On the brink of its 40th birthday, AAGL is finding itself in the midst of a turning tide. In 1971, AAGL was founded by Jordan Phillips with only a handful of gynecologists who stood firm in their belief that endoscopy was the future of gynecologic surgery. Fighting resistance to this “new way of doing surgery,” both within and without, these undaunted visionaries nevertheless plodded forward with dogged determinism for the next two decades, with relatively few colleagues joining the tribe. Then the 1990s witnessed steady growth with sporadic spurts in membership, averaging 5,700 for the decade. Between 2000 and 2008, membership remained flat at 3,800. Then in 2009 it climbed to 4,193 and over this year, the membership surged to 5,217. Not only has the membership sharply increased, attendance at the annual AAGL meetings has jumped from 1,638 last year to 1,850 this year.

The scope of AAGL has broadened to an international mission, with approximately 15,000 physicians belonging to 40 affiliated societies worldwide. Four AAGL International meetings have already been held outside of North America, and two more international meetings are slated in 2011 and 2012. Istanbul, Turkey, is the site for the meeting in April, and Osaka, Japan, in December, 2011.

Our AAGL/SRS Fellowship Program in Minimally Invasive Gynecologic Surgery, which was established in 2001, has now expanded to 37 sites with applications increasing from 79 in 2009 to 93 this year. On the international level, the fellowship programs are enjoying growing collaboration with those in North America. Last year, 44,000 + hours of CME were awarded.

It’s exciting to see the evolution of the Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS) continue to be such an actively sought after training entity. Specifically as we speak, there were 37 Programs; 30 applicants matched and there were 93 applicants for the 2011-2012 Fellowship year. So what’s the latest and the greatest? We have appointed Task Forces focused on:

1. Educational Expectations

The Board has made a sincere effort to provide the prerequisite guidelines that enable a fellowship program to maximize the educational endeavor that the fellow

Endometriosis is a common disease, which affects 10% to 15% of women in reproductive ages and is an important cause of pelvic pain and infertility. In the 90s, the study of endometriosis underwent strategic modifications because of the complexity involved in the diagnosis and treatment of this disease. Following the classification of endometriosis according to its depth, as described in 1989, and the publication of the study in which it was suggested that endometriosis affecting the ovary, peritoneum and rectovaginal septum may be considered three separate conditions, specific attention has been paid to surgical management of these conditions.
The AAGL Endo-Exchange™ and Disclosures

For the past 39 years the AAGL has built its reputation through its role in advancing minimally invasive gynecology worldwide. It did so in many ways which have included sponsoring training courses, helping other countries establish endoscopic societies, establishing The Journal of Minimally Invasive Gynecology to disseminate written knowledge, and by providing a forum for all speakers at its annual and more recently its international meetings.

Without maintaining its integrity the AAGL would not have been able to achieve the position it now holds in gynecology. Our integrity is something we wish to guarded and nourished.

Recently there was discussion about disclosures when posting to our AAGL Endo-Exchange.

It is true that a Listserve can be considered a “blog” or “chat room” and postings should be taken at face value. But because it carries the AAGL name we expect it to rise to the highest possible professional standards. It is a way for our members to share their collective experience for the benefit of our patients. It is a discussion between colleagues.

For the above reasons the integrity of our Listserve requires transparency. Transparency means those who post should be open about their financial or other relationships that pertain to their posting. Disclosures are not a negative but rather candidness between colleagues.

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

Action and Interaction: Themes for the 40th

Congratulations go out to Linda Bradley as well as the entire staff at the AAGL office for planning and implementing the most successful annual clinical meeting in our organization’s history. The contributions of our membership in providing a record number of abstracts and videos as well as an outstanding faculty has raised the bar for the AAGL and there is little doubt this trend will continue for years to come.

It is very exciting to be in a position to chair the scientific program committee for the 40th AAGL Global Congress of Minimally Invasive Gynecology. The program committee began planning this past April. While at the 2010 meeting, I was approached by those who attended this year’s meeting with 54 incredible ideas for next year’s program. This is an obvious sign of the commitment and passion for the AAGL on behalf of our members.

