fellowship news

Karl Storz Sponsors New Award

The rewards of participating in an AAGL/SRS Fellowship in Gynecologic Endoscopy just went international. As a result of a generous grant provided by Karl Storz Endoscopy, one fellow will be selected each year to travel to Strasbourg, France to participate in a course in minimally invasive surgery at the world famous European Institute of Telesurgery. This center, on the campus of the University of Strasbourg, is a state-of-the-art institute for instruction in all aspects of endoscopic surgery. It is now providing a series of courses in gynecologic surgery under the direction of Arnaud Wattiez, a longtime member of the AAGL. Beginning this year, a fellow will be selected by the Board to attend one course of their choosing.

In other fellowship news, the annual match of programs and prospective fellows occurred in early December. All programs matched, and the applicant to program ratio was greater than 2:1. This highlights the need for more fellowship training sites, a goal of this year’s Board. Along these lines, the Board has acted to approve a new site at the University of Michigan, under the direction of Dr. Arnold Advincula. This site will be unique in that it is designed as a two-year training program, with both years required for completion in order to achieve certification.

As a final note, this is my final column as Fellowship President. The bylaws of the organization see FELLOWSHIP NEWS on page 7

annual meeting

A Fantastic Turnout in San Francisco

I am pleased to report on the outstanding success of the AAGL’s 33rd Annual Meeting just completed in San Francisco. Attendance was excellent, with 1,112 registered attendees. The postgraduate programs were packed with enthusiastic surgeons learning from the world’s leading minimally invasive gynecologists. Research and nursing courses received accolades. The opening reception gave everyone time to meet friends and colleagues they hadn’t seen over the past year. At the same time our corporate partners demonstrated the largest selection of state-of-the-art minimally invasive gynecology instruments and technology found anywhere in the world.

The scientific program began with a highlight keynote address from former AAGL President, Dr. Alan Johns, who spoke eloquently, yet humorously, about his personal experience and survival with breast cancer. The oral abstract presentations, panels, debates, surgical tutorials and videos all drew large audiences. At the annual business meeting, a tribute was paid to Dr. Jay Cooper, former AAGL President and this year’s Honorary Chair, who passed away from cancer in February 2004. Jay’s family was present while tributes were given and a slide show of his life and accomplishments was shown. It was a moving experience for the AAGL family and one that will be remembered for years to come.

As usual, the posters were very popular. The Women Surgeons’ Luncheon presentation and discussion was stimulating. On the final day almost two-thirds of all the meeting attendees participated in the telesurgery session which featured AAGL members operating in Europe, Canada and the United States. Prizes were handed out to those who had won for academic excellence and the exhibitor drawings were held.

Throughout the meeting, there was a “buzz” about the people, the topics and the program. Many attendees
Nothing is New Under the Sun

Any student of history knows the above title carries more truth than not. The AAGL has changed its name and the name of its official journal. But what has changed?

The original scope of this organization was exclusively laparoscopy. But early in its history it introduced microsurgery, ultrasonography, hysteroscopy and other non-laparoscopic subjects. And while it started as a North American organization 20% of its current members now come from 74 other countries.

Since its founding 33 years ago, this organization has generally been referred to as the “AAGL” rather than by its full name. So like AT&T (which is no longer just “American” nor “telephone” and certainly not “telegraph”) our new name is just initials but we are no different.

Our official journal’s new name is The Journal of Minimally Invasive Gynecology. But what is new? The new name now reflects more accurately the types of articles we have been publishing; and the fact that over half of our submissions are not from North America. While laparoscopy spearheaded the movement towards less invasive care for our patients, it is not the only subject we have been publishing.

So what are our members and the readers of our official journal to make of all the name changes? Their assessment is probably the same as mine; there is nothing new under the sun.
The art of laparoscopic surgery is based on the ability to accomplish through small incisions the same surgical outcomes that traditionally could only be accomplished through large abdominal incisions. As a laparoscopic surgeon, the relative benefit which could be realized by the patient had to be measured against the relative risk of blind entry into the abdomen. As laparoscopic surgery became a standard technique and more complicated cases were attempted, the incidence of trocar injuries was being reported.

