Our Vision for the AAGL of the Future

The AAGL continues to be a dynamic and evolving organization. Your Board of Trustees is making changes that will ensure the strength and growth of AAGL in the future. This message provides a brief summary of those changes.

The first, of course, is the organization’s recent name change to AAGL, and our journal’s name change to The Journal of Minimally Invasive Gynecology. Both reflect the reality of our members’ international composition and interests in new areas, for example endoscopic oncology. Our commitment to our international members is seen in their increased participation in the 2004 annual meeting, their active role on the Board and a restructuring of the by-laws that will be proposed this year that will result in more international representation on the Board and Committees. Dr. Mauro Busacca is Chair of the Affiliated Societies Committee, and will be working to increase their size, number and participation in AAGL.

AAGL is increasing its efforts to include women and younger members in its governing structures and programs, including the annual meeting. This emphasis was seen in 2004 and will be continued in 2005. Dr. Barbara Levy organized the very successful Women Surgeons’ Luncheon and Dr. Lisa Roberts is working with younger members to identify and involve them more in AAGL.

AAGL would not be able to provide the number and quality of educational programs that it does without the active support of industry. Dr. Andrew Brill is leading our efforts with the Industry Committee to increase communication with our corporate partners and to identify mutually beneficial opportunities that meet and exceed all the ethical and legal standards that are in place today. AAGL has also clarified its historical relationships with ACGE and the Foundation, and is exploring new opportunities with other professional organizations.

The AAGL Office Finds a New Home

As of June 1, 2005, the AAGL office will be located at its new home in Cypress, California, approximately 11 miles south of its present location in Santa Fe Springs. Its new home will be a two-story contemporary-style office building that has just recently finished construction in the Cypress Gateway Business Park. Recently the AAGL has been experiencing much growth, and this new office will better accommodate the organization as it continues to spread its wings. With 4,000 square feet of office space and 2,000 square feet of warehouse space, this new building will allow the AAGL to expand its staff as well as to improve the organization’s efficiency. All of this in turn will be passed on to the membership through programs offered by the AAGL.

We look forward to occupying this new space and welcoming guests to our new home. Equipped with a conference room, this office will provide a convenient gathering place for meetings and visitors. Nestled between Los Angeles and Orange County, its location offers convenient access from Southern California’s airports: it is approximately 30 miles east of LAX, 10 miles east of the Long Beach Airport, and 13 miles west of the Orange County Airport. The AAGL’s new address as of June 1st will be 6757 Katella Avenue, Cypress, CA 90630.
Too Commercial or Cutting Edge?

It not infrequently heard criticism of some presentations at the AAGL meetings is that they are “too commercial.” And at first glance this may seem to be the case.

However, the contents of the postgraduate courses, the panels, the sponsored symposium and the general sessions at the AAGL meetings are strictly governed by the guidelines of the Accreditation Council for Continuing Medical Education. We would jeopardize our accreditation if we did not comply. Do any presenters stray? Unfortunately this occasionally may occur. If the session monitors identify a problem, the speaker is told and if it were too egregious they would not be invited back.

The papers presented by individual speakers cannot be pre-screened for commercial bias except by contents of the abstracts submitted. Authors are forewarned and may not be allowed to present in future programs if they are too commercially biased but it is really the integrity of the presenter that avoids commercialism.

The other side of the coin is that many presentations are about cutting edge technologies. The AAGL has always attracted physicians who are “early adaptors.” They are eager for new and improved medications, techniques and instrumentation. These frequently are the product of an individual company and it is impossible to totally separate the company from the subject. But ACCME standards are met.

Finally, the AAGL requires all speakers to sign a “conflict of interest” statement. These are printed in every program and allow the listener to see for themselves the relationship a speaker has with all companies related to their talk.

Looking Ahead…

It is an honor to be elected Secretary-Treasurer of AAGL and I thank you for your support. I am really looking forward to serving the AAGL membership over the next four years, with an emphasis on promoting surgical excellence and innovation.

Our new president, David Adamson, has high energy and corporate skills that are taking the AAGL to a new level of organization and efficiency. The planning for the 2006 meeting, with Richard Gimpelson as Scientific Program Chair, is nearly complete and should result in an excellent program.

