42nd Global Congress on Minimally Invasive Gynecology
NOVEMBER 10-14, 2013
Washington, D.C.

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BARCELONA SPAIN
JUNE 5-7, 2014
10TH AAGL INTERNATIONAL CONGRESS ON MINIMALLY INVASIVE GYNAECOLOGY
FOCUS ON AAGL

MISforWomen.com – Advancing MIG Through Patient Education

The AAGL recently launched its new patient web site, MISforWomen.com, in conjunction with National Women’s Health Week. The web site offers women education about the latest techniques in minimally invasive surgery (MIS), as well as access to top gynecological surgeons who specialize in MIS.

One of the key elements of the site is the Medical Library, which has been vetted by AAGL physicians and provides visitors to the site with information on medical conditions, diagnostic tests and treatment options in non-technical terms. Additionally, the web site features a video library, discussion forum, physician finder, and physician/patient blog.

The AAGL has created this new offering to help women learn that minimally invasive surgery is a viable option for many gynecologic surgeries. While our focus in the past had primarily been on educating physicians in minimally invasive techniques, we are now placing an emphasis on also educating prospective patients who may otherwise opt to have a laparotomy on the safety and benefits of MIS.

Members of the AAGL who are registered as practicing physicians are listed in the MISforWomen Physician Finder as a benefit of membership. Visitors to MISforWomen.com can find doctors based upon their location and practice specialty by clicking on the Physician Finder link that is featured on the home page.

I encourage all AAGL members to avail themselves of the opportunity to “introduce themselves” to prospective new patients via the Physician Finder by making sure your physician profile is up to date. You can learn more about how to update your profile at AAGL.org/updateprofile.

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

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MIS for Women
Minimally Invasive Surgery is an Option

AAGL Presents our new patient awareness website

www.MISforWomen.com

CAN PATIENT’S FIND YOU? – Update Your Profile Today

Edward F. Shams, M.D.
Louisville, KY 40202
USA
Contact Edward F. Gordon, M.D.

Key Details:
Member of the AAGL since 2/24/1994
Specializes in Gynecology, Urogynecology

Edward F. Shams, M.D. – Biography
Dr. Shams is certified in advanced laparoscopy and hysteroscopy and he is an international educator of gynecologic endoscopy. He has published three books on Laparoscopy, Hysteroscopy, and Minimally invasive surgery, respectively. He has published a number of scientific papers. He serves on the OB/GYN editorial board and is an ad-hoc reviewer for several scientific journals. He has been a demanded speaker at conferences and courses and he has performed numerous live tele-surgeries world-wide.

SAMPLE MEMBER PROFILE

AAGL Members recieve a personalized profile page, which includes a bio, affiliations, location and photo.

What does your profile look like?
Update your information and photo by logging in to www.aagl.org

The AAGL would like to thank ETHICON for the generous support provided in funding this project.
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Life, Liberty and the Advancement of MIGS

Founded in 1790, Washington, D.C. is the bustling capital of the United States and home to the 42nd AAGL Global Congress. The Scientific Program Committee has developed a program that moves from molecules to robots through the science and art of minimally invasive gynecologic surgery.

The focus of the Scientific Program is endometriosis, fibroids and hysterectomy. These topics will be addressed from the simplest approach to the most complex cases, including prevention and management of complications. Providing a diverse educational experience is one of our goals. We are introducing new faculty, new topics and new techniques, while staying true to our roots. This mixture of fundamentals, combined with cutting edge medicine, promises to be an exciting program with presentations from world leaders in the field of MIGS, and rising practitioners on the cusp of new technologies and techniques.

While these innovative offerings provide new perspectives, the program will include: anatomy, vaginal surgery, mini- and single-port laparoscopy, fertility preservation in oncology patients, and an overview on current management of urinary incontinence. Of special interest are new offerings on laparoscopy in pregnancy and in-utero endoscopy for fetal surgery, and a course on pediatric and adolescent gynecology with an emphasis on adolescent endometriosis for early detection and management.

We have developed state-of-the-art hands-on courses to expand skills and knowledge. This will provide our attendees with a very practical and applicable experience. The ever-popular suturing courses are returning, along with intra- and retro-peritoneal anatomy. The robotics lab will include simulation and cadaver specimens with procedures for novice and advanced users. Placing a new twist on an old idea, the hysterectomy lab will take you step-by-step through laparoscopic and robotic procedures, while the vaginal hysterectomy lab showcases the art of vaginal surgery. Lastly, our newest offering on office hysteroscopy and transvaginal ultrasound rounds out the hands-on courses.

Throughout the meeting, minimally invasive surgery for endometriosis and myoma, including the utilization of robotics, will be featured. During a very special general session, world-renowned endometriosis scientists will take us to the molecular level. Dr. Robert Taylor will cover hormone resistance in endometriosis, Dr. Asgi Fazleabas will share his experience with the use of an animal model to understand dynamics and mechanisms of hormone resistance, and Dr. Linda Griffith will address systems biology and tissue engineering models to develop new therapeutics. This trio promises a lively and educational discussion.

