Scientific Program

Enhancing Minimally Invasive Gynecologic Surgery
Through Quality, Patient Safety and Innovation

Scientific Program Chair
Sawsan As-Sanie, M.D.

Honorary Chair
Arnaud Wattiez, M.D.

President
Jon I. Einarsson, M.D., Ph.D., MPH
Welcome from the Scientific Program Chair

A Cordial Invitation

It's my honor and pleasure to invite you to join us for the 46th AAGL Global Congress on Minimally Invasive Gynecologic Surgery, November 12-16, 2017 at the Gaylord National Resort and Convention Center. The entire Scientific Program Committee has been hard at work since last October to bring you a program that will ensure that all attendees gain some useful teaching points that they’ll be able to apply when they go back home.

The theme of this year’s meeting is Enhancing Minimally Invasive Gynecologic Surgery Through Quality, Patient Safety and Innovation. What this means to us is a focus on issues that we find to be really close to our hearts as MIG surgeons: improving patient outcomes through a patient-centered approach that balances both innovation and technology, as well as quality and safety. We would love to provide you the skills to make sure that everybody has access to excellent outcomes, whether you are operating in high technology, high resource settings, or in settings where access to these tools and resources are not readily available.

The Postgraduate Courses will include opportunities for both the novice and the more advanced surgeon to expand on their skills. The meeting’s theme is echoed in PG courses focusing on optimizing quality and patient safety; building a world class robotic program, a “teach the teacher” course to help you become a master, as well as advanced courses in complex anatomy and chronic pain procedures, planning your surgical strategy, and much, much more.

The scientific program has been streamlined to offer attendees the high-quality, evidence-based presentations that the AAGL Global Congress has long been known for. We are extremely proud to have received another high number of quality written and video abstracts, elevating the science of our society. Thank you to everyone who submitted your work for consideration of presentation.

As our meeting has come to be known for both outstanding science and entertaining presentations, I'm very excited to announce this year’s “main stage” premier session! In keeping with the theme of the past few years of creating an educational surgical spin-off of a popular television show, we’ll be taking on the always riveting cooking show, “Chopped.” Three surgeons will be pitted against each other in a surgical show-down of mystery baskets of “ingredients” …but instead of gummy bears and kale, the mystery “ingredients” are surgical procedures. None of the participants will know what’s “in the basket” until show time!! But the best part is that this year’s session will also be a fundraiser for Fund for the Future, a vitally important fund through the Foundation of the AAGL, created to foster interest in MIGS by providing grants to help support fellowships. Congress attendees will have the opportunity to “vote” for their favorite participant by making a tax-deductible donation to the Fund for the Future under that participant’s team name. The team that raises the most money will be awarded first pick of their “kitchen utensils” (aka surgical equipment). Ultimately, the objective of the session, and in keeping with the theme of the Congress, is to explore commonalities and differences between high- and low-resource settings, while still providing high-quality, meticulous techniques to demonstrate complex pelvic dissections. Stay tuned for more information on this fun session!

This year, in addition to the “Chopped” session, the Foundation of the AAGL is stepping up its fundraising efforts by offering you several fun, enriching, and educational events to participate in, all for the greater good of raising much needed funds for the Foundation. See the flyers throughout this program for details, and make sure to sign up for one or more events when you register.

Lastly, we're very pleased to be returning to the Greater Washington D.C. area for the Congress. National Harbor has been voted one of the Top 50 U.S. Destinations for meetings and offers more than 30 dining spots with choices from decadent steakhouses to cozy coffee shops and everything in between; the Tanger Outlets for premium brand name shopping; and the new MGM National Harbor, offering a little taste of Las Vegas on the east coast. We truly hope you will join us for what will surely be an exceptional Global Congress.

Sawsan As-Sanie, M.D., MPH
Scientific Program Committee Chair,
AAGL 46th Global Congress
Associate Professor, Director, Minimally Invasive Gynecologic Surgery and Fellowship
Director, Endometriosis Center, Department of Obstetrics and Gynecology
University of Michigan Health System
Ann Arbor, Michigan
# 2017 Block Program

## Sunday, November 12 - Postgraduate Day 1
(Rегистration Hours 6:00 am - 5:30 pm)

<table>
<thead>
<tr>
<th>Room Number</th>
<th>National Harbor 3</th>
<th>National Harbor 4</th>
<th>National Harbor 5</th>
<th>National Harbor 10</th>
<th>National Harbor 11</th>
<th>National Harbor 12</th>
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</thead>
<tbody>
<tr>
<td>11:15 am – 12:15 pm</td>
<td>Luncheon — Discussions with the Experts (Additional charge; location – Eastern Shore)</td>
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<tr>
<td>6:00 pm</td>
<td>FMIGS Graduation Ceremony and Reception (by invitation)</td>
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## Monday, November 13 - Postgraduate Day 2
(Registration Hours 6:00 am - 7:00 pm)

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<tbody>
<tr>
<td>7:00 am — 11:00 am</td>
<td><strong>HYST-702</strong> Didactic: Laparoscopic Hysterectomy from Basic to Complex</td>
<td><strong>COMPLX-700</strong> Didactic: Complex Surgical Anatomy and Procedures: A Gynecologic Oncologist’s Perspective on Difficult Design Procedures</td>
<td><strong>TEACH-708</strong> Didactic: Become the Master Shifu You Always Wanted to Be</td>
<td><strong>SUTR-706</strong> Didactic/Simulation Lab: Laparoscopic Suturing: Practical Applications for Tissue Reapproximation, Intracorporeal and Extracorporeal Knot Tying, Barbed Sutures, and Suturing Technologies</td>
<td><strong>ENDO-609</strong> Didactic: Minimally Invasive Management of Complex Endometriosis: From Imaging to Fertility-Sparing Surgery to Hysterectomy</td>
<td><strong>PELV-601</strong> Didactic: Pelvic Pain – Making It to the Next Level</td>
<td><strong>SAFE-608</strong> Didactic: Optimizing Quality and Patient Safety</td>
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<tr>
<td>11:15 am – 12:15 pm</td>
<td>Luncheon — Discussions with the Experts (Additional charge; location – Eastern Shore)</td>
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<tr>
<td>12:30 pm — 4:30 pm</td>
<td><strong>PUSH-711</strong> Didactic: Shoot for the Moon: Surgical Strategy from the Stars</td>
<td><strong>FBBR-712</strong> Didactic: Contemporary Focused Therapies and Musical Hits from the 80s: Might There Be an Association?</td>
<td><strong>TEACH-709</strong> Simulation Lab: Teach the Teacher</td>
<td><strong>SUTR-707</strong> Didactic/Simulation Lab: Laboratorio de Simulación en ESMOL: Sutura Laparoscópica: Aplicación práctica para Reaproximación de hialinos, Nudo Intracorporal y Extracorporal, Sutura Barbada y Tecnicías de Sutura</td>
<td><strong>HYST-703</strong> Cadaveric Lab: Laparoscopic Hysterectomy: Navigating the Basic and Complex Ovarian with Ease</td>
<td><strong>COMPLX-701</strong> Cadaveric Lab: Complex Surgical Anatomy/Complications: Approaching the Difficult Surgical Patient</td>
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<tr>
<td>5:30 pm — 6:30 pm</td>
<td>General Session I – Opening Ceremony — Presidential Address (Location: Potomac A)</td>
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<tr>
<td>6:30 pm — 8:00 pm</td>
<td>Welcome Reception in Exhibit Hall</td>
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<tr>
<td>8:00 pm — 12:30 am</td>
<td>Congressional Crawl (Additional charge)</td>
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## 2017 Block Program

<table>
<thead>
<tr>
<th>Tuesday, November 14 - Congress (Registration Hours 6:30 am — 5:30 pm)</th>
<th>Exhibit Hall Hours 9:30 am — 3:30 pm</th>
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<tbody>
<tr>
<td><strong>6:00 am — 7:45 am</strong></td>
<td>Industry Sponsored Breakfasts (6:00 am — 7:45 am)</td>
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<tr>
<td><strong>7:30 am — 9:30 am</strong></td>
<td>General Session II — Live Interactive Cadaveric Demonstration: Anatomy/Jordan M. Phillips, M.D. Keynote Address</td>
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<tr>
<td>Room Number</td>
<td>Potomac A</td>
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<tr>
<td>10:00 am — 12:00 pm</td>
<td>Surgical Tutorial 1 Vaginal Hysterectomy</td>
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<tr>
<td>12:10 pm — 1:10 pm</td>
<td>Surgical Tutorial 2 Cuff Closure</td>
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<tr>
<td><strong>1:10 pm — 3:30 pm</strong></td>
<td>Exhibit Hall Open/Box Luncheon</td>
</tr>
<tr>
<td>2:15 pm — 3:15 pm</td>
<td>Open Comm. 5 Research &amp; Science</td>
</tr>
<tr>
<td>3:25 pm — 5:05 pm</td>
<td>Surgical Tutorial 3 Robotic Surgery: Port Placement and Docking</td>
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<tr>
<td><strong>5:10 pm — 7:10 pm</strong></td>
<td>Industry Sponsored Symposia</td>
</tr>
<tr>
<td>**Wednesday, November 15 - Congress (Registration Hours 6:30 am — 5:30 pm)</td>
<td>Exhibit Hall Hours 9:30 am — 3:30 pm</td>
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<tr>
<td><strong>6:00 am — 7:45 am</strong></td>
<td>Barre3 Fitness Class (6:00 am — 7:00 am, Additional Charge)</td>
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<tr>
<td><strong>7:30 am — 9:30 am</strong></td>
<td>General Session IV - Chopped/Business Meeting</td>
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<tr>
<td>Room Number</td>
<td>Potomac A</td>
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<tr>
<td>10:00 am — 12:00 pm</td>
<td>Surgical Tutorial 4 Anterior &amp; Posterior Obliterated Cul-De-Sac</td>
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<tr>
<td>12:10 pm — 1:10 pm</td>
<td>Surgical Tutorial 5 Ugh Oh! Managing Surgical Complications</td>
</tr>
<tr>
<td><strong>1:10 pm — 3:00 pm</strong></td>
<td>Exhibit Hall Open/Box Luncheon</td>
</tr>
<tr>
<td>2:15 pm — 3:15 pm</td>
<td>Open Comm. 14 Pelvic Pain</td>
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<tr>
<td>3:25 pm — 5:05 pm</td>
<td>Surgical Tutorial 6 Tips and Tricks for Managing Fibroids</td>
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<tr>
<td><strong>5:00 pm — 7:10 pm</strong></td>
<td>Industry Sponsored Symposia</td>
</tr>
<tr>
<td><strong>7:00 pm — 12:00 am</strong></td>
<td>Silent Auction (7:00 pm - 9:00 pm)</td>
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<tr>
<td><strong>Thursday, November 16 - Congress</strong></td>
<td>General Session V - Telesurgery Session</td>
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Registration and Pricing Information

Registration Starts Here

MAKE YOUR SELECTION BELOW:

Option 1

POSTGRADUATE COURSE(S) AND CONGRESS
Sunday Nov. 12 Though Thursday Nov. 16
(up to 34.25 CME hours)

REGISTRATION FEES
You must register for at least one Didactic or Lab Course

<table>
<thead>
<tr>
<th></th>
<th>Member</th>
<th>Non-Member*</th>
<th>Didactic/Lab Fees</th>
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<tbody>
<tr>
<td>Practicing Physician</td>
<td>$595</td>
<td>$890</td>
<td>$175</td>
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<tr>
<td>Affiliated Society Physician</td>
<td>$395</td>
<td>$570</td>
<td>$425</td>
</tr>
<tr>
<td>Retired Physician Residet/Fellow in Training</td>
<td>$345</td>
<td>$495</td>
<td>$525</td>
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<tr>
<td>Allied Healthcare Professional</td>
<td>$345</td>
<td>$495</td>
<td>$2,000</td>
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Additional Fees per course for Didactic and Labs Sunday Nov. 12 and Monday Nov. 13

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<thead>
<tr>
<th></th>
<th>Member</th>
<th>Non-Member*</th>
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<tbody>
<tr>
<td>Didactic</td>
<td>$175</td>
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<tr>
<td>Suturing Lab</td>
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<tr>
<td>Simulation</td>
<td>$2,000</td>
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<tr>
<td>Cadaveric</td>
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CONEERG ONLY
Tuesday Nov. 14 through Thursday Nov. 16
(up to 18 CME hours)

REGISTRATION FEES

<table>
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<tr>
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</table>

Postgraduate Course and Congress registration includes the Welcome Reception (Nov. 13), Lunch in the Exhibit Hall (Nov. 14 & Nov. 15), Live Telesurgery Session with Breakfast (Nov. 16), and Breakfast each morning (Nov. 12-16). As indicated, there are additional fees for Didactic and Lab Courses, as well as the Discussion with the Experts Luncheons (Nov. 12 & Nov. 13; tickets $35 each day).

Congress Only registration includes the Welcome Reception (Nov. 13), Lunch in the Exhibit Hall (Nov. 14 & Nov. 15), Live Telesurgery Session with Breakfast (Nov. 16), and Breakfast each morning (Nov. 14-16).

*Non-member registration includes a reduced price membership in the AAGL for one year.
**All other registration categories automatically receive the highest allowable discount.

ADDITIONAL EVENTS
In addition to the excellent training offered, the AAGL will have a lively Welcome Reception, Discussion with the Experts Luncheons, a special Surgeon’s Breakfast, and the not-to-be-missed Presidential Gala. You may purchase a Guest Pass or an extra ticket to the Presidential Gala if you would like to bring a guest.

WELCOME RECEPTION GUEST PASS—$25
November 13, 2017
Registrants must register their guests for the Welcome Reception in the Exhibit Hall.

SURGEON’S BREAKFAST HIGHLIGHTING WOMEN IN MEDICINE—$50
November 14, 2017
Join us for this special event, featuring a unique speaker who stands out in our field. More details available online soon.

THE PRESIDENTIAL GALA & SILENT AUCTION—$95/EA.
November 15, 2017
The Presidential Gala is open to all registrants and their guests. Come join your colleagues for this black-tie evening that will include food, drink and entertainment. Limited to 500 people.

Cancellation Policy
Cancellations received prior to October 23, 2017 will be refunded, minus $125 for administrative fees. No refunds will be made after October 23, 2017. In the event that the 46th AAGL Global Congress is canceled for any reason, attendees will be notified about course cancellation no later than two weeks prior to scheduled dates and a full refund will be issued. Attendee will be responsible for canceling their own hotel and airline reservations.

Online Program
AAGL is pleased to offer attendees of the 46th AAGL Global Congress real time access to presentation schedules, abstracts, presenter searches, and more through the new AAGL Global Congress Online Program. To access the online program, please visit http://www.aagl.org/onlineprogram from any Internet connected device.
The luxurious comforts of the Gaylord National Resort & Convention Center await you for the 46th AAGL Global Congress. Located on the banks of the Potomac River, just minutes from downtown Washington, D.C., Gaylord National greets you with a stunning 19-story glass atrium offering sweeping views, a lush indoor garden, and features stately Federal-style architecture that celebrates the spirit and history of our nation’s capital. Amenities include: 3 full-service restaurants, with an additional 2 “grab-&-go” options, as well as in-room dining; 4 fully-stocked bars; the award-winning 20,000 sq. ft., full-service spa and salon, Réâche Spa; indoor pool and whirlpool; state-of-the-art fitness center; 6 unique retail shops; and more.

ROOM RATES
AAGL has negotiated reduced rates at the Gaylord National Resort & Convention Center of $259 per night, plus an $18 per night resort fee and applicable taxes per night. Nightly resort fee includes complimentary local and 1-800 telephone calls (first 20 minutes), high-speed Internet access, National Harbor bus, daily newspaper, designated complimentary in-room beverages, Fitness Center and pool access, and a coupon book with Resort savings. To receive this reduced rate, go to www.aagl.org and click on the Hotel Reservations tab on the Global Congress page; you will be directed to the online reservation system. The cut-off date for hotel reservations is Friday, October 20, 2017. Reservations requested after the cut-off date will be accepted at the group rate, based on availability. We encourage you to make your reservations early as our block of rooms could sell out prior to the October 20 deadline. If you have any questions or need assistance, please call the AAGL Offices at 1-800-554-2245.

A portion of your room rate is being used to defray the cost of this meeting.

TRANSPORTATION
Star & Shield Travel Services has been appointed as the official travel agent for the 46th AAGL Global Congress. Attendees are able to make reservations on any airline through this agency; their representatives will assist you in obtaining the lowest fare possible for your travel preference and schedule. To take advantage of this invaluable service, please contact Star & Shield Travel Services.
Telephone: (562) 217-0769
Fax: (562) 943-1021
Email: tabby@starandshield.net

VISA INFORMATION
United States Visa Requirements for non-North American visitors: Beginning January 12, 2009, all nationals and citizens of Visa Waiver Program (VWP) countries will be required by law to obtain a travel authorization prior to initiating travel to the United States under the VWP. This authorization may be obtained online through the Electronic System for Travel Authorization (ESTA®), a free Internet application administered by the Department of Homeland Security (DHS) through the U.S. government web site: https://esta.cbp.dhs.gov/esta/.

It may take 2 months or longer to obtain your visa. We strongly urge you to start the visa application process immediately. You should contact your local U.S. Consulate or Embassy to learn about the requirements for your country. Further information can be found at: http://travel.state.gov/content/travel/english.html

If you require a letter of invitation, e-mail your request to: csahagun@aagl.org. You may also fax your request to (714) 503-6201 or (714) 503-6202.
CME Needs Assessment

TARGET AUDIENCE
This activity meets the needs of surgical gynecologists in practice and in training, as well as other healthcare professionals in the field of gynecology.

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

Postgraduate Courses: November 12-13, 2017
The AAGL designates this educational activity for a maximum of 15.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

"Discussion with the Expert" Luncheon with Aarathi Cholkeri-Singh and Samar Nahas: November 13, 2017
The AAGL designates this educational activity for a maximum of 1.0 AMA PRA Category 1 Credits™.

General Session II: Cadaveric Demo: Anatomy/ Jordan M. Phillips, M.D. Keynote Address: November 14, 2017
The AAGL designates this educational activity for a maximum of 2.0 AMA PRA Category 1 Credits™.

Global Congress: November 14-16, 2017
The AAGL designates this educational activity for a maximum of 18.0 AMA PRA Category 1 Credits™. Physicians should claim only the 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 PRA Category 1 Credits™ 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 above.

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

CONTINUING MEDICAL EDUCATION
This symbol indicates a postgraduate course or session that qualifies for CME credit.

Continuing medical education credit is not offered during meals, breaks, receptions, training sessions, satellite meetings or any private group meeting (e.g., council meetings, invitation-only meetings, editorial board meetings, etc.). In addition, CME credit is not offered during Poster Sessions, Open Communication Sessions, Video Sessions or the luncheon discussions on November 12, 2017.

Continuing medical education is a lifelong learning modality designed to enable physicians to remain current with medical advances. The goal of AAGL is to sponsor educational activities that provide learners with the tools needed to practice the best medicine and provide the best, most current care to patients.

As an accredited CME provider, AAGL adheres
CME Needs Assessment

to the ACCME Policies that are relevant to AAGL, as well as to the Accreditation Criteria and the ACCME Standards for Commercial Support. CME activities must: first, address specific, documented, clinically important gaps in physician knowledge, competence or performance; second, be documented to be effective at increasing physician knowledge, skill or performance; and third, conform to the ACCME Standards for Commercial Support.

AAGL must not only obtain complete disclosure of commercial and financial relationships pertaining to gynecologic medicine, but also resolve any perceived conflicts of interest. All postgraduate course faculty members and all organizers, moderators and speakers in the Scientific Program have completed disclosures of commercial and financial relationships with manufacturers of pharmaceuticals, laboratory supplies and medical devices, and with commercial providers of medically-related services. The disclosures were reviewed by the Professional Education Committee, which resolved perceived potential conflicts of interest.

The AAGL has been resurveyed by the Accreditation Council for Continuing Medical Education (ACCME) and awarded Accreditation with Commendation for 6 years as a provider of continuing medical education for physicians.

ACCME accreditation seeks to assure the medical community and the public that AAGL provides physicians with relevant, effective, practice-based continuing medical education that supports U.S. health care quality improvement.

The ACCME employs a rigorous, multilevel process for evaluating institutions’ continuing medical education programs according to the high accreditation standards adopted by all seven ACCME member organizations. These organizations of medicine in the U.S. are the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association for Hospital Medical Education, the Association of American Medical Colleges, the Council of Medical Specialty Societies, and the Federation of State Medical Boards of the U.S., Inc.

NEEDS ASSESSMENT

Practice Gap: At present in the United States, about 15 to 20% of the 600,000 hysterectomies are performed by laparoscopy and robotics, respectively. This is due to lack of training during their formal education and the multiple difficulties to acquire formal training once in medical practice.

Gap Analysis: MIG procedures are aimed at preserving the highest possible quality of life for women by using smaller and fewer incisions, reducing pain and trauma to the body, and enabling quicker recovery. Yet, the ability to perform these more patient-friendly procedures requires most gynecologists to commit to post-residency training since they are not routinely taught during formal training. This requires a commitment to lifelong learning because of the development of new technologies and instrumentation.

PLANNING THE INTERVENTION:

Summary: The goal of our intervention is that through exposure to continuing medical education (CME) gynecologists will attend activities organized into didactic and hands-on sessions to acquire and/or advance their skills in MIG. An open forum will follow with discussion designed to stimulate faculty and participants in interaction.
PROPOSED METHOD:
1. Create awareness of the role MIG plays.
2. Hands-on laboratory that will allow each participant to practice MIG techniques on cadavers.
3. Transfer skill to course participants through didactic lectures, video presentations and demonstration and supervised wet lab surgery.
4. Expectations are that future courses can be organized to spread awareness and transfer skills in MIG to other gynecologists, who are willing to commit to this lifelong process.
5. To maximize the return of this year’s Congress, upon completion participants will be requested to explain how their newly acquired knowledge and skills will impact their practice.

OBJECTIVES:
At the conclusion of the course, the participant should be able to:
1. Explain the latest developments in minimally invasive healthcare for women.
2. Describe the skills needed for proficiency.
3. Apply minimally invasive surgical techniques such as laparoscopic hysterectomy, myomectomy, pelvic floor repair, treatment of endometriosis and advanced hysteroscopic techniques.
4. Enable the practicing gynecologist to gain hands-on experience in the anatomy laboratory as well as laboratories focused on laparoscopic suturing, hysteroscopy, robotic surgery, single-port surgery.
5. Describe the latest advances in research and techniques in the field of minimally invasive gynecologic surgery.
7. Demonstrate and enhance their presentation and publication skills with a hands-on workshop.
8. Interpret and evaluate basic science techniques such as stem cell biology, cellular systems biology and pre-surgical planning.

ADDITIONAL BARRIERS AND POSSIBLE SOLUTIONS:
Additional Barriers: MIG is relatively difficult to learn and all procedures require accurate surgical skills and experience to perform. Therefore, the course participants will not be able to utilize the techniques immediately upon completion of this course.
Possible Solutions: Continue to provide physicians with additional information and resources they need to elevate their practice in gynecology while increasing their skill in minimally invasive gynecology.

CODE OF CONDUCT
AAGL is committed to providing a friendly, safe, supportive, and harassment-free environment during the Congress. AAGL expects Congress participants to respect the rights of others and communicate professionally and constructively, whether in person or virtually, handling disagreement with courtesy, dignity, and an open mind. All participants are expected to observe these rules of conduct in all Congress venues. Organizers will actively enforce this code throughout this event. Violations are taken seriously. If an attendee or participant engages in inappropriate, harassing, abusive or disruptive behavior or language, the AAGL has the right to carry out any action it deems appropriate.
What to Do: If you have any concerns about an individual’s conduct, please go to the AAGL Registration Counter for the procedure to follow to report the incident.

AGE RESTRICTION
Children under 16 years of age are not permitted in sessions, workshops, or the exhibit hall. A private lactation room will be provided for nursing mothers.

AUDIO-VISUAL RECORDING
Video- and audio-recording of sessions by Congress attendees is strictly prohibited. Registration, attendance, or participation in AAGL 2017 meetings, Congress and other activities constitutes an agreement that allows AAGL to use and distribute your image or voice in all media. If you have questions about this policy, please visit the AAGL Registration Counter.
2\textsuperscript{nd} Annual Workshop on Surgical Anatomy of the Pelvis and Procedures in Patients with Chronic Pelvic Pain

DECEMBER 8-9, 2017
St. Joseph’s Hospital and Medical Center
Phoenix, Arizona

SCIENTIFIC PROGRAM CHAIR
Michael Hibner, M.D., Ph.D.

CO-CHAIR
Nita A. Desai, M.D., MBA

LAB CHAIR
Mark W. Dassel, M.D.
## Postgraduate Courses Day at a Glance

### PG Day One (Sunday, November 12, 2017)

<table>
<thead>
<tr>
<th>Course</th>
<th>MORNING COURSES 7:00 AM – 11:00 AM</th>
<th>Fee</th>
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<tbody>
<tr>
<td>ROBO-600</td>
<td><strong>DIDACTIC:</strong> Building a World Class Robotic Program: Simulation, Integration, Application and Evaluation  Chair: Gaby N. Moawad</td>
<td>$175</td>
</tr>
<tr>
<td>ANAT-602</td>
<td><strong>DIDACTIC:</strong> A Treasury of Pelvic Anatomy: Sacred Knowledge for Surgical Expertise  Chair: David M. Boruta</td>
<td>$175</td>
</tr>
<tr>
<td>URO-604</td>
<td><strong>DIDACTIC:</strong> Practical Anatomy for Complex Pelvic Surgeries: Things Every Gynecologist and Urogynecologist Should Know  Chair: Anthony G. Visco</td>
<td>$175</td>
</tr>
<tr>
<td>SUTR-606</td>
<td><strong>DIDACTIC/SUTURING LAB:</strong> Laparoscopic Suturing: Practical Applications for Tissue Reapproximation, Intracorporeal and Extracorporeal Knot Tying, Barbed Suture, and Suturing Technologies  Chair: Lydia E. Garcia</td>
<td>$425</td>
</tr>
<tr>
<td>SAFE-610</td>
<td><strong>DIDACTIC:</strong> Optimizing Quality and Patient Safety in Minimally Invasive Gynecologic Surgery  Chair: Amanda Nickles Fader</td>
<td>$175</td>
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<tr>
<th>Course</th>
<th>AFTERNOON COURSES 12:30 PM – 4:30 PM</th>
<th>Fee</th>
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</thead>
<tbody>
<tr>
<td>ROBO-601</td>
<td><strong>CADAVERIC LAB:</strong> Creating Systematic Proficiency  Chair: Devin M. Garza</td>
<td>$1,200</td>
</tr>
<tr>
<td>ANAT-603</td>
<td><strong>CADAVERIC LAB:</strong> Navigating the Retropertioneum: The Road to Performing Complex Laparoscopic Gynecologic Surgery  Chair: Yoko Sonoda</td>
<td>$1,200</td>
</tr>
<tr>
<td>URO-605</td>
<td><strong>CADAVERIC LAB:</strong> Complex Surgical Spaces Demystified with Hands-on Experience: Anatomy Every Gynecologist and Urogynecologist Should Know  Chair: Martene Corton</td>
<td>$1,200</td>
</tr>
<tr>
<td>SUTR-607</td>
<td><strong>DIDACTIC/SUTURING LAB:</strong> Laparoscopic Suturing: Practical Applications for Tissue Reapproximation, Intracorporeal and Extracorporeal Knot Tying, Barbed Suture, and Suturing Technologies  Chair: Jamie Knell</td>
<td>$425</td>
</tr>
<tr>
<td>ENDO-609</td>
<td><strong>DIDACTIC:</strong> Minimally Invasive Management of Complex Endometriosis: From Imaging Pearls to Fertility-Sparing Surgery to Hysterectomy  Chair: Ken R. Sinervo</td>
<td>$175</td>
</tr>
<tr>
<td>PELV-611</td>
<td><strong>DIDACTIC:</strong> Pelvic Pain – Making It Right: Effectively Fixing Painful Complications  Chair: Mark W. Dassel</td>
<td>$175</td>
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### PG Day Two (Monday, November 13, 2017)

<table>
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<tr>
<th>Course</th>
<th>MORNING COURSES 7:00 AM – 11:00 AM</th>
<th>Fee</th>
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<tbody>
<tr>
<td>NEURO-704</td>
<td><strong>DIDACTIC W/LIVE CADAVERIC DEMO:</strong> 6-Hour course: 7:00am – 2:30pm  Neuropelveology: A Systematic Approach to the Diagnosis and Management of Complex Pelvic Pain and Pelvic Neuropathies  Co-Chairs: Michael Huber, Nucelio Lemos</td>
<td>$325</td>
</tr>
<tr>
<td>HSC-710</td>
<td><strong>DIDACTIC/SIMULATION LAB:</strong> Full-day course: 7:00am – 3:30pm  Advanced Operative Hysteroscopy: Expect the Unexpected  Co-Chairs: Linda D. Bradley, Aarathi Cholkeri-Singh</td>
<td>$425</td>
</tr>
<tr>
<td>COMPLX-700</td>
<td><strong>DIDACTIC:</strong> Oncology: Complex Surgical Anatomy and Procedures  Chair: Pamela T. Soliman</td>
<td>$175</td>
</tr>
<tr>
<td>HYST-702</td>
<td><strong>DIDACTIC:</strong> Laparoscopic Hysterectomy from Basic to Complex  Chair: Nash S. Moawad</td>
<td>$175</td>
</tr>
<tr>
<td>TEACH-708</td>
<td><strong>DIDACTIC:</strong> Become the Master Shifu You Always Wanted to Be  Chair: Sangnete Senapati</td>
<td>$175</td>
</tr>
<tr>
<td>VIHS-705</td>
<td><strong>DIDACTIC W/LIVE CADAVERIC DEMO:</strong> Vaginal Hysterectomy: Mastering the Most Minimally Invasive Approach to Hysterectomy and Taking It to the Next Level  Co-Chairs: Johnny Y, Veronica Lerner</td>
<td>$175</td>
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<tr>
<td>SUTR-706</td>
<td><strong>DIDACTIC/SUTURING LAB:</strong> Laparoscopic Suturing: Practical Applications for Tissue Reapproximation, Intracorporeal and Extracorporeal Knot Tying, Barbed Suture, and Suturing Technologies  Chair: Grace Y. Liu</td>
<td>$425</td>
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<tr>
<th>Course</th>
<th>AFTERNOON COURSES 12:30 PM – 4:30 PM</th>
<th>Fee</th>
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<tbody>
<tr>
<td>COMPLX-701</td>
<td><strong>CADAVERIC LAB:</strong> Complex Surgical Anatomy/Complications  Chair: Edward J. Tanner</td>
<td>$1,200</td>
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<tr>
<td>HYST-703</td>
<td><strong>CADAVERIC LAB:</strong> Laparoscopic Hysterectomy: Navigating the Basic and Complex Disease with Ease  Chair: Yuan C. Wang</td>
<td>$1,200</td>
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<tr>
<td>TEACH-709</td>
<td><strong>SIMULATION LAB:</strong> Teach the Teacher  Chair: Nicole M. Donnellan</td>
<td>$350</td>
</tr>
<tr>
<td>SUTR-707</td>
<td><strong>DIDACTIC/SUTURING LAB:</strong> Laboratorio de Simulación en ESPAÑOL: Sutura Laparoscópica: Aplicación práctica para Reaproximación de tejidos, Nudo Intracorpóreo y Extracorpóreo, Sutura Barbada y Tecnologías de Sutura  Chair: Jaime A. Albornoz</td>
<td>$425</td>
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<tr>
<td>PUSH-711</td>
<td><strong>DIDACTIC:</strong> Shoot for the Moon: Surgical Strategy from the Stars  Chair: Audrey Tomoko</td>
<td>$175</td>
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<tr>
<td>FIBR-712</td>
<td><strong>DIDACTIC:</strong> Contemporary Fibroid Therapies and Musical Hits from the 80s: Might There Be an Association?  Chair: M. Jonathan Solnik</td>
<td>$175</td>
</tr>
</tbody>
</table>
Postgraduate Courses: Day 1

7:00 am - 11:00 am
Room: National Harbor 4
DIDACTIC | FEE: $175

ROBO-600

Building a World Class Robotic Program: Simulation, Integration, Application and Evaluation

Chair: Gaby N. Moawad
Faculty: Richard W. Farnam, Devin M. Garza, Jin Hee (Jeannie) Kim, Kenneth H. Kim, Mario M. Leitao, Kristen E. Patzkowsky, Arleen H. Song

Presented in cooperation with the AAGL Special Interest Group on Robotics

This course is pending approval for ABOG Maintenance of Certification (MOC) Part IV

This course is designed to help both novice and experienced gynecologic surgeons successfully integrate robotic surgery into their armamentarium. Lectures will include discussion on the value of simulation training programs and the economics related to establishing a cost-efficient robotic program. Strategies for managing complex robotic surgeries will be reviewed in detail, along with practical tips that surgeons can implement in their daily clinical practice. Distinguished faculty includes recognized experts who are passionate about sharing their knowledge and their experience with participants.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Identify the value of training and efficiency through simulation exercises, as well the collaborative approaches in robotic surgery; 2) demonstrate understanding of surgical tips and tricks and management of complications; and 3) discuss the value of cost containment and enhanced recovery protocols.