One of my more pleasurable tasks as Secretary-Treasurer is being the editor of NewsScope. NewsScope has expanded over the past two years to provide more options for contributions through “Members News,” “Regional Perspectives,” and “Letters to the Editor.” Please contact us to share your accomplishments, commentary on previous NewsScope publications, AAGL activities, or perspectives on regional meetings or activities that would be of interest to the AAGL membership. We also welcome your questions and comments for the “Medical Legal Corner” and “CPT Coding” columns. AAGL is strong through the passion and expertise of its members. We need your voice.
journal news

The Journal’s Metamorphosis

The Journal has undergone a metamorphosis. First, the name change to The Journal of Minimally Invasive Gynecology. The board of the AAGL wanted a name change to reflect the fact that the organization, and hence the journal, is about more than laparoscopy. Hysteroscopy to be sure, but also pelvic imaging, ancillary medical pre-surgical treatments, chronic pelvic pain control and a host of other subjects fall into our purview. Additionally, consideration of the fact that 70% of our published articles emanate from outside the United States dictates a name change as well. By attracting manuscript submissions not previously sent to the journal, our position in the academic marketplace becomes stronger, as we compete for quality papers.

The second major change is the move to a bi-monthly rather than a quarterly production schedule. This has been implemented concomitantly with selection of Elsevier as the publisher of the Journal. The clout of this major prestigious medical publisher adds circulation to medical libraries, increased advertising base and introduces economies of scale not attainable with the previous in-house production. The cover remains “AAGL blue,” but we have added a color plate to the cover as well as increased color figures in the internal pages at no cost to the authors. This year also marks a transition to total on-line manuscript submission and review. Extensive training of our in-house editorial staff promises to smooth the bumps associated with these changes. The Elsevier on-line system is actually rather easy to use.

We continue to offer abstracts of articles appearing in other journals that hold interest for our readers, and the statistical series for clinicians continues. CME articles will actually increase, and our readers are urged to avail themselves of this service. Readers are strongly encouraged to become interactive through the “Letters to the Editor” section. We have a number of new features as well that will be launched in the next few months.

Kudos to our editorial board, advisory editors and dedicated ad hoc reviewers, without whom the Journal could not function. Barbara Levy has done an outstanding job as associate editor on the hard copy front and Alan Johns, with the generous technical and financial support of Stryker Endoscopy, has miraculously brought the on-line video journal to fruition. Members should take a peek at this feature, based on the award-winning videos from the annual meetings.

Another major plus has been the acceptance of the Journal by some of our affiliated societies as their official publication. Among those groups are our sister societies in Italy and Australia as well as the International Society of Gynecologic Laparoscopists. Members of those groups will be able to receive the Journal as hard copy or on-line at reduced cost compared with other non-members of the AAGL. This development will also boost circulation and prestige. It represents a considerable effort by Franklin Loffer, Executive Vice President and Medical Director, and the irrepressible Linda Michels in negotiating these unions. I could not ask for a better pair of Managing Editors; always supportive, but never shy in offering different points of view.

As you can see, we look forward to a bright future for our Journal. Your comments, positive and/or negative are always welcomed and will be taken seriously.

new products

Richard Wolf PowerGrip. PowerGrip is a line of reusable instruments that offers 4 different jaw tip designs that provide active cutting, coagulating, dissecting and grasping with the safety of bipolar technology. PowerGrip scissors allow precise cutting with minimal thermal spread. These reusable instruments offer a more cost effective alternative to existing disposable bipolar devices, and can be used with your existing bipolar generator. Contact Richard Wolf 800-323-WOLF(9653).

Feature your new product in this section of News Scope. Contact the AAGL for specifications at: newsscope@aagl.org.
Endometriosis affects 10–15% of women of reproductive age. Currently, the term deep endometriosis is applied when the disease penetrates more than 0.5 cm, affecting the bladder, utero-sacral ligaments, bowel and/or rectovaginal septum. When nodules affect the area of the rectovaginal septum and the intestinal wall, this characterizes the most severe form of endometriosis, which should be suspected in the case of patients with clinical complaints of cyclic pelvic pain, deep dyspareunia and cyclic intestinal disturbances, pain at evacuation and/or bleeding at evacuation during menstruation. In these cases, digital vaginal examination associated with diagnostic methods such as transvaginal and rectal endoscopic ultrasound and magnetic resonance may indicate a diagnosis of deep endometriosis. This preoperative clinical analysis is essential to adequately prepare the surgical team to provide optimal disease management, bearing in mind the complexity of the procedure that may have to be performed. Participation of a multidisciplinary team of gynecologists, urologists and digestive tract surgeons is recommended in order to achieve complete excision of all visible and palpable lesions of the disease, promoting a significant improvement in pelvic pain and fertility.

