37th Global Congress of Minimally Invasive Gynecology

Oct 28 - Nov 1, 2008
Paris Las Vegas Hotel
Las Vegas, Nevada

Honoring the Memory of our Founder,
Jordan M. Phillips, M.D.

Scientific Program Chair
Resad P. Pasic, M.D., Ph.D.

Honorary Chair
Brian M. Cohen, M.B. Ch.B., M.D.

President
Charles E. Miller, M.D.
Welcome to the AAGL in Las Vegas!

It is my pleasure to welcome you to The 37th Global Congress of Minimally Invasive Gynecology and AAGL Annual Meeting. This year’s World Congress of Minimally Invasive Gynecology is dedicated to our founder, Dr. Jordan M. Phillips, who passed away in July.

His contribution to the medical field was extraordinary, and his legacy lives on through the AAGL. Be sure to join us for the special tribute presentation for Jordan taking place on Wednesday at the Opening Session.

As evidence of his legacy, AAGL has assembled the largest number of international experts in our field. The Paris Las Vegas Hotel is a perfect venue for our annual meeting with ample conference rooms and vast halls, all under one roof, capable of hosting the couple of thousand AAGL and industry attendees.

Lights, Camera, Action!

Our groundbreaking General Session, entitled: Film, Video, and Medicine: From the Modern Era to Tomorrow, will trace the development and future of film and its partnership with medicine. You will be able to see some of the first medical films ever made and they will leave you with a lasting impression. It is a true privilege to be reminded how far we have come in the surgical treatment of our patients.

Dr. Brian Cohen, this year’s Honorary Program Chair, will share with us the wealth of his endoscopy and life experience so plan to attend the Honorary Luncheon to recognize his accomplishments and contributions to our field of practice.

AAGL Packs Scientific Agenda

AAGL will offer two full days of post-graduate courses, with intensive hands-on training. To accommodate demand, there will be four hands-on laparoscopic suturing courses and a hands-on hysteroscopy course, all on pelvic trainers. In response to AAGL member requests, we will feature three hands-on cadaver courses—in anatomic dissection, gyn-oncology and uro-gynecology and a postgraduate course in cosmetic procedures in the office.

In addition, the program will feature 11 video sessions, eight surgical tutorials and three debates on: robotic surgery; hysterectomy v. ablation for treatment of bleeding; and intramural fibroids and infertility. For the first time, AAGL will offer two live telesurgery sessions on Friday, October 31, and on Saturday, November 1. Throughout the meeting AAGL members will present high quality scientific studies, videos and posters that were meticulously selected from the several hundred abstracts we received.

Back again by popular demand are the surgical tutorials, allowing attendees to interact with premier endoscopic surgeons in a classroom setting. Debates and panels will critically examine controversies and innovations regarding robotic surgery, myomas, uterine artery embolization, the role of pelvic mesh for pelvic floor reconstruction, infertility and endometriosis, to name just a few topics of interest. A special clinical researchers’ forum and session for Allied Healthcare Professionals have also been organized.

As always, the AAGL annual meeting offers a variety of scientific activities and we look forward to a fruitful exchange of knowledge and ideas for the ultimate benefit of our patients worldwide.

Resad “Paya” Pasic, M.D., Ph.D.
Scientific Program Chair
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D. Alan Johns 2002-2003
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G. David Adamson 2004-2005
Richard J. Gimpelson 2005-2006
Grace M. Janik 2006-2007

†deceased
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**SCIENTIFIC POSTER COMMITTEE**
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Assia Stepanian, Co-Chair


**SESSIONS MANAGEMENT COMMITTEE**
Ralph J. Turner, Chair

**LUNCHEON ROUND TABLES**
Lisa M. Roberts, Chair  
Krisztina Bajzak, Radhika Ailawadi, Co-Chairs

**AWARD COMMITTEES**

**Jay M. Cooper Endowed Award**
“Best Paper on Minimally Invasive Gynecology”
Andrew I. Brill, Chair  
Joseph S. Sanfilippo, Sangeeta Senapati

**Jerome J. Hoffman Committee**
“Postgraduate Prize Paper”
Fred M. Howard, Chair  
Prabhat K. Ailawalia, Jon I. Einarrson, Mark D. Levine, Edward J. Stanford

**Robert B. Hunt Endowed Award**
“Best Paper Published in JMI 2007-2008”
Stephen L. Corson, Chair  
D. Alan Johns, Gary N. Frishman, Barbara S. Levy, Malcolm G. Munro, Co-Chairs

Kristina I. Bajzak, Philip R. Brooks, Mauro Busacca, Ellis Downes, Mark H. Glasser, Fred M. Howard, William W. Hurd, Volker R. Jacobs, William H. Parker, Pedro T. Ramirez, David B. Redwine

**Golden Hysteroscope Award Committee**
“Best Paper on Hysteroscopy”
Andrea S. Lukes, Chair  
Ted Anderson, Larry Glazer, Bruno J. Van Herendael, Robert K. Zurawin

**Golden Laparoscope Award**
“Best Surgical Video”
Peter L. Rosenblatt, Chair  
Lawrence Lin, Suketu Mansuria, Co-Chairs

**IRCAD Award**
“Best Paper on Education”
Andrew I. Brill, Chair  
Franklin D. Loffer, James K. Robinson, III

**Daniel F. Kott Award**
“Best New Instrumentation”
Ralph J. Turner, Chair  
Carl Della Badia, Steven F. Palter, Craig J. Sobolewski, Lori L. Warren

**Robotic Technology Award**
“Best Paper on Robotics”
Roseanne Kho, Chair  
Harrith M. Hasson, Camran R. Nezhat, Sangeeta Senapati, Anthony Visco

**Carlo Romanini Award**
“Best Paper on Endometriosis”
Errico Zupi, Chair  
Mauro Busacca, Todd R. Jenkins, Michael P. Diamond, Dan C. Martin

**Kurt Semm Award Committee**
“Excellence in Pelviscopy”
Liselotte Mettler, Chair  
Rebecca Booth, Ellis Downes, Charles R. Rardin, Patrick Yeung, Jr.

**Violet Bowen-Hugh Award**
“Women’s Health Awareness”
Javier F. Magrina, Chair  
Kristina I. Bajzak, Marie-Fidela R. Paraizo, Franklin D. Loffer, Ceana H. Nezhat  
Elizabeth Bataglino-Cahill (National Women’s Health Resource Center)
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The AAGL 37th Global Congress on Minimally Invasive Gynecology has been designed to provide a complete overview on the proper management of patients seeking minimally invasive care for gynecologic problems. The Congress begins with five pre-congress workshops on the following topics: Suturing, Pelvic Anatomy, and In Office Procedures. See pages 14-17 for in-depth descriptions and course objectives.

In their quest to provide educational offerings that would meet our members’ needs, the Scientific Program Committee analyzed conference evaluations from the last three annual meetings. That data assisted them in developing 18 postgraduate courses on a myriad of topics that will be taught by renowned educators from around the world. The topics include: Principles of Electrosurgery, Hysterectomy, Managing the Frozen Pelvis, Hysteroscopy, Urinary Stress Incontinence, Approaches to Myomas, Pearls of Laparoscopy, Oncology, Endometriosis, Pelvic Floor Reconstruction, Adnexal Masses and Robotic Surgery. In addition, to the didactic courses, we added cadaver labs to provide for a greater learning experience and to demonstrate surgical techniques. See pages 20-29 for in-depth descriptions and course objectives.

The Congress will also include Plenary, Open Communications, Video, and Poster Sessions. The papers and videos presented in these sessions were accepted only after they were reviewed through a rigorous grading process. At the completion of this Congress, the participant should be able to: 1) determine the use of new surgical procedures and the value to one’s practice; 2) identify and manage complications; 3) recognize the additional educational requirements necessary for performing various procedures; and 4) determine whether the techniques discussed will add to better patient care and safety.

**OVERVIEW/OBJECTIVES**

**TARGET AUDIENCE**

This activity meets the needs of gynecologists in practice and in training (gynecologic residents and fellows), as well as allied healthcare professionals in the field of gynecology.

**ACCREDITATION**

The AAGL is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The AAGL designates this educational activity for the number of **AMA PRA Category 1 Credits™** listed below. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The American College of Obstetricians and Gynecologists will recognize this educational activity. In order to apply for cognates, please fax a copy of your certificate to ACOG at (202) 484-1586.

The American Nurses Credentialing Center (ANCC) accepts AMA category 1 credit toward recertification requirements.

The AAGL is approved by the California Board of Registered Nursing Provider No. CEP 10425, and designates this educational activity for the number of contact hours listed below.

The American Academy of Physician Assistants (AAPA) accepts **AMA PRA Category 1 Credits™** from organizations accredited by the ACCME.

The American Institute of Ultrasound in Medicine (AIUM) accepts **AMA PRA Category 1 Credits™** for organizations accredited by the ACCME.

Other clinicians may earn continuing education credit for this course. Please check with your state licensing board to determine if this activity meets its continuing education requirements.

Each physician should claim only those credits that he/she actually spent in the activity. Participants must have their badges scanned daily to receive CME credits.

**Pre-Congress Practice Development Courses – October 28 – Up to 7.5 AMA PRA Category 1 Credits™**

**State-of-the-Art Postgraduate Courses – October 29 – Up to 8.5 AMA PRA Category 1 Credits™**

**Global Congress of MIG – October 30-November 1 – Up to 21.5 AMA PRA Category 1 Credits™**

**To promote an excellent environment for learning, please silence your cell phone during all sessions, courses and meetings.**
**BLOCK PROGRAM**

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<th>Event</th>
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<td>7:45 am</td>
<td>Pre-Congress Practice Development Courses — 7:45am – 5:15pm</td>
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<tr>
<td>3:00 pm</td>
<td>Registration — 6:45am – 7:00pm</td>
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<tr>
<td>6:30 am</td>
<td>Registration — 6:30am – 5:30pm</td>
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<tr>
<td>7:45 am</td>
<td>State-of-the-Art Postgraduate Courses — 7:45am – 11:45am</td>
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<td>12 noon</td>
<td>Meet the Professors Roundtable Luncheon — 12:00 noon – 1:00pm / Concorde A</td>
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<td>1:15 pm</td>
<td>State-of-the-Art Postgraduate Courses — 1:15pm – 5:15pm</td>
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<td>5:15 pm</td>
<td>Opening Session — Tribute • Award Presentations • Presidential Address — 5:15pm – 6:30pm / Concorde A &amp; B</td>
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<td>6:45 pm</td>
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<td>8:00 am</td>
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<td>9:15 am</td>
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<td>10:30 am</td>
<td>Plenary C 1: Endometrial Ablation 10:30am-11:30am</td>
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<td>Plenary A 2: Managing Pain 10:30am-11:30am</td>
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<td>Plenary 3: Hysteroscopy 10:30am-11:30am</td>
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<td>Panel 1: Pelvic Floor Reconstruction 10:30am-11:30am</td>
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<td>Surgical Tutorial 1: Lap. Myomectomy 10:30am-11:30am</td>
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<td>Video Session 1: Endoscopic Techniques 10:30am-11:30am</td>
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<td>11:35 am</td>
<td>Plenary 4: Pelvic Adhesions 11:35am-12:35pm</td>
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<td>Plenary 5: Hysteroscopy 11:35am-12:35pm</td>
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<td>Debate 1: Hysteroscopy vs. Ablation 11:35am-12:35pm</td>
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<td>Surgical Tutorial 3: Lap. Myomectomy 11:35am-12:35pm</td>
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<td>Video Session 2: Video Tutorial 11:35am-12:35pm</td>
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<td>Exhibits Open / Box Luncheon — 12:45pm – 3:30pm</td>
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<td>Plenary 7: Mgmt. of Myomas 2:30pm-3:30pm</td>
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<td>Plenary 8: Hyst. &amp; Endo. Ablation 2:30pm-3:30pm</td>
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<td>Plenary 9: Urogynecology 2:30pm-3:30pm</td>
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<td>Panel 2: Vaginal Surgery 2:30pm-3:30pm</td>
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<td>Surgical Tutorial 3: 3D Robotic Surgery 2:30pm-3:30pm</td>
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<td>Video Session 3: Video Tutorial 2:30pm-3:30pm</td>
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<td>Video Session 4: Oncology 2:30pm-3:30pm</td>
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<td>Open Comm. 1: Endoscopic Techniques 3:35pm-5:10pm</td>
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<td>Open Comm. 2: Hyst. &amp; Endo Ablation 3:35pm-5:10pm</td>
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<td>Open Comm. 3: Urogynecology 3:35pm-5:10pm</td>
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<td>Video Session 5: Video Tutorial 3:35pm-5:10pm</td>
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<td>5:15 pm</td>
<td>Industry Sponsored Symposia — 5:15pm – 7:15pm</td>
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**Friday, October 31**

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<td>Plenary C 10: Pregnancy Issues 10:30am-11:30am</td>
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<td>Plenary 11: Endometriosis 10:30am-11:30am</td>
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<td>Plenary 12: Urogynecology II 10:30am-11:30am</td>
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<td>Surgical Tutorial 5: Pelvic &amp; Cul-de-Sac 11:35am-12:35pm</td>
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<td>Video Session 7: Endometriosis II 11:35am-12:35pm</td>
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<td>12:45 pm</td>
<td>Oral Poster Presentations / Box Luncheon — 12:45pm – 2:30pm</td>
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<td>Exhibits Open — 12:45pm – 3:00pm</td>
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<td>Open Comm. 5: Hysteroscopy 2:30pm-3:30pm</td>
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<td>Video Session 8: Infertility &amp; Endometriosis 2:30pm-3:30pm</td>
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<td>Debate 3: Intramuscular Fibroids 2:30pm-3:30pm</td>
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<td>Surgical Tutorial 6: Hysteroscopic Surgery 2:30pm-3:30pm</td>
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<td>Video Session 9: Endoscopic Techniques II 2:30pm-3:30pm</td>
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<td>Open Comm. 6: Hysterectomy 3:35pm-5:10pm</td>
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<td>Open Comm. 7: Myoma Surgery 3:35pm-5:10pm</td>
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<td>Open Comm. 8: Endo. Instr. &amp; Techniques 3:35pm-5:10pm</td>
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<td>Open Comm. 9: Hyst. &amp; Endo Ablation 3:35pm-5:10pm</td>
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<td>Video Session 10: Urogynecology 3:35pm-5:10pm</td>
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<tr>
<td>5:15 pm</td>
<td>Industry Sponsored Symposia — 5:15pm – 7:15pm</td>
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**Saturday, November 1**

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<tr>
<th>Time</th>
<th>Event</th>
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<tr>
<td>7:30 am</td>
<td>Special Interest— Clinical Research — 7:30am – 11:30am / Bordeaux</td>
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<tr>
<td>10:00 am</td>
<td>Telesurgery Session — 10:00am – 1:10pm / Concorde A &amp; B</td>
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<tr>
<td>1:15 pm</td>
<td>Farewell Reception — 1:15pm – 2:15pm / Champagne 1</td>
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</tbody>
</table>
Paris Spa by Mandara and our two Wedding Chapels are located on the 2nd level and may be reached by L'Hôtel elevators.

The pool, Café du Parc and L'Oasis pool store are located on the 3rd level and may be reached by L'Hôtel elevators.

All restrooms are wheelchair accessible.
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Industry Sponsored Breakfasts

Our industry partners will hold breakfasts/events during the Congress that are open to all attendees at no addiditonal cost. A listing of topics and companies can be found on page 77. All breakfasts are held from 6:00 am to 7:45 am.

THURSDAY, OCTOBER 30
6:00 AM - 7:45 AM
Boston Scientific
Ethicon Women’s Health & Urology
Intuitive Surgical
Novare Surgical Systems

FRIDAY, OCTOBER 31
6:00 AM - 7:45 AM
American Medical Systems
CooperSurgical
Covidien
LSI Solutions

Industry Sponsored Symposia

There will be no charge to attend these symposia.

THURSDAY, OCTOBER 30
5:15 PM - 7:15 PM
Biosphere Medical, Inc.
Boston Scientific
Covidien
Ethicon Endo-Surgery & Ethicon Women’s Health & Urology

Surgical Tutorials

The tutorials will run concurrently with the scientific program and have been developed to provide an opportunity to personally interact with recognized endoscopic surgeons who have been paired for their mutual expertise. Using video and computer projections to stimulate group discussion, surgical techniques and pearls will be actively shared in a classroom setting. Registration will be strictly limited.

THURSDAY, OCTOBER 30
10:30 AM – 11:30 AM
ST 1 – Laparoscopic Myomectomy
Charles H. Koh & Charles E. Miller

11:35 AM – 12:35 PM
ST 2 – Prolapse—Laparoscopic Approach
C.Y. Liu & Arnaud Wattiez

2:30 PM – 3:30 PM
ST 3 – 3D Robotic Surgery
Arnold P. Advincula & Javier F. Magrina

FRIDAY, OCTOBER 31
10:30 AM – 11:30 AM
ST 4 – Laparoscopic Hysterectomy
Thomas L. Lyons & Fulvio Zullo

11:35 AM – 12:35 PM
ST 5 – Pelvic Sidewall and Cul-de-Sac Dissection
Grace M. Janik & Ceeana H. Nezhat

2:30 PM – 3:30 PM
ST 6 – Hysteroscopic Surgery
Barry Sanders & George A. Vilos

SATURDAY, NOVEMBER 1
7:30 AM – 8:30 AM
ST 7 – Laparoscopic Excision of Endometriosis
Jörg Keckstein & Philippe R. Koninckx

8:35 AM – 9:55 AM
ST 8 – Core Surgical Strategies During Laparoscopic Surgery
Andrew I. Brill & Alan M. Lam

Admission to these surgical tutorials are on a first-come, first-served basis. Each session requires a payment of $50. Proceeds from these sessions will be given to the Foundation of the AAGL in your name to assist in funding the Resident’s Circle Program. This program helps to educate the next generation of minimally invasive surgeons.
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Pre-Congress Course A – 7:45am – 11:45am

Laparoscopic Suturing Skills Using Pelvic Trainers
Charles H. Koh, Chair • Nutan Jain, Co-Chair
Faculty: Yaniris R. Avellanet, Elizabeth Ball, Jeremy M. Carver, Aarathi Cholkeri-Singh, Dobe Giles, Manuel Mota Gonzalez, Keith B. Isaacson, Tan Khai Ling, Stephanie N. Morris and James K. Robinson III

The progressive algorithm for laparoscopic suturing has been tested over many years nationally and internationally. Proficiency with intracorporeal knotting in less than 3 minutes has been achieved by over 80% of attendees in past courses. This includes practicing gynecologists, residents, and fellows. This result is also mirrored in international courses. Fidelity, concurrent and face validity is excellent with the technique described, as the relative hand positions and movements are immediately transferable from the trainer to the O.R. That laparoscopic suturing is essential for today’s laparoscopies would be an understatement. This course equips all attendees with improved suturing skills and insight into applications during surgery.

Learning Objectives: At the conclusion of this course, the clinician will be able to:
1) Understand ergonomics, theory and rationale for reproducible laparoscopic suturing; 2) apply skills learned to relevant surgical situations; 3) prevent and manage bowel, bladder, and ureteral complications by appropriate suture repair; and 4) demonstrate improvement in skills. Algorithms for standing on the right and left side of the patient will be taught, with progression from simple interrupted to continuous and cinch knots.

7:45am Introductions, Orientation, Description of Lab Process C.H Koh
Pre-Test: Intracorporeal Knot Tying. Cut off time 2 minutes
8:15am Lecture: “Ergonomics, Theory, Construct Validity of the Vertical Zone Technique” C.H Koh
8:30am LAB I: Drills, Intracorporeal Suturing with ‘Smiley’ Needle Technique All Faculty
9:30am Questions & Answers All Faculty
9:45am Refreshment Break
10:00am Lecture: “Expert Knotting, Continuous Suturing, Cinch Knot. Applications in Surgery Including Managing Complications by Suturing” C.H. Koh
10:15am LAB II: Expert Knotting, Continuous, Cinch All Faculty
11:15am Post Test: Intracorporeal Knot Tying. Cut off time 2 minutes
11:30am Panel Discussion - Questions & Answers
11:45am Complete Course Evaluations – Adjourn

Supported in part by an unrestricted educational grant from Karl Storz Endoscopy-America, Inc.

Supported by donation of equipment from Ethicon Endo-Surgery, Inc., Olympus/Gyrus ACMI, Karl Storz Endoscopy-America, Inc. and Stryker Endoscopy

Pre-Congress Course B – 7:45am – 11:45am

Didactic: Pelvic Anatomy
Sam H. Hessami, Chair

This morning didactic course has been designed for gynecologists with advanced laparoscopic skills who desire to update their knowledge of female pelvic anatomy. An experienced faculty has been assembled to present intra-operative injuries, instrumentation, energy sources, hysterectomy and will conclude with a Video Fest on hysterectomy techniques, suturing and laparoscopic complications.

Registration for this morning didactic session will not be limited. Please note that enrollment in the complementary lab session, Pelvic Anatomy Using Unembalmed Cadavers, is limited, so we encourage you to register early.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Increase their applied knowledge of female pelvic anatomy; 2) know the instrumentation and energy sources necessary for surgery; 3) increase their knowledge of intra-operative injuries and how to manage them; 4) learn various hysterectomy techniques; and 5) learn suturing techniques.

7:45am Welcome, Introductions and Overview S.H. Hessami
7:50am The Anatomy of Female Pelvic Organ Suspension, Support with Clinical Correlations R.M. Rogers
8:50am Complications of Pelvic Surgery: Prevention, Recognition and Management S.H. Hessami
9:35am Contemporary Energy Modalities: How Do They Work and What’s the Difference? A.I. Brill
10:20am Applied Anatomy for Endometriosis Surgery G.M. Janik
11:05am Video Fest: Suturing, Hysterectomy Techniques, Laparoscopy Complications All Faculty
11:50am Panel Discussion – Questions & Answers
12:00pm Lunch Break

Supported in part by an unrestricted educational grant from Karl Storz Endoscopy-America, Inc.

Supported by donation of equipment from Ethicon Endo-Surgery, Inc., Olympus/Gyrus ACMI, Karl Storz Endoscopy-America, Inc. and Stryker Endoscopy
Pre-Congress Practice Development Courses
Tuesday, October 28, 2008 • 7:45 AM – 11:45 AM

CHAMPAGNE 3 & 4
Pre-Congress Course C – 7:45am – 11:45am
Adding Value to Your Practice
Timothy B. McKinney, Chair
Faculty: Maurice K. Chung, Larry R. Glazerman
and James B. Presthus

This course is designed to advance a busy practice and to show business opportunities to enhance reimbursement through increased office procedures and improvement of coding and marketing. We will show you how to enhance your practice with urodynamics, cystoscopy, biofeedback, tine lead placement for InterStim and other urogynecological procedures. We will review the concept of adding pain management to your practice with trigger point injections, nerve blocks, neurolysis, decompression of nerves, and interstitial cystitis treatments. We will discuss office opportunities for vaginal and cosmetic plastic procedures as well as Botox and fillers. We will also discuss techniques for in-office hysteroscopy, i.e., sterilization and endometrial ablation.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Define CPT, RVU, conversion factor, modifiers and use that to appropriately address and utilize insurance reimbursement; 2) understand the economics of office-based procedures; 3) understand the opportunities available for Botox, Smart Lipo, fillers and laser in your practice; and 4) understand pain management and whether it should be used in your practice.

7:45am  Welcome, Introductions and Overview
T.B. McKinney

7:50am  How to Enhance your Office Practice – A Urogynecological View (Cystoscopies/Urodynamics/Slings/Biofeedback)
T.B. McKinney

8:25am  Endometrial Ablation, Abnormal AUB – Treatments in Office
J.B. Presthus

9:00am  Office Hysteroscopy/Essure/LEEP/D&C
L.R. Glazerman

9:25am  Panel Discussion – Questions & Answers

9:40am  Refreshment Break

9:55am  Pelvic Pain: Office Treatment of CPP/IC/Pain Management
M.K. Chung

10:20am  Botox, Fillers, Laser Aesthetics, Associated Products
T.B. McKinney

10:45am  Vaginal Plastics – Labioplasty, Perineoplasty
J.B. Presthus

11:10am  Getting Paid for What You Do: Essentials of Coding
L.R. Glazerman

11:35am  Panel Discussion – Questions & Answers

11:45am  Course Evaluation – Adjourn
surgical setting. Participants will be provided the opportunity to review the pelvic anatomy and the principles of dissection. Techniques of laparoscopic hysterectomy will be presented. Class size limited. An additional fee will be charged for Course E to cover the cost of the cadaver lab.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Identify pertinent pelvic anatomy, including surgical layers of the pelvic side walls. Understanding of this anatomy will improve surgical efficiency and patient safety. It will further enhance recognition of complications and their subsequent management; 2) discuss indications and contraindications for gynecological laparoscopy hysterectomy, as well as their appropriateness in comparison to traditional surgeries; and 3) perform laparoscopic hysterectomy on cadaver models. When transitioning to patients, the surgeon will enhance patient safety and outcomes.

12:45pm Bus leaves the Tour Lobby, at the north entrance to the casino floor, for transport to MERIN

1:00pm Hands-On Cadaver Lab: Laparoscopic pelvic sidewall dissection with emphasis on techniques of laparoscopic hysterectomy and laparoscopic suturing

3:00pm Refreshment Break
5:00pm Panel Discussion – Questions & Answers
5:15pm Course Evaluation – Adjourn

Supported by donation of equipment from Ethicon Endo-Surgery, Inc., Covidien and Karl Storz Endoscopy-America, Inc.

CHAMPAGNE 3 & 4
Pre-Congress Course F – 1:15pm – 5:15pm
Cosmetic Procedures in the Office
David J. Levine, Chair
Faculty: Marco A. Pelosi III, Larry Samuels and Duncan J. Turner
As gynecologists we have a unique relationship with our patients. We treat them from their teens through menopause and during that period they experience a variety of bodily changes. Many of these changes are purely cosmetic and are amenable to treatment. This course will review the range of treatment options available for the gynecologist in an office setting. These range from simple facial treatments to more sophisticated in-office surgical procedures.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Explain and describe the many treatments available for facial rejuvenation; 2) evaluate and treat all types of varicose veins; 3) describe the various types of liposuction and their particular advantages and disadvantages; 4) discuss the addition of abdominoplasty when liposuction is not enough; and 5) learn about breast augmentation and fat transfer.

1:15pm Welcome, Introductions and Overview D.J. Levine
1:25pm Office Cosmetics I: Sclerotherapy, Non Ablative Laser Therapy, Vein Therapy L.E. Samuels
1:55pm Endovenous Laser Treatment of Varicose Veins D.J. Turner
2:30pm Office Liposuction D.J. Levine
3:00pm Panel Discussion – Questions & Answers
3:15pm Refreshment Break
3:30pm Autologous Fat Transfer M.A. Pelosi
4:00pm Office Cosmetics II: Botox, Fillers L.E. Samuels
4:30pm Office Abdominoplasty M.A. Pelosi
5:00pm Panel Discussion – Questions & Answers
5:15pm Course Evaluation – Adjourn

MERIN (Medical Education & Research Institute of Nevada)
Bus transportation will be provided.

Pre-Congress Course E – 1:15pm – 5:15pm
Lab: Pelvic Anatomy Using Unembalmed Cadavers
Sam H. Hessani, Chair
Unembalmed female cadavers are used to create a realistic
Welcome Reception

CHAMPAGNE 2

Join us from 6:30 pm to 9:00 pm in a reception to welcome you to the 37th Global Congress on Minimally Invasive Gynecology. All the Board members will be there to greet you. There will be music, hor d'oeuvres, and complimentary wine. The Foundation will open the bidding on the Silent Auction items so you will have time to browse and decide on which items you want to bid. All proceeds benefit the Foundation and its endeavors.
Enseal contemporary electrosurgical modalities for hemostasis. In a lively faculty discussion reviewing the pros and cons of efficacy and minimize risk with these devices will be critically Vessel Sealing System. Surgical techniques that serve to maximize procedures with the PKTM technology device platform, the Enseal™ Laparoscopic Vessel Fusion System, and the Ligasure™ TM Vessel Sealing System. Surgical techniques that serve to maximize efficacy and minimize risk with these devices will be critically presented. Using exemplary case studies, the course will culminate in a lively faculty discussion reviewing the pros and cons of contemporary electrosurgical modalities for hemostasis.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to: 1) Delineate the fundamental differences between bipolar and monopolar electrosurgery; 2) incorporate a variety of electrosurgical techniques for directed hemostasis during laparoscopic surgery; 3) list the mechanisms of action and clinical applications for new generation laparoscopic bipolar ligating-cutting devices; and 4) describe the use of bipolar ligating-cutting devices to perform vaginal hysterectomy.