The Jordan M. Phillips Keynote Speaker is Dr. Neil Martin, Professor and W. Eugene Stern Chair of Neurosurgery at the Ronald Reagan UCLA Medical Center. Dr. Martin was instrumental in developing the UCLA Neurosurgery Clinical Quality Program, which is a comprehensive approach for improving quality of care, enhancing patient safety, increasing efficiency and reducing costs. The Keynote Address will cover how to initiate a comprehensive and innovative service-line clinical quality program that can successfully enhance patient satisfaction, drive continuum of care efficiencies and improve the level of clinical quality and safety for the patient. The new era of health care will impact everyone, including the surgeon.

Please join us in Washington, D.C., which boasts world-class museums, including the iconic Smithsonian Institution, theaters, restaurants, green space, and history. Visitors can tour the National Mall to see the U.S. Capitol, the White House, the Washington Monument and Lincoln Memorial. You can also enjoy quaint and historical Old Town in Alexandria, Virginia by taking a short ferry ride from the Gaylord across the Potomac River. Best of all, many attractions in Washington, D.C. are free, including all national monuments, the Smithsonian Museums and the National Zoo.

I look forward to seeing you in D.C.!
The visualization, dexterity and control offers potential benefits of a minimally invasive approach for a full complement of gynecologic procedures:

- Long-term pelvic support equivalent to open sacrocolpopexy\(^1,2\)
- Resection of more types of fibroids compared to lap — heavier, numerous and difficult to access\(^3\)
- Ability to completely resect endometriosis and to precisely resect stage IV disease,\(^4,5\) including deeply infiltrating endometriosis\(^6\)
- Fewer conversions\(^7,8,9,10\) and fewer complications\(^8,11\) compared to lap hyst. And now, the ability to offer patients with benign conditions Single-Site\(^{\text{™}}\) da Vinci\(^{\circledR}\) Hysterectomy and salpingo-oophorectomy.

Potential risks of any sacrocolpopexy or hysterectomy include: separation of the vaginal incision, blocked lung artery, and urinary tract injury. Potential risks of any myomectomy include: excess blood loss, scar tissue, weakening of the uterus during labor, pre-term birth, and tears or perforations in the uterine wall. Potential risks of any endometriosis resection procedure may include: bladder injury, abscess, urinary tract injury, and bowel obstruction.

Special considerations related to minimally invasive surgery (MIS), including da Vinci Sacrocolpopexy and Hysterectomy are hernia. Special considerations related to MIS, including da Vinci Myomectomy and Endometriosis Resection, are hernia and pulmonary embolism. All surgeries carry risks of adverse outcomes. Results, including cosmetic results, may vary. Serious complications may occur with da Vinci Surgery, up to and including death. Patients who bleed easily, have abnormal blood clotting, are pregnant or morbidly obese are typically not candidates for minimally invasive surgery, including da Vinci Surgery. Single-Site\(^{\text{™}}\) Instruments for the da Vinci\(_{\text{Si}}^{\text{™}}\) System are cleared for commercial distribution in the U.S. for laparoscopic cholecystectomy, and for hysterectomy and salpingo-oophorectomy for benign conditions only. Other products featured are cleared for commercial distribution in the U.S. and bear the CE mark. For availability and clearances outside the US, please check with your local representative or distributor. For complete technical and labeling information, including indications, contraindications, warnings, precautions and safety information, please refer to www.intuitivesurgical.com/safety.

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Surgery for Infertility: “Ovarian Reserve,” A Key Question

In cases of surgery indicated in a context of infertility or desire for pregnancy, the question of “ovarian reserve” is of prime importance.

Age-related decline in oocyte quality

The results of ART decline in women 37 years of age and older.1 (Fig. 1A) Conversely, the outcome of donor-egg ART (DE-ART) remains remarkably constant until the age of 45-50 years (Fig. 1A) and beyond.1 This strikingly indicates that the poorer pregnancy rates seen in older women in regular ART result from an age-related decline in oocyte quality. The DE-ART data therefore distinctly and forcefully refute the belief that the sharp increase in miscarriage rates seen in older women stems from uterine aging.

Age-related decline in oocyte quantity

In an extensive work that took years to complete, Gougeon et al. quantified by histological analyses the age-related decline in oocyte quality. The DE-ART data therefore distinctly and forcefully refute the belief that the sharp increase in miscarriage rates seen in older women stems from uterine aging.

A parallel was thus rapidly drawn between the age-related decline in oocyte quality and the meager COS responses often seen in these women.2 Logically, the quality of COS response – an expression of oocyte quantity – was seen as predicting ART outcome and in a broader sense, the fecundity of women.3 This ultimately gave credence to the concept – erroneous, as we will see – that oocyte quality (pregnancy chances in ART) and quantity (COS responses) are inherently linked.7

The ovarian endometriosis and fertile oocyte donor models

The COS response in ART does not predict oocyte quality and ART outcome in two models in whom the oocyte decrease is age-independent:

i. In ovarian endometriosis, the ovarian response to COS is dramatically reduced, but ART outcome is equivalent to that of age-matched controls.6

ii. Certain fertile women – oocyte donors in France – have COS yields that are markedly below average without reduction in oocyte quality.9

Ovarian reserve, a term bound for confusion

Ovarian reserve parameters – basal FSH and AMH levels and the antral follicle count (AFC) – predict the magnitude of COS responses. For simplicity sake, at Chu Cochin we use a three-color coding system for interpreting ovarian reserve data (Fig. 2). Any apparent link between COS response – by extension, ovarian reserve testing – and ART outcome results from a confounding effect of age, not from a true independent association.

