44th AAGL GLOBAL CONGRESS
Advancing Gynecologic Surgery through Education, Innovation and Objective Evaluation of Surgical Skills
LAS VEGAS, NEVADA | NOVEMBER 15-19, 2015
SEE PAGE 9

Getting Ahead of the Curve through Collaboration
PAGE 3

An Overlooked Cause of Chronic Pelvic Pain
PAGE 7

A Necessary Battle to Shape the Future of MIS
PAGE 15
FOCUS ON AAGL

The Many Unique Benefits of the AAGL’s Global Congress

Education is the primary reason for our Global Congress; however, there are other significant aspects which bring benefit to those who attend. The AAGL Congress is multifaceted and has always had something for everyone.

Global voices bring world-class ideas – The AAGL has always made a particular effort to invite all interested members to present their original ideas or to refine old ones. Many of today’s “old ideas” were once new and original just a few short years ago. A record number of abstracts were received for the 2015 meeting and if past history is an indicator, there will be new concepts and ideas again this year. The addition this year of having discussants of each abstract and video presented in the Plenary Sessions will further increase the understanding and educational value of these presentations.

Academic recognition – By providing an open forum to members, the congress provides a platform to recognize expertise and knowledge, especially from younger members.

International participation – this once-a-year opportunity to interact with attendees from around the world not only allows for the sharing of knowledge for improving patient care, but also a perspective of the many diverse medical cultures under which our fellow gynecologists work.

Networking – A chance to meet and talk with others of similar interest is valuable at all levels. At the meeting, it is most impressive to see the number of senior members and younger participants that have met and later been mentored. Many of these relationships have started at the annual meeting.

Camaraderie –The congress has always been an opportunity for members to meet new colleagues and to greet old friends. Since its beginning, the AAGL has always used the word “family” to describe its members. And nowhere does this show more clearly than at the Annual Meeting.
PRESIDENT’S MESSAGE

Getting Ahead of the Curve through Collaboration and Quality Research

It gives me great pleasure to provide this update of the activities of the AAGL Board of Trustees. We recently convened in early May in San Francisco for a strategic planning meeting in order to re-evaluate the mission and goals of the AAGL and plan for where we envision ourselves to be as an organization over the next 5-10 years. My philosophy regarding strategic planning can be best summed up by hockey legend Wayne Gretzky: “A good hockey player plays where the puck is. A great hockey player plays where the puck is going to be.”

As a rapidly growing global organization, we need to continually re-evaluate the healthcare landscape and develop initiatives to place the AAGL ahead of the curve for patient care, innovation and the education of our membership.

One of the best ways to advance our initiatives is through collaboration in a manner similar to the way that hockey is a team sport. No single organization can make significant strides in improving healthcare without working with other similarly focused societies. This is best exemplified by our recent work in the area of advancing the role of vaginal hysterectomy. In April of this year, one of our country’s largest medical insurers, United Healthcare, rolled out a policy that, for the first time, strongly encouraged the use of vaginal hysterectomy. Although their policy goals were not to interfere with the medical decision-making process between physicians and patients, in essence, an incentive was established which raised concerns regarding support for the other routes of hysterectomy, especially conventional and robot-assisted laparoscopy.

In order to better understand the long-term implications, I assembled a meeting that brought together for the first time, representatives from the American Board of Obstetrics & Gynecology, the American College of Obstetricians & Gynecologists, the Society of Gynecologic Surgeons, and United Healthcare. A dialogue has now developed that will allow the AAGL to be a part of the conversation as we strive to improve the way we teach vaginal hysterectomy to both our residents and fellows, as well as practicing physicians. More importantly, the AAGL continues to recognize that vaginal hysterectomy is one of the many minimally invasive options that should be in the surgical armamentarium of our membership.

A take-home message from our recent strategic planning meeting was the fact that our healthcare system is moving towards a value-based model. As we move into the future, we will need to balance the importance of finding treatments for our patients that carry the highest quality at the lowest cost for delivery, while not running the risk of compromising our ability to innovate and utilize technology. Innovation and technology have helped define the AAGL through the years. As a result, quality research must be increasingly emphasized so that we do not lose those defining characteristics. This is why our current Board of Trustees is looking at innovative ways, both educationally and financially, to support our young investigators. With that goal in mind, we recently approved the development of a Committee on Patient Centered Outcomes Research in order to keep the AAGL ahead of the curve in this rapidly burgeoning area of research.

I am energized by what our current Board of Trustees has been developing to keep the AAGL firmly planted on solid ground as we navigate the future of gynecologic surgery. I look forward to sharing many more of these strategic initiatives with you in the coming months and welcome ideas from our membership.

As always, best wishes.

Arnold P. Advincula, M.D., FACOG, FACS, is President of AAGL, Professor of Obstetrics & Gynecology, Vice-Chair of Women’s Health and Chief of Gynecology, Sloane Women’s Hospital at Columbia University in New York, New York.
Innovation Revealed

Inspired by you and Hologic GYN Surgical Solutions

Proven, customized solutions for your GYN needs.
Good Governance Ensures a Strong Future

Bylaws are a required document for any non-profit organization to govern its internal management. As organizations grow and mature, bylaws should be reviewed to ensure that they are compliant with laws and reflect the organization’s current goals and purpose. The last time changes to the AAGL Bylaws were ratified was in 2009, and prior to that, in 2005. Over the course of the past year, the AAGL Bylaws have been evaluated, discussed and revised through an interactive process involving the Bylaws Committee, independent legal counsel with expertise in non-profit law, and input from the AAGL Board of Trustees.

