FOCUS ON AAGL

So What Else Happens in Las Vegas?

This year’s 41st Annual Meeting Scientific Program Chair, Javier Magrina’s article “Not Everything that Happens in Vegas Stays in Vegas” (April-June 2012 NewScope) clearly outlined the many educational opportunities the 2012 Annual AAGL meeting will offer attendees to take home from Las Vegas.

But the focus of the AAGL annual meetings is multifaceted. Education may be primary but there are some other aspects about it which bring benefit to those attending.

- Opportunity to present – The AAGL has always made a particular effort to allow all who wish to present their original ideas or to refine old ideas. Many of today’s “old ideas” were new and original just a few short years ago.
- Academic recognition – By providing an open forum to all it has allowed the expertise and knowledge of young members to be recognized.
- International participation – the opportunity to interact with attendees from around the world not only allows for the sharing of knowledge for improving patient care but also a perspective of the many diverse cultures from which our fellow gynecologists come.
- Mentoring – It is very clear that you not only see the teachers but those younger participants that they have mentored. Many of these relationships have started at the annual meeting.
- Camaraderie – The annual meeting has always been an opportunity for members to meet new colleagues and to greet old friends. Since its beginning the AAGL has always used the word “family” to describe its members. And nowhere does this show more clearly than at the Annual Meeting.

We look forward to welcoming you to the 41st Annual Meeting!

Franklin D. Loffer, M.D., is the Executive Vice-President/Medical Director of the AAGL and resides in Phoenix, Arizona.

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Record Attendance Expected in Vegas!

I am pleased to report to you that the upcoming 41st AAGL Global Congress is already a success by the total number of registrations received, by the number of international participants, and from industry involvement.

So far, we have received over 1100 registrations from 32 different countries.

Thank you to all our early registrants. The PG courses are rapidly filling with some already reaching near full capacity, specially those with a hands-on component. They include all aspects of gynecologic endoscopy. We have added a new course on cystoscopy, with a hands-on afternoon session, which also includes placement of ureteral stents. We are repeating for a second time, the successful vaginal hysterectomy course with hands-on simply because vaginal hysterectomy remains the least expensive, and most expeditious route to perform a hysterectomy.

Thank you to all PG chairs for organizing a superb PG programs, and for the speakers they have selected. Thank you to the SIG chairs for organizing great sessions on oncology, urogynecology, robotics, pelvic pain, and endometriosis.

The luncheon roundtables are always popular, and I am sorry to say but some are already sold out. A great opportunity to discuss an important topic with a professor and hear the opinion of some of your colleagues on that subject. From legal issues, to improving surgical outcomes to ureteral injuries, you will find a subject of your choice.

The session on Stump the Professors, promises to be an interesting opportunity to listen to fascinating clinical cases and hear the professors elucidating the diagnosis and treatment.

The general sessions are a must to attend. Dr. William Parker, past president of AAGL, has been successful in reducing complications in his operating room by applying lessons from the airline industry. He brings with him two pilots who will share what is important and how it is done.

Another general session will be directed by our Keynote Speaker, Dr. Byron J. Masterson, a renowned gynecological surgeon, author of an atlas of surgical gynecology, surgical instruments designer, and great speaker, who will address “If I’m So Successful, How Come I’m Not Happy.” He held the positions of Director of Gynecologic Oncology at the University of Kansas Medical Center, Department Chair at the University of Louisville, Kentucky and also at the University of Gainesville, Florida. His subject is directed to physicians and provides advice on how to bring happiness to your life and to those around you.

We have received great participation from Industry for didactic symposia and breakfast sessions. They are already filling up rapidly, and some are nearly full. Some of the Symposia are on Robotic sacrocolpopexy (Bard Medical), Patient Counseling and AUB (Hologic), Advanced Applications in Robotics (Intuitive), Advanced Energy Devices and Visualization (Olympus). There are breakfast sessions from Cooper Surgical, Halt, Hologic, Karl Storz, and Olympus. The Women Surgeons’ breakfast will be supported by Ethicon, which will include a copy of Dr. Mettler’s book, Long, Long Ago. You are all invited to attend as many events as you can.

Don’t forget to visit the industry exhibits during the meeting, they will be available from Tuesday until Thursday afternoon. The large exhibit hall offers an excellent opportunity to see and try the new instruments and equipment which may improve your practice in many ways.

We thank our Industry supporters for contributing to the educational component of the meeting.

There are many workshops, abstracts and video sessions, including the multiple facets of gynecologic endoscopy, awaiting for you. Live surgery is on our last day, a morning of great expectation, year after year. This year promises to provide information on many different procedures.

Remember that “Not everything that happens in Vegas stays in Vegas: All your acquired knowledge and skills go home with you.”

I look forward to seeing you in Vegas. I promise you will not be disappointed.

Javier F. Magrina, M.D., is the Vice President of the AAGL and Scientific Program Chair for the 41st AAGL Global Congress on Minimally Invasive Gynecology. He is Professor in the Department of Gynecology at the Mayo Clinic Arizona, Director of Gynecologic Oncology and Barbara Woodward Lips Professor at Mayo Graduate School of Medicine.
The Advincula Arch™

“The Advincula Arch is an innovative uterine manipulator. When combined with the Arch Koh-Efficient™ it provides ease of use and functionality during all the critical stages of a TLH”

- Arnold Advincula, MD FACOG, FACS

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- Faster setup – Integrated Koh Cup™ and pre-attached occluder balloon facilitates assembly
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- Ease of insertion with our easy load Koh-Efficient™ System

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During TLH procedures, the Koh-Efficient creates a ‘margin of safety’ by providing a visual landmark and backstop for full circumferential colpotomy, as well as distancing the ureters during the incision. Vaginal length is maximized and pneumoperitoneum is maintained.