In our series of 60 patients submitted to segmental resection of the sigmoid, all complained of dysmenorrhea and 40% of patients related pain of an intensity that prevented them from carrying out their daily activities, deep dyspareunia was present in 72% of cases, acyclic pelvic pain was present in 66.7% of patients, cyclic intestinal symptoms were reported by 88.9% of the patients, representing a significant clinical factor clearly indicating that the disease had affected the bowel. Physical examination suggested deep involvement in 83.3% of evaluations, as judged by the presence of thickened areas or nodules in the posterior cul-de-sac. Serum levels of CA 125 were elevated in all patients, confirming the usefulness of this marker for the diagnosis and follow-up of advanced cases of the disease. The importance of ultrasonography preceded by rectal preparation should be emphasized since this diagnostic tool permits a detailed observation of the lower intestinal tract and in our series it provided precise and valid information in suspected cases of deep endometriosis. It should be emphasized that adequate use of this diagnostic method has proved essential in planning surgery since ultrasonography makes it possible to define the extent of the lesion and whether the layer of the recto-sigmoid wall is affected.

In cases in which endometriosis has infiltrated the intestinal wall, in which involvement of the muscular layer and sometimes the submucous and mucous layers is suspected, the treatment recommended by our group is to perform segmental resection. In our series, all patients had lesions in different segments of the rectosigmoid wall; however, the inner muscular layer was always affected and in 66.7% of cases there was infiltration of the submucous layer, justifying the decision to carry out segmental resection of the area affected.

Endometriosis is a prevalent disease and preoperative confirmation of intestinal involvement is of great importance. Surgery by videscoparoscopy permits the adequate treatment of endometriosis and assures good postoperative recovery. The awareness that potential complications may occur reinforces the need to involve a specialized, multidisciplinary team in the treatment of these cases.
The AAGL and the University of Louisville Department of Obstetrics and Gynecology will again present this outstanding opportunity for gynecologic surgeons with advanced laparoscopic skills to add to their knowledge and experience. This one-of-a-kind course is unique as it limits attendees to no more than four surgeons at each station. Each station has experienced preceptors, all of whom have taught at previous courses and are superbly knowledgeable regarding laparoscopic anatomy and techniques. The visiting faculty are world-renowned for their lecture skills and for their ability to teach at the dissection table.

Rather than focusing on specific endoscopic procedures, the didactic curriculum is based on the supposition that each laparoscopic and hysteroscopic surgery is respectively linked to sets of definable knowledge, anatomy, and skills. Using a variety of in vitro models for hands-on practice, skill sessions will provide directed experience with different methodologies for tissue manipulation and dissection, the safe use of electrosurgery and ultrasonic energy, laparoscopic suturing, techniques for tissue removal and morcellation, and both diagnostic and operative hysteroscopic procedures. A full spectrum of operative laparoscopic and hysteroscopic procedures including associated complications will be critically reviewed using an interactive case-study format.

The AAGL designates this educational activity for a maximum of 11 category 1 credits toward the AMA Physician’s Recognition Award (AMA/PRA). For more information please visit www.aagl.org or call (800) 554-2245.

Seventh Annual Advanced Workshop on Gynecologic Laparoscopic Anatomy and Minimally Invasive Surgery

There will also be lectures and the opportunity to learn current urogynecologic techniques such as TVT and the Trans Obturator Sling.

The visiting faculty as noted, is outstanding. Various suturing techniques will be taught by one of the world’s best-recognized experts on laparoscopic suturing, Dr. Grace Janik. Drs. Robert Rogers and Andrew Brill are famous for their anatomy lectures that are designed to teach and entertain. Dr. Tim McKinney is not only a well-known urogynecologist, but he is also one of the developers of the TOT technique.