Upon review, it was determined there were portions that:
1) were no longer in compliance with California Non-profit Corporation codes;
2) did not accurately reflect certain activities and processes we follow as an organization; or
3) did not address certain actions or topics of importance to our organization.

Accordingly, revisions were made and, as required by the current Bylaws, the proposed Bylaws were recently sent to voting members for a 30-day review period, after which voting for ratification will commence for 30 days thereafter. It is important to note that the proposed version received unanimous approval by the Bylaws Committee and the Board of Trustees, as well as a review by independent legal counsel.

I would like to thank the following members of the Bylaws Committee for their time and effort towards this important endeavor of internal assessment: G. David Adamson, Andrew I. Brill, John L. Marlow, Assia A. Stepanian, Dan Martin, and Sawsan As-Sanie.

Ted L. Anderson, M.D., Ph.D., FACOG, FACS Betty and Lonnie S. Burnett Professor Vice Chairman for Gynecology Department of Obstetrics and Gynecology Vanderbilt University Medical Center, Nashville, Tennessee

4th 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 at this year’s Global Congress. Submitted cases should require thought, attention to potential change in practice and represent the depth and breadth of minimally invasive gynecology, oncology or urogynecology.

A review panel will choose three cases that will be presented for discussion at the meeting with each case presenter receiving free registration plus one night’s 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)
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Bladder Pain Syndrome: An Overlooked Cause of Chronic Pelvic Pain

CPP makes up 10% of referrals to gynecological practices\(^1\) and the bladder may be a source of pain in 81% of these patients\(^2\). In fact, 79% of patients with persistent CPP after hysterectomy may have BPS\(^3\). Due to this prevalence, it is important to address this organ as a source of pain.

Dr. Castellanos

Chronic Pelvic Pain (CPP) is estimated to affect 15-20% of women. The evaluation and management of pelvic pain often presents many challenges to the practicing gynecologist. Bladder pain syndrome (BPS), or interstitial cystitis (IC), is a common yet often unrecognized cause of chronic pelvic pain. CPP makes up 10% of referrals to gynecological practices\(^1\) and the bladder may be a source of pain in 81% of these patients\(^2\). In fact, 79% of patients with persistent CPP after hysterectomy may have BPS\(^3\). Due to this prevalence, it is important to address this organ as a source of pain.

BPS is defined as “an unpleasant sensation (pain, pressure, discomfort) perceived to be related to the urinary bladder” that is associated with urinary symptoms, in the absence of infection or other identifiable causes\(^4\). The etiology of BPS is unknown, but may involve Hunner’s ulcers, dysfunctional epithelium, and disruption of the glycosaminoglycan layer. Alternatively, BPS can be the result of sensitization by concomitant disorders such as endometriosis, vulvodynia, and hypertonic pelvic floor through pelvic organ “cross talk.” This interaction produces up-regulation in the dorsal horns, leading to central sensitization causing allodynia and hyperalgesia of the bladder\(^5\).

Patients present with pelvic or suprapubic pain, accompanied by urgency, frequency, and nocturia. Typically, patients have worsening pain with full bladder and foods/drinks with high acid content. Pain is the only symptom in 15% of patients and may be confused with gynecological conditions\(^6\). Premenstrual flares are common and often mistaken for dysmenorrhea. Dyspareunia occurs in 70% of patients, and can mimic hypertonic pelvic floor disorders\(^7\).

On physical examination, anterior vaginal wall tenderness is 85% predictive of BPS\(^8\). Cervical motion tenderness is seen in 21% of patients and often confused with pelvic inflammatory disease or endometriosis\(^9\). Careful examination of the pelvic floor for muscle spasms indicates hypertonic pelvic floor disorder. Also, tenderness at the sacrospinous ligaments implies pudendal nerve sensitization. If BPS occurs after hysterectomy, it is important to assess for vaginal cuff pain and possible neurora or pelvic adhesions.

Validated screening questionnaires such as the Pelvic Pain, Urgency, Frequency (PUF) can help with initial evaluation. Instillation of potassium chloride in the bladder to elicit a pain response (KCL test) is suggestive of BPS, with a 2% false positive rate\(^10\). Alternatively, Lidocaine can be instilled into the bladder to produce an analgesic effect, which temporarily resolves pain in 71% of patients\(^11\). In patients with complex pelvic pain syndromes, these test are useful to identify the bladder as a significant pain generator. Cystoscopic findings of glomerulations and trabeculations are no longer needed for diagnosis but cystoscopy may be used to rule out malignancy. Urodynamics is not recommended for evaluating BPS as 13% of patients may have detrusor instability\(^12\).

In patients with chronic pelvic pain, the bladder is a common contributor to pain and clinical presentation. Therefore, early recognition with thorough history and physical examination is vital for the appropriate diagnosis and treatment of chronic pelvic pain.