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2013 AAGL Board Elections

The Nominating Committee has the privilege to recommend the following members to run for open positions on the Board of Trustees. After serious and careful deliberation, the following physicians have accepted the invitation to run for these positions. We thank them for their contribution to the AAGL in the past, their current participation in this democratic process, and their commitment to working for the AAGL in the future.

All of the individuals listed have served the AAGL well in the past, and are more than capable of future outstanding contributions to the AAGL. We simply ask you to vote.

Secretary-Treasurer Nominees

Arnold P. Advincula, M.D.,
FACOG, FACS
Director, Center for Specialized Gynecology
Florida Hospital Celebration Health
Professor, Obstetrics & Gynecology
University of Central Florida
Celebration, Florida

David J. Levine, M.D.
Director, Division of Minimally Invasive Surgery
Director, COEMIG
Mercy Hospital
St. Louis, Missouri

Trustee Nominees – General Membership

Jubilee Brown, M.D.
Associate Professor of Gynecologic Oncology
Director of Gynecologic Oncology
Woman's Hospital of Texas and
University of Texas M.D. Anderson Cancer Center
Houston, Texas

Marie Fidela R. Paraiso, M.D.,
FACOG
Head of Division of Urogynecology and
Pelvic Reconstructive Surgery
Cleveland Clinic
Cleveland, Ohio

Lori L. Warren, M.D., FACOG
Director, Women First
Assistant Clinical Professor
Department of Obstetrics & Gynecology
University of Louisville
Louisville, Kentucky

Trustee Nominees – Europe/Middle East/Africa

Francisco F. Carmona, M.D.
Chief of Gynecologic Services
Hospital Clinic of Barcelona
Associate Professor, Department of Ob/Gyn
University of Barcelona
Barcelona, Spain

Fatih Sendag, M.D.
Professor, Gynecology and Obstetrics
Director of Gynecological Endoscopic Training Programs
Ege University
Izmir, Turkey

Trustee Nominees – Canada/United States of America

M. Jonathon Solnik, M.D.,
FACOG, FACS
Director, Division of Urogynecology and Pelvic Reconstructive Surgery
Director, Center for Minimally Invasive Gynecologic Surgery
Cedars-Sinai Medical Center
Los Angeles, California

Andrew I. Sokol, M.D.
Associate Professor of Ob/Gyn and Urology
Georgetown University Medical School
Associate Director of Minimally Invasive Surgery
Medstar Washington Hospital Center
Washington, DC

VOTING DEADLINE IS October 15, 2012 at 11:59pm PST
www.aagl.org
Telesurgeries – Bringing the World of MIGS to the AAGL Global Congress

Attendees at this year’s AAGL Global Congress on Minimally Invasive Gynecology will be offered the opportunity to witness three live telesurgeries that will be delivered to Caesars Palace via AAGL’s SurgeryU HD streaming video platform. The surgeries will be performed at ORs in California, Nevada, and Florida, and our attendees will be afforded the opportunity to ask questions of the surgeons live via an audio bridge from our event venue to the operating room. The live events will occur in the General Session Hall on Friday, November 9, 2012 from 11:00am-1:00pm at Caesars Palace, Las Vegas, Nevada. For more information on registering for the 41st AAGL Global Congress on MIGS, please visit http://congress.aagl.org.

This year’s live telesurgeries will include:
- Robotic Pelvic Lymphadectomy
  – Dr. Ricardo Estape, Miami, FL
- Robotic Assisted Type III Radical Hysterectomy with Lymphadectomy
  – Dr. Peter Lim, Reno, NV
- Laparoscopic Hysterectomy of a Large Uterus
  – Dr. Kate O’Hanlan, Portola Valley, CA

Assia A. Stepanian, M.D. is Editor-in-Chief of SurgeryU and serves as a member of the AAGL Board of Trustees. Dr. Stepanian is in private practice at the Academia of Women’s Health and Endoscopic Surgery in Atlanta, Georgia.
In the last decade, minimally invasive surgical (MIS) innovations have revolutionized the approach to gynecologic oncology surgery. Prospective studies demonstrate that performance of MIS for the treatment of malignant conditions results in improved perioperative outcomes, improved quality of life and similar oncologic outcomes when compared with laparotomy. The use of conventional laparoscopic, robotic-assisted, single port and micro-laparoscopic technologies is rapidly expanding. Given the many benefits of these surgical approaches, it is critical that MIS is prioritized in oncologic surgical education.