Conclusion

Ovarian reserve testing – any parameter used – predicts the magnitude of ovarian responses in ART, not fecundity. Yet, an enduring confusion erroneously intertwines the issues of oocyte quality and quantity in ART because aging is a confounding factor causing a concurrent decline of both oocyte quantity and quality. The term ovarian reserve, as catchy as it may be, is part of the confusion. It should be replaced for the more descriptive and less deceiving one of ovarian response testing.

References:

Charles Chapron, M.D. is Chair of the Department of Obstetrics, Gynecology and Reproductive Medicine at the University Paris Descartes, Sorbonne Paris City, CHU Cochin, APHP, in Paris, France.

Dominique de Ziegler, M.D. is Head of the Division of Reproductive Endocrinology and Infertility at the Université Paris Descartes - Hôp. Cochin, in Paris, France.

This article is presented on behalf of the AAGL’s Special Interest Group on Endometriosis and Reproductive Surgery.
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  - 5cm fibroid removed ≤15 min

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In the last two months, AAGL presented three highly successful webcast events through its SurgeryU HD streaming video platform. First on April 4th, 2013 Dr. Michael Pitter presented a robotic assisted multiple myomectomy case to our audience from Hackensack University Medical Center in New Jersey. Next, on April 25th, Dr. Jon Einarsson presented a case involving the laparoscopic excision of stage IV endometriosis from Brigham and Women’s Hospital. Finally, on May 16th, Dr. Robert Zurawin presented our very first surgical equipment update presentation from Baylor College of Medicine. Each of these events featured the presenter narrating one or more of their surgeries, along with an interactive Q&A session with the audience.

One of the most rewarding things about these live events is the global reach that they have. In looking at the viewership statistics, we can see hundreds of doctors watching our events from places like India, China, South Africa, Romania, and Turkey (along with more than 30 additional countries). We are truly living in an age where streaming video platforms like SurgeryU HD bring the classroom into the homes and offices of doctors anywhere on the planet, allowing AAGL to extend its reach and continue its mission to advance minimally invasive surgery in ways we couldn’t have dreamed of just 15 years ago.

Editor's Note: Dr. Rosanne Kho will be presenting a urogynecology case with interactive audience Q&A on SurgeryU HD coming up in July. AAGL will announce the specific date and time in an upcoming email message to all of our members.

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Make Me a MIG Surgeon!
Mark W. Dassel, Chair

The AAGL realizes that the specialty your residents choose will largely define their medical career. The difficult part for physicians is choosing a specialty. As they decide, we recommend that they ask questions, not only about the specialty itself, but about the life it will provide outside of work. With this in mind, we have developed a special session entitled, “Make Me a MIG Surgeon,” scheduled for Tuesday, November 12, 2013 from 12:00 pm to 1:30 pm. This session will provide insight into a career in MIGS, as well as, an understanding of the AAGL and its associated fellowship, the Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS).

**COURSE OBJECTIVES**

At the conclusion of this activity, the participant will be able to:

1. Describe the mission and goals of the AAGL, as well as, the Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS)
2. Use this session to navigate your “professional home” and engage in effective, collaborative and productive relationships with your peers
3. List important dates for the Fellowship in MIGS interview process
4. Describe the next generation of fellowship trained gynecologic surgeons
5. Identify strategies to maximize candidacy as an FMIGS fellow
6. Develop a plan for securing a fellowship position

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Course offered at the 42nd AAGL Global Congress on Minimally Invasive Gynecology
Tuesday, November 12, 2013

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Dealing with chronic pelvic pain (CPP) disorders can be frustrating for healthcare providers and patients. For gynecologic surgeons, this frustration is perpetuated by our lack of training in pain physiology and lack of treatment resources. However, there is no way of avoiding the problem of CPP since it affects nearly 15% of all reproductive age women and they usually present for first evaluation to their gynecologist. CPP is the primary indication for more than 10% of gynecology visits, 40% of laparoscopies and 12% of hysterectomies.\(^1,2\)

Admittedly, the evaluation of CPP is not easy. Patients often have a variety of vague symptoms such as dyspareunia, voiding dysfunction, constipation, and lower abdominal pain. Diagnosis is complicated by the potential of multiple diagnoses leading to pain, and although most women with CPP are first evaluated by a gynecologist, research shows that nearly 80% of etiologies of pelvic pain are not gynecologic. As a result, of the estimated 10 million women with CPP, nearly 60% will not get proper diagnosis and treatment. The role of surgery in the treatment of CPP remains controversial and gynecologic surgeons still have difficulty accepting that less than 20% of patients with CPP have a singular gynecologic cause for their pain such as endometriosis.\(^2\)

Musculoskeletal contributions to CPP can be easily identified during the pre-operative physical examination. In patients with musculoskeletal dysfunction, primary treatment should involve multimodal approaches combining physical therapy and medications, not surgery. Failure to screen, identify and treat muscular abnormalities prior to surgery can lead to continued pain for the patient... and for the surgeon.

References:

Georgine Lamvu, MD, MPH is President of the International Pelvic Pain Society, and Director of Advanced Minimally Invasive Surgery and Gynecology at Florida Hospital, in Orlando, Florida.