Most life threatening surgical accidents to small and large bowel as well as to the retroperitoneal vessels occur during insertion of the Veress needle and primary canula. Among 76 reported retro peritoneal vascular accidents from three series—including insults to the aorta, vena cava, common iliac, hypogastric, external iliac and the mesenteric vessels—the offending agent was the Veress needle in 20 and primary trocar in 37 cases.

Various options have been offered to avoid these life-threatening complications, most notably open laparoscopy which utilizes a direct surgical entry through the umbilicus and a left upper quadrant entry. The open approach has been used successfully for years and has eliminated vascular accidents, however bowel damage cannot always be prevented. I would like to suggest that using a left upper quadrant approach can protect the patient as well as create a view for the surgeon to insert a 2–3 mm laparoscope to free the abdominal wall of adhesions before the umbilical port is introduced.

“I would like to suggest that using a left upper quadrant approach can protect the patient as well as create a view for the surgeon…”

The technique requires the stomach be emptied with nasogastric suction. Any previous splenic or gastric surgery as well as hepatosplenomegaly is a contraindication to this approach. The Veress needle is introduced in the midline between the axillary and midclavicular lines. It is introduced perpendicular to the skin using the umbilicus medially and external iliac vessels laterally as your boundaries. There will be three pops instead of two, which we normally experience through the umbilicus. Depth of penetration is determined by the patient’s size, however 4–5 cm is normally adequate. Damage to the superior epigastic artery is rare but visualization upon removal of the needle or trocar is recommended.

In my hands this technique has been very safe and has prevented potential bowel damage from occurring in many instances due to adhesions from previous midline as well as Pfannenstiel incisions. I strongly suggest that you consider this approach the next time you are faced with a patient who has had previous abdominal surgery; or due to her abdominal size or shape may be difficult to insufflate.
Looking Forward in 2005

As many of you heard at the annual business meeting, the Coding Committee has been hard at work to improve the reimbursement process for the care we provide to many of our patients. Beginning January 1, 2005 several new codes will be added to the CPT manual. This will include a code for insertion of mesh during pelvic floor repair. Another code is for vaginal suspension, extraperitoneal approach, that is, sacrospinous or iliococcygeus, as well as an intraperitoneal approach (uterosacral). There will also be a code for endometrial freeze with ultrasound guidance, including endometrial curette. Lastly, there will be a new code for hysteroscopy, surgical with bilateral fallopian tube cannulation to induce inclusion by placement of permanent implants (e.g., Essure).

Thanks to many of our colleagues at ACOG, and especially Barbara Levy (our representative to the RUC), all of these codes have received favorable RVU values. The exact descriptor and medical codes for these procedures will be listed in the new CPT 2005 manual. Under the leadership of Dr. Craig Sobolewski (our liaison to ACOG’s nomenclature committee), a new code for laparoscopic resection of deeply infiltrating endometriosis is in progress. This is a combined effort with the American College of Surgeons, which should improve our chances of having the code approved.

Lastly, as I mentioned at the meeting, the committee will be addressing the challenge of obtaining a code for supracervical hysterectomy. Remember, part of that process is surveying members who perform the procedure to measure the physician work involved, and we will be calling upon you to help us with that process. Also, keep in mind to be honest about the difficulty and the time associated with morcellation and removal of the fundus for cases that are most representative of average difficulty. If you receive a survey, it is not the time to boast about the fastest and easiest case you performed. The committee will also be looking at working with members of AUGS in redefining paravaginal defect repair, especially as it relates to a

see CODING CORNER on page 10

Winner of Jay M. Cooper Endowed Award

During this year’s Honorary Luncheon at the annual meeting in San Francisco, the AAGL paid tribute to Jay M. Cooper, who passed away last February. Andrew I. Brill, along with other close colleagues and Jay’s daughter Jill, gave a poignantly memorable tribute to this esteemed leader of the field.