References


Mario E. Castellanos, M.D. Assistant Professor, Creighton University School of Medicine Division of Surgery and Pelvic Pain St. Joseph’s Hospital and Medical Center, Phoenix, AZ

Nita Drai, M.D. Associate Fellowship Program Director, AAGL Fellowship in Minimally Invasive Gynecologic Surgery Assistant Professor, Creighton University School of Medicine Division of Surgery and Pelvic Pain St. Joseph’s Hospital and Medical Center, Phoenix, AZ

Highlighted Events at the 44th AAGL Global Congress on Minimally Invasive Gynecology

PELV-610 DECODING PELVIC PAIN - A Practical Approach to Everyday Practice
Innovative Visualization Solutions

IMAGE1 SPIES™ Plus VITOM® System for Vaginal Procedures – Exceptional Visualization for the Entire OR

As Seen In Stainless Steel Surgeon – originally presented at AAGL 2014 – and featured in the SurgeryU webcast event Essentials of Vaginal Hysterectomy
Advancing Gynecological Surgery at the 2015 AAGL Global Congress

Get ready for an unforgettable educational experience at the 44th AAGL Global Congress, to be held in the vibrant city of Las Vegas in November. The congress will build on the success and rave reviews of the Vancouver meeting with several new innovative and exciting events planned. The venue is the majestic MGM Grand, located at the heart of the Vegas strip with a myriad of world-class entertainment options at your fingertips.

The theme for this year’s meeting is “Advancing Gynecologic Surgery through Education, Innovation and Objective Evaluation of Surgical Skills.” As the Scientific Program Chair, the educational value of the meeting is of utmost importance. Therefore, we have incorporated opportunities for discussion and dialogue after each presentation. The highest-rated papers and videos will be assigned an expert discussant who will prepare insightful questions that will help attendees gain a deeper understanding of the subject at hand. We have also increased the time that is allotted for questions and discussion throughout the meeting, thereby maximizing the educational value for the participants.

The postgraduate courses have been carefully reinvigorated to offer practical take-home pearls with an emphasis on hands-on experience with inanimate trainers and cadaver models. These courses will be run and proctored by the finest surgeons and educators in our field. We will also continue to develop courses with our AAGL Special Interest Groups in order to deliver a high level of content and focus.

The general sessions will spotlight the most clinically relevant topics for MIG surgeons. Kicking off the Opening Ceremony, our leadoff session will highlight a live cadaver dissection by expert surgeons, paying particular attention to deep retroperitoneal structures.

General Session 1 will recognize the prize-winning videos and papers of the meeting, complemented by expert discussants who are assigned to each presentation. The Jordan M. Phillips Keynote Address will also take place during this session.

Because advancement of our specialty thrives on innovation, General Session 2 will feature the “Medical Industry Shark Session” based on the popular “Shark Tank” TV show. Members have the chance to pitch their patented ideas for novel medical devices to a panel of industry experts who will give them immediate feedback including the strength and weaknesses of the innovation itself. The interaction between the panelists and the innovators will highlight the challenges of innovation and offer the audience a practical insight into the process. And who knows? You may walk away with an offer to develop your innovation!

Lastly, get ready for a Great Debate about the three routes for hysterectomy. Laparoscopic, robotic, and vaginal methods will each be highlighted with a 20-minute unedited demonstration performed by expert surgeons who will moderate their preferred technique. This exciting final session includes a 30-minute moderated discussion and debate about the merits and pitfalls of each approach.

As reflected in this year’s meeting theme, the objective evaluation of surgical skills is a pressing need in our specialty. By identifying acceptable MIGS standards, we can gauge a surgeon’s skill level in order to take steps to ensure our members are providing patients with the highest quality care. Several promising measures have been developed to accomplish this. During the congress, we will have an open panel discussion about these methods, which will be used as pre-work for an ad hoc committee’s recommendations to the AAGL Board. The main objective is to identify performance gaps and subsequently provide first-class training to elevate a surgeon’s skills to a level at or above the standard range. The overall goal of this program is to enhance patient safety and improve surgical outcomes for women in the United States and worldwide.

The meeting will also feature very interesting panel discussions which include the always-popular “Stump the Professors”, a timely panel discussion on the value-based delivery of health care and a session about best practices in clinical practice. We will also include a fellowship preceptor course, i.e. “Teach the Teachers”, that will highlight leadership and educational skills.

I have only mentioned a portion of the exciting educational opportunities that are being offered at this year’s meeting. I have clearly observed how the AAGL Global Congress has matured and increased in quality every year, and I am sure that 2015 will be another year, that raises the bar! The plethora of educational opportunities can seem overwhelming, but don’t let that stop you from enjoying your visit to Las Vegas. To make planning your daily activities easier, the AAGL will provide a practical app for smart phones included in your registration.

This is a dynamic time in our specialty with lots of innovation and rapid changes in our practice environment. Therefore, please make plans to attend this year’s meeting in Vegas so you can stay on top of the most current topics in the field. You should also allot time to experience some of the vast entertainment opportunities and dining options that you will find only in Las Vegas. Some of my personal favorite sightseeing options are to be found off the strip, so consider checking out the Grand Canyon, Red Rock Canyon National Conservation Area and the Hoover Dam, all of which are within a quick drive from Las Vegas.

So please join me and the rest of the outstanding faculty and staff at this year’s AAGL Global Congress at the MGM Grand in Las Vegas Nevada on November 15-19.

