43rd AAGL Global Congress
November 17-21, 2014
VANCOUVER, B.C. CANADA

Setting New Standards in MIGS - Page 3
Through Knowledge and Innovation

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**FOCUS ON AAGL**

**The AAGL’s Strength – Volunteerism**

From its inception, the AAGL has counted on volunteers to bring benefits to its members and their patients. It is hard to find a clearer example of the value of volunteerism than the AAGL’s recent efforts to address the problems related to tissue extraction.

In December 2013, it became apparent that in spite of the many patients who benefited by the use of electromechanical morcellators, there were some patients who were harmed. The discussion was clouded by the understandable emotions involved in the issue. In order for the AAGL to provide guidance to its membership, studying the facts surrounding the issue was important.

The Board of Trustees of the AAGL established a taskforce to review what was known in the peer-reviewed literature about tissue extraction. Twelve AAGL members* were asked to volunteer for this job. They knew the scope of the project was large and the timeframe unreasonably tight. But they also understood the urgency and agreed to give their time and expertise. In a remarkably short period of time, they presented their report to the Board of Trustees.

Not all volunteer roles in the AAGL have as high a profile as this. But this is an example of how the AAGL has continued to be successful and relevant, thanks to the valuable contributions from so many members who have contributed their time and effort over the years. All should know they deserve credit.

*The AAGL members who volunteered their time and expertise to serve on the task force were: Ted L. Anderson, M.D., Ph.D.; Christopher S. Awtrey, M.D.; Amanda N. Fader, M.D.; Kathy J. Huang, M.D.; Kimberly A. Kho, M.D., MPH; Marie Fidela R. Paraiso, M.D.; Harry Reich, M.D.; Matthew T. Siedhoff, M.D., MSCR; Andrew I. Sokol, M.D.; Pamela T. Soliman, M.D., MPH; M. Jonathon Solnik, M.D.; Ray A. Wertheim, M.D.

Also volunteering expertise in particular sections of the report were: Russell R. Broaddus, M.D.; and R. Wendell Naumann, M.D.

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43rd AAGL Global Congress Designed to Educate and Inspire

Pack your bags and make your travel arrangements. For the first time in the history of the AAGL, we are heading north to Canada for a truly international-based annual meeting. The beautiful city of Vancouver, British Columbia will play the role of host for the 43rd AAGL Global Congress on Minimally Invasive Gynecology. Perched along the harbor with views of both the city skyline and incredible mountains, the Vancouver Convention Center will serve as an idyllic backdrop for the exciting congress our Scientific Program Committee has prepared.

This year’s theme, “Setting New Standards in Minimally Invasive Gynecologic Surgery through Knowledge and Innovation,” was developed in response to the challenging year we have had as minimally invasive gynecologic surgeons. Controversies that range from robotics and the cost of healthcare to most recently the role of electromechanical morcellation have rocked the very foundation of minimally invasive gynecologic surgery worldwide.

Many new elements have been incorporated into this year’s meeting to both educate and inspire attendees, beginning with the first two days. Twenty-five post-graduate courses have been thematically redesigned with many offering intensive live interactive cadaveric demonstrations by some of the world’s leading authorities in gynecologic surgery. To further enhance the experience, hands-on laboratories have been incorporated into many of the post-graduate courses. A common thread throughout all of these courses will be an emphasis on the fundamentals of minimally invasive surgery. As the meeting progresses, this foundational knowledge will be presented to instruct attendees on the nuances of managing complex surgical cases and pathology. Unique to this year’s program will be the presentation of many post-graduate courses in affiliation with several of our sister societies, a sign of our growing global collaboration with other surgical organizations.

The general sessions will also take on a new look. To begin, this year’s five award recipients will present their prize-winning papers or videos to the entire congress in a format that pairs each presenter with a discussant who will provide a critique. Immediately following will be the Jordan M. Phillips Keynote Address. This year’s honoree is Mats Brännström, Professor & Chairman, Department of Obstetrics & Gynecology, Sahlgrenska Academy, University of Gothenburg. Professor Brännström is a true pioneer and innovator, and a leading figure in the area of clinical uterus transplantation. I am sure that all who hear him speak will be truly inspired.

Also debuting this year will be a general session event known as the Stainless Steel Surgeon, an innovative take on the highly acclaimed television show, “Iron Chef.” In this entertaining and informative session, three master surgeons will present their chosen technique to address a particular pathology or procedure in a live interactive cadaveric format, presented from specially built operating rooms in the main hall. Stay tuned because I am not going to reveal the names of the master surgeons or the secret procedure/pathology until the global congress.

As promised, this year’s meeting will not shy away from complex surgical conditions or controversial issues. The strategic Surgical Tutorials and Panel Discussions will tackle topics such as deeply infiltrating endometriosis, surgical complications, cost containment and robotics. This all starts with a special interactive opening session that is designed to dispel the myths and demonstrate best practice standards in tissue extraction. Although perennial favorites such as the live telesurgery session will round out this year’s global congress, the final day will feature an Olympics event where attendees will battle head to head on both high fidelity conventional and robot-assisted laparoscopic simulators in order to crown the champions in both modalities. This is only fitting since the torch from the 2010 Vancouver Winter Olympics sits outside of the Convention Centre.

As you can see, both novices and experts will benefit from the interesting content presented throughout this jam-packed week. However all work and no play can make for a very dull meeting, so let’s not forget about the wonderful sights and sounds in and around Vancouver. This bustling coastal seaport city boasts activities for every level of interest. The breath-taking scenery can be taken in with a horse-drawn carriage ride in famed Stanley Park or a walk along English Bay beach. Those who are more adventurous can take a gondola ride 1,231 meters up to the top of Grouse Mountain. If gastronomy is your forte then head to Granville Island to sample the local fare in Vancouver’s Public Market, or to historic Chinatown, the third largest in all of North America.