COURSE OUTLINE

<table>
<thead>
<tr>
<th>Time</th>
<th>Session/Activity</th>
<th>Chair/Faculty</th>
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<tbody>
<tr>
<td>7:00</td>
<td>Welcome, Introductions and Course Overview</td>
<td>G.N. Moawad</td>
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<tr>
<td>7:05</td>
<td>Robot Training of Future Past: Simulation</td>
<td>K.H. Kim</td>
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<tr>
<td>7:30</td>
<td>Team Work Makes Dream Work</td>
<td>J.H. Kim</td>
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<tr>
<td>7:55</td>
<td>The Art of the Start: Integrating Robotics</td>
<td>K.E. Patzkowsky</td>
</tr>
<tr>
<td>8:20</td>
<td>Decide, Commit, Succeed: Tips for Success</td>
<td>A.H. Song</td>
</tr>
<tr>
<td>8:45</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
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<tr>
<td>8:55</td>
<td>Break</td>
<td></td>
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<tr>
<td>9:10</td>
<td>“MacGyver-ing”: Operative Tips and Tricks</td>
<td>D.M. Garza</td>
</tr>
<tr>
<td>9:35</td>
<td>After It Hits the Fan: What to Do? Managing Complications</td>
<td>M.M. Leitao</td>
</tr>
<tr>
<td>10:00</td>
<td>More Bank for the Buck: Cost Efficiency</td>
<td>G.N. Moawad</td>
</tr>
<tr>
<td>10:25</td>
<td>Life’s Too Short: Enhanced Recovery</td>
<td>R.J. Farnam</td>
</tr>
<tr>
<td>10:50</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
</tr>
<tr>
<td>11:00</td>
<td>Adjourn</td>
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</table>

12:30 pm - 4:30 pm
Room: Woodrow Wilson D
CADAVERIC LAB | FEE: $1,200

ROBO-601

Creating Systematic Proficiency

Chair: Devin M. Garza
Faculty: Michael T. Breen, Richard W. Farnam, Jin Hee (Jeannie) Kim, Kenneth H. Kim, Mario M. Leitao, Gaby N. Moawad, Kristin Patzkowsky, Arleen H. Song

Presented in cooperation with the AAGL Special Interest Group on Robotics

This course is pending approval for ABOG Maintenance of Certification (MOC) Part IV

This course will provide participants at all levels of experience the unique opportunity to have 1:1 coaching from some of the most highly experienced gynecologic robotic surgeons. The goal of this course is to improve outcomes for surgeons who use the robotic platform; the purpose being to shorten the learning curve, enhance retroperitoneal anatomy awareness, and improve their tissue extraction skill set.

The robotic platform can be a very powerful tool in the hands of an experienced proficient surgeon. But there are elements unique to this platform that require repetition of excellent technique in order to advance the surgeon’s skill set to prepare for more complex cases. This course will include advanced simulation, cadaveric dissection and hands-on tissue extraction models, and participants will be coached by experienced robotic surgeons who are proficient in training others.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Operate using the robotic platform with more proficiency; 2) accurately identify retroperitoneal structures common in gynecologic surgery; and 3) extract tissue >500grams using the “ExCITE” (Enclosed Extracorporeal Tissue Extraction) method.

COURSE OUTLINE

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<th>Time</th>
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<th>Faculty</th>
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</thead>
<tbody>
<tr>
<td>12:30</td>
<td>Welcome, Introductions and Course Overview</td>
<td>D.M. Garza</td>
</tr>
<tr>
<td>12:35</td>
<td>LAB I: Cadaveric Pelvic Dissection (4 Stations, Group A/Group B rotate)</td>
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<tr>
<td></td>
<td>• Presimulation Orientation: Anatomy Lecture/Video Tutorial</td>
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<tr>
<td></td>
<td>• Identify and Dissect the Following:</td>
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<tr>
<td></td>
<td>- Perform Successful Technique for Entering the Retroperitoneal Space</td>
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<tr>
<td></td>
<td>- Identify the Ureter at the Bifurcation of the Common Iliac Artery</td>
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<td></td>
<td>- Identify the Internal Iliac Artery and Two of Its Branches: The Superior</td>
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<td></td>
<td>Vesicle Artery and Uterine Artery</td>
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<td></td>
<td>- Identify the Relationship of the Superior Vesicle and Obliterated Umbilical</td>
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<td></td>
<td>Artery and the Relationship to the Uterine Artery</td>
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<td></td>
<td>- Dissect the Ureter along Its Course from the Bifurcation of the Common</td>
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<td></td>
<td>Iliac Artery to the Bladder</td>
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<td></td>
<td>- Practice Saturing and Dissection Techniques</td>
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<tr>
<td></td>
<td>- Perform Bladder and Bowel Injury: Demonstrate Appropriate Repair of Each</td>
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<tr>
<td>2:30</td>
<td>LAB II: Tissue Extraction and Simulation (8 Stations: 4 Simulators, 4 Dry Boxes)</td>
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<tr>
<td></td>
<td>• Orientation: Tissue Extraction and Simulation Lecture</td>
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<tr>
<td></td>
<td>• Perform Simulation to Proficiency x 8 Separate Exercises</td>
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<td></td>
<td>• Simulation Olympics</td>
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<td></td>
<td>• Perform Wedging, Coring, and Bi-Valving Techniques on Tissue</td>
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<td></td>
<td>• Perform ExCITE Tissue Removal Technique Utilizing Appropriate Tissue Bags and</td>
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<td></td>
<td>Soft Retractors</td>
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<tr>
<td>4:25</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
</tr>
<tr>
<td>4:30</td>
<td>Adjourn</td>
<td></td>
</tr>
</tbody>
</table>
Postgraduate Courses: Day 1

ANAT-602
A Treasury of Pelvic Anatomy: Sacred Knowledge for Surgical Expertise

Chair: David M. Boruta
Faculty: Amy J. Bregar, William M. Burke, Dario R. Roque

This course is pending approval for ABG Maintenance of Certification (MOC) Part IV

Without a comprehensive familiarity with pelvic anatomy, a gynecologic surgeon is at best destined for mediocrity. True surgical expertise requires a thorough knowledge of anatomy, both to allow for its safe preservation and its exploitation in the management of distorting pathology. This didactic course will present essential knowledge of advanced pelvic anatomy including visceral, vascular, nervous, and connective tissue components. An understanding of retroperitoneal spaces and how to safely work within them will be emphasized. Instruction will focus on how this knowledge is used in surgical procedures with an emphasis on the laparoscopic approach. Beyond review of fundamental concepts, lectures will incorporate video from actual procedures to demonstrate how practical application of these concepts facilitates expert surgery.

Learning Objectives: At the conclusion of this course, the clinician will be able to:
1) Identify visceral, vascular, nervous and connective tissue anatomic structures within the pelvis; 2) use knowledge of pelvic anatomy to help manage complex gynecologic pathology more safely during surgery; and 3) demonstrate how knowledge of pelvic anatomy facilitates completion of advanced gynecologic surgical procedures.

COURSE OUTLINE

7:00 Welcome, Introductions and Course Overview
7:05 Safe Passage in Dangerous Territory: Navigating Retroperitoneal Pelvic Spaces
7:30 Avoiding Mortal Danger: Abdominal Wall and Pelvic Vascular Anatomy
7:55 "Ureter-Sparing" Gynecologic Surgery: Pelvic Genitourinary Anatomy
8:20 "Shinola" from Shinola: Gastrointestinal Anatomy within the Pelvis
8:45 Questions & Answers
9:00 Practical Solutions for a Big Problem: Maintaining Safe Exposure during Laparoscopic Surgery
9:35 One Step at a Time: Addressing Adhesive Disease and the Frozen Pelvis
10:00 All the Better to See You With: Pelvic Lymphatic Anatomy and Mapping
10:25 She's Got a Lot of Nerve: Pelvic Nervous System Anatomy
10:50 Questions & Answers
11:00 Adjourn

12:30 pm - 4:30 pm
Room: Woodrow Wilson C
CADDIC LAB | FEE: $1,200

ANAT-603
Navigating the Retroperitoneum: The Road to Performing Complex Laparoscopic Gynecologic Surgery

Chair: Yuki Sonoda
Faculty: David M. Boruta, Amy J. Bregar, Douglas N. Brown, William M. Burke, Erica Dun, Martin A. Martino, Fariba Mohtashami, Dario R. Roque

This course is pending approval for ABG Maintenance of Certification (MOC) Part IV

This course provides a hands-on review of the important intraperitoneal and retroperitoneal pelvic anatomy necessary to perform advanced laparoscopic gynecologic surgery. This lab is designed for both beginner and advanced laparoscopic surgeons; lab stations will be assigned by surgical volume. Retroperitoneal anatomy will be reviewed, including demonstration of techniques to expose these important anatomical structures. Techniques for ureteral dissection, management of pelvic bleeding, and dissection of lateral pelvic spaces will be shared and practiced. Participants will be able to complete hysterectomy and practice suturing. Important and useful pearls will be shared by the expert faculty.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Identify the retroperitoneal anatomy for the dissection of lateral pelvic spaces; 2) clearly locate the course of the ureter to avoid injury; and 3) identify the important vascular and neural anatomic structures of the pelvis and retroperitoneum.

COURSE OUTLINE

12:30 Welcome, Introductions and Course Overview
12:35 LAB I: Dissection:
- Pelvic sidewall with focus on developing the pararectal and paravesical spaces to the levator muscles
- Ureter from the pelvic brim to the trigone
- Pelvic vasculature with identification of the following: common iliac artery and vein, internal and external iliac artery and vein, deep circumflex vessels, deep inferior epigastric vessels, uterine vessel, obliterated umbilical artery, obturator vessels, and branches of the posterior division of the internal iliac artery
- Pelvic nerves with identification of the obturator, genitofemoral, and ilioinguinal nerves along their entire course in the pelvis
2:35 Break
2:50 LAB II: Dissection:
- Presacral space with identification of the bifurcation of the aorta and the location of the left common iliac vein
- Pararectal space medial to the ureter with identification of Waldeyers fascia and the retrorectal space
- Rectovaginal and vesicovaginal spaces
- Space of Retzius
- Total laparoscopic hysterectomy with vaginal cuff closure
- Cystotomy with repair
4:15 Questions & Answers
4:30 Adjourn
Postgraduate Courses: Day 1

**URO-604**

**Practical Anatomy for Complex Pelvic Surgeries: Things Every Gynecologist and Urogynecologist Should Know**

*Chair:* Anthony G. Visco  
*Faculty:* Marlene Corton, Robert Gutman, Marie Fidela R. Paraaiso, Vivian Sung, Johnny Yi

Presented in affiliation with the American Urogynecologic Society (AUGS) and in cooperation with the AAGL Special Interest Group on Urogynecology.

This course is pending approval for ABOG Maintenance of Certification (MOC) Part IV

This course provides a thorough review of essential and relevant surgical anatomy specific to a variety of commonly performed and complex surgical procedures such as hysterectomy, laparoscopy in the setting of endometriosis, Burch urethropexy, sling surgery, presacral neurectomy, lymph node dissection and sacrocolpopexy.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to: 1) Identify key anatomic structures crucial to advanced pelvic surgery; 2) demonstrate techniques to avoid complications during pelvic surgery; and 3) integrate knowledge of surgical anatomy into care for patients with pelvic floor disorders.

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<tr>
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<td>7:00</td>
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**URO-605**

**Complex Surgical Spaces Demystified with Hands-on Experience: Anatomy Every Gynecologist and Urogynecologist Should Know**

*Chair:* Marlene Corton  
*Faculty:* Robert Gutman, Jeffrey Mangel, Marie Fidela R. Paraaiso, Vivian F. Sung, Bernard Taylor, Anthony G. Visco, Kyle Wohlrab, Johnny Yi

Presented in affiliation with the American Urogynecologic Society (AUGS) and in cooperation with the AAGL Special Interest Group on Urogynecology.

This course is pending approval for ABOG Maintenance of Certification (MOC) Part IV

This course provides participants with the opportunity to obtain practical experience with relevant pelvic anatomy including the retropubic, transobturator and presacral spaces. The course of the ureter will be also be identified using unembalmed cadavers. This experience is designed to emphasize the important anatomic landmarks to maximize safe and effective surgery during complex procedures including hysterectomy, retropubic and transobturator slings, sacrocolpopexy.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to: 1) Identify and demonstrate key anatomic dissection relevant to laparoscopic pelvic floor reconstruction; 2) integrate hands-on knowledge into procedures performed by pelvic surgeons; and 3) articulate the anatomic borders of retroperitoneal spaces to avoid complications in pelvic surgery.

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Postgraduate Courses: Day 1

7:00 am - 11:00 am
Room: National Harbor 10
DIDACTIC | FEE: $175

FELO-608
Career Tools for Life: How to Navigate the Successful MIGS Career of Your Dreams

Co-Chairs: Hye-Chun Huh, Warren Volker
Faculty: Arnold P. Advincula, Tommaso Falcone, Mark R. Hoffman, Cara R. King, Ted T.M. Lee, Noah B. Rindos, Amanda C. Yunker

We all had a dream of becoming an amazing MIGS surgeon and envisioned a career in Gyn surgery, which is what motivated us to pursue a fellowship in MIGS. However, not everyone who completes fellowship gets to where they want to go. This course provides a panel of speakers who can offer real life experience and advice regarding how to navigate a successful career in MIGS. We will share “career tools” that can be used throughout the life of your career. These tools are not only essential for starting your career, but also important for building your dream job and long term career.

Learning Objectives: At the conclusion of this course, the clinician will be able to:
1) Consider key components of a MIGS practice relevant to one's personal career goals; 2) discuss MIGS coding and documentation; and 3) identify strategies for marketing your skills as a leader in your field (clinically, and academically—publishing manuscripts and surgical videos, teaching, mentoring and leading).

COURSE OUTLINE
7:00 Welcome, Introductions and Course Overview
H.C. Hur, W. Volker

TOOLS FOR GETTING STARTED
7:05 What is a MIGS Job Anyway? The Nuts and Bolts
- Join a practice vs. start a practice
- Academic setting vs. private practice setting
- The role of MIGS in any practice
- Getting equipment
- Hiring staff (from MA, RN to practice manager); hiring a partner
- Financial planning: should I get disability, insurance, a retirement plan?
A.P. Advincula

7:30 The Role of MIGS
- Differentiating MIGS versus Ob/Gyn Generalists
- Collaborative role between MIGS and other GYN specialties (Gyn Onc, Urogyn)
- When do you ask for GYN ONC and other surgical specialty support as a MIG surgeon?
- Different models for OR coverage (surgical back up: MIGS vs Gyn Onc)
- Different models for call coverage
T.T.M. Lee

7:55 Show Me the Money: How to Get Paid for What We Do
- Decoding MIGS coding
- How to document and what to bill
- How to optimize reimbursements
M.R. Hoffman

8:20 What Fellows Want to Know
- Questions and topics raised by fellows
N.A. Rindos

8:40 Questions & Answers
All Faculty

8:50 Break

TOOLS FOR ONGOING CAREER DEVELOPMENT
9:05 Who’s Hiring? A Boss’s Perspective
- What is your boss looking for (clinically, academically)?
- What’s in a contract? How to read a contract, how to navigate a contract (initial and renewal).
- How to negotiate with your boss
W. Volker

9:25 Get Accepted, Not Rejected: Write a Manuscript and Get It Published.
An Editor’s Perspective
- How to design a career that involves research, tools for success
- How to balance research amidst a busy clinical practice
- Where to submit your publication
- What is the journal looking for?
T. Falcone

9:45 Let’s Watch TV: How to Make a Surgical Video
- Making an effective video that’s fun to watch (like TV!)
- Content and technique
- How to edit the right content (telling a story with teaching points)
- How to make the video (selecting the right software, designing the right video length and speed for edits)
C.R. King

10:05 Getting Out There: Referrals from Providers, Social Media, Marketing, Meet and Greet
- How to get referrals
- Potential role of marketing, meet and greets
- Social media (and managing negative reviews)
- How to say no to a provider or patient
A.C. Yunker

10:25 How to Make Yourself Invaluable: It’s All about Super MIGS!
- Fulfilling the mission of MIGS, clinical excellence
- Get a mentor and be a mentor (through all stages of your career)
- Be a teacher and a student for life
- Valuable aspects of leadership
H.C. Hur

10:45 Questions & Answers
All Faculty

11:00 Adjourn
Postgraduate Courses: Day 1

SUTR-606

Laparoscopic Suturing: Practical Applications for Tissue Reapproximation, Intracorporeal and Extracorporeal Knot Tying, Barbed Suture, and Suturing Technologies

**Chair:** Lydia E. Garcia

**Faculty:** Miriam Ang, Amanda J. Bush, Crystal Chan, Austin D. Findley, Jamie Kroft, Courtney S. Lim, Brian J. Liu, Megan Loring, Nichole Mahnert, Patricia J. Mattingly, Ja Hyun Shin, Khara Simpson, Bethany Skinner, Kelly N. Wright

This course will provide an introduction to basic and advanced laparoscopic suturing techniques in a dry lab setting and is designed for participants who want to expand their laparoscopic suturing skills. A variety of techniques for needle loading and tissue reapproximation from different port configurations, using laparoscopic box trainers, and techniques and clinical applications for extracorporeal and intracorporeal knot tying, running suturing techniques relevant to vaginal cuff closure, myomectomy, and cystotomy repair will be presented. Applications of different suture materials, suturing devices and technologies utilized in gynecologic laparoscopy will be reviewed. Material will be presented systematically, with emphasis on meeting course objectives, in an interactive environment. Designed to improve suturing skills for immediate clinical application, the practical gynecologist will learn how to determine which suturing techniques will work best in his or her surgical practice.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to: 1) Explain how to overcome the obstacles to laparoscopic suturing and knot tying in relation to depth perception and port placement; 2) reproduce efficient techniques for laparoscopic tissue reapproximation, suture management, and running closures; 3) perform efficient intracorporeal and extracorporeal knot tying, recognize the common mistakes encountered and identify how to correct them; and 4) compare and distinguish potential benefits of suturing technologies and devices in laparoscopy.

**COURSE OUTLINE**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Chair/Professor</th>
<th>Faculty</th>
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<tbody>
<tr>
<td>7:00</td>
<td>Welcome, Introductions and Course Overview</td>
<td>L.E. Garcia</td>
<td>All Faculty</td>
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<tr>
<td>7:05</td>
<td>Pre-Test (3 minutes)</td>
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<tr>
<td>7:20</td>
<td>Fundamentals of Needle Loading, Suture Management and Tissue Reapproximation</td>
<td>L.E. Garcia</td>
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<td>7:25</td>
<td>LAB I: Drills, Needle Loading, Tissue Reapproximation</td>
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<tr>
<td>8:05</td>
<td>Techniques for Intracorporeal Knot Tying</td>
<td>J. Kroft</td>
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<td>8:20</td>
<td>LAB II: Intracorporeal Knot Tying</td>
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<td>9:00</td>
<td>Break</td>
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<tr>
<td>9:15</td>
<td>Extracorporeal Knot Tying, Advanced Skills, and Common Mistakes</td>
<td>L.E. Garcia</td>
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<td>9:25</td>
<td>LAB III: Advanced Skills, Extracorporeal Knot Tying, and Troubleshooting</td>
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<td>9:50</td>
<td>Suture Types, Suprapubic Approach, and Suturing Technologies</td>
<td>J. Kroft</td>
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<td>10:00</td>
<td>LAB IV: Suturing Devices, Alternative Approaches</td>
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<td>Post-Test</td>
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<td>10:50</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
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<td>11:00</td>
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**SAFE-610**

Optimizing Quality and Patient Safety in Minimally Invasive Gynecologic Surgery

**Chair:** Amanda Nickles Fader

**Faculty:** Sean Dowdy, Melissa H. Lippitt, Martin Makary, Rebecca L. Stone, Shitanshu Uppal

The last five years have marked a sea change in the field of gynecology. Major shifts in treatment paradigms, particularly in gynecologic surgery, have impacted the gynecologists’ approach to managing several conditions. Additionally, the last decade has brought significant advancement and innovation in minimally invasive surgical technology that has revolutionized the surgical approach to benign and cancerous gynecologic disease. During this evolving health care climate, gynecologic surgeons are faced with increasing challenges in determining the best way to manage their surgical patients and practices. These challenges include managing increasingly complex surgical patients and optimizing patient safety and surgical quality. This exciting course will review many of these crucial issues, highlighting evidence-based approaches and practical tips to minimize perioperative adverse events and implement the most progressive surgical care paradigms into practice. Discussion of value-based care in gynecologic surgery, deep venous thrombosis and surgical site infection prophylaxis, enhanced recovery after surgery and same day hysterectomy discharge programs will be emphasized.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to: 1) Implement best practices in quality, patient safety and value-based care in gynecologic surgery; 2) determine the utility of surgical checklists, enhanced recovery after surgery and same day discharge after hysterectomy programs; and 3) demonstrate an understanding of guidelines regarding DVT andSSI prophylaxis and prevention of perioperative adverse events and readmissions.

**COURSE OUTLINE**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Chair/Professor</th>
<th>Faculty</th>
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<tbody>
<tr>
<td>7:00</td>
<td>Welcome, Introductions and Course Overview</td>
<td>A. Nickles Fader</td>
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<tr>
<td>7:05</td>
<td>Value Based Care and Quality Measures in Gynecology Surgery</td>
<td>S. Dowdy</td>
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<tr>
<td>7:30</td>
<td>Minimally Invasive Hysterectomy Guidelines and the Problem of Undentification</td>
<td>M. Makary</td>
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<tr>
<td>7:55</td>
<td>Tips and Tricks to Performing Laparoscopic Surgery in the Obese or Surgically Complex Patient</td>
<td>A. Nickles Fader</td>
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<tr>
<td>8:20</td>
<td>The Importance of a Surgical Check List</td>
<td>S. Uppal</td>
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<tr>
<td>8:45</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
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<tr>
<td>8:55</td>
<td>Break</td>
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<tr>
<td>9:10</td>
<td>Same Day Hysterectomy: Outcomes and Implementation</td>
<td>S. Uppal</td>
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<tr>
<td>9:35</td>
<td>Reducing Surgical Site Infection and Readmissions in Gynecology Surgery</td>
<td>M.H. Lippitt</td>
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<tr>
<td>10:00</td>
<td>Reducing Venous Thromboembolic Events with Gynecology Surgery</td>
<td>R.L. Stone</td>
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<td>10:55</td>
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Monday, November 13, 2017
8:30 pm - 12:30 am

Bus will depart from the front of the hotel at 8:30 pm and return to the hotel at 12:30 am)

No trip to the Washington, D.C. area is complete without touring the spectacular sites of this city. This tour offers the highlights of the most important sites by night. Staffed by registered DC Guides, this 4-hour evening tour starts at the Capital, home to the Congressional decision makers. After a brief photo stop, continue down Pennsylvania Avenue, with full commentary of the sites along the way including: the National Gallery of Art, US Navy Memorial, FBI Building as you continue towards the White House. After the view of the White House, continue the past the Washington Monument and Jefferson Memorial on route to the Lincoln Memorial for your next stop. As we depart the Lincoln Memorial, we make an additional stop is the Martin Luther King Memorial. As you continue the Congressional loop back down the MALL your guide will point out some of the more important buildings belonging to the Smithsonian, National Archives and Museums. The advantage of this tour allows you to see the sites without the usual daytime crowds, allowing you to take in the history and beauty as they’re bathed in bright lights against the dark sky—a truly unique and memorable experience.

Transportation to/from Gaylord National Resort & Convention Center will be provided

$75.00

All proceeds go towards the AAGL's Foundation to support ongoing efforts to promote minimally invasive gynecologic surgery.
Postgraduate Courses: Day 1

12:30 pm - 4:30 pm
Room: National Harbor 12
DIDACTIC/SUTURING LAB | FEE: $425

SUTR-607
Laparoscopic Suturing: Practical Applications for Tissue Reapproximation, Intracorporeal and Extracorporeal Knot Tying, Barbed Suture, and Suturing Technologies

Chair: Jamie Kroft
Faculty: Miriam Ang, Amanda J. Bush, Crystal Chan, Austin D. Findley, Lydia E. Garcia, Courtney S. Lim, Brian J. Liu, Megan Loring, Nichole Mahnert, Patricia J. Mattingly, Ja Hyun Shin, Khara Simpson, Bethany Skinner, Kelly N. Wright

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<td>4:30</td>
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Luncheon – Discussions with the Experts
DAY 1 – SUNDAY, NOVEMBER 12, 2017

11:15 am – 12:15 pm

Come enjoy lunch while you continue to learn. Our popular “Discussions with the Experts” luncheon this year will feature a selection of 43 tables and topics to choose from, each led by a recognized expert in their field. Topics will cover all aspects of MIGS, some novel medical treatments, and even training and education tips to improve your role as a mentor or a mentee. We’re also pleased to feature 2 tables exclusively for Spanish-speaking attendees.

A few highlighted topics and faculty include (see the complete list on the congress website):

- “AUB: Diagnosis & Treatment” presented by Linda Bradley
- “TLH – Managing the Large Uterus” presented by Vadim Morozov
- “TLH – Use of Barbed Suture in Vaginal Cuff Closure and Myomectomy” presented by Craig Sobolewski
- “Reproductive Outcomes – Polyps and Fibroids” presented by Charles Miller
- “Submucosal Myomas – How Best to Approach in OR” presented by Michael Sprague

Tickets are only $35/each per day. Please purchase your ticket during the registration process. Act now – tables sell out fast!

www.aagl.org/globalcongress/
Postgraduate Courses: Day 1

**ENDO-609**

Minimally Invasive Management of Complex Endometriosis: From Imaging Pearls to Fertility-Sparing Surgery to Hysterectomy

**Chair:** Ken R. Sinervo  
**Faculty:** Jeffrey Arrington, Kathy Huang, Alan M. Lam, Ted T.M. Lee, Nucelio Lemos, S. Sony Singh, Patrick P. Yeung

Presented in cooperation with the AAGL Special Interest Group on Reproductive Surgery/Endometriosis

This course provides a comprehensive overview of the challenges faced when treating endometriosis and associated gynecopathologies. These lectures will summarize current surgical techniques and technologies for the timely and effective diagnosis and treatment of complex endometriosis, with an emphasis on excisional approach, ranging from imaging modalities to candidates for hysterectomy. Fertility-sparing strategies for select cases will be reviewed in detail along with proper techniques for treating cases of multi-organ involvement.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to: 1) Apply pre-operative strategies for timely and effective intervention; 2) evaluate proper surgical approach for complex and extrapelvic endometriosis; 3) identify opportunities for fertility-sparing approaches in appropriate cases; and 4) describe the critical need for multidisciplinary care of this enigmatic disease.