Though planning is far from complete, there will be at least two recurrent themes for the 2011 meeting. First is that we will focus on (Continued on page 22)
ROTOCUT™ G1
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“straight stick” laparoscopic reconstructive surgery, and the objective and subjective benefits associated with it.2,3,4

Limitations to the popularity of laparoscopic urogynecology have included the perception of increased difficulty, prolonged operative times, a protracted learning curve, and a relative paucity of advanced pelvic reconstructive training centers nationally. In addition, specific laparoscopic CPT code sets for reconstructive surgery have been largely inaccurate or lacking entirely, and reimbursement levels have not provided an incentive for surgeons to adopt minimally invasive techniques.

More recently, the advent of vaginal mesh-based prolapse repair techniques and device kits have offered the promise of a new age in minimally invasive pelvic reconstructive surgery. Although data are accumulating that support the use of synthetic mesh in the anterior compartment through a vaginal incision,5 such techniques have also introduced a new wave of complications. The MAUDE database (1,000 entries to which triggered the October, 2008 FDA Public Health Notification about vaginal mesh) reports, in recent years, a 3:1 ratio of complications from mesh kits compared to the much more commonly performed sling procedures.6 Mesh kits appear to have the highest rate of reoperation for complications of apical suspension procedures, while traditional vaginal surgeries for apical support have the highest reoperation for failure rates.7 These issues have helped to reinvigorate interest in the abdominal or laparoscopic approaches to mesh reconstruction, in which mesh complication rates appear to be lower (though quality comparative studies in this regard are lacking).

In addition to providing an alternative to vaginally placed mesh, laparoscopic techniques and approaches for reconstruction have in some cases found new purpose in dealing with some of the complications associated with mesh – sling excision and mesh revision through the retropubic space in many cases allows excellent access to the pelvic sidewall, where many of the pain-related complications originate, without necessitating redescription of the vaginal field, and can provide excellent visualization of the entire pelvic sidewall.

Currently, a healthy debate is ongoing regarding the role of robotics in the laparoscopic management of pelvic floor disorders. Although available national databases do not distinguish between open and endoscopic sacrouteropexy, few would argue that the advent of the daVinci surgical system. The importance and impact of this system, which in many situations serves as an enabling technology, is continuing to play itself out – a recent randomized trial between laparoscopic and robotic sacrouteropexy in the hands of one group of experienced laparoscopic surgeons, presented at this year’s Global Congress on Minimally Invasive Gynecology, showed that robotic surgery took longer and was associated with higher pain scores postoperatively.8 It certainly seems to be the case that robotic systems add to the per-case costs associated with the procedure,9 but the questions remain – does the robot make minimally-invasive surgery available to a greater number of patients, and are we therefore well served by this technology? Or, rather, should we envision robotics as a transitional technology, with the goal that surgeon experience can overcome the need for the expensive equipment? In any case, laparoscopic approaches to pelvic reconstructive surgery offer well-established advantages to which abdominal, vaginal, and robotic surgeries should be compared.

More recently, the advent of vaginal mesh-based prolapse repair techniques and device kits have offered the promise of a new age in minimally invasive pelvic reconstructive surgery.

References:


6. Mucowski SJ. Use of vaginal mesh in the face of recent FDA warnings and litigation. Am J Obstet Gynecol 2010 203(2) 103.e1–4


Charles R. Rardin, M.D. is Associate Professor at Alpert Medical School of Brown University in Providence, Rhode Island. This article is presented on behalf of the AAGL’s Special Interest Group on Urogynecology.
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The votes, counts, and chips have all been tallied for the 39th Annual AAGL meeting held in Las Vegas, Nevada at Caesars Palace. Successful, invigorating, educational and fun, were the words that echoed throughout the meeting. I think it was a winner!!

Kudos to our attendees, faculty, telesurgeons, Scientific Program Committee, Board of Trustees, AAGL staff, and industry sponsors that collectively launched a rigorous academic meeting.

