10th AAGL International Congress on MIS
BARCELONA, SPAIN
June 5-7, 2014
Post-graduate courses offered on June 4th
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Hysteroscopic Sterilization
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Prospetive Surgical Trials in Gynecologic Cancers
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New Member Benefit

AAGL Expert Talks
– Earn CME Online
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FOCUS ON AAGL

Are We Listening to Our Patients?

I am sure we hear our patients, but are we always listening to what they are saying? I am afraid that often there may be a disconnect. This concern stems from a recent meeting with some dissatisfied patients.

Last November, the AAGL Board was notified that there would be a demonstration at the 42nd Annual Meeting in Washington by an organized group of patients who had “a hysteroscopic occlusion sterilization” procedure, and felt they had or were still having problems attributable to the implants.

Members of the Board met with these patients to gain a better understanding of their concerns. There were several common themes that ran through their stories:

1. When they shared their symptoms with the surgeon (who was usually the one who had inserted the device) they were told the problems were “not related” to the procedure.

But it sounded like some of their surgeons were unaware that the symptoms they were experiencing could be related to the surgery. In several cases perforations had occurred, and patients were relieved by removal of the device.

2. Their surgeons did not offer further evaluation to determine the cause of their complaint.

At a minimum, requesting a second opinion from another qualified surgeon would have shown the patients their doctor was interested in helping them find an answer.

3. “The surgeon ignored the request to remove the implants.”

Possibly the surgeon felt unprepared to perform this procedure, that it was unnecessary, or that agreeing to do this would make the surgeon liable in some fashion. But a referral to someone who could do this would have been of service to the patient.

To increase awareness of the possible complications arising from hysteroscopic sterilization, please see the article on page 11 summarizing a recent analysis of reported adverse effects.

We will be adding information to the AAGL patient awareness website, MISforWomen.com, advising patients to seek a specialist in Pelvic Pain when they have such symptoms. If you want to be identified when patients seek a physician, be sure your member profile lists you as having a practice focus in Pelvic Pain.

After listening to the stories these patients told, there appeared to be a premature judgment on the surgeon’s part that their symptoms were unrelated to their surgeries. I encourage you to learn more so if your patients express these symptoms, you have a frame of reference for understanding what may be causing the symptoms.

Listening is different from hearing.

Franklin D. Loffer, M.D., FACOG, is the Medical Director of the AAGL and resides in Phoenix, Arizona.

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Which Came First – The Patient or the Procedure? Putting the Patient First

As the current President of the AAGL, I am delighted to begin by reporting that our organization is in excellent shape with over 7,500 members from a total of 110 countries. Our recent accomplishments include the establishment of the AAGL/SRS Fellowship Program, the launch of SurgeryU, the Center of Excellence in Minimally Invasive Gynecology designation, and a development that is near to my heart, the Essentials in Minimally Invasive Gynecology (EMIG) assessment program. These endeavors are clear indicators of a growing, diverse membership and a fiscally sound organization. As we bask in our success, it is time to re-examine our responsibilities.

During my presidency, I aspire to realize the dreams of the pioneers who spearheaded the revolution in modern day surgery. In order to accomplish this goal, AAGL surgeons must use our talents and expertise to improve and expand minimally invasive gynecologic surgery (MIGS), and to make ourselves readily available through channels of “attraction and education.” The success and physical growth of the society should not divert us from our main goal – to better serve our patients.

As physicians we aim to serve others, to care for those in need. We embrace minimally invasive surgical techniques because of the many proven advantages they provide for our patients, compared to more traditional approaches. But here is the caveat – they must be performed properly! Surgical success is dependent upon the knowledge and skill of the surgeon, beginning with an accurate diagnosis and proper selection of patients, determination of surgical access route, and especially, recognition of the surgeon’s own limitations.

Despite the proven advantages of MIGS, the majority of surgeries are still being performed using traditional approaches. Technological advances in this field are rapidly increasing, requiring trainees and practicing gynecologists to become proficient with new instrumentation and new surgical approaches. Hence, adequate training and continuing education are crucial for success, particularly in preventing complications. Medical schools, residency programs and fellowship sites all have unique factors that may or may not allow them to provide adequate training across the discipline – from hysteroscopy to vaginal surgery, and laparoscopy to robotics. The EMIG program grew from the need to establish mandatory and standardized education. This is certainly a step in the right direction, requiring continued effort and vigilance in order to achieve and maintain the desired level of excellence.

MIGS is a revolutionary option for our patients. It is imperative that proper training is not only established, but made mandatory, for the sake of its future and our patients’ outcomes. To receive the proper training, we turn to the AAGL to realize this mandate. Warren G. Bennis wrote, “Excellence is a better teacher than mediocrity. The lessons of the ordinary are everywhere. Truly profound and original insights are to be found only in studying the exemplary.” The AAGL is an exemplary organization and its members must not become complacent. I challenge all AAGL members to be role models and exemplary surgeons, defending and expanding MIGS by mentoring their colleagues and juniors. We cannot tout the benefits of MIGS without the assurance that it is being taught and performed correctly. AAGL members committed to the vision of the organization must be held to a higher standard. Meeting CME hours, having a high case volume, or being a COEMIG surgeon is not sufficient. These accomplishments are irrelevant unless one has received a higher standard of training to ensure the patient receives the best minimally invasive treatment available.

In conclusion, I wish to leave you with a quote from Shannon L. Alder: “When you lower the definition of success to such a level that any person can reach it, you don’t teach people to have big dreams; instead, you inspire mediocrity and nurture people’s inadequacies.”

Cena H. Nezhat, M.D., FACOG, FACS is President of AAGL, Professor of Obstetrics & Gynecology - Adjunct Clinical at Stanford University School of Medicine in Stanford, California; and Fellowship Director at Atlanta Center for Minimally Invasive Surgery & Reproductive Medicine in Atlanta, Georgia.

Essentials in Minimally Invasive Gynecology

Essentials in Minimally Invasive Gynecology (EMIG) was developed through a rigorous test development process overseen by psychometric consultants to assess the knowledge, experience and judgment of minimally invasive gynecologic surgeons.

The EMIG assessment is a two-part, proctored exam that covers cognitive knowledge and manual skills.
• The cognitive component is a timed multiple-choice exam administered via computer. It is designed to test the understanding and application of the essentials of laparoscopy and hysteroscopy with emphasis on clinical judgment and intraoperative decision-making.
• The skills component will assess the psychomotor skills that are unique and vital to minimally invasive surgeons.