If you want to renew old friendships, make new connections and learn more about this year’s scientific program, come to Vancouver. Let’s work hard, play hard and set new standards in minimally invasive gynecologic surgery.
### DAY 1 – MONDAY, NOVEMBER 17, 2014

<table>
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<tr>
<th>Course Number</th>
<th>Chair/Co-Chair</th>
<th>Morning Courses: 7:00 AM – 11:00 AM</th>
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<tr>
<td>SUTR-600</td>
<td>Joseph (Jay) L. Hudgens Fariba Mohtashami</td>
<td>Simulation Lab: Practical Applications for Tissue Re-approximation, Knot Tying and Suturing Technologies</td>
<td>Simulation Lab: Practical Applications for Tissue Re-approximation, Knot Tying and Suturing Technologies</td>
<td>40</td>
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<tr>
<td>ROBO-602</td>
<td>John P. Lenihan Peter C.W. Lim</td>
<td>Didactic: Unraveling the Endometriosis Enigma: From Diagnosis to Surgical Management Presented in affiliation with the American Society of Reproductive Medicine (ASRM)</td>
<td>Cadaveric Lab: Unraveling the Endometriosis Enigma: From Diagnosis to Surgical Management Presented in affiliation with the American Society of Reproductive Medicine (ASRM)</td>
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<td>ROBO-603</td>
<td>Peter C.W. Lim John P. Lenihan</td>
<td>Cadaveric Lab: “Domo Arigato, Mr. Robototo:” Optimizing Robotics for Basic to Complex Gynecologic Surgery</td>
<td>Cadaveric Lab: “Domo Arigato, Mr. Robototo:” Optimizing Robotics for Basic to Complex Gynecologic Surgery</td>
<td>40</td>
<td>$375</td>
</tr>
<tr>
<td>ENDO-604</td>
<td>Mauricio S. Abrao Marcello Ceccaroni</td>
<td>FULL DAY Didactic and Simulation Lab: Teach the Teacher: It's Never Too Late Presented in affiliation with the American College of Obstetricians and Gynecologists (ACOG)</td>
<td>(This course ends at 4:30pm)</td>
<td>200</td>
<td>$475</td>
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<tr>
<td>ENDO-605</td>
<td>Marcello Ceccaroni Mauricio S. Abrao</td>
<td>Cadaveric Lab: Unraveling the Endometriosis Enigma: From Diagnosis to Surgical Management Presented in affiliation with the American Society of Reproductive Medicine (ASRM)</td>
<td>Cadaveric Lab: Unraveling the Endometriosis Enigma: From Diagnosis to Surgical Management Presented in affiliation with the American Society of Reproductive Medicine (ASRM)</td>
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<td>SIMU-606</td>
<td>Ernest G. Lockrow Sangeeta Senapati</td>
<td>Didactic: No Pain, No Gain</td>
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<td>PELV-609</td>
<td>Maurice K. Chung Sawsan Asr-Arseil</td>
<td>Didactic: No Pain, No Gain</td>
<td>Cadaveric Lab: The Ins and Outs of Midurethral Slings: Safe Implantation and Surgical Management of Complications</td>
<td>150</td>
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<tr>
<td>FELO-610</td>
<td>Gretchen Makai Kathy Huang Kristin Patzkowsky</td>
<td>FULL DAY Fellowship in MIGS Postgraduate</td>
<td>(This course ends at 4:30pm)</td>
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### DAY 2 – TUESDAY, NOVEMBER 18, 2014

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<th>Afternoon Courses: 12:30 PM – 4:30 PM</th>
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<td>HYST-705</td>
<td>Suketu Mansuria Richard B. Rosenfield</td>
<td>Cadaveric Lab: Digesting the Alphabet Soup of Laparoscopic Hysterectomy: LAVH, LSH &amp; RH</td>
<td>Cadaveric Lab: Digesting the Alphabet Soup of Laparoscopic Hysterectomy: LAVH, LSH &amp; RH</td>
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<td>HSC-706</td>
<td>Sony S. Singh Isabel C. Green</td>
<td>Didactic: Hysteroscopy from A-Z</td>
<td>Cadaveric Lab: Hysteroscopy from A-Z</td>
<td>150</td>
<td>$175</td>
</tr>
<tr>
<td>VHYS-710</td>
<td>Geoffrey W. Cundiff Andrew Walter</td>
<td>FULL DAY Didactic (Live Cadaveric Demo) and Simulation Lab: Vaginal Hysterectomy: The True Natural Orifice Minimal Access Surgery Presented in affiliation with Society of Gynecologic Surgeons (SGS)</td>
<td>(This course ends at 3:00pm)</td>
<td>150</td>
<td>$395</td>
</tr>
<tr>
<td>DPC-713</td>
<td>William M. Burke Nicole D. Fleming</td>
<td>Didactic: Practical Oncology Principles for the Benign Pelvic Surgeon</td>
<td>Didactic: Practical Oncology Principles for the Benign Pelvic Surgeon</td>
<td>175</td>
<td>$175</td>
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<tr>
<td>COMPLX-714</td>
<td>Ted T.M. Lee Arnaud Wattlez</td>
<td>Didactic: Navigating Complex Surgical Scenarios: It's All about Options</td>
<td>Didactic: Navigating Complex Surgical Scenarios: It's All about Options</td>
<td>200</td>
<td>$175</td>
</tr>
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The Midurethral Sling Is the Worldwide Standard for the Surgical Treatment of Stress Urinary Incontinence

AAGL members should be aware of recent advocacy efforts and physician and patient materials produced by the American Urogynecologic Society (AUGS) and the Society of Urology and Urogenital Reconstruction (SUFU), to clarify the role of the midurethral sling (MUS) used to treat women with stress urinary incontinence (SUI) (the type of urine leakage generally associated with coughing, laughing and sneezing). AUGS and SUFU members wrote a position statement in support of the MUS, which was approved by the boards of both organizations, released on their respective websites, and published in the FPMRS journal. The authors explain how lawyer advertisements and media reports on the transvaginal mesh controversy resulted in confusion, fear, and an unbalanced negative perception regarding the midurethral sling as a treatment for SUI, which is not shared by the medical community and the overwhelming majority of women who have been satisfied with their MUS.

The position statement is:

"The polypropylene mesh midurethral sling is the recognized worldwide standard of care for the surgical treatment of stress urinary incontinence. The procedure is safe, effective and has improved the quality of life for millions of women."

The polypropylene mesh midurethral sling is the recognized worldwide standard of care for the surgical treatment of stress urinary incontinence. The procedure is safe, effective and has improved the quality of life for millions of women.

The MUS has demonstrated long-term durability, safety, and efficacy up to 17 years.