Certainly, we demonstrated that we are a global family. Our annual meeting was one of the most highly attended in the past decade, with more than 1,800 physicians from 65 countries. Each Scientific Program chair has annually added their personal “touch.” What was new this year? We went successfully green, replacing reams of paper with a thumb drive for our syllabi. Did you enjoy the new virtual posters? Gone are the days of carrying the long cardboard cylinder with the rolled up posters on the plane.

Our position paper that will be published in the Jan/Feb 2011 issue of *JMG*, advocating minimally invasive hysterectomy with the laparoscopic approach or vaginal hysterectomy, was palpable throughout the meeting with excellent postgraduate lectures and superb surgical finesse demonstrating these minimally invasive techniques. Many new faces joined our faculty and hands-on lab sessions. We partnered with our SIGS for great input in oncology and urogynecology sessions including didactic/robotic/cadaver labs.

A great “wake up call” lecture for self care reform (taking care of ourselves) was robustly given by our Keynote Speaker, Dr. Roizen.

Is your pedometer registering 10,000 steps daily? If not, get moving!! The innovations session was dynamic too. Additionally, realizing that we also take care of women not just surgically, but medically, we added a taste of medicine to our meeting. Great lectures on female sexuality, peri-operative preparation of our patients, imaging, and recently approved medications for abnormal bleeding were included in our annual meeting.

Our outgoing President, Dr. C.Y. Liu’s momentous Presidential Address, on the “road less travelled” summarized his career and academic pathway. It also reminded me of the adage, that there are only “six degrees of separation” between us. Our membership
in the AAGL, like Dr. Liu’s, is a testament to joining a dynamite society, that has taken the “road less travelled.”

The Opening Ceremony was highlighted with the presentation of 13 individual awards for the best videos and papers on minimally invasive gynecology. Through the generous support of our industry partners and the Foundation of the AAGL, we have been able to reward ongoing research in our field. Recognizing the need to educate the next generation of physicians, Karl Storz Endoscopy once again supported the IRCAD award, a week-long visit to the IRCAD Institute in Strasbourg, France. The winner is chosen from the current class of FMIGS fellows. This year’s winner was Dr. Jessica A. Shepherd for her paper “Prevention and Management of Complications of Laparoscopy.”

And our Honorary Chair, Prof. Liselotte Mettler, presented a moving speech on her nearly 50 years of teaching, traveling, and learning from physicians around the world. Dr. Mettler has been a prolific contributor to our field of medicine and although officially retired from the Kiel School of Gyne Endoscopy and Reproductive Medicine, in Kiel, Germany, she remains active by serving as a lecturer at the Harvard Medical School in Dubai and teaching at international conferences around the world.

As I talked with many of our members, I realized how similar and passionate we are about resident and fellowship training, publishing scholarly papers, and performing minimally invasive surgery. Our membership in the AAGL family is linked by our desire to enhance scholarly output, often zealously choosing the “road less travelled” and pushing the scientific arms of our surgical community. Our AAGL family has an international and global footprint. Let us collectively continue to execute on providing the highest caliber of surgical and emotional care to our patients.

Thank you for attending the meeting. Encourage a colleague to attend next year. Mark your calendar for the 40th Annual Meeting, November 6-10, 2011 in Hollywood, Florida. As Scientific Chair, it was my honor to serve you. See you next year!!

Linda D. Bradley, M.D., is the 2011 President of the AAGL and was the Scientific Program Chair for the 39th AAGL Global Congress on Minimally Invasive Gynecology. She is also Vice Chair of Ob/Gyn and Women’s Health Institute and Director, Center for Menstrual Disorders, Fibroids & Hysteroscopic Services at the Cleveland Clinic in Cleveland, Ohio.
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been paid to the diagnostic and therapeutic aspects of the disease when it affects each of these three sites. Deep endometriosis was for the first time, recognized as a separate entity requiring special consideration. Recognizing the arising challenges in the study of endometriosis, AAGL designates endometriosis as an area of special interest.