7:45am Welcome, Introductions and Overview A.I. Brill
7:55am Electrosurgery and Laparoscopy: What Every Surgeon Should Know M.G. Munro
8:30am New Generation Bipolar Devices: How Do They Work and What’s the Difference? A.I. Brill
9:00am Electrosurgical Suture-less Vaginal Hysterectomy B.S. Levy
9:30am Panel Discussion – Questions & Answers
9:45am Refreshment Break
10:00am Instructional Video Vignette I: PK™ Faculty
10:20am Instructional Video Vignette II: Ligasure™ Faculty
10:40am Instructional Video Vignette III: Enseal™ Faculty
11:00am Challenges for Electrosurgical Hemostasis: Case Studies All Faculty
11:30am Panel Discussion – Questions & Answers
11:45am Course Evaluation – Adjourn

Supported in part by an unrestricted educational grant from Covidien
endometriosis. Videos of the steps involved in difficult cases will be presented and discussed.

At the conclusion of the course, participants will increase their knowledge of minimally invasive surgery for extensive cul-de-sac disease from the perspective of outstanding practitioners in endometriosis surgery who were and are instrumental in developing and perfecting these techniques.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Assess the potential surgical approaches to the management of advanced endometriosis in both pelvic pain and infertility patients; 2) become familiar with available approaches to determine the preoperative extent of endometriosis to help plan surgery; 3) evaluate potential surgical approaches to women with rectovaginal endometriosis in a frozen pelvis; 4) learn about laparoscopic abscess drainage; and 5) assess whether to proceed and how far to go when encountering a seemingly impossible case.

7:45am Welcome, Introductions and Overview
H. Reich

7:55am Surgical Management of Extensive Endometriosis for Pelvic Pain and/or Infertility: Overview. Should We Do It?
C. Chapron

8:00am Anatomy/Pathophysiology of Stress Incontinence
N. Kohli

8:05am Diagnosis and Operative Office Hysteroscopy
K.B. Isaacson

8:10am Rectal and Rectosigmoid Resections
All Faculty

8:15am Global Endometrial Ablation: A Comparison of Techniques and Long-term Outcomes
R.K. Zurawin

8:20am Panel Discussion – Questions & Answers

8:30am Panel Discussion – Questions & Answers

8:35am Resectoscopy: Polypectomy, Myomectomy, Ablation and Resection
R.J. Gimpelson

8:40am Global Endometrial Ablation: A Comparison of Techniques and Long-term Outcomes
R.K. Zurawin

8:45am Panel Discussion – Questions & Answers

8:50am Diagnostic and Operative Office Hysteroscopy
J. Keckstein

8:55am Deep Infiltrating Endometriosis Involving the Urinary Tract (Ureter, Bladder)
M.S. Abrao

9:00am How To Proceed When Encountering a Seemingly Impossible Case
H. Reich

9:05am Getting Maximum Reimbursement for Your Office Based Procedures
K.J. Neis

9:10am Novel Hysteroscopic Instrumentation Including Bipolar Hysteroscopy (Chip e vac, Morcellation, etc.)
M. Neeraj

9:15am Panel Discussion – Questions & Answers

9:20am Hysteroscopic Complications and Management (Including Fluid Management)
K.J. Neis

9:25am Rectal and Rectosigmoid Resections
All Faculty

9:30am Panel Discussion – Questions & Answers

9:35am Deep Infiltrating Endometriosis Involving the Urinary Tract (Ureter, Bladder)
M.S. Abrao

9:40am Getting Maximum Reimbursement for Your Office Based Procedures
K.J. Neis

9:45am Panel Discussion – Questions & Answers

9:50am Introduction to the Hands-on Lab – Adjourn
M. Farrugia

Supported in part by an unrestricted educational grant from Gyrus ACMI

CHAMPAGNE 1
PG Course 5
Slings and Things for Genuine Urinary Stress Incontinence (GUSI)
Neeraj Kohli, Chair
Faculty: Robert D. Moore, Marie-Fidela R. Paraiso, and Eduard J. Stanford

This course will review the current approach to diagnosis and treatment of stress urinary incontinence. Course lectures will focus on office evaluation of urinary incontinence, the anatomy and pathophysiology of GUSI, currently available surgical and office-based treatment options, management of complications, and future procedures in development.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Discuss and demonstrate simple office evaluation of stress incontinence; 2) understand the anatomy and pathophysiology of stress incontinence as applied to surgical correction; 3) review the techniques and indications of the various O.R. surgical options currently available for treatment of stress incontinence; 4) manage routine complications of incontinence surgery; and 5) discuss the application and review techniques of office-based treatment options including bulking agents and RF treatment.

7:45am Welcome, Introductions and Overview
N. Kohli

8:00am Anatomy/Pathophysiology of Stress Incontinence
R.D. Moore
STATE-OF-THE-ART POSTGRADUATE COURSES
WEDNESDAY, OCTOBER 29, 2008 • 7:45 AM – 11:45 AM

VERSAILLES 3 & 4
PG Course 6
Minimally Invasive Approaches to Myomas
Linda D. Bradley, Chair
Faculty: Olav Istre, Tamer A. Seckin and Assia A. Stepanian
This course will review the different minimally invasive approaches to manage uterine leiomyomas. The advantages, disadvantages, and complications as well as limitations of various approaches will be discussed.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Analyze the role of different minimally invasive techniques for the treatment of uterine fibroids; 2) understand guidelines, techniques and patient selection for the treatment of uterine fibroids are discussed; 3) create a successful collaborative practice with radiologists for uterine fibroid embolization; 4) understand techniques to safely perform laparoscopic uterine artery occlusion for the treatment of uterine fibroids; 5) discuss clinical outcomes of MRI focused ultrasound; and 6) assess medical options for a conservative approach to the treatment of uterine fibroids.

7:45am Welcome, Introductions and Overview L.D. Bradley
7:55am Laparoscopic Myomectomy: A Primer T.A. Seckin
8:25am Uterine Fibroid Embolization: Here to Stay? L.D. Bradley
8:55am Laparoscopic Occlusion for the treatment of Uterine Fibroids: Is it Ready for Prime Time? O. Istre
9:30am Panel Discussion – Questions & Answers
9:45am Refreshment Break
10:00am MRI focused Ultrasound for Uterine Fibroids: Issues of Outcomes and Future Direction A.A. Stepanian
10:30am Medically Conservative Treatment Options for Uterine Fibroids T.A. Seckin
11:00am Operative Hysteroscopy: An Update of Techniques, Outcomes, and Clinical Pearls L.D. Bradley
11:30am Panel Discussion – Questions & Answers
11:45am Course Evaluation – Adjourn

VERSAILLES 1 & 2
PG Course 7 – Pearls of Laparoscopy
Leila V. Adamyan, Chair
Faculty: Rudy Leon De Wilde, Jean-Bernard Dubuisson and Assia A. Stepanian
This course will critically review surgical strategies used in advanced laparoscopic surgery in the context of routine and more challenging surgical procedures. The aim of the course is to help the participant review their surgical knowledge, identify the high-risk patient and consider strategies to minimize complications and focus on practical procedures to be deployed during surgery to ensure a straightforward surgical outcome.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Review a range of entry techniques and their limitations in both routine and high-risk patients; 2) consider the current options for safe and effective tissue removal; 3) assess the approaches for the treatment of surgical adhesions and to reduce the likelihood of reformation; and 4) deal with unexpected problems in surgery considering what strategies to use.

7:45am Welcome, Introductions and Overview L.V. Adamyan
7:55am Current Status of Laparoscopic Entry Techniques A.A. Stepanian
8:25am Unexpected Problems During Surgery – Adhesions R.L. De Wilde
8:55am Cutting, Securing Pedicles, Hemostasis J.B. Dubuisson
9:25am Panel Discussion – Questions & Answers
9:45am Refreshment Break
10:00am Strategies to Reduce Complications J.B. Dubuisson
10:30am Safe Surgery for The Large Pelvic Mass L.V. Adamyan
11:00am Identifying High Risk Patients R.L. De Wilde
11:30am Panel Discussion – Questions & Answers
11:45am Complete Course Evaluation – Adjourn

MERIN (Medical Education & Research Institute of Nevada)
Bus transportation will be provided.
PG Course 8
Hands-On Cadaver Course for Gynecologic Oncology
C. William Helm, Chair
Faculty: Nadeem Abu-Rustum, Jubilee Brown, Javier F. Margina, Paul M. Magtibay, Farr Nezhat, Kate O’Hanlan, Shalesh P. Puntambekar and Yukio Sonoda
This workshop is designed for gynecologic oncologists who wish to advance their laparoscopic skills in procedures that will allow them to broaden the scope of minimally invasive techniques available for their patients. The attendees will learn and practice the laparoscopic techniques of transperitoneal para-aortic node dissection, colon resection and reanastomosis, repair of ureteric and bowel injuries and radical hysterectomy. The entire program will be performed on cadavers.

Learning Objectives: At conclusion of the course, the clinician will be able to: 1) Understand the technique of trans-peritoneal para-aortic node dissection; 2) understand the technique of laparoscopic splenectomy; 3) know the technique of laparoscopic colon resection and reanastomosis; 4) understand the technique of laparoscopic radical hysterectomy; and 5) understand the techniques of laparoscopic ureteric and bowel repair.

7:15pm Bus leaves the Tour Lobby, at the north entrance to the casino floor, for transport to MERIN
7:45am Welcome, Introductions and Overview C.W. Helm
7:55am Cadaver Session I – Transperitoneal Para-aortic Node Dissection Splenectomy
9:45am Refreshment Break
10:00am Cadaver Session II – Radical Hysterectomy, Anterior Resection, Repair Bowel and Ureter
11:45am Complete Course Evaluations – Adjourn

Supported in part by an unrestricted educational grant from CooperSurgical
Supported by donation of equipment from Ethicon Endo-Surgery, Inc., Covidien and SurgRx, Inc.
Laparoscopic Suturing Skills Using Pelvic Trainers

Charles H. Koh, Chair • Nutan Jain, Grace M. Janik, Co-Chairs
Faculty: Radhika K. Ailawadi, Krisztina Bajzak, Jeremy M. Carver, Aarathi Cholkeri-Singh, Robert S. Furr, Dobie L. Giles, Manuel Mota Gonzalez, Khai Ling Tan and Claire Templeman

The progressive algorithm for laparoscopic suturing has been tested over many years nationally and internationally. Proficiency with intracorporeal knotting in less than 3 minutes has been achieved by over 80% of attendees in past courses. This includes practicing gynecologists, residents, and fellows. This result is also mirrored in international courses. Fidelity, concurrent and face validity is excellent with the technique described, as the relative hand positions and movements are immediately transferable from the trainer to the O.R. That laparoscopic suturing is essential for today’s laparoscopies would be an understatement. This course equips all attendees with improved suturing skills and insight into applications during surgery.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to: 1) Understand ergonomics, theory and rationale for reproducible laparoscopic suturing; 2) apply skills learned to relevant surgical situations; 3) prevent and manage bowel, bladder, and ureteral complications by appropriate suture repair; and 4) demonstrate improvement in skills. Algorithms for standing on the right and left side of the patient will be taught, with progression from simple interrupted to continuous and cinch knots.

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<tr>
<td>9:30am</td>
<td>Questions &amp; Answers All Faculty</td>
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<tr>
<td>11:45am</td>
<td>Complete Course Evaluations – Adjourn</td>
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</tbody>
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Supported in part by an unrestricted educational grant from Karl Storz Endoscopy-America, Inc.
Supported by donation of equipment from Ethicon Endo-Surgery, Inc., Olympus/Gyrus ACMI, Karl Storz Endoscopy-America, Inc. and Stryker Endoscopy
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Meet the Professors Roundtable Luncheon

WEDNESDAY, OCTOBER 29, 2008 - 12:00 NOON - 1:00 PM

CONCORDE A
Lisa M. Roberts, Chair
Radhika Ailawadi and Krisztina Bajzak, Co-Chairs
Tickets are $25 each. Please register at AAGL Registration Desk.

1. IC, The Other Pelvic Pain
   Karen R. Abbott

2. Current Endoscopic Approaches to Management of Malformations of Uterus and Vagina
   Leila V. Adamyan

3. Robotic Applications in Complex Benign Gynecologic Surgery
   Arnold P. Advincula

4. Uterine Fibroid Embolization Everything You Need to Know
   Linda D. Bradley

5. Laparoscopic Hysterectomy for the Large Uterus
   Andrew I. Brill

6. Office Based Minimally Invasive Procedures
   Jeremy M. Carver & Mary Johnston

7. Avoiding Complications of Endometrial Ablation – Don’t Worry, Be Happy
   Richard J. Gimpelson

8. How to Approach Difficult Hysteroscopic Procedures
   Martin Farrugia

9. Office Essure®: Setup to Reimbursement
   Amy L. Garcia

10. Prevention of Mesh Complication in Vaginal Surgery
    Sam H. Hesami

11. The Role of Laparoscopy in the Diagnosis and Treatment of Endometriosis
    Fred M. Howard

12. Office Based Hysteroscopic Procedures
    Keith B. Isaacs

13. Applications of Robotics in Gynecologic Surgery
    Rosanne M.C. Kho

14. Preventing, Recognizing, and Treating Ureteric Injuries
    Charles H. Kohl

15. Pearls & Pitfalls for Suburethral Sling
    Neeraj Kohli

16. Treatment of the Apical Prolapse
    David J. Levine

17. Same Day Discharge After Gyn Surgery
    Barbara S. Levy

18. Laparoscopic Sacral Colpopexy: Tips & Tricks
    Lawrence L. Lin

19. Laparoscopic Pelvic Floor Reconstruction for POP
    (Pelvic Organ Prolapse)
    C.Y. Liu

20. Management of Complications from Transvaginal Mesh: Treatment Pearls
    Vincent R. Lucente

21. Laparo-Vaginal Creation of Neovagina – The Adamyan Procedure
    Thomas L. Lyons

22. Informed Consent – a Multimedia Approach
    Peter J. Maher

23. Total Laparoscopic Hysterectomy: All You Want to Know; Don’t Be Afraid to Ask!"
    Prashant Mangeshikar

24. Office Enhancement: From Cosmetics to Coding
    Timothy B. McKinney

25. Subtotal Versus Total Laparoscopic Hysterectomy
    Liolette Mettler

26. Selecting Therapy for Women with Abnormal Uterine Bleeding
    Malcolm G. Munro

27. Robots as Enablers in Minimal Access Surgery
    Camran R. Nezhat

28. Ovarian Cancer Found During “Benign” Laparoscopy: What to Do?
    Farr R. Nezhat

29. Mini-Laparotomy Can Successfully Replace Robotics
    Marco A. Pelosi II

30. Marketing your Gynecology Practice
    James B. Presthus

31. Laparoscopic Para-Aortic Retroperitoneal Lymphadenectomy in Patients with Locally Advanced Cervical Cancer
    Pedro T. Ramirez

32. Unraveling the Frozen Pelvis
    Harry Reich

33. Discussion of Surgical Dissection
    Robert M. Rogers, Jr.

34. Liability in Minimally Invasive Surgery
    James M. Shwayder

35. Laparoscopy for Endometrial Cancer
    Eugenio Solima

36. Minimizing Abdominal Wall Entry Complications for Operative Laparoscopy
    Mark W. Surrey

37. Assessment and Surgical Management of the Uterus in Failed IVF
    Brian M. Cohen
In this course, participants will have the opportunity to use the latest technology in diagnostic and operative hysteroscopy, including tubal sterilization, bipolar resection of polyps and fibroids, and endometrial destruction techniques. Stations with hysteroscopes for use in an office setting, including flexible and rigid miniature scope, will be available for use.

Short presentations during the hands-on training will provide practical tips to make your hysteroscopic procedures easier.

Two virtual reality simulators will provide the opportunity to objectively measure one's skill in diagnostic hysteroscopy, rollerball ablation and resection of fibroids and polyps. These simulators allow levels of difficulty and complications to be introduced in the training model.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Practice outpatient hysteroscopy techniques, including tubal occlusion; 2) obtain practical hands-on experience using virtual reality hysteroscopy simulation; 3) use the range of hysteroscopic equipment currently available; and 4) be updated on endometrial ablation techniques.

1:15pm Welcome, Introductions and Course Overview
Hands-on Stations: M. Farrugia
• Essure
• VR Simulators (Virtamed)
• Operative Hysteroscopy — Gynecare, Olympus/Gyrus ACMI, Storz, Stryker and Wolf
• Endometrial Ablation — ThermaChoice, HydroTherm Ablation, Novasure, Her Option, Smith & Nephews

Five-Minute Presentations:
- Obtaining the Best Image during Hysteroscopy
  K.J. Neis
- The Resectoscope in Practice
  M.H. Glasser
- Office Hysteroscopy Techniques
  K.B. Isaason
- Planning Office Sterilization
  R.K. Zurawin
- Miniature Hysteroscopes — Maximizing their Potential
  A. Di Spieezio Sardo
- Fluid Management – Key Points
  P.D. Indman
- Ablation Techniques — Tailoring the Device to the Patient
  H. Brölmann

3:15pm 15-Minute Refreshment Break
5:15pm Course Evaluation – Adjourn

Supported in part by an unrestricted educational grant from Hologic

Supported by donation of equipment from American Medical Systems, Boston Scientific and Mpathy Medical Systems, Bard Urological Division, Boston Scientific, Ethicon Women’s Health & Urology and Mpathy Medical

MERIN (Medical Education & Research Institute of Nevada)
Bus transportation will be provided.

PG Course 10
Hands-On Cadaver Course on Sling Placement for Treatment of GUSI
John R. Miklos, Chair

This program explores the various synthetic suburethral sling procedures for a patient presenting with the complaint of stress urinary incontinence. The course lectures will emphasize and preview four different surgical approaches for the treatment of stress urinary incontinence. The hands-on cadaver laboratory will expose or perfect the participants’ use of each of the four different surgical approaches. However, all participants whether gynecologic or urogynecologic surgeons or clinical nursing staff will benefit from the presentations, panel discussions and hands-on experience.

Learning Objectives: At the conclusion of the course, the clinician will be able to: 1) Discuss and demonstrate four different types of synthetic slings therapies; 2) describe and demonstrate the anatomy which is pertinent to each of the minimally invasive methods including; TVT sling, TOT sling, and new, single incision mini sling; and 3) utilize each minimally invasive sling in a practical setting (i.e. cadaver surgery).

12:45pm Bus leaves Tour Lobby, at the north entrance to the casino floor, for transport to MERIN
1:15pm Welcome, Introductions and Course Overview
J.R. Miklos
1:20pm Transobturator Slings: The Inside-Out Approach
C.R. Rardin
1:35pm TOT Sling – Anatomy, Procedure
E.R. Sokol
1:50pm TVT-O Sling – Anatomy, Procedure
A.I. Sokol
2:00pm Mini Sling – Anatomy, Procedure
M.F.R. Paraiso
2:15pm Panel Discussion – Questions & Answers
All Faculty
2:30pm Cadaver Laboratory
4:30pm Refreshment Break
4:45pm Panel Discussion – Questions & Answers
5:15pm Course Evaluation – Adjourn

Supported in part by an unrestricted educational grant from American Medical Systems, Boston Scientific and Mpathy Medical

Supported by donation of equipment from American Medical Systems, Bard Urological Division, Boston Scientific, Ethicon Women’s Health & Urology and Mpathy Medical

BORDEAUX
PG Course 11
Minimally Invasive Approach in Gynecologic Oncology
Farr R. Nezhat, Chair
Faculty: Nadeem Abu-Rustum, Kate O’Hanlon and Pedro T. Ramirez

This course is designed for gynecologic oncologists and gynecologists who wish to expand their experience in radical pelvic surgery. The program will emphasize practical information with multiple video demonstrations of surgical techniques. The program will begin with the fundamental review of intra- and
Learning Objectives: At the conclusion of the course, the clinician will be able to: 1) Identify retroperitoneal landmarks to develop pelvic spaces; 2) appropriately manage the adnexal mass and ovarian cancer with laparoscopy; 3) describe techniques for pelvic and para-aortic lymphadenectomy; and 4) discuss the advantages and disadvantages of laparoscopic and robotic approaches to managing gynecologic malignancies.

1:15pm Welcome, Introductions and Course Overview F.R. Nezhat
1:20pm Laparoscopic Intraperitoneal and Retroperitoneal Anatomy: Identification of Pelvic Vessels, Nerves, and Spaces; preventing complications K. O’Hanlan
1:35pm Laparoscopic Management of the Adnexal Mass, Borderline Ovarian Tumors, and Early Invasive Ovarian Cancer P.T. Ramirez
1:55pm Laparoscopy in Managing Advanced and Recurrent Ovarian Cancer F.R. Nezhat
2:15pm Laparoscopic Pelvic Lymphadenectomy: Anatomy, Nodal Groups, and Dissection Techniques K. O’Hanlan
2:35pm Minimally Invasive Fertility-Sparing Surgery in the Management of Cervical Cancer N. Abu-Rustum
2:55pm Panel Discussion – Questions & Answers
3:05pm Refreshment Break
3:25pm Intraperitoneal and Retroperitoneal Para-aortic Lymphadenectomy: Anatomy, Technique, and Instrumentation P.T. Ramirez
3:45pm Role of Robotic Assisted Laparoscopic Radical Pelvic Surgery: Pros and Cons F.R. Nezhat
4:10pm Pitfalls of Laparoscopy in Managing Gynecologic Malignancies N. Abu-Rustum
4:30pm Identification and Management of Complications During Laparoscopic Management of Gynecologic Cancers P.T. Ramirez
4:50pm Panel Discussion – Questions & Answers
5:15pm Complete Course Evaluation – Adjourn

Supported in part by an unrestricted educational grant from Ethicon Endo-Surgery, Inc.
VERSAILLES 1 & 2
PG Course 13
Pelvic Floor – Anatomy, Function, Reconstruction and Use of Mesh Kits in Vaginal Reconstructive Surgery
Robert M. Rogers Jr., Chair
Faculty: Ginger N. Cathey and Vincent R. Lucente

We as gynecologic surgeons have new and significant options in repairing vaginal support defects that were not available three to four years ago. These new techniques of vaginal dissections and use of meshes are being introduced without much data or experience, and yet more and more of us are jumping on board, despite the risks of significant complications. This course reviews what we know, what we have learned, and when to do and not to do some of these new procedures. The course includes the basics of the relevant anatomy and the science of meshes, as well as many probing questions with a few answers and ample time for discussion. We will welcome your experiences and insights also.

Learning Objectives: At the conclusion of the course, the clinician will be able to:
1) Teach the relevant anatomy of vaginal support and routes of mesh attachment; 2) compare the success rates of reparative vaginal surgeries with and without mesh; 3) analyze the material sciences of biologic meshes and synthetic meshes; 4) present the indications, use, results, and complications of two mesh kits – Prolift from Ethicon and Avaulta from Bard; and 5) discuss the postgraduate training recommended and qualifications for performing these “kit” procedures.

1:15pm Welcome, Introductions and Course Overview
1:25pm The Anatomy of Pelvic Organ Suspension/Support – Functions, Junctions, Dysfunctions and Defects
R.M. Rogers
1:55pm Reparative Vaginal Support Surgery Without Mesh – “the good, the bad and the ugly”
G.N. Cathey
2:15pm The Material and Clinical Science of Biologic Meshes
R.M. Rogers
2:30pm The Material and Clinical Science of Synthetic Meshes
V.R. Lucente
2:50pm The Surgical Anatomy of Routes of Fixation of Meshes: Trans-oburator, Transischioanal, and Trans-vaginal with No Exit
R.M. Rogers
3:10pm Refreshment Break
3:25pm Reparative Vaginal Support Surgery With Mesh – Prolift
V.R. Lucente
4:05pm Reparative Vaginal Support Surgery With Mesh – Avaulta
G.N. Cathey
4:45pm Do You Have the Requisite Training, Experience and Skills to Perform Reparative Vaginal Surgery – With or Without Mesh and the Kits?
R.M. Rogers
4:55pm Panel Discussion – Questions & Answers
5:15pm Course Evaluation – Adjourn

Operative laparoscopy is more and more replacing laparotomy for the management of the majority of GYN pathology. This course is assigned to assist the surgeon to prevent complications as much as possible. However, unfortunately despite all the efforts, occasionally complications happen. The surgeon should be able to recognize them as soon as possible and manage them properly. It is not the complication that causes trouble for the patient and the surgeon; it is rather a complication of a complication that could be troublesome for both. The participants of this course will be exposed to the vast knowledge of an internationally recognized faculty. During the Questions & Answers session, case presentation and active participation of the participants is encouraged.

Learning Objectives: At the conclusion of this course, the clinician will be able to:
1) Learn how to deal with hemorrhagic, gastrointestinal, urological and nerve injuries complications; 2) learn about safe abdominal entry, the exciting new technology of how to avoid retroperitoneal vascular injuries during veres needle entry; 3) discuss complications of robotic surgery and 4) visualize how to manage the complications with the use of ample videos of surgeries.

1:15pm Welcome, Introductions and Course Overview
C.R. Nezhat
1:25pm Complications of Laparoscopic Surgery including Robotic-Assisted Laparoscopy
C.R. Nezhat
1:35pm Abdominal Entry for Laparoscopy
M.T. Jacobson
2:05pm Panel Discussion – Questions & Answers
2:35pm Vascular and Nerve Injuries: Prevention, Recognition and Management
M. Possover
3:05pm Refreshment Break
3:35pm Bladder and Ureters Injuries: How to Prevent, Recognize and Treat Them
F.M. Howard
4:05pm Panel Discussion – Questions & Answers
4:20pm Bowel Injuries, How to Prevent, Recognize and Manage Them Intraoperatively and Post Operatively
Faculty
4:50pm Panel Discussion – Questions & Answers
5:15pm Course Evaluation – Adjourn

BURGUNDY
PG Course 15
Laparoscopic Management of Adnexal Masses
Eugenio Solima, Chair
Faculty: Ludovico Muzzi, William H. Parker and James M. Shwayder

This course will review the clinical management of patients with adnexal masses. The adequate diagnostic work-up will be thoroughly reviewed to accurately select patients suitable for a laparoscopic procedure and the organization of the surgical strategy according to the results of preoperative evaluation and the laparoscopic view. The correct technique for conservative treatment of benign adnexal masses will be discussed for patients with benign ovarian masses with special attention on how to minimize the damage to the normal ovarian tissue, preserving fertility and ovarian function. The correct indication to laparoscopic adnexectomy will be discussed according to the risks of malignancy and recurrence. Finally the state of the art of laparoscopic staging of ovarian cancer will be discussed.

Learning Objectives: At the conclusion of this course, the clinician will be able to:
1) Review the indications, risks and benefits of laparoscopic adnexectomy;
2) Discuss the preoperative evaluation and the laparoscopic view;
3) Discuss the surgical strategy according to the results of preoperative evaluation and the laparoscopic view;
4) Discuss the technique for conservative treatment of benign adnexal masses;
5) Discuss the current indications and contraindications to laparoscopic adnexectomy;
6) Discuss the current indications and contraindications to laparoscopic adnexectomy in patients with benign ovarian masses;
7) Discuss the current indications and contraindications to laparoscopic adnexectomy in patients with benign ovarian masses with special attention on how to minimize the damage to the normal ovarian tissue, preserving fertility and ovarian function.