During the luncheon, the Jay M. Cooper Endowed Award was presented for the first time, and will now be given annually to the best paper on Minimally Invasive Gynecology as submitted by Fellows participating in the AAGL/SRS Fellowship in Endoscopy. We congratulate the 2004 recipients of this award: Ali Ghomi, Eberhard C. Lotze, and Jeff Hantes for the paper, “Incidence of Cyclic Bleeding after Laparoscopic Supracervical Hysterectomy.”

News Scope asked award recipient and main author Ali Ghomi for his thoughts

NS: How did you first hear of the Jay M. Cooper Endowed Award?
AG: I first heard about the Jay M. Cooper Endowed Award toward the end of my AAGL fellowship. As I was preparing to submit my research paper, I thought it would be wonderful to be the first recipient of the Jay M. Cooper Endowed Award.

NS: How was your experience at the annual meeting in San Francisco, as award winner of the Jay Cooper Endowment?
AG: My experience at the AAGL meeting was a memorable one. I felt particularly honored to be invited to and receive the award at a luncheon where Dr. Cooper’s legacy was commemorated by friends and family. I would like to thank my mentor, Dr. Eberhard C. Lotze who taught me everything I know about advanced gynecologic laparoscopy.

For information on donating to the Jay M. Cooper Endowed Award, please contact the Foundation of the AAGL at generalmail@aagl.org; (800) 554-2245.
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Medical Legal Corner

Surgeons and Their Tools

The first published manuscript in the United States on laparoscopic complications exposed a high relationship of complications, as high as 40%, to defective equipment. In those days, incompatibility between tools and generators, light sources and trocar sleeves plagued the budding laparoscopist. Today’s manufacturers have, for the most part, solved these problems. Though one is seldom bothered today with such an issue, the nuances and the mechanics of the tools used may elude the busy surgeon. Though most hospitals require of their surgeons laser credentials, few require similar credentials for electrosurgery. The following case reminds us that, as surgeons wielding powerful energy tools, having a solid base of understanding the tool is imperative.

Following a hysteroscopic endometrial ablation, a linear vaginal and introital burn at the posterior fourchet was discovered. The burn was described as a footprint of the hysteroscope sheath. During the deposition of the surgeon, he admitted that he knew little of the assembly process of the resectoscope used nor was he familiar with the literature regarding power settings and waveforms recommended for endometrial ablation.

It was shown that the operating room staff who assembled the hysteroscope was fill-in personnel from another department; none of them had been in-serviced in hysteroscopic instrument assembly requirements. Several inspections of the instruments by outside experts noted a variance in the roller ball electrode that exposed the chance of direct coupling to the outer sheath of the resectoscope, especially if the assembly process was imperfect.

A theory of capacitance, raised by defense, was later refuted by bench level studies. At this point, from the Food and Drug Administration’s device reporting program, the plaintiff’s attorney obtained numerous reports of similar accidents with this brand of resectoscope. This prompted an atmosphere of finger pointing between the two defendants forcing a substantial settlement by both parties.

Good risk management would suggest that, like mechanics in industry, surgeons should understand the parameters of the tools they use. When electrosurgery tools are to be employed, the interaction of this energy with the tool’s parts and pieces need to be appreciated, as improper assembly can lead to mishaps. Delegating this task to the operating room staff is asking for trouble, unless they are fully informed.

We should expect similar attention by those who produce our tools.