A recent survey study by Frumovitz et al reported that 78% of gynecologic oncologists believe considerable emphasis should be placed on laparoscopic training. While U.S. surgical fellowship programs have invested significant resources for equipment and training opportunities, there are few published guidelines regarding (1) the optimal approach to MIS training, (2) the safe introduction of new surgical technology, or (3) outcomes monitoring and surgical assessment in teaching programs. Moreover, there are obstacles that have rendered MIS training difficult. The rapid evolution and diversification of MIS techniques/technology in the last decade has posed a challenge for surgical educators. The diversity of surgical and medical issues encountered in oncology presents difficulties in managing has been a major attraction for those who pursue training in this specialty, it is also problematic when considering surgical training logistics and in developing the body of knowledge/skills required for development of surgical proficiency. It is critical to develop a balanced and thorough approach to surgical education to address these challenges. Additionally, not all gynecologic oncologists are skilled with advanced laparoscopic or robotic techniques, and realistically, there are not enough cases within each fellowship program for trainees to become proficient with every MIS approach. So what is the optimal approach to surgical education that addresses these challenges?

**Experienced Faculty and Comprehensive Surgical Training:** First, oncology fellowships must retain 1-2 faculty per program with bonafide expertise in advanced laparoscopy, robotics and novel techniques who will offer depth and breadth in oncologic MIS case volume as well as opportunities for discovery in surgical innovation. While exposure to single port laparoscopy, micro-laparoscopy and related innovations is important, these are more experimental extensions of conventional laparoscopy important, they should be studied/learned within the context of clinical trials to determine the safety, feasibility and appropriate indications for these approaches in gynecologic oncology. Based on market forces and primarily retrospective outcomes data, it appears that robotics has been rapidly integrated into gynecologic oncology, perhaps to the detriment of development of more traditional advanced laparoscopic skills. Trends indicate that robotics has become the most commonly utilized minimally invasive approach to treat women with gynecologic malignancies. Moreover, nearly all surgical fellowship programs have robotic surgery capabilities, and several U.S. oncology fellowships are almost exclusively utilizing robotics for the performance of MIS procedures. While robotics is one of the most exciting recent technologic developments in surgery, and should continue to play a significant role in the care of women with gynecologic cancer, exclusive emphasis on it in training risks producing a generation of surgeons who will be less adaptable and too reliant on costly technology for the performance of even the most basic of laparoscopic procedures.

It is more important than ever that we get “back to the basics” and emphasize both conventional laparoscopic and robotic skills development in fellowship training. The published data is clear that use of robotic surgical technology adds significant costs when compared to procedures performed via conventional laparoscopy, an important consideration in an era of astronomically rising health care costs. Does performance of risk reducing hysterectomy and bilateral salpingo-oophorectomy, excision of pelvic masses and staging for select early stage malignancies require a robot in all cases? Or should we educate our trainees regarding the importance and benefits of possessing a diverse surgical armamentarium – that choosing different tools for different occasions may allow for delivery of excellent and cost-effective care?

**Or should we educate our trainees regarding the importance and benefits of possessing a diverse surgical armamentarium – that choosing different tools for different occasions may allow for delivery of excellent and cost-effective care?**

**Objective Surgical Assessments and Simulation:** Second, fellowship programs should maintain a conscientious effort to teach procedures in a methodical, consistent fashion and provide frequent and objective proficiency assessments of trainees. The “see one, do one, teach one” approach, or Halstedian apprenticeship model, remains the gold standard in surgical education, but this model has the potential to be unstructured, and the subjective, inconsistent experiences that trainees share with their surgical mentors are difficult to standardize. Establishment of MIS proficiency has become especially difficult for oncology fellows, given the vast array of procedures that must be learned during a...
Tuesday: 8:45 am

inspiration.

Inspired by you and Hologic Surgical Solutions.

Visit booth 413 at AAGL to learn more about the latest innovations in transcervical treatment options from Hologic.
Growing Pains: How Will Gynecologic Robotic Surgery Truly Come of Age?

Together, robot-assisted and conventional laparoscopy have succeeded at getting the attention of a large part of the medical establishment who had preferred to ignore the laparoscopic revolution for nearly an entire generation. The focus of the debate is now shifting away from the obsolete open surgery vs. laparoscopy controversy and onto a laparoscopy vs. robot-assisted laparoscopy argument. The new discussion has great merit and is likely to shape the future of gynecologic surgery. Several players will be making a difference in deciding the final impact of robotic surgery: surgeons, administrators, industry and patients.

This is a time of critical introspection for robotic surgeons. Our studies need to address the big questions of robotic surgery, like the changes in surgical demographics that it has caused; we need real data in the current cost-containing environment. Other important areas for study include a comparison of the learning curves for actual conventional laparoscopic surgery with robot-assisted laparoscopic procedures. Additional studies on surgical ergonomics and occupational injury, comparing robotic and laparoscopic surgeons are also needed.

Experimental surgery aimed at pushing the limits of laparoscopy through robotics is very relevant, such as single-incision robotics(1,2) robotic NOTES and new ways to target pelvic pathology, such as fluorescence imaging. Finally, the introduction of robotic surgery simulators opens up an exciting investigational field aimed at establishing the transferability of trainees’ skills from simulators to real surgery.

The successful implementation of any new technology must follow a clear vision. Hospital administrators should have the foresight to promote a reasonable no-laparotomy policy in gynecology. They should likewise envision the creation of specialized centers where gynecologic procedures are performed by the most appropriate minimally invasive specialists; if robots are needed to achieve that goal, then robots should be considered as essential means to achieve it. However, the priority of hospital administrators must be that of implementing and enforcing comprehensive policies for robotic credentialing and maintaining certification. The Robotics SIG of the AAGL has worked for over a year at a unified proposal of detailed guidelines for credentialing and maintaining certification that hospitals can consider for gynecologic surgeons. A final version is currently under review by the AAGL Board and may be published soon.

