The hysteroscope is the gynecologist’s stethoscope. How can we practice modern gynecology without it? Diagnostic office hysteroscopy permits full visualization of the endometrial cavity, tubal ostia, endocervix and is critical in diagnosing focal lesions that are missed with blind or non-directed endometrial sampling. Increasingly, operative hysteroscopy both in the office and ambulatory center permit safe, effective, and minimally invasive surgery for an array of intrauterine pathology.

Listen, watch, and learn from the most experienced hysteroscopic experts. Cumulatively, they have more than 200 years of clinical experience. We are confident that this will be the most educational hysteroscopy conference that you have attended. It will be a dynamic compendium to improve patient safety.

Each lecturer has been chosen for their hysteroscopic surgical experience but also for their ability to meticulously instruct participants step-by-step through basic to complex hysteroscopic procedures. The body of their work and philosophy epitomizes the surgical dictum, “do as much as necessary and as little as possible.”

Our goal is to provide you with the tools needed to perform diagnostic and therapeutic hysteroscopy, understand hysteroscopic conundrums, and recognize and treat complications should they occur.

Learning Objectives: At the conclusion of this course, the clinician will be able to: 1) Develop foundational knowledge of office and operative hysteroscopy in the treatment of simple to complex intrauterine pathology; 2) demonstrate how to treat intracavitary pathology including: endometrial polyps, intrauterine fibroids, mullerian anomalies, hysteroscopic sterilization, the removal of foreign bodies, and treatment of endocervical lesions; 3) implement learned skills to improve patient safety in the office and ambulatory surgical center; and 4) describe the steps necessary to respond to complications of hysteroscopy.
# Program Outline

**Friday, July 27, 2018**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session 1 - Preparing for Operative Hysteroscopy</th>
<th>Session 2 - Hysteroscopy in the Office</th>
<th>Session 3 – Hysteroscopy in the Operating Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30</td>
<td>Welcome and Introduction, Course Overview</td>
<td>Hysteroscopic Removal of an IUD Fragment with a &quot;Vacuum&quot; Technique</td>
<td>11:10 Tubal Sterilization: Hysteroscopy vs Laparoscopy, Placement/Removal of Essure</td>
</tr>
<tr>
<td>7:40</td>
<td>Abstract Presentations</td>
<td>A Case of Diffuse Uterine Leiomyomatosis Who Had Successful Pregnancy After Hysteroscopic Myomectomy (video)</td>
<td>11:35 Questions/Answers</td>
</tr>
<tr>
<td>7:45</td>
<td>L.D. Bradley</td>
<td>L. Feng</td>
<td>11:50 Exhibit Hall</td>
</tr>
<tr>
<td>7:55</td>
<td>A. Cholkeri-Singh</td>
<td>All Faculty</td>
<td>I.A. Pacheco</td>
</tr>
<tr>
<td>8:00</td>
<td>Remarks by Scientific Program Chair</td>
<td>8:05 FIGO Classification System: The Cornerstone of Pre-Operative Evaluation</td>
<td>1:05 Resectoscopy vs. Hysteroscopic Morcellation: Using the Right Tools</td>
</tr>
<tr>
<td>8:30</td>
<td>M.S. Munno</td>
<td>8:30 Evaluation of the Uterine Cavity Beyond Hysteroscopy</td>
<td>1:30 Endometrial Ablation: Current Devices But What If the Global Ablation Device Doesn't Fit?</td>
</tr>
<tr>
<td>3:00</td>
<td>L.D. Bradley</td>
<td>N.S. Moawad</td>
<td>1:55 Predictors of Endometrial Ablation Failure</td>
</tr>
<tr>
<td>3:20</td>
<td>T.L. Anderson</td>
<td>N.S. Moawad</td>
<td>2:20 Larger Than Expected: Techniques to Approach the Large Fibroid</td>
</tr>
<tr>
<td>3:45</td>
<td>J.A. Carugno, K.B. Isaacson, K.H. Roy, A. Cholkeri-Singh, T.L. Anderson</td>
<td>Questions/Answers</td>
<td>2:45 Questions/Answers</td>
</tr>
<tr>
<td>3:50</td>
<td>Case Scenarios (5 office or OR cases x 10 min)</td>
<td></td>
<td>3:50 Questions/Answers</td>
</tr>
<tr>
<td>4:00</td>
<td>Adjourn</td>
<td></td>
<td>4:00 Adjourn</td>
</tr>
</tbody>
</table>
# Program Outline