References

International News

Fellowship Opportunity

News Scope has received notification from Dr. Alan Lam, that a one-year research fellowship position will be open beginning February 2005 at the University of Sydney in Australia. Criteria for applicants are:

- Minimum senior registrar or higher training
- Intermediate level (AGES level 3) of endoscopic experience
- Good organizational skills
- Previous teaching experience
- Good IT knowledge

If you are interested, you should forward your CV and three references to:

Alan Lam, M.D.
Associate Professor, University of Sydney
Centre for Advanced Reproductive Endosurgery
Sydney, Australia
www.sydneycare.com.au
alanlam@bigpond.net.au

8th National Congress of Gynecologic Endoscopy

Acapulco, Mexico
May 11-14, 2005
Organized by:

Federación Mexicana de Endoscopia Ginecológica
Asociacion Mexicana de Endoscopia Ginecológica y Microcirugía
Asociacion de Endoscopia Ginecológica de Guerrero

For more information contact:
Dr. Yves Leroy Morisseau
Tel. 52-555-5562-9576
Email: TY1818@prodigy.net.mx
new products

PelviSoft® Acellular Collagen BioMesh. Bard Introduces the Natural Evolution of Pelvic Floor Augmentation—PelviSoft® BioMesh delivers all the performance benefits of natural tissue together with the porosity of synthetic mesh in a single implant for use in pelvic floor reconstruction. It’s a natural, long-term implant that augments the effectiveness of site-specific defect repair in pelvic reconstruction. For more information, call Bard (800) 526-4455.

Pelvitex™ Polypropylene Mesh. Bard Introduces the Natural Evolution of Mesh Implant Technology—Pelvitex™ Mesh is comprised of a monofilament polypropylene mesh coated with hydrophilic porcine collagen. A clinically proven coating to enhance the healing process, along with the strength and durability of a trusted reinforcement material. It all adds up to a reliable, permanent implant that’s readily accepted by host tissues. For more information, call Bard (800) 526-4455.

Richard Wolf PowerBlade. The PowerBlade is an innovative multifunctional laparoscopic device. It provides grasping, dissecting, cutting and coagulation in one instrument. The patented bipolar cutting blade transsects tissue using bipolar energy. This revolutionary blade provides bipolar hemostatic cutting while maintaining sharpness throughout the entire procedure. The PowerBlade is an economical alternative to existing bipolar cutting and coagulation devices and can be used with your existing bipolar generator. Richard Wolf (847) 913-1113

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ANNUAL MEETING from page 1

commented that they thought this was one of our best meetings ever. I think this is true, and for a number of reasons. The Scientific Program Committee worked with the CME Committee and the Board to develop a program that covered all the topics that have been of interest in the last few years, plus some new ones (for example an oncology postgraduate course). We made a special effort to include more new people in the program, especially younger surgeons, women and international members. And San Francisco is a great city to visit.

I would like to take this opportunity to thank all those who made this meeting such a great success: President Andrew I. Brill, Executive Director Linda Michels and her wonderful staff, Executive Vice President/Medical Director Franklin D. Loffer, the AAGL Board, the CME Advisory Committee, all the Faculty, our corporate partners, and especially our AAGL members whose enthusiastic participation made it all happen.

Richard Gimpelson and the AAGL team are well on their way preparing for next year in Chicago. We look forward to seeing you there at what promises to be another excellent AAGL annual meeting. I encourage you to start planning your participation now by considering abstract submission and setting aside time on your calendar to attend.

FELLOWSHIP NEWS from page 1

state that the AAGL and SRS will alternate in selection of the Fellowship President. My term is now complete, and the incoming President is Anthony Luciano, a representative for the past three years from the SRS to the Board and a past president of the AAGL. It has been my pleasure and honor to serve as President of this fledgling organization for the past three years. Over this time we have grown considerably in both participation and understanding of the issues surrounding such training. It is hoped that such growth in both sites and standards will continue under the leadership of Dr. Luciano.