1. Monofilament polypropylene mesh MUS is the most extensively studied anti-incontinence procedure in history. There are greater than 2,000 articles in the scientific literature describing the MUS in the treatment of SUI.

2. The polypropylene mesh midurethral slings are the standard of care for the surgical treatment of SUI and represent a great advance in the treatment of this condition for our patients. Over 3 million MUS have been placed worldwide and a recent survey indicates that these procedures are used by > 99% of AUGS members.

3. Polypropylene mesh midurethral slings are the standard of care for the surgical treatment of SUI and represent a great advance in the treatment of this condition for our patients. Over 3 million MUS have been placed worldwide and a recent survey indicates that these procedures are used by > 99% of AUGS members.

4. The FDA has clearly stated that the polypropylene MUS is safe and effective in the treatment of SUI. The midurethral sling was not the subject of the 2011 FDA Safety Communication, “Urogynecologic Surgical Mesh: Update on the Safety and Effectiveness of Vaginal Placement for Pelvic Organ Prolapse.”

In 2013, the FDA website stated clearly that: “The safety and effectiveness of multi-incision slings is well-established in clinical trials that followed patients for up to one-year.”

On May 1, 2014, the FDA proposed an upclassification of transvaginal mesh for prolapse but importantly, they specifically excluded mesh for SUI from this proposal.

The AUGS-SUFU task force also published two subsequent documents: Frequently Asked Questions by Patients (and by Providers): Midurethral Slings for SUI. These documents are readily available to anyone on the AUGS and SUFU websites and are intended for you to share with your patients to clarify the misperceptions about the MUS.

References:


Charles W. Nager, M.D. is Professor in the Department of Reproductive Medicine and Director, Division of Female Pelvic Medicine and Reconstrucive Surgery at the UC San Diego Health System. He is also the current president of the American Urogynecologic Society.

This article is presented on behalf of the AAGL’s Special Interest Group on Urogynecology.

Highlighted Events at the 43rd AAGL Global Congress on Minimally Invasive Gynecology

Urogynecology

URO-607 – Didactic: The Ins and Outs of Midurethral Slings: Safe Implantation and Surgical Management of Complications

URO-608 – Didactic: Cadaveric Lab: The Ins and Outs of Midurethral Slings: Safe Implantation and Surgical Management of Complications

URO-708 – Didactic: (Live Cadaveric Demo): Advanced Urogynecology: Overcoming Challenges in the Patient with Pelvic Organ Prolapse

URO-709 – Cadaveric Lab: Advanced Urogynecology: Overcoming Challenges in the Patient with Pelvic Organ Prolapse

Luncheon – Discussion with the Experts

T38 – Laparoscopic Approaches to Pelvic Organ Prolapse
Let her know she has options.

Far too many women suffer needlessly because they’re embarrassed to talk about their heavy periods. Or they feel their childbearing plans — or the fact they are finished — leave them without options. So at her next appointment, start the conversation. Talk to her about the minimally invasive solutions by Hologic and set her free from the pain of AUB.

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Pelvic Pain SIG: The Evil Quadruplets

Chronic pelvic pain is estimated to affect up to 15% of women in the general population. It is often a complex and confusing condition that is difficult to treat, due to its varying causes of origin. Endometriosis is perceived by many to be the main source of chronic pelvic pain (CPP). Rightfully so, endometriosis is cited as being the source of CPP in 30-87% of patients. However, we have all had patients who continue to have pelvic pain following an operative laparoscopy with resection or fulguration of endometriosis.

With over 40% of gynecologic laparoscopies performed for CPP, it is important to do a thorough work up of a patient’s pain prior to surgery. Four highly prevalent conditions seen in patients with CPP are endometriosis, interstitial cystitis/bladder pain syndrome, pelvic floor dysfunction and IBS. An under-recognized cause of CPP is pudendal nerve entrapment, which often manifests itself along with or mimic pelvic floor dysfunction and IC. This affects approximately 4% of patients with CPP.

Formulating a plan of care for patients with CPP is difficult because there are often multiple sources of their pain. Once one source of pain is found, it is important to rule out other conditions that may also contribute. For example, it is estimated that approximately 65% of women with endometriosis have coexistence of interstitial cystitis. This may account for some patients failing to have resolution of their symptoms due to only one condition being addressed. In a study from a large pelvic pain center, in women with endometriosis and pelvic pain, close to 80% of patients had an additional reason to have pain.

The first step in evaluating a patient with pelvic pain is a complete history and physical exam. When taking a patient’s history with CPP it is critical to ask questions regarding not only pain but also urologic, GI, musculoskeletal and reproductive systems.

Four highly prevalent conditions seen in patients with CPP are endometriosis, interstitial cystitis/bladder pain syndrome, pelvic floor dysfunction and IBS.

During the physical exam, palpation of the bladder and pelvic floor muscles are often overlooked, due to lack of training. If a surgeon determines that more than one etiology is present, conditions other than endometriosis can be addressed in the office prior to surgery. Patients with IC will greatly benefit from in office bladder instillations of lidocaine and heparin.

After several weeks of treatment with instillations, pain typically improves to the point that surgical evaluation is no longer warranted. Equally important is treatment of pelvic floor pain/spasms. Physical therapy and Botox injections may be invaluable in these patients. Treatment of the bladder and pelvic floor may greatly reduce the number of procedures a patient requires.

Gynecologic surgeons treating pelvic pain patients have to be knowledgeable about all of the potential causes of pain. No matter how skillful the surgeon, addressing only endometriosis is not adequate. Unfortunately to this day, many patients undergo unnecessary or repetitive surgery for endometriosis without any resulting pain relief.

References:
1. Butrick C, Sanford D, Qingijiang H, Mahnken J. Chronic pelvic pain syndromes: clinical, urodynamic, and urothelial observations. 2009 Int Urogynecol J 20:1047-1053

Christopher Eswar, M.D., is a Fellow in the Fellowship of Minimally Invasive Gynecologic Surgery at St. Joseph’s Hospital and Medical Center, in Phoenix, Arizona.