1:15pm Welcome, Introductions and Course Overview
C.R. Nezhat
1:25pm Management of Laparoscopic Complications: Intra- and Post-Op
C.R. Nezhat
1:35pm Complications of Laparoscopic Surgery including Robotic-Assisted Laparoscopy
C.R. Nezhat
1:55pm Abdominal Entry for Laparoscopy
M.T. Jacobson
2:05pm Panel Discussion – Questions & Answers
2:35pm Vascular and Nerve Injuries: Prevention, Recognition and Management
M. Possover
3:05pm Refreshment Break
3:35pm Bladder and Ureters Injuries: How to Prevent, Recognize and Treat Them
F.M. Howard
4:05pm Panel Discussion – Questions & Answers
4:20pm Bowel Injuries, How to Prevent, Recognize and Manage Them Intraoperatively and Post Operatively
Faculty
4:50pm Panel Discussion – Questions & Answers
5:15pm Course Evaluation – Adjourn

CHAMPAGNE 2
PG Course 14
Management of Laparoscopic Complications: Intra- and Post-Op
Camran R. Nezhat, Chair
Faculty: Fred M. Howard Jr., Mary T. Jacobson, Alan M. Lam and Marc Possover
will be able to: 1) Recognize sonographic suspicious or malignant masses; 2) manage adnexal masses according to the rules of fertility surgery and gynecologic oncology; and 3) recognize and treat benign masses while preserving fertility and ovarian function.

1:15pm | Welcome, Introductions and Course Overview
---|---
E. Solima

1:30pm | Simple Ovarian Cysts and Suspect Ovarian Masses: Diagnostic Work-up and Organization of the Surgical Procedure
---|---
J.M. Shwayder

1:50pm | Ovarian Cysts Management in Menopause
---|---
W.H. Parker

2:10pm | Surgical Techniques to Preserve the Ovary and Fertility
---|---
L. Muzii

2:30pm | The Surgical Dilemma: Cystectomy or Adnexectomy
---|---
J.M. Shwayder

3:00pm | Panel Discussion – Questions & Answers
3:15pm | Refreshment Break
3:30pm | Management and Guidelines for Suspect Ovarian Masses
---|---
E. Solima
3:40pm | The Unexpected Malignancy
---|---
L. Muzii
4:00pm | What is the Actual Place of Laparoscope Staging in Borderline Tumors and Early Ovarian Cancer?
---|---
E. Solima

5:00pm | Panel Discussion – Questions & Answers
5:15pm | Course Evaluation – Adjourn

**CHAMPAGNE 1**

**PG Course 16**

**Robotic Surgery in Gynecology**

*Rosanne M. Kho, Chair*

Faculty: John F. Dulemba, Ricardo E. Estape and Anthony G. Visco

This program, intended for gynecologists, urogynecologists, and gynecologic oncologists, is designed to demonstrate the applications of robotics in all aspects of gynecologic surgery through didactics and surgical videos. This course will show the advantages of robotics compared to conventional laparoscopy and highlight different gynecological procedures illustrating surgical techniques and review of clinical outcomes.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to: 1) Discuss the applications of robotics in different gynecologic conditions; 2) compare the advantages of robotic approach over conventional laparoscopy; 3) select appropriate trocar site placement and robotic instrumentation for different procedures; 4) implement a plan to successfully incorporate robotics into a gynecologic surgical practice; and 5) become aware of possible complications specific to robotic surgery.

1:15pm | Welcome, Introductions and Course Overview
---|---
R.M. Kho

1:20pm | Robotics: Applications in Gynecology and Lessons Learned from our first 1,000 procedures
---|---
R.M. Kho

1:45pm | Robotic Resection of Invasive Endometriosis: Principles in Anatomic Dissection
---|---
J.F. Dulemba

2:10pm | Robotic Sacrocolpopexy for Pelvic Floor Reconstruction: Is it the next Gold Standard?
---|---
A.G. Visco

2:50pm | Panel Discussion – Questions & Answers
3:05pm | Refreshment Break
3:20pm | Robotic Radical Hysterectomy
---|---
R.E. Estape
3:40pm | Robotic Treatment of Endometrial Cancer
---|---
R.E. Estape

4:00pm | Implementing Robotics into your Surgical Practice
4:25pm | Avoiding Complications in Robotic Surgery
---|---
J.F. Dulemba
4:50pm | Panel Discussion – Questions & Answers
5:15pm | Course Evaluation – Adjourn

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**CONCORDE C**

**PG Course 18**

**Laparoscopic Suturing Skills Using Pelvic Trainers**

*Charles H. Koh, Chair • Nutan Jain, Grace M. Janik, Co-Chairs*

Faculty: Krisztina Bajzak, Jeremy M. Carver, Aarathi Cholkeri-Singh, Robert S. Furr, Dobie L. Giles, Mary Brigid Holloway-Schwartz, Manuel Mota Gonzalez, Lisa Roberts, Khai Ling Tan

The progressive algorithm for laparoscopic suturing has been tested over many years nationally and internationally. Proficiency with intracorporeal knotting in less than 3 minutes has been achieved by over 80% of attendees in past courses. This includes practicing gynecologists, residents, and fellows. This result is also mirrored in international courses. Fidelity, concurrent and face validity is excellent with the technique described, as the relative hand positions and movements are immediately transferable from the trainer to the O.R. That laparoscopic suturing is essential for today’s laparoscopies would be an understatement. This course equips all attendees with improved suturing skills and insight into applications during surgery.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to: 1) Understand ergonomics, theory and rationale for reproducible laparoscopic suturing; 2) apply skills learned to relevant surgical situations; 3) prevent and manage bowel, bladder, and ureteral complications by appropriate suture repair; and 4) demonstrate improvement in skills. Algorithms for standing on the right and left side of the patient will be taught, with progression from simple interrupted to continuous and cinch knots.

1:15pm | Introductions, Orientation, Description of Lab Process
---|---
C.H. Koh

1:20pm | Pre Test: Intracorporeal Knot Tying. Cut off time 2 minutes
---|---
C.H. Koh

2:45pm | Lecture: “Ergonomics, Theory, Construct Validity of the Vertical Zone Technique”
---|---
C.H. Koh

2:00pm | LAB I: Drills, Intracorporeal Suturing with ‘Smiley’ Needle Technique
---|---
All Faculty
3:00pm | Questions & Answers
---|---
All Faculty
3:15pm | Refreshment Break
3:30pm | Lecture: “Expert Knotting, Continuous Suturing, Cinch Knot. Applications in Surgery Including Managing Complications by Suturing”
---|---
C.H. Koh
3:45pm | LAB II: Expert Knotting, Continuous, Cinch
---|---
All Faculty
4:45pm | Post Test: Intracorporeal Knot Tying
---|---
Cut off time 2 minutes
5:00pm | Panel Discussion - Questions & Answers
5:15pm | Complete Course Evaluations – Adjourn

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OPENING SESSION
5:15 PM - 6:30 PM – CONCORDE BALLROOM

Tribute to Jordan M. Phillips, M.D.
5:15 PM - 5:40 PM
Franklin D. Loffer, Louis G. Keith, Jacques E. Rioux, Richard M. Soderstrom, Linda Michels

Welcome and Introductions
5:40 PM - 5:50 PM
Franklin D. Loffer, Charles E. Miller, Resad P. Pasic

GOLDEN HYSTEROSCOPE AWARD
Best Hysteroscopy Paper
Andrea S. Lukes, Chair
Supported by an educational grant from Gyrus ACMI

FIRST PLACE
Office Preparation of Partially Intramural Myomas (OPPluM): A Pilot Study
Stefano Bettocchi, M.D.
University of Bari, Bari, Italy
Attilio Di Spiezio Sardo, M.D.
Maruzio Guida, M.D.
Elena Greco, M.D.
University of Naples Federico II
Napoli, Italy
Luigi Nappi, M.D.
University of Foggia, Foggia, FG, Italy
Giovanni Pontrelli, M.D.
University of Bari, Bari, Italy
Carmine Nappi, M.D.
University of Naples Federico II
Napoli, Italy

SECOND PLACE
Correspondence between Hysteroscopic Findings and Severity of Endometrial Chronic Inflammation
Giuseppe Colafiglio, M.D.
Nicola Sallian, M.D.
Serena De Donatis, M.D.
Vincenzo Pinto, M.D.
Ada Pastore, M.D.
Leonardo Rista, M.D.
Etto Cenicelli, M.D.
University of Bari, Bari, Italy

THIRD PLACE
Uterine Sounding: Is There a Difference between Blind and Hysteroscopically-Directed Measurements?
Malcolm G. Munro, M.D.
University of California, Los Angeles
Los Angeles, California
Jacqueline M. Guerrero, M.D.
Kaiser Permanente Los Angeles Medical Center, Los Angeles, California

GOLDEN LAPAROSCOPE AWARD
Best Surgical Video
Peter L. Rosenblatt, Chair
Supported by an educational grant from Olympus Surgical America

FIRST PLACE
Two Step Laparoscopic Vascular Injury Repair
Masaaki Andou, M.D., Ph.D.
Kurashiki Medical Center
Kurashiki-shi, Okayama-ken, Japan

SECOND PLACE
Tips and Techniques for Non-Robotic Laparoscopic Sacrocolpopexy
Charles R. Rardin, M.D.
Renee M. Ward, M.D.
Elizabeth A. Erekson, M.D.
Kyle J. Wohlrab, M.D.
Alpert School of Medicine at Brown University/Women and Infants’ Hospital
Providence, Rhode Island

THIRD PLACE
Principles and Practical Applications of Electrosurgery in Laparoscopy
Ashley J. Kingston, M.D.
Stephen D. Lyons, M.D.
Jason A. Abbott, Ph.D., FRANZCOG
Thierry G. Vancaillie, M.D.
Royal Hospital for Women
Randwick, NSW, Australia

Jerome J. Hoffman Award
POSTGRADUATE PRIZE PAPER
Fred M. Howard, Chair
Supported by an educational grant by Covidien and the Foundation of the AAGL Jerome J. Hoffman Endowment

FIRST PLACE
Pain Relief by Continuous Intraperitoneal Nebulization of Ropivacaine during Gynecological Laparoscopic Procedures – A Prospective Randomized Study and Review of the Literature
Yuval Kaufman, M.D.
Irena Hirsch, M.D.
Ludmila Ostrovsky, M.D.
Orly Klein, M.D.
Reuven Pizov, M.D.
Arie Lissak, M.D.
The Lady Davis Carmel Medical Center Haifa, Israel

SECOND PLACE
Modified Uterine Transplant Procedure in the Sheep Model
Edwin R. Ramirez, M.D.
St. John’s Hospital
Marina Del Rey, California
Hugo A. Ramirez, M.D.
Universidad de la Salle
Pasadena, Texas
Matthew B.R. Nessetti, M.D., Ph.D.
Creighton University
Omaha, Nebraska
Vincent T. Pillari, M.D.
New York Methodist Hospital
Brooklyn, New York
Masood Khattamie, M.D., Ph.D.
New York University
New York, New York

THIRD PLACE
Is Bipolar Radio-Frequency Endometrial Ablation More Effective Than Thermal Balloon in the Management of Menorrhagia? A Population-Based Cohort Study
Sherif A. El-Nashar, MBBCh, MS
Matthew R. Hopkins, M.D.
Douglas J. Creedon, M.D., Ph.D.
William A. Cliby, M.D.
Abimbola O. Famuyide, M.D.
Mayo Clinic Rochester
Rochester, Minnesota

(Awards continued on next page)
CARLO ROMANINI AWARD
Best Paper on Endometriosis
Errico Zupi, Chair
Supported by an educational grant from the Foundation of the AAGL

FIRST PLACE
Long-term Postoperative Oral Contraceptive Therapy and Ovarian Endometrioma Recurrence. A Randomized Controlled Trial
Mohamed Mabrouk, M.D.
Giulia Montanari, M.D.
Clarissa Frasca, M.D.
Linda Manuzzi, M.D.
Arianna Keramyda, M.D.
Renato Seracchiloli, M.D.
Ospedale S. Orsola-Malpighi, University of Bologna, Bologna, Italy

SECOND PLACE
A Double-Blind RCT of Surgical Excision of Endometriosis: Secondary Outcomes
Rebecca Deans, M.D.
Royal Hospital of Women
Sydney, Australia
Jed Hawe, M.D.
Chester Acute Hospitals Trust
Middlesbrough, England
Ray Garry, M.D.
University of Western Australia
Western Australia
Jason A. Abbott, Ph.D.
University of New South Wales
Randwick, NSW, Australia
Royal Hospital of Women
Sydney, Australia

THIRD PLACE
Nerve Fibers in Uterosacral Ligaments of Women with Deep Infiltrating Endometriosis
Adolpho Kelm, Jr., M.D.
Paulo Ayroza Ribeiro, M.D., Ph.D.
Carmen Lucia Lancellotti, M.D., Ph.D.
Nilson Donadio, M.D., Ph.D.
Antonio Pedro Auge, M.D., Ph.D.
Tsutomu Aoki, M.D., Ph.D.
Santa Casa Medical School
São Paulo, SP, Brazil

ROBOTIC TECHNOLOGY AWARD
“Best Paper on Robotics”
Roseanne Kho, Chair
Supported by an educational grant from Intuitive Surgical

Robotics in Residency Training: The Evolution of Technology and Surgical Education
Isabel C. Green, M.D.
Andrew I. Sokol, M.D.
Washington Hospital Center
Washington, District of Columbia

IRCAD AWARD
“Best Paper on Education”
Andrew I. Brill, Chair
Proposal of a Formal Gynecologic Endoscopy Curriculum
Vadim V. Morozov, M.D.
Cena H. Nezhat, M.D.
Atlanta Center for Special Pelvic Surgery and Reproductive Medicine,
Atlanta, Georgia

KURT SEMM AWARD
Excellence in Pelviscopy
Liselotte Mettler, Chair
Supported by an educational grant from the Foundation of the AAGL

Stepwise Safe Laparoscopic Port Establishment with Trocarless Cannulae under Direct Visual Guidance
George A. Vilos, M.D.
St. Joseph’s Health Care London
London, Ontario, Canada
Artin Miran Ternamian, M.D.
St. Joseph’s Health Care Toronto
Toronto, Ontario, Canada
Angelos Vilos, M.D.
St. Joseph’s Health Care London
London, Ontario, Canada
Basim Abu-Rafeea, M.D.
King Saud University
Riyadh, Saudi Arabia
Natalie T. MacLeod, Bsc
Jessica Tyrwhitt, Bsc
St. Joseph’s Health Care Toronto
Toronto, Ontario, Canada

ROBERT B. HUNT ENDOWED AWARD
Best Paper Published in JMIG November 2007 – August 2008
Stephen L. Corson, Chair
Supported by an educational grant by the Robert B. Hunt Endowment

Use of Misoprostol Prior to Hysteroscopy in Postmenopausal Women: A Randomized, Placebo-Controlled Clinical Trial
Aurelio Riberio da Costa, Ph.D.
Institute for Maternal/Infant Health
Pembambo, Brazil
Aarão Mendes Pinto-Neto, Ph.D.
Universidade Estadual de Campinas, UNICAMP, São Paulo, Pembambo, Brazil
Melania Amorim, Ph.D.
Institute for Maternal/Infant Health
Pembambo, Brazil
Universidade Federal de Campina Grande Medical School, Paraíba, Brazil
Lucia Helena Simões Xosta Paiva, Ph.D.
Universidade Estadual de Campinas, UNICAMP, São Paulo, Pembambo, Brazil
Adriana Scavuzzi, M.D.
Institute for Maternal/Infant Health
Pembambo, Brazil
Juliana Schettini, M.D.
Institute for Maternal/Infant Health
Pembambo, Brazil

JAY M. COOPER ENDOWED AWARD
“Best Paper on Minimally Invasive Gynecology”
Andrew I. Brill, Chair
Supported by an educational grant from the Foundation of the AAGL Jay M. Cooper Endowment

Validation Study of the use of Video in Laparoscopic Training: A Randomized, Controlled Trial
Patrick P. Yeung, Jr., M.D.
Tiffany D. Justice, M.D.
Resad P. Pasic, M.D., Ph.D.
University of Louisville
Louisville, Kentucky

VIOLET BOWEN-HUGH AWARD
Award for Women’s Healthcare Awareness
Javier F. Magrina, Chair
Supported by an educational grant from Ethicon Women’s Health & Urology
Winner to be announced.

BEST SCIENTIFIC POSTER AWARD
Supported by an educational grant from the Foundation of the AAGL
See page 53
Presidential Address

Training in Minimally Invasive Gynecologic Surgery –
You Say You Want a Revolution?

6:15 PM - 6:35 PM
Charles E. Miller, M.D.
Director of Minimally Invasive Gynecologic Surgery
Lutheran General Hospital
Park Ridge, Illinois
Clinical Associate Professor
University of Chicago
Clinical Associate Professor
University of Illinois at Chicago
Chicago, Illinois

For the past 25 years, Dr. Charles E. Miller’s practice is solely devoted to the treatment of infertile couples, including In Vitro Fertilization, and the performance of minimally invasive gynecologic surgery, in metropolitan Chicago. Dr. Miller serves as the Director of Minimally Invasive Gynecologic Surgery at Lutheran General Hospital, Park Ridge, Illinois. He is currently a Clinical Associate Professor at the University of Chicago, as well as a Clinical Associate Professor at the University of Illinois at Chicago. A graduate of the Honor’s Program in Medical Education at Northwestern University, he completed his residency in Obstetrics and Gynecology at the University of Texas Southwestern Medical School, Parkland Memorial Hospital. Dr. Miller then matriculated at the Hospital of the University of Pennsylvania where he earned his fellowship in Reproductive Endocrinology and Infertility.

Dr. Miller is an internationally-renowned expert in the treatment of infertility and minimally invasive gynecologic surgery. He was recently selected by his peers as the number one infertility specialist in the Chicago area, reported by Checkbook.com, the top Internet physician referral site, according to the Wall Street Journal. Dr. Miller has performed live surgery for annual meetings of the AAGL, ASRM, ISGE and SLS. In 1996 and 2002, Dr. Miller was the co-chair of the annual meeting of the ISGE. A member of the Editorial Board of OB-GYN News, Dr. Miller edits the most widely read column in gynecology – “The Master’s Class in Gynecologic Surgery.” Dr. Miller served on the Board of Directors of the Endometriosis Association from 2006 – 2007. He currently is a member of the Clinical Advisory Board of the Endometriosis Association, as well as Resolve, The National Infertility Association. In 2005, Dr. Miller received the “Friend of Resolve” award, and in 2004 he served as the national spokesperson for Resolve’s public awareness campaign “Preserving your Fertility.” Dr. Miller serves on the Editorial Advisory Board of Reviews in Obstetrics and Gynecology and the advisory board of OBGYN.net and OB/GYN Alliance. Dr. Miller has published more than 50 scientific papers. He is co-editor of the textbook Modern Management of Abnormal Uterine Bleeding, First Edition, Informa Healthcare (March 2008).

Dr. Miller has been a very active member of the AAGL, where he is currently the organization’s President. As last year’s Vice President, Dr. Miller also served as the Scientific Program Chair of the AAGL’s 36th Global Congress of Minimally Invasive Gynecology. Dr. Miller has been on the Executive Committee of the Board of Trustees since 2006 and served as a member of the Board of Trustees from 1998 – 2000. Dr. Miller was a member of the Editorial Advisory Board of The Journal of Minimally Invasive Gynecology (JMIG) from 2005 – 2008 and he continues to serve as an ad hoc reviewer for JMIG as well as the Journal of the ASRM, Fertility and Sterility. He is especially proud of his leadership role in launching AAGL’s Patient Education Initiative and currently serves as the committee’s chair.

Opening Reception

6:45 PM - 8:30 PM - EXHIBIT HALL

The AAGL and our industry partners will host a reception to welcome you to the AAGL 37th Global Congress! Join your friends and colleagues in the exhibition hall to sample hot hor d’oeuvres, and enjoy complimentary cocktails as music fills the halls. This is the perfect time to preview the exhibits and to join us in our grand Congress kick-off!
### Thursday Day-At-A-Glance

**Thursday, October 30, 2008**

<table>
<thead>
<tr>
<th>Time</th>
<th>Location</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>6:00am</td>
<td>CONCORDE C</td>
<td>Plenary 1 - Endometrial Ablation 10:30am-11:30am</td>
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<td></td>
<td>CONCORDE A</td>
<td>Plenary 2 - Understanding &amp; Managing Pain 10:30am-11:30am</td>
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<td>CHAMPAGNE 1</td>
<td>Plenary 3 - Hysterectomy 10:30am-11:30am</td>
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<td>CHAMPAGNE 2</td>
<td>Expert Panel 1 - Pelvic Floor Reconstruction 10:30am-11:30am</td>
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<td>VERSAILLES 4</td>
<td>Surgical Tutorial 1 - Laparoscopic Myomectomy 10:30am-11:30am</td>
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<td>CONCORDE B</td>
<td>Video Session 1 - Endoscopic Techniques 10:30am-11:30am</td>
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<td>10:30am</td>
<td>CONCORDE C</td>
<td>Plenary 4 - Endoscopic Techniques 11:35am-12:35pm</td>
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<td>CONCORDE A</td>
<td>Plenary 5 - Adhesions 11:35am-12:35pm</td>
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<td>CHAMPAGNE 1</td>
<td>Plenary 6 - Hysterectomy 11:35am-12:35pm</td>
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<td>CHAMPAGNE 2</td>
<td>Debate 1 - Hysterectomy vs. Ablation 11:35am-12:35pm</td>
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<td>VERSAILLES 4</td>
<td>Surgical Tutorial 2 - Prolapse – Laparoscopic Approach 11:35am-12:35pm</td>
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<td>CONCORDE B</td>
<td>Video Session 2 - Fibroids 11:35am-12:35pm</td>
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<td>12:45pm</td>
<td>CONCORDE C</td>
<td>Honorary Luncheon/Business Meeting 12:45pm-2:00pm — Champagne 4</td>
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<td>CONCORDE A</td>
<td>Box Luncheon 12:45pm-2:00pm</td>
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<td>CHAMPAGNE 1</td>
<td>Exhibits Open 12:45pm-3:30pm</td>
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<td>2:30pm</td>
<td>CONCORDE C</td>
<td>Plenary 7 - Management of Myomas 2:30pm-3:30pm</td>
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<td>CONCORDE A</td>
<td>Plenary 8 - Hysteroscopy &amp; Endometrial Ablation 2:30pm-3:30pm</td>
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<td>CHAMPAGNE 1</td>
<td>Plenary 9 - Urogynecology 2:30pm-3:30pm</td>
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<td>CHAMPAGNE 2</td>
<td>Expert Panel 2 - Vaginal Surgery 2:30pm-3:30pm</td>
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<td>VERSAILLES 4</td>
<td>Surgical Tutorial 3 - 3D Robotic Surgery 2:30pm-3:30pm</td>
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<td>CONCORDE B</td>
<td>Video Session 3 - Endometriosis 2:30pm-3:30pm</td>
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<td>Open Comm. 1 - Endoscopic Techniques 3:35pm-5:10pm</td>
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<td>Open Comm. 2 - Hysteroscopy &amp; Endometrial Ablation 3:35pm-5:10pm</td>
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<td>Open Comm. 3 - Oncology 3:35pm-5:10pm</td>
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<td>VERSAILLES 4</td>
<td>Video Session 4 - Oncology 3:35pm-5:10pm</td>
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<td>5:15pm</td>
<td>CONCORDE C</td>
<td>Industry Sponsored Symposia 5:15pm-7:15pm</td>
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Thursday, October 30, 2008
6:00 AM - 10:30 AM

Industry Sponsored Breakfasts
6:00 AM - 7:45 AM
Boston Scientific
Ethicon Women’s Health & Urology
Intuitive Surgical
Novare Surgical Systems

Advisors’ Breakfast
6:30 AM - 7:45 AM - CHAMPAGNE 1

GENERAL SESSION
8:00 AM - 9:30 AM - CONCORDE BALLROOM A & B

Interactive Audience Survey
7:50 AM - 8:20 AM
Patrick P. Yeung, Jr., M.D.

Jordan M. Phillips Keynote Presentation
8:20 AM - 9:30 AM

Film and Medicine: Entertainment and Technology from Yesterday to the Future
Resad P. Pasic, Chair
António Setúbal & Steven F. Palter
Director of OB/GYN Gold Coast IVF
Hospital da Luz Syosset, New York
Lisbon, Portugal

Introduction

Resad P. Pasic
António Setúbal

Film and Medicine to the Modern Era
In “Film and Medicine to the Modern Era,” Dr. Sebutol will present the history of film and its evolution from the silent era to today. Landmark clips of turn-of-the-century surgery will document medical applications and history.

Resad P. Pasic
António Setúbal

Film, Video and Medicine: From the Modern Era to Tomorrow
In “Film, Video and Medicine: From the Modern Era to Tomorrow,” Dr. Steven F. Palter will guide us through the evolution of cinema from today’s movie theater and camcorders to a technological future where user-generated content, ultra high definition, 3D, and visualization beyond the limits of the human eye transform both entertainment and medicine.

Steven F. Palter

Supported in part by an unrestricted educational grant from Karl Storz Endoscopy-America, Inc.

Refreshment Break – Exhibit Hall
9:30 AM - 10:30 AM
CONCORDE C

Plenary 1

Endometrial Ablation

Richard M. Soderstrom, Moderator
Luiz F. Albuquerque, Ahmad Azari, Co-Moderators

We assess the effectiveness and cost-effectiveness of fluid-filled thermal balloon and microwave endometrial ablation techniques for heavy menstrual bleeding. Treatment of recurrent uterine bleeding can be complex, and techniques such as endometrial ablation and resectoscopic surgery may produce better long-term outcomes.

Learning Objectives: At the conclusion of this session, the clinician should be able to: 1) Successfully select the appropriate techniques for uterine bleeding treatment; 2) ensure better outcomes through use of less invasive techniques where possible; 3) discover the best techniques for recurrence; and 4) determine predictors of treatment failure of various methodologies.

10:30 Essure® Transcervical Sterilization Combined with the Hydro Thermablator® System for Endometrial Ablation: A Perihysterectomy Safety Study

10:41 Comparison of Clinical Outcomes Using Low-Voltage (Cut) Versus High-Voltage (Coag) Waveforms during Hysteroscopic Endometrial Ablation with the Rollerball

10:52 Clinical and Pathological Characteristics of Women Who Had Hysterectomy after Global Endometrial Ablation
Carey ET, El-Nashar SA, Hopkins MR, Creedon DJ, Ajao MO, Cliby WA, Famuyide AO

11:03 Global Endometrial Ablation Efficacy in Women with High Surgical Risk: A Cohort Study
Creedon DJ, El-Nashar SA, Hopkins MR, Ajao MO, Cliby WA, Famuyide AO

11:14 A Preliminary Study of the Safety of Her Option Office Cryoablation Therapy System in Women with Implanted Essure Contraceptive Insert
Presthus JB

11:25 Closing Remarks
11:30 Adjourn

CONCORDE A

Plenary 2

Understanding and Managing Pain

Hans Brölmann, Moderator
Carl Della Badia, Paul F. Vietz, Co-Moderators

Recurrent pelvic pain, often seen in gynecologic practice, can be especially difficult to treat in patients with endometriosis. The frequency of the recurrence of endometriosis has risen in recent decades because of an increasingly widely adopted conservative therapeutic approach. Although definitive surgery is considered the treatment of choice for recurrence, a second conservative technique is often employed when wanting to reduce uterine scarring and increase chances of successful pregnancy.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Distinguish different types of pelvic pain, to ensure accurate diagnosis; 2) treat pain in patients who have frequent recurrence of endometriosis; and 3) assist patients with pain control while awaiting surgery.