For a list of the 2004-2005 fellowship sites, along with the preceptors and preceptees, visit the fellowship section at www.aagl.org.
Top right: David Adamson, Scientific Program Chair of annual meeting, leading the introduction during the Opening Session
Middle right: Board member Steven F. Palter with incoming Secretary-Treasurer Grace M. Janik at the Welcome Reception
Bottom right: Attendees gather around for discussion during the “Meet the Professor’s Round Table Luncheon”

Above: The da Vinci Robot was one of the many interesting demonstrations on exhibit at the annual meeting
Left: Jay M. Cooper’s daughter, Jill, giving tribute to her father during the Honorary Luncheon

Pictorial Review of the AAGL 33rd Annual Meeting in San Francisco
Congratulations to the 2004 Award Recipients!

Golden Hysteroscope Award
Best Hysteroscopy Paper
"Effectiveness of Hysteroscopy vs. Transvaginal Sonography in Diagnosing Intrauterine Lesions in Infertile Women" (Stefano Bettochi (l) with Angela Saulino and Frank D’Amelo of ACMI)—Supported by ACMI

Golden Laparoscope Award
Best Surgical Video
"Presacral Neurotomy Revisited: Surgical Technique & Literature Review" (Marc Levinson (l) presents award to Andrew J. Sokol)—Supported by Olympus America, Inc.

Jerome J. Hoffman Award
Postgraduate Prize Paper
"Deep Infiltration of Endometriosis is Associated with an Increased Risk of Rectovaginal Fistula" (Michael P. Diamond (l) presents award to Jennifer Suoboda and Dan C. Martin)—Supported by Tyco Healthcare Group LP/United States Surgical

Carlo Romanini Award
Best Paper on Endometriosis
"Surgical Treatment of Deep Endometriosis and Risk of Recurrence" (Errico Zupi (l) presents award to Michele Vignali)—Supported by the Foundation of the AAGL

Robert B. Hunt Endowed Award
Best Paper Published in the Journal of the AAGL, 2003–2004
"Bladder Injury after LAVH: A Prospective, Randomized Comparison of Vaginal & Laparoscopic Approaches to Colpotomy During LAVH" (Barbara S. Levy presents award to Shang Guo Horng and Tsia-Shu Lo)—Supported by the Foundation of the AAGL

Daniel F. Kott Award
Best New Instrumentation
"Bioelectric Impedance Spectral Analysis of Pelvic Adhesions (BIS-APA): A New Device & Method for Critical Evaluation of Anti-adhesion Adjunctive Therapy" (Ralph J. Turner (l) presents award to Douglas E. Ott)—Supported by The Foundation of the AAGL

Kurt Semm Award
Excellence in Pelviscopy
"Laparoscopic Sacrolpopexy for Severe Vaginal Vault Prolapse: 5-Year Outcome" (l to r); David Levine, Chair; Isolde Semm, WISAP; and award recipients, Jim Ross and Mark Preston)—Supported by WISAP America

Robert B. Hunt Endowed Award
Best Paper Published in the Journal of the AAGL, 2003–2004
"Bladder Injury after LAVH: A Prospective, Randomized Comparison of Vaginal & Laparoscopic Approaches to Colpotomy During LAVH" (Barbara S. Levy presents award to Shang Guo Horng and Tsia-Shu Lo)—Supported by the Foundation of the AAGL

Fellows from the 2003-2004 AAGL/SRS Fellowship Program

(l to r): Joseph S. Sanfilippo, Director; Suketu Mansuria, fellow; and Ted Lee, Co-director