Jon Ivar Einarsson, M.D., Ph.D., MPH is Director, Division of MIGS at Brigham and Women’s Hospital, and Associate Professor at Harvard Medical School in Boston, Massachusetts.
POSTGRADUATE DAY 1 COURSES — SUNDAY NOVEMBER 15, 2015

FULL DAY DIDACTIC

FELO-600: Post-Fellowship Survival Skills
Erin T. Carey, Sarah L. Cohen, Jessica A. Shepherd, Chairs,
Mark R. Hoffman, Former FMIGS Board Member
(Fellow Representative)

SIMULATION LAB

SUTR-601: Laparoscopic Suturing
Joseph (Jay) L. Hudgens, Chair

SUTR-602: Laparoscopic Suturing
Fariba Mohtashami, Chair

DIDACTIC

ROBO-603: Robotics 2015
Thomas N. Payne, Chair

CADAVERIC/SIMULATION LAB

ROBO-604: Robotic Round-Robin
Devin M. Garza, Chair

DIDACTIC

URO-605: Clinical & Surgical Pearls
Jim W. Ross, Chair

CADAVERIC LAB

URO-606: Laparoscopic Sacrocolpopexy and Beyond…
Peter L. Rosenblatt, Chair

DIDACTIC

ANAT-607: Pelvic Anatomy Roadmap
Javier F. Magrina, Chair

CADAVERIC LAB

ANAT-608: Hands-on Dissection of the Pelvis and Retroperitoneal Anatomy
Mario M. Leitao, Chair

DIDACTIC

ENDO-609: Endometriosis
Anthony A. Luciano, Chair

DIDACTIC

PELV-610: Decoding Pelvic Pain
Mario Castellanos, Chair

DIDACTIC

PRCP-611: Mastering Mentorship!
Danielle E. Luciano, Magdy P. Milad, Chairs

POSTGRADUATE DAY 2 COURSES — MONDAY NOVEMBER 16, 2015

FULL DAY DIDACTIC/SIMULATION LAB

SKIL-700: How Do You Measure Up?
Ernest G. Lockrow, Chair

DIDACTIC/SIMULATION LAB

HSC-701: Integrating Hysteroscopy Into Your Practice
Mark H. Emanuel, Chair
Aarathi Cholkeri Singh, Lab Chair

SIMULATION LAB

SUTR-702: Laparoscopic Suturing
Jin Hee (Jeannie) Kim, Chair

SUTR-703: Laparoscopic Suturing
Nash S. Moawad, Chair

DIDACTIC

HYST-704: Laparoscopic Hysterectomy
Frank W. Jansen, Chair

CADAVERIC LAB

HYST-705: Laparoscopic Hysterectomy
Suketu Mansuria, Chair

DIDACTIC

VHYS-706: Vaginal Hysterectomy
Johan van der Wat, Chair

CADAVERIC LAB

VHYS-707: Vaginal Hysterectomy
Michael D. Moen, Chair

DIDACTIC

ONC-708: Reducing Errors and Optimizing Surgical Quality
Amanda Nickles Fader, Chair

CADAVERIC LAB

ONC-709: Advanced Pelvic Anatomy and Hysterectomy
David M. Boruta, Chair

DIDACTIC

ADV-710: Pushing the Surgical Envelope: The Methods to Our Madness
Ted T.M. Lee, Chair

LABORATORIO DE SIMULACIÓN EN ESPAÑOL

SUTR-800: Sutura Laparoscópica
Jaime A. Albornoz, Chair

Don’t miss this year’s Discussion with the Experts!
These sell-out luncheons will be held on Sunday, November 15th and Monday, November 16th ($50 each).

Register online at www.aagl.org/vegas www.aagl.org/visitorsguide/
<table>
<thead>
<tr>
<th>POSTGRADUATE DAY 1 COURSES — SUNDAY NOVEMBER 15, 2015</th>
</tr>
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<tbody>
<tr>
<td><strong>FULL DAY DIDACTIC</strong></td>
</tr>
<tr>
<td><strong>FELO-600:</strong> Post-Fellowship Survival Skills</td>
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<td><strong>CADAVERIC/SIMULATION LAB</strong></td>
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<tr>
<td><strong>ROBO-604:</strong> Robotic Round-Robin</td>
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<td>Devin M. Garza, Chair</td>
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<td><strong>CADAVERIC LAB</strong></td>
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<td>Peter L. Rosenblatt, Chair</td>
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<td><strong>ANAT-607:</strong> Pelvic Anatomy Roadmap</td>
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<td>Javier F. Magrina, Chair</td>
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<tr>
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Don’t miss this year’s Discussion with the Experts!  These sell-out luncheons will be held on Sunday, November 15th and Monday, November 16th ($50 each).
Safeguarding the Ureters Is Vital

...During TLH, the Koh-Efficient Helps Distance Critical Anatomy from the Colpotomy Incision

Protecting the ureters can be a considerable concern when performing a total laparoscopic hysterectomy (TLH). The advanced Koh-Efficient™ is designed to fit snugly around the cervix and place the vaginal fornix on stretch under appropriate cephalad pressure. This delineation provides a visual landmark and backstop for distancing the colpotomy incision from the ureters and uterosacral ligaments, creating a “margin of safety” that helps protect vital anatomical structures.

To experience Dr. Arnold P. Advincula's approach to “margin of safety” during TLH, visit YouTube.com/CooperSurgical.