The current industry monopoly in robotic surgery is its Achilles’ heel. Equipment and operating costs are prohibiting adoption in most developed countries. It is hard to imagine a true robotic revolution in laparoscopy while this technology remains so expensive. Affordability must take precedence before miniaturization, image fusion, automation, and enhanced sensory feedback, as an urgent requirement for improvement of this technology.

Modern patients are cells of a broader organism comprised of millions of individuals who share electronic information. This realization has affected surgical referral patterns in many geographical areas. The enthusiastic adoption of robotic surgery by hundreds of hospitals in this country has helped creating a patient culture shift: patients now look at minimally invasive surgery as a much more readily available option for their surgical condition. Soon, patients may even catch on to the robotic vs. laparoscopic controversy and may start asking a more sophisticated bioethical question: what is this “learning curve” that surgeons write about? It sounds like a series of individuals who – for the greater good of society – relinquish some degree of their surgical safety so that operators can reach proficiency. But does this still need be the case? Surgical simulation may indeed change this paradigm, particularly in the field of robotics. Those of us who are familiar with the quality of current simulation software easily can foresee the introduction of “whole surgery” simulation. How will patients react to that degree of innovation, the potential flattening of the surgical learning curve? They may well demand it. The airline pilots who take us to our yearly AAGL conference in sunny Florida or Nevada, are required to spend hundreds of hours on a standardized flight simulator before lifting us safely up in the air.

References

Antonio R. Gargiulo, M.D. is the 2013 Chair of AAGL Robotics SIG, Medical Director of Robotic Surgery at Brigham and Women’s Health Care, Harvard Medical School in Boston.

This article is presented on behalf of the AAGL’s Special Interest Group on Robotics.
For over a decade, the American Association of Gynecologic Laparoscopists (AAGL) and the Society for Reproductive Surgeons of the American Society for Reproductive Medicine (SRS-ASRM) have supported a joint Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS). The Fellowship’s main objective is to train gynecologists to become experts in minimally invasive gynecologic procedures. It has become increasingly clear to the FMIGS Board in the past few years that there is a need to restructure the fellowship training.

To date, there have been variations in training and as well as duration of fellowship among different training centers. Some centers offer one-year fellowships, others offer two-year training programs, and others still offer even lengthier training programs. The types of cases among the centers cover the gamut from benign gynecology, to urogynecology, to gynecologic oncology. Some centers perform predominantly hysteroscopic surgery, others laparoscopic surgery or robotic surgery. Some programs are research-oriented, while others do not offer research training. The end result is that the educational experiences for FMIGS fellows have not been consistent from institution to institution.

The FMIGS Board has concluded that there is a need to standardize the fellowship training. Accordingly, as of 2013, the duration of all FMIGS-approved programs will be two years. The Board will provide general and special requirements for this two-year program, as well as a minimal number and types of a particular procedure. Our main objective is to provide a standardized training program for our fellows so they will become experts and consultants in minimally invasive gynecologic procedures, and leaders and scholars in advanced endoscopic surgery.

Togas Tulandi M.D., MHCM is President of 2012 Board of Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS) and member of Board of Trustees AAGL. He is Professor and Academic Vice Chairman of Obstetrics and Gynecology, and Milton Leong Chair in Reproductive Medicine at McGill University, Montreal, QC, Canada.
The Journal of Minimally Invasive Gynecology (JMIG) Announces New Editor-in-Chief and Editorial Board

Dr. Falcone is Professor of Surgery at the Cleveland Clinic Lerner College of Medicine and Chairman of the Obstetrics, Gynecology and Women’s Health Institute at the Cleveland Clinic.

Dr. Falcone received his medical degree from McGill University School of Medicine in Montreal, Quebec, Canada. While at McGill, he went on to complete a residency in obstetrics and gynecology and a fellowship in reproductive endocrinology.

Dr. Falcone is certified by the American Board of Obstetrics and Gynecology in general obstetrics and gynecology, as well as Reproductive Endocrinology. He is also certified by the Royal College of Physicians and Surgeons of Canada.

Dr. Falcone has published more than 500 original manuscripts, abstracts, and book chapters. He is co-editor of 6 books including a textbook on Clinical Reproductive Medicine and Surgery (Elsevier), a book on Basic, Advanced and Robotic Laparoscopic Surgery (Elsevier-2010) and Human Assisted Reproductive Technology (2011).

He has served on the editorial board of several journals, including Associate Editor for Fertility and Sterility and the Editorial Board of the Obstetrics and Gynecology (Green journal). He is Past President of the Society for Reproductive Surgeons (SRS) and Chair of the Endometriosis special interest group of the ASRM. Dr. Falcone has served as Chairperson of postgraduate courses at ACOG, ASRM and AAGL that deal with different aspects of reproductive surgery, endometriosis and infertility enhancing procedures. He has served on review committees for NICHD and MRC and is an oral examiner for the American Board of Obstetrics and Gynecology. Dr. Falcone has been a recipient of many awards for laparoscopic and robotic surgery at different societies.