This article is presented on behalf of the AAGL’s Special Interest Group on Pelvic Pain.
Experience Excellence in Education

Premier gynecologists will meet at the Gaylord National Hotel & Convention Center in National Harbor, Maryland, November 10-14, 2013.

Excellent education will be offered including:

- 4 telesurgeries
- 8 surgical tutorials
- 4 panels
- 29 Postgraduate courses including:
  - 4 hands-on cadaver labs
  - 2 hands-on suturing simulation labs (Non-CME activity)
  - 2 hands-on suturing simulation labs
  - 1 hysteroscopy and transvaginal ultrasound simulation lab
- 80+ exhibitors displaying the latest technology
- 4 industry-sponsored symposia
- 1800+ of your peers
- 33.75 hours of Continuing Medical Education credits

Things To Do in Washington, D.C.

- Smithsonian Institution
- United States Capitol
- National Mall
- National Air and Space Museum
- Lincoln Memorial
- Smithsonian National Zoological Park
- John F. Kennedy Center for the Performing Arts
- National Museum of Natural History
- National Gallery of Art

These activities and more are just a water taxi ride away to DC Central from the Gaylord Hotel.

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<td>Georgine M. Lamvu, Michael Hibner</td>
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<td>Clinical Management of Endometriosis – From Mild to Severe</td>
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<td>Emilio O. Fernandez, Carlos Fernandez</td>
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<td>PG 216</td>
<td>Craig J. Sobolewski, Malcolm G. Munro</td>
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“The journal has an ever expanding role in highlighting research and clinical outcomes associated with minimally invasive techniques. In the modern era of increased scrutiny of the practice of medicine, an evidence-based approach to gynecologic surgery is necessary. JMIG should be the journal that attracts the landmark papers that can influence how clinicians practice.”

– Tommaso Falcone, M.D., Editor-In-Chief

**Tommaso Falcone, M.D.**
**Editor-In-Chief**
Cleveland Clinic – Cleveland, OH

Dr. Falcone is a graduate of the McGill University Faculty of Medicine in Montreal, and is currently the Obstetrics and Gynecology Institute Chair at the Cleveland Clinic. His medical specialties include advanced laparoscopic surgery, infertility, in-vitro fertilization, microsurgery for tubal ligation reversal, surgery for endometriosis, and infertility surgery.

**Gary N. Frishman, M.D.**
**Deputy Editor**
Brown Medical School – Providence, RI

Dr. Frishman is a graduate of the medical school at Columbia University in New York City. Dr. Frishman’s research interests include laparoscopy, post-operative adhesion formation, the effects of various energy delivery sources including lasers and electrocautery, menopause and infertility, including in vitro fertilization. He is also actively involved in resident and medical student education and research, in addition to his duties as Deputy Editor of JMIG.

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

Dr. Setubal received his medical degree from the University of Lisbon in 1981, and is currently Director of the Department of Obstetrics and Gynecology, Hospital da Luz – Lisbon. His areas of specialty include endometriosis, fibroids, infertility, and reconstructive pelvic floor surgery. Dr. Setubal is the first person to take on the role of Media Editor for the JMIG, and is responsible for bringing new media content, such as video articles, to our readership.

**Pedro Ramirez, M.D., U.T.M.D.**
**Associate Editor**
Anderson Cancer Center – Houston, TX

Dr. Ramirez is a Professor and the Director of Minimally Invasive Surgical Research and Education in the Department of Gynecologic Oncology at MD Anderson Cancer Center. He graduated residency in Obstetrics and Gynecology from Columbia-Presbyterian Medical Center in New York in 1998. His areas of research interest include minimally invasive surgery, fertility preservation in women with gynecologic malignancies, and novel approaches to the surgical staging of patients with gynecologic cancers.

**Jeffrey R. Wilson, Ph.D.**
**Statistical Editor**
Arizona State University – Tempe, AZ

Jeffrey Wilson is a Professor of Statistics and Biostatistics and Co-Director of the Biostatistics Core in the NIH Center for Alzheimer at Arizona State University. He is the former Director of the School of Health Management and Policy in the W. P. Carey School of Business. He has served as a co-principal investigator for a number of grants including the Arizona Disease Research Commission and the NIH, and provided research support to many hospitals and health organizations.

**Rosanne Kho, M.D.**
**Associate Editor**
Mayo Clinic – Phoenix, AZ

Dr. Kho is a graduate of Tulane Medical School in New Orleans. She finished her Urogynecology Fellowship training at the Mayo Clinic AZ and is an Associate Professor with the Mayo Graduate School of Medicine. She is the current fellowship director for the minimally invasive fellowship program at the Mayo Clinic in Medicine. Her practice focus is on minimally invasive robotic and vaginal surgery.
The ways in which our Key Partners support the mission of the AAGL include:

• Committing year round support through our Corporate Sponsorship program.
• Funding our fellowship sites.
• Giving unrestricted educational grants to enhance our programs.
• Supporting our hands-on seminars with workstations.
• Providing prizes for scholarly activities.
• Funding unrestricted grants for the Patient Education Program.
• Advertising in The Journal of Minimally Invasive Gynecology, the official journal of the AAGL and ordering reprints of articles to disseminate to physicians.