Traditionally approached surgically with laparotomy, early adaptors of laparoscopy have successfully resected disease through a minimally invasive approach allowing patients improved fecundity, due to better visualization of the lesions, fast return to daily activities, excellent results on pain relief and a significant improvement in the quality of life of the patients. Furthermore, the enormous technological advances achieved in imaging methods in the 1990s led to a significant increase in the number of studies undertaken to assess the application and development of these diagnostic tools for endometriosis, helping gynecologists to define better the surgical strategies for the endometriosis treatment. Publications in the literature have described a wide assortment of methods, notably transrectal and transvaginal ultrasonography and nuclear magnetic resonance, which have been submitted to evaluation in attempts to improve the sensitivity and specificity of these methods for the diagnosis of ovarian and, crucially, deep endometriosis. These advances are also important to help us to define precisely when not to indicate surgery for these patients. Many of these adaptors were the founding members of AAGL.

AAGL, in its recognition for the need for further studies, education and training in management of this disease has added Endometriosis to the Special Interest Group (SIG) in Reproductive Surgery, now renamed Reproductive Surgery/Endometriosis SIG. This SIG aims to: 1) advance the understanding, diagnosis, and treatment management options of endometriosis and reproductive conditions using minimally invasive approaches, 2) stimulate training courses for residents, fellows with rotation workshops, 3) collaborate with the scientific program committee of the annual AAGL Global Congress, 4) generate research topics and lastly, 5) construct a new Endometriosis Classification System that puts greater consideration of the outcome impact of deep endometriosis.

AAGL is in a unique position to make a strong impact in the fields of endometriosis and reproductive surgery with its ability to bring together thought leaders and innovative thinkers throughout the world. With over 5000 members worldwide, AAGL is able to reach out to caregivers in providing evidence-based practice guidelines in the field of endometriosis and reproductive surgery. Ultimately, the goal is that patients affected by this potentially debilitating disease may benefit.

References


Mauricio S. Albrao, M.D. is a Trustee on the AAGL Board representing Mexico, Central and South America. He is Director, Endometriosis Unit at Sao Paulo University in Sao Paulo, Brazil. This article is presented on behalf of the AAGL’s Special Interest Group on Reproductive Surgery/Endometriosis.
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**Affiliated Societies Spotlight**

**Turkish Society of Gynecological Endoscopy (TSGE)**

Although the Turkish Society of Gynecological Endoscopy is only 8 years old, it has already brought a large number of Turkish gynecologists into its membership. It has done so by offering many educational opportunities to its members. Its biannual meetings have brought world recognized leaders to members of TSGE and its many regional meetings have helped its members advance their endoscopic skills. In addition its website is a major platform for educational activities.

The AAGL is very pleased to have the TSGE as their host for the 5th International Meeting. The program is a wonderful example of their society’s leadership in minimally invasive gynecologic surgery.

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

The Turkish Society of Gynecological Endoscopy (TSGE) was founded in 2003 to assemble all gynecologists dealing with gynecological endoscopy in Turkey and spread gynecologic endoscopy education all around the country. In Turkey, which has around 6000 gynecologists, our aim is gynecologic endoscopy to be applied by as many gynecologists. For this purpose, our society is working with the Turkish Society of Obstetrics and Gynecology.

Our society holds national congresses every 2 years with 600-700 attending and organizes a large number of regional courses every year. Also with 700 members our society has an active website (www.jed.org.tr). Numerous educational surgical videos are published and followed with great interest and appreciation by our members. In addition our members are apprised of any scientific activity as well as sent training videos and electronic newsletters. We are also publishing videos of our members in order to share their experiences.

We are organizing the “AAGL 5th International Congress on Minimally Invasive Gynecology” in collaboration with AAGL between 6-10 April 2011 in Istanbul. Our society is working with this great organization with amazing motivation and receiving great support from the AAGL Board.

Looking forward to see you in Istanbul; one of the most beautiful cities on the world that connects Asia and Europe.

Dr. Onur Bilgin is President of the Turkish Society of Gynecological Endoscopy.

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**AAGL 5th INTERNATIONAL CONGRESS ON MINIMALLY INVASIVE GYNECOLOGY**

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www.tsge2011.org
As the year comes to an end, I would like to thank the numerous people that have been involved in the development and success of SurgeryU, which includes the Editorial Board, Contributing Faculty, AAGL members and the AAGL staff. We had a great year with hundreds of new videos added to the site, our social networking platform was expanded to include all of our different interest groups, and we had a number of live events that brought our colleagues from around the world together to exchange tips on surgical procedures.