**COURSE OUTLINE**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Speaker(s)</th>
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</thead>
<tbody>
<tr>
<td>12:30</td>
<td>Welcome, Introductions and Course Overview</td>
<td>K.R. Sinervo</td>
</tr>
<tr>
<td>12:35</td>
<td>Nerve Structures of the Deep Pelvis</td>
<td>N. Lemos</td>
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<tr>
<td>1:00</td>
<td>Expert-Guided Ultrasound in the Diagnosis of Endometriosis</td>
<td>S.S. Singh</td>
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<tr>
<td>1:25</td>
<td>Ovarian Function and Fertility Preservation in Complex Endometriosis</td>
<td>J. Arrington</td>
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<tr>
<td>1:50</td>
<td>Adolescent Endometriosis</td>
<td>P. P. Yeung</td>
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<tr>
<td>2:15</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
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<tr>
<td>2:25</td>
<td>Break</td>
<td></td>
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<tr>
<td>2:40</td>
<td>Robotic Hysterectomy for Advanced Stage Endometriosis</td>
<td>K. Huang</td>
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<tr>
<td>3:05</td>
<td>Endometriosis of the Bowel: from Superficial to Deeply Invasive Disease</td>
<td>K.R. Sinervo</td>
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<tr>
<td>3:30</td>
<td>Surgical Scenarios in the Frozen Pelvis</td>
<td>T.S.M. Lee</td>
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<tr>
<td>3:55</td>
<td>Surgical Modalities for Deep Endometriosis of the Urinary Tract (Bladder, Ureter, Kidneys)</td>
<td>A.M. Lam</td>
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<tr>
<td>4:20</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
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<td>4:30</td>
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**PELV-611**

Pelvic Pain – Making It Right: Effectively Fixing Painful Complications

**Chair:** Mark W. Dassel  
**Faculty:** Erin T. Carey, Nita A. Desai, Sara R. Till

Presented in affiliation with the International Pelvic Pain Society (IPPS) and in cooperation with the AAGL Special Interest Group on Pelvic Pain. (pending approval)

Chronic pelvic pain is a common disabling condition seen in up to 15% of female patients. It may develop as a direct result of many medical and physical conditions. Often pain worsens and becomes debilitating due to lack of resources or education for patients or their medical caretakers. Even worse, at times medical practitioners are the direct cause of pain syndromes through surgical or procedural misadventure. This session will focus on pain syndromes that are caused iatrogenically. We will focus on ways to avoid these painful complications, as well as how to surgically or non-surgically treat them when they arise.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to: 1) Identify painful conditions that develop as a result of iatrogenic causes; 2) properly select surgical and non-surgical methods that effectively treat patients that develop iatrogenic pain issues; and 3) in patients that will undergo procedures, identify those at high risk of iatrogenic pain complications and ways to avoid these complications from occurring.

**COURSE OUTLINE**

<table>
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<th>Time</th>
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<tbody>
<tr>
<td>12:30</td>
<td>Welcome, Introductions and Course Overview</td>
<td>M.W. Dassel</td>
</tr>
<tr>
<td>12:35</td>
<td>The Pelvic Pain Complex</td>
<td>M.W. Dassel</td>
</tr>
<tr>
<td>1:00</td>
<td>Post-Operative Myofascial Pain Response</td>
<td>S.R. Till</td>
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<tr>
<td>1:25</td>
<td>Fixing Complications of Mesh</td>
<td>N.A. Desai</td>
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<tr>
<td>1:50</td>
<td>Post-Surgical Pain Response of the Pelvic Viscera: Pelvic Floor Tension Myalgia</td>
<td>E.T. Carey</td>
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<tr>
<td>2:15</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
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<tr>
<td>2:25</td>
<td>Break</td>
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<tr>
<td>2:40</td>
<td>Abdominal Wall Neuropathies: Prevention and Treatment</td>
<td>N.A. Desai</td>
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<tr>
<td>3:05</td>
<td>Pain Disorders from Essure and Endometrial Ablation</td>
<td>M.W. Dassel</td>
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<tr>
<td>3:30</td>
<td>Vaginal Cuff Pain</td>
<td>S.R. Till</td>
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<td>3:55</td>
<td>Persistent Endometriotic Disease: Ovarian Remnant Syndrome and Disease after Menopause</td>
<td>E.T. Carey</td>
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<td>4:20</td>
<td>Questions &amp; Answers</td>
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NEURO-704

Neuropelveology: A Systematic Approach to the Diagnosis & Management of Complex Pelvic Pain and Pelvic Neuropathies

Co-Chairs: Michael Hibner, Nucleo Lemos
Faculty: Mario E. Castellanos, Philip Peng, Frank F. Tu

This 6-hour theoretical course with live cadaveric dissection will provide a thorough understanding of pelvic neuroanatomy, neurophysiology and the neural pathways involved in chronic pelvic and perineal pain, and their implications for an effective, anatomic and etiologically-based diagnosis and treatment. With a didactic strategy of practical and theoretical information running parallel with simultaneous projections of the theory and corresponding live cadaveric dissections, this course will integrate and organize knowledge that is currently scattered in medical literature, providing a practical use for pelvic neuroanatomy in clinical and surgical practice.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Discuss pelvic neuroanatomy on a practical-surgical level, by means of integrated theoretical concepts parallel with cadaveric dissections; 2) incorporate a practical, anatomy-based systematization of the approach to chronic pelvic pain into one's daily practice; and 3) apply the concepts and guidelines for the treatment of nerve-entrapment syndromes.

COURSE OUTLINE

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Lecturers</th>
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<tbody>
<tr>
<td>7:00</td>
<td>Welcome, Introductions and Course Overview</td>
<td>M. Hibner, N. Lemos</td>
</tr>
<tr>
<td>7:05</td>
<td>Live-Interactive Pelvic Neuroanatomy and the Pathways of Pain:</td>
<td>N. Lemos</td>
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<td></td>
<td>Parallel Cadaver Dissection and Theory</td>
<td>F. Tu (Cadaver)</td>
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<td></td>
<td></td>
<td>P. Peng (Theory)</td>
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<tr>
<td>8:00</td>
<td>Live-Interactive Deep Gluteal and Perineal Anatomy: Parallel Cadaver</td>
<td>M. Hibner</td>
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<td></td>
<td>Dissection and Theory</td>
<td>M.E. Castellanos (Cadaver)</td>
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<td>P. Peng (Theory)</td>
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<td>8:55</td>
<td>Break</td>
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<tr>
<td>9:10</td>
<td>Differential Diagnosis of Pelvic Pain: A Topographical Diagnostic</td>
<td>N. Lemos</td>
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<td></td>
<td>Analysis</td>
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<td>9:35</td>
<td>Strategies for a Systematic Approach to Refractory Pelvic Pain Patients</td>
<td>F. Tu</td>
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<tr>
<td>10:00</td>
<td>Intrapelvic Nerve Entrapments: Guidelines for Diagnosis and Management</td>
<td>N. Lemos</td>
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<tr>
<td>10:25</td>
<td>Distal Entrapments of the Pudendal Nerve</td>
<td>M. Hibner</td>
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<tr>
<td>10:50</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
</tr>
<tr>
<td>11:00</td>
<td>Lunch</td>
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<tr>
<td>12:30</td>
<td>Principles of Treatment of Neuropathic Pain</td>
<td>M.E. Castellanos</td>
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<tr>
<td>12:55</td>
<td>Neuroangiogenesis, Myofascial Pain and Their Role in CPP</td>
<td>N. Lemos</td>
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<tr>
<td>1:20</td>
<td>Ultrasound-Guided Blocks: Techniques and Applications</td>
<td>P. Peng</td>
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<tr>
<td>1:45</td>
<td>Medical Treatment of Neuropathic Pain – Principles and Strategies</td>
<td>M. Hibner</td>
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Luncheon – Discussions with the Experts
DAY 2 – MONDAY, NOVEMBER 13, 2017

11:15 am – 12:15 pm

A formal presentation titled “Operative Hysteroscopy in the Office Setting” will be presented today by Aarathi Cholkeri-Singh and Samar Nahas.

Course Description
Hysteroscopy can be simple for many gynecologists and very effective for improving patients’ quality of life. It is a skill set that continues to evolve due to improving optics, smaller hysteroscopes and instrumentation. These changes allow surgeons to diagnose and treat patients in the comfort of an office setting, optimizing patients and physicians’ time. This presentation will review the benefits of office hysteroscopy as well as making the transition from the operating room to the office by discussing office set-up, anesthesia/vaginoscopy, managing complications, coding, and reimbursement.

Course Objectives
At the conclusion of this activity, the participant will be able to: 1) Identify appropriate patients for office hysteroscopy and 2) Implement strategies to successfully transition from the operating room to the office.

Tickets are only $35 each per day. Please purchase your ticket during the registration process. Act now – tables sell out fast!

www.aagl.org/globalcongress/
HSC-710

Advanced Operative Hysteroscopy: Expect the Unexpected

Co-Chairs: Linda D. Bradley, Aarathi Cholkeri-Singh,
Faculty: Bala Bhagavath, Stefano Bettocchi, Angela Chaudhari, Amy L. Garcia, Miriam Hanstede, Matthew R. Hopkins, Nigel Pereira, Kirsten J. Sasaki, Courtney Steller, Maria Teresa Tam, Morris Wortman, Kelly N. Wright

This course is pending approval for ABOG Maintenance of Certification (MOC) Part IV

In this 6.5 hour session, internationally recognized operative hysteroscopists will demonstrate a variety of advanced techniques for treating intracavitary pathology. Discover clinical pearls cultivated during their surgical and academic careers that will enable you to improve surgical outcomes and decrease surgical misadventures. Newer operative hysteroscopes increase the versatility in the treatment of large intrauterine leiomyomas, endometrial polyps, Asherman's syndrome, performance of hysteroscopic sterilization and novel approaches to treatment of isthmoceles. Expect the unexpected during this session: clinical pearls, novel hysteroscopic treatments, strategies to advance your hysteroscopic skills.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Improve operative hysteroscopic outcomes and decrease surgical complications; 2) discuss pros and cons of hysteroscopic techniques that will include traditional hysteroscopic resectoscopy, bipolar and monopolar technology, hysteroscopic tissue retrieval systems (hysteroscopic morcellators) utilizing all current FDA approved devices; 3) identify surgical techniques to increase complete removal submucous leiomyomas, endometrial polyps, and foreign bodies; 4) manage difficult placement of hysteroscopic sterilization devices; 5) describe techniques to navigate a circuitous cervical entry; 6) counsel patients regarding the risks and benefits of operative hysteroscopic treatment options; and 7) discuss transition of operative hysteroscopy to the office.

COURSE OUTLINE

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Presenter(s)</th>
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</thead>
<tbody>
<tr>
<td>7:00</td>
<td>Welcome, Introductions and Course Overview</td>
<td>A. Cholkeri-Singh</td>
</tr>
<tr>
<td>7:05</td>
<td>Approaching the Difficult Cervix: Managing Cervical Stenosis</td>
<td>S. Bettocchi</td>
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<tr>
<td>7:20</td>
<td>Pros and Cons of Resectoscopy versus Hysteroscopic Tissue Retrieval Systems</td>
<td>L.D. Bradley</td>
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<tr>
<td>7:45</td>
<td>Larger Than Expected: Reducing Risk of Two-Step Surgery</td>
<td>S. Bettocchi</td>
</tr>
<tr>
<td>8:05</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
</tr>
<tr>
<td>8:35</td>
<td>Role of Hysteroscopy in High-Risk Patients for Endometrial Hyperplasia/Cancer</td>
<td>A. Cholkeri-Singh</td>
</tr>
<tr>
<td>9:05</td>
<td>Tips and Tricks for Difficult Essure Placement and Removal</td>
<td>A. Garcia</td>
</tr>
<tr>
<td>9:55</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
</tr>
<tr>
<td>10:25</td>
<td>Endometrial Ablation: Prevention and Management of Complications to Avoid Hysterectomy</td>
<td>L.D. Bradley</td>
</tr>
<tr>
<td>10:55</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
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<tr>
<td>11:00</td>
<td>Lunch</td>
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<tr>
<td>12:30</td>
<td>Hands-on Simulation Lab</td>
<td>All Faculty</td>
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<tr>
<td>13:30</td>
<td>LAB I: Hysteroscopy Ergonomics</td>
<td>All Faculty</td>
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<tr>
<td>13:45</td>
<td>LAB II: Hysteroscopic Morcellators</td>
<td>All Faculty</td>
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<tr>
<td>14:15</td>
<td>LAB III: Resectoscopy</td>
<td>All Faculty</td>
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<tr>
<td>14:55</td>
<td>LAB IV: Endometrial Ablation</td>
<td>All Faculty</td>
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<tr>
<td>2:25</td>
<td>Break</td>
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<tr>
<td>2:40</td>
<td>A Century of Lessons Learned: Our Parting Clinical Pearls</td>
<td>All Faculty</td>
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<tr>
<td>3:05</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
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<tr>
<td>3:15</td>
<td>Closing Remarks</td>
<td>L.D. Bradley</td>
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<td>3:30</td>
<td>Adjourn</td>
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</table>
Postgraduate Courses: Day 2

7:00 am - 11:00 am
Room: National Harbor 10

COMPLX-700
Complex Surgical Anatomy and Procedures: A Gynecologic Oncologist’s Perspective on Difficult Benign Procedures

Chair: Pamela T. Soliman
Faculty: Jubilee Brown, Nicole D. Fleming, Kimberly Levinson, Rene Pareja, Stephanie Ricci, Aaron Shafer, Edward J. Tanner

Presented in affiliation with the Society of Gynecologic Oncology (SGO) and in cooperation with the AAGL Special Interest Group on Oncology. (pending approval)

This course is pending approval for ABOG Maintenance of Certification (MOC) Part IV

This course provides an overview of oncologic principles that could benefit the benign pelvic surgeon. Participants will be given step-by-step strategies to address difficult surgical situations, including: what to do if you find an unsuspected cancer, how to identify normal anatomy with extensive adhesions or endometriosis, how to avoid a vascular injury and management of intra-operative bleeding, and how to avoid bowel and bladder injuries and what to do when they happen.

Learning Objectives: At the conclusion of this course, the clinician will be able to:
1) Identify patients with an unsuspected malignancy at the time of surgery and determine the appropriate approach to these patients, including what to do at the time of surgery; who to biopsy; and who to refer; 2) identify normal anatomy, even during a difficult dissection, including identification of the avascular spaces in the pelvis, a review of relevant surgical anatomy, and explain techniques to restore normal anatomy; and 3) manage complications by reviewing relevant vascular and pelvic anatomy, including strategies to avoid vascular, bowel and urologic injury, and discuss how to approach surgical injuries when they occur.

COURSE OUTLINE

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Faculties</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00</td>
<td>Welcome, Introductions and Course Overview</td>
<td>PT. Soliman</td>
</tr>
<tr>
<td>7:05</td>
<td>Preoperative Evaluation to Avoid an Unexpected Malignancy</td>
<td>S. Ricci</td>
</tr>
<tr>
<td>7:30</td>
<td>What to Do When You Find a Cancer at the Time of Surgery</td>
<td>K. Levinson</td>
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<tr>
<td>7:55</td>
<td>Accessing the Abdomen during Minimally Invasive Surgery: Techniques to Enter Safely and Avoid Injury</td>
<td>A. Shafer</td>
</tr>
<tr>
<td>8:20</td>
<td>Accessing the Pelvis during a Difficult Dissection: The Avascular Spaces of the Pelvis</td>
<td>E.I. Tanner</td>
</tr>
<tr>
<td>8:45</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
</tr>
<tr>
<td>8:55</td>
<td>Break</td>
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</tr>
<tr>
<td>9:10</td>
<td>Tips and Tricks for the Obese Patient</td>
<td>P.T. Soliman</td>
</tr>
<tr>
<td>9:35</td>
<td>How to Approach Difficult Pelvic Pathology</td>
<td>R. Pareja</td>
</tr>
<tr>
<td>10:00</td>
<td>Anatomy of the Ureters and Bladder: How to Repair an Injury When It Happens</td>
<td>N.D. Fleming</td>
</tr>
<tr>
<td>10:25</td>
<td>Management of Vascular Injury: When to Open and When to Call for Help</td>
<td>J. Brown</td>
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<tr>
<td>10:50</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
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<td>11:00</td>
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12:30 pm - 4:30 pm
Room: Woodrow Wilson D

COMPLX-701
Complex Surgical Anatomy/Complications: Approaching the Difficult Surgical Patient

Chair: Edward J. Tanner
Faculty: Jubilee Brown, Nicole D. Fleming, Kenneth H. Kim, Kimberly Levinson, Rene Pareja, Stephanie Ricci, Aaron Shafer, Pamela T. Soliman

Presented in affiliation with the Society of Gynecologic Oncology (SGO) and in cooperation with the AAGL Special Interest Group on Oncology. (pending approval)

This course is pending approval for ABOG Maintenance of Certification (MOC) Part IV

This course provides experienced minimally invasive gynecologic surgeons with a hands-on opportunity to plan for their next complex patient. While not all complications can be prevented, a thorough understanding of anatomy, coupled with a systematic approach to abdominal entry and retroperitoneal dissection, can prevent complications from occurring – even in high risk patients. Concepts will be reviewed and practiced in this cadaveric lab. Once attendees develop an appreciation of these techniques, they will have the chance to repair bowel and bladder injuries to increase their confidence when facing challenging circumstances. Didactics will focus on preoperative workup, strategies to tackle tough cases, and intraoperative techniques to evaluate for possible injuries.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Identify patients at high risk for intraoperative complications and develop a plan to evaluate risk preoperatively; 2) demonstrate techniques for abdominal entry and retroperitoneal dissection to reduce the risk of urinary and gastrointestinal injury; and 3) apply techniques to identify and repair intraoperative injuries.

COURSE OUTLINE

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>12:30</td>
<td>Welcome, Introductions and Course Overview</td>
<td>E.I. Tanner</td>
</tr>
<tr>
<td>12:35</td>
<td>LAB I: Preventing Complications: Abdominal Entry and Retroperitoneal Dissection in the Complex Patient</td>
<td>E.I. Tanner</td>
</tr>
<tr>
<td></td>
<td>• Left upper quadrant and Hasson abdominal entry techniques</td>
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<tr>
<td></td>
<td>• Retroperitoneal dissection during laparoscopic hysterecetomy</td>
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<tr>
<td>2:35</td>
<td>Break</td>
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</tr>
<tr>
<td>2:50</td>
<td>LAB II: Managing Complications: Identifying and Repairing Injuries to the Urinary and Gastrointestinal Tracts</td>
<td>E.I. Tanner</td>
</tr>
<tr>
<td></td>
<td>• Laparoscopic suturing techniques for repairing bowel and urinary tract injuries</td>
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<tr>
<td>4:15</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
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<td>4:30</td>
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Postgraduate Courses: Day 2

HYST-702

Laparoscopic Hysterectomy from Basic to Complex

_Chair:_ Nash S. Moawad

_Faculty:_ Suketu Mansuria, Vadim V. Morozov, Robert R. Pollard, Karen C. Wang

This course is pending approval for ABOG Maintenance of Certification (MOC) Part IV

This course is designed to provide the participant with a systematic and comprehensive overview of laparoscopic hysterectomy from leading experts in the field. The course will focus on practical skills that will help surgeons become more efficient and safe, including advanced surgical strategies to tackle more difficult cases (i.e., large fibroid uteri, adhesions, etc.) without conversion. Education will be enhanced by using videos to demonstrate surgical techniques and practical application of these methods. Participants will learn how to bridge the gap that separates novice from expert surgeons through a thoughtful overview of proper surgical technique, retroperitoneal anatomy and safe, reproducible dissection, energy sources, complication avoidance, advanced laparoscopic suturing and the controversy about morcellation. Participants are encouraged to register for the afternoon cadaveric lab, which will provide the opportunity to immediately apply skills learned in the didactic course to the “real world.”

Learning Objectives: At the conclusion of this course, the clinician will be able to:
1) Comfortably identify anatomical structures and perform fundamental laparoscopic procedures, including but not limited to, identification and dissection of the retroperitoneal space, laparoscopic ureterolysis, advanced laparoscopic suturing; review surgical strategies for success when faced with intra-operative challenges; 2) develop proficiencies to identify retroperitoneal anatomy and trace the uterine artery from its origin in the retroperitoneum in order to complete difficult cases and minimize conversion to laparotomy; and 3) employ time-tested tips and tricks to improve surgical efficiency, enhance patient outcomes, and minimize complications.

COURSE OUTLINE

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitator(s)</th>
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<tbody>
<tr>
<td>7:00</td>
<td>Welcome, Introductions and Course Overview</td>
<td>N.S. Moawad</td>
</tr>
<tr>
<td>7:05</td>
<td>Simplifying Simple Hysterectomy?</td>
<td>N.S. Moawad</td>
</tr>
<tr>
<td>7:30</td>
<td>Instrumentation and Energy Sources: What’s in Your Tool Belt?</td>
<td>V.V. Morozov</td>
</tr>
<tr>
<td>7:55</td>
<td>Case Is Closed – Avoid Dehiscence, Dyspareunia, Enterocoele and Apical Prolapse</td>
<td>R.R. Pollard</td>
</tr>
<tr>
<td>8:20</td>
<td>Retroperitoneal Anatomy Made Ridiculously Simple</td>
<td>S. Mansuria</td>
</tr>
<tr>
<td>8:45</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
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<tr>
<td>8:55</td>
<td>Break</td>
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</tr>
<tr>
<td>9:10</td>
<td>The Ureter: Friend Not Foe!!!</td>
<td>K.C. Wang</td>
</tr>
<tr>
<td>9:35</td>
<td>That’s So Retro: Using Retroperitoneal Anatomy to Your Advantage to Tackle the Large Uterus or Complex Pelvis</td>
<td>S. Mansuria</td>
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<tr>
<td>10:00</td>
<td>Safe Extraction of the Large Uterus</td>
<td>V.V. Morozov</td>
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<tr>
<td>10:25</td>
<td>Eliminate Conversional C-Sections, Fibroid Uterus, Endometriosis and the Obliterated Cul-De-Sac</td>
<td>N.S. Moawad</td>
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<tr>
<td>10:50</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
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<td>11:00</td>
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HYST-703

Laparoscopic Hysterectomy: Navigating the Basic and Complex Disease with Ease

_Chair:_ Karen C. Wang


This course is pending approval for ABOG Maintenance of Certification (MOC) Part IV

This course provides an opportunity to work with experienced laparoscopic surgeons on honing advanced laparoscopic skills. To optimize the educational experience, each cadaver will have three participants. Live demonstration on a cadaver will be conducted to allow for direct step-by-step teaching. We will review key anatomical landmarks, establish a systemic approach to laparoscopic hysterectomy including abdominal entry, port placement, approaching the retroperitoneal space, approaching the stuck bladder, and approaching the obliterated posterior cul-de-sac. Participants will be able to utilize various energy modalities for comparison and will be taught strategies to improve their laparoscopic suturing techniques. While the focus will be on strict laparoscopy, the same principals can be applied to the robotic approach as well.

Learning Objectives: At the conclusion of this course, the clinician will be able to:
1) Identify landmarks of the retroperitoneal anatomy to facilitate a laparoscopic approach in difficult cases; 2) incorporate strategies to manage unexpected roadblocks in the operating room to successfully achieve a minimally invasive approach; and 3) improve proficiency in laparoscopic suturing.

COURSE OUTLINE

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<th>Time</th>
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<tbody>
<tr>
<td>12:30</td>
<td>Welcome, Introductions and Course Overview</td>
<td>K.C. Wang</td>
</tr>
<tr>
<td>12:35</td>
<td>LAB I: Know Your Anatomy</td>
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<tr>
<td></td>
<td>• Retroperitoneal dissection: developing avascular spaces</td>
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<td></td>
<td>• Ureterolysis</td>
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<td></td>
<td>• Approaching the uterine artery from its origin</td>
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<tr>
<td>2:35</td>
<td>Break</td>
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<tr>
<td>2:50</td>
<td>LAB II: Hysterectomy</td>
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<tr>
<td></td>
<td>• Approaching the gonadal vessels</td>
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<td></td>
<td>• Creating bladder flap</td>
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<td></td>
<td>• Skeletonizing the uterines</td>
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<td></td>
<td>• Cuff closure</td>
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<tr>
<td>4:15</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
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<td>4:30</td>
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</tbody>
</table>
Postgraduate Courses: Day 2

**TEACH-708**

Become the Master Shifu You Always Wanted to Be

*Chair:* Sangeeta Senapati

*Faculty:* Chi Chiung Grace Chen, Nicole M. Donnellan, Ernest G. Lockrow, Kimberly A. Swan

Presented in affiliation with American College of Obstetricians and Gynecologists (ACOG), and in cooperation with the AAGL Special Interest Group on Vaginal Surgery

This course is pending approval for ABOG Maintenance of Certification (MOC) Part IV

This course is designed to equip surgeons with an armamentarium of techniques for development and innovation in surgical education. The course will focus on a stepwise approach to developing and implementing a surgical education curriculum. Participants will learn how to assess home learning environments to identify specific needs of the learners. There will be particular focus on surgical skill deconstruction, as well as innovative teaching techniques to capture all learning styles. The course will also review current simulation resources, including practical and economic approaches to incorporate simulation models into a curriculum. The participant will be taught information and techniques that will serve as a framework for immediate incorporation into daily practice.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to:

1. Identify gaps in surgical education at his or her institution or practice;
2. Instruct a novice learner on how to perform a basic surgical skill or technique;
3. Construct and practice utilizing a checklist on a low-fidelity vaginal hysterectomy model; and
4. Develop a longitudinal surgical education curriculum including simulation, coaching, “on the fly learning,” and structured feedback.

**COURSE OUTLINE**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Facilitator(s)</th>
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</thead>
<tbody>
<tr>
<td>7:00</td>
<td>Welcome, Introductions and Course Overview</td>
<td>S. Senapati</td>
</tr>
<tr>
<td>7:05</td>
<td>Performing a Needs Assessment: Developing a Surgical Education Curriculum</td>
<td>K.A. Swan</td>
</tr>
<tr>
<td>7:30</td>
<td>Don’t Reinvent the Wheel: An Overview of Surgical Simulation Resources</td>
<td>E.G. Lockrow</td>
</tr>
<tr>
<td>7:55</td>
<td>Different Strokes for Different Folks: Tailoring Teaching Styles to Learning Styles</td>
<td>S. Senapati</td>
</tr>
<tr>
<td>8:20</td>
<td>Incorporating a MIGS Curriculum into Your Residency or Practice</td>
<td>K.A. Swan</td>
</tr>
<tr>
<td>8:45</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
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<tr>
<td>8:55</td>
<td>Break</td>
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<tr>
<td>9:10</td>
<td>Deconstructing the Task: How to Teach a Surgical Skill</td>
<td>L.C. Green</td>
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<tr>
<td>9:35</td>
<td>Teaching Tips for the Simulated Environment</td>
<td>E.G. Lockrow</td>
</tr>
<tr>
<td>10:00</td>
<td>Coaching: From the Athletic Field to the OR</td>
<td>N.M. Donnellan</td>
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<tr>
<td>10:25</td>
<td>Giving Feedback: Evaluating and Tracking Your Learners</td>
<td>S. Senapati</td>
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<tr>
<td>10:50</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
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<td>11:00</td>
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</table>

**TEACH-709**

Teach the Teacher

*Chair:* Nicole M. Donnellan

*Faculty:* Diana T. Atashroo, Lisa Chao, Chi Chiung Grace Chen, Howard L. Carlin, Ernest G. Lockrow, Christina I. Ramirez, Sangeeta Senapati, Mallory A. Stuparich, Kimberly A. Swan

Presented in affiliation with American College of Obstetricians and Gynecologists (ACOG), and in cooperation with the AAGL Special Interest Group on Vaginal Surgery

This course is pending approval for ABOG Maintenance of Certification (MOC) Part IV

This hands-on course will provide participants with an exploration of simulation components of a successful surgical education curriculum. Participants will create a low-fidelity vaginal hysterectomy model and trial its use with a checklist. In addition, participants will build a portable laparoscopic box trainer that they can take home for immediate use at their institutions. A video presentation proctored by an expert educator will teach participants how to implement a porcine lab into a simulation curriculum. Expert educators will guide participants through an interactive session where they will practice teaching a basic task to a novice learner, in order to gain experience in focused surgical skill deconstruction.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to:

1. Instruct a novice learner on how to perform a basic surgical skill or technique;
2. Construct and practice utilizing a checklist on a low-fidelity vaginal hysterectomy model; and
3. Construct a box trainer model for take-home use.

**COURSE OUTLINE**

<table>
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<th>Time</th>
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<tbody>
<tr>
<td>12:30</td>
<td>Welcome, Introductions and Course Overview</td>
<td>N.M. Donnellan</td>
</tr>
<tr>
<td>12:35</td>
<td>Develop an approach to teach the surgical skill (suturing, IUD placement)</td>
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<tr>
<td>12:55</td>
<td>Teach novice learner assigned task</td>
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<tr>
<td>1:00</td>
<td>Feedback from learner to teachers</td>
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<tr>
<td>1:20</td>
<td>Revise teaching style/approach</td>
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<tr>
<td>1:35</td>
<td>Teach task with any revisions to new novice learner</td>
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<tr>
<td>1:50</td>
<td>Feedback from learners to teachers</td>
<td></td>
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<tr>
<td>2:05</td>
<td>Group discussion</td>
<td></td>
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<tr>
<td>2:25</td>
<td>Break</td>
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<tr>
<td>2:40</td>
<td>Group 1: Create and Practice with a TVH Model</td>
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<tr>
<td>2:40</td>
<td>Group 2: Build Your Own Box Trainer</td>
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<tr>
<td>3:15</td>
<td>Video-Based Discussion of Porcine Lab</td>
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<tr>
<td>3:30</td>
<td>Group 1: Build Your Own Box Trainer</td>
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<tr>
<td>4:15</td>
<td>Video-Based Discussion of Porcine Lab</td>
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<tr>
<td>3:30</td>
<td>Group 2: Create and Practice with a TVH Model</td>
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<tr>
<td>4:20</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
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<td>4:30</td>
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This course provides a unique perspective for learning vaginal hysterectomy techniques. This didactic course will include not only anatomy relevant to the vaginal surgeon, but will also include a live cadaveric demonstration of both vaginal and abdominal perspectives of vaginal surgery, which will help learners visualize both points of view as they relate to converting endoscopic hysterectomy to a vaginal approach. Further didactic sessions will include apical suspension, morcellation, complications, and troubleshooting difficult vaginal surgery. Optimizing vaginal hysterectomy requires the appropriate education and tools. Learners will see various tools available for retraction, vessel sealing, and visualization. Participants will gain a unique perspective of vaginal surgery, and an increased breadth of knowledge of available resources for learning vaginal surgery.