The additional members of the senior editorial board are as follows:

Deputy Editor
Gary N. Frishman, M.D.
Brown University Providence, Rhode Island

Media Editor
Antonio Setubal, M.D.
Hospital da Luz Lisbon, Portugal

Associate Editor
Rosanne Kho, M.D.
Mayo Clinic Phoenix, Arizona

Associate Editor
Pedro T. Ramirez, M.D.
MD Anderson Cancer Center Houston, Texas

Continued from page 7  Minimally Invasive Surgical Education in Gynecologic Oncology

The AAGL is pleased to announce that the JMIG Search Committee has chosen Tommaso Falcone, M.D., to serve as the new Editor-in-Chief for JMIG beginning January 1, 2013.

Dr. Falcone is certified by the American Board of Obstetrics and Gynecology in general obstetrics and gynecology, as well as Reproductive Endocrinology. He is also certified by the Royal College of Physicians and Surgeons of Canada.

Dr. Falcone has published more than 500 original manuscripts, abstracts, and book chapters. He is co-editor of 6 books including a textbook on Clinical Reproductive Medicine and Surgery (Elsevier), a book on Basic, Advanced and Robotic Laparoscopic Surgery (Elsevier-2010) and Human Assisted Reproductive Technology (2011).

He has served on the editorial board of several journals, including Associate Editor for Fertility and Sterility and the Editorial Board of the Obstetrics and Gynecology (Green journal). He is Past President of the Society for Reproductive Surgeons (SRS) and Chair of the Endometriosis special interest group of the ASRM. Dr. Falcone has served as Chairperson of postgraduate courses at ACOG, ASRM and AAGL that deal with different aspects of reproductive surgery, endometriosis and infertility enhancing procedures. He has served on review committees for NICHD and MRC and is an oral examiner for the American Board of Obstetrics and Gynecology. Dr. Falcone has been a recipient of many awards for laparoscopic and robotic surgery at different societies.

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Pedro T. Ramirez, M.D.
MD Anderson Cancer Center Houston, Texas

Continued from page 7  Minimally Invasive Surgical Education in Gynecologic Oncology

relatively short training period. For these and other reasons, many surgical fellowship training programs are now utilizing objective performance assessments of trainees with validated evaluation instruments. In addition, the use of simulation modules as an integral part of MIS curricula may further enhance training. Surgical simulators have been extensively validated as educational tools and have been shown to result in improved dexterity and performance that is transferable to the operating room.

Evidence-based MIS Curriculum: Third, implementation of comprehensive, evidence-based MIS training curricula that includes surgical video review, formal didactics, journal club and trainee and faculty attendance at surgical workshops is imperative. While an emphasis on procedure-specific didactics should dominate such a curriculum, it is also essential to conduct a critical appraisal of the surgical approaches and technologies utilized in the treatment of women’s cancers through examination of the literature, rigorous investigation and comparative effectiveness research. Educating trainees on the appropriate utilization of MIS techniques, and on the economic and health care resource implications of them, is as important as helping them develop those techniques in the first place.

It is incumbent upon the AAGL Oncology SIG to take the lead in developing MIS curricular benchmarks for gynecologic oncology trainees (and practicing surgeons) and to design studies and initiatives addressing the optimal approach to MIS training. Development of standardized curricula and objective surgical proficiency assessment tools may be among the best strategies to further increase adoption of MIS among oncology surgeons. Now is also the time to develop a process for safe introduction and study of novel surgical instrumentation and for measurement of trainee surgical proficiency within the context of a more contemporary apprenticeship model.

References


Amanda Nickles Fader, M.D. is Division Director for Kelly Gynecologic Oncology Service Director of Minimally Invasive Gynecologic Surgery at Johns Hopkins Hospital, Baltimore, Maryland

This article is presented on behalf of the AAGL’s Special Interests Group on Oncology.
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Residents & Fellows Excited About New Educational Opportunity

In the summer of 2012, a new program was launched to present Residents and Fellows with the opportunity to participate in a One-Day Office Hysteroscopy Hands-On Training Workshop at their teaching site. Thirteen workshops were scheduled to take place between July and December of 2012, with another 28 workshops to be held in 2013.

Each workshop consists of a 3-hour didactic presentation, followed by a 3-hour hands-on lab practice session. The Residency Program Director on site also has the option of adding a live surgery demonstration to the lab portion of the workshop if desired.

Karl Storz Endoscopy-America provided a generous grant to support these workshops. During each workshop, a skilled hysteroscopist provides instruction and assists participants in practicing skills to effectively add diagnostic and operative hysteroscopic procedures to their skills set.

Learning objectives include: performing hysteroscopic minimally invasive procedures; analyzing the nuances that will allow office endometrial ablations to be successfully performed; improving hysteroscopic surgical techniques; and being able to describe the safety issues associated with hysteroscopic procedures.

The workshops are usually limited to about 20 participants. At sites where there is a greater number of residents, offering this workshop to third- and fourth-year Residents is encouraged. The response has been overwhelmingly positive so far. Some of the post-workshop evaluation comments are posted below.

Program Directors Share Their Experience...

July 9, 2012 in Winston-Salem, North Carolina:
Please accept my sincerest appreciation for the workshop presented last week at Wake Forest Baptist Health to the OB/GYN residents. There were 16 residents present, all of whom were able to experience the hands-on training. This was indeed incredibly useful. Dr. Song also should be commended. She is well spoken and wonderfully approachable. Her interactions with the residents were appreciated, as she is both knowledgeable as well as kind.