Look for information about testing availability later this year. If you want to be the first to find out, register at www.aagl.org/emig for email notices as we near launching this testing assessment designed specifically for you — surgeons specializing in minimally invasive gynecology.
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1 ENSEAL® devices tested in a benchtop study on 6x9mm porcine carotid arteries. With NBRG225/4 devices, median burst pressures were 57% higher for vessels sealed at a 90° angle compared to vessels sealed at a 45° angle (p<0.0001). With NBRG255/4 devices, mean burst pressures were 29% higher for vessels sealed at a 90° angle compared to vessels sealed at a 45° angle (p<0.0001).

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Surgical trials are often difficult to conduct, but they are necessary to identify the benefit of a new technique and to change the standard of care. There are a number of ongoing prospective trials addressing important aspects of gynecologic cancer care, including the role of minimally invasive surgery (MIS) and sentinel lymph node biopsy (SLN). This article serves as an introduction to these studies as well as an invitation to collaborate.

The ConCerv study is one of several prospective studies evaluating the role of conservative surgery in women with newly diagnosed, early stage cervical cancer. Retrospective data has shown that low risk cervical cancer (squamous or adenocarcinoma (grade 1 or 2), tumors < 2cm, no lymph-vascular invasion, and <10mm stromal invasion), may not require radical hysterectomy as their risk for parametrial involvement is less than 1%1. Eligible women undergo cold knife cone or simple hysterectomy and pelvic lymphadenectomy with SLN. The primary outcome is safety and feasibility. Other studies evaluating a similar population include GOG 278 and the SHAPE trial.

Retrospective studies have shown that MIS is a safe and feasible approach to radical hysterectomy and staging for early stage cervical cancer2. The Laparoscopic Approach to Cervical Cancer (LACC) trial is an international phase III, randomized trial comparing open radical hysterectomy to MIS with either traditional laparoscopy or robotic surgery. Patients with Stage IA2-IIA cervical cancer are eligible. The primary endpoint is disease free survival.

For women with locally advanced cervix cancer (Stage IB2-IIA), the role of surgical staging has yet to be defined. Previous studies have shown that imaging with PET/CT cannot accurately predict paraaortic (PA) lymph node involvement in patients that have PET positive pelvic nodes3. The Lymphadenectomy in Locally Advanced Cervix Study (LiLACS) is a randomized study in women who have positive pelvic nodes and negative PA nodes on a pre-treatment PET/CT4. Patients are randomized to laparoscopic extra-peritoneal PA lymph node dissection, followed by tailored chemo-radiation versus standard of care chemo-radiation. The primary endpoints are disease free and overall survival. A similar study is being conducted in Europe by the ARO/AGO (Uterus 11).

For endometrial cancer (EC), there is continued debate on the role of lymphadenectomy. Intraoperative findings (grade, depth of invasion, tumor size) are often used to help define low risk women who could potentially forgo a full lymphadenectomy. Others have suggested that a SLN could replace a full lymphadenectomy; however, further validation studies are needed5. We currently have a prospective trial evaluating the role of lymphatic mapping in patients with grade 1 or 2 tumors. Participants undergo SLN at the time of surgery and a full staging is performed based on frozen section criteria. The primary objective of the study is to evaluate the ability of a panel of molecular markers to predict recurrence in low risk patients. Secondary endpoints include sensitivity, specificity, positive and negative predictive value of SLN mapping.

Finally, for high risk EC (grade 3, serous, clear cell, MMTM), we are prospectively evaluating the role of PET/CT and SLN. Patients undergo a preoperative PET/CT, intraoperative SLN, and full lymphadenectomy up to the renal vessels. The primary objective is to determine the false negative rate of PET/CT and/or SLN in detection of positive nodes.

The role of MIS and SLN are still being defined in the treatment of gynecologic cancers. We feel that these trials will further define this role and hopefully, contribute to standard practice in the future.

References:

Pamela T. Soliman, M.D., MPH, is an Associate Professor of Gynecologic Oncology at the MD Anderson Cancer Center in Houston, Texas.

This article is presented on behalf of the AAGL’s Special Interest Group on Oncology.
Is she telling you everything?

Far too many women suffer needlessly because they’re too embarrassed to talk about their heavy periods. Or feel their childbearing plans — or the fact they are finished — leaves them without options. Encourage her to talk about her period. Let her know about the minimally invasive solutions from Hologic that could help improve her life.

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Laparoscopic Surgery for Advanced Endometriosis – Time for Calibration

Pelvic deep infiltrative endometriosis (DIE) that extends into bowel, ureter, bladder, vagina and deep pelvis is a unique condition causing severe pain symptoms, organ dysfunction, and subfertility. Controversy exists today about the timing and extent of excisional surgery to treat pain, reduce recurrence and promote fertility, while minimizing morbidity.

While the early 90s saw the pioneering efforts of various methods of treating bowel endometriosis in association with DIE, including our group’s inception of laparoscopic stapled EEA bowel resection in 1992, the latter was reserved only for extensive bowel infiltration while partial or full thickness (disc) resection with suture repair was employed for smaller lesions.

However, from the late 2000s there was an explosion of segmental bowel resections performed for bowel DIE, perhaps coinciding with the availability of a laparoscopic bowel surgeon in various centers. This prompted the current debate of whether bowel resection is overused in cases where disc resection may be adequate. At the other end of the spectrum is the use of ‘shaving’ to incompletely remove bowel lesions as a surgical philosophy, in order to avoid entering the bowel lumen.

If we consider the total DIE presence as the denominator, there is no way to determine what fraction of DIE is left untreated from current publications, and extrapolating the efficacy of these treatments on pain, fertility and recurrence without this denominator is specious. A promising model for documenting the denominator is the use of expert TVUS for preoperative mapping, and even postoperative determination of residual disease.

So what do we need to calibrate?
What is needed is a universally agreed description of presurgical mapping of DIE documenting the denominator, the bowel/ureteral/bladder/other treatments performed as numerator, and description of surgical rationale, and outcome of surgery stratified by the numerator/denominator. Surgical treatment fractions of <1 or >1 can then be evaluated against short and long-term outcome.

“Thus pre- and post-operative scoring should include gynecological and CPP physical examination scores as well as patient reported pain score instruments.”