Learning Objectives: At the conclusion of this course, the clinician will be able to:
1) Articulate anatomy as it relates to the vaginal surgeon; 2) integrate abdominal and vaginal visualization to recognize the similarities and differences between the two approaches to hysterectomy; and 3) identify ways to minimize complications associated with vaginal hysterectomy.

COURSE OUTLINE

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>7:00</td>
<td>Welcome, Introductions and Course Overview</td>
</tr>
<tr>
<td>7:05</td>
<td>Vaginal Surgery Instrumentation</td>
</tr>
<tr>
<td>7:30</td>
<td>Anatomy Relevant to the Vaginal Surgeon</td>
</tr>
<tr>
<td>7:50</td>
<td>Anasar and Posterior Entry</td>
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<tr>
<td>8:10</td>
<td>Securing Your Pedicles: Suture or Energy?</td>
</tr>
<tr>
<td>8:30</td>
<td>Genitourinary Injury during Vaginal Surgery: Recognition and Repair</td>
</tr>
<tr>
<td>8:55</td>
<td>Break</td>
</tr>
<tr>
<td>9:10</td>
<td>Vaginal Morcellation and Contained Morcellation Technique</td>
</tr>
<tr>
<td>9:35</td>
<td>Adnexal Surgery Techniques and Best Practices</td>
</tr>
<tr>
<td>10:00</td>
<td>Cuff Closure and Apical Suspension</td>
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<tr>
<td>10:25</td>
<td>Vaginal Surgery Simulation</td>
</tr>
<tr>
<td>10:50</td>
<td>Questions &amp; Answers</td>
</tr>
<tr>
<td>11:00</td>
<td>Adjourn</td>
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</table>

presented in affiliation with American College of Obstetricians and Gynecologists (ACOG) and the Society of Gynecologic Surgeons (SGS), and in cooperation with the AAGL Special Interest Group on Vaginal Surgery.
Objetivos de aprendizaje: Al finalizar este curso, el alumno será capaz de: 1) Reproducir en forma eficiente las técnicas para reaproximación de tejidos por vía laparoscópica, manipulación de la aguja y suturas continuas; 2) realizar nudos intracorpóreos y extracorpóreos en forma eficiente, identificar los errores comunes que se presentan, y cómo corregirlos; 3) comparar y distinguir los beneficios potenciales de las tecnologías de sutura barbada y los dispositivos de sutura utilizados en laparoscopia y revisar las aplicaciones clínicas para el cierre de la cúpula vaginal, suspensión de la cúpula vaginal, miomectomía y reparación de cistostomía.

COURSE OUTLINE

12:30 Bienvenida, Introducción y descripción del Curso

12:35 Fundamentos para tomar la Aguja, Manipulación de la Sutura y Reaproximación de Tejidos

12:55 LAB I: Reaproximación de Tejidos, Manipulación de la Sutura, y Simulación de sutura continua para cierre de cúpula vaginal
   Objetivos: Demostrar eficiencia para tomar la aguja, reaproximación de tejidos y manipulación de la sutura durante una sutura continua para cierre de cúpula vaginal.

1:50 Técnicas de nudo intracorpóreo: Aplicaciones Clínicas, Errores comunes y cómo corregirlos

2:10 LAB II: Nudo Intracorpóreo
   Objetivos: Aprender y practicar habilidades simples y reproducibles para nudo intracorpóreo, evitar los errores comunes y aprender a corregirlos, en caso que se presenten.

3:10 Nudo Extracorpóreo, Selección de la sutura, Sutura Barbada, Tecnologías de sutura y sus aplicaciones clínicas

3:30 LAB III: Nudo Extracorpóreo, Dispositivos y Tecnologías de Sutura
   Objetivos: Identificar los elementos críticos para realizar un nudo extracorpóreo, errores comúnmente cometidos y cómo corregirlos; comparar y distinguir los beneficios potenciales de tecnologías y dispositivos de sutura utilizados en laparoscopia.

4:20 Aplicaciones Clínicas: Preguntas, Respuestas y Evaluación del Curso
   Todos los Expertos

4:30 Cierre del curso
Postgraduate Courses: Day 2

12:30 pm - 4:30 pm
Room: National Harbor 3
CME
DIDACTIC | FEE: $175

PUSH-711
Shoot for the Moon: Surgical Strategy from the Stars

Chair: Audrey Tsunoda
Faculty: Rezav Botchorishvili, William Kondo, Marco A. Pinho de Oliveira

This course provides a range of tools for the surgeon who is willing to maximize results in major surgical challenges. Great advances in gynecologic minimally invasive surgery have been achieved, and it seems the sky is the limit around the world. As cases became more complex, a feasible strategic plan is paramount to achieve better results, with fewer complications. Experienced surgeons will present their strategies for challenging rare and common situations, including interactive case discussions, rich video-based presentations, and major outcomes and data. All content will be based on current evidence, and their personal and team experience. Some of the topics to be reviewed in this program include strategies for dealing with extensive adhesiolysis, large uterus approaches, recovering anatomy in a frozen pelvis, bleeding prevention and management, GI and GU tract lesions and complications associated with gynecologic diseases during a pelvic approach.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Apply anatomical standardized pelvic dissection, identify landmarks, and preview risky surgical situations; 2) manage a large uterus and atypically located fibroids; 3) prevent GI, GU and vascular lesions and discuss different approaches and management of complications; and 4) treat benign and suspicious complex/large adnexal masses.

COURSE OUTLINE

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>12:30</td>
<td>Welcome, Introductions and Course Overview</td>
</tr>
<tr>
<td>A. Tsunoda</td>
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</tr>
<tr>
<td>12:35</td>
<td>Restoring Surgical Anatomy: First Step for a Standardized Surgery</td>
</tr>
<tr>
<td>M.A. Pinho de Oliveira</td>
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<tr>
<td>12:55</td>
<td>Challenging Hysterectomy: Good Solutions for Antique Problems</td>
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<tr>
<td>R. Botchorishvili</td>
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<tr>
<td>1:20</td>
<td>Vascular Injuries: Prevention and Treatment</td>
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<tr>
<td>A. Tsunoda</td>
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<tr>
<td>1:40</td>
<td>Unfreezing a Frozen Pelvis: Is There a Systematic Approach?</td>
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<tr>
<td>W. Kondo</td>
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<tr>
<td>2:00</td>
<td>Interactive Case Presentation (with Voting System)</td>
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<tr>
<td>R. Botchorishvili, W. Kondo, Moderators: A. Tsunoda, M.A. Pinho de Oliveira</td>
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<tr>
<td>2:20</td>
<td>Break</td>
</tr>
<tr>
<td>2:40</td>
<td>Video Session: Challenging Myomectomies</td>
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<tr>
<td>(3 videos different presenters, 3 minutes each, short discussion with plenary)</td>
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<tr>
<td>3:00</td>
<td>The Ureter Is Our Friend... or Not?</td>
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<tr>
<td>M.A. Pinho de Oliveira</td>
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<tr>
<td>3:20</td>
<td>GI Made Easy - Dissection, Resection and Complications in Pelvic Surgery</td>
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<td>W. Kondo</td>
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<tr>
<td>3:40</td>
<td>Current Techniques in Advanced Pelvic Organ Prolapse Surgery</td>
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<tr>
<td>R. Botchorishvili</td>
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<tr>
<td>4:05</td>
<td>Adnexal Mass: Case Selection and Surgical Technique</td>
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<tr>
<td>A. Tsunoda</td>
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<tr>
<td>4:20</td>
<td>Questions &amp; Answers</td>
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<td>AF Faculty</td>
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<td>4:30</td>
<td>Adjourn</td>
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12:30 pm - 4:30 pm
Room: National Harbor 10
CME
DIDACTIC | FEE: $175

FIBR-712
Contemporary Fibroid Therapies and Musical Hits from the 80s: Might There Be an Association?

Chair: M. Jonathon Sobirik
Faculty: Kathy Huang, Keith B. Isaacson, Malcolm G. Munro, S. Sony Singh, John A. Thiel

This course provides an amazing opportunity for motivated clinicians to sharpen their skills and enable them to provide best-in-care for women with uterine fibroids. Our internationally recognized faculty will make pathogenesis seem fascinating and enliven data-driven strategies, while providing meaningful pearls and guidelines that focus on alternatives to hysterectomy. The session ends in a practical dialogue with participants, allowing for dedicated time with faculty.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Discuss optimal diagnostic and therapeutic strategies for the typical patient presenting with uterine fibroids; 2) recommend appropriate medical, surgical and interventional options for women who wish to avoid hysterectomy; and 3) develop essential skills necessary to provide minimally invasive approaches for more complex patients.

COURSE OUTLINE

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>12:30</td>
<td>Welcome, Introductions and Course Overview</td>
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<tr>
<td>M.J. Solnik</td>
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<tr>
<td>12:35</td>
<td>Show Me the Money: Fibroid Basics - Classification, Targeted Imaging and Supporting Evidence</td>
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<tr>
<td>M.G. Munro</td>
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<tr>
<td>1:00</td>
<td>Voodoo Magic: Pharmaceutical Agents, Do They Really Work?</td>
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<tr>
<td>S.S. Singh</td>
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<tr>
<td>1:25</td>
<td>Our House: Intruterine Management, and Optimizing Reproduction</td>
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<tr>
<td>K.B. Isaacson</td>
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<tr>
<td>1:50</td>
<td>Burnin' Down the House: Image Guided Procedures</td>
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<tr>
<td>J.A. Thiel</td>
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<tr>
<td>2:15</td>
<td>Questions &amp; Answers</td>
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<tr>
<td>AF Faculty</td>
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<tr>
<td>2:25</td>
<td>Break</td>
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<tr>
<td>2:40</td>
<td>Video Killed the Radio Star: Laparoscopic Myomectomy - Surgical Pearls, Outcomes, and Extraction Techniques</td>
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<tr>
<td>M.J. Solnik</td>
<td></td>
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<tr>
<td>3:05</td>
<td>Don't Drink, Don't Smoke, What Do You Do? Trends and Outcomes in Robotic-Assisted Laparoscopic Myomectomy</td>
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<tr>
<td>K. Huang</td>
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<tr>
<td>3:30</td>
<td>Complex Case Scenarios: Round Robin</td>
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<tr>
<td>AF Faculty</td>
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<tr>
<td>4:20</td>
<td>Questions &amp; Answers</td>
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<td>AF Faculty</td>
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<td>4:30</td>
<td>Adjourn</td>
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</table>

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General Session I

Honorary Address
Misconception of Medical Education: A Human Attitude

PROFESSOR ARNAUD WATTIEZ
Director, Department of Gynecological Surgery, Latifa Hospital, Dubai, United Arab Emirates

Despite the passion of the extraordinary surgeons who were involved in the development of minimally invasive gynecologic surgery, laparoscopy has not advanced as quickly as one might have expected. There could be many reasons offered to explain this slowed progression, but one essential factor could be described as a misconception in education. The core definition of education is "to raise up." Those who teach and mentor others should focus on more than knowledge and understanding; they should encourage their mentees to "fly" higher and go farther than they have gone! In turn, this approach should inspire the mentee to form a relationship with the mentor that is based on commitment and respect. In light of the incredible technological advances in minimally invasive gynecologic surgery, these essential components of the education equation could easily be overlooked. This lecture will focus on the important relational development between mentor and mentee.

Learning Objective: At the conclusion of this course, the clinician will be able to: 1) Describe the essential intangible educational components to creating an optimal relationship between mentor and mentee.

Presidential Address

Dr. Jon I. Einarsson formally addresses attendees of the Global Congress for the final time as President after an inspiring 18-month term.
Welcome Reception in Exhibit Hall

Our exhibitors are ready to celebrate the formal kick-off of the 46th AAGL Global Congress in the exhibit hall with you. Join us for hosted bars, hors d’oeuvres, lively conversation, and networking with colleagues while you peruse the exhibits.
This course provides a detailed overview of pelvic anatomy as encountered by the general gynecologist, the gyn-oncologist, and the endometriosis surgeon. Starting with the safest anatomical approach to a simple hysterectomy and a simple adnexectomy, major landmarks will be discussed. Then, going one step further, the pelvic sidewall will be entered from an oncologic perspective, with a specific focus on the benefits for difficult benign surgery as well. Most importantly, identification of the origin of the uterine artery as it branches off the internal iliac artery will be explained in detail. All pelvic spaces will be defined. Finally, nerval structures will be demonstrated as they might affect sacrocolpopexy- and endometrioses-related surgeries. Layer by layer, the pelvic anatomy will be freed and put into perspective of the related surgeries. Taking advantage of the anatomical opportunity, the dissection will be carried one step further to visualize structures usually not seen during normal gynecologic surgery.

**Learning Objective:** At the conclusion of this activity, the participant will be able to: 1) More effectively use her or his knowledge of pelvic anatomy to safely approach different classical gynecologic surgeries.
The Scientific Program Committee is proud to announce this year’s Jordan M. Phillips, M.D. Keynote Speaker

**Keynote Address**

TUESDAY, NOVEMBER 14, 2017

5:10 PM - 6:10 PM

THE JORDAN M. PHILLIPS KEYNOTE ADDRESS

Martin Makary MD, MPH, FACS

New York Times bestselling author, Unaccountable

Johns Hopkins Professor of Surgery and Health Policy & Management Chief, Islet Transplantation Surgery, Johns Hopkins Hospital Director, Improving Wisely

Dr. Makary is the New York Times bestselling author of *Unaccountable*, a book about transparency in healthcare. He is a leading voice for physicians writing in *The Wall Street Journal* and *TIME Magazine*, writing about the dangers mass hospital consolidation, corporate medicine, and the need for more minimally-invasive surgery in health care.

Dr. Makary is the creator of *The Surgery Checklist*, popularized in the book *The Checklist Manifesto*, and he led the World Health Organization workgroup to measure surgical quality worldwide. He currently serves as the director of “Improving Wisely,” a project to lower health care costs by addressing unnecessary medical care. Dr. Makary has been named to America’s 20 Most Influential People in Health Care and Smartest People in Healthcare List by Becker’s Review.

He is a frequent medical commentator of NBC and FOX News and has testified to congress on the need for more transparency in health care. He has published over 200 scientific publications and speaks nationally and internationally on quality and teamwork culture in health care.
Panel Session 1: Perioperative Management of the Chronic Pain Patient

11:00 am - 12:00 pm
Room: Potomac C

Chair: Georgine M. Lamvu
Faculty: Kenneth I. Barron, Jessica Feranec, Smitha Vilasagar

This session provides an overview of current recommendations for post-operative pain management and early recovery protocols. The session will involve a case and panel discussion. The discussion will focus on scenarios involving difficult to treat pain or chronic pain.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Identify risk factors associated with poor pain control; 2) discuss elements of risk assessment and corresponding documentation; and 3) describe treatment options in post-operative pain management.

COURSE OUTLINE
11:00 Welcome, Introductions and Course Overview
11:05 Pre-Operative Risk Assessment
11:15 Post-Operative and Long Term Pain Management in CPP
11:25 The Value of Protocols for Post-Operative Pain Management in CPP Patients (ERAS)
11:35 Patient Education for Post-Operative Pain Management
11:45 Panel Discussion
12:00 Adjourn

Surgical Tutorial 1: Enhanced Vaginal Hysterectomy: Applying What We Have Learned from Laparoscopy and Robotics

11:00 am - 12:00 pm
Room: Potomac A

Chair: Rosanne M. Kho
Faculty: Xiaoming Guan, Javier F. Magrina, Charles R. Rardin

This surgical tutorial brings to the stage avant-garde solutions for exposure, visualization with 3D imaging, use of specially designed instruments and advanced bipolar energy to unravel commonly encountered challenges with the vaginal approach. Watch this group of MIGS surgeons demonstrate techniques to enter the anterior and posterior cul de sacs, dissect the ureter, morcellate the large specimen and remove the adnexae and appendix vaginally with currently available technologies and devices. This tutorial also demonstrates transvaginal NOTES technique that can be utilized when dense pelvic adhesions are encountered or when the adnexae are high. By incorporating what we have available from the laparoscopic and robotic approaches, we expand the applicability of vaginal hysterectomy, remove stumbling blocks and re-establish its position at the forefront of the skills armamentarium of the versatile minimally invasive surgeon.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Apply new techniques to overcome challenges such as limited exposure and visualization, achieving hemostasis, and removal of large specimen and the adnexae during vaginal hysterectomy.

COURSE OUTLINE
11:00 Welcome, Introductions and Course Overview
11:05 Live Cadaveric Demonstration
- Set up for Exposure with self-retaining vaginal retractor system
- Set up for Visualization with 3D imaging system
- Entry into the posterior cul de sac
- Isolation of the uterine artery with use of advanced bipolar energy
- Different techniques to enter anteriorly
- Identification and dissection of the ureters
- Manual tissue morcellation
- Prophylactic salpingectomy with round ligament technique
- Vaginal removal of tube and ovary with prepared ligature loop
- NOTES trans-vaginal removal of the tube and ovary
- NOTES trans-vaginal removal of the appendix
11:50 Questions & Answers
12:00 Adjourn
Day 3, Tuesday, November 14, 2017

Plenary 1: Hysteroscopy

11:00am - 12:00 pm
Room: Potomac D

Moderator: TBD

Co-Moderator: TBD

Discussants: TBD

Faculty: Limin Feng, Luiz G. Oliveira Brito, Meagan S. Cramer, Ana Vegas, Annmarie L. Vilkins, Kelly N. Wright

Course Description:

Learning Objective: At the conclusion of this course, the participant will be able to: 1)

COURSE OUTLINE

11:00 Final Results of a Randomized Controlled Trial of the Cardea™ GEA System versus Transcervical Resection of the Endometrium (TCRE) Combined with Roller-Ball Ablation for the Treatment of Abnormal Uterine Bleeding

I. Feng, Z. Zhang, Q. Yang, Qing Chen, Z. Liang, F. Xue, H. Shi

11:06 Discussant: TBD

11:10 Results of Hysteroscopic Treatment of Symptomatic Isthmoceles in Patients with Abnormal Uterine Bleeding and Abdominal Pain


11:16 Discussant: TBD

11:20 Comparison between Transvaginal Ultrasound and Hysteroscopy for Endometrial Assessment

L.G. Oliveira Brito, P. Pini, C.L. Benetti-Pinto, D.A. Yela

11:26 Discussant: TBD

11:30 Pain as an Independent Risk Factor for Failed Second Generation Endometrial Ablation

M.S. Cramer, L.S. Kliebanoff, M. Hoffman

11:36 Discussant: TBD

11:40 Video: Laparoscopic-Assisted Hysteroscopic Resection of Interstitial Ectopic Pregnancy

A.I. Viklova, T. Awosogba, P. Hendessi, N. Noel

11:46 Discussant: TBD

11:50 Video: Operative Hysteroscopy with an IUD in Place

K.N. Wright, A. Vogeli

11:56 Discussant: TBD

12:00 Adjourn

Video Session 1: Robotics

11:00 am - 12:00 pm
Room: National Harbor 3

Moderator: TBD

Co-Moderators: TBD

COURSE OUTLINE

11:00 GROUP A

Retroperitoneal Dissection: Techniques to Locate Uterine Arteries at the Origin

Itô Y, Metzinger D

11:07 GROUP A

Surgical Technique for Needleless, Robotic-Assisted Transabdominal Cerclage with Posterior Knot Placement in the Gravid and Non-Gravid Uterus

Aguíre AG, Smith RB, Mourad J

11:14 GROUP A

Robotic-Assisted Laparoscopic Management of Bilateral Ureteral Endometriosis: Ureterocystoneostomy with Psoas Hitch

Zhang Y, Liu J, Blazek K, Guan X

11:21 GROUP A

Diaphragmatic Endometriosis (DE) Surgical Techniques for the Right Side – What We Have Learned After 31 Cases

Ribeiro OM, RD GM, Santos Jr T; Chamie L, Sarafin P, Weerbe E

11:28 GROUP A

Patient-Specific Approach to Positioning During Robotic Surgery

Chandler J, Mhalov L

11:35 GROUP B

Uterus Transplantation: Robotic Surgeon Perspective

Fornalik H, Fornalik N

11:42 GROUP B

Robotic Uterosacral Ligament Suspension Following Ureteral Neocystotomy

Mehandru N, Yi J

11:49 GROUP B

Robotic-Assisted Uterine Artery Ligation via the Posterior Approach for Huge Myomectomy

Chang I, Liu W-M

11:56 GROUP B

Prevalence of Tubal Endometriosis

Zhang J, Zhang D

12:00 Adjourn

Open Communications 1: Endometriosis & Adenomyosis

11:00 am - 12:00 pm
Room: National Harbor 5

Moderator: TBD

Co-Moderators: TBD

COURSE OUTLINE

11:00 GROUP A

Total Laparoscopic Uteronecystectomy for Ureteral Endometriosis: A Single Center Experience on 160 Consecutive Cases

Clarizia R, Caleffi G, Coccurella M, Scaffer S, Bruni F, Caccavani M

11:07 GROUP A

DNA Testing to Predict Endometriosis: Implications for Referral for Minimally Invasive Surgery

Fogelson KS, Chettler R, Ward K

11:14 GROUP A

Anorectal Angle at Transperineal Ultrasound in Women with Rectal Endometriosis: Another Cause of Bowel Symptoms?

Arora A, Raimondo O, Del Forno S, Bonfante A, Danoffin F, Cacchi L, Mabrouk M, Seracchioli R

11:21 GROUP A

Perioperative Outcomes and Predictors of Complications for Laparoscopic Treatment of Endometriosis

Clark NV, Smelio M, Griffis GC, Eu X, Ajay MO, Cohen SL, Eisenman R

11:28 GROUP A

Long-Term Safety and Efficacy of Elagolix Treatment in Women with Endometriosis-Associated Pain: Primary Results from Two Phase 3 Extension Studies

Surrey E, Taylor HS, Giudice LC, Singh SS, Abrao MS, Lessey BA, Duan WR, Peloso PM, Scheufele F, Chwalisz K

11:35 GROUP B

Prevalence of Tubal Endometriosis

Zhang J, Zhang D

11:42 GROUP B

Identifying Clear Lesions of Endometriosis Using Indocyanine Green

Hanna MG, McSorley AL, Ten T

11:49 GROUP B

Endometriosis of the Appendix: Prevalence and Correlation with Gross Pathological Findings at Time of Minimally Invasive Excision Surgery in Women with Chronic Pelvic Pain

Tenzel NS, Kappauf C, Shi W, Orbuch L, Orbuch J

12:00 Adjourn
Open Communications 2: Robotics

11:00 am - 12:00 pm
Room: National Harbor 10

Moderator: TBD

Co-Moderators: TBD

COURSE OUTLINE

11:00 GROUP A
Hysterectomy - Vaginal, Abdominal and Robotic Laparoscopic Study: Clinical Evaluation and Cost Analysis
Hanafi M

11:07 GROUP A
Number of Lymph Nodes Removed in Early Stage Endometrial Cancer: Robot versus Laparoscopy
Gungor M, Tekmar O, Obaasli E, Gundogan S, Nuki M, Kose F

11:14 GROUP A
Comparative Analysis of Bladder Function Return Between Robotic Nerve-Sparing Radical Hysterectomy (C1 Hysterectomy) vs Robotic Non Nerve-Sparing Radical Hysterectomy (C2)
Lim PC, Kang EY

11:21 GROUP A
A Comparison Between Laparoscopic and Robotic Hysterectomy in Obese Patients: Effect on Cost, Operating Time and Estimated Blood Loss
Yan J, Marlen C, Ali Khalil E, Moawad G

11:32 GROUP B
One Institute Experience of Robotic Single-Site Surgery: 500 Cases in Benign Gynecology
Jeong K, Lee SR, Moon H-S

11:39 GROUP B
Robotic-Assisted Radical Hysterectomy Results in Better Surgical Outcomes Compared to the Traditional Laparoscopic Radical Hysterectomy for the Treatment of Cervical Cancer
Nie J, Yan A, Liu X

11:46 GROUP B
IS-001: Investigating a Novel Compound for Ureteral Identification During Robotic Hysterectomy: Preliminary Results
Arms RG, Farnam RW

11:53 GROUP B
An Analysis of the Learning Curve: Robotic Surgical Staging for Ovarian Cancer
Lu B, Lan Y-P, Liu W-M

12:00 Adjourn

Surgical Tutorial 2: Live Interactive Cadaveric Demonstration: Cuff Closure

12:10 pm - 1:10 pm
Room: Potomac A

Chair: Sarah L. Cohen

Faculty: Amy N. Broach, Joseph L. Hudgens

This course provides a live cadaveric demonstration of colpotomy closure techniques using standard laparoscopic instrumentation. A didactic will review the necessary instrumentation, suture choices and trocar placement required for laparoscopic cuff closure. The role of colpotomy closure in vaginal cuff dehiscence will also be discussed. The faculty will demonstrate the use of different suture materials, knot closure and instrumentation to achieve cuff closure. Tips and tricks will also be demonstrated for a wide variety of issues that occur during colpotomy closure.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Articulate the steps necessary to achieve vaginal cuff closure to complete a laparoscopic hysterectomy.

COURSE OUTLINE

12:10 Welcome, Introductions and Course Overview
S.L. Cohen

12:15 Demonstration:
• Interrupted suture technique with intracorporeal knotting
• Also show options for suture-assist devices
• Include option of 30 degree scope from lateral port
A.N. Broach

12:25 Didactic:
• Factors that influence risk of cuff dehiscence
• Expert opinion on best practices: good bites/spacing, avoiding excess thermal injury to cuff
All Faculty

12:35 Demonstration:
• Angle suspension sutures with extracorporeal knotting and running middle of suture line
• Demonstration of uterosacral ligaments into support
J.L. Hudgens

12:45 Didactic:
• Troubleshooting and FAQs
• Suture choice - type, size, absorption characteristics
• Barbed: need to cut end short, what to do if suture breaks, his-pareunia
• Importance of apical support, incorporating uterosacals
• Demonstration of uterosacral ligaments into support
• 1 layer vs. 2 layer
• Incorporating peritoneum
• What about robotics or single-site closures?
• Vaginal length with vertical vs. horizontal closure
• Sexual function following
All Faculty

12:55 Demonstration:
• Running barbed closure: how to introduce and remove suture through 5mm trocar
All Faculty

1:05 Questions & Answers
All Faculty

1:10 Adjourn
Panel Session 2: Maximizing Efficiency and Safety of Laparoscopy in Low Resource Settings

12:10 pm - 1:10 pm
Room: Potomac C

Chair: John Heusinkveld

Faculty: Malede B. Fanta, Richard G. Manning
Juan D. Villegas-Echeverri

This session provides an overview of the challenges involved in the introduction of laparoscopy to low resource settings. In addition to surgical contraception, laparoscopy has the potential to offer rapid diagnosis for conditions such as appendicitis and the acute abdomen in settings where computed tomography is not available. Patients in low resource settings can benefit disproportionately from avoiding laparotomy; however, attempts to perform laparoscopy without adequate equipment and training are likely to cause more harm than good. This session will examine the challenges and how they can be overcome, using the fistula experience in Africa as a model.

Learning Objective: At the conclusion of this course, the clinician will be able to: 1) Describe strategies for overcoming the major obstacles to safe laparoscopic surgery in low resource settings.