10:30 Pregnancy Following Botulinum Toxin Type A Injections to the Levator Muscles for Chronic Pelvic Pain and Pelvic Floor Spasm
Eggermont J, Jarvis S, Abbott JA, Vancaillie TG

10:41 Systematic Review of Management of Pelvic Congestion Syndrome
Tu FF, Steege JF

10:52 A Randomized, Single Blind Study of Pain Associated with Two Different Types of Drains Following Gynaecological Laparoscopy

11:03 Nerve Fibers in Uterosacral Ligaments of Women with Deep Infiltrating Endometriosis

11:25 Closing Remarks
11:30 Adjourn

CHAMPAGNE 1

Plenary 3

Hysterectomy

D. Alan Johns, Moderator
Eberhard C. Lotze, Ludovico Muzii, Co-Moderators

Total laparoscopic hysterectomy can be a safe, effective alternative to abdominal hysterectomy in patients with benign uterine disease who are not candidates for vaginal hysterectomy. Laparoscopic surgeries can be performed for a variety of indications, including menorrhagia, endometriosis, cervical dysplasia, fibroids, and prolapse. In LSH, outcomes for patients with uteri weighing less than 300 g and without extensive adhesions are excellent, with less than 24-hour hospitalization and few complications. When compared to other options, LSH is often safer, despite the increase in cost and surgical time, which is problematic when it comes to reimbursement.

Learning Objectives: At the conclusion of this session, the clinician should be able to: 1) Determine the best course of treatment for patients who told an hysterectomy is needed; 2) consider various options to vaginal hysterectomy and select the appropriate treatment for each patient; and 3) consider cost and reimbursement issues as they relate to the necessity of laparoscopic hysterectomy vs. standard open hysterectomy, especially in patients where multiple C-sections were performed and vaginal hysterectomy is not an option.

10:30 Vaginal Hysterectomy for the Enlarged Fibroid Uterus: A Report of 85 Cases
Quinlan DJ, Quinlan DK

10:41 Comparative Cost Analysis of Total Laparoscopic Hysterectomy Versus Total Abdominal Hysterectomy
Systonuyk S, Nitsch R, Wong H, Matthews J, Liu G, Niles J
10:52  Hysterectomy in the State of California: Has There Been Change?  
Solnik MJ, Jakus SM, Markovic D

11:03  Feasibility of 6 Hour Discharge Following Laparoscopic Subtotal Hysterectomy; Analysis of 492 Consecutive Cases  
Erian J, Lee C, Chandakas S, Watkinson S, Hill N

11:14  Can Preceptorship Change a Surgical Practice? Post-Intervention Assessment of a Preceptorship Program for Optimizing Minimally Invasive Hysterectomy  
Singh G, Shastry S, Thomson B, Robertson D, Lefebvre GG

CHAMPAIGNE 2  
Expert Panel 1  
Pelvic Floor Reconstruction  
C.Y. Liu, Chair  
Alan M. Lam, Robert M. Rogers

10:30  Introduction  
C.Y. Liu
10:35  Anatomy of Pelvic Floor Support. What’s new?  
R.M. Rogers
10:45  Is Uterosacral Ligaments Strong Enough for Vaginal Apical Support?  
C.Y. Liu
11:00  Minimizing and Management of Mesh/Graft Erosions  
R.M. Rogers
11:15  Technical Pearls in Laparoscopic Repair of Organ Prolapse  
A.M. Lam
11:20  Questions and Answers  
Faculty
11:30  Adjourn

VERSAILLES 3 & 4  
Surgical Tutorial 1  
Laparoscopic Myomectomy  
Charles H. Koh, Charles E. Miller

This tutorial is designed to provide the participant with a practical and in-depth knowledge of laparoscopic myomectomy. Included in this discussion will be pre-surgical evaluation, the general surgical approach to laparoscopic myomectomy, as well as specific examples of laparoscopic myomectomy based on location, fibroid size and number.

Learning Objectives: At the conclusion of this session, the clinician should be able to: 1) Discuss preoperative workup for laparoscopic myomectomy; 2) discuss methods of laparoscopic removal of fibroids from the uterus including port placement, vasoconstriction, energy sources; 3) discuss suturing techniques for uterine repair; and 4) discuss morcellation techniques for evacuating fibroids from the pelvis.

10:30  A Novel Ring Forceps Technique for Morcellated Specimen Retrieval Following Laparoscopic Supracervical Hysterectomy  
Yang IC, Lee TTM
10:34  Different Approaches to Identifying the Obturator Nerve during Laparoscopic Pelvic Lymphadenectomy  
Nezhat FR, Liu CS, de Mello Datta MS
10:43  Principles and Practical Applications of Electrosurgery in Laparoscopy  
Kingston AJ, Lyons SD, Abbott JA, Vancaillie TG
10:52  Laparoscopically-Assisted Removal of a Large Ovarian Dermoid Cyst  
DiSciullo AJ, Rosenblatt PL, Ferzandi TR
11:00  Basic Laparoscopic Suturing Techniques  
Cholkeri-Singh A, Miller CE
11:09  Laparoscopic Treatment of Dermoid Cyst  
11:18  Laparoscopic Treatment of Pelvic Congestion Syndrome  
Nassif J, Zacharopoulou C, Thoma V, Wattiez A
11:25  Closing Remarks
11:30  Adjourn

CONCORDE B  
Video Session 1  
Endoscopic Techniques  
Mauro Busacca, Moderator  
Rebecca Arthur, Jin Hye Kim, Co-Moderators

This session will show some of the innovative and exciting techniques in minimally invasive surgery, including excising lesions in differing ways, performing an appendectomy on a patient with severe endometriosis, use of hysterectomy and much more. This session combines some of the types of patients you will likely see in a gynecologic practice, so view these surgeries and be better prepared to serve your practice.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Perform surgical interventions on patients with severe endometriosis, including excision of lesions, appendectomy and endometrial ablation; 2) deal with gynecologic cancer, bleeding and pain in innovative ways; and 3) use hysteroscopy and related techniques for various conditions, including use on pregnant patients.
Innovative surgical techniques take into account the primary indication for surgery, operating time, hospital stay, and major complications. Minimally invasive surgical techniques have far fewer complications than the older techniques. Laparoscopic procedures allow less damage to the bowel, ureter, and bladder and there are significantly fewer deaths. Laparoscopic-assisted techniques are safe surgical procedures. The possible reasons for the low complication rate reported are the surgical technique, the use of suitable instruments, a consistent team approach, and the selection of patients.

Learning Objectives: At the conclusion of this session, the clinician should be able to: 1) Determine appropriate innovative surgical techniques for gynecologic procedures; 2) determine why innovation has reduced complications and why success rates are achievable and therefore, the preferred method; and 3) convince insurers to approve appropriate procedures vs. the least expensive ones.

11:35 Ultrasound Estimation of Residual Pelvic Fluid Using Two Types of Drains at Laparoscopy: A RCT
Chan KK, Welsh A, Abbott JA
11:46 Stepwise Safe Laparoscopic Port Establishment with Trocarless Cannulae under Direct Visual Guidance
Vilos GA, Ternamian A, Vilos A, Abu-Rafea B, MacLeod NT, Tywhitt J
Lemyre M, Kazanegra R, Lathi R, Nezhat C
12:08 Adnexal Torsion in Pregnancy Is Associated with Recurrence Risk – Can We Prevent It?
Pansky M, Maymon R, Feingold M, Herman A, Halperin R, Shneider D, Pansky M
12:19 Single Port Access (SPA”) Salpingoophorectomy: 25 Cases of a Novel Minimal Access Technique
Offer RE, King SA, Atogho A, Shepherd JA, Green M, Harkins GJ, Currililo II PG
12:30 Closing Remarks
12:35 Adjourn

Adhesions are defined as attachments between tissues and adhesion formation is a condition in which bodily tissues that are normally separate grow together. Adhesions can be physiologic, as in the congenital adhesions from the rectosigmoid to the left pelvic brim, or acquired. Acquired adhesions in the pelvis are typically the result of infection, endometriosis, foreign bodies, radiation, or surgical trauma that disrupt the peritoneum and cause inflammation. Adhesive disease represents a significant cause of morbidity in gynecologic patients and has been implicated as the cause of infertility, chronic pain, and increased operative morbidity.

Learning Objectives: At the conclusion of this session, the clinician should be able to: 1) Review the epidemiology and pathophysiology of adhesion formation; 2) understand the consequences and prevention of adhesion formation; and 3) determine the best course of treatment for surgical adhesions.

11:35 Why Laparoscopic Adhesiolysis Should Not Be a Collateral Victim of Evidence Based Medicine
Roman H, Hulsey TF, Marpeau L, Hulsey TC
11:46 Expression of Fibrinolytic- and Matrix Degradation and Remodeling-Related Genes in Injured Peritoneum that Healed with Adhesions and without Adhesions in a Mouse Model
Kris J, Sachiko M
11:57 An Evaluation of the Adhesion Reduction Efficacy of Seprafilm® Biodegradable Membrane Applied as a Slurry in Two Preclinical Models
Greenawalt KE, Colt J, Corazzini RL, Krauth MC, Holmdahl L
12:08 The Extent of Adhesion Induction through Electrocoagulation in a Rat Model
Wallwiener CW, Kraemer B, Wallwiener M, Rajab T
12:19 Role of Natural Killer Lymphocyte NKG2D Receptor Pathway in Adhesion Development
Alpay Z, Savasan S, Buck S, Zhongliang J, Ravindranath Y, Diamond MP, Saed GM
12:30 Closing Remarks
12:35 Adjourn
Total laparoscopic hysterectomy can be a safe and effective alternative to abdominal hysterectomy in patients with benign uterine disease who are not candidates for vaginal hysterectomy. Laparoscopic surgeries can be performed for a variety of indications, including menorrhagia, endometriosis, cervical dysplasia, fibroids, and prolapse. In LSH, outcomes for patients with uteri weighing less than 300 g and without extensive adhesions are excellent, with less than 24-hour hospitalization and few complications. When compared to other options, LSH is often safer, despite the increase in cost and surgical time which is problematic when it comes to reimbursement.

**Learning Objectives:** At the conclusion of this session, the clinician should be able to: 1) Determine the best course of treatment of patients who are told hysterectomy is needed; 2) consider various options from vaginal hysterectomy to LSH and select the appropriate course for each patient; and 3) consider cost and reimbursement issues as they relate to the necessity of laparoscopic hysterectomy vs. standard open hysterectomy, especially in patients where multiple c-sections were performed, and vaginal hysterectomy is not an option.
Dr. Brian Cohen was born and raised in Bulawayo, Zimbabwe, Africa. He attended the University of Cape Town (UCT) in South Africa where he graduated M.B. Ch.B. in 1966 with first-class honors in obstetrics and gynecology. During his OB/GYN residency, he spent a year with Professor Phillip Rhodes and Mr. Ronald Taylor at St. Thomas’ Hospital, University of London. He obtained his British boards (M.R.C.O.G.) and South African boards (F.C.O.G. (S.A.)) in Obstetrics and Gynecology in 1971. He returned to Cape Town as Senior Lecturer and Consultant and Head of Reproductive Surgery and Andrology. Dr. Cohen was a pioneer in microsurgery and completed a four-year research program at the UCT, which culminated in his performing the world’s first human vascularized fallopian tube transplant in 1974. Operative techniques were devised from this work. Dr. Cohen was awarded a post-doctoral M.D. from the University of Cape Town together with the prestigious Bronte-Stewart Research Prize awarded for the most meritorious thesis for the degree of M.D., Ph.D. or Ch.M. in 1975.

In 1976, he was recruited by the University of Tennessee as Associate Professor and Head of Reproductive Surgery under Professor James R. Givens. In 1980, he was Chief of Reproductive Surgery at Mt. Sinai Medical Center in Cleveland where he completed a fellowship in reproductive endocrinology at Case Western Reserve University under Dr. Brian Little. He is Board Certified by the American Board of Obstetrics and Gynecology and its subspecialty, reproductive endocrinology, Fellow of the American College of Endocrinology, Fellow of the International College of Surgeons and is a charter member of the Society of Reproductive Surgeons.

A Clinical Professor at the University of Texas Southwestern Medical Center at Dallas, Dr. Cohen has served on numerous continuing education and ethics committees together with Institutional Review Boards. Dr. Cohen was head of Reproductive Surgery at Presbyterian Hospital of Dallas and subsequently Chief of Reproductive Endocrinology at Medical City Dallas Hospital. Dr. Cohen has published more than 20 original papers in peer review journals, 16 book chapters and two books. He is an ad hoc reviewer for Obstetrics & Gynecology and Fertility and Sterility.

In 1977, his first presentation at the AAGL was a documentary on fallopian tube transplantation. This movie was awarded the ACOG Most Outstanding Film in 1978. Dr. Cohen innovated many teaching methods in microsurgery within the AAGL and served on the faculty of every national microsurgical course offered by the organization. He was privileged to assist Dr. Victor Gomel with
multiple microsurgical courses at the University of British Columbia. He subsequently ran his own national courses in Cleveland and Dallas. Dr. Cohen has taught microsurgery to more than 3,000 physicians in the United States and globally. In keeping with a tradition of international teaching of the AAGL, in 1981 he presented two major hands-on microsurgical training programs in Italy at the University of Palermo and the University of Bologna. He has presented more than 100 lectures on reproductive surgery, vaginal sonography, infertility and recurrent miscarriage throughout the United States, Great Britain, Israel, Southern Africa and India.

Dr. Cohen served several terms as a trustee on the Board of the AAGL and was President of the organization in 1993. He innovated teaching programs for nurses and operating room personnel and instigated the workshop for residents and fellows, which he chaired from 1993 to 2000. He led multiple courses in vaginal sonography and took surgical teaching teams to the University of Cape Town, University of the Witwatersrand in Johannesburg and the University of Zimbabwe in Harare from 1977 through 2006.

Dr. Cohen was a founding editor of the *Journal of the AAGL* now known as *The Journal of Minimally Invasive Gynecology* and founding president of the Accreditation Council of Gynecologic Endoscopy (ACGE). The ACGE was established at a time when accreditation in the field of operative endoscopy was aggressively questioned. Dr. Cohen played a significant role in facilitating review and inclusion of endoscopic publications in prestigious, national gynecological journals at a time when this was not an acceptable practice.

Dr. Cohen is a clinician who has been directly involved in patient care throughout his 42-year medical career. Dr. Cohen is humbled by his life-long privilege of studying with many great teachers in various locations throughout the world. He is the proud husband of Rose for over 43 years, the father of three married children and the grandfather of seven. He has made multiple contributions to the AAGL and has assisted in the growth and development of many colleagues both nationally and internationally. We are happy to welcome him as honorary chair for the year 2008.
CONCORDE C  
Plenary 7  
Management of Myomas  
Lisolette Mettler, Moderator  
Ettore Cicinelli, Richard Farnam, Co-Moderators

This session delves into myomas, including screening of causes of abnormal uterine bleeding (AUB) in patients, working with asymptomatic patients, and the various treatment options available. Whether using hysteroscopic morcellators or robotic-assisted laparoscopic myomectomy, achieving good outcomes is possible with appropriate patient management.

**Learning Objectives:** At the conclusion of this session, the clinician should be able to: 1) Diagnose and treat patients with myomas, even those who are asymptomatic; and 2) assist patients who wish to preserve fertility, with conservative treatment, and integration of a surgical resolution when necessary.

2:30 Both Post-Procedure Color Doppler Ultrasonography and Contrast-Enhanced MRI Can Predict Risk of Recurrence after Treatment of Uterine Fibroids with Vascular Occlusion Methods  
Hald K

2:41 Rate, Type and Cost of Invasive Interventions for Uterine Fibroids in Germany, France, and England  
Farrugia M, Fernandez H, Jones S, Mauskopf JA, Oppelt P, Subramanian D

2:52 Robotic Assisted Laparoscopic Myomectomy Compared with Standard Laparoscopic Myomectomy – A Retrospective Matched Control Study  
Nezhat C, Lavie O, Hsu S, Barnett O, Lemyre M

3:03 Laparoscopy Versus Minilaparotomy in Women with Symptomatic Uterine Myomas: A Prospective Randomized Study  
Cicinelli E, Tinelli R, Colafaglio G

3:14 How Do Fibroids Affect Quality of Life? Results from the CHASM (Cross-Sectional Survey of HRQoL And Symptoms of Myoma) Study on 2570 Women with Known Fibroids or Symptoms Suggestive of Fibroids  
Downes E, Sikirića V, Gilabert Estellés J, Subramanian D, Maroulis C, Bolge SC

3:25 Closing Remarks  
3:30 Adjourn

CHAMPAGNE 1  
Plenary 9  
Urogynecology  
John L. Marlow, Moderator  
Liez G. Irisari, Carl J. Levinson, Co-Moderators

Overactive bladder, voiding dysfunction and stress urinary incontinence are common problems in urinary incontinence. Conservative therapy of urinary incontinence will often yield positive results. Risk factors include pregnancy, childbirth, depletion of estrogen with menopause, smoking, obesity, high-impact physical activities, and a history of pelvic surgery.

**Learning Objectives:** At the conclusion of this session, the clinician should be able to: 1) Treat urinary incontinence, including overactive bladder, SUI and voiding dysfunction; 2) determine which treatments, including conservative therapies, may be most appropriate; and 3) determine what risk factors may have contributed to the problem and thus may hold the key to finding an appropriate solution.

2:30 Standard of Care Outcomes Using Minimally Invasive Mesh Products for Treating Prolapse  
Zylstra S, Alexander JS, Ganabathi K

2:41 Study of the Alterations of 100 Meshes Excised for Complications after Stress Urinary Incontinence or Pelvic Organ Prolapses Surgery  
Clavé A, Clavé H, Hamroun JC, Yahia Mountasser H, Cosson M, Lautier JP, Gounon P

2:52 Impact of Closure Technique on Extrusion Outcomes in 54 Women Treated with Type I, Polypropylene Mesh for Vaginal Prolapse  
Beyer R

CONCORDE A  
Plenary 8  
Hysteroscopy and Endometrial Ablation  
Philip G. Brooks, Moderator  
M. Shoma Datta, Michael L. Moore, Co-Moderators

Complications from operative hysteroscopy are more common and potentially more serious than those of diagnostic hysteroscopy. They may result from positioning; uterine perforation; hemorrhage; infection; and adhesion formation. Additionally, at times, the procedure does not result in a resolution of the presenting symptoms. However, advances in hysteroscopy have made it a viable and positive technique in gynecologic surgery. We will evaluate the safety and cost-effectiveness of hysteroscopy for various uses.

**Learning Objectives:** At the conclusion of this session, the clinician should be able to: 1) Utilize hysteroscopy both diagnostically and operatively; 2) reduce the possibility of complications such as perforation, hemorrhage, infection and adhesions; 3) ensure the procedure resolves the presenting symptoms; and 4) discover advances in hysteroscopy and how they benefit current gynecologic practice.

2:30 Post-Essure Hysterosalpingography Compliance in a Clinic Population  
Shavel VI, Abdallah ME, Diamond MP, Kmak DC, Berman JM

2:41 An Objective Structured Assessment of Technical Skills (OSATS) in Operative Hysteroscopy  
Chahine EB, Janakiraman V, Robinson J, Alagia DP, Marfori C, Gaba N, Keller J

2:52 Hysteroscopic Diagnosis of Uterine Ateriovenous Malformation  
Indman PD, Douglas BP

3:03 Long-Term Follow-Up of Hysteroscopic Sterilization with the Essure® Micro-Insert  
Bradley LD, Price TM, Van Herendael BJ, Cayuela E

3:14 Uterine Sounding: Is There a Difference between Blind and Hysteroscopically-Directed Measurements?  
Munro MG, Guerrero JM

3:25 Closing Remarks  
3:30 Adjourn
Thursday, October 30, 2008

2:30 PM - 3:30 PM

3:03 The Laparoscopic Implantation of Neuroprothesis to the Pelvo-Abdominal Nerves for Treatment of Neurogenic Bladder Dysfunctions
Posover M

3:25 Closing Remarks

3:30 Adjourn

CHAMPAGNE 2
Expert Panel 2
Vaginal Surgery – The Best Natural Orifice
Victor Gomel, Chair
Leila V. Adamyan, Barbara S. Levy

2:30 Introduction
V. Gomel

2:40 Vaginal Hysterectomy: Current place and importance
B.S. Levy

3:00 Surgical Treatment of Urinary Stress Incontinence and Genital Prolapse by Vaginal Approach
L.V. Adamyan

3:20 Questions and Answers

3:30 End of Session

VERSAILLES 3 & 4
Surgical Tutorial 3
3D Robotic Surgery
Arnold P. Advincula, Javier F. Magrina

The robotic tutorial is designed to provide a very practical understanding of present robotic technology and its applications in gynecologic surgery. Particular emphasis will be on robotic surgical techniques for myomectomy, endometriosis, simple hysterectomy and for gynecologic malignancies. The participants will be able to see the effect of stereoscopic image on some of the video presentations.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Discuss the advantages and disadvantages of robotic surgery; 2) mention the applications of robotics for gynecological conditions; 3) indicate proper placement of the robotic trocars for gynecologic surgery; and 4) discuss robotic instrumentation and techniques.

CONCORDE B
Video Session 3
Endometriosis
Charles Chapron, Moderator
G. David Adamson, Patrick P. Yeung Jr., Co-Moderators

Endometriosis may be seen in women with painful periods, chronic pelvic pain, or in those who are having difficulty conceiving. This session concentrates on difficult and unusual cases of endometriosis that the laparoscopic surgeon may face in his or her clinical practice.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Describe unique challenges for patients with severe endometriosis; 2) discuss treatment options when hysterectomy might be the most logical conclusion for most physicians; and 3) deal with the related health issues, including mood disorders and infertility and how this impacts treatment of the patient.

2:30 Laparoscopic Excision of Rectovaginal Nodule
Jain N

2:38 A Case of Successful Laparoscopic Treatment of Bladder Endometriosis

2:47 A Nerve-Sparing Extensive Laparoscopic Surgery for Endometriosis
Kanao HK

2:56 Convex Lens Resection Method Is an Effective Strategy for Laparoscopic Adenomyomectomy
Ota Y, Andou M, Kanao H, Takagi Y, Hada T

3:05 The Pelvic Autonomous Nerves: Surgical Anatomy in Radical Laparoscopic Excision of Endometriosis
Pereira RMA, Zanatta A, Fonseca III J, Serafini P, de Paula FF, Preti CCL

3:14 Laparoscopic Excision of Endometriotic Bladder Nodule and Repair of Cystotomy
Kung RC, Liu G, Lie K

3:20 Laparoscopic Resection of Rectal Endometriosis
Roman H, Tuech JJ, Marpeau L

3:25 Closing Remarks

3:30 Adjourn
Innovative surgical techniques take into account the primary indication for surgery, operating time, hospital stay, and major complications. The technology interface enables us to apply the new minimally invasive procedures into patient care. Quite often, the new techniques offer great advantages for patient care in terms of shorter operative times, fewer complications and quicker recovery. Laparoscopic-assisted techniques are safe surgical procedures.

Learning Objectives: At the conclusion of this session, the clinician should be able to: 1) Understand the potential application of Natural Orifice Transluminal Surgery (N.O.T.E.S) in gynecology; 2) summarize the feasibility, safety, and outcome of various robotically assisted gynecological surgery; 3) describe a novel minimally invasive surgical approach for the management of an unruptured cornual ectopic pregnancy; and 4) determine appropriate innovative surgical techniques for gynecological procedures.

CHAMPAGNE 1
Open Communications 2
Hysteroscopy and Endometrial Ablation
Paulo Roberto Cara, Moderator
Nedzad Nakas, Mark Preston, Co-Moderators

Protocol for hysteroscopic sterilization are determined by many factors. There are different modalities for devices and techniques, including tubal blockage, implants and chemical and physical techniques. Each specific protocol has merit, and must be considered relative to safety, their effectiveness in preventing pregnancy, risks or undesirable effects and the relative relationship of these assessments. How does procedural pain and patient satisfaction factor into the chosen method? How important is the cost of the procedure relative to patient comfort? We will consider each technique and how feasible it is, compared against other methods.

Learning Objectives: At the conclusion of this session, the clinician should be able to: 1) Distinguish between use of tubal ligation and the various hysteroscopic sterilization options available; 2) take into account patient outcomes as well as cost; and 3) simplify processes to ensure positive outcomes; why outpatient surgery is indicated for patients in otherwise good health; and manage complications and anomalies as they arise.
3:53  Is Bipolar Radio-Frequency Endometrial Ablation More Effective Than Thermal Balloon in the Management of Menorrhagia? A Population-Based Cohort Study
El-Nashar SA, Hopkins MR, Creedon DJ, Cilby WA, Famuyide AO

Kamel MAM, Darwish EA, El Tawab SS

4:05  Retrospective Study about the Prevalence of Neoplastic Pathology in Symptomatic and Asymptomatic Endometrial Polyps in Postmenopausal Women

4:11  Treatment of Intravaginal Adhesion Related Infertility
Sun J, Zhao D

4:17  Office Ultrasound-Guided Hysteroscopic Tubal Cannulation
Alanis J, Septien JM, Reyes Paredes N, Topete R

4:23  NovaSure® Endometrial Ablation Following Essure® Hysteroscopic Sterilization: Retrospective Analysis of a Case Series
Kulbersh DL

4:29  Prospective Analysis of Pain Tolerance during Radiofrequency Endometrial Ablation Using Local Anesthesia and Mild Sedation in the Premenopausal Patient
Curd II GL, Starcher R, Vassas M, Nelson K

4:35  Successful Pregnancy and Premature Delivery at 32 Weeks after Microwave Endometrial Ablation: What to Look for and How to Successfully Manage
Alexander JH

4:41  Safety, Efficacy, Effectiveness and Feasibility of Her Option Endometrial Ablation in Solo OB/GYN Private Practice
Chaddha JS

4:47  Complications Associated with Essure Sterilization Procedure: Utility of the Manufacturer and User Device Experience Database
Wang SL, Jacobson MT

4:53  Hysteroscopy Directed Biopsy of First TrimesterAbortions for Cytogenetic Evaluation
Abdallah ME, Awonuga AO, Puscheck EE

4:59  Symptoms and Clinical Course in Women with Incidentally Diagnosed Endometrial Polyps
Istre O, Qvigstad E

5:05  Closing Remarks

5:10  Adjourn

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**Learning Objectives**: At the conclusion of this session, the clinician should be able to:
1) Utilize innovative surgical techniques in SUI;
2) resect the bowel and bladder after endometriosis;
3) assist patients with chronic pelvic pain; and
4) approach ureter instability in various ways.