In addition, all of the videos on SurgeryU have been going through a re-mastering process, which will optimize the viewing experience for content on the site. We will now offer multiple bit rates from standard definition to high definition (HD). This new change will allow AAGL members to stream library content directly through to their mobile devices like the iPhone or iPad. Along with the continuation of the re-mastering project, in 2011 we will also bring you live events and new content in HD.

We would also like to acknowledge the support of our corporate partners: CooperSurgical, Ethicon Endo-Surgery, Ethicon Women’s Health and Urology, Hologic and Karl Storz Endoscopy-America. Because of their generous support, the site continues to be available to AAGL members at no additional cost.

We look forward to our continual expansion and to engaging you on the site. If you have any recommendations for improvement or ideas that you would like to share, please contact us at Feedback@SurgeryU.com.

Assia A. Stepanian, M.D. is Editor-in-Chief of SurgeryU and on the Advisory Committee of the AAGL. Dr. Stepanian is in private practice at the Center for Women's Care & Reproductive Surgery in Atlanta, Georgia.

Visit us today at www.aagl.org/surgeryu to view our extensive library of videos on minimally invasive gynecologic surgery.
As has been reported in past issues of NewsScope, the AAGL instituted a Core Curriculum Committee to develop curriculum and testing for MIG. As Chair of that Committee, I am pleased to report that we are making progress.

Early this year, we started a rigorous process to develop an assessment-based certificate program to test physicians’ understanding of the essential knowledge, skills, and aptitudes for minimally invasive gynecology. Using an outside psychometric consulting firm to ensure we adhere to professional testing standards and legal guidelines to address issues of validity, reliability and legal defensibility, we are following a 10-step program.

The first step was completed in May and during the weekend before the 39th AAGL Global Congress, we undertook the second step—Job Task Analysis. Subject matter experts were invited and accepted the responsibility to develop the statements which would provide evidence that a physician sufficiently understands the principles of laparoscopy and hysteroscopy.

It was an arduous process—intellectually and physically. We commend the pictured physicians who worked tirelessly for two full days to draft the statements from which eventually test questions will be written and for their continued involvement as we complete this step.

I am excited by the progress made by our committee thus far and look forward to the continued work that we have outlined for 2011.

Dr. Nezhat

Ceana Nezhat, M.D., FACOG, FACS is the Chair of the AAGL Core Curriculum Committee, an AAGL Advisor and Chair, Department of Obstetrics & Gynecology at Northside Hospital; Associate Professor of Obstetrics & Gynecology (Adjunct Clinical) at Stanford University School of Medicine; Clinical Associate Professor of Gynecology & Obstetrics at Emory University School of Medicine and Fellowship Director at the Atlanta Center for Special Minimally Invasive Surgery & Reproductive Medicine.
From the President  (Continued from Page 1)
granted, the number of which has already been surpassed in 2010.
Additional areas of focus for our committees include updating the
Basics of Gynecologic Endoscopy, a comprehensive online educational resource for new members and supplementing the
Core Reading in Minimally Invasive Gynecology.
The Liaison Committee for Obstetrics and Gynecology (LCOG), whose resistance has been felt for many years has
recently invited us to join them and their long-time members, ACOG, ASRM, and other major societies.

Here are some highlights of the year:

Journal of Minimally Invasive Gynecology – The official journal of AAGL has continued to grow with increasing numbers of manuscript submissions and improved impact factors.

Essentials in Minimally Invasive Gynecology – With an anticipated completion date of the latter part of 2011, the assessment-based certificate program is our equivalent to general surgery’s required test for surgery residents (Fundamentals in Laparoscopic Surgery) and covers both laparoscopy and hysteroscopy. See page 15 for more information.