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

Highlighted Events at the 43rd AAGL Global Congress on Minimally Invasive Gynecology

Pelvic Pain

PELV-609 – Didactic: No Pain, No Gain
Luncheon – Discussion with the Experts
M6 – Surgical Strategies for Pelvic Adhesive Disease
M14 – Surgical Management Strategies for Chronic Pelvic Pain
M15 – Role of Neuro-ablative Therapy in Chronic Pelvic Pain
T8 – Strategies for Identifying the Urerter During Pelvic Surgery
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The AAGL Nominating Committee will soon select eight members of the AAGL as candidates for four trustee positions for the years 2015 and 2016.

Four of the candidates will be from the general membership and four must come from specific regions.

This year, two candidates will be from Europe, Middle East, and Africa and two from Canada and the United States. (Next year, the regional candidates will be from Pacific Rim, India, Asia and from South America, Mexico and Central America.).

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. If you would like to be considered for this position, we request that you review our “COI for Executive Board Members.” To read the complete policy, please go to: http://www.aagl.org/boardcoi.

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 no later than July 11, 2014.

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

Javier F. Magrina, M.D. is the 2014 Immediate Past President of the AAGL and chairs the Nominating Committee this year. He is Professor of the Department of Gynecology at the Mayo Clinic Arizona, Director of Gynecologic Oncology and Barbara Woodward Lips Professor at the Mayo Graduate School of Medicine in Phoenix, Arizona. The other members of the committee are: Drs. Arnold P. Advincula, Linda D. Bradley, Keith B. Isaacson, Franklin D. Loffer and Linda Michels.
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SurgeryU Receives an Extreme Makeover

AAGL’s SurgeryU surgical video library recently received an “extreme makeover” and now features additional video content that is available to all AAGL members. The live telesurgeries from the past year have been added to the video library, as well as over 200 videos and 150 virtual posters from the 2013 AAGL Global Congress. All videos were reprocessed to make them look outstanding on modern screens, and all of the videos are playable on the iPad and on Android tablets as well.

The video library now also includes our first six “AAGL Expert Talks.” These 30-minute videos feature courses taken from the 2013 AAGL Global Congress that you can watch online to earn AMA PRA Category 1 CME Credit. Upon completion of each course, our system will automatically send you a CME certificate, making it easier than ever to earn CME wherever you are.

During the next several weeks, we will be adding another new feature to SurgeryU. Our new “video favorites” screen will allow you to create and share playlists of your favorite videos with other doctors, or you can create playlists of surgical demonstrations that you frequently need to review. This feature will be available at no additional charge to current AAGL members.

Asia 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.

Publish Your Exceptional Videos in JMIG

Just a year ago, we published our first two scientific videos in the May/June 2013 issue of The Journal of Minimally Invasive Gynecology (JMIG). In the last year, we have published 9 videos proving that our membership is very adaptable to this new method of publishing their research. Although JMIG had previously accepted videos, they were seen as additional material to a conventionally written manuscript. I am pleased that we have gone beyond the conventional and now publish scholarly material in video format.

If you have an interesting video that you feel will benefit your colleagues and our profession we encourage you to submit it immediately for consideration for publication. To do so, submit your video material online through the Elsevier Editorial System at AAGL.org/ees. The process is similar to a conventional manuscript. However, there are some specific requirements for video submissions such as the size of the file, length, narration and music and including a structured abstract. These requirements are listed at: www.aagl.org/jmigvideo.

Just like written manuscripts, videos are peer reviewed using a standardized format that grades visual quality and content. Although case reports are acceptable, we encourage you to submit videos that reflect a visual representation of your surgical outcomes.

Once your video is published, it is indexed by author through the major biomedical databases (MEDLINE, Pubmed, Scholar, etc.) and can be cited in publications. In addition, the AAGL now has a JMIG app that allows subscribers to view the videos on their iPads and smartphones.

I would like to thank the physicians listed below, who accepted our challenge to submit their video research during this first year. With them we blazed a new trail for scientific publication.

Antonio Setubal, M.D. is the Media Editor for The Journal of Minimally Invasive Gynecology and is the Director, Department of Gynecology, Obstetrics and Minimally Invasive Gynecologic Surgery at the Hospital da Luz in Lisbon, Portugal.

A New Technique of Laparoscopic Intracorporeal Anastomosis for Transrectal Bowel Resection with Transvaginal Specimen Extraction
E. Faller, J. Albornoz, P. Messori, J. Leroy and A. Wattiez

Laparoscopic Transvaginal Approach for Vescicovaginal Fistula Repair

Microlaparoscopy in Urogynecology: LSH and Sacrocervicopexy
P.L. Rosenblatt, S.R. Adams and A. Shapiro

PUBLISHED VIDEO ARTICLES IN JMIG

Laparoscopic Sigmoidectomy for Endometriosis with Transanal Specimen Extraction
P. Messori, E. Faller, J. Albornoz, J. Leroy and A. Wattiez

Mayo Clinic Experience with Modified Vecchietti Procedure for Vaginal Agenesis: It is Easy, Safe, and Effective
S. Nahas, J. Yi and J. Magrina

Ergonomics in the Operating Room: Protecting the Surgeon

Minimally Invasive Myomectomy Using Unidirectional Knotless Barbed Suture
E. Soto, R. Flyckt and T. Falcone

Understanding the Pelvic Anatomy

Demonstration of Laparoscopic Resection of Uterine Sacculation (Niche) With Uterine Reconstruction
A. Kent, F. Shakir and H. Jan
ACCESS
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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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UPDATE YOUR PROFILE TODAY
AAGL Members receive a personalized profile page, which includes a bio, affiliations, location and photo. Update your information and photo by logging in to www.aagl.org.
AAGL Bestows Honorary Membership
Professor Victor Gomel

The AAGL is pleased to announce that Prof. Victor Gomel will be presented with Honorary Membership in the AAGL. This special honor is bestowed every 3 to 5 years to an AAGL member who has demonstrated vision and leadership in our field. Dr. Gomel has been a member of the AAGL since 1973 and served on the Board twice before being elected in 1996 as the Secretary Treasurer which eventually lead to his Presidency in 1999. Dr. Gomel has been responsible for raising the level of care for women not only in Canada but throughout the world. He has exemplified the AAGL’s mission of advancing minimally invasive gynecology worldwide.

He has trained medical students and residents in Vancouver and post doctoral Fellows outside of Canada, many of whom currently hold important positions in Canada and in their own countries.