3:55  False Negative Rate of Urodynamic Testing in Diagnosing Occult Incontinence in Patients with Advance Prolapse
Hessami SH, Hassan KA, Guan X, Diarbakerli F, Yung M

3:41  Urodynamic Indicators for Success of Interstim: Is Urethral Instability Stabilized?
McKinney T, Miron G, Hott E, Rogalski M, Phung J, Faden J

3:47  Validation of a Modified PISQ-12, the Short Form of the Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire, Which Assess Sexual Activity and Sexual Preferences

3:53  IVS® Versus I-STOP® in Infracoccygeal Sacropexy Procedure: A Comparative Study


3:59  Long-term Results after Trans-Vaginal Cystocele Repair Using a Tension-Free Polypropylene Mesh
Popov A

4:05  Letouzev Y, de Tayrac R, Deffieux X, Fernandez H

4:11  Short-term Assessment of MiniArc™ Single Incision for Treatment of Stress Urinary Incontinence
Prethhus JB, VanDrie D, Weprin S, Erickson T

4:17  A Cadaveric Model for Determining Soft Tissue Fixation Strength for Pelvic Reconstructive Surgery
Jane-Michel M, Castillo PA, Davila GW

4:23  Efficacy, Functional Outcomes and Adverse Effects of Low-Weight Polypropylene Mesh for Prolapse Repair
Kohl N, Zipper R

4:29  Risk Factors for De Novo or Worsening Urinary Incontinence Following Minimally Invasive Surgery for Pelvic Floor Disorders
Steph KJ, Dharmani AA

4:35  Comparing Outcomes of Laparoscopic and Abdominal Saccrocolpopexies
Jakus SM, Lam J, Hall C

4:41  The Laparoscopic Implantation of Neuroprosthesis to the Sacral Nerve Roots for Recovery a Electrical-Induced Micturition in Paralyzed Patients
Posover M

4:47  Indication of Laparoscopic Re-Operation after Saccrocolpopexy
GastaldI C, Baulon E, Wattiez A

4:53  Laparoscopic Saccrocolpopexy: Vaginal Attachment of the Meshes Is Not Associated with an Increased Risk of Erosion
Chapron C, Pierre G, Lafay-Pillet MC, Chopin N, Borghese B, Foulot H

4:59  The Laparoscopic Implantation of Neuroprosthesis to the Sacral Nerve Roots for Recovery a Electrical-Induced Micturition in Paralyzed Patients
Posover M

5:06  Closing Remarks

5:10  Adjourn
Gynecologic oncology often involves complex surgical procedures, such as pelvic peritonectomy, extraperitoneal hysterectomy, bilateral pelvic lymphadenectomy, radical robotic trachelectomy, anterior resection of the rectosigmoid and extraperitoneal aortic lymph node dissection. This video session reviews relevant anatomy, the systematic approach to gynecologic oncology procedures and provide a convenient refresher in an operating room setting.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to: 1) Treat gynecologic cancers with procedures such as nerve sparing laparoscopic radical hysterectomy, laparoscopic resection of endometrioma and supracervical hysterectomy; 2) discover the unique anatomical risks of various procedures; and 3) ensure appropriate dissection of the anatomy, using the proper surgical steps.
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FRIDAY, OCTOBER 31, 2008
Women Surgeons’ Breakfast  
6:45 AM – 7:45 AM – CONCORDE C
“Juggling the Three P’s: Physician, Parent, Partner”
Elizabeth A. Stewart, M.D.
Professor of Obstetrics and Gynecology, Mayo Clinic, Rochester, Minnesota

Life balance – it’s easier said than done. Balancing the unique challenges of being a physician, parent and partner can seem overwhelming at times, yet extremely rewarding.

A recent study, co-authored by our featured speaker, Dr. (Ebbie) Elizabeth Stewart, examines the common roles that physicians pursue away from work, identifies related challenges, and provides potential solutions for doctors to develop a personal plan for success in each of the three P’s: physician, parent and partner.

As part of her juggling act as a physician, Dr. Stewart is a Professor of Obstetrics and Gynecology at Mayo Clinic College of Medicine in Rochester, Minnesota. She received her undergraduate degree in molecular biology from Vanderbilt University and her medical degree from Harvard Medical School. She has authored many scientific publications, and is currently the president of the Fibroid Foundation. Her primary research interests are minimally invasive therapies and genetics. In her clinical practice, she focuses on uterine fibroid treatment in women who want future fertility and infertility diagnosis and treatment.

Be sure to juggle this breakfast into your schedule during the annual meeting, and learn some helpful strategies and skills in seeking the many rewards of being a physician, parent and partner!

Announcement of Best Scientific Posters  
8:00 AM – 8:05 AM

Join us as we announce the first, second, and third place winners for Best Scientific Poster from the over 100 posters that were submitted. Congratulate the winners and don’t miss your opportunity to speak to the authors of the scientific posters as they make oral presentations about their posters from 12:45pm to 2:30pm in the Exhibit Hall.

Telesurgery Session  
8:05 AM – 9:15 AM – CONCORDE
Side-by-Side Sacral Colpopexy Telesurgies
Edward Stanford, Moderator
Barry Jarnagin, Eric Sokol, Co-Moderators

Live telesurgery sessions have always been a highlight of the AAGL meetings attracting large crowds and featuring top class surgeons performing different minimally invasive procedures. This year for the first time we will show the same surgical procedure, sacral colpopexy; simultaneously performed by two different minimally invasive approaches laparoscopic and robotic. Although the surgeries will be simultaneously transmitted from two different parts of the country, this will not be a race between a two different surgeons. The surgeons are asked to demonstrate the tips and advantages of each technique, and the participants need to concentrate on advantages and disadvantages of each approach to the same surgical procedure. This will allow you the unique opportunity to ask real time questions of two experienced practitioners during these cases.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Understand the principles of laparoscopic sacral-colpopexy; 2) understand the principles of robotic sacral-colpopexy; and 3) make the comparison of advantages and disadvantages of both approaches.

Robotic Sacral Colpopexy
Patrick Culligan, Surgeon
Morristown Memorial Hospital
Morristown, New Jersey

Laparoscopic Sacral Colpopexy
Ginger N. Cathey, Surgeon
Woman’s Hospital of Texas
Houston, Texas

Supported in part by an unrestricted educational grant from Ethicon Women’s Health & Urology

Refreshment Break – Exhibit Hall  
9:15 AM – 10:30 AM
The purpose of this session is to bring to light the need for healthcare professionals to understand the issues surrounding pelvic health and the alternatives for treatment. Patient safety will be discussed with an emphasis on proper patient positioning when undergoing laparoscopic surgery. Included in this discussion will be appropriate documentation on the patient record including the type of devices used such as protective padding and stirrups.

One additional topic that will be discussed are successful ways to involve the O.R. team in providing a rapid turnover between surgeries and how this involves everyone from the person who schedules the surgeries, to the entire team so that time and money are not wasted and most of all patients receive optimal, safe care.

Faculty will discuss the alternatives and options for women who have pelvic health conditions. Time will be set aside at the end of the session for panel discussion including questions and answers of faculty and participants on the topics covered during the morning session.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Differentiate alternative treatments for menorrhagia, uterine fibroids, types of hysterectomy and pelvic floor prolapse; 2) discuss the reasons why accurate patient positioning is so important including anatomical considerations in each patient and how to prevent injuries; and 3) discuss strategies to develop efficient turnover of surgical rooms with emphasis placed on scheduling, role of team members, impact economically, patient safety and quality of patient care.

8:00am Introductions W. Winer
8:15am MRI Focused Ultrasound for Uterine Fibroids A. Stepanian
8:45am LAVH vs. LSH vs. TLH vs. VH vs. TAH W. Winer
9:15am Hysteroscopic Treatments for Menorrhagia R. Montero
9:45am Patient Positioning Made Easy A. Advincula
10:15am Refreshment Break
10:30am Efficiency Turnover T. Jersild
11:00am What is Pelvic Floor Prolapse? W. Winer
11:30am Panel Discussion with Q & A All Faculty
12:00 Adjourn

Supported in part by an unrestricted educational grant from Olympus/Gyrus ACMI
Concorde C
Plenary 10
Pregnancy Issues
Mark W. Surrey, Moderator
Paul Indmann, Alejandro Meiggs, Co-Moderators

Endoscopic techniques are well established for evaluation and treatment of pregnancy related conditions in women’s health. Medical treatment, either systemic or local and laparoscopic approach have replaced exploratory laparotomy as first-line treatment of ectopic pregnancy.

Learning Objectives: At the conclusion of this session, the clinician should be able to: 1) Discuss the clinical algorithm for evaluation and treatment of interstitial (cornual) ectopic pregnancy; 2) understand Three-Dimensional (3D) Coded contrast imaging ultrasound for evaluation of tubal patency; and 3) determine fertility and pregnancy outcomes in polycystic ovarian syndrome (PCOS) after bilateral ovarian drilling.

10:30 Clinical Algorithm for Evaluation and Management of Interstitial (Cornual) Ectopic Pregnancies
Kroetz SP, Frishman GN
10:41 Three-Dimensional (3D) Coded Contrast Imaging: A New Ultrasound Approach To Evaluate Tubal Patency
Exacoustos C, Zupi E, Szabolcs B, Romanini ME, Falkensammer P, Gabardi C, Arduini D
10:52 Extensive Excision of Deep Infiltrative Endometriosis before In Vitro Fertilization Significantly Improves Pregnancy Rates
Bianchi PHM, Zanatta A, Hassun PA, Alegretti JR, Motta ELA, Serafini PC
11:03 Efficacy of Ovarian Drilling by Transvaginal Hydrolyaparoscopy for Infertility Due to Polycystic Ovarian Syndrome
Poujade O, Kane A, Deffieux X, Gervaise A, Faivre E, Frydman R, Fernandez H
11:14 Modified Uterine Transplant Procedure in the Sheep Model
Ramirez ER, Ramirez HA, Ramirez Nesseti DK, Nesseti MBR, Pillari VT, Khateamie M
11:25 Closing Remarks
11:30 Adjourn

Concorde A
Plenary 11
Endometriosis
Patrick P. Yeung Jr., Moderator
Patricia A. Smith, Robert Zvaravin, Co-Moderators

The differential diagnosis and various treatments in endometriosis can be based on appropriate diagnostic tools, such as power doppler sonography to view vascular characteristics. Adenomyosis is characterized by a preserved vascular texture supply that results in dilated spiral arteries running perpendicular toward the myometrium into the endometrial surface. Leiomyomata exhibits a vascular tree that typically circumscribes the solid mass. Nodular stage II adenomyosis in young, infertile patients may be treated with a conservative hysteroscopic resection of the myometrium under laparoscopic guidance. 2D or 3D transvaginal power doppler angiography should be used to improve diagnostic sensitivity and facilitate appropriate therapeutic intervention.

Learning Objectives: At the conclusion of this session, the clinician should be able to: 1) Diagnose and treat endometriosis with novel approaches; 2) compare success rates of laparoscopic research and hysterectomy; 3) use diagnostics to assess damage to the colon and appropriate treatment of adhesions in this area; and 4) compare different medical approaches for patients with recurrent pain after treatment.

10:30 Different Sonographic Approaches Are Able to Assess Accurately the Extension of Deep Pelvic Endometriosis
Exacoustos C, Zupi E, Amadio A, Szabolcs B, Concetta A, Romanini ME, Arduini D
Zagatti MF, Ribeiro PA, Rodrigues FC, Ribeiro HA, Lima SR, Aoki T
10:52 A Double-Blind RCT of Surgical Excision of Endometriosis: Secondary Outcomes
Deans R, Hawe J, Garry R, Abbott JA
11:03 Long-term Postoperative Oral Contraceptive Therapy and Ovarian Endometrioma Recurrence. A Randomized Controlled Trial
11:14 How Transvaginal Ultrasonography Can Help in the Indication of Surgical Treatment of Rectal Endometriosis
Goncalves MO, Dias, Jr. JA, Podgaec S, Rossini L, Abrao MS
11:25 Closing Remarks
11:30 Adjourn

Champagne I
Plenary 12
Urogynecology II
James W. Ross, Moderator
Danielle Luciano, Catherine Matthews, Co-Moderators

Overactive bladder, voiding dysfunction and stress urinary incontinence are common problems in urinary incontinence. Conservative therapy of urinary incontinence will often yield positive results. Risk factors include pregnancy, childbirth, depletion of estrogen with menopause, smoking, obesity, high-impact physical activities, and a history of pelvic surgery. The problems and symptoms a child with voiding dysfunction may include wetting during the day and night, frequent and urgent urination, urinary tract infections, or sometimes kidney damage. Many children with voiding dysfunction also have problems with their bowels. With appropriate treatment, most children will improve.

Learning Objectives: At the conclusion of this session, the clinician should be able to: 1) Treat urinary incontinence, including overactive bladder, SUI and voiding dysfunction; 2) determine which treatment, including conservative therapies, may be most appropriate; and (3) determine which risk factors may have contributed to the problem and thus may hold the key to finding an appropriate solution.

10:30 Posterior Compartment Pelvic Organ Prolapse – Laparoscopic Supravelvator Repair
Seman E, O’Shea RT, Cook J, Behnia-Willison F, Lam C, Vanspauwen R
10:41 Trans-Obturator Suburethral Tape from Inside to Outside (TVT-O) is Associated with Higher Pain Scores at One Year Follow-Up When Compared to Tension-Free Vaginal Tape (TVT): A Multicenter Randomised Controlled Trial
Deffieux X, Daher N, Mansoor A, Debodinance P,
A Retrospective Analysis of 52 Cases of Ovarian Tumors in a Single Institution, 1997-2006

Effect of Robotic Surgery on the Post-operative Analgesic Use in Gynecologic Oncology

A Comparison of Post-Operative Analgesic Use in Different Surgical Staging Modalities for Early Stage Endometrial Cancer

Self-exams, as a first-line defense; and 3) treat early stage cancers effectively and swiftly, for better outcomes.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Manage cases of failed uterine artery embolization using hysteroscopic techniques; 2) perform ablation and operative hysteroscopy in the office; and 3) recognize and treat uterine septa and manage bleeding from cesarean section scars.

CONCORDE B

Video Session 5

Hysteroscopy and Endometrial Ablation

This program is designed to familiarize the participants with laparoscopic applications for hysterectomy in benign disease including supracervical, total, and laparoscopic assisted vaginal procedures. The discussion will include indications, contraindications, and complications as well as strategies for dealing with these complications. Specific methods and technical pearls for dealing with the large fibroid uterus, significant adhesive disease, and endometriosis will be included.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Understand the indications and contraindications for various types of laparoscopic hysterectomy; 2) be familiar with the most common complications associated with laparoscopic hysterectomy and methods of dealing with these complications; and 3) garner an armamentarium of techniques for dealing with specific pathologies using laparoscopic hysterectomy.
CONCORDE C
Plenary 13
Oncology
Pedro T. Ramirez, Moderator
Jubilee Brown, Eugenio Salima, Co-Moderators

Many tumors begin in the ovaries. Most are benign and never spread beyond the ovary. These tumors can be treated successfully by removing either the ovary or the part of the ovary that contains the tumor. Ovarian tumors that are malignant can metastasize to other parts of the body. Their treatment is more complex. Cervical and endometrial carcinomas are very difficult to appropriately manage by removing either the ovary or the part of the ovary that contains the tumor. Ovarian tumors that are malignant can metastasize to other parts of the body. Their treatment is more complex. Cervical and endometrial carcinomas are very difficult to appropriately manage.

Learning Objectives: At the conclusion of this session, the clinician should be able to: 1) Recognize common types of gynecologic malignancies; 2) determine which tumors likely began in the ovum; 3) decide whether laparoscopic cytoreduction or extraperitoneal aortic nodal dissection are more feasible and cost-effective; and 4) when TLRH is recommended vs. less invasive methodologies.

11:35 Similar Outcomes of Total Robotic vs. Laparoscopic Radical Hysterectomy and Pelvic Lymphadenectomy for Gynecologic Malignancy Treatment in a Fellowship Training Program

11:46 Laparoscopic Staging of Early Ovarian and Fallopian Tube Neoplasms
Nezhat FR, Liu CS, Datta MS, Ezzati M, Shamshirsaz A, Gretz H, Rahaman J, Nagarseth N, Chuang L

11:57 Laparoscopy for Endometrial Cancer, the Gold Standard Approach? A Systematic Review and Meta-Analysis of Randomized Controlled Studies

12:08 Free Floating Malignant Cells during Laparoscopy for Gynecologic Malignancy
Hibner M, Magrina JF, Magtibay PM

12:19 Laparoscopic Versus Laparotomic Approach for Early Stage Endometrial Cancer: A Long-Term Follow-Up Study

12:30 Closing Remarks
12:35 Adjourn

CHAMPAGNE 1
Video Session 6
Hysterectomy and Fibroids
Marco Aurelio, Moderator
Barbara S. Levy, Nimesh Nagarsheth, Co-Moderators

Laparoscopic myomectomy may be the preferred method to treat symptomatic fibroids with minimally invasive surgery while conserving the uterus, as opposed to traditional hysterectomy, which has been utilized for decades. If hysterectomy is warranted, robot-assisted techniques as well as vaginal hysterectomy, LSH or TLH may produce better outcomes than open hysterectomy, though cost considerations and surgical experience may limit the use of these techniques.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Utilize laparoscopic myomectomy instead of hysterectomy, where appropriate; 2) select the appropriate type of hysterectomy based on clinical considerations; 3) weigh the options presented, selecting the one of most benefit to the patient under constraints of the hospital setting; and 4) use robotics where possible, as the techniques become more mainstream.

11:35 Large Pedunculated Myoma and Adhesions
Ayala R, Nevarez RA, Anaya HR, Mota M, Bustos HH
Friday, October 31, 2008
11:35 AM - 12:35 PM

11:44  Laparoscopic Myomectomy: Enucleation of the Myoma by Direct Morcellation  Choi YJ, Jung SK, Jung MH, Huh CY

11:53  Uterine Manipulator, the Dionisi Elevator  Dionisi HJ

12:02  Hysterectomy on Large (900cc) Uteri  Kamergorodsky G, Severino Junior C, Lemos N, Kondo L, Pereira D, Ribeiro PA, Aoki T

12:06  Recent Conceptions of Nerve Sparing Radical Hysterectomy under the Magnified View of Laparoscopy  Lee YS

12:15  Laparoscopic Hysterectomy of the Very Large Uterus  Zisow DL

12:30  Closing Remarks
12:35  Adjourn

CHAMPAIGNE 2
Surgical Crossfire Debate 2
To Robot or Not To Robot
Anthony A. Luciano
Pro: Javier F. Magrina vs. Con: Tommaso Falcone

VERSAILLES 3 & 4
Surgical Tutorial 5
Pelvic Sidewall and Cul-de-Sac Dissection
Grace M. Janik, Ceana H. Nezhat

Frozen pelvis and obliterated cul-de-sac are often the result of endometriosis, ovarian remnant, and/or adhesions. A systematic approach to sidewall and cul-de-sac dissection is essential to restore the anatomy for successful treatment and to minimize complications.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Become familiar with normal and abnormal intra- and retroperitoneal anatomy; 2) understand stepwise dissection of the bowel, bladder and ureter to restore anatomy and recognize and manage complications; and 3) witness examples of invasive disease with resection and repair of affected organ(s).

11:35  Systematic Surgical Approach for DIE of the Posterior Compartment  Raymundo TS, Panisset KS, Pinho de Oliveira MA, Crispi CP, Oliveira FM

11:44  Resection of Deep Endometriosis  Cholkeri-Singh A, Miller CE


12:02  Dissection of Endometriosis from Cul-de-Sac and Pelvic Sidewall Using Ultrasonic Energy  Santomauro AG, Ferzandi TR

12:09  Laparoscopic Treatment of Urteral Endometriosis  Kaufman Y, Alturki H, Lam A

12:18  Minimally Invasive Ureteric Reimplantation in Severe Endometriosis  Galletto D, Cavalli N, Tanaka MT, Mendes, Jr. JB, Tanaka AS, Cavalli LO, Pacagnan EF

12:26  Neutral Argon Plasma in Laparoscopic Management of Endometriosis  Nezhat CH, Morozov V

12:33  Closing Remarks
12:35  Adjourn

CONCORDE B
Video Session 7
Endometriosis II
Dennis A. Hiddlebaugh, Moderator
Josef Bodis, Kristinell Keil, Co-Moderators

Endometriosis can be found in a variety of locations during laparoscopic surgery and the surgeon needs to be prepared to deal with each situation in order to provide the patient with a successful outcome. This session concentrates on unique approaches to management of various clinical scenarios involving endometriosis.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Recognize unique challenges for patients with severe endometriosis; 2) diagnose treatment options when hysterectomy might be the most logical conclusion for most physicians; 3) identify how to manage endometriosis involving or abutting the ureters; and 4) determine several approaches to patients with deep endometriosis lesions.

11:35  Systematic Surgical Approach for DIE of the Posterior Compartment  Raymundo TS, Panisset KS, Pinho de Oliveira MA, Crispi CP, Oliveira FM

11:44  Resection of Deep Endometriosis  Cholkeri-Singh A, Miller CE


12:02  Dissection of Endometriosis from Cul-de-Sac and Pelvic Sidewall Using Ultrasonic Energy  Santomauro AG, Ferzandi TR

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12:26  Neutral Argon Plasma in Laparoscopic Management of Endometriosis  Nezhat CH, Morozov V

12:33  Closing Remarks
12:35  Adjourn
Fellowship in Gynecologic Endoscopy Luncheon
and Graduation Ceremony

12:45 PM - 1:45 PM - VERSAILLES 3 & 4
Grace M. Janik, Chair

The Fellowship will hold its annual graduation ceremony for those fellows who have completed either a 1-year or 2-year program. Join the Fellowship Board of Directors as they thank the site preceptors and congratulate the next generation of leaders in minimally invasive gynecology. This luncheon is free to all residents and fellows and to physicians who would like to attend to learn more on how they can be a preceptor site.

12:45pm Introduction/Overview of Fellowship Program
Grace M. Janik

Recognition of Industry Support
Ethicon Endo-Surgery, Inc., Ethicon Women's Health & Urology, Gyrus ACMI Surgical, Karl Storz Endoscopy-America, Inc., Stryker Endoscopy

1:15pm Presentation: Building a Practice Post-Fellowship
Franklin D. Loffer

1:25pm Presentation of Plaques to:
2008 President – Grace M. Janik
Induction of 2009 President – Andrew I. Brill

1:30pm Graduation Ceremony – 2008 Fellow Graduates

Elizabeth E. Ball, M.D., Ph.D.
Charles H. Koh, M.D./Grace M. Janik, M.D., Reproductive Specialty Center, Milwaukee, Wisconsin
Christina A. Bandera, M.D.
Javier F. Magrina, M.D., Mayo Clinic Arizona, Phoenix, Arizona
Belinda K. Beck, M.D.
Robert K. Zurawin, M.D., Baylor College of Medicine, Houston, Texas
Mandi L. Beman, M.D.
Keith B. Isaacson, M.D., Newton-Wellesly Hospital, Newton, Massachusetts
Jennifer L. Daif, M.D.
Mark D. Levie, M.D., Montefiore Medical Center, Centennial Women's Center, Bronx, New York
Isabel C. Green, M.D.
John P.A. George, M.D./Andrew I. Sokol, M.D., Washington Hospital Center, Washington, D.C.
Nicole L. Heidemann, M.D.
C.Y. Liu, M.D., Women's Surgery Center, Chattanooga, Tennessee
Senzan Hsu, M.D.
Camran Nezhat, M.D., Center for Special Minimally Invasive Surgery, Stanford University Medical Center, Palo Alto, California
Bent L.N. Kaiser, M.D.
(Two-year Fellowship 2006-2008)
Mark D. Levie, M.D., Montefiore Medical Center, Centennial Women's Center, Bronx, New York
Radmila Kazanegra, M.D.
Camran R. Nezhat, M.D., Center for Special Minimally Invasive Surgery, Stanford University Medical Center, Palo Alto, California

Connie S. Liu, M.D.
Farr Nezhat, M.D., Mount Sinai School of Medicine, New York, New York
Joseph M. Maurice, M.D.
Michael Hibner, M.D., Ph.D., St. Joseph's Hospital and Medical Center, Phoenix, Arizona
Vadim V. Morozov, M.D.
Ceana H. Nezhat, M.D., Atlanta Center for Special Pelvic Surgery and Reproductive Medicine, Atlanta, Georgia
Shannon L. Sugarman, M.D.
Prabhat K. Ahluwalia, M.D., St Elizabeth Medical Center, Utica New York
Oleksandr (Sasha) Svystonyuk, M.D., FRCSC
Rose C. Kung, M.D./Herbert Wong, M.D., Sunnybrook Health Science Center, Toronto, Ontario, Canada
Jennifer M. Tatalovich, M.D.
Ted L. Anderson, M.D., Ph.D., Vanderbilt University Medical Center, Nashville, Tennessee
Karen C. Wang, M.D.
(Two-year Fellowship 2006-2008)
Arnold P. Advincula, M.D., University of Michigan Medical Center, Ann Arbor, Michigan
Linda C. Yang, M.D.
(Two-year Fellowship 2006-2008)
Ted Teh Min Lee, M.D., University of Pittsburgh Medical Center, Magee Women's Hospital Pittsburgh, Pennsylvania
Patrick P. Yeung, Jr., M.D.
James M. Shwayder, M.D./Resad P. Pasic, M.D., Ph.D., University of Louisville, Department of Obstetrics, Gynecology & Women's Health, Louisville, Kentucky

1:45pm Adjourn
CONCORDE C
Open Communications 5
Hysterectomy
Thierry G. Vancaillie, Moderator
Wu-chou Lin, Eugenio Solima, Co-Moderators

In women requiring hysterectomy for benign indications, is laparoscopic hysterectomy associated with a lower rate of major complications compared with traditional abdominal or vaginal approaches? Is it truly the most effective, least invasive approach to hysterectomy available today or is it hype? Presenters will address changing focus of hysterectomy, operative times for LSH and TLH vs. traditional methodologies, as well as discuss the use of robotics in today’s procedures.

Learning Objectives: At the conclusion of this session, the clinician should be able to: 1) Address the options available for today’s hysterectomy candidate; 2) ensure techniques are appropriate to patient need; 3) use technological advances available to them to lessen recovery time and even perform outpatient procedures; and 4) ensure innovation does not increase complications and side effects by discussing ways to increase positive outcomes.

2:30 Endocervical Coring at Laparoscopic Supracervical Hysterectomy Removes a Majority of Endocervical Glands
Makai GEH, Rosenblatt PL, Kamat BR, DiSciullo AJ
2:36 Safety and Efficiency of Bipolar Electrocoagulation for Total Laparoscopic Hysterectomy
Song J, Hsu C-D
2:42 Laparoscopic Hysterectomy on an Out-Patient Basis: One Year’s Experience in an Urban HMO Setting
Kivnick S, Yera RE
2:48 Incidence, Risk Factors, Indications and Complication Rates of Cesarean Hysterectomy
Cordoba M, Diamond MP, Bahado-Singh RO, Awonuga AO, Dhouk T, Kumar S, Imudia AN
2:54 Intraoperative Blood Loss during Hysterectomy in Women with Benign Uterine Diseases: Comparison of Two Laparoscopic Approaches
Wang Y, Bissonnette F, Bleau G

3:00 Retrospective Analysis of Body Mass Index in 352 Consecutive Cases of Laparoscopic Assisted Hysterectomy with Retroperitoneal Uterine Artery Ligation at its Origin
Mackoul P, Purii R, Khoury S, Sheridan M, Abdallah RT
3:06 Retrospective Review of 716 Women Who Underwent Different Types of Hysterectomy
Mature Labrador A, Ortiz Ruiz ME, del Pilar Reyna Arias ML, Garcia Ruiz R
3:12 Robotic Hysterectomy: A Promising Option for Removal of the Large Uterus
Briggs AB, Landeen LB
3:18 Hysterectomy for Uteri Weighing More Than 500 Grammes: Laparotomy Versus Vaginal Surgery
Letouzey V, Deffieux X, Gervaise A, Frydman R, Fernandez H
3:24 A Review of 200 Cases of Total Laparoscopic Hysterectomy
Na YJ, Kim HG, Park JS, Kim TG, Sun ST
3:28 Closing Remarks
3:30 Adjourn

CONCORDE A
Video Session 8
Infertility, Endometriosis & Urogynecology
Gary Frishman, Moderator
Edin Alagic, Vladimir Antic, Co-Moderators

Operative laparoscopic surgery runs the gamut from simple tubal ligation to complex dissection, excision and suturing. This session demonstrates a variety of complex laparoscopic procedures including infertility, endometriosis and pelvic organ prolapse.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Understand a novel technique for tubal reanastomosis and cervical agenesis; 2) identify several approaches to reconstructive pelvic surgery; 3) discuss management options for ureteral repair, and 4) diagnose advanced techniques for resection of endometriosis.