Evidence Based Guidelines – The following have either been published this year or will be in the near future:
- Management of Intrauterine Synechia
- Route of Hysterectomy for Benign Uterine Diseases
- Management of Submucosal Leiomyomas
- Cystoscopy in Routine Gynecologic Procedures
- Endometrial and Endocervical Polyps

Center of Excellence (COE) in Minimally Invasive Gynecology
We have contracted with Surgical Review Corporation (SRC) to oversee our COE program. This reputable body, known for its high standards, also provides oversight for the COEs of bariatric surgery in the United States and abroad.

Council for Gynecologic Endoscopy (CGE) program – This is a multi-skill level registry program for individual gynecologic endoscopic surgeons.

Special Interest Groups (SIG) – The following 4 SIGs have been established:
- Oncology
- Urogynecology
- Robotic Surgery
- Reproductive Surgery/Endometriosis

Refined and Expanded SurgeryU – With 750 videos, AAGL has the largest gynecologic endoscopic surgical video library. Additionally, two successful live surgery webcasts have been launched this year, with more frequent live surgery webcasts being planned for the future.
Since its inception, AAGL has held unwaveringly to its vision, and now the tide is turning. The organization has matured into adulthood and is finally being recognized and respected as the major professional surgical society in gynecology. Happy 40th Birthday, AAGL.

C.Y. Liu, M.D., is the 2011 Immediate Past President of the AAGL and also serves on the faculty for the Fellowship in Minimally Invasive Gynecologic Surgery located at the Women’s Surgery Center in Chattanooga, Tennessee.
New Products

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LiNA McCartney Tube
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AAGL Position Statement Published

Early in 2010, the AAGL Board asked the Practice Committee to review the evidence about the route of hysterectomy for benign disease. After reviewing the evidence, the Practice Committee wrote and the AAGL Board approved a position statement about the issue.

The Position Statement first appeared online ahead-of-press on the The Journal of Minimally Invasive Gynecology website in early November. Elsevier, the publisher of the Journal, issued a press release on November 7th about the position statement. To date over 185 media outlets have picked it up and have published their own articles about the position statement.

The Position Statement concludes with “It is the position of the AAGL that most hysterectomies for benign disease should be performed either vaginally or laparoscopically and that continued efforts should be taken to facilitate these approaches. Surgeons without the requisite training and skills required for the safe performance of VH or LH should enlist the aid of colleagues who do or should refer patients requiring hysterectomy to such individuals for their surgical care.”

You may read the full position statement on the AAGL and JMIG websites at www.aagl.org and www.jmig.org.
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Frank Aguire, M.D.
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Rachel Akers, M.D.
Shola Victor Akinsooto, FRCS
Luiz Guilherme Albuquerque, M.D.
Steven Jay Alevizon, M.D., FACOG
Ban Al-Karaghouli, MCHB
Nathan Hale Allen, M.D.
Dilermando P. Almeida Filho, M.D.
Donald H.A. Amoko, M.D.
Fausto Andrade, M.D.
Katia Magalie Apollon, M.D.
Costas Apostolis, M.D.
Patricia J. Arroyo, M.D.
Obethi Alexandria Asemota, M.D.
Daisy Anjei Ayim, M.D.
Jonathan Quinn Bailey, M.D., FACOG
Maresha Baker, M.D., MPH
Sheri L. Baker, Ph.D.
Heldard Guther Ballon, M.D.
Juan Balparda, M.D.
Cecilia W. Banga, D.O.
Stephanie Bareis, MMS, PA-C
Susan L. Baranowski, M.D.
Francisco Barahona, M.D.
Vandana Bansal, M.D.
Ashwani Bansal, M.D.
David Banh, M.D.
Cecilia W. Banga, D.O.
Juan Carlos Lopez, M.D.
Isaac Vega Lopez, M.D.
Gloria Lopera, M.D.
Teresa Longoria, M.D.
Crystal C. Locklear, CST
Teresa Longoria, M.D.