In the past, this course has had attendees from all over the United States and from around the world with surgeons from Korea, India, Greece, Italy, Germany and Israel among others. The course continues to receive excellent reviews from attendees. Insofar as space is limited and this course does fill, you are encouraged to register early.
PRESIDENT’S MESSAGE from page 1

AAGL wants to improve the quality and quantity of research in the field of minimally invasive gynecology, and so has created a Research Committee under the chairmanship of Michael Diamond. We have also established a Practice Guidelines Committee to develop guidelines for minimally invasive gynecology.

AAGL is taking a big step this year when we move into our own building that we have purchased. This move will ensure that our staff, under the excellent direction of Linda Michels, has the capability to service the organization and its members for years to come. Our new building is also a good investment for AAGL and will help provide a stronger financial foundation in the future. Our new building will have new computer equipment and software that will enable us to increase our efficiencies and performance with newer information technologies.

Franklin Loffer, Medical Director, has modified the by-laws for presentation to the members for approval. These changes will streamline operations, increase Board oversight of AAGL activities and increase committee participation. Monthly teleconferences have also been started so that the Board can accomplish more each year. The Board is also focusing more on the financial and budget process to ensure that we can maximize the fiscal strength of AAGL.

Of course, AAGL’s major activity is education. We have been spending more time and effort quantifying the results of our teaching activities through surveys and adhering more to recognized educational standards. We hope and expect this will improve our teaching to make our annual meeting and courses even better in the future.

Finally, I would like to thank you for your support of the Board, the staff and me. Please become more involved, and contact us with your suggestions.

annual meeting

“My Kind of Town—Chicago Is My Kind of Town”

According to Frank Sinatra and Rich Gimpelson

Mark November 9–12, 2005 on your calendar to make sure you attend the 34th Annual Meeting of the AAGL. The Global Congress of Minimally Invasive Gynecology will be at the Hilton Chicago.

Twelve comprehensive half-day postgraduate courses will open the meeting as usual. You will have the opportunity to interact with internationally recognized experts covering the full gamut of gynecologic endoscopic surgery as well as vaginal and medical approaches for treating your patients. There will be more opportunities for nurses and other O.R. personnel to enhance their knowledge and skills. Two comprehensive General Sessions will focus on “Endoscopy for Gynecologic Cancer” and “The Women’s Health Initiative—3 Years Later.” As one who has taken part in many AAGL debates, I promise that the six Surgical Crossfire Debates will be both educational and entertaining in the Rich Gimpelson tradition. Throughout the congress, you will have the opportunity to enhance your skills in managing uterine leiomyomas like you never thought possible.

You will definitely want to stay for the entire meeting which ends on Saturday with six live telesurgeries. There will be more exhibit time than ever before, and I highly recommend that you visit all of our vendors. Get your papers, videos, and posters into the AAGL as soon as possible so we can find places in the program for your presentations.

I am looking forward to seeing you in Chicago: “City by the Lake”/“City of the Century”/“I Will” City/”Second City”/”Chi-town.”
Successful Bowel Injury Litigation

Laparoscopic bowel injuries occur in 0.07–0.7% of cases. They can have devastating results as over 40% are not recognized at the time of surgery. Further, they account for some of the largest litigation awards for surgical complications. Successful defense focuses on the preoperative evaluation and treatment, appropriate counseling and consent, proper surgical training and technique, and prompt response to unexpected surgical outcomes.

A 54-year old G5P5005 underwent laparoscopic salpingoophorectomy for a 5-cm complex adnexal mass, with associated pelvic pain unresponsive to medical therapy. A CT performed 5 months prior to surgery identified a probable dermoid of the right ovary. Subsequent pelvic ultrasounds confirmed the diagnosis and persistence of the mass. Counseling addressed the probable diagnosis, the anticipated laparoscopic procedure, and treatment alternatives, including laparotomy or observation. Documented discussions included the substantial risks of surgery, emphasizing the risk of bowel injury, noting five prior Cesarean sections. A bowel prep was performed preoperatively. An uncomplicated open laparoscopic entry was performed. Surgery required extensive adhesiolysis and enterolysis, avoiding electrical energy near bowel. Both ovaries were removed and pathology confirmed a right ovarian dermoid. The surgeon dictated a comprehensive operative note immediately following outpatient surgery.