2:30 Laparoscopic Tubal Anastamosis: The One-Suture Technique
Al-Khaduri M, Kadoch J, Bissonnette F, Lapansee L
2:39 Laparoscopic Treatment of Genitourinary Prolapse
Dionisi HJ
2:48 Recognition and Management of Ureteral Injury during Laparoscopic Hysterectomy
Ferland RJ
2:51 Laparoscopic Management of Cervical Agenesis
Kriplani A, Garg P, Sharma M, Lyngdoh BT
3:00 Laparoscopic Management of Significant Uterovaginal Prolapse
Jain N
3:08 Robotic Extravesical Uretoneocystostomy
Maurice JM, Hibner M
3:15 Tips for Successful Laparoscopic Radical Excision of Advanced Endometriosis Lesions
Sun CH
3:24 Robot Assisted Laporoscopic Resection of Rectovaginal Nodules
Kim JH, Wang KC, Advincula AP
3:29 Closing Remarks
3:30 Adjourn
CHAMPAIGNE 2
Surgical Crossfire Debate 3
Should Intramural Fibroids Be Removed in Infertile Patients?
Alan H. DeCherney
Pro: Charles E. Miller vs. Con: Elizabeth A. Stewart
Sponsored by the American Society for Reproductive Medicine (ASRM)

VERSAILLES 3 & 4
Surgical Tutorial 6
Hysteroscopic Surgery
Barry Sanders, George A. Vilos

There is continuous advancement in the field of hysteroscopy with increasing applications. This tutorial will focus on pearls and pitfalls, including potential complications and their management.

Learning Objectives: At the conclusion of the course, the clinician will be able to: 1) Become familiar with office hysteroscopy, instrumentation and anesthesia; 2) review examples of operative hysteroscopy and correction of intrauterine pathology, such as adhesions, myomas, and septum; and 3) evaluate different types of ablation techniques and how to overcome limitations of global endometrial ablation to improve outcomes.

CONCORDE B
Video Session 9
Endoscopic Techniques II
David L. Olive, Moderator
Ali Ghomi, Kimberly A. Kho, Co-Moderators

This session presents a number of unusual clinical situations, including various presentations and approaches to management of ectopic pregnancy and vaginal agenesis. It also features a video on robotic tubal reanastomosis.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Decipher different endoscopic approaches to treat ectopic pregnancy; 2) know how to perform tubal reanastomosis with robotic assistance; (3) identify two very different surgical approaches to neovagina formation.

2:30 Laparoscopic Cornuotomy for Interstitial (Cornual) Pregnancy in a Fibroid Uterus Quaas AM, Einarsson JJ
2:36 Neovaginoplasty with Left External Pudendal Artery Perforator Flap Han CM, Lee CL, Huang JJ, Cheng MH
3:01 Robotic-Assisted Bilateral Fallopian Tubal Reanastomosis Nezhat FR, Liu CS
3:10 Treatment and Diagnosis of Non-Tubal Ectopic Pregnancies Istre O
3:18 To Fear or Not to Fear, Cancer is the Question Ujvari A, Fulop I, Szakonyi T, Ambrus Z
3:25 Closing Remarks
3:30 Adjourn
CONCORDE C
Open Communications 6
Hysteroscopy
Keith B. Isaacson, Moderator
Yves Leroy, Susan C. Tsai, Co-Moderators

The advances in hysteroscopy have made it a viable and indispensable technique in gynecologic surgery. We will evaluate the safety and cost-effectiveness of hysteroscopy for various uses. Complications from diagnostic, hysteroscopy and hysteroscopic sterilization will also be discussed.

Learning Objectives: At the conclusion of this session, the clinician should be able to: 1) Utilize hysteroscopy both diagnostically and operatively; 2) reduce the possibility of complications such as perforation, hemorrhage, infection and adhesions; and 3) discover advances in hysteroscopy and how they will benefit today’s gynecologic practice.

3:35  Successful Management of Infertile Patient with a Rare Transfundal Uterine Membrane
   Alami R, Kulkarni M, Hebert J, Abuzeid M

3:41  Chronic Pelvic Pain Caused by Bilateral Perforation of Fallopian Tubes after Essure Procedure: A Case Report and Literature Review
   Barhan S, Genrich T, Schissel A, Duke J, Ventolini G

3:47  Unusual Hysteroscopy Findings Causing Abnormal Uterine Bleeding
   Bidwell M, Dhanraj D, Galloway M, Amesse L, Ventolini G

3:53  Our Classification of Hysteroscopic Images Based upon a 23-Year Experience on the Field. A Series of 2270 Cases
   Dotto JE, Lema B, Dotto, Jr, JE, Da Graca Mila PG, Hamou J

3:59  Interobserver Agreement of Transvaginal Ultrasonography and Gel Instillation Sonohysterography (GIS) during Follow-Up of Successful Bilateral Placement of Essure® Microinserts
   Emanuel MH, Betlem M

4:05  Cervical Cancer Recurrence inside a Peritoneal Pseudocyst. Direct Vision Diagnosis Using Ambulatory Hysteroscopy
   Muñoz L, Jiménez JS, Marqueta L, Alvarez C, Bravo V

4:11  Hysteroscopic Sterilization in Small Town America
   Raymond L

4:17  Long-Term Histomorphologic Outcome of Loop Endometrial Resection in Abnormal Uterine Bleeding and Simple Endometrial Hyperplasia Assessed by Office Hysteroscopy: A Prospective Cohort Trial
   Taskin O, Sadik S, Guler A, Onoghu A, Simsek M, Akar M, Ispahi C, Dicle N

4:23  Study on Misoprostol Cervical Pretreatment of Hysteroscopic Surgery
   Xia E

4:29  Minimally Invasive Management of Mislocated Levonorgestrel Intrauterine System: Case Series and a Systematic Review of the Literature
   Hopkins MR, El-Nashar SA, Agudelo-Suarez P, Creedon DJ, Famuyide AO

4:35  Evaluation of Abnormal Uterine Bleeding as a Predictor of Pre-Malignant or Malignant Lesions Present in Endometrial Polyps

4:41  The Value of Pipelle Endometrial Biopsy for the Detection of Pre-Malignant or Malignant Lesions Confined to Endometrial Polyps

4:47  The Use of Bipolar Energy and Saline in Hysteroscopic Surgery: A Series of 75 Patients
   Chandakas S, Erian J

4:53  Correspondence between Hysteroscopic Findings and Severity of Endometrial Chronic Inflammation
   Colafiligio G, Saliani N, De Donatis S, Pinto V, Pastore A, Resta L, Cicinelli E

4:59  Concomitant Essure® Tubal Sterilization and Endometrial Ablation: A New Approach of Therapy of Dysfunctional Uterine Bleeding
   Donnadieu AC, Gervaise A, Deffieux X, Fairev E, Frydman R, Fernandez H

5:05  Closing Remarks

5:10  Adjourn

CONCORDE A
Open Communications 7
Myoma Surgery
Harrith M. Hasson, Moderator
Kevin Lee, Baba Shahnosphadady, Co-Moderators

Uterine myomas represent a considerable part of gynecologic pathology and treatment of fibroids remains quite challenging. This session will present the various treatment options available. Whether using uterine artery embolization, hysteroscopic resection, laparoscopic approach or robotic-assisted laparoscopic myomectomy, achieving good outcomes is possible with appropriate patient management.

Learning Objectives: At the conclusion of this session, the clinician should be able to: 1) Diagnose and treat patients with myomas, even those who are asymptomatic; and 2) assist patients who wish to preserve fertility, with conservative treatment, and integration of a surgical resolution when necessary.

3:35  The Laparoscopic Myomectomy: A Survey of Canadian Gynecologists
   Zolis LR, Cook E, Kung R, Melchior M, Singh S, Liu G

3:41  Prospective Evaluation for the Feasibility and Safety of Vaginal Birth after Laparoscopic Myomectomy
   Kumakiri J, Takeuchi H, Kitade M, Kikuchi I, Takeda S

3:47  Alternative Method of Retrieving Multiple Large Myomata through Colpotomy
   Chiang AJ, Wang YY

3:53  Uterine Artery Embolization with Gelfoam Decreased Pain and Had Similar Clinical Outcomes to Gelfoam Plus Particles in Women with Fibroids
   Vilos GA, Urian R, Yassin A, Chang PT, Garvin G, Kozak R

3:59  A Comparison of Combined Laparoscopic Uterine Artery Ligation and Myomectomy Versus Laparoscopic Myomectomy in Treatment of Symptomatic Myoma
   Alborzi S, Alborzi S

4:05  Intra-Abdominal Adhesions after Uterine Artery Embolization
   Agdi M, Valenti D, Tulandi T

4:09  Robot-Assisted Laparoscopic Myomectomy is an Improvement over Myomectomy via Laparotomy for Patients with a Limited Number of Fibroids
   Ascher-Walsh CJ, Capes TL

Friday, October 31, 2008
3:35 PM - 5:10 PM

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CHAMPAGNE 1
Open Communications 8

Hysterectomy and Advanced Laparoscopy
Louis G. Keith, Moderator
Wachyu Hadisaputra, Kirsten Hald, Co-Moderators

Minimally invasive techniques including laparoscopic and vaginal hysterectomy, despite their numerous advantages, are still not widely accepted among many gynecologists. Minimally invasive techniques are associated with a lower rate of major complications compared with traditional abdominal approaches. Presenters will address the changing focus of hysterectomy, advantages of LSH, TLH and vaginal hysterectomy vs. traditional laparotomy, as well as the use of robotics. Advanced laparoscopic techniques for treating pelvic floor and other gynecologic pathology will also be presented.

Learning Objectives: At the conclusion of this session, the clinician should be able to: 1) Address the options available for hysterectomy; 2) ensure techniques are appropriate to patient need; 3) use the technological advances available to treat concomitant pelvic pathology; and 4) ensure innovation does not increase complications and side effects by discussing ways to increase positive outcomes.
CHAMPAIGNE 2
Open Communications 9
Endoscopic Instruments and Techniques
Paul Indman, Moderator
Connie S. Liu, Tamer Seckin, Co-Moderators
Technology interface enables us to apply new minimally invasive procedures into patient's care. Quite often, the new techniques offer great advantages for patient care in terms of shorter operative times, fewer complications and quicker recovery. Minimally invasive surgical techniques take into account the primary indication for surgery, operating time, hospital stay, and major complications.

Learning Objectives: At the conclusion of this session, the clinician should be able to: 1) Determine appropriate innovative surgical techniques for gynecologic procedures; 2) summarize the feasibility, safety and outcome of various robotically assisted gynecological procedures; and 3) describe a minimally invasive surgical approach for the management ectopic pregnancy and pelvic pain.

3:35 Pain Relief by Continuous Intraperitoneal Nebulization of Ropivacaine during Gynecological Laparoscopic Procedures - A Prospective Randomized Study and Review of the Literature
Kaufman Y, Hirsch I, Ostrovsky L, Klein O, Pizov R, Lissak A

3:41 GnRH Analog Treatment before Hysteroscopic Resection of Submucous Myomas: A Randomized Study

3:47 Feasibility of a Probe Holder to Assist in Gynecological Laparoscopic Surgery
Wang KC, Advincula AP

3:53 SURGVIEW™ – An Innovative Internet Based Surgical Video Archive and Public Forum for Surgeons, Industry, and the Public
Rosenfield RB

3:59 Insulation Failures in Robotic and Laparoscopic Instrumentation: A Prospective Evaluation

VERSAILLES 4
Open Communications 10
Endometriosis
Togas Tulandi, Moderator
Bala Bhagavath, Karen Fish, Co-Moderators
The frequency of the recurrence of endometriosis has risen in recent decades. Deep infiltrating endometriosis is often seen in gynecologic practice, and can be especially difficult to treat. Although definitive surgery is considered the treatment of choice for recurrence, a second conservative technique is often employed in order to increase chances of successful pregnancy.

Learning Objectives: At the conclusion of this session, the clinician should be able to: 1) Diagnose and treat endometriosis with novel approaches; 2) understand the recurrence of endometrioma following surgical intervention; 3) understand the treatment of deep infiltrating endometriosis of the colon; and 4) compare different approaches for patients with recurrent pain after treatment.

3:35 Laparoscopic Treatment of Deep Endometriosis with Segmental Colorectal Resection: Short-Term Morbidity

3:41 Conservative Laparoscopic Management of Urinary Tract Endometriosis Surgical Outcome and Long-term Follow-Up

3:47 Evaluation of the Endometriosis Histological Classification Observed in Specimens of Women Affected by Superficial, Deeply Infiltrating Endometriosis and Ovaries
Kamergorodsky G, Ribeiro PA, Lemos NLBM, Galvao MAL, Aoki T

Angioni S, Mais V, Litta R, Cela V, Melis GB
Friday, October 31, 2008
3:35 PM - 5:10 PM

CONCORDE B
Video Session 10
Urogynecology
Scott P. Serden, Moderator
Georgine Lamvu, Catherine Matthews, Co-Moderators

This session demonstrates a variety of innovative urogynecologic procedures, and clearly shows how far this field has come in the past decade. Laparoscopic sacrocolpopexy and sacrocervicopexy have now become popular procedures, along with vaginal mesh repairs. In addition, this session will cover laparoscopic approaches to vesicovaginal fistula and ureteral injury.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to: 1) Utilize several laparoscopic and robotic techniques for performing sacrocolpopexy for pelvic prolapse; 2) use innovative vaginal approaches to graft augmentation and techniques used to remove mesh for post-operative erosions; and 3) conduct techniques for the management of vesicovaginal fistulas and ureteral injuries.

3:35 Posterior Wall Prolapse Repair; Apical Fascial Defects
Castillo PA, Espaillat LM, Davila GW

3:44 Tips and Techniques for Non-Robotic Laparoscopic Sacrocolpopexy
Rardin CR, Ward RM, Erekson EA, Wohlrab KJ

3:53 Transvaginal Mesh Excision for Complications Following Transvaginal Mesh Placement
Park AJ, Chen CCG, Walters MD, Jelovsek JE

4:02 An Integrated Anterior and Apical Mesh Prolapse Repair – The Pinnacle Procedure
Miller DP

4:11 Large Vesicovaginal Fistula Repair
Jean-Michel M, Castillo PA, Davila GW

4:20 Robotic Sacrocervicopexy with Synthetic Mesh for Advanced Uterine Prolapse
Rosenblatt PL

4:28 Minimally Invasive Approach to Pelvic Reconstructive Surgery

4:37 Laparoscopic Repair of Vesico-Vaginal Fistula without Bladder Bipartition
Cavalli LO, Mendes, Jr JB, Tanaka MT, Tanaka AS, Pacagnan EF, Cavalli N, Galletto D

4:45 Laparoscopic Sacrohysterectomy
Broach A, Lee T

4:53 Cystourethroscopy: A Guide for the Gynecologist
Green IC, Sokol AI, Robinson-Walton B, Kudish B

5:02 Ureter Injury and Laparoscopic End-to-End Anastomosis
Kim DH, Lee IK, Lee IH

5:11 The Diagnosis of Abdomino-Pelvic Tuberculosis by Laparoscopically Assisted Peritoneal Biopsies
Worley, Jr. MJ, Slomovitz BM, Nejat EJ, Staples BJ, Baergen RN, Caputo TA

5:18 Minimally Invasive Buttock Cosmetic Enhancement by the Gynecologist (Office Gluteoplasty with Liposuction and Fat Grafting under Local Anesthesia)
Pelosi II MA, Pelosi III MA, Avellanet C

5:27 Closing Remarks

5:30 Adjourn
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<table>
<thead>
<tr>
<th>Time</th>
<th>Concorde C</th>
<th>Versailles 1</th>
<th>Champagne 1</th>
<th>Champagne 2</th>
<th>Versailles 4</th>
<th>Champagne 4</th>
</tr>
</thead>
</table>
| 7:30am| Open Comm. 11  
Hysteroscopy II  
7:30am-9:55am | Open Comm. 12  
Advances in MIG  
7:30am-9:55am | Open Comm. 13  
Teaching, Training  
& Learning Endoscopy  
7:30am-9:00am | Affiliated Society Session  
SOBENGE  
7:30am-8:30am | Surgical Tutorial 7  
Laparoscopic Excision of Endometriosis  
7:30am-8:30am | Video Session 11  
Hysteroscopy/Endoscopic Techniques  
7:30am-9:55am |
| 8:35am| Affiliated Society Session  
SIAEGI  
8:35am-9:35am | Surgical Tutorial 8  
Core Surgical Strategies During Laparoscopic Surgery  
8:35am-9:55am | |

10:00am | Silent Auction Winners — 10:00am – 10:10am — Concorde A & B |
10:10am | Telesurgery Session — 10:10am – 1:10pm — Concorde A & B |
1:15pm | Farewell Reception — 1:15pm – 2:15pm — Champagne 1 |
Appropriate conduct of clinical trials is a labor intensive, complex process requiring adherence to the research protocol, as well as local and national guidelines. Participation has potential advantages of revenue generation and patient inflow, but requires careful planning and performance so that the practitioner does not end up unknowingly subsidizing the device and pharmaceutical industry, or violate rules and regulations.

This course is designed to help physicians (e.g. investigators) and study coordinators (e.g. nurses, medical assistants) improve their performance of human clinical trials. Succinctly stated, this course will focus solely on the "nuts and bolts" of study conduct. This is not a course in research or study design! Vital components of the process, which PIs/coordinators must be aware of, include a discussion of why to participate in clinical trials, differences between drug and device trials, what sponsors need from investigative sites including the roles of the investigator and coordinator, budgeting for trials, subject recruitment, obtaining informed consent, and how to prepare for an audit. Participants will be asked to provide problems/questions/situations for review and discussion.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to: 1) Better prepare the investigator/coordinator to prepare their budget for a clinical trial; 2) enable the investigator/coordinator to obtain truly informed consent from participants; and 3) provide information to improve interactions of the investigative site personnel with study sponsors and their monitors.

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>7:30am</td>
<td>Welcome, Introductions and Overview</td>
<td>M.P. Diamond</td>
</tr>
<tr>
<td>7:35am</td>
<td>Overview of Logistical Issues and Conduct of Clinical Research Trials</td>
<td>M.P. Diamond</td>
</tr>
<tr>
<td>8:05am</td>
<td>What Will Sponsors Need from Investigative Sites: Roles/Activities of Investigators and Coordinators</td>
<td>K.L. Collins</td>
</tr>
<tr>
<td>8:30am</td>
<td>What Are Sponsors Looking For?</td>
<td>V. Duvall</td>
</tr>
<tr>
<td>8:55am</td>
<td>Components of Clinical Trial Agreement</td>
<td>V. Duvall</td>
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<tr>
<td>9:20am</td>
<td>Refreshment Break</td>
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</tr>
<tr>
<td>9:35am</td>
<td>Budgeting: Should You Accept the Sponsor's Summary of Events and Payments?</td>
<td>M.P. Diamond</td>
</tr>
<tr>
<td>10:00am</td>
<td>Budget Preparation Workshop – Group Breakouts</td>
<td>All Faculty</td>
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<tr>
<td>10:30am</td>
<td>Review and Discussion – Questions &amp; Answers</td>
<td>All Faculty</td>
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<tr>
<td>11:00am</td>
<td>Panel Discussion – Questions &amp; Answers</td>
<td>All Faculty</td>
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<tr>
<td>11:15am</td>
<td>What Would You Do If…</td>
<td>All Faculty</td>
</tr>
<tr>
<td>11:30am</td>
<td>Complete Course Evaluations – Adjourn</td>
<td>All Faculty</td>
</tr>
</tbody>
</table>
CONCORDE C
Open Communications 11
Hysteroscopy II
Jay Berman, Moderator
Rafael F. Valle, Robert Zurawin, Co-Moderators

The advances in hysteroscopy have made it a viable and indispensible technique in gynecologic surgery. We will evaluate the safety and cost-effectiveness of hysteroscopy for various procedures. Complications from diagnostic, hysteroscopy are presented and hysteroscopic sterilization are discussed and presented.

Learning Objectives: At the conclusion of this session, the clinician should be able to: 1) Utilize hysteroscopy both diagnostically and operatively; (2) reduce the possibility of complications such as perforation, hemorrhage, infection and adhesions; 3) discover the advances in office hysteroscopy and hysteroscopic sterilization techniques; and 4) understand the reproductive outcome after various hysteroscopic procedures.

7:30 Hysterosalpingogram after Essure Sterilization in a Private Practice: Patient Compliance and Results Glazerman LR
7:36 Outcome of Hysteroscopic Treatment of Submucous Myomata. A Ten Year Follow Up Gallinat A, Nugent W
7:48 Intra Uterine Reciprocator System (IUR) Reduces Risk of Synechiae Significantly Compared to Repeated Curettage in Taking Out Remnant Placental Tissue Following Incomplete Curettage or Postpartum Placental Removal de Graaf I, Dietz V, Emanuel MHI, Schoot D
7:54 Temperature of Distention Fluid and Risk of Overload in Operative Hysteroscopy de Freitas Fonseca M, Andrade, Jr. CM, Cardoso MJE, Crispi CP
8:00 Transcervical Myomectomy Using Placenta Forceps with or without Assisted by Resectoscope is Effective and Simple Moon HS, Park KH, Kim SG, Park GS, Kim SG, Goo JS
8:06 The Prediction Ability of Transvaginal Ultrasound Compared to the Hysteroscopic Findings Sharon A, Anderman S, Gurgula O, Irge D, Hallak M
8:12 Retrospective Analysis of Hysterosalpingogram Confirmatory Test Follow-Up after Essure® Hysteroscopic Sterilization; 4-Year Experience in a Community Setting Guiahi M, Goldman KN, Olson CG
8:18 Essure® for the Treatment of Hydrosalpinx Prior to IVF Emanuel MH, Mijatovic V, Schats R, Hompes P
8:30 Comparison between Laparoscopy and Ultrasonography on Guidance for Transcervical Resection of Intruterine Adhesions Yu D, Xia E, Liu Y, Huang X
8:36 Reproductive Outcome after Hysteroscopic Metroplasty in Women with Primary Infertility Abuzeid M, Sakhel K, Imam M, Mitwally MF, Ashraf M, Diamond MP
8:54 Pregnancy Outcome after Hysteroscopic Submucous Myomectomy. Eight Year Follow Up Nugent W, Gallinat A
9:00 Efficacy of Endometrial Ablation in the Treatment of Abnormal Womb Bleeding: Retrospective Analysis and a 100 Cases Follow-Up Archangelo SCV, Francisco AMC, Carvalho MA
9:06 Hysteroscopic View and Their Correlation with Pathologic Findings in the Diagnosis of Endometrial Carcinoma Kim JS
9:12 Predictors of Pain during and after Office Hysteroscopy Raymundo TS, Fonseca MF, Santos LC, Crispi CP, Andrade CM, Lambiet MF
9:18 An Electronic Data Sheet in an Abnormal Uterine Bleeding Clinic: Saving Time & Improving Care Abu-Rafea BF, Vilos GA
9:24 Reproductive Outcome after Hysteroscopic Metroplasty in Patients with T-Shaped Uterus Ehiremen S, Salem W, Hebert J, Ashraf M, Abuzeid MI
9:30 Virtual Hysteroscopy by Gel Instillation Sonohystrography (GIS) Emanuel MH, Exalto N
9:36 Evaluation of Reproductive Outcome of Hysteroscopic Septectomy in Unexplained Infertility Pattanayak MCh
9:50 Closing Remarks
9:55 Adjourn

VERSAILLES 2
Open Communications 12
Advances in MIG
Ralph Turner, Moderator
Michael Hibner, Ryan Zlupko, Co-Moderator

In the last few decades we have witnessed tremendous advances in minimally invasive surgery. Almost all gynecologic procedures can be done by some type of minimally invasive modality. The technological discoveries are quickly applied in the field of surgery making the procedures less invasive and more patient friendly.

Learning Objectives: At the conclusion of this session, the clinician should be able to: 1) Understand the laparoscopic advantages of total, supracervical and radical hysterectomy; 2) discuss the laparoscopic operation of adnexal masses during pregnancy; 3) recognize the laparoscopic treatment of pelvic organ prolapse; and 4) understand the laparoscopic treatment of ovarian tumors.

Saturday, November 1, 2008
7:30 AM - 9:55 AM

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Chair(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:42</td>
<td>Excision of a Giant Ovarian Cyst by Open Laparoscopy during Late Second Trimester</td>
<td>Durmusoglu F, Yoldemir T, Yilmaz C</td>
</tr>
<tr>
<td>7:48</td>
<td>Video Laparoscopic Fertility-Sparing Surgery in Patients with Low Malignant Potential (LMP) Ovarian Tumors: Farghaly's Technique</td>
<td>Farghaly SA</td>
</tr>
<tr>
<td>7:54</td>
<td>Comparative Study of Laparoscopically Assisted Vaginal Hysterectomy (LAVH) and Total Laparoscopic Hysterectomy (TLH)</td>
<td>Jin K, Jaing MG</td>
</tr>
<tr>
<td>8:00</td>
<td>Patient-Satisfaction after Laparoscopic Total or Supracervical Hysterectomy</td>
<td>Kafy S, Tulandi T, Al-Sanann B, Kabli N</td>
</tr>
<tr>
<td>8:06</td>
<td>Clinical and Histopathological Analysis of Laparoscopically Treated Ovarian Endometriotic Cysts with Special Reference to Loss of Follicles</td>
<td>Kim H, Cho S, Nam A, Choi YS, Moon HS, Lee BS, Park KH</td>
</tr>
<tr>
<td>8:12</td>
<td>Laparoscopic Operation of Adnexal Masses during the First Trimester of Pregnancy</td>
<td>Ko ML, Pan HS</td>
</tr>
<tr>
<td>8:24</td>
<td>Spillage of Ovarian Masses during Laparoscopic Surgery</td>
<td>Martra F, Peano E, Ferrero A, Volpi E</td>
</tr>
<tr>
<td>8:30</td>
<td>Changing Practice from Laparoscopic Supracervical Hysterectomy to Total Hysterectomy</td>
<td>Mousa A, Zarei A, Tulandi T</td>
</tr>
<tr>
<td>8:36</td>
<td>Hysterectomy is Feasible in a True Ambulatory Surgical Setting</td>
<td>Ribot, Jr. HD</td>
</tr>
<tr>
<td>8:42</td>
<td>Quality of Life and Laparoscopic Treatment of Intestinal Deep Infiltrating Endometriosis (DIE): A Preliminary Brasilian Report</td>
<td>Sekula VG, Ribeiro PA, Ribeiro HA, Donadio N, Aoki T</td>
</tr>
<tr>
<td>8:48</td>
<td>Laparoscopic Sacrocolpexy: Establishment of a Learning Curve</td>
<td>Youssef C, Dautin D, Nassif J, Wārtiez A</td>
</tr>
<tr>
<td>8:54</td>
<td>Single Port Access (SPA™) Hysterectomy in a Teaching Institution: Comparison of Single Port to Traditional Multiport Laparoscopy</td>
<td>Shepherd JA, King S, Della Badia C, Offer RE, Currículo II PG, Green MA, Atogho A</td>
</tr>
<tr>
<td>9:00</td>
<td>Laparoscopic Supracervical Hysterectomy: Myths and Realities</td>
<td>Cano A, Cano C, Ortiz ME, Serrano AL, Cano S</td>
</tr>
<tr>
<td>9:06</td>
<td>OVERCome Study (Olive Oil Vaginal Exercise and Reps*)</td>
<td>Jarvis SK, Mok K, Friedlander M, Vancallie TQ</td>
</tr>
<tr>
<td>9:30</td>
<td>Laparoscopic Excision of Infiltrative Endometriosis Improves Outcomes of Women Previously Treated with In Vitro Fertilization</td>
<td>Zanatta A, Bianchi PHM, Pereira RMA, Fioravanti J, Serafni PC, Motta ELA</td>
</tr>
<tr>
<td>9:36</td>
<td>Closing Remarks</td>
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<tr>
<td>9:40</td>
<td>Adjourn</td>
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**CHAMPAGNE 1**

**Open Communications 13**

**Teaching, Training and Learning Endoscopy**

**Gerald J. Shirk, Moderator**

**David Levine, Tirso Perez-Medina, Co-Moderators**

This session will delve into important topics in gynecologic care, from hysterectomy to robotics and removal of cancerous and non-cancerous lesions. With a focus on physicians in training, you will get perspectives on improving skills and increasing patient satisfaction. Come and hear what experts in the field have to say on these important topics.

**Learning Objectives:** *At the conclusion of this session, the clinician should be able to:* 1) increase patient satisfaction through improved lab-based skills; 2) understand laparoscopic techniques in hysterectomy; 3) have knowledge of the use of robotics and simulations; and 4) understand the trends, techniques and advancements to strengthen core competencies.