COURSE OUTLINE
12:10 Welcome, Introductions and Course Overview
J. Heusinkveld
12:15 Getting Started: Creating a Laparoscopy Suite from Scratch
J. Heusinkveld
12:25 Building the Team: Training Surgeons and Teachers
J.D. Villegas-Echeverri
12:35 Cost and Efficiency
M. B. Fanta
12:45 The Fistula Experience as a Guide
R. G. Manning
12:55 Questions & Answers
All Faculty
1:10 Adjourn

Plenary 2: Oncology

12:10 pm - 1:10 pm
Room: Potomac D

Moderator: TBD

Discussants: TBD

Faculty: Farah A. Alvi, Giorgio Bogani, Diana D. El-Neemany, Afshin Fazel, Peter C. W. Lim, Roberto Vargas, Menglei Zhang

Course Description

Learning Objectives: At the conclusion of this course, the participant will be able to: 1)

COURSE OUTLINE
12:10 A Prospective Study on the Risk of Occult Malignancies and 30-Day Morbidity in Women Undergoing Minimally Invasive Risk-Reducing Surgery
12:16 Discussant: TBD
12:20 Do Fibroids Reduce the Likelihood of Unanticipated Malignancy?
F.A. Alvi, L.M. Glaser, J. Tolentino, A. Chaudhari, M. Milad, S. Tsai
12:26 Discussant: TBD
12:30 A Comparative Study of Video Endoscopic Inguinal Lymphadenectomy and Conventional Open Inguinal Lymphadenectomy in Treating Vulvar Cancer
M. Zhang, J. Dong, L. Chen, X. Zhang, K. Hua
12:36 Discussant: TBD
12:40 Avoiding Occult Uterine Sarcoma Morcellation? Yes We Can!
A. Fazel, V. Place, F. Cornelis, J. Sroussi, M. Mezzadri, O. Le Dreff, J.L. Benifla
12:46 Discussant: TBD
12:50 Video: Para-Aortic Sentinel Lymph Nodes in Endometrial Cancer
D.D. El-Neemany, N. Pursell, E. Curcio, A. Giglio, K. ElSahwi
12:56 Discussant: TBD
1:00 Video: A Robotic-Assisted Nerve, Uterine Artery and Fertility-Sparing Radical Trachelectomy
P.C.W. Lim, E.Y. Kang
1:06 Discussant: TBD
1:10 Adjourn

*Alternate Presenter

Video Session 2: Endometriosis

12:10 pm - 1:10 pm
Room: National Harbor 3

Moderator: TBD

Co-Moderators: TBD

COURSE OUTLINE
12:10 GROUP A
A Neuroanatomical Approach to the Resection of Peritoneal and Deeply Infiltrative Endometriosis
Hudgens JL, Cooper JA, Lang TG, Pasic RP
12:17 GROUP A
Bladder Endometriosis: Surgical Principles
Lozada Y, Ghazi A, Carrillo JF
12:24 GROUP A
Peritoneal Pockets: Tips for Complete Excision
Stuparich MA, Lee TTM
12:31 GROUP A
Laparoscopic Hysterectomy with Extended Peritonectomy for Endometriosis
Fogelson NS, Rosenfield R
12:42 GROUP B
Resection of Isolated Bladder Endometriosis
Spadoto-Dias D, Bueloni-Dias FN, Leite NJ, Modotti CC, Modotti WP
12:49 GROUP B
Minimizing Ovarian Damage When Resecting Endometriomas
Zakhari A, Papillon-Smith J, Solnik MJ, Murji A
12:56 GROUP B
Endometriosis and Uterine Anomalies
Mehrdy A, Rindos N, Lee TTM
1:03 GROUP B
Robotic En-Bloc Excision of DIE of the Urinary Tract
Schneider AN, Patel T, Mikhail E*
1:10 Adjourn

*Alternate Presenter
Open Communications 3: Emerging Technology & Techniques

12:10 pm - 1:10 pm
Room: National Harbor 5

Moderator: TBD

Co-Moderators: TBD

COURSE OUTLINE

12:10 GROUP A
Longitudinal Outcome Study: What Are the Factors That Impact Clinically Relevant Post-Operative Complications in Single-Port Laparoscopy
Con H, Huffman L, Neimi C, Medina E, Opped P, Spencer R, Al-Naimi A

12:17 GROUP A
Modified Single-Site Laparoscopic Surgery versus Conventional Laparoscopic Surgery for the Treatment of Benign Adnexal Masses
Wang S, Yin L

12:24 GROUP B
Single-Institutional Experience in Laparoendoscopic Single-Site Radical Hysterectomy with Pelvic Lymphadenectomy for Treatment of Cervical Cancer
Wu T, Chen G, Xu L, Dong L, Liang Z

12:31 GROUP A
The Intensity of Post-Laparoscopic Shoulder Pain Is Positively Correlated with the Amount of Residual Pneumoperitoneum
Song T

12:42 GROUP B
Morcellation: A Survey of Patients with Uterine Fibroids Knowledge and Perceptions
Bortolotto P, Hanton F, Petronza JC

12:49 GROUP B
Prospective Comparison of Contained Tissue Extraction Techniques at Time of Laparoscopic Hysterectomy: Mini-Laparotomy versus Vaginal

12:56 GROUP B
In-Bag Morcellation as a Routine for Laparoscopic Hysterectomy
Rimbach S, Schenaunschile M

1:03 GROUP B
Comparison of Transvaginal and Laparoscopic Routes of Morcellation Following Total Laparoscopic Hysterectomy (TLH) of Large Uterus
Mishra J, Lakhani P

1:10 Adjour

Open Communications 4: Endometriosis & Adenomyosis

12:10 pm - 1:10 pm
Room: National Harbor 10

Moderator: TBD

Co-Moderators: TBD

COURSE OUTLINE

12:10 GROUP A
Genitourinary Involvement in Deep Infiltrating Endometriosis
Bougie O, Suen M, Mendoza K, Singh SS

12:17 GROUP A
Medical Treatment for Adenomyosis - A Systematic Review of Prospective Clinical Controlled Trials
Oliveira Brito LG, Mira T, Yela-Gomes DA, Teatin-Julio CR, Benetti-Pinto CL

12:24 GROUP A
Comparative Analysis of Lipid Composition of Peritoneal Fluid and Blood Plasma in Patients with Endometriosis and Uterine Myoma

12:31 GROUP B
Temporarily Blocking the Uterine Artery to Dig Out a Diffused Adenomyosis Lesion Treated Laparoscopically
Yang L

12:42 GROUP B
The Impact of Concurrent Chronic Pain Conditions on the Development of Chronic Pelvic Pain in Women with Endometriosis
Wagner CA, Sijen A

12:49 GROUP B
The Impact on Ovarian Reserve of Ovarian Cystectomy versus Laser Vaporization in the Treatment of Ovarian Endometrioma: A Randomized Clinical Trial
Ottolina L, Posadzki E, Ferrari S, Tandoli I, Castellano LM, Komenda L, Jach R, Candiani M

12:56 GROUP B
2D and 3D Sonographic Features of Deep Endometriosis After Laparoscopic Bowel Resection and Correlation with Symptoms
Zori E, Martini F, Morosetti G, Pietropolis A, Piccione E, Evacutia C

1:03 GROUP B
Immunohistochemical Characteristic of Stem Cells Markers in Foci of Nodular and Diffuse Adenomyosis
Dharmalaldeva KM, Kazachenko V, Stiehegoul A, Adamyan LV, Stepanian AA

1:10 Adjour

Open Communications 5: Research & Science

2:15 pm - 3:15 pm
Room: Potomac A

Moderator: TBD

Co-Moderators: TBD

COURSE OUTLINE

2:15 GROUP A
CXCR4 Mediated to Epithelial-Mesenchymal Transition and Stemness in Epithelial Ovarian Carcinoma
Zo D, Tan J, Shi L, He Z, Xin L

2:22 GROUP A
Is There Appropriate Utilization of Alternative Treatment Before Hysterectomy for Benign Conditions in Northern California Kaiser Permanente?
Nguyen NP, Sayer CV, Merchant M, Postlethwaite D, Yamamot M, Zachisky EF

2:29 GROUP A
Vaginal Extraction Index: A Predictive Model for Extraction of Hysterectomy Specimens
Ekattah R, Mohling S, Machak Z, Holcomb L, Bonn T, DePasquale S

2:36 GROUP A
Prospective Controlled Assessment of Stress Hormones in Patients Undergoing Myomectomy by Laparoscopy and Open Surgery
Padis GA, Katantziotis K, Toulouki M, Genov S, Tarlatzis B

2:47 GROUP B
Healthcare Utilization Patterns Among Women with Newly Diagnosed Abnormal Uterine Bleeding by Diagnosis and Intervention
Vardy M, Bonafe MM, Nelson JK, Miller JB

2:54 GROUP B
Mishra A, Bagchzeh M, Kellow J, Tawil I, Yettaw LV

3:08 GROUP B
Somatic Mutations in Gene MED 12 Among Women with the Family History of Uterine Fibroids
Sogayar KS, Kozhemyakova MV, Trofimov DY, Adamyan LV, Stepanian AA

3:15 Adjour
Plenary 3: Robotics

**COURSE OUTLINE**

2:15 A Systematic Review of Imaging for Polyps and Leiomyomas in Women with Abnormal Uterine Bleeding

Maheux-Lacroix S, Li F, Laberge PC, Abbott J

2:21 A Comparison of Carbon Dioxide (CO2) Absorption Rates in Gynecologic Laparoscopy with a Valveless Insufflation System versus Standard Insufflation System at Intra-Abdominal Pressures of 10 mmHg and 15 mmHg - A Randomized Controlled Trial


2:29 Uterine Myoma Treatment Speeds Achieved Using Noninvasive Robotic Ultrasound-Guided Ablation

Parsons JS, Lau MPK, Martin PI, Issos Lagro MJ, Coad JE, Garza LEA

2:36 Smartphone Speculum: Design, Development and Initial Experience

Snoff NF, Snoff RF, Thakur Y, Thakur Y, Penketh R, Tan B

2:47 Novel Dissection Technique for Vesicouterine Ligament to Prevent Ureter Injury in Laparoscopic Radical Hysterectomy


2:54 Laser Angiography with Indocyanine Green to Assess Vaginal Cuff Perfusion During Robotic-Assisted Total Laparoscopic Hysterectomy


3:08 The Feasibility of Mini-Plus Percutaneous (MPPc) Endoscopy for Benign Gynecologic Procedures: Single Institution Experience

Mekisoglu S, Buzas A, Arslan T, Umar B, Taskiran C

3:15 Adjourn

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Video Session 3: Urogynecology

**COURSE OUTLINE**

2:15 Laparoscopic Ureteroneocystostomy Following UV Fistula in Ectopic Kidney

Puntambekar S, Puntambekar S, Parikh K, Mehta M

2:22 Laparoscopic Sacrocolpopexy with Prior Transvaginal Mesh

Pakva V, Gonzalez Rios A, Ephraim S, Locente V

2:29 A Modification of Sacrocolpopexy in the Setting of a Pelvic Kidney

Davidson ERW, Ashlam I, Paraiso MF

2:35 Reconstruction of the Distal Ureter Following an Extensive Resection of Ureter for Stage IV Endometriosis

Mehta M, Puntambekar S, Chitale M, Puntambekar S, Parikh H

2:47 Minimally Invasive Cystoscopic Suture Excision

Pollard RR, Petrikovets A, Henderson W

2:54 Natural Orifice Transluminal Endoscopic Surgery (NOTES) of Hysterectomy and Bilateral Salpingo-Oophorectomy for Female to Male Transgender Men


3:01 A Non-Traditional Route to the Vaginal Hysterectomy: The Döderlein-Kröning Hysterectomy

Thomas Q, Haltar R

3:15 Adjourn
Day 3, Tuesday, November 14, 2017

Open Communications 7: Hysteroscopy

2:15 pm - 3:15 pm
Room: National Harbor 5

Moderator: TBD

Co-Moderators: TBD

COURSE OUTLINE

2:15 GROUP A
Post Vapor Ablation Cavity Evaluation: A Pilot Study
van Eijndhoven H, Lenglet I, van Baal M, Thorkur A*, Harris M

2:22 GROUP A
Endometrial Ablation Using Water Vapor: 24-Month Follow-Up
Levine O, Johns DA, Garza-Leal J, Harris M

2:28 GROUP A
Risk Factors for Essure Removal
Keltz JG, Petti M, Levine M, To J

2:36 GROUP A
Initial Experiences with the Storz TrophyScope® versus CooperSurgical EndoSee® for Office Diagnostic Hysteroscopy
Guha P, Espinal M, Dinh TA, Chen AH, Pettit PD, DeStephano CC

2:47 GROUP B
Pre-Operative Risk Factors for Re-Operation Following Hysteroscopy or Laparoscopic Sterilization
Wehlh V, Dalton V, Kamdar N, Seiler K, As-Sanie S

2:54 GROUP B
Combined Use of Office Hysteroscopy and Hysterosalphingography: A Novel Combination in Infertility Work-Up
Cerviço AS, Darul YI, Bostanci MS, Akdemir N, Tuna AF

3:01 GROUP B
Efficacy and Safety of Vaginal Misoprostol for Cervical Ripening in Postmenopausal Women Before Diagnostic Hysteroscopy: A Randomized, Double-Blind, Placebo-Controlled Trial
Oliveira Brito LG, Nakano FY, Yela-Gomes DA, Costa-Paiva LH

3:15 Adjourn

Open Communications 8: Hysteroscopy

2:15 pm - 3:15 pm
Room: National Harbor 10

Moderator: TBD

Co-Moderators: TBD

COURSE OUTLINE

2:15 GROUP A
Minitouch Endometrial Ablation Performed as an Outpatient (Office) Procedure in a UK District General Hospital – An Update
Gent J, Adam M, Steele G, Kubwalo B

2:22 GROUP A
Models to Predict Unsuccessful Endometrial Ablation: A Retrospective Study
Stevens K, Meulenbroeks D, Houghton M, Gjösten T, Weyers S, School D

2:29 GROUP A
Postoperative Pain Following Endometrial Ablation: Radiofrequency versus Hydrothermal
Molitoris JF, DeSain V, Soosowski JF, Crisp CC

2:36 GROUP A
Hysteroscopic Approach versus D&C (Dilation and Curettage) in the Management of Suspected Intrauterine Tissue After Delivery, Miscarriage or Termination of Pregnancy
Tahmasbi Rad M, Becker S

2:47 GROUP B
Reproductive Outcome After Hysteroscopic Correction of Arcuate Uterine Anomaly in Infertile Patients
Abozied D, Fairhan O, Pacheco A, Herbst J, Sharan A, Abozied M

2:54 GROUP B
AltaSeal®: Pilot and Initial Pivotal Trial Results of a New Hysteroscopic System for Sterilization and Tubal Occlusion for Hydrosalpinges
Thurkow AC, Coleman KE, Bongers M, Veersema S, Gannon MJ

3:01 GROUP B
Presentation and Management of Malpositioned Essure in Patients with Suspected Nickel Hypersensitivity
Nieto K, Tambarlis A, Yang L, Liebenberg M

3:08 GROUP B
A Prospective Study of 162 Consecutive Patients Undergoing Hysterectomy: Re-Operation Resection of Endometrial Polyps Using MysSure Lite in a “See and Treat” Office Based Postmenopausal Bleeding Clinic
Gardner F

3:15 Adjourn

Surgical Tutorial 3: Robotic Surgery: Port Placement and Docking

3:25 pm - 5:05 pm
Room: Potomac A

Chair: John P. Lenihan

Faculty: Arnold P. Advincula, Peter C. W. Lim

This course will provide a live interactive cadaveric demonstration on two cadavers utilizing both the Si and Xi Da Vinci™ robotic surgical platforms. This demonstration will focus on the differences in docking and port placement, as well as differences in approaching surgical anatomy between the two platforms. The demonstration will also focus on ways to be more efficient in performing a robotic assisted hysterectomy and how to avoid and manage surgical complications.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Apply the skills learned to choose the most efficient technique for port placement and robot docking; 2) discuss how to choose the most efficient techniques and tools for accomplishing simple and complex robotic assisted hysterectomies; 3) identify key anatomical landmarks for safe performance of a hysterectomy; and 4) discuss how to anticipate and prevent common surgical injuries to GI, GU and vascular structures.

COURSE OUTLINE

3:25 Welcome, Introductions and Course Overview
J.P. Lenihan

3:30 Approach to Port Placement and Docking: Si and Xi
A.P. Advincula, P.C.W. Lim

3:50 Maximize Efficiency in Your Approach to a Simple Hysterectomy
A.P. Advincula, P.C.W. Lim

4:10 How to Approach Complex Anatomy in a Hysterectomy
P.C.W. Lim, A.P. Advincula

4:30 Complications: This Happens! How to Avoid and, If Necessary, Manage Complications
P.C.W. Lim, A.P. Advincula, J.P. Lenihan

4:50 Questions & Answers
All Faculty

5:05 Adjourn
Panel Session 3: Outpatient Hysterectomy, ERAS, and Same Day Discharge: The Next Big Thing in Gyn Surgery

3:25 pm - 5:05 pm
Room: Potomac C

Chair: Richard B. Rosenfield
Faculty: Sean Dowdy, Stephen Esper, Seth Kivnick

This session includes a panel discussion with leading experts from several institutions specifically focused on the concept of moving minimally invasive hysterectomy into an outpatient setting with same day discharge home. Highlights will include a practical approach to implementation into your practice as well as the benefits and importance of moving in this direction.

This course will include an evidence-based review of the literature surrounding same day discharge: pros/cons, proper patient selection, financial implications in a Value Based System, and protocols used by surgeons/anesthesia providers from different institutions to achieve SDD: ERAS (Enhanced Recovery After Surgery) protocols and principles that can be used for SDD will be discussed as well as a practical review of implementing SDD in a surgeon’s hospital system: a step-by-step guide in terms of getting this started (i.e. identifying champions in anesthesia, nursing, etc.).

Learning Objectives: At the conclusion of this course, the clinician will be able to:

1) Identify and describe the benefits of an outpatient hysterectomy program along with the benefits of an ERAS protocol to improve efficiency and reduce opiate use in outpatient surgery.

COURSE OUTLINE
3:25 Welcome, Introductions and Course Overview
R.B. Rosenfield
3:30 Outpatient Hysterectomy in Our Changing Healthcare Economy: The Next Big Thing
R.B. Rosenfield
3:50 Enhanced Recovery from the Anesthesia Perspective: What’s the Secret Sauce?
S. Esper
4:10 Outpatient Hysterectomy- The Kaiser Experience
S. Kivnick
4:30 Changing Your Perspective; Tales from the Mayo Clinic Experience
S. Dowdy
4:50 Questions & Answers
All Faculty
5:05 Adjourn
Video Session 4: Hysteroscopy

**3:25 pm - 5:05 pm**

**Room:** National Harbor 3

**Moderator:** TBD

**Co-Moderators:** TBD

**COURSE OUTLINE**

**3:25 GROUP A**

- Hysteroscopic Removal of Embedded IUD Fragment Using Fluoroscopic Needle Localization
  - Tam J, Levie M

**3:32 GROUP A**

- Hysteroscopic Resection of a Complete Vagino-Cervico-Uterine Septum

**3:39 GROUP A**

- Intrauterine Device Removal in Early Pregnancy via "See and Treat" Hysteroscopy
  - Sinta I, Tomita S, Barovich A

**3:46 GROUP A**

- Hysteroscopic Resection of Complete Uterine Septum Under Ultrasound Guidance
  - Aguirre AG, Roy RH

**3:57 GROUP B**

- Hysteroscopic Myomectomy with intra-Myoma Vasopressin
  - Gandhi AR, Imudia A

**4:04 GROUP B**

- Hysteroscopic Treatment of Cystic Adenomyosis
  - Smorgik N, Naor M, Maymon R, Schneider D, Valnin Z, Parsky M

**4:11 GROUP B**

- Vaginoscopy: Tips and Tricks for the Novice
  - Klebanoff J, Makai GE

**4:18 GROUP B**

- Foreign Body Removal & Polypectomy Following Hysteroscopic Tubal Occlusion
  - Bondulin I, Hira A

**4:29 GROUP C**

- Cystic Adenomyosis Arising After Laparoscopic Myomectomy
  - Patzkowsky K, Fritton K

**4:36 GROUP C**

- Hysteroscopic Intrauterine Adhesiolysis Using the Blunt Spreading Dissection Technique with a Double Action Forceps

**4:43 GROUP C**

- Essure® Complication: Myometrial Insertion of Microinsert
  - Woo JI

**4:50 GROUP C**

- Grade 3 Asherman Following Unabsorbed Suture Material Post LSCS in Office Setting
  - Telang M, Nanda S, Gade A, Telang P, Puntambekar S

**4:57 GROUP C**

- Targeted Hysteroscopic Resection of a Spontaneous Missed Abortion
  - Wu CQ, Kamencic H

**5:05 Adjourn**

*Alternate Presenter

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Open Communications 9: Laparoscopy

**3:25 pm - 5:05 pm**

**Room:** National Harbor 5

**Moderator:** TBD

**Co-Moderators:** TBD

**COURSE OUTLINE**

**3:25 GROUP A**

- Predictors of Post-Operative Admission for Minimally Invasive Myomectomies
  - Young H, Ali Khalil EO, Tian P, Park GE, Vergas MV, Markfor CQ, Moawad GN

**3:32 GROUP A**

- Evaluating the Impact of Surgical Complexity on Operative Times During Total Laparoscopic Hysterectomy
  - Pacis MM, Lenihan R, Stetter C, Kurose A, Harkins G

**3:39 GROUP A**

- Change in Surgical Practice for Women with Fibroids Following the FDA Safety Communication on Morcellation
  - Clark N, Schembri M, Jacoby V

**3:46 GROUP A**

- Intravenous Acetaminophen versus Saline in Postoperative Analgesia After Laparoscopic Hysterectomy: A Randomized, Double Blind, Placebo Controlled Trial
  - Rindos N, Mansuria S, King CR

**3:57 GROUP B**

- Outpatient Total Hysterectomy in the Freestanding ASC Setting - Experience with 819 Consecutive Cases
  - Ribot HD

**4:04 GROUP B**

- Minimally Invasive Surgery as the Preferred Route for Gynecological Procedures: Shift Since the Implementation of a Formal MIGS Program in a Single Academic Center
  - Flores-Mendoza H, Basurto-Diaz D, Hernandez-Nieto CA, Miralda-Luzano GF

**4:11 GROUP B**

- Force Required for Veress Needle Entry During Laparoscopy
  - Vu MT, Rodriguez F, Panarelli E, Samuelson R

**4:18 GROUP B**

- Fertility and Obstetric Outcomes Following Isobaric Gasless Laparoscopic Myomectomy

**4:29 GROUP C**

- The Fibroid Center as Model a of Health Care Delivery That Improves Health Care Utilization and Quality
  - Shah AI, Anderman J, Florence AM, Goldstein JA

**4:36 GROUP C**

- Quality of Life After Myomectomy
  - Rodriguez-Trimay VM, Kelly M, Olson T, Parker WH

**4:43 GROUP C**

- Surgical Excision of Parasitic Leiomyomas: An Institutional Case Series
  - Pepin KJ, Clark NV, Rizzo AF, Mushinski AA, Ajao MO, Einarsson JI, Cohen SL

**4:50 GROUP C**

- The Outcomes of Adnexal Surgery After Prior Hysterectomy
  - Alammari RA, Modest AM, Chu J, King LP, Awtry CS

**5:05 Adjourn**

*Alternate Presenter
### Video Session 5: Laparoscopy

**3:25 pm - 5:05 pm**

*Room: National Harbor 10*

**Moderator:** TBD  
**Co-Moderators:** TBD

#### COURSE OUTLINE

<table>
<thead>
<tr>
<th>Time</th>
<th>Group</th>
<th>Lecture Title</th>
<th>Authors</th>
</tr>
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<tbody>
<tr>
<td>3:32</td>
<td>GROUP A</td>
<td>Laparoscopic Repair of Posterior Cervical Perforation</td>
<td>Toubia T, Carey E</td>
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<td>3:46</td>
<td>GROUP A</td>
<td>Laparoscopic Adnexectomy Due to a Giant Adnexal Cyst</td>
<td>Ribeiro R, Rebollo IC, Tsuanuma FK, Brandalize GG, Tsunoda AT</td>
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<td>3:57</td>
<td>GROUP B</td>
<td>Laparoscopic Resection of Multiple Parasitic Fibroids</td>
<td>Ajao MO, Einocson J</td>
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<td>4:04</td>
<td>GROUP B</td>
<td>Total Laparoscopic Hysterectomy with Uterine Didelphys</td>
<td>Blazek KK, Chohan L</td>
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<td>4:11</td>
<td>GROUP B</td>
<td>Total Laparoscopic Hysterectomy in Patient with Bilateral Kidneys Transplant</td>
<td>Al Sawah E, Mikhail E</td>
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<td>4:18</td>
<td>GROUP B</td>
<td>Canal of Nuck Cyst Resection: A Laparoscopic Approach</td>
<td>Sector MB, Wong HM</td>
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<td>4:36</td>
<td>GROUP C</td>
<td>Tricks of the Trade: Navigating the Obliterated Cul-de-Sac</td>
<td>Peters A, Lee YTM</td>
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<td>4:43</td>
<td>GROUP C</td>
<td>Total Laparoscopic Hysterectomy and Bilateral Salpingo-Oophorectomy for a 6095-gram Fibroid Uterus in a Jehovah’s Witness</td>
<td>Siedhoff MT, Louie MV, Mical M, Moulder JK</td>
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<td>4:50</td>
<td>GROUP C</td>
<td>Laparoscopic Management of Perforated IUDs</td>
<td>Chao L, Rindo N, Mansurca S</td>
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<td>4:57</td>
<td>GROUP C</td>
<td>Primary Laparoscopic Pyeloplasty After Accidental Ureteral Section During Deep Endometriosis Surgery</td>
<td>Escalon JR, Gaston O, Heredia F, Hinostroza M</td>
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<td>5:04</td>
<td>GROUP C</td>
<td>Laparoscopic Sacrospinous Ligament Transection for the Treatment of Pudendal Neuralgia</td>
<td>Bastawros D, Myers E, Vilasagar S</td>
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<tr>
<td>5:10</td>
<td>Adjourn</td>
<td></td>
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</tbody>
</table>
Day 3, Tuesday, November 14, 2017

Three intriguing, mind-boggling, complex cases will be presented to a panel of recognized experts. Based upon their vast clinical knowledge and experience, the panelists will take the attendees through diagnostic and operative pathways, which should ultimately result in the correct treatment and diagnosis.

The cases presented will have twists and turns to challenge the expert panel at every step. There will be no holds barred. The presenters will make every effort to stump the professors, and our expert panelists will demonstrate why they are recognized internationally as highly respected leaders and teachers.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Explain alternative approaches to diagnosing and treating complex cases utilizing minimally invasive surgical techniques.

GENERAL SESSION III: Stump the Professors

TUESDAY, NOVEMBER 14, 2017
5:10 PM - 6:10 PM

Chairs: Amber Bradshaw-Whitear, Amanda M. Ecker

Faculty: Leila V. Adamyan, Andrew I. Brill, Harry Reich, Mark W. Surrey

All proceeds go towards the AAGL’s Foundation to support ongoing efforts to promote minimally invasive gynecologic surgery.
Urban Pub Crawl

A Night of Networking and FUNdraising!

Tuesday, November 14, 2017
7:30 pm - 12:30 am

Hip and trendy bars, extraordinary restaurants - these are the cornerstones of what night life in D.C. has come to be known for. Join us as we visit some of D.C.'s trendiest locales for delicious hors d'oeuvres and creative craft cocktails.

Transportation to/from Gaylord National Resort & Convention Center will be provided

$150.00

All proceeds go towards the AAGL's Foundation to support ongoing efforts to promote minimally invasive gynecologic surgery.
Find Your Balance in a Barre3 Class

WEDNESDAY, NOVEMBER 15, 2017
6:00 AM - 7:00 AM
$25.00

We invite you to a sunrise Barre3 class that will certainly get your day started right. Barre3 delivers a full body workout using only low-impact movements from 3 different disciplines - ballet barre, pilates, and yoga. No experience is required. Do your body some good while you support the Foundation’s efforts. What could be more fulfilling than that?

Alicia Sokol
Instructor and Owner of Barre3 Located in DC’s thriving U District

All proceeds go towards the AAGL’s Foundation to support ongoing efforts to promote minimally invasive gynecologic surgery.
Who do you think will perform surgery well under pressure?
How about in front of over 2,000 of their peers?

Wednesday, November 15, 2017
7:45 am - 9:30 am

This session is a spin-off of the television show “Chopped.” This segment pits three surgeons against each other as they compete to raise money for Fund for the Future, a fund created to foster interest in Minimally Invasive Gynecologic Surgery by providing grants to help support fellowships.

So how does this work, you ask? Step one involves taking the pressure cooker out of the kitchen and bringing it to AAGL. We encourage everyone to support their favorite team by going online to make a tax deductible donation to Team Kate O’Hanlan (go North America!), Team Michael Mueller (go Europe!), or Team Anusch Yazdani (go Pacific Rim!). The team who raises the most money will be awarded first pick of their “kitchen utensils” (aka surgical equipment). And that’s where the fun begins...

Step two involves the mystery basket of ingredients. In this case, instead of gummy bears and kale, it’s mystery surgical procedures. The three surgeons call on all their skills as they face off against one another performing masterful dissections. Here’s the catch...none of them know what’s "in the basket" till show time!!! That’s why your donation is so important. Make sure your team has the best tools for the job by donating to the Fund for the Future.

At the end of the session, a panel of three guest judges “chops” two chefs who fail to earn the highest scores measured in time, presentation, and creativity. The last surgeon standing takes home bragging rights!

Learning Objective: Some hospitals are not equipped with the most current state-of-the-art equipment for performing laparoscopic surgical procedures. This session is a fun, entertaining way for surgeons to explore commonalities and differences between high- and low-resource settings, while still providing high quality, meticulous techniques to demonstrate complex pelvic dissections.
Day 4, Wednesday, November 15, 2017

Surgical Tutorial 4: Anterior and Posterior Obliterated Cul-de-Sac

11:00 am - 12:00 pm  
Room: Potomac A  
CME

Chair: Arnaud Wattiez  
Faculty: Marcello Ceccaroni, Suketu Mansuria

This course is designed to provide the participant with a systematic and comprehensive overview of managing the obliterated anterior and posterior cul-de-sac at the time of laparoscopic hysterectomy or fertility sparing surgery in patients with deep infiltrating endometriosis. With instruction from leading experts in the field, this course will focus on practical skills to help surgeons tackle these types of cases more efficiently and safely, while minimizing the risk of complications and conversion to laparotomy. The educational format will include heavy use of surgical videos to demonstrate a variety of surgical techniques and their application to everyday practice. Participants will be taught how to bridge the gap that separates novice from expert surgeons through a thoughtful overview of proper surgical technique, retroperitoneal anatomy, performance of retroperitoneal dissections, techniques for nerve sparing radical dissection, and complication avoidance.

Learning Objective: At the conclusion of this course, the clinician will be able to: 1) Develop the proficiency to utilize retroperitoneal anatomy and comfortably apply principles of pelvic neuroanatomy to complete cases complicated by the obliterated anterior or posterior cul-de-sac.

COURSE OUTLINE

11:00  Welcome, Introductions and Course Overview  
A. Wattiez  
11:05  That’s So Retro: Using Retroperitoneal Anatomy to Your Advantage to Tackle the Obliterated Anterior or Posterior Cul-de-Sac  
S. Mansuria  
M. Ceccaroni  
11:35  Technical Knowledge and Strategies Needed to Unfreeze a Frozen Pelvis  
A. Wattiez  
11:50  Questions & Answers  
All Faculty  
12:00  Adjourn

Panel Session 4: Considerations in Special Populations

11:00 am - 12:00 pm  
Room: Potomac C  
CME

Chair: Noam Smorgick  
Faculty: Jin Hee (Jeannie) Kim, Yuval Kaufman

This session provides practical guidelines for the pre-, intra-, and post-surgical management of patients from special populations who are undergoing laparoscopy, including the pediatric population, pregnant patients, and patients with hematologic considerations. Discussion will include management of adnexal torsion in children with emphasis on minimizing ovarian damage, and review of strategies for safely performing laparoscopy in advanced pregnancy. The management of Jehovah’s Witness patients undergoing laparoscopy will be discussed, from their pre-operative counseling to the use of cell-saver devices. The current recommendations for planning laparoscopy in patients receiving anticoagulation medications, including NOACs, will also be reviewed. Finally, the faculty and the audience will discuss clinical scenarios and case presentations.