The patient complained of increasing pain on post-op day 4. The patient was called repeatedly encouraging her immediate return to the emergency room. Finally, she presented on post-op day 7 and emergent surgery confirmed a 0.5 cm distal sigmoid perforation, requiring a colostomy. During her 4-month hospitalization the patient required six additional procedures. She underwent 3 months of rehabilitation.

The defendant physician had documentation of extensive continuing education, training, and experience in performing advanced laparoscopic procedures. He provided his attorney with a comprehensive response to the plaintiff’s allegations, highlighting supportive and contradictory literature. At deposition, the plaintiff confirmed the physician’s discussion of potential complications, the physician’s visits in the hospital, and meetings with the physician and the hospital’s risk manager. The plaintiff’s expert maintained that laparoscopic removal of an adnexal mass in a post-menopausal patient was negligent and a breach of the standard of care. He would not acknowledge any literature supporting such treatment. He had no response to attacks on his written allegations. Following all depositions, the defense was granted a motion to dismiss with prejudice, preventing any further litigation.

Physicians should cautiously approach patients with pelvic pain, particularly with extensive surgical histories. Prior records, unavailable in this case, should be reviewed. Surgeons must recognize their surgical limitations and be willing to refer the patient or select alternative approaches. Potential complications must be discussed and accepted by the patient. Thorough and prompt surgical documentation aids the defense. Compassion, particularly in the face of complications, is imperative, as patients must not feel abandoned. Communication and cooperation by risk management often reduces litigation. Open communication and educating the defense attorney is critical.

Complications are devastating. Patients suffer and physicians often question their own competence. Supporting these patients is a challenging and humbling experience. Defending such cases is aided by open communication, compulsive documentation, and physician compassion.

Send your “Letters to the Editor,” questions, comments, and feedback to newsscope@aagl.org
AMA Update

Report on the AMA Interim Meeting

Dr. Robert Barnett and I attended the AMA Interim 2004 Meeting held in Atlanta, Georgia, December 4–7, 2004. Both of us were quite busy as we attended the Ob/Gyn Council Meetings, the triple S meetings, the Ob/Gyn Caucus and the special meeting held by the Council of Ethical and Judicial Affairs. We split our time at the Reference Committees and discussed the important issues.

The Interim Meeting is devoted exclusively to advocacy issues defined as follows:

Active use of communication and influence with public and private entities responsible for making decisions that directly affect physician practice, payment for physician services, funding and regulation of education and research, and access to and delivery of medical care.

Two items received the most attention:

Board of Trustees Report 15—Specialty hospitalization and Impact on Health Care

Board of Trustees Report 8—Expert Witness Qualifications and Code of Conduct

Regarding Board of Trustees Report 15, The House of Delegates voted to support competition between health facilities and opposition to extension of the moratorium on the establishment of specialty hospitals.

Board of Trustees Report 8 proposes that the AMA develop model state expert witness legislation based on the stricter standards that apply in Federal Court.

The AMA opposes payment of contingency fees and supports legislation to make this practice illegal.

One of the most significant resolutions was Resolution 805 that requests state insurance regulators require all private insurance to make available to each participating physician practice their updated payment schedules on an annual basis.

The AMA financial statement shows the AMA has been "in the black" for the last five years.

Foundation News

New Developments for the FAAGL

As the AAGL experiences new horizons of growth, so has the Foundation of the AAGL. Created in 1992 with the intent to "support and foster charitable and educational activities in the field of gynecologic endoscopy and laparoscopy," the Foundation has helped support the Resident's Course for 14 years. More recently, it has established two endowed awards: The Robert B. Hunt Award, and the Jay M. Cooper Award.

Now there are two new developments within the foundation. The first has been the production of an annual report, which will be mailed to all members and contributors within the next several weeks. We welcome your comments and feedback. The second development is the expansion of the Foundation’s Board. If you would be interested in serving on the Foundation, please send your short CV and cover letter by mail, fax (562-946-0073) or email (foundation@aagl.org).

These are exciting times for the Foundation and we thank you for your contributions and look forward to your continued support.