Again, please accept my appreciation for the expense, time, and effort put forth by the AAGL and the Karl Storz company to produce this opportunity. I look forward to continued interactions with the AAGL, especially in educational endeavors.

Karen Gerancher, M.D.
Residency Program Director
OB/GYN
Wake Forest Baptist Health
Winston-Salem, North Carolina

August 1, 2012 in Jamaica, New York:
Thank you very much for the wonderful and very informative opportunity. I look forward to future educational events.

Felix Kolawole Akinnawonu, M.D.
Residency Program Director
Mount Sinai School of Medicine (Jamaica) Program
Department of Obstetrics and Gynecology
Queens Hospital Center
Jamaica, New York

August 4, 2012 in Stony Brook, New York:
We really appreciated the opportunity to participate in this workshop. It was a very educational experience. It is quite obvious that Dr. Berman is quite knowledgeable about this topic. Even I learned a number of new facts.

Thank you again,
Eva Swoboda, M.D.
Assistant Professor
Director, Ob/Gyn Clerkship
Site Director, Physician Assistant Program
Stony Brook University Medical Center
Stony Brook, New York

August 29, 2012 in Jersey City, New Jersey
I just wanted to thank you, the AAGL and Karl Storz for an extraordinary workshop. All the residents had a great day. They learned a great deal and had fun doing it. Dr. Berman is a dynamic speaker. He’s congenial, very knowledgeable, and so open to working with the residents. I just can’t say enough good things about him. Anna Palian is a powerhouse. She set up all the stations by herself! She has an excellent knowledge of her equipment and can trouble shoot things on the spot. She even ran out to get additional peppers (for the models). She was incredibly helpful.

Please extend my gratitude to all involved for a great educational service. Thank you Ms. Glamuzina for all the time, effort and expertise you put into coordinating this event. You brought everything together on short notice and without a hitch! It was a pleasure working with you. Have a great and well deserved Labor Day holiday!

Best regards,
Carol Gagliardi, M.D.
Program Director
Mount Sinai School Medicine – Jersey City Program
Jersey City, New Jersey

If you are interested in offering this valuable educational opportunity to the residents and fellows at your site, please complete the following online application at http://www.surveygizmo.com/s3/896485/AAGl-CREOG-Hysteroscopy-Course. The educational budget for this program is limited and applications will be accepted on a first come first served basis.
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An International AAGL Meeting Is Being Held in Africa for the First Time, Under the Majestic Table Mountain! Cape Town – April 9-13, 2013

Experience the wonder of the African safari – see lions, elephants, rhino, leopard, cheetah and many more! Dare to see Great White sharks up close with a cage diving experience?

We welcome our international colleagues and friends to Cape Town for the 9th International AAGL Congress on Minimally Invasive Gynecology. Cape Town has been voted as one of the top tourist destinations in the world and is always popular with international visitors. The conference will be held at the Cape Town International Convention Centre (CTICC), which is an award winning conference venue. A large faculty of AAGL and international experts have been invited and will address all current aspects on minimally invasive gynaecological surgery as well as subjects related to infertility and urogynaecology.

The South African Society for Reproductive Medicine and Surgery (SASREG) is proud to be the local host of this congress in conjunction with the AAGL. The scientific program will include 2 days of workshops including live endoscopic surgery, advanced suturing courses, urogynaecology, oncology and ethics. Live telesurgery sessions will be streamed from around the globe and there will also be video presentations. The main 3 day conference program will include topics such as:

- Deep infiltrating endometriosis surgery
- Redefining reproductive surgery
- Medico-legal aspects of endoscopy
- Advanced Hysteroscopy
- Training in endoscopy
- Robotic surgery
- Hysterectomy
- Controversies in pelvic floor reconstruction
- Anatomy of the pelvis and retroperitoneal spaces
- Laparoscopic oncology procedures
- Hysteroscopy
- Recent advancements and developments in MIGS
- Complications

The conference centre is situated adjacent to the lively Cape Town Waterfront where delegates can enjoy vast shopping malls, a choice of stylish restaurants, boat trips to Table Bay and Robben Island as well as a bubbly night life. A choice of top hotels will be available in the vicinity of the Congress Centre and canal boats can ferry you between the conference venue and waterfront. Exciting tours will be available so that you can experience the beauty of Cape Town, the winelands, as well as go on safari post conference.

The African safari allows you to see the “Big 5” of Africa in their natural habitat and then rest comfortably in exquisite safari lodges. You may thus have to spend a few days extra with your family! A fun social program for accompanying persons will be available, to keep your better halves entertained whilst you learn new endoscopy skills.

We are confident that this international AAGL event, with its excellent scientific program and unique Cape Town experience, is worth adding to your calendar for 2013! We look forward to welcoming you to our shores.

*Johan Van der Wat, M.D., is a member of the AAGL Board of Trustees and Congress President for the 9th International AAGL Congress on Minimally Invasive Gynecology in partnership with the SASREG.*
4TH ANNUAL WORKSHOP
on Video Assisted Laparoscopy &
Robotic Hysterectomy with Intensive
Hands-on Laparoscopic Suturing

December 6-7, 2012
The Roosevelt Hotel
New York, NY

General Chair:
Farr R. Nezhat, M.D.