**Saturday, July 28, 2018**

## Abstract Presentations

<table>
<thead>
<tr>
<th>Time</th>
<th>Presentation</th>
<th>Moderator</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30</td>
<td>Welcome and Introduction, Course Overview</td>
<td>F.D. Loffer</td>
</tr>
<tr>
<td>7:35</td>
<td>Ultrasound-Guided Hysteroscopic Resection of Severe Intra-Uterine Adhesions (video)</td>
<td>K. Flemming</td>
</tr>
<tr>
<td>7:40</td>
<td>Office Hysterectomy in Partial Uterine Scar Incompetence After Cesarean Section for Pregnancy Planning</td>
<td>E. Piskunova</td>
</tr>
<tr>
<td>7:45</td>
<td>Should the All Endometrial Polyps Be Removed?</td>
<td>X. Xue</td>
</tr>
<tr>
<td>7:50</td>
<td>Hysteroscopic Resection of a Type 4 Hysteromyoma</td>
<td>L. Yong</td>
</tr>
<tr>
<td>7:55</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
</tr>
</tbody>
</table>

## Session 4: Advanced Hysteroscopy

<table>
<thead>
<tr>
<th>Time</th>
<th>Presentation</th>
<th>Moderator</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:10</td>
<td>Complications: Oh, that NEVER happens to me!</td>
<td>J.A. Carugno</td>
</tr>
<tr>
<td>8:35</td>
<td>Asherman’s Syndrome: Optimal Hysteroscopic Approaches</td>
<td>K.H. Ray</td>
</tr>
<tr>
<td>9:00</td>
<td>Improving Pregnancy Outcomes with Hysteroscopy</td>
<td>M.J. Solnik</td>
</tr>
<tr>
<td>9:25</td>
<td>Retained Products of Conception: D&amp;C vs Hysteroscopic Morcellators vs Resectacopy</td>
<td>L.A. Pacheco</td>
</tr>
<tr>
<td>9:50</td>
<td>Questions &amp; Answers</td>
<td>Faculty Panel</td>
</tr>
<tr>
<td>10:05</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>10:25</td>
<td>The Dysmorphic Uterus including Uterine Septum</td>
<td>G.A. Vilas</td>
</tr>
<tr>
<td>10:50</td>
<td>The Role of Hysteroscopy in the Diagnosis and Treatment of Adenomyosis</td>
<td>K.R. Isaacson</td>
</tr>
<tr>
<td>11:15</td>
<td>Role of Hysteroscopy in High-Risk Patients for Endometrial Hyperplasia/Cancer</td>
<td>T.L. Anderson</td>
</tr>
<tr>
<td>11:40</td>
<td>Questions/Answers</td>
<td>Faculty Panel</td>
</tr>
<tr>
<td>11:50</td>
<td>Exhibit Hall</td>
<td></td>
</tr>
<tr>
<td>12:15</td>
<td>Lunch Symposium: Hysteroscopic Findings and Treatment of Intracavitary Fibroids Following Uterine Fibroid Embolization</td>
<td>J.B. Bradley</td>
</tr>
</tbody>
</table>