Along with this would be a revision of how we assess pain and its course after surgery. With the current awareness of CPP diagnoses coexisting with endometriosis, and the impact of central, and peripheral sensitization and depression, the use of self reported pain as the sole instruments in assessing efficacy of surgery is confounded. Thus pre- and post-operative scoring should include gynecological and CPP physical examination scores as well as patient reported pain score instruments.

Finally the most contentious but needed calibration – Credentialing of the Expert Endometriosis Surgeon. The AAGL Reproductive Surgery/Endometriosis SIG can lead in this. The requirements would include the gynecologist’s ability to independently perform the full spectrum of procedures encountered in DIE surgery, including resection and suture repair of bladder, ureteral, vaginal and bowel endometriosis. Segmental bowel resection may be with a general surgeon who only comes in at the last stage of surgery. Nerve sparing technique may be relevant.

The primary basis of credentialing would be evaluation of unedited videotapes by an expert panel as has been successfully implemented for Urologists in Japan.

References:

Charles H. Koh, M.D., is Co-Director of the Milwaukee Institute of Minimally Invasive Surgery in Milwaukee, Wisconsin. He also is Chair of the AAGL’s Special Interest Group on Reproductive Surgery/Endometriosis.

This article is presented on behalf of the AAGL’s Special Interest Group on Reproductive Surgery/Endometriosis.
Are you traveling to this year’s AAGL Global Congress from outside of Canada? Be sure to apply for your visa and update your passport now so that you’re ready to travel to Vancouver in November.

You can generate an official letter of invitation to the Global Congress automatically on our web site, which you can use when applying for a visa. Please visit [http://www.aagl.org/visaletter](http://www.aagl.org/visaletter) to download your personalized letter of invitation.
Make Me A MIG Surgeon Session Provides Roadmap to Fellowship

At the 42nd Annual AAGL Global Congress last November, a course entitled, “Make Me A MIG Surgeon” debuted, aimed at providing guidance for prospective applicants to the Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS). The course consisted of educational overviews of both the AAGL and the Fellowship, including a comparison of the laparoscopic educational experiences between two generations of laparoscopists, practical tips and tricks for prospective applicants, and a glimpse into the future of the Fellowship, the AAGL, and gynecologic surgery in general.

The session began with a brief, yet informative overview of the Fellowship and the AAGL by Fellowship President, Keith Isaacsen. Next, listeners were engaged in a discussion between Franklin D. Loffer, Medical Director of the AAGL and pioneer of its Fellowship program, and Mark Dassel, a recent FMIGS graduate. Stark differences in the speakers’ routes of training were highlighted. Perhaps most notable is the opportunity to receive training in multiple minimally invasive techniques with greater ease and expediency for Fellows who participate in the FMIGS program.

Following this discussion, Matthew Siedhoff, a current Fellowship Preceptor, and Maryam Hadishar, a current Fellow, outlined the goals of the Fellowship and AAGL, offering practical information about the way the Fellowship application system works, how Fellows are matched into programs, and recent advancements made by the Fellowship and AAGL.

A panel of two current Fellowship Preceptors, Ted L. Anderson and David H. Eisenstein, presented their “tips and tricks” to becoming accepted into the FMIGS program. In their entertaining presentations, they discussed which attributes they find most desirable in a fellowship candidate, as well as some pitfalls that applicants should avoid.

The course was rounded out with a presentation from Jessica A. Shepherd, a former FMIGS Fellow, and Aarathi Cholkeri-Singh, a current Fellowship Board Member and Preceptor. These two accomplished Chicago-based surgeons gave broad overviews of the future of the AAGL and FMIGS. In their presentation, they discussed what skills a graduate can expect to gain while participating in the FMIGS program, and presented upcoming initiatives of the AAGL and the Fellowship. Their presentation concluded with a look at the Fellowship and AAGL as a whole, and where we expect to be in the future within the ever-changing landscape in the field of medicine.

Immediately following the course, the speakers spent time meeting applicants and answering further questions.

Based on brief informal interviews of the attendees, the program seemed to hit its mark, providing information to a cadre of approximately 75 prospective fellow candidates. We received many positive comments, which included appreciation for the opportunity to learn about the “nuts and bolts” of the institutions, the application process, as well as the Fellowship experience of the speakers. Several attendees expressed a desire to meet and greet current Fellows, former Fellows and current Fellowship Preceptors. As a result, we plan to provide a more open forum at future events such as these, to allow participants to speak with those who are involved in the Fellowship program in a more intimate atmosphere.

Mark W. Dassel, M.D., is Assistant Professor, Department of Obstetrics and Gynecology, at the University of Utah School of Medicine in Salt Lake City, Utah.

3rd 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 43rd AAGL Global Congress of Minimally Invasive Gynecology in Vancouver, BC, November 17-21, 2014. 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, 2014.

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.
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Safety of Hysteroscopic Sterilization

Recent months have seen an increasing number of complications related to Essure hysteroscopic sterilization. This surgical procedure is hysterosalpingography (HSG) at three months to document tubal occlusion. This test and/or patient symptoms prompted further evaluation and management for adverse events as summarized in Table 2. Notably, 30.6% of cases warranted additional imaging studies and 59.1% of cases required an additional surgical procedure, including 44 hysterectomies.

Table 1. Type and frequency of adverse events related to Essure in the MAUDE database

<table>
<thead>
<tr>
<th>Description</th>
<th>Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>47.5%</td>
</tr>
<tr>
<td>Delivery catheter malfunction</td>
<td>26.4</td>
</tr>
<tr>
<td>Perforation</td>
<td>19.7</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>13.3</td>
</tr>
<tr>
<td>Abnormal bleeding</td>
<td>9.6</td>
</tr>
<tr>
<td>Micro-insert malposition</td>
<td>7.2</td>
</tr>
<tr>
<td>Allergic reaction</td>
<td>4.4</td>
</tr>
<tr>
<td>Other</td>
<td>5.3</td>
</tr>
</tbody>
</table>

Symptoms, conditions and lessons learned

Pain was the symptom most often reported (47.5%). Although some postoperative pain is normal, pain that persists after the procedure should alert the physician to the possibility of complications such as improper placement (7.0%) or perforation (24.9%). Proper placement of the microinserts may be affected by such factors as abnormalities of the uterine cavity or fallopian tubes, tubal spasm and fluid collection under the endometrium. Al-Safi et al note that even in the hands of experienced surgeons, misplacement, perforation and expulsion of Essure microinserts can occur, and therefore, HSG screening may be appropriate earlier than three months for patients who present placement challenges.