Scientific Program Chairs:
Camran R. Nezhat, M.D.
Ceana H. Nezhat, M.D.

Session Chairs:
Linus T. Chuang, M.D.
Tamer A. Seckin M.D.
Radha Syed, M.D.
Patrick F. Vetere, M.D.

Description
This intensive hands-on workshop has been designed to educate attendees in the art and science of laparoscopic suturing and knot-tying, as well as provide step by step techniques for performing video-assisted laparoscopic and robotic-assisted hysterectomy.

A world renowned faculty will be present to share their expertise through didactic presentations and will also proctor the large number of suturing and robotic stations that will be at available for practice until 12 midnight on the first day and until 7 pm on the second day.

Highlights of the workshop include:

Didactic Sessions
Video-Assisted Laparoscopic and Robotic-Assisted Hysterectomy
Step-by-Step Approach for Difficult Vaginal Hysterectomy
Evaluate Energy Sources
Estimate and Manage Anesthetic Implications
Pelvic Reconstructive Surgery
Predict, Manage and Prevent Complications

Intensive Suturing Labs
Extracorporeal Knots
Intracorporeal Knots
Slip Knots
Use of Barbed Sutures

Interactive Live Surgeries
Mini Video Laparoscopy
Robotic-Assisted Hysterectomy

Extensive Surgical Videos
Video-Assisted Laparoscopic and Robotic-Assisted Hysterectomy
Myomectomy
Supracervical Hysterectomy
Retroperitoneal Dissection

The AAGL designates this live activity for a maximum of 19.50 AMA PRA Category 1 Credit(s)™

Register online at www.aagl.org/NY2012F
Southern African Society for Reproductive Medicine and Gynaecological Endoscopy (SASREG)

The Southern African Society for Reproductive Medicine and Gynaecological Endoscopy (SASREG) has been a strong advocate for minimally invasive surgery for many years. The quality of their surgeons is reflected by the many thought leaders that have come from South Africa. Those of you that will be attending the April 2013 AAGL International Meeting which will be held in Capetown will not only visit an exciting country but will see a carefully crafted educational program.

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

SASREG was founded in 1987 and has enjoyed a close international relationship with the AAGL for many years. Dr. Johan van der Wat, from South Africa, is a board member of the AAGL and has encouraged participation between the two societies.

The 9th International AAGL Congress will be hosted by SASREG in Cape Town from 9 – 13 April 2013. We are looking forward to welcoming the AAGL board and its international members to our African shores for a productive meeting at the Cape Town International Convention Centre (CTICC), and also to enjoy the beauty of Cape Town and Table Mountain in between lectures!

SASREG incorporates two sub-groups consisting of gynaecological endoscopists and fertility specialists. The co-operation and support between the two groups has been invaluable in creating a more powerful society. The international links to IFFS and AAGL have given an international perspective to the society, and allowed us to develop long standing friendships with colleagues in the international community.

What is its mission statement/primary goal? SASREG has it as its mission to promote minimally invasive gynaecological surgery in our country. Unfortunately, there are still too many unnecessary laparotomies and poor endoscopic procedures performed in South Africa. The endoscopic sub-group is faced with a considerable challenge to solve these problems. Professor Igno Siebert heads the endoscopic subgroup and along with his co-workers has been instrumental in providing an excellent endoscopy syllabus for the training of gynaecology fellows. In addition, this group is now developing an advanced accreditation system for higher levels of endoscopic surgery. This group is liaising with medical funders and tertiary training units to implement this system.

Approximately how many members are there? There are 176 members.

What are some of the benefits of membership? The society runs regional workshops for gynaecologists where the society members demonstrate and impart surgical skills. We have been privileged to have had many world renowned experts participate in these events. Once they are bitten by the African bug, they are usually keen to visit again!

Is there any additional information you would like to provide about your society? The scientific program chair for the AAGL Cape Town meeting is Prof Thinus Kruger. An exciting scientific programme is unfolding and you will get the details soon!! It will be our pleasure to welcome you to Cape Town in April 2013 for this International AAGL meeting where you can “Broaden your scope in Africa”.

Officers of the SASREG:
President:
Dr. Paul le Roux
Vice President:
Dr. Merwyn Jacobson
Secretary:
Prof. Marie-Lena de Beer
Treasurer:
Dr. Yusuf Dasoo

International Congress in Romania a Success!

A couple of years ago minimally invasive surgery was a luxury for a few, nowadays is a luxury for many. It is our strongest belief that all women, regardless of their social status should be offered the advantages and approach of a minimally invasive surgery.

The congress was held in an outstanding location, Palace of Parliament, second largest building in the world (after the Pentagon) with more than 1000 rooms, a 328 ft. long lobby and 8 underground levels. As a remark, one episode of a TV series “TOP Gear” was shot in the underground levels.

AAGL’s motto clearly states, “Advancing Minimally Invasive Gynecology Worldwide”, so it is fitting that the 8th International Meeting of AAGL and the First Romanian National Congress of Minimally Invasive Surgery in Gynecology took place in Romania, June 27-30, 2012. The goal of the meeting was promoting endoscopy, to provide a more standardized structure of training, and 14 sessions on: advanced laparoscopic techniques for benign and malignant disorders, robotic surgery, surgical anatomy, reproductive issue, laparoscopic suturing, hysteroscopy, hysterectomy, and urogynecology.