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Chair(s)</th>
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<tbody>
<tr>
<td>7:30</td>
<td>Laparoscopic Intrapitoneal Paraortic Lymphadenectomy: A Comparison of Outcomes in a Fellowship Training Program</td>
<td>Nezhat FR, Moghaddam S, Datta MS, Yildirim G, Yadav J, Liu C, Zakashansky K</td>
</tr>
<tr>
<td>7:36</td>
<td>Enhancing the Laparoscopic Performance with Training Simulators: Comparison of the LTS 2000 and the Computerized Hybrid Physical Reality Simulator LTS3E</td>
<td>Meinhold-Heerlein I, Schollmeyer T, Soinioka AS, Gopalghare DV, Hasson HM, Mettler L</td>
</tr>
<tr>
<td>7:42</td>
<td>Surgeons’ Experience and Interaction Effect in Randomized Controlled Trials Comparing New to Older Surgical Techniques</td>
<td>Roman H, Marpeau L, Hulsey TC</td>
</tr>
<tr>
<td>7:48</td>
<td>The Effect of Noise and Distractions on Surgeons’ Laparoscopic Proficiency</td>
<td>Franken S, Kahol K, Mattox J, Smith M</td>
</tr>
<tr>
<td>7:54</td>
<td>Validation Study of the Use of Video Laparoscopic Training: A Randomized, Controlled Trial</td>
<td>Yeung, Jr. PP, Justice T, Pasic RP</td>
</tr>
<tr>
<td>8:00</td>
<td>Laparoscopic Training and Projected Practice Among Fellows-in-Training in Gynecologic Oncology</td>
<td>Frumovitz M, Greer M, Soliman PT, Schmeler KM, Moroney J, Bodurka DC, Ramirez PT</td>
</tr>
<tr>
<td>8:12</td>
<td>Perceived Proficiency in Endoscopy Among Senior Ob/Gyn Residents, an Update</td>
<td>Einarsson J</td>
</tr>
</tbody>
</table>
8:18 Fundamentals of Laparoscopic and Hysteroscopic Surgery: What Should We be Teaching Our Ob/Gyn Residents? Jacobson MT, Chen B, Beatty M, Nezhat CR
8:24 Changing Patterns of Gynaecological Surgical Workloads in Dublin over 20 Years O’Sullivan R, McMenamin M
8:30 Proposal of a Formal Gynecologic Endoscopy Curriculum Morozov V, Nezhat CH
8:36 Fundamentals of Laparoscopic Surgery (FLS) as a Validated Skills Assessment Tool in Gynecology Hur HC, Arden D, Awtrey C, Jukelevics L, Jones D
8:48 Robotics in Residency Training: The Evolution of Technology and Surgical Education Green IC, Sokol AI
8:54 Learning Uterine Artery Embolization with a Simulator McLucas B
8:58 Closing Remarks
9:00 Adjourn

VERSAILLES 3 & 4
Surgical Tutorial 7
Laparoscopic Excision of Endometriosis
Jörg Keckstein, Philippe R. Koninckx
7:30am – 8:30am

Deeply infiltrating endometriosis (DIE) is a complex entity with invasive characteristics. Complete treatment of the disease is essential to maximize outcomes.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Become familiar with vaporization and excision techniques to completely eradicate the disease; 2) [insert verb?] individualization of treatment technique based on the affected organ(s); and 3) [verb?] pearls and pitfalls to minimize complications and improve outcomes

CHAMPAGNE 4
Video Session 11
Hysterectomy/Endoscopic Techniques
Michael Traynor, Moderator
Onur Bilgin, Kristin E. Patskovsky, Co-Moderators

Laparoscopic gynecologists can perform a variety of hysterectomy-types, including LAVH, LSH, and TLH. This session concentrates on novel approaches and new instrumentation to facilitate these and other procedures. These innovative techniques include single port access, transcervical morcellation, and different approaches to morcellation. New instruments being shown feature a novel trocar system and a device for safe laparoscopic access.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) [insert verb?] novel approaches to total laparoscopic and supracervical hysterectomy; 2) [verb?] alternative morcellation techniques; 3) [verb?] about innovative devices to assist with laparoscopic access; and 4) [verb?] new laparoscopic techniques that can help the laparoscopic surgeon in a number of different situations.

7:30 Single Port Access (SPA) Hysterectomy – Techniques and Applications Shepherd JA, Della Badia C, King S
7:38 Total Laparoscopic Hysterectomy: A Novel Technique with Standard Guidelines for the Beginner Kulkarni MA, Puntambekar SP, Patil AM, Puntambekar SS, Kashyap MA
7:47 Total Laparoscopic Hysterectomy Technique Modified with Ultrasonic Scalpel Litta PS, Fantinato S, Cocco A, Conte L, Guidetti G, Saccardi C
7:56 Laparoscopic Supracervical Hysterectomy with Transcervical Morcellation Rosenblatt PL, DiSciullo AJ
8:05 Laparoscopic Hysterectomy in the Setting of a Large Infracervical Fibroid Einarsson JJ
8:12 Total Laparoscopic Hysterectomy with No Risk of Uterine Injury (Laparoscopic Aldridge’s Method) Watanabe T, Okamura C
8:21 CISH Procedure with Transcervical Uterine Morcellation Makai G, DiSciullo AJ
8:29 Laparoscopic Scalpel Morcellation with Colpo-Probe Assistance Rosenthal DM
Overview

These presentations represent experiences of the Iberoamerican community in different aspects of the laparoscopic and hysteroscopic techniques.

Program Objectives

At the conclusion of the course, the clinician will be able to: 1) Analyze basics to solve situations in surgeries that have concomitant factors, such as, profound endometriosis, uterine miomatosis, cancer, annex problems, adherence factors, etc, using alternative practices to minimize the surgical risks in those surgeries of minimal invasion; 2) recognize the diagnostic and therapeutic values of hysteroscopy in menopause, making relevance of the therapeutic conduct in the hysteroscopic and anatomical-pathological findings; 3) understand experience and indications for the surgical technique designed by George Mellier for the repair of the posterior compartment defect and vaginal vault prolapse, using transobturator approach; 4) understand experience best approach via laparoscopy; and 5) exchange knowledge and to make strong ties among Iberoamerican physician.
Telesurgery Sessions

Resad P. Pasic, Chair

10:10 AM - 1:10 PM - CONCORDE A & B

(11:00am Informal luncheon served outside the ballroom during telesurgery)

These surgeries, televised via satellite for clearer picture and without delayed audio, offer physicians a chance to view surgeries, ask questions of the surgeons and discuss details of the case.

Live telesurgery sessions have always been a highlight of the AAGL meetings attracting large crowds and featuring top class surgeons performing different minimally invasive procedures. This live telesurgery session will show three different approaches to laparoscopic hysterectomy: supracervical hysterectomy, total hysterectomy and radical hysterectomy. During this session you will be able to compare these three techniques and have real time dialogue with these surgeons at which time you can ask questions regarding indications for the different approaches and surgical technique.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Understand the criteria for choosing LSH vs TLH; 2) understand the technique of LSH and TLH; and 3) understand the indications and technique of laparoscopic radical hysterectomy.

**LSH**

**Surgeon**

**Viviane F. Connor**
Cleveland Clinic Florida
Westin, Florida

Amy L. Garcia, Moderator • Assia Stepanian, Co-Moderator

**TLH**

**Surgeon**

**Ted Lee**
Magee Womens Hospital
Pittsburgh, Pennsylvania

Charles E. Koh, Moderator

**Laparoscopic Radical Hysterectomy**

**Surgeon**

**Shailesh Puntambaekar**
Galaxy Laparoscopy Institute, Pvt., Ltd.
Pune, India

Eugenio Solima, Moderator • Kate O’Hanlan, Co-Moderator

Supported in part by an unrestricted educational grant from
Ethicon Women’s Health & Urology

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Farewell Reception

1:15 PM - 2:15 PM - CHAMPAGNE 1

Plan on attending the “Farewell Reception” following the telesurgery as AAGL wraps up the week! Join members of the AAGL Board and the Scientific Program Committee for refreshments, camaraderie, and “The Week in Pictures”, highlighting the activities and events of the 37th Global Congress of Minimally Invasive Gynecology.
Industry Sponsored Breakfasts

THURSDAY, OCTOBER 30, 2008

6:00am – 7:45am
Champagne 3 & 4

**Boston Scientific**

A Deeper Look: An Innovative Approach to Anterior Prolapse Repair

6:00am – 7:45am
Concorde C

**Ethicon Women’s Health & Urology**

Enhancing Practice Effectiveness

6:00am – 7:45am
Versailles 3 & 4

**Intuitive Surgical**

da Vinci: The Next Frontier in Minimally Invasive GYN Surgery

6:00am – 7:45am
Versailles 1 & 2

**Novare Surgical Systems**

Experiences with Single Port Surgery, TLH and Other Minimally Invasive Procedures

FRIDAY, OCTOBER 31, 2008

6:00am – 7:45am
Versailles 3 & 4

**American Medical Systems**

Experience with MiniArc and Elevate: The Case for Single Incision Surgery and Mesh Repairs

6:00am – 7:45am
Champagne 2

**CooperSurgical**

Conventional Laparoscopic or Robotic-Assisted Hysterectomy: Perspectives from Dr. Advincula and Dr. Koh

6:00am – 7:45am
Champagne 3 & 4

**Covidien**

Innovation in Energy: “Tips and Techniques for Improving Operative Outcomes in Hysterectomies”

6:00am – 7:45am
Versailles 1 & 2

**LSI Solutions**

Overcoming Barriers to TLH: Laparoscopic Vaginal Cuff Closure Made Easy with RD180™ and TK
VERSAILLES 3 & 4
Successful Collaboration for the Latest Treatments of Fibroids
Expanding Your Fibroid Treatment Options

Sponsored by BioSphere Medical, Inc.

COURSE DESCRIPTION
This course will review the latest in minimally invasive treatments of fibroids with the emphasis on successful practice building in conjunction with the interventional radiologist. Today’s Ob/Gyns have many options for treating their fibroid patients and UFE continues to prove to be a viable and durable treatment option that is underutilized. The faculty will review important topics for the Ob/Gyn to successfully incorporate UFE and other minimally invasive therapies into their practice that will provide safe and positive outcomes for their patients. The session will conclude with a question and answer session.

TOPICS
• Teaming Up with Interventional Radiology Can Work!
• UFE: Perspectives of a Successful UFE Practice and Proper Pain Management
• How Does the Current Clinical Literature Support the Durability and Efficacy of UFE?
• Determining the Best Treatment Option for Each Patient: UFE and Other Minimally Invasive Treatment Options

FACULTY
Robert K. Zurawin, M.D.
Associate Professor of Obstetrics and Gynecology,
Baylor College of Medicine
Houston, Texas

Linda Bradley, M.D.
Vice Chairman of Obstetrics, Gynecology and Women’s Health Institute
Director, Center for Menstrual Disorders,
Fibroids & Hysteroscopic Services,
Cleveland Clinic
Cleveland, Ohio

John Fischer, M.D.
Assistant Professor of Radiology,
St. Luke’s Episcopal Hospital,
Baylor College of Medicine
Houston, Texas

James B. Spies, M.D.
Professor of Radiology and Chairman and Chief of Service,
Department of Radiology,
Georgetown University School of Medicine
Washington, D.C.

Registration
There is no charge for attendance at this Non-CME event, but you must register at the AAGL registration desk.
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CHAMPAGNE 3 & 4  
Future Trends in Pelvic Surgery  
Apical Prolapse Repair  

Sponsored by Boston Scientific  

COURSE DESCRIPTION  
This program is intended to give the participant understanding of the potential physician and patient benefits of performing uterine preservation, a ‘quantum leap’ in our treatment algorithm for pelvic prolapsed repair. The faculty will discuss successful strategies and potential watch-outs of this new, totally intravaginal procedure. Technique, a literature review of outcomes and the evolution of this procedure will be reviewed.  

TOPICS  
• Hysterectomy or Preservation  
• Technology Considerations and Practical Clinical Experience  
• Panel Discussion and Q&A  

FACULTY  
Roger P. Goldberg, M.D., MPH  
Northwestern University Feinberg School of Medicine  
Division of Urogynecology, Evanston Northwestern Healthcare  
Evanston, Illinois  

Registration  
There is no charge for attendance at this Non-CME event, but you must register at the AAGL registration desk.
VERSAILLES 1 & 2
Enabling Outpatient Hysterectomies: Open, Laparoscopic, and Vaginal Approaches

Sponsored by Covidien

COURSE DESCRIPTION
This course will cover the role energy plays in the ability to perform outpatient hysterectomies. The participating physicians will present clinical data on the technology and procedural application of energy. The physicians will discuss surgical techniques in abdominal, laparoscopic, and vaginal approaches that can provide safe and positive outcomes for an outpatient hysterectomy. The session will conclude with a panel discussion, followed by a question and answer segment.

TOPICS
• How Energy Advances are Enabling the Gynecologic Surgeon
• Outpatient Abdominal Hysterectomy
• Outpatient Vaginal Hysterectomy
• Laparoscopic Hysterectomy

FACULTY
Craig Sobolewski, M.D.
Chief, Division of Gynecologic Specialties
Co-Director Center for Minimally Invasive Gynecologic Surgery
Duke University Medical Center
Durham, North Carolina

Alan Garely, M.D.
Chief, Division of Gynecology
Director, Urogynecology & Pelvic Reconstructive Surgery
Winthrop University Hospital
Mineola, New York

Barbara Levy, M.D.
Medical Director Women's Health Center,
Franciscan Health System
Federal Way, Washington

Ceana Nezhat, M.D., FACOG, FACS
Director, Nezhat Medical Center
Center for Special Minimally Invasive Surgery
& Reproductive Medicine
Northside Hospital
Atlanta, Georgia

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Industry Sponsored Symposia
THURSDAY, OCTOBER 30, 2008 — 5:15 PM - 7:15 PM

CONCORDE C
Contemporary Challenges in Minimally Invasive Gynecology

Sponsored by Ethicon Endo-Surgery and Ethicon Women’s Health & Urology

COURSE DESCRIPTION
This course will explore contemporary challenges in minimally invasive gynecology including hysterectomy and pelvic floor repair. Though laparoscopic surgery has increased over the past fifteen years and is now part of the teaching curriculum, still 60% of hysterectomies are done open. The faculty will explore the barriers to laparoscopic hysterectomies. Topics will include reimbursement, training, devices, data and patient selection and demand. With the use of mesh and mesh kits for pelvic floor repairs, there is an increased need for a better understanding of avoidance of potential mesh complications, as well as management of mesh related complications. Topics presented will include patient selection, surgeon technique, anatomic review of tissue planes and tissue preparation. In the event erosion or exposure of mesh should occur, the faculty will discuss techniques for handling these complications.

LEARNING OBJECTIVES
At the conclusion of this course, the clinician will be able to: 1) Identify patients appropriate for laparoscopic hysterectomies and pelvic floor repair; 2) recognize barriers of adoption in laparoscopic hysterectomies in your practice; 3) implement strategies to avoid mesh related complications in pelvic floor repair surgery; and 4) manage mesh complications in pelvic floor repair surgery.

FACULTY
Charles Miller, M.D.
Moderator
Director of Minimally Invasive Gynecologic Surgery, Lutheran General Hospital, Park Ridge, IL
Clinical Associate Professor, University of Chicago
Clinical Associate Professor, University of Illinois at Chicago
Chicago, Illinois

Steve McCarus, M.D.
Chief, Division of Gynecologic Surgery
Director, Center for Pelvic Health
Orlando, Florida
Florida Hospital Celebration Health
Orlando, Florida

Marie-Fidela R. Paraiso, M.D.
Assistant Director of the Fellowship in Urogynecology & Reconstructive Pelvic Surgery
Department of Obstetrics and Gynecology
Cleveland Clinic Foundation
Cleveland, Ohio

Robert Rogers, M.D.
Health Center Northwest
Kalispell Regional Medical Center
Kalispell, Montana

Lori L. Warren, M.D.
Advanced Laparoscopic Surgeon
Baptist Hospital East
Women First of Louisville
Louisville, Kentucky

Warren Volker, M.D.
Assistant Professor & Director, Division of Research in Women’s Health & Maternal-Child
University of Nevada School of Medicine
Las Vegas, Nevada

Registration
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530 Evaluation of New Tools in Postgraduate Surgical Education Nassif J, Zacharopoulou C, Attieh E, Wattiez A

531 Adhesion Barrier Induced Pelvic Abscess Following Laparoscopic Myomectomy: A Report of a Case Pan HS, Ko ML

532 Colpoperineoplasty in Women with a Sensation of Wide Vagina – 130 Cases Pardo J, Solà V, Ricci P

533 Minimally Invasive Labioplasty for the Correction of Hypertrophy of Labia Minora. Follow Up of 200 Cases Pardo J, Solà V, Ricci P

534 Labia Majora Augmentation with Autologous Fat Transfer Pelosi III MA, Pelosi II MA, Avellanet C


536 Partial Uterine Septum and Duplicated Cervix: Pregnancy Course of a Woman Diagnosed with a Rare Müllerian Anomaly Shavell VI, Berman JM, Diamond MP

537 Abdominal Pregnancy in a Peritoneal Sac. An Unusual Implantation Site Zaldivar Neal AG, Reyes Cuervo H, Ortiz Ruiz E, Galvan Duque Rivero F
### Video Posters

A new session in this year’s Global Congress is the Video Poster Presentation. All the videos listed below will be shown in a continuous loop in booth #442 in the Exhibit Hall on Thursday and Friday during Exhibit Hours. Visit the booth and see these high-quality videos submitted in this year’s Call for Abstracts.

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<td>Novel Technique for Retrieval of Leiomyomata after Robotic Myomectomy</td>
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| Rectal Endometriosis: Case Report and Literature Review | Huge Intraligamentary Myoma Diagnosed at Midpregnancy |
| Elorriaga E, Morgan F | Kim DH, Lee IK, Kim JJ, Lee IF |

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| Prevention and Management of Vascular Complications in Endometriosis Surgery | Radiofrequency Ablation of Uterine Fibroids – A New Gynecologic Treatment |
| Kaufman Y, Alturki H, Lam AM | Lee BB |

| Endoscopic Technique | | | |
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| Segmental Ureteral Resection and Termino-Terminal Anastomosis | Laparoscopic Myectomy of a Vaginal Fibroid |

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<td>Laparoscopic Hysterectomy. Practical Tips for Challenging Cases</td>
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<td>Applications of the Laparoscopic Morcellator Knife</td>
<td>Evaluation on the Procedure for Reducing Emergent Conversion to Laparotomy of LAVH</td>
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<td>Single-Port Oophorectomy with AirSeal Trocar</td>
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Video Posters

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566  Robotic Assisted Laparoscopic Total Pelvic Exenteration Nezhat FR, Hagopian G, Peresic D, Bradley W, Liu CS

567  Fertility Sparing Robotic-Assisted Radical Trachelectomy and Bilateral Pelvic Lymphadenectomy in Early Stage Cervical Cancer Nezhat FR, Liu CS, Lerner D, Chuang L

569  Laparoscopic Vault Excision Puntambekar SP, Kulkarni MA, Puntambekar SS, Patil AM, Wagh GN

Pelvic Pain

570 Extirpation of the Uterus Sacral Ligaments in Patients with Endometriosis and Chronic Pelvic Pain Dionisi HJ

571  Laparoscopic Resection of Urachal Cyst Yang LC, Carroll K, Lee TTM

Urogynecology/Pelvic Floor Disorder

572  Trocar-Assisted Sling Suspension for Stress Urinary Incontinence Han CM, Lee CL, Yen CF, Wang CJ, Kay N, Soong YK

573  Laparoscopic Vesicovaginal Fistula Repair Rosenblatt PL, Hanaway KJ

Other

574  Unusual Causes of Ovarian Rupture Leading to Life Threatening Hemoperitoneum Kar S

575  Pregnant Noncommunicating Rudimentary Uterine Horn Presenting Placenta Percreta Roman H, Henriet E, Loisel C, Diguet A, Resch B, Sabourin JC, Marpeau L


577  Excision of Adrenal Rest and Ectopic Fibroids at Time of Total Laparoscopic Hysterectomy Tang K, Hur HC

578  Direct Vision Laparoscopic Access in a Case of Pregnancy Complicated by Adnexal Torsion Troncoso JL, Ricci P
Opening Reception

**EXHIBIT HALL**

**Wednesday, October 29, 2008 • 6:45 p.m. – 8:30 p.m.**

Immediately following the Opening Session on Wednesday, October 29th, the AAGL will present an Opening Reception in the exhibit hall. The AAGL and our industry partners will host a reception to welcome you to the AAGL 37th Global Congress! Join your friends and colleagues in the exhibition hall to sample hor d’ouvres, and enjoy complimentary cocktails as music fills the hall. This is the perfect time to preview the exhibits and to join us in our grand Congress kick-off!

**EXHIBIT HALL**

**Wednesday, Oct. 29**

06:45 pm – 08:30 pm Opening Reception in Exhibit Hall

**Thursday, Oct. 30**

09:15 am – 03:00 pm Exhibit Hours

09:15 am – 10:30 am Refreshment Break in Exhibit Hall

12:45 pm – 02:00 pm Luncheon in Exhibit Hall

**Friday, Oct. 31**

09:15 am – 03:00 pm Exhibit Hours

09:15 am – 10:30 am Refreshment Break in Exhibit Hall

12:45 pm – 02:00 pm Luncheon in Exhibit Hall

**Exhibitors for the 37th Global Congress**

The following companies are participating:

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For 37 years, the AAGL has led in providing education and training for gynecologists in minimally invasive surgery. Our mission is to help physicians provide the safest, most therapeutic, and economical care for women. Visit our booth to learn more about all the opportunities AAGL offers to inform you about current developments in minimally invasive gynecology.

Aesculap offers a wide variety of laparoscopic instruments that improve surgical performance and enhance patient care during minimally invasive surgery. The portfolio of products includes a comprehensive range of reusable, reposable, and single-use instruments along with ligation devices, endoscopes, and trocars.

AKJ Market Research will be collecting Physician input on the value and important features of a low cost, high quality sling kit. AKJ Market Research will be collecting Physician input on the value and important features of a low cost, high quality sling kit.

American Academy of Cosmetic Gynecologists is a group of physicians comprised mainly of gynecologists who have successfully integrated aesthetic procedures within their practice. This organization is solely interested in exchanging ideas, making aesthetic surgical techniques safer, and banding political support.

American Medical Systems is a world leader in medical devices and procedures that treat incontinence, prolapse and menorrhagia. Any one of these conditions can profoundly diminish a patient’s quality of life and significantly impact relationships. Our products provide a cure for these diseases, often through minimally invasive surgery.

Angiotech is the bidirectional barbed wound closure device that closes wounds without tying knots. Bidirectional, helical spaced barbs in the suture material grab tissue in one direction and catch in the other, providing improved efficiency and enhancing wound closure. For more information please visit www.AngioEduPro.com/Quill or call 877-991-1110 for a free trial.

Apple Medical Corporation invites visitors and attendees to register for a free trial of the Mobius Elastic Abdominal Retractor at the Exhibit. Attendees are also encouraged to review the Pelosi Uterine Manipulator, Fischer Cone Biopsy Excisors, Apple trocars and a variety of unique probes and devices.

As a new generation medical company, Applied has introduced enabling technologies such as the Direct Drive® atraumatic graspers, 15mm Separator® system and the GelPort® laparoscopic system. For TAH, myomectomy, oophorectomy and cesarean section procedures, the Alexis® wound retractor provides 360 degrees of atraumatic retraction and protection. Please visit our booth or www.appliedmedical.com.

Aragon Surgical, Inc. is dedicated to helping surgical patients and their physicians by inventing, developing, and commercializing surgical products which reduce operative time and improve patient safety. Founded in 2005 and privately owned, Aragon Surgical works with numerous surgeons to identify areas where operative performance can be improved. Our surgical devices are designed to help gynecologic surgeons, general surgeons, and surgical specialists in the performance of both laparoscopic and open procedures.

It gives us great pleasure to invite you to Brisbane, Australia, for the 3rd AAGL International Congress in conjunction with the AGES.
uterine fibroid embolization, or UFE. Through a focus on gynaecological surgery, the Congress will explore issues pertaining to sexual and reproductive medicine, pelvic pain, endometriosis, prolapse and cancer surgery. We offer new insights into normal sexual function, hormone replacement, cosmetic and ‘rejuvenating’ gynaecology. AGES is the pre-eminent gynaecological surgical association representing the majority of practising gynaecologists in Australia and New Zealand. We invite you to visit Australia - the Great Barrier Reef, the beaches, the rainforests, the Red Centre, and Brisbane our conference city.

Bard Urological Division  
Booth Number: 220  
13183 Harland Drive  
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FAX: 678.342.4990  
With a dedicated focus on female pelvic health, Bard equips the physician with a full line of results-driven products for urinary incontinence and pelvic organ prolapse. Bard leads the way in developing implants that dramatically enhance the effectiveness for better long term patient outcomes in pelvic health. Together, we collaborate – creating intuitive, innovative products designed to simplify and, optimize surgical procedures.

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FAX: 800.756.4952  
Website: www.baxterbiosurgery.com  
Baxter is a global medical products and services company with expertise in medical devices, pharmaceuticals and biotechnology. ADEPT Adhesion Reduction Solution [4% Icodextrin] is a single use, sterile, clear and colorless fluid for intraperitoneal administration. FLOSEAL [Hemostatic Matrix], is a highviscosity gel that is clinically proven to control bleeding from capillary oozing to pulsatile flow.

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Biosphere Medical, Inc.  
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1050 Hingham St  
Rockland, MA 02370 USA  
PH: 800.395.0295  
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Biosphere Medical, Inc. has pioneered minimally invasive diagnostic and therapeutic products based on its proprietary patented bioengineered polymers and manufacturing methods. The Company’s core technologies are used to produce microscopic spherical materials with unique beneficial properties for a variety of medical applications. BioSphere’s principal focus is the treatment of symptomatic uterine fibroids using a procedure called uterine fibroid embolization, or UFE.

Biosphere Medical, Inc.

Boston Scientific  
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FAX: 508.683.5810  
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Boston Scientific is a leading developer of less invasive medical technologies. Our products include devices for the treatment of such conditions as menorrhagia, pelvic floor reconstruction, and female urinary incontinence. Please visit our exhibit to learn about our newest technologies and our full line of products.

Boston Scientific

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FAX: 716.835.3414  
Buffalo Filter* is a medical device manufacturer with a primary focus on manufacturing and engineering products for the evacuation and filtration of hazardous smoke plume generated during laser/electrosurgical procedures. Products include: surgical smoke evacuators, ULPA/HEPA replacement filters, and accessories (tubes, adapters, and wands) for various medical specialties.

Buffalo Filter

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Agoura Hills, CA 91301  
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FAX: 866.422.5339  
Website: www.calderamedical.com  
Caldera Medical is a women’s health company dedicated to developing innovative products for the global market place in the Urology and Gynecology specialties. Caldera’s product families include Desara®, a synthetic sling and Hydrix™ XM, a bovine pericardium graft tissue. Caldera’s products address the conditions of female stress urinary incontinence and pelvic organ prolapse.

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PH: 800.323.9088  
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Cardinal Health
The Journal of Minimally Invasive Gynecology Worldwide pleased to announce the launch of its new ongoing book feature Technical Exhibit Description. Each issue will include a description of the latest technical exhibits and equipment related to minimally invasive gynecology and obstetrics.

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102 First Street S
Kalona, IA 52247
PH: 319.656.4447
FAX: 319.656.4451

For over 25 years, CIVCO has been at the forefront of clinical innovation in radiation therapy and ultrasound guidance. Leveraging our expertise in these areas, CIVCO has begun developing specialty products for laparoscopic surgery. Our first offering, the Laparostat™ instrument holder, is a 2007 SLS Innovation of the Year winner.