Learning Objective: At the conclusion of this course, the clinician will be able to: 1) Describe the practical considerations necessary for laparoscopic surgery of patients from special populations.

COURSE OUTLINE

11:00  Welcome, Introductions and Course Overview  
N. Smorgick  
11:12  Laparoscopy in Patients Refusing Blood Products Transfusion and Patients on Anticoagulation Treatment  
L.H. Kim  
11:24  Adnexal Torsion in Pre-Menarchal Girls - Is It Possible to Prevent Adnexal Damage?  
N. Smorgick  
11:36  Laparoscopy in Pregnancy: Maternal and Fetal Safety Considerations  
Y. Kaufman  
11:48  Panel Discussion  
All Faculty  
12:00  Adjourn

Plenary 5: Urogynecology

11:00 am - 12:00 pm  
Room: Potomac D  
CME

Moderator: TBD  
Co-Moderator: TBD  
Discussants: TBD

Faculty: Masaaki Andou, Dina A. Bastawros, C. Emi Bretschneider, Rayan Elkattah, Jose D. Eugenio Colon, Ningyi Jia, Qi Zhou

Course Description

Learning Objective: At the conclusion of this course, the participant will be able to: 1)
## Day 4, Wednesday, November 15, 2017

### Open Communications 10: Urogynecology

**11:00 am - 12:00 pm**  
**Room: National Harbor 5**

**Moderator:** TBD  
**Co-Moderators:** TBD

#### COURSE OUTLINE

<table>
<thead>
<tr>
<th>Time</th>
<th>Group</th>
<th>Title</th>
<th>Authors</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00</td>
<td>Group A</td>
<td>Single-Site Robotically-Assisted Laparoscopic Uterosacral Ligament Vaginal Vault Suspension</td>
<td>Radtke SJ, Boyd S, Furr B</td>
<td>National Harbor 3</td>
</tr>
<tr>
<td>11:14</td>
<td>Group A</td>
<td>30cm Adnexal Mass Managed via Single-Incision Laparoscopy</td>
<td>Marfori CQ</td>
<td>National Harbor 3</td>
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<tr>
<td>11:39</td>
<td>Group B</td>
<td>Single-Site Laparoscopic Interval Debulking Surgery for Late Stage Ovarian Cancer</td>
<td>Chen G</td>
<td>National Harbor 3</td>
</tr>
<tr>
<td>12:00</td>
<td>Adjourn</td>
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Day 4, Wednesday, November 15, 2017

Surgical Tutorial 5: Uh Oh! When Things Go Wrong: Managing Surgical Complications

12:10 pm - 1:10 pm
Room: Potomac A
CME

Chair: James D. Kondrup
Faculty: Sven Becker, Chong K. Khoo, Jim Tsaltas

This course provides a look at some of the common complications that MIGS surgeons encounter on a regular basis. We will discuss bowel, bladder, ureter and blood vessel complications. Our team of experts will share with you their experience in these areas and our goal this year is to provide the participant with practical, real life methods on prevention and acute management of common complications.

Soon or later we all have complications and they only way to stop having them is to stop doing surgery! We must constantly learn from our complications (and those of others), never be embarrassed to discuss them with others and be honest with our patients and their families as to what has occurred. We will also (time permitting) discuss how to document a complication, what to tell the patient and family and why you get sued.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Take steps to prevent and manage complications encountered during MIGS.

COURSE OUTLINE
12:10 Welcome, Introductions and Course Overview
12:15 Vascular Injury: How to Prevent, Recognize and Repair
S. Becker
12:35 Bladder and Ureter Injury: How to Prevent and Repair
C.K. Khoo
12:55 Small Bowel Injury: How to Take Down Small Bowel, Recognize Injury and Repair; When to Resect, Post-Op Signs
J. Tsaltas
1:15 Large Bowel: Injury Management, Injury Prevention, Bubble Test, To Prep or Not to Prep
J.D. Kondrup
1:35 Questions & Answers
All Faculty
1:40 Adjourn

Panel Session 5: Great Debate: Medical vs. Surgical vs. ART Management of Endometriosis

12:10 pm - 1:10 pm
Room: Potomac C
CME

Chair: Jason A. Abbott,
Faculty: Mauricio S. Abrao, Paolo Vercellini, Anusch Yazdani

This session provides a high level synopsis of managing endometriosis through a woman’s life. It examines the initiation of various management options for both fertility concerns and pain conditions associated with endometriosis. The risks and limitations associated with various medical, surgical and associated reproductive technologies will be rigorously assessed and presented with an emphasis on quality of evidence and notation of current gaps in knowledge. Where comparative data are available, these will be highlighted and a pragmatic strategy for managing the variety of symptoms with which women with endometriosis present to health care providers. This session will focus on the changing nature of endometriosis throughout a woman’s reproductive life from adolescence to menopause and beyond with the necessary recommendations for maintaining optimal quality of life and the availability and outcomes of her desire for fertility considering age, severity of disease and previous interventions for endometriosis.

Learning Objective: At the conclusion of this course, the clinician will be able to: 1) Recommend appropriate evidence based medical, surgical and assisted reproductive techniques for women with endometriosis commensurate with her clinical presentation and future healthcare plans.

COURSE OUTLINE
12:10 Welcome, Introductions and Course Overview
J.A. Abbott
12:15 Medical Options for the Women with Endometriosis-Related Pain
P. Vercellini
12:30 Surgical Management for Endometriosis in Pain and Fertility
M.S. Abrao
12:45 Fertility Optimization and Assisted Reproductive Outcomes for Women with Endometriosis
A. Yazdani
1:00 Panel Discussion
All Faculty
1:10 Adjourn

Plenary 6: Endometriosis

12:10 pm - 1:10 pm
Room: Potomac D
CME

Moderator: TBD

Discussants: TBD

Faculty: Yana B. Aznaurova, Lisa Chao, Roberto Clarizia, Amami Harris, Bruce A. Lessey, Mallory A. Stuparich

Course Description

Learning Objectives: At the conclusion of this course, the participant will be able to: 1)

COURSE OUTLINE
12:10 Conservative Treatment for Uterine Adenomyosis:
Radiofrequency Thermal Ablation. Outcomes on 73 Consecutive Patients
Y. Clarizia, F. Roni, S. Scarpent, G. Roviglione, O. Mautone, M. Ceccaroni
12:16 Discussant: TBD
12:20 Long-Term Effect of Elagolix on the Endometrium: Results from Two Phase 3 Extension Studies in Women with Endometriosis-Associated Pain
12:26 Discussant: TBD
12:30 Endometriosis: An 8-Year Retrospective Analysis on the Surgical Outcomes and Complications in a Large Multicentre Unit in Melbourne
O. Bar El, R. Rahner, A. Harris, H. Najjar, J. Tsaltas
12:36 Discussant: TBD
12:40 The Similarity of the Eutopic and Ectopic Endometrium in Transcriptomic Profiles
Y.B. Aznaurova, A.V. Garazha, L.V. Adamyan, A.A. Buzdin, A.A. Stepianian
12:46 Discussant: TBD
12:50 Video: Anterior Discoid Resection for Rectosigmoid Endometriosis
M.A. Stuparich, T.M. Lee
12:56 Discussant: TBD
1:00 Video: Partial Vaginectomy for Excision of Rectovaginal Endometriosis
L. Chao, T.M. Lee
1:06 Discussant: TBD
1:10 Adjourn
Video Session 7: Laparoscopy

12:10 pm - 1:10 pm
Room: National Harbor 3

Moderator: TBD

Co-Moderators: TBD

COURSE OUTLINE
12:10 GROUP A
Surgical Management of a C-Section Scar Ectopic
Liu L, Winner BA, Bierst SW
12:17 GROUP A
The Use of Laparoscopic Internal Iliac Artery Ligation in Morbidly Adherent Placenta
Korje A, Scaletta S, Leyland N
12:24 GROUP A
The Bermuda Triangle—An Easy Description of the Retropitoneal Vascular Anatomy
Leal C, Robin B, Villegas I
12:31 GROUP B
Laparoscopic Excision of a Large Degenerating Cystic Parasitic Adenomyoma
Handal-Orifice RC, Noel N, Lej J, Hendessi P
12:42 GROUP B
Laparoscopic and Hysteroscopic Management of a Cervical Ectopic Pregnancy
Son J, Marver C, Abi Khalil E
12:49 GROUP B
The Basics of Laparoscopic Myomectomy
Tavcar JS, Robinson JK
12:56 GROUP B
Laparoscopic Retrieval of Peri-Cecal IUD
Ajao MO, Cohen SL

1:03 PM
Adjourn

Open Communications 12: Oncology

12:10 pm - 1:10 pm
Room: National Harbor 5

Moderator: TBD

Co-Moderators: TBD

COURSE OUTLINE
12:10 GROUP A
Oncologic Effectiveness and Safety of Nerve-Sparing Radical Hysterectomy in Cervical Cancer
12:17 GROUP A
Assessing the Risk of Pelvic and Para-Aortic Nodal Involvement in Apparent Early-Stage Ovarian Cancer Undergoing Retropitoneal Staging
12:24 GROUP A
Sentinel Node Detection in Endometrial Cancer: A Single Center Experience Over 200 Cases of Hysteroscopic Injection of Tracers
12:31 GROUP B
Risk Factors for Malignancy at Hysterectomy or Myomectomy for Benign Indications
12:42 GROUP B
Subjective Ultrasound Assessment and the Adnex Model to Differentiate Between Benign and Malignant Ovarian Tumors
Leone Roberti Maggiore U, Chiappa V, Ferrero S, Bogani G, Perotto S, Martinelli F, Ditto A, Raspagliesi F
12:49 GROUP B
Assessment and Analysis for Difference of Surgical Outcomes, Intraoperative and Postoperative Complications Associated with Performing Complete Surgical Staging Pelvic and Para-Aortic Node Dissections for Endometrial Cancer: Laparoscopic versus Robot, a Case Match Control Study
Lim PC, Kang EY, Keliam B
12:56 GROUP B
Nerve-Sparing Anatomical Radical Hysterectomy with Robotic Fascia Space Dissection Technique (FSOT) versus Laparoscopic FSOT in Early Cervical Cancer: A Case-Control Study
Wang Y, Chen G, Xu H, Liang Z
1:03 GROUP B
Incidence of Sarcoma at Surgery for Presumed Uterine Fibroids
Rey Valacchi GM, Taboada MV, Rosas P, Viglioricho Z, Gil SJ, Gagorza S

1:10 Adjourn

Open Communications 13: Reproductive Medicine

12:10 pm - 1:10 pm
Room: National Harbor 10

Moderator: TBD

Co-Moderators: TBD

COURSE OUTLINE
12:10 GROUP A
Surgical Treatment and Rehabilitation of Patients with Congenital Uterovaginal Anomalies and Congenital Endometriosis
Farkhat A, Makiyan Z, Adamyu L, Stapanian A
12:17 GROUP A
Anatomy of Cesarian-Induced Isthmocle: Clinical Implications
Coax W, Dpetto, D JH, Woff T, Castrodale D, Bennet H, Shroud J, Castillo-Suarez L, Garcia-Leal J
12:24 GROUP A
Chronic Endometritis and Infertility: A Hidden, Frequent and Mysterious Association
Forenza CC, Falcão-Junior JOA, Mendonça HC
12:31 GROUP A
Superiority of Pre-Operative Pelvic Magnetic Resonance Imaging Over Pelvic Ultrasonography in Predicting the Operative Outcomes of Laparoscopic, Robotic and Abdominal Myomectomy
Pereira N, Elias RT, Nemhe L, Khoury VS, Kelly AG, Hutchinson AC, Rosenwaks Z
12:42 GROUP B
Minimally Invasive Abdominal Cerclage Compared to Laparotomy: A Comparison of Surgical and Obstetric Outcomes
12:49 GROUP B
Laparoscopic Myomectomy Before IVF: Influence on Endometrial Receptivity, Conception and Implantation Rate
Kozachenko K, Smolnikova V, Adamyan LV
12:56 GROUP B
Myomectomy in Patients with Uterine Myoma After Previously Performed Ineffective Uterine Artery Embolization (UAE), MRI – Guided Focused Ultrasound Ablation
Porokova L, Gavrilova T, Demina T, Sihpanian A, Adamyan L
1:03 GROUP B
Do Women Regret Their Hysterectomy? A Survey of Women 35 Years of Age and Under
Suen MWH, Bougie O, McDonald SL, Arendas K, Chen L, Singh SS

1:10 Adjourn
**Day 4, Wednesday, November 15, 2017**

**Open Communications 14: Pelvic Pain**

**2:15 pm - 3:15 pm**
**ROOM: Potomac A**

Moderator: TBD

Co-Moderators: TBD

**COURSE OUTLINE**

2:15  GROUP A
Laparoscopic Neurolysis for deep Endometriosis Infiltrating Pelvic Wall and Somatic Nerves: A Prospective Cohort Study on 382 Patients

2:22  GROUP A
Incidence of Adenomyosis in Chronic Pelvic Pain Patients Undergoing Hysterectomy
Nadella SP, Cho YC, Castellanos ME

2:29  GROUP A
Does Patient Satisfaction Correlate with the Presence or Absence of Chronic Pelvic Pain?
Guha P, Espinal M, DeStephano CC, Guajawola SP, Pettit PS, Chen AH

2:36  GROUP A
Prevalence and Distinguishing Characteristics of Widespread Pain in Women with Pelvic Pain
Tiwari S, Schaeft AD, Gallagher T, Lazier A, As-Sanie S

2:47  GROUP B
Elagolix Treatment in Women with Heavy Menstrual Bleeding Associated with Uterine Fibroids: Efficacy and Safety Results from a Phase 2b Study
Simon JA, Stewart EA, Chwalisz K, Duan WR, Gao J, Owen C

2:54  GROUP B
Efficacy of Single Dose Preoperative Gabapentin in Minimally Invasive Hysterectomy for Acute Pain Management
Huyth TQ, Makai GE, Patel MR

3:01  GROUP B
Medical treatment of Ectopic Pregnancy in a Tertiary Hospital in Brazil
Falcioni-Junior JDA, Carpio OAS, Pais LR, Fantacca EC, Paula SOC, Gea MS

3:08  GROUP B
Refractory Pudendal Pain and Pelvic Floor Dysfunction Caused by Intrapelvic Nerve Entrapment: A Review of 50 Consecutive Cases

3:15 Adjourn

**Open Communications 15: Surgical Education**

**2:15 pm - 3:15 pm**
**ROOM: Potomac C**

Moderator: TBD

Co-Moderators: TBD

**COURSE OUTLINE**

2:15  GROUP A
Choosing the Route of Hysterectomy: The Patient’s Perspective
van der Does J, Kazi N, Bax RP, Haworth I

2:22  GROUP A
Off-Axis vs. On-Axis Training of Laparoscopic Skills
Stauber M, Ahlntan B, Ninaroff M

2:29  GROUP A
Laparoscopic Hysterectomy Before and After MIGS Fellowship Program at Tel-Hash: Impact of a Fellowship Trained Colleague. 4-Year Experience
Lara-Espoza I, Garcia-Rodriguez LE, Vilegas-Cruz C, Alvarado-Ramos S, Villa-Cruz GA, Duan-Moreno A, Garcia-Padilla E, Flores-Mendoza H

2:36  GROUP A
Influence of Resident Involvement in Obstetrics and Gynecology Surgery on Surgical Outcomes: Systematic Review and Meta-Analysis
Bougie O, Zuckerman SI, Switzer N, How J, Szy M

2:47  GROUP B
The American Society of Anesthesiologists Physical Status Score and Decision for Route of Total Hysterectomy for Benign Indications
Waldman I, Wagner S, Koykat A, Deimling T

2:54  GROUP B
Implementation and Validation of a Retropertitoneal Dissection Curriculum
Young AA, Freker H, Satharathnam A, Shore EM

3:01  GROUP B
Correlation of Virtual Reality Simulation and Dry Lab Robotic Technical Skills
Kintner LK, Bradley MS, Trang T, Tang M, Comstock B, Li Y-J, Siddiqui NY

3:08  GROUP B
Examining the Forgetting Curve and How it Affects Surgical Skills Education
Li BI, Lee P

3:15 Adjourn

**Plenary 7: Reproductive Issues**

**2:15 pm - 3:15 pm**
**Room: Potomac D**

Moderator: TBD

Co-Moderator: TBD

Discussants: TBD

Faculty: Anne P. Hutchinson, Alexander Kotlyar, Sarah Krantz, Sarah Maheux-Lacroix, Noam Smorgick, Xiaofang Yi

Course description

Learning Objectives: At the conclusion of this course, the participant will be able to: 1)

**COURSE OUTLINE**

2:15  Risk Factors and Human Chorionic Gonadotropin Trends in Patients with Ruptured Tubal Ectopic Pregnancies Despite Methotrexate Treatment
A. P. Hutchinson, N. Pereira, E. R. Chung, J. P. Lekovich, P. H. Chung, Z. Rosenwaks

2:21 Discussant: TBD

2:25 Cesarean Scar Pregnancy: A Systematic Review of Treatment Options

2:31 Discussant: TBD

2:35 Long Term Ultrasound Follow Up in Pre- and Post-Menarchal Girls with Adrenal Torsion: What is the Impact on the Ovaries?
N. Smorgick, D. H., M. Pekar, S. Maymon, M. Pansky, R. Maymon

2:41 Discussant: TBD

2:45 Successful Twin Pregnancy in a Patient with Hemi-Uterus Corrected by Laparoscopic Strassman's Metroplasty
X. Ji, J. Wang, K. Chang, H. Xu, K. Hua

2:51 Discussant: TBD

2:55 Video: Approach to Laparoscopic Isthmocele Repair with Hysteroscopic Guidance
S. Krantz, J. Casey, T. Anderson

3:01 Discussant: TBD

3:05 Video: Hysteroscopic Removal of a Cesarean-Section Scar Pregnancy
A. Kotlyar, C. Hu, R. Fyock

3:11 Discussant: TBD

3:15 Adjourn
Open Communications 16: Research & Science

2:15 pm - 3:15 pm
Room: National Harbor 5

Moderator: TBD
Co-Moderators: TBD

COURSE OUTLINE

2:15 GROUP A
Vaginal Hysterectomy Outcomes; Complications and Analysis of Risk Factors for 30-Day Readmission
Saeed H, Rubinfeld I, Sangha R

2:22 GROUP A
Nrf2 Contributes to Cisplatin Resistance via Suppressing the Iron Export Related Gene SLC40A1 in Human Ovarian Cancer Cells
Bao L, Wu J, Yi X

2:29 GROUP A

2:36 GROUP A
Analysis of Risk Factors for Readmission After Hysterectomy: Use of a National Database
Sangha R, Saeed H, Rubinfeld I

2:47 GROUP B
Oestrogen-Induced Angiogenesis and Implantation Contribute to the Development of Parasitic Myomas After Laparoscopic Morcellation

2:54 GROUP B
Abdominopelvic Dissemination of Leiomyomas Following Minimally Invasive Surgery and Tissue Morcellation – A Case Series
Steckwell EL, Khour I, Kowalski LD

3:01 GROUP B
Young GM, Frecker H, Kives SL, Robertson D

3:08 GROUP B
Short-Term Influence of Melatonin on Rats Following Whole Ovarian Cryopreservation and Transplantation
Ding Y, Shao J, Li J, Zhang Y, Hua K, Wang X

3:15 Adjourn
Surgical Tutorial 6: Tips and Tricks for Managing Fibroids during Hysterectomy and Myomectomy

3:25 pm - 5:05 pm
Room: Potomac A

Chair: Mary Ellen Wechter

Faculty: Travis McCoy, Stephanie N. Morris, Haider Najjar

This course provides detailed lecture and video instruction for hysteroscopic, laparoscopic, and robotic approaches to myomectomy and hysterectomy for the large fibroid uterus. The aim is to present reproducible surgical techniques and surgical principles that emphasize a reliably safe approach to the surgical challenges accompanying large fibroids. We aim to demonstrate that safe technique supports efficiency while also allowing the operator to ever build on these basic skills and to teach. We will address some typical fibroid challenges (e.g. removing the large specimen, avoiding conversion) and discussions surrounding controversial issues and new technology/medications. Our intent is to increase participants’ repertoire of minimally invasive techniques and equipment toward a consistent and confident approach to large fibroids with a patient and surgeon maximally prepared for success.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Choose, reliably perform, and teach a safe, efficient technique to complete successful surgical care for each patient with large fibroids; 2) discuss imaging, preoperative preparation, techniques to minimize blood loss, and the use of a wide variety of tools to surgically correct the large fibroid uterus.

COURSE OUTLINE

3:25  Welcome, Introductions and Course Overview
    M.E. Wechter
3:30  Worry-Free Robotic Hysterectomy for the Large Fibroid Uterus
    M.E. Wechter
3:52  Laparoscopic and Single-Port Surgery for the Large Fibroid Uterus
    H. Najjar
4:14  Hysteroscopic Myomectomy: Tips and Tricks for the Challenging Submucosal Fibroid
    S.A. Morris
4:36  Robotic Myomectomy: Tools for Moving from Novice to Master
    T. McCoy
4:58  Questions & Answers
    All Faculty
5:05  Adjourn

Panel Session 6: Defining Quality Metrics in Gynecologic Surgery: The Time Is Now

3:25 pm - 5:05 pm
Room: Potomac C

Chair: Kimberly A. Kho

Faculty: James Dupree, Daniel Morgan, Eve Zaritsky

Measuring the quality of care delivery is a new and important leg of healthcare science. Basic research and clinical care have long driven efforts to improve patient outcomes. The need for attention to healthcare delivery was laid bare by the landmark Institute of Medicine report in 1999 bringing attention to the morbidity and mortality associated with medical errors. The science of quality measurement is now a developing clinical and financial force in healthcare. The Affordable Care Act of 2010 and the Medicare Access and CHIP Reauthorization Act of 2015 have reshaped incentives for hospitals and physicians. This session will aim to educate about the promises and perils of Quality Measurement and provide gynecologists with an understanding of how they can meet expectations.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Describe the role of quality measurement in surgery; 2) discuss strengths and weaknesses of current quality measures; 3) define the relationship of surgical volume, quality of care, and healthcare costs; and 4) list practical steps to improve surgical quality on a local level at your home institutions.

COURSE OUTLINE

3:25  Welcome, Introductions and Course Overview
    K.A. Kho
3:30  Quality Measurement in Surgery: Promises, Perils, and Payments
    J. Dupree
3:55  Measurement in Gynecologic Surgery: What’s Important, What’s Possible?
    D. Morgan
4:20  Increasing Minimally Invasive Surgery Rates and Quality of Care by Creating Core Teams of Gynecologic Surgeons: The Kaiser Northern California Experience
    E. Zaritsky
4:50  Panel Discussion
    All Faculty
5:05  Adjourn
Plenary 8: Education, Research & Science

**3:25 pm - 5:05 pm**

**Room: Potomac D**

**Moderator:** TBD

**Co-Moderator:** TBD

**Discussants:** TBD

**Faculty:** Benjamin D. Beran, Lisa K. Ely, Lee Hammons, Elisa M. Jorgensen, Insiyah Patanwala, Shaleesh P. Puntambekar, Stephen D. Quinn, Roopina Sangha, Sara R. Till, Hannah Young

**Case Description**

**Learning Objectives:** At the conclusion of this course, the participant will be able to:

1. **COURSE OUTLINE**

   **3:25** Are We Over-Prescribing Opioid Pain Medications?  
   **Discussant:** TBD

   **3:31** A Systematic Review of Uterine Fibroid Volume Reduction after Uterine-Sparing Non-Resective Treatment  
   L. Hammons, F. Seifi, A. Hill, M. Azodi, D-A Silasi  
   **Discussant:** TBD

   **3:35** Implementation of ERAS Perioperative Care Protocols for Gynecologic Surgery Shortens Hospital Admission Times, without Increasing Perioperative Risks  
   L. Hammons, F. Seifi, A. Hill, M. Azodi, D-A Silasi  
   **Discussant:** TBD

   **3:41** Impact of Mode of Incision on Venous Thromboembolic Events after Hysterectomy and Myomectomy  
   E.M. Jorgensen, A. Li, A. Modest, K. Leung, T.A. Simon Moore, H-C Hur  
   **Discussant:** TBD

   **3:45** Do Women Express Regret after Hysterectomy?  
   R. Sangha, H. Saeed, A. Bossick, G. Wegeinka  
   **Discussant:** TBD

   **3:51** Predictors of Post-Operative Admission for Minimally Invasive Hysterectomies  
   **Discussant:** TBD

   **3:55** Sexual Function According to Surgical Indication for Hysterectomy  
   S.R. Till, A.D. Schrepf, S.E. Moser, J. Pierce, C.M. Brummett, S. As-Sanie  
   **Discussant:** TBD

   **4:01** Video: Vessel Harvesting in Preparation for Uterine Transplant  
   S.P. Puntambekar, S. Puntambekar, K. Parikh, H. Parikh, M. Mehta  
   **Discussant:** TBD

   **4:05** Video: Surgical Management of Adenomyoma with Uterine Wall Dissection Post-Myomectomy: A Case Report  
   I.K. Ely, M.O. Tsuong, A.P. Advincula  
   **Discussant:** TBD

   **4:10** Video: Minimizing the Iatrogenic Footprint  
   B.D. Beran, S. Zimberg, M.J. Sprague  
   **Discussant:** TBD

   **4:15** Video: Transient Uterine Devascularization for a Missed Abortion with Complete Placenta Previa on a Second Trimester Dilatation and Evacuation  
   Sandoval-Herrera C, Van-Dyk A, Para R  
   **Discussant:** TBD

   **4:20** Video: Surgical Anatomy of the Internal Iliac Vessels  
   S.P. Puntambekar, S. Puntambekar, K. Parikh, H. Parikh, M. Mehta  
   **Discussant:** TBD

   **4:25** Video: Pelvic Vessels Anatomy: What Netter Doesn’t Show  
   Fornalik H, Fornalik N  
   **Discussant:** TBD

   **4:30** Video: Varoressin in Gynecological Procedures  
   Ngan TYT, Papillon-Smith J, Soltun ML, Muiyi A  
   **Discussant:** TBD

   **4:35** Video: Laparoscopic Training Using the Human “Mirror Neuron System”  
   **Discussant:** TBD

   **4:40** Video: Laparoscopic Training Using the Human “Mirror Neuron System”  
   **Discussant:** TBD

   **4:45** Video: Posterior Obliterated Cul-de-Sac Model: A Feasibility Study  
   Alsaden I, Sonapati S, Tu F  
   **Discussant:** TBD

   **4:50** Video: Routine Practice of Retroperitoneal Uterine Artery Ligation at Its Origin: Its Role in Benign Hysterectomies  
   Gupta N, Boren T, Despanquile S  
   **Discussant:** TBD

   **4:55** Video: Video: Cooperative Practice of Retroperitoneal Uterine Artery Ligation at Its Origin: Its Role in Benign Hysterectomies  
   Gupta N, Boren T, Despanquile S  
   **Discussant:** TBD

   **5:00** Video: Video: Cooperative Practice of Retroperitoneal Uterine Artery Ligation at Its Origin: Its Role in Benign Hysterectomies  
   Gupta N, Boren T, Despanquile S  
   **Discussant:** TBD

   **5:05** Adjourn

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**Video Session 10: Basic Science, Research & Education**

**3:25 pm - 5:05 pm**

**ROOM: National Harbor 3**

**Moderator:** TBD

**Co-Moderators:** TBD

**COURSE OUTLINE**

**3:25** GROUP A  
Cystoscopy for the Gynecologist: "To Cysto or Not to Cysto": That Is the Question  
Kondrup JD, Sylvester B, Branning ML  
**Discussant:** TBD

**3:32** GROUP A  
Mastering Laparoscopic Single and Double-Layer Vaginal Cuff Closure  
Ramirez CI, Mansuria S  
**Discussant:** TBD

**3:39** GROUP A  
Prevention of Ureteral Injury in Gynecologic Laparoscopy  
Liu L, Wasson M, Magrina I, Maghbary P  
**Discussant:** TBD

**3:46** GROUP B  
Quick Achievement for Laparoscopic Intracorporeal Suture Technique: From Isolated Motions to Make the Suture in One Go in the K-Box Model  
Tavcar JS, Robinson JH  
**Discussant:** TBD

**3:53** GROUP B  
Combined Hysteroscopic and Laparoscopic Repair of Isthmic Defect  
Tavcar JS, Robinson JH  
**Discussant:** TBD

**4:00** GROUP B  
Combined Hysteroscopic and Laparoscopic Repair of Isthmic Defect  
Tavcar JS, Robinson JH  
**Discussant:** TBD

**4:07** GROUP B  
Combined Hysteroscopic and Laparoscopic Repair of Isthmic Defect  
Tavcar JS, Robinson JH  
**Discussant:** TBD

**4:14** GROUP B  
Combined Hysteroscopic and Laparoscopic Repair of Isthmic Defect  
Tavcar JS, Robinson JH  
**Discussant:** TBD

**4:21** GROUP B  
Combined Hysteroscopic and Laparoscopic Repair of Isthmic Defect  
Tavcar JS, Robinson JH  
**Discussant:** TBD

**4:28** GROUP B  
Combined Hysteroscopic and Laparoscopic Repair of Isthmic Defect  
Tavcar JS, Robinson JH  
**Discussant:** TBD

**4:35** GROUP B  
Combined Hysteroscopic and Laparoscopic Repair of Isthmic Defect  
Tavcar JS, Robinson JH  
**Discussant:** TBD