He currently holds the rank of Professor in the Department of Obstetrics and Gynecology, Faculty of Medicine of the University of British Columbia. He served as chair of this department for fifteen years, during which the department was greatly expanded and attained international recognition.

Dr. Gomel’s special research interests lie in the fields of gynecologic surgery and reproductive medicine. In the field of human reproduction, his work included infertility associated with tubal and peritoneal causes, fertility control, reproductive surgery, operative laparoscopy and in vitro fertilization. His other research interests include reproductive physiology and formation and prevention of peritoneal adhesions.

He is internationally known for his pioneering work in both microsurgery and operative laparoscopy. He was responsible for the introduction of laparoscopy in Canada; he was the first to demonstrate the efficacy of laparoscopic fertility-promoting procedures and one of the first to use laparoscopic surgical access for other gynecologic procedures.

He established an in vitro fertilization (IVF) program in Vancouver in 1981. Under his leadership this program was the first to achieve success, resulting in the birth of the first IVF baby in Canada on December 25, 1983.

He was responsible for the establishment of a masters and Ph.D. program within his department, “Reproductive and Developmental Sciences,” which has been operative since 1984. He actively participated in the planning of the facilities of the BC Women’s Hospital (formerly Grace Hospital), which opened in 1982. He was also instrumental in the creation of the “Women’s Health Centre” in the same institution, the first such tertiary facility in Canada, which has been operational since early 1992.

Professor Gomel has authored a long list of scientific articles published in prestigious international journals. He has received numerous honorary memberships and awards.

Join us as we honor him at the Opening Ceremony on Tuesday, November 18, 2014 from 6:00 pm to 6:45 pm.

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 (arellano@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.
The AAGL Center of Excellence in Minimally Invasive Gynecology™ (COEMIG™) program is focused on improving the safety, efficacy and efficiency of gynecologic patient care worldwide. The program is designed to expand patient awareness of and access to minimally invasive gynecologic procedures performed by surgeons and facilities that have demonstrated excellence in these advanced techniques. To keep the program free of bias and protect participant confidentiality, the AAGL selected Surgical Review Corporation (SRC), an independent nonprofit healthcare quality organization, to manage the program on the society’s behalf.

Nearly 200 hospitals and 600 surgeons in 15 countries – including 40 U.S. states – are currently participating in the COEMIG program.

Benefits
COEMIG participants begin to experience benefits as soon as they commit to pursuing certification. Surgeons, hospitals and ambulatory surgery centers can expect to gain the following benefits that reinforce the value of the COEMIG program and designation:

- Improved outcomes
- Decreased complications and morbidity
- Reduced costs
- Professional recognition and distinction
- Best practice policies and pathways
- Specialty growth
- Marketing and competitive differentiation
- Central outcomes database

BOLD™ Outcomes Database
Data from COEMIG participants will be used to determine which treatment works best for which patient under what circumstances. This information will enable clinicians, patients, payors and policymakers to make informed decisions that will improve healthcare at the individual level and for the patient population as a whole.

Through SRC’s BOLD outcomes database, participating surgeons gain real-time access to individual patient information that supports clinical decisions. Providers obtain meaningful data through reports that are based on information from the surgeon’s individual practice. Aggregate reports enable participants to compare their individual outcomes to benchmark data and assess their approach to care.

Eligibility
The COEMIG program is available to surgeons, hospitals and ambulatory surgery centers around the world that provide minimally invasive gynecologic care on an inpatient or outpatient basis. Surgeons do not have to be a member of the AAGL or any other medical society to participate. Certification is awarded to both the facility and its associated surgeons who successfully complete the designation process.

Requirements
The COEMIG program’s comprehensive requirements recognize the important role that surgeons, their multispecialty teams and facility administration play in delivering high-quality perioperative care. The requirements are coupled with an objective evaluation process that enables a thorough review of each designation candidate. A periodic renewal process ensures ongoing compliance with certification criteria.

For more information and to register for COEMIG, visit www.surgicalreview.org/coemig
The 23rd Annual Comprehensive Workshop on Minimally Invasive Gynecology for Residents, Fellows and New MIGS Specialists

For more information and to register for COEMIG, visit www.surgicalreview.org/coemig

Congratulations to the Newest COEMIG Designees

Apply for COEMIG at www.surgicalreview.org/coemig/
On behalf of the Organizing Committee, I wish to express my deepest gratitude to each of you who attended the 10th AAGL International Congress on Minimally Invasive Gynecology, recently held in Barcelona, Spain, on June 5-7, 2014. Two other important meetings coincided with this event: the IX Congress of the Sección de Endoscopia de la SEGO (Sociedad Española de Ginecología y Obstetricia), and 6th Congress of the EIDEG (Escuela Internacional de Endoscopia Ginecológica).

I am extremely honored and truly grateful to my fellow members of AAGL Board for giving me the opportunity to serve as Co-President of the Organizing Committee. The planning and preparation for this meeting began quite some time ago. This was a challenging project, requiring hard work, including a few institutional obstacles to overcome. I am sure that Dr. Cayuela (Co-President), Dr. Brescó (Congress Chair) and the entire Organizing Committee would agree that planning and presenting this congress has been an extremely rewarding experience.

We were delighted to host more than 750 participants from almost 60 different countries, who were eager to share their expertise and knowledge of endoscopic gynecologic surgery. Under the slogan “Join to Scope for Women’s Health,” the Scientific Program Committee developed an ambitious scientific program which included many relevant speakers and expert leaders in the field of minimally invasive gynecologic surgery. These presenters exceeded the high expectations set forth. Highly respected authorities led in-depth debate and discussion of recent controversial topics, including the use of power morcel-

In conclusion, I would like to encourage you to attend the upcoming 43rd AAGL Global Congress on Minimally Invasive Gynecology in Vancouver on November 17-21, 2014, and the 11th AAGL International Congress on Minimally Invasive Gynecology, which will be held in Jerusalem, Israel on June 15-19, 2015. I hope to see you there!

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, Obstetricia i Neonatologia, Hospital Clinic de Barcelona in Barcelona, Spain.
The Polish Association of Minimally Invasive Gynecologists (PAMIG) was established in August 2013. They now have 20 members, including some of the most prestigious surgeons in the country. They are focused on educating young doctors in the practice and procedures of MIS to promote wellness in women patients.