The Foundation of the AAGL is seeking new Members to be on its Board of Directors.

For consideration please send us your CV

Fax (562) 946-0073
foundation@aagl.org
My first visit to China was in 1980 as a member of the AAGL Teaching Team. Endoscopy at that time was little more than a novelty and we taught "advanced" procedures such as sterilizations. Over the years the endoscopic expertise in China has grown as rapidly as its cities and commerce.

During my last visit to China in 2004, I participated in the 12th Beijing Gynecological Endoscopy Symposium held at the Fuxing Hospital. The level of the lectures and surgery left little doubt as to the influence China will exert in the world of endoscopy and minimally invasive gynecology.

We welcome CGEG as an affiliated society and look forward to its contributions to the world of endoscopy and minimally invasive gynecology.

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

NewsScope: When and was the Chinese Gynecologic Endoscopy Group (CGEG) founded?

CGEG: The Chinese Gynecologic Endoscopy Group was established in 2000. Eighteen gynecologic endoscopists elected from different provinces of China who are experienced leaders in gynecologic endoscopy comprise our membership.

NS: What is the primary goal of CGEG?

CGEG: The primary goal of our group is to exchange our knowledge and experience with colleagues from both China and other countries and to communicate and cooperate with them. Additionally, we promote the development of different levels of endoscopic skills in our hospitals so as to give our patients better treatment.

NS: Approximately how many members are there?

CGEG: Only 18 members in our society, but we have a large number of gynecologists who engage in gynecologic endoscopy.

NS: What are some of the benefits of membership?

CGEG: To attend national meetings at a special registration rate; to get new information on endoscopic meetings in China or in other countries; to organize endoscopic meetings; receive support from CGEG; and to publish related papers with priority.

NS: Is there any message you would like to share with NewsScope's readers?

CGEG: The CGEG is a young society in a developing country. Support from AAGL and other affiliated societies along with academic exchange and communication is very important for our growth. We also organize a national endoscopic congress every two years and hold endoscopic seminars and workshops four times per year in various regions of China. Experts from China and abroad are invited to participate. We also encourage our members who perform endoscopy to attend international meetings such as the AAGL Annual Meeting.

For further information, please e-mail the Secretary of CGEG, Jenhua Leng, at: lengjenny@vip.sina.com.

---

Videos from the AAGL 33rd Annual Meeting Are Now Available

Member Price—$50.00 • Non-Member Price—$95.00 (set of two videos) + postage

*Hysteroscopy Myomectomy* • Adolf Gallinat
*Pelvic Reconstruction* • Rose C. Kung
*Laparoscopic Lymphadenectomy* • Farr R. Nezhat
*Concomitant SUI with Pelvic Prolapse Procedure Using Mesh* • Vincent R. Lucente
*Laparoscopic Myomectomy Using DaVinci Robotics* • Arnold Advincula
*Perigee Transobturator Anterior Prolapse Repair System* • Robert D. Moore
*IVS Tunneller Device for Apical Suspension of the Vaginal Vault* • Karen Abbott
*HerOption Cryoablation Therapy* • Kelly Roy

For more information or to order, please visit www.aagl.org/publications.asp or call (800) 554-AAGL, (562) 946-8774.
On February 16, 2005, Milton Goldrath sadly passed away. The following article, written by Jay Berman, highlights the accomplishments and impact on the profession that this beloved and respected member had.

Dr. Goldrath is survived by his wife Gail Goldrath, son and daughter-in-law, Drs. David and Carol Goldrath; daughter and son-in-law, Janet and Jeffrey Loeb; son-in-law Mark Small; stepchildren, David and Carmen Yuzpe, Stephen and Stephanie Yuzpe, Philip Yuzpe, Eric Yuzpe, and Jessica Yuzpe; grandchildren, Emily and Adam Small, Jonathan and Katie Goldrath, and Joshua, Charlie, Robbie, and Joanna Loeb; and his step-grandchildren Ashley and Keely Yuzpe, and Alexander Yuzpe.