Nanette O. LaShay, fellow of Camran Nezhat (right)
member news

New AAGL Members from October 1 – December 17, 2004

Fabiola Aguilar, M.D.  
Woun-Eng Ang, M.D.  
Alain Audebert, M.D.  
Shiva Avari, M.D.  
Michael T. Bass, M.D.  
Melinda R. Birdsall, M.D.  
Jane E. Blumenthal  
Allison R. Boester, M.D.  
Elizabeth Bruen  
Leslie Bryan  
Joseph Buscema, M.D.  
Rachel S. Cady, M.D.  
Claudio M. Crispi, M.D.  
Nona M. Cunningham, M.D.  
Josie Daly  
Fouad Darwish, M.D.  
William Davis  
Hector I. Diaz-Lopez, M.D.  
Francis D. Dickson, M.D.  
Michael J. DiClemente  
Fulya Dokmeci, M.D.  
Ahmed M.A. Elattar, M.D.  
Dominique El-Khawand, M.D.  
Richard W. Farnam, M.D.  
Diana M. Finck, M.D.  
Amy S. Foley, ORT  
Mathew Fraidakis  
Stewart Friedman, M.D., FACOG  
Robert S. Furr, M.D.  
Felice L. Gersh, M.D.  
Faeezeh Ghaffari, M.D.  
Isabelle Girard, M.D.  
Ben Gocial, M.D.  
Laura Greenberg, M.D., FACOG  
John Griffith, M.D.  
Natalie A. Gringorten, M.D.  
C. Dwight Groves, M.D.  
Juan J. Guerra, M.D.  
Kirsten Hald, M.D.  
Francis J. Handwerk, M.D., FACOG  
Matthew R. Hopkings, M.D.  
Tianna Hughes, M.D.  
Sandra Hurtado, M.D.  
Michael P. Johnson, M.D.  
Kristinell Keil  
Sungh Hee Kim, M.D.  
Waldemar Klimek, M.D.  
David L. Kulbersh, M.D., FACOG  
Mel Kurbtius, M.D.  
Linda Lacy, M.D.  
Miguel L. Lascano, M.D.  
Soo Lee, M.D.  
Arthur F. Levin, MD  
Linda Lewis  
John D. Madigan, M.D.  
Rakesh K. Mangal, M.D.  
Anmar A. Mansour, M.D.  
Patricia Martinez, M.D.  
Marzilia Massimiliano, M.D.  
Klein J. Maxine, M.D.  
Robert P. Mayson, M.D., FACOG  
Janet F. McLaren, M.D.  
Patricia McLellant, M.D.  
Luz P. Medina, M.D.  
Rafael Mendoza, M.D.  
David Meyer, M.D.  
Jesus Montero Elias, M.D.  
Douglas N. Myers, M.D.  
Roberto M. Nava-Bacca, M.D.  
David A. Nunez, M.D.  
Marcia Oliveira, MD  
Alfred K. Ono, M.D., FACOG  
Horacio Ortega  
George Pados  
Yeon Jin Park, M.D.  
Elise Pascua, M.D.  
John D. Paulson, M.D.  
Cyndi D. Pelzel, R.N.  
Roberta Piccioli  
Sonya Pratchett, R.N.  
Beaky Quick, MS  
Ann Marie Raffo, M.D.  
Luis Ramos Sanchez, M.D.  
Robert C. Raymond, M.D.  
Angel G. Rincon Garcia, M.D.  
Victor W. Rodriguez Buitron  
Humberto Romero  
Marietta S. Sapaula, M.D.  
Lee A. Schuchart, M.D.  
Sony Sukhib Singh, M.D.  
Stephen F. Slack, M.D.  
Igor Slezk, M.D.  
Marijo Snyder, M.D.  
Josep Sole, M.D.  
Michael Tahery, M.D.  
Melissa Tai, M.D.  
Peter Takacs, M.D., Ph.D.  
Bobby Teoh  
Strand Timothy, M.D.  
Eduardo Torres, M.D.  
Ernesto Urias, M.D.  
Ramiro Valdez Gil, M.D.  
Leopoldo C. Videla Rivero, M.D.  
Alex Y. Wei, M.D.  
Robert M. Weiss, M.D.  
Billy R. Wong, M.D.  
Hideki Yamasaki, M.D.  
Cho Young Rok, III, R.N.  
Marek Zygmunt, M.D., Ph.D.

CODING CORNER from page 4

laparoscopic approach.

Also, 2005 will mark another five-year review of the relative value units for codes that may be under or overvalued. It is the committee’s opinion that this is an opportunity for us to look at revaluing the pelvic repair codes as they appear to be undervalued when compared to the rectocele repair code recently submitted and approved by the American College of Surgeons.