The support from our Key Partners is in accordance with the Accreditation Council for Continuing Medical Education guidelines for commercial support.

A partner is defined as “someone who shares an activity.” The AAGL acknowledges the corporations who partner with the AAGL to keep open the doors to educating the next generation of minimally invasive gynecologists. With their support the AAGL can provide more programs that will educate physicians and provide better patient care.
The AAGL Nominating Committee will soon select eight members of the AAGL as candidates for four trustee positions for the years 2014 and 2015.

Four of the candidates will be from the general membership and four must come from specific regions. This year, two candidates will be from Pacific Rim/India/Asia and two from Mexico/Central America/South America. (Next year, the regional candidates will be from Europe/Middle East/Africa and from Canada/United States).

In addition, two other members will be selected from the general membership to run as candidates for the position of Secretary-Treasurer. This position leads to Vice-Presidency and then the Presidency of the AAGL and proposed candidates must have previously served on the AAGL Board of Trustees.

If you wish to be considered as a candidate for one of these positions, you should ask five AAGL members to submit your name along with a short letter or email of support. These should be sent to nominations@aagl.org. Please note that recommendations must be received no later than July 5, 2013.

It is time for you to voice your opinion about your future elected officers.

Keith B. Isaacson, M.D. is the 2013 Immediate Past President of the AAGL and Associate Professor of Ob/Gyn at Harvard Medical School, and the Director of Partners Center for Reproductive Medicine and Surgery at Newton Wellesley Hospital MIGS Center, in Newton, Massachusetts.

Jon Ivar Einarsson, MD, MPH, is the Director of the Division of Minimally Invasive Gynecologic Surgery at Brigham and Women’s Hospital, and an Associate Professor, at Harvard Medical School in Boston, Massachusetts.

Survey based research can provide important information about pertinent topics such as provider attitudes and evolving practice trends. AAGL members have the opportunity to submit proposals for survey research to the AAGL Research Committee (ARC). ARC is in turn tasked with reviewing the proposals and to provide the AAGL Board with a recommendation on whether to implement the proposed survey studies. In an effort to ensure that our members are not inundated with multiple surveys each year, the ARC has developed criteria to evaluate the relevance and quality of the proposed survey study. Among the criteria is the submission of a study summary from the investigators with discussion of goals, methods and survey design, IRB approval from the principal investigator’s home institution and a limitation on the annual number of surveys distributed. Only a total of 3 surveys will be distributed each year, one per quarter, excluding the quarter immediately preceding the annual meeting. Surveys may be distributed electronically or via hard copy. The AAGL Board makes the final decision on whether to distribute surveys to our members and it is important to note that an application does not guarantee acceptance. We sincerely hope that AAGL members take full advantage of this opportunity and submit their innovative survey study ideas to the AAGL Research Committee. The full criteria and investigator questionnaire can be accessed on the AAGL web site at www.aagl.org/surveyrequest.
Cape Town Filled with Excitement

Held in Cape Town, the 9th AAGL International Congress on MIGS, April 9-13, 2013 was quite a “happening!” Four hundred one delegates from 35 countries gathered at the foot of Table Mountain to participate in the academic program and social events whilst experiencing the wonderful ambiance of Cape Town. The Congress was a huge success, thanks to the efforts of SASREG’s organising committee and the unstinting support of the AAGL organization and its Board of Directors, who contributed generously to the academic program. The Scientific Committee introduced a novel programme in which three experts addressed specific topics in trilogy sessions. The broad-based programme dealt with endoscopic aspects of infertility and related subjects. This allowed generalists to enter into the fray of MIGS.

For the advanced endoscopic surgeon, live surgery sessions were held with world-renowned surgeons presenting advanced surgical techniques during their operations. Newer areas of interest, such as robotic surgery, were included in the programme and our keynote speakers enthralled the audience with their vast knowledge on a variety of subjects. Special thanks and recognition go to our industry sponsors, whose total commitment made this event and its associated workshops such a resounding success.

The AAGL was also pleased to present Professor Johannes Van der Wat with Honorary Membership. Dr. Van der Wat attended his first AAGL meeting in New Orleans in 1973 and he continued to participate in the AAGL meetings for the next 30 years. Brian Cohen, another South African originally from Zimbabwe, and a former President of the AAGL, outlined Dr. Van der Wat’s accomplishments and contributions to science and his long commitment to teaching endoscopic surgery in South Africa. It was a wonderful tribute to a long standing member and contributor to our field.

Facebook and Twitter will be buzzing with amazing anecdotes and photographs taken on the pre- and post-conference safaris. Delegates and Board Members took the opportunity to mingle with the proud beasts of Africa, some of them experiencing unique, “wild” moments of animal interaction seldom seen by human eyes. For many, this was a once-in-a-lifetime experience. We extend our heartfelt gratitude to everyone who organised and participated in this event.

Dr. Paul LeRoux, Congress Chairman, welcomes attendees to the congress.

—— ——— ——— ——— ———

Dr. Johannes van der Wat, MB.BCh., FCOG, is Honorary Consultant for Endoscopic Surgery at the University of Witwatersrand in Johannesburg, South Africa. He was Congress President at the 9th AAGL International Congress on MIG in Cape Town, South Africa, jointly hosted by AAGL/SASREG.
The HSGE is an excellent example of what a small group of enthusiast can accomplish. In 20 years since their founding they have brought many of their colleagues into the world of MIGS; provided teaching opportunities; established an accreditation program; and are making an effort to influence their government for the benefit of their patients. They can serve as a model for other countries who have not yet organized to foster MIGS.