To learn more, call 800.243.2974 or 203.601.5200 or visit www.coopersurgical.com.
When SurgeryU was first founded back in 2001, an online surgical video library was almost unheard of; Youtube was still four years away from launching, and the common perception of streaming video consisted of small, grainy video that frequently stuttered with those annoying “buffering” messages. The promise of a powerful platform for online education was there, but the technology was still new and untested. Nevertheless, the early videos in the SurgeryU video library were the first examples anywhere online of video demonstrations of laparoscopy, and they were far more useful as a teaching tool than the best illustration that could be found in a textbook.

Fast forward to 2015, and things have changed dramatically for SurgeryU from a technology standpoint. Not only has the breadth and depth of our video library dramatically increased, but those early, smaller videos in the video library have now been complimented by modern, full HD, multi-hour online video presentations. One of the key changes that has taken place is the Internet connection of our average member has increased in speed by 5-20 times than what it was ten years ago, which allows us to send out clearer and more complex video. To illustrate this technological advancement, an hour of video in 2003 would’ve equaled about one volume of the old Encyclopedia Britannica….while today, an hour of video is equivalent to the ENTIRE encyclopedia from A-Z.

More importantly, the aspect that has changed SurgeryU the most in the past several years is the video quality that we’re getting from surgeons like you. With cameras now on every cell phone and professional video equipment replaced by inexpensive camcorders and computer-based video editing, the quality of video we receive is better than ever before. In fact, the 2014 AAGL Global Congress in Vancouver was the first time ever that we showed 100% HD video in our video sessions.

We’ve come a long way since those early videos, and the future is looking crisper and clearer than ever.

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.
AAGL Patient Awareness Website

Proudly wear your MISforWomen pin to show your support for minimally invasive surgery. Request yours at aagl.org.

MISforWomen
Minimally Invasive Surgery is an Option
MISforWomen.com

- Connect with New Patients
- Share Your Physician Profile
- Detailed Information for Your Patients

- Access to over 7,500 physicians through the AAGL Physician Finder
- Information and 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

Encourage your patients to visit MISforWomen.com today to take advantage of these great educational resources.
Robotic Surgery and Cost Containment: A Necessary Battle to Shape the Future of Minimally Invasive Surgery

In the battle to control health care spending, the stakes are high. As we transition into an increasingly cost conscious environment, the complex interactions of economics and innovative technology will be of critical importance.

Currently, robotic surgery headlines the cost containment debate. Robotic surgeons can no longer afford to be innocent bystanders. To grow, we should not pace the sidelines as this debate plays on, but rather create a culture of cost responsibility. Cost control and reduction requires a collaborative approach involving surgeons, administrators, hospital staff, and industry.

Good outcomes and minimal cost are the hallmarks of efficient cost-sensitive surgery. Learning to be minimalistic in both surgical approach and costs is, first and foremost, the responsibility of each physician. Surgeon education regarding costs of instrument lives, redundancy of instrument function and comparison of costs per procedure to peers is critical for a successful, physician-led approach to cost containment. It is imperative that our educational approaches to robotic surgery place the same emphasis on economics as they do on technical skill acquisition.

Improving surgical efficiency further reduces costs. Studies demonstrating cost equivalence of robotic procedures over standard laparoscopy all identify equal or shorter operative times in the robotic group as the main contributing factor. We know efficiency is directly related to surgical volume, experience and level of training. While the role of pre-operative simulated practice and continuous maintenance of certification models have not been fully explored, it stands to reason that optimal utilization of simulation and outside repetition will also improve surgical efficiency and help to control costs and maximize the return on investment (ROI).

Hospital administrators and medical institutions share the responsibility of lowering the costs of robotic surgery. Their obligations include incorporating well-honed robotic teams, standardization of surgical instrument packaging across subgroups, creation of parallel rather than serial workflows, and minimizing unnecessary equipment and trays which all contribute towards improving operating room efficiency and staff satisfaction. In addition, ongoing evaluation of patient outcomes and cost data will allow individual institutions to identify areas for remediation and improvement.

We need to play an increasingly involved role in designing the future of robotic training and the transition to academically rigorous and validated models of education. Validated curricula included in RTN and R-OSATS can help new surgeons minimize learning curves, improve efficiency and graduate a future generation of well-trained, cost conscious robotic surgeons.

Excellent patient outcomes, high reproducibility and the continued entry by high tech companies into the robotic arena validate its acceptance and value. A virtually endless potential for future improvements and advancements cements its importance into the foundation of surgery and healthcare. While competition and advancements will almost certainly drive down the costs of robotics in the near future, we as surgeons, administrators and societies must do our part to be prudent and responsible consumers of this technology.

Robotic surgery is here to stay. In this cost conscious and challenging environment, innovation must be preserved, as technology is the answer, not the problem.

References

Gady Moawad, M.D., FACOG Assistant Professor of Obstetrics and Gynecology Minimally Invasive Gynecologic Surgery The George Washington University Washington, DC

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Highlighted Events at the 44th AAGL Global Congress on Minimally Invasive Gynecology

ROBOTICS

ROBO-603 ROBOTICS 2015 - Surgical Solutions, Innovations and Cost

ROBO-604 ROBOTIC ROUND-ROBIN - Pelvic Anatomy, Tissue Extraction
FMIGS put together a full agenda list at the beginning of the year in order to facilitate specific transformative steps for the Fellowship. At the top of the list was to obtain ABOG recognition for Advanced Benign Gynecologic Surgery as a Focused Practice. In addition, we set forth the following initiatives: 1) standardize and implement a solid core curriculum with well-defined learning goals, objectives and competencies; 2) finish the previously started amendments to the FMIGS Bylaws and review current FMIGS administrative structure; 3) develop a fair and ethical grievance process for fellows and faculty alike; and 4) bring up to date each site review to ensure site compliance.