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PH: 612.337.7800
Website: www.us.coloplast.com

Coloplast Women’s Health offers innovative solutions for the treatment of Stress Urinary Incontinence and Pelvic Organ Prolapse. Our SUI portfolio features Aris®, Supris™ and DuraspHERE® EXP. The Aris® Trans-obturator and Supris™ Suprapubic surgical kits include disposable introducers and a lightweight, marcoporous, low elasticity, sheath-free sling. DuraspHERE® EXP is an effective, permanent, and non-immunogenic bulking agent. Coloplast offers both synthetic and biologic options for treating pelvic organ prolapse: NovaSilk®, an innovative synthetic mesh provides a lighter, thinner, softer alternative while reducing overall implant material. Biologic options include the natural, safe, Tutoplast processed cadaveric Axis™ dermis and Suspend® fascia lata.

Conceptus, Inc.

331 East Evelyn Avenue
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FAX: 416.922.3501

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Utica, NY 13502 USA
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FAX: 315.732.7991

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Urology & Women’s Health
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Bloomington, IN 47402
PH: 812.339.2235
FAX: 812.339.3704
Website: www.cookmedical.com

With international headquarters in Bloomington, Indiana, Cook® Medical (www.cookmedical.com), the world’s largest privately held medical device manufacturer, is a leading designer, manufacturer and global distributor of minimally invasive medical device technology for diagnostic and therapeutic procedures. Since its founding in 1963, Cook has created innovative technologies for radiology, cardiology, urology, critical care medicine, general surgery, assisted reproduction, gynecology and obstetrics, endovascular medicine, gastroenterology and endoscopy.

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FAX: 203.601.4741
E-mail: e-mail@coopersurgical.com
Website: www.coopersurgical.com

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FAX: 303.581.6879
Website: www.covidien.com

Covidien is a leading global healthcare products company that creates innovative medical solutions for better patient outcomes and delivers value through clinical leadership and excellence. Covidien manufactures a diverse range of industry-leading products in five segments including Surgical and Energy-based Devices. Please visit www.covidien.com to learn more.

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FAX: 215.239.3494

Elsevier is proud to publish The Journal of Minimally Invasive Gynecology, the official journal of AAGL. Advancing Minimally Invasive Gynecology Worldwide. Please stop by our booth to view the latest issue of the journal and browse our other books and journals in the field of gynecology.
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Boulder, CO 80301 USA  
PH: 303.444.2600  
FAX: 303.444.2693
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38700 La Tronche, France  
PH: +33 (0) 7663 7583  
FAX: +33 (0) 7664 7592
E-mail: infos@endocontrol-medical.com  
Website: www.endocontrol-medical.com
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Endometriosis Association  
Booth Number: 240
8585 North 76th Place  
Milwaukee, WI 53223  
PH: 414-355-2200  
FAX: 414-355-6065
The Endometriosis Association is an international nonprofit organization with over 27 years of support to those affected by endometriosis. Along with support, our mission is to educate patient, professional, and public audiences about the disease as well as fund research related to endometriosis. Research activities include an Open Research Fund, collaboration with the National Institutes of Health, and the sponsoring of a research program at Vanderbilt University School of Medicine. Numerous publications are available, including four books published by the Association, scientific articles, and brochures in 29 languages.

Ethicon Endo-Surgery, Inc.  
Booth Number: 200
4545 Creek Road, ML 20  
Cincinnati, OH 45242 USA  
PH: 513.337.7000
Ethicon Endo-Surgery, Inc. develops and markets advanced medical devices for minimally invasive and open surgical procedures, focusing on procedure-enabling devices for the interventional diagnosis and treatment of conditions in general and bariatric surgery, as well as gastrointestinal health, gynecology and surgical oncology. More information can be found at www.ethiconendo.com.

Ethicon Women's Health & Urology  
Booth Number: 200
Route 22 West, P.O. Box 151  
Somerville, NJ 08876-0151 USA  
PH: 908.218.2466  
FAX: 908.218.2471
Ethicon Women's Health & Urology is dedicated to providing innovative, minimally invasive treatments for common women's health conditions. The division offers solutions for female stress urinary incontinence; pelvic floor repair; postsurgical adhesions; menorrhagia; and benign uterine conditions, such as fibroids and polyps. Ethicon Women's Health & Urology is a division of Ethicon Inc., a Johnson & Johnson company.

Gentera Tables, LLC  
Booth Number: 341
8215 Santa Clara  
Dallas, TX 75218  
PH: 214.321.1819  
FAX: 877.826.1100
Gentera Tables is proud to offer the Elle 450 power exam table. The Elle 450 is designed for standard office exams but is also quickly configured to provide a minor operative procedure platform. Visit the Gentera Tables exhibit for a demonstration of the Elle 450 and how it can enhance your practice.

Gyrus ACMI/Olympus  
Booth Number: 311
136 Turnpike Road  
Southborough, MA 01772  
PH: 508.804.2600  
FAX: 888.524.7266
Website: www.GyrusACMI.com
Olympus and Gyrus ACMI, two of the world’s leading suppliers of medical visualization and energy systems, have joined forces to create a more versatile organization destined to push beyond the boundaries of minimally invasive surgery. The best-in-class tissue management systems of Gyrus ACMI perfectly complement the innovative array of world-class medical systems and leading-edge opto-digital technology offered by Olympus, generating exciting synergies that will propel the Olympus Group into a new era. Powered by the introduction of Gyrus ACMI, Olympus is closer than ever to our goal of a healthy, happy, more meaningful life for our global community. Power through integration — Olympus.

Halt Medical, Inc.  
Booth Number: 428
131 Sand Creek Road, Suite B  
Brentwood, CA 94513  
PH: 925.634.7943  
FAX: 925.634.7841
The Halt 2000 is an Electrosurgical Radiofrequency Generator designed to deliver monopolar radiofrequency (RF) energy to ablate soft tissue through a hand held disposable electrosurgical device, TulipTM or TU1000TM.
The Generator has temperature or power displays depending on the mode being used to assist the physician in monitoring and controlling the ablation throughout the procedure.

Hologic  
Booth Number: 100
250 Campus Drive  
Marlborough, MA 01752 USA  
PH: 508.263.2900  
FAX: 508.263.2961
The NovaSure Impedance Controlled Endometrial Ablation System offers a bi-polar RF technology for the treatment of excessive menstrual bleeding due to benign causes. The NovaSure System provides a superior clinical solution to other treatment options
as it is quick, simple, safe and successful. The NovaSure System is engineered to provide an impedance-controlled, customized ablation of the uterine lining for each patient. The NovaSure System can be used anytime during the menstrual cycle, on patients with or without intracavitary pathology and does not require pretreatment.

**HRA Research**
Booth Number 239
400 Lanidex Plaza
Parsippany, NJ 07054
PH: 973.240.1200

**Immersion Medical**
Booth Number: 631
55 West Watkins Mill Road
Gaithersburg, MD 20878
PH: 240.813.6409

Immersion Medical is Perfecting the Practice* of Physicians with revolutionary TouchSense® Technology (Haptics) virtual reality simulators designed for acquiring Laparoscopic Gynecological technical and cognitive competence in conducting surgical procedures. We have Essential Laparoscopic skills training with an Ob-Gyn module that includes Tubal Occlusion, Ectopic Surgical Intervention and Salpingo-Oophorectomy. Discover us: www.ImmersionMedical.com.

**InnoGyn, Inc.**
Booth Number: 326
15499 Arnold Drive, Ste A
Glen Ellen, CA 95442
PH: 707.939.0144

InnoGyn, Inc. specializes in developing comprehensive turn-key business opportunities for leading-edge cosmetic surgery applications, training programs, technology, branding, and proprietary “know-how” in aesthetic medicine. InnoGyn supports its customers throughout the US and in over 30 countries with a network of direct sales representatives and authorized distributors.

**Innovamed, Inc.**
Booth Number: 822
PO Box 528
La Jolla, CA 92038
PH: 619.221.2929

Innovmed, Inc. was founded to develop new devices to enhance medical safety, accuracy and effectiveness in response to physicians’ needs. The Laprostop, their latest innovation helps to control trocar insertion depth during laparoscopic procedures. It is a disposable plastic device and attaches easily to a trocar and can be locked into place at any point along the cannula. It fits any style of trocar, and is available in three sizes: 5mm, 6mm, 10mm, and 12mm. Check us out at : www.Innovamed-us.com.

**InSightec, Ltd.**
Booth Number: 716
P.O. Box 2059
Tirat Carmel, 39120 Israel
PH: 972.4.813-1361
FAX: 972.54.318.8343
Website: www.insightec.com
Website: www.uterine-fibroids.org
ExAblate® 2000 uses MR guided focused Ultrasound Surgery (MRgFUS), integrating high intensity focused ultrasound energy and Magnetic Resonance Imaging (MRI) to provide a non-invasive, outpatient treatment modality for uterine fibroids. Over 4500 patients have been treated with significant symptom relief. This alternative procedure reduces recovery time from weeks to days so patients can get back to their lives sooner. For more information, please visit www.insightec.com.

**Intuitive Surgical**
Booth Number: 519
1266 Kifer Road, Building 101
Sunnyvale, CA 94086 USA
PH: 408.523.2100
FAX: 408.523.1390

Intuitive Surgical, Inc. is the global technology leader in robotic assisted, minimally invasive surgery. The Company's da Vinci® Surgical System enables gynecologic surgeons to offer new, minimally invasive treatment options to potentially hundreds of thousands of women.

**International Society of Cosmetogynecology (ISCG)**
Booth Number: 527
350 Kennedy Blvd.
Bayonne, NJ 07002
PH: 201.436.8025
FAX: 201.339.5030
E-mail: contact@iscgyn.com

The world’s first and largest association of Gynecologic Specialists in female cosmetic surgery and medicine. We offer one-to-three day monthly hands-on course in cosmetic medical and surgical procedures, accredited for up to 26 CME credits. Cosmetic medical procedures, Liposuction, Abdominoplasty, Breast Cosmetic Surgery and Fat Transfer.

This year ISCG also offer fellowships of various lengths in cosmetogynecology (they include meals, room, transportation, certificate of attendance, and CME credits).

**Lexion Medical**
Booth Number: 629
5000 Township Parkway
St. Paul, MN 55110 USA
PH: 651.635.0000
FAX: 651.636.1671

Lexion Medical, a leader in the design and manufacture of innovative medical technology dedicated to improving patient care offers:

The Insuflow® Laparoscopic Gas Conditioning Systems that warms the CO2 to 950F and 95% relative humidity reducing the incidence of hyperthermia, pain and post-operative analgesics up to 80%, reduces nausea and significantly shortens recovery time.

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**Lippincott Williams & Wilkins**
Booth Number: 630
2652 Hourglass Drive
Henderson, NV 89052
PH: 702.293.5828
FAX: 702.293.5728
Lisa Laser USA  
Booth Number: 830  
9232 Klemetson Drive  
Pleasanton, CA 94588  
PH: 925.468.0433  
FAX: 925.399.5984  
Lisa Laser USA introduces the two micron RevoLix Jr. laser system. This laser is delivered through flexible fibers for minimally invasive procedures. The fibers are autoclavable and reusable providing a cost effective surgical solution. The two micron laser beams has a shallow depth of thermal necrosis while producing clean incisions with excellent hemostasis.

LSI Solutions  
Booth Number: 627  
7796 Victor Mendon Road  
Victor, NY 14564  
PH: 585.869.6600  
FAX: 585.742.8086  
Your hysterectomy patients deserve the best and so do you. Laparoscopic manual suturing and knot tying can be too time consuming and inconvenient. LSI Solutions’ automated technology for gynecologic surgery offers fast, easy, and precise laparoscopic suture placement with almost no learning curve. Better options for you and your patient.

Marina Medical Instruments  
Booth Number: 434  
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Sunrise, FL 33326 USA  
PH: 954.924.4418  
FAX: 954.924.4419  
You will not find a better value for your German instrument purchases anywhere else. Our standard product line includes Deep Pelvic instruments, the Booky Retractor with extra long blade choices, and standard and 45 cm Laparoscopy instrumentation. Our selection also includes: Hysterectomy Clamps, Lighted Retractors, Martin’s Arms, Breisky Retractors, Pessaries, and Electrosurgery instrumentation.

Market Access Partners  
Booth Number: 332  
3236 Meadow View Road  
Evergreen, CO 80439 USA  
PH: 303.526.1900  
FAX: 303.526.7920  
Market Access Partners provides market research consulting to the medical device and pharmaceutical industries. We use innovative qualitative and quantitative methodologies to research opinions of physicians, nurses and patients. We offer a management oriented approach to product development and marketing.

MAST Biosurgery  
Booth Number: 138  
6749 Top Gun Street, Suite 108  
San Diego, CA, 92121 USA  
PH: 858.550.8050  
FAX: 858.550.8060  
The SurgiWrap Biodegradable Protective Sheet is designed to support and reinforce soft tissues and minimize soft tissue attachments (STAs) to the device, FDA Cleared for both open and laparoscopic procedures. MAST Biosurgery is a leader in the design, development, and production of biodegradable polymer implants, and emerging new technologies for use in a variety of surgical applications.

MedSurg LRC, LLC  
Booth Number: 633  
MASTERCLASS MD  
1707 Post Oak Blvd, Suite 290  
Houston, TX 77056  
PH: 832.693.1999  
FAX: 713.626.5742  
MedSurg LRC, through a professional website configuration as MASTERCLASS MD, offers on-line surgical tutorials portraying the intricacies and potential difficulties of both routine and advanced procedures performed by renowned surgeons recognized for their surgical expertise. A parallel website, INFORMED-CONSENT MD, is an interactive on-line program that provides an in-depth pre-operative presentation to the patient, documenting his/her surgical procedure and the associated risks.

Medtronic Neuromodulation  
Booth Number: 141  
7000 Central Avenue NE  
Fridley, MN 55432 USA  
PH: 763.526.8318  
FAX: 763.703.4912  
Website: www.medtronic.com  
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Microsulis Medical Ltd.  
Booth Number: 340  
Denmead, Hants, United Kingdom  
PH: 44.230224.0011  
FAX: 44.23.924.0051  
Website: www.microsulis.com  
Microsulis is a global medical technology company using a proprietary technology platform to optimize and deliver therapeutic ablation. Microsulis’ first product, Microwave Endometrial Ablation (MEA), is a NICE recommended minimally invasive device for the successful treatment of Menorrhagia. Breadth of patient applicability and superior long term clinical results has proven that MEA successfully eliminates or significantly reduces menstrual bleeding in a vast majority of patients.

Mpathy Medical  
Booth Number: 525  
175 Paramount Drive  
Raynham, MA 02767  
PH: 866.319.8820  
FAX: 508.819.3109  
Website: www.mpathymedical.com  
Mpathy Medical has developed less invasive surgical solutions for urinary stress incontinence (USI) and pelvic organ prolapsed (POP). The Company’s mesh products, designed by a surgeon, are constructed with Smartmesh™ Technology – the physiologi-
cally compatible, ultra lightweight mesh, which encourages superior collagen growth for optimal outcomes. Mpathy Medical offers a full line of products for treating USI and POP, including Minitape® and Restorelle.”

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Booth Number: 834
16 Technology Drive, Suite 118
Irvine, CA 92618 USA
PH: 949.753.7844
FAX: 949.753.7845
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Booth Number: 421
10440 Bubb Road, Suite A
Cupertino, CA 95014 USA
PH: 877.668.2730
FAX: 408.873.3168
Website: www.novaresurgical.com
Novare develops, manufactures and markets RealHand™ High Dexterity instruments for minimally invasive surgery. Offering 7 degrees of freedom of movement, the greater dexterity and control achieved with RealHand is leading the way in advanced laparoscopy and emerging minimally invasive therapies such as Single Incision surgery and NOTES.

**Novasys Medical, Inc.**
Booth Number: 635
39684 Eureka Drive
Newark, CA 94560 USA
PH: 510.226.4060
FAX: 510.353.0475
Novasys Medical, Inc. is dedicated to the development of innovative therapies in women’s health. The company’s first product, the Renessa® System, is a proprietary, non-surgical treatment for female stress urinary incontinence (SUI). The device utilizes radiofrequency energy to remodel the patient’s own collagen in the bladder neck and urethra, firming the tissue and reducing incontinence episodes.

**OBG Management**
(Dowden Health Media)
Booth Number: 339
110 Summit Avenue
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PH: 201.391.9100
FAX: 201.391.2778
*OBG Management* is the first journal to combine clinical and practice management information under one cover and is celebrating its 20th year of publication. Under the guidance of Editor-in-Chief Robert Barbieri, MD, *OBG Management* offers immediacy, authoritativeness, and recognition among the 40,750 ob/gyns and subspecialties served. According to the PERQ/HCI June 2008 Medical/Surgical Readership Study, *OBG Management* is the #1 A-sized journal in readership across every category measured in FOCUS and Media-Chek and #1 overall in APEX (ad page exposures)/Media-Chek within the same report. *OBG Management* has also partnered with the AAGL to develop and disseminate all of the association’s annual conference online enduring materials.

**OBG Products**
Booth Number: 730
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Vienna, VA 22182
PH: 703.893.9411
FAX: 703.448.7357
Hysterectomy can by total or subtotal. Total hysterectomy is the standard of care and has increases risk of ureter injury, post operative infection and longer recovery period. The subtotal Hysterectomy has shorter recovery time, no risk for ureter injury and preserves pelvis anatomy. However subtotal Hysterectomy has increased risk of cervical cancer dysplasia and cyclic bleeding. In our new approach as Modified subtotal Hysterectomy the inner cervix is removed using our Endocervical Electrode which gives benefits of total Hysterectomy without the risk of total Hysterectomy.

**Olympus/Gyrus ACMI**
Booth Number: 311
One Corporate Drive
Orangeburg, NY 10962 USA
PH: 800.548.5514
FAX: 800.833.1482
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**Omnitech Systems, Inc.**
Booth Number: 227
450 S. Campbell Street, Suite 2
Valparaiso, IN 46385
PH: 219.531.5532
FAX: 219.464.0380
Website: www.omnitechsystems.com
Patented gyn ABLATE™ Partial Endometrial Ablation device (PEA), features: Office use, minimum dilatation, direct vision, ease of use, RF energy, standard ESU, <2.5 minute treatment time, without long term complications of GEA. Your comments and evaluation of our prototype and the initial testing are welcome. Not FDA cleared for marketing.

**Pall Medical**
Booth Number: 328
2200 Northern Blvd.
East Hills, NY 11548
PH: 516.801.9858
FAX: 516.801.8548

**Patton Surgical**
Booth Number: 322
6300 Bridgepoint Parkway
Building Two, Suite 420
Austin, TX 78730 USA
PH: 512.329-0469
FAX: 512.328-9113
Patton Surgical improves the quality of patient care through advancements in surgical instrument technology. The PassPort™...
Double-Shielded Trocar is endorsed by renowned laparoscopic surgeons for providing unequaled protection against catastrophic vessel and organ injury.

**Peak Surgical, Inc.**
Booth Number: 436
2464 Embarcadero Way
Palo Alto, CA 94303
PH: 650.331.3032
FAX: 650.331.3293
Website: www.peak surgical.com

Peak Surgical presents the PEAK PlasmaBlade, a new device that cuts as precisely as a scalpel and controls bleeding as effectively as traditional electrosurgery without extensive collateral thermal damage."

**Plasma Surgical, Inc.**
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1009 Mansell Road, Suite F
Roswell, GA 30076
PH: 678.578.4390
FAX: 678.578.4395


**Simbionix USA Corp.**
Booth Number: 427
11000 Cedar Ave, Suite 210
Cleveland, Ohio 44106
PH: 216.229.2040
FAX: 216.229.2070
E-mail: info@simbionix.com
Website: www.simbionix.com

Simbionix is a global leader in medical simulation and education technologies. LAP Mentor™ takes advantage of Simbionix' cutting-edge technology to provide realistic hands-on training that mimics the look and feel of an actual surgical procedure. Simbionix new GYN module, a unique training environment, provides surgeons with true-to-life experience practicing laparoscopic fundamental GYN procedures.

**Smith & Nephew Endoscopy**
Booth Number: 133
150 Minuteman Road
Andover, MA 01810
PH: 978.749.1000
FAX: 978.749.1599

Smith & Nephew Endoscopy is the world leader in arthroscopy, minimally invasive surgery for the joints. We are committed to reducing trauma and pain to the patient, reducing cost to healthcare systems, and providing better outcomes for surgeons with our broad range of techniques and instruments for minimally invasive surgery. Please see our “Hysteroscopic Morcellator” at Booth #133.

**Society of Aesthetics in Medicine**
Booth Number: 828
453 Main Street, Suite 3A
Farmingdale, NY 11735
PH: 516.680.5355
FAX: 516.756.9082

The Society of Aesthetics in Medicine is dedicated to training physicians in the art of in-office cosmetic surgery completely under local anesthesia. Our exhibit will consist of a display advertising our workshop along with brochures or be distributed to the physicians.

**Sony Electronics, Inc.**
Booth Number: 628
1 Sony Drive, MD#1F5
Park Ridge, NJ 07656
PH: 201.476.8346
FAX: 201.930.4761

Sony Electronics is demonstrating high-definition display, printing and storage solutions at the Global Congress of Minimally Invasive Gynecology (AGGL) annual meeting this week. Sony will be showcasing its ImageCore HD™ Capture System, which enables full HD video and stills that can be easily stored on discs or sent over a network.

**SOPRO–COMEG**
Booth Number: 626
124 Gaither Drive, Suite 140
Mount Laurel, NJ 08054
PH: 800.289.6367
FAX: 856.222.4726

Sopro-Comeg develops, manufactures and distributes medical devices for minimally invasive surgery. We have served the medical field for more than 30 years. Sopro-Comeg is specialized in high quality endoscopic capital equipment: video cameras (HD, 3 CCD, 1 CCD), light sources, external dessufflation insufflator (20l, 30l, 45l) and more. Sopro-Comeg also manufactures high quality endoscopes and laparoscopic instruments. We cover various endoscopic specialties such as Laparoscopy, Urology, Gynecology, Arthroscopy, ENT and Spine. For more information consult our new website: www.sopro-comeg.com.

**Sound Surgical Technologies LLC**
Booth Number: 238
357 South McCaslin Boulevard, Suite 100
Louisville, CO 80027 USA
PH: 888.471.4777
FAX: 720.294.2848
Website: www.vaser.com

VASER® Lipo, by Sound Surgical Technologies, is a minimally invasive body contouring procedure that can be performed in-office and provides practices additional income while expanding their continuum of care. VASER Lipo utilizes ultrasonic energy to emulsify targeted fat while preserving tissue critical to fast recovery and smooth results.

**Spectra Science**
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San Diego, CA 92121
PH: 858.847.0200
FAX: 858.847.0880

The LUMA® Cervical Imaging System by SpectraScience was developed to significantly improve the detection of high-grade precancerous cervical abnormalities that have the potential of becoming invasive cancer. The LUMA® System has been proven to find at least 26% more high-grade precancerous disease than the gold standard colposcopy in women with ASC and LSIL Pap tests.
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Surgimedics' Smoke Evacuation Systems remove smoke plume, reduce potential mutagens and odors and are ideal for laser and electrosurgical procedures. The newly redesigned PureVac is especially recommended for gynecology procedures. Its single-use filter is ideal for any viral procedure. Stop by and check it out today!

SURGiVIEW provides an internet based community to surgeons, industry, and the general public. Surgeons can archive and view media files for personal use or share with the world to enhance education and improve patient care. SURGiVIEW provides a single access point for surgeons, industry, and the public to interact and share.

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Indianapolis, IN 46278 USA  
PH: 800.556.0349  
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13170 Telfour Avenue  
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PH: 800.874.2646  
FAX: 800.309.6436  
Tri-anim Surgical Solutions is a leading provider of innovative surgical technology for women’s health, such as the LiNA Loop, LiNA Power Blade and the new Wisap Semm Morcellator. Tri-anim Surgical Solutions also provides the ContaSure family of single-incision needleless, female and male adjustable incontinence slings from Neomedic.

Richard Wolf Medical Instruments Corporation  
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353 Corporate Woods Parkway  
Vernon Hills, IL 60061 USA  
PH: 847.913.1113  
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Richard Wolf offers a complete line of instruments designed specifically for Laparoscopic GYN, Hysteroscopic Surgery and instruments for the office. The product portfolio includes classic products like the Bipolar Kleppinger, as well as many new products like the Princess, Bipolar Chip E-Vac, HySafe forceps, 2.7mm Endoscopes (12* and 30*), and the OptiFLOW.
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Having an interest in or affiliation with a corporate organization does not prevent someone from presenting, but the relationship must be made known. Faculty must also disclose if their presentation contains “off-label” use of medications or devices. The intent of this policy is to alert those hearing or viewing the presentation that the use is not recommended by the manufacturer.

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Board and Committee Meetings

Monday, October 27, 2008
8:00am-5:45pm AAGL Board Meeting – Bordeaux

Tuesday, October 28, 2008
8:00am-9:30am Foundation of the AAGL – Bordeaux
10:45am-11:45am Research Committee – Burgundy
12:15pm-2:00pm JMIG Editorial Board – Burgundy
2:15pm-3:45pm Fellowship Preceptors – Bordeaux
4:00pm-5:30pm Fellowship Board – Bordeaux
5:45pm-6:45pm Affiliated Society President’s Council Reception – President’s Suite
(by invitation only)

Thursday, October 30, 2008
9:45am-11:15am Oncology Committee – Burgundy
9:45am-11:15am ACGE Board Meeting – Bordeaux
12:15pm-2:00pm Fellows Meeting – Bordeaux
2:30pm-3:30pm Endometriosis Committee – Burgundy
4:15pm-5:15pm AAGL/AGES – Bordeaux

Friday, October 31, 2008
9:00am-9:45am AAGL/ESGE – Bordeaux
11:00am-12noon AAGL Corporate Council – Versailles 1
2:00pm-3:00pm Allied Healthcare Professionals – Burgundy
4:30pm-5:30pm Fellowship Administrators Meeting – Bordeaux

Education Calendar

October 28-November 1, 2008
Global Congress of Minimally Invasive Gynecology
AAGL 37th Annual Meeting
Scientific Program Chair: Resad P. Pasic, M.D., Ph.D.
Paris Las Vegas • Las Vegas, Nevada

January 19-22, 2009
III International Congress on Reproductive Medicine
“Family Reproductive Health”
Scientific Center for Obstetrics, Gynecology and Perionatology
Moscow, Russia
Email: kongrepro@mail.ru

January 28-31, 2009
Hysterectomy and Alternative Methods to Treat Benign Uterine Disease
Scientific Program Chair: Philippe Koninckx
Congress Centre ’t Elzenveld Lange Gasthuisstraat
Antwerp, Belgium

April 2009
18th Annual Comprehensive Workshop on Minimally Invasive Gynecology for Residents and Fellows
Scientific Program Chair: Grace M. Janik, M.D.
Chicago, Illinois
www.aagl.org

May 15-16, 2009
11th Annual Advanced Workshop on Gynecologic Laparoscopic Anatomy & Minimally Invasive Surgery including TVT and TOT
Scientific Program Chair: Resad P. Pasic, M.D., Ph.D.
Louisville, Kentucky
www.aagl.org

June 7-10, 2009
Annual XXII International Congress
“Advanced Technologies for Diagnosis and Treatment of Gynecologic Diseases”
Scientific Center for Obstetrics, Gynecology and Perionatology
Moscow, Russia
Email: endogyn@mail.ru

May 20-23, 2009
3rd AAGL International Congress on Minimally Invasive Gynecology in conjunction with the Australian Gynecological Endoscopy Society
Brisbane, Australia
www.aagl.org

ANNUAL MEETINGS

November 15-19, 2009
Global Congress of Minimally Invasive Gynecology
AAGL 38th Annual Meeting
Scientific Program Chair: C.Y. Liu, M.D.
Gaylord Resort • Orlando, Florida

November 8-12, 2010
Global Congress of Minimally Invasive Gynecology
AAGL 39th Annual Meeting
Caesars Palace • Las Vegas, Nevada

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