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

Gynecologic endoscopy in Poland began in Bytom, an industrial city in the metropolitan area of Silesia, where two enthusiastic gynecologists, Dr. Adam Blecharz and Dr. Stanislaw Horak, performed the first laparoscopic treatment of ectopic pregnancy in 1992. The first successful GIFT procedure also was performed in 1992, resulting in the birth of twins in January 1993. Dr. Blecharz performed the first laparoscopic hysterectomy in Poland in 1993, after meeting Dr. Harry Reich in the U.S.

Dr. Horak and Dr. Blecharz became the founding members of the ESGE in 1992, after attending a meeting in Clermont-Ferrand, France.

Dr. Blecharz began teaching basic endoscopy throughout Poland. However, at that time no society in minimally invasive gynecology had been established. Years later, in August 2013, the Polish Association of Minimally Invasive Gynecologists (PAMIG) was established to create an organized teaching program for residents and young gynecologists, and to highlight the importance of MIGS for patients in Poland.

PAMIG currently has 20 members, including Dr. Stanislaw Horak, who serves as Vice President. The Honorary President is Prof. Anita Olejek, the Secretary is Dr. Grzegorz Tomanek; both are experienced in endoscopy. Dr. Pawel Juraszek, age 35, is the Treasurer of PAMIG, highlighting the importance of bringing young endoscopists into the association.

PAMIG’s primary goals include: Organizing nationwide endoscopic courses for residents and MIGS-oriented gynecologists, and promoting MIGS to treat female patients. In April 2014, we plan to present a course for OR nurses who assist with endoscopic procedures.

In autumn 2013, PAMIG became an AAGL Affiliated Society, choosing JMIG as its journal to enable its members to benefit from the great wealth of surgical knowledge made available by the AAGL.

Iwona Gabriel, M.D., Ph.D., is President of the Polish Association of Minimally Invasive Gynecologists (PAMIG) and practices at the Medical University of Silesia in Bytom, Poland.

SPOTLIGHT ON AFFILIATED SOCIETIES

Polish Association of Minimally Invasive Gynecologists (PAMIG):

President: Iwona Gabriel, M.D., Ph.D.

Vice President: Stanislaw Horak, M.D., Ph.D.

Secretary: Grzegorz Tomanek, M.D., Ph.D.

Treasurer: Pawel Juraszek, M.D., Ph.D.

Honorary President: Prof. Anita Olejek

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 have just been added to the website:

- **Knowing Your Energy Sources** – Presented by Dr. Stephen Jeffery
- **Complications during Laparoscopic Pelvic Reconstructive Surgery** – Presented by Dr. Alan M. Lam
- **Laparoscopic Pelvic Anatomy: The Necessary Weapon** – Presented by Dr. Sven Becker

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.

Earn CME Online: Three New AAGL Expert Talks

Dr. Gabriel

Polish Association of Minimally Invasive Gynecologists (PAMIG):
Bipolar LiNA Loop™ - LiNA Medical

LiNA Medical’s new Bipolar LiNA Loop™ is now available in the U.S. for amputation of the uterus during laparoscopic supracervical hysterectomy (LSH) and fibroid amputation in subserosal pedunculated myomectomy. New bipolar technology offers similar cutting performance to our traditional monopolar LiNA Gold Loop, but reduces thermal spread with only 55-70 watts of energy.

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AAGL Career Scope

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 ccocca@aagl.org
Wallace (Wally) A. Reed, M.D. (1917 - 2014)

Dr. Reed’s name may not be well known to members of the AAGL but he made major contributions to the AAGL and to the practice of surgery throughout the world. In February 1971 he and his business partner established the world’s first free-standing ambulatory surgical facility in Phoenix. It was called the Phoenix Surgicenter. Although trademarked, the term “Surgicenter” soon was used throughout the United States to describe the concept. Dr. Reed never tried to control the use of the word, as he wanted the concept to flourish.

Dr. Reed was an anesthesiologist and spoke at several early AAGL meetings on outpatient general anesthesia. He was always supportive of postgraduate education. From 1971 to 1980 he allowed the Arizona Family Planning Service to train gynecologists in laparoscopy at the Phoenix Surgicenter. Over 500 surgeons attended from the United States and abroad. The program was unique in that participants were actually able to operate on patients. He also made the Surgicenter available on many occasions to the AAGL. In May 1986, the AAGL presented the world’s first programs in the use of the Nd:Yag laser for endometrial ablation at the facility, and in February 1989, the first courses in the world presenting the use of the resectoscope were presented there.

Dr. Reed received numerous local and national awards, and served on several boards and committees. He was a remarkable man. Although his role in supporting minimally invasive gynecology has not been emphasized, the AAGL would like to acknowledge his contributions to medicine and gynecologic surgery.

The AAGL Board of Trustees has established the AAGL Observership Program. This short, observational and educational program is for those AAGL members who wish to visit and observe surgeries by recognized leaders in gynecologic surgery and minimally invasive gynecologic care. Depending on the program, an Observership can last from a couple of days to a couple of months.

**Observership Process**

The Observership Program is not a hands-on program. Due to medical liability and licensing issues, the participant will only be an observer.

To apply, please go to http://www.surveygizmo.com/s3/546840/Mini-Fellowship-Form. Completed forms should be submitted via e-mail to Claudia Sahagun (CSahagun@aagl.org). Please note that your request cannot be guaranteed as site availability as well as types of surgeries observed, will vary. Also, a fee may apply to some of the participating programs.

Once your application is received, you will be notified which site is available. You will be informed by the AAGL office once you are accepted as an observer. After which you will receive information directly from the Observational site about subsequent pertinent information.

**Documentation of the Observership**

A certificate of training is not provided to the participants. A letter acknowledging the participant's attendance will be provided by the AAGL office with the permission of the host.

**Funding**

Funding is not available for either the observer or the host.