This meeting was a good opportunity for all participants to taste a bit of Romania by visiting The Village Museum, Bucharest Tour, and an unforgettable two-day trip to Dracula’s Castle in the very heart of Transylvania.

Looking into the future we are certain that this event was only the first step in what will be a never-ending journey in the field of MIGS.

Professor Nicholae Suciu, M.D., Ph.D. is the Executive President of the Congress and practices at the Polizu Hospital Clinic Bucharest, and is also President of the Romanian Society of Minimally Invasive Surgery in Gynecology.
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* ARTISYN™ displayed strongest mesh tear strength at implantation compared to Mpathy Restorelle™ Y Smartmesh®, Bard ALYTE® Y-Mesh Graft, and AMS IntePro® Y-Graft polypropylene mesh in benchtop testing.¹
† ARTISYN™ displayed strongest suture pullout strength at implantation compared to Mpathy Restorelle™ Y Smartmesh®, Bard ALYTE® Y-Mesh Graft, and AMS IntePro® Y-Graft polypropylene mesh in benchtop testing.¹

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Join us for a video case review and panel discussion about the future of fibroid therapy, which includes breakfast.

Date: November 7th, 2012
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Location: Caesars Palace – Room TBA

To learn more, visit Booth #720

The Halt System is CE Marked in the EU for the treatment of fibroids and ablation of soft tissue. FDA 510 (k) cleared for ablation of soft tissue in the U.S. CAUTION: Investigational Device. Limited by federal (or United States) law to investigational use for the treatment of fibroids.
Welcome New Members

June 16, 2012 – September 18, 2012
Welcome New Members (Cont’d)

June 16, 2012 – September 18, 2012

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Li Ma, M.D., Ph.D.
Tony J. Ma, M.D.
Jaimie Lynn Maines, M.D.
Dominique Malacarne, M.D.
Daniel Margel, M.D.
Jaron E. Mark, M.D.
Jennifer Marks, M.D.
Alberto Martelo Camacho, M.D.
Fernando Martinez, M.D.
Rebekah Jo McCurdy, M.D.
Brandi McGeehee, M.D.
Gisele McKinney, M.D.
Jessica McKinney, PT, MS
Gokay Ozcelik, M.D.
Lin Ota, M.D.
Javier Ortiz, M.D.
Hans Ols, M.D.
Premlata Omoruyi, M.D.
Luisa Guedes Oliveira, M.D.
Linet Ochweri, M.D.
Andreas Nugent, M.D.
Aydin Orhaner, M.D.
Javier Ortiz, M.D.
Lin Ota, M.D.
John Raymond Owens, M.D., FACOG
Sultan Ozturk, M.D.
Lisa Packard, MD, MPH
Nicholas Parker, M.D.
Marguerite Palisoul, M.D.
Pavan Parikh
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Kevin Michael Schuler, M.D.
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Samantha Segura, M.D.
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Nathalia Maria Segovia Monge, M.D.
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Tania Serrano, M.D.
Setayesh Seyfettinoglu, M.D.
Pervane Seyidova, M.D.
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Shinkuo Shyu, M.D.
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Cornel Smith, M.B., Ch.B
Shari Goldman Snow, M.D.
Yuko Sogawa, M.D.
Elena Soloveva
Binbin Song
Taejong Song, M.D.
Yongpang Song, M.D.
Sabine Sonnichsen
Juan Manuel Soto, M.D.
Carlos Augusto Souza, M.D.
Lori Spisak, M.D.
Ardelle C. Stauffer, M.Sc., M.D.
Ikey Ebara Stitt, M.D., FACOG
Kate Street
Gina Sullivan, M.D.
Nancy Zhining Tang, M.D.
Xiang Tang, M.D.
Enes Taylan, M.D.
Joly S. Taylor, M.D.
Jasser Thiara, M.D.
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**Education Calendar**

**AAGL Annual Meetings**

- **November 5-9, 2012**
  41st AAGL Global Congress on Minimally Invasive Gynecology  
  Scientific Program Chair: Javier F. Magrina  
  Caesars Palace  
  Las Vegas, Nevada

- **November 10-14, 2013**
  42nd AAGL Global Congress on Minimally Invasive Gynecology  
  Scientific Program Chair: Ceana H. Nezhat  
  Gaylord National Resort & Convention Center on the Potomac  
  Washington, D.C.

- **November 17-21, 2014**
  43rd AAGL Global Congress on Minimally Invasive Gynecology  
  Vancouver Convention Centre  
  Vancouver, British Columbia

**AAGL International Meetings**

- **April 9-13, 2013**
  9th AAGL International Congress on Minimally Invasive Gynecology  
  in partnership with the South African Society of Reproductive Medicine and Gynaecological Endoscopy  
  Scientific Program Chair: Professor Thinus Kruger  
  Cape Town, South Africa

- **June 4-7, 2014**
  10th AAGL International Congress on Minimally Invasive Gynecology  
  in partnership with the Spanish Gynaecological and Obstetrics Society (Gynaecological Endoscopy Section)  
  Scientific Program Chair: Francisco Carmona Herrera  
  Barcelona, Spain