**4:42** GROUP B  
Combined Hysteroscopic and Laparoscopic Repair of Isthmic Defect  
Tavcar JS, Robinson JH  
**Discussant:** TBD

**4:49** GROUP B  
Combined Hysteroscopic and Laparoscopic Repair of Isthmic Defect  
Tavcar JS, Robinson JH  
**Discussant:** TBD

**5:00** GROUP B  
Combined Hysteroscopic and Laparoscopic Repair of Isthmic Defect  
Tavcar JS, Robinson JH  
**Discussant:** TBD

**5:07** GROUP B  
Combined Hysteroscopic and Laparoscopic Repair of Isthmic Defect  
Tavcar JS, Robinson JH  
**Discussant:** TBD

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Day 1 - Sunday, November 12, 2017 | Day 2 - Monday, November 13, 2017 | Day 3 - Tuesday, November 14, 2017 | Day 4 - Wednesday, November 15, 2017 | Day 5 - Thursday, November 16, 2017
Day 4, Wednesday, November 15, 2017

Open Communications 17: Laparoscopy

3:25 pm - 5:05 pm
ROOM: National Harbor 5

Moderator: TBD

Co-Moderators: TBD

COURSE OUTLINE

3:25 GROUP A
Quantifying Critical Components Predictive of Surgical Complexity and Operative Times for Total Laparoscopic Hysterectomy - A Multicenter Study

3:32 GROUP A
30-Day Readmission Rates in Same Day versus Postoperative Day One Discharges in Women Undergoing Laparoscopic Hysterectomy
Beyn O, El-Nashef S, Mangel I, Mahajan S, Pollard R

3:39 GROUP A
"The Mandarin Eight" - A New Specific Technique of Laparoscopic Surgical Treatment of Deep Infiltrating Endometriosis

3:46 GROUP B
Incisional Outcomes of Umbilical versus Suprapubic Minilaparotomy for Tissue Extraction
Griffith KC, Clark NV, Machinski AA, Gu X, Ajao MO, Brown DN, Einarsrson A, Cohen SL

3:57 GROUP B
Does 3D Laparoscopy Improve Vaginal Cuff Suture Time? A Randomized Controlled Trial

4:04 GROUP B
A Prospective Case Series Evaluating Outcomes and Patient Satisfaction Following Use of Delayed Absorbable Sutures in Laparoscopic Sacrocolpopexy
Taylor DI, HMK, Apostolis C

4:11 GROUP B
Effect of Length of Stay on Infection and Readmission Following Laparoscopic Hysterectomy
Schiff LJ, Strassle PD, Dixon AM, Carey ET, Moulder JN, Louie M

4:18 GROUP B
Trends in the Surgical Management of Ectopic Pregnancy with the Addition of MIS Faculty
Moawad N, Baker S*, Hergert S, Shuster J, Robinson M

4:29 GROUP C
Effect of Body Mass Index on Reoperation Following Hysterectomy
Dixon M, Strassle PD, Schiff LJ, Louie M, Carey ET, Moulder JK

4:36 GROUP C
Administration of Pre-Operative Gabapentin to Patients Undergoing Laparoscopy: A Prospective Double-Blind, Placebo-Controlled Randomized Trial
Bentin A, Riedy K, Deimling T, Pacis M, Kurosman A, Stetter C, Harkins G

4:43 GROUP C
Minilaparotomy versus Laparoscopic Myomectomy After Cessation of Power Morcellation: Rate of Wound Complications
Dubin AK, Wei J, Udaltsova N, Zantosky EF, Yamamoto MP

4:50 GROUP C
Association of Body Mass Index and Complications Following Hysterectomy
Moulder JK, Strassle PD, Louie M, Carey ET, Schiff LJ, Dixon AM

4:57 GROUP C
Association between Patient Depression Level and Hysterectomy Satisfaction
Bassik A, Wegienka G, Sangha B

5:05 Adjourn

* Alternate Presenter

Video Session 11: Laparoscopy

3:25 pm - 5:05 pm
ROOM: National Harbor 10

Moderator: TBD

Co-Moderators: TBD

COURSE OUTLINE

3:25 GROUP A
Ovarian Torsion During Third Trimester of Pregnancy: Laparoscopic Management
Heredia FM, Stecher S, Bustoo A, Donetche GR, Hinostroza M, Escalona JR

3:32 GROUP A
Laparoscopic Abdominal Cerclage: Tips and Tricks
Pepin KJ, Clark NV, Einarsrson H

3:39 GROUP A
Laparoscopic Excision of Anterior Vaginal Wall Prolapse Mesh Kit
Bapt N, Forl RS

3:46 GROUP A
Resection of Abdominal Wall Mass
Aguirre AG, Mourad J

3:57 GROUP B
Interstitial Ectopic Pregnancy: Cornual Resection and Repair with Barbed Delayed Absorbable Suture
Galhotra S, Adajar A

4:04 GROUP B
Laparoscopic Adhesiectomy to Treat Isolated, Symptomatic Chlamydial Perihepatitis
Ayala NK, Glaser LM, Milad MP

4:11 GROUP B
Laparoscopic Secondary Cytoreduction Followed by HIPEC for a Patient with Recurrent Ovarian Cancer
Karabuk E, Alkhan FA, Naki MM, Gungor M, Demirci C, Kose MF

4:18 GROUP B
Laparoscopic Myomectomy of Infarcted Leiomyoma with Cutaneous Fistula
Zwain O, Eisenstein D

4:29 GROUP C
Laparoscopic Myomectomy Intracapsular with Preventive Uterine Artery Occlusion
Moratalla Bartolomé E, Martín Blanco C, López Carrasco I, Vegas Carrillo de Albornoz A, Salvaro A, Montero Pastor N, Cano ML

4:36 GROUP C
Laparoscopic Management of Missed Abortion in C-Section Uterine Scar
Escalona JR, Donetch G, Heredia F, Hinostroza M

4:43 GROUP C
Laparoscopic Isthmic Myomectomy with Diagnostic Hysteroscopy for Cervical Reconstruction
Uzal M, Rosas P, Cruz P, Garcia Solchaga T, Viglierchio VT

4:50 GROUP C
C-Section Defect with Remnant Placenta: Laparoscopic Excision and Repair
Clark NV, Neal ML, Einarsrson H

4:57 GROUP C
Laparoscopic Ureteroneocystostomy for Ureteral Endometriosis

5:04 GROUP C
Successful Twin Pregnancy in a Patient with Hemi-Uterus Corrected by Laparoscopic Modified Strausman’s Metroplasty
Yi X, Wang J, Hua K

5:10 Adjourn
Presidential Gala
Pose Rooftop Lounge
Wednesday November 15, 2017
9:00 pm - 12:00 am
$ 95.00
More information coming soon
Total Laparoscopic Hysterectomy for the Large Fibroid Uterus

**Surgeon:** Matthew T. Siedhoff, M.D., Los Angeles, California

**Moderator:** Gretchen E.H. Makai, M.D., Newark, Delaware

This course will demonstrate completion of a total laparoscopic hysterectomy for the large fibroid uterus using a multi-port technique. We will display opening the pararectal and paravesical spaces, dissecting out the ureter, and ligating the uterine artery at its origin. A 30-degree telescope will be employed to provide visualization of areas harder to see from the occupying fibroids and we will show how we avoid significant blood loss by pre-emptive sealing of large vascular pedicles.

**Learning Objectives:** At the conclusion of this course, the participant will be able to: 1) Use a 30-degree telescope to facilitate umbilical camera placement despite large uterine size; 2) dissect out the ureter along its pelvic course; and 3) ligate the uterine artery at its origin off the internal iliac.

Laparoscopic Management of Pelvic Organ Prolapse with Conservation of Uterus

**Surgeon:** Nutan Jain, M.D., Muzaffarnagar, India

**Moderator:** Eric R. Sokol, M.D., Stanford, California

This case provides a live surgical demonstration of comprehensive approach to Pelvic Organ Prolapse addressing all defects with combination of site specific repair and sling placement for Sacrohysteropexy. This technique holds the advantage of plicating pubocervical fascia anteriorly for cystoceles prevention and correction. Uterosacral plication and reattachment of rectovaginal fascia completes the posterior repair. Lastly a hysteropexy to sacral promontory is done to achieve total repair and suspension for long term good results.

**Learning Objectives:** At the conclusion of this course, the participant will be able to: 1) Apply and integrate the principles of pelvic organ prolapse in her / his day to day surgical practice; 2) recognize and develop a plan to implement the site specific repair in selection of surgical approaches to pelvic organ prolapse; and 3) demonstrate the technique of mesh/sling augmented repair along with site specific repair to further strengthen the attenuated pelvic support mechanism for long term good outcome.
Robotic Assisted Isthmocele: Excision and Repair

**Surgeon:** Charles E. Miller, M.D., Naperville, Illinois

**Moderator:** Resad Pasic, M.D., Ph.D., Louisville, Kentucky

The case presented features the robotic assisted excision and repair of a caesarean section isthmocele or niche; that is, a defect secondary to healing at the caesarean section site. While hysteroscopic treatment has been noted to be successful, especially when the isthmocele leaves little myometrium next to the bladder (less than 3mm), a laparoscopic approach is not only preferred, but advised.

In addition to a step-by-step approach of robotic assisted isthmocele repair, as there is a high incidence of isthmocele in patients with a retroverted or retroflexed uterus, a uterine uplift, will also be demonstrated.

Along with surgical correction of the isthmocele, the potential causes (multiple caesarean sections, single layer closure, prolonged labor, marked cervical dilatation), clinical presentation (pelvic pain, dysmenorrhea, dyspareunia, abnormal uterine bleeding, infertility, C-section ectopic pregnancy), diagnostic testing (ultrasound, saline infused sonogram, hysterosalpingogram, MRI, hysteroscopy) and alternative therapies (medical treatment, hysteroscopic and vaginal repair) will be discussed.

**Learning Objectives:** At the conclusion of this course, the participant will be able to: 1) Describe a uterine isthmocele; 2) recognize possible risk factors and common symptoms of an isthmocele; and 3) propose possible treatments of an isthmocele.

Conservative Treatment of Severe Ovarian and Deep Endometriosis Using a Patient’s Language to Identify the Limits of the Disease

**Surgeon:** Michel Canis, M.D., Clermont-Ferrand, France

**Moderators:** Nicholas Fogelson, M.D., Portland, Oregon

This case will provide a live surgical demonstration for the management of severe endometriosis including a technique for ovarian cystectomy for ovarian endometrioma. Using “arrows” evidenced when adequate exposure of the plane is obtained, the surgeon is able to stay as close as possible to the cyst wall preventing ovarian damage. In the treatment of deep disease in the posterior cul de sac the reverse approach will be demonstrated. After the dissection of the lateral surface of the nodule its mobility is improved by freeing from the posterior surface of the uterus and of the vagina. Then the dissection from the bowel will be performed with an improved exposure thus limiting the risks of bowel injury. A shaving approach will be performed whenever possible to avoid the long term consequences of bowel resection.

**Learning Objective:** At the conclusion of this course, the participant will be able to: 1) Demonstrate the treatment of an ovarian endometrioma using arrows visible on the screen when exposure is adequate; 2) describe a “reverse technique” for the treatment of deep endometriosis of the posterior cul de sac; and 3) identify the signs which help us to determine the limits of the disease so as to allow a complete excision.

Robotic-Assisted Laparoscopic Myomectomy for Uterine Fibroids

**Surgeon:** Gerald J. Harkins, M.D., Hershey, Pennsylvania

**Moderators:** James K. Robinson, M.D., Washington, DC

This case will provide a live surgical demonstration of a robotic-assisted laparoscopic myomectomy for uterine fibroids. This technique will illustrate the specialized use of laparoscopic access ports to facilitate the surgery with decreased abdominal port sites, as well as percutaneous application of vasoconstrictive agents to minimize potential bleeding during the procedure. We will demonstrate how to use various robotic Endowrist instruments to assist with dissection and hemostasis and facilitate safe and efficient performance of the myomectomy procedure. We will demonstrate our approach to contained morcellation to remove the specimen at the conclusion of the procedure.

**Learning Objectives:** At the conclusion of this course, the participant will be able to: 1) Describe an approach to laparoscopic port placement for myomectomy that may allow for reduced laparoscopic ports; 2) describe the techniques for applying vasoconstrictive agents during the course of the procedure; and 3) discuss the advantage of various alternative energy sources and robotic Endowrist instruments during the course of the procedure.
Virtual Posters • Session 1

ROOM: EXHIBIT HALL – 9:45 AM - 10:45 AM

Basic Science & Research

9:45 Station A
An Assessment of the Global Health Interest in the Minimally Invasive Gynecologic Surgery Community and Perceived Barriers
Jan AG, Ito T, Gaskins J, Pasic R, Biscette S

9:45 Station B
ElncRNA1, a Long Noncoding RNA That Is Transcriptionally Induced by Oestrogen, Promotes Epithelial Ovarian Cancer Cell Proliferation
Qiu J, Hua K-Q

9:45 Station C
Evaluating Research Pipelines in Clinical Research for Minimally Invasive Gynecologic Surgery Guidelines

9:45 Station E
Ginger Root for the Prevention of Motion Sickness in Surgeons Performing Laparoscopic Surgery
Pham AD, Danci I, Balli K

9:45 Station F
Impact of Obesity on Uterine Artery Embolization and Hysterectomy Outcomes
McMillin MG, Yang X, Satphin P, Kho KA

9:45 Station G
Influence of Race/Ethnicity on Route of Hysterectomy and Inpatient Surgical Complications
Bougie O, Singh SS, McCarthy EP

9:45 Station H
Saline Infusion Sonography an "Indispensable Tool" or "Superfluous Trinket" in Diagnosis of Abnormal Uterine Bleeding in Comparison with Hysteroscopy
Agrawal S, Goenka S

9:51 Station A
Ultrasound-Guided Hysteroscopy- and Laparoscopy-Based Treatment of Different Mullerian Anomalies
Mangubat MC, Pichay RL, Tam EC

9:51 Station D
Whether Prophylactic Bilateral Salpingectomy Will Reduce Quality of Life and Ovarian Function?
Zheng Y, Dhukal S, Yi X

Endometriosis

9:51 Station E
A Novel Technique for Robotic-Assisted Excision of Large Infiltrating Trans Vaginal Fibrotic Endometriosis
Breen MT, Stone A

9:51 Station F
Assessment of Quality of Life After Surgery for Deep Endometriosis: Role of Plasma Vaporization
Delbos L, Legendre G, Bouet P-E, Descamps P

9:51 Station G
Clinical Outcomes of Patients with Clear Cell and Endometrioid Ovarian Cancer Arising in Endometriosis

9:51 Station H
Deeply Infiltrative Endometriosis: Segmental Ureteral Resection & Hypogastric Arterectomy
Chu A, Seckin S, Seckin T

9:57 Station A
Diaphragmatic Endometriosis – Endoscopic Management Based on 12-Year Retrospective Study

9:57 Station B
Diaphragmatic Endometriosis: Thoracoscopic and Robotic Approach
Oliveira MAP, Raymundo TS, Pereira TD, Saito E, Reis P Jr, Brandao A

9:57 Station C
Effect of Endometriosis on Urogenital Fistula Risk Following Hysterectomy
Carey ET, Straske PD, Louise M, Dizon AM, Moulder JK, Schiff LD

9:57 Station D
Endometrioma Embedded within the Myometrium
Zaghloul OA, Abuzeid O, Abuzeid M

9:57 Station E
Endometriosis as Chronic Disease: Surgical Management
Mohling SI, Eliaison R, Farr RS

9:57 Station F
Ethanol Sclerotherapy for the Treatment of Ovarian Endometrioma
Moon HS, Kim SG, Koo J, Nam GI

9:57 Station G
Extraterine Stromal Sarcoma in a Foci of Endometriosis
Grant A, Beale S, Nimoff M

10:03 Station B
Laparoscopic Excision of Huge Bladder Base Endometrioma Near Trigone Originated from Cesarean Scar Defect
Sun C-H

10:03 Station C
Laparoscopic Low Anterior Resection for Bowel Endometriosis Using a Natural Orifice
Lee CE, Leyland NA

10:03 Station D
Laparoscopic Management of Abdominal Wall Endometriosis
Piszczek C, Mittal P, Fogelson N

10:03 Station E
Laparoscopic Management of Partial Bladder Resection in Deep Infiltrating Endometriosis
Misirilou S, Eruslan A, Boza A, Yildiz Oguz S, Urman B, Taskiran C

10:03 Station F
Laparoscopic Treatment of Bladder Endometriosis: Outcomes on 223 Patients Treated in an Endometriosis Unit

10:03 Station G
Multidisciplinary Approach to Resection of Deeply Infiltrative Endometriosis Using the Robotic Platform
Tyan P, Abi Khalil E, Moawad G

10:03 Station H
Perioperative Outcomes Following Robotic versus Laparoscopic Management of Endometriomas
Tani J, Meislin R, Kelz J, Shin JH

10:09 Station A
Sarrel S
### Virtual Posters • Session 1

**ROOM: EXHIBIT HALL – 9:45 AM - 10:45 AM**

<table>
<thead>
<tr>
<th>Time</th>
<th>Station A</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:09</td>
<td>Station C</td>
<td>Recurrent Catamenial Pneumothorax in the Endometriosis Patient</td>
<td>Chu A, Baum S, Seckin T</td>
</tr>
<tr>
<td>10:09</td>
<td>Station D</td>
<td>Recurrent Endometriosis After Laparoscopic Surgical Treatment: A Multi-Centre Retrospective Review</td>
<td>Harris A, Tsaltas J, Barel O, Najjar H, O'Connor H</td>
</tr>
<tr>
<td>10:09</td>
<td>Station E</td>
<td>Resection of Deep Infiltrating Endometriosis Is Effective to Reduce Dysmenorrhea</td>
<td>Kato T, Irahara M</td>
</tr>
<tr>
<td>10:09</td>
<td>Station F</td>
<td>Surgical Outcomes of Minimally Invasive and Abdominal Procedures for Endometriosis</td>
<td>Vargas MV, Arndar R, Marfori C, Moawad G</td>
</tr>
<tr>
<td>10:09</td>
<td>Station G</td>
<td>Utility of Pelvic MRI Combined with Multidisciplinary Image Review in Patients with Chronic Pelvic Pain for Preoperative Surgical Planning</td>
<td>Jones TL, VanBuren WM, Purdy MB, Breitkopf DM, Green IC,Laughlin-Tommaso SK, Burnett TL</td>
</tr>
</tbody>
</table>

### Hysteroscopy, Endometrial Ablation & Sterilization

<table>
<thead>
<tr>
<th>Time</th>
<th>Station C</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:15</td>
<td>Station D</td>
<td>Early Hysteroscopic Diagnosis of Endometrial Tuberculosis</td>
<td>Kumar A</td>
</tr>
<tr>
<td>10:15</td>
<td>Station E</td>
<td>Economic and Clinical Outcomes Among Women with Abnormal Uterine Bleeding Treated with Inpatient or Outpatient Hysterectomy versus Endometrial Ablation</td>
<td>Bonafede MM, Cai Q, Miller JD, Pohlman SK, Troeger KA</td>
</tr>
<tr>
<td>10:15</td>
<td>Station F</td>
<td>Effectiveness of Outpatient versus Operating Room Hysteroscopy for the Diagnosis and Treatment of Uterine Conditions: A Systematic Review</td>
<td>Bennett A, Lepage C, Thavorn K, Marnaghan G, Fergusson D, Singh SS</td>
</tr>
<tr>
<td>10:15</td>
<td>Station G</td>
<td>Five-Year Experience of Minitouch Endometrial Outpatient Ablations Performed in an Office Setting without Anaesthesia by a Solo Operator</td>
<td>Tas B</td>
</tr>
<tr>
<td>10:15</td>
<td>Station H</td>
<td>Fostering Fertility: Hysteroscopic Evaluation and Treatment of Intrauterine Pathology</td>
<td>Wong M, Morris S*, Isaacson K</td>
</tr>
<tr>
<td>10:21</td>
<td>Station A</td>
<td>Headaches and Allergies in Nitinol Based Devices</td>
<td>Schertz KE, Smith KN, Kostis JB, Balica AC</td>
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* Alternate Presenter
<table>
<thead>
<tr>
<th>Time</th>
<th>Station</th>
<th>Title</th>
<th>Presenters</th>
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<tbody>
<tr>
<td>10:27</td>
<td>F</td>
<td>Novasure Endometrial Ablation Database Results</td>
<td>Bhagavath B, Lozada-Caprilles, Y. Kumar D, Harris-Glocker M, Cunningham D, Clement R, McKnight N</td>
</tr>
<tr>
<td>10:27</td>
<td>G</td>
<td>Operative Variables Associated with Postoperative Pain Resolution Following Laparoscopic Essure® Hysteroscopy</td>
<td>Casey I, Davis J, Yunker A</td>
</tr>
<tr>
<td>10:33</td>
<td>A</td>
<td>Prophylactic Cervical Dilatation After Trans Cervical Resection of the Endometrium to Prevent Painful Hematometra</td>
<td>Kumar A</td>
</tr>
<tr>
<td>10:33</td>
<td>B</td>
<td>Radiation Exposure to Asherman Patients and Gynaecologist During a Transcervical Adhesiolysis Using Fluoroscopic Guidance: A Prospective Observational Study</td>
<td>Hanstede M</td>
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<tr>
<td>10:33</td>
<td>C</td>
<td>Results of Hysteroscopic Treatment of Intrauterine Adhesions in Patients with Secondary Amenorrhea, Hypomenorrhea or Infertility</td>
<td>López Carrasco I, Vegas Carrillo De Albornoz A, Martin Blanco C, Moratalla Bartolomé E, Montero Pastor N, Salvaro Argelich A, Cano Vicco MLL</td>
</tr>
<tr>
<td>10:33</td>
<td>E</td>
<td>Retrospective Study of 27 Cases of Menorrhagia Treated with Microwave Endometrial Ablation</td>
<td>Tsuchiya T, Katagiri Y, Shibutani T, Fukuda Y, Taniguchi T, Maemura T, Morita M</td>
</tr>
<tr>
<td>10:33</td>
<td>F</td>
<td>Role of Hysteroscopy as an Indispensable Tool in Diagnosis of Structural Intrauterine Pathologies, Missed on Ultrasound</td>
<td>Mishra J, Sharma P</td>
</tr>
<tr>
<td>10:33</td>
<td>G</td>
<td>Slice and Excise Technique in Hysteroscopic Myomectomy for Large G0 Submucous Myoma</td>
<td>El Tawab S</td>
</tr>
<tr>
<td>10:33</td>
<td>H</td>
<td>Surgical Management of Small Uterine Fibroids That Were Found Embedded in a Significant Arcuate Uterine Anomaly and an Incomplete Uterine Septum</td>
<td>Abuzeid O, Hebert J, Abuzeid M</td>
</tr>
<tr>
<td>10:39</td>
<td>A</td>
<td>The Effect of Warmed Hysteroscopic Fluid Distention Medium on Postoperative Core Body Temperature: A Randomized Control Trial</td>
<td>Salazar CA, Wong MC, Morris SN, Isaacson KB</td>
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<tr>
<td>10:39</td>
<td>B</td>
<td>The Influence of Early Second-Look Hysteroscopy on Reproductive Outcomes After Hysteroscopic Adhesiolysis</td>
<td>Xu W, Lin X</td>
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<tr>
<td>10:39</td>
<td>D</td>
<td>The Utility of Pelvic Ultrasound for Evaluation of Postmenopausal Bleeding Following Endometrial Ablation</td>
<td>Casey J, Zhai A, Harvey L</td>
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* Alternate Presenter
### Virtual Posters - Session 2

**ROOM: EXHIBIT HALL – 12:45 PM - 1:45 PM**

<table>
<thead>
<tr>
<th>12:45</th>
<th>Station A</th>
<th>Use of Paracervical Block to Decrease Pain During In-Office Essure®</th>
<th>Hysterectomy, Endometrial Ablation &amp; Sterilization</th>
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<tr>
<td>12:51</td>
<td>Station A</td>
<td>A Randomized Controlled Trial of Laparoscopic Lens Defogging: Efficacy of Techniques Employing a Novel Simulation Model</td>
<td>Patriva V, Herrera Gonzalez A, Vigh R, Anasti J</td>
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<td>12:51</td>
<td>Station B</td>
<td>An Approach to Severe Uterine Adhesions During Total Laparoscopic Hysterectomy</td>
<td>Jan A, Warren L</td>
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<td>12:51</td>
<td>Station C</td>
<td>Analysis of Factors Contributing to Increased Operative Time for Laparoscopic vs. Open Myomectomy</td>
<td>Hammer KC, Abbasy SA, Fogg L, Maurice JM</td>
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<td>12:51</td>
<td>Station D</td>
<td>Analysis on the Background of Postlaparoscopic Shoulder Pain - Pneumopritonial Pain Occurred Frequently in Younger Age</td>
<td>Wada S, Yamamoto M, Fukushima Y, Fuyino T</td>
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<td>12:51</td>
<td>Station E</td>
<td>Backfill of Urinary Bladder in the Operating Room Significantly Decreases Postoperative Urinary Retention: A Randomized Controlled Trial</td>
<td>Bhagavath B, Towe V, Conner S, Kumar D, Nicandri K, Benjamin A</td>
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<td>12:51</td>
<td>Station G</td>
<td>Can New Medical Treatments Replace Myomectomy</td>
<td>Mettler L, Alkatout I</td>
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<td>12:51</td>
<td>Station H</td>
<td>Cesarean Scar Pregnancy; Treatment via Laparoscopic Hysterectomy</td>
<td>Pepin KJ, Salazar C, Morris S</td>
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<td>12:57</td>
<td>Station A</td>
<td>Disparities in Minimally Invasive Hysterectomy</td>
<td>Morris M, Jacoby V</td>
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<td>12:57</td>
<td>Station B</td>
<td>Comparison of Clinical Outcomes of Laparoscopic Hysterectomy in an Ambulatory Surgery Center versus Outpatient Hospital Setting</td>
<td>Danilyants N, MacKoul PJ, Baxi RP, van der Does L, Haworth L</td>
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<td>12:57</td>
<td>Station C</td>
<td>Comparison of Laparoscopic-Assisted Vaginal Hysterectomy and Total Laparoscopic Hysterectomy in Case of Uteri Weighing ≥500g: A Randomized Prospective Study</td>
<td>Lee WM, Choi JS, Bae JW, Bae J, Eom JM, Jung US, Ko JH</td>
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<td>12:57</td>
<td>Station E</td>
<td>Comparison of Perioperative and Postoperative Surgical Outcomes Based on Route of Hysterectomy</td>
<td>Thomas CM, Jones AS, Margarit L</td>
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<td>12:57</td>
<td>Station H</td>
<td>Conventional Laparoscopic Unilateral Salpingo-Oophorectomy: A Case of Ovarian Necrosis</td>
<td>Sobekci-Rausch J, Milad M</td>
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<td>12:57</td>
<td>Station B</td>
<td>Diagnosis and Laparoscopic Surgical Treatment of Intestinal Pregnancy</td>
<td>Hudgens JL, Sims JD, Shwayder J</td>
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<td>12:57</td>
<td>Station C</td>
<td>Disparities in Minimally Invasive Hysterectomy</td>
<td>Morris M, Jacoby V</td>
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</table>
Virtual Posters • Session 2

ROOM: EXHIBIT HALL – 12:45 PM - 1:45 PM

1:03 Station D
Eleven Years of Experience in Laparoscopic Hysterectomy in an Ambulatory Surgical Center
Rosenfield R, Fogelson NS

1:03 Station E
Factors Influencing the Difficulty of Laparoscopic Myomectomy: A Delphi Approach

1:03 Station F
Fertility and Pregnancy Outcome After Laparoscopic Myomectomy

1:09 Station G
Key Clinical Predictors of Conversion

1:09 Station H
Factors Influencing the Difficulty of Laparoscopic Myomectomy: A Delphi Approach

1:09 Station C
Inferior Epigastric Artery Injury

1:09 Station B
Incorporating Minimally Invasive Nerve-Sparing Radical Hysterectomy for Locally-Advanced Cervical Cancer

1:07 Station A
Identification of Factors Associated with Laparoscopic Myomectomy Transfusion Requirement
Gingold JA, Flyckt R

1:09 Station A
Incorporating Minimally Invasive Nerve-Sparing Radical Hysterectomy for Locally-Advanced Cervical Cancer

1:09 Station B
Inferior Epigastric Artery Injury During Ovarian Suspension in Deep Endometriosis Surgery: “Just One Good Stitch”
Escolona JR, Gaston D, Fernandez H, Mauricio H

1:09 Station C
Key Clinical Predictors of Conversion of Laparoscopic Hysterectomy to Open Abdominal Hysterectomy: A Retrospective Cohort Analysis
Tardieu SC

1:09 Station D
Laparoscopic Abdominal Cerclage: Surgical and Obstetric Outcomes of 106 Cases
Clark NV, Rademaker D, Mushinski AA, Ajao MO, Cohen SL, Einarsson II

1:09 Station F
Laparoscopic Radiofrequency Ablation (Lap-RFA) of Symptomatic Myomas and Laparoscopic Myomectomy (LM): Long-Term Outcomes from a Randomized Trial of Uterine-Sparing Techniques
Krümer B, Neis F, Taran A, Schöller D, Isaacson K, Brucker S

1:09 Station G
Laparoscopic Removal of Essure® Devices: A Video Case Study
Sadek S, Alciade A

1:09 Station H
Laparoscopic Repair of a Cesarean Section Scar Defect/Isthmocele
Mahmoud MS

1:09 Station A
Laparoscopic Resection of a Retropertitoneal Mass: A Case Report
Beale S, Grant A, Nimanoff M

1:09 Station B
Laparoscopic Resection of Interstitial Ectopic Pregnancy Remnants
Kariya A, Scattolon S, Leyland NA

1:09 Station C
Laparoscopic Resection of the Rudimentary Uterine Horn: A Report of Three Cases
Taniuchi TS, Tsuchiya T, Shubutani T, Fukuda Y, Maenuma T, Katagiri Y, Morita M