In closing, I want to thank all the members of AAGL, especially those that reside on the committee, who have participated and contributed to the work in updating and improving the coding world that we, as minimally invasive gynecologists, live in. I will keep you informed of the committee’s progress as we move forward.

AAGL website wins award

NewsScope is proud to announce that the AAGL website has been presented with an "Outstanding Achievement OBGYN.net Award." The award was given in recognition of the AAGL’s website as a useful resource. Visit www.OBGYN.net to read more on this award, or go directly to our website at www.aagl.org.
We Will Always Remember You…

Robert B. Hunt—1940–2004

On December 2, 2004, Robert Bridger Hunt passed away at his home surrounded by the love of his family. Dr. Hunt, a dearly esteemed member of the AAGL, dedicated much of himself to the organization. Charmingly gracious is how many would describe this accomplished physician, and it is the way in which he lived his life as well.

Dr. Hunt was born in Columbia, South Carolina and graduated Valedictorian of his high school class. He went to the University of South Carolina, and then on to study medicine at the Medical University of South Carolina. Following this he served as General Medical Officer Lieutenant in the United States Navy in Antarctica, where he was the Assistant Officer-in-Charge at Byrd Station. Eventually he was appointed Assistant Clinical Professor in the Department of Reproductive Medicine at Harvard Medical School.

Accolades and honors were frequently awarded to Dr. Hunt: In 1997 and 1998 he was named one of Boston’s Ten Best Ob/Gyns in Boston Magazine; and in 2001 he was named one of four Ob/Gyns in New England in America’s Top Doctors. Throughout his career, Dr. Hunt focused his efforts on repair and preservation of pelvic structures, and contributed to the field of minimally invasive surgery by developing new instruments and by refining surgical techniques.

Dr. Hunt was president of the AAGL from 1991–1992, and he also presided as president of the Foundation of the AAGL since its inception in 1992. But without a doubt, the biggest legacy Dr. Hunt left to the AAGL has been with his founding editorship of the Journal of the AAGL. In 1993 the Journal was established and Dr. Hunt named its first Editor-in-Chief. For the next nine years he would have a most significant impact in developing and guiding the newly formed publication into the premier academic journal that it is today. It was through his special care and diplomatic skill that the Journal of the AAGL realized so many contributions from all over the world.

In 2002 Dr. Hunt was the Honorary Chair at the AAGL 31st annual meeting in Miami, Florida, and that same year the Robert B. Hunt Endowed Award was established and is now awarded every year at the annual meeting to the best scientific paper published in the Journal.

The AAGL will miss him greatly and will always remember the generous way he gave of himself to the organization and to the Journal. We send out our heartfelt condolences to his wife Kate; son, James; daughter-in-law, Ginger; and his new grandchild, Robert Bridger Hunt, II.

Rafael F. Valle Appointed Emeritus Professor

On September of 2004 Rafael F. Valle, M.D. retired from active medical practice and was appointed Emeritus Professor of Obstetrics and Gynecology at Northwestern University Medical School.

Dr. Valle was president of the AAGL from 1989–1990 and currently serves as a National Advisor. He is internationally known for his work in diagnostic and operative hysteroscopy and chaired for many years a postgraduate hysteroscopic training program at Northwestern University in Chicago.

Best wishes on your retirement, Dr. Valle!
future meetings

AAGL MEETINGS

Endoscopic Skill Development Workshop
Designed for Residents & Junior Faculty
March 12–13, 2005
University of Miami, South Campus UBERC
Miami, Florida

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

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

AFFILIATED MEETINGS

The World Meeting on Gynecological Pelvic Pain and Endometriosis
May 12–15, 2006
Milan, Italy

World Congress on Gynecological Endoscopy
2nd Croatian Congress on Gynecological Endoscopy
June 12–24, 2006
Dubrovnik, Croatia