Twenty-nine of the 61 postoperative pregnancies were ectopic pregnancies, a fairly high occurrence that should alert physicians to consider this possibility in any woman who becomes pregnant following the Essure procedure. In 23 of the reported cases of pregnancy, tubal occlusion was documented by HSG. This suggests that the results of the test were misinterpreted and highlights the importance of physician experience in interpreting the HSG.

Pain may also signal an allergic reaction, including hypersensitivity to the nickel-titanium alloy used in the Essure micro-insert, although itching, nausea, rash and hives may be more common symptoms. Of the 20 reported cases of allergic reactions in the MAUDE database, only 4 had been confirmed by allergy testing. Patient allergies may be revealed during the preoperative screening process, and nickel hypersensitivity testing may be indicated for some patients.

There were 16 reports of concomitant use of Essure with endometrial ablation techniques. The most frequent symptom was pain, which in two cases was severe enough to warrant hysterectomy. The instructions for use of the Essure procedure state that it should not be performed concurrently with any endometrial ablation technique.

This review of the MAUDE database helps not only to alert physicians of possible complications related to Essure, but also to place these events in perspective.

References


Franklin D. Loffer, M.D., FACOG, is the Medical Director of the AAGL and resides in Phoenix, Arizona.

AAAGL Appoints Representative to the AMA’s House of Delegates

The AAGL Board of Trustees recently appointed Michael Frumovitz, M.D., MPH as its representative to the American Medical Association’s House of Delegates. Dr. Frumovitz is a gynecologic oncologist practicing at MD Anderson in Houston, Texas. He has been a member of the AAGL since 2006, and he was on the Executive Board of the AAGL’s Oncology Special Interest Group from 2011 to 2013.

The AMA House of Delegates meets twice a year and is an advocate for medicine in the United States. While the AMA has no direct value to our many international members, it has a clear indirect value since it is a platform for the AAGL to present issues that affect our efforts to promote minimally invasive surgery.
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The new Minilaparoscopic Instruments from KARL STORZ

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AAGL MEMBER UPDATE:  
DISSEMINATED LEIOMYOSARCOMA WITH POWER MORCELLATION

A recent case of dissemination of an occult uterine leiomyosarcoma in a patient with uterine fibroids has given rise to a discussion about the use of power morcellators in gynecology. We understand the concerns that have been raised and we sympathize deeply with those individuals who have been seriously impacted.

The AAGL is reviewing the scientific evidence and best practices reported by our members to provide readily accessible, comprehensive information to our members. Look for an announcement about this in the near future. We recognize that in rare cases the use of power morcellators can lead to the dissemination of an occult malignancy of endometrial or myometrial origin, and also of dissemination of benign morcellated tissues. We encourage our members to fully research and understand the risks of power morcellation and to learn more about when alternative methods of tissue extraction may be appropriate.

We trust that our members will appreciate that the AAGL is taking a cautious and measured approach to this serious issue. As the leading medical society for gynecologists who practice minimally invasive procedures, the AAGL supports current efforts to mitigate and/or eliminate the potential risks associated with tissue extraction. We are establishing a task force to examine this issue. We encourage members to submit descriptions of tissue extraction methods to TissueExtraction@aagl.org.

The AAGL’s primary role is to provide information and training opportunities for our members. We plan to provide comprehensive education on all methods of tissue extraction in webinars, NewsScope, SurgeryU, The Journal of Minimally Invasive Gynecology, and hands-on workshops.

Since our founding in 1971, AAGL has been committed to advancing safe minimally invasive procedures for the benefit of women. We remain committed to this cause and, in particular, to ensuring the safety and efficacy of minimally invasive gynecological surgery.
ACCESS
to over 7,500 physicians through the AAGL Physician Finder

INFORMATION & VIDEOS
explaining gynecologic conditions and minimally invasive surgical procedures in easy-to-understand terms

ARTICLES
written by our AAGL doctors that aim to shed light on the many new MIS options that are available to women

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Minimally Invasive Surgery is an Option
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- Share Your Physician Profile
- Detailed Information for Your Patients

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USA

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(SAMPLE MEMBER PROFILE)
Inspiring Young Minds: Live Webcast at the Congress of Future Medical Leaders Meets with Enthusiasm and Excitement

On February 15, 2014, AAGL SurgeryU presented a live surgical demonstration in affiliation with The National Academy of Future Physicians and Medical Scientists (NAFPMS) to 5,000 high school students that were in attendance for the Congress of Future Medical Leaders in Washington, D.C. The NAFPMS was founded to recognize medical talent at the earliest possible age and provide students with the necessary experience and skill acquisition to take them to the doorstep of vital careers as physicians, medical scientists, technologists, engineers and mathematicians.

Dr. Steven Palter was invited to moderate the hour-long general session that was held at the D.C. Armory and featured Dr. Charles Miller performing a robotically-assisted laparoscopic myomectomy from Advocate Lutheran General Hospital in Park Ridge, IL. The high definition session was viewed on multiple screens that were 16’ x 25’ in diameter. Both Drs. Palter and Miller fielded a myriad of questions from the audience of students who wanted to know everything from the qualifications necessary to become a surgeon, to the benefits and drawbacks to minimally invasive surgery.

“We are pleased to expand our reach to inspire these young people who will be the next generation of surgeons and our future constituents,” said Linda Michels, Executive Director of the AAGL. “If we were able to encourage just a few of the 5,000 assembled students to consider minimally invasive gynecology as a career path, then I believe that it was a worthwhile venture in our mission of advancing minimally invasive surgery worldwide.”

Assia A. Stepanian, M.D., is Editor-in-Chief of SurgeryU. She is also in private practice at the Academia of Women’s Health and Endoscopic Surgery in Atlanta, Georgia.

AAGL Expert Talks: Allows Surgeons to Earn CME Online

AAGL has launched its new “AAGL Expert Talks” series on AAGL.org. This video series features presentations on minimally invasive gynecologic surgery by noted experts in the field, and will offer viewers the opportunity to earn AMA PRA Category 1 Credits™ by watching the videos and then completing a short post-test. The videos in the AAGL Expert Talks series were captured at the 42nd AAGL Global Congress on Minimally Invasive Gynecology last November in Washington, D.C.