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

The Hellenic Society of Gynecological Endoscopy (HSGE) was established in 1993 by a small number of well-renowned endoscopists in Greece. There were 27 founding members. Currently there are 245 members and 12 honorary life members. The HGSE has its own website (www.eege.gr) and publishes a newsletter for society members.

The HSGE has organized three very successful Panhellenic Congresses on Gynecologic Endoscopy. In addition two constitutional assemblies have taken place and we recently approved a plan for accreditation in gynecological laparoscopy and hysteroscopy, based on the principles of AAGL which includes 4 and 3 levels, respectively.

The mission of the HSGE is to promote minimally invasive gynecological surgery in Greece. The number of unnecessary laparotomies in this country is still high, especially in state hospitals. Therefore, the HSGE has the challenging task of trying to reverse this trend through a network of actions and activities including: an open dialogue with the Ministry of Health and Ministry of Education, organization of scientific activities on endoscopic surgery in gynecology, establishment of an advanced accreditation system, and establishing guidelines for endoscopic procedures.

George Pados is Immediate Past President of the Hellenic Society of Gynecological Endoscopy (HSGE).

Visit Barcelona Next Summer!

Did you miss our recent AAGL International Congress in Cape Town, South Africa? This highly successful scientific program was attended by more than 400 physicians, including many physicians from Africa and Australia who were attending their first AAGL meeting.

If you missed us in South Africa, we are pleased to announce that our next AAGL International Congress on MIGS will be held in Barcelona, Spain from June 5-7, 2014. We encourage you to register now!

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MEMBER NEWS

Alvin M. Siegler M.D., DSc. (1923-2013)

Friends and colleagues were saddened to learn of the passing of the AAGL’s 8th President, Alvin Siegler on May 4, 2013. Dr. Siegler graduated from NYU School of Medicine and later received a Doctorate of Medical Science (DSc) from the University of Pennsylvania. He was an Emeritas Professor of Obstetrics and Gynecology at SUNY Health Science Center in Brooklyn until his retirement.

Dr. Siegler specialized in infertility and was a pioneer in gynecologic endoscopy. He co-authored seven books primarily on the use of endoscopy in gynecologic surgery and authored the book, Hysteroscopy: Principles and Practice, which was the first colored textbook published by the AAGL. He was among the first physicians to use the hysteroscope to search for abnormalities within the uterus. Much of his writings and lecturing were devoted to this subject.

He leaves a legacy of dedication to scholarship, research, teaching, and the excellent and compassionate care for patients. Much of what the AAGL is today can be traced back to his early leadership.

The AAGL Foundation in conjunction with the Siegler Family are developing a prize in honor of Dr. Alvin M. Siegler to be presented at this year’s 42nd Global Congress in November. Additional details regarding the award will be sent to the membership in the coming months.

Welcome New Members

March 1, 2013 – May 15, 2013

Camille A. Castaneda Abaya, M.D.
Suleiman Abuanzeh, M.D.
Safiya Adam, M.D.
Emily Adams-Piper, M.D.
Christian A. Adan-Campos, M.D.
Amos Adelowo, M.D.
Sami Ahmad, M.D.
Wadha M. Al Ghafri, M.D.
Mona Mustafa Alairan, M.D.
Helen A. Dunnington, M.D.
Romina Alvarez, M.D.
Sejal Amin, M.D.
Emily Amunwa, M.D.
Charmaine C. Anderson, M.D.
Andrea Andrea, M.D.
Margarita Maria Aponte, M.D.
Aaron Armstrong, D.O.
Ramon Aronius, M.D.
Ritika Arora, M.D.
Brian Assent, M.D.
Febe Backer, M.D.
Jayanthilall Bagratee
Brad Baker, M.D.
Jeremy Baker, M.D.
Lauren K. Hastings Banks, M.D.
Allison Barton, M.D.
Tricia Bass, M.D.
Yamilee Bermingham, M.D.
M. Bhana
Samuel Bharksuwan, M.D., FACOG
Thomas Michael Bickley, D.O.
Jack Biko, M.D.

Sima Bin, M.D.
Stephanie Senich Bjork, M.D.
Darsana Boban, MBBS, MRCOG
Olivia Bolles, M.D.
Mae Kathleen Borchardt, M.D.
Hennie Botha
Ursula Botha, M.D.
Sarej Brand, M.D.
Leslie Breiten, M.D.
Mary Grace Bridges, M.D.
Michael D. Brooks, M.D.
Aldene O. Brown, M.D.
Erin Kathleen Buckley, M.D.
Iman Suliman Butalag, M.D.
Michael Cady, M.D., FACOG
Pedro De Paula Califas, M.D.
Jamie A. Calderon Tapia, M.D.
LaShonda Carlton, M.D.
Jacqueline Carpenter, D.O.
Eleonora Cekova, M.D.
Kristin B. Chalk, M.D.
Dennis J. Chamberlain, M.D.
Uma Chandavarkar, M.D.
Lyndsey Charo, M.D.
Szu Yu Jenny Chen, M.D.
Shelly Chvotzkin, D.O., FACOG
Aisling Anne Clancy, M.D.
Leslie H. Clark, M.D.
Nicholas Clark, M.D.
Shlomi Bezalel Cohen, M.D.
Valeria M. Contreras Crowley, M.D.
Carrie Corbett, M.D.