Needless to say, things have been very busy at the FMIGS front. Each of the Committees (Bylaws, Curriculum Standardization, Focused-Practice Recognition, Ethics and Grievance) is focusing and putting a lot of energy into each of the tasks and projects set forth. The Site Compliance and sub-committee members continue to meet the goal to keep each site review current. Though we have made much progress after multiple conference calls, we are looking forward to a face-to-face 2½–day meeting in Chicago with the Committee and sub-committee members to keep the momentum rolling.

The Education Committee has also made great strides, one of which is very exciting to report. They have organized the first FMIGS/SREI Surgical Fellows Boot Camp to be held at the Florida Hospital Nicholson Center! This 2-day program scheduled for July 24-26 aims to consolidate our resources by providing a robust curriculum with didactics highlighting MIGS and fertility core topics. It will also feature well-rounded hands-on workshops using cadaveric and pelvic trainers that will expose trainees on hysteroscopy, laparoscopic suturing, robotics and retroperitoneal pelvic anatomy.

The work above is possible only with the dedication and commitment of the Committee members who have volunteered their precious time and efforts. Our work is also made much easier with the superb staff support from AAGL who keeps us all on task. With considerable and ongoing momentum, we hope to realize even more initiatives by the end of the year, keeping the vision in mind of providing a sound and strong foundation for FMIGS for future generations.

Rosanne M. Kho, M.D., is Assistant Professor of Obstetrics & Gynecology and Head of the Division of Urogynecology at Columbia University Medical Center in New York, New York, and President, AAGL/SRS Fellowship Board of Directors.

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](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.
Impacting Our Specialty

Our Journal continues to attract quality articles on all aspects of gynecologic surgery. It provides the opportunity for our readers to evaluate the latest evidence-based approach to surgical intervention. The quality of the published papers is dependent upon the quality of the reviews. There are many metrics measuring the quality of the Journal. One measure of the quality of the published papers is called the “Impact Factor” as reported by Thomson Reuters in their Journal Citation Reports (JCR). The impact factor reported in 2015 is actually a 2014 metric which reflects publication years 2012 and 2013. I am very pleased to report that our impact factor has increased from 1.575 to 1.83!

Specifically, the impact factor is a measure of the number of citations a paper receives relative to the number of papers published in that journal. The most cited papers in 2013 that contributed to the 2014 impact factor are listed below. Ultimately, we do not publish papers on the basis of the probability that it will affect our impact factor but on the intrinsic merit of the paper and the interest to our readers. The editors, editorial staff and AAGL editorial support group have contributed immensely into the “reader experience” which also includes the appearance of the Journal in hard copy, on your tablet and online. I look forward to discussing any ideas that will improve the Journal at our next annual meeting.

The Future Leadership of the AAGL Starts With You!

The AAGL Nominating Committee is now accepting nominations for the 2016 and 2017 Board of Trustees. Soon they will be selecting eight members of the AAGL as candidates for four trustee positions for the years 2016 and 2017.

Four of the candidates will be from the general membership and four must come from specific regions. This year, the regional candidates will represent the Pacific Rim/India/Asia (2 candidates) and Mexico/Central America/South America (2 candidates). Next year, the regional candidates will be from Europe/Middle East/Africa and from Canada/United States.

In addition, two other members will be selected from the general membership to run as candidates for the position of secretary-treasurer. As a reminder, this key position leads to the vice presidency and then the presidency of the AAGL.

If you are interested in any one of these positions, please review the “COI for Executive Board Members” at http://www.aagl.org/boardcoi.

Nomination Process

If you’d like to be considered as a candidate for one of these positions, you will need to have five (5) recommendations submitted on your behalf. Simply ask five AAGL members to submit your name, along with a short letter or email of support. These recommendations should be sent to nominations@aagl.org. You are also encouraged to directly contact any member of the Nominating Committee to make your thoughts known. Their email addresses can be found on the AAGL membership list (go to www.aagl.org, log in as a member and enter the person’s name in the search box).

The Papers Cited Most in JMIG 2013


Tommaso Falcone, M.D., is Editor-in-Chief of The Journal of Minimally Invasive Gynecology. He is also Professor of Surgery at the Cleveland Clinic Lerner College of Medicine and Chairman of the Obstetrics, Gynecology and Women’s Health Institute at the Cleveland Clinic in Cleveland, Ohio.
NEW PRODUCT LISTINGS

Boston Scientific Introduces the Symphion™ System for Uterine Tissue Removal

The all-in-one Symphion System from Boston Scientific is designed with an unprecedented level of integration to help you remove uterine tissue efficiently and effectively. With a self-contained fluid management system, the Symphion System volumetrically limits intravasation to 2.5 liters*. The direct, internal uterine pressure monitoring and fluid control allows for continuous visualization without cavity collapse. And, the Symphion System uses bladeless, RF bipolar resection to remove uterine tissue. All of this coupled with on-demand coagulation and aspiration make the Symphion System a new vision for operative hysteroscopy.