1:09 Station D
Laparoscopic Trachelectomy
Sisto JM, Stockwell E, Pedros J, Gutierrez M, Volker W

1:09 Station E
Laparoscopic Uterine Artery Pedicle Creation and Lateralization
Secter MB, Kroft J

1:09 Station F
Long Utero-Ovarian Ligament Length Might Be a Risk Factor for Ovarian Torsion: A Prospective Study

1:09 Station G
Minimally Invasive Surgery During Pregnancy: A Case-Control Study
Yoder C, Naumann RW, Brown J

1:15 Station H
Minimally Invasive Surgery in Ovarian Cancer: Safe and Effective for a Variety of Indications
Drury LK, Naumann RW, Tait DL, Crane EK, Higgins RV, Brown J

1:15 Station A
Nationwide Complications of Laparoscopy in Norway from 2013 to 2016
Putz A, Bohlin T, Skroppa S

1:15 Station B
Off-Label Use of Laparoscopic Radiofrequency Ablation (Lap-RFA) to Treat Adenomyoma in Gravidia 4 Para 0 Patient
Quezada C

1:15 Station C
Opioid Prescription and Patient Use Following Hysterectomy
Griffith KC, Clark NV, Zuckerman AL, Ferrandi TR, Wright KN

1:15 Station D
Outpatient Hysterectomy Volume in the United States
Cohen SL, Ajao BO, Clark NV, Einarsson II

1:15 Station E
Post-Operative Belladonna and Opium Suppositories for Pain Management Following Laparoscopic Hysterectomy: A Randomized Clinical Trial
Reinert AE, Murphy L, Morozov V, Audlin KM

1:15 Station F
Postoperative Pain After Extracorporeal Uterine Morcellation Routes at the Time of Total Laparoscopic Hysterectomy for Benign Disease
McGregor A, Martin L, El-Nashar S, Billow M

1:15 Station G
Pregnancy Outcomes Following Ulipristal Acetate Treatment for Uterine Fibroids: A Multi-Center Canadian Case Series
De Gasperis-Brigante CD, Singh SS, Vilos GA, Vilos AG, Marji A

1:15 Station H
Resection of the Broad Ligament Peritoneum for Treatment of Allen-Masters Syndrome
Poppen K, Ahluwalia P

1:21 Station A
Risk Factors for Vaginal Cuff Dehiscence: A Case-Control Study
Maheshwari D, Solomon E, Harmanli O

* Alternate Presenter
<table>
<thead>
<tr>
<th>Station</th>
<th>Presentation</th>
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</table>
| 1:27 Station B | Severe Postoperative Infection of an Urachal Remnant After a Primary Umbilical Closed Approach  
  *Sakayori S, Kumakiri J, Ozaki R, Kitade M*
| 1:27 Station C | Size, Type and Location of Myoma as Predictors for Successful Laparoscopic Myomectomy: A Tertiary Government Hospital Experience  
  *Bucu MEM, Domingo MVC*
| 1:27 Station D | Successful Surgical Management of Ovarian Ectopic Pregnancy  
  *Foroughi E, Ahmed MH, Omoruyi P*, Kolentsov BZ, Papadakis K*
| 1:27 Station E | Technique for Laparoscopic Cervical Cerclage  
  *Randle E, Thiel J, Kamencic H, Rattray D*
| 1:27 Station F | The Clinical Validity of a Novel Bladder Dissection Method in Cases with Severe Adhesions on Vesico-Uterine Fold  
  *Bodar S, Alansay I, Fidan U, Karasahin KE, Ulubay M, Kinci MF, Yenen MC, Kiliç GS*
| 1:27 Station G | The Usefulness of Mini-Laparoscopic Cystectomy for Small Endometrioma in Adolescent Women  
  *Kim H, Choi H*
| 1:27 Station H | Thermal Injuries and Small Bowel Perforation After Laparoscopic Myomectomy  
  *Gonçalves Filho RP, Ferreira da Silva RB, Oshiro Rossi RR, Tomas Vitoria FM, Benjamin do Carmo LC*
| 1:33 Station A | Two Cases of Heterotopic Pregnancy Which Successfully Conducted Laparoscopic Salpingectomy  
  *Hiranuma K, Kitade M, Makoto J, Kuroda K, Kumakiri J*
| 1:33 Station B | Two Surgical Techniques: Laparoscopic Sacro-Hysterocolpopexy Made Easier and Safer with Alan Utero-Vaginal Manipulator  
  *Freeman A*
| 1:33 Station C | Uterine Artery Clipping (UAC) Previous to TLH  
  *Leal C, Rubio V, Villegas J*
| 1:33 Station E | Utility and Length of Ureteral Ejection of Sodium Fluorescein for the Cystoscopic Assessment of the Ureteric Patency in Patients Undergoing to Total Laparoscopic Hysterectomy  
  *Morgan-Ortiz F, Baez-Barraza J, Morgan-Ruiz FV, Soto-Pineda JM, Peraza-Garay FJ, Quevedo-Castro E*
| 1:33 Station F | Vaginal Cuff Dehiscence After Laparoscopic Assisted Vaginal Hysterectomy: Comparing Absorbable to Nonabsorbable Sutures  
  *Baxi RP, Danilyants N, MacKoul PJ, van der Does L, Haworth L*
| 1:33 Station G | Vaginal Extraction for Mesenchymal Tumor  
  *Kojima R, Ando M, Hada T, Ota Y*

**Laparoscopy - Obese Patients**

<table>
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<th>Station</th>
<th>Presentation</th>
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| 1:33 Station H | Endometriosis Surgery in Patients with High Body Mass Index  
  *O’Connor HD, Chen A, Harris A, Tsaltas J, Nair H, McCaughey T, Barel O*
| 1:39 Station A | Outcomes of Robotic-Assisted Laparoscopic Hysterectomy Stratified by Body Mass Index  
  *Pursell N, El-Neemany D, Greenberg P, Giglio A, Curcio E, Chen Y, ElSahwi K*
| 1:39 Station B | Recurrence of Uterine Myoma After Myomectomy: Laparotomy vs Laparoscopic Myomectomy  
| 1:39 Station C | Tips & Tricks for Laparoscopy in the Obese Patient  
  *Papillon-Smith J, Secter M, Gagnon L-H, Murji A*

**Laparoscopy - Single-Port**

<table>
<thead>
<tr>
<th>Station</th>
<th>Presentation</th>
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</table>
| 1:39 Station D | A Simplified Novel Approach to Laparo-Endoscopic Single-Site Hysterectomy  
  *Sappenfield EC, Mikhail E*
Virtual Posters • Session 3

ROOM: EXHIBIT HALL – 9:45 AM - 10:45 AM

Laparoscopy - Single-Port

9:45 Station A
Abdominal Binder Use Following Single-Incision Laparoscopic Surgery

9:45 Station B
Long-Term Outcomes of Single-Port and Modified Suture Technique

9:45 Station C
Outcomes of Single-Port Access Surgical Staging for Twenty-One Endometrial Cancer Patients
Lee YK, Lee KH

9:45 Station D
Pain Outcomes in Single-Incision Laparoscopic Surgery versus Multiport Hysterectomy

9:45 Station E
Retrospective Analysis of 164 Cases Between Single-Port Laparoscopic Ligation of Uterine Vessels and Conventional Multiport Laparoscopic Ligation of Uterine Vessels in Laparoscopic Supracervical Hysterectomy (LSH)
Min ST

9:45 Station F
Three Advanced Minimally Invasive Myomectomies

9:45 Station G
Tips for Laparoscopic Single-Incision Vaginal Cuff Closure and Knot Tying
Ma Y, Zhang Y, Guan Z, Zhou J

Laparoscopy - Tissue Containment Technologies

9:51 Station A
Different Types of Myomectomy with Minimally Invasive Procedures
Kershenovich J, Alfaro J, Diaz BP, Dickter C, Cherem B

9:51 Station B
Initial Experience Using MorSafe
Raymundo TS, Crispi CP, Oliveira MAP, Panisset KS, Demőro AE, Pereira TR

9:51 Station C
Low-Cost and Easy-to-Make Laparoscopic Extraction Bag
Nicolalde V, Guerrero A, Nicolalde G

9:51 Station D
Manual Morcellation Compared to Power Morcellation During Robotic Myomectomy
Sanderson DJ, Cleason D, Sanderson R, Seaman C, Ghomi A

9:51 Station E
Noble Methods of Tissue Extraction After Laparoscopic Surgeries for Leiomyoma
Dash BB, Metta S, Khurana R, Sharma A, Mittal P

9:51 Station F
Robotic-Assisted Hysterectomy for Endometrial Cancer: Comparing Outcomes of Two Methods for Intact Uterine Extraction
Mashak Z, Mohling S, ElKattah R, Boren T, Depasquale S

9:51 Station G
Safety and Performance Evaluation of Tissue Containment Bags for Power Morcellation
Herman A, Duraiswamy N, Claiborne TE, Gibely CJ, Price VA, Nandy P, Hariharan P

9:51 Station H
Shark Tooth Technique for Tissue Extraction
Smith RB, Borodulin O, Aguirre A, Mourad J

9:51 Station I
Transcervical Specimen Removal: An Opportunity for Natural Orifice Surgery
Bau S, Chu A*, Seckin T

New Instrumentation or Technology

9:57 Station B
1.5 Ports Laparoscopic Myomectomy: A Novel Technique Using a Subcutaneous Abdominal Wall Lifting Method
Takamizawa S, Ito H, Thapa Y, Moritake H, Isaka K

9:57 Station C
Benefits to Treatment of Symptomatic Fibroids with Laparoscopic Radiofrequency Ablation (Lap-RFA) Alone and Lap-RFA Plus Concomitant Therapeutic Surgery: A Retrospective Comparative Cohort Analysis
Greenberg A

9:57 Station D
Cost-Analysis of Surgical Treatment for Endometriosis: Helium Gas Plasma vs. Laser Laparoscopy
Yeung GW, Satkuratnam A

9:57 Station E
Demonstration in a Cadaver of a Novel Device and Method for Cuff Closure in Hysterectomy
Mazzucco DC, Croombe J, Hanzek JA, Buch J, Huyhn T, Patel N

9:57 Station F
Difficult Hysterectomy Combining Mini- and Micro-Laparoscopic Instruments in a Patient with Severe Endometriosis
Arslan T, Misirlioglu S, Urman B, Tiskiran C

9:57 Station G
Digital Image Analysis with Full Connected Convolutional Neural Network to Facilitate Complete Fibroid Resection
Török P, Harangi B

9:57 Station H
Early Clinical Outcomes of the Sonata* Pivotal IDE Trial: Sonography-Guided Transcervical Ablation of Uterine Fibroids
Chadno S, Guido R, Roy K, Levine D, Mihalov I, Garza-Leal JG

10:03 Station A
Endometrial Ablation with the Next Generation NovaSure* Device
Arrington DE

10:03 Station B
Endoscopic Retrieval Baskets: A Novel Technique for Hysteroscopic Polypectomy
Casey J, De S, Harvey LFB

10:03 Station C
Investigational Treatment of Uterine Fibroids with Transcervical Radiofrequency Ablation in a Patient with Concomitant Adenomyosis
Levine DJ

10:03 Station D
IS-001: A Novel New Intravenously Administered Ureteral Fluorescence Compound for Robotic Hysterectomy
Huhn T, Patel N

10:03 Station E
Laparoscopic Peritoneal Vaginoplasty
Kulikovskiy N, Rozen F, Fedorchuk N

10:03 Station F
Comparative Cohort Analysis of Patients Who Underwent Therapeutic Laparoscopic Surgery with and without Concomitant Contraception Method
Greenfield A, Medlock L, Chung TC

10:03 Station G
Robotic-Assisted Hysterectomy for Fibroids with Laparoscopic Radiofrequency Ablation (Lap-RFA) Alone and Lap-RFA Plus Concomitant Therapeutic Surgery: A Retrospective Comparative Cohort Analysis
Greenberg A

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* Alternate Presenter
| 10:03 Station F | Mini Laparoscopic Myomectomy | Naki MM, Alkhan FA, Aykanat Y, Karabek E, Giangor M, Kose MF |
| 10:03 Station G | Mini-Plus Percutaneous Setting in Total Laparoscopic Hysterectomy | Misrioglu S, Boza A, Arslan T, Urman B, Taskiran C |
| 10:03 Station H | Mini-Plus Percutaneous Laparoscopic Ovarian Dermoid Cystectomy by Using CCL Extractor | Misrioglu S, Arslan T, Urman B, Taskiran C |
| 10:09 Station B | Percutaneous Assisted-Total Laparoscopic Hysterectomy Using Novel Trocar Configuration: 5-5-2 | Misrioglu S, Arslan T, Urman B, Taskiran C |
| 10:09 Station C | Percutaneous Surgery in Unilateral Adnexectomy by Using CCL Extractor | Misrioglu S, Arslan T, Urman B, Taskiran C |
| 10:09 Station D | Preliminary Outcomes of the OPEN Clinical Trial: Evaluation of Uterine Patency Following Sonography-Guided Transcervical Radiofrequency Ablation of Fibroids | De Wilde RL, Quinn S, Kraemer B, Renner SP |
| 10:09 Station E | Safety Profile of Uterine Myoma Treatment Using Noninvasive Robotic Ultrasound-Guided Shell Ablation | Parsons JE, Lau MPH, Martin PJ, Islas Lagos JJ, Aguilar Aguirre JM, Garza Leal JG |
| 10:09 Station F | Short-Term Improvements in Menstrual Bleeding, Uterine Myoma Volume, and Myoma-Related Symptoms Following Noninvasive Robotic Ultrasound-Guided Shell Ablation | Garza Leal JG, Islas Lagos JJ, Aguilar Aguirre JM, Parsons JE, Lau MPH*, Martin PJ |
| 10:09 Station H | SPRM (Selective Progesterone Receptor Modulator): A Real Option for Abnormal Uterine Bleeding with Myoma and Anticoagulation Therapy? | Capmas P, Vient-Legue L, Fernandez H |
| 10:15 Station B | Total Laparoscopic Hysterectomy with Contained Power Morcellation Surgery in Large Uteri | Misrioglu S, Arslan T, Urman B, Taskiran C |
| 10:15 Station C | Tourniquet Technique for Reducing Blood Loss at Laparoscopic Myomectomy | Shay A, Chu A, Seckin T |
| 10:15 Station F | A Refined Method for Laparoscopic Pelvic Lymphadenectomy in Gynecologic Cancers Using the 'Lateral Approach Technique' | Choi JS, Bae JW, Bae J, Lee WM, Jung US, Eom JM |
| 10:21 Station A | Incidence of Occult Leiomyosarcomas in a Canadian Province: A Retrospective Cohort Study | Wu CQ, Giede KC, Thiel J, Karreman E, Rattray DD |
| 10:21 Station H | Prognostic Analysis of Uterine Cervical Cancer of Positive or Negative Vaginal Resection Margin: Importance of Intraoperative Frozen Pathology | Shen F, Zhang X, Ding J, Hua K |
| 10:27 Station A | Recurrent Endometrial Cancer: Robotic-Assisted Laparoscopy, Debukling of Tumor with Dense Adhesion to Iliac Vessels, Involving Upper Vagina and Ureterovesical Junction | Seifi F, Clark M, Sami A, Ozodi M |
| 10:27 Station C | Sarcomas in Hysterectomies and Myomectomies for Presumed Fibroids: A Retrospective Study | Mavrey M, Daughters C, Stickles X, Daum G, Holtz D |

**Oncology**

| 10:15 Station C | Total Laparoscopic Hysterectomy with Contained Power Morcellation Surgery in Large Uteri | Misrioglu S, Arslan T, Urman B, Taskiran C |

* Alternate Presenter
### Pelvic Pain

**10:27 Station D**
Systemic Pelvic and Para-Aortic Lymphadenectomy, Is It Necessary During Laparoscopic Interval Debulking Surgery in Advanced Ovarian Cancer?  
*Eom JM, Choi JS, Bae JW, Bae J, Lee WM, Jung US*

**10:27 Station E**
Efficacy of Bladder Hydrodistension Under Combined General and Spinal Anesthesia in Patients with Interstitial Cystitis with and without the Addition of Botulinum Toxin Injection into the Pelvic Floor Muscles: A Prospective Trial  
*Mehandru N, Hibner M, Castellanos M, Desai N, Wilson JR*

**10:27 Station F**
Incidental Finding of Neuroendocrine Tumor of the Appendix in the Setting of Chronic Pelvic Pain  
*Henderson SD, Glassman D*

**10:27 Station G**
Laparoscopic Removal of Essure Sterilization Device  
*Evans CT, Saud CA, Templeman C*

**10:33 Station A**
Pelvic Floor Myofascial Spasm: How and When to Perform Pelvic Floor Trigger Point and Botulinum A Injections  
*DeStephano CC, Chen AH*

**10:33 Station B**
Radiofrequency Ablation of Ilioinguinal Nerve for the Management of Inguinodynia–Our Experience  
*Kanwar S, Castellanos M*

**10:33 Station C**
Redefining Pelvic Landmarks in Patients with Müllerian Anomalies Undergoing Hysterectomy  
*Louie M, Carey E*

**10:33 Station D**
Resolution of Pudendal Neuralgia in Chronic Pelvic Pain: A Single-Site Observational Study Using a Novel Regenerative Therapy  
*Jarnagin SE, Jarnagin BK, Hunter K, Turlenko T*

**10:33 Station E**
Treatment with Radiofrequency in Patients with Chronic Pelvic Pain and Endometriosis: Pilot Study  
*Rias M, Gracia M, Martinez-Zamora M-A, Perez A, Carmona F*

**10:33 Station F**
Ulipristal Acetate and Pelvic Pain  
*Scattolon SA, Bullen A, Leyland NA*

**10:33 Station G**
Ultrasound Guided Peripheral Nerve Blocks for Patients with Chronic Vulvar Pain  
*Banks E, Atashroo D*

**10:33 Station H**
Uncommon Sequelae of Myomectomy and Morcellation  
*Fritton K, Patzkowsky K*

### Reproductive Medicine

**10:39 Station A**
An Unconventional Choice of Embryo Transfer Day of a Frozen Embryo Transfer on a Fresh Endometrium Following Retrieval  
*Baum S, Gulersen M, Hershlag A, Mullin C, Chu A, Shaya A*, Singer T*

**10:39 Station B**
Comparing the Euploidy Rate of Embryos Biopsied on Day 5 versus Day 6  

**10:39 Station C**
Cornual Pregnancy: Conservative Management by Laparoscopic Methotrexate Administration and Resection of Rudimentary Horn in a Two-Stages Surgery  
*Capmas P, Marty O, Fernandez H*

**10:39 Station D**
Factors Influencing Postoperative Fertility and Perinatal Outcomes After Laparoscopic Myomectomy  
*Murakami K, Kitade M, Jinushi M, Kuroda K, Kumakiri J, Takeda S*
Virtual Posters - Session 4

ROOM: EXHIBIT HALL - 12:45 PM - 1:45 PM

Reproductive Medicine

12:45 Station A
Fibroid Degeneration - Myriad Presentation and Laparoscopic Management
Bhardwaj P, Batra S, Dhopte S, Das T

12:45 Station B
Is There a Difference in Presentation of Patients with Recurrent Ectopic Pregnancies?

12:45 Station C
Laparoscopic Diagnosis and Treatment of an Advanced Ectopic Pregnancy in an Asymptomatic Woman
Tenzel NS, Patel D

12:45 Station D
Laparoscopic Myomectomy Before IVF: Influence on Endometrial Receptivity, Conception and Implantation Rate
Kotachesko IF, Smolnikova VY, Adamyan IV, Stepanian AA

12:45 Station E
Laparoscopic Uterine Retrieval with Following Myomectomy for Intramural Fibroid Uterus
Andrade FF, Salazar A, Naguib M, Rodriguez R, Carugno JA

12:45 Station F
Temporary Trends in the Uptake of the Endometrial Cancer
Howard DL, Ford A, Ceballos S, Volker KW

12:45 Station G
Complications of Intrauterine Devices in Women Having Surgery for Severe Adenomyomectomy for Conserving Adenomyoma
Keltz J, Lopez J, Shin JH

12:45 Station H
Robotic Approach to the Tethered Uterus
Keltz J, Lopez J, Shin JH

12:51 Station A
Rapid Fluid Intravasation at Time of Hysteroscopy without Sign of Perforation
Mackenzie PP, Chandra SC, Tiffanny JL, Zarag K

12:51 Station B
Reproductive Outcomes Following Minimally Invasive Fertility-Sparing Treatment of Uterine Fibroids
Glaser LM, Kotarska M, Alvi FA, Milad MP, Voigtzang R, Lin A

12:51 Station C
Reproductive Surgery of Uterine Anomalies
Makyan Z, Miroshnikova N, Leila A, Vladimir B, Alina K

12:51 Station D
Successful Management of Live Caesarean Scar Ectopic Pregnancies with Ultrasound Guided Local Potassium Chloride and Systemic Methotrexate
Kriplani A, Mahy R, Kachhawa G, Gupta M, Kriplani J

12:51 Station E
Surgical Management of a Large Leiomyoma Embedded in a Complete Uterine Septum
Abuzeid O, Hebert J, Abuzeid M

12:51 Station F
Temporal Trends in the Insertion to Removal Interval for LARCs in a Diverse Private-Practice Patient Population
Howard DL, Ford A, Ceballos S, Volker KW

12:51 Station G
Temporal Trends in the Uptake of the Etonogestrel Implant in a Large Private Practice Setting
Howard D, Ford A, Ceballos S, Volker K

12:51 Station H
The Endometriosis Fertility Index: Accurately Predicts Fertility Outcomes in Women Having Surgery for Severe Endometriosis

Robotics

12:57 Station A
Kasumoto T, Nishida T, Ida N, Nakamura K

12:57 Station B
Fertility and Pregnancy Outcomes Following Robotic-Assisted Laparoscopic Myomectomy (RALM) in a Canadian Cohort
McCaffrey CM, Amjad H, Moore S, Kives SL

12:57 Station C
How Does the Addition of Robotics Affect the Overall Minimally Invasive Surgery Rates for Treatment of Uterine Fibroids in a Community-Based Hospital?
Florece AM, Anderson J, Shah AJ

12:57 Station D
Long-Term Outcomes of Robotic Sacrocolpopexy Using Barbed Delayed Absorbable Sutures for Vaginal Mesh Fixation
Kilic SG, Borahay M, Zeybek B, Unlu BS

12:57 Station E
Ovarian Torsion After Robotic Ovarian Transposition in Patients with Cervical Cancer: A Report of Two Cases
Nak MM, Sanverdi I, Aykanat Y, Alkhan E, Kose FM

1:03 Station A
Robotic Tumor Debunking with Partial Cystectomy, Bladder Reconstruction, and Ureteral Implantation in Recurrent Endometrial Cancer
Seifi F, Davis MK, Clark M, Paraiso E, Azodi M

1:03 Station B
Robot-Assisted Laparoscopic Adenomyomectomy for Conserving Uterus in Patient Who Have Huge Adenomyoma

1:03 Station C
Robot-Assisted Myomectomy: Minimizing the Overall Complications
Koskey K, Park A, Vogelzang R, Lin A

1:03 Station D
Laceration During da Vinci-Assisted TLH
Gupta N, Depasquale S
## Virtual Posters • Session 4

**ROOM: EXHIBIT HALL – 12:45 PM - 1:45 PM**

### 1:03 Station E
**Robotic Single-Incision Laparoscopic Burch Colposuspension for Stress Urinary Incontinence**

### 1:03 Station F
**Role of Robotic Surgery in Patients with Huge Uteri**
Wang P-Y

### 1:03 Station G
**Safety and Feasibility of Three-Port Robotic Hysterectomy Across Uterine Weights**
Tyam P, Abi Khalil E, Vargas VM, Marfori C, Moawad G

### 1:09 Station A
**The Benefits of Robotic-Assisted Transabdominal Cerclage on Pregnancy Outcomes in High-Risk Women**
Tyam P, Abi Khalil E, Vargas VM, Marfori C, Moawad G

### 1:09 Station B
**Uterine Artery Dissection without Uterine Manipulation During Robotic Hysterectomy**
Doneza J, Gretz H

### 1:09 Station C
**Surgical Education**

| 1:09 Station C |
| "Doc, I Am Perplexed": Readability Index Analysis of Online Patient Information on Minimally Invasive Gynecological Procedures |
| Arora A, Ake-Uzoigwe RO, Akinnawonu KF, Fuka A |

### 1:09 Station D
**A Comparison of Voiding Times and PACU Length of Stay After Hysterectomy and Myomectomy Based on Bladder Volume**
Gilmore TA, Moawad G, Abi Khalil E, Marfori C, Vargas MV, Ebert J

### 1:09 Station E
**ACOG Simulation Working Group Assessment of Simulation Needs in Ob/Gyn Training Programs**
Jorgensen EM, DeStephano C, Haviland ML, Banks E, Hur H-C

### 1:09 Station F
**Anatomical Remarks to Laparoscopic Hysterectomy Independently of Uterus Size**
Souza CA, Genro VK, Dullius TP, Besow CK, Gunha Filho JS

### 1:09 Station G
**Assessing Ob/Gyn Resident Needs for a Minimally Invasive Gynecologic Simulation Curriculum: A Focus Group Study**
Makijiani R, Clark M, Wohlbrab K*

### 1:09 Station H
**Broadening the Scope of Surgical Simulation**
Dubin AK, Smith R

### 1:15 Station A
**Factors Guiding Future Trial of Labor Recommendation in Patients Undergoing Abdominal versus Laparoscopic versus Robotic-Assisted Myomectomy**
Mohilla PR, Opopu-Anane J

### 1:15 Station B
**Gyn Simulation Models Are Both Realistic and Effective. Participants Feedback from the ACOG ASSESS Course**
Endicott S, Kern M, Dunlow S, Hur H-C, Lockrow E

### 1:15 Station C
**Is There Evidence of a “July Effect” in Patients Undergoing Hysterectomy Surgery?**
Varma S, Mehta A, Fader AN

### 1:15 Station D
**Modelling the Learning Curves of Incoming Surgical Trainees**

### 1:15 Station E
**Motivation to Learn: Can Incentives Improve Laparoscopic Training?**
Abittan BS, Grant A, Stauber M, Ricardo A, Nimaroff M

### 1:15 Station F
**Ovarian Venous Sampling Aids in Diagnosis of an Ovarian Tumor in a Pre-Menopausal Woman**
Prosper R, Grant A, Nimaroff M

### 1:15 Station G
**Portable Virtual Reality Laparoscopic Trainer to Incentivize Surgical Education**
Abittan BS, Stauber M, Nimaroff ML

* Alternate Presenter
### Virtual Posters - Session 4

**ROOM: EXHIBIT HALL - 12:45 PM - 1:45 PM**

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<td>1:21</td>
<td>Station H</td>
<td>Preoperative Factors and Surgical Routes for Outpatient Migration of Benign Hysterectomy in United States, 2008-2014</td>
<td>Moawad G, Liu E, Song C, Tackett S, Fu A</td>
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<td>1:27</td>
<td>Station B</td>
<td>Suction Curettage as First Line Therapy for Cesarean Scar Pregnancy</td>
<td>Czeiger S, Oelsner G</td>
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<td>1:27</td>
<td>Station C</td>
<td>Surgical Consent Form: Patient Comprehension of Associated Surgical Risk Based on Data Presenting Method</td>
<td>Andrade F, James K, Alison C, Michael S-N, Joudi N, McCarter K, Carugno J</td>
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<td>1:27</td>
<td>Station E</td>
<td>The Impact of a Minimally Invasive Gynecologic Surgery Rotation on Resident Hysterectomy Case Numbers</td>
<td>Appleton SM, Flink D, Limmer JS, Arruda J</td>
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<td>1:27</td>
<td>Station F</td>
<td>The Robotic Warm-Up: Impact on Surgical Performance by C-SATS Assessment</td>
<td>Piszczek C, Robertson S, Jutric Z, Denman MA, Osmundsen B</td>
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<td>1:27</td>
<td>Station G</td>
<td>Transillumination of Uterine Arteries During Laparoscopic Hysterectomy</td>
<td>Sandoval-Herrera C</td>
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<td>Uterine Manipulation: Surgical Success or Distress</td>
<td>Whynott RM, Mikhail E</td>
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### Urogynecology/Pelvic Floor Disorders

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<td>Alternative Vaginal Vault Fixation Procedure and Its Description as a New Vaginal Approach: A Case Report</td>
<td>Unlu BS, Zeybek B, Kilic SG</td>
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<td>Comparison of the Modes of Hysterectomy with Risk of Future Pelvic Organ Prolapse Procedures: Associations and Possible Predictive Factors for Individualizing Her Hysterectomy</td>
<td>Pabbati A, Lingenfelter B, Pugh C, Long J</td>
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<td>Office-Based Comprehensive Bladder Evaluation Using a Novel 4-Way Catheter</td>
<td>Kohli N, Miklos JR</td>
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<td>1:33</td>
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<td>Vaginal Hysterectomy: Four Point Sacrospinous Liganent Suspension Utilizing Acell Extracellular Matrix and Anchorsure</td>
<td>Duncan C</td>
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<td>Vaginopexy and Laparoscopic Sacro vaginopexy: A Comparison of Efficacy and Quality of Life in Women with Genital Prolapse After Surgical Treatment Using a Synthetic Prosthesis</td>
<td>Spinbin DN, Kiser SN, Obuhov LR</td>
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### Vaginal Natural Orifice Surgery

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<td>Feasibility of Oophorectomy at Time of Vaginal Hysterectomy in Patients with Uterovaginal Prolapse</td>
<td>Lua LL, Davé AM, Kosiorek HE, Wasson MN</td>
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<td>Station B</td>
<td>HALON (Hysterectomy by Trans-Abdominal Laparoscopy or Transvaginal NOTES): A Randomized Controlled Trial</td>
<td>Backelanft IF, Bosteels JJ, Weyers S, Mol B</td>
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* Alternate Presenter