Roberto Alonso Cordero, M.D.
Bradley Corr, M.D.
Daniel Cortes, M.D.
Pedro Sanchez Cortes, M.D.
Thusitha Cotter, M.D.
Oliver P. Cruz Orozco, M.D.
Stephanie Cummings, M.D.
Christine Curry, M.D.
Hanan Hussein Dahlawi, M.D.
Stefanos Dailianas, M.D.
Yusuf Dasoo, M.D.
Subodh K. Datta, M.D.
Elizabeth Deans, M.D.
Shamsa Deeb, M.D.
Vrinda Dhruve Devani, M.D.
Razak Dhansay, M.D.
Andre Diedericks
Mitch Dizon, M.D.
Olivier Donnez, M.D.
Ariel K. Dubin, M.D.
Molly Dudley Shields, M.D.
Karen Duncan, M.D.
Andrew K. Dunham, M.D.
Elhami Ebeid, MRCOG
Alex Edwards, M.D.
Nahed ElGamal, M.D., FACOG
Al Enriquez, M.D.
Aline Estefanes Eras, M.D.
Nate Evans, D.O.
Rebecca Falik, M.D.
Jacquia Fenderson, M.D.
Aaron Ferda, M.D.
Meredith Fields, DO
Mark A. Fiero, M.D.
Joseph E. Findley, M.D.
Anres Tonathiu Flores, M.D.
Salomon Frouie
Leslie A. Foxlow, M.D.
Rafael Fraile, M.D.
Valerie A. French, M.D.
Lauren Fuhrig, M.D.
Erwin Gaertner, M.D.
Rajesh Gangaram, M.D.
Carlos Andres Garcia Gonzalez, M.D.
Jyoti S. Ghondemath, M.D.
Jill D. Gibson, M.D.
Jonathon Gibson, M.D.
Jessica Earline Gill, M.D.
Linnea Goodman, M.D.
Laura Graves
Yana X. Greenstein, M.D.
Andrea S. Griem, M.D.
Matthew Grolle, M.D.
Christina Grubbs, M.D.
Cyndi Gundlach
Sabina Han, M.D.
Anna Jang Hanson, M.D.
John Alexander Harris, M.D.
Sarah Harris, M.D.
Evan Harrison, M.D.
Lara Harvey, M.D.
Natalie Hatcher Rochester, M.D.
Sherif Anis Hebisha, M.D.
Welcome New Members (Continued)

March 1, 2013 – May 15, 2013

Sarah S. Hebl, M.D.
Salvador Hernandez Hijareda, M.D.
Jamara Laurette Hice, M.D.
Audra Jolly Hill, M.D.
Robert T. Hillman, M.D.
David M. Hirsch, M.D.
Vusimuzi Ben Hlongwa, MBChB
FCOG

Dawn Hochstettler, M.D.
Sara Holcombe, D.O.
Sara Houlihan, M.D.
Bruce Howard, M.D.
Elizabeth Hugo, M.D.
Victor Hulme, M.D.
Heinrich Hussenlein, M.D.
Kathryn Hawkins Imgrund, M.D.
Buthaina Jabir, M.D.
Amy Kolleen Jackson, M.D.
Nidhi S. Jacob, M.D.
Celestine Osita John, M.D.
Jennifer E. Johnson, M.D.
Sneha Joshi, M.D.
Kristen H. Lady, M.D.
Nicola La Ferrera, M.D.
Shozo Kurotsuchi, M.D., Ph.D.
Sarah Kreider, M.D.
Xianchao Kong, M.D.
Josephine Kim, M.D.
Amy L. Kwan Kim, M.D.
Amber Knight, M.D.
Vanessa L. Knoedler, M.D.
Xianchao Kong, M.D.
Sarah Kreider, M.D.
Shozo Kurotsuchi, M.D., Ph.D.
Nicola La Ferrera, M.D.
Kristen H. Lady, M.D.
Jasmine Lai, M.D.
Sarah K. Leadley, M.D.
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Jesus E. Moreno Lechuga, M.D.
Jillian K. LeClair, M.D.
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David Lovejoy, M.D.
Erica Kay Low, M.D., MS
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Arti Marwah Luthra, M.D.
Michelle M. Luthringshausen, M.D.
Mohammed Mazen Malak, M.D.
Annika Malmberg, M.D.
Francesco P. Mangino, M.D.
Adrienne Louise Marais, M.D.
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Laura Martin, D.O.
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Shyama Mathews, M.D.
Thabo Matsaseng, M.D.
Nomonde Mbhatani, M.D.
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Erin Medlin, M.D.
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Katie Member, M.D.
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Maria C. Morales-Velez, M.D.
Valerie K. Moss, M.D.
Suja Atul Munshi, MD
Heather Murphy, M.D.
Erii Mary Myers, M.D.
S. Naidu
Devin Namaky, M.D.
Moni Nataprawira, D.O.
Mapendo Nekew, M.D.
Jackson Ndihlovu
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Lynn Ngo, M.D.
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Polina Niedle, M.D.
Melody Rose Nolan, M.D.
Natalia Novikova, M.D., Ph.D.
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Hye In Park, M.D.
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Michael Lander Priks, M.D.
Priya Prasad, M.D.
Silvio Pulita, M.D.
Mackenzie Purdy, M.D.
Jonna M. Quinn, M.D.
Mooko Rajagopal, M.D.
Arvind Ramsubag, M.D.
Ryan Rasmussen, M.D., M.B.A
Melodi N. Reese-Holley, M.D.
Emily A. Rigs, M.D.
Mulyanusa Amarullah Ritonga, M.D.
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Laurian Roediger, M.D.
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Gayong Yang, M.D.
Wang Wen Ying, R.N.
Delbert Lynn Yoder, M.D.
Rachel Elizabeth Zigler, M.D.
Tiffany Zigras, MBBS
Philip Zinn, M.D.
The MESGE Holds First Meeting