AAGL members with membership accounts in good standing will be able to access the videos and apply for CME by going to AAGL.org and clicking on “AAGL Expert Talks” in the left sidebar. The following courses will be available at launch, with additional courses added to the web site on a monthly basis:

- **Applied Anatomy in Female Pelvic Surgery** – Presented by Dr. Andrew I. Brill
- **Complications during Radical Gynecological Procedures for Endometriosis** – Presented by Dr. Arnaud Wattiez
- **Prevention and Management of Laparoscopic Complications** – Presented by Dr. Shailesh P. Puntambekar

We hope that our members will take advantage of this great new way to quickly and easily earn Continuing Medical Education (CME) credits from your home or office! Look for additional courses to become available online in the coming months.
Congratulations to the Newest COEMIG Designees
in Minimally Invasive Gynecology

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16th Annual Advanced Workshop on Gynecologic Laparoscopic Anatomy & Minimally Invasive Surgery Including Pelvic Floor Reconstruction
Sponsored by the AAGL Advancing Minimally Invasive Gynecology Worldwide

May 16-17, 2014
University of Louisville
Louisville, Kentucky

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Course Overview
This course is designed for gynecologists with advanced laparoscopic skills who wish to expand their knowledge of retroperitoneal and Space of Retzius anatomy and the various surgeries performed therein. This extensive two-day course will expose the participants to the knowledge and expertise of world-renowned laparoscopic surgeons who will guide them through didactics and hands on cadaveric sessions utilizing unembalmed female cadavers.

No more than three participants are assigned to each cadaver and are closely supervised by experienced faculty instructors. Each participant will have the opportunity to operate, assist and observe in a rotational format to optimize their learning experience and suturing technique. The course will focus on demonstration of pelvic sidewall dissection, preparation for laparoscopic hysterectomy, uterosacral colposuspension, Burch retro pubic colposuspension and paravaginal defect repairs through the laparoscopic approach.

Pelvic floor reconstructive procedures will be highlighted during breakout sessions to accommodate those with a particular interest in furthering their skills in these procedures.
5th Annual Meeting on Laparoscopic, Robotic and Vaginal Hysterectomy Attracts Attendees from Around the World

On behalf of the Scientific Program Co-Chairs, Drs. Camran and Ceana Nezhat I wish to thank each of you who attended our 5th annual meeting on Laparoscopic, Robotic and Vaginal Hysterectomy, which took place in New York City, December 5-6, 2013. I would like to extend my deepest gratitude to the faculty, preceptors and our industry partners for their dedicated and tireless efforts to make this year’s meeting a success. We were delighted to host participants from 15 different countries in the stimulating and highly informative scientific program, which provided an excellent opportunity for participants to share their expertise and learn from world leaders in the field of MIGS.

Just as in previous years, our goal was to offer a diverse educational experience with new faculty and topics covering the latest advances, while maintaining our commitment to perfecting the art and science of laparoscopic suturing and knot-tying, to improve patient outcomes. The scientific program addressed the fundamentals of laparoscopic and robotic surgery, as well as current evidence and recommendations for laparoscopic, robotic and vaginal hysterectomy. The program provided a comprehensive update on techniques and technologies, allowing participants to determine individualized educational needs and improve their surgical skills. The bulk of the curriculum focused on advanced laparoscopic skill sets, utilization of innovative energy devices, and prevention and management of intra and postoperative complications. Each approach of hysterectomy was broken down to simple and reproducible steps.

The hands-on session included suturing stations with step-by-step instruction in how to perform extracorporeal knots, intracorporeal knots, slip knots, and the use of barbed sutures, as well as stations for different energy sources and morcellators. This meeting was unique in that it allowed attendees to use their own suturing pelvic trainer under the guidance of a proctor, for up to 5 hours per day. In addition, attendees had an opportunity to test-drive the latest da Vinci Robot and participate in the Mimic simulation exercises.

The Keynote Address was presented by Pam D’Apuzzo, President of RR Health Strategies, and recognized industry expert in the area of coding and compliance. She presented a comprehensive overview on ICD-10 coding and its impact on clinical practice, reporting, and analysis.

One of the highlights of this two-day meeting was the live surgery webcast. The procedures were performed by Dr. Fatih Sendag from Edge University, Izmir, Turkey, and Dr. Kathy Huang, Director of Minimally Invasive Gynecology at New York Hospital Queens, New York. The enthusiastic response to these surgeries was evident by the attendance in the general meeting room. Every seat was taken and a robust discussion followed both events. I would like to thank Drs. Sendag and Huang, the moderators and patients, for making this one of the most motivating parts of the meeting.

I would also like to thank our Industry supporters for contributing to the educational component of the meeting. The hands-on experience would not have been possible without their exceptional support and involvement. We received educational grants and equipment (in-kind) from the following companies: 3-Dmed, Blue Endo, CareFusion, CoviDien, Inc., ETHICON, Intuitive Surgical, Mimic Technologies, Olympus America, Inc., Karl Storz Endoscopy-America, Inc., and Richard Wolf Medical Instruments Corporation. In addition, we had a full exhibit hall with the following companies present: 3-Dmed, Baxter Biosurgery, Blue Endo, CooperSurgical, CoviDien Inc., ETHICON/Biosurgery, Hologic, LINAC Medical, Plasma Surgical, Karl Storz Endoscopy-America, Inc., SurgiQuest, Teleflex, and Richard Wolf Medical Instruments Corporation.

The evaluation data indicates that 98% of the attendees expressed that the course was helpful in the areas of patient selection, determining appropriate surgical instruments, and improving their knowledge of anatomy. In addition, 90% stated that the course helped improve their laparoscopic skills and gave them increased exposure to new innovations. Half of the participants stated that before this course, they could not do or needed more practice with intracorporeal knot tying.

I would like to recognize and thank all faculty and preceptors for their contribution to the program’s success. Your expertise continues to be our most valuable resource. Special thanks to Linda Michels, Dr. Franklin Loffer, Art Arellano, Jane Kalert, Lynn Bell, Roman Bojorzquez, Craig Coca and Gerardo Galindo for their support, time and effort in making this a dynamic and effective educational program. Last, but not least, I wish to thank my brothers, Camran and Ceana, whose tireless efforts and commitment to improving the treatment choices for all women continue to challenge and inspire us all.

Although the meeting was only two days in length, many of the attendees took this opportunity to stay the weekend and enjoy the sights and sounds of the holiday season in New York City.

For those of you who missed the meeting this year, we encourage you to mark your calendars now so that you do not miss this exceptional meeting in 2014!