In February 16, 2005 we lost one of the giants of obstetrics and gynecology. Milton Goldrath was a leader in our field for over 40 years. A graduate of the University of Michigan School of Medicine, he did his residency at Harper Hospital. He was a captain in the US Army, private practitioner, Chairman of the Department at Sinai Hospital of Detroit, and Associate Professor at Wayne State University School of Medicine. He was a husband, father, grandfather, physician, educator, role model, mentor and friend.

Milt was an innovator in laparoscopy, hysteroscopy, laser surgery and especially endometrial ablation. He was one of the original members of the AAGL, starting his membership in 1976. He was responsible for the first practical repeatable method of endometrial ablation using the ND:YAG laser under direct vision. In 1981 he published his article that ushered in the modern era of endometrial ablation. Not content to rest on this titanic accomplishment Milt continued to innovate and almost exactly 20 years later his HydroThermAblator was approved for use in the United States. By that time endometrial ablation was an accepted procedure that had successfully treated many thousands of women worldwide.

Dr. Goldrath was a devoted practitioner and dedicated teacher. Many physicians owe their careers to his influence and guidance. I first met Milt when I was a third year medical student on my ob/gyn rotation. He was still doing obstetrics at that time (he was also a superb obstetrician, by the way). I returned for a two-month rotation as a senior medical student and then as a resident for four years. To say he influenced my career and that of numerous other obstetricians is an understatement.

It is difficult to quantify how much we all learned from him, “everything” would be a good start. For example, Milt taught us how to remove ectopic pregnancies laparoscopically in the late 70’s, long before video and fancy equipment was available. He was so innovative that an article he authored in 1976 was turned down by every major gynecologic journal, until it was published in the Journal of the AAGL in 2002! Milt was responsible for the development at Sinai hospital of Detroit, of one of the largest laser surgery departments anywhere. He was also ahead of the curve in office hysteroscopy, practicing that art long before most practitioners even thought of doing it in the office. He had numerous publications about innovative new techniques in gynecology that are now well accepted and taken for granted.

Milton Goldrath was the consummate physician, always impeccably dressed, gentlemanly, and classy. He had a quick, dry wit, a brilliant mind and a very distinctive laugh. His laugh was evident throughout the hospital, at conferences, dinners, parties, the operating room and at home. Milt was nationally and internationally known and respected for his work.

Milt always put the safety of his patients ahead of all other concerns in medical practice. This is evident in his development of the HTA as a safer simpler way of achieving endometrial ablation, despite the fact that his results and safety record using the ND:YAG laser were enviable. It was my privilege and honor to work with Milt on this project over the last 10 years. From the research laboratory to the finished approved product it was clearly a labor of love for him.

In addition to the countless babies he has delivered, the patients he has treated and operated on, his spirit, dedication and inquisitiveness lives on in the many residents he has trained. Milt challenged his residents and those around him to be better physicians and indeed better human beings and to think in new ways about old problems. I know that I and many others are better physicians, educators and indeed better people for having known, learned and worked with him. His guidance, spirit, and counsel will always be with me. I am grateful for the opportunity that I had to share him with his beloved family.

—Jay Berman, M.D.
**Professor Leila Adamyan Receives High Honor**

Professor Leila Adamyan was recently elected to the Russian Academy of Medical Sciences (RAMS) with the highest possible rank of Academician. The Russian Academy of Medical Sciences is the highest scientific medical organization of the Russian Federation. The Academy enrolls 172 academicians, representing all specialties of medical science; each of them is the top authority in their corresponding field of medicine not only in Russia, but in the former Soviet Union countries as well. Professor Adamyan is the youngest woman ever to be elected Academician in the Russian Academy of Medical Sciences.

Professor Adamyan is the chief of the Department of Operative Gynecology of the Scientific Center for Obstetrics, Gynecology and Perinatology of the RAMS since 1989, and the Chair of the Department of Reproductive Medicine and Surgery of the Moscow State Medical-Stomatologic University since 2003. In these elections she was supported by a number of leading surgical, gynecologic, educational medical institutions of Russia, including the Vishnevsky Scientific Research Institute of Surgery, Russian Oncologic Scientific Center, Russian Scientific Center of Roentgen-Radiology, Siberian Department of the Russian Academy of Medical Sciences, Moscow Medical Academy, Moscow State Medical-Stomatologic University and others.