The 1st Annual Middle East Society Congress was held April 24-28, 2013 in conjunction with the Turkish Society of Gynecological Endoscopy. The location was the beautiful resort city of Antalya, Turkey. By all standards, it was a great success with 743 registrants from 34 countries.

The congress presidents were Mohamed Ibrahim M.D. and Fatih Sendag, M.D. They, along with their organizing company (Opteamist Tourism), integrated a scientific program and social events into a wonderful program. Dr. Sendag and Opteamist hosted the AAGL at its 5th International meeting in Istanbul in 2011.

The 2nd Annual MESGE Congress will be held in Dubai in March 2014. It will be a further opportunity to see the work being done and the advances being made in MIGS by MESGE members.

2nd Annual “Stump the Professors” Call for Cases

Have You Ever Seen a Case that Stumped You and Your Colleagues or a Case that was Challenging and Exciting to Manage?

When was the Last Time You Heard, “What an Amazing Case?”

The quest is on for cases relating to women’s health that are intriguing, mind-boggling, and arduous for the next “Stump the Professors” program. The cases should require thought, attention to potential change in practice and represent the depth and breadth of minimally invasive gynecology, oncology or urogynecology.

We are currently accepting cases to be considered for the “Stump the Professors” program that will be held during the 42nd AAGL Global Congress of Minimally Invasive Gynecology in Washington D.C, November 10-14, 2013. A review panel will choose three cases that will be presented for discussion at the meeting with each case presenter receiving free registration as well as one night lodging.

Who is eligible?

All AAGL members, nationally and internationally

Outline:

One-page case summary, including final diagnosis (750 word MAX).

Submit electronically to:

Art Arellano (aarellano@aagl.org, 714-503-6200)

Include:

Name (as to appear on printed materials), contact numbers and email address. Please note that all contact information will be blinded prior to being reviewed by the review panel. Deadline: August 30, 2013.

Cases should be HIPPA compliant. Late or incomplete submissions will not be accepted. Cases must not exceed one-page, 10-point font, with 1” margins.

AAAGL Career Scope

Advancing Minimally Invasive Gynecology Worldwide

Are you looking for a new job in minimally invasive gynecology, or are you looking to take your career to the next level? AAGL members can access AAGL CareerScope as a benefit of their membership through our web site at AAGL.org to access hundreds of positions in MIG surgery. The CareerScope job board is updated several times per day as new positions are added to the jobs database. Additionally we offer members the opportunity to post jobs to CareerScope to attract surgeons from our highly qualified membership to their practice. To access CareerScope, visit AAGL.org and enter your member ID and password at the top of the screen. Once you are logged in, you will see CareerScope in the left side bar of the web site.

If you have questions or comments regarding the CareerScope, please contact Craig Cocca, Interactive Services Manager, at cccocca@aagl.org
Educational Workshops

August 21-23, 2013
World Robotic Gynecology Congress
Scientific Program Chair: Arnold P. Advincula
Palmer House Hilton • Chicago, Illinois
Endorsed by AAGL

September 21-23, 2013
Roadmap for the Gynecologic Surgeon: A Hands-On Course Focused on Minimally Invasive Pelvic Surgery
Scientific Program Chair: M. Jonathon Solnik
Cedars-Sinai Medical, Harvey Morse Auditorium
Los Angeles, California
Endorsed by AAGL

December 5-6, 2013
5th Annual Meeting on Video Assisted Laparoscopic & Robotic Hysterectomy with Comprehensive Hands-on Workshop on Laparoscopic Suturing & Knot-Tying
The Roosevelt Hotel • New York, New York

AAGL Annual Meetings

November 10-14, 2013
42nd AAGL Global Congress on Minimally Invasive Gynecology
Scientific Program Chair: Ceana H. Nezhat
Gaylord National Hotel & 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

November 15-19, 2015
44th AAGL Annual Global Congress on Minimally Invasive Gynecology
MGM Grand Hotel
Las Vegas, Nevada

AAGL International Meetings

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

June 2015
11th AAGL International Congress on Minimally Invasive Gynecology in partnership with the Israel Society of Gynecological Endoscopy
Scientific Program Chair: Moty Pansky
Jerusalem, Israel

The following educational meetings are sponsored by or endorsed by the AAGL.