Farr R. Nezhat, M.D., FACOG, FACS, is a Professor in the Department of Obstetrics, Gynecology and Reproductive Medicine at Icahn School of Medicine at Mount Sinai. He is an Adjunct Professor for the Department of Obstetrics, Gynecology & Reproductive Medicine at the State University of New York, College of Medicine. Dr. Nezhat is also Director of Minimally Invasive Gynecologic & Robotic Surgery, and Fellowship, Division of Gynecologic Oncology in the Department of Obstetrics and Gynecology at St. Luke’s and Roosevelt Hospitals, Member Hospitals of Mount Sinai Health System. He is Director of Minimally Invasive Gynecologic Surgery in the Department of Obstetrics and Gynecology at Winthrop University Hospital in New York, NY.
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The Chapter of Gynecological Endoscopy and MIS is organized as a section under the Colombian Federation of Obstetrics and Gynecology. They have grown rapidly and now involve over 35% of Colombian obstetricians and gynecologists in providing MIS for their patients.

They have a strong commitment to education. Their level of expertise in providing learning experiences has been recognized by the fact they are one of two finalists for hosting an AAGL International Meeting.

– Franklin D. Loffer, M.D. is Medical Director of AAGL

When and how was your society established?
The Chapter-Section of Gynecological Endoscopy and MIS of the Colombian Federation of Obstetrics and Gynecology (FECOLSOG) was created in response to a clear need to recognize a specific area within the Federation that would include gynecologists who perform gynecological endoscopic procedures in the country, and to encourage the practice of minimally invasive surgery, following international advances in the field. The MIS Chapter was founded on June 7, 2006 during the XXV FECOLSOG National Congress of Obstetrics and Gynecology, held in the city of Medellin.

What is your society’s mission statement or primary goal?
Acknowledging the important role of minimally invasive surgery, the FECOLSOG-MIS Chapter encourages its members to continue their medical education, gain access to research, focus on patient safety and to adhere to a high standard of quality in their practice.

Approximately how many members are in your society?
FECOLSOG is comprised of Ob/Gyn specialists in Colombia and has approximately 2,000 active members. Currently, there are 735 active members in the MIS Chapter of Endoscopy. Physicians are required to become active members of FECOLSOG before they can join the MIS Chapter of the society.

What are some of the benefits of membership?
Active members of the MIS Chapter have priority and reduced fees for all of the MIS scientific events endorsed by FECOLSOG around the country. The MIS Chapter is also responsible for organizing the National Endoscopy Meeting every two years. The next meeting will take place in 2015. Active members of the MIS Chapter receive free access to the Colombian National Congress of Obstetrics and Gynecology, which is held every two years.

Chapter-Section of Gynecological Endoscopy and MIS of the Colombian Federation of Obstetrics and Gynecology (FECOLSOG):

President: José Duván López-Jaramillo, M.D.
Vice President: Byron Cardoso, M.D.
Secretary: Jimmy Castañeda, M.D.
Treasurer: Rafael Padrón-Burgos, M.D.
Executive Director: Diana Cuintaco-Gonzalez

The Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS), an affiliate of the AAGL and the Society of Reproductive Surgeons, is sponsoring fellowships in advanced gynecologic endoscopy. These fellowships were created with the goal of producing a standardized training program. The Fellowship in Minimally Invasive Gynecologic Surgery actively encourages applications from postgraduate physicians aspiring to develop their surgical skills in minimally invasive gynecology.

Educational objectives focus on evidence based medicine, anatomical principles, instrumentation, operative laparoscopy and operative hysteroscopy. The Fellowship offers in depth experience using state-of-the-art techniques.

The overall goal of fellowship training in minimally invasive gynecology is for the graduate to serve as an independent specialist and consultant in the surgical management and techniques of minimally invasive gynecology surpassing competence expected at the end of a categorical residency. The graduate is anticipated to serve as a scholarly and surgical resource for the community and have the ability to care for patients with complex gynecologic disease and manage complications using minimally invasive techniques.

**IMPORTANT DATES OF THE FELLOWSHIP**

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<td>Deadline: July 1, 2014</td>
<td>Entry Opens: August 2014</td>
<td>Certification Deadline: September 2014</td>
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Maurice A. Bruhat, M.D. (1934-2014)

Professor Maurice A. Bruhat, who died on February 25, 2014, will always be remembered as one of the great leaders in the teaching and development of gynecological endoscopic surgery. Until his retirement, he headed one of the world’s foremost endoscopic centers in Clermont-Ferrand, France. He introduced new techniques in endoscopy to France and the world, and populated the worldwide gynecologic community with talented surgeons.

Professor Bruhat was an Honorary Member of the AAGL and attended many of its meetings, both in the United States and Europe. He was instrumental in the formation and growth of the European Society of Gynecological Endoscopy.

All are invited to write a message in the electronic condolence registry at the following address: http://www.esge.org/home/news/tribute-to-prof-bruhat. Read more at www.AAGL.org/bruhatobit.

Robert S. Neuwirth M.D. (1933-2013)

Friends and colleagues were saddened to learn that Robert S. Neuwirth M.D, Professor Emeritus of Obstetrics and Gynecology, Columbia University College of Physicians and Surgeons, passed on December 17, 2013. Dr. Neuwirth graduated from Yale University School of Medicine and did his residency at Columbia-Presbyterian Medical Center. He served as chairman of the Department of Obstetrics and Gynecology at St. Luke’s Roosevelt from 1971 to 1991, and was the first Babcock Professor of Obstetrics and Gynecology at Columbia University.

He was a true pioneer of gynecologic endoscopy excelling in both laparoscopy and hysteroscopy. In 1976, he published the first report of using a urological resectoscope for the removal of submucosal fibroids. He later invented the balloon endometrial ablation system.

Dr. Neuwirth leaves a legacy of dedication to scholarship, research, teaching, and the excellent and compassionate care for patients. His obituary in the New York Times quoted Alan DeCherney and others, who described him as “a modest man who was not inclined to professional networking or self-promotion.” He was a true gentleman.

AAGL Thanks Members for RBRVS Contribution

In November, The American College of Obstetrics and Gynecology asked the AAGL to enlist its members in completing important surveys required to update the RBRVS (Resource Based Relative Value Scale) for laparoscopic hysterectomies. This was an extremely important assignment and the results will be used to benefit members living in the United States. On behalf of the AAGL, we would like to thank the 14 members below, that participated in completing more than 8 hours of surveys.