Through her work as the member of Scientific Councils of the Center, Moscow Medical Academy and Moscow State Medical University, Professor Adamyan takes active part in the organization of gynecologic science in Russia. She is Vice-President of the Russian Association of Gynecologic Endoscopists, President of the Russian Endometriosis Association, has created her own school in gynecology, and has mentored 45 physicians who fulfilled their Ph.D. or doctoral thesis under her guidance. She has also organized 17 international workshops and congresses in a unique form of interactive live surgery with simultaneous discussion of clinical issues and applied technologies.

An AAGL member since 1989, Professor Adamyan is an International Advisor and has been an Ad Hoc Reviewer for the Journal. In 1999 she was Honorary Chair at the AAGL’s 28th Annual Meeting in Las Vegas. Our congratulations to Professor Adamyan on having received this prestigious honor.

---

**Welcome New AAGL Members!**

January 1 – February 22, 2005

Samantha Adkins, M.D.  
Jewel Amui, M.D.  
Eugene Aron, M.D.  
David M. Barker, M.D.  
Karl W. Beesch, M.D.  
Jennifer H. Breazeale, M.D.  
Daniel M. Breitkopf, M.D.  
Mark R. Bush, M.D.  
Doo-byung Chay, M.D.  
Corinne De Cholnoky, M.D.  
Nina Dereska, M.D.  
Guillermo Durruty, M.D.  
Jesús Macías Duviognau, M.D.  
Michelle M. Edwards, M.D.  
Nicola Farah, M.D.  
Alberto Gamino, M.D.  
Jonathan Goldstein, M.D.  
Lawrence C. Greb, M.D.  
Barry L. Green, D.O., FACOG  
Nelly Heiman, M.D.  
Randi Heinzell  
Michael Hibner, M.D.  
Alexandra Kidd, M.D.  
Joong Sub Lee, M.D.  
Fabio B. Lopes, M.D.  
Anagani Manjula, M.D.  
Steven J. Masters, M.D.  
Antonio Mollo, M.D.  
Jessica Mory, M.D.  
Tiffany Mullin, M.D.  
Vishnunadan Muniandy, M.D.  
Christopher A. Naraine, M.D.  
Magdy Waguih Abdel Nour, M.D.  
Jeanne E. O’Brien, M.D.  
Gennaro Raimondo  
Jinlae Roh, M.D.  
Arabinda A. Saha, FRCOG  
Daniel Sanchez-Martinez, M.D.  
Piotr Sobiczewski, M.D.  
Timothy W. Stewart, M.D., FACOG  
Peter Van Dell, M.D.  
Supriya Varma, M.D., FACOG  
Michael V. Wagner, M.D., FACOG  
Damon A. Warhus, M.D., FACOG
CALL FOR PAPERS

Global Congress of Minimally Invasive Gynecology
AAGL 34th Annual Meeting
November 9–12, 2005 (Pre-registration Nov. 8)
Hilton Chicago • Chicago, Illinois

Complete your abstracts on-line
Go to: www.aagl.org
Abstract deadline—April 15th
Video deadline—May 16th

future meetings

AAGL MEETINGS

14th Annual Resident’s Workshop
April 9–10, 2005
Hotel Sofitel O’Hare Airport
Chicago, Illinois

Advanced Workshop on Gynecologic Laparoscopic Anatomy & Minimally Invasive Surgery
May 20–21, 2005
University of Louisville
Louisville, Kentucky
Currently full

Global Congress of Gynecologic Endoscopy
AAGL 34th Annual Meeting
November 9–12, 2005
(Registration begins evening November 8, 2005)
Hilton Chicago
Chicago, Illinois

AFFILIATED MEETINGS

The World Meeting on Gynecological Pelvic Pain and Endometriosis
May 12–15, 2006
Milan, Italy
www.bluevents.it/milan2006

Seventh Annual Congress of Gynecological Endoscopy
May 11–14, 2005
Acapulco, Mexico
Contact: Yves Leroy, M.D., Executive Vice President
e-mail: ty1818@prodigy.net.mx

World Congress on Gynecological Endoscopy
2nd Croatian Congress on Gynecological Endoscopy
June 12–24, 2006
Dubrovnik, Croatia
Contact: Miroslav Kopjar, M.D., President
e-mail: mkopjar@hotmail.com