(Continued on page 22)
Welcome New Members (Continued from Page 21)

Sarina Merali, M.D.
Jeffrey A. Michelson, M.D., FACOG
Fukuda Mika, M.D.
Rachel Simpson Miller, M.D.
Jenny Freire Miranda, M.D.
Dinesh Mody, M.D.
Alba Mondragon, M.D.
Sudha Moolu, M.D.
John M. Morgan, M.D., FACOG
Patrick Muffley, D.O., FACOG
Tam Mungan, M.D.
Felix Munuzuri, M.D.
James Murray, D.O.
Ponnampalam Myuran, M.D., MRANZCOG
Endometriosis Foundation co-founder, Padma Lakshmi, Top Chef celebrity and
chair in 2007. Our keynote speakers are
by Charles Miller when he was program
minimally invasive therapies, a effort begun
patients who have strongly advocated for
education programs. Instead of typical
debates, we will have video challenges in
which two experts display their different
surgical techniques for the same condition.
These are just a sample of the novel programs being con-
sidered for the 40th AAGL Global Congress of Minimally Invasive Gynecology.

The Westin Diplomat in Hollywood, Florida is an idyllic location with an infinity pool
leading to the beach and Atlantic Ocean. To
top it off, South Beach is just a cab ride away.

Keith B. Issacon, M.D. is the 2011 Vice President of the AAGL and Scientific Program Chair for the
40th AAGL Global Congress on Minimally Invasive Gynecology. He is an Associate Professor of
Ob/Gyn at Harvard Medical School and the Director of Partners Center for Reproductive Medicine and
Surgery at Newton Welleley Hospital MIGS Center in Newton, Massachusetts.
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40th AAGL Global Congress of Minimally Invasive Gynecology
www.aagl.org

Education Calendar

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

January 21-24, 2011
7th Annual Optimizing Minimally Access Gynecology
Ritz Carlton • Fort Lauderdale, Florida

February 18, 2011 & May 6, 2011
Adding Office Hysteroscopy to Your Practice
SimSurg Education Center • San Francisco, California

March 19, 2011
Adding Office Hysteroscopy to Your Practice
Newton-Wellesley Hospital • Boston, Massachusetts

March 12-13, 2011
20th Annual Comprehensive Workshop on Minimally Invasive Gynecology for Residents & Fellows
Gaylord Texan Resort & Convention Center • Grapevine, Texas

March 24-26, 2011
World Symposium on Endometriosis (WSE)
InterContinental Hotel • Atlanta, Georgia

April 6-10, 2011
Vth AAGL International Congress on Minimally Invasive Gynecology in partnership with the
Turkish Society of Gynecological Endoscopy
Swissôtel The Bosphorus • Istanbul, Turkey
Website: www.tsge2011.org

April 16, 2011 & September 24, 2011
Adding Office Hysteroscopy to Your Practice
The Advanced Gynecologic Surgery Institute
Chicago, Illinois

May 5-6, 2011
World Robotic Gynecology Congress III
JW Marriott Hotel • Washington, D.C.

May 20-21, 2011
13th Annual Advanced Workshop on
Gynecologic Laparoscopic Anatomy & Surgery
on Unembalmed Cadavers
University of Louisville • Louisville, Kentucky

June 4-6, 2011
Fundamentals & Innovations in Minimally Invasive Surgery
Magee-Womens Hospital • Pittsburgh, Pennsylvania

June 6-9, 2011
XXIV International Congress “New Technologies for Diagnosis and Treatment of Gynecologic Diseases”
Moscow, Russia

December 9-11, 2011
VIth AAGL International Meeting in partnership with the Japan Society of Gynecologic and Obstetric Endoscopy and Minimally Invasive Therapy and in association with the 12th APAGE Annual Scientific Meeting • Osaka, Japan

April 25-28, 2012
VIIth AAGL International Congress on Minimally Invasive Gynecology in partnership with the Argentine Society of Laparoscopic Surgery (SACIL)
Buenos Aires, Argentina

AAGL Annual Meetings

November 6-10, 2011
40th AAGL Global Congress of Minimally Invasive Gynecology
The Westin Diplomat • Hollywood, Florida

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

November 10-14, 2013
42nd AAGL Global Congress of Minimally Invasive Gynecology
Gaylord National Resort & Convention Center on the Potomoc • National Harbor, Maryland