## Session 5: Elevating the Science

<table>
<thead>
<tr>
<th>Time</th>
<th>Video Abstracts (8-minute presentations with 4-minute Q&amp;A)</th>
<th>Moderator</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00</td>
<td>Hydrodistention and Guidewires: Paving the Way for Hysteroscopy</td>
<td>A. Adajar</td>
</tr>
<tr>
<td>11:20</td>
<td>The Usefulness of Routine Outpatient Diagnostic Flexible Mini-Hysteroscopy for Sonographic and Hysterosalpingographic Intrauterine Abnormalities</td>
<td>S-T. Oh</td>
</tr>
<tr>
<td>12:40</td>
<td>Hysteroscopic Removal of Intrauterine Devices in Pregnancy</td>
<td>A. Sanders</td>
</tr>
<tr>
<td>1:36</td>
<td>Hysteroscopic Repair of Cesarean Scar Isthmocele</td>
<td>A. Sanders</td>
</tr>
<tr>
<td>2:48</td>
<td>Hysterocopic Myomectomy</td>
<td>S. Sikka</td>
</tr>
<tr>
<td>2:00</td>
<td>Operative Hysterectomy for Recurrent Pregnancy Loss</td>
<td></td>
</tr>
<tr>
<td>3:00</td>
<td>Video Festival: Tips and Tricks: Extreme Cases (5 cases x 10 min)</td>
<td>Moderator: A. Cholkeri-Singh Faculty: J.A. Thiel, A.L. Garcia, S.S. Singh, J.A. Pacheco, M.J. Solnik</td>
</tr>
<tr>
<td>3:50</td>
<td>Best Abstract Award Presentation</td>
<td>F.D. Loffer</td>
</tr>
<tr>
<td>4:00</td>
<td>Until We Meet Again—Centers of Excellence and Physicians of Experience: Lessons Learned from Hysteroscopic Thought Leaders</td>
<td>Moderator: A. Cholkeri-Singh AF Faculty</td>
</tr>
<tr>
<td>4:10</td>
<td>Adjourn</td>
<td></td>
</tr>
<tr>
<td>4:15</td>
<td>Tribute to Dr. Franklin D. Loffer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cocktail reception to follow</td>
<td></td>
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</tbody>
</table>
General Information

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

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

The AAGL designates this live activity for a maximum of 17.50 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Conflict of Interest
It is the policy of the AAGL to ensure balance, independence, objective, and scientific rigor in all sponsored educational programs. All faculty participating in continuing medical education activities are required to complete a conflict of interest disclosure form. This information will be printed in the syllabus which will be distributed at the workshop. In addition, all participating faculty are required to disclose to the audience any real or apparent conflict of interest related to the content of their presentations and must also disclose any discussions of unlabeled/unapproved uses of drugs or devices.

Anti-Harassment Statement
AAGL encourages its members to interact with each other for the purposes of professional development and scholarly interchange so that all members may learn, network, and enjoy the company of colleagues in a professional atmosphere. Consequently, it is the policy of the AAGL to provide an environment free from all forms of discrimination, harassment, and retaliation to its members and guests at all regional educational meetings or courses, the annual global congress (i.e. annual meeting), and AAGL-hosted social events (AAGL sponsored activities). Every individual associated with the AAGL has a duty to maintain this environment free of harassment and intimidation.

Any individual covered by this policy who believes that he or she has been subjected to such an inappropriate incident has three (3) options for reporting:

1. By email or phone to: The Executive Director, Linda Michels, at bmichels@aagl.org or (714) 503-6200.
2. By phone to (833) 995-AAGL (2245) during Regional and AAGL Annual Meetings.

All persons who witness potential harassment, discrimination, or other harmful behavior during AAGL sponsored activities may report the incident and be proactive in helping to mitigate or avoid that harm and to alert appropriate authorities if someone is in imminent physical danger.

For more information or to view the policy please go to: https://www.aagl.org/wp-content/uploads/2018/02/AAGL-Anti-Harassment-Policy.pdf

ACCME Content Validation Statement
All the recommendations involving clinical medicine in the program are based on evidence that is accepted within the field of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported, or used in the program in support or justification of a patient care recommendation conforms to the generally accepted standards of experimental design, data collection and analysis.

Location and Lodging
The Omni King Edward Hotel
37 King St E
Toronto, ON M5C 1E9, Canada

<table>
<thead>
<tr>
<th>Registration Fee</th>
<th>AAGL Members</th>
<th>Non-Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician in Practice:</td>
<td>$450 USD</td>
<td>$700 USD</td>
</tr>
<tr>
<td>Resident/Fellow in Training:</td>
<td>$200 USD</td>
<td></td>
</tr>
</tbody>
</table>

Register online at: https://toronto.aagl.org/

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6757 Katella Avenue, Cypress, CA 90630-5105
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Website: www.aagl.org • E-mail: meetings@aagl.org
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Professor of Surgery
Vice Chairman of Obstetrics, Gynecology and Women’s Health Institute
Cleveland Clinic
Cleveland, Ohio

Scientific Program Co-Chair
Aarathi Cholkeri-Singh, M.D.
Associate Director, Minimally Invasive Gynecologic Surgery
Advocate Lutheran General Hospital
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Scientific Program Co-Chair
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Honorary Chair
Franklin D. Loffer, M.D.
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