If you should have any questions, please feel free to contact Claudia Sahagun, Administrative Assistant at (800) 554-2245.
Welcome New Members

March 1, 2014 – May 31, 2014

Adrienne Adams, M.D.
Abisola Adeleye, BSc (Hons), MBBS
Nilesh Agarwal
Alin Lina Akopians, M.D., Ph.D.
Vian Alaziz, M.D.
Auos Al-Dujaily
Margaret Nadia Alexander, M.D., FACOG
Serene Alexander, D.O.
Hanan F. Alhussaini, II, M.D.
Zainab Al-Ibraheemi, M.D.
Melanie Dawn Altizer, M.D.
Katie Alton, M.D.
Marisa Linnell Alunni, M.D.
Claudia Andrade, M.D.
Anna Angeli, M.D.
James Arcus, Mbchb
Sevcan Arzu Arinkan, M.D.
Cynthia Austin, M.D.
Aderonje Fadekemi Awe, M.D.
Emily Claire Baltes, M.D.
Vanitha Banajjar, M.D.
James Robert Barber, M.D.
Surakshith Battina, M.D.
Lauren S. Beaven, M.D.
Sadikah Behbehani, M.D.
Samrawit Berhanu, M.D.
Cynthia Bernal, M.D.
Myron Wade Bethel, M.D., FACOG
Amit K Bhavsar, M.D.
Simia Bina, M.D.
Ricardo G. Bolanos Jr., M.D.
Anita Bordoloi, M.D.
Frederick Bossert, M.D.
Kathleen Boswell, M.D.
Antonio Costa Braga, M.D.
Christopher Brewer, M.D.
John Vincent Brown, M.D.
Toni Brown, M.D.
Taylor Brueseke, M.D.
Amanda Buskeviucius, M.D.
Qurat-ul-ain Butt, M.D.
Vincenzo Campo, M.D.
Giuseppe Cariti, M.D.
Wanakee Jacoba Carr, M.D.
Maria Villegas Cascante, M.D.
Joseph Chappelle, M.D.
Daniel Charles, M.D.
Zaid Chaudhry, M.D.
Andrew Chon, M.D.
Elizabeth S.L. Chung, M.D., J.D.
Stephanie Cizek, M.D.
Deborah Clark, M.D.
Mitchell B.Clark, M.D.
Beverley Boyden Clary, III, M.D.
Kira Elisabeth Clement, M.D.
Eleonora Coccolonne, M.D.
Lindsay Marie Coda, D.O.
Anne Conroy, M.D.
Christina Cordeiro, M.D.
Soñia Cordoba, M.D.
Marsha Cox, M.D.
Emmanouil Damigos, M.D.
Paul Davies, M.D.
Travis Craig Dayon, M.D.
Luis G Del Pilar, M.D.
Arianna Dell’Anna, M.D.
Amber P. Dobyn, M.D.
Andrew Doherty, M.D.
Tarek Hamed Domiaty, M.D.
Joseph Dottino, M.D.
Nora Doty, M.D.
Daniel Douglas
Nandita Manish Dubey, M.D.
Chastity Takoma Edwards, M.D.
Alicia Eichenberg, M.D.
Zdenka Faratкова, M.D.
Rashad Feddah, M.D.
Haitham Magdie Felimban, M.D.
Louis Ryan Fernandez, M.D., FACOG
Manuel Ferreura, M.D.
Jennifer Marie Fier, M.D.
Agustiansyah Fífa, M.D.
Eduardo Cunha Fonseca, M.D.
Sarah Francis, M.D.
Ira Stanley Frye, M.D.
Jill Gadzinski, M.D.
Jacqueline Garda, D.O.
Amy Gingery, M.D.
Alicia Malaluan Gonzalez, M.D.
Hugo Alberto Gonzalez, M.D.
Dhaval Rajesh Gorasia, M.D.
Stephanie Gore, M.D.
Dennis Goulet, M.D.
Alice Gray, D.O.
Harneet Gujral, M.D.
Donald R. Gullicks, M.D.
Priya Gursahaney, M.D.
Paige Halvorson, MBS, M.D.
Samuel Han, M.D.
Soheil Hanjani, M.D.
Patrice Harold, M.D.
Scott Harvey, M.D.
Ayman Hassadiah, M.D.
Mira C. Hellmann, M.D.
Stacey N. Hensel, M.D.
Irene Hernandez, M.D.
Mauricio Hinostroza, M.D.
Andrea Hoboken Russo, M.D.
Michele Holden
Robert A. Holness, M.D.
William (Wee-Liak) Hoo
Tim Hookway
Michelle Huang, M.D.
Genevieve Q. Hunkele, D.O.
Vittorio Spartaco Giuseppe Iozzi, M.D.
Dimpy Jehangir Irani, M.D.
Traci Emi Ito, M.D.
Ashley Jennings, M.D.
Kyung Ah Jeong, M.D.
Anna Margaret Jezari, M.D.
Jithesh Vinod Jogessar, M.D.
Abigail Sarah Johnson, M.D.
Jennifer Johnson, M.D.
Kathryn Jones, D.O.
Nathaniel L. Jones, M.D.
Amy Judy, M.D.
Sarah L Juza, M.D.
Homa Karimi, M.D.
Zanita Kassam, M.D.
Minna Lisa Kauko, M.D.
Katie Keepers, M.D.
Kelsey Renae Kelso, M.D.
Bronwyn Kenny, M.D.
Bulat Khaziev, M.D.
Kareem H. Khozaim, M.D.
Michelle Lee Krohn, D.O.
Mark Paul Lachiewicz, M.D.
Bruno Giorgio Lacu, M.D.
Kim Lam, M.D.
Shannon Theresa Lau, M.D.
Carlos Leal, M.D.
Jinhwa Lee, M.D.
Rachel J. Leland, M.D.
Natali Lenning
Lauren Simel Lewis, M.D.
Weihua Li, M.D.
Xin Li, M.D.
Kathryn R. Lindsay, M.D.
Constance Liu, M.D.
Haiyuan Liu, M.D.
Lola Jean Loeb, M.D.
Welcome New Members (Continued)

