menstrual dysfunction. An international faculty met at the Congress on Alternatives to Hysterectomy, February 26–28, 1999, at the Eden Roc Resort, Miami Beach, Florida, to review, debate, and discuss alternatives to hysterectomy. Copies of the syllabus are available for sale through the AAGL office. Call (800) 554-2245 and ask for the publications department.
FUTURE MEETINGS

Eighth Annual Comprehensive Workshop on Gynecologic Endoscopy for Residents, Fellows, & OR Personnel
March 13–14, 1999
Sheraton Park Central • Dallas, Texas

Advanced Endoscopic Surgery Including Hands-On Laboratory & Live Telesurgery
June 25–26, 1998
Ethicon Endo-Surgery • Cincinnati, Ohio

Workshop on Advanced Gynecologic Endoscopy Including Hands-On Laboratory
July 30–31, 1999
Ethicon Endo-Surgery • Cincinnati, Ohio

Advances and Controversies in Reproductive Endoscopic Surgery
July/August 1999
Hilton La Jolla Torrey Pines • La Jolla, California

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

Global Congress of Gynecologic Endoscopy AAGL 28th Annual Meeting
November 7–11, 1999
Bally’s Hotel & Casino • Las Vegas, Nevada

Please note that this year’s Global Congress on Gynecologic Endoscopy/AAGL 28th Annual Meeting will be held Sunday, November 7 (registration) through Thursday, November 11, 1999 at Bally’s Hotel & Casino in Las Vegas. If you haven’t already received your copy of the Call for Papers and would like to submit an abstract or video, please contact the AAGL office today, or visit our website at www.aagl.com. Deadline for abstracts and videos is March 31, 1999.