Ted Anderson, M.D.
Radwan Asaad, M.D.
Jose Carugno, M.D.
Brian Day, M.D.
Donald DeBrakeleeer, M.D.
Tiffany Jackson, M.D.
Bilal Kaaki, M.D.
Bruce Kahn, M.D.
Stephanie Morris, M.D.
Mona Orady, M.D.
Michael Patriarco, M.D.
Leonard Rosen, M.D.
Kimberly Swan, M.D.
Welcome New Members

December 1, 2013 – February 28, 2014

Suleiman Abuanzeh, M.D.
Aroti Achari, M.D.
Rebecca Adami, M.D.
Brandi N Adams, M.D.
Deepika Aggarwal
Sangeeta Agnihotri, MBBS
Elizabeth O. Alabi, M.D.
Roa Alammar, MBBS
Serene Alexander, M.D.
Ebtisam M. Alsaif, M.D.
Clayton Aldon Alfonso, M.D.
Jennifer B. Allen, M.D.
Martin Augustus Allen, M.D.
Sarah Allen, M.D.
Allesa Danielle Allison, M.D.
Matthew Jay Allred, D.O.
Ana Gloria Alonso Mejia, M.D.
Elham Altaif, M.D.
Hannah Brotzman Anastasio, M.D.
Ana Marie Antenotti, M.D.
Kelsey Arbobast, M.D.
Ryan Christopher Arnold, M.D.
Jordan Alexis Arora, M.D.
Yitzhak Asulin, M.D.
Jordan Alexis Arora, M.D.
Ryan Christopher Arnold, M.D.
Kelsey Arbobast, M.D.
Welcome New Members (Continued)

December 1, 2013 – February 28, 2014

Prashanti Logeswaran, M.D.
Mindyn Longinotti, M.D., FACOG
Jose A. Lopez, PA
Jose Hilario Cardenas Lopez, Jr., M.D.
Fangxian Lu, M.D.
Chatburn Luke, M.D.
Elizabeth Lunsford, M.D.
Mary Ma, M.D.
Kristi Ann Kozola Maas, M.D.
Erin MacLellan, M.D.
Hailey MacNair, M.D.
Jaclyn Lauren Madar, M.D.
Obianuju Sandra Madueke-Laveaux, M.D.
Katherine Maillou
Stephen Martin, M.D.
Leslie Badra Masiky, M.D.
Mary Masotti, M.D.
Leslie Badra Masiky, M.D.
Richard Edward Mayerchak, M.D.
Stephanie Christina Mayes, M.D., FACOG
Erik C. Mazur, M.D.
Elizabeth McCarrell, M.D.
Katherine W. McHugh, M.D.
Connette Pearl McMahon, M.D., FACOG
Erin McNulty, M.D.
Carroll A. Medeiros, M.D.
Maria Lucia Medina
Ariel Rachelle Mendlowlitz, M.D.
Juan Manuel Mendoza Avila, M.D.
Virginia Mensah, M.D.
Abby Merryman, M.D.
Erin Meschter, M.D.
Laura Daniela Michelis, M.D.
Maged Mikhail
Amanda Miles, M.D.
Devin Tatcher Miller, M.D.
Elizabeth Kaitlyn Mize, M.D.
Susan Colleen Mobley, M.D.
Emily Mohebali, M.D.
Martha Anice Andrea Monson, M.D.
Denise J. Montagnino, D.O.
Kiersten Moreno, M.D.
Christopher Brooks Morse, M.D.
Susan Mueller, M.D.
Hiba Mustafa, M.D.
Claudia Naber, M.D.
Marvin Najjar, M.D.
Maryam Nasr, M.D.
Shridhha Nayak, M.D.
Tahereh Nazari, M.D.
Maiuyen Thi Nguyen, M.D.
Gregory Scott Nichols, D.O.
Tara D. Nielsen, D.O.
Lindsay Raye Nordwald, M.D.
Mariah North, M.D.
Melica Nourmoussavi, M.D.
Isabel Ochoa Arreola, M.D.
Deirdre O’Connor, M.D.
Kjerstin Oglebay, M.D.
Pamela Oliver, M.D.
Micaela O’Neil-Callahan, M.D.
Cheryl Onwuchuruba, M.D.
Paulina Magdalena Osial, M.D.
Lauren Owens, M.D.
Bryan Alcides Pablo, M.D.
Michelle Pacis, M.D.
Ana Maria Pagan, M.D.
Sarah M. Page-Ramsay, M.D.
Marguerite Palisoul, M.D.
Apurva Panchoy, M.D.
Jessica Parrott, M.D.
Nita Patel, M.D.
Jay Ram Patibanda, M.D.
Latoya Cherry Patterson, MD
Jennifer H. Peng, M.D.
Jane Elizabeth Perrini
Janelle Perrone, M.D.
Sigrid Vingerhagen Pethick, M.D.
Saurabh Phadnis
Spencer Edmond Pierson, M.D.
Veronica Maria Pimentel, M.D.
Aaron P. Pink, M.D.
Sheena Plamoottil, M.D.
Kenneth Poppen, D.O.
Travis Joseph Powell, M.D.
Eve Preus, M.D.
Sarah Pucillo, M.D.
Rebecca Pugh
Shawn Quinlan, M.D.
Amir Reza Radjabi, M.D.
ruxandra radu-radulescu, M.D.
Monique Rainford, M.D.
Sanjay M. Ramchandani, M.D.
Amanda Ramos, M.D.
Jose David Ramos, M.D.
Nina Resekova, M.D.
Rebecca Rich, M.D.
Leopoldo Rio De La Loza Cava, M.D.
Elizabeth Mae Roberts, M.D.
Carlos Rodrigo-Ortiz, M.D.
Emily Roemer, M.D.
Rina Roginsky, M.D.
Kristin Emilia Rojas, M.D.
Matthew Peter Romagano, D.O.
Brianne Dela Rama Romero, M.D.
Christine B. Ross, M.D., Ph.D.
Michelle Ross
Jennifer Rowland, M.D.
Natasha N. Rushing, M.D.
Sharman Maurissa Russell, M.D.
Erika Ruud, M.D.
Timothy Rynitz, M.D.
Mary Sabatini, M.D., Ph.D.
James David Saint John, M.D.
Christina Salazar, M.D.
Deborah Sages, M.D.
Sarah Ann Scattolon, M.D.
Jessica Schechtman, D.O.
Jennifer Schuchmann, M.D.
Sara Seifert, M.D.
Farinaz Seif, M.D.
Nidhi Shandil
Anthony Shanks, M.D.
Julia Shaw, M.D.
Alison Shea, M.D., Ph.D
Suzanna Shears-Hutt, M.D.
Katherine Shepherd, D.O.
Deborah Shin, M.D.
Andrea Simpson, M.D.
Paul Simpson
Lauren Slater, M.D.
Rebecca Smith
Anna Soendker, M.D.
Karla Nyreen Solheim, M.D.
Todd J. Stanhope, M.D.
Linda Ann Starace-Colabella, M.D.
Kayvahn Pierce Steck-Bayat, M.D.
Jenna Marie Steffen, M.D.
Jordan Stevens, M.D.
James Ryan Stewart, D.O.
Katherine Stewart, M.D.
Nicole Stornelli, M.D.
Claudine Storness-Bliss, M.D.
Mallory Stuparich, M.D.
Monica Sullivan, M.D.
Aya Sultan, M.D., Ph.D, FACOG
Martina Sunderland
Lauren Sundheimer, M.D., MS
Alexander Swanton, M.D., MRCOG
Lori Sweitzer, D.O.
Sharon Sykes
Lily Mikey Tan, M.D.
Steven Jay Tanner, D.O.
Meltem Tekelioglu, M.D
Amy Teng, M.D.
Flora F. Teng, M.D.
Lawrence Tiglao, M.D.
Stewart B. Tol, M.D.
Shih Wei Tsai, M.D.
Jill Tseng, M.D.
Berendena (Dena) Vander Tuig, M.D.
Monique Shenette Turner, D.O.
Kimberly Tustison, M.D.
Kristin Ashley Van Heertum, M.D.
Jenny Leigh Van Winkle, M.D.
Hugo Vazquez, M.D.
Jennifer Clair Villaicencio, M.D.
Julie Vircks, D.O.
Kristin Wadsworth, M.D.
Chantel Washington, M.D.
Abby Jo Watson, M.D.
Jessica Weddington, M.D.
Jennifer Weidner, M.D.
Julie Weigandt, M.D.
Melissa Weinrobe, M.D.
Clarissa J. Weiss, M.D.
Melinda Weiss, D.O.
Ellerie Weissbrot, M.D.
John Welsh, M.D.
Erica Weston, M.D.
Nicola C. White, M.D.
Michele Wickert, M.D.
Morgan Bernard Wolfe, Jr., M.D.
Samantha Robyn Wong, M.D.
Irene Woo, M.D.
Julie Anne Wood, M.D.
Karen M. Wood, M.D.
Jillian Woodruff, M.D., FACOG
Emily Wu, M.D.
John Wu, M.D.
Lauren Zakarin, M.D.
Cindy Zhang, M.D.
As President of the Organizing Committee for the 10th AAGL International Congress on Minimally Invasive Gynecology to be held at the Hotel Barcelo Sants in Barcelona, Spain on June 4-7, 2014, I encourage all AAGL members to join us for this very special congress to be held in one of the most exciting cities in the world.