(*AAGL practice guidelines for distending media suggest a 2.5-liter fluid deficit for healthy patients with regard to isotonic solutions.)

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www.sntruclear.com

AAGL CareerScope
Advancing Minimally Invasive Gynecology Worldwide

Are you looking for a new job in minimally invasive gynecology, or are you looking to take your career to the next level? AAGL members can access AAGL CareerScope as a benefit of their membership through our web site at AAGL.org to access hundreds of positions in MIG surgery. The CareerScope job board is updated several times per day as new positions are added to the jobs database. Additionally we offer members the opportunity to post jobs to CareerScope to attract surgeons from our highly qualified member-ship 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
17th Annual Louisville Workshop Draws International Audience for Higher Learning!

The 17th Annual Advanced Workshop on Gynecologic Laparoscopic Anatomy and Minimally Invasive Surgery took place in Louisville, Kentucky this past May. We are pleased to report that 36 physicians from over 9 countries around the world, including Australia, Canada, Egypt, Mexico, Sudan and Saudi Arabia, attended this interactive course combining didactics and hands-on cadaveric dissection. Participants attended lectures from eminent gynecologic surgeons including Arnaud Wattiez of France, Ceana Nezhat of Atlanta, the immediate past president of AAGL, and Resad Pasic of Louisville. Over the course of two days, the attendees spent over 10 hours in the cadaver lab with the dedicated, fellowship-trained faculty, performing pelvic sidewall and space of retzius dissections, ureterolysis, hysterectomy, procedures for incontinence and prolapse and practicing laparoscopic suturing. The course was well received. Dr. Luke McLindon, of Brisbane, Australia, commented that having groups of only three surgeons with one dedicated faculty member at each table provided excellent guidance during dissection. Dr. Mo Tina Hyakutake of Edmonton, Alberta, Canada, echoed this sentiment stating ‘there’s an intimate feel to this course.’ Drs Laura Douglas and Lindsey Clark, both graduating MIGS fellows, commented that, ‘the facilities are fantastic’ and ‘instructors are knowledgeable and helpful.’ For beginning laparoscopic surgeons to fellows to seasoned physicians, there was opportunity for developing skills and learning new techniques for all in attendance. This course was successful, for the 17th year, in providing a critical review of anatomic principles and the unparalleled opportunity to apply these principles within the human body.

Read Paya Pasic M.D. Ph.D. Director MIGS Fellowship University of Louisville Louisville KY


Earn CME Online: Three New AAGL Expert Talks

Knowing Your Energy Sources
Presenter: Dr. Stephen Jeffery
0.5 credits

Complications during Laparoscopic Pelvic Reconstructive Surgery
Presenter: Dr. Alan M. Lam
0.5 Credits

Laparoscopic Pelvic Anatomy: The Necessary Weapon
Presenter: Dr. Sven Becker
0.5 credits

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 43rd AAGL Global Congress on Minimally Invasive Gynecology last November in Vancouver, British Columbia, Canada.

AAGL members with membership accounts in good standing can access the videos and apply for CME by going to AAGL.org and clicking on “AAGL Expert Talks” in the right sidebar. Additional courses are added to the web site on a monthly basis.
The Power of N

Surgeons are very familiar with the power of N. They know that the number of procedures performed improves technique. More N, better results. More N, more power.

N alone doesn’t always tell the whole story. N by itself is just N. It doesn’t say which procedures necessarily result in optimal care or little about efficacy or outcomes. N for the sake of N can be deceiving.

Minimally invasive gynecologists participating in the AAGL’s Center of Excellence (COEMIG) program are taking N to a higher power. The COEMIG outcomes database offers a way for providers to understand procedural efficacy and make informed decisions regarding patient care. This comprehensive database gives value to N.

N is also important to other stakeholders as well, namely payors and patients. The COEMIG program and database needs more participants to change mindsets, improve reimbursement and acceptance of minimally invasive procedures. As the database grows over time, it can be used to factually chart a long-term course of excellence for the overall specialty.

Patients are becoming shoppers. The COEMIG designation lets patients know where they can find excellent care. A large, international network of COEMIG centers establishes an excellent brand for both the AAGL and MIG surgeons.

COEMIG participants are already experiencing the power of N. The future of minimally invasive gynecology depends not just on N, but the power of N.

Gary M. Pratt is Chief Executive Officer of Surgical Review Corporation, which administers the COEMIG program for the AAGL.