March 1, 2014 – May 31, 2014

Arielle Lofton, M.D.
Carol Lopes, M.D.
Louay Salim Louis, M.D.
Erin Jamie MacDonald, M.D.
Michelle Mackintosh
Ilteisam Nuri Madhi, M.B.Ch.B
Amandeep Mahal, M.D.
Shaveta Malik, M.D.
Smitha R. Maniganahally V.
Sarina Martini, M.D.
Tetsuo Maruyama, M.D., Ph.D.
Obinna Mba, M.D.
Pooja Mehta, M.D.
Jeffrey Todd Meltzer, M.D.
Laura Merrill, M.D.
Rebecca Miller Mervis, M.D.
Cory S. Miller, M.D.
Vania Minardi, M.D.
Saira Mir, M.D.
Hanna Zahira Molina-Parrilla, M.D.
Kira M Moore, D.O.
Craig C Morton, M.D.
Mohamed Samir Mounir, M.D.
Marlin Mubarak
Marcella Murgia, M.D.
Mythili Nalam, M.D.
Anita Nargund, M.D.
Christine Neto, M.D.
Elizabeth Ann Newell, M.D.
Anna Neystat, D.O.
Audra Norris-Jacob, M.D.
Paola Lissette Nunez, M.D.
Ifeoma Nwabuzor, M.D.
Raj Odhav, M.D.
Janelle Ogura, M.D.
Stanley Okolo
Bolarinda Ola, M.D.
Amber Catherine O’Leary, M.D.
Damola Onifade, M.D.
Bennett Owusurike, M.D.
Brian Orr, M.D.
Megan Pallay, M.D.
Fernando C. Paredes, M.D.
Jennifer Lynn Parker, D.O.
Kelly Parker Comerford, M.D.
Kirthik Nathan Parthasarathy, M.D.
Raja Patel, M.D.
Deepali Phatak Patni, M.D.
Jennifer Payne, M.D.
Tiffany Lynn Perry, M.D.
Huong Pham, M.D.
Ashley Poe, M.D.
Kristina Nichole Pontarelli, M.D.
Meghan E Pratts, M.D.
Jessica Elaine Prusa Flores, M.D.
William M. Quirk, III, M.D.
Sundararajah Raajkumar, M.D.
Beth W. Rackow, M.D.
Steven Radtke, M.D.
Ronnie Rahman, M.D.
Chandrew Rajakumar, M.D.
Rubin Raju, M.D.
Roba Rasheed, FRANZCOG
Sarah Elizabeth Ravin, M.D.
Sohini Ray, M.D.
Amanda Devine Reeve, M.D.
Amy M. Rodatus, M.D.
James Rowland, M.D.
Giovanni Ruiu, M.D.
Rodrigo Emilio Ruiz Barros, M.D.
Iman Safwat Salem, M.D.
Adrian Salinas, M.D.
Erin Ashton Salinas, M.D.
Emery Manuel Salom, M.D.
Lynsey Saraiva, D.O.
Sangeeta Sawant, M.D.
Erin C. Schnackel, M.D.
Elise Schrop, M.D.
Erik N. Schulte, D.O., FACOG
Giovanni Sciarrà, M.D.
Cristina Secosan, M.D.
Vanitha Seethappan, M.D.
Amit Shah, M.D.
Nina Shah, M.D.
Maria Shaker, M.D.
Mohammed Shamsudin, M.D.
Shefali Sharma, M.D.
Shruti Sharma, M.D.
Jonathan Shaw, M.D.
Roger Sherman, M.D., M.P.H., FACOG
Kristin Marie Shields, M.D.
Mohamed Aslam Shiraz, M.D.
Laura Slavin, M.D.
Jennifer Smolinski, M.D.
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Robert J. Stevenson, M.D.
Gretchen Stiefel, D.O.
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Rogelio SuarezYepis, M.D.
Suganya Sukumar
Noch Sunamon, M.D.
Yalanadu Narendra Suresh, M.D.
Alexandra Sutcliffe, M.D.
Kim Suvaždžic, M.D.
Jacqueline Elizabeth Swan, M.D.
Tony Tan, M.D.
Saverio Tateo, M.D.
Chirisse Taylor, M.D.
Katherine Taylor, M.D.
Emily E. Tenbrink, M.D.
Jose Luis Terrazas, M.D.
Crystal Ann Terrill, D.O.
Anne M Thomas, R.N.
Crista Thomas, M.D.
Richard Thompson, M.D.
Jeffrey Thorne, M.D.
Ruben Tlapanco, M.D.
Rose Todd, M.D.
Tina Tomsen, M.D., FACOG
Jamith Torres-Ramos, M.D.
Jenny Hanh Tran, M.D.
Theresa Tran, M.D.
Christina Tun, M.D.
Hilary Turnbull, M.D.
Michael A Ulm, M.D.
Amanda Underwood, M.D.
Lisa Christine Underwood, D.O.
Judy Ann Macadilid Uy De Luna, M.D.
Meghan Elizabeth Vaglio, M.D.
Melissa Lynn Valdez, M.D.
Rachel Marie Van Horn, M.D.
Jessica Michele Vernon, M.D.
Giovanni Maria Vicini, M.D.
Emily C. Von Bargen, M.D.
Rachel Walker, M.D.
Jan Wang, M.D.
Andrew C. Wiechert, M.D.
Marianne Alexia Wild, M.D.
Elaine Williams-Brown, M.D.
Brienne Williford, M.D.
Elizabeth Wirth, M.D.
Pericles Xynos, M.D.
Jennifer Yin Yeung, D.O.
Xiaofang Yi, M.D.
Takeshi Yokoi, M.D.
Tarik Zaid, M.D.
Edio Zampaglione
Ying Zhang, M.D.
Educational Workshops

June 25, 2014
Masters Series in Gynecology: A Case-Based Review of Cervical Cancer Screening & Colposcopic Evaluation
Scientific Program Chair: Michael Nimaroff
Feinstein Institute for Medical Research – Goldman International Conference Center
Manhasset, New York

September 22, 2014
Benign Abdominal Surgery
Joint RCOG/BSGE Meeting
Royal College of Obstetricians & Gynaecologists
London, England

AAGL Annual Meetings

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

November 14-18, 2016
45th AAGL Annual Global Congress on Minimally Invasive Gynecology
Rosen Shingle Creek
Orlando, Florida

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 Panasky
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

February 22-24, 2017
13th AAGL International Congress on Minimally Invasive Gynecology in partnership with the Federación Colombiana de Obstetricia y Ginecología (FECOLSOG)
Scientific Program Chair: Juan Diego Villegas-Echeverri
Cartagena de Indias Colombia, Bogota, Colombia