Under the theme “Join to Scope for Women’s Health,” the Scientific Committee has developed a comprehensive program populated with international expert faculty. Pre-congress workshops have been planned for Wednesday, June 4th and continuing on Thursday, June 5th covering topics such as: Surgical Anatomy, Practical Laparoscopy and Hysteroscopy, Laparoscopic Hysterectomy, Hysteroscopic Sterilization and Robotics.

The Congress opens Thursday afternoon, June 5th with three major lectures on The Future of Gynecologic Laparoscopy, an Endometriosis Session and Complications. We will open each day of the congress with live surgery that will be broadcast from the Hospital Clinic de Barcelona. We are pleased that in addition to the scientific sessions on Benign Pathology, Extreme Laparoscopy, Oncology, Endometriosis, Hysteroscopy, Pelvic Pain, Clinical Research and Training we have also received a healthy response to the Call for Papers and we look forward to sharing these presentations with all of you.

The entire meeting will be housed at the Hotel Barcelo Sants, located in the Sants Railway Station. Known as the “best connected hotel in the city”, the Sants offers direct access to the AVE and Barcelona metro and train stations. If you fly into the El Prat International Airport, you will simply jump on a train and arrive at the hotel in 15 minutes. In addition to its convenient location, the hotel recently underwent a major remodel and re-opened its doors to a more modern, avant garde image. There are 364 “Orbital Rooms” that feature large windows with spectacular city views. The hotel has been described as a space station offering all of the necessary services to enjoy an outer space trip. Barcelona has a dynamic and open personality so typical of Mediterranean cities. It is a perfect walking city and the cradle to many cultures as evidenced by its fascinating history. No matter what your interests, this city will satisfy you. From our magnificent cathedrals to our cafes on the beach, Barcelona has something for everyone and with the meeting in summer, we encourage you to bring your families and extend your stay. I am certain that you will fall in love with Barcelona and all that it has to offer. To make your stay more interesting, we have engaged BarcelonaTurisme (www.barcelonaturisme.com) to assist you with your activities.

Don’t miss out on this opportunity to attend a rich educational congress in the brilliant city of Barcelona.

Francisco Carmona, M.D. is President of the Organizing Committee for the 10th AAGL International Congress on Minimally Invasive Gynecology and a member of the AAGL Board of Trustees. He practices at the Institut Clinic de Ginecologia, Obstetrica I Neonatalgia, Hospital Clinic de Barcelona in Barcelona, Spain.

For more information regarding the educational program and tours, please go to www.aaglbarcelona2014.com
Educational Workshops

May 15-17, 2014
13th Surgical Masters Course in Total Laparoscopic Hysterectomy and Advanced Laparoscopic & Oncologic Procedures
Scientific Program Chair: Kate O’Hanlan
The Palace Hotel | San Francisco, California

May 16-17, 2014
16th Annual Advanced Workshop on Gynecologic Laparoscopic Anatomy & Minimally Invasive Surgery Including Pelvic Floor Reconstruction
Scientific Program Chair: Resad P. Pasic
University of Louisville | Louisville, Kentucky

June 12-14, 2014
Hysterectomy and Managing Complications in Minimally Invasive Surgery
Scientific Program Chair: Bernard Chern
Academia, SGH Campus | Singapore

AAGL Annual Meetings

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

AAGL International Hosted Meetings

June 15-19, 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

June 2-5, 2016
12th AAGL International Congress on Minimally Invasive Gynecology in partnership with the Indian Association of Gynaecological Endoscopists
Scientific Program Chair: Prakash Trivedi
Renaissance Convention Center & Hotel | Mumbai, India