Congratulations to the Newest COEMIG Designees Since March 2015

Apply for COEMIG at www.surgicalreview.org/coemig/
Welcome New Members

Date March 1, 2015 - May 31, 2015

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Rakshanda Ailyeva, M.D.
Jay Allard, M.D.
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Julio Espinosa, M.D.
Elizabeth Ernst-Signore, M.D., M.A.
Mikael Engman, M.D., Ph.D.
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Caroline Elmer, M.D.
Esther Dorzin, M.D., M.P.H.
Robert Dodds, M.D.
Blair Dina, M.D., M.P.H.
Tiffany A. DiGiacomo, M.D.
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Enrico De Trana, M.D.
Kelly Meryl Davis, M.D.
Enrico De Langa, M.D.
Angela C. DeSantis, D.O.
Rajesh K. Devassy, M.S., M.I.C.
Joe A. Diaz, M.D.
Tiffany A. DiGiacomo, M.D.
Blair Dina, M.D., M.P.H.
Robert Dodds, M.D.
Esther Dorzin, M.D., M.P.H.
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Sandra Edmee, M.D.
Mamoun Mohamed Elawad, M.D.
Amer Elbaba, M.D.
Hiba Elhashan, M.D.
Maria Victoria Elliot, M.D.
Julie C. Eilsworth, M.D.
Caroline Elmer, M.D.
Scott Endicott, M.D.
Mikael Engman, M.D., Ph.D.
Elizabeth Ernst-Signore, M.D., M.A.
Julie Espinosa, M.D.
Imad Aldeen Mahmoud Estanbilly, M.D.
Ahmed Etman, M.D.
Leila Fahel, M.D.
Sara Farag, M.D.
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Katherine Farmer, M.D.
Nicole Nametz Feinberg, M.D.
Ana Ferwerda, M.D.
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Konrad Harms, M.D.
Amy Harper, M.D.
Ellen Hartenbach, M.D.
Lindsey Harward, M.D.
Neda Hashemi, M.D.
Katherine Grace Hayes, M.D.
Stephanie Henderson, M.D.
Christopher Hendry, M.D.
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(Continued)

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Kristina Jones, M.D.
Theodore Jones, M.D.
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Jennifer Lee, M.D.
Shawn Lee, M.D.
Eva Leinart, M.D.
Ilona Leon, M.D.
Lauren Lessard, M.D.
Karen Levy, M.D.
Jennifer Lin, M.D.
Jose Juvenal Linhares, M.D.
Lourdes Llanes Carrillo, M.D.
Yi Shan Low, M.D.
John Wesley Luiza, M.D.
Zussell Luker, M.D.
John Manning Lydon, M.D.
Elizabeth Lynk, M.D.
Aleksandar Dimitrov Lyubenov, M.D.
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Ruy O. Machado, Jr., M.D.
Mayank Madhira, M.D.
Krupa Madhwarani, M.D.
Michael Magro, M.D.
Amna Malik, M.D.
Yusria Malik, M.D.
Rebecca Mallick, M.D.
Stefania Malmusi, M.D.
Kara Malone, M.D.
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Sara Reynolds, M.D.
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Carrie Kristin Riestenberg, M.D.
John Riggs, M.D.
Nathan Riley, M.D.
Kathryn Rivera Litt, M.D.
Daniel Alejandro Rizo, M.D.
### EndoExchange™ - Passing the Torch

For 11 years, the AAGL has provided the Endo Exchange™, a LISTSERV® email forum for gynecologic surgeons to share advice about their real-life surgical experiences. Not only is this open dialogue a useful member benefit, but it is also a great form of virtual mentorship. Were you one of the 800 posts submitted last year?

Since 2004, Endo Exchange™, has been expertly and diligently edited by Dr. Gary Frishman, and has become a go-to place for members. Recently, Dr. Frishman asked to step down as editor in order to focus on his extensive list of professional commitments. The Board voted and the new editor has been identified as Dr. Kyle Wohlrab. Dr. Wohlrab is currently an Assistant Professor (Clinical), Division of Urogynecology and Female Pelvic Reconstructive Surgery at Women & Infants Hospital, Alpert Medical School of Brown University since 2010. In 2013, he became the Director of resident curriculum in MIS. He received his doctorate from Rosalind Franklin University of Health Sciences/Chicago Medical School, and completed his residency and fellowship at Women & Infants Hospital. Because they are colleagues, Dr. Frishman has offered to transition Dr. Wohlrab in this demanding assignment.

The AAGL is proud of the EndoExchange because it reflects the interests and innovative ways that our members are providing top-level care to their patients. As our specialty continues to evolve and the healthcare system moves towards a value-based model, we strongly encourage you to participate to help steer minimally invasive gynecology into the future.

Please join all of us at AAGL in thanking Dr. Frishman for his 11 years of amazing dedication and service to this useful and important project!

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<table>
<thead>
<tr>
<th>Suzanne Roberge, M.D.</th>
<th>Stephen Wagner, M.D.</th>
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<tbody>
<tr>
<td>Rachael Jean Rodgers, M.D.</td>
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Education Calendar

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

Educational Workshops

- **August 22-24, 2015**
  - Joint AAGL-COGA 2015 Xi’an Conference and the Eleventh National Gynecological Endoscopic Conference
  - Scientific Program Chairs: Xue Xiang & C.Y. Liu
  - Grand Soluxe International Hotel Xi’an
  - Xi’an, China

- **December 10-13, 2015**
  - Joint AAGL-COGA in Advanced MIG Meeting
  - Scientific Program Chair: Zhang Zhenyu & C.Y. Liu
  - Sant’ Angelo Hotel (Samsung), Beijing Tak Yue Suites
  - Beijing, China

AAGL International Hosted Meetings

- **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

AAGL Annual Meetings

- **November 15-19, 2015**
  - 44th AAGL 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

- **November 12-16, 2017**
  - 46th AAGL Annual Global Congress on Minimally Invasive Gynecology
  - Gaylord National Hotel & Convention Center on the Potomac
  - National Harbor, Maryland

- **November 11-15, 2018**
  - 47th AAGL Annual Global Congress on Minimally Invasive Gynecology
  - MGM Grand Hotel
  - Las Vegas, Nevada